

**Practicum V**

Code: 103677  
ECTS Credits: 15

Degree	Type	Year	Semester
2500891 Nursing	OB	3	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**

Sílvia Martínez Coso  
Juan del Oso  
Judit Ribas Olmo  
Fernando Cobano Escobar  
Cristina Silvia Gil Sánchez  
Rebeca Gomez Ibañez  
Meritxell Sariol Cordero

**Prerequisites**

The access to this Practicum V will be available to those students that before the start of the first of the practicum have:

- Attended the risk prevention session and have passed its assessment test (check calendar).
- Attended the planned medical visits for the evaluation and updated the vaccine card and the tuberculin screening carried out by the Preventive Medicine and Epidemiology service of the Vall d'Hebron Hospital (check calendar).
- Attended the second and third year of laboratory practice lessons (check calendar).
- The personal identification card provided by the Academic Management service of the Teaching Unit at Vall d'Hebron (North module).

Important: For consistency with the progress of acquisition of the competency level, which is acquired gradually, it is recommended that the students have successfully completed Practicum I and II.

Important: It is not possible to carry out two practicums at the same time. The student will commit to preserving the confidentiality and professional secret of the data that can be accessed. He will also maintain an attitude of professional ethics in all his actions. In this sense every student that enrolls to this subject is committed to applying the following regulations: "Normative of the Practicum in Nursing" and "Behavioral recommendations

of the students of the Faculty of Medicine". The documents are available through the web page of the faculty of medicine [www.uab.cat/medicina](http://www.uab.cat/medicina) within the Degrees: Nursing; Practicum

\* The protocol is implemented to ensure and protect the right to privacy of the patient by students and residents of Health Sciences (BOE-A-2017-1200 Document):

- The addresses of the hospitals in which the students perform clinical practices will send us the instructions regarding the document of confidentiality and, if applicable, the identification card.
- Students will have to follow the rules that will be uploaded to the virtual campus
- Failure to comply with this regulation will result in termination of the practicum.

## Objectives and Contextualisation

General Purpose

Practicum V 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 initiated in Practicum III as well as having a first contact with those cares that are given in welfare services of more complexity.
- 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. Periodically evaluate health situations and borrowed nursing interventions.
37. Plan activities that need to be carried out to offer a holistic nursing care to an individual, family members or a community.
38. Plan cures considering the opinions, beliefs and valued of the people to whom they are addressed.
39. Plan specific aspects for promoting and maintaining good health and preventing illness.
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. Use therapeutic relations in solving the health problems of the patient and/or their family.
55. Work cooperatively and responsibly to achieve previously planned objectives and guarantee the continuity of health care.

## Content

The main subject of the course will be the implementation and application of the nursing care process (PAI) as a scientific methodology for solving problems with the framework of the conceptual model of Virginia Henderson.

1. Breathe
2. Eat and drink
3. Delete.
4. Move and maintain a good posture
5. Sleep and rest
6. Dress and undress
7. Maintain body temperature within normal limits.
8. Be clean, polished and protect your teguments.
9. Avoid dangers.
10. Communicate with others.
11. Act according to your beliefs and values.
12. Occupy yourself to realize yourself.
13. Recreate and / or enjoy.
14. Learn.

## Methodology

### Clinical Practices (PEXT):

Clinical practices give students the opportunity to develop knowledge, skills, and attitudes values in a real and complex professional field, always accompanied by a professional nurse (Professor clinical associate).

They consist of an approximate stay of 9 weeks in a hospitalization service adapted to the needs of training and in which each student will be assigned a nurse from the unit where he / she does the practices that will guide and look after the learning process individually and continuously.

You can check the shifts and schedules in the calendar posted on the web. These schedules can be modified depending on the needs of the services.

### Clinical case seminars (SCC):

Its objective is to promote the reflexive practice of the situations arise in the complexity of the healthcare context and the learning derivate from this reflection.

Also, work on the nurse methodology as a basic tool for analysis and problem solving.

Clinical sessions will be held in small groups of students with the supervision of an associate professor and nurse methodology will be used as a basic tool for analysis and problem solving. The clinical sessions will last for 3 hours and will be done on the scheduled days within the period of the practice clinic (see calendar).

IMPORTANT: These schedules can be modified based on the teacher

### Clinical simulation (PSCA):

Perform a high-fidelity simulation session. This session will take place during the practicum period in a different schedule from the one assigned to the Clinical healthcare practice.

## Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Advanced Clinical Simulation Practice (PSCA)	9	0.36	2, 3, 10, 9, 13, 7, 6, 35, 17, 22, 27, 15, 31, 38, 45, 44, 46, 55, 49, 16
CLINICAL CASE SEMINARS (SCC)	15	0.6	17, 28, 20, 27, 29, 41, 46
Type: Supervised			
EXTERNAL PRACTICES (PEXT)	351	14.04	17, 28, 27, 29, 38, 41, 46, 25

## Assessment

The final grade of the subject corresponds to the sum of the clinical practices mark (PEXT) and the one obtained in the seminars case with the following weighting:

- 60% of the grade corresponds to clinical practice.
- 40% of the grade corresponds to clinical case seminars.

In order to pass the subject, you have to pass each one of the competent groups of the clinical practices and the works of the seminars with a minimum grade of 5.

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

subject Clinics (PEXT):

continued and formative Appraisal along the period. Roughly at the half, the teacher associated nurse, together with the nurse, will do a digest of the information obtained until the moment and will comment it with the student. At this appraisal, of formative character, will work the level of attainment of the aims proposed, the strong points at excelling and the weak points at improving with the pertinent recommendations. In the same way, the student will do his autoavaluation and will comment it with the teacher

Appraisal finalist:

At finalising the period of clinical practices, the nurse will entertain a final report on the competences attained by the student. In the same way, at finalising the period the student will do his autoavaluation and will comment it with the nurse and the teacher associated nurse.

\* The assistance is obligatory at the totality of the hours programmed and at the turn and schedule assigned. Those assistive faults justified and the no justified, will have to recover in the period of clinical practices programmed previous authorization of the responsible teacher and of the service of practices.

Seminaries of clinical cases (SCC):

continued and formative Appraisal along the sessions. It will assess the elaboration, presentation and discussion of those weekly activities required that they arise in the context of the clinical practice. It will value the foundation of the works, the evidences that sustented the contributions, the bibliography utilised and the fluid expression, coherent and suitable already was of oral form and written. Also it will take into account the capacity of work at group, the with regard to the plurality of ideas, persons and situations.

The realisation of works or cases is obligatory. The no presentation of any of them in the period established by the teacher negatively at the appraisal.

Appraisal finalist:

During the last week, the student will attach at the section of "Installments" of the room of the subject at it Moodle the corresponding activities at the seminaries of clinical cases (PAI and other works). The installment of these works is obligatory. The installment of these works is obligatory. Will have to draft tracking the norms established by the presentation of works.

\* It will consider no handed, and therefore no avaluable, those documents that do not conform the criteria established by the coordinator of the subject.

\* The assistance at the seminaries of clinical cases is obligatory. It will consider NO approved this section if the student does not assist in addition to a session.

Obtention of the final qualification:

According to the accord 4.4 of the Council of Government 17/11/2010 of the rule of appraisal, the qualifications will be

Suspense: <5

Approved: of 5 at 6,9

Notable: of 7 at 8,9

Excellent: >9

Tuition of honour: >9

NOTE:

Any sign of academic dishonesty, and now plagiarism or manipulation of documents of appraisal, etc., or any discriminatory attitude, violent or irrespective to patients, professionals, partners/ and/or educational, will suppose the immediate suspense of the subject. All these situations will be elevated at the commission of practicum who will analyse it succesful and will establish a resolution at the respect.

On demand of the manager of the subject can constitute a commission configured at effect to value special

situations, personal and/or extraordinary that do not find response at the if of this guide or at documents published at the web of the practicum. The commission of practicum by means of a resolution will give conclusive response and linking

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Evaluation during the practices at the center healthcare	60%	0	0	2, 3, 10, 9, 8, 12, 4, 13, 11, 7, 6, 5, 35, 17, 36, 28, 1, 18, 19, 22, 20, 24, 27, 15, 40, 31, 34, 30, 33, 32, 29, 39, 38, 41, 42, 45, 44, 43, 46, 48, 55, 52, 51, 53, 50, 54, 49, 16, 14, 25
Narrative records	40%	0	0	17, 28, 19, 20, 27, 21, 37, 38, 23, 41, 42, 46, 47, 26

## Bibliography

Luis MT. Enfermería Clínica. Cuidados enfermeros a las personas con trastornos de Salud. Barcelona:Wolters Klumer, 2015

Alfaro-LefevreR. El proceso enfermero. 5ª ed. Barcelona: Masson; 2003

Luis. M.T., Fernández. C., Navarro. M.V. De la teoría a la práctica. El pensamiento de Virginia Henderson en el siglo XXI. 3ª ed. Barcelona: Masson; 2005

Luis M.T. Los diagnósticos enfermeros. Revisión crítica y guía práctica .9ª ed.Barcelona:Elsevier Masson;2013

Nanda Internacional. Diagnósticos enfermeros. Definiciones y clasificación 2015-2017.Madrid:Elsevier; 2015.

Tellez S, García M. Modelos de cuidados en enfermería NANDA, NIC y NOC. México DF: McGraw-Hill Interamericana; 2012.