



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

Comments:



Case 1 – 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. Your clinic is making limited 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. Refer if needed.

Case scenario: Mary Feelings is a 42 y/o female, divorced with two children, employed part-time who cares for her mother who has Alzheimer's disease. She describes herself as always having been a "worrier", but she thinks it is worse.

After reviewing her chart, you notice she frequently makes appointments with her primary care provider about problems experienced by her and her children.

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, note your affiliation("X" school name), 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 the 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/Mark Feeling, 42

DRESS: Casual, you are at home

SETTING: At your home, connecting to your patient via telemedicine from your home device to their home device.

Affect: You feel very anxious and distressed, very tired due to lack of sleep. Your elderly mother can be heard chattering in the background.

Presentation: Anxious

Case scenario: Mary Feelings is a 42 y/o female, divorced with two children, employed part-time and cares for her mother who has Alzheimer's disease. She describes herself as always having been a "worrier" but she thinks it is worse.

CC: "I am having trouble sleeping!"

HPI: No additional background given.

1. _____ Have you ever felt like this before?

Yes, approximately five years ago.

2. What was happening at that time?

I was getting a divorce, I couldn't sleep well, I felt depressed.

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?

I am feeling 'stressed' all the time.

I constantly worry about 'anything and everything'. It seems to be getting worse.

6. _____ How long have you felt this way?

At least the past 12 months... since my mother became really bad and started to go downhill.

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 gets worse when I get anxious, I can't concentrate.

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 difficulty getting off to sleep because I am always worrying about my mom, my kids and my job. When I do fall asleep, I can't stay asleep. I am constantly waking up. I am always tired and very irritable with my kids, my mom, basically everyone!

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

"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 and I don't smoke or drink. Not allergic to any medications.

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 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*

Students will use a Psychosocial Assessment Template or an alternative tool to obtain the pertinent patient psychosocial history.

Assess Suicidal and Homicidal thoughts early and document it: _____

Use a screening tool if needed:

Management: Generalized Anxiety Disorder

How would you manage this patient?

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

Treatment for GAD:

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

1. **Suggests Supportive Care:**

- a. _____ **Psychoeducation- provides information on GAD. Identify and communicate the diagnosis of GAD 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 and/or explained.**
2. _____ **CBT** – Explains the options for referral for Cognitive Behavioral Therapy for gradually unlearning the maladaptive patterns of thought/behavior which are perpetuating symptoms. A CBT practitioner may employ techniques such as **exposure therapy** (allows extinction of erroneously learned fears) and **applied relaxation**.
3. _____ **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)
 - d. Explains the risks and benefits of the medication



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.

Link to NICE National Institute for Health and Care Excellence documents on GAD

<https://pathways.nice.org.uk/pathways/generalised-anxiety-disorder#path=view%3A/pathways/generalised-anxiety-disorder/generalised-anxiety-disorder-overview.xml&content=view-index>