

**Practicum III**

Code: 103675  
ECTS Credits: 12

Degree	Type	Year	Semester
2500891 Nursing	OB	3	1

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**

Sara Cano Mallo  
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Lydia Saavedra Salillas  
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**Prerequisites**

Prerequisites

The access to this Practicum III 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).
- Handed in a signed copy of the confidentiality rules document to the associated professor. You will find the document on following link: [www.uab.cat/medicina](http://www.uab.cat/medicina) within the Degrees: Nursing; Practicum

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 III 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 I 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. 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. Promote the participation of the patient in the care planning.
40. Recognise and face up to changes easily.
41. Relate acquired knowledge to the actions carried out.
42. Respect diversity in ideas, people and situations.
43. Respect the environment and promote sustainable development.
44. Respect the principles of right to privacy confidentiality and professional secrecy in all care carried out.
45. Review and periodically re-evaluate health situations and the nursing actions carried out.
46. Select the activities for the prevention, control and monitoring at all stages of life.
47. Select the appropriate strategies which allow effective communication with patients, families and social groups.
48. Use protection and safety measure to ensure the welfare of the individual, families and communities
49. Use scientific evidence in care practice.
50. Use scientific knowledge at any given time by applying quality and safety levels.
51. Use the process of nursing care in nursing care using clinical guidelines and clinical practice.
52. Use the therapeutic relationship, based on trust, communication and interpersonal relations to solve the health problems of the person and the family.
53. 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.

Clinical simulation:

A high fidelity simulation will take place during the practicum period in a different schedule than the one assigned to the clinical practicum.

## 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.

Seminars (SEM):

- 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.

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			
SEMINARS (SEM)	5	0.2	2, 17, 19, 20, 27, 21, 39, 33, 37, 42, 45
Clinical Practice of Advance Simulation (PSCA)	4	0.16	2, 3, 10, 9, 13, 7, 6, 35, 17, 22, 27, 15, 31, 37, 44, 43, 45, 53, 48, 16
Type: Supervised			
HUMAN ASSISTANT CLINICAL PRACTICE (PEXT)	282	11.28	2, 10, 12, 7, 17, 28, 18, 19, 20, 24, 27, 21, 39, 33, 29, 37, 40, 43, 42, 45, 53, 25

## Assessment

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)
- 15% of Seminars (SEM): clinical sessions
- 25% of narrative registers

**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's commission, that will analyse the facts and establish a consensual resolution about it.

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Assessment during the practice at the assistance center	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, 39, 31, 34, 30, 33, 32, 29, 38, 37, 40, 41, 44, 43, 42, 45, 47, 53, 51, 50, 52, 49, 48, 16, 14, 25
Narrative registers	25%	0	0	2, 13, 17, 19, 20, 27, 21, 39, 33, 38, 36, 37, 23, 40, 45, 46, 26
SEMINARS (SEM)	15%	0	0	4, 17, 41, 51, 49

## Bibliography

Alfaro-Lefevre, R. (2014). Aplicación del proceso enfermero : fundamento del razonamiento clínico. Barcelona [etc.]: Wolters Kluwer Health.

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.

Huber, D.L. (2019). Gestión de los cuidados enfermeros y liderazgo. Barcelona: Elsevier.

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

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 Kluver,

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 International. (2019). Diagnosticos enfermeros : definiciones y clasificación : 2018-2020. Barcelona: Elsevier.

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

Tellez, S.E; García Flores, M. (2015). Modelos de cuidados en enfermería NANDA, NIC y NOC [Recurs electrònic]. México [etc] : McGraw-Hill Education.

## **Software**