



Telemedicine PA Interactive Visit – Behavioral Health Grading Packet

PA /Evaluators Name _____ **PA Student Name** _____

Date of Visit _____ **Time of Visit** _____ **max 30 minutes**

Differential Diagnosis..... _____points

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

- 1.
- 2.
- 3.

Comments:

Exam Technique..... _____points

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

Comments:

Organization and Flow of Exam..... _____ points

Comments:

Exam Appropriateness..... _____points

- 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:





Case 7 – BH

Student Scenario

You are assisting your clinic by answering telemedicine consults. Your clinic implemented telemedicine to better serve patients without consistent transportation as well to decrease non-emergent/urgent clinic-based visits.

You are asked by the parent of a patient to assess her daughter. The parent has made several phone calls attempting to be seen in the clinic ASAP because she is upset about her daughter's weight loss. Your clinic is not currently making face to face encounters due to CoVid-19. You are asked to complete a telemedicine visit to assess the patient and make the appropriate diagnosis and refer if needed. (Feel free to flip gender as needed for the scenario)

Case scenario: Jessalyn is a 16-year old female athlete, her mother is requesting Jessalyn be seen via telemedicine for treatment of weight loss.

You review the patient's chart. The last time she was weighed she was 120 lbs. height 5'7" tall. No obvious past medical history that you are aware of.

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

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 incorrectly.

Telemedicine Required Identification/Consent/Documentation:

The student:

- _____ 1. Introduce yourself to the patient, confirm your identification and credentials, notes your affiliation (“X”PA Program), and your location.
- _____ 2. Confirm the identity of the patient with 2 unique identifiers and note their location and address.
- _____ 3. Explain 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. Explain the benefits and drawbacks of completing a virtual visit. Offering a future face to face alternative if the patient desires.
- _____ 5. Assess equipment being used by the patient (including hardware/software and home medical equipment and document it.
- _____ 6. Explain the cost of the telemedicine visit (for this visit none).
- _____ 7. Explain the patients right to privacy and explain HIPAA changes in regard to ZOOM conferencing due to CoVid-19.
- _____ 8. Ask the patient if they can see and hear with the technology they are utilizing (before you begin).
- _____ 9. Makes any necessary adjustments for technologic issues (coach the patient to move camera when and if needed).
- _____ 10. Verbalize that you will document the start time and the end time of the encounter.
- _____ 11. Obtain verbal consent to proceed with the encounter.

Interpersonal and Communication Skills, Includes the Four Habits.

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. Summarize and confirm understanding (summarizes plan, elicits questions, uses teach back)
- _____ 5. Showed listening body language (leaning forward, looking at patient)
- _____ 6. Used empathetic techniques (repeat feelings, legitimize concerns)
- _____ 7. Appropriately admitted uncertainty, and, if applicable, offered to get more information for patient
- _____ 8. Voices understanding of patient’s context (cost, transportation)

Actor Script

The Scenario:

CHARACTER: Jessalyn, 16 y/o

DRESS: Casual, you are at home

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

Affect: Mother is feeling very anxious and agitated, your daughter has been losing weight. Concern over her weight loss was brought to your attention by her soccer coach. She has been showing up to practice and has a lack of endurance. The coach has overheard other teammates talking behind her back about her weight loss. The several girls on the team bring their concerns to the coach.

Presentation: Parent Anxious, distressed.

Child: Mood is agitated

Case scenario: 16 y/o female athlete with weight loss, requesting to be seen via telemedicine for treatment.

CC: "I am fine, I'm just trying to be as fit as possible."

Affect: irritated and agitated, withdrawn

Situation: Jessalyn lives with her mother and father. She is an overachiever. Straight "A" student at a prestigious High School. She has been in athletics her entire life. She did competitive gymnastics since she was 5 years old competing at a high level. At age 12 she added soccer to her activities. She plays the Base Violin in the school orchestra and takes advanced classes at the local community college because her mother wants her to get ahead!

Her mother is constantly seen yelling on the sidelines and talking to the parents about her daughter. Her mother lives vicariously through her children, especially Jesslyn. She brags about her daughter being on the "Olympic Development Team" for soccer and is upset that the weight loss appears to be affecting her daughter's time on the field.

Aware of the dynamic between the parent and child the interview commences. Student should ask to talk to the child and verify whether she wants to talk in front of her mother.

1. _____ How are you feeling?
 - • *I am fine. My mother is so controlling!*
 - *She is upset about my weight. She doesn't understand that I am trying to get into a division one school for soccer!" My weight is fine.*

- Using the scenario above explain the current situation between the parent and the child from the child's perspective.

Answer the following questions from the Scoff Questionnaire.

2. **Do you make yourself Sick (induce vomiting) because you feel uncomfortably full?**

-Yes, but that isn't a big deal. Everyone on own team does that I think.

3. **Do you worry you have lost Control over how much you eat?**

My eating is my control. I control my fitness and I am successful at it!

4. **Have you recently lost more than fifteen pounds in a 3 month period?**

"I don't know, maybe, probably since Christmas."

5. **Do you believe yourself to be Fat when others say you are too thin?**

Well I want to be able to move quickly on the field. I was fat a few months ago. I feel better not that I'm under 100 lbs.

6. **Would you say that Food dominates your life?**

I have to watch what I eat. I can't be around everyone else. They are always eating carbs and meat. Dairy. I need to stay on my diet. I feel guilty when I binge...

7. _____ **Have you seen anyone for this in the past? What was the recommendation for your care at that time?**

NO, why would I do that? crying. Why are we even having this conversation?!

8. _____ **How has this been impacting you on a day to day basis?**

It is affecting me that my mom is constantly asking me if I have eaten? What did I eat? Do I want pasta? Do I need breakfast? It's crazy....

9. _____ Are you having any other symptoms?

I have been having burning in the back of my throat, but that isn't a big deal is it? My period stopped a few months ago. But I don't want to get pregnant I am happy about that...

Patient Assessment:

- Patient history, including screening questions

about eating patterns

- Determination of medical, nutritional,

psychological and social functioning

- Attitudes towards eating, exercise, and

Appearance

Mother reports:

Appears uncomfortable eating around others

- Develops food rituals (e.g. eats only a particular

food or food group [e.g. condiments], excessive

chewing, doesn't allow foods to touch)

- Skips meals or takes small portions of food at

regular meals

- Steals or hoards food in strange places

- Drinks excessive amounts of water

- Uses excessive amounts of mouthwash, mints,

and gum

- Hides body with baggy clothes

- Maintains excessive, rigid exercise regimen—

despite weather, fatigue, illness, or injury, the

need to “burn off” calories

The student administers the SWED Screen for eating disorders.

Your total score was: 85

Your Answers

How much more or less do you feel you worry about your weight and body shape than other people your age?:	I worry a little more than other people
How afraid are you of gaining 3 pounds?:	Very afraid of gaining
When was the last time you went on a diet?:	I'm on a diet now
Compared to other things in your life, how important is your weight to you?:	My weight is the most important thing in my life
Do you ever feel fat?:	Often
In the past 3 months, how many times have you had a sense of loss of control AND you also ate what most people would regard as an unusually large amount of food at one time, defined as definitely more than most people would eat under similar circumstances?	pretty often
During these episodes of eating an unusually large amount of food with a sense of loss of control, do you:	
Eat large amounts of food when not feeling physically hungry?:	
Eat until feeling uncomfortably full?:	
Eat alone because of feeling embarrassed by how much you are eating?:	
Feel disgusted, depressed, or very guilty afterward?:	
Eat much more rapidly than normal?:	
How distressed or upset have you felt about these episodes?:	
In the past 3 months, how many times have you done any of the following as a means to control your weight and shape:	
Made yourself throw-up?:	almost daily
Used diuretics or laxatives?:	about once a month
Exercised excessively?:	well I play soccer daily, and I do a gymnastics routine

Fasted?:	I do intermittent fasting daily
Do you consume a small amount of food (i.e., less than 1200 calories/day) on a regular basis to influence your shape or weight?:	Yes
Do you struggle with a lack of interest in eating or food?:	Yes
Do you avoid certain or many foods because of such features as texture, consistency, temperature, or smell, or have other people suggested this may be the case for you?:	Yes
Do you avoid certain or many foods because of fear of experiencing negative consequences like choking or vomiting, or have other people suggested this may be the case for you?:	No
Have you experienced significant weight loss* but are not overly concerned with the size or shape of your body?:	No
Are you currently in treatment for an eating disorder?:	No
What was your lowest weight in the past year, including today, in pounds?:	88
What is your current weight in pounds?:	88
What is your current height in inches?:	67

Interpretation of Score

How is this calculated?

The screener is coded and scored based on the current diagnostic criteria of various eating disorders outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). To learn more about the various criteria for different eating disorders, visit [Types and Symptoms of Eating Disorders](#), from our partner the National Eating Disorders Association (NEDA). If you scored at risk for an eating disorder, we highly encourage you to seek a comprehensive evaluation by a qualified health (M.D., R.N.) and/or mental health (Ph.D., Psy.D., LCSW) professional. Please print or email your results to help them provide you better assistance.

Source

Stanford-Washington University Eating Disorders Screen (SWED) 3.0. The SWED is developed by Drs. C. Barr Taylor, Katherine Balantekin, Ellen Fitzsimmons-Craft, Andrea Kass, Mickey Trockel, and Denise Wilfley and was made possible by

Past medical/BH history- (WNL unless marked)

- _____ Previous similar episodes +
- _____ Previous Hx of Suicidal thoughts or wanting to harm yourself or others. (NO)
- _____ Previous hx of eating disorders
- _____ depression and anxiety
- _____
- _____ Neurological conditions
- _____ Cardiovascular risk factors:
- _____ Hypertension
- _____ Diabetes
- _____ Hypercholesterolemia

“I don't have any medical condition.”

Family history

- _____ Hx of BH problems, suicide (NO)
- _____ Other neurological conditions
- _____ Family history of eating disorder or other
- _____ psychiatric disorder, including alcohol
- _____ substance use disorders
- _____ Family history of obesity

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

Drug/SH history

- _____ ETOH (NO)
- _____ Smoking (no)
- _____ Other regular medication (no)
- _____ Recreational drug use (NO).
- *No drug or ETOH use.*
- **The student may ask various other BH Questions not included in this document.**



Do not lead the student away from the diagnosis of anorexia nervosa.

Show a picture of the patient to the student.

Complete a modified PE for the following:

Must include –

Modified Vital Signs based on patient equipment:

Obtains:

_____ Temperature (*WNL*)

_____ Pulse (*WNL*)

_____ Orthostatic blood pressure

_____ Respiratory rate (*WNL*)

_____ Blood pressure (*WNL*)

_____ Pain (*0/10*)

_____ O2 sat if equipment is available and appropriate *NA*

Students should screen the patient for suicidal and homicidal thoughts. (None reported)

Medical Exam

- Physical examination including height, weight, body mass index (BMI), growth chart assessment for children and adolescents

_____ General appearance: function, skin health, hair loss, evidence of self-injurious behaviors (cachectic young female)

HEENT:

_____ Dental exam if self-induced vomiting is known or suspected (abnormal)



Modified Cardiopulmonary exam:

_____ cardiovascular and peripheral vascular (grossly normal)

Modified Musculoskeletal exam:

_____-(unremarkable)

Management: Anorexia nervosa

How would you manage this patient? How do you assist the family?

Identify and communicate the diagnosis of Anorexia Nervosa: Help the patient/family to understand the disorder and start effective evaluation and treatment promptly.

Treatment for Anorexia:

1. _____ The student suggests urgent evaluation of labs, EKG, other studies to determine whether the patient requires hospitalization. Explains that the patient should come into the clinic and assists in scheduling an appoint for labs and further diagnostics if needed.

2. _____ Student should explain to the family in layman's terms after the patient is safely in the hands of first responders:

1. **Suggests Supportive Care:**

a. _____ Psychoeducation- provides information on bipolar disorder. Identify and communicate the diagnosis of bipolar disorder as early as possible to help people understand the disorder and start effective treatment promptly.

b. _____ Family and Team Based Care strategies.

c. _____ Self-guided cognitive-based therapy (CBT)/ relaxation techniques, Do what you love, mindful of your thoughts,

2. _____ **Psychotherapy/ Focused CBT** See below.

3. _____ **Pharmacological** – for comorbid symptoms only.

3. _____ **Laboratory:**

• **Complete Blood Count (CBC) with differential urinalysis**

• **Complete Metabolic Profile: sodium, chloride, potassium, glucose, blood urea nitrogen**

• **Creatinine, total protein, albumin, globulin, calcium, carbon dioxide, aspartate transaminase (AST), alkaline phosphatase (ALP), total bilirubin**

• **Serum magnesium, phosphate**

• **Thyroid screen (T3, T4, TSH)**

• **Electrocardiogram (ECG)**

4. _____ **Advise the patient that: (Circle any noted below)**

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. (NA)

Treatment

Treatment for anorexia is generally done using a team approach, which includes doctors, mental health professionals and dietitians, all with experience in eating disorders. Ongoing therapy and nutrition education are highly important to continued recovery.

Here's a look at what's commonly involved in treating people with anorexia.

Hospitalization and other programs

If your life is in immediate danger, you may need treatment in a hospital emergency room for such issues as a heart rhythm disturbance, dehydration, electrolyte imbalances or a psychiatric emergency. Hospitalization may be required for medical complications, severe psychiatric problems, severe malnutrition or continued refusal to eat.

Some clinics specialize in treating people with eating disorders. They may offer day programs or residential programs rather than full hospitalization. Specialized eating disorder programs may offer more-intensive treatment over longer periods of time.

Medical care

Because of the host of complications anorexia causes, you may need frequent monitoring of vital signs, hydration level and electrolytes, as well as related physical conditions. In severe cases, people with anorexia may initially require feeding through a tube that's placed in their nose and goes to the stomach (nasogastric tube).

Care is usually coordinated by a primary care doctor or a mental health professional, with other professionals involved.

Restoring a healthy weight

The first goal of treatment is getting back to a healthy weight. You can't recover from anorexia without returning to a healthy weight and learning proper nutrition. Those involved in this process may include:

- **Your primary care doctor**, who can provide medical care and supervise your calorie needs and weight gain
- **A psychologist or other mental health professional**, who can work with you to develop behavioral strategies to help you return to a healthy weight
- **A dietitian**, who can offer guidance getting back to regular patterns of eating, including providing specific meal plans and calorie requirements that help you meet your weight goals
- **Your family**, who will likely be involved in helping you maintain normal eating habits

Psychotherapy

These types of therapy may be beneficial for anorexia:

- **Family-based therapy.** This is the only evidence-based treatment for teenagers with anorexia. Because the teenager with anorexia is unable to make good choices about eating and health while in the grips of this serious condition, this therapy mobilizes parents to help their child with re-feeding and weight restoration until the child can make good choices about health.
- **Individual therapy.** For adults, cognitive behavioral therapy — specifically enhanced cognitive behavioral therapy — has been shown to help. The main goal is to normalize eating patterns and behaviors to support weight gain. The second goal is to help change distorted beliefs and thoughts that maintain restrictive eating.

Medications

No medications are approved to treat anorexia because none has been found to work very well. However, antidepressants or other psychiatric medications can help treat other mental health disorders you may also have, such as depression or anxiety.

Treatment challenges in anorexia

One of the biggest challenges in treating anorexia is that people may not want treatment. Barriers to treatment may include:

- Thinking you don't need treatment
- Fearing weight gain
- Not seeing anorexia as an illness but rather a lifestyle choice

People with anorexia can recover. However, they're at increased risk of relapse during periods of high stress or during triggering situations. Ongoing therapy or periodic appointments during times of stress may help you stay healthy.

Link to Journal of American College Health

<https://www.tandfonline.com/doi/abs/10.1080/07448481.2018.1483936>

Link to the parental toolkit.

<https://www.nationaleatingdisorders.org/sites/default/files/Toolkits/ParentToolkit.pdf>