

ARTICLES · [Volume 127](#), 106247, May 2026 · *Open Access*

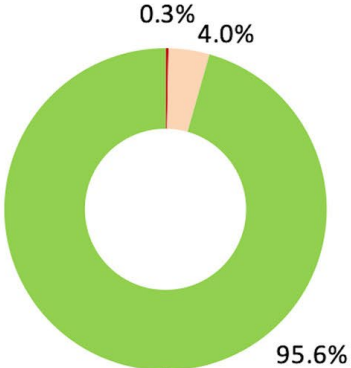
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Assessing the quality of AI-generated and physician-written discharge summaries: evaluation of an EHR-integrated tool in a Dutch academic hospital

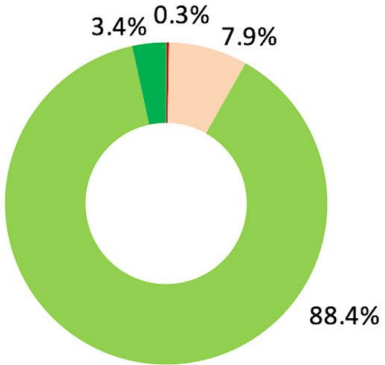
[Tarannom Mehri](#) ^a  · [Tun Nadalini](#)^a · [Anne H. Hoekman](#)^a · [Tom P. van der Laan](#)^{a,b} · [Katerina Kagialari](#)^a · [Robert K. Wagner](#)^{d,e,f} · et al.

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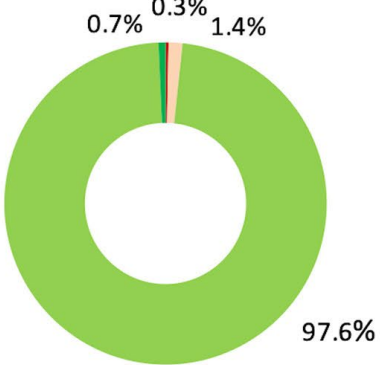
Overall difference



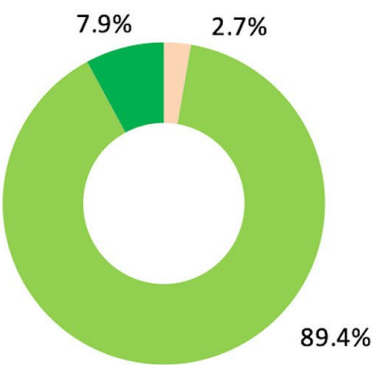
Completeness



Correctness



Conciseness



- Worse than Medical Expert
- Not as good as Medical Expert
- As good as Medical Expert
- Better than Medical Expert

As a palliative care doc, my biggest complaint was that sometimes the things that were most important to me – the hopes, dreams and fears of my patients – got ignored by AI.

I'm trying hard to stay alive until my daughter graduates from high school in two years.



"Ms. Jones will continue with current treatments and follow up in one month."

Perhaps AI saw that info as "chit-chat" compared with the "vital" data of symptoms, meds and tests.

AI for prognostic support

Why is it needed?

Given limited time and staffing, we need to target the highest risk patients for palliative care support. Yet providers often find it difficult to identify these patients, or selecting these patients is not always 'top-of-mind'.

What is being done?

Many studies have evaluated the use of ML-based mortality risk models to trigger recommendation to provider/PC referral



JOURNAL ▾

CASE STUDY



Improving End-of-Life Care through AI-Based Clinical Decision Support

Authors: Jessica Londeree Saleska, MPH, PhD, Nathan Moore, MD, Kyle Pitzer, MSW, PhD, Randi Foraker, PhD, MA, FAHA, FAMIA, FACMI, and Patrick White, MD, PhD, HMDC, FACP, FAAHPM [Author Info & Affiliations](#)

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End of Life Care

Recognising dying: Will artificial intelligence (AI) help improve clinical accuracy?

Eleni Lester^a, Simon Tavabie^a, Nicola White^b, Ollie Minton^{c,*}

^a *Barts Health NHS Trust, London, UK*

^b *Marie Curie Palliative Care Research Department, University College London Hospitals NHS Foundation Trust, London, UK*

^c *University Hospitals Sussex NHS Foundation Trust, Brighton, UK*

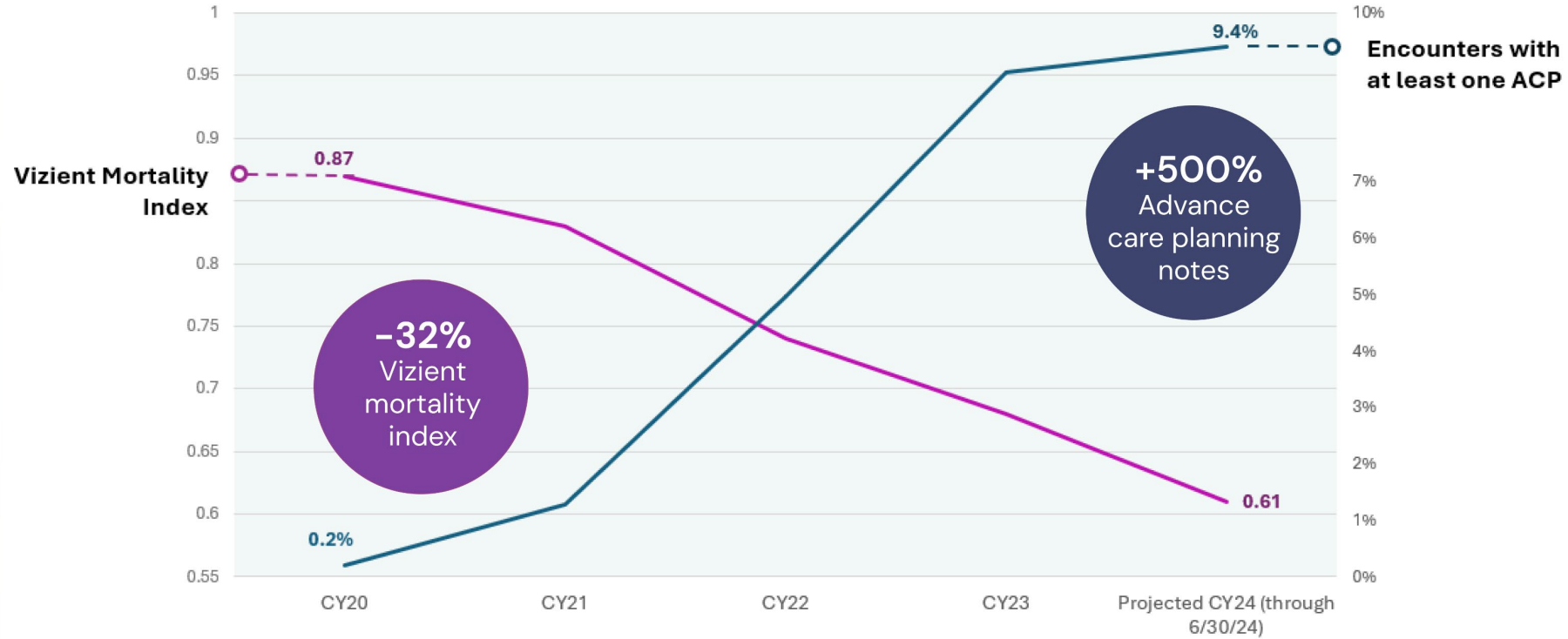
Beyond Predictions

AI-Predictions are useless if clinicians don't do anything with them. We enabled action in response to our mortality risk estimates (aimed at targeting high risk patients for goals of care conversations) through:

- 1 Peer-to-peer messaging
- 2 Enhanced clinical workflows
- 3 EHR tools and in-person training

94% physician response rate to alert messages

85% agreed with the prediction

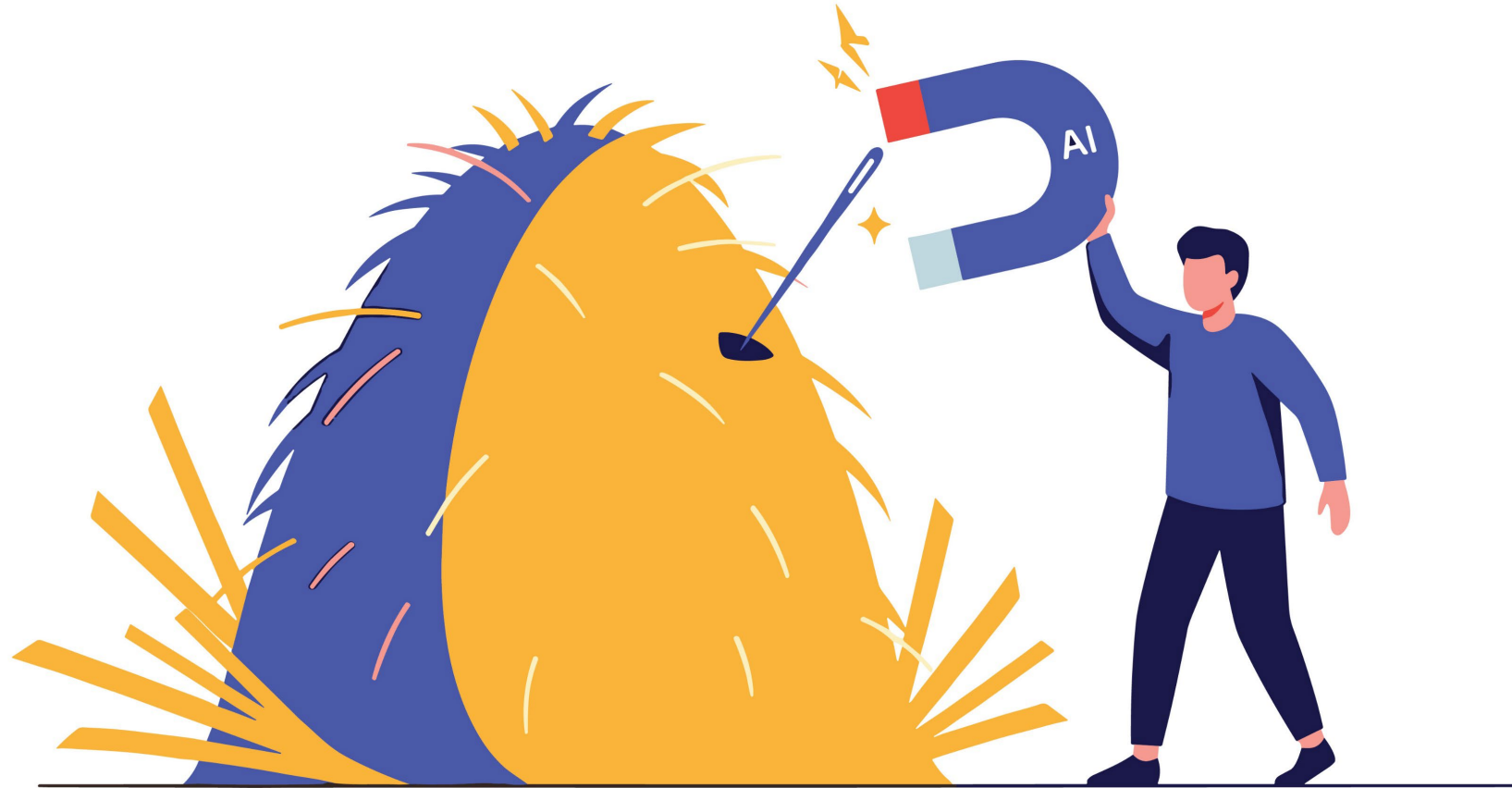


“I’m much more likely to pay attention to an individualized chat message from a colleague that I trust instead of the hundredth [electronic medical record] pop up alert of the day.”

-BJC Internist



AI for documentation discovery



ACP SUMMARY: single source of truth

Summary

Overview Nursing Overview Provider Systems Review Index Comprehensive - IP Micro Results-Alpha Rad Results-31 day Advance Care Plan Summary

Advance Care Plan

Yes - ePOLST 8/6/2025 Yes DNR (No Code) Desired level of care info present Yes ACP: None Goal of Care Note: 8/6/2025

POLST

Scanned or Electronically Submitted

Document Type	Status	Scanned On	Description
POLST		08/06/25	POLST OREGON 2023 ENGLISH

Advance Directive Documents (Scanned)

Document Type	Status	Received On	Received By	Description
Advance Directive	Received	07/21/25	Deborah M Unger	Signed on 1/1/24
Advance Directive	Not Received			

Health Care Agents

Crusher, Beverly Health Care Agent - Sister

Current Code Status

Date Active	Code Status	Order ID	Comments	User
8/6/2025 2046	DNR (No Code)	439341		Deborah M U

Question: RN or MD pronounce Answer: RN may pronounce

Desired Level of Medical Care

Current Code Status: DNR (No Code)

If the patient decompensates, but has a pulse and is breathing, the following are to be considered

Intubation and Mechanical Ventilation	No
Manual Ventilation/Bagging	Yes
Noninvasive Ventilation	Yes
Cardioversion or Pacing	Yes
Vasopressors	Yes
ICU Level of Care	Yes
Hemodialysis	No
Medically Administered Nutrition	No
Discussed With	Patient

Additional comments:
Order signed instant: 8/6/2025 8:46 PM

Prior Code Status Orders

Date Active	Date Inactive	Code Status	Order ID	Comments
5/21/2025 1857	8/6/2025 2046	Full Code	434452	

Notes

Date of Service	Author	Author Type	Status
08/06/25 2045	Deborah M Unger		Signe

Nova, Super "Shiny"
Female, 55 y.o., 1/3/1970

Pronouns: she/her/hers

MRN: 20000217836
Bed: OSVMEDA-954
OSVV9A-954-01

Code: DNR (No Code)

HCA: Not Active

Desired Level of Care: Present

POLST: Yes / Adv Dir: Yes

GOC documentation

Summary

Overview Nursing Overview Provider Systems Review Index Comprehensive - IP Micro Results-Alpha Rad Results-31 day **Advance Care Plan Summary**

Advance Care Plan

Yes - ePOLST 8/6/2025
POLST

Yes - Advance Directive

DNR (No Code) - Desired level of care info present
Code Status

Yes - ACP: None
Goal of Care Note: 8/6/2025
Notes

POLST

Scanned or Electronically Submitted

Document Type	Status	Scanned On	Description
POLST		08/06/25	POLST OREGON 2023 ENGLISH

Advance Directive Documents (Scanned)

ACP Conversation Summary | ACP Navigator

Document Type	Status	Received On	Received By	Description
Advance Directive	Received	07/21/25	Deborah M Unger	Signed on 1/1/24
Advance Directive	Not Received			

Health Care Agents

Crusher, Beverly Health Care Agent - Sister
Not Active

Current Code Status

Date Active	Code Status	Order ID	Comments	Answer	User	Context
8/6/2025 2046	DNR (No Code)	439341		RN may pronounce	Deborah M Unger	Inpatient

Desired Level of Medical Care

Current Code Status: DNR (No Code)
If the patient decompensates, but has a pulse and is breathing, the following are to be considered

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Vasopressors	Yes
ICU Level of Care	Yes
Hemodialysis	No
Medically Administered Nutrition	No
Discussed With	Patient

Additional comments:
Order signed instant: 8/6/2025 8:46 PM

Prior Code Status Orders

Date Active	Date Inactive	Code Status	Order ID	Comments	User	Context
8/31/2025 1057	8/6/2025 2046	Full Code	434453		Attending Inpatient3 MD, MD	Inpatient

Notes

Create Goal of Care Note | Order Desired Level of Medical Care

Date of Service	Author	Author Type	Status	Note Type
08/06/25 2045	Deborah M Unger		Signed	Progress Notes



However

- The time and effort to upkeep documentation requirements is high
- Any new clinician must be trained on using the tool; any new note or program expansion must include education
- “I hate using checkboxes”
- “We have these conversations all the time, we just don’t ‘get credit’ if we don’t use the dotphrase”

A/P: Patient is a 69 y/o gentleman with stage IV non-small cell lung cancer, currently admitted with pneumonia:

1) *Pneumonia* – Health-care associated pneumonia. Overall improving. Will continue current plan with IV antibiotics using Zosyn + Vancomycin for now. Will plan to d/c vancomycin once cultures negative for 48 hours for MRSA species. Patient worried about shortness of breath.

→ Continue Zosyn/Vanco

→ Continue Incentive Spirometry

→ Follow-up blood cultures NGTD; Sputum cultures NGTD

2) *Non-Small Cell Lung Cancer* – Tarceva on hold per oncology. Will likely restart on d/c from hospital; will discuss with onc. If worsens, wouldn't want ICU care for prolonged time. Understands that prognosis is tenuous.

3) *Hypertension* – continue home regimen of Lisinopril. No evidence of low BP while on this medication in hospital despite PNA.

4) *Diabetes* – Off metformin while in hospital. Will cover with sliding scale insulin

5) *FEN* – Regular diet. Off IVF

6) *PPX* – Lovenox SQ daily;

7) *Code* – Full; Talked w/ patient and wife/agent Susan upon admission- if intubated limited trial of few days but if no meaningful chance of improvement would want comfort measures

8) *Dispo* – Overall improving on antibiotics; may need home health at d/c if functional status isn't improving.

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Annotation and model development

- Multidisciplinary panel of SMEs manually reviewed 500+ notes in several rounds of evaluation using Labelbox
- Developed structured prompt
- Evaluated using several version of the GPT model family via Azure OpenAI
 - Outputs compared to gold standard dataset

Model	Chunking	Specificity	Precision	Sensitivity /Recall	F1 Score	Accuracy
-------	----------	-------------	-----------	------------------------	----------	----------

GPT-4o	Yes	0.95	0.81	0.66	0.73	0.90
GPT-4o	No	0.95	0.78	0.74	0.76	0.91
GPT-4o-mini	Yes	0.93	0.76	0.76	0.76	0.91
GPT-4o-mini	No	0.88	0.62	0.83	0.71	0.87
GPT-4.1	Yes	0.88	0.65	0.91	0.76	0.89
GPT-4.1	No	0.93	0.73	0.85	0.79	0.91
o1-mini	Yes	0.84	0.56	0.88	0.69	0.85
o1-mini	No	0.84	0.56	0.84	0.67	0.84
GPT-4	Yes	0.92	0.72	0.81	0.76	0.90
GPT-3.5-Turbo	Yes	0.88	0.62	0.82	0.71	0.87

Real time integration

- If the model returns a positive value, it **updates the ACP/GOC documentation list in real time**

The screenshot shows the Epic EHR interface for an Advance Care Plan (ACP) summary. The page is titled "Advance Care Plan Summary" and includes a navigation bar with options like "Overview Nursing", "Overview Provider", "Systems Review", "Index", "Comprehensive - IP", "Micro Results-Alpha", "Rad Results-31 day", and "Advance Care Plan Summary".

Key sections include:

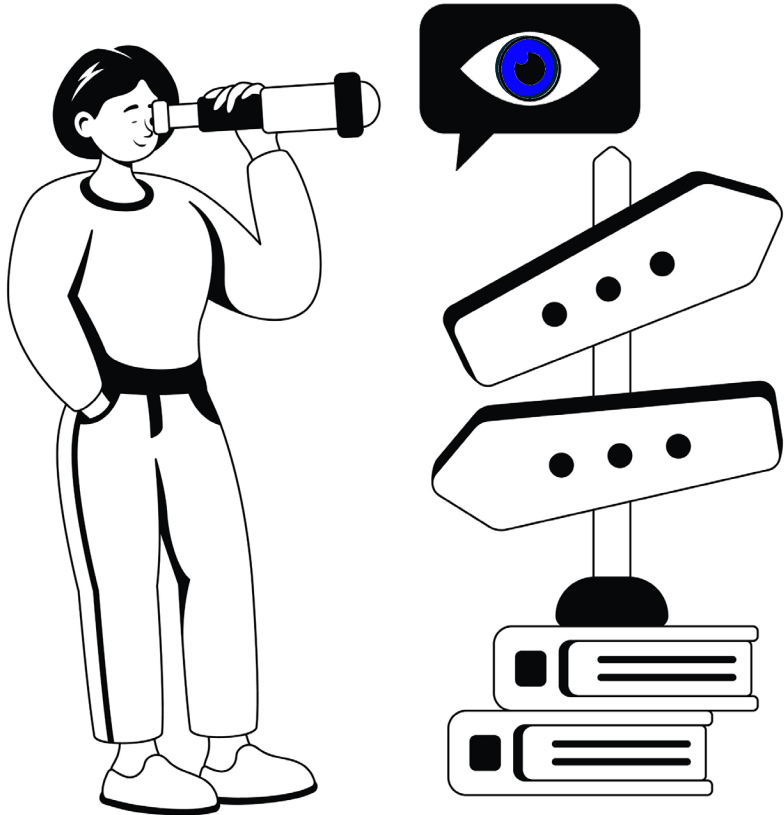
- Advance Care Plan:** A summary of the patient's ACP status, including "Yes" (ACPST 8/6/2025), "DNR (No Code)" (Desired level of care info present), and "Yes" (ACP Name Level of Care Note 8/6/2025).
- POLST:** A table showing scanned or electronically submitted POLST documents. The table has columns for Document Type, Status, Scanned On, and Description. One entry is highlighted: POLST, Scanned, 08/06/25, POLST OREGON 2023 ENGLISH.
- Advance Directive Documents (Scanned):** A table showing scanned advance directive documents. The table has columns for Document Type, Status, Received On, Received By, and Description. One entry is highlighted: Advance Directive, Not Received, 07/21/25, Deborah M Unger, Signed on 1/1/24.
- Health Care Agents:** A section showing health care agents, including Crusher, Beverly, Health Care Agent - Sister, Not Active.
- Current Code Status:** A table showing current code status orders. The table has columns for Date Active, Code Status, Order ID, Comments, Answer, User, and Context. One entry is highlighted: 8/6/2025 2046, DNR (No Code), 439341, RN or MD pronouncement, RN may pronounce, Deborah M Unger, Inpatient.
- Desired Level of Medical Care:** A section showing the current code status (DNR (No Code)) and a list of medical care options to be considered if the patient decompensates. The options include Intubation and Mechanical Ventilation (No), Manual Ventilation/Bagging (Yes), Noninvasive Ventilation (Yes), Cardioversion or Pacing (Yes), Vasopressors (Yes), ICU Level of Care (Yes), Hemodialysis (No), Medically Administered Nutrition (No), and Discontinued With (Patient).
- Prior Code Status Orders:** A table showing prior code status orders, with columns for Date Active, Date Inactive, Code Status, Order ID, Comments, User, and Context.
- Notes:** A section showing notes related to the ACP. The table has columns for Date of Service, Author, Author Type, Status, and Note Type. One entry is highlighted: 08/06/25 2045, Deborah M Unger, Signed, Progress Notes.

6 months of pilot data

- 4 pilot hospitals
- Manual review of all notes tagged by the AI which did not contain our existing GOC SmartPhrase
 - High degree of consensus (>80% felt to contain high quality GOC documentation)
 - Notes that did not meet our predefined GOC criteria were often semantically similar to those that did
- Approximately 15 notes per week found using AI that would not have been discovered by our traditional method

~7000

additional notes per
year when
extrapolated for bed
volumes across all our
hospitals



Examples

Goals of Care

Palliative care consulted this admission. Patient was determined not to have capacity for complex medical decisions. He assented to the plan of care as discussed with son and daughter. Plan was discussed for discharge to facility with hospice, but as patient's family was working on applying for Medicaid to make this possible; patient medically stabilized. Family has decided to move forward with restorative care with plan to discharge to SNF. Patient is medically stable at this point and he likely will remain in current status long enough to discharge to facility. May still be reasonable to discharge with hospice if goal is to avoid coming back to the hospital.

- CM working on SNF referrals

- If patient were to decompensate, family in agreement they would like to be called and would consider comfort care in the hospital.

Nursing Note

Primary RN asked me to discuss pt's health status with their siblings from out of state as I have taken care of the patient earlier this week and have **significant knowledge of overall down trend in health.**

I started by stating that the patient has slowly began to deteriorate in multiple ways. Arguably most importantly in their unhealing wound. The wound is very complex; per her most recent CT, it had indicated that there was likely spread of infection into the bone. Images from the CT were shown to both siblings (with the patient's verbal permission first) to support this information. I also showed them both the recent picture of the wound and several progression photos over the past near year. I also discussed the surgical consultation note about the wound and that they deemed that the patient needed surgical intervention to treat the issue of osteomyelitis. However; after the surgical MD consulted neurosurgery as well for input; they both deemed the patient as not a candidate stating "This would be a futile procedure".

Compounding the wound healing is poor nutritional status and frequent emesis. Additionally, the patient is not able to wean off vent, with SBTs discontinued every day this week. The patient's level of lethargy is increasing, sleeping 20-22 hours a day and communicating much less. They are also becoming much more flat and withdrawn. Lastly, the patient remains hemodynamically unstable during dialysis requiring multiple modalities of pressure support.

With all this information in mind, **I discussed the concern for the patient's potential demise** considering everything they are fighting against. I revisited her code status as well. The patient's family were thankful for the full update. **They both shared their deeply rooted religious background. Their belief is that If the patient were to choose to be DNR that it would be an act of suicide in their God's eyes and that they would be condemned to hell for doing so.** They both did understand the moral dilemma that we as health givers are facing when caring for the patient and recognize the situation is very hard for them and for us. Ended the conversation on a good note with thanks from them and other family for all that we are doing for patient.

~2 months of full system expansion



5,715,350

TOTAL RECORDS



538,710

UNIQUE PATIENTS



KEY METRIC

37,023

PATIENTS WITH GOC



2.0%

MODEL POSITIVE RATE



48,622

ACTIVE AUTHORS



5,717

ACTIVE GOC AUTHORS



200

HOSPITALS

11.7%

GOC AUTHOR RATE

PERFORMANCE BREAKDOWN

DAX vs. Non-DAX Analysis

Comparing automated DAX entries against standard documentation reveals a **2x higher positive rate** (4.3% vs 2.0%) in detecting Goal of Care (GoC) conversations, despite lower volume.

DAX

AI DRIVEN

RECORDS
PROCESSED

25,869

POSITIVE RATE

4.3%

Non-DAX

RECORDS
PROCESSED

5,689,481

POSITIVE RATE

2.0%

AI for **skills training**

Why is it needed?

Providers often lack critical training in goals of care / advance care planning conversations, and quality training can be costly and difficult to scale

Works in progress:

GOCD 'Report card', generated from transcripts

Virtual (voice + picture) standardized patient

ACP chatbot: LLM-based ACP chatbot for interactive, scalable ACP training (Tan et al., 2025; protocol)



JAMA Internal Medicine | [Original Investigation](#)

Comparing Physician and Artificial Intelligence Chatbot Responses to Patient Questions Posted to a Public Social Media Forum

John W. Ayers, PhD, MA; Adam Poliak, PhD; Mark Dredze, PhD; Eric C. Leas, PhD, MPH; Zechariah Zhu, BS; Jessica B. Kelley, MSN; Dennis J. Faix, MD; Aaron M. Goodman, MD; Christopher A. Longhurst, MD, MS; Michael Hogarth, MD; Davey M. Smith, MD, MAS



r/AskDocs

Medical Questions

Having a medical issue? Ask a doctor or medical professional on Reddit! All flaired medical professionals on this subreddit are verified by the mods.

 Created Jul 10, 2013

 Public

321K

Weekly visitors

14K

Weekly contributions



r/AskDocs



r/AskDocs · 6y ago
ItsTreDay



I think I swallowed half a toothpick, ER or let it go?

I (male, age 18) was eating a meal that had a toothpick holding together a piece of chicken. I now realize there's half a toothpick on my plate and pretty sure I swallowed half of a toothpick. What should I do?

A If you've surpassed 2-6 h, chances are they've passed into your intestines. Which means it can't be retrieved easily.

Many people can swallow razorblades and toothpicks without issue. In case you develop stomachache, then don't hesitate seeking out an emergency room, and remember to point out the swallowed toothpick.

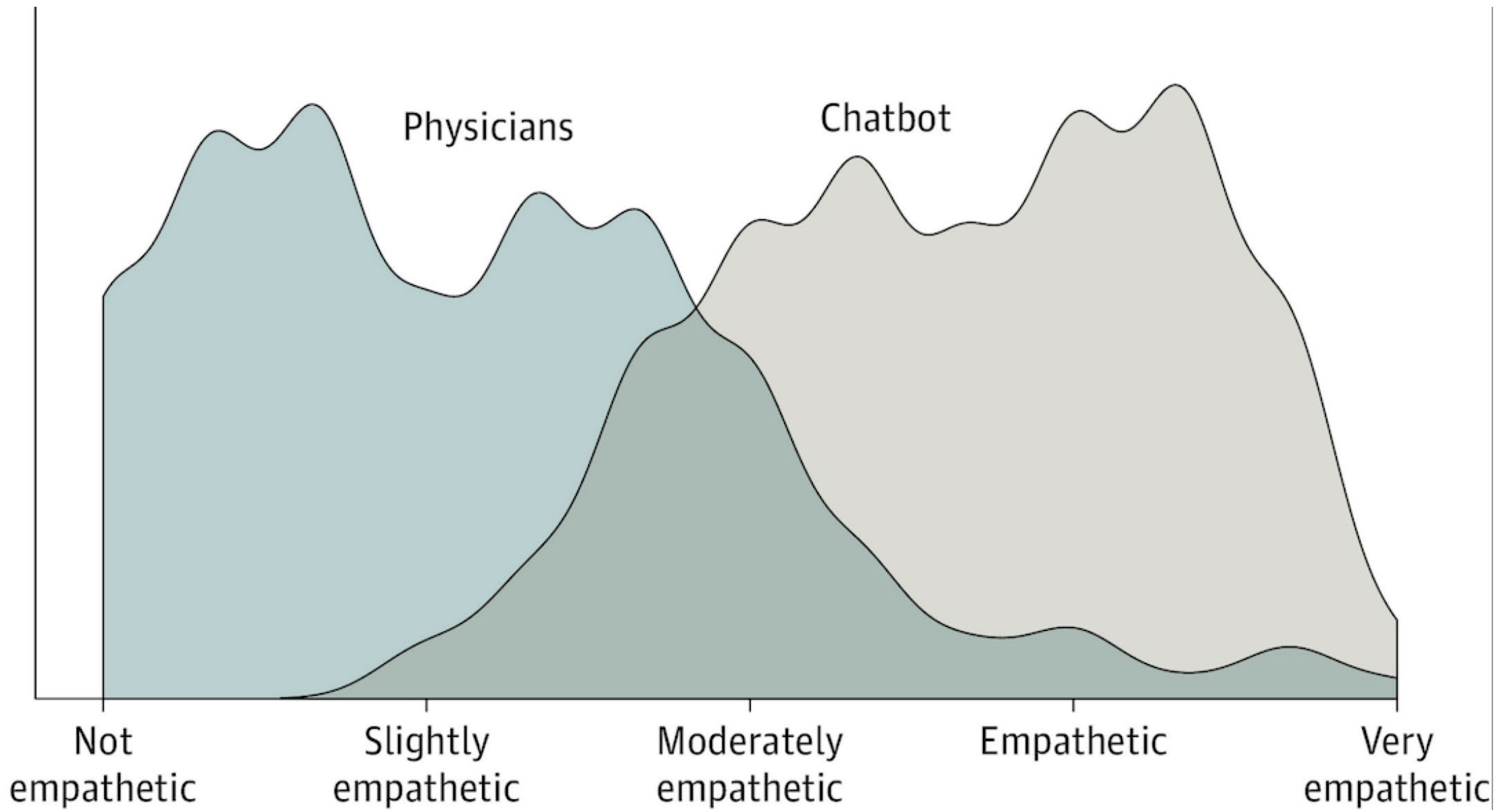
For now, they won't be doing much

B It's natural to be concerned if you have ingested a foreign object, but in this case, it is highly unlikely that the toothpick you swallowed will cause you any serious harm.

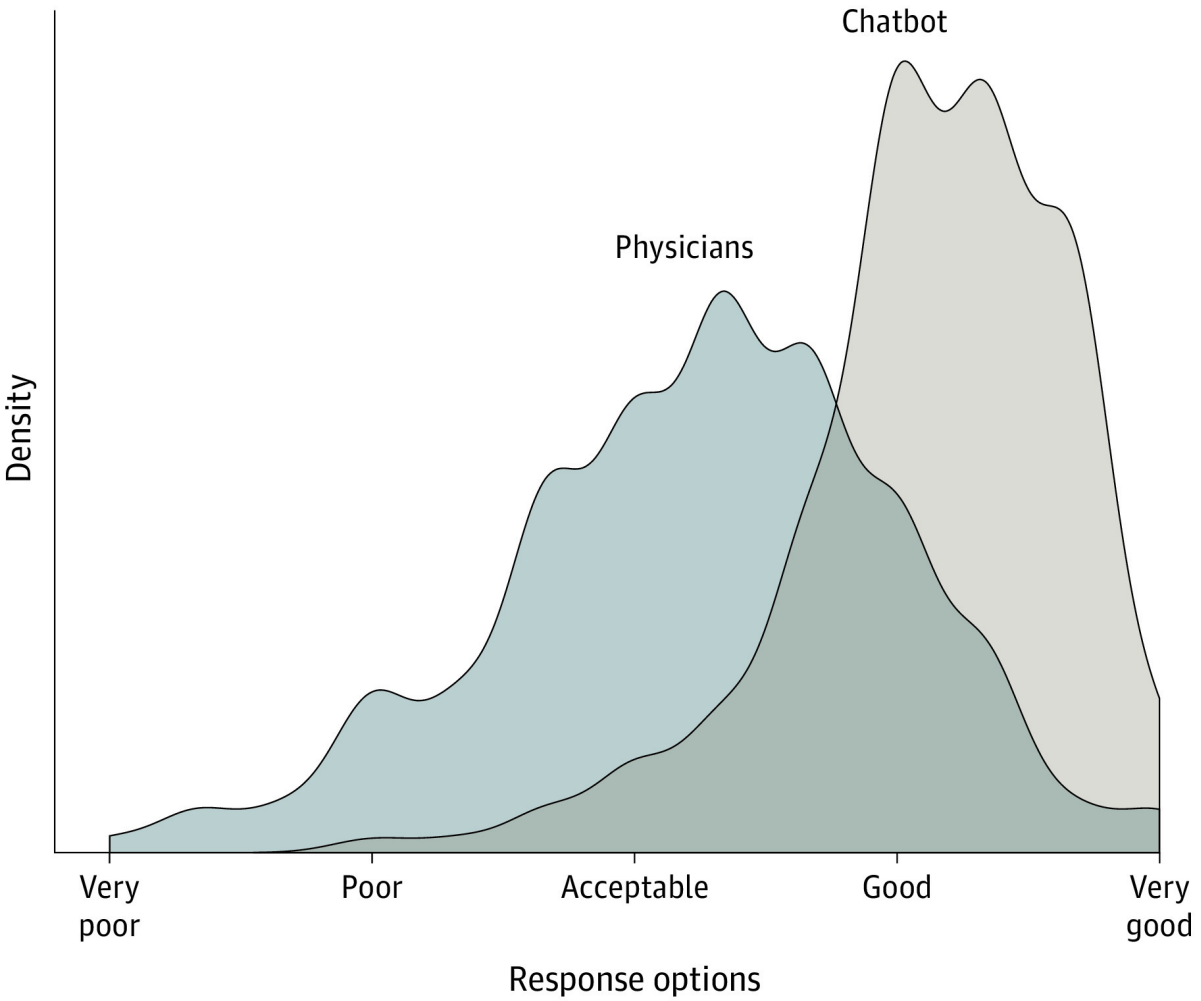
Toothpicks are made of wood, which is not toxic and will not cause poisoning. However, it is possible for a toothpick to cause injury if it becomes stuck in the throat or if it punctures the digestive tract. However, this is unlikely to happen with a dull, cooked toothpick that is only 2 cm long.

If you are experiencing any discomfort or symptoms such as abdominal pain, difficulty swallowing, or vomiting, it is important to contact a health care provider for further evaluation. However, if you are not experiencing any symptoms, it is safe to assume that the toothpick has passed through your digestive system, and you do not need to be concerned.

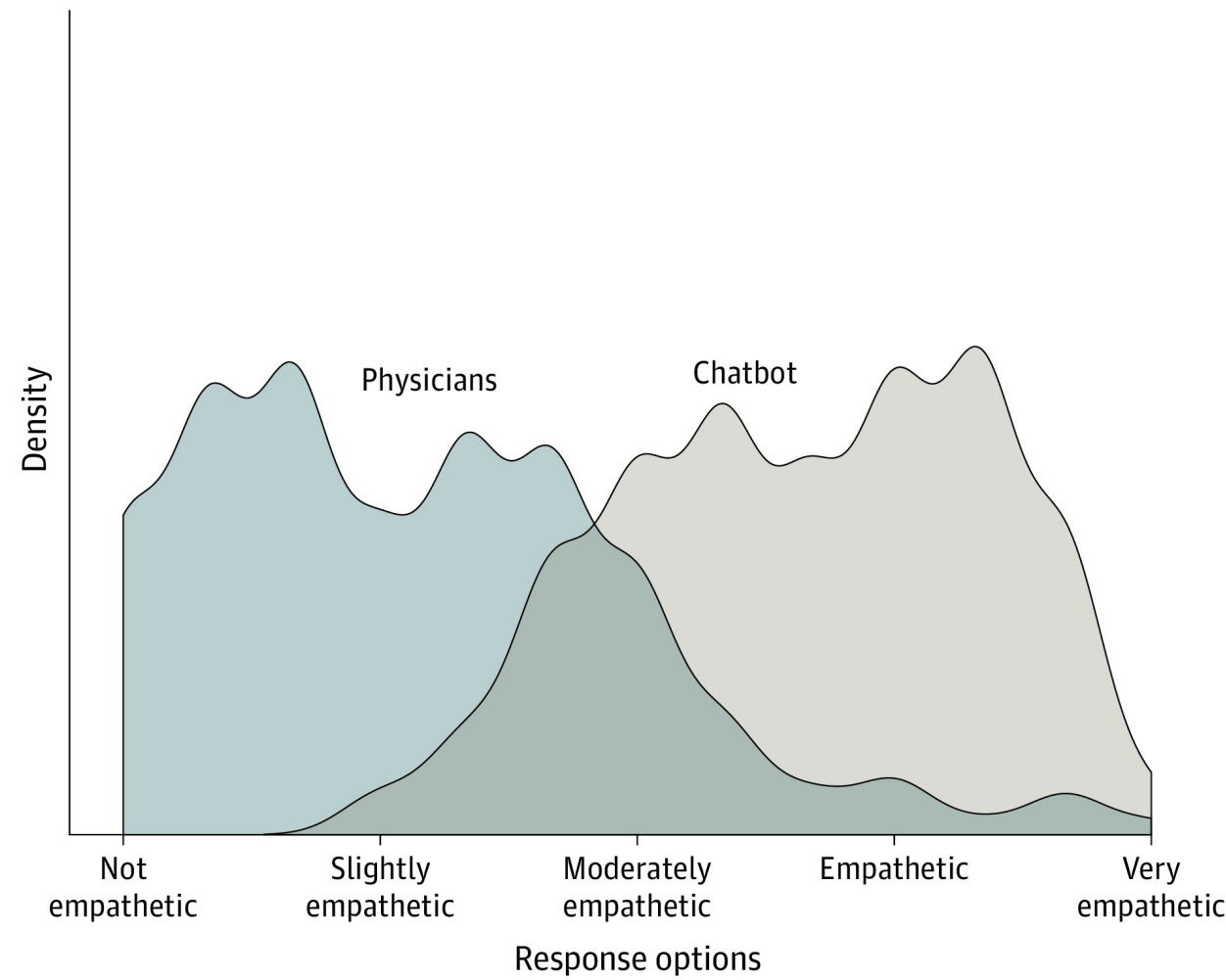
It's always a good idea to be cautious when consuming food and to remove any foreign objects before eating. It's understandable that you may be feeling paranoid but try not to worry too much. It is highly unlikely that the toothpick will cause you any serious harm.



A Quality ratings



B Empathy ratings



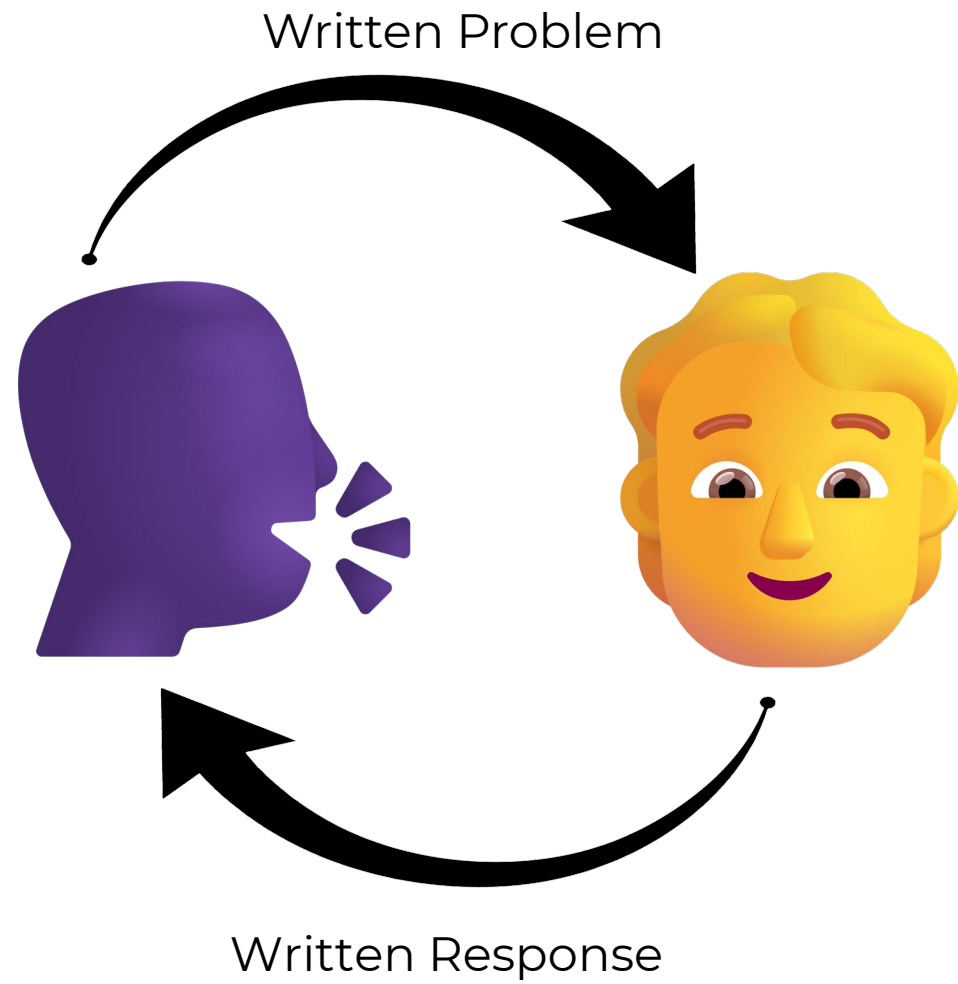
AI can help people feel heard, but an AI label diminishes this impact

[Yidan Yin](#) , [Nan Jia](#) , and [Cheryl J. Wakslak](#)  [Authors Info & Affiliations](#)

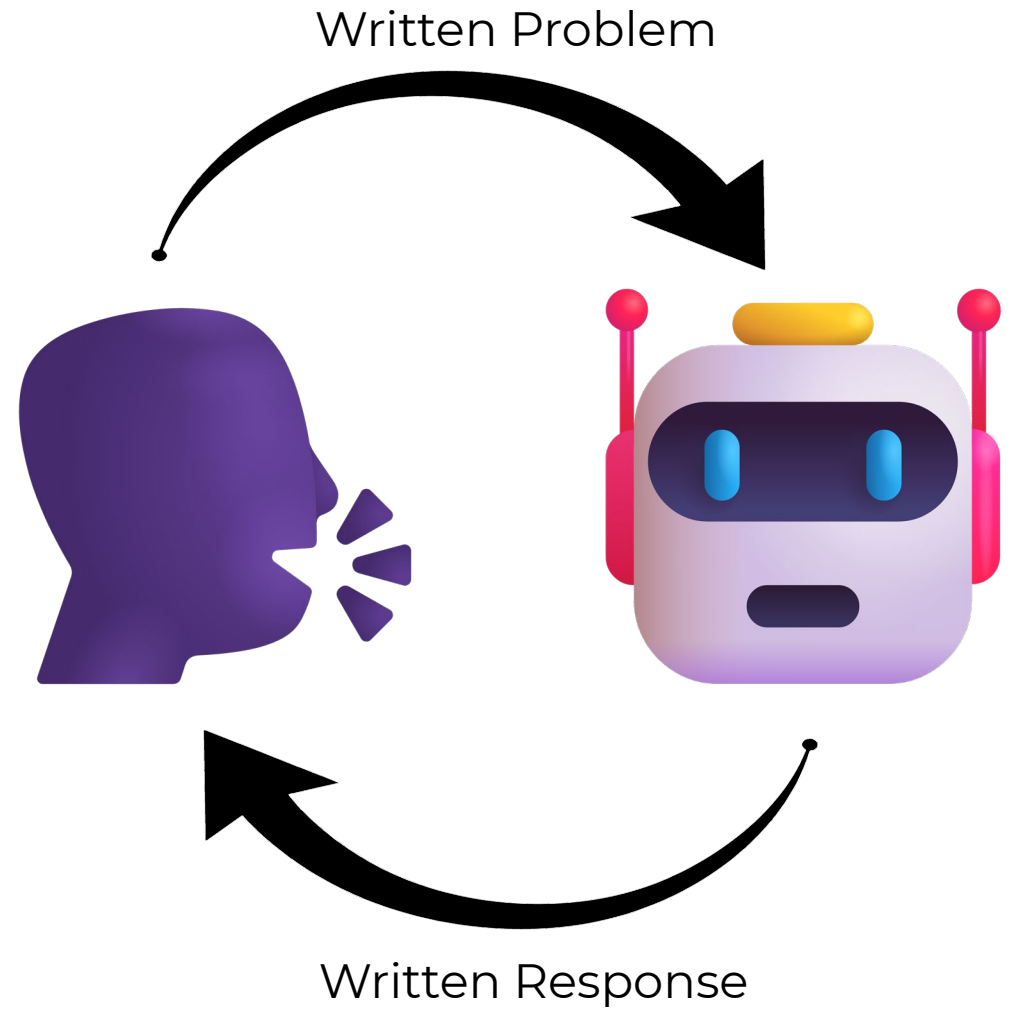
Edited by Timothy Wilson, University of Virginia, Charlottesville, VA; received November 1, 2023; accepted January 29, 2024

March 29, 2024 | 121 (14) e2319112121 | <https://doi.org/10.1073/pnas.2319112121>

Arm 1



Arm 2



Reading this response makes me feel:



Heard



Understood



Validated



Seen



Accepted

Strongly Disagree

Somewhat Disagree

Somewhat Agree

Strongly Agree

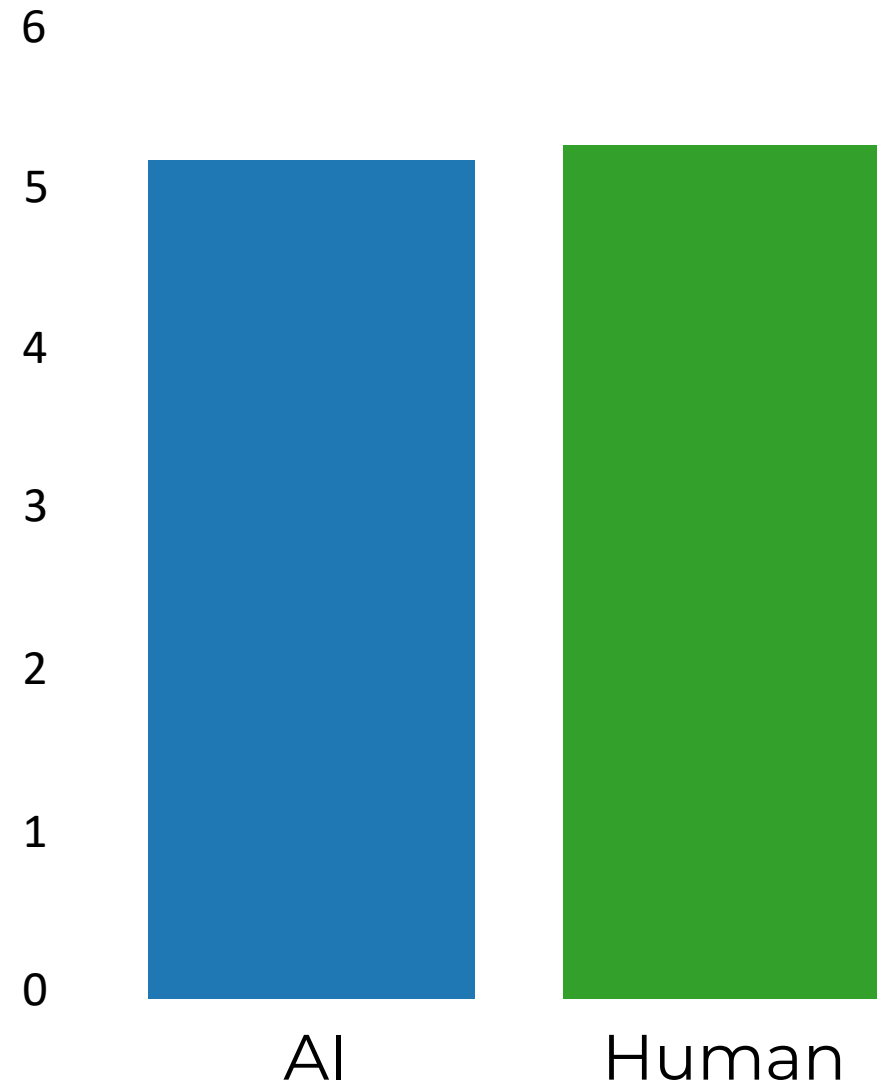


Disagree

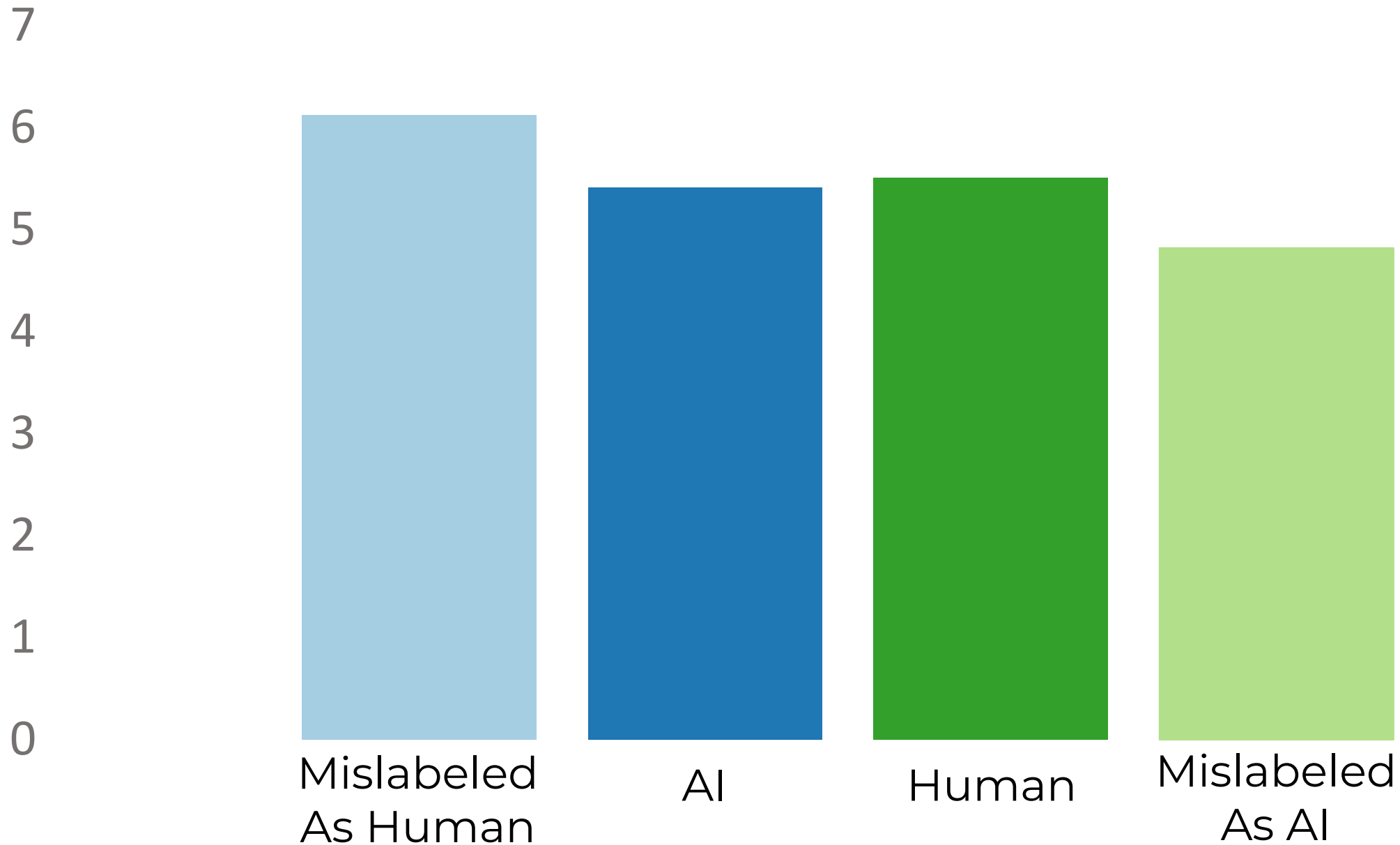
Neutral

Agree

Feeling Heard



Feeling Heard



Advanced Communication Training

DIDACTIC:

- ✓ In-person
- ✓ Ministry specific

DURATION:

- ✓ 2.5 Hours

Serious Illness Conversation Guide	
CLINICIAN STEPS	CONVERSATION GUIDE
Set up	Understanding
<ul style="list-style-type: none">Thinking in advanceIs this okay?Hope for best, prepare for worstBenefits for patient/familyNo decisions necessary today	What is your understanding now of where you are with your illness?
Guide (right column)	Information Preferences
	How much information about what is likely to be ahead with your illness would you like from me? <small>not essential</small> Some patients like to know about time, others like to know what to expect, others like to know both.
Act	Prognosis
<ul style="list-style-type: none">Affirm commitmentMake recommendations about next steps<ul style="list-style-type: none">Acknowledge medical realitiesSummarize key goals/prioritiesDescribe treatment options that reflect bothDocument conversation in EpicProvide patient with Family Communication Guide	Share prognosis as a range, tailored to information preferences
	Goals
	If your health situation worsens, what are your most important goals?
	Fears / Worries
	What are your biggest fears and worries about the future with your health?
	Function
	What abilities are so critical to your life that you can't imagine living without them?
	Trade-offs
	If you become sicker, how much are you willing to go through for the possibility of gaining more time?
	Family
	How much does your family know about your priorities and wishes? <small>(Suggest bringing family and/or health care agent to next visit to discuss together)</small>


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Updated 12/01/17



DIDACTIC:

- ✓ Self-paced
- ✓ RISE Platform

DURATION:

- ✓ 1.5 Hours



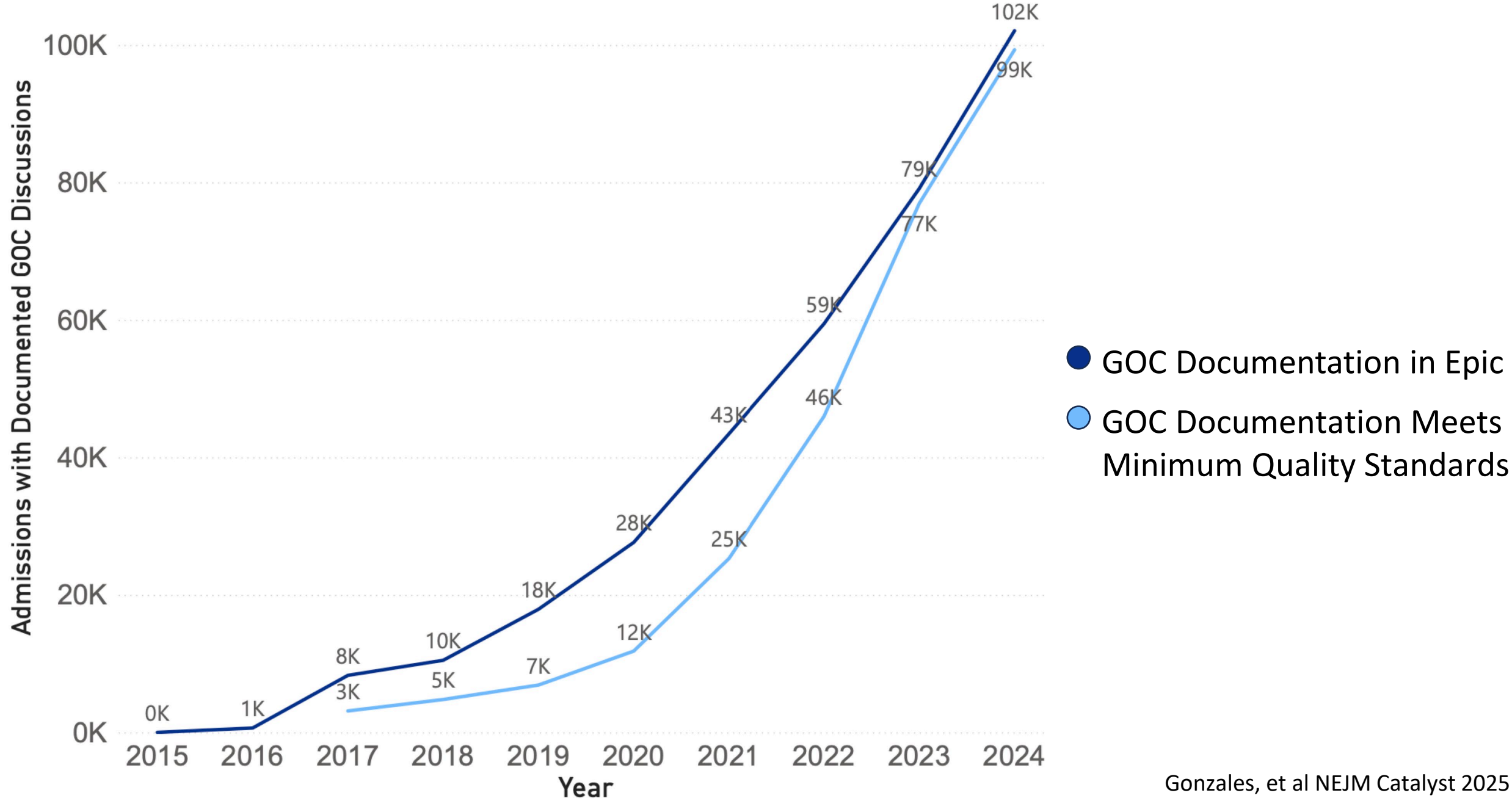
ROLE PLAY:

- ✓ Virtual/In-person

DURATION:

- ✓ 1 Hours

GOC Conversations – System Wide Performance



Step 1 Enter your information

Matthew Gonzales Select Role ▼

Step 2 Choose a Patient



Alex Thompson

Age: 43

Gender: M

Occupation:

Bio: Dedicated track coach at local high school for 15 years. Married with two teenage children. Very



Esther Brown

Age: 78

Gender: F

Occupation:

Bio: Esther is a 78-year-old female former secretary who has end-stage heart failure with an



Lisa Williams

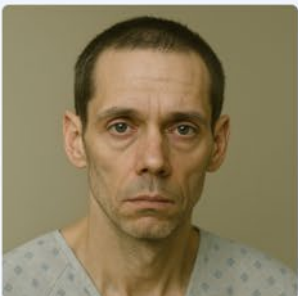
Age: 25

Gender: F

Occupation:

Bio: Lisa is a passionate and driven cardiology student in her mid-20s diagnosed with acute





Alex Thompson

Age: 43 years old

Gender: M

Patient Description

Alex is a 43-year-old track coach at a local high school. He was admitted to the hospital two days ago due to worsening abdominal pain linked to his pancreatic cancer diagnosis from two and a half years ago. Although he initially responded well to chemotherapy, recent treatments have been unsuccessful. With extensive metastases in his liver and lungs, the only remaining options involve hospitalization.

Medical Background

He was admitted to the hospital two days ago due to worsening abdominal pain. He was diagnosed with pancreatic cancer two and a half years ago and initially responded well to chemotherapy, but the last (third) round was unsuccessful. After several years without disease progression, recent imaging revealed extensive metastases in his liver and lungs. There are no treatment options left except those that would require him to remain in the hospital.

Step 3: Chat with the patient

Hey Alex, how are you doing today?

Hey, uh... not... not great, honestly. The pain's, it's worse today—kind of feels like something's—something's pressing in on me, you know?

How long has that been going on?

A few days, maybe longer, I—I've lost track. It's like it crept up faster than before, and now it's just... constant.

Wow, that must be a lot to go through.

It is. And it's getting harder to hold everything together—like I'm running a race I can't finish.

Since you've been in the hospital, has anybody talked to you about why they think your pain is worse?

They mentioned something about the tumors spreading—liver, maybe lungs, but it wasn't really clear. I didn't want to hear all of it then.

Well, I definitely want to think about ways that we can get your pain under control, but it sounds like there are other, bigger things happening. Do you want to talk about that more now?

I don't know if I'm ready, but... yeah, I need to know. I can't keep pretending it's going to get better if it's not.

Is it OK to share with you what the other cancer doctors and I have seen since you've been here in the hospital?

Alright. Go ahead, I'm listening.

Well, it seems that this last round of chemotherapy didn't affect your cancer as much as we had been hoping for.

Chat

Type your message...

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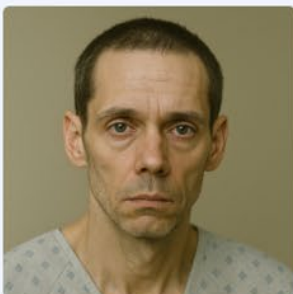
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Alex Thompson

Age: 43 years old

Gender: M

Patient Description

Alex is a 43-year-old track coach at a local high school. He was admitted to the hospital two days ago due to worsening abdominal pain linked to his pancreatic cancer diagnosis from two and a half years ago. Although he initially responded well to chemotherapy, recent treatments have been unsuccessful. With extensive metastases in his liver and lungs, the only remaining options involve hospitalization.

Medical Background

He was admitted to the hospital two days ago due to worsening abdominal pain. He was diagnosed with pancreatic cancer two and a half years ago and initially responded well to chemotherapy, but the last (third) round was unsuccessful. After several years without disease progression, recent imaging revealed extensive metastases in his liver and lungs. There are no treatment options left except those that would require him to remain in the hospital.

Step 3: Chat with the patient

So... you're saying the cancer's still growing. Even after that last treatment, Where does that leave me now?

Yes, that's true.

Wait, so--so what does that actually mean? Are we out of options? Are you telling me this is it?

Alex, I really wish that that treatment had worked better for you and had stopped the growth of the cancer. But I worry that because this was your third round of treatment and it didn't work as well as we hoped, we're in a different place now. I wonder if we can talk about what options there are outside of chemotherapy.

Outside of chemo... you mean we're talking about the end, right? Just managing symptoms? I need to know how much time I've got--how much longer I can keep doing this.

I do think that we're looking at less time than we had originally hoped for before this last treatment, and I just want to say how hard it must be for you to hear this news.

So... less time. What's that--what's that mean? Are we talking weeks, or...?

While it's hard for any of us to know an exact number like that, I think we could be looking at something like weeks to a few months.

Weeks to months... I mean, that's--that's not much time at all, I--I coach kids through whole seasons longer than that. How am I supposed to wrap my head around that?

Well, that's part of what we're here to talk about today: how we make every day that you spend with your kids as good as possible.

Okay, so what does that look like--making it good? Because right now, every day feels like I'm losing a little bit more.

Chat

Type your message...

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Help center

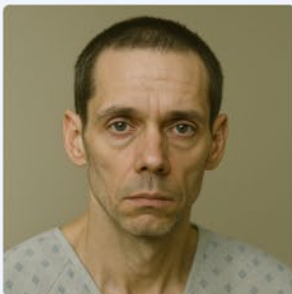
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Step 3: Chat with the patient

Maybe, I... I've been trying to figure out how to tell my mom. She's... she's not ready to hear that things got this bad.

I can understand that that would be really hard for your mom to hear. Again, we're here to help you think about how to have that conversation and the best way to support you as you talk to her.

Yeah... she's always been the one holding it together for me, but I can't keep hiding this. I need help figuring out how to say it without breaking her.

Do you think we could set up a time for her to come to one of your appointments, and we could all have that conversation together?

I guess that could help. She might take it better if you're there. But I'm scared what it'll do to her once she hears the whole truth.

Well, part of our job is also to support her as much as we can. Help talk to her about all of the things that are happening, and for our team to support her no matter what.

Alright. If we can do that, maybe sooner rather than later. I just don't want her sitting there in the dark, thinking I'm still gonna come home like nothing's changed.

Yeah, let's definitely plan to do that soon. Why don't we make a plan for her to come in and see you here in the hospital within the next couple of days, and we'll work through that altogether?

Okay. Let's do that. Let's get her here soon, before it gets any harder. I want her to hear it from both of us, not when I'm too weak to even talk.

That sounds like a good plan, Alex. I'll come back and talk to you either later today or tomorrow about that conversation. Also, I'm going to work with the other people on your team to get your pain under control, and we'll focus on that for the next day or so.

Alright... thank you, I'll hold you to that, because I can't do this alone. Right now, I'm just trying to get through the next hour.

OK, I'll come check on you again a little later today and see how things are going. Thanks, Alex.

Chat

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What you did well: You did well in acknowledging the difficulty of the situation and offering to support the patient in conversations with family members.

Suggestion for what to say next:

Let's focus on making a plan to manage your pain effectively so that you can have more meaningful time with your kids and loved ones.

Get Help

Step 4: Score Report

Conversation Feedback Report



Overall Feedback

- **Strength:** The clinician showed empathy and understanding by acknowledging the patient's difficulty in receiving the news and offering support for conversations with family.
- **Area for Development:** The clinician could improve by more explicitly exploring the patient's values and goals, especially for the limited time they have left, to better tailor the medical plan.

Mastered Skill

▼ Naming-Understanding-Respecting-Supporting-Exploring (NURSE) statement

- **Rationale:** The clinician used a NURSE statement by acknowledging the patient's struggle, which shows empathy and validates the patient's feelings.
- **Suggestion:** Consider using more specific NURSE statements like 'It sounds like you're feeling overwhelmed' to further validate emotions.

▼ Evidence

- **patient:** It is. And it's getting harder to hold everything together—like I'm running a race I can't finish.
- **provider:** Wow, that must be a lot to go through.
- **patient:** They mentioned something about the tumors spreading—liver, maybe lungs, but it wasn't really clear. I didn't want to hear all of it then.

Wish, Worry, Wonder Statement

- **Rationale:** The clinician effectively used a 'wish' and 'worry' statement to express empathy and concern, helping to frame the seriousness of the situation.

▼ Evidence

- **patient:** Wait, so—so what does that actually mean? Are we out of options? Are you telling me this is it?
- **provider:** Alex, I really wish that that treatment had worked better for you and had stopped the growth of the cancer. But I worry that because this was your third round of treatment and it didn't work as well as we hoped, we're in a different place now.
- **patient:** Outside of chemo... you mean we're talking about the end, right? Just managing symptoms? I need to know how much time I've got—how much longer I can keep doing this.

Emerging Skill

▼ Explore Patient Values

- **Rationale:** The provider asked a follow-up question to explore the patient's experience, which is a step towards understanding their values, but could have gone deeper into discussing hopes or fears.
- **Suggestion:** Ask about what activities or moments are most meaningful to the patient and how they envision spending their remaining time.

▼ Evidence

- **patient:** Okay, so what does that look like—making it good? Because right now, every day feels like I'm losing a little bit more.
- **provider:** Can you tell me a little bit more about what you mean by that?
- **patient:** It's like—I can't run with them anymore, not even a short jog. I get winded just walking to the bathroom. And the pain—it's making me snap at people.



lizphobia_ 11h

i'll ask a ouija board before i ask chatgpt

❤️ 1.7K

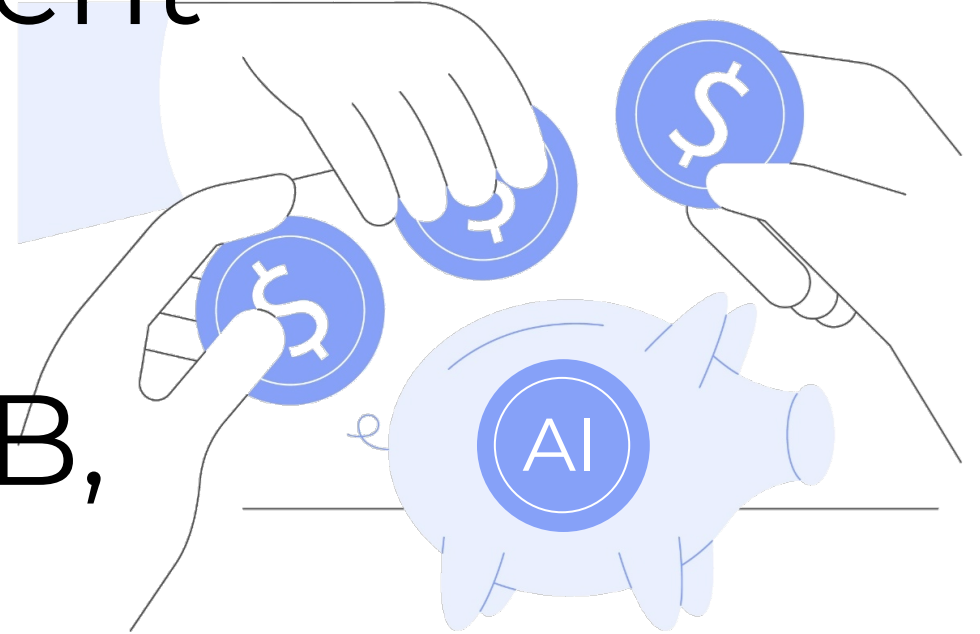
💬 36

🔄 375

➦ 148

Healthcare investment
is, increasingly, **AI**.

Projected to hit \$22B,
**AI is 46% of all
healthcare
investment**



*- Silicon Valley Bank's 2026
Healthcare Investments & Exits
Report*

Thank you!



Deborah.Unger@providence.org

