AHRQ Uncertainty Grant
SP Uncertainty Encounter Template

Case Title: Chest Pain/Male/Primary /Inquisitive-Inquiring

Standardized Patient Name: William Tiller

Gender: Male

Age Range: 40 y/o

Setting: Emergency Department

Primary vs. Sign-Out Patient: Primary

Emotional State: Inquisitive/Inquiring

Initial Presenting Symptoms: Chest Pain

Symptoms: Resolved

SP Case Summary Guide

Summary of the Scenario:

You are a 40-year-old male patient with no past medical history presenting to the ED for chest pain while climbing up a flight of stairs. The pain was stabbing and radiated to your left arm and jaw. You have never experienced chest pain like this before. You have not been exposed to anyone who was sick and you have been feeling well up until today. You have not gone on any long trips and your usual daily commute is 20 minutes on the subway. You have been working on a few new projects at work, but you have not experienced any new emotional stressors. You work out regularly and your recent blood work by your primary physician was 'good.' You are not aware of any significant family cardiac history. You called your best friend, who happens to be a nurse, about these symptoms, and he made you go to the ED.

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

Upon arrival to the ED a series of tests (Lab testing, EKG, Chest Xray) were performed. You are awaiting the results.

You feel inquisitive about this entire turn of events, as your symptoms have now resolved. You have been reading up on the internet on differential causes for chest pain. You recognize that your symptoms sounded concerning, but you do not have significant risk factors. You can't figure out what could have caused these symptoms and you are ready to discuss your case with the doctors.

Demeanor / Personality and emotional starting point:
Inquisitive/Inquiring

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

Feelings	INQUISITIVE/INQUIRING: Is it safe for me to go, how do you know that XYZ won't happen. This patient is genuinely interested in understanding what is going on and asks many questions. This is the person who has gone online, has spoken to friends, and is greatly invested in their own care and eager and interested to know what is going on and what should be done next. As such, the patient asks probing questions throughout the entire conversation based on what the provider says. When/if the physician indicates that no specific diagnosis has been found the patient responds in an inquiring manner: "Hmm, that's interesting…how unexpected, I was sure you would find something."

	The questions are not overly aggressive or suggests that the physician has done anything wrong, but rather represents a patient inquiring about everything related to his/her care. **Note about emotional state**—this should be considered a starting point for the conversation. If you start as inquiring and the physician does a good job of completing the checklist and addressing your questions, it is okay to become progressively more reassured during the course of the interview.

Instructions for the SP during the conversation:

- Greet the physician upon entry into room.
- Ask inquiring questions regarding your symptoms.
- Inquire with a curious nature, about what the results signify when they are disclosed to you as normal.
    - So, what do normal results mean?
- 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 an inquiring manner.
- You can express your curiosity with the following phrases at appropriate parts of the conversation:
    - "I read online that there are a lot of scary things that could be causing this."
    - "I wonder what else could be going on."
    - "How do you know that I won't develop worse symptoms?"
- 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, DECLINE to call anyone*
    - *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 <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):* I was hoping to get an answer today, but thanks for explaining things to me. I am still curious about what is happening, but I'm all set to go home now.

*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*

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 tests to look for infection in the lungs (pneumonia), blood clots (pulmonary embolus), and a heart attack" OR "Today we looked for several things to see why you were having chest pain. We did tests and took pictures to look for things like pneumonia or heart attach that could cause you to have chest pain."*
   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 a myocardial infarction or pneumonia or pulmonary embolism" or "We were looking for any problems in your chest."*

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 and blood tests of the heart was normal. Given your results, we do not feel you are having a heart attack or a heart abnormality that could explain your current symptoms in your chest."*

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

***Example**: "Your EKG and troponin 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. echocardiogram), 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 related to acid reflux or inflammation in the chest" 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 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 chest pain. It may be because of acid reflux or inflammation in the chest; 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, now that your pain has resolved hopefully it will not return." 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 "chest pain with a normal EKG and blood tests 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 <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 "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 <u>and/or</u> 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 antacids or you start to feel short 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