

Activity 2.1.5

Telehealth

Thirty days of data, and the trend hiding in eight numbers. Read each fasting value against its range, describe where the line is heading, then make recommendations you can defend.

DATE (PERIOD 1-2)	OTHER SECTIONS	PORTAL DAY
Friday 2026-10-23	use this sheet on the day your own portal page links it	Analyze chronic trends
LESSON	TURN IN	
Lesson 2.1 Talk to Your Doc	CER	

Where this sits. Day 2 of 2. Portal calendar label for today: Analyze chronic trends.

01 Why today matters

You have a month of fasting blood results from a patient who is not in the room: eight visits, four numbers each, printed as the simulated practice patient record on your portal page.

Today you go past any single number and describe where this patient's glucose is heading, because that is the only finding a recommendation can be built on.

02 What you already know

- From the telehealth work you have the glucose feedback loop and the difference between the two types of diabetes. The reference and target ranges are printed with the practice patient record on your portal page.
- From the bloodwork days you have the habit of reading every value against the range printed beside it, and you know the difference between one reading and a trend.

WHAT THIS SHEET WILL NOT TELL YOU

- No conclusion about this patient is printed here. The patterns are yours to find.

03 Vocabulary

TERM	WHAT IT MEANS, PLAINLY
Fasting draw	A blood sample taken after at least eight hours without food, so the last meal does not push the number up. All eight values in the practice record are fasting draws.
Prediabetes range	A fasting glucose of 100 to 125 mg/dL. Above normal and below the diabetes range, and a reason to retest and watch the trend.
Trend	The direction and size of change across repeated readings. It needs at least three points, and it says more than any one value.

Confounder	Something else that could explain the pattern you found. Exercise, illness, stress, weight change, or a draw that was not truly fasting.
Correlation	Two things moving together. Useful for finding where to look. Not proof that one caused the other.
Adherence	Whether a plan is actually being followed in real life. When it is not, the useful question is what makes it hard, not whether the patient tried.
Scope of practice	The limit of what a given professional is licensed to decide. Reading a pattern and recommending a review are inside a primary care physician's scope. Starting a medicine or changing a dose from one month of fasting draws is not.

04 How to do the work

Read the data in the order below. The order matters, because if you decide the answer first you will only see the numbers that agree with it.

- 1 Copy the reference and target ranges printed with the practice patient record on your portal page to the top of your page. Every judgment today is made against those.
- 2 Record every fasting glucose value with its date and unit. Mark each one normal, prediabetes range or diabetes range. Do not interpret yet.
- 3 Describe the glucose trend in three parts: direction, rate (the change per visit from first to last), and where the line sits against the ranges. A trend needs a direction and a size, or it is not a trend.
- 4 Find the single highest reading. Write what one reading in that range can and cannot tell you, and what repeat testing would add.
- 5 Read the lipid columns the same way: total cholesterol, HDL and LDL, each against its own range. Say which direction counts as better for each one.
- 6 For the glucose trend, list at least two things that could explain it, and say what evidence would separate them. This is the step that turns an observation into something a clinician can act on.
- 7 Write your recommendations. Split them into two lists: things the patient can change, and things you need to measure or review before anything changes. Every item names who does it and when.
- 8 Draft the pros and cons of telemedicine with a partner: what could remote monitoring between visits have shown about this patient that eight fasting draws cannot?

WHERE THE CEILING ON YOUR RECOMMENDATION SITS

- You are reading a practice record, not examining a patient. That supports recommendations about meals, exercise, when to repeat a fasting test, and what to bring to the next appointment.
- It does not support you starting a medicine or changing a dose. That needs repeat testing, the patient's full history and a prescriber. Recommending that this review happens, and saying exactly which data it needs, is the strong answer.
- Write the ceiling into your response on purpose. An answer that names its own limit reads as more competent than one that quietly exceeds it, and it is the honest one.

05 Where students get stuck

- Stopping at the average. An average of the eight draws sits in the middle of everything that happened. A month that climbed, a month that fell and a month that stayed flat can all produce the same average, and they are three different patients. Report the average, then report the direction and the first and last values.

- Calling one high draw a trend. One fasting value can move with a short night of sleep or a stressful morning. A rise that repeats across several draws is a pattern. Different findings, different recommendations.
- Assuming the first explanation you think of is the cause. Diet, weight change, stress, illness and a draw that was not truly fasting can all push fasting glucose up. Name at least two candidate explanations for the trend and say what would tell them apart.
- Recommending a dose change. It is outside what this evidence supports and outside a student's claim ceiling. Recommend the review, name the data it needs, and say who has to be in the room.

06 What you turn in

CER

A claim, evidence, reasoning response for the medical file, built on the practice patient record on your portal page.

Claim: whether the fasting glucose trend is improving or worsening, with its direction and the range it ended in.

Evidence: at least three dated values with units, each read against the ranges. Reasoning: why the trend says more than any single reading, plus two candidate explanations and what would separate them. Finish with two lists: what the patient changes, and what has to be measured or reviewed first. Name the limit of what this evidence supports. Submit it as one PDF to the Analyze chronic trends CER assignment in Schoology.

07 Check yourself

- ☐ A different patient reads 96, 103 and 99 mg/dL fasting across three visits. Is that a trend? Say what you would need to see before calling one. (How to do the work, step 3)
- ☐ Why is a recommendation to start a medicine or change a dose outside what this month of data supports? (How to do the work, the ceiling on your recommendation)