

Telemedicine PA Interactive Visit – Internal Medicine/Family Medicine- Case #10 Volunteer Packet- Use online form

PA /Evaluators Name	PA Student Na	me
Date of Visit	Time of Visit	max 30 minutes
Differential Diagnosis		
Must name a minimum of1.2.3.	of 3 possible diagnoses and then no	ote #1/"working" diagnosis
Comments:		
Exam Technique		
Please consider both kin Comments:	esthetic skill and communication o	f patient instructions.
Organization and Flow of Exam		
Comments:		
Exam Appropriateness		
 Please note that class disappropriate as precurso 	scussion taught that heart, lungs ar ry exams	nd abdomen are always
Comments:		
Student is prepared for competency being ready to go on time for their smeeting	scheduled Zoom	eir required equipment and
Student is considered competent by	virtue of your clinical Assessment	t 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 (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 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).
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 10 - <u>IM/FM</u>

Student Scenario

You are doing a telemedicine consult. Your clinic implemented telemedicine to better serve patients without consistent transportation as well as 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 69-year-old women or man reports waking up and noticing severe headache.

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



Actor Script Case 10

The Cooperies

CHARACTER: Jackie/Jack Daniels, 69

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 after walking up this morning with a severe headache.

Presentation: Headache right sided facial droop

CHIEF COMPLAINT:

"I woke up this morning with a severe headache and now my face is drooping."

HPI: No additional background given.

1.	Which side did the patient notice the facial weakness on?
	The weakness is on the right side of my face.
2.	At what time did the patient first notice the facial weakness?
	I brushed my teeth before bed the night before and my face was completely normal, then I woke up at 8am this morning my head was hurting, I went to the bathroom to get some Tylenol and that is when I noticed it.
3.	Does the patient have normal facial sensation?
	The sensation in my face is fine, no numbness or anything.
4.	Is there any visual disturbance?
	I can still close my eye and blink. My vision seems fine.



5.	ls the patient able to eat/drink/swallow normally?
	I can swallow fluids and solids without any issues.
6.	Is the patient's speech normal? (e.g. dysarthria, expressive dysphasia, receptive dysphasia)
	My speech slurred. I am having some trouble getting my words out.
7.	Does the patient have any weakness or sensory disturbance elsewhere?
	Yes, I feel like I am weak on the right side of my body. I had trouble picking up a cup and dialing my cell phone.
8.	Does the patient have any dizziness or balance problems?
	I haven't had any balance trouble or dizziness.
9.	Is the patient orientated in time, place and person?
	They should ask the questions.
	You then answer: I've not felt confused at any point.
10.	Is there any history of head trauma?
	I haven't experienced any trauma.
11.	Is there any history of loss of consciousness?
	I haven't had any loss of consciousness.
12.	Is there any recent history of illness?
	I haven't had any infections recently
13.	Has the patient ever experienced anything similar in the past?
	NO, I've never experienced anything like this before!

Past medical history



	VIRTUAL MEDICINE
•	Previous similar episodes
•	Any recent infections
•	History of stroke or transient ischemic attack (I felt like I had a
brio	of loss of vision on one side the other day. But it only lasted about 30
sec	onds.)
•	Neurological conditions
•	Thromboembolic disease
•	Cardiovascular risk factors:
•	Hypertension (Pt has a hx of HTN)
•	Diabetes
•	Hypercholesterolemia (Pt. has a hx of hyperlipidemia)
•	Smoking
•	Sillokilig
<u>Famil</u> y	<u>y history</u>
•	Stroke (Yes, the patient has a positive hx of stroke on her
mot	her's side.)
•	Other neurological conditions
<u>Drug l</u>	<u>history</u>
•	Antiplatelets or anticoagulants
•	Other regular medication
	U
_	Recreational drug use

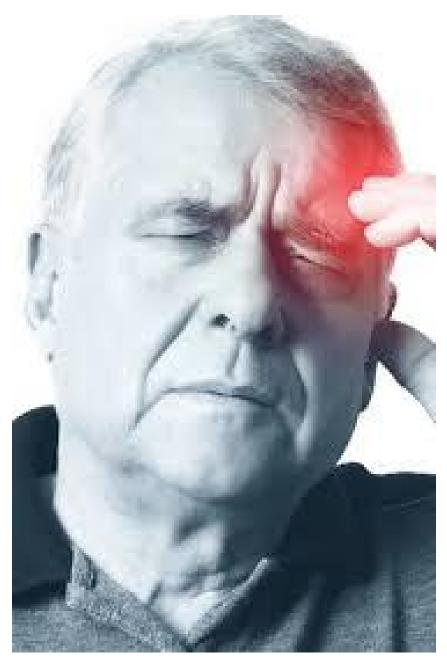
I've never taken any recreational drugs and I don't smoke or drink.



Physical Exam:

Show picture to student:







Modified Vital Signs based on patient equipment:

Obtains:	
Temperature	e (WNL)
Pulse (<i>100</i>)	
Respiratory r	rate (WNL)
Blood pressu	re (150/100)
Pain (<i>4/10, g</i>	generalized HA)
O2 sat if equ	uipment is available and appropriate NA
Performs General I	Inspection: Show the student the picture.
Asks patient to per Shoulder shrug.	rform facial maneuvers, smile, raise eyebrows, stick out their tongue,
There i	s obvious facial asymmetry on inspection. Forehead not
The pa	atient is unable to lift her right eyebrow (forehead spared).
There and speech is si	is obvious weakness on the right side of the patient's mouth lightly slurred
Assess Cognitive st	tatus using a screen:
CAOx5, M	OCA, ETC.
Modified HEENT Ex	kam:
Eyes: (WNL)	
Inspects pu	pils for size and shape
Tests pupil a visual field defect	reflexes and accommodation if an assistant is available (There appears to be t on the right eye)
Performs ex	ktra-ocular movement testing
Assesses for	r nystagmus- HINTS exam
ENT: (WNL)	
Inspects ext	ternal ears for deformities if able



Can they hear normal speech?
Ear canal /TMs if patient has equipment available Tytocare or similar.
Inspects external nose and internal nares.
Inspects oral mucosa and posterior pharynx with camera if available
Assesses speech, "You can't teach an old dog new tricks".
Cardiopulmonary Exam:
Auscultates heart and lungs if equipment is available. for rate, rhythm and heart sounds
Neuromuscular Exam:
There are neurological deficits on the right side. Decreased DTRs, ROM on the right appears weak or impaired.
Balance and gait are abnormal with slightly ataxic gait.
Sensation appears abnormal on the right side of the face if tested.
+ Pronator drift right arm.
Completes gross assessment of remaining cranial nerves
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 and point-to-point testing
Assesses for pronator drift, stretch arms out with palms up and eyes closed
Performs Romberg test
Assesses gait by instruction but only if the patient can do it safely.
Use Cincinnati stroke Scale



Dx and Management: R/ O Cerebral Vascular Accident

R/O CVA

INJURY ADVICE

This patient is at risk for stoke and needed immediate evaluation in the ER.

A careful medical examination has been carried out and there appears to be signs which are concerning that she/he may have be having a Stroke.

How would you manage this patient?

Advise the patient that: (Circle any noted)

Explain your differential diagnosis and your plan to have the patient evaluated further.

1You recommend calling 911 with transport to the ER.
2 Explain the diagnosis and your concern over CVA, other differentials
3Explain the diagnosis requires a CT scan of the head
4Explain the concern of worsening neurological function and the need to address emergently.
5. Gives ER precautions: The patient should not be left alone and must go to a hospital at once because they are experiencing: HA and neurological impairment as evidenced by slurred speech, visual field deficits, dysarthria, right sided weakness, etc.
 The student can offer to assist by calling 911 and giving report to first responders. Can assist by calling ahead to the closest medical facility for report.
6Plan for F/u next telemedicine visit or clinic visit scheduled for
At which time, a post-hospital evaluation will be made including; full medication reconciliation, a home safety risk assessment, and a stroke prevention plan. Offer to provide educational materials regarding the diagnosis.
7 Notes Ending time of Call
8 Mentions post-call survey of both provider and patient.

