The CJEM quiz: What kind of emergency physician are you?

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The nurses and doctors in your department are talking about you. You just know it. But what are they saying? What’s the low-down on YOU? Are you an ED god or an ED geek? A diagnostic dynamo or a bumbling boob? A cool dude or a cold dud? On the cutting edge or just on the edge? Are you a “keener,” a “goner,” a “cowboy” or a “dweeb”? Awesome or awful? A winner or a wannabe? Take this CJEM quiz and find out for yourself.

1 What is the first thing you say to your spouse after a 12-hour ED shift?
   A. “I quit.”
   B. “You should have seen the kayser-fleischer rings I saw today!”
   C. “A patient didn’t say thank you to me today when I discharged him. He’s going to sue me. I just know it.”
   D. “Honey, could you bend over on the couch? I want to evaluate this new LP needle.”
   E. Nothing. Your spouse left you years ago.

2 You find a 10-day-old ED chart that is blank with your name on it and you can’t remember a thing about the patient. What do you do?
   A. Write a very short, vague, illegible history, making sure to include the key words pain, malaise, Tylenol and follow-up.
   B. Immediately phone the patient, apologize and get all the details.
   C. Call the CMPA.
   D. Write up the perfect resuscitation and bill for 4 hours of critical care.
   E. Rub out your name, put in your colleague’s name (who was also on that day), and tell him the patient’s lawyer has sent a letter.

3 Your hospital’s chairman of the board presents with a generalized rash. Thinking it could be secondary syphilis or leptospirosis (you really don’t have a clue), you are about to order the thousand-dollar work-up when the 1st-year medical student tagging along behind you points out what looks like a “herald” patch and blurts: “I think it’s pityriasis rosea. I remember from pre-med.” Realizing he is correct, your response is:
   A. “Excellent diagnosis. You sure humbled me that time.”
   B. “You’re probably right, but I’d like to get some confirmatory labs, then we’ll do a literature search.”
   C. “It looks odd to me. I’m calling the dermatologist stat.”
   D. Chuckle and say, “Close, sonny, but no cigar. It’s clearly a case of viral pseudo-rosea. You wanna try a few punch biopsies?”
   E. “Piss off, twirp.”

4 While attempting a central line on an intubated patient, you feel a disconcerting pop and see air bubble into your syringe. Realizing you’ve caused a pneumothorax, you
   A. push the air back in and manage it conservatively.
   B. coolly finish placing the line, then ask for a chest tube tray.
   C. abort the procedure and consult a surgeon to place the tube.
   D. angrily accuse the respiratory tech of overinflating the lung while you were cannulating the vein.
   E. withdraw the needle, pretend all is well, and invite the medical student to try her first central line.

5 While performing a “closed” diagnostic peritoneal lavage, you accidentally push the trochar into the aorta. Arterial blood geyers through the lavage catheter and splatters the ceiling. The nurses cry out in alarm. Your response is to
   A. mutter, “Oh no! Not again! Get a surgeon. Stat!”
   B. blurt out, “Damn, just as I suspected. A traumatic hemangioma.”
   C. immediately claim stress leave on your disability insurance policy.
   D. grunt with satisfaction, draw 5 cc of blood from the lavage catheter, and snap: “Nurse! Send this for gases and get me a Dacron graft and some 2-0 Vicryl! Stat!”
   E. state confidently, “We see this sometimes.”
You are in Hawaii for a conference and your spouse is itching for some time alone with you in your “ocean view room.” It’s lunch time and the afternoon plenary session is entitled "Fragrance in the ED and its impact on trauma scores and waiting times.” How do you spend your afternoon?

A. Same as you did the morning, sleeping.
B. You go to the session of course. You already have a several review articles on the subject and have formulated some witty discussion-generating questions.
C. You’d really like to hop in the sack, but are worried that your absence might be noted by CJEM editors.
D. You make wild passionate love with your spouse . . . for 10 minutes. Then you hit the session and blow out of there in time for 36 holes of golf with some old med school buddies before happy hour.
E. You tell your spouse you’re at work and spend the afternoon at the pool bar doing a randomized trial on UV exposure and swim suit design.

Your favourite type of patient is

A. the last one on a shift.
B. all of them. They all provide an emergency medicine learning opportunity.
C. none. They are all potential law suits.
D. a multi-traumatized, hemophiliac with strong religious beliefs.
E. DOA.

Who is your medical role model?

A. Marcus Welby
B. Hawkeye from M*A*S*H*
C. Dr. Seuss
D. yourself
E. Dr. Kevorkian

Your patient is a 35-yr-old female with chronic migraines, fibromyalgia and personality disorder; her husband is on the hospital board. She has a bad headache, is allergic to all known migraine medications and is demanding Demerol. How do you manage her?

A. 200 mg Demerol, 50 mg Gravol IM, and she’s outta there!
B. Decadron IV, then you spend a long time with her talking about new advances in serotonin receptor theory and give her your phone number in case she has breakthrough pain.
C. 50 mg Demerol IM, CT scan, LP and admit her.
D. DHE IV or take a hike . . . anaphylaxis is a treatable disease.
E. Leave her for the next EP on duty and advise her husband he shouldn’t take her home until she is pain free.

Your greatest desire, as a physician and emergentologist, is

A. to get more sleep and have more sex . . . in that order.
B. to be the lead author of a study published in NEJM.

Scoring

For every A, score 1 point; for every B, 2 points; for every C, 5 points; for D, 10 points.

If you score one E, immediately give yourself 1000 points and go to the Results.

Results

1. 11 or less: GONER
   You’re over the hill. Check your RRSPs immediately, consider a job at the CJEM and go back to sleep.

2. 12–22: KEENER
   Keen aren’t you? What are you doing wasting your time on fluff like this?

3. 23–55: WORRIER WANNABE WIMP
   Woody Allen has nothing on you. You have OCYAD (obsessive-cover-your-X*-!!* disorder; DSM-VI). Consider a new career in Administration and enjoy worrying about it.

4. 56–111: COWBOY
   Howdy pardner! Go big or go home! Good luck with your study on intra-thecal antibiotics for otitis media.

5. 1000 or over: SICKO
   You are a sick puppy. Yikes! Get some therapy, I don’t know . . . or go work in Toronto . . . or something . . . Geeze! you really are a piece of work. The I.O.C. has some jobs opening up . . . good luck, don’t call . . . really.