PAVMT Telemedicine PA Interactive Visit – Pediatrics Case #8 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

The 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.

<u>Telemedicine Required Identification/Consent/Documentation:</u>

The student:

_____ 1. Introduces themselves to the patient, confirms their identification and credentials, notes their affiliation (“x” PA Program), 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:

Pediatric Case: Telemedicine Scenario

Student Scenario: You are assisting your clinic by answering telemedicine consults. Your clinic implemented telemedicine to better serve patients without consistent transportation and to decrease non-emergent and urgent clinic-based visits. You are asked to contact a patient whose mother has called in, concerned about her child having severe itching and a rash. Complete a telemedicine visit to assess the patient and make the appropriate diagnosis.

Patient: Name: Olivia Thomas
Age: 8 years old
Chief Complaint: Itchy rash for 1 week

Work through the case to differentiate between lice and scabies, and appropriately manage the patient through a telemedicine encounter.

Telemedicine Requirements (Identification/Consent/Documentation):

The student should:

1. Introduce themselves to the patient and family, confirming identification, credentials, affiliation, and 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 the modified format compared to a clinic-based visit.
4. Discuss the benefits and drawbacks of virtual visits, offering a future in-person alternative if needed.
5. Assess the technology being used by the patient (hardware/software, home medical equipment) and document it.
6. Explain the cost of the visit (none for this encounter).
7. Clarify the patient's right to privacy and any relevant HIPAA adjustments due to COVID-19 (i.e., Zoom conferencing changes).
8. Ensure the patient can see and hear with the technology being used.
9. Make any necessary adjustments for technical issues (e.g., asking the patient to move the camera when needed).
10. Document the start and end time of the encounter.
11. Obtain verbal consent to proceed with the visit.

Interpersonal and Communication Skills:

The student should:

1. Build rapport (proper introduction, attention, empathy, eye contact).
2. Establish the agenda (eliciting concerns, agreeing upon the plan).
3. Facilitate understanding (clear language, avoiding medical jargon).
4. Summarize and confirm understanding (using teach-back methods, addressing questions).
5. Demonstrate attentive body language (leaning forward, direct eye contact).
6. Use empathetic techniques (validating feelings, acknowledging concerns).
7. Admit uncertainty when necessary and offer to gather additional information if needed.

Case Details:

Patient Script (Parent and Child):
Setting: At home, connecting with the physician assistant via telemedicine.
Opening Line: "Olivia has been itching all over for a week. We think she has lice, but we're not sure."
Affect of Child: Irritable and uncomfortable, frequently scratching her scalp, wrists, and between fingers.

Chief Complaint: Itchy rash.

HPI:

- An 8-year-old girl presents with a 1-week history of intense itching, especially on her scalp, neck, wrists, and between her fingers.

Source https://www.madeformums.com/school-and-family/scabies-and-children-how-to-spot-it-treat-it-and-get-rid-of-it/

- The mother reports that Olivia has been waking up at night due to the itching.
- The mother initially thought it might be lice, as there was a case reported at school, but she hasn't been able to confirm any lice on Olivia's scalp.
- The rash is more prominent on her wrists and between her fingers, where small red bumps are visible.
- The family hasn't tried any medications yet, except for frequent bathing and use of over-the-counter anti-itch cream.

Past Medical History:

- Unremarkable.
- Growth and development are normal.
- Immunizations are current.

Social History:

- Olivia is in third grade, and there was a report of lice at her school two weeks ago.
- She lives with her parents and a younger brother, who has also started itching recently.

Medications:

- None.

Allergies:

- None.

Family History:

- Noncontributory.

Modified Physical Exam for Telemedicine:

- Obtain vital signs if possible (parent-reported, temperature WNL).
- Perform a general skin inspection:
    - Ask the parent to adjust the camera or describe the rash in detail.
    - Rash on scalp: Look for nits or lice (tiny white/yellow eggs) attached to hair shafts, or adult lice.
    - Rash on hands and wrists: Small red papules or burrows between the fingers and on the wrists are characteristic of **scabies**.
- Observe for other signs of scabies:
    - Ask the parent to inspect the child's waistline, armpits, and elbows for similar rashes or burrows.

HEENT Exam for lice:

- Focus on scalp: Ask the parent to part the child's hair and look at the nape of the neck and behind the ears, where lice are commonly found.
- Use the camera to inspect for nits, which appear as small, oval, white/yellowish eggs attached firmly to the hair shaft.

Dermatologic Exam for scabies:

- Instruct the parent to show the hands, wrists, and interdigital areas closely. Look for linear burrows and excoriated papules.
- Ask about the pattern of itching (worse at night is typical for scabies).
- If possible, examine the parent or sibling (scabies is highly contagious, so family members may also show symptoms).

Differential Diagnosis:

- **Lice:**
  - Itching primarily of the scalp with visible nits or lice.
  - Close contact with an outbreak at school.
- **Scabies:**
  - Intense itching, especially at night.
  - Red papular rash or burrows in characteristic locations (wrists, fingers, waistline).
  - Possible involvement of other family members.

Management:

Diagnosis:

- Based on the description of the rash and pattern of itching, **scabies** is the most likely diagnosis.
- However, it's important to keep **lice** in the differential until completely ruled out (especially if scalp itching persists or nits are found).

Plan:

1. **Treatment for Scabies:**
   - **Permethrin 5% cream**: Apply to the entire body from the neck down, leave it on overnight, and wash off in the morning. Repeat in 7 days if needed.
   - Treat all family members at the same time to prevent reinfection.
2. **Treatment for Lice (if confirmed):**
   - **Permethrin 1% lotion**: Apply to the scalp and hair, leave for 10 minutes, and then rinse. Comb through the hair to remove nits. Repeat in 7-10 days if needed.
3. **Environmental Measures:**
   - For lice: Wash all bedding and clothing in hot water, and dry on high heat.
   - For scabies: Wash clothing, towels, and bedding used in the last few days. Items that cannot be washed should be sealed in a plastic bag for 72 hours.
4. **Symptom Control:**
   - Continue using anti-itch cream (e.g., hydrocortisone).

- Oral antihistamines (e.g., diphenhydramine) can help alleviate nighttime itching.

5. **Education:**
    - Discuss the highly contagious nature of scabies and lice, especially in close contact environments like schools and households.
    - Encourage the family to follow up with school officials regarding any outbreaks.
6. **Follow-up:**
    - Schedule a follow-up telemedicine visit in 1 week to assess the effectiveness of treatment.
    - Instruct the family to return sooner if symptoms worsen or do not improve.

Ending:

- Note the end time of the call and provide information for a follow-up telemedicine visit.
- Mention a post-visit survey for both provider and patient.

This case provides the student with experience differentiating between **lice** and **scabies** via telemedicine, applying telemedicine skills, and managing common pediatric dermatologic complaints.