





**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 (Duquesne 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 4 – 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 urgent care visits office visits. You have been asked to complete a telemedicine encounter on this patient to assess his medical status and to develop a plan of care for the patient.

22 y/o male on college crew team was hit in the head with an oar while rowing. You have connected to this patient by mobile phone with assistance by the crew team's coach. The patient and the coach are at dock side and the injury occurred approximately 10 minutes ago.

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

### Actor Script Case 4

#### The Scenario:

**CHARACTER:** A 22 y/o male who is sitting on the dock near the river with his coach.

**DRESS:** Casual rowing team

**SETTING:** Sitting on dock, connecting to your provider (student) via telemedicine from your mobile device to their home device.

**Affect:** You feel dizzy and you are worried that you will miss the crew competition being held tomorrow.

Presentation: Relaxed adult male sitting on dock.

**CHIEF COMPLAINT:** "I'm a bit dizzy."

**HPI:** No additional background given.

**Student will do the checklist for RED FLAGS for Concussion using the SCAT5 Tool.**

be done serially.

#### **STEP 1: RED FLAGS**

##### **RED FLAGS:**

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

1. \_\_\_\_\_ What happened to you?

- *"I was hit on my head with an oar."*

**2. \_\_\_\_\_ Are you feeling dizzy?**

- *I had dizziness at first but now I am starting to feel a bit better.*

**3. \_\_\_\_\_ Can you tell me what you are smelling right now.**

- *I am smelling the water.*

**4. \_\_\_\_\_ Do you know where you are right now?**

- *Yes, I am at the dock.*

**5. \_\_\_\_\_ Do you know what day it is?**

- *"Yes, its Saturday."*

**6. \_\_\_\_\_ Do you know what month it is?**

- *Yes it's May 2020.*

**7. \_\_\_\_\_ Did you lose consciousness when you were hit?**

- *I don't think so.*

**8. \_\_\_\_\_ Is he experiencing nausea or vomiting?**

- *I don't feel particularly nauseated. No, I haven't vomited. But I feel like I need to lie down.*
- 

**9. \_\_\_\_\_ Other symptoms (e.g. Numbness, tingling, visual changes, memory impairment, HA, Etc: NO findings)**

Student will complete other portions of the SCAT 5 As directed. Any questions should be answered as unremarkable.

### **Past medical history:**

**Does the patient have any medical conditions? If so, are they currently managed well?**

*“NO, I have been very healthy.”*

### **Family history:**

**1. \_\_\_ Any family history of specific medical conditions?**

- *There’s no illness that runs in my family as far as I’m aware.”*

### **Drug history:**

**1. \_\_\_ Any regular medication or OTC? Any ASA or blood thinners?**

- *“I have an inhaler for my asthma, but I don’t need it very often.”*

### **Social history:**

**1. \_\_\_ Where is the patient currently living? Will there be anyone at home to stay with you?**

- *“I live with my mom in an apartment. Yes, she will be home, we can call her.”*

**2. \_\_\_ What is the patient’s occupation?**

- *I am a full-time student.*

**3. \_\_\_ Smoking history**

- *I've never smoked.*

**4. \_\_\_\_\_ Alcohol history**

- *I only drink at weekends, maybe 6-8 beers at parties.*

**5. \_\_\_\_\_ Student may ask various other questions. Answer at your own discretion. Do NOT lead away from the appropriate diagnosis.**

Show the Student the image while they are doing general inspection.





**Physical Exam:**

**Modified Vital Signs based on patient equipment:**

**Obtains:**

- \_\_\_\_\_ Temperature (*WNL*)
- \_\_\_\_\_ Pulse (*WNL*)
- \_\_\_\_\_ Respiratory rate (*WNL*)
- \_\_\_\_\_ Blood pressure (*WNL*)
- \_\_\_\_\_ Pain (*2/10*) over the occipital region of the head.
- \_\_\_\_\_ O2 sat if equipment is available and appropriate *NA*

**Performs General Inspection: Show the student the picture.**

- \_\_\_\_\_ Inspects the scalp and asks Coach to evaluate the head for signs of trauma

**Assess Cognitive status using a screen:**

- \_\_\_\_\_ CAOx5, MOCA, ETC.
- \_\_\_\_\_ Completes gross assessment of cranial nerves using modified techniques if needed.

**Modified HEENT Exam:**

**Eyes: (*WNL*)**

- \_\_\_\_\_ Test visual acuity
- \_\_\_\_\_ Inspects pupils for size and shape

\_\_\_\_\_ Tests pupil reflexes and accommodation if an assistant is available

**ENT:**

\_\_\_\_\_ maneuvers the patient to observe the oral pharynx, asks to stick out their tongue, use a light if one is available, Ask for assistance from someone if available and the patient agrees (WNL)

**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:**

\_\_\_\_\_ Assesses neurological deficits in any of the limbs. DTRs, ROM all WNL

\_\_\_\_\_ Balance and gait if it can be done safely.

\_\_\_\_\_ Sensation assessed using a modified technique.

\_\_\_\_\_ Completes gross assessment of any 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.

\_\_\_\_\_ Accesses balance if safe to do so.

**Management: Concussion**

**CONCUSSION INJURY ADVICE**

This patient has received an injury to the head.

A careful medical examination has been carried out and no sign of any serious complications has been found.

Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult.

Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.

1) Avoid alcohol

2) Avoid prescription or non-prescription drugs without medical supervision. Specifically: a) Avoid sleeping tablets b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics

3) Do not drive until symptoms resolve

4) Return to play/sport requires clearance by a healthcare professional and will be implemented in a gradual return to sport strategy.

What is the differential for the patient at this time?

- others

**How would you manage this patient?**

*Explain your differential diagnosis and your plan to investigate further.*

**Advise the patient that: (Circle any noted)**

1. \_\_\_\_\_ **CONCUSSION INFORMATION** Any athlete suspected of having a concussion should be removed from play and seek medical evaluation. Signs to watch for Problems could arise over the first 24-48 hours.

- Remember, it is better to be safe.
- Rest & Rehabilitation After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started.
- The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.
- When returning to play/sport, the athlete should follow a stepwise, medically managed exercise progression, with increasing amounts of exercise.

2. \_\_\_\_\_ Pharmacology: recommendations for pain relief.

**3. \_\_\_\_\_ Gives ER precautions:** The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behavior or confusion or irritable
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- Slurred speech

- call 911.

4. \_\_\_\_\_ 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 information on Concussion:**

To learn about when to obtain a CT Scan of the Head consider starting here:

<https://choosingwiselycanada.org/ct-scans-for-adults-with-head-injuries/>

<https://www.choosingwisely.org/wp-content/uploads/2018/02/Brain-Scans-For-Head-Injuries-AMSSM.pdf>

To find out more about the role of telemedicine in evaluating concussion, here is an article

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6688625/>

## **PT Education Information- Diagnosis Concussion**

Your doctor will evaluate your signs and symptoms, review your medical history, and conduct a neurological examination. Signs and symptoms of a concussion may not appear until hours or days after the injury.

Tests your doctor may perform or recommend include a neurological examination, cognitive testing and imaging tests.

## **Neurological examination**

After your doctor asks detailed questions about your injury, he or she may perform a neurological examination. This evaluation includes checking your:

- Vision
- Hearing

- Strength and sensation
- Balance
- Coordination
- Reflexes

## **Cognitive testing**

Your doctor may conduct several tests to evaluate your thinking (cognitive) skills during a neurological examination. Testing may evaluate several factors, including your:

- Memory
- Concentration
- Ability to recall information

## **Imaging tests**

Brain imaging may be recommended for some people with signs and symptoms such as severe headaches, seizures, repeated vomiting or symptoms that are becoming worse. Brain imaging may determine whether the injury is severe and has caused bleeding or swelling in the skull.

A cranial computerized tomography (CT) scan is the standard test in adults to assess the brain right after injury. A CT scan uses a series of X-rays to obtain cross-sectional images of your skull and brain.

For children with suspected concussion, CT scans are only used if there are specific criteria met, such as the type of injury or signs of a skull fracture. This is to avoid radiation exposure in young children.

Magnetic resonance imaging (MRI) may be used to identify changes in your brain or to diagnose complications that may occur after a concussion.

An MRI uses powerful magnets and radio waves to produce detailed images of your brain.

## **Observation**

You may need to be hospitalized overnight for observation after a concussion.

If your doctor agrees that you may be observed at home, someone should stay with you and check on you for at least 24 hours to ensure that your symptoms aren't worsening.

Your caregiver may need to awaken you regularly to make sure you can awaken normally.

## More Information

- [Concussion care at Mayo Clinic](#)
- [Concussion testing](#)
- [CT scan](#)

## Treatment

There are steps you can take to help your brain heal and speed recovery.

### Physical and mental rest

In the first few days after a concussion, relative rest is the most appropriate way to allow your brain to recover. Your doctor will recommend that you physically and mentally rest to recover from a concussion.

Relative rest, which includes limiting activities that require thinking and mental concentration, is recommended for the first two days after a concussion. However, complete rest, such as lying in a dark room and avoiding all stimuli, does not help recovery and is not recommended. In the first 48 hours, you should overall limit activities that require high mental concentration — such as playing video games, watching TV, doing schoolwork, reading, texting or using a computer — if these activities cause your symptoms to worsen.

You also should avoid physical activities that increase any of your symptoms, such as general physical exertion, sports or any vigorous movements, until these activities no longer provoke your symptoms.

After a period of relative rest, it's recommended that you gradually increase daily activities such as screen time if you can tolerate them without triggering symptoms. You can start both physical and mental activities at levels that do not cause a major



worsening of symptoms. Light exercise and physical activity as tolerated starting a few days after injury have been shown to speed recovery; however, you should avoid any activities that have a high risk of exposure to another head impact until you are fully recovered.

Your doctor may recommend that you have shortened school days or workdays, take breaks during the day, or have modified or reduced school workloads or work assignments as you recover from a concussion. Your doctor may recommend different therapies as well, such as rehabilitation for vision, rehabilitation for balance problems, or cognitive rehabilitation for problems with thinking and memory.

## **Returning to routine activity**

As your symptoms improve, you may gradually add more activities that involve thinking, such as doing more schoolwork or work assignments, or increasing your time spent at school or work.

Your doctor will tell you when it's safe for you to resume light physical activity. Usually after the first few days after injury, you're allowed to do light physical activity — such as riding a stationary bike or light jogging — before your symptoms are completely gone, so long as it doesn't significantly worsen symptoms.

Eventually, once all signs and symptoms of concussion have resolved, you and your doctor can discuss the steps you'll need to take to safely play sports again. Resuming sports too soon increases the risk of another brain injury.

## **Pain relief**

Headaches may occur in the days or weeks after a concussion. To manage pain, ask your doctor if it's safe to take a pain reliever such as acetaminophen (Tylenol, others). Avoid other pain relievers such as ibuprofen (Advil, Motrin IB, others) and aspirin, as these medications may increase the risk of bleeding.

## **What you can do in the meantime**

The most important thing to do before your appointment is to avoid activities that significantly increase your symptoms and those that have an increased risk of another head impact. This includes avoiding sports or other physical activities that increase your heart rate, such as running, or require vigorous muscle contractions, such as weightlifting.

Gradually resume your normal daily activities, including screen time, as you're able to tolerate them without significantly worsening symptoms.

If you have a headache, acetaminophen (Tylenol, others) may ease the pain. Avoid taking other pain relievers such as aspirin or ibuprofen (Advil, Motrin IB, others) if you suspect you've had a concussion. These may increase the risk of bleeding.

- [Concussion in children](#)
- [Concussion Recovery](#)
- [Concussion Telemedicine](#)

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### **Associated Procedures**

- [Concussion testing](#)
- [CT scan](#)

