

Telemedicine PA Interactiv	e Visit – Internal Medicine/Fam	ily Medicine- Case #9
PA /Evaluators Name	PA Student Name	
Date of Visit	Time of Visit	max 30 minutes
Differential Diagnosis Must name a minimum of 3 poss		
1.		
2.		
3.		
Comments:		
Exam Technique		·····
• Please consider bot instructions.	h kinesthetic skill and communi	ication of patient
Comments:		
Organization and Flow of		
Exam	•••••••••••••••••••••••••••••••••••••••	
Comments:		
Exam Appropriateness		·····
 Please note that cla always appropriate as 	ass discussion taught that heart, precursory exams	lungs and abdomen are
Comments:		



Student is considered competent by virtue of your clinical Assessment for this case. Yes NO

Comments:

Instructions: Place a check in front of each task that the student accomplished correctly.

Do not place a check for any tasks that were forgotten, done partially or incorrect.

Telemedicine Required Identification/Consent/Documentation:

The student:

1. Introduces themselves to the patient, confirms their identification and credentials, notes their affiliation (Duquesne University), and their location.

2. Confirms the identity of the patient with 2 unique identifiers and notes their location and address.

<u>3. Explains the procedural aspects of the telemedicine visit and that it will be</u> conducted in a similar but modified fashion from a clinic-based visit.

4. Explains the benefits and drawbacks of completing a virtual visit. Offers an alternative face to face visit as a future time if the patient desires.

5. Assesses equipment being used by the patient (including hardware/software and home medical equipment and documents it.

6. Explains the cost of the telemedicine visit.

7. Explains that they have a right to privacy and explains HIPPA changes in regard to ZOOM conferencing.

8. Asked the patient if he could see and hear with the technology (before asked by the patient).

9. Makes any necessary adjustments for technologic issues (coaches the patient to move camera if needed).



<u>10. Makes any necessary adjustments for technologic issues (coaches the patient to move camera if needed).</u>

<u>11. Verbalizes that they will document the start time and the end time of the encounter.</u>

12. Obtains verbal consent to proceed with the encounter

Interpersonal and Communication Skills

The student:

1. Builds the relationship (not rushed, introduction, eye contact, attention, empathy, asks how to address)

2. Establishes the agenda (elicits concerns, agrees upon agenda)

<u>3. Facilitates understanding (speaks clearly, avoids medical jargon, high priority information)</u>

4. Summarizes and confirms understanding (summarizes plan, elicits questions, uses teach back)

5. Shows listening body language (leaning forward, looking at patient)

6. Uses empathetic techniques (repeat feelings, legitimize concerns)

7. Appropriately admits uncertainty, and, if applicable, offers to get more information for patient

8. Voices understanding of patient's context (cost, transportation)

Medical knowledge.

The student:

15. If applicable- Avoids prescribing antibiotics for the patient's viral symptoms and provides a clear accurate explanation of why antibiotics are not recommended

16. Got to the correct diagnosis

_____ 17. Accessed medical history

Use of Technology.



The student

<u>18</u>. Remained patient-centered despite distractions (Keeps the focus of the visit on the patient rather than the technology)

<u>19. Was able to use technology to properly get a patient history and physical exam</u> (prompt patient to move forward, or move screen for better visualization)

Comments for the student:

Case 9 – <u>IM/FM</u> <u>Student Scenario</u>



You are doing a telemedicine consult. Your clinic implemented telemedicine to better serve patients without consistent transportation as well to decrease non-emergent/urgent care office visits. You have been asked to complete a telemedicine encounter on this patient to assess her medical status and to develop a plan of care for the patient.

A 40-year-old women or man reports ankle pain x24 hours after falling out of her desk chair at home.

Work through the case to reach a diagnosis and appropriately manage the patient.

Actor Script Case 9



The Scenario: CHARACTER: Alex/ Alexa, 40 DRESS: Casual, you are at home

SETTING: At your home, connecting to your provider (student) via telemedicine from your home device to their home device.

Affect: Relaxed and calm leg is propped up on chair with ice on it.

Presentation: A 40-year-old women or man reports 24-hour history of ankle pain after falling out of her desk chair at home. Patient reports they has been working at home for day-. Sitting cross legged in her desk chair for several hours when the phone rang. the patient tried to get up quickly to answer the phone as it was regarding an ill family member. The patient reports that they jumped up quickly and that their feet were asleep. Patient lost their balance and tried to break the fall by grabbing for ther chair which fell over and the patient fell on the floor. Patients right ankle immediately hurt on the right side. She has put ice on it but there is not much improvement since yesterday. No head injuires or LOC.

CHIEF COMPLAINT:

"My ankle is sore; I think it may be broken."

HPI: No additional background given.

1. ____Can you tell me what happened?

See above. Yes, just like I said I was sitting there in my chair. All was good. I got up too fast I guess after sitting and down I went.

2. _____What did you do after you fell?

After I feel, I called for my spouse. It took him a few minutes; they were on an important call about their brother. I tried to stand up on my own, but I couldn't put any pressure on it at all. I cried it hurt so bad.

3. ____Can you describe where the pain is located? How bad does it hurt?

It hurts all over but particularly in one spot over my ankle. I have sprained my ankle before, so I figured that I just did that again. I went to the couch and immediately elevated my ankle and put ice on it. I have been keeping ice on it all night and this morning. I took Ibuprofen for the pain, but I still feel like I can't put any pressure on it.



4. _____Are you having any other symptoms?

No. No other issues but I do feel a bit of numbness on the side of my foot.

5. ______Is there anything that makes it better or worse?

Well, it seems better if I keep it elevated. If I put it down, it feels like it is throbbing.

6. _____Does the patient have any weakness or sensory disturbance elsewhere?

I've got no weakness that I know of...

7. _____Is there any history of trauma?

I haven't experienced any trauma. I can't believe I did this falling out of my own chair.

8. _____Is there any recent history of illness?

I haven't had any illness, but I do have a <mark>history of Lyme Disease and a</mark> <mark>thyroid issue.</mark>

9. _____Has the patient ever experienced anything similar in the past?

Yes, I have fallen before. I seem to fall down more than most people.

Past medical history/ SH

- _____Previous similar episodes (+) previous sprained ankles no hx of fx
- _____Any recent infections
- _____ No History of stroke or transient ischemic attack
- Neurological conditions (+) They thought I had MS in the past, but I had a negative MRI. That was years ago.
- _____Thromboembolic disease
- _____Cardiovascular risk factors:
- _____Hypertension (+)
- ____Diabetes __
- _____Hypercholesterolemia
- _____Hypothyroidism (+)



• _____Smoking

Family history

There's no family history of any other medical problems."

Drug history

- _____Antiplatelets or anticoagulants
- ____Other regular medication (levothyroxine 0.112mg, Lisinopril 20 mg q daily
- _____Recreational drug use
- _____ETOH (I do drink a glass of wine if I can't fall asleep.)

I've never taken any recreational drugs and I don't smoke.

Physical Exam: Show picture to student:





Modified Vital Signs based on patient equipment: Obtains:

Temperature (WNL)



Pulse (WNL)
Respiratory rate (WNL)
Blood pressure (WNL)
Pain (0/10)
O2 sat if equipment is available and appropriate NA

Performs General Inspection: Show the student the picture. Assess Cognitive status using a screen: ______CAOx5, MOCA, ETC. Modified HEENT Exam: (WNL) if performed.

Cardiopulmonary Exam: (WNL)

Auscultates heart and lungs if equipment is available. for rate, rhythm and heart sounds

Neuromuscular Exam:

Sensation is normal throughout all areas with the exception of the lateral aspect of the right foot appears to be diminished to light touch.

Completes gross assessment of cranial nerves if desired due to mention of r/o for MS
 Grossly examines ankle for deformity

_____ Assesses motor strength in UE and LE bilaterally by instructing the patient through routine maneuvers.

Elicits DTRs in UE and LE bilaterally if assisted by a caregiver.

Assesses ROMs

Assesses sensation by asking helper to gently touch parts of the patient's foot with a toothpick while the patient's eyes are closed.

Perform/Assess ankle using Ottawa Ankle rules.

Neuromuscular Findings:

- There are no gross deformities of the joints of the foot.
- Swelling is noted
- The foot is swollen with ecchymosis on the right lateral malleolar region.
- There is point tenderness over the lateral malleolus of the right foot.
- Patient unable to walk 4 steps





Student reviews the screening tool for need for X-ray with the patient.



Dx and Management: R/o R ankle Fx s/p fall out of a chair

How would you manage this patient?

• _____Due to tenderness over lateral malleolus and inability to bear weight/ walk 4 steps- suggest evaluation with X-ray of the foot.

Advise the patient that: (Circle any noted below)

1._____Stop weight bearing activites.

- Keep weight off your foot. Elevate your ankle and prop it up on cushions.
- Apply ice. This will minimize pain and swelling.
- Apply pressure.
- Elevate the foot.
- Per Ottawa rules will need xray.

2._____Schedule an appointment with local radiology service for x-ray, Order can be electronically placed by provider or send to higher level care.

3. _____OTC medications for pain including NSAIDS at proper dosage can be recommended.

• Gives ER precautions: Although it is unlikely that this issue will require emergency treatment the student should offer routine ER precautions for any SOB, CP, change in neurological function especially any addition loss of function call 911.

Plan for F/u next telemedicine visit or clinic visit scheduled for:_____

_____ Notes Ending time of Call

_____ Mentions post call survey of both provider and patient.