



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 9 – BH
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/urgent clinic-based visits.

You are asked by the parent of a patient to assess her son who had made several phone calls attempting to be seen in the BH clinic ASAP because he is upset over a break-up. 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: Robert(a), is a 22-year old man/woman, requesting to be seen via telemedicine for treatment of emotional distress. He has had a recent break-up with his girlfriend and feels isolated and agitated per his mother.

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. Introduces 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: Robert/Roberta, 22 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: You feel very anxious and agitated. You've been crying and you are withdrawn. Intermittently pacing.

Presentation: Anxious, distressed, withdrawn.

Case scenario: Robert/a, a 22-year old man, requesting to be seen via telemedicine for treatment.

CC: "I don't know what to do, I am never going to find anyone who doesn't leave."

Affect: irritated and agitated, withdrawn

Situation: Robert is upset over a recent break-up with his girlfriend of 6 months. States "she was perfect for me. We loved each other". Robert has been staying in his room. Can't eat and can't sleep. He has multiple relationships of short duration and his parents with whom he lives have been hopeful that he will "find the right person".

Parent reports that Robert has had multiple (at least 6) previous psychiatric hospitalizations for depression, suicidal ideation and self-injury from the time he was 15 to the present • Despite a high IQ, has had poor grades since middle school. • He has had a history of feeling that others do not and cannot possibly love him. Has few friends. • Has traded sex for drugs and alcohol on multiple occasions unknown to the parents. • Also feels that sex with his partners is the only way to assure they are in love with him. • Many of the brief sexual relationships have been verbally and physically abusive, with Robert feeling desperate when he is unable to text or hear from his partners.

Aware of his affect looking withdrawn the interview commences.

1. _____ How are you feeling?
 - *•A profound sense that someone essential to their well-being will never come back.*
 - *I was so in love. Everything was fine. We were perfect together, then she changed, just like that. I wanted to give her everything but now I hate her. How could she do this to me?*

2. _____ Sounds like you're are upset? Has this happened to you in the past?
 - *Feels he "deserves" abusive relationships. • "This always happens to me!" Nothing stops this pain. When I was a teenager I used to "cut myself".*
 - *Most intolerable is his sense of self-loathing, "I hate myself!" "I am so tired of this bs!"*
 - *"I need a drink; I just want to stop this feeling."*
 - *"I could tell this was coming. I could tell by what she was saying. I could tell by the way the way she was looking at me."*

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

Those people at the hospital have always tried to tell me it was me. Can you believe that? They act like they are there to support you, but you can see it on their face. They don't care, they are just like everyone else. If I had a knife, I would stab myself. I will show her what she did to me. She can live with the pain and the guilt. She will see she took our love and smashed it. She can have this pain. Let her see what it's like when I am gone. When she can't call me, can't see me ever again. She will be the one crying. She will be the lonely one. She will be the one that needs a shrink. She will be the one going to the hospital!

4. _____ How have you been feeling recently?

Just awesome. Don't I look like I'm awesome?

5. _____ Ask the patientt, How long has he been felting this way?

As long as I can remember. My parents want to act like heroes, but they can't see the pain. When I was a kid, I locked myself in the bathroom with the razor. See this tattoo, that is there to cover up the cutting marks. When my mom couldn't take it, she had me hulled off the hospital. She just wants to get rid of me. She doesn't love me. They are just like everyone else. I shouldn't have ever been born!

7 _____ How has this been impacting you on a day to day basis?

How do you think it impacts me, my life is a bowl of cherries...(sarcastically)?

8 _____ Are you having any other symptoms?

The Student should pick up on clues that this patient is unstable. They should complete the suicide screen.

Do you have any thoughts of harming yourself or others?

Yes, I wish I was dead! She needs to feel this pain....

Do you have a plan?

- *Yes, I am gonna leave this house and walk to the railroad track and jump in front of the train!*

Is there a railroad near you?

- *Yes, right up the road, that is what I am gonna do. I am gonna go leave this place and end up on the news. Will see if she likes that.....**He puts down the phone and leaves the room, the mother/dad picks up the phone.***

Past medical/BH history- (WNL unless marked)

- _____ Previous similar episodes +
- _____ Previous Hx of Suicidal thoughts or wanting to harm yourself or others. (+)
- _____ 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

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

Drug/SH history

- _____ ETOH (yes almost daily, “a couple of beers”)
 - _____ Smoking (yes, vapes daily, previously smoked cigarettes 1 pack a day)
 - _____ Other regular medication (no)
 - _____ Recreational drug use (smokes pot).
 - *Uses drug, alcohol, sex and self-injury frequently are used to regulate how she feels in the moment.*
 - **The student may ask various other BH Questions not included in this document.**
 - **Assure they move on to the suicide screen and calls 911 or instructs the family to call 911.**
-
- **Treatment Plan after arrival of ER services approximately 20 minutes so that the encounter can be completed in 30 minutes total.**



Do not lead the student away from the diagnosis of Borderline Personality Disorder.

Show a picture of the patient to the student.

Physical Exam Only if student hasn't been told that the patient is suicidal

Must include –

Modified Vital Signs based on patient

equipment:

Obtains:

_____ Temperature (*WNL*)

_____ Pulse (*WNL*)

_____ 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. (see above, actively suicidal)

Assess Suicidal and Homicidal thoughts early and document it: _____

Include a general inspection of the patient: See below

Student will use the Suicide Screen.

The student may use any tool or psychosocial assessment to further ask questions.

Freely answer leading to the dx of Borderline Personality Disorder until it becomes apparent that the patient is actively suicidal.

Management: Borderline Personality Disorder

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

Identify and communicate the diagnosis of Borderline Personality Disorder actively

suicidal: Help the patient/family to understand the disorder and start effective evaluation and treatment promptly.

Borderline personality disorder: a pattern of instability in personal relationships, intense emotions, poor self-image and impulsivity. A person with borderline personality disorder may go to great lengths to avoid being abandoned, have repeated suicide attempts, display inappropriate intense anger or have ongoing feelings of emptiness.

Treatment for BPD:

1. _____ The student suggests 72 hr involuntary commitment of patient in an inpatient psychiatric facility with call to 911 while remaining on the telephone.

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. _____ Sleep hygiene
 - remove triggers if possible (caffeine, stimulants, nicotine, dietary triggers, stress)
 - c. _____ Increase physical activity (exercise 60-90% of MHR 20 minutes 3x/wk, yoga)
 - d. _____ Self-guided cognitive-based therapy (CBT)/ relaxation techniques, Do what you love, mindful of your thoughts, Be kind and patient with
2. _____ **Psychotherapy/ Focused CBT** See below.
3. _____ **Pharmacological** – for symptoms only possibly mood stabilizers.

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

- Calls 911 or instructs family to 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. (NA)

Treatment in layman's terms- from Mayo clinic website.

Borderline personality disorder is mainly treated using psychotherapy, but medication may be added. Your provider may recommend hospitalization if your safety is at risk.

Treatment can help you learn skills to manage and cope with your condition. It's also necessary to get treated for any other mental health disorders that often occur along with borderline personality disorder, such as depression or substance misuse. With treatment, you can feel better about yourself and live a more stable, rewarding life.

Psychotherapy

Psychotherapy — also called talk therapy — is a fundamental treatment approach for borderline personality disorder. Your therapist may adapt the type of therapy to best meet your needs. The goals of psychotherapy are to help you:

- Focus on your current ability to function
- Learn to manage emotions that feel uncomfortable
- Reduce your impulsiveness by helping you observe feelings rather than acting on them
- Work on improving relationships by being aware of your feelings and those of others
- Learn about borderline personality disorder

Types of psychotherapy that have been found to be effective include:

- **Dialectical behavior therapy (DBT).** DBT includes group and individual therapy designed specifically to treat borderline personality disorder. DBT uses a skills-based approach to teach you how to manage your emotions, tolerate distress and improve relationships.

- **Schema-focused therapy.** Schema-focused therapy can be done individually or in a group. It can help you identify unmet needs that have led to negative life patterns, which at some time may have been helpful for survival, but as an adult are hurtful in many areas of your life. Therapy focuses on helping you get your needs met in a healthy manner to promote positive life patterns.
- **Mentalization-based therapy (MBT).** MBT is a type of talk therapy that helps you identify your own thoughts and feelings at any given moment and create an alternate perspective on the situation. MBT emphasizes thinking before reacting.
- **Systems training for emotional predictability and problem-solving (STEPPS).** STEPPS is a 20-week treatment that involves working in groups that incorporate your family members, caregivers, friends or significant others into treatment. STEPPS is used in addition to other types of psychotherapy.
- **Transference-focused psychotherapy (TFP).** Also called psychodynamic psychotherapy, TFP aims to help you understand your emotions and interpersonal difficulties through the developing relationship between you and your therapist. You then apply these insights to ongoing situations.
- **Good psychiatric management.** This treatment approach relies on case management, anchoring treatment in an expectation of work or school participation. It focuses on making sense of emotionally difficult moments by considering the interpersonal context for feelings. It may integrate medications, groups, family education and individual therapy.

Medications

Although no drugs have been approved by the Food and Drug Administration specifically for the treatment of borderline personality disorder, certain medications may help with symptoms or co-occurring problems such as depression, impulsiveness, aggression or anxiety. Medications may include antidepressants, antipsychotics or mood-stabilizing drugs.

Talk to your doctor about the benefits and side effects of medications.

Hospitalization

At times, you may need more-intense treatment in a psychiatric hospital or clinic. Hospitalization may also keep you safe from self-injury or address suicidal thoughts or behaviors.

Recovery takes time

Learning to manage your emotions, thoughts and behaviors takes time. Most people improve considerably, but you may always struggle with some symptoms of borderline personality disorder. You may experience times when your symptoms are better or worse. But treatment can improve your ability to function and help you feel better about yourself.



You have the best chance for success when you consult a mental health provider who has experience treating borderline personality disorder.