INSTRUCTIVO PARA LLENADO

- No deben eliminarse los títulos en mayúsculas y negrita.
- Los ** solo indica la existencia de un título/sección, pero no se ve en la plataforma.
- Los ++ corresponde a la sección donde se agregan diagnósticos adicionales.
- Los ## indica secciones rellenables en la ficha (título + contenido).
- Que no se debe alterar el orden de las secciones.
- El contenido editable corresponde al texto que aparece en cursiva azul.
- Todo párrafo debe terminar con un punto.

** TÍTULO DE LA COMPETENCIA

MANAGING PATIENTS WITH HEMATURIA

** DIAGNÓSIS / SITUACIÓN 1

CYSTITIS

** DIAGNÓSIS / SITUACIÓN 2

BLADER TUMOR

** DIAGNÓSIS / SITUACIÓN 3

NEPHRITIC COLIC

++ OTROS DIAGNÓSTICOS/SITUACIONES...

Other possible diagnoses: bladder stone, kidney stone, renal trauma, enlarged prostate.

COMPETENCIES TO ACQUIRE

GENERAL.

Diagnosing and treating different causes of causes of hematuria in different settings: emergency care, primary care, specialized care.

SPECIFIC.

Differential diagnosis of patients with hematuria.

Initial treatment or follow-up, and anticipating and treating immediate complications.

Indicating relevant tests and complementary studies.

Decision making and teamwork.

Communication among team members and with the patient.

BACKGROUND KNOWLEDGE

Etiology, symptomatology, and complications of hematuria.

Interpretation of diagnostic tests.

Interpretation of renal ultrasonography and X-rays.

SUGGESTIONS FOR STUDY MATERIAL

Clinical guide; algorithm for hematuria.

SCENARIO

Staging a consultation area in the chosen setting with a stretcher bed and examination table. Urine samples and urine-test strips.

MOSAICO TEMPLATES

Students should receive the different templates in the room where they design the cases (one copy for each table): Case design template, Students' template for assessing other groups, Teacher's template for assessing the competency being taught.

DIFFERENTIAL DIAGNOSES

Cystitis.

Bladder tumor.

Nephritic colic.

CASE DOCUMENTS

*Clinical guide Laboratory test results Ultrasonography Urine sediment test Urine strip * leukocyte esterase*.

Clinical guide Laboratory test results Ultrasonography Urine sediment test Urine stri.

Clinical guide Laboratory test results Ultrasonography X-ray Urine sediment test Urine strip.

SUPPLIES

The supplies are the same for the 3 cases: ample space with a stretcher bed and examination table to simulate the different care settings 3 containers with urine samples of different intensities of staining to simulate blood in urine. Cystitis: slightly red with sediment; bladder tumor: intense red; nephritic colic: intermediate red (fine sand can be added) Urine strips for hematuria and/or others. IV analgesics for nephritic colic.

COMPLEMENTARY TEST

Ultrasonography.

Ultrasonography.

Ultrasonography X-ray.

MOST COMMON ERRORS

Failure to assess the entire renal system and investigate history and medications.

Failure to detect the problem and/or to request appropriate complementary tests.

Failure to detect abnormalities in laboratory tests and/or sediment.

Disorganization and inadequate communication within the team and with the patient.

CONSEQUENCES OF ERRORS

Delayed diagnosis, which can worsen the prognosis of a tumor Cystitis can become chronic Renal sepsis.

TIPS

Emphasize the difference between different care settings.

Show participants the entire scenario with all the material and supplies available depending on the care setting.

We recommend performing the simulations in the following order: CYSTITIS - NEPHRITIC COLIC - BLADDER TUMOR.

TECHNOLOGY

An intercom or cell phones to connect the professor facilitating the simulation with the aide in simulation.

The MOSAICO web platform can be used in the design or other phases of the process.

EXPERT ADVICE

Make sure that the communication between the professor and the aide in the scenario works properly before starting to act out the scenes.

Make sure that the observers can see and hear everything in the scenario and receive the results of the complementary tests at the same time as the treating group.