

AHRQ Uncertainty Grant
SP Uncertainty Encounter Template

Case Title: Chest Pain/Male/Sign-out/Nervous-Anxious

Standardized Patient Name: Austin Cicero

Gender: Male

Age Range: 36 y/o

Setting: Emergency Department

Primary vs. Sign-Out Patient: Sign-out

Emotional State: Nervous/Anxious

Initial Presenting Symptoms: Chest Pain

Symptoms: Ongoing (report as 3 out of 10 if asked)

SP Case Summary Guide

Summary of the Scenario:

You are a 36-year-old male patient with a history of tobacco use, and a family history of heart disease, and you came to the Emergency Department after developing chest pain yesterday afternoon while at work. You have not experienced chest pain like this before. The pain felt like aching/soreness, located on the left side of your chest, and lasted for several seconds before getting better on its own. The pain came back again a few more times last night, without any trigger. You experienced no difficulty breathing, nausea, sweats, or back pain while you had the chest pain, and exerting yourself did not make the chest pain worse. You have not performed any strenuous exercise or heavy lifting recently. You have no leg swelling, have not traveled or had surgery recently, have no history of cancer or coughing up blood, and have never had a blood clot. You smoke cigarettes, but do not use cocaine or other drugs. You decided to come to the ED after experiencing the pain again this morning while getting ready for work. You are nervous about the pain, as both your father and grandfather had heart attacks in their 60s.

Your symptoms were present upon arrival to the ED and they have not resolved.

Upon arrival to the ED a series of tests (Lab testing, EKG, and chest X-ray) were performed and you are awaiting the results.

You feel nervous and anxious about the cause of your chest pain. Since both your father and grandfather had heart attacks, you are worried you might be having one, too.

Demeanor / Personality and emotional starting point:

Nervous/Anxious

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

Feelings	<p>NERVOUS/ANXIOUS, both about awaiting results and after being given no diagnosis</p> <p>The patient is nervous and anxious. The patient was scared to come to the ED for evaluation because the patient's cousin recently had a heart attack and it took the patient a lot of courage to come in. Additionally, the patient is worried and nervous about getting results, because the patient is terrified about getting a "bad" diagnosis. The patient still does not know any results and that is making you even more nervous.</p> <p>When/if the physician indicates that no specific diagnosis has been</p>
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	<p>found the patient responds in a nervous manner, “Are you sure?”</p> <p>Although the patient is nervous they are not hostile or aggressive.</p> <p>Note about emotional state—this should be considered a starting point for the conversation. If you start as nervous and the physician does a good job of completing the checklist and addressing your nervousness, it is okay to become progressively more reassured during the course of the interview.</p>
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Instructions for the SP during the conversation:

- Greet provider upon entry to the room
- Express nervousness about getting results.
- Inquire with a nervous/anxious nature, about what the results signify when they are disclosed to you as normal.
 - “Are you sure they are normal, 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 nervous/anxious manner.
- You can express your nervousness with the following phrases at appropriate parts of the conversation:
 - “Are you sure I’m not dying?”
 - “How do you know that I won’t develop worse symptoms?”
 - “What if this is something really bad?”
- INSTRUCTIONS FOR SPECIFIC CHECKLIST ITEMS
 - *For Item 2: Anyone to be included in conversation, if the physician asks if you want to call anyone to be included in the conversation, ask to call your MOM (dial 215-503-5507 on your cell phone, then subtly hang up the phone and put it on the table as if it is on speakerphone).*
 - *For 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 expecting to see a cardiologist.*

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 if needed. 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 quite nervous, 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 before discussing results or next steps.*
SP INSTRUCTION: *request to call mom (dial 215-503-5507 on your cell phone, wait until you get voicemail, then put on speaker phone)*

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 chest pain. We did blood work to look for damage to your heart, an EKG to look a heart attack, and an xray of your chest to look for things like pneumonia or a collapsed lung that could be causing your symptoms.*
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 acute coronary syndrome, myocardial infarction, and pneumothorax.”*
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 laboratory testing was normal. Given your results, we do not feel you are having a heart attack, pneumonia, collapsed lung, or blood clot in your lung.”

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

Example: “Your blood tests, chest xray, and EKG were 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. stress test), the physician **MUST EXPLICITLY** ask the patient about any other expectations.

SP INSTRUCTION: state that you were expecting to see a cardiologist (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 chest pain may be from muscles in the outer part of your chest, or irritation of the lining of your stomach and esophagus.” OR “I am not really sure what is causing your chest pain right now. I would like you to follow up with your doctor for additional testing.”

9. Clearly state that there is 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 chest pain. It may be because of inflammation in the outer part of your chest or irritation of your stomach lining; 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 chest pain, in patients with similar symptoms they usually feel better in 1-2 days” OR “At this point, I can’t tell you 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 “Chest pain with a normal blood test is reassuring, and I do not think you need any additional testing right now.”

15. Discuss who to see next AND in what timeframe

YES if: Physician discusses both 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 “sometimes chest pain is from acid reflux, so try to eat a bland diet.”

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 pain comes back and it is not improving with over-the-counter medications, or you have shortness of breath then you should return to the ER 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