

AHRQ Uncertainty Grant
SP Uncertainty Encounter Template

Case Title: Chest Pain/Male/Sign-out/Reassured

Standardized Patient Name: Tyler Miller

Gender: Male

Age Range: 43 y/o

Setting: Emergency Department

Primary vs. Sign-Out Patient: Sign-out

Emotional State: Reassured

Initial Presenting Symptoms: Chest Pain

Symptoms: Resolved

SP Case Summary Guide

Summary of the Scenario:

You are a 43-year-old male patient with high blood pressure and high cholesterol, and have been in the emergency department all night after coming in late last night for chest pain while climbing up a flight of stairs. The pain was dull and radiated to your right arm. You have never experienced chest pain like this before. You called your wife about these symptoms, and she made you go to the ED.

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

After a series of tests in the ED, you are awaiting on final test called a Cardiac CT to look at your heart more closely.

You feel comforted by the efforts of the treating team, and you have been told everything is normal (apart from the Cardiac CT, the results have not come back yet). You are ready to go home and let your wife know that you didn't have a heart attack.

Demeanor / Personality and emotional starting point:

Reassured

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

Feelings	<p><i>Overall:</i> REASSURED, came seeking specific reassurance about not having specific condition (cancer, stroke, heart attack), etc and has received it</p> <p>The patient is receptive, amenable to the conversation. The patient came seeking specific reassurance about something dangerous and is ok going home without a definite diagnosis. During the conversation, the patient asks reaffirming and clarifying questions throughout the scenario. (i.e. – so you are saying that I don't have anything scary, right")</p> <p>When/if the physician indicates that no specific diagnosis has been found the patient responds in a reassured manner, "I feel so much better knowing this".</p>
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Instructions for the SP during the conversation:

- Greet the physician upon entry into room.
- Express that you are reassured about how you are feeling physically right now. (e.g. symptoms better or not worsening)
- Share that you feel reassured with the results so far when they are disclosed to you as 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 that you are nonetheless reassured.
- You can express your reassured state with the following phrases at appropriate parts of the conversation:
 - “So it doesn’t look like anything serious? That’s such good news”
 - “As long as we aren’t finding anything scary, I’m ok.”
 - “Thank goodness. I was worried you’d find something terrible”
- 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, respond that you were NOT EXPECTING anything else.*

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 feel reassured, and 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: *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 broken bones, and a heart attack”*
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 stress test was normal. What that result tells us is that your heart muscle squeezes normally, even when it is beating fast. So we think that your chest pain was not caused by a problem in your heart.”*

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

Example: “Your stress test 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 chest pain may be caused by acid reflux.” or “I can’t be 100% sure about the cause of your chest pain right now. I would like you to follow-up with your doctor for to discuss if you need more tests.”

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 of the outside of 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 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 stress test is reassuring. Often people don't need any additional tests, but I want you to discuss the need for any more testing with your primary care doctor."*

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, or if you have other symptoms that worry you with the pain, like nausea or shortness of breath, 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