# COURSE DATA

| Data Subject | |
|---|---|
| **Code** | 34387 |
| **Name** | Practicum II |
| **Cycle** | Grade |
| **ECTS Credits** | 19.5 |
| **Academic year** | 2019 - 2020 |

**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 | Annual |

**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 |
| SEVILLA ESPI, FERNANDO JAVIER | 125 - Nursing |

# SUMMARY

The model of integrated in the Department / Area Health, 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 of Public Health, Community Nursing and Management and Administration of Health Services and all subjects "Nursing in the Life Cycle." This course is complementary to the subject Practicum I, therefore it is recommended to students jointly enrolled for both subjects.

# 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.
- Design care systems for individuals, families or groups, focusing on health results, evaluating their impact and implementing appropriate changes.
- Promote healthy lifestyles that encourage self-care among individuals, families and communities.
- Provide nursing care based on integrated healthcare principles, involving multi-professional cooperation, process integration and continuity of care, in coordination with all the levels of healthcare and other social and health resources and services.
- Know the strategies to provide comfort and alleviate symptoms, aimed at the patient, the family and the non-professional caregiver, in the administration of palliative care in situations of advanced or terminal illness.

- 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.
- Establish truthful, effective and respectful communication with patients, family, social groups, other professionals and the media, both orally and in writing, and promote health education.
- Establish evaluation procedures applying scientific-technical and quality principles.
- 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.
- Know and assess the nutritional needs of healthy people and of those with health problems, throughout the life cycle and according to physical activity, in order to promote and reinforce healthy eating behaviour patterns. Identify the nutrients and the foods in which they are found. Identify the most prevalent nutritional problems in women and men and select appropriate dietary recommendations.
- Implement health care information and communication technologies and systems.
- Identify people's psychosocial responses to different health situations (in particular, illness and suffering), selecting the appropriate actions to provide help in these situations. Establish an empathic and respectful relationship with the patient and family, according to the person's situation, health problem and stage of development. Use strategies and skills that enable effective communication.
- Be able to recognise situations where life is in danger and to perform basic and advanced life-saving techniques.
- Direct, evaluate and provide comprehensive nursing care to the individual, family and community.
- 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.
- Know the health alterations of the adult person, identifying the manifestations that appear in the different stages. Identify care needs arising from health problems. Analyse the data collected in the assessment, prioritise the adult patient's problems, define and implement the care plan and evaluate it.

## LEARNING OUTCOMES

The general objectives that arise when students who joins Health Centers are:
1 Understand the characteristics of the model of health promotion strategies based on Primary Care and Public Health.

2 Apply the principle of gender equity to professional practice and understand the ethical implications of health in a changing global environment.
3 Know the professional model of Community Nursing, its functions and its role within the multidisciplinary team of primary care.

4 Know the main characteristics of the structure and operation of the center and work organization by sector, by Family Care Unit (FAU) or Nurse Medical Unit.
5 Apply the methodology of Public Health, to meet the health needs and identify population groups at special risk, and provide continuing care to individuals, families, and community.
6 Know the different health programs that are developed in the center.
7 Understand the technical and methodological tools for the design of education programs for health and its evaluation (at school, in the workplace, family and community).
8 To promote educational activities for health homogeneous risk groups.
9 Understand and manage the Health Visiting, in all its forms.
10 Identify the participation of the community as an essential element for the development of Primary Health Care.

11 Know how formal organizational structures of community participation, ie Area Health Boards (or equivalent).

12 Participate in collecting information from Community Health Study.
13 Participate in activities organized by the Health Team (team meetings, continuing education, research sessions, etc..).

14 Apply the elements that facilitate care coordination by national experiences.
15 Implementation of measures to improve the care coordination

Taking into account the different areas which will develop the practices, have raised a number of specific objectives to be attained in each

REQUEST A CLAIM AND PLANNED.

1. Knowing the various consultations nursing (adult, pediatrics, midwifery) and consultation of the social worker.

2. Health History Manage computerized (or paper) as systematic registration.
3. Undertake comprehensive care to individuals and families who come to the Nursing Consultation.

4. Apply the techniques and procedures in the protocols of care for people, according to the health examination, treatment plan, the plan of care is required in each case.
5. Determine, together with the person and the family, the priority of health problems or needs, formulating goals consistent with them, establish an action plan taking into account individual resources, family and community, and periodic evaluation of the results , readjusting the plan of action.

6. Apply the knowledge and techniques of health education is required in each case both individual and family.

7. Providing psychological support and the person and the family, whenever required.
8. Know the procedures for referral to other professionals geriatric consultation, always present a health or social problem that needs it.

9. Meet registration systems used by the nurse and social worker
consultation and how information is transmitted among members of the health team.
10. Collaborate in the control of communicable and noncommunicable cases, taking into account the medical indications.

11. Collaborate on group health examinations that are conducted in diverse populations for early detection of diseases.

12. To know the socio-cultural people in the programs of chronic patients.
13. Meet the methodological tools to organize workshops to promote health for chronic patients.
14. Advise and care for ((informal caregivers)), whether related or not.
15. Drive strategies to improve the therapeutic relationship through motivational interviewing.
16 Review the current practices relating to Patient Safety Alerts established in primary care.
17 Recognizes and honors the necessary equipment and procedures appropriate to make a monkey basic authorization the person served, properly recorded in the Medical Record or Health.
18 Expressed correctly in written records and use the terminology of professional nursing.

Pediatrics room.

1. Monitor the health of children normal growth and the health care delivery in childhood.
2. Understanding the anatomical and functional changes at different stages of growth and development.
3. Know the protocols for conducting health examinations of infants, preschool and school, including the Well Child program, mastering the following: physical examination, anthropometry (weight, height, etc..) With the management of percentile tables for assess the child's development within the parameters considered normal. Constant control and monitoring: pulse, blood pressure, blood glucose levels, etc..
4. Control the administration of vaccines according to the guidelines established by the current immunization schedule.

5. Successfully perform the Mantoux skin test.

6. Identify problems or health needs of children, collecting and recording all those social and health factors that directly or indirectly affect their health.
7. Identify the signs and symptoms of biological alterations.
8. Collaborate in the activities related to the school reviews.
9. Knowing how to perform the newborn home visits, looking at the following
aspects:
9.1 Establishment of the care plan of the child, taking into account

its evolutionary stages.

9.2 Health Education:

9.2.1. Counseling a mother about the best way to provide child care (personal hygiene, eating patterns and infant nutrition, particularly during the first 12 months of life, etc..).
9.2.2. Counsel mothers on how to teach breastfeeding and the handling and preparation of bottles to parents.

9.2.3. Guidance on issues that may arise during the first years of life, and the importance of providing love, affection and security.

9.2.4. Promoting experiences of health education in a group with those mothers and other caregivers provide informal care of the child.

9.3 Physical Examination.

Coloration of skin and mucous

. Normal evolution of the umbilical cord and other developments present a problem.
. Scarring of the navel.

. Limbs, reflexes, etc..

ADULT AND ELDER PERSON OFFICE.

1. Identify problems or health needs of the person, collecting and recording all those social and health factors that directly or indirectly affect their health.
2. Identify occupational hazards to health, especially those most vulnerable groups.
3. Identify the signs and symptoms of biological alterations.
4. Know the protocols of the programs for chronic patients (inclusion criteria, activities to do in the query as the chronic condition, activities of health promotion and disease prevention).
5. Review the advice of health education given in chronic programs.
6. Monitor and record the constant: pulse, height and weight (calculation of BMI), blood pressure, blood glucose levels, etc..

7. Knowing and implementing programs of adult immunizations: diphtheria, tetanus, hepatitis, influenza.

8. Adequately inform the person and the family about the evolution of the situation.
9. Check the specific medication and treatments, ensuring the proper use by the patient (dose and guidelines established by the / the medical professional).
10. Assist in early detection of side effects of medications and their interactions, informing the relevant professional.

11. Prescribe an adequate diet, as food and nutritional needs.
12. Provide supportive care to older adults who suffer health problems related to old age.
13. Coordinate with other existing community resources (social services, associations, etc..) To provide comprehensive care to the elderly.

14. Being able to identify the various manifestations of gender violence in order to make its early detection.

15. Know the main sociocultural variables that influence gender differences.
16. Knowing the different social determinants of women and men at different stages of life from birth to death

17. Rating scales used properly according to the pathophysiologic processes, distinguishing signs and symptoms to detect.

18. Successful determination of constants taking into account the Guidelines procedure and function parameters appropriate to the person served, and records adequately documents the medical history or health.

19. Known, distinguishes and interprets the results of laboratory tests.

MIDWIFE'S OFFICE

1. Be aware of the health of women.

2. Knowing the recruitment procedures and referrals to different programs.
3. Knowing the specific activities of each program: clinical, health screening, assessment of food, etc..

4. Applying the methodology of health education in each of the programs.
5. Identify new social changes in gender roles and how they affect the traditional model of care.
6. Training for the detection and prevention of women at risk of exclusion sanitary feminization of poverty (unwanted pregnancies, monomarentalidad, elderly and disabled).

SOCIAL WORKER'S OFFICE

1. Understand the functions of the Social Worker within the Primary Care Team.

2. Knowing the activities in your inquiry.

3. Meet the demand that is addressed in the consultation and social benefits it manages.
4. Meet the intervention of the social worker, both in their individual performances, group

and community, and in situations of risk.

HOME CARE

1. Know the program and / or protocol bedridden people.

2. Observe the patient characteristics (type of demand, evolution of the disease, etc..).
3. Know the assessment instruments that are used to identify needs and problems of people confined to bed and / or their caregivers

HOME VISIT

1. Identify the home visit as an instrument of Community Nursing.
2. Learn the methodology of the home visit in all its phases.

3. Know the different types of home visit.

4. Acquire skill in the art of the interview, for the development of the home visit.

5. Designing all phases of the Domiciliary visit.

6. Done properly the cleanliness of the person according to their characteristics (steering, etc..) And detect risky situations and plan appropriate activities for the prevention of complications.
7. Recognizes distinguished and prepares materials needed to perform the cleaning procedure of the person.

8. Recognizes and prepares the material for the realization of the bed open and closed, proceeding in accordance with established procedural guidelines.
9. Recognizes the different support systems for disposal (wedge, bacina, collectors), performs the appropriate procedure pro ¬ according to the Guidelines on Procedures and safeguards

the privacy of the individual.

10. Identify and recognize the indications and contraindications for urinary catheter insertion.
11. Prepare the material for the realization of a bladder catheter insertion and extraction of a urine sample.
12. Properly recorded bladder catheterization procedure, and establishes a suitable planning nity of care to make.

13. Recognizes distinguished and performs different anatomical positions, develops a plan of repositioning the person and discerning between preventive measures used.
14. Performs various postural changes to the individual, according to the Procedural Guide, and seeks to patient safety and / the professionals who run them.
15. Successful planning and care related to oral hygiene, adapting to the characteristics of the person.
16. Properly recorded the results of laboratory tests in the Medical Record and Health.

BASIC TECHNIQUES

1. Locate and prepare the necessary material before performing any technique or procedure in the query.

2. Store and maintain equipment in good condition (disinfection, sterilization).
3. Inform the person / s technique / s that you are going / na practice.
4. Apply basic techniques and skills of nursing care needed to restore health, and follow the treatment plan indicated.

5. Reassure the person under stress, anxiety or confusion.
6. Offer preventive measures and provide information to the person and the family to self-care.
7. Record activities.

8. Complete the registration documents for the indicators of activity.
9. Manage performance protocols.

10. Recognizes the importance of hand washing in the care of the person, in the context of a Security Plan in Clinical Practice.

11. Apply the correct procedures for hand hygiene.

12. Rate the importance of training to improve clinical safety, especially through the simulation clinic.

13. Identifies Clinical practice situations that contribute to the occurrence of failures and errors.
14. Identify and prepare the necessary material for a 12-lead electrocardiogram, performed the procedure properly and distinguish the characteristics of a normal ECG.
15. Distinguishes the material necessary for the preparation of medication, performing the procedure according to the Protocols.

16. Identify and recognize the material necessary for the administration of medication by intramuscular, subcutaneous and intradermal, and lists the most appropriate anatomical areas and possible complications ¬ tions and / or situations of risk and how to prevent them.
17. Perform medication administration (intramuscular, subcutaneous and intradermal), following different procedures Guides, and properly recorded in the Medical Record or Health.
18. Unlike the aspects that contribute to the safe use of drugs: prescription, ¬ tions interactions, adverse reactions, resistance ...

19. Recognizes and distinguishes the different materials to carry bandages.
20. Make the dressing procedure based on the Protocols, Performance, and indicates the possible indications and complications that can occur each.
21. Understands the importance and need for treatment of substances and materials contaminated by sanitary use (biological, chemical, radiation, etc..).
22. Meet the waste management plan of the health center and general actions set to implement the plan.

23. Apply procedures established at the Centre for handling potentially polluting substances and materials, as well as for separation and storage according to their classification.

EMERGENCY CARE

1. Understand the organization and operation of CASU.
2. Knowing the performance of nursing staff in Emergency situations
Primary Care.

HEALTH PROGRAMS

1. Knowing health programs carried out in the middle of practice, specifying professionals involved in each.

2. Protocols handle the various health programs

CONTINUING EDUCATION

1. Participate in continuing education activities to carry out the Primary Care Team.
2. Develop a training session to teach the Health Team.
3. Knowing detect gender biases of biomedical knowledge.

ADMINISTRATION AND MANAGEMENT

1. Correctly use registration systems specific to primary care, and health information system in general.

2. Knowing the applications for data collection activity
Primary Care Team.

3. Familiar with the guidelines for the management of such software applications.
4. The instruments for the evaluation of nursing activities to improve the quality of care and management of Primary Care

COORDINATION AND ADDRESS

1. Understand the functions of the Coordinator / Nursing at the Health Center.
2. Understanding the mechanisms of relationship with the Directorate of the Department of Health.
3. Knowing the character assessment documents, organizational or management usually used in the Coordination of Nursing.

4. Review annual reports of activities of the Primary Care Team.
5. Understand the functions of the Nursing Department of Health.

## DESCRIPTION OF CONTENTS

### 1. Nursing care at the primary level of health.

With Practicum II course starts practical training in nursing care at the primary level of health. It enables the students to learn by being in contact with a person healthy or sick family. In this unit involving all matters relating to the life cycle.
Students will join health centers, performing the activities performed in the same, joining the team and working in different health programs implemented there in consulting demand and programmed, in consultation of pediatrics, in consultation with adults and older people, and consultation of the midwife and social worker. It will participate in home care activities, as well as the urgent care centers that have this service. Also, know the community resources to promote public participation in the control of health problems.

The Students will apply the technique of home visits in various forms, developing appropriate intervention plans in each case and evaluate the care they need. Also part of the activities of administration and management of nursing services, managing the registration systems in general and particular health history, recording all actions taken by the computer application ABUCASIS in the

presence of teachers of science associated health.

At the same time develop a program of seminars and workshops at the Nursing Faculty to serve as reinforcement and tutoring activities that are performed at the level of Primary Health Care.

## 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 participatory methodologies for conducting activities that allow to implement the knowledge acquired previously and stays in the Health Center and work with the community to facilitate compliance with the objectives.

From the timing of the curriculum, and given the nature of teaching modalities proposed in the plan of work can be seen in the following table, which arise for students:

- 70 hours of **teaching in Lab mode** (Groups of 15 students). Laboratory teaching in groups of 15, which raised the reinforcement and tutoring activities that are performed at the level of Primary Health Care. The workshops used a participatory methodology applied to the specific acquisition and instrumental manipulative skills on each topic supervised by / the teaching of individual activities and / or group that develops the students and to be specified in the syllabus of the subject.

- 20 hours of **academic tutoring teaching** in tracking mode (individual and / or group) to allow monitoring of students in the learning process and mentoring of products made in the workshops.

378 hours of **stay in Health Institutions** so as to permit rotation of each student by the domains of action in the health center, student involvement within the care team and community interaction.

## EVALUATION

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

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. Valuing the interest and motivation, participation, organizational skills, responsibility, etc..

- C) Compliance with the proposed activities in the workshops:

- The talk of health education at school.

- The continuing education activity.

- Exposure of continuing education.

- The home visit.

- Detection of situations of gender violence from primary care.

- Patient Safety in Primary Care.

Evaluation 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. Report of the activities in the center, attaching an annex all products made in the workshops include:

- B.1.1 Talk of health education at school

- B.1.2 continuing education activity.

- B.1.3 The exhibition of continuing education.

- B.1.4 The home visit.

- B.1.5 Detection of domestic violence situations from primary care.

- B.1.6 Patient Safety in Primary Care.

- D. Bibliography.

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 in the workshops 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.

Student assessment.

1. Assessment survey company tutor / PACCSS.

At the end of the period of practice he / PACCSS delivery of the questionnaire to each student. In the heading of the questionnaire includes: instructions and evaluation criteria, identification data: Center, period, course, name PACCSS. The main sections are: Planning and preparation practices, development of practices, availability of resources for students in the middle of practice. The last questions are dedicated to student self-assessment in practice just ended. Each section has several items, a total of 19, with a Likert score. The last section is devoted to the observation of students, leaving a blank space to express their opinion.

2. Evaluation of practices by student

In each period, the group of students prepare a brief report which reflect its assessment of the practices taking into account the following criteria: Organization of the work plan (distribution of students, rotating ...). Compliance with the objectives. Difficulties encountered in carrying out the activities. Comments about the length of community practices. Proposals on how to improve community practices. Relationship between the theory taught and performed in practice. Other aspects to consider.

## REFERENCES

### Basic

- García Ferrando M, Ibáñez Jesús, Alvira F. El análisis de la realidad social métodos y técnicas de investigación. Madrid: Alianza Editorial. 2000.
- Gita Sen, G., George A., Östlint P., Incorporar la perspectiva de género en la equidad en salud: Un análisis de la investigación y las políticas. OPS 2005 Disponible en: http://www.paho.org/Spanish/DD/PUB/PO_14_entire_book.pdf
- Guía de Promoción de Salud de las Personas Mayores (1997). Conselleria de Sanitat. Generalitat Valenciana.
- López de Ceballos P. Un método para la investigación-acción participativa. Madrid: Popular. 1998.
- Marchioni M. Planificación social y organización de la comunidad: alternativas avanzadas a la crisis. Madrid: Popular. 1997.
- Marchioni M. Comunidad y cambio Social: teoría y praxis de la acción comunitaria. Madrid: Popular. 2001.
- Marchioni M. La Acción Social en y con la Comunidad. Zaragoza: Libros Certeza.

- Martínez Navarro et al. Salud Pública. Madrid: McGraw-Hill/Interamericana. 1997.
- Mazarrasa et al. Salud Pública y Enfermería Comunitaria. Madrid: McGraw-Hill /Interamericana. 2003. 3 volúmenes
- OPS. Funciones Esenciales de la Salud Pública. 126 Sesión del Comité Ejecutivo. Washington D.C. 2000
- Plan de Prevención de Enfermedades Cardiovasculares de la CV. Guía de Prevención de la Enfermedad Cardiovascular (2009). Conselleria de Sanitat. Generalitat Valencianas.
- Programa de Supervisión de la Salud Infantil (1999). DGSP, Conselleria de Sanitat. Generalitat Valenciana.
- Protocolo para la atención sanitaria de la violencia de género (2009). Conselleria de Sanitat. Generalitat Valenciana.
- Plan para la Mejora de la Atención Domiciliaria en la C.V, 2004-2007. (2004) Conselleria de Sanitat. Gerneralitat Valenciana.
- Sanchez Moreno, et al. Enfermería Comunitaria 1. Concepto de salud y factores que la condicionan. Madrid: McGraw-Hill/Interamericana. 2000.
- Sanchez Moreno, et al. Enfermería Comunitaria 2. Epidemiología y enfermería. Madrid: McGraw-Hill/Interamericana. 2000.
- 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 / 2. 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 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 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 prácticas en institución sanitaria 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.
a) Visita domiciliàriaEl PACS facilitarà el contacte d'una persona atesa des del Centre de Salut per a la realització de les visites domiciliàries i introduirà a l'alumne/a perquè les puga efectuar «a distància».Com alternativa, el professorat de la FIP proporcionara diferents «estudis de casos» relatius a persones ateses en Centre de Salut, totalment anonimitzats, perquè l'alumnat tinga un punt de partida sobre el qual construir-se les visites domiciliàries. Aquestes situacions de simulació procuraran emular les característiques i condicions 'reals' que solen veure's en les pràctiques presencials.L'alumnat també podrà recórrer a alguna persona del seu cercle de relacions amb la que poguera practicar la tècnica de la visita domiciliària, previ permís per part del professorat de la FIP.
b) Activitat d'Educació per a la Salut:Seguint amb la programació prevista, el grup d'alumnes ha de proposar un tema per desenvolupar l'activitat d'Educació per a la Salut, preparar-se el contingut, la bibliografia, les diapositives, díptic o cartell, etc.Quant a l'exposició, aquesta es presentarà en audiovisual, en el format que elegisca el grup d'alumnes (diapositives en les que es veja qui parla en un racó del rectangle-pantalla; infografia explicada, auca, mà que dibuixa alhora que s'explica el relat, etc.).
c) Activitat de Formació Continuada:El grup d'alumnes ha de proposar tema per a la formació continuada, o bé atendre la petició d'interès manifestada pels professionals del Centre de pràctiques.Com es tracta d'una exposició 'formal', aquesta es prepararà en audiovisual, en el que apareixerà el contingut de la diapositiva ocupant pantalla i en un requadre inferior (esquerra o dreta) l'alumne/a que relata el contingut de la diapositiva.
d) Violència de gènere:El porta-foli s'enviarà per correu electrònic al professorat encarregat del taller de VG.Si no es produïra la incorporació al Centre de pràctiques, queda anul·lada la realització del cribratge.

[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.
a) Visita domiciliariaLo PACS facilitará el contacto de una persona atendida desde el Centro de Salud para la realización de las visitas domiciliarias e introducirá al alumno/a porque las pueda efectuar «a distancia».Como alternativa, el profesorado de la FIP proporcionara diferentes «estudios de casos» relativos a personas atendidas en Centro de Salud, totalmente anonimizados, porque el alumnado tenga un punto de partida sobre el cual construirse las visitas domiciliarias. Estas situaciones de simulación procurarán emular las características y condiciones 'reales' que suelen verse en las prácticas

presenciales.El alumnado también podrá recurrir a alguna persona de su círculo de relaciones con la que pudiera practicar la técnica de la visita domiciliaria, previo permiso por parte del profesorado de la FIP.
b) Actividad de Educación para la Salud:Siguiendo con la programación prevista, el grupo de alumnos tiene que proponer un tema para desarrollar la actividad de Educación para la Salud, prepararse el contenido, la bibliografía, las diapositivas, díptico o cartel, etc.En cuanto a la exposición, esta se presentará en audiovisual, en el formato que elija el grupo de alumnos (diapositivas en las que se vea quién habla en un rincón del rectángulo-pantalla; infografía explicada, auca, mano que dibuja a la vez que se explica el relato, etc.).
c) Actividad de Formación Continuada:El grupo de alumnos tiene que proponer tema para la formación continuada, o bien atender la petición de interés manifestada por los profesionales del Centro de prácticas.Cómo se trata de una exposición 'formal', esta se preparará en audiovisual, en el que aparecerá el contenido de la diapositiva ocupando pantalla y en un recuadro inferior (izquierda o derecha) el alumno/a que relata el contenido de la diapositiva.
d) Violencia de género:Lo lleva-folio se enviará por correo electrónico al profesorado encargado del taller de VG.Si no se produjera la incorporación en el Centro de prácticas, queda anulada la realización del cribado.

**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.
En el cas de no produir-se la tornada al centres de pràctiques, i donat que les següents activitats estava previst que es desenvoluparen presencialment en la segona meitat del període de pràctiques, el professorat associat assistencial (PACS) no podrà avaluar-les. -- Visita domiciliària-- Detecció de les situacions de violència de gènere des d'Atenció Primària-- Seguretat del Pacient en Atenció Primària
El PACS, per tant, basarà la seua qualificació en relació a la puntuació atorgada a les demès activitats avaluables proposades en el pla de treball, com ara:--L'elaboració del treball resultat de l'activitat d'educació per la salut a l'escola (document base de la xarrada, diapositives o altres elements divulgatius, etc.). L'exposició davant de públic no rebrà qualificació.--L'activitat de formació continuada (document base de la xarrada de formació continuada, diapositives). --L'exposició de la xarrada de formació continuada (mitjançant videoconferència).
2) Avaluació per part del professorat de la FIP: 50% de la qualificació final conforme allò establert en la guia docent inicial.
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, conformo aquello establecido en la guía docente inicial.
En el caso de no producirse la vuelta en el centros de prácticas, y dado que las siguientes actividades estaba previsto que se desarrollaron presencialmente en la segunda mitad del periodo de prácticas, el profesorado asociado asistencial (PACS) no podrá evaluarlas. -- Visita domiciliaria-- Detección de las situaciones de violencia de género desde Atención Primaria-- Seguridad del Paciente en Atención Primaria
Lo PACS, por lo tanto, basará su calificación en relación a la puntuación otorgada a las demás actividades evaluables propuestas en el plan de trabajo, como por ejemplo:--La elaboración del trabajo resultado de la actividad de educación por la salud en la escuela (documento base de la charla, diapositivas u otros elementos divulgativos, etc.). La exposición ante público no recibirá calificación.--La actividad de

formación continuada (documento base de la charla de formación continuada, diapositivas). --La exposición de la charla de formación continuada (mediante videoconferencia).
2) Evaluación por parte del profesorado de la FIP: 50% de la calificación final conforme aquello establecido en la guía docente inicial.
El profesorado que coordinada la asignatura se reserva la posibilidad de ajustar el peso específico en la ponderación de alguno de los elementos objete 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 bibliografía recomanada en la guia docent.
[CAS]Se mantiene la bibliografía recomendada en la guía docente.