



Telemedicine PA Interactive Visit – Internal Medicine/Family Medicine- Case #11

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 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 11 – IM/FM



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 55-year-old woman or man reports SOB, joint pain and body aches, and a rash spreading from her/his arm pit to the right side of the neck.

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

Actor ScriptCase 11

IM/FM

The Scenario:

CHARACTER: Cass/ Cassie Jones, 55

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 in discomfort and have significant malaise. You feel feverish but no chills.

Presentation: Upset in moderate discomfort having pain in the right shoulder, hands and feet.

CHIEF COMPLAINT:

"I have pain all over on this one side and in both my feet and hands."

Patient has a 6-8 week history of increasing pain and discomfort in various joints, mostly in the small bones of the hands and the feet. Reports issues began about 6-8 weeks ago traveling to watch children play in a soccer tournament, when a painful swelling and rash developed under the right arm. The patient was treated for cellulitis with a 7 course of bactrim. The symptoms eventually improved. However, about 2 weeks ago the patient began to have migrating pain first in the right shoulder joint, later it moved to the other side of the body. Now the patient is having pain bilaterally in several joints but mainly in the hands and the feet. The symptoms are worse at night. Several days ago, the patient noted a swelling on the right side of the neck and now has increasing fatigue with ambulation.

HPI: No additional background given.

1. _____ When did you first notice the neck swelling?

About 3 days ago. There is no pain upon palpation, but the swelling feels doughy.

2. _____ At what time did the patient first notice the pain in your joints?

I have had increasing pain in my joints. I can hardly lift my right arm. I also have pain in my other joints as well. The pain has been getting progressively worse. I can't sleep at night.

3. _____ Does the patient have normal sensation in areas of the body?

The sensation in my face is fine, no numbness or anything anywhere else.

4. _____ Which joints seem to be hurting?

Mainly my right arm. I had an infection and rash there several weeks ago, but I got medicine and it seemed to get better.

5. _____ Are you having any fever?

Yes, I feel like I am having a fever now and then, especially at night.

6. _____ Have you spent any time outdoors?

Yes, I had been traveling quite a bit before CoVid hit. My children play soccer and we traveled to Tampa, Louisiana, and North Carolina over the past several months. I have also been in Pennsylvania because my family is there, and I work there sometimes.

7. _____ Is there any chance you could have been bitten by an insect of any kind?

Well, that is funny that you ask. The person I saw in urgent care asked me the same thing. They asked me if I saw any ticks...I didn't see any ticks and I didn't think I could have been bitten by a tick. But I don't know, I guess anything is possible.

8. _____ Does the patient have any dizziness or balance problems?

I haven't had any balance trouble or dizziness.

9. _____ Is there any recent history of illness?

I haven't had any infections recently just that boil and rash that I had under my arm pit several weeks ago. Do you want to see a picture?

Also, I am very fatigued. I was walking with my family at a food truck event and I got very tired and felt SOB even after just walking one block.

10. _____ Has the patient ever experienced anything similar in the past?

NO, I've never experienced anything like this before!

Past medical history

- _____ Previous similar episodes (**Well my joints were hurting after I noticed the rash, but it did see to get better briefly**).
- _____ Any recent infections (yes as noted)
- _____ History of stroke or transient ischemic attack
- _____ Neurological conditions (**No but my eye lid has been drooping**)
- _____ Thromboembolic disease
- _____ Cardiovascular risk factors:
- _____ Hypertension (**Pt has a hx of HTN**)
- _____ Diabetes
- _____ Hypercholesterolemia (**Pt. has a hx of hyperlipidemia**)
- _____ Smoking

I watch my diet and keep a log of my Bp. It hasn't been too bad. My cholesterol used to be bad until I started eating oatmeal every morning.

Family history

- _____ Stroke
- _____ Other neurological conditions

Drug history

- _____ Antiplatelets or anticoagulants
- _____ Other regular medication
- _____ Recreational drug use
- _____ ETOH

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 (*101.1F*)

- _____ Pulse (100)
- _____ Respiratory rate (20)
- _____ Blood pressure (150/90)
- _____ Pain (6/10, in shoulder, hands and feet)
- _____ O2 sat if equipment is available and appropriate NA (90% on room air)

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

Asks patient to perform facial maneuvers, smile, raise eyebrows, stick out their tongue, Shoulder shrug.

_____ *There is obvious ptosis on the right eye otherwise HEENT is WNL. Skin has the rash consistent with erythema migrans. It is present from just under the right armpit anteriorly and posteriorly, and up along the shoulder to the right jaw line.*

Assess Cognitive status using a screen:

_____ CAOx5, MOCA, ETC.

Modified HEENT Exam:

Eyes: (see above, otherwise wnl)

- _____ Inspects pupils for size and shape
- _____ Tests pupil reflexes and accommodation if an assistant is available
- _____ Performs extra-ocular movement testing
- _____ Assesses for nystagmus- HINTS exam

ENT: (WNL)

- _____ Inspects external 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".

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 (**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 on right.
- Deep cervical
- Posterior cervical, large boggy not tender on the right.
- Occipital
- Supraclavicular – right supraclavicular region also has boggy node.
- Axillary- palpable axillary node is present.

Cardiopulmonary Exam:

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

Neuromuscular Exam:

There are muscular exam deficits on the RUE. ROM RUE appears impaired to 90 degrees of abduction. Pain with passive movement of the arm. Arm can be lifted past 90 with acute pain in the shoulder joint.

No other gross deformity, swelling, or limitations in the ROM of the hands or the feet. Hands and feet reported as “stiff”.

Balance and gait are normal.



Sensation appears grossly normal.

- _____ Completes gross assessment of 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 gait by instruction but only if the patient can do it safely.

To review information about Lyme Disease, see the CDC website:

<https://www.cdc.gov/lyme/index.html>

DX and Management: Possible Lyme Disease (r/ o sepsis)

Lyme Disease

This patient has the potential for having Lyme disease and is at risk for possible sepsis and should be evaluated in the ER.

A careful medical examination has been carried out and there appears to be signs and symptoms which are concerning for a systemic infection and possibly early sepsis related undertreated Lyme disease.

How would you manage this patient?

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

At this point the patient declines to call first responders and explains they will go to the ER by their Privately-Owned Vehicle (POV).

Advise the patient that: (Circle any noted)

1. _____ You recommend calling 911 with transport to the ER and that electing to go by POV would be against medical advice.
2. _____ Explain the diagnosis and your concern over a systemic infection, other differentials
3. _____ Explain that to evaluate and confirm the diagnosis further evaluation in the ER including blood cultures, CBC with differential, Lyme (ELISA) enzyme-linked immunosorbent assay and other diagnostics lab tests.
4. _____ Explain the concern over fever 101.1, lymphadenopathy, rash, increasing fatigue, and joint involvement.

5. _____ Gives ER precautions: The patient should not be left alone and must go to a hospital at once because they are experiencing: systemic signs of infection with fever.

- 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.
- Explains that they will document the choice to go in POV is against Medical advice.

6. _____ Plan 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, and evaluation and support of the discharge plan, ongoing education about Tick borne illness. Offer to provide educational materials regarding the diagnosis.



7. _____ Notes Ending time of Call
8. _____ Documents AMA (in the record)