

# PAVMT Telemedicine PA Interactive Visit – Internal Medicine/Family Medicine- Case #1

PA Student Name		
Time of Visit	max 30 minutes	
3 possible diagnoses and then n	ote #1/"working" diagnosis	
thetic skill and communication c		
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ussion taught that heart, lungs a		
	Time of Visit  B possible diagnoses and then note that it is a second communication of the communication of	

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.			
Telemedicine Required Identification/Consent/Documentation:			
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:



#### Case 1 – <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 to decrease non urgent care visits.

You will be caring for Wanda/Wayne Locke, a 55-year-old who has a chief complaint of "sinusitis". The last clinic note is for the same issue a few months ago (See next page).

You have not worked with this patient before. Your task at this station is to take a pertinent history of the patient's concern, review medications and risk factors, and recommend management for the primary diagnosis.

## Note from Last Clinic visit (3 months ago)

Patient Name: W Locke

Med. Rec. No.: 432 121 1598

**S:** Delightful 55-year-old with "sinusitis". Symptoms for 2 weeks total with URI last week, better later in the week, worse over the weekend now with significant left facial pain and a fever started last night. Seen at urgent care 4 times this year as pt does not have car - not able to get to clinic easily.

PMH: Hypertension

Habits: Smokes about 5-10 cigarettes/day. No recreational drugs.

Family history: One adult daughter with two kids who lives in Reno, Nevada.

Social History: part time shifts mainly in food service. Lives alone in apartment.

O: T: 102.2F, BP: 136/78, P100, R: 12

Gen: Congested, with fever.

HEENT: Significant left maxillary sinus pain. No heat, redness, or facial swelling noted.

Oral: Teeth in good repair without signs of infection. Posterior pharynx with no exudate or swelling.

Neck: Supple, normal ROM, mild cervical lymph swelling bilaterally.

Heart RRR

Lungs Clear to auscultation bilaterally

**A/P:** Sinus infection possibly bacterial in nature given duration and fever. Treat with Trimethoprim Sulfa DS Twice Daily x 10 Days. Return if worse. HTN, smoking, up to date on vaccines, counseled on tobacco cessation, labs due next year.



### **Actor Script- CASE 1**

**CHARACTER**: Wanda/Wayne Locke, 55

DRESS: Casual, you are at home

**SETTING:** At your home, connecting to your doctor via telemedicine from your home device to your clinic.

Affect: You feel very congested and are sure you have a sinus infection/rhinosinusitis. You wish to have antibiotics prescribed. This is the third time you've had a sinus infection in the past several months and you know antibiotics will help because they were prescribed the last two times at urgent care. You are a bit stuffy due to the congestion, but it is not severe.

**OPENING LINE:** "I have a sinusitis again and I need more antibiotics.

**CHIEF COMPLAINT:** Sinus infection

Background of Chief Complaint: **Yesterday** you woke up congested, again. Today you are a bit worse despite trying a cold medicine yesterday and you know you need to get back on antibiotics. You were sick with similar symptoms two times last year (last one was 3 months ago) and each time you were given an antibiotic. If the student thinks it is the same illness, clarify that the last one was 3 months ago and you were fine since then.

You were feeling fine two days ago, only a bit tired. Yesterday you were congested and today, you have pressure on your face bones just under your eyes and lots of clear runny discharge coming from your nose.

You set up the appointment because last time you had these symptoms you were given antibiotics and you want to catch it before it gets worse.

There is a Walgreens down the street for prescriptions.

o No cough or breathing issues

If female, you are still having periods (not post-menopausal).

You are a smoker (about a quarter pack per day), (you are not ready to quit right now)

#### Symptoms:

o Hearing is like you are under water	o No hand or joint pain (other than
o No ear pain	your back pain after a long day at work)
o No fever	o No gland swelling
o No headache or neck pain	o No bowel or bladder issues
·	o No weight loss, no thirst issues,
o No skin changes	normal mood and appetite



#### PAST MEDICAL HISTORY:

- + High blood pressure treated with a medication that you can't pronounce.
- + No sprains or broken bones other than your nose as a child when you were hit by a baseball.
- + You have had a normal cholesterol test last year, normal colon cancer stool test, and if female: normal pap and mammogram 2 years ago. You get your flu shot yearly.
- + You have had your wisdom teeth pulled but no other surgeries.

You are healthy and seek care to stay that way.

MEDS: you take a blood pressure drug "hydro something". "I don't remember the dose, but I think your assistant typed in that information and put it into the computer".

No other supplements or OTC medications

**ALLERGIES:** None

#### **SOCIAL HISTORY:**

Single resides in Pittsburgh, PA

Children: One child and 2 grandchildren who live in Pittsburgh

Work: Underemployed, part time in restaurants

Exercise: Walk everywhere as you do not have a car

Hobbies: Supporting high school sports

Tobacco Use: Pack a day for 40 years, now ½ pack per day

Alcohol Use: 5 beers a week

Drug Use: None

Sexual History: One partner for 3 years, prior had sex with men

## **FAMILY HISTORY:**

Father: Died of heart attack in his 60s

Mother: Died of stroke 10 years ago, was 70

Siblings: None

#### **IMPORTANT NOTES:**



• If the student asks you to push on your face to see if it is painful, you will tell them this does not hurt. Similarly, if the student asks you to touch parts of your neck you will not have pain there either. This will be viral with no fever

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.

Medical knowledge.
The student:
1. Avoids prescribing antibiotics for the patient's viral symptoms
2. Provides a clear accurate explanation of why antibiotics are not recommended
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Modified Vital Signs based on patient equipment:
Obtains: (all WNL)
Temperature
Pulse
Respiratory rate
Blood pressure
Pain
O2 sat if available and appropriate
HEENT Exam:
Eyes:
Palpates head for tenderness, deformities, evidence of trauma
Inspects pupils for size and shape
Tests pupil reflexes and accommodation
Performs extra-ocular movement testing
Assesses for nystagmus
Ears:
Inspects external ears for deformities
Inspects extra auricular canal noting for edema, cerumen, foreign body, discharge



Inspects TM noting contour, perforation, color, air-fluid level only if the patient has equipment.
Assesses hearing – whisper, Weber, Rinne
NT:
Inspects external nose and internal nares.
Inspects oral mucosa and posterior pharynx
Other:
Has the patient palpates head and neck lymph nodes – must include pre & post-auricular nodes
Cardiopulmonary Exam:
Auscultates heart for rate, rhythm and heart sounds if possible
Auscultates lungs for adventitious sounds if possible
Evaluates for inspiration and expiration and audible breathing sounds at a minimum.
Neuromuscular Exam:
Completes gross assessment of remaining cranial nerves if applicable
Diagnosis and Management: Chronic Sinusitis
How would you manage this patient?
Reassurance and advice
Reassure the patient that the prognosis is good
Advise the patient that: (Circle any noted)

Treatments for chronic sinusitis may include:

- Nasal corticosteroids. These nasal sprays help prevent and treat inflammation. Examples
  include fluticasone, triamcinolone, budesonide, mometasone and beclomethasone. If the sprays
  aren't effective enough, your doctor might recommend rinsing with a solution of saline mixed
  with drops of budesonide or using a nasal mist of the solution. Saline nasal irrigation, with nasal
  sprays or solutions, reduces drainage and rinses away irritants and allergies.
- Oral or injected corticosteroids. These medications are used to relieve inflammation from severe sinusitis, especially if you also have nasal polyps. Oral corticosteroids can cause serious side effects when used long term, so they're used only to treat severe symptoms.







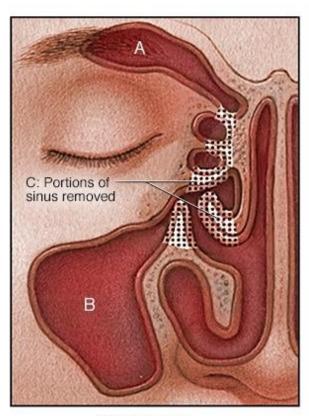
#### **Antibiotics**

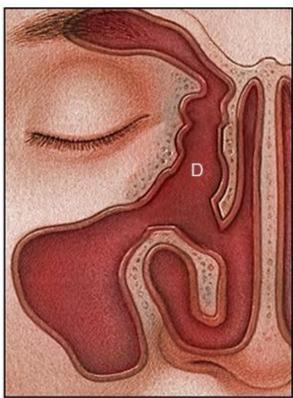
 Antibiotics are sometimes necessary for sinusitis if you have a bacterial infection. If your doctor can't rule out an underlying infection, he or she might recommend an antibiotic, sometimes with other medications.

# **Immunotherapy**

• If allergies are contributing to your sinusitis, allergy shots (immunotherapy) that help reduce the body's reaction to specific allergens might improve the condition.

## Surgery





Before surgery

After surgery

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# **Endoscopic sinus surgery**



- In cases resistant to treatment or medication, endoscopic sinus surgery might be an option. For this procedure, the doctor uses a thin, flexible tube with an attached light (endoscope) to explore your sinus passages.
- Depending on the source of obstruction, the doctor might use various instruments to remove tissue or shave away a polyp that's causing nasal blockage. Enlarging a narrow sinus opening also may be an option to promote drainage.

## Lifestyle and home remedies



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   These self-help steps can help relieve sinusitis symptoms:
- **Rest.** This can help your body fight inflammation and speed recovery.
- Moisturize your sinuses. Drape a towel over your head as you breathe in the vapor from a bowl
  of medium-hot water. Keep the vapor directed toward your face. Or take a hot shower,
  breathing in the warm, moist air to help ease pain and help mucus drain.



- Rinse out your nasal passages. Use a specially designed squeeze bottle, saline canister or neti
  pot to rinse your nasal passages. This home remedy, called nasal lavage, can help clear your
  sinuses.
- **Nasal irrigation**: This is a non-prescription treatment to clear out the sinuses. Saline sprays, neti pots, and other devices that flush the sinuses with water can help clear out any infection and reduce irritation.

### **Prevention strategies**

- **Avoid upper respiratory infections.** Minimize contact with people who have colds. Wash your hands frequently with soap and water, especially before meals.
- Manage your allergies. Work with your doctor to keep symptoms under control. Avoid exposure to things you're allergic to whenever possible.
- Avoid cigarette smoke and polluted air. Tobacco smoke and air contaminants can irritate and inflame your lungs and nasal passages.
- **Use a humidifier.** If the air in your home is dry, such as it is if you have forced hot air heat, adding moisture to the air may help prevent sinusitis. Be sure to keep the humidifier clean and free of mold with regular, thorough cleaning.

## **CONCLUSION:**

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.	