



Telemedicine PA Interactive Visit – Internal Medicine/Family Medicine- Case #7

Volunteer Packet- Use online form

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 7 – IM/FM**

#### **Student Scenario**

You are doing a telemedicine consult. Your clinic implemented telemedicine to better serve patients without consistent transportation as well to decrease non-emergent and 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 28-year-old present to your video call with acute-onset watery, non-bloody, non-purulent diarrhea and periumbilical cramping for the past 2 days.**

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

## Actor Script- Case 7

### The Scenario:

**CHARACTER:** Janice/John Austen, 28 y/o

**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 general achiness and tiredness from being awake half the night with cramping and watery diarrhea.

**Presentation:** Hunched over with abdominal discomfort.

### **CHIEF COMPLAINT:**

*"I was up half the night with watery diarrhea, achiness, and abdominal cramping."*

**HPI: No additional background given.**

1. \_\_\_\_\_Where is the abdominal cramping?

*The cramping is around my belly button.*

2. \_\_\_\_\_At what time did the patient first notice the cramping and diarrhea?

*I had 2 runny bowel movements during the day yesterday, then was up half the night with watery diarrhea.*

3. \_\_\_\_\_Is the cramping relieved with bowel movements?

*The cramping is temporarily relieved with the diarrhea and a heating pad.*

4. \_\_\_\_\_ On a scale of 1- 10, with 10 being the worst, how would you grade the overall achiness and abdominal cramping?

*I would grade the abdominal cramping 5/10 and general achiness 4/10.*

5. \_\_\_\_\_ Is the patient able to eat/drink without discomfort?

*I can tolerate water and Gatorade, but I cannot eat any solid food.*

6. \_\_\_\_\_ Describe the diarrhea (e.g. frequency, color, presence of blood or pus, amount)

*I had 4 small episodes of watery diarrhea last night, brown, without blood or pus*

7. \_\_\_\_\_ Does the patient have nausea or vomiting associated with this?

*No nausea or vomiting.*

8. \_\_\_\_\_ Does the patient have any dizziness or lightheadedness?

*I haven't had any lightheadedness or dizziness.*

9. \_\_\_\_\_ Is anyone around them experiencing these symptoms?

*My roommate was complaining of an upset stomach last week.*

10. \_\_\_\_\_ Is there any personal history of IBS, IBD, or other GI disorders?

*I have no history of GI disorders.*

11. \_\_\_\_\_ Have you tried any medications to help with the symptoms?

*I haven't tried any medications.*

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?

*I have had stomach aches in the past, but nothing that has happened all night like this.*

### Past medical history

- \_\_\_\_\_ Previous similar episodes
- \_\_\_\_\_ Any recent infections
- \_\_\_\_\_ History of IBD or IBS
- \_\_\_\_\_ Gastrointestinal conditions
- \_\_\_\_\_ Recent surgeries or hospitalizations
- \_\_\_\_\_ Current medications
- \_\_\_\_\_ Any allergies? (including foods)
- \_\_\_\_\_ Dietary changes?
- \_\_\_\_\_ Alcohol consumption
- \_\_\_\_\_ Smoking/ recreational drugs
- \_\_\_\_\_ Recent travel?
- \_\_\_\_\_ LMP?
- \_\_\_\_\_ GI/GU/reproductive ROS

*"I don't have any medical conditions; I'm usually fit and well. I have not changed my diet. No hospitalizations. I had knee surgery as a teenager. Alcohol is 2 glasses of wine/week. No smoking. No recreational drug use. No medications. No recent travel. If applicable: Last menstrual period was 5 days ago. No HX of GI/GU problems.*

### Family history

- \_\_\_\_\_ IBS/IBD
- \_\_\_\_\_ Other GI conditions

*There's no family history of any GI conditions or any other medical problems."*

### Drug history

- \_\_\_\_\_ prescription/non-prescription/ vitamin/ supplements
- \_\_\_\_\_ Other regular medication

*I do not take any medications. I occasionally take a multivitamin.*

Physical Exam:

Show picture to student:





DDx Must include – inflammatory and non-inflammatory causes of acute onset diarrhea

**Modified Vital Signs based on patient equipment:**

**Obtains:**

\_\_\_\_\_ Temperature (*WNL*)

\_\_\_\_\_ Pulse (*WNL*)

\_\_\_\_\_ Respiratory rate (*WNL*)

\_\_\_\_\_ Blood pressure (*WNL*)

\_\_\_\_\_ Pain (*4/10*)

\_\_\_\_\_ O2 sat if equipment is available and appropriate *NA*

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

Asks patient to assess mucous membranes

\_\_\_\_\_ *Moistness of mucus membranes appreciated.*

**Cardiopulmonary Exam:**

\_\_\_\_\_ Auscultates heart and lungs if equipment is available for rate, rhythm and heart sounds

**Abdominal Exam:**

\_\_\_ Auscultation (if available)

\_\_\_ light and deep palpation

*Asks patient to listen to abdominal sounds, reports gurgling associated with hunger.*

*Asks patient to press on abdomen- patient able to do so without guarding and reports some relief with compression. Explain that the patient should be examining all 4 quadrants.*

Perianal/GU examination only if comfortable with the patient and well known. Could also ask the patient to upload a photo.

*Can always ask about symptoms of the following: No vaginal discharge, dysuria, or perianal lesions/irritation*

### **DX and Management: viral gastroenteritis**

How would you manage this patient?

#### **1. Reassurance and advice**

\_\_\_\_\_ Reassure the patient that the prognosis is good: viral gastroenteritis is self-resolving and typically lasts only a few days.

#### **2. \_\_\_\_\_ Advise the patient that: (Circle any noted below)**

Gastroenteritis (also known as stomach flu, although unrelated to influenza) is inflammation of the gastrointestinal tract, involving both the stomach and intestines.

#### **3. \_\_\_\_\_ Gives ER precautions:**

Any change in symptoms, worsening or unremitting pain, change in stool consistency especially presence of blood, new onset fever over 101.0, inability to keep down liquids or signs of dehydration call 911.

4. \_\_\_\_\_ 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.

**Advise the patient that: (Circle any noted)**

Gastroenteritis (also known as stomach flu, although unrelated to influenza) is inflammation of the gastrointestinal tract, involving both the stomach and intestines.

**How did I get it?**

Presentation that of viral gastroenteritis. Likely from exposure as roommate was recently ill.

**What are the symptoms?**

Symptoms can include fatigue, lack of appetite, abdominal growling and cramping, nausea, vomiting and/or diarrhea and are usually brief. Typically, no serious consequences occur and the condition resolves itself in a few days without medical treatment.

**How do I treat it?**

**Drink fluids and get plenty of rest.** Do not consume alcohol or caffeine. Avoid medications containing aspirin or ibuprofen, which may irritate your stomach, and do not take any medications by mouth unless directed by your medical care provider.

1. **Drink clear liquids.** Sip water/half-strength sports drinks or suck on ice chips. If you vomit using this treatment, do not take anything for 1 hour and start over again.
2. **If you do not vomit fluids,** you may progress to full-strength sports drinks; popsicles; clear broth; bouillon; decaf tea; clear apple juice; plain-flavored gelatin; and half-strength, clear, carbonated beverages without fizz (ginger ale, lemon-lime sodas, etc.). NOTE: To remove the fizz from soda, pour some into a glass and stir with a spoon.

3. **As you become hungry, try moving to soft foods.** Some examples include: saltine crackers, dry white bread/toast, bananas, apple sauce, plain white rice, soft cereals prepared with water, plain noodles and broth soups. Do not use sauces or condiments, including butter. You may return to a normal diet as tolerated within 24 hours after recovery from vomiting.
4. **May try antidiarrheal medications such as loperamide or bismuth subsalicylate**

## **Recommended diets**

### THINGS TO AVOID WHILE RECOVERING:

- Alcohol
- Caffeine
- Dairy products
- Citrus products
- Fatty, greasy and/or fried foods
- Raw fruits and vegetables
- Aspirin
- Ibuprofen

### CLEAR LIQUID DIET:

- Apple, grape or cranberry juice
- Kool-Aid
- Fruit punch
- Gatorade
- Ginger ale or 7UP
- Decaf tea
- Clear bouillon
- Jello
- Popsicles
- Fruit ice
- Salt

### BRAT DIET:



Bananas, rice, applesauce, toast.

**When to call back or go to ED:**

Symptoms worsen or do not resolve within the next week

Any presence of blood

Inability to tolerate fluids for hydration