



Clinical Care Practice III

Code: 104072 ECTS Credits: 2

Degree	Туре	Year	Semester
2502442 Medicine	ОВ	3	2

Contact

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Teachers

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Victor Miguel Lopez Lifante

Guillem Fluxa Terrasa

Jose Miguel Llovet Lombarte

Montserrat Bare Mañas

Miriam Mulero Collantes

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

Raquel Gayarre Aguado
Pascual Roig Cabo
Esther Limon Ramirez
Maria Jose Perez Lucena
Miquel Cirera Perich
Pablo Hidalgo Valls
Elisabeth Navarro Fontanellas
Mónica Rebollar Gil
Anna Estafanell Celma
Yoseba Canovas Zaldua
F. Xavier Cos Claramunt
Jordi Ingla Mas
Nuria Piquer Farres
There are no official prerequisites,
however, the following instructions should be
followed:
- Candidates must be enrolled in 3rd
year.
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.

Maria Luz Bravo Vicien

 Be enrolled (although not yet approved) in the subject of Fisiopatologia y semiologia 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 the hard the field of primary care; the preventive and community approach to the hard the field of primary care; the preventive and the patients (including the end of life); the integral management of the pluripathological and tragile patient, and the familiar approach of certain problems.

commitment of preserving the confidentiality and professional In addition, primary care is where the diagnostic process of many health problems is developed, where the confidential in the care is where the confidential in the care is where the analytical and the continuum of care, that is, coordination with other levels of care and with socio-health and community resources. The learning in the care services. In

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 so an earliest of underland/action preventive, 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 caregiverpatient relationship.
- 5. Describe the new health problems arising from migratory movements in Europe that are treated in primary healthcare.
- 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 doctorpatient 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.
- Pluripatological and polimedicated 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. Pluripatological and polimedicated 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 Mundet

UD Germans Trias i Pujol: Asunción Wilke and Judith LLussa

UD Sant Pau: Raquel Gayarre i Ma 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 (+ 10 minuts for the evaluation). 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

Given the characteristics of the seminars (clinical cases) it is necessary that the student has previously studied the contents of the seminars that it will be avaiable on the Virtual Campus.

In the current exceptional circumstances, at the discretion of the teachers and also depending on the resources available and thepublic health situation, some ofthe 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			
Work preparation / Personal study	12.7	0.51	1, 11, 6, 5, 7, 9, 12, 14, 17, 18

Assessment

EVALUATION OF CLINICAL CARE PRACTICE III

The evaluation of the subject is continued through the assistance and assessment of the different types of teaching.

However, to be able to pass the subject IT IS ESSENTIAL:

- a) The assistance of the student to the 100% of the Clinical Practices in the CAP (5 days)
- b) The student's attendance at 100% of the seminars (5 seminars)
- c) Achieve a minimum mark in the final test of the seminars of 5 points (out of 10)

The final evaluation will consist of 3 consecutive evaluations

1.- Evaluation of Practices in the Center of Primary Attention

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

- a) Attendance and punctuality to 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) The progression of knowledge (maximum 4 points)
- e) The progression of skills (maximum 4 points)

The weight of this assessment in the final grade will be 35%.

2.- Evaluation of the Seminars

The knowledge and skills acquired in the seminars will be assessed with a test of short questions (between 2 and 4) or the assessment of a clinical case related to the agenda of the seminar. It will take place at the end of the seminar (10 minutes)

The weight of this assessment in the final grade will be 15%.

- 3.- Examination of the subject
- 1) It will be a test-type test with multiple answers and / or short questions
- 2) In the test-type test there will be several answers. Only one will be correct. The unanswered ones do not they will be subtracted from the final grade. The incorrectly answered will be deducted from the final score
- 3) The Matriculation of Honor will be given among the best marks achieved. The minimum score required to access MH is 9.5.

The weight of this evaluation in the final grade will be 50%

NON-EVALUABLE STUDENT

A student will not be assessable in any of the following situations:

- a) Not having attended the 5 days of internships at the CAP (100%)
- b) Not having attended the 5 seminars (100%)

FINAL RECOVERY TEST

Students who do not pass the exam of the subject with a grade lower than 5 or who for personal reasons have not been able to do it, they will be able to take an extar exam.

Aan exam to improve the note is not allowed.

SUSPENSION OF THE SUBJECT

In the event that the student does not pass the subject, it will be necessary to re-enroll in the next (or later) course.

The student who has failed the subject, if he has done 100% of the practices in the CAP, will not have to repeat the practices in the CAP but will be compulsory the assistance again to the seminars to be able to present again to the examination of the subject.

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Evaluation of clinical cases and/or skills un the seminars	15%	0.8	0.03	4, 7, 8, 13, 14
Evaluation of the practices in the Health Center	35%	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	50%	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 Ilibre: 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, Santaeugenia 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 Catlà de la salut. Guia de bones pràctiques clíniques en recerca en ciencies de la salut. Barcelona; 2015.
- Ética de la investigación AMF 2015;11(4):191-198

Software

It is not necesary any special program