

Degree	Type	Year
2502442 Medicine	OB	1

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Teaching groups languages

You can view this information at the [end](#) of this document.

Prerequisites

The student will acquire the commitment to preserve the confidentiality and professional secrecy of the data that can be accessed due to the learning of health care services. Also by maintaining an attitude of professional ethics in all its actions.

Objectives and Contextualisation

The subject is taught in the first semester of the first year of the Degree of Medicine and is part of the obligatory group of subjects. In the educational perspective, the realization of the "Clinical Care Practice I" aims to be an opportunity so that the student who initiates the Degree of Medicine can enter in the social health system from its base: the primary health care. The student accesses through the same gateway as the patients, their relatives and other users do. The "Clinical Care Practice I" encompasses the paradigm of learning from action - that is, from the practice that day-to-day professionals of the healthcare system - and want to be located in both the perspective of *learning to learn* as a global health promotion. Likewise, it postulates the need for students to contact early with their first level of care and the health system's door. Consequently, the course provides opportunities for students to acquire knowledge and develop skills and attitudes related to the contexts typical of basic health care and the practice of the medical profession in the community that they will serve. The objectives and contents of this subject are complemented with those of the subjects "Introduction to the Health Sciences" and "Integrated Learning in Medicine I".

Competences

- Be able to work in an international context.
- Communicate clearly, orally and in writing, with other professionals and the media.
- Demonstrate knowledge of the national and international health organisations and the factors and circumstances affecting other healthcare systems.
- Engage in professional practice with respect for patients' autonomy, beliefs and culture, and for other healthcare professionals, showing an aptitude for teamwork.
- 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. 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. Differentiate between risk to the population and individual risks.
6. Identify the different professionals in the healthcare team, together with their profiles, functions and how they work together.
7. Identify the relationships between primary healthcare and the rest of the community health system.
8. Identify the role of primary care in the healthcare system.
9. Identify the structure, organisation and resources of primary healthcare and the different components of primary healthcare teams.

10. Involve patients in decisions on the health-illness process.
11. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
12. Question a simple model to explain the state of health/illness of individuals.
13. Use information and communication technologies in professional practice.

Content

Introduction to learning from action and from one's own experience.

The Reflective Portfolio and the *Manual of Clinical Care Practice I*.

Early contact with the healthcare system with healthcare, from Primary Health Care.

The health system and the CAP's relations with the rest of the health and social services.

Functions and professional profiles in the CAP.

Primary care in the health system of Spain.

Attention to the individual, the family and the community.

The effectiveness of health care in the CAP.

Ethical aspects of the doctor-patient relationship.

The health and disease processes in their historical and cultural context.

Gender and Medicine.

Distributive blocks

A. Clinical Care Practice I: Learn from one's own experience.

B. *The Reflective Portfolio* in the process of learning and the evaluation of students.

C. Early contact with the health system from Primary Health Care.

D. Interaction of the citizen with the first level of care and the rest of the health system.

E. Attention to the individual as its own entity and within its main groups: family and community.

F. Medical-patient relationship and the emotional implications of the doctor and the patient facing serious problems.

G. The experience of getting sick and healing.

H. Gender and Medicine.

Activities and Methodology

Title	Hours	ECTS	Learning Outcomes
Type: Directed			

CLASSROOM PRACTICES (PAUL)	6	0.24	1, 5, 8, 9, 7, 11, 12, 10, 13
CLINICAL CARE PRACTICE (PCAh)	14	0.56	1, 4, 5, 8, 6, 9, 7, 11, 12, 10, 3, 13
SEMINARS (SEM)	12	0.48	1, 2, 5, 12, 10, 13
THEORY	1	0.04	1, 2, 4, 5, 11, 12, 10, 3, 13
Type: Supervised			
Pilot test for the analysis of professional values among medical undergraduate students	2	0.08	1, 2, 5, 12, 10
Presentation / Oral presentation of works	4	0.16	1, 4, 5, 11, 12, 10, 3, 13
Type: Autonomous			
PREPARATION OF WRITTEN WORKS	14	0.56	11, 13
READING OF ARTICLES / REPORTS OF INTEREST	10	0.4	13
SELF-STUDY	9	0.36	11

LEARNING ACTIVITIES

I. Directed activity:

THEORY (TE)

Methodology workshop for the development of Clinical Care Practice I. (60 min)

Subtotal: Lectures, 1 hour

CLINICAL CARE PRACTICE (PCAh)

Visit scheduled to CAP (4,5; 4,5; 5 hours)

1. First visit. Clinical Care Practice I: Learn from one's own experience (A).
2. Second visit. *The Reflective Portfolio* in the learning process and student evaluation (B).
3. Third visit. Early contact with the health system from Primary Health Care (C).

Subtotal: Clinical Care Practice, 14 hours

CLASSROOM PRACTICES (PAUL)

Practical class (2 hours)

4. Interaction of the citizen with the first level of care and the rest of the health system (D).
5. Attention to the individual as its own entity and within its main groups: family and community (E).
6. Medical-patient relationship and the emotional implications of the doctor and the patient facing serious problems (F).

Subtotal: Practical classes- 6 hours

SPECIALIZED SEMINARS (SESP)

Problem-based learning (PBL) seminar in specialized space (1 + 1 + 2 hours)

7, 8, 9. The experience of getting sick and healing (G)

9,10,11. Gender and Medicine (H)

Subtotal: Specialized Seminars, 12 hours

TOTAL DIRECTED ACTIVITY: 33 hours

II. Supervised activities:

Presentation / Oral presentation of works (4 hours)

Pilot test for the analysis of professional values among medical undergraduate students (2 hours)

TOTAL SUPERVISED ACTIVITIES: 6 hours

III. Autonomous activities:

Preparation of written works (14 hours)

Personal study (9 hours)

Reading articles and reports of interest (10 hours)

TOTAL AUTONOMOUS ACTIVITIES: 33 hours

IV. Deliveries:

Reflective Portfolio

Place: Secretary's Office of the Unit of History of Medicine

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.

Assessment

Continuous Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Attendance and active participation in class and seminars	10%	0.5	0.02	1, 2, 4, 5, 8, 6, 9, 7, 11, 12, 10, 3, 13
Evaluation through practical cases and problem solving	40%	1.5	0.06	1, 2, 4, 5, 7, 11, 12, 10, 13
Multiple choice objective test	50%	1	0.04	1, 2, 5, 8, 6, 9, 7, 11, 12, 10, 3

The evaluation of the Clinical Care Practice I consists of two differentiated sections. First, in the third visit to the CAP, the entire learning process, including the student's activities and the role of facilitator of the tutor (blocks A, B and C), will be subject to qualitative assessment in a group. *The Reflective Portfolio*, with the annotations of the experiences lived during the visits and the reflections raised, will be the main instrument to make clear the degree of achievement of the objectives of the Clinical Care Practice I corresponding to this learning activity. The result of this evaluation will be SATISFACTORY or NON-SATISFACTORY, constituting a necessary requirement without which the subject cannot be passed.

Second, there will be an objective test with multiple answers (Selection Items: Multiple Choice Items) that will include contents corresponding to the Primary Care Seminar (blocks D, E and F), this part is equivalent to 5 points (out of 10) of the overall grade of the subject. The student must obtain at least 2.5 points to pass this section.

The evaluation of the seminars on health and illness processes in its historical and cultural context (block G) and Gender and Medicine (block H) equals 4 points (out of 10) of the overall grade of the subject and will be carried out by means of practical cases and problem solving (participation in the seminar and presentation and presentation of work). The student must obtain at least 2 points to pass this section.

Attendance and active participation in classes and seminars with a weight of 10% on the note will be taken into account, this section equals 1 point and students must obtain at least half a point to pass this section.

In order for the assessment to be effective, the students must pass each one of the different tests separately and this note will only be effective if the students has been satisfactorily assessed by the teachers of the CAP and adequately reflected in the place reserved in the *Reflective Portfolio*.

On carrying out each evaluation activity, lecturers will inform students (on Moodle) of the procedures to be followed for reviewing all grades awarded, and the date on which such a review will take place.

The students who have not passed the subject will be able to submit to a proof of recovery of the blocks D, E and F. The recovery of the evaluation of the blocks A, B, C, G and H is not contemplated given the consideration practice of this activity.

To participate in the recovery students must have previously been evaluated of thematic blocks whose weight equals to a minimum of two thirds of the total grade of the subject.

In addition, to participate in the recovery, students must have obtained at least 3.5 in the total grade of the subject.

Students who do not perform both theoretical and practical evaluation tests will be considered as "Not evaluated", exhausting the rights to the matriculation of the subject.

Students will obtain a Not assessed/Not submitted course grade unless they have submitted more than 1/3 of the assessment items.

In the event of a student committing any irregularity that may lead to a significant variation in the grade awarded to an assessment activity, the student will be given a zero for this activity, regardless of any disciplinary process that may take place. In the event of several irregularities in assessment activities of the same subject, the student will be given a zero as the final grade for this subject.

This subject does not incorporate single assessment.

Bibliography

Specific bibliography

- Littlewood S, Ypinazar V, Margolis SA, Scherpbier A, Spencer J, Dornan T. Early practical experience and the social responsiveness of clinical education: systematic review. *BMJ*. 2005;331:387-91.
- Martín Zurro A, Cano Pérez JF, Gené Badia, J. Atención primaria. Principios, organización y métodos en medicina de familia. 8ª ed. Madrid: Elsevier; 2019
- Martín Zurro A, Cano Pérez JF, Gené Badia, J. Atención primaria. Problemas de salud en la consulta de medicina de familia. 8ª ed. Madrid: Elsevier; 2019.
- Paulman P, Taylor RBBB, Paulman AA, Nasir LS, eds. Family Medicine, Principles and Practice. New York: Springer; 2017.

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- Martín Zurro A, Jodar Solá G. Atención familiar y salud comunitaria. Conceptos y materiales para docentes y estudiantes. 2ª ed. Barcelona: Elsevier; 2018.
- Starfield B. Atención Primaria. Equilibrio entre necesidades de salud, servicios y tecnología. Barcelona: Masson; 2001.
- Borrell y Carrió F. Entrevista clínica. Manual de estrategias prácticas. Barcelona: semFYC; 2004.
- Borrell i Carrió F. Práctica clínica centrada en el paciente. Madrid: Triacastela; 2011
- Tizón García JL. Componentes psicológicos de la práctica médica. Una perspectiva desde la atención primaria. Barcelona: Doyma; 1998.
- Gómez Sancho M. ¿Cómo dar malas noticias en medicina? 4ª ed. Madrid: Plataforma Editorial; 2016.

- McDaniel S, Campbell TL, Seaburn DB. Orientación familiar en atención primaria: manual para médicos de familia y otros profesionales de la salud. Barcelona: Springer Verlag Ibérica; 1998.
- Harding, SandraG. Ciencia y feminismo. Madrid: Morata; 1996.

Internet resources

- [Societat Catalana de Medicina Familiar i Comunitària](#)
- [Sociedad Española de Medicina de Familia y Comunitaria](#)
- [Institut Català de la Salut. Search for health centers](#)
- [Atención primaria de salud: informe de la Conferencia Internacional sobre Atención Primaria de Salud, Alma-Ata, URSS, 6-12 de septiembre de 1978. Ginebra: Organización Mundial de la Salud; 1978](#)

Software

No specific software required

Language list

Name	Group	Language	Semester	Turn
(PAUL) Classroom practices	101	Catalan	first semester	morning-mixed
(PAUL) Classroom practices	102	Catalan	first semester	morning-mixed
(PAUL) Classroom practices	103	Catalan	first semester	morning-mixed
(PAUL) Classroom practices	104	Catalan	first semester	morning-mixed
(PAUL) Classroom practices	105	Catalan	first semester	morning-mixed
(PAUL) Classroom practices	106	Catalan	first semester	morning-mixed
(PAUL) Classroom practices	107	Catalan	first semester	morning-mixed
(PAUL) Classroom practices	108	Catalan	first semester	morning-mixed
(PAUL) Classroom practices	109	Catalan	first semester	morning-mixed
(SEM) Seminars	101	Catalan	first semester	morning-mixed
(SEM) Seminars	102	Catalan	first semester	morning-mixed
(SEM) Seminars	103	Catalan	first semester	morning-mixed
(SEM) Seminars	104	Catalan	first semester	morning-mixed
(SEM) Seminars	105	Catalan	first semester	morning-mixed
(SEM) Seminars	106	Catalan	first semester	morning-mixed
(SEM) Seminars	107	Catalan	first semester	morning-mixed
(SEM) Seminars	108	Catalan	first semester	morning-mixed

(SEM) Seminars	109	Catalan	first semester	morning-mixed
(SEM) Seminars	110	Catalan/Spanish	first semester	morning-mixed
(SEM) Seminars	111	Catalan/Spanish	first semester	morning-mixed
(SEM) Seminars	112	Catalan/Spanish	first semester	morning-mixed
(SEM) Seminars	113	Catalan/Spanish	first semester	morning-mixed
(SEM) Seminars	114	Catalan/Spanish	first semester	morning-mixed
(SEM) Seminars	115	Catalan/Spanish	first semester	morning-mixed
(SEM) Seminars	116	Catalan/Spanish	first semester	morning-mixed
(SEM) Seminars	117	Catalan/Spanish	first semester	morning-mixed
(SEM) Seminars	118	Catalan/Spanish	first semester	morning-mixed
(TE) Theory	101	Catalan/Spanish	first semester	afternoon
(TE) Theory	102	Catalan/Spanish	first semester	afternoon
(TE) Theory	103	Catalan/Spanish	first semester	afternoon
(TE) Theory	104	Catalan/Spanish	first semester	afternoon