



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 5 – 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 by the parent of a patient who had made several phone calls attempting to have their child 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: 20 y/o Carrie was a second-year college student when she first began having problems. She would go days without sleeping. She began having trouble concentrating in school and stopped going to classes. She started having sexual relationships with 4 different men and she spent all of the money she had for the school year in three months.

Her parents have recently discovered her problems, and they have contacted your clinic for evaluation. Carrie does not feel that anything is wrong. She feels that she has just made several poor decisions, like anyone her age.

Her parents feel things are not the same.

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. Introduce 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: Carrie Busybody, 20

DRESS: Casual, you are at home

SETTING: At your home, connecting to your provider via telemedicine from your home device to their home device. Parent is in the room with you.

Affect: You feel very anxious and distressed, very tired due to lack of sleep. You are upset your mother is angry that you have spent all of your money and have not kept up your grades in school.

Presentation: Anxious, hypervigilant

Case scenario: 20 y/o Carrie was a second-year college student when she first began having problems. She would go days without sleeping. She began having trouble concentrating in school and stopped going to classes. She started having sexual relationships with 4 different men and she spent all of the money she had for the school year in three months.

CC: "I cannot express herself and I am having trouble relating with others. I have been crying a lot and I'm not sure why.

Affect: crying a lot during the psychiatric interview.

Situation: Her parents have recently discovered her problems, and they have contacted your clinic for evaluation. Carrie does not feel that anything was wrong. She feels that she has just made several poor decisions, like anyone her age.

Her parents feel things are not the same.

1. _____ How are you feeling? Have you ever felt like this before?

Yes, I started feeling this way in the 6th grade.

I have felt like this before. Things started to go downhill when I left for college, and I only have limited relationships with others. I feel more distressed in crowded places such as the classroom, dining hall, and the library.

2. What was happening at that time? Have you talked to anyone about your concerns?

I felt that I was worthless, I had no motivation, and I lacked energy. I did not feel like getting out of bed and sometimes I would miss class and stay in there all day long. I started to eat too much and felt the urge to move around restlessly so I wouldn't gain weight. My mom thought I needed a psychiatrist.

3. _____ What was the recommendation for your care at that time?

I saw the psychiatrist and was diagnosed with depression. They started me on fluoxetine 20 mg/day and something else. After a year, it seemed like the meds were dampening my feelings and I stopped taking them, I really don't think I need them anymore.

4. _____ How have you been feeling recently?

My parents wanted me to go back to the psychiatrist because I can't not stop crying.

5. _____ Ask the parent, How long has she been feeling this way?

At least the past 6 months but it's worse than it was. She has depleted all of the money in her checking account and she just wants to go out all of the time, at all hours. She is constantly walking and pacing through the house. She starts little projects then just leaves them.

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

It's very disruptive to the family. When she is home no one can function.

8 _____ Are you having any other symptoms?

Feel free to add symptoms here or follow the script below.

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**)
- _____ Neurological conditions
- _____ Cardiovascular risk factors:
- _____ Hypertension
- _____ Diabetes
- _____ Hypercholesterolemia

"I don't have any medical conditions; I'm usually fit and well. I was suicidal when I was in high school, I thought about taking a bottle of sleeping pills, but I never did it.

Family history

- _____ Hx of BH problems, suicide (Yes, my grandmother OD'd on something but no one knows what it was)
- _____ Other neurological conditions

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

Drug/SH history

- _____ ETOH (no)
- _____ Smoking (no)
- _____ Other regular medication (no)
- _____ Recreational drug use (**yes, she smoked marijuana in high school, I smoke sometimes now but only if I'm at a party.)**
- *Overall, patient reports moderate 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 bipolar disorder.



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 (*0/10*)

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

Students should screen the patient for suicidal and/or homicidal thoughts. (None reported)

Assess Suicidal and Homicidal thoughts early and document it: _____

Include a general inspection of the patient: See below

She appeared to be of her biological age, was casually dressed and her hair was disheveled, was overly restrained and shy, and could not easily express herself. She was alert and oriented, but did not have any issues with attention, memory, or perception. Her affect was depressed, and she had thoughts of worthlessness. No psychotic features were observed, and she had partial insight into her symptoms. No suicidal ideation was observed. All her routine laboratory investigation, including thyroid functions, was within normal limits.

Use a screening tool if needed:

Patient will use the Suicide Screen and the MDQ. Your answers as the patient are below.

Patient Name Carrie Date of Visit _____

Please answer each question to the best of your ability

1. Has there ever been a period of time when you were not your usual self and...	YES	NO
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you felt much more self-confident than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you got much less sleep than usual and found that you didn't really miss it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were more talkative or spoke much faster than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you had more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
...you were much more active or did many more things than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
...you were much more interested in sex than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...spending money got you or your family in trouble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles; getting into arguments or fights?		
<input type="checkbox"/> No problems <input type="checkbox"/> Minor problem <input checked="" type="checkbox"/> Moderate problem <input type="checkbox"/> Serious problem		

The student may use any tool or psychosocial assessment to further ask questions. Freely answer leading to the dx.

Management: Bipolar Disorder

How would you manage this patient?

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

Treatment for bipolar disorder:

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

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. _____ **CBT – Explains the options for referral for Cognitive Behavioral Therapy relaxation.**

3. _____ **Pharmacological**
 - **What Is Mood-Stabilizing Medication?**
 - Mood stabilizers are medicines that treat and prevent highs (mania) and lows (depression). They also help to keep your moods from interfering with work, school, or your social life.

Examples include:

 - [Carbamazepine](#) ([Carbatrol](#), [Eptol](#), [Equetro](#), Tegretol)
 - [Divalproex](#) sodium ([Depakote](#))
 - [Lamotrigine](#) (Lamictal)
 - [Lithium](#)
 - [Valproic acid](#) (Depakene)
 - Some of these drugs are known as anticonvulsants, which are also used to treat seizure disorders, including carbamazepine, lamotrigine, and valproic acid.
 - Not all of these drugs have the same effects, though. Some (such as lithium) are better at treating mania. Others (such as lamotrigine) may be more useful for depression.
 - Keep in mind that the term "mood stabilizer" can be misleading. If you take one, your mood can still change during the day.

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: _____

_____ Notes Ending time of Call

_____ Mentions post call survey of both provider and patient.

Summary of Possible Treatments, Info and Therapies for Bipolar Disorder:

Bipolar disorder is a lifelong illness. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of mood changes, but some people may have lingering symptoms. Long-term, continuous treatment can help people manage these symptoms.

Medications

Certain medications can help manage symptoms of bipolar disorder. Medications generally used to treat bipolar disorder include mood stabilizers and second-generation (“atypical”) antipsychotics. Treatment plans may also include medications that target sleep or anxiety. Health care providers often prescribe antidepressant medication to treat depressive episodes in bipolar disorder, combining the antidepressant with a mood stabilizer to prevent triggering a manic episode.

People taking medication should:

- Talk with their health care provider to understand the risks and benefits of the medication.
- Tell their health care provider about any prescription drugs, over-the-counter medications, or supplements they are already taking.
- Report any concerns about side effects to a health care provider right away. The health care provider may need to change the dose or try a different medication.
- Remember that medication for bipolar disorder must be taken consistently, as prescribed, even when one is feeling well.

Psychotherapy

Psychotherapy, also called “talk therapy,” can be an effective part of the treatment plan for people with bipolar disorder. Psychotherapy is a term for a variety of treatment techniques that aim to help a person identify and change troubling emotions, thoughts, and behaviors. Treatment may include therapies such as cognitive-behavioral therapy (CBT) and psychoeducation, which are used to treat a variety of conditions.

Electroconvulsive Therapy (ECT): ECT is a brain stimulation procedure that can help people get relief from severe symptoms of bipolar disorder. ECT can also be effective when a rapid response is needed, as in the case of suicide risk or catatonia (a state of unresponsiveness).

Transcranial magnetic stimulation (TMS): TMS is a newer approach to brain stimulation that uses magnetic waves. It is delivered to an awake patient most days for 1 month. Research shows that TMS is helpful for many people with various subtypes of depression, but its role in the treatment of bipolar disorder is still under study.

Beyond Treatment: Things You Can Do

Regular Exercise: Regular aerobic exercise, such as jogging, brisk walking, swimming, or bicycling, helps with depression and anxiety, promotes better sleep, and is healthy for your heart and brain. There is also some evidence that anaerobic exercise such as weightlifting, yoga, and Pilates can be helpful.

Keeping a Life Chart: Even with proper treatment, mood changes can occur. Treatment is more effective when a patient and health care provider work together and talk openly about concerns and choices. Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help patients and health care providers track and treat bipolar disorder over time. Patients can easily share data collected via smartphone apps – including self-reports, self-ratings, and activity data – with their health care providers and therapists.

For Immediate Help

If you are in crisis: Call the toll-free National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**, available 24 hours a day, 7 days a week. The service is available to everyone. All calls are confidential. Contact social media outlets directly if you are concerned about a friend's social media updates or dial 911 in an emergency.

If you are thinking about harming yourself or thinking about suicide:

- Tell someone who can help right away.
- Call your licensed mental health professional if you are already working with one.
- Call your doctor or health care provider.
- Go to the nearest hospital emergency department or call 911.

If a loved one is considering suicide:

- Do not leave him or her alone.
- Try to get your loved one to seek immediate help from a doctor, health care provider, or the nearest hospital emergency room or call 911.
- Remove access to firearms or other potential tools for suicide, including medications.

Coping with Bipolar Disorder

Living with bipolar disorder can be challenging, but there are ways to help make it easier for yourself, a friend, or a loved one.

- Get treatment and stick with it—recovery takes time and it's not easy. But treatment is the best way to start feeling better.
- Keep medical and therapy appointments and talk with the provider about treatment options.
- Take all medicines as directed.



- Structure activities: keep a routine for eating and sleeping, and make sure to get enough sleep and exercise.
- Learn to recognize your mood swings and warning signs, such as decreased sleep.
- Ask for help when trying to stick with your treatment.
- Be patient; improvement takes time. Social support helps.
- Avoid misuse of alcohol and drugs.

Remember: Bipolar disorder is a lifelong illness, but long-term, ongoing treatment can help control symptoms and enable you to live a healthy life.