



DEGREE CURRICULUM

PSYCHOLOGY APPLIED TO HEALTH SCIENCE AND COMMUNICATION SKILLS

Coordination: RUBINAT ARNALDO, ESTHER

Academic year 2023-24

Subject's general information

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|-------------------------------------------------|-------------------------------------------------------------------------|---------------|------------------|------------------|
| Subject name | PSYCHOLOGY APPLIED TO HEALTH SCIENCE AND COMMUNICATION SKILLS | | | |
| Code | 100456 | | | |
| Semester | 1st Q(SEMESTER) CONTINUED EVALUATION | | | |
| Typology | Degree | Course | Character | Modality |
| | Bachelor's Degree in Nursing | 1 | COMMON/CORE | Attendance-based |
| | Double bachelor's degree: Degree in Nursing and Degree in Physiotherapy | 1 | COMMON/CORE | Attendance-based |
| Course number of credits (ECTS) | 6 | | | |
| Type of activity, credits, and groups | Activity type | PRAULA | | TEORIA |
| | Number of credits | 2.4 | | 3.6 |
| | Number of groups | 5 | | 2 |
| Coordination | RUBINAT ARNALDO, ESTHER | | | |
| Department | NURSING AND PHYSIOTHERAPY | | | |
| Important information on data processing | Consult this link for more information. | | | |
| Language | Catalan - Spanish - English | | | |

| Teaching staff | E-mail addresses | Credits taught by teacher | Office and hour of attention |
|------------------------------------|-----------------------------------------|---------------------------|------------------------------|
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Subject's extra information

More and more studies corroborate the relationship that exists between the biological, psychological, social and spiritual factors of the person. In this way we find a diversity of studied topics, for example: the importance of emotional support to the cancer patient, the patient at the end of his life, the reduction of stress before a surgical operation, and above all, the confluence of the four factors in psychosomatic illnesses.

Therefore, human relations are fundamental in the field of Health Sciences. Because in the personal interactions, we can see the incidence of the four factors mentioned above. From this perspective, the program we propose is divided into two general parts: In the first one will be described the main aspects of human relations; and in the second one, we will expose and discover the importance of communication as a therapeutic instrument.

Learning objectives

Competence: G1. Understand the interactive behavior of the person according to gender, group or community, within their social and multicultural context.

OBJECTIVE: to know the basis of human relationships based on theories that explain the etiology of human behavior.

Competence: G2. Understand people without prejudice, considering their physical, psychological and social aspects, as autonomous and independent individuals, ensuring respect for their opinions, beliefs and values, guaranteeing the right to privacy, through confidentiality and professional secrecy.

OBJECTIVE: To know the foundation and the application of the theory of Transactional Analysis in a social and health ambient.

Competence: G3. To establish an effective communication with patients, family, social groups and colleagues and promote health education.

OBJECTIVE: To understand the main concepts of human communication.

Competences

G1 To understand the interactive behavior of the person according to gender, group or community, within their social and multicultural context;

G2 To understand people without prejudices, considering their physical, psychological and social aspects, as autonomous and independent individuals, ensuring respect for their opinions, beliefs and values, guaranteeing the right to privacy, through confidentiality and professional secrecy.

G3 Establish effective communication with patients, family, social groups and colleagues and promote health education and values, guaranteeing the right to privacy, through confidentiality and professional secrecy.

Subject contents

Thematic unit I. Psychosocial aspects of personality

Thematic unit II. Fundamentals of group interaction

Thematic unit III. Psychosocial factors of psychosomatic illness

Thematic unit IV. Communication in the socio-sanitary context. Therapeutic communication or Aid Relationship

Thematic unit V. Identification and application of psychosocial aspects in nursing care (cancer mourning)

Thematic unit VI. Addictions to substances and others.

Thematic unit VII. Psychosocial aspects of violence. Mediation

Thematic unit VIII. Psychosocial factors of psychosomatic illness

Thematic unit IX. Palliative care (death, grief, chronicity ...)

Methodology

Theoretical classes will be taught in an on-site format. The theory classes will be carried out with audiovisual support for the whole group and, in some sessions, incorporating the contribution of experts in the subject. Classes may be given in Catalan, Spanish or English.

Seminars will be held in small groups with active student participation. Seminar activities will mainly involve case studies and workshops linked to the content of the subject. The timetable indicates whether the seminar requires previous work, what the work methodology will be and the evaluation format (which may require submission of group work to the virtual campus and/or direct evaluation in the classroom).

The simulation (practice) will be carried out in small groups. The simulation activities aim to develop competencies through clinical cases and situations, articulating elements of knowledge, but also skills and attitudes in a simulation environment of healthcare practice.

The development of the seminar and simulation activities will require prior autonomous work by the student and teamwork activity will be encouraged.

We also inform you that given the nature of some seminars or simulations, recordings may be made, therefore "The University of Lleida informs that, for teaching purposes, images identifying the student and other persons participating in academic activities will be recorded. The responsible for the treatment of these images is the University of Lleida (contact details of the representative: Secretary General. Plaza de Víctor Siurana, 1, 25003 Lleida,sg@udl.cat; contact details of the data protection representative: dpd@udl.cat).

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Development plan

60% will be traditional classes and the rest of the time will be spend in practical seminars in which we will work out and experience the theory explained in the classes.

Evaluation

CONTINUOUS EVALUATION

Theoretical part: corresponds to 40% of the final mark.

All the theoretical content presented in the lectures and seminars will be assessed by means of an exam. This will consist of multiple choice questions with four options (every 4 wrong answers will deduct the equivalent of a correct answer), the minimum mark to pass it will be equal to or higher than 5.

There are no mid-term exams.

Attention: the correction of exams is automated. The exams that do not have a name/surname/ID or do not follow the pattern indicated on the answer sheet will not be evaluated.

Seminars: these correspond to 30% of the final grade.

Seminars will be developed weekly associated to the theoretical content, enhancing theoretical and practical aspects. For this reason, they are compulsory and will be assessed on a continuous basis. Therefore, in case of failing the Seminar block, only students who have attended 80% of the seminar sessions will be able to recover and the recovery will be based on activities of the specific seminar sessions failed.

Each seminar will be assessed individually following an evaluation guideline which will take into account: evidence of learning, skills and attitudes.

Clinical simulation: corresponds to 30% of the final grade.

Clinical simulation activity in the classroom. It will also be assessed individually and following an assessment guideline adapted to the simulation seminar according to the competences to be assessed.

It must be passed at the first sitting.

Attendance at the simulation seminars is MANDATORY.

There is no possibility of recuperation.

IMPORTANT NOTE: In order to take the average of each of the parts (theoretical part, seminar and simulation) it will be an essential requirement to have passed each of them with a minimum mark of 5. In the case that any of the parts is not passed: the subject will be failed.

A summary table is shown below:

| Training Activity | Evaluation | Evaluation Value |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------|
| Seminar: -Case studies -Resolution of critical clinical situations | -Specific evaluation of each seminar, according to rubric. -Group work and oral presentation. | 30% |
| Clinical simulation | -Resolution of a simulated clinical case in the classroom (competency assessment: rubric). | 30% |
| Lectures | -Written exam (multiple-choice) | 40% |

SINGLE EVALUATION

Students with a single assessment situation have the following blended learning activities:

| Teaching approach | Evaluation | Evaluation Value |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Seminar | - Participate in the audiovisual production, which can be agreed with the teaching staff. - Attendance at an agreed tutoring session | 25% |
| Clinical simulation | -Resolution of simulated clinical case study in the classroom: end of semester, date to be confirmed (rubric). | 25% |
| Student autonomous work | -Written exam | 50% |

Bibliography

INTRODUCTION

Stangor, Ch (2011) *Introduction to Psychology*. Saylor.org: <http://www.saylor.org/books/>

TRANSACTIONAL ANALYSIS AND PALIATIVE CARE

Barbero, J, Bayés R, Gómez, M. y Torrubia, P. Sufrimiento al final de la vida. *Med Pal* 2007; 14 (2):93-99.

Berne, E. (2007). *Juegos en que participamos*. Barcelona: RBA.

Colell, R. (2008). *Enfermería y cuidados paliativos*. Lleida: PPU.

Colell, R, Limonero, J. y Otero, M. D. Actitudes y emociones en estudiantes de Enfermería ante la muerte y la enfermedad terminal. *Investigación en Salud* 2003; 2: 104-112.

Colell, R. Relación entre la inteligencia emocional y la motivación para trabajar en cuidados paliativos en estudiantes de Enfermería. *Med Pal* 2006; 13(4):186-191.

Colell, R. (2012). *Factores psicosociales de las relaciones humanas. En enfermería y en el ámbito de las Ciencias de la Salud*. Madrid: Bubok.

Massó, F. (2007). *Análisis Transaccional I*. Madrid: CCS.

Kübler- Ross, E. (2010). *Sobre la muerte y los moribundos*. Barcelona: Debolsillo.

Utor, L. Capacitación de Enfermería en cuidados paliativos. *Med Pal* 2007; 14 (2):100-103.

Stewart, I. y Joines, V. (2007). *AT hoy. Una nueva introducción al Análisis Transaccional*. Madrid: CCS.

SEXUAL AND GENDER DIVERSITY

Hurtado, F., Gómez, M. y Donat, F. "Transexualismo y salud mental". *Revista de Psicopatología y Psicología Clínica*, Vol.12(1), (2007): 43-57.

Platero, R.L. (2014) *TRANS*exualidades*. Edicions Bellaterra. Barcelona.

GROUP AND SOCIAL INTERACTION

Álvaro, J.L. Y Garrido, A. (2003) *Psicología social: perspectivas psicológicas y sociológicas*. Mc Graw Hill. Madrid

Lynch, B., McCormack, B. and T. McCance. "Development of a model of situational leadership in residential care for older people" *Journal of Nursing Management*, 19 (2011): 1058-1069.

Martínez, M. y Salvador, M. (2005) *Aprender a trabajar en equipo*. Paidós. Barcelona.

PSICOSOMATIC DISEASE

Carballo, J. R. (2008). *La Medicina psicosomática*. Madrid: Díaz De Santos.

Chiozza, L. (2010). *¿Por qué enfermamos?* Tafalla: Txalaparta.

Rudiger, D. y Dethlefsen, T. (2009). *La enfermedad como camino. Un método para el descubrimiento profundo de las enfermedades*. Barcelona: DeBolsillo.

Sánchez, T. (2009). *La psicosomática: del silencio de las emociones a la enfermedad*. Madrid: Biblioteca Nueva.

COUNSELING

Arce, M. C. y Carballal, M.C. (2010) *Técnicas de comunicación y Relación de Ayuda en Ciencias de la Salud*. Madrid: Elsevier.

Colell, R. (2012). *Factores psicosociales de las relaciones humanas. En enfermería y en el ámbito de las Ciencias de la Salud*. Madrid: Bubok.

Bermejo, J.C. (2011). *Introducción al counseling (relación de ayuda)*. Santander: Sal Terrae.

CANCER

Cruzado J. A. (2014). *Manual de psicooncología. Tratamiento psicológico en enfermos con cáncer*. Madrid: Pirámide.

Frouchtmann, M S. (2009). *Mi cáncer y yo*. Barcelona: Plataforma.

Pausch, R. y Zaslów, J. (2008). *La última lección*. Barcelona: Grijalbo.

Siegel, B. S. (2009). *Ejercicios para el alma*. Madrid: Obelisco.

ADDITIONS

Becoña, E., Cortés, M. (coords.) (2011) *Manual de adicciones para psicólogos especialistas en psicología clínica en formación*. Sociodrogalcol. Barcelona. Beattie, M. (2009). *Libérate de la codependencia*. Málaga: Sirio.

Braiker, B. H. (2012). *La enfermedad de complacer a los demás*. Madrid: Edaf.

Etxebarria, L.(2007). *Ya no sufro por amor*. Madrid: Martínez Roca.

Etxebarria, L. (2013). *Tu corazón no está bien de la cabeza*. Barcelona: Paidós Iberica.

García-Mina, A y Carrasco Galán, M.J. (eds) (2003). *Violencia y género*. Madrid: UPCO.

Mellody, P. Wells, A. y Keith, J. (2006). *La adicción al amor*. Barcelona: Obelisco.

Norwood, R. (2012). *Las mujeres que aman demasiado*. Barcelona: Zeta Bolsillo.

VIOLENCE AND MEDIATION

Gómez, M.R. y Domínguez, I.M. (2017) *La mediación en psicología*. FOCAD-Consejo General de la Psicología de España.

Lipson, R., Berlin, J., Fishkind, A., Zeller, S. (eds.) (2008) *Emergency Psychiatry: Principles and Practice*. Wolters Kluwer.

MOURNING AND LOST

Díaz, I. (2004). *I ara, on es? Com ajudar els nens i els adolescents a entendre la mort*. Barcelona: Viena Edicions.

Hayslip & Peveto (2005). *Cultural changes in attitudes toward death, dying and bereavement*. New York: Springer.

James, J. W. y Friedman, R. (2003). *Manual para superar pérdidas emocionales*. Madrid: Los Libros del Comienzo.

Neimeyer, R. (2007). *Aprender de la pérdida*. Madrid: Paidós.

Worden, J.H. (2013). *El tratamiento del duelo*. Barcelona: Paidós.