

Clinical Care Practice III

Code: 104072
ECTS Credits: 2

Degree	Type	Year	Semester
2502442 Medicine	OB	3	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

Rafael Azagra Ledesma
Xavier Flor Escriche
Inmaculada Grau Majo
Maria Isabel López López
Ana María Altaba Barceló
Joan Juvanteny Gorgals
Francisco Lopez Exposito
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Yoseba Cánovas Zaldúa

Ana Isabel Garaicoechea Iturriria

F. Xavier Cos Claramunt

Nuria Piquer Farres

There are no official prerequisites,
however, the following instructions should be
followed:

- Candidates must be enrolled in 3rd
year.

- It is advisable to study the subject once the
clinical training has begun.

- Students must have passed the Clinical Care
Practice I and II subjects.

- Be enrolled (although not yet approved) in the
subject of Fisiopatología y semiología clínica (3rd
year)

Objectives and Contextualisation

The context in which the subject of Clinical Care Practice III is developed is the first contact of the students, during the clinical training phase, with the health care system of primary health care. It is considered that certain aspects of clinical care practice, such as home care, are considered to be in the field of primary care; the preventive and community approach to behaviors, lifestyles and health problems; continuity of care during the entire life of the patients (including the end of life); the integral management of the pluripathological and fragile patient, and the familiar approach of certain problems.

In addition, primary care is where the diagnostic process of many health problems is developed, where the criteria of interconsultation and referral are defined, and where care is taken to ensure the so-called continuum of care, that is, coordination with other levels of care and with socio-health and community resources.

Due to these characteristics and conditions, the subject aims to make the student aware of the importance of the clinical interview with the patient, the role of preventive activities, diagnostic and therapeutic decision making in an environment of uncertainty and complexity, and patient-centered decision making. Likewise, the bases of how to do research in primary care will be laid.

The following are considered as training objectives of this subject:

- Know the primary care team and its members.
- Appropriate use of the clinical interview in the event of having to give bad news.
- Knowledge of home care.
- Preventive activities.
- Multi-pathological and polymedicated patient.
- Introduction to research in primary care.

This subject is complemented with other subjects, such as AIM and Physiopathology and Clinical Semiology

Competences

- Be able to work in an international context.
- 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.
- Communicate clearly, orally and in writing, with other professionals and the media.
- Critically assess and use clinical and biomedical information sources to obtain, organise, interpret and present information on science and health.
- Demonstrate knowledge of the national and international health organisations and the factors and circumstances affecting other healthcare systems.
- Demonstrate sufficient supervised clinical experience in hospitals or other healthcare centres, and familiarity with patient-centred care management and the correct use of tests, medicines and other resources of the healthcare system.
- Empathise and establish efficient interpersonal communication with patients, family-members, accompanying persons, doctors and other healthcare professionals.
- 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.
- Recognise the role of complexity, uncertainty and probability in decision-making in medical practice.
- Use information and communication technologies in professional practice.

Learning Outcomes

1. Accept that professional decisions are taken within a framework of uncertainty.
2. Be able to work in an international context.
3. Communicate clearly, orally and in writing, with other professionals and the media.
4. Describe the communication process and its effect on the professional caregiver/patient relationship.
5. Describe the new health problems arising from migratory movements in Europe that are treated in primary healthcare.
6. Describe the system for assessing health programmes and make a critical analysis of this system.
7. Differentiate between risk to the population and individual risks.
8. Explain the elements to be considered when assessing patients' role in decision-making on their health and on the medical attention they receive at their primary healthcare centres.
9. Identify the basic elements of the face-to-face doctor/patient interview in a context of high accessibility and longitudinal care.
10. Identify the presentation forms of the different pathological processes.
11. Know the basic elements of the communication of clinical research results.
12. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
13. Observe the therapeutic approach, the clinical course and its prevention in cases where this is possible.
14. Participate in discussions to solve the clinical problems being faced.
15. Perform an anamnesis and a complete physical examination by systems on adults and children.
16. Prepare a complete patient record systematically.
17. Question a simple model to explain the state of health/illness of individuals.
18. Use information and communication technologies in professional practice.

Content

- Appropriate use of the clinical interview in special situations such as giving bad news that allows: identifying the demands and the reasons for consultation, identifying the aspects and diagnostic and therapeutic possibilities, knowing narrative support techniques, exploration of the guide symptoms and evaluation of psychosocial aspects.

- Knowledge of home care: the reasons for the consultation, the roles of the different professionals, the appropriate use of diagnostic and therapeutic techniques at the head of the patient, the role of the caregiver and the family and community environment.

- Preventive activities: knowledge of the preventive activities of adults (vaccines, screening of cardiovascular risk factors, neoplasm screening, health promotion (physical activity, healthy eating ...), and mental health.

- Pluripathological and polymedicated patient: identify the problems of the management of the pluripathological patient, the use of polymedication and pharmacological interactions and the identification of comorbidities.

- To know the basic elements of the communication of results of clinical research in primary care

Distributive blocks

- A. Clinical interview
- B. Home care
- C. Pluripathological and polymedicated patient
- D. Preventive activities
- E. Introduction to primary care research

Methodology

This Guide describes the framework, contents, methodology and general norms of the subject, in accordance with the current curriculum. The final organization of the subject with regard to the number and size of groups, distribution in the calendar and dates of examinations, specific criteria of evaluation and review of exams, will be specified in each one of the Hospital Teaching Units (UDH), which will be explained through their web pages and the first day of class of each subject, through the teachers responsible for the subject at UDH.

For the present year, the professors appointed by the Departments as responsible for the subject at the Faculty level and the UDH are:

Responsible department (s): Medicine

Head of Faculty: Xavier Mundet

Responsible UD Vall d'Hebron: Juan Juvanteny and Xavier Flor

UD Germans Trias i Pujol: Asunción Wilke and Judith LLussa

UD Sant Pau: Raquel Gayarre i M^a Antonia LLauger

UD Parc Taulí: Rafael Azagra and Montserrat Baré

Methodology

Practices: Typology Clinical Assistance Practices (PCA), directed activity. Clinical practice in PAC, daily, 5 h (x 5 days = 25 hours). Groups 2 students.

Seminars: Typology specialized seminars (SESP). Groups of up to 25 students, 5 sessions of 2 hours. Program location: UHUDHH.

Seminar 1: Clinical interview (How to give bad news)

Seminar 2: The basis of research in primary care

Seminar 3: Home care

Seminar 4: Preventive activities

Seminar 5: The pluripatological and polimedicated patient

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 ASSISTANCE PRACTICES (CAP)	25	1	1, 3, 11, 4, 6, 5, 7, 8, 9, 10, 12, 13, 17, 16, 18
SPECIALIZED SEMINARIS (PCA)	10	0.4	3, 11, 4, 6, 5, 8, 10, 12, 13, 17
Type: Autonomous			

Assessment

EVALUATION OF CLINICAL ASSISTANCE PRACTICE III

The subject will be evaluated continuously through the assistance and assessment of the different teaching typologies.

Now, in order to pass the course, it IS ESSENTIAL:

- a) the student's attendance at 100% of the clinical practices in the CAP (5 days);
- b) student attendance at 100% of the seminars (5 seminars);
- c) achieve a minimum grade in the final test of the 5-point seminars (out of 10).

Evaluation of practices in the primary care center

The evaluation will be done by the clinical tutor of the practices in the CAP, and will consist of:

- a) attendance and punctuality in the practices (maximum 5 points);
- b) the attitude of the student (maximum 4 points);
- c) participation and integration in the clinical group (maximum 3 points);
- d) knowledge progression (maximum 4 points);
- e) the progression of the skills (maximum 4 points);

The weight of this evaluation in the final grade will be 30%.

Seminars

The knowledge and skills acquired in the seminars will be evaluated with a FINAL PROOF.

- 1) It will be a multiple choice test and / or short question test.
- 2) In the test type test there will be several answers, but only one will be correct. Unanswered questions will not be subtracted from the final grade. Incorrect answers will subtract from the final score.
- 3) Honor registration will be awarded among the best grades achieved. The minimum score needed to access the MH is 9.5.

The weight of this evaluation in the final grade will be 70%.

NON-EVALUABLE STUDENT

The student will not be evaluable in any of the following situations:

- a) if you have not attended the 5 days of practice in the CAP (100%);
- b) if you have not attended the 5 seminars (100%). FINAL PROOF OF RECOVERY

Students who do not pass final exam could be submitted to an exam of recovery.

SUSPENSE OF THE SUBJECT

In case the student does not approve the subject, it will be necessary to enroll again in the next (or later) course.

The student who has failed the course, if he / she has completed 100% of the CAP's attendance, will not need to repeat the practices in the CAP, but will be required to attend the seminars again in order to be able to take the final exam again.

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Evaluation of the practices in the Health Center	30%	0.5	0.02	1, 3, 11, 4, 6, 7, 8, 15, 9, 10, 12, 13, 14, 17, 16, 2, 18
Evaluation through objective test: multiple-choice questions	70%	1	0.04	1, 11, 4, 6, 5, 7, 9, 12, 17, 2, 18

Bibliography

SPECIFIC BIBLIOGRAPHY

Clinical interview

- F Borrell y JM Bosch. Entrevista clínica y relación asistencial. La atención centrada en la persona. Capítol del llibre: A Martin Zurro y JF Cano. Atención Primaria. Conceptos, organización y práctica clínica. Ed. Elsevier. 6º Edición. Barcelona. 2014.
- Buckman R. How to break bad news: a guide for health care professionals. Baltimore: Johns Hopkins University Press, 1992
- Epstein R and , Street RL. Shared Mind: Communication, Decision Making, and Autonomy in Serious Illness. Ann Fam Med 2011;9:454-461.

Home care

- Cegri F, Limón E. Paciente en el domicilio. En Martin Zurro A, Cano J.F. Atención Primaria. Barcelona: Elseviere Ediciones; 8a Edició 2019. p. 486-509.
- Programa de millora de l'atenció al domicili desde l'Atenció Primària de Salut. Abril 2010. Institut Català de La Salut. Departament de Salut. 2010.
- Canales -Nevado A., Alonso-Babano A. Rodriguez-Lozano A. Continuidad de cuidados, innovación y redefinición de papeles profesionales en la atención a pacientes crónicos y terminales. Informe SESPAS 2012; 26(S):63-68.

Pluripatological patient

- Martin C, Wilke M^a A. Lopez Grau M. Paciente anciano. En Martin Zurro A, Cano J.F. Atención Primaria. Barcelona: Elseviere Ediciones; 8a Edició 2019. p. 440-461.
- Contel Segura JC, Santa Eugenia Gonzalez J, Gutierrez Jimenez N. Paciente crónico en situación de multimorbilidad y complejidad. En Martin Zurro A, Cano J.F. Atención Primaria. Barcelona: Elseviere Ediciones; 8a Edició 2019. p. 462-485.

Preventive activities

- <https://papps.es/resumen-recomendaciones-2020/>
- Atención Primaria. Vol. 52. S2 Noviembre 2020 Nº Especial: pag 1-172 Actualización 2020-PAPPS

Research in Primary Care

- Institut Català de la salut. Guia de bones pràctiques clíniques en recerca en ciències de la salut. Barcelona; 2015.
- Ética de la investigación AMF 2015;11(4):191-198

Software

It is not necessary any special program