

Instructions: Please review this first example case carefully before answering the questions 1-64 (Q1-64) below. Each case stem is associated with 4 questions (ie. Q1-Q4) in the table below the stem. Each question below the case stem should be answered independently, without considering the information revealed in the other 3 questions in the table. (i.e. Q1 in the example case is a separate question from Q2 and Q3 -- for Q1 you should not consider the findings of epigastric tenderness or +nitrites/ +leukocyte esterase mentioned in Q2/Q3)

Example Case Stem:

A 23 year old F presents with lower abdominal cramping with vomiting for 1 day. Her pregnancy test is negative. She has no other symptoms.

If you were thinking of the usefulness of the following investigation...	...And then you were to find...	...you would then consider the investigation...
Q1 Pelvic exam	She is not sexually active	-2 -1 0 +1 +2
Q2 Abdominal CT	She has mid epigastric tenderness	-2 -1 0 +1 +2
Q3 Transvaginal ultrasound	She has +nitrites and +leukocyte esterase on her urine dipstick	-2 -1 0 +1 +2

Investigative option:
 -2: useless
 -1: less useful
 0: neither more nor less useful
 +1: useful
 +2: very useful

The Likert scales are defined next to the question table and are different for each case and set of questions. Please circle your answer on each Likert scale in the third column of the table.

Testing begins with Case 1 below:

Case 1: 50M with morbid obesity who works as a long range truck driver presents with a chest pain and a heart rate of 110 beats per minute, blood pressure of 135/78, oxygen saturation of 93% on room air.

If you were considering the risk-benefit ratio of the following treatment...	...and the following new information were to become available...	...you would then consider the treatment...
Q1 IV heparin	EKG with sinus tachycardia otherwise normal	-2 -1 0 +1 +2
Q2 IV heparin	Oxygen saturation drops further to 85% on room air	-2 -1 0 +1 +2
Q3 Tissue Plasminogen Activator (tPA)	US Doppler study of lower extremity shows a deep vein thrombosis	-2 -1 0 +1 +2
Q4 Tissue Plasminogen Activator (tPA)	Patient's blood pressure drops to 93/60 and improves to 113/70 with 1L normal saline bolus	-2 -1 0 +1 +2

Treatment option:
 -2: strongly contraindicated
 -1: contraindicated
 0: neither more nor less indicated
 +1: indicated
 +2: strongly indicated

Script Concordance Test

Authors: Drs. MK Mutter, S. Wolf, N. Shah

Case 2: 55F with a BMI of 34 who presents with intermittent abdominal and substernal chest pain for the past 3 days. She has a history of acid reflux disease, cholelithiasis, and diabetes. She is afebrile, blood pressure is 155/80, heart rate is 80 beats per minute, and oxygen saturation is 98% on room air.

If you were thinking of the following diagnosis...	...and the following new information were to become available...	...this diagnosis would become...
Q5 Acute myocardial infarction	ST wave depression on 12 lead EKG	-2 -1 0 +1 +2
Q6 Acute myocardial infarction	Q waves on 12 lead EKG	-2 -1 0 +1 +2
Q7 Acute myocardial infarction	Symptoms improve slightly with GI cocktail (viscous lidocaine and Maalox)	-2 -1 0 +1 +2
Q8 Acute myocardial infarction	Symptoms are relieved with sublingual nitroglycerin	-2 -1 0 +1 +2

Diagnosis option:
 -2: very unlikely
 -1: unlikely
 0: neither likely nor unlikely
 +1: more likely
 +2: very likely

Case 3: 70F with COPD and new onset shortness of breath and substernal chest pain. She has a history of diabetes and her blood pressure is 110/70, pulse rate of 100 bpm, respiratory rate of 30, oxygen saturation is 92% on room air, and temperature is 99.2° F.

If you were thinking of the following diagnosis...	...and the following new information were to become available...	...this diagnosis would become...
Q9 Pulmonary embolism	Thrombosis in the greater saphenous vein	-2 -1 0 +1 +2
Q10 Pneumothorax	Diminished breath sounds bilaterally	-2 -1 0 +1 +2
Q11 Pneumonia	Presence of bands on complete blood count	-2 -1 0 +1 +2
Q12 COPD exacerbation	Diminished breath sounds bilaterally	-2 -1 0 +1 +2

Diagnosis option:
 -2: very unlikely
 -1: unlikely
 0: neither likely nor unlikely
 +1: more likely
 +2: very likely

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Case 4: 65 y/o F presents with substernal chest pain and shortness of breath for 1 hour. She has a history of type II diabetes mellitus, congestive heart failure and tobacco use. Blood pressure is 155/70, HR is 90.

If you were thinking of the following diagnosis...	...and the following new information were to become available...	...this diagnosis would become...
Q13 Congestive heart failure exacerbation	EKG with new left bundle branch block	-2 -1 0 +1 +2
Q14 Pulmonary embolism	Crackles in her lungs bilaterally	-2 -1 0 +1 +2
Q15 Acute myocardial infarction	EKG with new T wave inversions in leads V4-V6	-2 -1 0 +1 +2
Q16 Pneumonia	Clear lung sounds bilaterally	-2 -1 0 +1 +2

Diagnosis option:
 -2: very unlikely
 -1: unlikely
 0: neither likely nor unlikely
 +1: more likely
 +2: very likely

Case 5: 65 y/o F with a history of CAD and type II diabetes mellitus presents with 5/10 pressure-like left-sided chest pain for 1 day.

If you were considering the usefulness of the following investigation...	...and the following new information were to become available...	...you would then consider the investigation...
Q17 Chest ray	Clear lungs bilaterally	-2 -1 0 +1 +2
Q18 ECG	Hypotension and diaphoresis	-2 -1 0 +1 +2
Q19 Troponin	Pain relief with nitroglycerin	-2 -1 0 +1 +2
Q20 Troponin	Pain with inspiration	-2 -1 0 +1 +2

Investigative option:
 -2: useless
 -1: less useful
 0: neither more nor less useful
 +1: useful
 +2: very useful

Case 6: A 45 y/o F with a history of CAD, hypertension, and COPD presents with shortness of breath and chest pressure.

If you were considering the utility of the following treatment...	...and the following information were to become available...	...you would then consider this treatment...
Q21 Duoneb (ipratropium bromide/albuterol) nebulizer and IV solumedrol (methylprednisolone)	Crackles on pulmonary exam	-2 -1 0 +1 +2
Q22 IV Heparin	An elevated BNP	-2 -1 0 +1 +2
Q23 Cardiac catheterization	A normal troponin	-2 -1 0 +1 +2
Q24 IV Heparin	Pain worsens with exertion	-2 -1 0 +1 +2

Treatment option:
 -2: useless
 -1: less useful
 0: neither more nor less useful
 +1: useful
 +2: very useful

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Case 7: A 75 y/o F with heart failure presents with severe shortness of breath and chest pressure with worsening bilateral lower extremity edema for 5 days.

If you were considering the risk-benefit ratio of the following treatment...	...and the following new information were to become available...	...you would then consider the treatment...
Q25 BiPAP	Diminished air movement in both lung fields	-2 -1 0 +1 +2
Q26 Lasix (furosemide) IV	Recently diminished urine output	-2 -1 0 +1 +2
Q27 Nitroglycerin therapy	A past medical history of a pulmonary embolism	-2 -1 0 +1 +2
Q28 BiPAP	Blood pressure is 100/60	-2 -1 0 +1 +2

Treatment option:
 -2: strongly contraindicated
 -1: contraindicated
 0: neither more nor less indicated
 +1: indicated
 +2: strongly indicated

Case 8: A 55 year old M presents with 2 hours sudden onset sharp substernal chest pain. He is afebrile, his heart rate is 95 and his blood pressure is 118/65.

If you were considering the usefulness of the following investigation...	...and the following new information were to become available...	...you would then consider the investigation...
Q29 Chest ray	His pain improves with sublingual nitroglycerin	-2 -1 0 +1 +2
Q30 CT Chest Angiogram	The pain is worse with movement	-2 -1 0 +1 +2
Q31 D-dimer	He notes pain between his shoulder blades	-2 -1 0 +1 +2
Q32 Troponin	EKG is normal	-2 -1 0 +1 +2

Investigative option:
 -2: useless
 -1: less useful
 0: neither more nor less useful
 +1: useful
 +2: very useful

Case 9: 55 y/o M presents with a severe headache for 1 hour. He has a history of difficult to control hypertension and congestive heart failure. The patient's BP is 210/110.

If you were thinking of the following diagnosis...	...and the following new information were to become available...	...this diagnosis would become...
Q33 Migraine headache	Improved symptoms with Compazine (promethazine) and Benadryl (diphenhydramine)	-2 -1 0 +1 +2
Q34 Hypertensive Emergency	Normal physical exam	-2 -1 0 +1 +2
Q35 Hypertensive Encephalopathy	Normal Head CT	-2 -1 0 +1 +2
Q36 Intracerebral hemorrhage	Patient takes a daily aspirin	-2 -1 0 +1 +2

Diagnosis option:
 -2: very unlikely
 -1: unlikely
 0: neither likely nor unlikely
 +1: more likely
 +2: very likely

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Case 10: A 47M with melena after NSAID use due to a recent elbow injury has dizziness and anemia. He is receiving a transfusion of packed red blood cells (pRBCs). The nurse reports a new temperature of 37.5° C, heart rate is 125 bpm, blood pressure is 74/45 and oxygen saturation is 87% on room air.

If you were considering the utility of the following treatment...	...and the following information were to become available...	...you would then consider this treatment...
Q37 IV antibiotics	Temperature rises to 38.5° C	-2 -1 0 +1 +2
Q38 IV antibiotics	WBC count rises to 13k	-2 -1 0 +1 +2
Q39 Emergent endoscopy	Repeat hemoglobin drops further	-2 -1 0 +1 +2
Q40 A second unit of pRBCs	Blood pressure does not respond to 1 L bolus of IV normal saline	-2 -1 0 +1 +2

Treatment option:
 -2: useless
 -1: less useful
 0: neither more nor less useful
 +1: useful
 +2: very useful

Case 11: 60 y/o M with a history of COPD, CAD and type II diabetes mellitus presents with shortness of breath for 1 day that is getting progressively worse.

If you were considering the usefulness of the following investigation...	...and the following new information were to become available...	...you would then consider the investigation...
Q41 Chest x-ray	Crackles in his lungs bilaterally	-2 -1 0 +1 +2
Q42 Venous blood gas	Wheezes in his lungs bilaterally	-2 -1 0 +1 +2
Q43 CT pulmonary angiogram	D-dimer is normal	-2 -1 0 +1 +2
Q44 Troponin	Wheezes in his lungs bilaterally	-2 -1 0 +1 +2

Investigative option:
 -2: useless
 -1: less useful
 0: neither more nor less useful
 +1: useful
 +2: very useful

Case 12: A 45 y/o F with a history of asthma and breast cancer presents with severe shortness of breath that has worsened over the last 2 days. She is unable to speak in full sentences and is tachypneic.

If you were considering the utility of the following treatment...	...and the following information were to become available...	...you would then consider this treatment...
Q45 Duoneb (ipratropium bromide/albuterol sulfate) nebulizer and IV solumedrol (methylprednisolone)	Diminished breath sounds on lung exam bilaterally	-2 -1 0 +1 +2
Q46 BiPAP (non-invasive ventilation)	pCO2 on ABG is 96	-2 -1 0 +1 +2
Q47 BiPAP (non-invasive ventilation)	O2 saturation by pulse oximeter is 96%	-2 -1 0 +1 +2
Q48 IV heparin	No wheezes on lung exam bilaterally	-2 -1 0 +1 +2

Treatment option:
 -2: useless
 -1: less useful
 0: neither more nor less useful
 +1: useful
 +2: very useful

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Case 13: A 45 y/o M was eating dinner with friends this evening and developed throat tingling and fullness in the middle of the meal. He has no known allergies and he still feels tingling and fullness on presentation to the emergency department.

If you were considering the risk-benefit ratio of the following treatment...	...and the following new information were to become available...	...you would then consider the treatment...
Q49 IM epinephrine	He has a history of hypertension and is on lisinopril	-2 -1 0 +1 +2
Q50 IM epinephrine	He has wheezing on his lung exam bilaterally and he is vomiting	-2 -1 0 +1 +2
Q51 IM epinephrine	He had a blood pressure of 95/65 in the rescue squad that improved to 115/70 after 1 liter of normal saline	-2 -1 0 +1 +2
Q52 IM epinephrine	He has no additional symptoms beyond what he initially reports	-2 -1 0 +1 +2

Treatment option:
 -2: strongly contraindicated
 -1: contraindicated
 0: neither more nor less indicated
 +1: indicated
 +2: strongly indicated

Case 14: A 48 year old M presents with syncope. He has no significant past medical history and has a normal neurologic exam. He does not think that he hit his head when he passed out.

If you were considering the usefulness of the following investigation...	...and the following new information were to become available...	...you would then consider the investigation...
Q53 CT head	He felt nauseated and flushed before passing out	-2 -1 0 +1 +2
Q54 EKG	He has had 3 similar episodes of syncope	-2 -1 0 +1 +2
Q55 Troponin	He felt chest pain before losing consciousness	-2 -1 0 +1 +2
Q56 CT Chest Pulmonary Angiogram	He had no prodrome of nausea, sweating or flushing before losing consciousness	-2 -1 0 +1 +2

Investigative option:
 -2: useless
 -1: less useful
 0: neither more nor less useful
 +1: useful
 +2: very useful

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Case 15: A 30 year old F with Type 1 DM presents with altered mental status. Her family found her at home stumbling and confused about her location and situation.

If you were thinking of the following treatment...	...and the following new information were to become available...	...this treatment would become...
Q57 IV normal saline bolus	Glucose is 50	-2 -1 0 +1 +2
Q58 IV antibiotics	Her heart rate is 100, her temperature is 99°F and her respiratory rate is 25	-2 -1 0 +1 +2
Q59 IV insulin drip	Her blood glucose is 250, and she has trace ketones in her urine	-2 -1 0 +1 +2
Q60 IV insulin drip	Blood glucose is 700, urine ketones are 1+, pH is 7.35, Na is 127	-2 -1 0 +1 +2

Treatment option:
 -2: strongly contraindicated
 -1: contraindicated
 0: neither more nor less indicated
 +1: indicated
 +2: strongly indicated

Case 16: A 55 year old M with COPD presents with confusion. His family found him at home sleepy and confused. He is normally alert and oriented x 3 and today he is alert and oriented only to name.

If you were thinking of the following diagnosis...	...and the following new information were to become available...	...this diagnosis would become...
Q61 Serotonin syndrome	His heart rate is 90 and his blood pressure is 150/75	-2 -1 0 +1 +2
Q62 Opioid overdose	3 mm pupils and respiratory rate of 14	-2 -1 0 +1 +2
Q63 Seizure	Patient has 4 beats of clonus with Achilles reflex bilaterally, muscle tone is normal	-2 -1 0 +1 +2
Q64 COPD exacerbation	pCO2 on ABG is 65, pH is 7.2	-2 -1 0 +1 +2

Diagnosis option:
 -2: very unlikely
 -1: unlikely
 0: neither likely nor unlikely
 +1: more likely
 +2: very likely