

Clinical Practice in Children and Health

Code: 101771
ECTS Credits: 12

Degree	Type	Year	Semester
2500891 Nursing	OT	4	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

Prerequisites

Students taking this subject must have completed:

Must have the personal identification card delivered by the Academic Management of the Vall d'Hebron Teaching Unit, in the North Module.

For consistency with the progress of acquisition of the competence level, which is acquired gradually, it is recommended that the student should previously has passed all the subjects of the practicums of the degree and that he has completed the theoretical subjects of the subject of Childhood and Health.

Important: It is not possible to do two practices that coincide over time.

The student will have to know and sign the document declaration and commitment on intellectual property rights.

The student will acquire the commitment of preserving the confidentiality and professional secret of the data to which he may have access during his assistance services.

The student will also maintain an attitude of professional ethics in all his actions. In this sense, the student who enrolls in this subject must have read the document recommendations of conduct of the students of the Faculty of Medicine and the student have delivered a signed copy to the Academic Management of the North Module of the Agreement of commitment and confidentiality and of the declaration and commitment on the protection of personal data and the protection of the right to honor, privacy and self-image.

The documents are available through the website of the faculty of medicine www.uab.cat/medicina within the section Grades: Nursing; Practicum

IMPLEMENTATION OF THE LAW OF RIGHT TO THE INTIMACY OF THE PATIENT (BOE-A-2017-1200) BY NURSING STUDENTS:

Students will have to follow the regulations that will be posted in the Moodle of the subjects.

Failure to comply with this regulation will mean that you will not be able to complete the subject and, therefore, the suspension of the same.

It is essential to have the Certificate of Crimes of a Sexual Nature before starting the practices. In the following link you will find information on how to process it

<https://web.gencat.cat/ca/tramits/que-cal-fer-si/vull-obtenir-el-certificat-de-delictes-de-naturalesa-sexual>. There are practice centers that may not authorize the start of practices if the certificate is not delivered on time. This management is in charge of each student.

Objectives and Contextualisation

The Practicums are part of the Mention of Childhood and Health (21 ECTS) and these are carried out during the 2nd semester of the 4th year. It is an optional subject of 12 ECTS credits.

GENERAL OBJECTIVE

The fundamental purpose of this subject is to allow the student to integrate and apply the contents worked on in the different subjects, incorporating new knowledge, skills and attitudes through real contact with the nursing profession and its complexity, providing comprehensive nursing care to children and adolescents with health problems and his family.

SPECIFIC OBJECTIVES

- Allow the student to deepen in the care of children and adolescents of children admitted to pediatric units and in those that the nurse provides within the hospital environment, as well as to start in those care that are given in high complexity care services.
- To work on the process of nursing care as a scientific methodology for solving problems according to the conceptual model of Virginia Henderson.
- Develop the two dimensions of the professional role, the role of collaboration and the autonomous role, becoming aware of the importance of the latter.
- Providing adequate health care to health needs, guaranteeing quality nursing care, aimed at the child and the family, with a comprehensive vision that considers the biological, psychological and social aspects of the child and his family.
- Develop communication skills with the caring child, his family and the work team.

Competences

- Acquire and use the necessary instruments for developing a critical and reflective attitude.
- Analyse and synthesise complex phenomena.
- Base nursing interventions on scientific evidence and the available media.
- Develop critical thinking and reasoning and communicate ideas effectively, both in the mother tongue and in other languages.
- Develop independent learning strategies.
- 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 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.

Learning Outcomes

1. Acquire and use the necessary instruments for developing a critical and reflective attitude.
2. Analyse and synthesise complex phenomena.
3. Apply an educational strategy based on people, following the objectives set out in the health plan.
4. Apply different educational strategies aimed at the patient and their carer.
5. Applying the nursing methodology in professional care as health needs child.
6. Cite the evaluation indicators used for evaluating the results of the strategies employed.
7. Defend nursing actions in infant health in original articles and/or expert contributions.
8. Describe the nursing actions to accompany the family as a basic unit of infant health.
9. Determine the preventative recommendation to maintain good health and justify them through the evidence demonstrated.
10. Develop independent learning strategies.
11. Draw up a health education plan for a family or group.
12. Express in a fluent, coherent and appropriate manner the established rules, both orally and in writing.
13. Form part of and work with groups and teams.
14. Identify, analyse and solve ethical problems in complex situations.

15. Identify, analyze and make the right choice paragraphs to address problems professionally, efficiently and effectively.
16. Plan nursing care aimed at infancy and the family.

Content

The main theme of the whole subject will be to evaluate the nursing finalist competences. In order to do so, the competency levels defined by Patricia Benner (1987) are taken as a reference, after studying the care practice of expert and novel nurses that she interviewed to study the differences of the same clinical contingency, following the model of acquisition of nursing skills. Dreyfus & Dreyfus (1979, 1982).

According to Juvé, et al. (2007), these are the peculiarities of this model:

- The acquisition of expertise is a process.
- The achievement of a given level of competence depends on the individual characteristics and the context.
- Not everyone can become an expert.
- At the highest levels of expertise alone you arrive with a continuous and reflective practice.
- The distribution of expertise in the professional population usually follows a normal curve.
- The model describes five models of expertise: learner, beginner, competent, efficient and expert, which are related to four areas of learning related to development theory and which have a hypothetical function of identifying the levels of development of the competence and professional identity (Rauner, 2007).

For his part, Benner considers that it is with practice that nurses acquire a clinical wisdom as a conglomerate of basic practical knowledge and untreated theoretical knowledge. This wisdom goes through the "beginner to expert" process of Dreyfus & Dreyfus:

Beginner. Having no experience in the situations that arise, the nurse acts with rigidity, mechanically and very aware of the rules. He does not know how to act within the unforeseen: "The behavior marked by the rules, typical of a beginner, is extremely limited and inflexible. The core of the difficulty lies in the fact that as he has no experience in the situation or situation he is facing, it is necessary to give him some guidelines to guide his performance" (Benner, 1987). Nursing students fall into this category, although this competence can not be limited to students, this author considers that every nurse who passes to a new service of which she has no practical experience is forced to retreat to this category until she feel familiar (Cònsul M., 2010) It is intended that at the end of the internship period the student can demonstrate the competences of a beginner nurse.

Contents of the finalist competences that have to be used in external clinical practices in childhood and adolescence.

To take care of the children, the students will have to carry out the following activities:

To take care of the children, the students will have to carry out the following activities:

- Establish a therapeutic relationship and be present.
- Adapt the actions to bioethical principles.
- Preserve dignity, confidentiality and privacy, despite structural and organizational limitations.
- To supply, assist or supervise the patient in the performance of activities that contribute to maintaining or improving their health status (or a dignified death).
- Provide information and emotional support.

Facilitate the adaptation / coping process:

- Assess the state of the patient's and family's resources to face the process.
- Facilitate an adequate interpretation of their condition (adapted to their age) and provide explanatory guidelines that favor recovering the sense of control of the situation.
- Influence the patient's ability to recover and respond to therapies. Teach the patient and his family to perform the prescribed therapeutic activities that he can perform himself.

- Assess the status and resources of the family / caregiver to face the process. Teach the family / caregiver to carry out the prescribed therapeutic activities that they can carry out.
- Influence the aptitude and attitude of the family / caregiver to face the process. Teach the family / caregiver to carry out the prescribed therapeutic activities that they can carry out.

Assess, diagnose and address changing situations in sick children admitted:

- Identify the basal state of the patient and plan the appropriate care.
- Identify significant changes in the patient's condition and act accordingly.
- Early identification of warning signs: anticipation of complications before manifestations are clearly confirmed.
- Identify and execute correctly, and in time, actions in cases of extreme urgency with risk to the life of the patient or in the case of a crisis or sudden serious complication, until the arrival of the doctor.
- Prepare in advance and address in an orderly and efficient way the development of serious situations or high intensity of care almost simultaneous or in chain in different patients.

Help the patient (0-18 years old) and / or his family to comply with the treatment and make him a participant:

- Perform basic procedures properly.
- Properly perform complex procedures.
- Properly perform high complexity procedures. Properly perform procedures in complex situations. Administer correctly high-risk multitherapy simultaneously in different patients.
- Administer medications correctly and safely.
- Carry out the care associated with the administration of medications correctly.

Contribute to guarantee safety and the care process:

- Prevent injuries and / or adequately address emotional responses that endanger the safety of the patient or the people around them.
- Use the necessary documentation and adequately comply with nursing records.
- Modify care plans and / or treatment plans according to the patient's condition and age, and act accordingly.
- Communicate with the nurse and the doctor to suggest, obtain or agree on the modifications of the therapeutic plan that are most appropriate to the patient's condition.
- Organize, plan and coordinate the care needs of multiple patients simultaneously. Communicate with support services to adapt clinical interventions to the patient's condition.

Work as a team and adapt to a changing environment:

- Create cohesion and facilitate teamwork within the nursing team. Delegate tasks to the auxiliary or support staff based on the assistance regulations, the pact in the service and the assessment of the capacity to carry out these tasks. Create cohesion and facilitate teamwork, with different professionals from multiple disciplines. Participate in the learning process itself and the team members.

Methodology

Clinical practices:

The practices give the student the opportunity to develop knowledge, skills, attitudes and values in a real and complex professional environment, always accompanied by a nursing professional. They consist of a six-week stay in a hospitalization service appropriate to the training needs, during which each student will be assigned a nurse from the unit where he practices, which will ensure and guide his learning process individually and continuously.

The basic schedules are the following:

- a- Monday, Wednesday and Friday from 8 a.m. to 8 p.m. (day). And from 20 to 8 hours (night).
- b- Tuesday, Thursday and Saturday from 8 a.m. to 8 p.m. (day). And from 20 to 8 hours (night).
- c- Monday to Friday from 8 am to 3 pm or from 7 am to 2 pm (morning). And from 3 pm to 10 pm or from 2 pm to 9 pm (afternoon-evening).
- d- Night: from 22 to 7 hours.

e- Night: from 8pm to 8am or from 9pm to 7am.

IMPORTANT: These schedules can be modified depending on the needs of the service or the center.

Clinical case seminars:

To promote the reflexive practice of the situations arising in the complexity of the assistance context and the learning derived from this reflection, as well as to work on the nurse methodology as a basic tool for analysis and problem solving.

The seminars will last approximately 3 hours and the scheduled days will be carried out within the period of clinical practice. IMPORTANT: These schedules can be modified depending on the teacher.

The seminars will be held in small groups of students with the supervision of a teacher.

Reflective learning diary

It is a compilation of those situations experienced during practice that have awakened some emotion, either positive or negative, with an impact on the learning process. Biweekly delivery in the form of written work.

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 CASE SEMINARS	6	0.24	1, 5, 7, 13, 8, 10, 12, 15, 14, 16
Type: Supervised			
PRACTICUM WITH GUIDELINES	283	11.32	1, 2, 4, 5, 3, 7, 6, 13, 8, 10, 9, 12, 15, 14, 16
Type: Autonomous			
daily elaboration	6	0.24	

Assessment

EVALUATION CRITERIA:

The final grade of the subject corresponds to the weighted average between the note of the external clinical practices (PCE) and the grade obtained from the elaboration of the reflective learning diary and in the clinical cases seminars, with the following weighting:

- 60%: clinical practices.
- 40%: clinical cases seminars and reflective diary.

IMPORTANT:

- All evaluation activities for this subject are mandatory.
- This subject is evaluated at individual.
- Students must obtain a grade of at least 5 in the clinical practices and in the seminars to pass the subject.

EXTERNAL PRACTICES (PE) (60%):

Attendance to all the hours scheduled in the teaching calendar and in the shift and assigned time is mandatory.

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.

a) Justified absences in the following situations:

1. Family death
2. Specialized medical visit.
3. Acute illness.
4. Driving license test.
5. Official university test.
6. Official language tests.

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.

In all justified absences, the corresponding proof is mandatory.

Continuous and formative evaluation:

Approximately halfway through the internship period, the responsible teacher, together with the nurse, will prepare a summary of the student's progress and discuss it with the student.

This evaluation, of a formative nature, will summarize:

- the level of achievement of the objectives

- the strengths to be highlighted
- the weak points to improve, with the pertinent recommendations.

The student will also take care of his self-assessment and comment with the teacher.

Final evaluation:

At the end of the clinical practice period, the nurse will prepare a final report on the competences reached by the student.

In the same way, the student will carry out his self-evaluation and will comment with the nurse and the teacher.

In order to pass the subject, all the competences of the evaluation document of the clinical practices must be approved with a minimum grade of 5 (a grade lower than 5 in some competition will suppose not to overcome the practices).

*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.

DAILY REFLECTIVE LEARNING AND CLINICAL CASE SEMINARS (40%):

* Completion of the Reflective Diary continuously and attendance at seminars is mandatory. Failure to present any of them within the period established by the teacher has a negative impact on the evaluation.

* Those documents that do not respect the indications available in Moodle will be considered not delivered, and therefore not assessable.

Continuous and formative evaluation

Will be evaluated:

- The elaboration, presentation and discussion of weekly activities that arise within the context of clinical practice: (reflexive diary and other activities).
- The evidences that support the contributions, the bibliography used and the fluid, coherent and adequate expression in written form.
- The ability to work in groups, respect for the plurality of ideas, people and situations and the ability to integrate into the healthcare team.

Finalist evaluation

On the last day of the sessions, the student will deliver to his teacher the activities corresponding to the reflective learning diary, in electronic format through the Moodle.

This document must be written following the rules established for the submission of papers.

The completion of work and cases is mandatory.

In order to pass the subject, the seminars must be approved with a minimum grade of 5.

They will be considered not delivered, (not evaluable), the works not presented within the deadlines established by the professor responsible for the subject.

Those that do not meet the criteria established by the teacher responsible for the subject will be considered as not delivered (not evaluable).

Attendance at case discussion sessions is mandatory.

This section will be considered not approved if the student does not attend more than one session.

In order to pass the subject, the student must be approved with a minimum grade of 5 (a grade lower than 5 in some competition will suppose not to overcome the practices).

OBTAINING THE FINAL GRADE

The lack of responsibility of the student is reflected in the final grade of the subject.

The sanctions that are applied are described in the Norm of the Nursing Practicum document:

www.uab.cat/medicina within the section Grades: Nursing; Practicum

According to agreement 4.4 of the Governing Council 17/11/2010 of the evaluation regulations, the qualifications will be:

Grade F = Fail (from 0 to 4.9).

Grade E = Pass (from 5.0 to 6.9)

Grade B = Good (from 7.0 to 8.9)

Grade A = Merit (from 9.0 to 10).

Grade A+ = Honour distinction (will be awarded to those students who have obtained the best grades totals greater than or equal to 9, within the cup of 5% of students enrolled in the subject).

According to the regulation on permanence regime in the official degree and master studies of the Autonomous University of Barcelona, students who do not provide sufficient evidence of evaluation will be assigned as non-evaluable.

* Criteria to assign not evaluable:

1. Failure to achieve the hours established in this guide.
2. Failure to submit papers within the established deadlines.

Private cases

The treatment of special situations and particular cases will be assessed in the committee formed for that purpose.

NOTE:

Any sign of academic dishonesty, such as plagiarism of 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
Narrative records: portfolios and seminars	40%	2	0.08	1, 2, 5, 3, 7, 6, 13, 8, 10, 9, 11, 12, 14, 16
On the hospital practices evaluations	60%	3	0.12	1, 2, 4, 5, 3, 7, 13, 8, 10, 12, 15, 14, 16

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Software