

**Practicum IV**

Code: 106123  
ECTS Credits: 12

Degree	Type	Year	Semester
2500891 Nursing	OB	3	2

## Contact

Name: Juan Manuel Leyva Moral

Email: [juanmanuel.leyva@uab.cat](mailto:juanmanuel.leyva@uab.cat)

## Teaching groups languages

You can check it through this [link](#). 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

Antonio Luis Lopez Ruiz

Rosa Maria Fernandez Salafranca

Encarnacion Cuenca Martinez

Nuria Correa Bas

Laia Salinas Gratacos

## Prerequisites

In order to enroll in Practicum III, students must have:

- Attended the occupational risks session and test.
- Attended the practical lab lessons of the second and third years.
- Attended the planned visits for the assessment and update of the vaccination card and the tuberculosis test through the Vall d'Hebron Preventive Medicine and Epidemiology areas before starting the first subject of the syllabus.
- Own the Student ID.

Coherently it is HIGHLY RECOMMENDED for every student to have passed Practicums I and II.

Important: It is not possible to participate in two practicums simultaneously.

Students will be committed to preserving confidentiality and professional secrecy regarding the data they may get access to when learning about nursing services. They also commit to having an ethical and professional attitude in every single action. In that sense, whoever enrolls in this subject also commits to apply the "Nursing Practicum regulations" and the "Behaviour recommendations for the Faculty of Medicine Students". These documents are available through the Faculty of Medicine website.

The addresses of the hospitals and medical centres where the students go through their clinical practicum will send us their instructions in order to arrange the signing of a confidentiality agreement and, if necessary, an ID. Students will follow the regulations available at the Online Campus. Not following the regulations will mean the termination of the practicum and therefore its failure.

It is mandatory to own a Certificate of Sexual Crimes before initiating the practicum. You will find information on how to obtain it on the following link:  
<https://web.gencat.cat/ca/tramits/que-cal-fer-si/vull-obtenir-el-certificat-de-delictes-de-naturalesa-sexual>. Some practicum centres will not authorize the start of the practicum if the certificate is not submitted on time. Carrying out this task is the student's responsibility.

## Objectives and Contextualisation

This course aims for the student to focus on how the socio-economic and political environment influences the model of the Catalan health system and to analyze the characteristics of the health system whether it is a public company or not. Practicum IV allows the student to apply the theoretical knowledge, learn attitudes and skills necessary at an advanced level, and offer nursing care oriented to the community's health. These 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 evaluation of basic needs. Therefore, the student at the end of the period should be able to: Describe the basic health problems and needs of the population and relate them to the center's portfolio of health care services. Describe the functions of the health center nurse. Apply the nursing care model of the people-oriented healthcare center to promote the promotion of health and the prevention of health problems. Apply the nursing care model of the healthcare center aimed at people with chronic health problems of low complexity, in order to offer support for self-management and coexistence with the disease, promoting self-responsibility and autonomy. Apply the methodology of the nursing care process and the scientific methodology. Conduct nursing techniques and procedures. Select and apply strategies for collecting information for 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 by agreeing on the objectives and results to be achieved. Carry out the nursing care to people by applying the clinical practice guidelines and protocols of the healthcare center. Evaluate the nursing care provided. Self-assess the learning process itself honestly and realistically. 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.
- Establish efficient communication with patients, family members, social groups and friends, and promote education for health.
- Make changes to methods and processes in the area of knowledge in order to provide innovative responses to society's needs and demands.
- 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.
- 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.
- 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 ethiology, 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 educational and informational interventions to promote healthy lifestyles and self-care.
7. Apply help to solve health/illness problems of care receivers, their families and/or the community.
8. Apply knowledge of physiopathology and factors affecting health in nursing care.
9. Apply scientific evidence in the planning and practice of nursing care.
10. Apply the ethical and deontological code of nursing in all areas of nursing activity.
11. Apply the nursing process to offer and guarantee the wellbeing, quality and safety of the people receiving the care.
12. Assess and treat receivers of care in a tolerant holistic manner without making value judgements.
13. 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.
14. Carry out nursing care in an integrated manner within an interdisciplinary team.
15. Communicate using non-sexist and non-discriminatory language.

16. Comprehensively assess health situations using tools such as physical examination, laboratory tests and nursing interview.
17. Demonstrate being able to carry out basic life support manoeuvres.
18. Demonstrate skill in performing nursing procedures and techniques.
19. 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.
20. Display a cooperative attitude towards the different members of the team.
21. 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.
22. Evaluate risks and protect the health of people ensuring their safety.
23. Evaluate the state of health of the individual, family and/or community, identifying problems and internal and external factors affecting their health.
24. Exercise a respectful relationship with the user of the service/family/health team without making value judgements.
25. Form part of multi and interdisciplinary texts and share common objectives.
26. Give integrated and individualised nursing care to individuals, families and communities, evaluating the results obtained.
27. Identify elements that could place at risk the health of people in relation to the use and management of medicaments.
28. Identify the criteria for adequate results for nursing problems detected.
29. Identify the guides for clinical practice specific to each stage of the life cycle.
30. Identify the social, economic and environmental implications of academic and professional activities within the area of your own knowledge.
31. Include psychosocial aspects in the health plan ensuring respect for opinions, preferences, beliefs and values.
32. Make adequate use of the available resources.
33. Periodically evaluate health situations and the nursing interventions that take place.
34. Plan individualised nursing care adapted to each situation of clinical practice.
35. Prioritise means of prevention for health during interventions at health centres.
36. Put into care practice the knowledge and skills acquired.
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. 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.
42. 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.
43. Students must be capable of communicating information, ideas, problems and solutions to both specialised and non-specialised audiences.
44. Students must develop the necessary learning skills to undertake further training with a high degree of autonomy.
45. Use healthcare information systems and computer programs for collecting and analysing data to facilitate the planning, analysis and evaluation of care and the production of reports.
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

- Nursing models applied to pediatric, adult, and elderly care.
- Ethical and methodological bases of nursing.
- The code of ethics, the rights and duties of the user in the care system framework.
- The application of the teaching-learning process when nursing care is offered to people from different cultures.
- Nursing care plan.
- The continuous improvement of the quality of nursing care.
- Clinical practice guidelines, protocols and evidence-based practice.
- Healthy eating and therapeutic diets of the people cared for.
- Prevention of cardiovascular risk.
- Program of Preventive Activities and Health Promotion
- Factors that influence the learning processes of the people served, educational needs, learning objectives, educational strategies and expected results.
- Pharmacokinetics and pharmacodynamics of the most common drugs in Primary Care.
- Support and management of care in end-of-life situations
- Home care.
- Therapeutic communication.
- Conflict management.
- Risk management for the safety of the person being cared for.
- The Catalan health system.
- Autonomous management of nursing demand.

## Methodology

Clinical internships in Primary and Community Care give students the opportunity to develop knowledge, skills, attitudes, and values in a real and complex professional field, always accompanied by a teaching nurse. They consist of an approximate stay of 8 weeks in a Primary Care Team or PADES during which each student is assigned a nurse from the unit where he/she carries out the internships that he/she supervises and guides his / her learning process. individualized and continuous form.

The assigned shifts and schedules can be modified according to the needs of the services, so it is important to have flexible hours to cope with unexpected changes, as they must be done every day of practice.

The reflective journals cover situations experienced during the practice that have aroused some positive or negative emotions with an impact on the learning process. Fortnightly delivery in the form of written work via Moodle.

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: Supervised			
CLINICAL INTERNSHIP	291	11.64	3, 4, 5, 36, 10, 11, 8, 6, 9, 7, 24, 33, 2, 18, 17, 20, 28, 19, 21, 14, 13, 27, 29, 30, 31, 25, 34, 26, 35, 44, 37, 38, 40, 39, 50, 32, 49, 45, 48, 47, 46, 16, 22, 12, 23
Essays	9	0.36	3, 1, 15, 30, 44, 43, 41, 42

## Assessment

Within the curriculum of the Degree in Nursing, the subjects Practicums are part of the subject External Practice. The competencies and learning outcomes of the External Practice subject will be worked on and evaluated throughout the different practicums depending on the context and scope in which each of the internships takes place. Throughout the development of the clinical practice stays from the 2nd to 4th year, care will be taken to achieve all the clinical practice competencies of the degree.

This course does not provide for a single evaluation system.

### Assessment criteria

The final qualification of the subject is formed by the sum of the clinical practices mark, the one obtained in the seminar, and the one obtained in the reflective journal with the following weighing:

- 70% formed by the clinical practices mark.
- 30% formed by the reflective journal mark.

In order to pass the subject, every area must be completed with a minimum mark of 5.

### Attendance control

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 their information being truthful. The document will be uploaded to Moodle at the end of the clinical internship. 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.

Any interruption of assistance to the service is considered an absence. Those may be:

1. Justified absences in the following situations: Family death. Specialized medical visits. Acute illness. Driving test. Official university test. Official language test. Proof of those events will be required, and the teacher will write about them on the follow-up sheet.
2. 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 whatever 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.
3. 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 write about it on the follow-up sheet. That day will be considered non-retrievable.
4. Non-justified and non-notified absence: It might entail failing the subject.
5. 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 to the practicum department so that the learning process stays unaffected and new days can be chosen to make up for the lost hours.

### Clinical practicum

On-going assessment: Approximately through half of the period the nurse will summarize the information obtained up to that point and will discuss it with each student. The fulfillment of the objectives, strengths, weaknesses, and recommendations will be addressed in this assessment. The student will self-assess and discuss it with the teacher as well. Final assessment: When the clinical practicum period is finished, the nurse will submit a final report regarding the competencies acquired by the students. The student will self-assess and discuss it with the teacher as well. \*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.

Submitting the reflective journal biweekly and the seminar attendance is mandatory. Non-compliance will reflect poorly on the assessment.

Obtaining the final qualification: According to the assessment regulations, the qualifications will be the following:

- Fail: <5
- Pass: de 5 - 6,9
- Remarkable: de 7 - 8,9
- Excellent: >9
- Honors: >9

According to the regulations of all degrees and masters of the Autonomous University of Barcelona, it will be considered "non-assessable" for whoever can not submit enough evidence of assessment.

It will be considered criteria for "non-assessment": Not achieving the number of hours established in this guide. Not achieving the number of hours established in this guide. Not submitting the projects within the timings established by teachers.

NOTE: Any sign of academic dishonesty, such as plagiarism or 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 analyze 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
CLINICAL INTERNSHIP	70%	0	0	4, 5, 36, 10, 11, 8, 6, 9, 7, 24, 33, 2, 18, 17, 20, 28, 19, 21, 14, 13, 27, 29, 30, 31, 25, 34, 26, 35, 43, 42, 37, 38, 40, 39, 50, 32, 49, 45, 48, 47, 46, 16, 22, 12, 23
Essays	30%	0	0	3, 1, 15, 30, 44, 41, 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 enfermeria 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 enfermeria 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

-