



FEATURE STORY

IN THIS ISSUE

# Moving Forward into the Unknown

By Kasaan Hammon

There is an intrinsic aspect to the doctor-patient interaction: the unknown. The patient has come with questions, and very often fear, of the unknown...“What is going on in my body? How can you help me?” Meanwhile, the doctor faces the unknown diagnosis, as well as the unknown outcome...“What IS going on in your body? How will I treat it? Will the treatment work?” Both sides come into the relationship uncertain and yet desiring to unravel the mystery.

This points to a greater paradox of human nature, in which we are both hardwired to be apprehensive of the unknown, for the sake of self-preservation, and yet undeniably driven by curiosity to explore the unknown. Professor of Communications and Political Science at the University of Delaware Lindsay Hoffman explains, “Humans have always been scared of the unknown. When Christopher Columbus sailed across the ocean, people were frightened he was going to sail right off the end of the earth. There is a stigma of the unknown for the obvious reasons that we are not sure and we do not understand the consequences.”<sup>1</sup> And yet, as paleontologist Maeve Leakey describes, “Exploration seems a human compulsion, a human obsession even.”<sup>2</sup>

The world of medicine is full of the mystery of the unknown, accompanied by equal parts fear and fascination. As Dr. Sushrut Jangi puts it, “There is something intriguing in the medical puzzle, as there is in any good mystery. Collecting clues and dismissing the red herrings, watching the story inexorably unfold.”<sup>3</sup> Dr. Atul Gawande, a former Rhodes scholar and Harvard Medical School graduate, describes his profession as an “enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line.”<sup>4</sup>

In this way, doctors are explorers, mystery hunters, and professional problem solvers. The medical chart itself in many ways mirrors the scientific steps of problem-solving: initial hypothesis, historical context, searching for attributes, documenting confirmatory and unsupportive signs, revision, and ultimately conclusion.<sup>5</sup>

A penchant for problem-solving is sometimes considered by med students when choosing a specialty to pursue. When asked which specialty has the most problem-solving in it, critical care and nephrology often top lists.

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**SC Spotlight: Los Angeles, CA**  
Getting to know some of the valuable members of the ScribeConnect Team. (Page 3)



**What would YOU do?**  
Scenarios to consider and discuss with peers. (Page 4)

# The Unknown

A MESSAGE FROM CEO ERICH REMPEL

The UNKNOWN is undoubtedly something that looms ahead of you, wherever you may be in your career path. It may be exciting or terrifying, or both at the same time. There are unknowns such as your academic success, the economy and where you will be in two years. So many unknowns play into every aspect of life. In a sense, life is a balance between using what is known to overcome that which is unknown to maintain progress and order.



Take our field of medicine for example. It is, after all, called the 'practice of medicine'. Every day, providers 'practice' medicine when caring for patients. Providers use all of what is known in the field of medicine to identify the patient's comorbidities and treat them. This is the 'detective' work that practitioners engage in dozens of times a day.

When you went through training as a scribe, you were encouraged to 'think like a physician'. Being a scribe, you now hold the unique vantage point of working alongside 'medical detectives' as they treat patients. Every day you will encounter something new. I encourage you to seize this opportunity to immerse yourself in all of the new information you are encountering. Never lose your sense of wonder- you are part of the next generation of professionals that will provide care, develop cures and mold the shape of healthcare treatment and strategy in the United States and the world. Always be willing to take the next step forward into the unknown.



## Quality of the Month: Mystery

"There are known knowns; these are things we know that we know. There are known unknowns; that is to say, there are things we know we don't know. But there are also unknown unknowns: things we don't know we don't know."

*-Donald Rumsfeld*

"Prepare for the unknown by studying how others in the past have coped with the unforeseeable and the unpredictable."

*-George S. Patton*

"In psychology, there's something called the broken-leg problem. A statistical formula may be highly successful in predicting whether or not a person will go to a movie in the next week. But someone who knows that this person is laid up with a broken leg will beat the formula. No formula can take into account the infinite range of such exceptional events."

*-Atul Gawande*

# SC Spotlight

## Jacob Pascual Site Manager, Los Angeles, CA

Jacob has been part of the ScribeConnect team since 2015, starting out as a scribe and recently promoted to Site Manager at a busy LA community hospital. He is known for being able to adapt to the challenges and changes that come with the job, and he strives to be both fair and flexible with his team. As Site Manager, Jacob takes time to make sure everyone is performing well and doing well in general. He credits clear communication of goals and feedback with the team so that hard work and effort do not go unnoticed. He also likes communicating and building relationships with the ER staff.

When scribing, Jacob enjoys the opportunity to play an active role in a clinical setting while learning both the science of and emotions associated with a career in medicine. He also values opportunities to make a positive impact within the department, with the physicians, and as a ScribeConnect team member. When asked what his favorite part of his job is, Jacob answers simply, "My team. They are without a doubt amongst the hardest working and dependable people I've ever known. I'm extremely thankful to be working alongside such an amazing and talented group."

Jacob acknowledges the challenges that come with his role as well. "I think finding the right balance between keeping everyone on the team happy while making sure the goals set by our providers are met is the most challenging part of the job. I find it extremely rewarding to be able to find solutions to problems and see the team get along with the department staff and the providers. It always makes my day to hear positive feedback from a physician."

Jacob knows the value of problem-solving. "It plays a huge role in my job. It's easy to use emotions to rush to a conclusion when issues arise, but I try to acknowledge and defend the concerns of all parties when addressing feedback, before providing solutions." Jacob likes to prepare by having alternatives ready so that he is able to adapt and respond to problems as they come.



Jacob graduated from LMU in 2015 with a Bachelor's in Biochemistry. He plans on applying to medical school in 2017. He tells us, "Working in an emergency department, I've come to really appreciate the pace and variety that comes with Emergency Medicine. What I'm drawn to the most are trauma cases, and one day in the future I'd like to be a trauma surgeon."

Outside of work, Jacob likes a good volleyball game – he played on his college club team as an Outside Hitter, Defensive Specialist and a Libero. He still tries to play indoors or at the beach as often as he can, including occasional tournaments. He also enjoys traveling with friends and family.

Jacob's recommendations for great Mystery/Thrillers? Tom Clancy books, and for movies - the Bourne series, Inception and Shutter Island.



## Cole Syverson Scribe, Los Angeles, CA

Cole joined ScribeConnect in 2015. He is most known for punctuality and attention to detail. Even the physicians he works with have taken note of how early and prepared he is for shifts. Cole also strives to achieve accuracy on all of his charts.

When asked what his favorite thing about being a scribe is, he tells us, "My favorite part of my job is being able to interact with physicians on a daily basis. Working closely with medical professionals has taught me so much about the health care field as well as where I see myself fitting into it as a professional." He also greatly values the medical knowledge he has gained as a scribe.

When it comes to problem-solving on the job, Cole says that aspect often involves clarifying information with a physician pertaining to charts. He also acknowledges the challenge of balancing other commitments like school and research with his work schedule, especially while working night shifts.

Cole studies Molecular Cell Biology and Physiology at CSULB. He is pursuing the MD route and is interested in a number of different specialties, including emergency medicine, psychiatry, oncology, cardiology and internal medicine. Beyond work, he plays the cello and is actively involved playing in a band, recording for movies and commercials, and performing in live shows.

Cole's pick for a great Mystery/Thriller? Another vote for Shutter Island! I guess it's time to update your Netflix queue...

# Moving Forward into the Unknown

(continued from Page 1)

Others are drawn to the wonders of internal medicine and infectious disease, sometimes preferring to pursue these areas in academic versus clinical settings. Some describe radiology as "solving puzzles all day long - you're looking at images which might show multiple abnormalities and trying to piece them together with the history and test results you've been given to come to a diagnosis."<sup>6</sup> For others, psychiatry may not have the same quick fix in diagnosis and treatment, but it involves unveiling of more long-term mysteries as one explores the human mind.

Dr. Kristan Ahler chose pathology as her outlet for mystery hunting. "I originally thought about neurosurgery, and then once I got to school, I became interested in general surgery," recalls Ahler, who received her medical degree from Mount Sinai School of Medicine after receiving a Bachelor's in biology from Brandeis University. "But once I started, I realized that pathology was indeed the best field for me. It's better suited for my personality because I really like working on puzzles and problem-solving."<sup>7</sup>

Some programs specifically explore and solve medical mysteries. The Undiagnosed Diseases Program (UDP), created by the National Institutes of Health in 2008, was created with the mission to provide answers to patients with mysterious conditions that have eluded diagnosis and to advance medical knowledge about both rare and common diseases. The program is a clinical research initiative of the National Human Genome Research Institute (NHGRI), the NIH Clinical Center, and the NIH Office of Rare Diseases Research (ORDR). Instead of a single disease, UDP tackles the hardest-to-diagnose disorders, relying on NIH specialists in endocrinology, immunology, oncology, dermatology, dentistry, cardiology, genetics, and other areas to come up with insights about cases that have often been troubling patients for years.

Nerina Garcia-Arcement, a licensed clinical psychologist and a clinical assistant professor at the NYU School of Medicine, says that "fearing the unknown is something we all experience at some point in life."<sup>8</sup> For those working in the world of medicine, despite the fear and uncertainty that it involves, this is often eclipsed by the passion to investigate and discover the answers.

Dr. Jangi reveals another importance of exploring the medical mystery, beyond seeking diagnoses. "The medical mystery often hinges on arriving at a diagnosis. But these mysteries, however intriguing, are only the first layer, a facade of the whole story." Until we ask the broader questions to get a view of a patient's life, "only then do we truly understand the clues found in the periphery beyond illness, the life into which illness comes. And in that periphery is a far more wondrous mystery than simply solving a case. It is in this periphery where we teach the other what it means to fall ill, to lose faith, to feel stuck, to feel pain, to feel crazy, to grow old, to find grace, to stand up, to forgive yourself, to find peace. And in such an exchange, we open doors, for a moment, into each other's lives."

Footnotes: (1) Lindsay Hoffman, "The Fear of the Unknown," Huffington Post, June 2015. (2) Stewart Weaver, "What drives humans to explore the unknown?," University of Rochester Newscenter, February 2015. (3) Dr. Sushrut Jangi, "Questions Doctors Can't Bill For," Boston Medical Mysteries, January 2014. (4) Atul Gawande, Complications: A Surgeon's Notes on an Imperfect Science, Picador, 2003. (5) John Weinman, An Outline of Psychology as Applied to Medicine, Butterworth-Heinemann, October 2013; and MacWhinney, 1973. (6) Student Doctor Network, "Specialties with the most problem solving," 2007-2012. (7) Joe Morris, "Physician Spotlight: Puzzle Guru," East Tennessee Medical News, January 2014. (8) Rheyenne Weaver, "Coping While You Wait for Medical Test Results," EmpowHer.com, June 2012.



**Welcome aboard our newest scribes!**  
Joyce P, Sasan A, Joemart G (Inland Empire);  
Kelsey Z, Tiffany F (Santa Monica).

**Bon Voyage and Best Wishes...**  
Connor is off to med school - thanks and best wishes from your ScribeConnect family, Dr. F!

Khulan is off to attend Lake Erie College of Osteopathic Medicine - go, Khulan!

## WHAT WOULD YOU DO?

Inviting deeper discussion with peers...



### SHIFT PREPARATION

What's your method of organizing the patients you've seen throughout the day?



### PHYSICIAN PREFERENCES

You're assigned for the first time to the most particular physician at your site. What is your method of preparing for that physician?

How do the most experienced scribes handle this challenge?

Are there any particular preferences of this physician which could apply beneficially to other physicians at your site?



### REWARDING EXPERIENCES

What has been your most rewarding patient experience? Why?

# Brain Food

## VIDEO

### **The Mystery of Chronic Pain**

TED Talk with Elliot Krane

We think of pain as a symptom, but there are cases where the nervous system develops feedback loops and pain becomes a terrifying disease in itself.

## ARTICLE

### **Doctors: Is it Time to Love the F Word?**

by Lisa Chu, M.D.

Moving into the unknown may require dealing with three F-words.

## RESOURCES

### **Medical Mysteries**

Puzzling medical cases from The Washington Post.

### **More Medical Mysteries**

New York Times' Dr. Lisa Sanders recreates hard-to-solve medical case studies.

*What are you reading? Send us your recommendations, and we may include them in an upcoming "Brain Food."*

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## QUICK FIX: COMMON ERRORS

***The following HPI has been created using both the EHR-generated click-based approach and free-text approach. Review the entire HPI for errors.***

**Chief Complaint:** This 60 yrs old Female present to ED via EMS with complaints of Chest Pain. Chart documented by Erin, scribe for Dr. Jones.

### **(EHR-generated HPI from clicking the predefined fields)**

The patient reports chest pain that is primarily located in the right upper chest. Onset: 1 hour prior to arrival. The chest pain is described as sharp. Duration: The patient reports a single episode of chest pain, improved after two doses of nitroglycerin. There is no movement of the pain. Associated signs and symptoms: Pertinent positives include nausea, dizziness, Pertinent negatives include chest pain, abdominal pain, SOB, lower extremity swelling. The patient has not experienced similar symptoms in the past.

### **(Free-texted HPI)**

Pt presents to ER % single episode of "sharp" right upper chest pain beginning 1 hour prior to arrival. She states her pain presented while sitting in her home, reading a book. She denies movement or radiation of the pain. She admits to dizziness and nausea prior to pain presentation. She denies SOB, abdominal pain, or lower extremity swelling. Per EMS, patient was diaphoretic upon their arrival and experienced emesis x 1. EMS treatment includes 325 mg ASA and NTG x 2 which patient admits improved her pain. Patient admits to hx of HTN, hyperlipidemia, and had a "normal" stress test 2 years ago. Dr. Jones consulted Dr. Wright, cardiologist, after reviewing patient's EKG.

## CAN YOU IDENTIFY THE ERRORS IN THE HPI ABOVE?

**Identify 2 errors in the HPI above. Look for the answers in next month's issue of TeamConnect.**