

Practicum I

Code: 103674
ECTS Credits: 12

Degree	Type	Year	Semester
2500891 Nursing	OB	2	2

Contact

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Use of Languages

Principal working language: catalan (cat)
Some groups entirely in English: No
Some groups entirely in Catalan: Yes
Some groups entirely in Spanish: No

Teachers

Ana María Ramírez Díez
Sofia Perez Hortiguela
Mónica Soler Rovira
Eva Janeiro Ochoa
Lydia Saavedra Salillas
Montserrat Lolo Carrete
Francisco Javier Palomino Alba
Rebeca Gomez Ibañez

Prerequisites

The prerequisites to be able to join this unit are (must be completed before its start):

- Having attended the risks prevention course and having passed its tests.
- Having attended the practicum lab lessons from year two and three (check calendar)
- Having attended the planned visit to assess and update the vaccination card at the Preventive and Epidemiology Unit at Vall d'Hebron before the first day of the practice (check calendar).
- Having a personal ID given by Academic Management and the Teaching Unit at Vall d'Hebron, North Module or from the very practice centre.
- Having signed the confidentiality and commitment agreement form from the following link during the enrolment process:
<http://www.uab.cat/web/informacio-academica/grau-infermeria/responsabilitats-alumnes-1345686028067>.

Important: It is not possible to carry out two practices at the same time

The student will acquire the commitment of preserving confidentiality and professional secret from the data she or he may be able to access because of their learning process at the assistance service. Students will also maintain a professional attitude in all their actions. On that sense, the student that enrolls to this subject

commits to applying the "Nursing Practicum Norms" and the "Recommendations for conduct for the Medicine Faculty students". The documents are available through the faculty website www.uab.cat/medicina within Graus, Infermeria, Practicum.

There are practices centres that may not authorize the start of the practices without submitting the certificate of sexual crimes. That is the student's responsibility.

<https://web.gencat.cat/ca/tramits/que-cal-fer-si/vull-obtenir-el-certificat-de-delictes-de-naturalesa-sexual/>

Objectives and Contextualisation

General Purpose

Practicum I must allow the student to integrate and apply the contents

They have worked on previously on the different subjects, incorporating new knowledge, abilities and attitudes through real contact with the nurse profession within the welfare field and its complexity.

Specific Objectives

- To allow the students to go into depth in the care as well as having a first contact with those cares in a hospital environment.
- Work the nursing care process (PAI) as a scientific methodology for problem solving with the conceptual model of Virginia Henderson.
- Develop the two dimensions of the professional role, the role of collaboration and the autonomous role, gain awareness of the great importance of the last one.
- Provide healthcare adapted to health needs, guaranteeing nursing care quality, directed to the person and the family, with an integral vision that contemplates the biological, psychological and social aspects of the individual.
- Develop communication skills with the person they are taking care of, his family and the work team.

Competences

- "Demonstrate an understanding of people without prejudice: consider physical, psychological and social aspects, as independent individuals; ensure that their opinions, values and beliefs are respected and guarantee their right to privacy, through trust and professional secrecy."
- Base nursing interventions on scientific evidence and the available media.
- Carry out basic curative actions based on holistic health care, involving multiprofessional cooperation, the integration of processes and continuity of health care.
- Design systems for curing aimed at people, families or groups and evaluate their impact, making any necessary changes.
- Develop critical thinking and reasoning and communicate ideas effectively, both in the mother tongue and in other languages.
- Establish efficient communication with patients, family members, social groups and friends, and promote education for health.
- Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
- Form part of and work with groups and teams.
- Identify, analyse and choose the most suitable option to respond efficiently and effectively to problems in the professional context.
- Identify, analyse and solve ethical problems in complex situations.
- Offer solutions to health and illness problems to patients, families and the community applying the therapeutic relation by following the scientific method of the nursing process.

- Offer technical and professional health care and that this adequate for the health needs of the person being attended, in accordance with the current state of scientific knowledge at any time and levels of quality and safety established under the applicable legal and deontological rules.
- Plan and carry out nursing care aimed at people, families and groups orientated to health results and evaluate the impact of them using clinical and care practice guides describing the processes for the diagnosis, treatment or cure of a health problem.
- Promote and respect the right to participation, information, autonomy and informed consent in decision-making by the patient, in accordance with the way they are experiencing the health-illness process.
- Promote healthy life styles, self-treatment, giving support to the maintenance of preventative and therapeutic conducts.
- Protect the health and welfare of people or groups attended guaranteeing their safety.
- Recognise and face up to changes easily.
- Respect diversity in ideas, people and situations.
- Respect the environment and promote sustainable development.
- Use scientific methodology in interventions.
- Work with a team of professionals as a basic unit to structure the professionals and the other care organisation workers in a unidisciplinary or multidisciplinary way.

Learning Outcomes

1. Adjust communication to the different interlocutors.
2. Adopt clinical judgement and propose the most appropriate solutions for the health problems being dealt with.
3. Applied to clinical practice the acquired knowledge and skills.
4. Apply different educational strategies aimed at the patient and their carer.
5. Apply effective communication with patients, families, social groups and partners and identify interventions to promote health education.
6. Apply safety rules in professional actions
7. Apply safety standards relating to the implementation of radiation.
8. Apply scientific methods to clinical practice.
9. Apply technical care using appropriate to the situation of the person served bearing in mind the established standards and best available evidence instruments.
10. Apply the nursing care process to a patient and to their carer in the area of primary health care.
11. Apply the nursing interventions based on scientific evidence and available means.
12. Apply the process of nursing care in all interventions and the care relationship.
13. Apply the skills acquired in communication techniques.
14. Assess risk and protect the health of people ensuring their safety.
15. Carry out the nursing care actions set out by consensus with the teams involved.
16. Comprehensively assess health situations using tools such as physical examination, laboratory tests and nursing interview.
17. Defend nursing interventions with scientific evidence.
18. Demonstrate skill in performing nursing procedures and techniques.
19. Develop independent learning strategies.
20. Draw up nursing care plans taking in to account the consensus and recommendation of the care team.
21. Draw up nursing plans to be able to act adequately and evaluate the impact of the actions.
22. Educate, facilitate and give health and welfare support to the members of the community affected by health issues, risk, suffering, illness, disability or death.
23. Encourage the participation of people, families and groups in the processes of health and illness.
24. Establish an empathetic relationship with the patient the family in accordance with the situation of the person, their health problem and the stage of development.
25. Evaluate and treat people in a holistic, tolerant manner without emitting value judgements.
26. Evaluate the state of health of the individual, family and community, and identify problems and internal and external factors affecting health.
27. Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
28. Form part of and work with groups and teams.
29. Form unidisciplinary and multi-disciplinary working teams and share common objectives.
30. Identify situations in which confidentiality of patient information is at risk.

31. Identify the ethical references of the nursing profession.
32. Identify, analyse and solve ethical problems in complex situations.
33. Identify, analyze and make the right choice paragraphs to address problems professionally, efficiently and effectively.
34. Indicate healthy lifestyles and preventative and therapeutic conduct.
35. Maintain a respectful relationship with the patient/family/health team without expressing value judgements.
36. Plan activities that need to be carried out to offer a holistic nursing care to an individual, family members or a community.
37. Plan cures considering the opinions, beliefs and valued of the people to whom they are addressed.
38. Plan specific aspects for promoting and maintaining good health and preventing illness.
39. Prioritise preventative health measures during actions at health centres.
40. Promote the participation of the patient in the care planning.
41. Recognise and face up to changes easily.
42. Relate acquired knowledge to the actions carried out.
43. Respect diversity in ideas, people and situations.
44. Respect the environment and promote sustainable development.
45. Respect the principles of right to privacy confidentiality and professional secrecy in all care carried out.
46. Review and periodically re-evaluate health situations and the nursing actions carried out.
47. Select the activities for the prevention, control and monitoring at all stages of life.
48. Select the appropriate strategies which allow effective communication with patients, families and social groups.
49. Use protection and safety measure to ensure the welfare of the individual, families and communities
50. Use scientific evidence in care practice.
51. Use scientific knowledge at any given time by applying quality and safety levels.
52. Use the process of nursing care in nursing care using clinical guidelines and clinical practice.
53. Use the therapeutic relationship, based on trust, communication and interpersonal relations to solve the health problems of the person and the family.
54. Work cooperatively and responsibly to achieve previously planned objectives and guarantee the continuity of health care.

Content

The thread of the subject will be the performance of the process of nursing care as a scientific methodology to solve problems according to the conceptual model of Virginia Henderson in order to develop a role of collaboration and an autonomous nursing role, insisting on the importance of the latter.

Nursing care process according to Virginia Henderson's model:

ASSESSMENT: it will be carried out by systems (signs and symptoms) and by the 14 basic needs according to Virginia Henderson's model (breathing, eating and drinking, removing, keeping adequate postures, sleeping and resting, getting dressed and undressed, keeping the body temperature within the limits, keeping body hygiene and skin integrity, avoid danger, communicate with others, living according to your beliefs and values, personal realization, taking part in leisure activities, learning). In order to do so the student will take into account the collection of objective and subjective data through observation, interviewing and medical examination (Inspection, feeling, percussion and auscultation).

From this assessment they will identify the manifestation of independence, the dependant ones (lack of knowledge, physical and psychical strength and lack of will) and the autonomy of the person. Later on, the data will need to be organized and registered according to the norms established by the institution.

DIAGNOSIS: Phase of identification and formulation of the detected problems

1) Nursing diagnosis: According to NANDA (1990) is the "clinical judgement of an individual, family or community in front of the vital processes or real or potential health problems. The nursing diagnosis provide the basis for the selection of the nursing act aimed at achieving goals of which the nurse is responsible". Situations in which the nurse identifies, validates and treats independently. They can be: real, risky or health related.

It is demanded to work by NANDA terminology. Those will be the minimums:

Real diagnosis:

- Anxiety
- Fear
- Constipation
- Unefficient cleaning of the air conducts

Risky diagnosis:

- Anxiety risk
- Risk of skin deterioration
- Risk of constipation
- Risk of infection
- Risk of falling
- Risk of disuse syndrome

Health diagnosis:

- Disposition to improve knowledge

2) Autonomy problems: When the need is not adequately satisfied due to a physical or intellectual inability and the only possible nursing action is to find a substitute for the person. The needs that can be substituted are:

- Eating and drinking
- Removing
- Moving and keeping an adequate posture
- Getting dressed and undressed
- Keeping the body temperature within the limits
- Keeping corporal hygiene and skin integrity
- Avoid danger

Due to its formulation it is recommended to follow the terminology of: total or partial substitution.

3) Problems of collaboration: Problems susceptible to be treated in collaboration with other professionals. Situations related to the pathology. Nursing care and vigilance of the person affected by a health problem, applying medical orders such as medication or different treatments, diagnosis tests. They can be: Real Problems (PI) or Potential Complications (CP).

Due to its formulation it is recommended to follow medical terminology:

- Infection
- Pain

PLANIFICATION: The objectives will be contemplated first. Later on, the interventions and activities will be planned:

1) Nursing diagnosis: Anxiety, fear, constipation, risk of skin deterioration. Depending on the diagnosis and depending area:

- Information fitting to the situation
- Communication, active hearing
- Emotional support
- Health education
- Wellbeing actions
- Continuous assessment of the risk of skin deterioration, education about risk factors...

2) Autonomy problems

- Performance of total or partial substitution of every needed need

- Nursing, nursing assistant, family care taker...

3) Problems of collaboration: infection and pain

- Control and vigilance action of the patient evolution depending on the health problem
- Control of signs and symptoms. Pain control.
- Application, control and vigilance of the recommended treatments: pharmacological and others. Diagnosis tests.
- Etc.

EXECUTION: Activities and interventions will be performed. We must take into account the previous preparation and the later register.

ASSESSMENT: The student must be able to assess the situation and make the fitting decisions.

Methodology

Clinical Practice (PEXT)

The clinical practice provides the student with the opportunity to develop knowledge, skills, attitudes and values in a professional, complex and real environment always accompanied by a professional nurse (clinical associate teacher).

- It lasts approximately 7-8 weeks in a fitting hospital service according to their learning needs. During this period, they will be assigned a professional nurse (clinical associate teacher) from the unit that will take care of their learning process in an individualized and continuous matter.
- You will be able to check your schedule on the calendar uploaded to the Moodle.
- IMPORTANT: The schedules can be modified depending on the need of each service.

Clinical Cases Seminars (SCC):

- Their objective is to encourage the analysis, reflection and learning from the situations that arise from the complexity on an assistance context.
- The seminars will take place with small group under the supervision of an associate nurse teacher.
- The seminars will last for approximately 3 hours and will take place during the programmed days within the period of clinical practice (check calendar).

IMPORTANT: The schedules can be modified depending on the associate teacher.

Clinical practice of Advanced Simulation (PSCA)

During the Practicum III period, each student will carry out a high fidelity simulation with a different timetable than the one assigned to the clinical practice and will not compute to the programmed hours to the assistance practice.

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Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Advanced Clinical Simulation Practice (PSCA)	9	0.36	2, 10, 12, 7, 17, 28, 18, 19, 20, 24, 27, 21, 40, 33, 29, 37, 41, 44, 43, 46, 54, 25
CLINICAL CASES SEMINARS (SCC)	12	0.48	28, 19, 27, 41, 42, 43, 16
Type: Supervised			
HUMAN ASSISTANT CLINICAL PRACTICE (PEXT)	279	11.16	9, 7, 28, 19, 24, 27, 29, 41, 42, 44, 43, 47, 48, 16, 25

Assessment

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The final qualification of the subject is the result of adding the mark of the Clinical Practice (PEXT) and the one obtained on the Clinical Cases Seminars (SCC) with the following weighing:

- 60% of the mark corresponds to the Clinical Practice (PEXT)
- 40% of the mark corresponds to the Clinical Cases Seminars (SCC): clinical sessions

IMPORTANT: In order to pass the subject, you must have passed each of the competence groups from the clinical practice and the seminar assignments with at least a 5.

It is compulsory to carry out the whole clinical practice period programmed on the calendar, no matter the schedule in which the practice is carried out.

Any interruption from the attendance to the service will be considered an absence, which can either be:

a) A justified absence, in the following situations:

Deaths

Visit to a medical specialist

Acute illness

Driving license exam

Official university exam

Official language exams

The students must present proof to the teacher and fill up the document "Tracking sheet"

b) Non justified absences: Those that are not on the previous list and have not been authorized by the subject coordinator. The student will fill up the "tracking sheet" with the information about this absence. At the end of the term, 0.5 points will be subtracted from their final mark.

c) Strikes, demonstrations: Preserving the rights of the students and following the recommendations of the rector, the students that want to take part in any of the events organized by the student Union will have to inform their teacher and the practice service in advance. The "tracking sheet" must be filled up. That lesson will be considered done and not recoverable.

d) Non justified and non-notified absence: It may lead to failing the subject

e) Delay: Being late more than 5 times through the subject period may lead to failing the subject.

The associate teacher and the practice service must be informed of the absences as soon as possible in order to reduce its effect on the learning process and agree on a new day to recover it.

Every hour missed must be recovered during the period of practice.

The attendance to the simulation is compulsory and cannot coincide with the schedule assigned to the practice. Not attending this session will be penalized by subtracting one point from the final mark.

Every practice must be carried out. The justified absences must be recovered without impact on the assessment. The non-justified absences must be recovered and will lead to the subtraction of 1 point each one to a maximum of 3 days (in that case the student will fail the subject). There is no possibility to recover outside of the practice period. Not respecting the practice period without previous notice and with a justified reason may lead to failing the subject.

Particular Cases:

If the subject responsible asks for it an assessment commission can be formed in order to assess particular cases, personal or extraordinary that don't find an answer on this guide or in the documents uploaded to the practicum website. The practicum commission will give a definitive answer.

Attendance control:

"Tracking sheet": Through daily signing of this document, the responsible nurse from each student will confirm the scheduled followed during the student practice day.

The only responsible from this document is the student. It must be up to date and he or she will be responsible for its veracity.

The document will be handed to the teacher at the end of the practicum.

At any time this document can be required by the practicum responsible or the clinical associate teachers for its control.

Any sign of academic dishonesty or manipulation; any discriminatory, violent or disrespectful attitude towards the patients, professionals or colleagues will lead to an immediate failing of the subject. Each of these situations can be notified to the practicum commission, that will analyse the facts and establish a consensual resolution about it.

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Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Assessment during the practices at the assistance centre	60%	0	0	2, 3, 10, 9, 8, 12, 4, 13, 11, 7, 6, 5, 35, 17, 28, 1, 18, 19, 22, 20, 24, 27, 15, 21, 40, 31, 34, 30, 33, 32, 29, 38, 36, 37, 39, 23, 41, 42, 45, 44, 43, 46, 47, 48, 54, 52, 53, 50, 49, 16, 14, 25, 26
Narrative registers. Work folder	40%	0	0	9, 8, 12, 4, 11, 17, 19, 20, 27, 21, 31, 34, 38, 36, 37, 42, 43, 46, 47, 52, 51, 50, 16, 26

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