



**CD 8.5.1 DISCIPLINE SYLLABUS FOR
UNIVERSITY STUDIES**

Edition:

09

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08.09.2021

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**FACULTY OF MEDICINE Nr.1
MEDICINE STUDY PROGRAM
DEPARTMENT OF FAMILY MEDICINE**

APPROVED

at the meeting of the Commission for Quality
Assurance and Evaluation of the
Curriculum in Medicine

Minutes No. 1 of 16.09.21

Chairman dr.hab.med.schi., university professor

Suman Serghei

APPROVED

at the Council meeting of the
Faculty Medicine 2

Minutes No. 1 of 21.09.21

Dean of Faculty dr. med.schi., associate
professor

Bețiu Mircea

APPROVED

approved at the meeting of the
chair of Family Medicine

Minutes No.2 of 15.09.2021

Head of chair dr.hab.med.schi., university professor

Curocichin Ghenadie

SYLLABUS

DISCIPLINE: CLINICAL TRAINING (PATIENT'S NURSING CARE)

Cycle I, Bachelor

Type of course: **Compulsory**

Syllabus developed by the group of authors:

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Chișinău, 2021



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I. INTRODUCTION

- General presentation of the discipline:
This clinical practice presents a continuation of the Practical nursing care skills module. Students already having a complete theoretical knowledge in approaching teamwork will train practical skills in holistic and comprehensive patient care during this module. The process of care is a complex one, carried out by a multidisciplinary team of medical and non-medical staff. During the practical internship students will practically realize the place and responsibilities of each team member in care, will collaborate within the team and the medical institution, will train assertive and non-judgemental communication, learn elementary practical care skills, which is the basic of a successful curative process
- Mission of the curriculum (aim) in professional training
To familiarize medical students with teamwork for patient-centered care, taking into consideration patients' personal and existential values, respecting moral and ethical norms. Another objective in professional training is the development of skills in exercising specific roles and responsibilities of each team member, interprofessional collaboration in the common work of different health care providers, assertive and non-discriminatory communication with colleagues, patient, caregivers and community.
- Language (s) of the discipline: Romanian; English; French; Russian.
- Beneficiaries: students of the II year, faculty Medicine 1 and 2.

II. MANAGEMENT OF THE DISCIPLINE

Code of discipline			
Name of the discipline		Clinical training (Patient's nursing care)	
Person in charge of the discipline		Curoichin Ghenadie, PhD, university professor	
Year	II	Semester/Semesters	Summer period
Total number of hours, including:			150
Form of assessment	E	Number of credits	5

III. TRAINING AIMS WITHIN THE DISCIPLINE

At the end of the discipline study the student will be able to:

- **at the level of knowledge and understanding:**
 - ~ Know their own role and those of other professions to assess and appropriately address patients' health needs;
 - ~ Identify specific elements of interdisciplinary team communication;
 - ~ Understand the roles and environments of an interdisciplinary team;
 - ~ Know the common causes of conflict and miscommunication in interprofessional collaboration;
 - ~ Know infection prevention measures in curative institutions;



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- ~ Identify the 14 fundamental needs for the care of healthy and sick people;
 - ~ Know the techniques of care to ensure the needs of the healthy and sick person;
 - ~ Identify the stages of the nursing process;
 - ~ Describe the key elements of each stage of the nursing process;
 - ~ Realize the interdependence between the stages of the nursing process;
 - ~ Characterise nursing techniques and investigations;
 - ~ Provide equipment and materials for interventions;
 - ~ Know the stages of preparation of the patient for investigations (psychological and physical);
 - ~ Monitor the patient's progress after nursing interventions.
- ***at the application level:***
 - ~ Analyse the functions, the role of different health care providers within the health care team;
 - ~ Collaborate with people from other professions to maintain a climate of mutual respect and values;
 - ~ Communicate effectively with patients, families, communities and health or other professionals in a responsible manner;
 - ~ Support a team approach to population health promotion and maintenance as well as disease prevention and treatment;
 - ~ Apply care techniques to meet the needs of the healthy and sick person
 - ~ Determine the degree of independence/dependence of the patient;
 - ~ Apply infection prevention measures in curative institutions;
 - ~ To apply own and delegated interventions planned on the basis of professional standards providing psychological support and appropriate information to patients;
 - ~ Plan the implementation of preventive, educational, relational and curative measures;
 - ~ To elaborate the activity and individual care plan.
 - ***at the integration level:***
 - ~ To interact effectively with different health professional members;
 - ~ To adopt a team approach to health promotion and maintenance as well as disease prevention and treatment;
 - ~ Provide necessary patient care depending on individual needs, ensuring that it is delivered in a safe, timely, effective and equitable manner;
 - ~ Evaluate the results of the care provided.

IV. PROVISIONAL TERMS AND CONDITIONS

- ~ Knowledge of the language of instruction;
- ~ ICT skills (use of the internet, document processing, electronic spreadsheets and presentations, use of graphics software);
- ~ assertive and non-discriminatory communication and teamwork skills;
- ~ qualities - tolerance, initiative, autonomy and empathy.

V. THEMES AND ESTIMATE ALLOCATION OF HOURS



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Lectures, practical hours/ laboratory hours/seminars and self-training

No. d/o	THEME	Number of hours
		Clinical training
1.	Teamwork and communication basics.	6
2.	Communication as a tool in care activities.	12
3.	Teamwork. Types of teams. Techniques to increase the effectiveness of communication and teamwork.	6
4.	The human being and the bio-psycho-social dimension. Virginia Henderson's concept.	6
5.	The role, functions and competences of the nurse in the provision of health care.	6
6.	The role, functions and competences of the pharmacist as a team member in the provision of health care	6
7.	The role, functions and competencies of the nutritionist and rehabilitation therapist as a member of the team in the provision of health care	6
8.	The role, functions and competencies of the psychologist as a member of the team in the provision of health care	6
9.	The Nursing Process. Stage I. Data collection (anamnesis).	6
10.	The Nursing Process. Stage II. Data analysis and interpretation, nursing diagnosis.	6
11.	The Nursing Process Stage III. Care planning.	6
12.	The Nursing Process. Stage IV. Implementation of care.	6
13.	The Nursing Process. Stage V. Evaluation of care.	6
14.	The need to breathe and have good circulation. The need to maintain body temperature within normal limits.	12
15.	The need to eat and drink. Need to eliminate.	8
16.	The need to move and have good posture.	8
17.	The need to sleep and rest. The need to dress and undress normally.	8
18.	The need to maintain good body hygiene. The need to avoid hazards in environment and avoid endangering others.	8
19.	The need to communicate. The need to act or react according to one's beliefs and values and to practise religion.	6
20.	The need to be concerned with achievement. The need to recreate. The need to learn how to keep healthy.	14
Total		150



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VI. PRACTICAL TOOLS PURCHASED AT THE END OF THE COURSE

Mandatory essential practical tools are:

- ~ Proper hand washing technique
- ~ Sterile glove dressing technique
- ~ The technique of dressing non-sterile gloves
- ~ Technique for applying / wearing masks
- ~ Putting on and taking off personal protective equipment (gloves, medical gowns, isolation suits, goggles)
- ~ Observation and measurement of breathing
- ~ Pulse measurement
- ~ Pulse oximetry
- ~ Blood pressure measurement
- ~ Measurement of body mass
- ~ Measurement of abdominal circumference
- ~ Height measurement
- ~ Determination of body mass indexes
- ~ Determination of edema
- ~ Changing the patient's position in bed
- ~ Patient mobilization
- ~ Patient transfer
- ~ Change of bed linen
- ~ Change of bed linen with immobile patient
- ~ Change of the immobile patient's underwear
- ~ Body temperature measurement (oral, axillar, cutaneous, auricular, rectal, non-contact)
- ~ Verbal communication techniques
- ~ Non-verbal communication techniques
- ~ Active listening
- ~ Empathic response.

VII. OBJECTIVES AND CONTENT UNITS

Objective	Content units
Theme 1. Teamwork and communication basics.	
• To know the role of nurse and those of other professions to assess and address the health needs of patients appropriately	Interprofessional education. Interprofessional collaboration in medical practice. Interprofessional teamwork. Interprofessional team-based care. Interprofessional skills in health care.
Theme 2. Communication as a tool in care activities	
• To possess good communication with the patient and his/her family in order to	Communication as a tool in collecting medical information, establishing partnership and trust between



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Objective	Content units
establish an effective doctor-patient relationship <ul style="list-style-type: none"> To demonstrate verbal and non-verbal communication skills required in the consultation To demonstrate assertive and non-discriminatory communication skills with the care team members 	doctor and patient. The aims of doctor-patient communication. Types of communication: verbal and non-verbal communication. Assertive and non-discriminatory communication. Interprofessional team communication. Phases of listening. Main elements of a communication process. Behaviours of sender and receiver. Ethical aspects of communication with the patient. Barriers in communication.
Theme 3. Teamwork. Types of teams. Techniques to increase the effectiveness of communication and teamwork.	
<ul style="list-style-type: none"> To understand the roles and environments of an interdisciplinary team To know the common causes of conflict and miscommunication in interprofessional collaboration To analyse the functions/roles of different health care providers within the health care team. To collaborate with people from other professions to maintain a climate of mutual respect and shared values To recognise the impact of teamwork on patient-centred practice. 	The role of the team in care work. Types of teams, communication techniques and interaction with team members. Common causes of conflict. Conflict resolution methods. Team work in providing integrated and patient-centred services. Indicators of assessment of effective interprofessional team functioning and their impact on successful healthcare delivery using a case-based approach.
Theme 4. The human being and the bio-psycho-social dimension. Virginia Henderson's concept.	
<ul style="list-style-type: none"> To analyse the fundamental needs specific to the human being; To define independence and dependence in the satisfaction of basic needs; To list the types of dependence; To identify sources of difficulty. 	The conceptual model of V. Henderson. Essential components of a conceptual model (postulates, values and elements). Fundamental needs and bio-psycho-social dimensions. Independence and dependence in addressing basic needs. Types of dependency and level of intervention. Sources of difficulty. Manifestations of dependency.
Theme 5. The role, functions and competences of the nurse in the provision of health care.	
<ul style="list-style-type: none"> To understand and respect the roles, responsibilities and area of practice of the nurse 	The role, functions and competencies of the nurse in providing health care.
Theme 6. The role, functions and competences of the pharmacist as a team member in the provision of health care	
<ul style="list-style-type: none"> To understand and respect the roles, responsibilities and area of practice of the pharmacist 	The role, functions and competencies of the pharmacist in providing health care.
Theme 7. The role, functions and competencies of the nutritionist and rehabilitation therapist as a member of the team in the provision of health care	
<ul style="list-style-type: none"> To understand and respect the roles, responsibilities and scope of practice of 	The role, functions and competencies of the nutritionist and rehabilitationist in providing health care.



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Objective	Content units
the nutritionist and rehabilitationist	
Theme 8. The role, functions and competencies of the psychologist as a member of the team in the provision of health care	
<ul style="list-style-type: none"> To understand and respect the role, responsibilities and scope of practice of the psychologist 	The role, functions and competences of the psychologist in the provision of health care.
Theme 9. The Nursing Process. Stage I. Data collection (anamnesis).	
<ul style="list-style-type: none"> To define the nursing process; To know the stages of the nursing process; To apply interviewing and observation to facilitate information gathering; To demonstrate the detection of unmet needs and manifestations of patient dependency. 	Definition of the Nursing Process. Overview of the stages of the nursing process. First stage of the nursing process - Data collection. Types of information collected. Stable data, variable data, sources of information. Observation. Interviewing, conditions for interviewing, skills of the nurse to facilitate the data collection.
Theme 10. The Nursing Process. Stage II. Analysis and interpretation of data, establishment of nursing diagnosis.	
<ul style="list-style-type: none"> To examine and classify the data collected from the patient; To separate the manifestations of independence from dependency; To formulate the nursing diagnosis. 	The Nursing Process - stage II. Data analysis and interpretation. The distinction between the manifestations of independence and the manifestations of dependence. Nursing diagnosis. Components of nursing diagnosis. Types of nursing diagnosis according to the international NANDA classification.
Theme 11. The Nursing Process Stage III. Care planning.	
<ul style="list-style-type: none"> To set up care priorities; To develop care goals; To plan specific interventions and assessable that meet the needs of the patient 	Stage III of the Nursing approach. Care goals, the characteristics of a care goal - the first component of planning. Intervention - the second component of planning.
Theme 12. The Nursing Process. Stage IV. Implementation of care.	
<ul style="list-style-type: none"> To apply care according to interventions planned; 	Applying care in practice and the nurse-patient relationship. The patient's reactions during care (anxiety, stress, pain, loneliness, alienation, feeling helpless, etc.), which must be in the nurse's attention.
Theme 13. The Nursing Process. Stage V. Evaluation of care.	
<ul style="list-style-type: none"> To appreciate patient's progress in relation to the interventions applied; To evaluate the whole process followed in case of changes in patient's condition (interventions, complications, etc.). 	Analysis of the obtained result. Evaluation of the patient in relation to the interventions of the nurse. Patient's satisfaction with the obtained results.
Theme 14. The need to breathe and have good circulation. The need to maintain body temperature within normal limits.	
<ul style="list-style-type: none"> To define the need to breathe and have good circulation; To define the need to maintain body 	Definition, independence in meeting the need: - the factors that influence the satisfaction of the need; - manifestations of independence;



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Objective	Content units
temperature within normal limits; • To list the influencing factors in satisfying the need; • To describe the nurse's interventions to maintain independence in meeting the need. • To list the sources of difficulty; • To identify health problems; • To develop a care plan.	- the interventions of the nurse to maintain independence. Addiction in meeting the need: - source of difficulty; - manifestations of addiction problems; - the nurse's interventions in health problems; - coordination and integration of need-specific care.
Theme 15. The need to eat and drink. Need to eliminate	
• To define the need to eat and drink, the need to eliminate; • To list the influencing factors in satisfying the need; • To describe the nurse's interventions to maintain independence in meeting the need. • To list the sources of difficulty; • To identify health problems; • To develop a care plan.	Definition, independence in meeting the need: - the factors that influence the satisfaction of the need; - manifestations of independence; - the interventions of the nurse to maintain independence. Addiction in meeting the need: - source of difficulty; - manifestations of addiction problems; - the nurse's interventions in health problems; - coordination and integration of need-specific care.
Theme 16. The need to move and have good posture.	
• To define the need to move and have a good posture; • To list the influencing factors in satisfying the need; • To describe the nurse's interventions to maintain independence in meeting the need. • To list the sources of difficulty; • To identify health problems; • To develop a care plan.	Definition, independence in meeting the need: - the factors that influence the satisfaction of the need; - manifestations of independence; - the interventions of the nurse to maintain independence. Addiction in meeting the need: - source of difficulty; - manifestations of addiction problems; - the nurse's interventions in health problems; - coordination and integration of need-specific care.
Theme 17. The need to sleep and rest. The need to dress and undress normally.	
• To define the need to sleep and rest, the need to dress and undress normally; • To list the influencing factors in satisfying the need; • To describe the nurse's interventions to maintain independence in meeting the need. • To list the sources of difficulty; • To identify health problems;	Definition, independence in meeting the need: - the factors that influence the satisfaction of the need; - manifestations of independence; - the interventions of the nurse to maintain independence. Addiction in meeting the need: - source of difficulty; - manifestations of addiction problems;



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<ul style="list-style-type: none"> To develop a care plan. 	<ul style="list-style-type: none"> the nurse's interventions in health problems; coordination and integration of need-specific care.
Theme 18. The need to maintain good body hygiene. The need to avoid hazards in environment and avoid endangering others.	
<ul style="list-style-type: none"> To define the need to maintain good body hygiene, to avoid hazards; To list the influencing factors in satisfying the need; To describe the nurse's interventions to maintain independence in meeting the need. To list the sources of difficulty; To identify health problems; To develop a care plan. 	<p>Definition, independence in meeting the need:</p> <ul style="list-style-type: none"> the factors that influence the satisfaction of the need; manifestations of independence; the interventions of the nurse to maintain independence. <p>Addiction in meeting the need:</p> <ul style="list-style-type: none"> source of difficulty; manifestations of addiction problems; the nurse's interventions in health problems; coordination and integration of need-specific care.
Theme 19. The need to communicate. The need to act or react according to one's beliefs and values and to practise religion.	
<ul style="list-style-type: none"> To define the need to communicate, to react according one's beliefs and values, to practice religion; To list the influencing factors in satisfying the need; To describe the nurse's interventions to maintain independence in meeting the need. To list the sources of difficulty; To identify health problems; To develop a care plan. 	<p>Definition, independence in meeting the need:</p> <ul style="list-style-type: none"> the factors that influence the satisfaction of the need; manifestations of independence; the interventions of the nurse to maintain independence. <p>Addiction in meeting the need:</p> <ul style="list-style-type: none"> source of difficulty; manifestations of addiction problems; the nurse's interventions in health problems; coordination and integration of need-specific care.
Theme 20. The need to be concerned with achievement. The need to recreate. The need to learn how to keep healthy.	
<ul style="list-style-type: none"> To define the need to be concerned with achievement, to recreate, to learn how to keep healthy; To list the influencing factors in satisfying the need; To describe the nurse's interventions to maintain independence in meeting the need. To list the sources of difficulty; To identify health problems; To develop a care plan. 	<p>Definition, independence in meeting the need:</p> <ul style="list-style-type: none"> the factors that influence the satisfaction of the need; manifestations of independence; the interventions of the nurse to maintain independence. <p>Addiction in meeting the need:</p> <ul style="list-style-type: none"> source of difficulty; manifestations of addiction problems; the nurse's interventions in health problems; coordination and integration of need-specific care.



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VIII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCES AND STUDY FINALITIES

✓ **Professional (specific) (SC) competences**

- PC1. Knowledge of the sciences underlying general care, acquiring knowledge of the body structure, physiological functions and behaviour of the human body in various physiological and pathological states, as well as the relationships between health, physical and social environment.
- PC2. Acquire appropriate clinical experience to perform various practical manoeuvres and procedures for the performance of professional activities specific to the specialty of general nursing based on knowledge of the basic sciences.
- PC3. Elaboration of the nursing diagnosis and the individualized care plan in various pathological situations and carrying out the appropriate therapeutic procedures for its realization, as well as the application of the procedures prescribed by the doctor, within the limits of competence, including the provision of emergency medical assistance.
- PC4. Plan, coordinate, carry out and evaluate health promotion activities and prophylactic measures to improve individual and community health.
- PC5. Collaborate effectively with other health care professionals and ensure the quality of health care in relation to associated procedures, procedures and treatments based on best available evidence.
- PC6. Participate in continuing medical education by applying lifelong learning principles and improving the quality of health care.

✓ **Transversal competences (TC)**

- TC1. Responsible execution of professional tasks with the application of values and rules of professional ethics and the provisions of the legislation in force. Promote critical thinking, practical applicability, evaluation and self-evaluation in decision-making;
- TC2. Carrying out activities and roles specific to teamwork in various medical institutions. Promoting initiative, dialogue, cooperation, positive attitude, respect for others, empathy, altruism and continuous improvement of own work;
- TC3. Objective self-assessment of the need for continuous professional training in order to provide quality services and to adapt to the dynamics of health policy requirements and for personal and professional development. Effective use of language skills, information technology knowledge, research and communication skills.

✓ **Study finalities**

- Collaborate with people from other professions to maintain a climate of mutual respect and shared values.
- Identify the role of self and other health professionals to assess and appropriately address the health needs of patients and promote individual and community health.
- Communicate with patients, families, communities and health and other professionals in an effective and responsible manner, based on teamwork in promoting and maintaining health and preventing and treating disease.
- Providing safe, effective and equitable patient-centred care.



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IX. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

Teaching and learning methods used

Among the training methods applied in the clinical placement can be observation, assisting, application. Responsible attitude, proactive activity and initiative will be the basis of the training during the practical placement.

Applied (specific to the discipline) teaching strategies / technologies

During the practical training, emphasis will be placed on the student's individual work, under the supervision of medical and non-medical staff from medical institutions, as well as resident physicians, or students in years III, IV, V and VI, who are concurrently undertaking practical training.

Based on the requirements of the current curriculum, but also on the individual needs of the student, each student will draw up an individual work plan in the practice diary and will work towards achieving it during the clinical placement.

In this context the emphasis will be on:

- Relevant teaching strategies, built on real-life professional situations;
- inductive strategies - students solve problems, make decisions based on concrete cases/problems;
- active strategies - students learn through action, involvement;
- collaborative strategies - group and cooperative activities;
- interactive strategies - guided discussions and debates;
- critical strategies - students are encouraged to put forward their views, to argue.

Methods of assessment (including the method of final mark calculation)

Current: peer discussion, active supervision, systematic evaluation of the clinical placement agenda.

Final: Examination by assessment of practical skills in CUSIM, using the OSCE model.

Method of mark rounding at different assessment stages

Intermediate marks scale (annual average, marks from the examination stages)	National Assessment System	ECTS Equivalent
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,0	6	
6,01-6,50	6,5	D



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6,51-7,00	7	
7,01-7,50	7,5	C
7,51-8,00	8	
8,01-8,50	8,5	B
8,51-9,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

The average annual mark and the marks of all stages of final examination (computer assisted, test, oral) - are expressed in numbers according to the mark scale (according to the table), and the final mark obtained is expressed in number with two decimals, which is transferred to student's record-book.

Absence on examination without good reason is recorded as "absent" and is equivalent to 0 (zero). The student has the right to have two re-examinations in the failed exam.

X. RECOMMENDED LITERATURE:

A. Compulsory :

1. Karl Heinz Kristel. *Îngrijirea bolnavului*, Editura ALL, București, 1998.
2. Prisacari, V. *Ghidul de supraveghere și controlul în infecțiile nosocomiale, ediția II*. Chișinău , 2009
3. Titircă, Lucreția. *Tehnici de evaluare și îngrijiri acordate de asistenții medicali. Ghid de nursing*. Vol II. Editura Viața Medicală Românească, București, 2001

B. Additional

4. Gulie E., *Cercetarea în Nursing*, Reprograf, Craiova 2008
5. Moraru L., Măriucă I., *Bazele teoretice și practice ale îngrijirii omului sănătos și bolnav*, Editura Universul, București, 2005.
6. Smeltzer, Suzanne C., Bare, G. B. *Medical Surgical Nursing*, USA 1992, 2005.
7. Titircă L., *Ghid de Nursing cu Tehnici de evaluare și îngrijiri corespunzătoare nevoilor fundamentale Vol. I*, Editura Viața Medicală Românească, București, 2008.
8. Titircă L., *Manual de îngrijiri speciale*, Editura Viața Medicală Românească, București, 2006