

| Degree   | Type | Year |
|----------|------|------|
| Medicine | OT   | 2    |

## Contact

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## Teachers

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(External) Nùria Puchol Ruiz

(External) Paula Gabriel Escoda

## Teaching groups languages

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

## Prerequisites

The subject is developed in the second year, it is advisable that the student has reached the basic competences in cell biology, biochemistry and molecular biology, anatomy and physiology. Likewise, it is convenient to know the psychological bases of the states of health and disease and to have an adequate level of knowledge in interpersonal communication. The student will acquire the commitment, by signing a specific confidentiality document, the maintenance of confidentiality and the professional secrecy of the information and data and the images that can be accessed in the reason for the learning in the care services.

It also undertakes to maintain an attitude of professional ethics in all its actions. In the CAP of the Català de la Salut Intitut, there is a regulation that the student must provide, at the time of their incorporation to the practices,

a copy of not being included in the registry of sexual delitos of the Ministry of Justice.

This certificate is requested by the student in a personal, usually available online on the website of the Ministry of Justice.

The CAP technical manager will provide them with other protection materials necessary for healthcare practices. The same Management Technician or teaching reference of the CAP will send you the e-mail provided by the student with the safety regulations published by the Servei de Prevenció de Riscos Laborals within the scope of the CAP of the "Institut Català de la Salut".

## Objectives and Contextualisation

This is an optional subject that can be studied from the second year and that has as a general objective that the student is familiarized, in real context, with the professional practice in the first level of care (PRIMARY HEALTH CARE),

with family doctors , pediatricians and other specialists, incorporated in the activities of a primary care center (CAP) or a social health center or accredited research team oriented to primary care, performing their own tasks in a supervised manner.

Internships can be carried out within the scope of all the teaching units and CAP or primary or socio-health care devices linked and available for each course. The updated list of CAPs is available to enrollees.

## Competences

- Accept one's role in actions to prevent or protect against diseases, injuries or accidents and to maintain and promote health, on both personal and community-wide levels.
- Apply the principle of social justice to professional practice and demonstrate understanding of the ethical implications of health in a changing world context.
- Care for patients, families and the community in an effective and efficient manner, in accordance with professional ethics, with special emphasis on health promotion and disease prevention, as part of multidisciplinary teams.
- Communicate clearly and effectively, orally and in writing, with patients, family-members and accompanying persons, to facilitate decision-making, informed consent and compliance with instructions.

- 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.
- Perform the basic practical procedures of examination and treatment.
- Reason and make decisions in conflict situations of an ethical, religious, cultural, legal or professional nature, including those that stem from economic constraints, the marketing of health cures or scientific advances.
- Recognise the basic elements of the medical profession as the result of an evolving, scientific, social and cultural process, including ethical principles, legal responsibilities and patient-oriented professional practice.
- Recognise the professional values of excellence, altruism, sense of duty, compassion, empathy, honesty, integrity and commitment to scientific methods.
- Recognise, understand and apply the doctor's role as a manager of public resources.
- Use information and communication technologies in professional practice.

## Learning Outcomes

1. Acquire the principles and values of good medical practice, both in health and in illness.
2. Adopt values of solidarity and service to others, both when dealing with patients and with the general public.
3. Apply medication orally, percutaneously, by inhalation, nasally, and by the otic and ocular routes.
4. Apply the epidemiological method to clinical and management decision-making, taking into account the principles of evidence-based medicine and cost-effectiveness.
5. Apply the principles of equity in all areas of application of public health.
6. Assess the health needs of the population.
7. Be self-critical and reflect on one's own learning.
8. Communicate appropriately with patients and their family-members.
9. Contextualise the responsibilities and tasks of healthcare professionals within the framework of public health (public administration, private sector, academic sector).
10. Define the motivational interview in the medical context.
11. Describe how health is not merely the absence of disease but also all physical, psychological and social conditions that allow maximum plenitude and autonomy of the person.
12. Describe the communication process and its effect on the professional caregiverpatient relationship.
13. Describe the main communicative skills for a clinical interview.
14. Describe the person as a multidimensional being in which the interplay of biological, psychological, social, environmental and ethical factors determines and alters the states of health and disease and their manifestations.
15. Detect how verbal and non-verbal behaviour can be linked in a context of patient-health professional relationship.
16. Develop teamwork skills.
17. Distinguish between the paternalistic conception of the doctorpatient relationship, deriving from the Hippocratic tradition, and the modern, more egalitarian approach which gives all protagonism to the patient.
18. Explain the role of the healthcare professional as a critical and empathetic agent of social change, working for the health of the community.
19. Identify the different professionals in the healthcare team, together with their profiles, functions and how they work together.
20. Identify the main activities of health promotion and disease prevention.
21. Identify the relationships between primary healthcare and the rest of the community health system.
22. Interact with other specialists in treating patients with a complex or multiorganic pathology.
23. Recognize one's own limitations and welcome help from colleagues in taking decisions on patient care.
24. Recognize the humanitarian aspect of activity in the service of health based on the doctor-patient relationship, both in care and in teaching and research.

25. Respect patients' religious, ideological and cultural convictions, unless these conflict with the Universal Declaration of Human Rights, and prevent one's own convictions from impinging on patients' decision-making capacity.
26. Use information and communication technologies in professional practice.

## Content

Place where the subject is developed: Primary Care Center (CAP) or socio-health center or accredited research f

The student can choose, depending on the availability, to which primary

Three contexts are contemplated:

Clinical area

Internships in the area of Family Medicine and Pediatrics in the field of pr

- the general aspects of the clinical relationship and the concepts of heal
- the assistance methodology in the primary care setting;
- the basic aspects of the clinical interview and the different interview mo
- the etiology, physiopathology, semiology and clinical propaedeutics, lar
- the diagnostic and therapeutic procedures of the most frequent disease
- the functional exploration of the different devices and systems;
- the use of the techniques of the center or service;
- the surgical act; control of the consequences of surgery.

The clinical experience can be completed with assistance to clinical care

Integration in a line of research

The student can be integrated into research lines and teams to become f

scientific and medical document search tasks and the management of biomedical databases.

During the scheduled stay, the student will record the most significant cli

This documentation will be delivered at the end of the stay to the tutor of the same and will form the basis of its e

## Activities and Methodology

| Title                                 | Hours | ECTS | Learning Outcomes                                                                          |
|---------------------------------------|-------|------|--------------------------------------------------------------------------------------------|
| Type: Directed                        |       |      |                                                                                            |
| CLINICAL CARE PRACTICES (PCAh)        | 15    | 0.6  | 1, 4, 5, 3, 2, 9, 10, 12, 14, 13, 11, 16, 15, 17, 18, 7, 19, 20, 21, 22, 24, 23, 25, 26, 6 |
| Type: Autonomous                      |       |      |                                                                                            |
| ASISTENCIAL CLINICAL PRACTICES (PCAh) | 56.25 | 2.25 | 9, 10, 14, 13, 11, 17, 18, 7, 24, 23, 25, 6                                                |

The student joins the activities of a CAP or concerted center (5 days, 3 hours a day of clinical care practices), to observe and / or perform care, training or research tasks , in a supervised way.

During the stay she will record the activity carried out in order to complete the stay summary portfolio. This summary, together with the continuous evaluation of the tutor of the programmed stay, will constitute the base of the evaluation of the subject.

THE SCHEDULES AND DAYS OF STAY IN THE CAP OF THIS SUBJECT ARE DETERMINED ACCORDING TO THE TIME AND PROGRAM OF THE SECOND COURSE OF MEDICINE.

THE DATES OF THE STAYS THAT ARE AGREED WITH THE RESPONSIBLE FOR THE CAPs AT THE START OF THE COURSE TO ADAPT THEM TO THE ASSISTANCE PROCESS MAY NOT BE MODIFIED.

Any rescheduling of the recovery of 100% compulsory attendance for unforeseen events will give preference to the availability of assistance spaces offered by the CAP referents.

Mostly they are mixed schedules, although the programming is done in the afternoon and during 5 days because the program and schedules of the people enrolled in the second course of medicine are followed.

This is especially specified for students in upper SECOND courses due to the incompatibility of schedules with hospital practices.

Specific conditions for students of the Basic Medical Sciences Teaching Unit (2nd year):

1. The period of stay in the CAP will be 5 days in the AFTERNOON (15 hours: 3 hours x 5 days).

Students will NOT have to search for the CAP on their own, but will have to choose the CAP to which they want to go from a list of available CAPs, using the PSG computer application, which is usually used in the Basic Medical Sciences Teaching Unit to REGISTER for practices. This choice must be made during the first school week of the semester, after they have enrolled.

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                                                                             |
|-------------------------------------------------------------|-----------|-------|------|-----------------------------------------------------------------------------------------------|
| Assistance and active participation in classes and seminars | 100%      | 3.75  | 0.15 | 1, 4, 5, 3, 2, 8, 9, 10, 12, 14, 13, 11, 16, 15, 17, 18, 7, 19, 20, 21, 22, 24, 23, 25, 26, 6 |

Students enrolled in this subject will receive information prior to the UD CMB and the activities will be carried out in the Primary Care Centers (CAP) coordinated and agreed for each edition of the academic year.

The tutor of the CAP will make an observational evaluation of 5 concepts on the learning and attitudes of the student and 3 assessments on progression of abilities during the stay in the CAP (based on the 8 concepts and the sum of 25 points maximum) with a special appreciation for the appreciation of possible excellence.

The person in charge of the subject will supervise these notes and in doubtful cases will be able to ask the students for a practical test.

To pass the course the student must have attended at least 95% of the activities scheduled in the CAPs assigned by those responsible for the course and have a minimum positive evaluation of the tutor of 14 points out of 25 total points.

The options for obtaining excellence (honors enrollment) will depend on:

- 1) Obtaining the maximum mark in the two sections (assistance and assessment of the tutor)
- 2) Mention excellence
- 3) Authorized availability depending on the number of registrations

The coordination of the subject reserves the possibility of requesting a research project on the subjects of the subject for these possible cases.

Students who have not accredited 95% of the activities scheduled in the CAP will be considered as Not evaluated exhausting the rights to the registration of the subject.

This subject does not provide the single assessment system.

## Bibliography

Consult the bibliography .:

GENERAL INFORMATION on Primary Health Care

<http://www.fmed.uba.ar/depto/medfam/bibliografia/Martin-Zurro.pdf>

Martin Zurro A, Cano Pérez JF. Compendio de Atención Primaria: Conceptos, organización y práctica clínica. 3rd ed. Barcelona: Elsevier S; 2008. eBook ISBN: 9788480865142.

Cites i referencies bibliogràfiques:

[http://www.metodo.uab.cat/docs/Requisitos\\_de\\_Uniformidad.pdf](http://www.metodo.uab.cat/docs/Requisitos_de_Uniformidad.pdf)

[http://ddd.uab.cat/pub/guibib/60727/modelvancouver\\_a2010-2.pdf](http://ddd.uab.cat/pub/guibib/60727/modelvancouver_a2010-2.pdf)

[http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)

GUIA DE BONES PRACTICA EN RECERCA

IDIAP

[http://www.idiapjgol.org/images/stories/Difusio/Publicacions\\_IDIAP/guia\\_bones\\_practiques\\_2010.pdf](http://www.idiapjgol.org/images/stories/Difusio/Publicacions_IDIAP/guia_bones_practiques_2010.pdf)

REFORMA DE L'ATENCIO PRIMARIA A ESPANYA

<http://www.gacetasanitaria.org/index.php?p=watermark&idApp=WGSE&piItem=S0213911111002470&origen=g>

<http://www.elsevier.es/es-revista-revista-administracion-sanitaria-siglo-xxi-261-articulo-la-coordinacion-entre-ater>

## Software

No specific software required

## **Groups and Languages**

Please note that this information is provisional until 30 November 2025. You can check it through this [link](#). To consult the language you will need to enter the CODE of the subject.