

INFERMIERISTICA CLINICA NELLA CRONICITÀ E DISABILITÀ (INV011)

1. language

Italian

2. course contents

Coordinator: Prof.ssa Del Prete Immacolata Concetta

Year Course: 2

Semester: 2

CFU/UFC: 5

Modules and lecturers:

- *INV044 Neurology (MED/26) Prof Gesualdi Filippo 1CFU*
- *INV045 Physical medicine and rehabilitation (MED/34) Prof.ssa Colangelo Debora 1CFU*
- *INV046 Clinical nursing in chronicity and end-of-life care (MED/45) Prof.ssa Del Prete Immacolata C. 2 CFU*
- *INV047 Locomotor system diseases (MED/33) Prof. Spiezia Filippo 1CFU*

3. bibliography

It is up to the student to choose a reference text among those recommended

Neurology:

Didactic material provided by the teacher

Physical medicine and rehabilitation

Didactic material provided by the teacher

Clinical nursing chronicity and end of life care

Didactic material provided by the teacher

Recommended reference texts:

-“Infermieristica in cure palliative ” C. Prandi ed. Edra

-“Accertamento infermieristico Notes” raccolta dei dati e ragionamento diagnostico. M.Gordon - Edizioni Minerva Medica

-AA. VV. *Le cure palliative domiciliari in Italia*, Quaderno di Monitor n. 7. Ediz. Agenzia Nazionale per i Servizi Sanitari Regionali, Roma, 2010.

-Giorgio Nebuloni, *"Pianificare l'assistenza agli anziani nel ventunesimo secolo"* - Casa Editrice Ambrosiana, Milano 2012

Locomotor system diseases

Didactic material provided by the teacher

Recommended reference text:

"Infermieristica clinica in ortopedia e traumatologia". V. Denaro; L. Pietrogrande; A. Sponton; S.A. Barnaba; Ed. Hoepli

4. learning objectives

Description of the specific training objectives of the teaching according to the 5 Dublin Descriptors:

Knowledge and understanding (Dublin 1)

the student will have to know the main epidemiological and regulatory characteristics of the social, health and institutional context in which the professional exercise takes place; moreover, he must have acquired basic knowledge in the field of neurology, orthopedics and rehabilitation, be aware of the physiological and pathophysiological processes in the different ages of life and the social, cultural, environmental and health determinants that influence the health and well-being of people and communities; know and understand the elements necessary to implement paths of prevention, health education of the individual and the community know, be aware of the legal, ethical and deontological principles that characterize the autonomy and professional responsibility of the infirm.

Applying knowledge and understanding (Dublin 2)

At the end of the course the student must be able to formulate personalized nursing care plans through critical thinking and diagnostic reasoning for the identification of people's nursing care needs in relation to priority health problems, be able to evaluate the conditions of psycho-physical and social risk. Being able to collaborate in the multidisciplinary team in order to implement health strategies aimed at individuals or communities, will have to be able to apply the acquired knowledge to put them into practice in the work that will have to be carried out in hospital and territorial settings, in supporting the choices of the assisted person and their family members and caregivers, guide the rehabilitation and care pathways ensuring, where required, continuity of care and adherence to the care plan and the objectives of individual cases, ensure continuity of care using the most suitable channels to people's needs and planning monitoring and intervention activities, using appropriate technologies and compliant with quality standards.

Making judgements (Dublin 3)

At the end of the course the student must be able to formulate a nursing care plan for which he must be able to collect and interpret data useful for assisting people in the various areas of health and chronic disease, and their rehabilitation. He will also have to be able to intervene where necessary to discuss ethical and moral disputes in dealing with issues concerning life and death according to current legislation and freedom of choice.

Communication skills (Dublin 4)

At the end of the course the student must be able to deal with ethical problems and the themes of chronicity and end of life through the communication tools that have been entrusted to him.

Learning skills (Dublin 5)

At the end of the course the student must be able to find up-to-date information in the working context through official channels and scientific literature published in the nursing and medical fields, to ensure the best possible assistance not only must he also be able to integrate and enrich his knowledge and skills through the sharing of information and reflections within the work team.

5. PREREQUISITES

Knowledge of physiology and anatomy of the human body is required, in particular of the musculoskeletal and nervous systems, knowledge of the basic concepts of general and clinical nursing in the first year.

6. teaching methods

Knowledge and understanding (Dublin 1): frontal and interactive lessons with the support of multimedia material on diagnosis and treatment of diseases as well as discussion of clinical cases and therapeutic care pathways.

Applying knowledge and understanding (Dublin 2): frontal and interactive lessons with the support of multimedia material, with the deepening of research through official channels, as well as the sharing of individual research works.

Making judgements (Dublin 3): frontal and interactive lessons with the support of multimedia material to learn about the different alternatives available and the studies that are being carried out to have new ones in research and experimentation.

Communication skills (Dublin 4): frontal and interactive lessons with the support of multimedia material to analyze the opportunities and dangers that can be manifested or hidden in ineffective communication and provide new evidence and communication strategies.

Learning skills (Dublin 5): the teaching methods aim both to acquire new knowledge and to discuss models and practices in use through a broader analysis of the local and global contexts of scientific and healthcare discoveries.

7. other informations

Reception days and times:

Prof.ssa I. Del Prete receives: from Monday to Thursday at 3.00 pm by appointment via email: immacolata.delprete@unicatt.it

8. methods for verifying learning and for evaluation

Knowledge and understanding (Dublin 1): Written and oral exam

Applying knowledge and understanding (Dublin 2): Written and oral exam

Making judgements (Dublin 3): Written and oral exam

Communication skills (Dublin 4): Written and oral exam

Learning skills (Dublin 5): Written and oral exam

- *Written tests (multiple choice test) and oral exam are foreseen to verify profit*

Written test: 30 questions of the subjects under study, multiple choice, of which only one answer will be correct.

To pass the written test, the student must correctly answer at least 18 questions out of the 30 examined.

Those who pass all the written tests will have access to the oral exam where the student's ability to apply critical thinking and diagnostic reasoning will be evaluated in relation to the person with health problems related to the subject of study in question, the ability to integrate with disciplines and to support care choices through legislation. The student will have to demonstrate mastery of the scientific medical language essential for quality assistance in support of the interprofessional and therapeutic relationship with the patient and the caregiver.

The judgment will be expressed out of thirty and the minimum mark for which the exam is considered passed is 18/30.

The final grade will be determined by the weighted average (based on the credits of each module) of the grades.

9. program

<Neurology INV044 >

Program:

- Epidemiology of the main neurological syndromes.*
 - Diagnostic-therapeutic process of the main neurological syndromes.*
 - *History and physical examination. Instrumental exams. laboratory tests.*
 - Clinical pictures of the central and peripheral nervous system.*
 - *Deficit of strength and sensitivity.*
- Movement control and coordination disorders, balance disorders.*
- Control of the state of consciousness.*
 - Control of visceral functions and vital functions.*

- *Cognitive and mental deficits. Major neurological diseases*
- *Acute cerebrovascular diseases: ischemic stroke and haemorrhagic stroke.*
- *Multiple sclerosis*
- *Muscular dystrophies*
- *Meningitis and encephalitis*
- *Peripheral neuropathies*
- *Pathologies of the extrapyramidal system (Parkinson's, parkinsonisms, choreas)*
- *Dementias*
- *Motor neuron diseases*
- *Epilepsy*

< Physical medicine and rehabilitation INV045 >

Program:

- *Physical medicine and rehabilitation: definitions.*
- *Rehabilitation team, rehabilitation project and rehabilitation programme, levels of assistance.*
- *Functional anatomy, biomechanics and kinesiology.*
- *Disability: impairment, limitation of the person's activities and restriction in social participation.*
- *Global approach to the patient (functional-holistic approach) according to the biopsychosocial model also inspired by the ICF International Classification of Functioning, Disability and Health (ICF).*
- *Posturology general physiological/biomechanical and rehabilitative aspects*
- *General principles of kinesiotherapy and Physical and Instrumental Therapy and massage therapy in the various orthopedic/traumatological disabilities (physical means). - Thermotherapy; Electric currents; Microwave; Phototherapy; Ultrasound; Laser therapy; massage therapy; Magnetotherapy, - The applications of physical means in orthopedic pathologies: indications and contraindications - Hydrokinesitherapy - Instrumental Evaluations and Innovations in Physical Medicine and Rehabilitation” Massotherapy, surface electromyography; Baropodometric evaluation; Hyperthermia; T.E.C.A.R.therapy; ND-YAG lasers; U.S. cold; Functional diagnostics with instrumental measurements.*
- *General information on orthoses, aids and prostheses: from prescription to testing.*
- *Mini- or semi-invasive interventions: - manual medicine procedures, joint infiltrations and*

interventional physiatry procedures in general in its various forms

-General clinical management of conditions of disability associated with surgical sequelae or neurological or internal medicine pathologies, with particular regard to disability sustained by chronic or evolutionary pathologies

- The rehabilitation of the child with cerebral palsy - The rehabilitation treatment of the child with myelomeningocele outcomes - The rehabilitation treatment of the subject affected by stroke outcomes - Principles of the rehabilitation treatment of the subject with cranioencephalic trauma outcomes:

-Rehabilitative treatment of the patient with multiple sclerosis: - Principles of rehabilitation of the spinal cord injured patient:. - The rehabilitation of the patient with m. Parkinson's.

-Principles of motor rehabilitation and physiotherapy in the orthopedic patient: hip and knee arthroplasty.

< Clinical nursing in chronicity and end-of-life care INV046>

Program:

- Chronicity: definition and epidemiology

-Chronic - degenerative diseases

-Risk factors; prevention and health promotion

-Definition of disability health; sickness, handicap

-Health determiners

- PNC national chronicity plan

-CCM (Chronic Care Model)

- Waiting medicine - Initiative medicine

-Primary care

- Continuity of care

-House assistance,

- Differences in daily activities carried out in the hospital context and in the home context

-PDTA (Diagnostic Therapeutic Assistance Pathway)

-Family nurse - nurse care manager

-Concept of skills and the benefits of advocacy

- Empowerment of the assisted person
- Family members, caregivers and the need for care; needs assessment
- Nursing process in patients with: COPD - Parkinson's disease - Alzheimer's disease - stroke - spinal cord injury, MS and S.L.A.; Diabetes (prevention and treatment of complications - diabetic foot); femur fractures- NA; LDP (pressure sores) prevention and treatment, patient care with AVC – ACVP (management and prevention of complications), main rating scales;
- Gait disorders, risk of falls, prevention and treatment; orthogeriatrics
- Nursing assistance in the end of life: - context of death and dying - socio-cultural context; hospice; eligibility criteria for hospice care; The importance of communication in palliative care; practical recommendations for care, end-of-life and bereavement management. Pain (evaluation, main evaluation scales). Assisted suicide; Refractory symptom; Delirium; palliative sedation at the end of life
- Law 15 March 2010 n°38 " Provisions to guarantee access to palliative care and pain therapy".

<Locomotor system diseases INV047>

Program:

- General information on the anatomy of the musculoskeletal system
- The joints and joint biomechanics
- Notes on osteoporotic disease
- General information on the spine
- General information on fractures (traumatic mechanisms and principles of treatment)
- Fractures of the upper limb
- Fractures of the lower limb
- General information on arthritic disease
- Hip osteoarthritis
- Osteoarthritis of the knee.