



Telemedicine PA Interactive Visit – PEDS Grading Packet

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 incorrectly.**

**Telemedicine Required Identification/Consent/Documentation:**

**The student:**

- \_\_\_\_\_ 1. Introduce yourself to the patient, confirm your identification and credentials, notes your affiliation, 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 patient's 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**

**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

## **14-year-old Problem Specific Visit**

### **Actor Scenario**

You have a 14-year-old female child (or could be 16 y/o male child) with mom present via telemedicine visit for right anterior knee pain complaint for 2 weeks. She is an avid soccer player who began to have ongoing right knee pain since beginning an online conditioning program with plyometric (jumping) exercises. Pain gradually developed, no known direct injury.

CHARACTER: Parent of school child and middle school aged child

DRESS: Casual, you are at home

SETTING: At your home, connecting to your physician assistant via telemedicine from your home device to your clinic.

Affect of child: Calm, appears content and no distress.

**OPENING LINE:** “Mild child has had knee pain for about 2 weeks”.

**CHIEF COMPLAINT:** Right knee pain

**HPI:** A middle school aged boy/girl presents with a two-week history of right anterior knee pain. No sudden injury but gradually developed over time with new conditioning program with soccer. Pt describes pain as aching and on a scale of 1-10, it is about a 5 with rest and 7 with activity. It is worse with jumping, squatting, and climbing stairs and is tender to touch. Pt is an avid soccer player that started an online plyometric training program since unable to participate in soccer this Spring. Pt has been taking ibuprofen 200mg at night for pain which has not helped. Pt skipped two sessions, to see if it would help, but returned to activity with pain. Pt participated in conditioning program for 3 days a week. Each session is 1 hour. Swelling noted a tibial tubercle, denies locking, giving way, hip or ankle pain, numbness or tingling. Denies previous injury.

He has not had any fever or other symptoms. . Has not had similar symptoms in the past. No sick contacts.



**PAST MEDICAL HISTORY:** Past medical history is unremarkable. Growth and development are normal, and immunizations are current.

**SOCIAL HISTORY:** He/she is doing well in school, and she the starting mid center for her club soccer team.

**MEDS:** Multi- vitamin

**ALLERGIES:** None

**FAMILY HISTORY:** Noncontributory

**Modified Physical Exam For Telemedicine:**

**Completes the appropriate modified HP for Telemedicine**

If taken: Vital signs are normal. Height: 4'10" Weight: 79 lbs.

Physical Exam Must include an attempt at vital signs

**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*

**Performs General Inspection: \_\_\_\_\_**

*Asks patient to perform body maneuvers which will demonstrate their medical status.*

\_\_\_\_\_

*Assess Cognitive status using a screen:*

\_\_\_\_\_ *appropriate for age*

\_\_\_\_\_ *Inspects surroundings for clues to patient status*

### **Cardiopulmonary Exam: (WNL)**

\_\_\_\_\_ Auscultates heart and lungs if equipment is available. If not, “asks the patient to take a deep breath in and out” while observing and listening.

### **Neuromuscular Exam**

\_\_\_\_\_ Assess muscle strength in the UE and LE bilaterally

\_\_\_\_\_ Assess sensation – light touch in the UE and LE bilaterally by instructing the parent

\_\_\_\_\_ Assess reflexes bilaterally if possible

\_\_\_\_\_ Assesses contour and looks for deformity

\_\_\_\_\_ Instructs the parent in palpating the patellar tendon if possible

\_\_\_\_\_ Gait assessment if safe

\_\_\_\_\_ Evaluates child leg hop, one leg and two

\_\_\_\_\_ Has child do deep knee bends and listens and/or asks about popping or cracking

\_\_\_\_\_ Evaluates full ROM of both LE hip, knee, ankle

### **Musculoskeletal exam:**

**Right LE:** Knee: On inspection, enlarged , inflamed tibial tubercle noted. Full ROM. Tender to palpation on tibial tubercle . No joint line tenderness. Tight muscles noted both front and back of thigh. Right hip: Nontender, full ROM and strength without pain. Right ankle: Nontender, full ROM and strength without pain.

**Left LE:** All WNL

\*\*\*Would not expect them to ask additional special tests, but would all special tests would be negative.

Diagnosis: Osgood - Schlatter disease

May consider doing an x-ray in office if needed.



### Medical knowledge.

#### The student:

- \_\_\_\_\_ 9. Provides diagnosis of Osgood-Schlatter and explains cause,
- \_\_\_\_\_ 10. Explains treatment plan (ice, stretch, NSAIDS, and rest period).
- \_\_\_\_\_ 11. Discusses how to take medication and side effects.
- \_\_\_\_\_ 12. Provides worsening symptoms/signs and when they can return to school. Advises if and when to follow up.

## Treatment

Treatment for Osgood-Schlatter disease focuses on reducing pain and swelling. This typically requires limiting exercise activity until your child can enjoy activity without discomfort or significant pain afterwards. In some cases, rest from activity is required for several months, followed by a strength conditioning program. However, if your child does not have a large amount of pain or a limp, it may be safe for them to continue participating in sports.

Your child's doctor may recommend additional treatment methods, including:

- Stretching exercises. Stretches for the front and back of the thigh (quadriceps and hamstring muscles) may help relieve pain and prevent the disease from returning.
- Nonsteroidal anti-inflammatory drugs (NSAIDs). Drugs like ibuprofen, aspirin, and naproxen reduce pain and swelling.
- Ice. Icing the inflamed area may reduce pain and swelling. Use cold packs for 20 minutes at a time, several times a day. Do not apply ice directly to the skin.

Advise the Parent and the child of the treatment as noted above. \_\_\_\_\_

#### *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 worsening of symptoms, increasing pain, swelling, fever, >101., decrease in motor function, change in mental status of child are examples.

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.