



**Telemedicine PA Interactive Visit – Internal Medicine/Family Medicine- Case #3**

PA /Evaluators Name \_\_\_\_\_ PA Student Name \_\_\_\_\_

Date of Visit \_\_\_\_\_ Time of Visit \_\_\_\_\_ max 30 minutes

Differential Diagnosis..... \_\_\_\_\_

- Must name a minimum of 3 possible diagnoses and then note #1/"working" diagnosis

- 1.
- 2.
- 3.

Comments:

Exam Technique..... \_\_\_\_\_

- Please consider both kinesthetic skill and communication of patient instructions.

Comments:

Organization and Flow of Exam..... \_\_\_\_\_

Comments:

Exam Appropriateness..... \_\_\_\_\_

- Please note that class discussion taught that heart, lungs and abdomen are always appropriate as precursory exams

Comments:

**Student is prepared for competency demonstrated by having all of their required equipment and being ready to go on time for their scheduled Zoom meeting..... yes      no**

**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.
- \_\_\_\_\_ 3. Explains the procedural aspects of the telemedicine visit and that it will be 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 HIPAA 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).
- \_\_\_\_\_ 10. Makes any necessary adjustments for technologic issues (coaches the patient to move camera if needed).
- \_\_\_\_\_ 11. Verbalizes that they will document the start time and the end time of the encounter.
- \_\_\_\_\_ 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)
- \_\_\_\_\_ 3. Facilitates understanding (speaks clearly, avoids medical jargon, high priority information)
- \_\_\_\_\_ 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**

- \_\_\_\_\_ 18 . Remained patient-centered despite distractions (Keeps the focus of the visit on the patient rather than the technology)
- \_\_\_\_\_ 19. Was able to use technology to properly get a patient history and physical exam (prompt patient to move forward, or move screen for better visualization)

Comments for the student:



### Case 3 – IM/FM

#### Student Scenario

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 visits office visits. You have been asked to complete a telemedicine encounter on this patient to assess their medical status and to develop a plan of care for the patient.

**A 50-year-old hairdresser contacts his/her primary care office complaining of worsening tiredness.**

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

### Actor Script Case 3

#### The Scenario:

**CHARACTER:** A 50-year-old Jessica/Jesse James.

**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:** You feel very anxious because you are worried this is getting worse.

**Presentation:** Exhausted appearing patient.

**CHIEF COMPLAINT:** “I’ve been really tired lately.”

*“It all started about 3 months ago when I was late to work after sleeping through my alarm clock, despite having had an early night. Since then I’ve been feeling tired most of the time, regardless of how much sleep I have. I’m struggling to make it through a full shift at work and I only work from 9 am-3 pm. Yesterday I fell asleep during my lunch break and the manager told me I need to get checked out by the doctor, and they sent me home..that is why I had to call. Oh, I’ve also not got much of an appetite.”*

**HPI:** No additional background given.

1. \_\_\_\_\_ **How many hours is the patient sleeping a day?**

- *“I’ve been sleeping around 14 hours a day, which is far more than the 7 hours I was sleeping a few months ago.*

2. \_\_\_\_\_ **Does the patient wake frequently when sleeping?**

- *I don’t remember waking frequently. But I have noticed that sometimes at night up wake up feeling very sweaty.*

3. \_\_\_\_\_ **Does the patient take any sleep medications/ remedies or any other regular medications?**

- *I seem to sleep pretty well. I’m not taking any regular medication or anything over the counter.”*

4. \_\_\_\_\_ **Has the patient had problems with sleep or tiredness in general in the past?**

- *It didn't suddenly switch to 14 hours though; it's just been gradually increasing over the last few months.*

5. \_\_\_\_\_ **When did the patient's appetite change?**

- *"My appetite is generally pretty good, but for the last 4-6 weeks.*

6. \_\_\_\_\_ **Is the patient's appetite getting worse, better or remaining the same?**

- *It's definitely decreased.*

7. \_\_\_\_\_ **How much is the patient managing to eat on an average day?**

- *I might have a piece of toast and then feel like I don't need anything else for another 6-8 hours, it's really weird.*

8. \_\_\_\_\_ **Does the patient stop eating because they feel nauseated or just "full" (early satiety)?**

- *. I don't feel particularly nauseated, I just seem to feel full quicker than **usual**.*

9. \_\_\_\_\_ **Is the patient experiencing nausea or vomiting?**

- *I haven't had any vomiting either.*

10. \_\_\_\_\_ **What is the patient's normal bowel habit? Has this changed? Any change to the color of the stool? Any blood in the stool?**

- *My bowels haven't really changed, I go on average once a day and there's no blood or anything.*

**11.\_\_\_\_\_ Has the patient lost any weight? If so, how much and over what time period?**

*My weight has decreased, I'm not sure by how much, but I've started wearing a belt with my jeans as they were slipping down.*

**12.\_\_\_\_\_ Does the patient have any reflux symptoms or abdominal pain?**

- *I haven't noticed any abdominal pain though and certainly no acid reflux type symptoms."*

**Other Questions:**

**1.\_\_\_\_\_ Any recent illnesses?**

*"I've been fairly well otherwise, no recent colds or anything like that.*

**2.\_\_\_\_ Any current infective symptoms (e.g. fever, cough, dysuria, diarrhea)?**

*I haven't had any coughs or burning when passing water. I have woken up feeling quite hot and sweaty on a few occasions*

**3.\_\_\_\_\_ Any contact with others who are unwell or have similar symptoms?**

*Nobody I've been in close contact with has been unwell from my knowledge*

**4.\_\_\_\_\_ Any significant psychological stress at present?**

*Psychologically I'm feeling a bit stressed about the sleeping at work, but my mood is generally pretty good.*

**5.\_\_\_\_\_ Other symptoms (e.g. polydipsia, polyuria, weight gain, memory impairment, cold intolerance)**

*I haven't noticed that I'm particularly thirsty or passing more water than usual. Also haven't noticed any cold intolerance or memory problems.*

*Well now that you mention it, I have noticed a few weird bruises in random spots where I don't remember hurting myself, there was one or two last week, but this week there's about 6.*

### **Past medical history:**

**Does the patient have any medical conditions? If so, are they currently managed well?**

*"I have some eczema, but no other medical problems and I don't take any medication.*

### **Menstrual history (if female)**

**Is the patient pre/ post-menopausal?**

- *I don't really have periods as I have a Mirena*

### **Family history:**

**1. \_\_\_ Any family history of specific medical conditions?**

- *There's no illness that runs in my family as far as I'm aware."*

### **Drug history:**

**1. \_\_\_ Any regular medication or OTC?**

- *I've smoked Marijuana a few times over the last few months, but I don't take any other drugs."*

**Social history:**

**1.\_\_\_\_Where is the patient currently living?**

- *"I live with my partner in an apartment.*

**2.\_\_\_\_What is the patient's occupation?**

- *I work as a hairdresser.*

**3.\_\_\_\_Smoking history**

- *I've never smoked. a*

**4.\_\_\_\_Alcohol history**

- *I only drink at weekends, maybe 6-8 glasses of wine.*

Show the Student the image while they are doing general inspection.



Show the Student the image while they are examining the pharynx.



Show this picture when they are examining the neck.



**Physical Exam:**

**Modified Vital Signs based on patient equipment:**

**Obtains:**

- \_\_\_\_\_ Temperature (*WNL*)
- \_\_\_\_\_ Pulse (*WNL*)
- \_\_\_\_\_ Respiratory rate (*WNL*)
- \_\_\_\_\_ Blood pressure (*WNL*)
- \_\_\_\_\_ Pain (*0/10*)
- \_\_\_\_\_ O<sub>2</sub> sat if equipment is available and appropriate *NA*

**Performs General Inspection: Show the student the picture.**

- **Multiple patches of petechiae across the limbs and trunk**
- **Assure the student asks about other lesions or marks on the skin.**

**Assess Cognitive status using a screen:**

\_\_\_\_\_ CAOx5, MOCA, ETC.

**Modified HEENT Exam:**

**Eyes:** (Conjunctival pallor)

\_\_\_\_\_ Inspects pupils for size and shape

\_\_\_\_\_ Inspect conjunctiva

\_\_\_\_\_ Tests pupil reflexes and accommodation

#### ENT:

\_\_\_\_\_ maneuvers the patient to observe the oral pharynx, use a light if one is available, Ask for assistance from someone if available and the patient agrees (oral petechiae as noted in the picture, otherwise *WNL*)

\_\_\_\_\_ maneuvers the patient to exam the neck region and other area for lymphadenopathy. Explains to the patient how to do this or to an assistant if one is available (cervical lymphadenopathy noted) circle named or examined areas.

- Submental
- Submandibular
- Tonsillar
- Parotid
- Pre-auricular
- Post-auricular
- Superficial cervical, present large boggy not tender
- Deep cervical
- Posterior cervical, large boggy not tender.
- Occipital
- Supraclavicular – left supraclavicular region is where Virchow’s node may be noted (associated with upper gastrointestinal malignancy) Not present.

#### Cardiopulmonary Exam: (WNL)

\_\_\_\_\_ Auscultates heart and lungs if equipment is available. If not, “asks the patient to take a deep breath in and out” while observing and listening.

#### Abdominal Exam:

- *Observes the abdomen:*
- *No gross abdominal distension on inspection*
- *Abdominal palpation: Instruct the patient to point to any areas of pain or discomfort. Instructs the patient or an assistant if available to Palpate in all four quadrants.*
  - *The abdomen is soft, with some tenderness in the left upper quadrant*
  - *On deep palpation, you note some fullness in the left upper quadrant*

## Management:

What is the differential for the patient at this time?

- **Lymphoma**
- **Leukemia**
- **Infectious mononucleosis** – can cause splenomegaly, malaise, weight loss, fever, lethargy (however duration is typically shorter than 3 months)
- others

### How would you manage this patient?

*Explain your differential diagnosis and your plan to investigate further. Explain your concerns to the patient. What are the next steps to further work up this patient in regard to work-up?*

- **Full blood count** (? anemia, ? thrombocytopenia, ?raised white cells)
- **Blood film** (? hematological malignancy)
- **U&E** (? acute kidney injury, ? electrolyte disturbances)
- **Coagulation studies** (? coagulopathy given presence of multiple petechiae)
- **Random blood glucose** (? diabetes)
- **Thyroid function** (? hypothyroidism)
- **EBV Monospot test** (? infectious mononucleosis)

### **Advise the patient that: (Circle any noted)**

- Obtain labs as ordered electronically.
- What will be the next step? Explain.
- Gives ER precautions: If any further change in medical status especially any CP, SOB, fever over 101.0 or excessive bleeding 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.

## Diagnosis: CML

What is the provisional diagnosis?

### *Chronic myeloid leukemia*

[Chronic myeloid leukaemia \(CML\)](#) is a malignancy of white blood cells. It is characterized by increased numbers of myeloid cells in the bone marrow and peripheral blood (leukocytosis). This can cause a number of signs and symptoms; however, this depends on the degree of leukocytosis.

85-95% of patients are diagnosed incidentally in the chronic stage of the disease via routine blood tests (e.g. FBC). As a result, about 50% of patients are asymptomatic at diagnosis. [Read our chronic myeloid leukaemia article here.](#)

### **Symptoms of CML:**

- Fatigue
- Night sweats
- Abdominal fullness and early satiety (due to splenomegaly)
- Low-grade fever

### **Clinical signs can include:**

- Splenomegaly (if it can be palpated it's already 3x its normal size)
- Hepatomegaly
- Lymphadenopathy
- Signs of anemia – conjunctival pallor
- Spontaneous bruising