

AHRQ Uncertainty Grant
SP Uncertainty Encounter Template

Case Title: Headache/Female/Sign-Out/Reassured

Standardized Patient Name: Melanie Alford

Gender: Female

Age Range: 36 y/o

Setting: Emergency Department

Primary vs. Sign-Out Patient: Sign-out

Emotional State: Reassured

Initial Presenting Symptoms: Headache

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

SP Case Summary Guide

Summary of the Scenario:

You are a 36 -year-old female patient with no prior medical history, and you came to the Emergency Department after developing a headache several days prior. You have not experienced a headache which has lasted for this long. While you have not had a headache of this duration before, you have had headaches which have been more painful. The headache started gradually and progressively worsened. Your headache feels like a vice grip is tightening around your head. The headache has not improved with Tylenol or ibuprofen. You have not had any fevers or chills. You do not have any neck stiffness. You have never been to the emergency department for your headaches in the past.

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 and a CT scan of your brain) was performed and you are awaiting the results.

You are awaiting results. You feel reassured by the efforts of the treating team, and you have been given some medications for your headache which while it has not completely resolved your headache, you are definitely starting to feel better

Demeanor / Personality and emotional starting point:

Reassured

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

Feelings	<p>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. (ie – 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, ask to call your FRIEND (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, 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: *request to call friend (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 headache. We did tests to look for low blood counts and a scan to look for bleeding or tumors in the brain or any signs of infection. OR “Today we looked for several things to see why you were having headaches. We did a CT scan of your brain and blood tests to look for things that could cause you to have headaches.”*
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 malignancy” or “We were looking for any problems in your brain.”*
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 and radiologic testing was normal. Given your results, we do not feel there is a mass or bleeding in the brain that could account for your headache.”

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

Example: “Your blood tests and CT scan 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. 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 headache may be related to stress, lack of sleep, or changes in your diet” or “Your headache may be due changes in the weather.”
OR “I am not really sure what is causing your headache right now. I would like you to follow-up with your doctor for additional testing should it not completely resolve.”

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 a headache. It may be because of stress, changes in the food you are eating, or changes to your sleep

pattern; 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 headache, in most of our patients with similar symptoms, the headache goes away within 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 "headache with normal blood work and a normal CT scan is reassuring, and I do*

not think you need any additional testing at this moment, unless your symptoms are not better within the next week.”

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 “try be sure you are getting enough fluids to drink, at least 8 glasses of water each day.”*

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 responding to over-the-counter medications, or you are starting to develop nausea, fevers, vomiting, or stiffness in your neck 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