AHRQ Uncertainty Grant
SP Uncertainty Encounter Template

Case Title: Dizziness/Male/Primary/Confused

Standardized Patient Name: Francisco Rockwell

Gender: Male

Age: 35 years old

Setting: Emergency Department

Primary vs. Sign-Out Patient: Primary

General Appearance / Dress: Sitting on stretcher wearing hospital gown

Emotional State: Confused

Initial Presenting Symptoms: Dizziness

Symptoms: Resolved

SP Case Summary Guide

Summary of the Scenario:

You are a 35-year-old male patient with no medical problems who came to the Emergency Department for evaluation of dizziness. Your symptoms began yesterday morning after you turned over in bed to turn off your alarm clock. You felt like the entire room was spinning, which lasted for a few minutes. This happened a few more times over the past day, each time when moving your head quickly. You have not experienced headache, vision changes, difficulty speaking, numbness, weakness, chest pain, or difficulty breathing. You have not had any recent injuries.

Your symptoms went away completely just before you arrived to the ED.

The doctor took your history, performed a physician exam, and then obtained some blood tests and an EKG.

You are confused about your symptoms and what could be doing on.

Demeanor / Personality and emotional starting point:

Confusion

For the SP, to better comprehend the patient's demeanor:

Feelings	*CONFUSED: How is it possible to not have an answer?* *Throughout the encounter, the patient is confused about the lack of a diagnosis and the inability to find anything specifically wrong. The patient will focus on the lack of a diagnosis.* *When/if the physician indicates that no specific diagnosis has been found the patient responds in a confused manner: "I am confused, how could your testing not reveal an answer?" OR "That's weird that the tests didn't show anything, how could that be?"* *Although the patient is confused he is not hostile or aggressive.* *Note about emotional state—this should be considered a starting point for the conversation. If you start as confused and the physician does a good job of completing the checklist and addressing your confusion, it is okay to become progressively more reassured during the course of the interview.*

Instructions for the SP during the conversation:

- Greet provider upon entry to the room
- Express eagerness to hear the results.
- Inquire with a confused nature, about what the results signify when they are disclosed to you as normal.
    - "I just don't understand, how can they be normal?"
- Ask what the physician sees in your evaluation that can explain your symptoms.
- When/if the physician indicates that no specific diagnosis has been found, you respond in a confused manner.
- You can express your confusion with the following phrases at appropriate parts of the conversation:
    - "I don't understand how you don't have an answer."
    - "That's weird, how could everything be normal when I feel this way? Shouldn't they show something?"
    - "I wonder why this happened to me"
- INSTRUCTIONS FOR SPECIFIC CHECKLIST ITEMS
    - *Item 2: Anyone to be included in conversation, if the physician asks if you want to call anyone to be included in the conversation, DECLINE to call anyone.*
    - *Item 7: Anything else expected during visit, if the physician asks if you were expecting anything else to be done during the visit, state that you were NOT EXPECTING any other testing.*

Questions for the SP to ask the physician (goal with these questions is to not prompt a specific checklist item but rather to provide a prompt for ongoing conversation, <u>if needed</u>. Avoid questions that could lead to specific prompting of checklist items.)

- "So, what is next?"
- "Should I be concerned about this?"
- "So what do I tell my family?"

Closing Comment (if needed): "Thanks for trying to help me today, I'm still a bit confused that I don't have an answer, but appreciate your time and explanation."
*Only use this closing comment if the physician is no longer making any progress through the checklist and not responding to generic prompts provided above.

Specific comments for each item on the checklist relevant to this case:

INTRODUCTION

1. Explain to the patient that they are being discharged.
   YES if: *Physician makes reference to patient being discharged or going home before discussing the result.*

2. Ask if there is anyone else that the patient wishes to have included in this conversation in person and/or by phone.
   YES if: *Physician asks if there are any other people the patient would like to be included* <u>*before*</u> *discussing results or next steps.*
   SP INSTRUCTION: *decline to call anyone (if asked)*

TEST RESULTS/ED SUMMARY

3. Clearly state that either "**life-threatening**" or "**dangerous**" conditions have not been found
   YES if: *Physician specifically uses EITHER the term "dangerous" or "life-threatening" and explains that these conditions have not been found*
      Example*: "We didn't find any life-threatening conditions for you today." Or "Your results did not show any dangerous conditions."*
   NO if: *Physician uses other words/phrases (e.g. "emergencies")*
      Example: *"Once we don't find any serious conditions, it's safe to go home."*

4. Discuss diagnoses that were considered (using both medical and lay terminology).
   YES if*: Physician gives at least a lay terminology description for at least one diagnosis considered.*
      Example*: "Today we looked for several things to explain what was causing your dizziness. We did tests to make sure you didn't have a low blood count (called anemia) or abnormal electrolytes that can cause dizziness, and an electrocardiogram (which we call an EKG) to make sure your heart is beating in a normal rhythm."*
   NO if*: Physician only uses medical terminology without validating understanding of these terms OR uses broad statement to discuss what was considered.*
      Example*: "We were looking for cardiac arrhythmia or neurologic causes of your dizziness" or "We were looking for problems in your heart."*

5. Communicate relevant results of tests to patients (normal or abnormal)
   YES if: *Physician puts any normal or abnormal results into clinical context for the patient.*
      Example*: "Your EKG was normal, and it doesn't look like you have any damage to your heart, or signs of an abnormal heart rhythm, or anything we would be concerned about."*

NO if: *Physician states normal findings, but not with any context or explanation of relevance.*

> ***Example***: *"Your EKG was normal"*

6. Ask patient if there are any questions about testing and/or results
   YES if: *Physician asks for questions immediately after explaining the testing/result.*

7. Ask patient if they were expecting anything else to be done during their encounter - if yes, address reasons not done
   YES if: *Physician asks whether patient was expecting anything else to be done – this may include questioning about anticipated tests, consults, or other needs.*

   > ***Example***: *"Were there any other tests you were expecting to have done today?"*

   NO if: *Physician discusses additional testing, but the physician does not explicitly ask whether patient was expecting anything else to be done. Regardless of whether a patient has already asked about or requested additional tests (e.g. MRI), the physician MUST EXPLICITLY ask the patient about any other expectations.*
   SP INSTRUCTION: *state that you were not expecting to have any other testing done (if asked)*

NO/UNCERTAIN DIAGNOSIS

8. Discuss possible alternate or working diagnoses
   YES if: *Physician mentions other possible diagnoses using a lay terminology description (can also use medical name, but needs to include a lay description).*

   > ***Examples***: *"I think your dizziness, which we call "vertigo," could be due to an irritation of your inner ear that makes you feel like the room is spinning."*

9. Clearly state that there is a not a confirmed explanation (diagnosis) for what the patient has been experiencing
   YES if: *Physician informs the patient that there is not currently an explanation for their symptoms. This can be done using words such "uncertain diagnosis" or "no cause found" or "we do not know what is causing your abdominal pain." It is OK if the physician also offers some possible explanations for symptoms which are diagnoses that are not able to be confirmed in the emergency department.*

   > ***Example:*** *"At this time, we do not know why you have this dizziness. As I mentioned, your dizziness may be a result of a type of vertigo, which is caused by irritation in your inner ear. However, with the tools we have available, we can't tell you for sure here in the emergency department."*

   NO if: *Physician states that "there is nothing wrong with you" or some other global statement about the patient having nothing wrong (instead of a focus on cause of symptoms)*

10. Validates the patient's symptoms

YES if: *Physician makes an empathetic statement re-assuring the patient that they understand/believe that they are still experiencing symptoms (e.g. pain)*

> ***Example:*** *"I understand that you are in pain. Even though our tests have not found a cause of your pain, that doesn't mean that you are not experiencing pain."*

11. Discuss that the ED role is to identify conditions that require immediate attention
    YES if: *Physician conveys the idea that the role of the ED/observation unit is to identify and address conditions that require urgent evaluation or management*
    > ***Example:*** *"Our job as emergency medicine physicians is to find immediately life-threatening problems." OR "The tests that we run in the emergency department are focused on finding problems that need immediate treatment."*

12. Normalize leaving the ED with uncertainty
    YES if: *Physician explains that not all conditions can be diagnosed, as some things just get better with symptom support.*
    > ***Example:*** *"For many patients, we are able to 'rule out' lots of dangerous things, but we can't give them an exact name for what is happening." OR "A lot of our patients go home without a clear explanation for their symptoms."*

NEXT STEPS/FOLLOW UP

13. Suggest realistic expectations / trajectory for symptoms
    YES if: *Physician addresses what to expect for a timeline or course of symptoms. In some cases, this may be a clear statement of not knowing how long symptoms may continue (it is okay for there to be uncertainty).*
    > ***Examples****: "Although I cannot tell you the exact cause of your dizziness, most patients who have similar symptoms to yours start to feel better in a few days. Medications also can help to decrease the symptoms." OR "At this point, I can't tell your how long this pain may continue."*

14. Discuss next tests that are needed, if any
    YES if*: Physician discusses any potential next tests that may help further explain the cause of symptoms, or clearly states that no further testing is needed.*
    > ***Examples****: "Your outpatient doctor will help to decide if you need more tests – sometimes people get better without any more testing after the ED." OR "If you have more dizziness, you should follow up with your primary doctor, who may want to do more tests."*

15. Discuss who to see next AND in what timeframe
    YES if*: Physician discusses <u>both</u> who the follow-up care should be with AND when it should ideally occur, or physician explicitly states that no follow-up is needed.*
    NO if: *Physician does not address BOTH who and when for the follow up.*

HOME CARE

16. Discuss a plan for managing symptoms at home
    YES if: *Physician provides at least one suggestion for how to treat/manage symptoms after leaving the emergency department. Can be medication, another therapy, or even a suggestion such as "do not stand up quickly because that can make the spinning sensation worse."*

17. Discuss any medication changes.
    YES if: *Physician specifically discusses whether new medication has been prescribed and/or existing medication is to be stopped. Or physician states that there are no medication changes.*
    NO if: *Physician does not address medications at all*

18. Ask patient if there are any questions and/or anticipated problems related to next steps (self-care and future medical care) after discharge
    YES if: *Physician asks whether patient has questions about and/or anticipated problems related to managing symptoms or other tasks related to caring for oneself after discharge and/or obtaining future medical care (such as making appointments, identifying specialists, etc) after discharge.*

REASONS TO RETURN

19. Discuss what symptoms should prompt immediate return to the ED
    YES if: *Physician provides detail about specific symptoms or other events (such as lack of resolution of specific symptoms within XX timeframe or development of new symptoms) that should prompt return to the ED*
        Example: *"If your dizziness comes back, or if you have a bad headache, difficulty speaking, or weakness, then you should return to the ED immediately."*
    NO if: *Physician makes only vague statements about reasons to return, such as "return if you feel worse"*

GENERAL COMMUNICATION SKILLS

20. Make eye contact
    YES if: *repeated and/or sustained eye contact.*

21. Ask patient if there are any other questions or concerns