UAB
Universitat Autònoma de Barcelona

Clinical Care Practice I

2026/2027

Code: 106719
Credits: 3

Degree programme	Type	Course
Medicine	OB	1

Contact lecturer

Name : Silvia Guell Parnau
Email : silvia.guell.parnau@uab.cat

Teaching staff

Alicia Marco Tejero
Cristina Alós Manrique
Sandra Fernandez Barrio
Carmen Del Hoyo Alcahuz
Esperanza Martin Correa
Clara Puig Pera
Sandra Bargalló Trillas
David Perez Morales
Rafael Azagra Ledesma
Joan Juvanteny Gorgals
Francisco Lopez Exposito
Maria Isabel Gonzalez Saavedra
Clara Alavedra Celada
Silvia Guell Parnau
Victoria Cendros Camara
Judit Llussa Arboix
Maria Asuncion Wilke Trinxant
Maria Antonia Llauger Rossello
Nieves Barragan Brun
Maria del Mar Gili Riu
Victor Miguel Lopez Lifante
Montserrat Bare Mañas
Maria Luz Bravo Vicien
Cristina Cabistañ Arbiol
Raquel Gayarre Aguado

Maria Isabel Moreno Hernandez
Alba Martínez Escudé
Nuria Martínez Sánchez
Pascual Roig Cabo
Esther Limon Ramirez
José Manuel Escudero Ibañez
Roser Ros Barnadas
Maria Jose Perez Lucena
Miquel Cirera Perich
Carmen Exposito Martinez
Pablo Hidalgo Valls
Marta Pallas Ellacuria
José Manuel Cruz Domenech
Elisabeth Navarro Fontanellas
María Mercedes Jimenez Gonzalez
Laura Diaz Gete
Mercè Gimenez Renom
Mónica Rebollar Gil
Aranzazu Gonzalez Osuna
Anna Estafanell Celma
David Lacasta Tintorer
Anna Besa Beringes
Ana Domenech Borras
F. Xavier Cos Claramunt
Jordi Ingla Mas
Luis Cuixart Costa
Francisco Dugo Navarro
Nuria Piquer Farres
Albert Xicola Botifoll
Jordi Mestres Lucero
Ana Sanz Bas
Elisabet Plans Soriano
Alba Llovet Viaplana
Carlos Millán Vinuesa
Yoseba Canovas Zaldua
Teresa Garzón Garzón
Celia Miralles
Sandra Elena Guevara Flores
Maria Teresa Tierno Ortega
Daniel Martinez Laguna
Kenia Vazquez Acevedo

Group languages

You can consult this information at the end of the 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

This course will be taught during the first semester of the first year of the Medicine degree and will be part of the group of required courses. From an educational perspective, the "Clinical Practice I" course aims to provide an opportunity for students beginning their Medicine degree to delve into the healthcare system from its foundation: that of Family and Community Medicine (FCM) specialists working in Primary Care (PC).

Family and community medicine encompasses many of the elements that characterize the medical profession: a holistic view of the individual, knowledge of their community environment, the management of uncertainty, the prioritization of different health problems with a high level of clinical resolution, a comprehensive approach to the patient, accessibility, and longitudinal follow-up throughout life, among others. In primary care, which is the core of the healthcare system, students can grasp the comprehensive needs of patients, their families, and other users.

The course "Clinical Practice I" is based on the action-learning paradigm-that is, on the daily practice of healthcare professionals-and aims to foster learning how to learn. It also emphasizes the need for students to have early contact with primary care. Consequently, the course provides opportunities for students to acquire knowledge and develop skills and attitudes related to the contexts of primary healthcare and the practice of medicine in the communities they will serve. The objectives and content of this course are complemented by those of the courses "Introduction to Health Sciences" (ICS) and "Integrated Learning in Medicine I" (AIM I).

For the clinical placements in Primary Care Centers (CAPs), the reflective portfolio is used as a teaching methodology. This involves the implementation of an electronic reflective portfolio through the UAB Virtual Campus during the four visits students make to the primary care centers. This working tool combines positive aspects of the portfolio format. It provides a collection of information and documentation that serves as evidence of the learning process. Additionally, at the end of each day of placement, students must complete five self-assessment questions in their reflective portfolio.

More specifically, the Clinical Practice I course aims to:

Get to know the primary care team and its members

Understand the coordination of primary care with other levels of care and with social, healthcare, and community resources

Understand the preventive activities coordinated by primary care and the importance of community assets

Understand the different determinants of population health and their comprehensive approach from various perspectives

Understand the biopsychosocial approach used to treat patients in primary care

Learning outcomes

1. Identify the different professionals in the healthcare team, together with their profiles, functions and how they work together.
2. Identify the relationships between primary healthcare and the rest of the community health system.
3. Apply the basic elements of bioethics (patients' rights, doctors' obligations).
4. Involve patients in decisions on the health-illness process.
5. Identify the role of primary care in the healthcare system.
6. Identify the structure, organisation and resources of primary healthcare and the different components of primary healthcare teams.
7. Accept that professional decisions are taken within a framework of uncertainty.
8. Differentiate between risk to the population and individual risks.
9. Question a simple model to explain the state of health/illness of individuals.
10. Maintain and sharpen one's professional competence, in particular by independently learning new material and techniques and by focusing on quality.
11. Be able to work in an international context.
12. Communicate clearly, orally and in writing, with other professionals and the media.
13. Use information and communication technologies in professional practice.

Contents

THEORETICAL CLASS (TE):

Methodology Workshop for the Development of the Clinical Practice I Course

CLINICAL PRACTICE (PCAh):

1st PCAh: Learning from Reflective Practice in Primary Care. The Value of Accessibility in Primary Care.

2nd PCAh: Reflective Observation of Family and Community Medicine: Comprehensiveness in Clinical Resolution.

3rd PCAh: Developing a Relevant Primary Care Topic in a Group. Putting Reflective Practice into Practice Through the Reflective Portfolio.

4th PCAh: From the Action of Personal Experience. The Biopsychosocial Perspective and the Community Environment in Primary Care.

CLASSROOM PRACTICE (PAUL)

PAUL 1: Citizen Interaction with Primary Care and the Rest of the Healthcare System (E).

PAUL 2: Care for the Individual as a Whole and Within Their Main Groupings: Family and Community (F).

PAUL 3: The doctor-patient relationship and the emotional implications for both doctor and patient in the face of serious problems (G).

SPECIALIZED SEMINAR (SEM)

SEM 1: Social aspects of health and illness (H).

Learning activities and methodology

Title	Hours	ECTS	Learning outcomes
SELF-STUDY	15.5	0.62	1, 2, 5, 9, 13
CLINICAL CARE PRACTICE (PCAh)	18.5	0.74	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
THEORY	1	0.04	2, 3, 5, 9, 13
PREPARATION OF WRITTEN WORKS	7	0.28	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
READING OF ARTICLES / REPORTS OF INTEREST	14	0.56	1, 5, 9
CLASSROOM PRACTICES (PAUL)	6	0.24	1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 13
SEMINARS (SEM)	6	0.24	2, 3, 4, 5, 8, 9, 11, 12, 13
Presentation / Oral presentation of works	4	0.16	2, 3, 4, 5, 8, 9, 11, 12, 13

he subject Clinical Practice in Healthcare I is a bi-departmental subject: The Department of Medicine and the Department of History of Science/Philosophy.

From the Department of Medicine, this teaching is given by medical professors who are specialists in Family and Community Medicine and are responsible for teaching linked to:

3 PAULs that take place in the Basic Medical Sciences Teaching Unit (UDCMB). Each PAUL lasts 2 hours and is carried out in groups of approximately 35 students.

4 PCAhs that take place in the different primary care centers (CAP) that have an agreement with the UAB. The assignment of the CAP will be made by the preference of the students based on the drawing of the first letter of the surname; the letter that comes out will define the CAPs that the first students choose and so on until they have all been filled. The duration of these practices is 4.5 hours on the first 3 days and 5 hours on the 4th day:

total 18.5 hours. The CAP request will be made from SIGMA@: https://sia.uab.es/Matrícula i expedient/Inscripció al trebal de Fi d'Estudis/Pràctiques.

1 TE: Initial theoretical workshop explaining the dynamics and main characteristics of the subject, 1 hour long

The members of the teaching team responsible for this part are the family doctors: Yoseba Cánovas Zaldúa and Sílvia Güell Parnau

The Department of History of Science/Philosophy is responsible for teaching related to:

1 SEM specialized in ABP format in 3 sessions of 2 hours each. Afterwards, an oral presentation of a work is made.

The responsible professor is Sandra Elena Guevara Flores

Contact details for incidents related to:

SEM Coordination: SandraElena.Guevara@uab.cat (Department of History of Science/Philosophy)

PAUL Coordination: silvia.guell.parnau@uab.cat and yoseba.canovas@uab.cat (Department of Medicine)

For date changes, only through the specific form enabled and published on the virtual campus.

Incidents in CAP (PCAh): pca.medicina@uab.cat

In the subject PCA I, changes are only allowed if the causes are justified. In case of being unable to attend on the assigned day, it must be requested and justified using the specific form enabled and with adequate notice. It is not necessary to make an exchange with another person.

LEARNING ACTIVITIES

1.GUIDED ACTIVITIES:

THEORY(TE)

Methodology workshop for the development of Clinical Care Practice I, taught by the family doctors responsible for the subject (60 min)

Subtotal: Theory classes, 1 hour.

CLINICAL CARE PRACTICES (PCAh):

Scheduled visits to the CAPs over 4 days: total of 18.5 hours (4.5;4.5;4.5;5 hours)

Students will ideally be distributed in groups of 3 students in each CAP where they will be received by the tutor/coordinator and will be distributed with the assigned tutor (1 tutor per student). During the visits, they will observe the healthcare activities carried out in a CAP, analyzing aspects such as teamwork with the different roles within the same CAP, healthcare resolution, coordination between different healthcare levels, longitudinality, the biopsychosocial vision, comprehensive care, or the use of different community assets. They will be guided by a tutor individually. At the end of each day, a space of between 15 and 30 minutes will ideally be reserved for the group of 3 students to meet with the tutor-coordinator and discuss the relevant aspects of the visit, the reflections that have arisen and learn from their own experience and that of their colleagues guided by the reflective portfolio.

1st PCAh: Learning from reflective practice in primary care. The value of accessibility in primary care (A).

2nd PCAh: Reflective observation of family and community medicine: from comprehensiveness to clinical resolution (B)

3rd PCAh: Developing a relevant primary care topic in a group. Putting reflective practice into practice through the reflective portfolio (C)

4th PCAh: From the action of one's own experience. The biopsychosocial vision and the community environment in primary care (D)

Subtotal: Clinical Care Practices: 18.5 hours

CLASSROOM PRACTICES (PAUL)

Practical class (2 hours each)

1. Interaction of the citizen with the first level of care and the rest of the health system (E).

2. Care for the individual as an entity in its own right and within its main groups: family and community (F).

3. Doctor-patient relationship and the emotional implications of the doctor and the patient in the face of serious problems (G).

Subtotal: Practical classroom classes: 6 hours

SPECIALIZED SEMINARS (SEM)

PBL seminar in a specialized space (2+2+2 hours): Social aspects of health and illness (H). Subtotal: Specialized seminar: 6 hours

TOTAL DIRECTED ACTIVITY: 31.5 hours

2. INDEPENDENT ACTIVITIES:

Preparation of work (7 hours). Personal study (15.5 hours).

Presentation/Oral presentation of work related to the SEM (4 hours)

Reading of articles and reports of interest (14 hours)

TOTAL INDEPENDENT ACTIVITIES: 40.5 hours

1. DELIVERIES

Reflective portfolio: The student will complete it in the space reserved for this purpose on the virtual campus (the 4 different days will be recorded). It is recommended to do this after each of the days of practice and the final maximum date for delivery will be the 7th day after the last visit to the CAP.

Note: 15 minutes of a class will be reserved, within the calendar established by the center/degree, for students to complete the surveys to evaluate the performance of the teaching staff and to evaluate 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	Weight	Hours	ECTS	Learning outcomes
Seminar attendance (SEM) and evaluation of practical cases and problem solving	25%	1	0.04	2, 3, 5, 8, 9, 12, 13
Delivery of the correctly completed reflective portfolio to the Virtual Campus	25%	1	0.04	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
Multiple choice objective test	50%	1	0.04	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

The evaluation of Clinical Care Practice I consists of three different sections:

First of all, during the 4 visits to the CAP, the students have to add to the virtual campus the reflective portfolio

with the annotations of the experiences seen during the visits and the reflections raised. In each of the practice days, students will be guided by the questions that arise regarding reflective practice, both individually and in groups. At the end of each of the practice days, the students have to complete a 5-item self-assessment (the result of this self-assessment will not influence the final grade, since what is evaluated is the presentation of the portfolio that is correctly reflected). Delivering the reflective portfolio through the virtual campus is an essential requirement to pass the subject. This apartment is equivalent to 2,5 points (out of 10).

The restrictions of Artificial Intelligence: To expand the portfolio, the use of Artificial Intelligence (AI) technologies is permitted exclusively in support tasks, such as bibliographic or information fencing. The student will have to clearly identify which parts have been generated by this technology, specify the aspects 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 AI in this evaluable activity is considered a lack of academic honesty and may entail a partial or total penalty in the activity grade, or major sanctions in serious cases.

Accordingly, there will be an objective test with multiple answers (Selection Items: Multiple Choice Items) that includes material exposed to the PAUL and the study material recommended during the subjects (pads E, F and G), this part equivalent to 5 points (out of 10) of the overall grade for the subject. The student must obtain at least 2,5 points to pass this section.

Thirdly, the evaluation of the seminar on "The experience of healing and healing" (block H) is equivalent to 2,5 points (out of 10) of the overall grade for the subject and is based on 2 sections:

Practical cases and problem solving (participation in seminars -ABP- and realization and presentation of assignments) that will count for 2 points (out of 10). The student must obtain at least 1 point to pass this section.

It is necessary to fully assist and actively participate in classes and seminars. This section is equivalent to 0.5 points.

Seminar attendance is mandatory and non-attendance is only justified in cases of illness/death or work activity with the respective supporting document.

In order for the assessment to remain effective, the student must pass each of the different tests separately.

At the time of carrying out each assessment activity, the teacher will inform the students (Moodle) of the procedure and the date of review of the qualifications.

Students who have not passed the subject may submit to a recovery test for pads E, F and G. The recovery of the assessment of pads A, B, C, D and H is not contemplated in the practical consideration of this activity.

To participate in the recovery, students must have previously evaluated the rest of the thematic pads. Furthermore, by participating in the recovery the students must have obtained at least a 3.5 in the total qualification of the subject.

The student will receive the qualification of \"Nonavaluable\" as long as he or she has not completed more than 1/3 of the assessment activities.

The performance of any irregularity in an assessment act (academic fraud, plagiarism or AI indegut, which this is expressly authorized by the teaching guide), which could lead to a significant variation in the qualification, assumed that this act will qualify with a 0. In cases where the teaching guide foresees that In order to pass the subject, it is an essential requirement to have obtained a minimum grade in this assessment act which is produced by various irregularities in the assessment acts of a subject subject, the final qualification of this subject is 0. Apart from this, a disciplinary process may be instituted for the student who fails in any of these irregularities.

In the event that the student performs any irregularity that could lead to a significant variation in the qualification of an evaluation act, he or she will qualify for this evaluation act, regardless of the disciplinary process that he or she may instruct. In cases where various irregularities occur in the evaluation acts of a subject, the final qualification of that subject will be 0.

This subject does not provide for a single evaluation system.

Bibliography

Specific bibliography

- Janes, Craig R., y Corbett, Kitty K. (2009). "Anthropology and Global Health". Annual Review of Anthropology, 38: 167-183.
- Lock, Margaret y Nguyen, Vinh-Kim (2018). "Introduction", "Biomedical technologies in practice", "Anthropology of medicine" y "Local biologies and human difference". En An anthropology of biomedicine. Blackwell, India.
- Pereira Gray DJ, Sidaway-Lee K, White E, Thorne A, EvansPH. Continuity of carewith doctors-a matter of life and death? A systematic review of continuity of care and mortality. BMJ Open. 2018;8(6):e021161. Published 2018 Jun 28. doi:10.1136/bmjopen-2017-021161
- Cofiño R, Cubillo J, García D, Hernán-García M. Mejorar la Salud comunitaria basada enactivos. FormaciónMédica Continuada. 2019; 26(7): 10-17.
- Sandvik H, Hetlevik Ø, Blinkenberg J, Hunskaar S. Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of-hours care: a registry-based observational study in Norway. Br J Gen Pract. 2022 Jan 27;72(715):e84-e90. doi: 10.3399/BJGP.2021.0340

Reference bibliography

- Martín Zurro A, Jodar Solá G. Atención familiary 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.
- Starfield B. AtenciónPrimaria. Equilibrio entre necesidades de salud, servicios y tecnología. Barcelona: Masson; 2001
- Cueto, Marcos; y Palmer, Steven (2024). Medicina y salud pública en América Latina. Una historia. México: Fondo de Cultura Económica.
- 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.
- L. Pérez Rubio, J.M. Marugán De Miguelsanz, M.R. Bachiller Luque et al. Impacto en la salud del programa de intervención comunitaria «Educación para la salud en la adolescencia» Gaceta Sanitaria 37. 2023 I
- Uribe Oyarbide, José Ma.; y Perdiguero-Gil, Enrique (coords.) (2014). Antropología médica en la Europa meridional. 30 años de debate sobre pluralismo asistencial. Tarragona: Ediciones URV.

- Palacio Lapuente J. Las ventajas de una relación estable: longitudinalidad, calidad, eficiencia y seguridad del paciente. AMF. 2019;15(8):452-9.
- L. Pérez Rubio, J.M. Marugán De Miguelsanz, M.R. Bachiller Luque et al. Impacto en la salud del programa de intervención comunitaria «Educación para la salud en la adolescencia» Gaceta Sanitaria 37. 2023 I
-

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
- Universidad Rovira i Virgili - colección de obras de Antropología Médica https://www.publicacionsurv.cat/llibres-digitals/antropologia-medica

Software

No specific software required

Course groups and languages

The information provided is provisional until November 30. After this date, you will be able to consult the language of each group through this link. To access the information, you will need to enter the course CODE

Type of teaching	Group	Language	Semester	Shift
(PAUL) Classroom practices	1	Catalan	first semester	morning-mixed
(SEM) Seminars	1	Spanish	first semester	morning-mixed
(PAUL) Classroom practices	2	Catalan	first semester	morning-mixed
(SEM) Seminars	2	Spanish	first semester	morning-mixed
(PCAh2023) Pràctica clínica assistencial humana	2	Catalan/Spanish	first semester	morning-mixed
(PAUL) Classroom practices	3	Catalan	first semester	morning-mixed
(SEM) Seminars	3	Spanish	first semester	morning-mixed
(PAUL) Classroom practices	4	Catalan	first semester	morning-mixed
(SEM) Seminars	4	Spanish	first semester	morning-mixed
(PAUL)	5	Catalan	first	afternoon

Classroom practices			semester	
(SEM) Seminars	5	Spanish	first semester	morning-mixed
(PAUL) Classroom practices	6	Catalan	first semester	afternoon
(SEM) Seminars	6	Spanish	first semester	morning-mixed
(PAUL) Classroom practices	7	Catalan	first semester	afternoon
(SEM) Seminars	7	Spanish	first semester	morning-mixed
(PAUL) Classroom practices	8	Catalan	first semester	afternoon
(SEM) Seminars	8	Spanish	first semester	morning-mixed
(PAUL) Classroom practices	9	Catalan	first semester	morning-mixed
(SEM) Seminars	9	Spanish	first semester	afternoon
(SEM) Seminars	10	Spanish	first semester	afternoon
(SEM) Seminars	11	Spanish	first semester	afternoon
(SEM) Seminars	12	Spanish	first semester	afternoon
(SEM) Seminars	13	Spanish	first semester	afternoon
(SEM) Seminars	14	Spanish	first semester	afternoon
(SEM) Seminars	15	Spanish	first semester	afternoon
(SEM) Seminars	16	Spanish	first semester	afternoon
(SEM) Seminars	17	Spanish	first semester	afternoon
(SEM) Seminars	18	Spanish	first semester	afternoon
(TE) Theory	101	Catalan	first semester	afternoon
(TE) Theory	102	Catalan	first semester	afternoon
(TE) Theory	103	Catalan	first semester	morning-mixed
(TE) Theory	104	Catalan	first semester	morning-mixed