



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 2 – BH
Student Scenario**

You are assisting your clinic by answering telemedicine consults. Your clinic implemented telemedicine to better serve patients without consistent transportation and 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. 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: Riley is a 41-year-old, divorced, Caucasian male/female. Riley is employed as a firefighter-paramedic at a local fire department in Florida since 2002.

CC: “I just can’t stop thinking about the baby!”

Riley reports experiencing traumatic events daily throughout his/her firefighter-paramedic career.

During an intake assessment, the patient reported that the first time “a call really got to me” occurred in 2014 when he/she was unable to intubate a 9-month-old who sustained a cardiac arrest in a motel bathtub.

Now the patient reports “being plagued” by thoughts related to “the baby” as well as other traumatic events and horrific images “replayed” in his/her mind. States, “I am worried about my job and feel sick every time the alarm sounds at the firehouse. I just can’t enjoy anything anymore.

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: Riley Remarkable, 41

DRESS: Casual, 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 anxious and distressed, very tired due to lack of sleep.

Presentation: Anxious, hypervigilant

Case scenario: Riley is a 41-year-old, divorced, Caucasian male/female. Riley is employed as a firefighter-paramedic at a local fire department in Florida since 2012.

Riley reports experiencing traumatic events daily throughout his/her firefighter-paramedic career.

CC: “I just can’t stop thinking about the baby!”

HPI: At the intake assessment, he reported that his index trauma occurred in 2014 when he was unable to intubate a 9-month-old who sustained a cardiac arrest in a motel bathtub.

He endorsed having his first symptoms of PTSD immediately after the trauma in 2014.

He reported experiencing intrusive thoughts related to the pediatric rescue call on a weekly basis, negative beliefs about himself, difficulty experiencing positive feelings, and avoiding the part of town related to the pediatric rescue call. In addition, he reported having intense horrific images related to his son, parents, sister, and girlfriend since 2017.

Intrusive thoughts related to the traumatic event and horrific images have “replayed” in his mind, caused significant distress, and affected his “ability to enjoy life.”

1. _____ Have you ever felt like this before?

Yes, approximately five or six years ago.

2. What was happening at that time?

I was unable to intubate a 9-month-old who sustained a cardiac arrest in a motel bathtub.

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

I was offered antidepressants, but I didn't want to take them.

4. _____ Did you participate in any type of treatment?

I had six sessions of counselling and I felt a lot better.

5. _____ How have you been feeling recently?

- *Reports experiencing intrusive thoughts related to the pediatric rescue call on a weekly basis, negative beliefs about himself, difficulty experiencing positive feelings, and avoiding the part of town related to the pediatric rescue call.*

6. _____ How long have you felt this way?

At least the past 12 months... actually it really has never completely stopped since I had treatment but has been progressively worse. I am having intense horrific images related to my son, parents, sister, and girlfriend since 2017.

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

I feel "scatter brained, like I can no longer control my thoughts or feelings. It is causing me significant distress and I can't enjoy my life.

8. _____ Are you having any other symptoms?

I feel tension in her shoulders and my legs, sometimes my stomach is upset and I can't eat.

9. _____ Do you have any CP or SOB?

My heart races and sometimes it's difficult to breathe.

10. _____ You mentioned trouble sleeping. How long has that been occurring?

It happens a lot, almost every night. I have nightmares. It's always about "the baby", I can't get a pulse I reach for my equipment and I can't reach it sometimes

the baby turns into my son, or another kid, or my family members....I wake up screaming, "I'm sorry, I can't do it, I can't do it!"

Past medical/BH history-

- _____ Previous similar episodes
- _____ Previous Hx of Suicidal thoughts or wanting to harm yourself or others.
- _____ Neurological conditions
- _____ Cardiovascular risk factors:
- _____ Hypertension
- _____ Diabetes
- _____ Hypercholesterolemia

"I don't have any medical conditions; I'm usually fit and well.

Family history

- _____ Hx of BH problems, suicide,
- _____ Other neurological conditions

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

Drug/SH history

- _____ ETOH
- _____ Smoking
- _____ Other regular medication
- _____ Recreational drug use
- _____ Allergies

I've never taken any recreational drugs but sometimes I do need to have a beer or a glass of wine to get to sleep. No allergies to any medications.

Overall, patient reports moderate distress and social impairment related to the symptoms. These symptoms have persisted for more than 6 months and appeared directly related to the pediatric rescue call in 2014. Based on these endorsements, the patient meets diagnostic criteria for PTSD..



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.

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 will use the PTSD Screen and the GAD 7 to assess the patient's current symptoms. Results are below and have been given to the student.

Assess Suicidal and Homicidal thoughts early and document it: _____

Use a screening tool if needed:

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =	10			

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

Patients total score on the GAD-7 was a 10, which fell within the range of moderate anxiety.

Patient scores on the PCL-5 43, respectively, which fell within the range of mild to moderate severity of PTSD.

PCL Scoring

There are several ways in which to score the **PTSD Checklist (PCL)**. Perhaps the easiest way to score the PCL is to add up all the items for a total severity score. A total score of 44 is considered to be PTSD positive for the general population while a total score of 50 is considered to be PTSD positive in military populations. A second way to score the PCL is to treat “moderately” or above (responses 3 through 5) as symptomatic and anything below “moderately” (1 and 2) as non-symptomatic. Then use the DSM scoring rules to make a diagnosis. That is:

- You need an endorsement of at least 1 B item (question #s 1-5)
- You need an endorsement of at least 3 C items (question #s 6-12)
- You need an endorsement of at least 2 D items (question #s 13-17)

However, please note that it is then possible to get a PTSD diagnosis with a total score of 29, which would be very low. It may therefore be best to use a combination of the two approaches. That is, the requisite number of items within each cluster are met at a 3 or above AND the total score is above the specified cut point.

abuse; war; homicide; or suicide.

First, please answer a few questions about your worst event, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).

Briefly identify the worst event (if you feel comfortable doing so):

The worst event is that I couldn't resuscitate a baby and now that baby's mom will have to live with that forever!!!

How long ago did it happen? (please estimate if you are not sure)

Did it involve actual or threatened death, serious injury, or sexual violence?

- Yes
 No

How did you experience it?

- It happened to me directly
 I witnessed it
 I learned about it happening to a close family member or close friend
 I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)
 Other, please describe

If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

- Accident or violence
 Natural causes
 Not applicable (the event did not involve the death of a close family member or close friend)

indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Management: Post Traumatic Stress Disorder

How would you manage this patient?

Identify and communicate the diagnosis of PTSD: help the patient to understand the disorder and start effective treatment promptly.

Treatment for PTSD:

1. _____ The student suggests a stepwise treatment algorithm, depending on severity, is as follows:

1. **Suggests Supportive Care:**

- a. _____ **Psychoeducation- provides information on PTSD. Identify and communicate the diagnosis of PTSD 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 yourself** –Acknowledges to the patient that these can appear basic/low intensity, but emphasize their evidenced effectiveness for mild/moderate anxiety if done regularly.
 - e. _____ **Referral to SW for assistance with caregiving burdens mentioned**
2. _____ **Trauma Focused CBT** – Explains the options for referral for Cognitive Behavioral Therapy for gradually unlearning the maladaptive patterns of thought/behavior which are perpetuating symptoms and adjustment to trauma. A CBT practitioner may employ techniques such as **exposure therapy** (allows extinction of erroneously learned fears) and **applied relaxation**.
3. _____ **Eye-Movement Desensitization and Reprocessing (EMDR) therapy:** Explain it to the patient.
4. _____ **Pharmacological** (equal 1st line with CBT)
- a. _____ Offers an SSRI at a starting dose and explaining time needed before seeing a benefit (eg. Escitalopram or Sertraline)
 - b. Alternative SSRI/SNRI
 - c. Consider combining medications (weak evidence, consult specialist)

Reassurance and advice

- _____ Reassure the patient that the prognosis is good and asks for questions

Advise the patient that: (Circle any noted)



- 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.

For more info and training go to these links at the VA website and register for the PTSD Course 1 &2

https://www.ptsd.va.gov/professional/continuing_ed/caps5_clinician_training.asp

https://www.ptsd.va.gov/professional/continuing_ed/caps5_training_simulator.asp

Use this link below for the PTSD Checklist.

<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

Follow this link to review information on Eye Movement Desensitization and Reprocessing (EMDR),

<https://www.jneurology.com/articles/scientific-evaluation-of-emdr-psychotherapy-for-the-treatment-of-psychological-trauma-summary-scientific-evaluation-of-emdr-psycho.html>

Post-Traumatic Stress Disorder (PTSD)-
For review (Geeky medics Accessed 5/3/2020)

A disorder which may develop following exposure to an extremely threatening/horrific event or series of events. It is thought to result from impaired memory consolidation of experiences too traumatic to be processed normally, which leads to a chronic hyperarousal of fear circuits.

Characteristic features (remember using the mnemonic **HARD**):

- **Hyperarousal** – persistently heightened perception of current threat (may include enhanced startle reaction)
- **Avoidance of situations/activities** reminiscent of the events, or of thoughts/memories of the events
- **Re-experiencing** the traumatic events (vivid intrusive memories, flashbacks, or nightmares).
- **Distress** – strong/overwhelming fear and physical sensations when re-experiencing

Treatment

- Trauma-focused CBT
- Eye-Movement Desensitization and Reprocessing (EMDR) therapy
- Pharmacological: SSRI or Venlafaxine (possible adjunctive antipsychotic)
- Plus psychoeducation/sleep hygiene/ relaxation etc. as above.

Lifetime prevalence of 2-6%¹⁹ ♀>♂

Complex Post-Traumatic Stress Disorder (C-PTSD)

A disorder which may develop following exposure to series of extremely threatening/horrific events, most commonly prolonged or repetitive situations from which escape is difficult (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). C-PTSD can be thought of as a constellation of significant modifications to a person's automatic threat response, occurring as a result of having to adapt to prolonged/repetitive trauma. This tends to leave the brain especially vulnerable to subsequent traumatic experiences later in life. C-PTSD has many similarities to **emotionally unstable personality disorder (EUPD)** and indeed is considered by many to be a more helpful/less stigmatising way to describe some cases of EUPD.

Characteristic features:

- All diagnostic requirements for PTSD (above) are met, plus...
- Severe and persistent problems in affect regulation
- Severe and persistent low self-worth, accompanied by feelings of shame/guilt/failure related to the traumatic events



- Severe and persistent difficulties in sustaining relationships and in feeling close to others.

Treatment

- Similar to PTSD
- May require more long-term psychological therapy