

SAFETY

simulation for medical practice

SIMULATION APPROACH FOR
EDUCATION AND TRAINING
IN EMERGENCY

Psychosis University of Foggia (UniFg)



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DOCUMENT VERSION 01

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Scenario Description

Learning Target	Description	Participants
<p>Medical:</p> <ul style="list-style-type: none">• History taking• Recognition of psychotic crisis• Setting up of a proper psychiatric therapy <p>CRM:</p> <ul style="list-style-type: none">• Info utilization• Communication skills• Attention allocation• Team leadership• BAR	<p>Where: Emergency department</p> <p>Frame conditions: Just a routine day in the ED</p>	<p>Who:</p> <ul style="list-style-type: none">• Doctor• Nurse• Patient• Relative• Psychiatry consultant <p>(if requested)</p> <ul style="list-style-type: none">• Senior doctor (see section How to react if the medical problem is not identified)
<p>Notes:</p>		

Scenario Briefing

Briefing (everyone)	Additional Briefing (individual Positions)	Case Briefing (Roleplayers)
<p>24 year woman presenting at the ED with hallucinations, acute agitation and paranoid delusions</p>	<p>See case briefing and detailed patient history below</p>	<p>Doctor – just a routine shift in the ED</p> <p>Nurse – you are an experienced ED nurse</p> <p>Patient – see past medical history, you are severely agitated and have hallucinations and paranoid delusions</p> <p>Relative – you called the EMS after being called by your sister’s neighbour who found her severely agitated in front of her house</p> <p>Psychiatry consultant (if required) – if phoned ensure the requesting doctor is using SBAR, if not ask them to structure their presentation of the patient.</p> <p>Senior doctor (see How to react if the medical problem is not identified)</p>

Notes:

Script SIM Nurse/Co-Instructor

List of Material	Set-Up Room	Set-Up Simulator
<ul style="list-style-type: none">• Vital signs monitor (ECG, SpO2, NIBP, RR)• equipment for IV access• emergency drugs cart• advanced airway cart• oxygen plant• phone	Patient in bed at the ED	Young woman with unkept appearance (not very clean clothes, messy hair, dirty nails, etc.)

Notes: This scenario is doable ONLY with an SP, who has to be well trained in the case. Could work with a man as well – just change briefing accordingly

Scenario Saver

How to react if the medical problem is not identified

Medical history not taken:
Nurse enters the room saying the patient relative is waiting outside since long time

Psychotic crisis not recognized:
Senior doctor enters the room hearing a lot of noise, asking what happened and suggesting the doctor to call the psychiatry consultant

How to react if the medical problem is identified too quickly

The patient develops increasing mistrust towards the team, which has to find a strategy to administer the requested therapy

Other comments, material needed for savers (e.g. white coat)

White coat available for the doctor and requested consultant

Scrub available for the nurse

Notes:

Scenario End Criteria

Scenario ends when...		
The doctor administers the appropriate antipsychotic therapy (by himself or suggested by the consultant)		

Notes: General note – end the scenario saying:
“The patient is now going to be taken care of, thank you for solving the case”

Simulator Set-Up, Steering

	<p>Phase 1</p> <p>Continuous – vitals don't change much, tachycardia reduces after the patient calms down a bit</p>
Vitals	<p>HR: 115</p> <p>BP: 130/80</p> <p>SpO2: 99%</p> <p>Resp. Rate: 18</p> <p>Temp:37.2</p> <p>ECG: sinus tachycardia</p>
Text for patient	<p>You are a 24 year woman presenting at the ED with hallucinations, acute agitation and paranoid delusions.</p> <p>You are not able to report your past medical history. If asked you can only tell that you spent some time with other people in an environment different from your house after your parents divorce. In that place they gave you several pills.</p> <p>Past medical history (to be reported by the patient's relative if asked):</p> <ul style="list-style-type: none"> - Psychiatric disorder arose after their parents' divorce, of which she does not know the details or therapy
Other info	
Management during scenario	<p>Doctor:</p> <p>Ask for vital signs</p> <p>Ask to speak with the patient relative for past medical history</p> <p>Nurse:</p> <p>Provides non invasive monitoring</p> <p>Helps with patient management</p> <p>Relative:</p> <p>Provides past medical history</p> <p>Psychiatry consultant:</p> <p>Helps the doctor with the differential diagnosis of the psychiatric disorders which could match the case</p>

Abstract

Learning Target:	Recognition of a psychotic crisis
Description:	Psychotic patient suffering from a schizoaffective disorder
Participants:	1 Doctor, 1 Nurse, 1 Patient, 1 Relative, 1 Senior doctor (saver), Psychiatry consultant (if requested)
Case Briefing:	24 years old woman presenting at the ED with hallucinations, acute agitation and paranoid delusions
List of Material:	Vital signs monitor, IV access, drugs and airway cart, phone
Set-Up Room	Emergency department room
Set-Up Simulator:	
Scenario Saver:	2 types (see above)
Scenario End Criteria:	The doctor administer the appropriate antipsychotic therapy (by himself or suggested by the consultant)
Management during Scenario:	Vital and past medical history → eventual call to consultants → psychotic crisis diagnosis and proper treatment
Other:	