Handoff Safety Curriculum: Knowledge Pre-test

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Patient Vignette:

It's 3pm and you are admitting a new patient to the general medical service.

Mr. John Doe is a 65 year-old male with a past medical history of hypertension, atrial fibrillation and obesity. He was feeling well until 3 days ago when he developed new epigastric abdominal pain which was worsened by food and would wax & wane from 5-8 out of 10 in intensity. Over that same time he noted increasing fatigue, some lightheadedness and new black stools. He has not vomited and his bowels have otherwise been normal. He has lost 20 lbs in the past 1 month and he does admit on direct questioning that his appetite has been poor for the last few weeks which he attributed to some progressive (new) heartburn.

Mr. Doe's medications include: coumadin 5mg each night, toprol XL 100mg once daily, lisinopril/HCT 20mg/12.5mg once daily, and aspirin 81mg once daily. His SHx, FHx and other background is unremarkable except as above.
Patient Vignette: Data

Vitals: Temp 98.0, HR 110, BP 100/60, RR 18
- HEENT: mild conjunctival pallor and dry mucus membranes
- CV: tachycardia without any murmurs
- Lungs are clear
- Abd: soft but mild tenderness in epigastrium, no rebound, no organomegaly
- Ext: no edema, no rashes
- Rectal exam: notable for black, tarry stool in the vault

CBC: wbc 5, hgb 9, mcv 80, plt 300
Chem: Na 135/K 3.6/Cl 100/HCO3 24/BUN 40/Cr 1.7/GFR 45/Glc 165
INR 2.5, ptt normal

EKG: sinus tachycardia at 110, voltage critirea for LVH, otherwise normal.

CT scan abdomen with PO and IV contrast:
1) No obvious gastric mass or perforation as clinically questioned
2) Thickening of the duodenum suggestive of duodenitis or less likely malignancy-correlation with endoscopy suggested to rule-out ulcer or mass
3) Normal gallbladder, no stones
4) Incidental 2cm mass in the R adrenal which is likely an adenoma
5) Calcific coronary artery disease is seen on CT cuts of the lower chest.
Patient Vignette:

It's now 4pm- you have discussed the case with the ED team, as well as Mr. Doe's primary care physician. You have finished reviewing his studies, you completed your H&P, and you just wrote your admission orders.

At the end of your encounter with Mr. Doe- you are approached by his wife who has some concerns. She appears very stressed. Her mother was recently at another local hospital where she suffered several complications. She was admitted for a UTI but developed an infected IV that caused sepsis. She later had delirium that resulted in a fall, a drug reaction to a medication that was written in err, and a pressure sore from being restrained. She went home last week - but had to be readmitted due to leg swelling that was confirmed today to be a deep vein thrombosis.

Mrs. Doe is worried that her husband is at risk for similar problems. She is wondering who is the primary contact if she has questions, she is particularly nervous about medication errors, and she is confused about what will happen tonight when she leaves and what will happen when the primary team has gone home. She asks you how common are adverse events for patients like her husband- and what kinds of adverse events, in particular, are most common.

Regarding the incidence of adverse events among medical patients: please choose the best answer for each question. **Note: for questions asking about error rates or incidence of events-- please estimate what you would think is the NATIONAL AVERAGE according to current literature. We realize that there will be some variation from one institution to another.**