**Virtual PI Piot Project**

**Data Collection Form for Facilitator to Review Before Coding**

**(No Coding)**

**Case #: \_\_**

**Date: \_\_**

**Attendance:** 6

**Group: \_\_**

**Facilitator:**

**Presenter: \_\_**

**Follow-up:** *(Previously-presented cases)*

**The Story**

1. **Uncertainty:** This is a 39yo fmale with unexplained neuro sx following influenza-like sx (COVID?) in March that are proving difficult to manage

**COVID ERA CONTEXT RELATED** (underline all applicable)

* + - * **Working virtually** *in general***:** in explaining patient’s frustrations (and hers) in working with the neurologist who saw pt. twice….“they’re working remotely.” Presenter hasn’t seen her for a physical; one neuro visit was face-to-face?
        + **Patient’s context/environment interfering with visit:** virtual visits in March for initial sx, also saw virtual team; very disappointed couldn’t get COVID test (family member tested positive)
        + **Clinician’s context/environment interfering:** virtual visits in March for initial sx, also saw virtual team; very disappointed couldn’t get COVID test (family member tested positive
* **Asking questions that allow for making various kinds of assessments: \_\_\_\_\_\_\_\_\_\_**
  + - * + **Issues related to providing overall patient support:** pt frustrated on not having a plan for going forward (maybe more important than getting a dx), not having specialists who seems to care and sees her remotely
        + **Patient’s functioning, context/environment interfering with getting health care going forward with PCP or others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Key Patient/Clinician/Relationship Information**

* **Demographics:**
* **Age: 39**
* **Gender: female**
* **Psychosocial/cultural/SES:** very involved in doing research about her problem; very frustrated about lack of dx but more importantly, no plan; feels like no one cares; doesn’t want to be a study subject; liked when she was taking prednisone, doing something and felt better
* **Past medical history:** not dxed with COVID in March since no access to test, daughter also sick also not tested… had antibodies later, she didn’t; at some point early on had contact with VMT; prolonged SOB thru May then paresthesias started in June – pins and needles bilaterally in hands and feet, ADH and ? (meds) started but stopped, no improvement; PAMF neuro: Post-viral demyelinating dx? Possible radiculopathy? Blurred vision and vertigo developed in August; gabapentin tried and stopped; short bursts of prednisone (60MG); relieved symptoms but couldn’t be tapered without sx recurring; value of subcutaneous immunoglobulin?? (her idea);: nothing known about nutrition or vision; “I think she had COVID and she does too” (because family was sick)
* **Presenting sx:** paresthesias, multi-focal (??) off all meds now
* **PE findings:** some mild neuro exam abnormalities (??)
* **Lab/imagining abnormalities** had some blood abnormalities from prednisone
* **Current meds:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Other physicians (e.g., specialists)/Allied Health Professionals already seen for problem:**  neuro consult, in process: \_\_MS clinic, \_\_Neuro, \_\_ Rheum consults in process; no ID referral; Ophthal referral
* **Clinician-patient relationship:** virtual visits in March for initial sx, also saw virtual team; very disappointed couldn’t get COVID test (family member tested positive)
* **Time frame: \_\_\_\_**
* **Quality: \_\_\_\_\_**
* **Presenter’s concerns re patient’s current status:** Presenter- pt coming back to me because she sees me in charge -“nobody is owning it.. need other options” Issue of subcutaneous immunoglobulin – “above my head”
* **What Clinician said they did during past visits:** \_\_neuro, in process: \_\_\_MS clinic, \_\_\_Neuro, \_\_\_Rheum, lab test ordering
* **Clinician’s ideas re possible uncertainty explanations:** : Post-viral demyelinating dx? Possible radiculopathy? (earlier), now - post-COVID, psych issues?

**INQUIRY**

1. **Presenter’s Starting Question:** “I want to get herto someone who can give her some answers and help her to understand tests.”
2. **Colleagues Gentle Queries (# = ) *Answers to these questions are incorporated into The Story and Synthesis)***
   * **#1**: What do we know about her nutrition?

* **#2:** You’ve done a really good job on this very complex case as pts’ PCP… referring her to specialists and….
  + **#3:** Who is she angry at? Where directing her anger?
  + **#4:** Do you think she had COVID?
  + **#5:** Has she had an LP?
  + **#6:** Would she be more satisfied with a diagnosis or a plan?
  + **#7:** Seen ID person?
  + **#8:** Does she want more dx work or more treatment?
  + **#9:** Who suggested immunoglobulin and where was the neurologist on all this?

**SYNTHESIS**

1. **Presenter’s Initial Comments (In response to Gentle Inquiries): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Discussion Points: (**

* **Literature review needed: (Topic) COVID Long-haulers (NPR series)**
* **Experts to contact: (Expertise topics): ID**
* **Challenges highlighted:** 1)” sHe is obsessed… all the research she is doing.” 2) resources for post-COVID- UCSF has clinic but focused only on pulmonary; 3) Presenter- “coming back to me because she sees me in charge - nobody is owning it.. need other options” 4) Issue of subcutaneous immunoglobulin – “above my head”
* **New frames Suggested (what if, imagine if): 1**) talking directly with specialists; 2) ID referral
* **Biases discussed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Nature of presenter support provided: “**You’ve done a really good job on this very complex case as pts’ PCP… referring her to specialists, etc.” “Tough Case”
* **Office/Practice Clinical Education Needs Highlighted**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Office/Practice Systems Issues Highlighted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Presenter’s ‘to-do’ list: (if offered voluntarily)**: 1) nutrition, 2) \_\_\_neuro followup, 3) ID, 4) Seeing her in person, 5) psych component, 6) vision exam
2. **Other Key Comments at Meeting’s End (from):**
   * **Presenter:** asked when will see pt again, response: in a couple of weeks after \_\_\_specialty visits, then said that she told her she was presenting her at PI – he was “appreciative”
   * **Group members:** at end, were still asking clarifying questions, e.g., did you see her face-to-face or virtually when she was sick originally?

* + **Facilitator:** 1) Words about our frustrations with overall health system functioning, 2) “Thanks for putting yourself in the hot seat!”