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 ACUTE PSYCHOSIS IN THE EMERG. DEPARTMENT

** DIAGNÓSIS / SITUACIÓN 1

SCHIZOPHRENIC SYNDROME

** DIAGNÓSIS / SITUACIÓN 2

INTOXICATION OR WITHDRAWAL (SUBSTANCE ABUSE)

** DIAGNÓSIS / SITUACIÓN 3

NONPSYCHIATRIC MEDICAL DISEASE

++ OTROS DIAGNÓSTICOS/SITUACIONES...

Other possible diagnoses: dementia, Alzheimer's disease.

COMPETENCIES TO ACQUIRE

GENERAL.

Diagnosing acute psychotic episodes and applying appropriate immediate measures for the diagnosis through teamwork.

SPECIFIC.

Evaluating (interviewing) a patient with psychotic symptoms arising from common etiologies in the emergency department.

Ensuring personal safety as well as the safety of other staff and of the patient.

History taking-obtaining information from the patient and his/her family.

Exploring the different dimensions of psychotic symptoms and signs.

"Active observation", synthesize the information received from the patient with the assessor's observations and perceptions during the interview.

Interpreting the assessment to orient the diagnosis.

Establishing an individualized treatment plan based on the above and informing the family.

BACKGROUND KNOWLEDGE

Theoretical framework for psychosis: etiopathogenesis and pathophysiology.

Detailed knowledge of the signs of psychosis that can be observed.

Interpretation and description of the symptoms that the patient reports.

Indications and contraindications for antipsychotic drugs.

Criteria for treatment in the hospital or at home.

SCENARIO

Staging a consultation area in the emergency department where all physical risks have been eliminated, with a chair fixed to the floor (see photo and a space delineated with adhesive tape around it to maintain sufficient distance during history taking. A nurse-confederate will be present in the scene.

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 assessina other arous. Teacher's temolate for assessing the competency being taught.

DIFFERENTIAL DIAGNOSES

Schizophrenia.

Intoxication/ withdrawal from drugs.

Nonpsychiatric medical disease

CASE DOCUMENTS

Clinical guide.

Clinical guide.

Clinical guide.

SUPPLIES

Adhesive tape for the floor. Lab coat for the assessor. Paper and pencil for the assessor. Urine sample container.

COMPLEMENTARY TEST

Normal laboratory. findings (if requested). Normal brain CT (if requested).

Normal laboratory. findings (if requested). Toxins in urine or blood. Normal brain CT (if requested).

CT showing a brain tumor. Normal or abnormal laboratory findings.

MOST COMMON ERRORS

Being overwhelmed by the tension in the interview. Losing the thread in the interview. Difficulties in interpreting the interview and portrayal. Failing to foresee and prevent the patient from harming anyone. Failure to ask the family about possible changes in the patient's behavior recently or previous treatment.

Same as for schizophrenia. Failure to determine what the patient has consumed recently.

Same as for schizophrenia. Failure to consider an organic cause and to try to rule it out with complementary tests. Failure to refer the patient to the appropriate specialists.

CONSEQUENCES OF ERRORS

Failure to obtain important. information from the history. Self-harm and harm to others Cardiac arrest.

Delayed diagnosis that can have repercussions on the prognosis.

OTHERS ASPECTS TO CONSIDER

At the end of the design phase, it is necessary to help the group design the simulated patient's physical behavior and body movements in accordance with the assigned diagnosis.

It is important for the patient's body movements to reflect the diagnosis being represented.

TIPS

Show the participants all the scenario and the material and supplies that are available in it, especially the loaded medications.

TECHNOLOGY

Manikins cannot represent conduct, so it is essential to use a simulated patient. Generally, the students themselves are very good at showing the representative behavior for the different diagnoses as long as they are trained in the design phase.

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

A video camera to record the session so that it can be shown during debriefing.

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

EXPERT ADVICE

This activity requires a longer debriefing than others because it is essential to discuss the differences between a psychopathology interview and a medical interview in emergency settings.

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.

In this activity, it is extremely useful to record the session so that it can be shown in debriefing.

ANNOTATIONS