COURSE DETAILS

Title (of the course): CUIDADOS BÁSICOS DE ENFERMERÍA

Code: 100011

Degree/Master: GRADUADO EN ENFERMERÍA Year: 2

Name of the module to which it belongs: CIENCIAS DE ENFERMERÍA

Field: FUNDAMENTOS DE ENFERMERÍA

Character: OBLIGATORIA

ECTS Credits: 6.0

Face-to-face classroom percentage: 40.0%

Duration: FIRST TERM

Classroom hours: 60

Study hours: 90

Online platform: Moodle

LECTURER INFORMATION

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PREREQUISITES AND RECOMMENDATIONS

Prerequisites established in the study plan

There are no previous requirement for this course

Recommendations

The set of the contents of the subject program offers the student a well round vision of the professional activity associated to the nursing profession; and it provides the student with the concepts and methods necessary to understand and advance in this ediscipline. The subject matter has the following functions in the curriculum: center, substantiate, frame and structurate.



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INTENDED LEARNING OUTCOMES

CB1	To possess and understand knowledge in an area of study that is based on general secondary education, and that is usually found at a level that, although supported by advanced textbooks, also includes some aspects that imply knowledge coming from the vanguard of the field of study.
CB2	To know how to apply knowledge to work or vacation in a professional way. To have the skills that are usually demonstrated through the elaboration and defence of arguments and the resolution of problems within their area of study.
СВ3	To be able to collect and interpret relevant data (normally within the student's area of study) to make judgements that include a reflection on relevant issues of a social, scientific or ethical nature.
CB4	To be able to transmit information, ideas, problems and solutions to either a specialised audience or an unspecialised one.
CB5	To develop the the skills necessary to undertake further studies with a high degree of autonomy.
CET3	To know and apply the fundamentals and theoretical and methodological principles of nursing.
CET4	To understand the interactive behavior of the person according to gender, group or community, within their social and multicultural context.
CET5	To design care systems aimed at individuals, families or groups, evaluating their impact and establishing appropriate modifications.
CET6	To base nursing interventions on scientific evidence and on available resources.
CET7	To understand people without prejudice, considering their physical, psychological and social aspects as autonomous and independent individuals, ensuring respect for their opinions, beliefs and values,
CET8	guaranteeing the right to privacy through confidentiality and professional secrecy. To promote and respect the right to participation, information, autonomy and informed consent in the decision-making of the people being looked after, according to the way they live their health-disease process.
CET9	To promote healthy lifestyles, self-care, while sustaining preventive and therapeutic behaviors.
CET10	To protect the health and well-being of people, family or groups being taken care of, guaranteeing their safety.
CET17	To carry out nursing care based on comprehensive health care, which involves multi-professional cooperation, integration of processes and continuity of care.
CEM12	To comprehend from an ontological and epistemological perspective the evolution of the key concepts that constitute nursing as a discipline, as well as the most significant theoretical models, applying the scientific methods in the care process and developing the corresponding care plans.
CEM13	To apply the nursing process to provide and guarantee welfare, quality and safety of the people being attended to.
CEM14	To know and apply the principles that adjust to the integrative nursing care.
CEM15	Manage, evaluate and provide comprehensive nursing care to the individual, the family and the community.

OBJECTIVES

Generals:

To identify the needs of the patient/s resulted from the basic parameters of the person as a bio-psycho-social and ecological being and the degree of ability of such patient to face situations.

To plan primary care in the line of ensuring the continuity of life and quality of it, incorporating to it everything by which helps to live and allows the existence.

To encourage the development of a complex of attitudes that allows promoting the progress of the personality in the direction of a creative, constructive, productive, personal, and community life and thus be able to establish good human relations with the sufferer: Knowing how to be



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To promote the researching spirit mainly from the professional field and gain perspective more autonomous of the profession.

Intermediate:

At the end of the whole process of analysis and study of the subject, the student must be able to base his / her/ their professional practice in the conceptual model of Virginia Henderson, focusing on the Needs fundamental aspects of the person and directing their interventions to preserve or re-establish the independence of herself in meeting her fundamental needs and using scientific methodology both in the professional practice as in Research. They have contextualized all this in the professional nursing environment and the health team.

Specifics:

To achieve a positive relationship with the patient, family environment, healthcare team, and the rest of the healthcare team.

To properly use the nursing care process in the application of primary care to achieve the patient's independence in the satisfaction of their needs, Know the various roles, responsibilities, and functions of the nurse.

To maintain the dignity, privacy, and confidentiality of the patient.

To put into practice health and safety principles, including patient mobilization and management, control of infections.

To consider emotional, physical, and personal care, including meeting comfort needs, nutrition, and personal hygiene, and allowing daily activities.

CONTENT

1. Theory contents

Part I - Conceptual framework of basic nursing care

- 1. Introduction. The care process and the relationship with the patient
- 2. Nursing care process
- 3. Evidence-based basic care

Part II - Basic care according to human needs

- 4. Introduction. Virginia Henderson Model
- 5. Basic Human needs: Breath normally
- 6. Basic Human needs: Eat and drink
- 7. Basic Human needs: Eliminate body wastes
- 8. Basic Human needs: Movement
- 9. Basic Human needs: Sleep and rest
- 10. Basic Human needs: Dress and undress
- 11. Basic Human needs: Temperature regulation
- 12. Basic Human needs: Hygiene/skin
- 13. Basic Human needs: Safety
- 14. Basic Human needs: Communicate
- 15. Basic Human needs: Values and beliefs
- 16. Basic Human needs: Work/accomplishment
- 17. Basic Human needs: Recreational activities
- 18. Basic Human needs: Learn.

Block III. Theoretical-practical application of basic care nursing

- 19. Project-based learning
- 20. Application of knowledge in a final case

2. Practical contents

- Practice 1. Vital signs and nursing chart
- Practice 2. Patient hygiene
- Practice 3. Asepsis, management of the surgical environment and basic wound dressing



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Practice 4. Preparation and administration of medication

Practice 5. Feeding and respiratory techniques

Practice 6. Urinary and fecal elimination

Practice 7. Mobilization techniques

Practice 8. Individual case simulation I

Practice 9. Individual case simulation II

SUSTAINABLE DEVELOPMENT GOALS RELATED TO THE CONTENT

Good health and well-being Quality education Gender equality Reduced inequalities

METHODOLOGY

General clarifications on the methodology (optional)

- -Master class: Active master class, Socratic method. Clinical cases will be used in these classes.
- Practical workshop for demonstration/simulation: Acquisition of technical and relational skills.
- Tutorships. Learning facilitator teacher-student interaction process. A minimum of 2 hours is considered, and students, in the indicated period, can be more depending on the student's demand.
- Problem-Based Learning: Cooperative group work (6 people per group). A case study in cooperative learning. Approach and development of the 7 phases of Problem-Based Learning (Exley and Dennick, 2007): Clarify terms and concepts; define the problems; analyze problems: ask, explain, formulate hypotheses, etc.; make a systematic list of the analysis; formulate the expected learning outcomes; results-focused independent learning; synthesize and present new information. In this process, tutorial work is a crucial factor.

Methodological adaptations for part-time students and students with disabilities and special educational needs

- The methodologies used in the subject are highly interactive and cooperative so that the possible difficulties encountered for follow-up will be assessed and resolved according to each joint case and in consensus with the reference working group.
- The workshops in the demonstration/simulation classroom are mandatory and given their characteristics. They are essential in acquiring practical skills; so that possible difficulties will be addressed and will resolve individually, although with the conviction that the activities have to be carried out in the classroom demonstration/simulation and with teacher supervision.

Face-to-face activities

Activity	Large group	Small group	Total
Assessment activities	4	-	4
Group presentation	5	-	5
Lectures	29	-	29
Seminar	2	-	2
Tutorials	2	-	2



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Activity	Large group	Small group	Total
Workshop	-	18	18
Total hours:	42	18	60

Off-site activities

Activity	Total
Activities	15
Analysis	10
Exercises	15
Group work	40
Information search	5
Reference search	5
Total hours	90

WORK MATERIALS FOR STUDENTS

Case studies

Coursebook

Exercises and activities

Oral presentations

References

Clarifications

All the infoamrtion and requirements will be available at the Moodle platfrom

EVALUATION

Intended learning		Case study/clinical case discussion/scientific work discussion	Exams	Real and/or simulated tasks
	CB1	X	X	X
	CB2	X	X	X
	CB3	X	X	X
	CB4	X	X	X
	CB5	X	X	X
	CEM12	X	X	X



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Intended learning	Case study/clinical case discussion/scientific work discussion		Real and/or simulated tasks			
СЕМ13	X	X	X			
CEM14	X	X	X			
CEM15	X	X	X			
CET10	X	X	X			
CET17	X	X	X			
CET3	X	X	X			
CET4	X	X	X			
CET5	X	X	X			
CET6	X	X	X			
CET7	X	X	X			
CET8	X	X	X			
CET9	X	X	X			
Total (100%)	20%	40%	40%			
Minimum grade	5	5	5			

(*)Minimum mark (out of 10) needed for the assessment tool to be weighted in the course final mark. In any case, final mark must be 5,0 or higher to pass the course.



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Attendance will be assessed?:

No

General clarifications on instruments for evaluation:

Criteria derived from the competencies:

- Conceptual management of the subject.
- Ability to apply theoretical concepts to problems and practical cases.
- Ability to analyze and synthesize information.
- Ability to reflect and expose the contents.
- Carrying out each practice, in a demonstration/simulation classroom, according to the procedure explained and delivered; effective communication with teacher and classmates; neat and clean robe; absence of jewelry in hands and nail paint; arrival at the place according to the time established in the program; responsibility; Interest to learn
- Attitude of effort and involvement: active participation in interactive activities. Organized presentation and orderly (style) of the works.

Instruments

- Block 1: Objective multiple-choice tests (PEM) (4 options, only one of which is valid) and/or clinical case: 40% of the grade final, in all calls.
- Block 2: Teacher data record sheet in demonstration/simulation practices: 40% of the grade final. This criterion will be applied in all calls.
- Block 3: Activities carried out in cooperative group work teams, Problem-Based Learning and tutorials: 20% of the final grade. This criterion will be applied in all calls.

Observations:

- From the mark obtained in the exam (objective tests of multiple choice), 0.25 points are deducted for each question wrongly answered. Not-answered question won't rest.
- It is necessary to achieve a 5 in each evaluation test described (Blocks 1, 2, and 3) to calculate the average weighted mark. If not reaching 5 in one of the assessment tests (blocks 1,2,3), the final grade will be suspense (the note corresponding to the section that did not reach 5).
- The subject is considered approved from five.

The practices recovery, as well as the grade obtained in each part of the evaluation, will have the legitimacy period of the enrolled academic year.

The simulation practices are mandatory.

Clarifications on the methodology for part-time students and students with disabilities and special educational needs:

The evaluation and methodological adaptation for part-time students will be addressed individually

Clarifications on the evaluation of the extraordinary call and extra-ordinary call for completion studies:

The extraordinary call is made with prior agreement with the student and will have the evaluation system of the objective test as well as a penalty system similar to other calls.



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Qualifying criteria for obtaining honors:

It will be able possible in the case that grades has a minimum value of 9

BIBLIOGRAPHY

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HENDERSON, V. (1994). La naturaleza de la enfermería. Reflexiones 25 años después. Madrid: Mcgraw ? Hill. Interamericana de España.

KEROUAC, S. et al (2007). El pensamiento enfermero. Barcelona: Masson.

Nightingale, F., 1820-1910, & Dunbar, V.M. (2011). Notas sobre enfermería: qué es y qué no es. Amsterdam: Elsevier Masson.

LUIS, M. T. et al. (2005). De la teoría a la práctica. El pensamiento de Virginia Henderson en el siglo XXI. Barcelona: Elsevier Masson.

Alligood, M.R. (2018). Modelos y teorías en enfermería ({487} ed.). Barcelona. Elsevier.

KOZIER, B. et al. (2013). Fundamentos de Enfermería. Conceptos, procesos y práctica, 9ª edic. Vol I y II. Madrid: Pearson Educación.

POTTER, P.A. et al. (2014). Fundamentos de Enfermería, 8ª edic. VOI I y II. Madrid: Elsevier.

PERRY, A Y POTTER, P (2015). Técnicas y procedimientos en Enfermería. Barcelona: Elsevier España.

VALVERDE, C. (2007). Comunicación Terapéutica en Enfermería. Madrid: Difusión Avances de la Enfermería.

CIBANAL, J. et al. (2014). Técnicas de Comunicación y Relación de Ayuda en Ciencias de la Salud, 3ª edc. Barcelona: Elsevier España.

2. Further reading

Johnson, M. et al (2011). Interrelaciones NANDA, NOC y NIC: diagnósticos enfermeros, resultados e intervenciones. 2ª Edic. Ámsterdam; Barcelona: Elsevier

KOZIER, B.ET AL. (2005). Técnicas de Enfermería Clínica.4ª edic. vol I y II. Madrid. Interamericana.

MASLOW, A. (1989). El hombre autorrealizado. 8ª edic. Barcelona: Kairos.

BULECHEK, G. M. et al. (2014). Clasificación de Intervenciones de Enfermería (NIC) 6ª Edición. Madrid: Elsevier España.

McCAFFERY, M y BEEBE, A. (1992). Dolor. Manual Clínico para la práctica de enfermería. Barcelona: Salvat. Moorhead, S. (2018). Clasificación de resultados de enfermería (NOC): Medición de resultados en salud (6{487} ed.). Barcelona. Elsevier.

N.A.N.D.A. Internacional. (2015). Diagnósticos enfermeros. Definiciones y clasificación 2015-2017. Madrid: Elsevier.

Rifá, R et al. (2012). Lenguaje NIC. Barcelona: Elsevier España.

COORDINATION CRITERIA

Common learning outcomes

Joint activities: lectures, seminars, visits ...

Clarifications

The methodological strategies and the evaluation system contemplated in this Teaching Guide will be adapted according to the needs presented by students with disabilities and special educators in the required cases.



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SCHEDULE

Period	Assessment activities	Group presentation	Lectures	Seminar	Tutorials	Workshop
1# Fortnight	0,0	0,0	4,0	0,0	0,0	0,0
2# Fortnight	0,0	0,0	4,0	0,0	0,0	0,0
3# Fortnight	0,0	0,0	4,0	0,0	0,0	2,0
4# Fortnight	0,0	0,0	4,0	2,0	0,0	4,0
5# Fortnight	0,0	0,0	4,0	0,0	2,0	4,0
6# Fortnight	0,0	5,0	4,0	0,0	0,0	4,0
7# Fortnight	4,0	0,0	5,0	0,0	0,0	4,0
Total hours:	4,0	5,0	29,0	2,0	2,0	18,0

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