

Degree	Type	Year
Medicine	OB	6

Contact

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Teaching groups languages

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

Prerequisites

It is advisable that students do not have any subjects from previous courses pending approval, especially those with content related to medical pathology.

It is advisable to have achieved sufficient knowledge in: Biostatistics, Bioethics and communication, Epidemiology, Physiopathology and clinical semiology, Medical pathology, Clinical pharmacology. Knowledge of a third language, preferably English, is also recommended.

If the following subjects have not been passed, it should be incompatible: Medical Physiology I and II, Human Anatomy, Medical Psychology, Structural and Molecular Pathology, General Pharmacology, Physiopathology and Clinical Semiology, Epidemiology, MIC I, II, III and IV.

The student will acquire the commitment to preserve the confidentiality and professional secrecy of the data that he may have access to because of the learning in the assistance services. Also in maintaining an attitude of professional ethics in all their actions.

Objectives and Contextualisation

The subject corresponds to the last year of the Degree in Medicine (6th year), once the student already knows the scientific foundations of medicine and the different medical pathologies.

The general objective is for the student, by joining the care teams, to consolidate the previous knowledge and achieve the relevant clinical, communication and scientific information search and management skills to be

able to:

- Recognize the basic health problems and make reasoned proposals for their solution, using the appropriate clinical and biomedical information sources, scientifically interpreting the results obtained.
- Communicate with other health professionals, with patients and their relatives, clearly and effectively.
- Update knowledge independently.

For this, you will need to know:

- Elaborate a clinical history in a structured way.
- Do a complete physical examination.
- Elaborate a reasoned differential diagnosis.
- Formulate a diagnostic hypothesis.
- Justify the diagnostic tests that must be ordered.
- Correctly interpret the results obtained with the same.
- Propose an appropriate treatment.
- Inform the patient and relatives.
- Write an explanatory report.
- Use ICT to access clinical and biomedical databases, obtain information relevant and communicate.

Competences

- Be able to work in an international context.
- 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.
- Communicate clearly, orally and in writing, with other professionals and the media.
- Critically assess and use clinical and biomedical information sources to obtain, organise, interpret and present information on science and health.
- Demonstrate sufficient supervised clinical experience in hospitals or other healthcare centres, and familiarity with patient-centred care management and the correct use of tests, medicines and other resources of the healthcare system.
- 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.
- Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
- Maintain and use patient records for further study, ensuring the confidentiality of the data.
- Use information and communication technologies in professional practice.

Learning Outcomes

1. Access the healthcare protocols for the different components of the pathology.
2. Analyse patient records systematically.
3. Analyse the limitations to the interpretation of behaviour from non-verbal communication.
4. Apply the basic elements of bioethics (patients' rights, doctors' obligations).
5. Apply the theoretical knowledge of the pathology acquired during the bachelor's degree to clinical practice.
6. Be able to work in an international context.
7. Collaborate on simple clinical and surgical manoeuvres after supervised practice on simulators.
8. Communicate appropriately with patients and their family-members.
9. Communicate clearly, orally and in writing, with other professionals and the media.
10. Consult patient records appropriately and keep them in order.
11. Correctly describe the criteria for hospitalisation.

12. Describe the communication process and its effect on the professional caregiver/patient relationship.
13. Detect emotions through non-verbal communication in a context of patient-health professional relationship.
14. Detect how verbal and non-verbal behaviour can be linked in a context of patient-health professional relationship.
15. Draft medical instructions, reports on consultations and treatment, official reports and certificates.
16. Explain the elements to be considered when assessing patients' role in decision-making on their health and on the medical attention they receive at their primary healthcare centres.
17. Identify basic emotions in primary healthcare patients through the interaction between the different non-verbal components.
18. Identify the basic elements of the face-to-face doctor/patient interview in a context of high accessibility and longitudinal care.
19. Identify the basic rules of pharmacotherapy in adults and children.
20. Identify the different components of non-verbal communication in a context of patient-health professional relationship.
21. Identify the presentation forms of the different pathological processes.
22. Involve patients in decisions on the health-illness process.
23. Know the basic elements of the communication of clinical research results.
24. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
25. Observe the therapeutic approach, the clinical course and its prevention in cases where this is possible.
26. Participate in discussions to solve the clinical problems being faced.
27. Perform an anamnesis and a complete physical examination by systems on adults and children.
28. Prepare a complete patient record systematically.
29. Take an active part in care tasks: preparing patient records, requesting complementary studies (laboratory, imaging techniques) when needed and helping to focus the patient record.
30. Use information and communication technologies in professional practice.

Content

Rotations for hospital medical specialty services.

As part of the rotation, and in variable distributions depending on the possibilities and needs of the rotation, the student should participate in:

- Medical teams (both in hospitalization and outpatient devices): taking clinical histories, admission notes, establishing a patient's problems, proposing a differential diagnosis and a therapeutic strategy.
- Assistance in the hospital ward, dispensary for external consultations and day hospitals, emergencies.
- Attendance at clinical sessions and multidisciplinary meetings.
- The solution of clinical, diagnostic and therapeutic problems.
- The search for clinical and biomedical information (transversal block).
- Develop communication skills (transversal block).

Activities and Methodology

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
ASISTENCIAL CLINICAL PRACTICES (PCAh)	68	2.72	1, 2, 3, 5, 4, 7, 8, 9, 23, 10, 11, 12, 13, 14, 20, 17, 16, 27, 18, 21, 19, 24, 25, 29, 26, 15, 28, 22, 6, 30
Type: Autonomous			

ELABORATION OF WORKS	10	0.4	5, 9, 23, 24, 30
PERSONAL STUDY	30	1.2	1, 2, 3, 5, 4, 7, 8, 9, 23, 10, 11, 12, 13, 14, 20, 17, 16, 27, 18, 21, 19, 24, 25, 29, 26, 15, 28, 22, 6, 30
READING ARTICLES AND DOCUMENTS OF INTEREST	10	0.4	1, 24, 30

54.4% PRESENTATION (68h).

-Rotations (Clinical Care Practices, PCA) for hospital Medical Specialties services.

Students will join a medical team and rotate for 3 weeks. These rotations will preferably be done in the morning hours. The specific calendars and timetables for each rotation will be established in each teaching unit and will be announced on the corresponding website.

-Hospital sessions.

40% AUTONOMOUS (50h).

Reading care protocols

Consult bibliography and personal study

Summary and conceptual assimilation of contents

Clinical case preparation

5.6% EVALUATION (7 h).

Continuous evaluation rotation (4h30). Includes daily correction of clinical histories/admission notes. Optionally, a mini-sex can be performed.

Oral presentation of a clinical case (30 min)

ACOE Proportional Part (2h)

Exceptionally, and according to the judgment of the responsible teaching staff, the available resources and the current health situation in the different Teaching Units, part of the content corresponding to the practicals and seminars may be taught semi-face-to-face or virtually.

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
practical assessment	60%	5	0.2	1, 2, 3, 5, 7, 8, 9, 23, 10, 11, 12, 13, 14, 20, 17, 16, 27, 18, 21, 19, 24, 25, 29, 26, 15, 28, 22, 6, 30
structured objective clinical assessment	40%	2	0.08	1, 2, 3, 5, 4, 7, 8, 23, 10, 11, 12, 13, 20, 16, 27, 18, 21, 19, 25, 29, 26, 15, 28, 22, 6, 30

-Rotation (60%):

-Continuous evaluation of rotation 36% *

-Clinical case presentation 24% **

- ACOE's (40%):
- Practical part 20%
- Theoretical part 20%

* Rotation: During the hospital rotation, the clinical histories, admission notes, list of problems, differential diagnoses and other activities that the head of the area deems appropriate will be evaluated, as may be the case of attendance at clinical sessions/ hospital conferences

Rating Notes *

Attendance and punctuality 1 2 3 4 5

Attitude 1 2 3 4

Participation and integration 1 2 3

Initiative 1 2

Communication 1 2

* the student will be considered Apt if he achieves a sum of scores equal to or greater than 11/16

DEFINITIONS OF THE DIFFERENT DIMENSIONS

Attendance and punctuality: it will be assessed that students have regularly attended all the days of the rotation and that, in case of absence, they have given notice.

Attitude: it will be valued that the student is willing to learn, that he knows and reviews the clinical cases, that he asks questions and shows a positive attitude towards learning.

Participation and integration: The responsibility of the students in the tasks that the tutor asks of them, the ability to work in a team and the opinions they contribute in a session or in other assistance activities will be assessed.

Initiative: It will be assessed if the student is curious to learn, read the protocols of the service, the diagnostic and treatment guides.

Communication: It will be assessed if the student is able to synthesize and communicate a clinical case to team mates (in team meetings or a clinical session of the service).

**Presentation of Clinical Cases: The presentation of the clinical case followed during the rotation will be evaluated, both the written report/summary and the oral presentation and slides.

Students who do not carry out both the theoretical and practical assessment tests that are detailed above, including the ACOES, will be considered as No Assessments, subject to the registration of the subject. Special situations will be assessed individually in a committee that includes those responsible for the different areas involved in this subject.

This subject does not provide the single assessment system.

In this subject, the use of Artificial Intelligence (AI) technologies is allowed as an integral part of the development of the work, provided that the final result reflects a significant contribution of the student in the analysis and personal reflection. The student must 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 lack of transparency in the use of AI will be considered a lack of academic honesty and may lead to a penalty in the grade of the activity, or greater sanctions in serious cases

Bibliography

In general, the recommended for all subjects of the career. We recommend consulting the Digital Library of the Faculty of Medicine of the UAB (<https://www.uab.cat/web/guies-tematiques/medicina-1345711614714.html>), as well as the face-to-face Libraries of each Teaching Unit.

Farreras Rozman. Internal Medicine, 19th edition.

https://bibcercador.uab.cat/permalink/34CSUC_UAB/1c3utr0/cdi_proquest_ebookcentral_EBC7045003

Harrison. Principles of Internal Medicine, 21st edition.

https://bibcercador.uab.cat/permalink/34CSUC_UAB/avjcib/alma991010637433606709

Macleod. Clinical Examination, 13th edition. Douglas, Graham ; Nicol, Fiona ; Robertson, Colin.

https://bibcercador.uab.cat/permalink/34CSUC_UAB/1c3utr0/cdi_proquest_ebookcentral_EBC3429524

Internet resources

PubMed: https://bibcercador.uab.cat/permalink/34CSUC_UAB/1eqfv2p/alma991000236199706709

Google Scholar: https://bibcercador.uab.cat/permalink/34CSUC_UAB/1eqfv2p/alma991010392061906709

Scielo: https://bibcercador.uab.cat/permalink/34CSUC_UAB/cugbhl/alma991010760035206709

Software

No specific software is necessary for the development of the subject

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.