

Intro to Telemedicine: Skills Workshop

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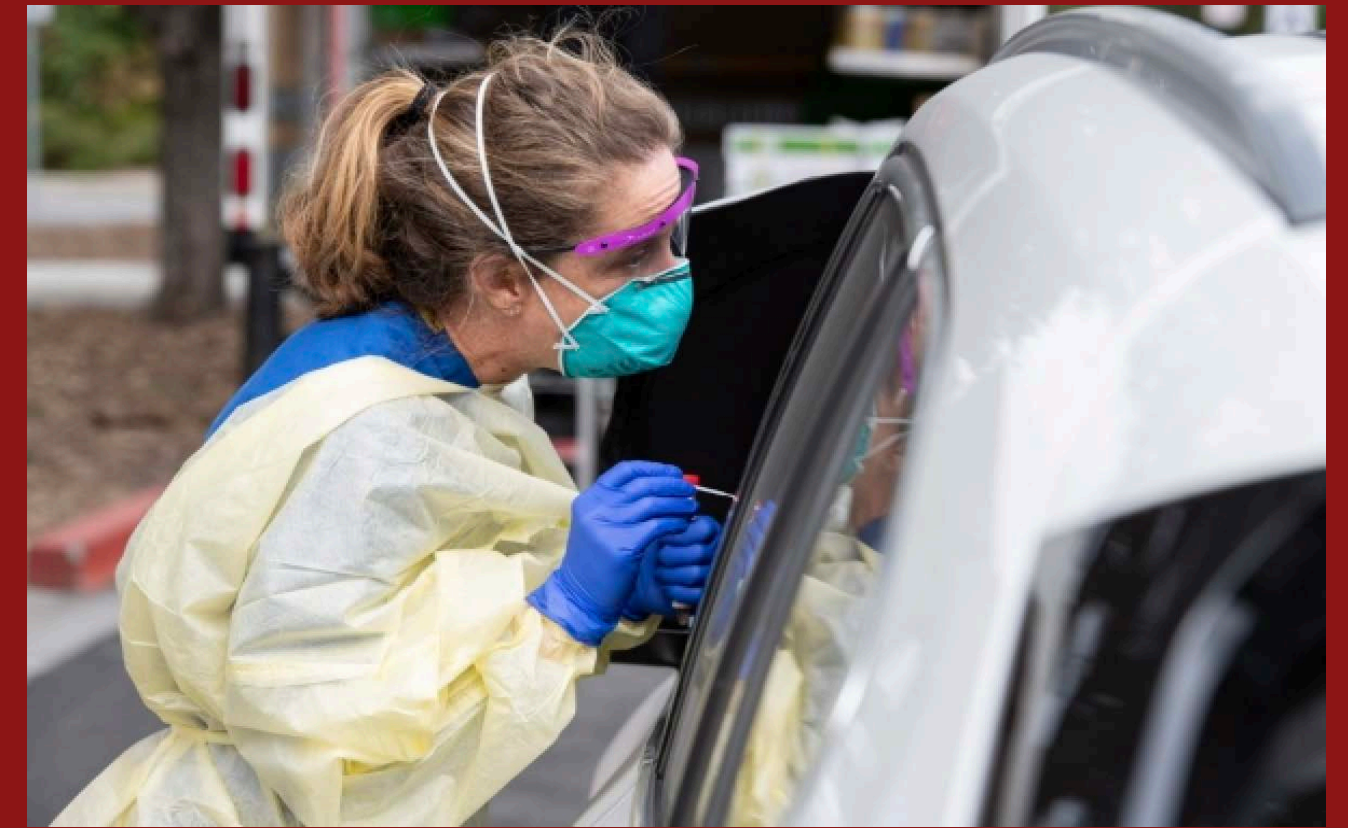
Pre-survey



https://stanforduniversity.qualtrics.com/jfe/form/SV_cvbqbMei4I0yNUx

Telemedicine in a Pandemic

- Primary care: <10% to >75%
- Initial: COVID screening
- Current state: integration into primary and specialty care
- Curriculum development at all learner stages



Learning Objectives

1

Rapport

Describe three techniques to establish rapport in a video visit

2

PE

Perform a provider-directed patient self-examination

3

MDM

Apply medical-decision making to a telemedicine encounter

Please use the Chat to comment:

#Therapeutic Environment

- How does your background/attire/privacy contribute to your visit?

#Structure

- How can you effectively open the visit?

#Webside Manner

- What are some verbal and non-verbal aspects of effective communication?

#environment #structure #communication



Setting Up Your Visit



- . Background
- . Lighting
- . Audio (speaker, mic)
- . ID Badge
- . Privacy/virtual backgrounds
- . Chart Review/note template
- . Educational Resources

Webside Manner

1. **Non-verbal cues**

- Eye contact; pace/tone of voice
- Posture/facial expressions

2. **Establish agenda/goals**

3. **Verbalize/validate emotions**

- Be purposeful in conveying sentiments
- Verbalize empathetic statements

4. **Check for engagement**

- Motivational interviewing
- Teach-back technique
- Verbalize off-screen activity



Structuring Visit

Opening

”Virtual handshake”

Confidentiality

”Is there anything else?”

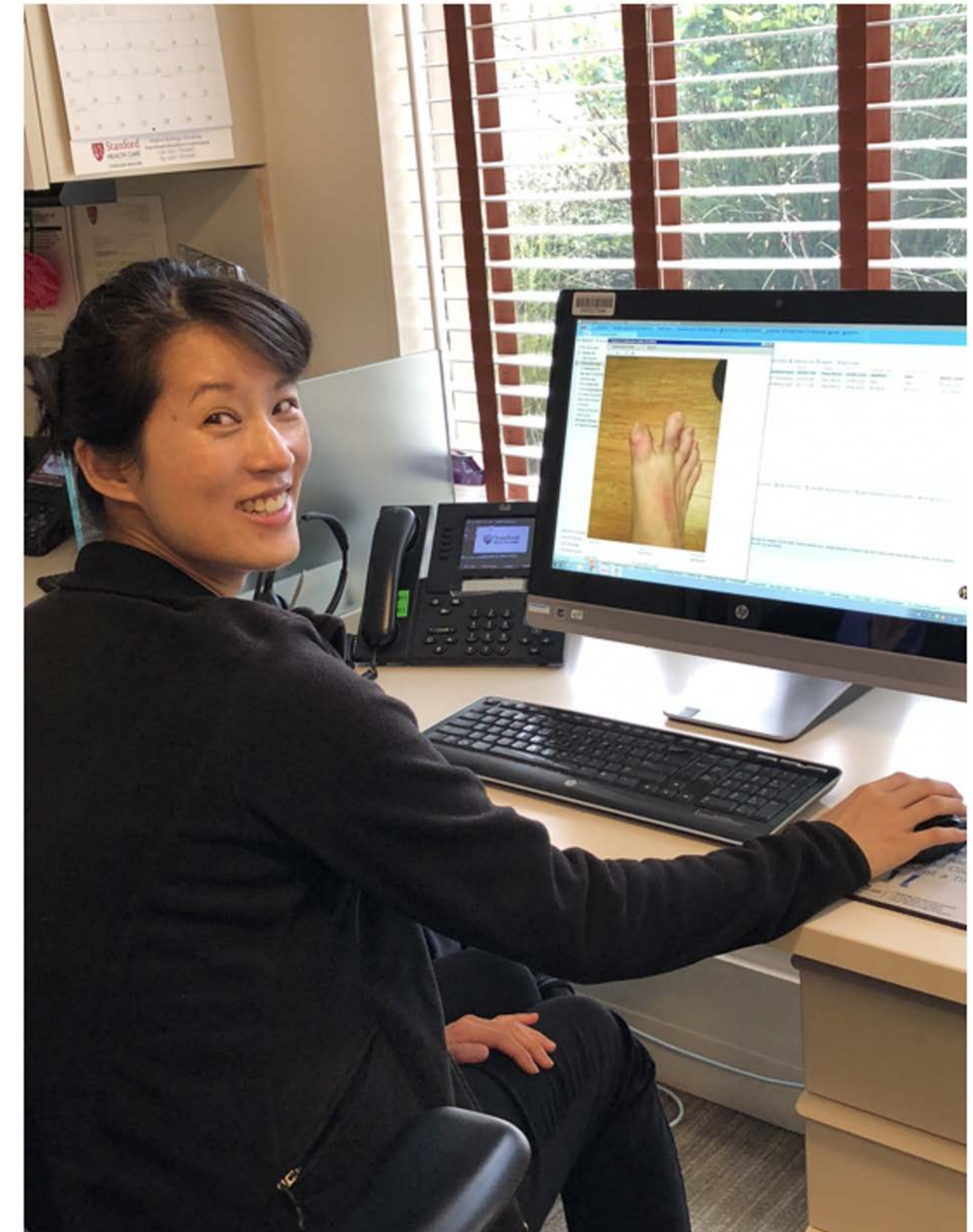
Consent Limitations

Closing

Clarifying questions

Summarize

Follow-up plan



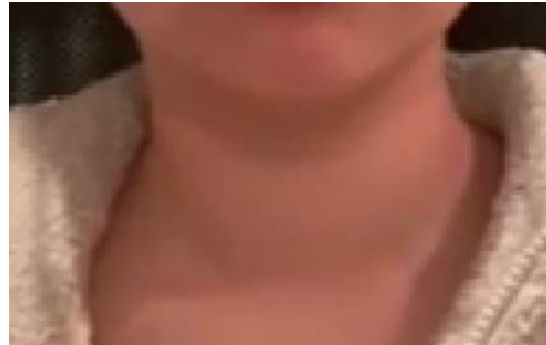
History/Environment

Before starting the physical examination...

- . Remember 'a careful history will lead to the correct diagnosis more than 80% of the time'
- . What can I observe without touching the patient?



Provider-directed self-exam



Goal: to help with medical decision making



What can be observed without touching the patient?



Teach the patient how to do the exam and monitor themselves



Use tools in the patient's environment (including other people)



Telehealth Physical Exam

A Provider Directed Self-Exam

Think:

- ❑ What can you observe without touching the patient?
- ❑ How can you teach the patient to do the exam or self-monitor?
- ❑ What tools are available in the patient's environment?
- ❑ How can lighting/exposure be optimized?



Vital Signs

- HR: Show the patient how to palpate their pulse. Instruct the patient to count the beats while you time them for 30 seconds and multiply by 2.
- RR: While the patient is counting their pulse, you can count their respiratory rate for 30 seconds and multiply by 2.
- BP: Watch the patient check BP with a home cuff.
- Temp: Have the patient check with a home thermometer.

Constitutional

- Observe the patient as you would in person for general illness status, mental status, and body habitus.

Eyes

- Observe eyelids. Look for periorbital swelling.
- Instruct patient to look all the way to the left, right, up, and down. Monitor EOMs, check for nystagmus, and observe conjunctival injection, pallor, or jaundice.

Tongue

- Ask the patient to stick out their tongue. Observe movement, texture, fasciculations, coating.

Posterior pharynx

- Instruct the patient to bring the camera close to their mouth, open wide, and say "Ahh." Check if the uvula rises symmetrically. Observe the tonsils for size. Observe the posterior pharynx and tonsils for erythema or exudates.

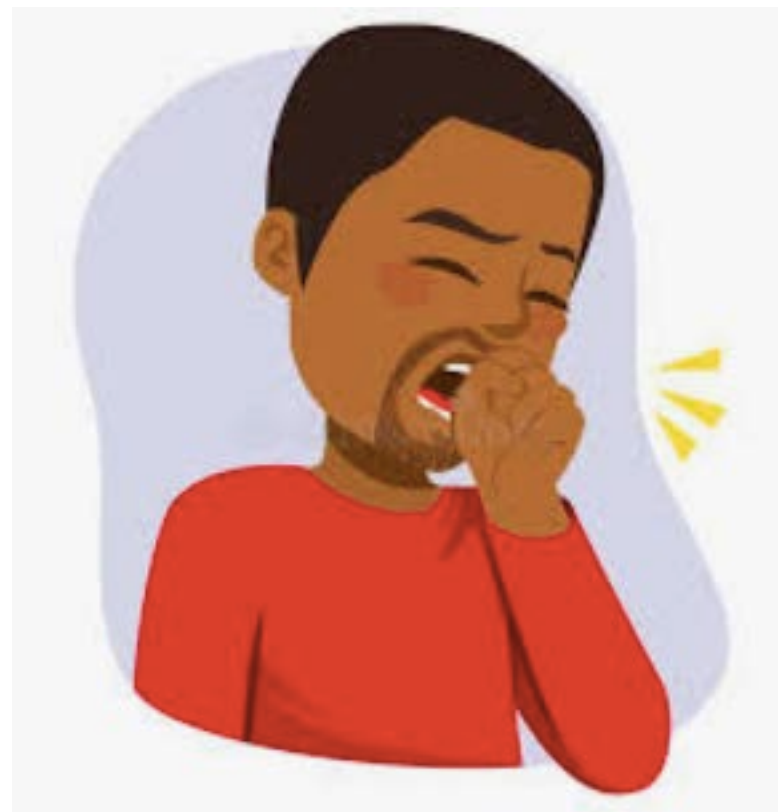
Neck

- Demonstrate ROM of neck. Ask patient to describe any tenderness or stiffness/rigidity.
- Instruct the patient to palpate the neck with the pads of their fingertips. Ask them to feel for any swollen lymph nodes and describe size, shape, mobility, tenderness.

<https://stanfordmedicine.box.com/v/videovisitPEhandout>

Case 1: Cough

- Vitals: Pulse and RR (BP & Temp if patient has devices)
- General appearance: Is patient in distress? Pallor or cyanosis?
- HEENT: Assess nasal congestion, sinus tenderness, OP
- Neck: Lymphadenopathy?



- Respiratory:
 - Speaking in full sentences?
 - Tachypnic?
 - Forced inspiration and expiration – coughing or audible wheeze?

Medical Decision-Making

- Need for escalation?
- Differential Diagnoses
- Management
- Follow-up recommendations
 - Time frame
 - Red flags
 - Where to find AVS/educational resources



Case 2: Headache

To test CNs, ask the patient to copy what you do:

- CN I: Ask patient to occlude one nostril at a time, smell something such as mint or coffee.
- CN II: Ask the patient to cover one eye and assess visual acuity.
- CN III, IV, VI: Ask the patient to demonstrate extraocular motions while also assessing for nystagmus or ptosis.
- CN V: Ask patient to gently touch top, middle, bottom of face to check sensation.
- CN VII: Look for facial symmetry, ask patient to lift eyebrows, smile.
- CN VIII: Check hearing by rubbing fingers a few inches away from the ear.
- CN IX, X: Ask patient to say “Ahh” while you monitor if palate elevates symmetrically.
- CN XI: Ask patient to turn head, shrug shoulders.
- CN XII: Look if tongue is midline with normal movements and no atrophy.

To assess cerebellar function:

- Look for Nystagmus
- Ask patient to copy you while you demonstrate rapid alternating motions and heel to shin.
- Ask the patient to set the camera down and walk so you can observe gait.



Medical Decision-Making

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Case 3: Shoulder Pain



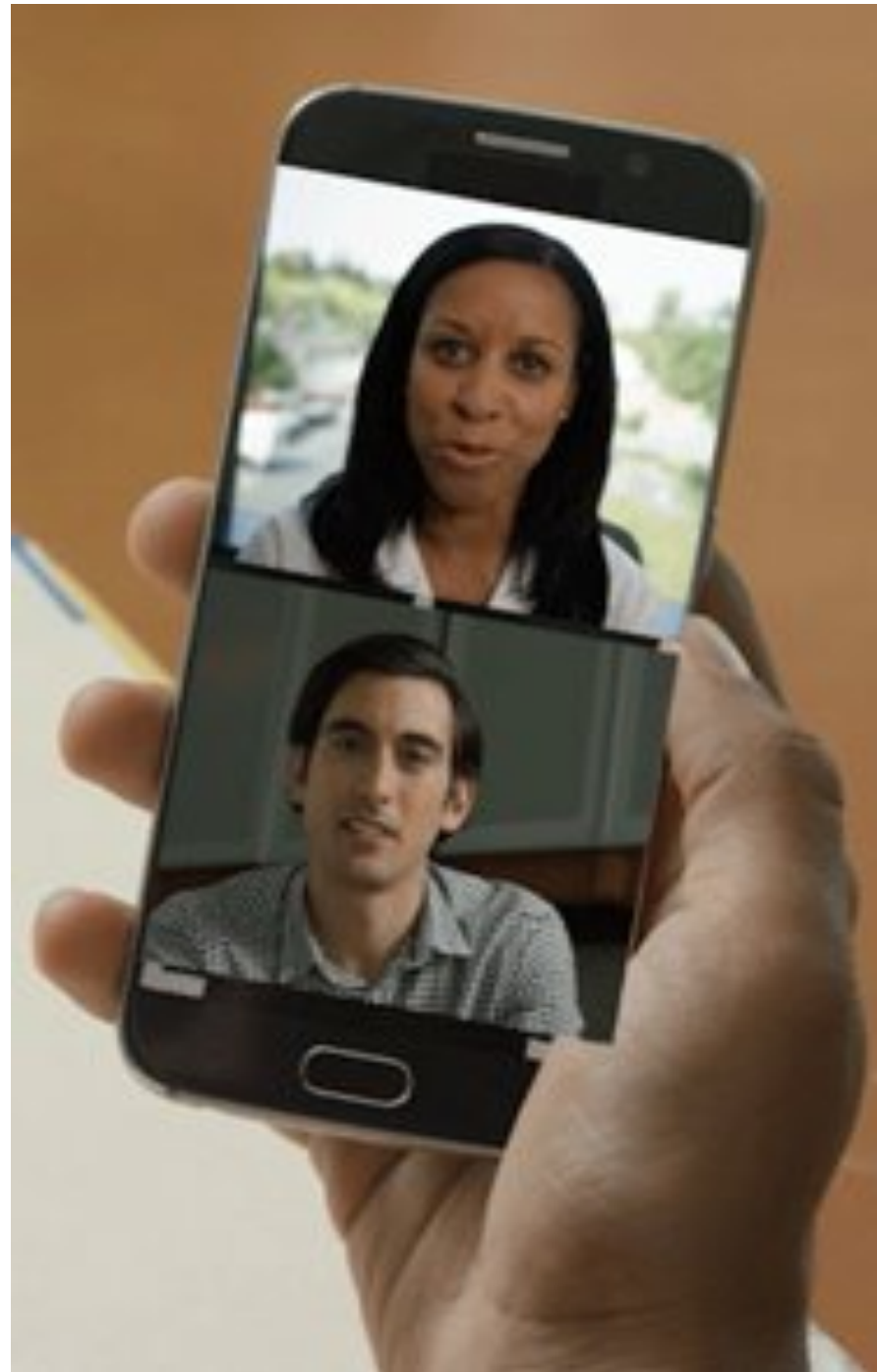
- Assess for cervical range of motion
- Inspect skin for erythema, ecchymosis, atrophy
- Ask patient to point with 1 finger the area of maximum discomfort
- Palpation: ask patient locate sternal notch, move across clavicle to AC joint
- Assess ROM by evaluating for symmetry
- Strength testing against gravity and while holding objects (ie 500ml bottle of water=1lb)

Medical Decision-Making

- Need for escalation?
- Differential Diagnoses
- Management
- Follow-up recommendations
 - Time frame
 - Red flags



Putting it all together to conduct a successful video visit:



1. Prepare your environment
2. Structure the visit
3. Practice good verbal and non-verbal communication
4. Use a provider-directed self-exam to help with medical decision making
5. Remember to be explicit with follow up instructions

References

1. Conducting a Telemedicine Neurologic Exam. American Headache Society (2020, April 2).
<https://www.youtube.com/watch?v=m4ntpFyZlv8>
2. Tanaka, M. J., Oh, L. S., Martin, S. D., & Berkson, E. M. (2020). Telemedicine in the Era of COVID-19: The Virtual Orthopaedic Examination. *Journal of Bone and Joint Surgery, Publish Ahead of Print*.
<https://doi.org/10.2106/JBJS.20.00609>

Post-survey

Please provide your feedback & help us improve this workshop (confidential survey):



https://stanforduniversity.qualtrics.com/jfe/form/SV_eQnI4xt77CeYTmR

We welcome your comments and questions.
Please contact us at:



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