



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 11 – BH

Student Scenario

You are assisting your clinic by answering telemedicine consults. Your clinic implemented telemedicine to better serve patients without consistent transportation as well as to decrease non-emergent and urgent clinic-based visits.

You are asked to contact a patient who had made several phone calls attempting to be seen in the BH clinic ASAP, but 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.

Case scenario: Kat is a 27 y/o female with symptoms lack of sleep and mood swings.

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: Kat, 37

DRESS: Well-dressed adult female

SETTING: At your home, connecting to your provider via telemedicine from your home device to their home device.

Affect: Anxious and upset

Presentation: adult female who appears upset and frustrated.

Case scenario: Kat is a 27 y/o female who has suffered lack of sleep, agitation and mood swings. CC: "I am afraid I am going to do something I will regret."

Affect: 'Anxious and frustrated.

Situation: 27 y/o suffering from lack of sleep, mood swings, agitation, PMS

PMH: After stopping the Pill and having a baby aged 21, my hormones went crazy and I suffered pre- and postnatal depression. In the years that followed, I began noticing a pattern to my moods and depression. At times, I have felt that I am really severely mentally ill. I always had PMS, but I realize that my worst times happened when I was due on my period. My PMS is so severe that it is taking over my life. I feel like it has wrecked relationships, caused me to ruin job opportunities, and caused me so much emotional pain that I often found myself considering suicide. I would become housebound, with no social life or friends and fearful of ever making an appointment because I could never guarantee how I would be feeling.

I was in severe pain and discomfort. No seems to understand. I would be so upset with my husband. I would get angry and throw things when I didn't feel like anyone was listening.

Aware of the environment and the affect of the patient, the investigation begins.

1. _____ How are you feeling? Have you ever felt like this before CoVid-19? • *I am so frustrated! I don't know what is wrong with me. I don't know how more of this I can take.*
 - *Yes, I have been feeling like this for months, perhaps years.*
 - *Lately I don't sleep well. I am so moody. I feel like I can't concentrate or function from lack of sleep.*
2. How long have you been feeling this way?
 - *I have been feeling this way since I was a teen. I started having these episodes off and on where I would feel "normal" and then a week or so where I would but upset and anxious. I would have problems in school and then other times I*

would feel great.

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

Yes, off and on through the years I have seen a therapist. They said I was depressed. I would take medications and it would last for a while, then it would get worse.

4. _____ How have you been feeling recently?

Recently it has been worse. I felt better for several years while I was in college. I got on the Pill and I felt better. I used to get “terrible” periods; the pill really helped. But then my husband and I wanted to have children. So, I went off the pill. When I got pregnant, I felt ok but I got depressed again after the birth of my child. I had trouble adjusting to parenthood. I was told I had post-partum depression. I couldn’t bond with my child. I wanted to escape. I didn’t know who I was or what I was doing.

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

I am not functioning well. My husband wants another baby. I don’t know if I can do this anymore. Every month, I go through these cycles when I just want to give up. I think about doing something crazy. Impact is significant to most IADLs when present.

Other symptoms if asked:

Past medical/BH history- (WNL unless marked)

- _____ Previous similar episodes +
 - _____ Previous Hx of Suicidal thoughts or wanting to harm yourself or others. (+ **but not currently, I don’t want to die right now... but last week I felt completely different.**)
- _____ Neurological conditions
- _____ Cardiovascular risk factors:
- _____ Hypertension
- _____ Diabetes
- _____ Hypercholesterolemia
 - _____ Menstrual hx (menarche age 13, cycle regular with significant PMS, severe cramping most months other symptoms below. Last pap last year wnl. G1, P1 normal birth at age 21

“I don’t have any medical conditions; I’m usually fit and well.

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 (no)
- _____ Smoking (no)
- _____ Other regular medication (Motrin for cramping)
- _____ Recreational drug use (no).

Overall, patient reports significant distress and social impairment related to the symptoms.

The student may ask various other BH Questions not included in this document. Assure they move on to DX and Treatment Plan after approximately 20 minutes so that the encounter can be completed in 30 minutes total.

Do not lead the student away from the diagnosis of Premenstrual Dysphoric Disorder Use the list below for ROS which are positive for this patient if asked.

If student uses the PMDD/ PME Screen or asks similar questions here are your answers.

Psychological symptoms

- Irritability ✓
- Nervousness ✓
- Lack of control ✓
- Agitation ✓
- Anger ✓
- Insomnia ✓
- Difficulty in concentrating ✓
- Depression ✓
- Severe fatigue ✓
- Anxiety ✓
- Confusion
- Forgetfulness
- Poor self-image
- Paranoia
- Emotional sensitivity ✓
- Crying spells ✓
- Moodiness ✓
- Trouble sleeping ✓

Fluid retention

- Swelling of the ankles, hands, and feet ✓
- Periodic weight gain ✓
- Diminished urine output ✓
- Breast fullness and pain ✓

Respiratory problems

- Allergies
- Infections

Eye complaints

- Vision changes
- Eye infection

Gastrointestinal symptoms

- Abdominal cramps ✓
- Bloating ✓
- Constipation ✓
- Nausea
- Vomiting
- Pelvic heaviness or pressure
- Backache ✓

Skin problems

- Acne
- Skin inflammation with itching
- Aggravation of other skin disorders, including cold sores

Neurologic and vascular symptoms

- Headache ✓
- Dizziness
- Fainting
- Numbness, prickling, tingling, or heightened sensitivity of arms and/or legs
- Easy bruising
- Heart palpitations
- Muscle spasms

Other

- Decreased coordination ✓
- Painful menstruation ✓
- Diminished sex drive
- Appetite changes ✓
- Food cravings ✓
- Hot flashes

PMDD/PME Self-Screen

This self-screen is for informational purposes only and is not intended to replace the care of a medical practitioner. This quiz does not diagnose medical conditions but rather serves as an indicator for further investigation.

These questions ask about symptoms that you may experience during the 1-2 weeks before your menstrual period starts.

I feel much more depressed, down, tearful, sad or hopeless before the start of my period.

YES

I feel anxious, tense, nervous, "keyed up" or "on edge" before the start of my period.

YES

I am much less interested than usual in my hobbies and daily activities before the start of my period.

YES

I feel hypersensitive to rejection, or, My emotions feel very unstable and unpredictable before the start of my period.

YES

I experience feelings of hopelessness before the start of my period.

YES

I feel much more irritable or I get angry easily before the start of my period.

YES

I feel much more tired and low in energy before the start of my period.

YES

I have thoughts about suicide or hurting myself before the start of my period.

YES

Show a picture of the patient to the student.



Physical Exam Must include –

Modified Vital Signs based on patient equipment:

Obtains:

_____ Temperature (*WNL*)

_____ Pulse (*WNL*)

_____ Respiratory rate (*WNL*)

_____ Blood pressure (*WNL*)

_____ Pain (*5/10*), Lower Abd, forehead hurts

_____ O2 sat if equipment is available and appropriate *NA*

Students should screen the patient for suicidal and homicidal thoughts. (None currently)

Assess Suicidal and Homicidal thoughts early and document it: _____

Include a general inspection of the patient: See below

She appeared to be of his biological age, very tired. Sad and frustrated. Reports she is on her cycle. Sitting on couch with hot water bottle on stomach.

Screening tool if needed:

Student will use the Suicide Screen, and possibly other screens including the PMDD screen.

Modified PE should include at a minimum observation, cardiopulmonary, abdominal exam, and questions about last pelvic exam findings.

Management: Premenstrual Dysphoric Disorder.

How would you manage this patient?

Identify and communicate the suspected diagnosis of PMDD: Help the patient/family to understand the disorder and start effective evaluation and treatment promptly.

Treatment for PMDD:

1. _____ The student suggests a referral to a behavioral health care team and outpatient care for further assessment once screening for suicidal and homicidal thoughts are negative. Share the symptom log with the patient as the diagnosis is confirmed over time.

PMDD is a serious, chronic condition that does need treatment. Several of the following treatment approaches may help relieve or decrease the severity of PMDD symptoms:

- Changes in diet to increase protein and carbohydrates and decrease sugar, salt, caffeine, and alcohol
- Regular exercise
- Stress management
- Vitamin supplements (such as vitamin B6, calcium, and magnesium)
- Anti-inflammatory medicines
- Selective serotonin reuptake inhibitors (SSRI)
- Birth control pills

2. _____ Student should explain in layman's terms:

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. _____ **Focused CBT –**

- o CBT is a time-limited process (treatment goals—and the number of sessions expected to achieve them—are established at the start) that employs a variety of cognitive and behavioral techniques to affect change.



o A CBT practitioner may employ techniques such as **exposure therapy** (allows extinction of erroneously learned fears) and **applied relaxation**

3. _____ **Pharmacological** (1st line with CBT)

a. _____ Offers an SSRI at a starting dose and explaining time needed before increasing.

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

- Gives ER precautions: If any thoughts of harming herself or others, call 911 or the National Suicide Hotline 1-800-273-8255.

Plan for F/u next telemedicine visit or clinic visit scheduled for:

_____ (the interval should be very short)

_____ Notes Ending time of Call

To find out more about Premenstrual Dysphoric disorder:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4890701/>

<https://iapmd.org/>

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/premenstrual-dysphoric-disorder-pmdd>