

Practicum V

Code: 106124
ECTS Credits: 12

2025/2026

Degree	Type	Year
Nursing	OB	3

Contact

Name: David Téllez Velasco

Email: david.tellez@uab.cat

Teachers

Eva Carolina Watson Badia

Raul Lopez Salas

Marta Guerrero Urbano

Teaching groups languages

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

Prerequisites

Academic Recommendations

- For consistency in progress toward gradual competency level acquisition, it is highly recommended to have completed Practicums I through IV.
- Two practicums cannot be completed simultaneously.

Student Commitments

- To maintain the confidentiality and professional secrecy of any data to which they may have access, to maintain a professionally ethical attitude in all their actions, and to apply the "Nursing Practicum Regulations" (regulations available at www.uab.cat/medicina → Nursing Degree → Practicum).
- To apply the "Protocol that establishes basic guidelines intended to ensure and protect the right to patient privacy by students and residents in health sciences" (BOE-A-2017-1200).
- It is an essential requirement to have the Certificate of Sexual Offenses in order to begin clinical practice. This process is the responsibility of the student and must be presented to the assigned Center/Hospital/Service upon request. You will find more information on how to obtain it at the following link: <https://web.gencat.cat/ca/situacions-de-vida/justicia-seguretat/certificat-delictes-naturalesa-sexual/>
- Have a student ID card

Requirements of the internship centers.

- Sign the confidentiality document and ID card.
- Compliance with regulations regarding occupational risk prevention and preventive medicine.

Additional Information

- Always check the Virtual Campus for updates and specific regulations.

Important note: It is the student's responsibility to verify and meet all requirements before starting the clinical internship.

Objectives and Contextualisation

GENERAL OBJECTIVE

- The Practicum V has to allow students to integrate and apply the contents worked on in the different subjects, incorporating new knowledge, skills and attitudes through real contact with the nursing profession in healthcare environments in order to provide individualized and quality nursing courses.

SPECIFIC OBJECTIVES

- To deepen the cures initiated in Practicum III and those that the nurse provides within the hospital environment and to initiate those cures that occur in care services of medium complexity.
- Incorporate the nursing care process as a scientific methodology.
- Develop the dimensions of the collaborative role and the autonomous role.
- To offer nursing care appropriate to health needs, guaranteeing quality nursing care, aimed at the person and the family, with a comprehensive vision that considers the biological, psychological and social aspects of the people served.
- Develop communication skills with the person served, their family and the work team.

Competences

- 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 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."
- 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

The contents of this practicum consist of a combination of the different subjects taught throughout the previous years. During the internship, students have to select the necessary content to identify needs and solve the problems of the people cared for that arise during the internship under the tutelage of the nurse. The following stand out:

- Virgínia Henderson's nursing model applied to the care of people.
- The methodological bases for planning and offering nursing courses.
- Nursing care plan.
- Transculturality.

- The code of ethics, the rights and duties of the user within the framework of the healthcare system.
- Continuous improvement of the quality of nursing care.
- Clinical practice guidelines and protocols.
- Healthy eating and therapeutic diets of the people served.
- Factors that influence the learning processes of the people served, educational needs, learning objectives, educational strategies and expected results.
- The nursing courses oriented to the promotion and prevention of health.
- Pharmacokinetics, pharmacodynamics of the drugs that are most prescribed, as well as the educational needs of people.
- Therapeutic communication.
- Interpersonal relationships and teamwork.
- Conflict management.
- Risk management standards for the safety of the person being served.
- The Catalan health system.

Activities and Methodology

Title	Hours	ECTS	Learning Outcomes
Type: Supervised			
EXTERNAL PRACTICES (PEXT)	291	11.64	3, 1, 4, 5, 36, 10, 11, 8, 6, 7, 9, 24, 33, 15, 2, 18, 17, 20, 28, 19, 21, 14, 13, 27, 29, 30, 31, 25, 34, 26, 35, 44, 43, 41, 42, 37, 38, 40, 39, 50, 32, 49, 45, 48, 47, 46, 16, 22, 12, 23
Type: Autonomous			
Preparation of written works / Reding of articles	9	0.36	3, 1, 4, 5, 10, 15, 2, 29, 30, 42, 39, 12

Clinical Practice (PEXT):

The clinical internships last approximately 8 weeks. The assistance service and internship schedule will be assigned according to the selection system established in SIA.

During the clinical internship period, the student will be integrated into hospital care units where they will be able to develop knowledge, skills, attitudes and values in a real and complex professional environment, always accompanied by a teaching nurse (clinical tutor). It will be this professional who will watch over and guide the learning process in an individualized and continuous way, as well as being responsible for carrying out the evaluation of the internship period.

The clinical associate professor will ensure the correct development of the internship period, making regular visits to the care services, and will be in charge, if necessary, of facilitating and coordinating the evaluation activities, as well as managing those incidents that may arise and have a direct or indirect impact on the student's learning process

Clinical internships represent a key opportunity to adapt to real hospital dynamics, acquiring skills typical of professional practice and reinforcing autonomy with the support of tutors.

Health institutions are dynamic and constantly changing entities. The assignment of care services and schedules will be made rigorously following the selection system established for SIA, but for organizational reasons beyond the control of the university, it is possible that the offer and availability of places may change without prior notice, forcing the relocation of the student to another care service.

The cost of public transport to travel to healthcare centres and homes is borne by the student.

Reflective Notebook (QR)

It is a compilation of those situations experienced during practice that have awakened some emotion, either positive or negative, with an impact on the learning process. Biweekly delivery in the form of written work via Virtual Campus.

Note: 15 minutes of a class will be reserved, within the calendar established by the centre/degree, for students to complete the surveys to evaluate the performance of the teaching staff and the evaluation of the subject.

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
Evaluation during the practices at the center healthcare	70%	0	0	3, 1, 4, 5, 36, 10, 11, 8, 6, 7, 9, 24, 33, 15, 2, 18, 17, 20, 28, 19, 21, 14, 13, 27, 29, 30, 31, 25, 34, 26, 35, 44, 43, 41, 42, 37, 38, 40, 39, 50, 32, 49, 45, 48, 47, 46, 16, 22, 12, 23
Narrative records	30%	0	0	3, 1, 4, 5, 10, 15, 2, 29, 30, 42, 39, 12

Within the curriculum of the Bachelor's Degree in Nursing, the Practicums subjects are part of the External Practice subject. 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 environment where each of the practicums are developed. Throughout the development of the clinical practice stays from 2nd to 4th year, the achievement of all the clinical practice competencies of the degree will be ensured.

The final grade of the subject corresponds to the sum of the grade of the Clinical Practices (*PEXT) and that obtained from the reflective notebooks with the following weighting:

1. 70% of the grade corresponds to the Clinical Practices (PEXT)
2. 30% of the grade corresponds to reflective notebooks (QR)

IMPORTANT: to pass the subject, you must have passed each of the competence groups of the clinical practices and the reflective notebooks with a minimum grade of 5.

Attendance control:

Attendance monitoring sheet: By signing this document daily, the nurse responsible for each student confirms the schedule carried out during the internship day. This document will serve as proof for the calculation of hours of the subject.

The only person responsible for the document is the student. You will have to keep it updated and will be responsible for the veracity of the content of the information that is recorded. This document, correctly filled in with all the required information, will be delivered at the end of the practicum period to your associate professor and digitally written (scanned) in Moodle.

This document can be requested, at any time, by your control, by the people responsible for the practicums and/or teachers participating in the subject.

It is mandatory to carry out the entire period of clinical practice scheduled to the teaching calendar regardless of the schedule in which the internship is carried out. On public holidays, other than the 3 hospital teaching units, the student will not be able to carry out clinical practices (usual schedule or recovery of hours).

Any interruption of service attendance is considered absence. These can be:

a) Justified absences, the following situations:

1. Deaths of close relatives and close relatives.
2. Specialist medical visit.
3. Acute illnesses
4. Driver's license exam
5. Official university exam (subjects other degrees)
6. Exam for retake subjects of the Bachelor's Degree in Nursing.
7. Official language tests
8. Those that have the approval of the coordinator of the subject.
9. Students will have to present a receipt duly presented to their teacher and leave a record in the document "Follow-up sheet" and will agree with their teacher on how to recover the pending hours.

b) NON-Excused Absences: Those that do not appear in the above list and have not been authorized by the coordination of the subject.

1. Students will record their Unjustified Absence in the "Follow-up Sheet" document and will agree with their teacher on how to make up the pending hours.
2. At the end of the subject, 1 point will be subtracted from the final grade (from 0 to 10) for each day of NOT justified absence. Even if the hours have been recovered.

c) Strikes, Demonstrations:

1. Maintaining the rights of the students and following the recommendations of the rector's office, students who individually want to join a call of one of the student unions, will have to notify their teacher and the internship service in advance. Even so, you will have to leave a record in the document "Follow-up sheet".
2. This day will be considered completed and not recoverable.

d) Absence NOT justified and NOT notified: It may lead to the failure of the subject.

e) Delay: Presenting more than 5 delays (start and end of shift, meals...) throughout the period of the subject may lead to failure of the subject.

Absences must be communicated as far in advance as possible to the associate professor and the internship service in order to reduce interference in the learning process and agree on the day to be recovered. All the hours that are missing due to absences will have to be made up within the internship period. The teaching staff of the subject cannot guarantee the recovery of practical hours outside the time marked in the academic calendar.

****Since January 2024, as a result of a legislative change, all students who do care internships contribute to social security. Any change in timetable (justified absence) must be communicated to the academic management of the teaching unit (Royal Decree Law 2/2023 on Social Security contributions for students in unpaid training internships). Unjustified absences, in addition to having an impact on the final grade of the practicum, may entail fraud of the law in accordance with the aforementioned regulations for non-compliance with the working schedule.****

Clinical Practice (PEXT):

The evaluation is. continuous and formative throughout the period.

Mid-term evaluation

Approximately halfway through the period, the student and clinical tutor will make an evaluation of the competencies to be achieved during the internship period in order to monitor the student's development, identifying areas for improvement and establishing objectives and interventions to be able to achieve them at the end of the internship period, as well as identifying those competencies achieved that will allow establishing objectives to work towards the continuous improvement of the cures and excellence. This evaluation can be done jointly, or through a self-evaluation by the student, which will be contrasted and commented on with the evaluation made by the clinical tutor.

Finalist evaluation

At the end of the clinical internship period, the clinical tutor will complete the internship evaluation document, taking into account the student's progress and the results of the mid-term evaluation. This evaluation can also be done jointly, or through a self-evaluation by the student, which will be contrasted and commented on with the evaluation made by the clinical tutor, and which can serve to guide the final grade.

* Attendance is mandatory in all the scheduled hours and in the assigned shift and schedule.

Justified and unjustified absences from attendance must be made up within the period of scheduled clinical internships with the prior authorization of the responsible teacher and the internship service.

Reflective Notebooks (QR):

The reflections derived from the elaboration of the reflective notebooks that arose within the context of clinical practice will be evaluated. Respect for the plurality of ideas, people and situations will be taken into account. The ability to identify strategies for improving learning will also be assessed. The evaluation of the QR will be carried out by the Clinical Associate Professor and will be done through the evaluation rubric (available at *Moodle). A style guide and recommendations to be followed in the preparation of the *QR will also be made available to the student.

The completion of the biweekly Reflective Notebook is mandatory. Failure to deliver a QR within the period established by the teacher will be scored with a 0. Extraordinary delivery periods will not be opened.

Obtaining the final grade:

According to agreement 4.4 of the Governing Council 17/11/2010 of the evaluation regulations, the grades will be:

1. Suspended: <5
2. Pass: 5 to 6.9
3. Notable: 7 to 8.9
4. Excellent: >9
5. Honors: >9

Because of the typology of the Practicum subject, there is no option to recuperate in case of failing.

According to the regulations on the permanence regime in official bachelor's and master's degree studies of the Universitat Autònoma de Barcelona, a "Not assessed" will be given to students who have not been able to provide sufficient evaluation evidence.

The following criteria will be considered to assign "Not Assessed":

1. Failure to achieve the hours set forth in this guide.
2. Failure to submit the work/documentation within the deadlines established by the teaching staff.

* If necessary, the coordinator of the subject and/or the Teaching Unit may grant an extension in the delivery of the practicum documentation (of 1 day and no more than 5 days from the previously established deadline). In this case, 1 point will be subtracted from the final value of the grade. This exception is applicable in cases of

health problems with presentation of medical proof and/or demonstrable technical problems at the time of delivery. Even so, those students who finish the internship period later because they have had to make up days of internship will deliver all the documentation promptly at the end of the period to be recovered.

USE OF AI

For this subject, the use of Artificial Intelligence (*AI) technologies is allowed exclusively in text support and correction tasks.

The student will have to clearly identify which parts have been generated with this technology, specify the tools used and include a critical reflection on how these have influenced the process and the final result of the activity.

The non-transparency of the use of the *AI in this assessable activity will be considered academic dishonesty and may lead to a partial or total penalty in the grade of the activity, or greater sanctions in cases of severity.

NOTE:

Any sign of academic dishonesty, such as plagiarism or manipulation of evaluation documents, etc., or any discriminatory, violent or disrespectful attitude towards patients, professionals, classmates and/or teachers, will be raised to the practicum committee that will analyze what happened and establish a consensus resolution in respect.

At the request of the subject coordinator and/or practicum coordinator of the UD, an evaluation committee may be set up for the purpose of assessing special, personal and/or extraordinary situations that do not find a response within this guide or in documents published on the practicum website.

This subject does not provide for the single evaluation system

Bibliography

Alfaro-Lefevre, R. (2003). El proceso enfermero. 5ª ed. Barcelona: Masson.

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.

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 [citat 11 juliol 2020];12. Disponible a:<https://www.ics.gencat.cat/3clics>

ICS. (2010). Manual de procediments d'infermeria. [Internet]. 2008 [citat 11 juliol 2020];12. Disponible a: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 trastornos 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

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.

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: Paidós MEC.

Tellez, S., García, M. (2012). Modelos de cuidados en enfermería NANDA, NIC y NOC. México DF: McGraw-Hill Interamericana

Software

Word processor may be needed for Reflective Notebook completion.

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.