

**COURSE DATA****Data Subject**

Code	34386
Name	Practicum I
Cycle	Grade
ECTS Credits	19.5
Academic year	2021 - 2022

Study (s)

Degree	Center	Acad. year	Period
1200 - Degree in Nursing	Faculty of Nursing and Chiropody	3	Other cases
1213 - Degree in Nursing (Ontinyent)	Faculty of Nursing and Chiropody	3	Second term

Subject-matter

Degree	Subject-matter	Character
1200 - Degree in Nursing	18 - Integrated practice in the health area/department	External Practice
1213 - Degree in Nursing (Ontinyent)	18 - Prácticas integradas en el Área/Departamento de salud	External Practice

Coordination

Name	Department
MERELLES TORMO, ANTONIO	125 - Nursing
PEREZ ROS, MARIA PILAR	125 - Nursing
SEVILLA ESPI, FERNANDO JAVIER	125 - Nursing

SUMMARY

The model of integrated in the Department / Area Health practices, integrates knowledge, skills, attitudes and values acquired in all subjects of the degree incorporating both life sciences and medical and social. However, one must bear in mind that practice in health institutions is an essential component of teaching-learning process in nursing, providing the opportunity to develop different practical knowledge acquired by doing, by allowing different situations to recognize and intervene with a concrete response by the practice, considered a knowledge linked to experience, and focused attention not only to the person but the family and community.



PREVIOUS KNOWLEDGE

Relationship to other subjects of the same degree

There are no specified enrollment restrictions with other subjects of the curriculum.

Other requirements

It is recommended to have passed the subjects of the first and second year of graduate programs in nursing related to the subject Public Health, Community Nursing and Management and Administration of Health Services.

OUTCOMES

1200 - Degree in Nursing

- Be able to provide comprehensive and professional nursing care that is appropriate to the health needs of the person, family and community being cared of, from the recognition of the citizens' right to health, and in accordance with the current state of development of scientific knowledge and with the quality and safety standards established in applicable legal and deontological regulations.
- Work as a team, understood as a basic unit into which professionals and other workers of health care organisations are integrated, structured and organised in single- or multi-disciplinary and inter-disciplinary teams, as a way of ensuring the quality of health care.
- Propose and develop health care actions that privilege health promotion and disease prevention, and that aim to improve the living conditions of the population.
- Know and apply the theoretical and methodological foundations and principles of nursing, for the promotion and protection of health, the prevention of illness and the comprehensive care of people, in order to improve the quality of life of the population.
- Base nursing interventions on scientific evidence and available means.
- Plan and provide nursing care for individuals, families or groups, focusing on health results and evaluating its impact, using guides to clinical practice and care that set out the processes involved in the diagnosis, treatment or care of a health problem.
- Promote healthy lifestyles that encourage self-care among individuals, families and communities.
- Offer health education actions using strategies that are appropriate to individuals, families and communities, making scientific information and recommendations available to the population in an understandable language.
- Plan, organise and evaluate training activities for nurses and other health professionals.
- Identify the biological, demographic, environmental, social, economic, cultural, psychological and gender determinants of health, and analyse their influence on the living and working conditions of the population and their impact on the health-disease process.



- Identify community participation as an essential element for the development of health promotion, and participate in the formulation, implementation and evaluation of healthy public policies and intersectoral projects that strengthen local development.
- Apply information and communication technologies in clinical, therapeutic, preventive, health promotion and research activities.
- Be able to formulate hypotheses and to gather and critically assess information to resolve problems by applying, among others, the gender approach.
- Implement health care information and communication technologies and systems.
- Be able to describe the foundations of the primary health care level and the activities to be developed to provide comprehensive nursing care to the individual, family and community. Understand the role and activities and cooperative attitude that the professional must adopt within a primary health care team. Promote the involvement of individuals and groups in their health-disease process.
- Get to know the Spanish health system. Identify the characteristics of the managerial function of nursing services and care management. Know and be able to apply the techniques of group management.

LEARNING OUTCOMES

The course "Practicum I" allows the students to:

1. Knowing the geographical and location of the community where / student to be incorporated to make the practices in the community.
2. Knowing the social characterization of the community (demographic structure, social structure, urban structure, transportation, production sectors, ideological structure).
3. Relate the living conditions by gender, with the health situation at the local level.
4. Identify risk factors most prevalent diseases in the area.
5. Collect basic indicators for monitoring the conditions of gender within the Community Health Study at the local level.
6. Knowing the specific characteristics of the equipment and services (social, health, educational, cultural, leisure, etc..) That exist in the community, its location, its functions, its interface and forms of coordination.
7. Knowing own resources available to the community, ie, the associative network, formal and informal groups.
8. Knowing the needs and demands of the population in the study area, using the methodology of participatory action research: hearing.



9. Identify gender relations in the community, family and workplace, which determine the perceptions of health needs and health needs perceived by the community by sex and life cycle.
10. Have knowledge of the situation of health and community needs, to schedule nursing activities in the sector.
11. Sensing the importance of the study community health and nursing staff involvement in community intervention programs.
12. Exercising the methodology of Participatory Action Research.
 - Obtain objective and subjective, quantitative and qualitative Manage computer databases.
 - Use demographic indicators.
 - Interpret charts and graphs.
 - Practice the art of the interview with a representative of a community resourceor association
 - Practice the art of hearing, the tabulation of the data and analyze information.
 - Write a report.

Within the course, also raises the students to join the Public Health Centers achieve the following objectives:

1. Identify the Department of Health and geographical demarcation and population planning, programming, management and coordination of health care in the community.
2. Knowing the structure and operation of the Center for Public Health Department, participating in each of its units: Epidemiology, Health Education, Food Hygiene, Health Promotion and Health Programs.
3. Knowing the characteristics of Information Systems.
4. Identify and study the risk factors and health problems of the Department.
5. Knowing the various activities aimed at protecting the health of the population exposed to risks of environmental and occupational hazards and food products and / or food, based on current legislation.
6. Understanding the mechanisms of coordination with the different structures of health care: primary and specialized.
7. Understanding the functioning of the Directorate of Public Health Center.
8. Meet the Support Unit to Primary Care and its operation.

Considering the following objectives in each of the Units



EPIDEMIOLOGY UNIT

1. Knowing the demographics of the population of the Department of Health.
2. Familiar with the Surveillance and Control of Diseases of Compulsory Notification (DCN) and Event Monitoring System Sentinel, identifying the sources of data and circuit transmission among health institutions, in relation to EDO and Sentinel Network system Health (RCS) -.
3. Be aware of the special monitoring diseases: Tuberculosis (TB), measles and acute flaccid paralysis (AFP).
4. Applying the methodology of Descriptive Epidemiology (person, place and time) for the detection and investigation of outbreaks or any health conditions that affect the community.
5. Knowing how to identify situations of epidemiological alarm among the population, proposing control measures.
6. Know the main sources of mortality and subsequent exploitation of it.
7. Knowing the resources available to Public Health.

UNIT OF FOOD HYGIENE

1. Be aware of the systematic monitoring and control of establishments and food industries, with particular attention to sanitary conditions thereof.
2. Knowing the health surveillance programs.
3. See how the Health Registry of Industries.
4. Meet the Food Alert Network and devices for rapid exchange of information.
5. Meet the Decalogue of good practices of food handlers. Training in food hygiene.
6. Understand the protocol procedure in investigating outbreaks of foodborne

OCCUPATIONAL HEALTH UNIT

1. Meet Information Systems and Registration problems of occupational health (occupational accidents and occupational diseases), and the methods of active case finding by the technique of sentinel events (SVEL).
2. Knowing the program Monitoring and Control of Pesticides, both in regard to the inspection of retail outlets, as to the actions of the manipulators (courses of education, health and labor surveys, biological monitoring etc.).
3. Know the actions and functions of EMTs Services Prevention Company and its partners of the Social Security labor contingencies (Mutual Workers' Compensation, Occupational Disease Social Security, Business Partner).



4. Knowing the basic methodology for the preparation of a Risk Map Work.

UNIT OF HEALTH PROMOTION

1. Knowing the basic methodology for developing a program of health promotion, as well as implementation and evaluation.

2. Understanding the role of social media and its importance for Education activities for Health, and the main differences in the messages, as they relate to radio or newspapers.

3. Participate in the planning of intervention activities in the community, by establishing relations of cooperation, coordination and exchange with other services and resources of the Department, with special emphasis on:

- a) The program of reducing the consumption of snuff.
- b) The plan for AIDS prevention.
- c) The program of health education at school.
- d) The program of prevention of road accidents.

4. Knowing the information system in primary care.

5. Meet the coordination role played by this unit, programming, implementation and evaluation of major health programs that apply to the Department, in particular programs:

- a) Routine vaccination.
- b) Promoting women's health.
- c) Care for healthy children.
- d) oral health.
- e) Family Planning.
- f) Prevention and surveillance of rabies.

6. Health promotion in older people.

**WORKLOAD**

ACTIVITY	Hours	% To be attended
Internship		100
Attendance at events and external activities	4,00	0
Development of group work	75,00	0
Study and independent work	10,00	0
Readings supplementary material	20,00	0
Preparation of evaluation activities	4,00	0
Resolution of case studies	4,00	0
TOTAL	117,00	

TEACHING METHODOLOGY

Verification Document for this subject provides a load of 19.5 ECTS credits for students involving a total of 585 hours, with classroom activities (468 h.) And student work / a (not-to-face teaching mode) of 117H.

Given the characteristics of the Subject, we propose the use of the methodology of using simulation tests and situations, carrying out activities to implement the previously acquired knowledge and stay and work with the community to facilitate compliance objectives. From the timing of the curriculum, and given the nature of teaching modalities proposed in the plan and as shown in the table below arise for students:

- 70 hours of teaching in Lab mode (Groups of 15 students). Laboratory teaching in groups of 15, which raised the development and / or mentoring of products made in the workshops and seminars, allowing the incorporation of the various procedures, knowledge, skills and abilities that constitute the program finally subject and allowing the practical application of theoretical content previously seen related cases exposed (use of computing resources, analysis of existing information, search for alternatives and references to guide the process of the Community Study, identification of human resources and materials. Identification of population characteristics, existing health resources and the need for coordination in the area. Knowledge of the structure, function and organization of the Center for Public Health.
- 20 hours of teaching in academic tutoring monitoring mode, to allow monitoring of students in the learning process and mentoring of the work requested.
- 378 hours of stay in Institutions and Community Health, allowing on the one hand knowledge of health resources and other involvement within the care team and community interaction.



EVALUATION

Given the characteristics of the course, student assessment will be made, firstly by the associate faculty of health sciences (PACCS) and / professional staff and other practices by teachers responsible for the subject, based to:

1.Evaluation of students by the PACCS and professional practice partners, to be held on the basis of:

- A) Time and attendance
- B) Integration of students in the center
- C) Compliance with the activities proposed in the work plan

2.Evaluación by teachers responsible for the subject of the final report, which will take into account: - A) General Guidelines for submission of the report.

- B) Contents of the memory training group
 - B.1 Community Study of Health and Community Development
 - B.1.1. introduction
 - B.1.2. Knowledge of the territory
 - B.1.3. Community register: an interview with a representative of a community resource or association.
 - B.1.4. Demand and needs of the population.
 - B.1.5. Bibliography.
 - B.1.6. Summary table.

The description of the different weights and criteria be developed in the Educational Program Course. Accrediting purposes, the PACCS and professional practice partners will qualify from 0 to 10 activities in the middle range, and the Faculty responsible qualify each of the activities between 0 and 10. From these partial scores will get the arithmetic mean, which will be the final score shall be taken into account the need to pass both parts separately for the mean.

REFERENCES

Basic

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- Sanchez Moreno, et al. Enfermería Comunitaria 3. Actuación en enfermería comunitaria. Sistema y programas de salud. Madrid: McGraw-Hill/Interamericana. 2000.
- Valles M S. Técnicas cualitativas de investigación social. Reflexión metodológica y práctica profesional. Madrid: Síntesis. 2000.

ADDENDUM COVID-19

This addendum will only be activated if the health situation requires so and with the prior agreement of the Governing Council

1. Continguts / 1. Contenidos

[VAL]Es mantenen tots els continguts inicialment programats en la guia docent per a les modalitats docents de seminaris (E) i laboratori (L) en la Facultat d'Infermeria i Podologia, és a dir, tallers, tutories programades o de seguiment, exposicions, etc., que passen a desenvolupar-se «a distància».

Quant als continguts relacionats amb l'estada en el centre sanitari de pràctiques, es consideren superats en haver efectuat almenys el 50% del temps de permanència inicialment previst en el corresponent centre.

[CAS]Se mantienen todos los contenidos inicialmente programados en la guía docente para las modalidades docentes de seminarios (E) y laboratorio (L) en la Facultad de Enfermería y Podología, es decir, talleres, tutorías programadas o de seguimiento, exposiciones, etc., que pasan a desarrollarse «a distancia».

En cuanto a los contenidos relacionados con la estancia en el centro sanitario de prácticas, se consideran superados al haber efectuado al menos el 50% del tiempo de permanencia inicialmente previsto en el correspondiente centro.

2. Volum de treball i planificació temporal de la docència / 2. Volumen de trabajo y planificación temporal de la docencia

[VAL]En compensació de la reducció de les hores de dedicació a les pràctiques en institucions sanitàries s'augmenta en 15 hores el temps dedicat a l'elaboració de treballs en grup i en altres 15 hores el temps d'estudi i treball autònom.

Es considera suficient haver cursat almenys el 50% del temps inicialment previst de pràctiques en institució sanitària per poder emetre qualificació sobre les mateixes.

[CAS]En compensación de la reducción de las horas de dedicación a las prácticas en instituciones sanitarias se aumenta en 15 horas el tiempo dedicado a la elaboración de trabajos en grupo y en otras 15 horas el tiempo de estudio y trabajo autónomo.



Se considera suficiente haber cursado al menos el 50% del tiempo inicialmente previsto de pràctiques en institució sanitària para poder emitir calificación sobre las mismas.

3. Metodología docente / 3. Metodología docente

[VAL]Tallers/seminaris i tutories programades o de seguiment: es realitzaran mitjançant videoconferència síncrona, tot seguint el calendari establert per al segon semestre, el dia i a l'hora planificat en el calendari de l'assignatura.

Per facilitar la tasca de correcció i de posada en comú durant la tutoria programada o de seguiment, l'alumnat lliurarà per correu electrònic el treball elaborat en grup, almenys 2 dies abans de la citació. En el treball d'Estudi Comunitari de Salut, l'observació directa ('pateig' amb visualització del territori amb la guia d'observació) se substitueix per estratègies d'observació indirecta a través dels mitjans proporcionats per les TIC (eines de «street views» o serveis en internet des d'on es poden veure recorreguts virtuals de carrer), amb les quals emular l'observació directa.

Per a la realització de l'estudi subjectiu de l'Anàlisi de la Situació de Salut, mitjançant la tècnica de l'audició, cada estudiant/a contactarà amb un testimoni privilegiat i amb una persona «del carrer» de la comunitat per efectuar el col·loqui per via telefònica o per videoconferència, sempre amb la intermediació del/la PACS. Com alternativa d'últim recurs quedaria realitzar els col·loquis (a un testimoni privilegiat, a una persona «del carrer») a persones dins del cercle de relacions de l'alumne/a, encara que no residisquen en el territori de referència de la Zona Bàsica de Salut assignada.

Es tindran en compte les mateixes consideracions pel que fa al contacte amb el o la representant d'una entitat, recurs, servei, associació de la comunitat, l'elaboració de la corresponent entrevista i la replegada de dades per a la fitxa del fitxer comunitari.

La resta d'especificacions es mantenen conforme l'establert en la guia docent inicial.

[CAS]Talleres/seminarios y tutorías programadas o de seguimiento: se realizarán mediante videoconferencia síncrona, siguiendo el calendario establecido para el segundo semestre, el día y en la hora planificado en el calendario de la asignatura.

Para facilitar la tarea de corrección y de puesta en común durante la tutoría programada o de seguimiento, el alumnado librará por correo electrónico el trabajo elaborado en grupo, al menos 2 días antes de la citación.

En el trabajo de Estudio Comunitario de Salud, la observación directa ('pateo' con visualización del territorio con la guía de observación) se sustituye por estrategias de observación indirecta a través de los medios proporcionados por las TIC (herramientas de «street views» o servicios en internet desde donde se pueden ver recorridos virtuales de calle), con las cuales emular la observación directa.

Para la realización del estudio subjetivo del Análisis de la Situación de Salud, mediante la técnica de la audición, cada estudiante/a contactará con un testigo privilegiado y con una persona «de la calle» de la comunidad para efectuar el coloquio por vía telefónica o por videoconferencia, siempre con la intermediación del/la PACS. Como alternativa de último recurso quedaría realizar los coloquios (a un testigo privilegiado, a una persona «de la calle») a personas dentro del círculo de relaciones del alumno/a, aunque no residan en el territorio de referencia de la Zona Básica de Salud asignada.

Se tendrán en cuenta las mismas consideraciones en cuanto al contacto con el o la representante de una entidad, recurso, servicio, asociación de la comunidad, la elaboración de la correspondiente entrevista y la replegada de datos para la ficha del fichero comunitario.

El resto de especificaciones se mantienen conforme el establecido en la guía docente inicial.

4. Avaluació / 4. Evaluación

[VAL]1) Avaluació en els centres de pràctiques per part del PACS: 50% de la qualificació final sobre la base d'una assistència d'almenys el 50% del període de pràctiques inicialment previst, conforme allò establert en la guia docent inicial.

2) Avaluació per part del professorat de la FIP: 50% de la qualificació final conforme allò establert en la



guia docent inicial. L'exposició en grup de l'Estudi Comunitari de Salut s'avaluarà mitjançant videoconferència síncrona.

El professorat que coordinada l'assignatura es reserva la possibilitat d'ajustar el pes específic en la ponderació d'algun dels elements objecte d'avaluació per part del professorat de la FIP, quan aquesta part no s'haguera pogut realitzar per motius plenament justificats i de causa major, sempre a favor de la qualificació de l'alumnat.

[CAS]1) Evaluación en los centros de prácticas por parte del PACS: 50% de la calificación final en base a una asistencia de al menos el 50% del periodo de prácticas inicialmente previsto, conforme aquello establecido en la guía docente inicial.

2) Evaluación por parte del profesorado de la FIP: 50% de la calificación final conforme aquello establecido en la guía docente inicial. La exposición en grupo del Estudio Comunitario de Salud se evaluará mediante videoconferencia síncrona.

El profesorado que coordinada la asignatura se reserva la posibilidad de ajustar el peso específico en la ponderación de alguno de los elementos objeto de evaluación por parte del profesorado de la FIP, cuando esta parte no se hubiera podido realizar por motivos plenamente justificados y de causa mayor, siempre a favor de la calificación del alumnado.

5. Bibliografia / 5. Bibliografía

[VAL]Es manté la bibliografia recomanada en la guia docent.

[CAS]Se mantiene la bibliografía recomendada en la guía docente.