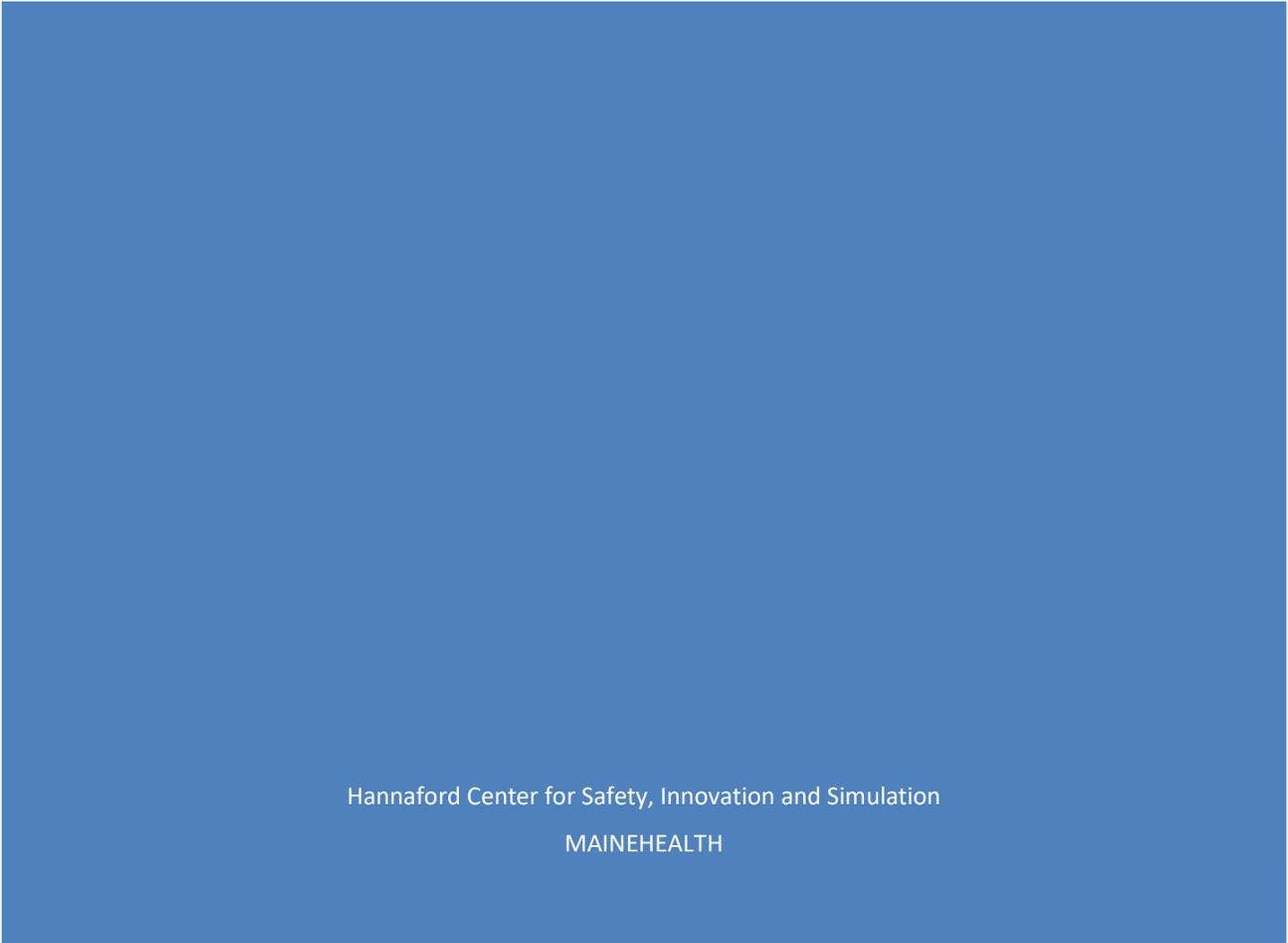




TELEMEDICINE ROLE-PLAY GUIDE



Hannaford Center for Safety, Innovation and Simulation

MAINEHEALTH

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Learning Objectives

1. Consider why the use of a camera and the absence of the usual cues of the clinician-patient relationship makes telemedicine a unique modality of care that has some deficits compared to in-person delivery of care.
2. Describe how the following telemedicine tools can be used to compensate for those deficits, cue the clinician-patient relationship, communicate your usual bedside manner and build rapport during a video encounter
 - Setting the stage
 - Use of non-verbal communications, physical appearance and voice
 - Ability to trouble-shoot common pitfalls
3. Describe the security and privacy issues of conducting patient interactions via video encounter, as well as the techniques available to address these issues, including
 - Asking permission from the patient if any others are to be in the room with the clinician at any point during the interaction
 - Confirming patient identity
 - Using secure platform such as MaineHealth-issued Zoom license or EPIC-integrated video platform

Supporting Literature

Telemedicine: How to do it right! By David Roth MD

National Consortium of Telehealth Resource Centers Webinar

<https://www.youtube.com/watch?v=lpF9gW9OZQQ>

Preparation for Role Play

To simulate a telemedicine encounter, you can use smart phones; however, it would be more realistic to use desktops, laptops, or notebooks and incorporate a virtual meeting application such as Zoom or MS Teams. Select a partner and determine who will be the patient and who will be the provider. Then separate into different rooms, and using the scripts, begin the role-play. We recommend setting a timer to make these scenarios feel more realistic with respect to time management. Take several minutes to read your script in preparation for your role. The competency checklist is [Appendix A](#) (page 15) in the back of this guide. You may either use it during your encounter, or refer to it when the encounter is over, to evaluate yourself.

Encounter Preparation

You cannot control the patient's environment; however, you can control your own environment.

Locate a private, quiet room that provides strong and reliable network connectivity (whether wired or wireless). Set up your device 15 -20 minutes in advance in anticipation of updates, or other issues that may slow start up.

Place your camera as close as possible to where the patient's electronic medical record is displayed so that you can move your eyes easily between them. The more you can look into the camera, the more it will feel to your patient that you are making eye contact.

Review your surroundings, ensuring that you do not have any artwork or displays that will reveal personal information about you, your family, or your address in the video feed; compromising your privacy and confidentiality. Turn off any smart devices that have the potential to either record; or respond to something you say. Perhaps clear the space immediately around your device, especially from food and beverages so you don't run the risk of spilling something on the device, or yourself.

Optimize the light in your space, preferably having a light source behind your camera, focusing on your face.

Setting the Stage

Confirm your patient's identity, and obtain consent for a telemedicine visit.

To establish confidentiality and garner confidence that you have done so from your patient, describe some of the measures you have taken to maintain a confidential space for the encounter. Suggest they do the same.

Verify your patient's actual physical location at the time of the encounter, in case emergency behavioral health or medical response is needed.

Ask if anyone is in the room with the patient; if so, obtain permission from the patient for that person to remain in the room during the encounter. Remind your patient that they may wish to close doors for privacy and turn off smart devices that can react to commands or record.

You are now ready to begin your encounter.

MEDICINE SCENARIO

Background for the Provider: Congestive Heart Failure Management

(This scenario was shared with us by the UNC School of Medicine, Spring 2020 and modified by Dr. Tracy Jalbuena for MH Telemedicine Skillset Training)

Your patient is 58 year old Donna or David Morgan; DOB 7/2/XXXX

This is an outpatient appointment via telemedicine; however, the patient doesn't have any worrisome symptoms of COVID-19, and hasn't had any known exposures.

The patient called the office today worried that their leg swelling has gotten worse.

- PMH: htn, CHF with stable EF of 40%, depression, hearing loss.
 - Medications: carvedilol 25 mg bid, amlodipine 10 mg daily, Wellbutrin 300 mg daily.
 - SH: married 30 years, retired teacher, drinks occasional glass of wine. No history of smoking.
 - FH: mother and father both died of heart disease in their 70s, one younger sister who is healthy, 3 adult children are healthy.
-

Take 10 minutes to address your patient's concern and co-create a plan. Then review the *Telemedicine Competency Checklist*.

Patient Script for Congestive Heart Failure Management

You are David/Donna Morgan, a 58-year-old contacting your PCP's office via a remote telemedicine conference from your home computer. You feel comfortable using your computer and understood the instructions sent by your doctor's office on how to start the encounter. Generally, you have spotty and unreliable internet service but it is working okay this morning.

You are worried that your CHF has gotten worse. In the beginning of the encounter, speak softly, though clearly. Open with the statement *"I've been having some leg swelling and it is hard to breath sometimes."* You don't have any worrisome symptoms of COVID-19, and haven't had any known exposures. You are fully vaccinated and boosted.

-
- DOB 7/2/XXXX
 - Make up a street address, if asked

Presenting Situation & HPI

- You have noticed some leg swelling and shortness of breath while lying flat over the past few days and you've gained 8 lbs in a two-week period. You are able to wear your shoes, but they are a tiny bit tight. You sleep with 2 pillows, sometimes it's difficult and you need to get up. When that happens you usually go to your recliner. This happens about twice a week.
- You do not have a cough. You do not have a BP cuff at home.
- Now, you are wondering if you should go to the emergency room.
- You ran out of your Carvedilol 2 weeks ago but you haven't gotten your refill because the closest pharmacy is short-staffed and you always have to wait a really long time for assistance. Plus, you cannot hear the menu options very well when you have to call in.
- You live in rural Maine. You were going to come into your doctor's office which is about an hour away, but your spouse said to call instead.
- One time during the encounter, state "I can't really hear you."
- If asked, Ejection Fraction (EF) is 40% and stable and has been so for about 18 months.
- If the learner does not offer an opinion as to what is happening, ask directly.
- If the learner does not ask you to raise your voice, ask the learner if they are able to hear you. If the learner does a virtual PE, verbally reveal "2+ BL pitting edema."

Pertinent Patient & Family History

-
- You were diagnosed with congestive heart failure 8 years ago and it's well controlled with medications.
 - You've had depression for many years and it's well controlled with medications.
 - You have some hearing loss in both ears, have hearing aids, but do not like wearing them. You are wearing them now, though.
 - No surgeries.
 - 2 nights in hospital when diagnosed with congestive heart failure 8 years ago.
 - Medications
 - Carvedilol- 25mg twice daily (ran out 2 weeks ago)
 - Amlodipine-10mg once a day
 - Wellbutrin – 300mg once a day
 - Social History
 - You are married and live with spouse of 30 years.
 - You have 3 adult children who all live out of state.
 - Spouse is main social support.
 - You are a retired teacher and your spouse is a car salesperson.
 - You drink an occasional glass of wine.
 - You've never smoked.
 - You try to watch your salt intake but since the COVID "shut down" you have not been paying much attention to salt and drinking more wine than usual.
 - It is somewhat stressful at home now as your spouse was laid off about 12 months ago and you are very worried about finances.
 - Family History
 - Your mother and father both died of heart disease in their 70's.
 - You have one younger sister who is healthy.
 - All 3 of your adult children are healthy.

BEHAVIORAL HEALTH/ PEDIATRICS SCENARIO

Background for the Provider: Adolescent Depression

Your patient is 17 year old Jordan Miller; DOB 3/4/XXXX

This is an outpatient appointment via telemedicine; however, the patient doesn't have any worrisome symptoms of COVID-19, except for the fatigue, and hasn't had any known exposures.

Patient's mother made appointment because of concerns about fatigue. Patient's PCP is out of the office.

- PMH: healthy
 - Medications: None
 - FH: no mental health issues
 - SH: lives at home with family, denies smoking, drinking and drug use. Has boyfriend and they are getting along well. They are sexually active and always use a condom when they have sexual intercourse.
-

Take 10 minutes to address your patient's concern and co-create a plan. Then review the *Telemedicine Competency Checklist*.

Patient Script for Adolescent Depression

You are 17 year old Jordan Miller. Your mother called the office because you've been really tired lately. You are speaking with a provider from your PCP's office via telemedicine conference from your home computer. You are in the recreation room by yourself with the door closed but you have your Apple Alexa paused because you were listening to music. You do not have any symptoms that are concerning for COVID-19 other than the fatigue, and you've had no known exposures. You are fully vaccinated and boosted. Open with the statement *"I can't seem to find the energy to do what I used to do... I am really tired all the time."*

Presenting Situation & HPI

- DOB 3/4/XXXX
- Make up a street address if asked

Quality

You are a teen who presents with fatigue that is out of your normal range. You are/were able to go to school, but you got a little behind during the last semester. You don't do anything on the weekends anymore; you don't really feel like leaving the house. You don't have the energy to "hang out" with friends on social media – and your ability to concentrate is diminished; you are finding it/ found it hard to focus on your schoolwork. You used to enjoy reading but now, you find yourself needing to re-read some pages. Your appetite isn't changed. Your weight hasn't changed. You can go to sleep but you wake up at 3am and cannot get back to sleep. It seems to be happening every other night or so. You stopped all your activities: you loved water sports: paddle-boarding, surfing, kayaking (summer), skiing (winter) but don't do those right now. When your friends call you just say you are too tired to meet up. You've never felt this tired and unmotivated before. You have a fairly healthy diet (fruit with breakfast, and vegetables and lunch and dinner, lots of salads). You are not a vegan or vegetarian. You don't know what's going on but wonder if it's anemia.

For female patients- Your periods are regular and normal (no changes).

- You don't think about harming yourself
- You don't think about killing yourself

Onset

You started feeling this way about 3 months ago or so. And there is nothing you can think of that brought this on (e.g. death of a loved one, poor grades, friendship difficulties, etc.).

Treatment

Your mom suggested a multi-vitamin hoping it would boost your energy but you don't feel any different. You started that about month ago and just stopped a couple days ago.

What makes it better? "Nothing"

What makes it worse?

Guilt over your family. For instance, you feel badly when you think about your mom – you use to enjoy shopping with her, but you don't feel like it right now.

Pertinent Patient & Family History

Patient Medical History:

- Review of Symptoms: all negative
- **Medications:** none
- **Allergies:** none

Family Medical history:

- No mental health issues (e.g. depression) or history of thyroid problems that you know of.

Social history:

- Live at home with family: Mom, Dad and one brother who is 15.
- Dad is a boat-builder, and Mom is a teacher at a private charter school.
- Stable household with stable employment.
- You've lived in this house all of your life.
- You do not smoke or drink alcohol.
- No drug use.
- You have a boyfriend (over a year) and are getting along well.
- You are sexually active and always use a condom when having intercourse.

MEDICINE & SURGICAL SPECIALTIES SCENARIO

Background for the Provider: Anticoagulation

Your patient is 60 year old Andrew/ Andrea Synder; DOB 8/16/XXXX

Your patient is meeting with you in follow-up after an Emergency Department visit in which they were started on warfarin for atrial fibrillation. The patient's PCP is not in the office today so you are meeting with them. This is an outpatient appointment via telemedicine; however, the patient doesn't have any worrisome symptoms of COVID-19, except for the fatigue, and hasn't had any known exposures. The patient is fully vaccinated and boosted.

- PMH: CAD with stent to RCA in 2011, new diagnosis of atrial fibrillation, hypertension
 - FH: father died of cardiovascular disease in his 70s. Mother died of complications after a stroke in her 80s
 - SH: Married, working, patient is the head of an engineering firm, thinking about retiring soon. 1-2 drinks per day, rarely more than that. No smoking history. No drug use.
-

Take 10 minutes to address your patient, to conduct the follow-up visit and co-create a plan. When the encounter is finished, review the *Telemedicine Competency Checklist*.

Patient Script for Anticoagulation

You are 60 year old patient Andrew/ Andrea Snyder

After a recent visit to the Emergency Room during which you were prescribed a new medication, you need to understand what the purpose is for warfarin, including the risks and benefits. Your PCP's office scheduled you for this telemedicine conference, so you are at home on your PC. You do NOT have any symptoms that are concerning for COVID-19 other than the fatigue, and you've had no known exposures. You are fully vaccinated and boosted. Your PCP isn't in the office today so you are meeting with one of the other providers. You can open with *"I guess I need to follow up with you about this new prescription? Sounds like I'll be taking it for a while."*

You own a duplex, and you normally live on the first floor, and rent the second. Today you are on the second floor because a tenant moved out and you need to know if you can return the security deposit. You just decided to take the telemedicine visit while you are here since it's very quiet, and private. If the provider asks you where you are, where you live, be sure to indicate that you are not at your "normal" address.

Presenting Situation & HPI

- DOB 8/16/XXXX
- Make up a street address if asked

You went to the ED after experiencing a persistent fluttering sensation in your chest. You have not noticed any irregular heartbeats since you returned home. You have not been having any chest pains or shortness of breath. You have not noticed any swelling in your ankles or difficulty lying flat. You have not had any episodes of bleeding since starting the warfarin.

Someone told you that use of warfarin requires frequent labs and you want to know what that means.

Pertinent Patient & Past History

Past Medical History:

- Coronary Artery disease s/p stent to RCA (right coronary artery) in 2011
- Atrial fibrillation (new diagnosis)
- Hypertension
- Normal Kidney function

Family History:

- Father died of Cardiovascular Disease (CVD) in his 70's
- Mother died of complications after a stroke in her 80s

- No family history of atrial fibrillation

Social History:

- You are married, still working as head of engineering firm, thinking about retirement
- You have about 1-2 drinks (beer, wine) per day, rarely more
- Never smoked, no recreational drug use

Sexual History:

- Sexually active with spouse only

Medications:

- Warfarin 5 mg daily (new since ED visit)
- Lisinopril-for High Blood Pressure

Allergies:

- None

SURGICAL SUB SPECIALTIES SCENARIO

Background for the Provider: Informed Consent

Your patient is 46 year old Henry/ Heidi Taylor; DOB 6/14/XXXX

The patient needs to be scheduled for a CT scan but is concerned about the risks. This is an outpatient appointment via telemedicine. The patient does not have any worrisome symptoms of COVID-19. The patient hasn't had any known exposures to COVID-19.

- PMH: Long Q-T syndrome, surgery for pacemaker placement, HTN, hypothyroidism
 - Medications: thyroxin, multivitamins, enalapril
 - SH: married, no smoking, no drinking alcohol, no recreational drug use
 - Allergies: NKDA. Allergic to ragweed and horses
-

Take 10 minutes to address your patients questions, to conduct the visit and co-create a plan. Then review the *Telemedicine Competency Checklist*.

Patient Script for CT Scan Informed Consent

You are 46 year old Henry/ Heidi Taylor

Your physician would like a “CT scan with contrast,” which is making you moderately anxious. You do not have any symptoms that are concerning for COVID-19 other than the fatigue, and you’ve had no known exposures. You are fully vaccinated and boosted. This is an outpatient appointment via telemedicine. You can open with *“I’ve had some anxiety about my symptoms and what the exam might show; is the CT scan with contrast the best approach?”*

Presenting Situation & HPI

- DOB 6/14/XXXX
- Make up a street address if asked

You have had three episodes of hematuria (blood in your urine) over the past four months and you’ve been to your PCP for each episode. Now your PCP has ordered a CT. You have no pain and are not having symptoms today. If female, you are menopausal. A staff radiologist has indicated the exam should follow the “hematuria protocol” requiring contrast.

You waited for a month to see the doctor and another month to get this exam scheduled so I really want to get an answer today. Is it safe?

Is there anything else, another test that could provide us with the same information?

APPENDIX A

The Competency Checklist

The Learner...		
Set the Stage		
Did the learner make the interaction feel private? <i>E.g. provided a confidentiality statement of some sort, obvious the provider was in a secluded space, etc.</i>	YES	NO
Did the learner confirm your physical location in case of behavioral health or medical emergency? <i>E.g. Asked you where you are currently located. If you replied "At home." They confirmed your address. If you replied elsewhere, they asked for the address.</i>	YES	NO
Did you and the learner have a good internet connection? <i>E.g. if there are connectivity issues, how could we determine it wasn't on the end of the provider?</i>	YES	NO
In your experience, were there minimal distractions? <i>E.g. provider wasn't interrupted by staff, family, pets, etc. during the encounter, etc.</i>	YES	NO
Did the learner present a professional appearance? <i>E.g. Neat hair style, clothing (not wrinkled), no athletic gear, etc.</i>	YES	NO
Did the learner employ good framing? <i>E.g. Eyes and mouth visible and ideally should be in top 3rd of screen, face unencumbered by the camera frame, etc.</i>	YES	NO
In your experience, were there minimal background noises? <i>E.g. from staff, family, pets, smart devices, shuffling papers, etc.</i>	YES	NO
Did the learner use good lighting? <i>E.g. Free from dark shadows or excessive light, etc.</i>	YES	NO
Did the learner use reliable audio? <i>E.g. Clear sound, minimal "cutting out," free from superfluous mechanical sounds, etc.</i>	YES	NO
Built Rapport		
Did the learner effectively utilize vocalics: sound of voice, rate, rhythm, volume, emphasis and pausing? <i>E.g spoke at a pace that worked well with the video</i>	YES	NO
Did the learner effectively utilize kinesics (body position and facial expressions)? <i>E.g. Incorporated gestures such as raising eyebrows, nodding and "thumbs up," etc. and avoided blank stare or stern/angry look facial expressions.</i>	YES	NO

Did the learner effectively utilize proxemics? <i>E.g. Leaned into camera to suggest more intimacy and/ or leaned back to give more space and breathing room</i>	YES	NO	
Privacy and Security			
Did the learner obtain your consent for the telemedicine encounter? <i>E.g. As opposed to an in-person encounter</i>	YES	NO	
Did the learner confirm your identity? <i>E.g. Name and date of birth</i>	YES	NO	
Did the learner request your phone number in case the connection was lost?	YES	NO	
Did the learner inform you about the presence of any other people in the room with them?	YES	NO	N/A
If there were others, did they ask for your permission for their presence?	YES	NO	N/A
Did the learner ask you if there were any others in the room with you? <i>E.g. Family, friends, roommates, etc</i>	YES	NO	
If there were others, did the learner ask for an introduction if appropriate?	YES	NO	N/A
Did the learner inform you that any “smart listening” devices are turned off and/ or removed? <i>E.g. Alexa and Google Home</i>	YES	NO	
	YES	NO	N/A
Able to Trouble-shoot Issues			
Did the learner have backup internet service?	YES	NO	N/A
Did the learner understand software settings for camera and audio function?	YES	NO	N/A
Comments:			