



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.....

- 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**

Comment:

Case 3 – 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: **Kat Smith, a 27-year old post-grad student, who was recently in the emergency room after experiencing an episode of extreme chest pain, difficulty breathing, and numbness in her arms. Patient has been asked to f/u with his/her primary care provider to evaluate his/her medical status and develop a treatment plan.**

CC: “I think there is something physically wrong with me and no one believes me!”

Review of the record from the ER reveals this past HPI:

“I was walking my dog earlier when I started sweating. Since it isn’t hot outside, I couldn’t quite understand why...then I started having trouble breathing and really got scared. My heart was pounding so hard I thought it might explode out of my chest. My knees felt weak – it seemed like my whole body was shaking, then my arms went numb. Apparently, the whole thing only lasted a few minutes, but it felt like each second was an hour. Did I have a heart attack? Am I going crazy? I felt like I was going to die.”

Kat was given an EKG, but the test came back in normal range, indicating no MI. Physician believes this may have had a panic attack and refers to your BH clinic.

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 Smith, a 27-year old post-grad student

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, convinced you have a cardiac issue.

Presentation: Anxious, frustrated

Case scenario:

Kat Smith, a 27-year old post-grad student, who was recently in the emergency room after experiencing an episode of extreme chest pain, difficulty breathing, and numbness in her arms. She has been asked to f/u with her primary care provider to evaluate her medical status and develop a treatment plan.

CC: “I think there is something physically wrong with me and no one believes me!”

HPI:

Today Kat reports that she has experienced over two-dozen panic attacks with similar symptoms since her time in the emergency room. At this point, her day-to-day functioning is significantly impaired; she avoids work, time with family and friends, and walking her dog because she thinks it might trigger another attack. There is no concrete source of anxiety or fear in Kat’s life other than fear of the attacks themselves.

_____ Have you ever felt like this before?

NO, before I went to the ER I have never been ill. That is why I am so worried!

1. What was happening at that time?

- *“I was walking my dog earlier when I started sweating. Since it isn’t hot outside, I couldn’t quite understand why...then I started having trouble breathing and really got scared. My heart was pounding so hard I thought it might explode out of my chest. My knees felt weak – it seemed like my whole body was shaking, then my arms went numb. Apparently, the whole thing only lasted a few minutes, but it felt like each second was an hour. Did I have a heart attack? Am I going crazy? I felt like I was going to die.”*

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

- *I was given some anxiety medicines and told to f/u with your clinic..*

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

- *No, this is the first time I have ever been to a mental health clinic. I am not crazy, I need a cardiologist not a psychiatrist!*

4. _____ How have you been feeling recently?

- *Kat reports that she has experienced over two-dozen panic attacks with similar symptoms since her time in the emergency room.*

6. _____ How long have you felt this way?

At least the past 2 months...

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

- *At this point, my day-to-day functioning is significantly impaired; I avoid work, time with family and friends, and walking my dog because I think it might trigger another attack.*

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. That is why I wanted a referral to a cardiologist!*

Past medical/BH history- see the attached

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

- _____ Hypercholesterolemia
- _____ Thyroid problems

“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 (None)

I’ve never taken anything other than chocolate!

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 Psychosocial assessment or similar type of screening tool to assess the patient’s current symptoms.

Assess Suicidal and Homicidal thoughts early and document it: _____

Management: Panic Disorder

How would you manage this patient?

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

Treatment for Panic Disorder:

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

1. **Suggests Supportive Care:**

- a. _____ **Psychoeducation- provides information on Panic Disorder. Identify and communicate the diagnosis of Panic 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 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. _____ **Focused CBT** – Explains the options for referral for Cognitive Behavioral Therapy for CBT focuses on determining the thought and behavior patterns responsible for sustaining or causing the panic attacks. 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. A CBT practitioner may employ techniques such as **exposure therapy** (allows extinction of erroneously learned fears) and **applied relaxation**.
3. _____ **Biofeedback-** gives the anxious person the opportunity to view his or her physiological responses to stress. Biofeedback teaches awareness, profound relaxation skills and ways to manage an anxiety attack, as well as ways to recognize, reduce, and control stress responses. It also teaches the individual how to control the brain’s activity and maintain the proper brainwave levels to achieve a calm and focused state.
4. _____ **Pharmacological (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. Discuss the use of Benzodiazepines in the treatment of panic attacks and the risks and benefits of this treatment.
- d. Consider combining medications (weak evidence, consult specialist)

Reassurance and advice

- _____ Reassure the patient that the prognosis is good and asks for questions.
- What medical diagnoses mimic Panic Disorder and what will you need to do or order medically to r/o a medical reason for her symptoms.

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 on Panic Attack.

https://youtu.be/vBMow_QhNM4

Understanding Biofeedback and how it works.

<https://www.psychiatrytimes.com/anxiety/biofeedback-and-anxiety>

Biofeedback Apps (yes there is an app for that!)

<https://adaa.org/finding-help/mobile-apps>

Panic Disorder

Recurrent unpredictable episodes of severe acute anxiety, which are not restricted to particular stimuli or situations.

Characteristic features:

- A crescendo of anxiety, usually resulting in exit from the situation
- Somatic symptoms (ie. palpitations, sweating, trembling, dyspnoea, chest pain, dizziness, chills, hot flushes)
- Secondary fear of dying/losing control (often related to the somatic symptoms)

Lifetime prevalence of 4.7%¹⁷ ♀>♂

What Causes Panic Disorder?

While the exact causes are not known, what researchers do know is that panic disorder does sometimes run in families. And it is often seen in individuals who suffer from other anxiety disorders.

For example, a person with obsessive-compulsive disorder may experience a panic attack when their schedule or compulsions are interrupted. Individuals who struggle with specific phobias are also susceptible to panic attacks. A person with an extreme fear of heights (acrophobia) may experience a panic attack in a penthouse apartment. And for someone with generalized anxiety disorder (GAD), a condition characterized by extreme fear or worry, the unending anxiety can escalate to a panic attack. People with post-traumatic stress disorder (PTSD) have a higher incidence of panic disorder than the general population. Illness or traumatic events increase the chances of panic attacks.

People with hyperthyroidism ([Graves' disease](#)), mitral valve prolapse and other conditions or diseases also may be more easily triggered.

Treatment Options

Panic attacks and panic disorder are treatable once the underlying cause of is identified. “Usually medical conditions and other factors (substance use or withdrawal from substances) are ruled out before making the diagnosis,” says Flo Leighton, psychiatric nurse practitioner, and therapist with Union Square Practice in Manhattan. Getting to the root cause typically takes a couple of sessions, says Leighton. Here are some options that may be recommended to you :

1. **Cognitive behavioral therapy (CBT)**, is based on the idea that our thoughts cause our feelings and behaviors, not external things, like people, situations, and events. [According to the National Association of Cognitive Behavioral Therapists](#) the benefit of this therapy is that we can change the way we think to feel and act better even if the situation does not change. CBT focuses on determining the thought and behavior patterns responsible for

sustaining or causing the panic attacks. 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.

2. [Dialectical Behavior Therapy \(DBT\)](#) is form of Cognitive therapy that emphasizes individual psychotherapy as well as group skills training to help people learns new skills and strategies—including mindfulness and distress tolerance– to manage their anxiety and panic. According to the [American Psychological Association](#) therapists who practicing DBT aim to strike a balance between validation and change by clearly communicating acceptance of who the client is and the challenges the client faces, while at the same time helping the client to learn new skills to improve emotion regulation, interpersonal communication skills and how to participate in life and cope with problems without defaulting to impulsive behavior.
3. **Exposure therapy** has been around for a long time. It involves exposing the patient in a safe and controlled environment to physical sensations they experience during a panic attack much the same way you'd expose in small increments a person with a fear of trains or puppies or snakes to the things that scares them. With panic disorder, there's often a heightened sensitivity to ordinary physical sensations such as racing heart, stomach ache or feeling faint. In exposure therapy, the therapist will ask you to mimic activities—like running around or doing jumping jacks or holding your breath—to cause panic symptoms. The idea is that by repeating the things that may trigger a panic attack those triggers will eventually lose their power.
4. **Medication** can be used to control or lessen symptoms related to panic disorder. It is most effective when combined with other treatments, such as the aforementioned cognitive behavioral therapy and exposure therapy. Medications used to treat panic attacks and panic disorder include antidepressants, though they take several weeks to reach effectiveness. Benzodiazepines such as Ativan and Xanax work quickly. However they are addictive and should only be used for a short time,

Overall, the best treatment involves a combination of therapies along with mindfulness, learning deep breathing techniques, yoga and exercise.