Supplemental Digital Appendix 1

Uncertainty Communication Checklist for Patient Discharge from the Emergency Department – Scoring Instructions

Physician (Examinee) Name:_____

Standardized Patient Initials_____

Directions: Please indicate whether the physician completed the stated actions.

Does the physician…

YES   NO

INTRODUCTION

☐ ☐ 1. Explain to the patient that they are being discharged.
       YES if: Physician makes reference to patient being discharged or going home <u>before</u> 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.

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 FOR THIS PATIENT
         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" or "serious") or states something general that does not relate specifically to patient.
         Example: "Once we don't find any dangerous 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 see why you were short of breath. We looked for infection in your lungs, called pneumonia, and fluid in your lungs, called pulmonary edema." OR "Today we looked for several things to see why you were short of breath. We did tests to look for infection in your lungs and fluid in your lungs"
       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 pneumonia and pulmonary edema" or "We were looking for any problems in your lungs."

☐ ☐ 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 Chest Xray was normal, so we know that you do not have any lung infection or fluid in your lungs." or "Your tests were normal, so we know you don't have a lung infection or fluid in your lungs."
    NO if: Physician states normal findings, but not with any context or explanation of relevance.
      Example: "Your chest Xray 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
    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.

NO/UNCERTAIN DIAGNOSIS

☐ ☐ 8. Discuss possible alternate or working diagnoses
    YES if: Physician mentions other possible diagnoses (that haven't been ruled out) using a lay terminology description (can also use medical name, but needs to include a lay description).
      Examples: "I think your chest pain is most likely caused by acid reflux" or "Your diarrhea may be from a stomach infection, called gastroenteritis"

☐ ☐ 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 XXX." 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 blood in your stool. It may be because of an internal hemorrhoid; 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: "Our tests have not found a cause of your pain, but 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 <u>role of the ED</u> 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 testing we have in the emergency department is best equipped to identify conditions that need immediate treatment."*

NO if: The physician does not reference the general role of the ED or of ED physicians.
Example: *"Today we looked for things that require immediate attention."*

☐ ☐ 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 diarrhea, in most of our patients with similar diarrhea, it goes away within 1-2 days." 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: *"You likely need an endoscopy to check whether you have acid reflux" OR "Gastroenteritis gets better without treatment, and I do not think you need any other testing unless your symptoms are not better within the next week."*

☐ ☐ 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 minimize your activity for the next week to allow your ankle to heal."

☐ ☐ 17. Discuss any medication changes.

YES if: Physician specifically discusses whether new medication (over the counter or prescription) 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 symptoms within XX timeframe) that should prompt return to the ED
      ***Example:** "If you are bleeding to the point of soaking 2 pads per hour for more than 2 hours, or you feel lightheaded, 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

Abbreviation: ED, emergency department.