



Telemedicine PA Interactive Visit – Internal Medicine/Family Medicine- Case #2

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 incorrect.

Telemedicine Required Identification/Consent/Documentation:

The student:

- _____ 1. Introduces themselves to the patient, confirms their identification and credentials, notes their affiliation ("X" PA program/ University), and their location.
- _____ 2. Confirms the identity of the patient with 2 unique identifiers and notes their location and address.
- _____ 3. Explains 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. Explains the benefits and drawbacks of completing a virtual visit. Offers an alternative face to face visit as a future time if the patient desires.
- _____ 5. Assesses equipment being used by the patient (including hardware/software and home medical equipment and documents it.
- _____ 6. Explains the cost of the telemedicine visit.
- _____ 7. Explains that they have a right to privacy and explains HIPAA changes in regard to ZOOM conferencing.
- _____ 8. Asked the patient if he could see and hear with the technology (before asked by the patient).
- _____ 9. Makes any necessary adjustments for technologic issues (coaches the patient to move camera if needed).
- _____ 10. Makes any necessary adjustments for technologic issues (coaches the patient to move camera if needed).
- _____ 11. Verbalizes that they will document the start time and the end time of the encounter.
- _____ 12. Obtains 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. Summarizes and confirms understanding (summarizes plan, elicits questions, uses teach back)
- _____ 5. Shows listening body language (leaning forward, looking at patient)
- _____ 6. Uses empathetic techniques (repeat feelings, legitimize concerns)
- _____ 7. Appropriately admits uncertainty, and, if applicable, offers to get more information for patient
- _____ 8. Voices understanding of patient's context (cost, transportation)

Medical knowledge.

The student:

- _____ 15. If applicable- Avoids prescribing antibiotics for the patient's viral symptoms and provides a clear accurate explanation of why antibiotics are not recommended
- _____ 16. Got to the correct diagnosis
- _____ 17. Accessed medical history

Use of Technology.

The student

- _____ 18 . Remained patient-centered despite distractions (Keeps the focus of the visit on the patient rather than the technology)
- _____ 19. Was able to use technology to properly get a patient history and physical exam (prompt patient to move forward, or move screen for better visualization)

Comments for the student:



Case 2 – IM/FM

Student Scenario

You are doing a telemedicine consult. Your clinic implemented telemedicine to better serve patients without consistent transportation as well to decrease non-emergent and urgent care visits office visits. You have been asked to complete a telemedicine encounter on this patient to assess their medical status and to develop a plan of care for the patient.

A 49-year-old women or man reports waking up and noticing the right side of her/his face is drooping.

Work through the case to reach a diagnosis and appropriately manage the patient.

Actor Script- CASE 2

The Scenario:

CHARACTER: Jane/Jim Beam, 41

DRESS: Casual, you are at home

SETTING: At your home, connecting to your provider (student) via telemedicine from your home device to their home device.

Affect: You feel very anxious after walking up this morning and noticing a drastic change to your facial appearance.

Presentation: Right sided facial droop.

CHIEF COMPLAINT:

"I woke up this morning and got a huge shock when I looked in my bathroom mirror, one half of my face was drooping! I feel like the things are really loud in my right ear."

HPI: No additional background given.

1. _____ Which side did the patient notice the facial weakness on?

The weakness is on the right side of my face.

2. _____ At what time did the patient first notice the facial weakness?

I brushed my teeth before bed the night before and my face was completely normal, then I woke up at 8am this morning and noticed it.

3. _____ Does the patient have normal facial sensation?

The sensation in my face is fine, no numbness or anything.

4. _____ Is there any visual disturbance?

I can still close my eye and blink. My vision seems fine. and

5. _____ Is the patient able to eat/drink/swallow normally?

I can swallow fluids and solids without any issues.

6. _____ Is the patient's speech normal? (e.g. dysarthria, expressive dysphasia, receptive dysphasia)

My speech also seems ok, I haven't noticed any slurring or difficulty getting my words out.

7. _____ Does the patient have any weakness or sensory disturbance elsewhere?

I've got no weakness in my arms or legs and the sensation everywhere is totally fine.

8. _____ Does the patient have any dizziness or balance problems?

I haven't had any balance trouble or dizziness.

9. _____ Is the patient orientated in time, place and person?

They should ask the questions.

You then answer: *I've not felt confused at any point*

10. _____ Is there any history of head trauma?

I haven't experienced any trauma.

11. _____ Is there any history of loss of consciousness?

I haven't had any loss of consciousness.

12. _____ Is there any recent history of illness?

I haven't had any infections recently

13. _____ Has the patient ever experienced anything similar in the past?

NO, I've never experienced anything like this before!

Oh, I forgot to mention, something else that's a bit weird, it feels like everything sounds louder, does that make sense?"

Past medical history

- _____ Previous similar episodes
- _____ Any recent infections
- _____ History of stroke or transient ischemic attack
- _____ Neurological conditions
- _____ Thromboembolic disease
- _____ Cardiovascular risk factors:
- _____ Hypertension
- _____ Diabetes
- _____ Hypercholesterolemia
- _____ Smoking

"I don't have any medical conditions; I'm usually fit and well. I did have a herpes break out about a week ago with a sore throat but I was getting better.

I take a tablet for high cholesterol, oh...so I guess I have high cholesterol, but nothing else..

Family history

- _____ Stroke
- _____ Other neurological conditions

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

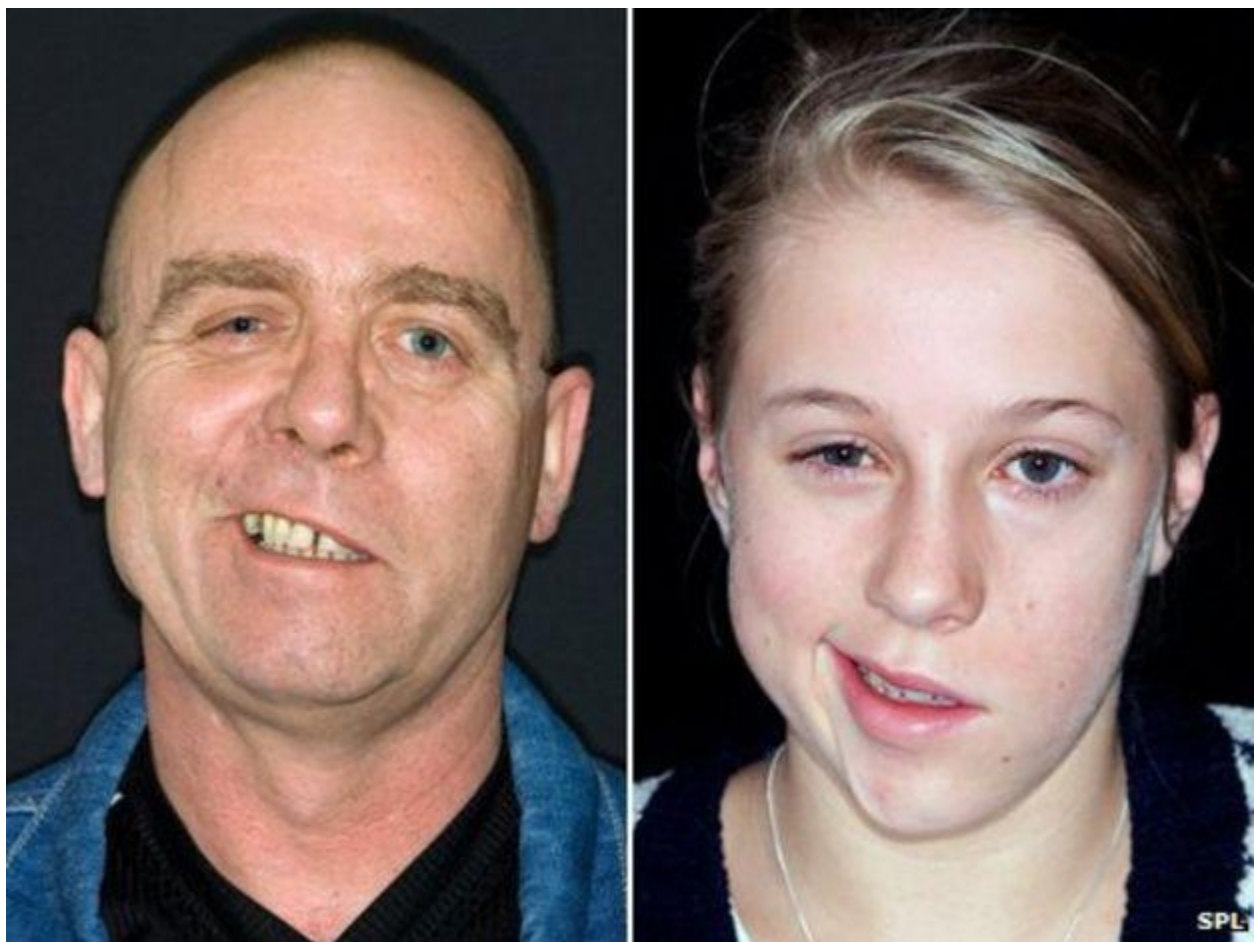
Drug history

- _____ Antiplatelets or anticoagulants
- _____ Other regular medication
- _____ Recreational drug use

I've never taken any recreational drugs and I don't smoke.

Physical Exam:

Show picture to student:



—

Modified Vital Signs based on patient equipment:

Obtains:

_____ Temperature (WNL)

_____ Blood pressure (WNL)

_____ Pulse (WNL)

_____ Pain (0/10)

_____ Respiratory rate (WNL)

_____ O2 sat if equipment is available and appropriate NA

Performs General Inspection: Show the student the picture.

Asks patient to perform facial maneuvers, smile, raise eyebrows, stick out their tongue, Shoulder shrug.

_____ *There is obvious facial asymmetry on inspection. Forehead is involved.*

_____ *The patient is unable to lift her right eyebrow (no forehead sparing).*

_____ *There is obvious weakness on the right side of the patient's mouth.*

Assess Cognitive status using a screen:

_____ CAOx5, MOCA, ETC.

Modified HEENT Exam:

Eyes: (WNL)

_____ Inspects pupils for size and shape

_____ Tests pupil reflexes and accommodation if an assistant is available

_____ Performs extra-ocular movement testing

_____ Assesses for nystagmus- HINTS exam

ENT: (WNL)

_____ Inspects external ears for deformities if able

_____ Can they hear normal speech?

Reports sound is louder in right ear.

_____ Ear canal /TMs if patient has equipment available Tytocare or similar.

_____ Inspects external nose and internal nares.

_____ Inspects oral mucosa and posterior pharynx with camera if available

_____ Assesses speech, “You can’t teach an old dog new tricks”.

Cardiopulmonary Exam:

_____ Auscultates heart and lungs if equipment is available. for rate, rhythm and heart sounds

Neuromuscular Exam:

There are no neurological deficits in any of the limbs. DTRs, ROM all WNL Facial droop only with forehead involvement.

Balance and gait are normal

Sensation is normal throughout all areas supplied by the trigeminal nerve bilaterally.

_____ Completes gross assessment of remaining cranial nerves

_____ Assesses motor strength in UE and LE bilaterally by instructing the patient through routine maneuvers.

_____ Elicits DTRs in UE and LE bilaterally if assisted by a caregiver.

_____ Assesses ROMs and point-to-point testing

_____ Assesses for pronator drift, stretch arms out with palms up and eyes closed

_____ Performs Romberg test

_____ Assesses gait by instruction but only if the patient can do it safely.

_____ Use Cincinnati stroke Scale

Diagnosis and Management: Bell's Palsy

How would you manage this patient?

Reassurance and advice

- _____ Reassure the patient that the prognosis is good: most people with Bell's palsy make a full recovery within 3-4 months. ⁶

Advise the patient that: (Circle any noted)

- It is important to keep an affected eye lubricated. Lubricating eye drops should be used during the day and eye ointment used at night.
- If the cornea is exposed after attempting to close the eyes they should seek prompt medical advice.
- If they are unable to close the eye at bedtime, they should tape it closed using microporous tape.
- Wearing sunglasses outside can help protect the eye
- If the patient experiences any irritation, pain or changes in vision, they should seek an urgent assessment.
- If facial weakness makes eating difficult, advise the use of a straw for liquids and soft diet.
- Gives ER precautions: If any further change in neurological status especially any addition loss of function, slurred speech, limb involvement, call 911.

Corticosteroids

- _____ Steroids have the greatest effect if given within 3 days of onset and improve the speed of recovery.
- _____ Usually, a 10-day course is given.

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.

FACTs to Share if needed: Bells palsy

Bell's palsy is a form of **facial paralysis** occurring as a result of **facial nerve (VII) dysfunction**.¹ The **facial nerve** is responsible for **controlling muscles of facial expression**, controlling **hearing via the stapedius muscle** and providing **taste sensation** to the **anterior two-thirds** of the **tongue**. **Lesions** of the **facial nerve** can result in **paralysis of facial muscles**, increased hearing volume (**hyperacusis**) and **loss of taste**. The symptoms of a facial nerve lesion appear on the side of the head the nerve supplies (e.g. left facial nerve lesion will cause left facial paralysis).

Bell's palsy is the **most common mononeuropathy** and the **most common cause** of **acute facial nerve paralysis**.¹ Often the cause of Bell's palsy remains unknown and is therefore commonly referred to as "**idiopathic Bell's palsy**". However, it can occur as a result of the **herpes simplex virus type 1** or **herpes zoster virus**, which are reactivated from **cranial nerve ganglia** causing inflammation within the nerve.² It is a **diagnosis of exclusion**, so other causes of facial paralysis such as **brain tumours** and **stroke** should be ruled out through history, examination and imaging before an official diagnosis of Bell's palsy is made.

Where is the lesion located?

Facial nerve

Bell's palsy involves a **lower motor neurone lesion** of the **facial nerve (VII)**. The **facial nerve** is responsible for innervating all **muscles of facial expression**, therefore a lesion in the nerve causes weakness of the **ipsilateral** side of the face. However, if the lesion occurs in the brain (e.g. stroke) the upper facial muscles are often spared. This is because the forehead muscles are represented bilaterally in the cortex and hence if one side of the cortex is damaged the other is able to take over allowing the forehead muscles to continue functioning (forehead sparing).

Antivirals

- In the past antivirals such as acyclovir were recommended alongside steroids, however, studies have shown they do not significantly improve outcome compared to the use of steroids alone.⁴

What is the prognosis for Bell's palsy?

Overall the prognosis for Bell's palsy is good with a large number of patients recovering entirely (70%). Those with partial facial nerve palsy are much more likely to fully recover function compared to those with complete palsy.⁵

Patients who do not fully recover may suffer from a number of complications as a result:

- Ageusia (loss of sense of taste)
- Chronic facial spasm
- Facial pain
- Corneal infections
- Incorrect regrowth of nerves causing faulty connections – e.g. patient attempts to close eye but raises the corner of their mouth.

What circumstances might suggest the need to refer this patient to secondary care?

Refer urgently to neurology or ENT surgery if there is:

- Any doubt regarding the diagnosis
- Recurrent Bell's palsy
- Bilateral Bell's palsy

If the cornea remains exposed after attempting to close the eyelid, refer urgently to ophthalmology.

If the paralysis shows no sign of improvement after 1 month, or there is suspicion of a serious underlying diagnosis (e.g. cholesteatoma, parotid tumour, malignant otitis externa), refer urgently to ENT.

If there is residual paralysis after 6–9 months, consider referral to a plastic surgeon with a special interest in facial reconstructive surgery.⁶