



# **Health Education**

Code: 106109 ECTS Credits: 3

Degree	Туре	Year	Semester
2500891 Nursing	ОВ	2	A

## Contact

Name: Mariela Patricia Aguayo Gonzalez Email: marielapatricia.aguayo@uab.cat **Teaching groups languages** 

You can check it through this <u>link</u>. To consult the language you will need to enter the CODE of the subject. Please note that this information is provisional until 30 November 2023.

#### **Teachers**

Eva Porcuna Nicolas Andrea Moreu Valls Daniel Gomez Garcia

# **External teachers**

Marisa Bañuls Pardina

# **Prerequisites**

None

# **Objectives and Contextualisation**

The purpose of nursing care is to promote health and enhance the self-care of each person and those that form the unity of coexistence and the community. With this frame of reference, this subject intends that the students be able to:

- To select the relevant theoretical health education frameworks to promote self-care for people and groups.
- To plan health education programs by selecting the relevant methodology according to each situation /
- To plan health education programs by selecting the relevant methodology according to each situation /problem that is presented and the effectiveness demonstrated.

- To learn the role of the nurse to determine the educational needs and facilitate the learning processes of people of all ages, at any stage of the life and health situation that they find to self-guess.
- To promote gender equality and empower all women and girls in access and opportunity to Education for Health programs.

This subject offers the necessary theoretical bases, in order to be able to determine the different educational needs of the community.

# Competences

- Act with ethical responsibility and respect for fundamental rights and duties, diversity and democratic values.
- Base nursing interventions on scientific evidence and the available media.
- Design systems for curing aimed at people, families or groups and evaluate their impact, making any necessary changes.
- Make changes to methods and processes in the area of knowledge in order to provide innovative responses to society's needs and demands.
- 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.
- 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 have and understand knowledge of an area of study built on the basis of general secondary education, and while it relies on some advanced textbooks it also includes some aspects coming from the forefront of its field of study.
- Take account of social, economic and environmental impacts when operating within one's own area of knowledge.
- Take sex- or gender-based inequalities into consideration when operating within one's own area of knowledge.

# **Learning Outcomes**

- 1. Acquire and use the necessary instruments for developing a critical and reflective attitude.
- 2. Analyse gender inequalities and the factors on which they are base from in different systems: family system, parents, economic, political, symbolism and educational systems.
- 3. Analyse the importance of participation in health education.
- 4. Analyse the problems, prejudices and discrimination in the short and long term in relation to certain people or groups.
- 5. Apply scientific evidence in the planning and practice of nursing care.
- 6. Assess educational interventions aimed at promoting healthy lifestyles and self-care.
- 7. Critically analyse the principles and values that regulate the exercising of the nursing profession.
- 8. Design educational strategies for health in people, families and groups.
- 9. Design strategies for the promotion of health and prevention of illness aimed at individuals, groups or communities taking into account their resources, habits, beliefs and values.
- 10. Identify healthy lifestyles and preventative and therapeutic behaviours in individuals, groups and communities.
- 11. Identify strategies to prevent gender violence.
- 12. Identify the intersection between gender inequality and other types of inequality (age, class, race, ethnic group, sexuality and identity/expression, functional diversity, etc.)

- 13. Identify the skills and strategies that are effective in interventions aimed at the promotion of health and prevention of illness taking into account the resources, values and beliefs of the people, families and groups.
- 14. Propose viable projects and actions that promote social, economic and environmental benefits.
- 15. 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.
- 16. Students must have and understand knowledge of an area of study built on the basis of general secondary education, and while it relies on some advanced textbooks it also includes some aspects coming from the forefront of its field of study.

#### Content

The contents will be developed in 7 themed blocks.

I Health Promotion

Jakarta Charter Ottawa Letter

II Adherence to treatment

Factors that influence the Learning of a biological, psychological, social, and cultural nature.

The role of knowledge, emotions, attitudes, skills, and the social and institutional context in the learning processes to self-guess.

III Educational project

- Assessment of educational needs.
- Prioritization of problems. Definition and consensus of fates and objectives according to context and culture.
- The organization of the Contents.
- Methods of education. Direct education methods: the talk, the interview, and the group. Methods of indirect education: visual, sound, mixed media, media campaigns.
- Resources. Time Action
- Evaluation of the analysis of needs, the Program Process, Results, Satisfaction, and participation.

IV Models of health

V Emotional health

VI Learning and service

VII Sexual health

VII Ageism and its affectation on the care of people

### Methodology

A student-centered methodology that is active in the learning process is applied. The Teaching staff will propose different teaching teaching activities, considering the combination of several methodologies: theoretical, seminars, tutorials, and individual activities.

Activities Autonomous: Search information in different documentary backgrounds, select it to study it to apply it to the health education program. This synthesized information is shared in the group in order to agree on the most pertinent information for the program.

Theory lecture: On the theoretical and methodological contents of the subject and the work of the student related to the theoretical content.

Specialized Seminars: The role of the student is active because he is responsible for his learning. The activities are carried out in groups of 4-5 students.

The role of the teacher is a facilitator and guide of this Learning Process. The seminars are organized by blocks, depending on whether the student decides to do a traditional Educational Project or a Service Learning project. In each seminar, a part of the project is elaborated and discussed.

The seminars are obligatory. Any absence must be PROPERLY JUSTIFIED

Tutorials: The tutorials are to clarify doubts about the theoretical contents.

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			
Seminar	9	0.36	1, 7, 3, 2, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 16, 15
Theory	18	0.72	1, 7, 3, 2, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 16, 15
Type: Autonomous			
READING OF PAPERS / INTEREST REPORTS / WORK PREPARATION / PERSONAL STUDY		1.8	3, 5, 8, 9, 13, 16, 15

## **Assessment**

The evaluation system is formative throughout the learning period. This evaluation is continued to assess the level of achievement of the learning outcomes and adapt the program according to the learning needs of the students.

The assessment criteria are explained to the student on the first day of class. The document for evaluating written and oral defense work is published on the virtual campus.

There are two types of assessment tests:

- 1. Oral written and defense work Represents 40% of the final grade. It consists of the oral and written presentation of the results of the group work: health education program. At the time of the oral evaluation, the same work will be presented in writing and the presentation in ppt. This evaluation consists of 2 parts: The first is the written work and oral defense the first part. At the time of the presentation, the work will be delivered via e-mail. The second is the written work and the final oral defense. At the time of the oral presentation the work will be delivered via e-mail. It is imperative to obtain a mark equal to or greater than 5 in each of these assessments (1st part and 2nd part) to be able to calculate the average mark of the written work and oral defense. That is to say, a student does not approve the written work and the oral defense if in any of these parts it has a note inferior to 5.
- 2. Final evaluation Represents 40% of the final mark. There will be a test of evaluation of the theoretical part with questions of type test with 4 options of answers, and brief questions of development. Minimum required mark to make the Weighted average = 5.

3. Assistance and assessment Seminars. It represents 20 % and will be considered attendance, participation, and coordination with the working group. Final assessment to pass the subject, oral written, and defense work must be presented and submitted to the final assessment.

ATTENDANCE TO THE THEORY IS NOT MANDATORY BUT THERE WILL BE THREE THEORETICAL SESSIONS IN WHICH AT THE END OF THIS SESSION THE CONTENTS WILL BE EVALUATED WITH A LITTLE EXERCISE THAT WILL SCORE 0.5 POINTS OF THE FINAL EXAM GRADE. THEREFORE, IF THE STUDENT ATTENDS ALL THREE SESSIONS, THEY MAY HAVE 1.5 MORE POINTS IN THE GRADE OF THEIR FINAL EXAM.

#### The final assessment

The final assessment is the weighted result of the written work and oral defense (40%), assistance (20%) and final (40%). To pass the subject it is mandatory to present to all the assessment parties. The weighting will be carried out whenever the mark is obtained from the assessments: each of the 2 parts of written and oral defense work is at least 5 and the final evaluation is at least 5.

By final assessment the current Regulations for the evaluation of UAB studies are applied. The date of the review of the test will be specified in the Moodle.

It is considered Non-Appraising (NA) in one of these situations:

- Attendance at seminars is mandatory. The lack of the seminar must be PROPERLY JUSTIFIED. If it is not justified will be discounted 0,5 points of the final qualification.
- Only is possible to miss two seminars. More lack of the seminar is No assessment.
- The student has not submitted a part of the written and oral defense work.
- The student has not been submitted to the final evaluation.

#### Special Situations

Only students who have not passed the subject by means of the continuous assessment can submit to a recovery test.

This subject is not expected to be evaluated with a single evaluation

#### **Assessment Activities**

Title	Weighting	Hours	ECTS	Learning Outcomes
Attendance and assesment Seminars	20%	0.5	0.02	3, 5, 6, 8, 9, 13, 15
Written assessment:objective tests	40%	1.5	0.06	1, 7, 3, 2, 5, 6, 8, 9, 10, 12, 13, 16, 15
Written works	40%	1	0.04	1, 7, 3, 2, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 16, 15

## **Bibliography**

- Amigo, I. Manual de psicología de la salud, 2020
- AZANZA ESTEBAN A. Educación Sanitaria y Promoción de la Salud. Madrid: Editex; 2005.
- CIBANAL JUAN L, ARCE SÁNCHEZ MC, CARBALLAL BALSA MC. Técnicas de comunicación y relación de ayuda en ciencias de la salud. 3ª Ed. Barcelona: Elsevier; 2014.
- COSTA CABANILLAS M, LÓPEZ MÉNDEZ E. Educación para la Salud. Guía Práctica para promover estilos de vida saludables. Madrid: Pirámide; 2008.
- DIRECCIÓN GENERAL DE COORDINACIÓN DE LA ATENCIÓN AL CIUDADANO Y HUMANIZACIÓN DE LA ASISTENCIA SANITARIA. CONSEJERÍA DE SALUD DE LA COMUNIDAD DE MADRID.

Resolución de la Viceconsejería de Sanidad por la que se dictan instrucciones para facilitar el acompañamiento de los pacientes por familiares o allegados en los Servicios de Urgencias del Servicio Madrileño de Salud. 2015.

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   Resolución de la Viceconsejería de Sanidad por la que se dictan instrucciones para facilitar información clínica personalizada a pacientes, familiares o allegados en los Centros Sanitarios Públicos del Servicio Madrileño de Salud. 2015.
- DIRECCIÓN GENERAL DE COORDINACIÓN DE LA ATENCIÓN AL CIUDADANO Y HUMANIZACIÓN DE LA ASISTENCIA SANITARIA. CONSEJERÍA DE SALUD DE LA COMUNIDAD DE MADRID. Plan de Humanización de la Asistencia Sanitaria 2016- 2019. Consejería de Sanidad de la CAM, 2016.
- Perea, R. Educación para la salud y calidad de vida, 2011

#### **WEB PAGES**

http://www.madrid.es/portal/site/munimadrid - www.madrid.org -

http://www.madrid.org/cs/Satellite?http://www.msssi.gob.es/ciudadanos/proteccionSalud/home.htm -

http://www.msssi.gob.es/campannas/campanas09/home.htm -

http://www.msssi.gob.es/profesionales/formacion/home.htm - http://www.isciii.es/ - http://www.fundadeps.org/ - www.medicosypacientes.com - www.redaccionmedica.com - http://www.dgt.es/es/la-dgt/campanas/ - http://www.fad.es/Campanas

## **Software**

Is not necessary