AHRQ Uncertainty Grant
SP Uncertainty Encounter Template

Case Title:  Back Pain/Female/Primary/Nervous-Anxious

Standardized Patient Name: Lydia Schwartz

Gender: Female

Age: 39 y/o

Setting: Emergency Department

Primary vs. Sign-Out Patient: Primary

Emotional State: Nervous/Anxious

Initial Presenting Symptoms: Back Pain

Symptoms: Resolved

# SP Case Summary Guide

**Summary of the Scenario:**

You are a 49-year-old female patient with a history of kidney stones, breast cancer, and herniated discs, and you came to the Emergency Department after developing back pain. Your symptoms began last night while laying on your couch watching TV. The pain is constant, aching, moderate in intensity, and spreads across your lower back. You have not experienced any fevers, sweats, or weight loss. Your urination and bowel movements are normal. You have not noticed any numbness, tingling, or weakness.

Your symptoms have resolved after receiving Tylenol and ibuprofen in the ED.

Upon arrival to the ED a series of tests (bloodwork and a urine test, pregnancy test, ultrasound of your abdomen, and an X-ray of your spine) were performed and you are awaiting the results.

You feel nervous and anxious about the cause of your back pain. You're "not as young as you used to be" and, given your medical problems, you are very worried that your pain can be a sign of something seriously wrong.

**Demeanor / Personality and emotional starting point:**

*Nervous/Anxious*

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

| | |
|---|---|
| **Feelings** | NERVOUS/ANXIOUS, both about awaiting results and after being given no diagnosis<br><br>The patient is nervous and anxious. The patient was scared to come to the ED for evaluation because the patient's friend can no longer walk due to nerve problems in their back 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.<br><br>When/if the physician indicates that no specific diagnosis has been found the patient responds in a nervous manner, "Are you sure?"<br><br>Although the patient is nervous they are not hostile or aggressive.<br><br>**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. |

**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

- *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 HUSBAND (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).*
- *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 have an MRI of your back.*

**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 <u>before</u> discussing results or next steps.*
   ***SP INSTRUCTION:*** *request to call husband (pretend to call husband, then say they are muted and place cell phone on table) (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 back pain. We did tests to look for kidney stones or infection, an xray of your spine, which did not show any broken bones, and we did an ultrasound of the aorta (a blood vessel in your abdomen) to see if there was any leaking or bleeding.*
   ***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 nephrolithiasis, or abdominal aortic aneurysm" or "we were looking for bad things in your back."*

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 evaluation testing was normal. Given your results, we do not feel you are having a kidney stone or kidney infection, or injury to the bones in your back."*
   ***NO if:*** *Physician states normal findings, but not with any context or explanation of relevance.*

***Example**: "Your blood tests, urine test, pregnancy test, xray, and ultrasound 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 have an MRI (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 back pain may be due to the muscles in your back." OR "I am not really sure what is causing your back 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 back pain. It may be because of spasm in the muscles in your back; 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 back pain, I am hopeful that the normal labs and pictures will mean that the pain will go away soon." 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 "back pain with the normal tests you had today is reassuring, and I do not think you need any additional testing, unless your symptoms come back."*

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 "try to put warm packs on your back to help the muscle spasm."*

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 getting better with Tylenol or Ibuprofen, or if you can't pee or your legs get weak, 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