

Practicum VI

Code: 103678
ECTS Credits: 21

Degree	Type	Year	Semester
2500891 Nursing	OB	4	0

The proposed teaching and assessment methodology that appear in the guide may be subject to changes as a result of the restrictions to face-to-face class attendance imposed by the health authorities.

Contact

Name: Miguel Jiménez Pera
Email: Miguel.Jimenez@uab.cat

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
Agustí Durán Parra
Cristina Silvia Gil Sánchez
Rebeca Gomez Ibañez

Prerequisites

In order to enrol in Practicum VI, students must have:

- Attended the occupational risks session and test.
- Attended the practical lab lessons of second and third year.
- Attended the planned visits for the assessment and update of the vaccination card and the tuberculosis test through the Vall d'Hebron Preventive Medicine and Epidemiology areas before starting the first subject of the syllabus.
- Own the Student ID.

Coherently it is HIGHLY RECOMMENDED for every Student to have passed every subject from Practicums I, II, III, IV and V.

Important: It is not possible to participate in two practicums simultaneously.

Students will be committed to preserving confidentiality and professional secrecy regarding the data they may get access to when learning about nursing services. They also commit to having an ethical al professional

attitude in every single action. In that sense, whoever enrolls in this subject also commits to apply the "Nursing Practicum regulations" and the "Behaviour recommendations for the Faculty of Medicine Students". These documents are available through the Faculty of Medicine website.

- The addresses of the hospitals and Medical centres where the students go through their clinical practicum will send us their instructions in order to arrange the signature of a confidentiality agreement and, if necessary, and ID.
- Students will follow the regulations available at the Online Campus.
- Not following the regulations will mean the termination of the practicum and therefore its failing.

It is mandatory to own a Certificate of Sexual Crimes before initiating the practicum. You will find information on how to obtain it on the following link:

<https://web.gencat.cat/ca/tramits/que-cal-fer-si/vull-obtenir-el-certificat-de-delictes-de-naturalesa-sexual>. Some practicum centres will not authorize the start of the practicum if the certificate is not submitted on time. Carrying out this task is the student's responsibility.

Objectives and Contextualisation

GENERAL OBJECTIVE

- Practicum VI will allow the Student to integrate and apply the contents acquired in different subjects, incorporating new knowledge, skills and attitudes through the real contact with the nursing profession.

SPECIFIC OBJECTIVES

- Go in depth in the cares initiated in Practicum V, those that are part of the day-to-day life of a nurse and initiate yourselves in those complex cares that are carried out through nursing services.
- Incorporate the nursing process of attention as scientific methodology.
- Develop the dimensions of the collaborative and autonomous roles.
- Offer nursing care adapted to Medical needs, guaranteeing quality nursing care, directed to the patient and the family with an integral vision that contemplated the biological, psychological and social need of the patients.
- Develop Communications skills with the patient, its family and the working 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 safety rules in professional actions
6. Apply safety standards relating to the implementation of radiation.
7. Apply scientific methods to clinical practice.
8. Apply technical care using appropriate to the situation of the person served bearing in mind the established standards and best available evidence instruments.
9. Apply the nursing care process to a patient and to their carer in the area of primary health care.
10. Apply the relationship of nursing care and scientific method to solve all health/illness problems of the patients, families and/or community.
11. Assess risk and protect the health of people ensuring their safety.
12. Carry out the nursing care actions set out by consensus with the teams involved.
13. Comprehensively assess health situations using tools such as physical examination, laboratory tests and nursing interview.
14. Defend nursing interventions with scientific evidence.
15. Demonstrate skill in performing nursing procedures and techniques.
16. Develop independent learning strategies.
17. Draw up nursing care plans taking in to account the consensus and recommendation of the care team.
18. Draw up nursing plans to be able to act adequately and evaluate the impact of the actions.
19. Educate, facilitate and give health and welfare support to the members of the community affected by health issues, risk, suffering, illness, disability or death.
20. Encourage the participation of people, families and groups in the processes of health and illness.
21. 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.
22. Evaluate and treat people in a holistic, tolerant manner without emitting value judgements.
23. Evaluate the state of health of the individual, family and community, and identify problems and internal and external factors affecting health.
24. Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
25. Form part of and work with groups and teams.
26. Form unidisciplinary and multi-disciplinary working teams and share common objectives.
27. Identify situations in which confidentiality of patient information is at risk.

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

Content

The contents of this practicum are formed by a combination of the different subjects taught through the first and second year. During the practicum students will have to select the necessary contents in order to identify needs and solve problems of the patients that are cared for during the practicum under the watch of a nurse. Here are some of those contents highlighted:

- The Virginia Henderson model applied to attention of adults and the elderly.
- The methodological basis to plan and offer nursing care.
- Applying the teaching-learning process when nursing care is offered to people from different cultures.
- Nursing attention plan.
- Deontological code, rights and obligations of the user in the context of nursing care.
- On-going improvement in the quality of nursing care.
- Guides of clinical practices and protocol.
- Healthy eating and therapeutic diets on patients.
- Factors that influence the learning process in patients, educational needs, learning objectives, educational strategies and expected results.
- Nursing care oriented to Health promotion and prevention.

- Therapeutic communication.
- Conflict management.
- Risk management regulations for the patient's safety.
- The Catalan Medical System.

Methodology

Clinical practicum (PEXT):

The clinical practicum gives the students an opportunity to develop knowledge, skills, attitudes and valued in a professional environment that is real and complex, always under the supervision of a teaching nurse.

They last approximately 15 weeks in a hospital service depending on their training needs and during which each Student will have a nurse of that unit assigned to watch and guide their learning process continually and individually.

You can access the shifts and timetables on the calendar published on the website. The timetables can be modified according to the unit needs.

Reflective Journal

It is a collection of those situations lived throughout the practicum that awakened emotions, wither positive or negative, and had an impact on the learning process. It must be submitted biweekly via Moodle.

Seminar (SEM):

Its objective is to apply the reflective practices to situations lived during the clinical experience. The seminars will take place in small Student groups, enlivened by an associated teacher of UAB.

The seminars last 2,5 hours and take place during the weeks programmed for the clinical practices period.

The seminars will take place in teaching centres linked to the subject: The UAB Campus in Bellaterra, Vall d'Hebron or Practicum Centres.

The transportation cost to get to the Medical centres will be covered by the Student.

IMPORTANT: These timetables can be modified depending on the teacher.

Clinical simulation (PSCA):

Go through a highly realistic simulation. This session will take place during the practicum period outside normal hours and does not compute with those hours assigned to the practicum.

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Advanced Clinical Simulation Practice (PSCA)	4	0.16	2, 3, 9, 8, 6, 5, 31, 14, 19, 24, 12, 28, 34, 41, 40, 42, 51, 45, 13
SEMINARS (SCEM)	5	0.2	14, 25, 17, 24, 26, 37, 42
Type: Supervised			

EXTERNAL PRACTICES (PEXT)	500	20	2, 3, 9, 8, 7, 4, 10, 6, 5, 31, 32, 25, 1, 15, 16, 19, 17, 21, 24, 12, 18, 36, 27, 30, 29, 26, 35, 33, 34, 20, 38, 41, 40, 39, 42, 43, 44, 51, 48, 47, 49, 46, 50, 45, 13, 11, 22, 23
Type: Autonomous			
Preparation of written works / Reding of articles	16	0.64	16, 24, 30

Assessment

Assessment criteria

The final qualification of the subject is formed by the sum of the clinical practices mark, the one obtained on the seminar and the one obtained on the reflective journal with the following weighing:

- 60% formed by the clinical practices mark.
- 25% formed by the reflective journal mark.
- 15% formed by the seminar mark.

In order to pass the subject every area must be completed with a minimum mark of 5.

Attendance control:

Attendance sheet: Through the daily signing of this document, the nurse responsible for each Student will confirm the schedule of each day. This document will serve as proof of the number of practice hours.

The only person responsible for the document will be the student. It will have to be updated at all times, and the student will be responsible for its information being truthful. The document will be submitted to the nursing associate teacher at the end of the practicum and uploaded to the Moodle.

This document may be asked at any given time by those responsible for the subject.

It is mandatory to go through the whole practicum period programmed on the teaching calendar, no matter the schedule of the practicum.

Any interruption of assistance to the service is considered an absence. Those may be:

- a) Justified absences in the following situations:
 - Family death.
 - Specialized medical visit.
 - Acute illness.
 - Driving test.
 - Official university test.
 - Official language test.
 - Proof of those events will be required, and the teacher will write about them on the follow-up sheet.
- b) Non-justified absences:
 - Those that are not on the previous list and are not authorized by the subject coordination. The student will write about them on the follow-up sheet and will make up for those hours in however way the teacher finds convenient. At the end of the practicum 1 point will be subtracted from the final mark for every day of absence.
- c) Strikes, demonstrations:
 - Taking into account the student's rights, those students who want to take part in a strike will need to inform their teacher and the nursing service previously, as well as writing about it on the follow-up sheet. That day will be considered non retrievable.
- d) Non-justified and non-notified absence:
 - It might entail failing the subject.

- e) Lateness:

Being late more than 5 times during the practicum might entail failing the subject.

Absences must be communicated to the associate teacher as early on as possible and the practicum department so that the learning process stays unaffected and new days can be chosen to make up for the lost hours.

Attendance to the simulation is mandatory and cannot coincide with the schedule assigned to the practicum. Not attending this session will be penalized subtracting 1 point from the final mark.

Clinical practicum:

On-going assessment: Approximately through half of the period, the associate nurse teacher, along with the nurse, will summarize the information obtained up to that point and will discuss it with each student. The fulfilment of the objectives, strengths and weaknesses and recommendations will be addressed in this assessment. The student will self-assess and discuss it with the teacher as well.

Final assessment: When the clinical practicum period is finished, the nurse will submit a final report regarding the competences acquired by the students. The student will self-assess and discuss it with the teacher as well.

*Attendance is mandatory in every shift that is programmed. Those absences that are not justified will be made up for during the period programmed for the clinical practicum when authorized by the teacher responsible.

Seminars (SEM):

Participation and reflections derived from the writing of the reflective journal will be assessed in the context of the clinical practicum. Plurality of ideas, people and situations will be considered, as well as the ability to identify strategies to improve while learning.

Submitting the reflective journal biweekly and the seminar attendance are mandatory. Non-compliance will reflect poorly on the assessment.

Obtaining of the final qualification:

According to the assessment regulations, the qualifications will be the following:

- Fail: <5
- Pass: de 5 a 6,9
- Remarkable: de 7 a 8,9
- Excellent: >9
- Honours: >9

According to the regulations of all degrees and masters of the Autonomous University of Barcelona, it will be considered "non-assessable" whoever can not submit enough evidence of assessment.

*It will be considered criteria for "non-assessment":

Not achieving the number of hours established on this guide.

Not submitting the projects within the timings established by teachers.

NOTE:

Any sign of academic dishonesty, such as plagiarism or document manipulation, as well as any discriminatory, violent or disrespectful attitudes towards patients, teachers or co-workers will be elevated to the practicum commission, which will analyse the situation and act accordingly.

An assessment commission can be created at any given time in order to assess special situations that do not find an answer in this guide or in those documents published on the practicum website

Assessment Activities

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

Bibliography

Alfaro-Lefevre, R. (2003). El proceso enfermero. 5ª ed. Barcelona: Masson.

Berman, A., Erb, G., Kozier, B., & Snyder, S. (2008). Fundamentos de enfermería: conceptos, proceso y práctica. Madrid: Pearson educación.

Betolaza, E., Alonso, I. (2002). El diario reflexivo y el aprendizaje tutorizado. Metas de Enfermería 45, 14-18.

Colina, J., Medina J.L. Construir el conocimiento de Enfermería mediante la práctica reflexiva. (1997). Rol de Enfermería, 232, 23-30.

ICS (2020). 3clics: Atenció primària basada en l'evidència. [Internet]. 2008 [citad 11 juliol 2020];12. Disponible a:<https://www.ics.gencat.cat/3clics>

ICS. (2010). Manual de procediments d'infermeria. [Internet]. 2008 [citad 11 juliol 2020];12. Disponible a:https://elenfermerodelpendiente.files.wordpress.com/2015/09/manual_infermeria_2010.pdf

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

Luis, M.T. (2015). Enfermería Clínica. Cuidados enfermeros a las personas con trastornos de Salud. Barcelona: Wolters Klumer,

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

Medina, J.L. (2001). Guía para la elaboración del diario reflexivo. Barcelona: Universidad de Barcelona.

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

Pérez, P. E., Sánchez, J. M. R., Formatger, D. G., & Fernández, M. G. (2016). Investigación en metodología y lenguajes enfermeros. Elsevier España.

Schön, A.D. (1989) La formación de profesionales reflexivos. Barcelona. Paidós.

Schon, D. (1992). La formación de profesionales reflexivos. Hacia un nuevo diseño de la formación y el aprendizaje en las profesiones. Madrid: Piados MEC.

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