

**Practicum II**

Code: 106121  
ECTS Credits: 9

Degree	Type	Year	Semester
2500891 Nursing	OB	2	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: No  
Some groups entirely in Spanish: No

**Teachers**

Antonio Luis Lopez Ruiz  
Mireia Gea Valero  
Jessica Izcara Cobo  
Encarnacion Cuenca Martinez  
Eva Pallas Sanchis  
Laia Salinas Gratacos

**Prerequisites**

Students who have completed practicum II before the start of the subject can:

- Attend the risk prevention session and the risk prevention assessment test.
- Have attended laboratory practice classes in previous courses.
- He has attended the planned visits for the assessment and updating of the vaccination card and tuberculin screening, carried out by the Preventive Medicine and Epidemiology Service of the Vall d'Hebron hospital, before taking the first practicum subject.
- Have a personal student ID card.

For consistency in the progress of acquisition of the level of competence, which is acquired gradually, it is HIGHLY RECOMMENDED that students have passed the subjects of previous courses.

Important: It is not possible to perform two practicums that coincide in time.

Students will be committed to preserving the confidentiality and professional secrecy of the data to which they may have access due to learning in healthcare services. Also by maintaining an attitude of professional ethics in all their actions. In this sense, the students who enroll in this subject undertake to apply the "Regulations of the Practicum in Nursing" and "Recommendations of conduct of the students of the Faculty of Medicine". The documents are available through the website of the Faculty of Medicine [www.uab.cat/medicina](http://www.uab.cat/medicina) in the section Degrees: Nursing; Practicum

\* Implementation of the "Protocol by which basic guidelines are determined to ensure and protect the right to privacy of patients by students and residents in Health Sciences" (Document BOE-A-2017-1200):

The addresses of the hospitals, primary care, and social health centers where the students carry out clinical internships will send us the instructions for signing the confidentiality document and, if applicable, the identification card.

Students must follow the rules that will be posted on the virtual campus of the subjects.

Failure to comply with these regulations will mean not being able to do the internship and therefore the suspension of this.

It is essential to have a Sexual Offenses Certificate before starting the internship. 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 internship centers that may not authorize the start of internships if the certificate is not delivered on time.

This management is the responsibility of each student.

## Objectives and Contextualisation

This subject aims for the student to have as a starting point a broad vision of how the socio-economic and political environment influences the model of the Catalan health system and the way of managing public health aimed at ensuring the quality of care of the primary care center where you do your internship, whether you are a public company or not.

Practicum II allows the student to apply the theoretical knowledge, learn attitudes and skills necessary to offer basic nursing care aimed at community health. The activities allow the analysis of the different programs and services offered by the health center in relation to the profile of the reference population and the environmental characteristics.

This practicum places its emphasis on the assessment, diagnosis, intervention and assessment of basic needs. Therefore, the student at the end of the period must be able to:

- Describe the basic health problems and needs of the population in the basic health area and relate them to the centre's portfolio of care services.
- Describe the functions of the health center nurse.
- Apply the nursing care model of the people-centered care center to promote health promotion and prevention of health problems.
- Apply the nursing care model of the care center aimed at people with chronic health problems of low complexity, in order to offer support for self-management and coexistence with the disease, while promoting self-responsibility and autonomy.
- Apply the methodology of the nursing care process and the scientific methodology.
- Perform nursing techniques and procedures.
- Select and apply strategies for gathering information to people who need to improve their lifestyle or restore their health.
- Interpret the data to assess the needs of the people served. Assess the educational needs of the people served.
- Prioritize nursing diagnoses.
- Encourage the participation of the people served to agree on the objectives and results to be achieved. Carry out nursing care for people applying the clinical practice guidelines and protocols of the care center.
- Evaluate the nursing care performed
- Self-assess the learning process in an honest and realistic way.
- Determine proposals for improving the quality of care.

## 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."

- Apply the main foundations and theoretical and methodological principles of nursing.
- 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.
- Demonstrate knowledge of health information systems.
- Demonstrate knowledge of strategies to adopt measures of comfort and care of symptoms, the patient and family run, in the application of palliative care that will contribute to alleviate the situation of advanced and terminal patients.
- Demonstrate knowledge of the ethical and deontological code of Spanish nursing and what is understood by ethical health implications in a changing world context.
- Demonstrate knowledge of the principles of health financing and social health and proper use of available resources.
- 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.
- Develop independent learning strategies.
- Establish efficient communication with patients, family members, social groups and friends, and promote education for health.
- Generate innovative and competitive proposals for research and professional activities.
- 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.
- Students must be capable of applying their knowledge to their work or vocation in a professional way and they should have building arguments and problem resolution skills within their area of study.
- Students must be capable of collecting and interpreting relevant data (usually within their area of study) in order to make statements that reflect social, scientific or ethical relevant issues.
- Students must be capable of communicating information, ideas, problems and solutions to both specialised and non-specialised audiences.
- Students must develop the necessary learning skills to undertake further training with a high degree of autonomy.
- 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. Acquire and use the necessary instruments for developing a critical and reflective attitude.
2. Adapt the language of communication to the needs of each interlocutor.
3. Adapt to new situations and contexts maintaining a constructive attitude.
4. Analyse differences by sex and gender inequality in etiology, anatomy, physiology. Pathologies, differential diagnosis, therapeutic options, pharmacological response, prognosis and nursing care.
5. Analyse nursing interventions justifying them with scientific evidence and/or expert opinions that support them.
6. Apply knowledge of physiopathology and factors affecting health in nursing care.
7. Apply scientific evidence in the planning and practice of nursing care.
8. Apply the ethical and deontological code of nursing in all areas of nursing activity.

9. Assess and treat receivers of care in a tolerant holistic manner without making value judgements.
10. Carry out a specific clinical history, physical examination, psychological examination and nursing diagnosis for men and women, including emotional-sexual diversity and diversity in identity and gender expression.
11. Carry out nursing care in an integrated manner within an interdisciplinary team.
12. Communicate using non-sexist and non-discriminatory language.
13. Compare the characteristics of the principal information systems.
14. Demonstrate being able to carry out basic life support manoeuvres.
15. Demonstrate skill in performing nursing procedures and techniques.
16. Describe the principles for administering drugs and other therapies safely.
17. Design care aimed at patients in situations of advanced illness and end of life which includes the appropriate strategies to improve their comfort and alleviate the situation, taking into account the values and preferences of care receivers and their families.
18. Design education strategies for the health of people, families and groups.
19. Display a cooperative attitude towards the different members of the team.
20. Establish an empathetic and respectful relationship with the individual and their family, in accordance with their situation, their health problems and the stage of their development.
21. Evaluate risks and protect the health of people ensuring their safety.
22. Evaluate the state of health of the individual, family and/or community, identifying problems and internal and external factors affecting their health.
23. Form part of multi and interdisciplinary texts and share common objectives.
24. Identify and explain practical clinical and care guides related to attending to health demands of people during their entire life cycle and the changes that may occur, and to offer the necessary care at each stage.
25. Identify elements that can endanger the health of persons in relation to the use and management of drugs.
26. Identify the different groups of drugs and health products, the principles of their authorisation, use and symptoms, and the mechanisms of their use.
27. Identify the guides for clinical practice specific to each stage of the life cycle.
28. Identify the nutritional needs of healthy people and/or those with health problems.
29. Identify the psychosocial components of individuals as well as the values and beliefs that identify them as autonomous and independent people.
30. Identify the social, economic and environmental implications of academic and professional activities within the area of your own knowledge.
31. Identify the theoretical bases and phases of a therapeutic relationship.
32. Include psychosocial aspects in the health plan ensuring respect for opinions, preferences, beliefs and values.
33. Make adequate use of the available resources.
34. Periodically evaluate health situations and the nursing interventions that take place.
35. Plan nursing cures aimed at people, families or groups.
36. Prioritise means of prevention for health during interventions at health centres.
37. Recognise situations of risk to life.
38. Resolve nursing problems and collaboration problems using clinical histories, applying nursing methodology and current standardised languages.
39. Respect the principles of the right to privacy, confidentiality and professional secrecy in all care given.
40. Respect the right to participation in the decision making process by people for their own care, in accordance with the way in which they are experiencing the health process.
41. Select the basic aspects related to a healthy life, self-care and preventative and therapeutic actions in relation to health needs, directing the actions to the person as well as the families or responsible carers.
42. Students must be capable of applying their knowledge to their work or vocation in a professional way and they should have building arguments and problem resolution skills within their area of study.
43. Students must be capable of collecting and interpreting relevant data (usually within their area of study) in order to make statements that reflect social, scientific or ethical relevant issues.
44. Students must be capable of communicating information, ideas, problems and solutions to both specialised and non-specialised audiences.
45. Students must develop the necessary learning skills to undertake further training with a high degree of autonomy.

46. Use methods of protection and safety to ensure wellbeing and minimise risk associated with health care.
47. Use scientific evidence in care practice.
48. Use strategies and skills that allow for effective communication with the care receivers, their families, social groups and partners as well as the expression of their concerns and interests.
49. Use the process of nursing care as a scientific methodology in interventions and problem solving.
50. Work in collaboration and in a responsible manner to achieve previously defined objectives to ensure the continuity of care.

## Content

The contents of this practicum consist of a combination of the different subjects taught throughout the previous courses. During the internship, students must select the necessary content to identify needs and solve the problems of the people cared for who present themselves during the internship with the tutelage of the nurse. The following stand out:

- Virginia Henderson's nursing model applied to the care of adults and the elderly.
- The methodological bases for planning and offering nursing care.
- The application of the teaching-learning process when nursing care is offered to people from different cultures.
- Nursing care plan.
- The code of ethics, the rights, and duties of the user in the framework of the care system.
- The continuous improvement of the quality of nursing care.
- Clinical practice guidelines and protocols.
- Healthy eating and therapeutic diets of the people cared for.
- Factors that influence the learning processes of the people served, educational needs, learning objectives, educational strategies and expected results.
- Nursing care aimed at health promotion and prevention.
- Pharmacokinetics, the pharmacodynamics of the most prescribed drugs as well as the educational needs of people.
- Therapeutic communication.
- Conflict management.
- Risk management rules for patient safety.
- The Catalan healthcare system.

## Methodology

Clinical practices give students the opportunity to develop knowledge, skills, attitudes and values in a real and complex professional environment, always accompanied by a teaching nurse (Associate Professor Clinical Teacher).

They consist of a stay of approximately 9 weeks in a PRIMARY CARE service appropriate to the training needs and during which each student will be assigned a nurse from the unit where he performs the practices that he watches over and guides his learning process. individualized and continuous form.

You can check the shifts and schedules in the calendar published on the website. These schedules can be modified according to the needs of the services.

Reflective journals: It is a compilation of those situations experienced during practice that have aroused some emotion, either positive or negative with an impact on the learning process. Fortnightly delivery in the form of written work via Moodle.

The cost of public transportation to move to care centers and homes is borne by the student.

**IMPORTANT:** These schedules can be modified according to the teacher.

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			
ESSAY	7	0.28	1, 8, 12, 2, 25, 30, 45, 44, 43
Type: Supervised			
CLINICAL INTERNSHIP	218	8.72	3, 1, 4, 5, 8, 6, 7, 34, 13, 12, 2, 15, 14, 19, 16, 17, 18, 20, 11, 10, 26, 25, 27, 24, 29, 30, 28, 32, 23, 35, 36, 45, 44, 42, 43, 37, 38, 40, 39, 41, 50, 33, 49, 48, 47, 31, 46, 21, 9, 22

## Assessment

Within the Nursing Degree curriculum, the clinical placements are part of the External Practice subject. The skills and learning outcomes of this External Practice subject will be worked on and evaluated throughout the different placements depending on the context and area where each of them is developed. Throughout the development of the clinical placement periods from the 2nd to 4th year, the acquisition of all the clinical practice skills and competencies of the nursing degree will be ensured.

### Evaluation criteria

The final qualification of the subject corresponds to the sum of the note of the clinical practices (PEXT) and the one of the Reflective Notebook (QR) with the following weighting:

- 70% of the grade corresponds to clinical practices.
- 30% of the mark corresponds to the reflective notebook.

To pass the course you must have passed each of the competence groups of clinical practices and seminars with a minimum grade of 5.

### Attendance control:

\* "Follow-up sheet": By signing this document daily, the nurse responsible for each student confirms the schedule made during the internship day. This document will serve as proof for the calculation of hours of the subject.

The only person responsible for the document is the student. You must keep it up to date and be responsible for the veracity of the content of the information provided. This document will be delivered at the end of the practicum period to your associate professor / nurse and delivered digitally (scanned) in Moodle.

This document can be requested, at any time, for its control, by the people responsible for the practicums and / or teachers participating in the subject.

It is mandatory to complete the entire period of clinical practice scheduled in the teaching calendar regardless of the schedule in which the practices are done.

Any interruption of service attendance is considered absent. These can be:

a) Excused absences, the following situations:

Deaths of close and close relatives.

Specialist medical visit.

Acute diseases

Driver's license exam

Official university exam

Official language tests

Those that have the approval of the coordinator of the subject.

Students must present a duly completed receipt to their teacher and record it in the "Follow-up sheet" document.

b) Unjustified Absences: Those that do not appear in the previous list and have not been authorized by the coordination of the subject.

Students will record their Unjustified Absence in the document "Follow-up sheet" and agree with their teacher on how to recover the outstanding hours. At the end of the course, 1 point will be deducted from the final grade (from 0 to 10) for each day of absence.

c) Strikes, Demonstrations:

Maintaining the rights of students and following the recommendations of the Rectorate, students who individually want to join a call of one of the student unions, must communicate this in advance to their teacher and to the internship service. However, it must be recorded in the "Tracking Sheet" document. This day will be considered completed and not recoverable.

d) Absence NOT justified and NOT notified: It may lead to the suspension of the subject.

e) Delay: Presenting more than 5 delays (start and end of shift, meals ...) throughout the period of the subject may lead to the suspension of the subject.

Absences must be communicated as far in advance as possible to the associate professor and the internship service in order to reduce interference in the learning process and agree on a day to recover. All missing hours due to lack of attendance must be recovered within the internship period.

Clinical Practices (PEXT):

Continuous and formative evaluation throughout the period. Approximately half of the nurse associate faculty, along with the nurse, will summarize the information obtained so far and discuss it with each student. In this formative evaluation, the level of achievement of the proposed objectives, the strengths to be highlighted and the weaknesses to be improved with the relevant recommendations will be worked on. In the same way, students will do their self-assessment and discuss it with the teacher.

Finalist evaluation:

At the end of the clinical internship period, the nurse will complete a final report on the competencies achieved by the students. In the same way, at the end of the period, each student will do his / her self-assessment and discuss it with the nurse and the associate nurse teacher.

\* Attendance is mandatory in all scheduled hours and in the assigned shift and schedule.

Those justified and unjustified absences must be recovered within the period of scheduled clinical internships with the prior authorization of the responsible teacher and the internship service.

Completion of the fortnightly Reflective Notebook and attendance at seminars is mandatory. Failure to present any of them within the period established by the teacher

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
CLINICAL INTERNSHIP	70%	0	0	3, 1, 4, 5, 8, 6, 7, 34, 13, 12, 2, 15, 14, 19, 16, 17, 18, 20, 11, 10, 26, 25, 27, 24, 29, 30, 28, 32, 23, 35, 36, 45, 44, 42, 43, 37, 38, 40, 39, 41, 50, 33, 49, 48, 47, 31, 46, 21, 9, 22
Essays	30%	0	0	3, 1, 8, 12, 2, 29, 45, 44, 42

## Bibliography

- Alfaro-Lefevre, R. (2003). El proceso enfermero. 5ª ed. Barcelona: Masson.
- Ayuso Murillo, D., Tejedor Muñoz, L., & Serrano Gil, A. (2018). *Enfermería familiar y comunitaria: actividad asistencial y aspectos ético-jurídicos*. Madrid: Díaz de Santos.
- 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.
- Campos Pavón, J., Munguía Navarro, S., & Academia de estudios MIR. (2015). *Enfermería comunitaria*. Madrid: Academia de estudios MIR.
- Colina, J., Medina J.L. Construir el conocimiento de Enfermería mediante la práctica reflexiva. (1997). *Rol de Enfermería*, 232, 23-30.
- ICS (2020). 3clics: Atenció primària basada en l'evidència. [Internet]. 2008 [citad 11 juliol 2020];12. Disponible a:<https://www.ics.gencat.cat/3clics>
- ICS. (2010). Manual de procediments d'infermeria. [Internet]. 2008 [citad 11 juliol 2020];12. Disponible a:[https://elenfermerodelpendiente.files.wordpress.com/2015/09/manual\\_infermeria\\_2010.pdf](https://elenfermerodelpendiente.files.wordpress.com/2015/09/manual_infermeria_2010.pdf)
- 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 transtornos de Salud*. Barcelona: Wolters Klumer,
- 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
- Martín Zurro, A. (2011). *Atención familiar y salud comunitaria: conceptos y materiales para docentes y estudiantes / Amando Martín Zurro, Gloria Jodar Solà; comité editorial Josep Maria Bosch Fontcuberta ... [et al.]*. Barcelona: Elsevier.
- Martín Zurro, A., Cano Pérez, J. F., & Gené Badia, J. (2014). *Atención primaria*. Barcelona: Elsevier.
- Martínez Riera, J. R., & Pino Casado, R. del. (2015). *Manual practico de enfermería comunitaria*. Madrid: Elsevier.
- Medina, J.L. (2001). Guía para la elaboración del diario reflexivo. Barcelona: Universidad de Barcelona.
- Nanda Internacional. (2015). Diagnósticos enfermeros. Definiciones y clasificación 2015-2017. Madrid: Elsevier
- Pérez, P. E., Sánchez, J. M. R., Formatger, D. G., & Fernández, M. G. (2016). Investigación en metodología y lenguajes enfermeros. Elsevier España.
- Pino Casado, R. del., & Universidad de Jaén. Servicio de Publicaciones. (2015). *Visita domiciliaria en enfermería familiar y comunitaria*. Jaén: Universidad de Jaén, Servicio de Publicaciones.
- Schön, A.D. (1989) La formación de profesionales reflexivos. Barcelona. Paidós.
- Schon, D. (1992). La formación de profesionales reflexivos. Hacia un nuevo diseño de la formación y el aprendizaje en las profesiones. Madrid: Piados MEC.
- Tellez, S., García, M. (2012). Modelos de cuidados en enfermería NANDA, NIC y NOC. México DF: McGraw-Hill Interamericana.

## Software

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