

Surgical Clinical Practical II

Code: 103605
ECTS Credits: 3

Degree	Type	Year	Semester
2502442 Medicine	OT	5	0
2502442 Medicine	OT	6	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

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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

Salvador Navarro Soto
Maria del Carmen Vega Garcia
David Pares Martínez
Jaume Masia Ayala

Prerequisites

In order to take this subject, it is recommend that students have previously achieved the competences developed during the previous courses

Students taking this subject must accredit sufficient knowledge about the psychological basis of health status and disease, as well as an adequate level of knowledge in interpersonal communication.

Objectives and Contextualisation

The fundamental purpose of this subject is to introduce students to the professional surgical practice in a real context

It is an optional subject that can be taken from the fifth year

Competences

- Medicine
- Communicate clearly and effectively, orally and in writing, with patients, family-members and accompanying persons, to facilitate decision-making, informed consent and compliance with instructions.

- Demonstrate an understanding of the fundamentals of action, indications, efficacy and benefit-risk ratio of therapeutic interventions based on the available scientific evidence.
- Demonstrate understanding of the causal agents and the risk factors that determine states of health and the progression of illnesses.
- Demonstrate understanding of the manifestations of the illness in the structure and function of the human body.
- Engage in professional practice with respect for patients' autonomy, beliefs and culture, and for other healthcare professionals, showing an aptitude for teamwork.
- Establish a diagnostic approach and a well thought-out strategy for action, taking account of the results of the anamnesis and the physical examination, and the results of the appropriate complementary tests carried out subsequently.
- Establish the diagnosis, prognosis and treatment, basing decisions on the best possible evidence and a multidisciplinary approach focusing on the patient's needs and involving all members of the healthcare team, as well as the family and social environment.
- Formulate hypotheses and compile and critically assess information for problem-solving, using the scientific method.
- Indicate the most suitable treatment for the most prevalent acute and chronic processes, and for the terminally ill.
- Listen carefully, obtain and synthesise relevant information on patients' problems, and understand this information.
- Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
- Obtain and prepare a patient record that contains all important information and is structured and patient-centred, taking into account all age and gender groups and cultural, social and ethnic factors.
- Perform a general and a system-by-system physical examination appropriate to the patient's age and sex, in complete and systematic way, and a mental evaluation.
- Recognise and take action in life-threatening situations and others that require an immediate response.
- Recognize one's role in multi-professional teams, assuming leadership where appropriate, both for healthcare provision and for promoting health.
- Use information and communication technologies in professional practice.
- Write patient records and other medical documents that can be understood by third parties.

Learning Outcomes

1. Adapt the therapy procedure and the surgical technique, if appropriate, in accordance with the available data.
2. Approach the physical examination not only from the diagnostic perspective, but also the therapeutic perspective, with special emphasis on surgical procedures.
3. Back decision-making with the best scientific evidence.
4. Calculate the surgical risk indices, both general and by apparatus, and adjust the indications accordingly.
5. Categorise emergency situations in accordance with the available indices of seriousness.
6. Choose a therapy option in accordance with available information and patient preference.
7. Describe the mechanisms of action of physical and chemical agents on the organism.
8. Distinguish the bases of the different surgical specialisations to integrate and lead the treatment in acute and chronic patients with multiple conditions.
9. Distinguish the implications of different interventions regarding functional and morphological changes.
10. Enumerate the alarm signs that require urgent attention to the patient.
11. Establish rapport as the first important step in all medical procedures, both in elective and emergent situations and leave a written record of the information transmitted and the wishes of the patient.
12. Estimate the risks and benefits of the various therapy options.
13. Formulate hypotheses and compile and critically assess information for problem-solving, using the scientific method.
14. Further investigate the risk factors of morbidity and mortality in operations.
15. Gather information and select the most important facts about the patient, both in normal visits and emergencies.
16. Identify emergency situations and establish an order of priorities.
17. Identify the ethical bases for decision-making in the field of surgery.

18. Integrate all pre-operative information for decision-making.
19. Justify decisions taken based on the information obtained.
20. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
21. Make a critical analysis of the objectives to be achieved with surgery, contrasting this with the adverse effects that may be involved.
22. Manage the information available and set levels of discussion in multidisciplinary groups.
23. Obtain the most important data, both on the illness being treated and on factors influencing morbidity and mortality.
24. Participate in the whole process of patient-care, from diagnosis to aftercare.
25. Perform the initial assessment automatically and acknowledge the actions that require an immediate response.
26. Provide clear, comprehensible information on the therapy options to patients and their families.
27. Recognise when a patient is in the terminal phase and avoid therapeutic obstination.
28. Transmit information clearly and accurately, leaving no room for possible misunderstandings.
29. Transmit the information on the surgical procedure to be performed and draw up a document of informed consent.
30. Use information and communication technologies in professional practice.
31. Use the scales that assess the general (physical and mental) state of the patient.

Content

Surgical area

Student will be developing activities in services of the surgical area and observe:

- General aspects of the clinical relationship and the concepts of health and disease
- Care methodology of the perioperative process
- Etiology, physiopathology, semiology and clinical propaedeutics, syndromes and manifestations of diseases
- Diagnostic and therapeutic procedures of the most frequent diseases
- Functional exploration
- Surgical operation. Postoperative management, surgical follow up. Control of the consequences of surgery
- Surgical syndromes

Clinical experience can be completed with the assistance to the different sessions: clinical care, sessions of closing of histories, of registry of cases, of mortality, clinical-pathological, bibliographic, specific training sessions or others that the service has scheduled.

Methodology

Typology	Hours	ECTS
Clinical care practices	15	0,6
Care practicum without guidelines	15	0,6
Autonomous	44	1,76

In the current exceptional circumstances, at the discretion of the teachers and also depending on the resources available and the public health situation, some of the theoretical classes, practicals and seminars organized by the Teaching Units may be taught either in person or virtually.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Clinical care practices	15	0.6	14, 3, 4, 5, 7, 8, 9, 21, 6, 31, 2, 10, 11, 12, 22, 17, 16, 18, 19, 20, 26, 24, 25, 27, 15, 29
Type: Supervised			
CARE PRACTICUM WITHOUT GUIDELINES	15	0.6	1, 6, 2, 17, 18, 23, 24
Type: Autonomous			
Preparation of written works/self-study/reading articles/reports of interest	44	1.76	1, 13, 23, 28, 30

Assessment

Assessment activity	weight
Attendance and active participation in class and seminars	90%
Narrative records	10%

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Attendance and active participation in class and seminars	90%	1	0.04	1, 14, 3, 4, 5, 7, 8, 9, 21, 6, 31, 2, 10, 11, 12, 13, 22, 17, 16, 18, 19, 20, 23, 26, 24, 25, 27, 15, 28, 29, 30
narrative records	10%	0	0	3, 7, 9, 10, 22, 17, 16, 19, 24, 29

Bibliography

Students should consult the specific bibliography of the teaching guides of the different subjects of the modules of human clinical training, diagnostic and therapeutic procedures and social medicine, skills communication and initiation to the investigation

Software