



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 10 – 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 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: Mary Jane, is an 87-year old female, who lives alone with her son who is her primary caregiver. She is reporting episodes of loneliness and sadness.

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 (Duquesne University), 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 HIPPA 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: Mary Jane, 87

DRESS: disheveled, 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 sad and lonely, very tired due to lack of sleep. CoVid-19 has increased your anxiety. from.

Presentation: a bit unkempt, hair not brushed, frail elderly, house appears dark

Case scenario: Mary Jane is an 87-year old female, Living alone in a single -amily unit with her son. He is currently at work. She is calling because she feels sad and lonely. Her neighbor gave her the number to the BH clinic after finding her crying on more than one occasion while checking on her by phone during CoVid-19 quarantine.

CC: “I am sorry for bothering you, I just can’t stop crying.”

Affect: sad and lonely.

Situation: Mary Jane lives with her son. He is employed as a local factory manager in a company that has been deemed essential because they make medical supplies. He has been working many hours due to lack of staffing and lay-offs. They live together in Mary Jane’s home. Her son moved in with her about 5 years ago after she had a stroke. She is sitting in a wheel in a darkened room even though it is mid-day. She has a hospital bed and a bedside commode in the background. She also has a standing walker.

Mary Jane has a hx of CVA with L hemiparesis. Luckily, she is right-handed. She requires assistance for all ADLs. She is unable to negotiate her environment in her wheelchair. She no longer uses her standing walker because she has had a series of falls.

In the evening her son gets her washed up, usually by “sponge bath” and puts her into the hospital bed. In the morning he gets her up out of bed and puts her into the wheelchair. She uses the standing walker to pivot to the bedside commode which is full and would be easily seen if the light were on.

She has a small bedside table with a bottle of water and several small boxes of cereal sitting on it. One is opened several are empty.

If asked about food security she mentions that her son says they are “almost out of money” and that she “needs to adjust”.

Mary Jane reports that when her son came to live with her, he took over the finances so “she

wouldn't have to worry about it". She has no idea how much money she has. The house is in her name (or was). She doesn't get out of the bedroom. A dog is heard barking in the background which she says is "her son's dog". The dog doesn't come in the room because she reports the door is locked so "no one can get in and hurt her while her son is at work".

The last time she was out of the bedroom was for Christmas when her son took her to get her hair done and they made a visit to her sister across town for Christmas dinner.

She says she hasn't had her hair done since CoVid-19. Reports her neighbor Sally used to wash her hair in the sink and put it up for her but now she can't get it washed unless her son does it. She reports that he is very busy and "stress out" due to working extra hours. He used to be home more but now she doesn't see or hear much from him during the day.

If there was a fire should would not be able to get out. But she says the fireman have had to come and get her "a time or two" when she has fallen going using the toilet and they have had to come and get her. Recently her son said to "only call him". He told her to "stop bothering those men, don't you think they have better things to do than picking you up off the ground?!"

Use the info above to answer questions regarding your situation and freely respond as you wish but do not divert for the dx of depression and elder abuse.

Aware of the environment the investigation begins.

1. _____ How are you feeling? Have you ever felt like this before CoVid-19? • *I am very down today, I just wanted to talk to someone.*

- *I have been spending more time alone now. My neighbor Sally used to check on me every day, she would come and sit with me for a few minutes. Once in a while we would play cards. Now she can only call me on the phone, but it just isn't the same.*

•

2. How long have you been feeling this way?

- *I have been feeling this way off and on since my stroke.*
- *But since this cono virus thing, I just can't stop crying.*
- *I don't know how much longer I can take this but my son says if he loses his job he will need my SS to keep us going...*

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

No, I don't want to be a bother. Sally has been pressuring me to call someone for help. The last week she gave me this number.

4. _____ How have you been feeling recently?

Recently it has been worse. My son gets mad when I complain, he says “everyone has it bad” and I should “get over it”. He says I’m lucky I’m not at a nursing home because this virus was made to kill old people. He tells me I am lucky to have him “on my team” and they if I say anything about being sad or lonely they are gonna take me away from here.

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

I just don’t want to cause trouble for anyone. My son has been good to me. I am lucky to have him. He needs me here. You can understand that right.... She cries...

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 am too chicken, plus I don’t want to go to hell.**)
 - _____ Neurological conditions (+CVA with L hemiparesis) Needs full assist with all ADLs but toileting (? Safety?) and IADLs.
- _____ Cardiovascular risk factors: (+)
- _____ Hypertension (+)
- _____ Diabetes
- _____ Hypercholesterolemia (+)

“I don’t have any medical conditions; I’m usually fit and well. I don’t get sick because I follow “the protocol”.

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 (**Yes, smoked for “years” a pack a day until her son moved in, then he quit buying me cigarettes, said I would catch myself on fire**)
- _____ Other regular medication (no)
- _____ 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.

If asked questions on the EASI these will be your answers.

ELDER ABUSE SUSPICION INDEX © (EASI)			
EASI Questions			
Q.1-Q.5 asked of patient; Q.6 answered by doctor			
Within the last 12 months:			
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse <u>may</u> be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

Do not lead the student away from the diagnosis of Depression/Abused Elder.

Geriatric Depression Scale: Short Form

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life? YES **NO**
2. Have you dropped many of your activities and interests? **YES** / NO
3. Do you feel that your life is empty? **YES** / NO
4. Do you often get bored? **YES** / NO
5. Are you in good spirits most of the time? YES / **NO**
6. Are you afraid that something bad is going to happen to you? **YES** / NO
7. Do you feel happy most of the time? YES / **NO**
8. Do you often feel helpless? **YES** / NO
9. Do you prefer to stay at home, rather than going out and doing new things? **YES** / **NO**
10. Do you feel you have more problems with memory than most? **YES** / **NO**
11. Do you think it is wonderful to be alive now? YES / **NO**
12. Do you feel pretty worthless the way you are now? **YES** / NO
13. Do you feel full of energy? YES **NO**
14. Do you feel that your situation is hopeless? **YES** / **NO**
15. Do you think that most people are better off than you are? **YES** / **NO**

Answers in **bold** indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.

A score ≥ 10 points is almost always indicative of depression.

A score > 5 points should warrant a follow-up comprehensive assessment.

Source: <http://www.stanford.edu/~yesavage/GDS.html>

If student uses the GDS here are your answers.



Show a picture of the patient to the student. Student may ask to turn on the light. If so reveal that the room to be cluttered. Mary Jane is in pajamas. Beside commode is full. Her hair is not combed. Food remnants as previously noted.

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*), all over, forehead hurts
_____ O2 sat if equipment is available and appropriate *NA*

Mini Cognitive Screen would be appropriate: _____

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

Assess Suicidal and Homicidal thoughts early and document it: _____
Does the patient feel safe at home right now? *Well yes, I guess.* Cries....

Do you want me to contact Adult Protective Services Now? *No, I don't want my son to get in any trouble...where would I go? I don't want to get "cona virus".*

Include a general inspection of the patient: See below

She appeared to be of his biological age, very frail with bilateral ecchymosis around eyes, Fall vs. being hit? *Bruises also visible on hand and arms. If asked about bruising... I fell using the pot...but I am alright...I can manage..."*

Screening tool if needed:

Student will use the Suicide Screen, Geriatric Depression Screen and the elder abuse

screen. Modified PE should include at a minimum observation of skin, neuromuscular

assessment.

Management: Depression and Elder Abuse

How would you manage this patient?

The patient refuses urgent or emergent assessment in the ER. Refuses to call 911 if instructed to do so.

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

Treatment for Geriatric Depression:

1. _____ The student suggests immediate referral to a behavioral health care team and outpatient care for further assessment once screening for suicidal and homicidal thoughts are negative.

The student should spend some time discussing concerns over elder abuse and concerns over possible unidentified physical injuries requiring further assessment, is there a concussion? Head trauma?

Since patient is CAOx5 and refusing immediate intervention for suspect abuse, the student should provide phone numbers for assistance and assist the patient in developing a safety plan. National Domestic Abuse Hotline:

1-800-799-7233

Safety Plan for Older Patients Who Have Been Abused

A safety plan helps identify options for the patient and provides ideas to increase his or her safety. Each plan should be individualized, written down, stored in a safe place, and reviewed regularly by the physician, the patient, and a trusted friend or family member. A safety plan may include:

Safe places to go, such as the home of a friend or family member, a shelter, or the hospital
Strategies for reducing harm if the patient is going to continue to have contact with the abuser

A checklist of essential items to keep together in a safe place (see [Table 5](#) for resources and examples)

Telephone numbers of family, friends, community organizations, and emergency service providers
Special considerations, such as transportation needs, if the patient lives in a rural area

A follow-up appointment with the family physician or referrals to other services
Managing depression is secondary to managing immediate danger but may include: **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 – Exposure and Response Prevention (ERP)**, is a type of CBT which has the strongest evidence supporting its use in the treatment of OCD. 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.
- *The student should voice a need to Refer to Adult Protective Services and how that may be accomplished.*

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

_____ (the interval should be very short)

_____ Notes Ending time of Call

Table 2.
Antidepressant choices for older patients

GENERIC NAME	TRADE NAME	STARTING DOSE, MG/D	AVERAGE DOSE, MG/D	MAXIMUM RECOMMENDED DOSE, MG/D	COMMENTS AND CAUTIONS
SSRI					
• Citalopram	Celexa	10	20-40	20 for those older than 65 y 40 for others	QTc prolongation
• Escitalopram	Ciplex	5	10-20	10 for those older than 65 y 20 for others	QTc prolongation
• Sertraline	Zoloft	25	50-150	200	Like all SSRIs, risk of nausea, SIADH
SNRI					
• Venlafaxine	Effexor	75.5	75-225	375 ²	Might increase blood pressure
Other					
• Bupropion	Wellbutrin	100	100, twice daily	150, twice daily	Might cause seizures
• Mirtazapine	Ramem	15	30-45	45	Might cause sedation, especially at lower doses
Tricyclic					
• Doxepin	Nopramin	10-25	50-150	300	Anticholinergic properties; cardiovascular side effects; monitor blood levels
• Nortriptyline	Aventyl	10-25	40-100	200	Anticholinergic properties; cardiovascular side effects; monitor blood levels

SIADH—syndrome of inappropriate secretion of antidiuretic hormone; SNRI—serotonin norepinephrine reuptake inhibitor; SSRI—selective serotonin reuptake inhibitor.

²For severe depression.

Modified from the Canadian Consensus for Seniors' Mental Health with permission.³

To find out more about Elder Abuse use this link:

<https://www.aafp.org/afp/2014/0315/p453.html>

Screening Tools Handout

<http://eldermistreatment.usc.edu/wp-content/uploads/2016/10/Elder-Abuse-Screening-Tools-for-Healthcare-Professionals.pdf>

A Place for Mom Blog

<https://www.aplaceformom.com/blog/for-professionals/2-26-16-identifying-elder-abuse/>

NIH Depression in the elderly

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3922554/>