

Clinical Care Practice II

Code: 106720
ECTS Credits: 3

Degree	Type	Year	Semester
2502442 Medicine	OB	2	2

Contact

Name: Beatriz Molinuevo Alonso
Email: beatriz.molinuevo@uab.cat

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

Other comments on languages

Practice groups in Catalan and Spanish

Teachers

Rafael Azagra Ledesma
Javier Mundet Tuduri
Xavier Flor Escriche
Lydia Gimenez Llorca
Ana María Altaba Barcelo
Joan Juvanteny Gorgals
Francisco Lopez Exposito
Maria Isabel Gonzalez Saavedra
Pablo Oromendia Rodríguez
Sebastián Juncosa Font
Clara Alavedra Celada
Silvia Guell Parnau
Lucas Mengual Martinez
Jose Maria Bosch Fontcuberta
Judit Llussa Arboix
Maria Asuncion Wilke Trinxant
Raquel Tienda Carretero
Maria Antonia Llauger Rossello
Victor Miguel Lopez Lifante
Guillem Fluxa Terrasa

Jose Miquel Llover Lombarte

Montserrat Bare Maras

Miriam Mulero Collantes

Clara Pretus Gomez

Maria Luz Bravo Vicien

Raquel Gayarre Aguado

Pascual Roig Cabo

Esther Limon Ramirez

Miquel Cirera Perich

Pablo Hidalgo Valls

Elisabeth Navarro Fontanellas

Mónica Rebolgar Gil

Anna Estafanell Celma

David Lacasta Tintorer

Yolanda Pardo Cladellas

Joan Taberner Viera

Yoseba Canovas Zaldua

F. Xavier Cos Claramunt

Nuria Piquer Farres

Oren Contreras Rodriguez

Prerequisites

Students must have passed the subject of Clinical Care Practice I of the first Medicine degree. In addition, it is necessary the acquirement of some basic knowledge level of:

- The structure, organization, and resources of primary care and the different components of the primary care team (EAP).
- Staff that integrates the EAP, their profiles, their functions, and interprofessional relationship.

The commitment to preserve the confidentiality and professional secrecy of the data to which they may have access due to the learning in assistance services and audiovisual material must be acquired. Likewise, an attitude of professional ethics will be maintained in all their actions.

Objectives and Contextualisation

The subject Clinical Care Practice II is taught in the second year of the Degree in Medicine and is part of the Clinical Practice Subject with the aim of bringing students closer to clinical practice from the first year of the degree. The experience lived in the subject Clinical Care Practice I has allowed students to know the operation of a Primary Care Center and have a first contact with people using the health system.

Medicine practice is based on an interpersonal relationship that takes place within a community context. This subject aims to point students out the importance of behaviors, psychological states, beliefs, expectations, desires, and attitudes of people and the community in which they live in their health-disease processes, as well as the relevance of the communication skills of health professionals in the relationship with patients and relatives and with other professionals.

More specifically, the Clinical Care Practice II subject aims to: 1) improve the integration of verbal and non-verbal communication elements for the understanding of care activity, 2) delve into patient-centered care and the biopsychosocial model application, 3) know and encourage patients' motivation springs for behavior

change through the motivational interview model, 4) convey the importance of measuring, recording, and systematizing the received information from both the history and the physical examination (exploratory phase of the interview), and 5) recognize, in their community, the social determinants and health assets that can influence in the health-disease process.

The achievement of the subject competencies will allow students to begin their interpersonal and communication skills training that is related to obtaining more appropriate and more information. Fact that improves patients' and health professionals' satisfaction levels, accomplishes greater diagnostic accuracy, and enables the design of a therapeutic plan adapted to the patients' characteristics with a greater probability of therapeutic compliance, among others. The vision of health as an individual objective determined by health care will be broadened towards a vision of health as a collective objective determined by relationships between people and its community structures.

Competences

- Be able to work in an international context.
- 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.
- Empathise and establish efficient interpersonal communication with patients, family-members, accompanying persons, doctors and other healthcare professionals.
- Engage in professional practice with respect for patients' autonomy, beliefs and culture, and for other healthcare professionals, showing an aptitude for teamwork.
- 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.

Learning Outcomes

1. Analyse the limitations to the interpretation of behaviour from non-verbal communication.
2. Apply the basic elements of bioethics (patients' rights, doctors' obligations).
3. Be able to work in an international context.
4. Communicate clearly, orally and in writing, with other professionals and the media.
5. Describe the communication process and its effect on the professional caregiverpatient relationship.
6. Detect emotions through non-verbal communication in a context of patient-health professional relationship.
7. Detect how verbal and non-verbal behaviour can be linked in a context of patient-health professional relationship.
8. Differentiate between risk to the population and individual risks.
9. 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.
10. Identify the basic elements of the face-to-face doctorpatient interview in a context of high accessibility and longitudinal care.
11. Identify the different components of non-verbal communication in a context of patient-health professional relationship.
12. Identify the different professionals in the healthcare team, together with their profiles, functions and how they work together.
13. Identify the structure, organisation and resources of primary healthcare and the different components of primary healthcare teams.
14. Know the basic elements of the communication of clinical research results.
15. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
16. Question a simple model to explain the state of health/illness of individuals.

Content

- Specialized seminar (SESP) 1. Your health is in your postal code. The person and their community. How does it influence the health-illness process?
- Seminar 2. The biopsychosocial model and the patient-centered interview in care practice.
- Seminar 3. Elements of negotiation and the motivational interview in the consultation. The principle of autonomy.
- Seminar 4. Physical examination integrated in the clinical interview.
- Seminar 5. Community projects as an approach to certain health problems.
- Laboratory practice (PLAB) 1. Non-verbal communication: concept, characteristics, and components.
- PLAB 2. The expression and detection of emotions through non-verbal communication. Functions of non-verbal communication in healthcare practice.
- PLAB 3. Factors influencing the interpretation of non-verbal communication.
- PLAB 4. Non-verbal communication in various contexts of care relationship: face-to-face visit, telemedicine, and home visit.

Methodology

The subject Clinical Care Practice II is a two-department subject.

The Department of Medicine is responsible for teaching related to:

- 5 seminars (SESP) that take place in the Teaching Unit of Basic Medical Sciences (UDCMB). Each seminar lasts 2 hours and it is held in groups of approximately 20 students.

In the first seminar, within each group of practices, work 5-people-teams will be created. This team will work on a practical case related to the practices in the Primary Care Centers (CAPs). The work teams will remain the different teaching activities linked to SESP and PLAB. A spokesperson of each group will be appointed and will be in charge of making the assignments and maintaining communication with the teachers.

The case will be presented orally in the fifth seminar (see Evaluation Section).

The members of the teaching staff responsible for this part are: Xavier Mundet Tuduri, Raquel Gayarre Aguado and Esther Limón Ramírez.

The Department of Psychiatry and Forensic Medicine is responsible for teaching related to:

- 4 laboratory practice sessions (PLAB) that take place at the UDCMB in groups of approximately 20 students (sessions 1 and 4 last 1 hour and a half and sessions 2 and 3 last 3 hours).

The teacher in charge is Beatriz Molinuevo Alonso.

Students carry out 3 stays (Clinical Care Practice; PCA) in a Primary Care Center lasting 4 hours each (1-2 students per teacher) linked to the knowledge and skills acquired in the SESP i PLAB.

The members of the teaching staff responsible for this part are: Xavier Mundet Tuduri, Raquel Gayarre Aguado, Esther Limón Ramírez and Beatriz Molinuevo Alonso.

The CAP application will be made from SIGMA @: <https://sia.uab.es/Registration> and file / Registration for the Final Project / Internship

Contact details for justified requests for changes and incidents are:

- General coordination: Beatriz.Molinuevo@uab.cat
- Coordination of seminars (SESP): Xavier.Mundet@uab.cat (Dep. Medicine)
- Practical coordination (PLAB): Beatriz.Molinuevo@uab.cat (Dep. Psychiatry and Forensic Medicine)
- CAP incidents: pca.medicina@uab.cat

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 CARE PRACTICES	14	0.56	1, 2, 4, 14, 5, 6, 7, 8, 11, 9, 12, 10, 13, 15, 16, 3
LABORATORY PRACTICES	9	0.36	1, 4, 14, 5, 6, 7, 11, 9, 15, 3
SPECIALIZED SEMINARS	10	0.4	2, 4, 5, 8, 9, 10, 13, 15, 16, 3
Type: Autonomous			
PREPARATION OF WRITTEN WORKS (GROUP WORK)	8	0.32	1, 2, 4, 14, 5, 6, 7, 11, 9, 10, 13, 15
REPORTS OF INTEREST (PROTOCOL OF OBSERVATION)	3	0.12	1, 4, 6, 7, 11, 9, 10, 15, 3
SELF-STUDY	26	1.04	1, 2, 4, 14, 5, 6, 7, 8, 11, 9, 10, 13, 15, 16

Assessment

REQUIREMENTS TO PASS THE SUBJECT:

1. Minimum attendance at four seminars (SESP) scheduled in the Teaching Unit of Basic Medical Sciences (UDCMB, Bellaterra).
2. Minimum attendance at three laboratory practice sessions (PLAB) scheduled at the UDCMB (Bellaterra).
3. Compliance of the three clinical stays (clinical care practice, PCA) in a Primary Care Center (CAP) with a qualification of apt.
4. Group delivery of three observation protocols (one for each PCA visit).
5. Participation in group work and oral defense.
6. Have a grade equal to or higher than 5 on the exam.

EVALUATION

The continuous evaluation of the subject Clinical Care Practice II will be based on:

a) Attendance and active participation in seminars and practical sessions:

Attendance at the five seminars (SESP) will generate a grade of 10. Failure to attend any of the first four seminars will generate a grade of 0.

Attendance at the fifth seminar is mandatory (group work is presented and evaluated).

Attendance at the four laboratory practice sessions (PLAB) will generate a grade of 10. Attendance at three of the four practices will generate a grade of 0.

During each visit to the CAP, each student will have a specific observation protocol to train the competencies proposed by the teachers in the previous sessions of SESP and PLAB and to be able to collect observations that will be useful to him/her later to work in small groups (*fixed work teams of 5 people established within each internship group*). The interlocutor of each team will have to deliver through the Virtual Campus each protocol

worked in group (a total of three) inside the calendar of deliveries foreseen in the beginning of the subject in the second semester. These protocols are the subject of work during the PLAB. Students will have a script and assessment rubrics on the virtual campus. Each group protocol delivered in the established term (corresponding session of practices) will generate a note according to a scale of three values: Regular (0); Good (5) and Excellent (10). If a protocol is not suitable, the teacher may require the group to repeat it and indicate the maximum grade that can be obtained in a second review. The members of each work team will have the same qualification. Students can consult the feedback on the work and through the Qualifications tool of the Virtual Campus.

Teachers may require students to explain in the classroom the cases observed and described in the individual protocols.

This part has a weight of 19% in the final mark of the subject that would be distributed as follows:

- Seminars: 5%
- Internships: 5%
- Observation protocols: 9% (each protocol weighs 3%)

b) Examination:

The exam is a multiple-choice question test with five answer options (a single valid answer). A correction will be applied to discount random hits [$\text{Corrected Score} = (\text{hits} - (\text{errors} / 4))$] which will be transformed into a note that can range from 0 to 10.

The examination date will be the scheduled date according to the official calendar of the Faculty of Medicine.

The subject to be evaluated corresponds to all the theoretical and practical contents of the subject. The students will have study material on the Virtual Campus, which must be completed with the reference book of the subject (Introduction and chapters from 1 to 7; see section Specific bibliography) and with readings that are indicated in certain sessions.

The exam is considered passed with a grade of 5 or higher.

After each exam, students will have a period of 24 hours to send, through the Virtual Campus, comments, or complaints about the questions, which will be analyzed by teachers. Students can consult their provisional grade through the Qualifications tool of the Virtual Campus. The revision of the evaluation will be carried out individually under the request of tutoring with the coordination of the subject.

This part has a weight of 50% in the final grade of the subject.

c) Elaboration of group work and oral defense of a clinical case and its community approach.

Students must carry out group work related to the seminars (SESP) held at the UDCMB and the stays at the CAP (PCA).

To carry out this activity, which starts from the first seminar, we will work according to the teams formed in the mentioned session.

Students will have a script and assessment rubric on the Virtual Campus. The members of each work team will have the same qualification.

This part has a weight of 31% in the final grade of the subject.

RECOVERY

Students who have not passed the exam (note 5), or have not taken, will be able to have another exam, if the first five requirements to pass the subject have been met.

Students who meet any of the following conditions may have another exam:

- Not having passed the final exam (minimum grade 5).
- Failure to take the final exam.
- Want to improve grade. In this case, the coordinator of the subject must be notified (by e-mail) one week before the date of the exam. In this case, the final grade will always be obtained considering the last exam.

The examination date will be the scheduled date according to the official calendar of the Faculty of Medicine.

FINAL NOTE OF THE SUBJECT

Final grade = (Attendance at the five SESPAs * 0.05) + (Attendance at the four PLABs * 0.05) + (Observation protocols * 0.03 for each protocol) + (Examination grade*0.50) + (note Group work * 0.31).

This formula will only be applied in the event that the requirements to achieve the subject have been met.

The final grade of students who have not passed the exam after the new test, will be:

- 1) If the resulting grade after applying the formula to calculate the Final Grade is ≤ 4.7 , that grade will be placed.
- 2) If the resulting grade after applying the formula for calculating the Final Grade is > 4.7 , the final grade will be 4.7.

Students who do not meet any of the following requirements will be assigned a rating of "not assessable":

- 1) Minimum attendance at five SESPAs
- 2) Minimum attendance at three PLABs
- 3) Completion of the three stays (PCA) in a CAP with apt qualification.
- 4) Group delivery of three observation protocols.
- 5) Carrying out group work and participating in oral defense.
- 6) Carrying out the multiple-choice test.

The revision of the evaluation will be carried out individually under the request of tutoring with the coordination of the subject.

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Attendance and active participation in specialized seminars, laboratory practices and health care centers	19%	1	0.04	1, 2, 4, 5, 6, 7, 11, 9, 10, 13, 3
Oral defense of written group work	31%	2	0.08	1, 4, 14, 5, 6, 7, 11, 9, 10, 15, 3
Written evaluation: Objective tests (multiple choice questions)	50%	2	0.08	1, 2, 14, 5, 6, 7, 8, 11, 9, 12, 10, 13, 16

Bibliography

Specific references:

- Molinuevo, B. (2017). La comunicación no verbal en la relación médico-paciente. UOC.
- Molinuevo, B. (2011). La comunicación no verbal en la relación médico-paciente. Aresta.

*Both are optimal.

Other references:

- American Psychological Association (2013) Guidelines for the Practice of Telepsychology. *American Psychologist*, 68 (9), 791-800. doi: 10.1037/a0035001
- Borrell, F. (2011). *Práctica clínica centrada en el paciente*. Triacastela.
- Borrell, F. & Bosch, J. M. (2014). Entrevista clínica y relación asistencial. La atención centrada en la persona. En M. Zurro y JF Cano. *Atención Primaria. Conceptos, organización y práctica clínica*. Elsevier.
- Bosch, J. M. & Campiñez, M. (2015). Comunicar para modificar conductas, promover la salud y aumentar la adherencia terapéutica. En R. Ruiz Moral (coord.), *Comunicación clínica: Principios y habilidades para la práctica*. Médica Panamericana.
- Bosch, J. M., Campiñez, M., & Caber, M. (2011). Entrevista clínica y comunicación asistencial. En M. Zurro y G. Jodar (coord.), *Atención Familiar y Salud Comunitaria. Conceptos y materiales para docentes y estudiantes*. Elsevier.
- Clèries, X. (2006). *La comunicación: una competencia esencial para los profesionales de la salud*. Masson.
- Knapp, M. L. (1992). *La comunicación no verbal. El cuerpo y el entorno*. Paidós.
- Knapp, M. L., Hall, J. A., & Horgan, T. G. (2021). *Nonverbal communication in human interaction* (9 ed.). Kendall Kunt Publising Company.
- Manusov, V. & Patterson, M. L. (2006). *The SAGE Handbook of Nonverbal Communication*. Sage Publications.
- Muñoz-Seco, E. (2020). Las consultas por teléfono han llegado para quedarse (AMF 2020). *Actualización En Medicina de Familia*.
- Muñoz-Seco, E. (2020). No todo es clínica. La entrevista telefónica. *AMF*, 16(11), 659-667.
- Patterson, M. L. (2010). *Més que paraules. El poder de la comunicació no verbal*. Aresta/UOC.
- Schrager, S. (2020). Managing a telephone encounter: Five tips for effective communication. *Family Practice Management*, 27(3), 1.
- Silverman, J., Kurtz, S., & Draper, J. (2013). *Skills for communicating with patients* (3 ed.). Radcliffe Publishing.
- The Royal Australian College of General Practitioners (2014). *Implementation guidelines for video consultations in general practice. A telehealth initiative*. Melbourne.
- Hernández-Aguado I., Santaolaya, M., & Campos, P. (2012). Las desigualdades sociales en salud y la atención primaria. *Gaceta Sanitaria*, 26, 6-13. <https://doi:10.1016/j.gaceta.2011.09.036>
- Sobrino, C., Hernán, M., & Cofiño, R. (2018) ¿De qué hablamos cuando hablamos de «salud comunitaria»? *Gaceta Sanitaria*, 32 (1), 5-12. <https://doi.org/10.1016/j.gaceta.2018.07.005>.

Software

Not necessary.