



**CD 8.5.1 DISCIPLINE SYLLABUS
FOR UNIVERSITY STUDIES**

Edition: 10

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FACULTY OF MEDICINE No. 2

STUDY PROGRAM MEDICINE

DEPARTMENT OF FAMILY MEDICINE

APPROVED

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

Minutes No. 7 of 17.06.24

Chairman

doc. hab. med. schi., university professor

Andrei Pădure 

APPROVED

at the Council meeting of the Faculty Medicine 2

Minutes No. 10 of 18.06.24

Dean of Faculty

doc. med. schi., associate professor

Mircea Bețiu 

APPROVED

approved at the meeting of the chair of the Department of Family Medicine

Minutes No.19 of 06/06/2024

Head of chair

doc. hab. med. schi., university professor

Ghenadie Curocichin 

SYLLABUS

**DISCIPLINE Practical care skills in nursing.
Interprofessional education.**

Integrated studies *

Type of course: **Compulsory**

Curriculum developed by the authors' collective:

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Chișinău, 2024



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I. INTRODUCTION

Medical students are part of multidisciplinary clinical teams with little knowledge of their non-medical colleagues, and are often unaware of the expertise that these other team members possess and lack a framework for understanding the complex environment of the interdisciplinary team. This lack of understanding results in confusion and missteps that can lead to errors in patient care, potentially hostile working conditions, and decreased job satisfaction. This course aims to form a concept and a better understanding of the roles and responsibilities of the various actors involved in patient care. The holistic approach to patients' needs and the provision of integrated services require interdisciplinary teamwork, as well as skills in assertive, non-discriminatory communication, knowledge of the types of conflicts and wrong communications that can discourage interprofessional collaboration. This curriculum was developed through the involvement of various health professionals and is placed in the Curriculum at the beginning of the student's clinical activity, to prepare him for studies in other clinical disciplines, such as Internal Diseases Semiology, Surgical Diseases Semiology and the clinical stage Patient care.

- Mission of the curriculum (aim) in professional training

Familiarizing medical students with interprofessional collaboration, teamwork in providing care, taking into account personal values and professional ethics, the roles and responsibilities of each team member, assertive and non-discriminatory communication with colleagues and the patient, relatives and community. Integrated development of knowledge, skills, values and attitudes that define the common work of the various healthcare providers as well as providing patient-centered care, together with partners and communities, to enhance the quality of services provided and improve patient health.

- Language of the discipline: Romanian.
- Beneficiaries: students of the II-year, Faculty of Medicine No. 2

II. MANAGEMENT OF THE DISCIPLINE

Code of discipline		S.03.O.026	
Name of the discipline		Practical nursing care skills. Interprofessional education	
Person(s) in charge of the discipline		doc.hab.med.schi., university professor Ghenadie Curocichin	
Year	II	Semester/Semesters	3
Total number of hours, including:			90
Lectures	15	Practical/laboratory hours	15
Seminars	15	Self-training	45
Form of assessment	E	Number of credits	3

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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:**
 - to know their own role and those of other professions to assess and appropriately address patients' health needs;
 - to identify specific elements of interdisciplinary team communication;
 - to understand the roles and environments of an interdisciplinary team;
 - to know the common causes of conflict and miscommunication in interprofessional collaboration;
 - to know infection prevention measures in curative institutions;
 - to identify the 14 fundamental needs for the care of healthy and sick people;
 - to know the techniques of care to ensure the needs of the healthy and sick person;
 - to identify the stages of the nursing process;
 - to describe the key elements of each stage of the nursing process;
 - to realize the interdependence between the stages of the nursing process;
 - to characterize nursing techniques and investigations;
 - to provide equipment and materials for interventions;
 - to know the stages of preparation of the patient for investigations (psychological and physical);
 - to monitor the patient's progress after nursing interventions.
- **at the application level:**
 - to analyze the functions, the role 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 values;
 - to communicate effectively with patients, families, communities and health or other professionals in a responsible manner;
 - to support a team approach to population health promotion and maintenance as well as disease prevention and treatment;
 - to apply care techniques to meet the needs of the healthy and sick person
 - to determine the degree of independence/dependence of the patient;
 - to 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;
 - to 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;
 - to provide necessary patient care depending on individual needs, ensuring that it is delivered in a safe, timely, effective and equitable manner;
 - to evaluate the results of the care provided.



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IV. PROVISIONAL TERMS AND CONDITIONS

In order to have an excellent success in this course, beneficiaries need to have:

- 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

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

Nr. d/o	TEMA	Numărul de ore		
		Prelegeri	Lucrări practice/seminare	Lucru individual
1.	Introduction to interprofessional education. Communication as a tool in the care activity.	2	2	2
2.	Teamwork. Types of teams. Techniques to increase the efficiency of communication and teamwork.	2		2
3.	Human being and the bio-psycho-social dimension. Virginia Henderson's concept. 14 fundamental needs.	2		5
4.	The role, functions and competencies of the nurse in providing healthcare.	3		4
5.	The role, functions and competences of the pharmacist as a team member in the provision of health care.	2		2
6.	The role, functions and competencies of the nutritionist and rehabilitation therapist as a member of the team in the provision of health care.	2		2
7.	The role, functions and competencies of the psychologist as a member of the team in the provision of health care.	2		2
8.	The Nursing Process. Stage I. Data collection (anamnesis).		2	2
9.	The Nursing Process. Stage II. Data analysis and interpretation, nursing diagnosis.		2	2
10.	Nursing Process Stage III. Care planning.		2	2
11.	The Nursing Process. Stage IV. Implementation of care.		2	2
12.	The Nursing Process. Stage V. Evaluation of care.		2	2
13.	Assessment of knowledge on the nursing process		2	

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Nr. d/o	TEMA	Numărul de ore		
		Prelegeri	Lucrări practice/seminare	Lucru individual
14.	The need to breathe and have good circulation. The need to keep your body temperature within normal limits.		2	2
15.	The need to eat and drink. The need to eliminate.		2	2
16.	The need to move and have a good posture.		2	2
17.	The need to sleep and rest. The need to dress and undress normally.		2	2
18.	The need to maintain good body hygiene. The need to avoid hazards in environment and avoid endangering others.		2	2
19.	The need to communicate. The need to act or react according to one's beliefs and values and to practice religion.		2	2
20.	Assessment of CUSIM standardized care skills		2	
21.	The need to be concerned with achievement. The need to recreate. The need to learn how to keep healthy.		2	4
Total			15	30
				45

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
- Wearing and undressing protective equipment (gown, coveralls, trousers, goggles)
- Observation and measurement of respiration
- Pulse measurement
- Pulse oximetry
- BP measurement
- Body mass measurement
- Measurement of abdominal circumference
- Height measurement
- Determining Body Mass Indices
- Determination of oedema
- 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



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- 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. Introduction to interprofessional education. Communication as a tool in the care activity.	
<ul style="list-style-type: none"> • to define the concept of interprofessional education and collaboration • to know the role of nurse and those of other professions to assess and address the health needs of patients appropriately. • to know the concept of interprofessional collaboration and the application of different models of communication and interprofessional collaboration. • to know the essential elements of the communication process • to possess and demonstrate verbal and nonverbal communication skills required during the consultation • to practice assertive and non-discriminatory communication with team members based on ethical and deontological principles • to have good communication with the patient and his family to establish an effective relationship between doctor and patient. 	<p>Interprofessional education and collaboration in medical practice. Interprofessional teamwork. Team-based interprofessional care. Primary care model. Interprofessional collaboration. Himmelman's conceptualization of collaboration. Health risk model. Team communication - models of interprofessional communication. Communication and collaboration with the patient, objectives. Circumstances that may be critically affected by improper communication. Disruptive factors in communication between professionals. Interprofessional communication and collaboration, SAED model. Structured form of interprofessional communication. Four-dimensional collaboration model. Lessons for practice. Communication as a tool in collecting medical information, establishing a partnership and trust between doctor and patient. The objectives of doctor-patient communication. Types of communication: verbal and nonverbal communication. The main elements of a communication process. Message coding, active listening and feedback. Behavior of the sender and receiver. Barriers in communication. Assertive and non-discriminatory communication. Communication in the interprofessional team. Ethical and deontological aspects of communication. The role of communication in healthcare.</p>
Theme 2. Teamwork. Types of teams. Techniques to increase the efficiency of communication and teamwork.	
<ul style="list-style-type: none"> • to understand the roles and environments of an interdisciplinary team 	<p>The role of the team in the care activity. Types of teams, communication techniques and interaction with team members. Common causes of conflict. Conflict resolution methods. Teamwork in providing integrated and patient-centered services. Indicators of</p>



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Objective	Content units
<ul style="list-style-type: none">• to know the common causes of conflicts and miscommunication in interprofessional collaboration• to analyze 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 recognize the impact of teamwork on patient-centred practice.	assessment of effective interprofessional team functioning and their impact on successful healthcare delivery using a case-based approach.
Theme 3. Human being and the bio-psycho-social dimension. Virginia Henderson's concept. 14 fundamental needs.	
<ul style="list-style-type: none">• to analyze basic needs specific to the human being;• to define independence and dependence in the satisfaction of basic needs;• to list the types of addiction;• to identify sources of difficulty	Virginia Henderson's conceptual model. The essential components of a conceptual model (postulates, values and elements). Fundamental needs and bio-psycho-social dimensions. Independence and dependence in meeting basic needs. Types of dependency and level of intervention. Sources of difficulty. Manifestations of addiction.
Theme 4. The role, functions and competences of the nurse in the provision of health care. The nursing process.	
<ul style="list-style-type: none">• to understand and respect the roles, responsibilities and area of practice of the nurse• to know the stages of the nursing process.	The role, functions and competencies of the nurse in providing healthcare. The stages of the nursing process and its defining components.
Theme 5. 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 6. 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 nutritionist and rehabilitationist.	The role, functions and competencies of the nutritionist and rehabilitationist in providing health care.
Theme 7. 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 8. The Nursing Process. Stage I. Data collection (anamnesis).	



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<ul style="list-style-type: none">• to define the Nursing process;• to know the stages of the nursing process;• to apply the interview and observation for 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. The first stage of the nursing process - Data collection. Types of information collected. Stable, variable data, sources of information. Observation. Interviewing, conditions for interviewing, skills of the nurse to facilitate the data collection
Theme 9. 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 by 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 10. 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 11. 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 12. 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 satisfaction with the results obtained.
Theme 13. Totalization 1. Assessment of knowledge on the nursing process. Standardized patient.	
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 temperature within normal limits;	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.



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Objective	Content units
<ul style="list-style-type: none"> • 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. 	Addiction in meeting the need: <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 15. The need to eat and drink. Need to eliminate	
<ul style="list-style-type: none"> • to define the need to eat and drink, the need to eliminate; • to list the influencing factors 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: <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. Addiction in meeting the need: <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 (chapter) 16. The need to move and have a good posture.	
<ul style="list-style-type: none"> • to define the need to move and to have a good posture; • to list the influencing factors 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: <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. Addiction in meeting the need: <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 17. The need to sleep and rest. The need to dress and undress.	
<ul style="list-style-type: none"> • to define the need to sleep and a to rest, to dress and undress; • to list the influencing factors 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: <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. Addiction in meeting the need: <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 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; 	Definition, independence in meeting the need: <ul style="list-style-type: none"> - the factors that influence the satisfaction of the need;



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Objective	Content units
<ul style="list-style-type: none"> • to list the influencing factors 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. 	<ul style="list-style-type: none"> - 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 practice 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 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. Totalization 2. Assessment of nursing skills under standardized conditions at CUSIM.	
Theme 21. 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 to be concerned with achievement, to recreate, to learn how to keep healthy; • to list the influencing factors 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.

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

- ✓ Professional (specific) (SC) competences

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- **PC1.** Responsible execution of professional tasks with the application of the values and norms of professional ethics, as well as the provisions of the legislation in force
- **PC2.** Adequate knowledge of the sciences about the structure of the body, the physiological functions and behavior of the human body in various physiological and pathological conditions, as well as the relationships
- **PC4.** Promoting a healthy lifestyle, applying prevention and self-care measures
- **PC5.** Interdisciplinary integration of the doctor's activity in a team with efficient use of all resources
- **PC7.** Promoting and ensuring the prestige of the medical profession and raising the professional level

✓ **Transversal competences (TC)**

- **TC1.** Autonomy and responsibility in the activity.
- **TC3.** Achievement of interaction skills and social responsibility.
- **TC4.** Personal and professional development.

✓ **Study finalities**

Upon completion of the course the student will be able:

- To collaborate with people from other professions to maintain a climate of mutual respect and shared values.
- To identify the role of oneself and other health professionals in assessing and appropriately addressing the health needs of patients and promoting the health of the individual and the community.
- To assertive communication with patients, families, communities and health professionals and other areas in an efficient and responsible manner, based on teamwork in promoting and maintaining health and disease prevention and treatment.
- To provide patient-centred care that is safe, effective and equitable.
- To performing practical medical work
- To knowledge and application of the procedures regarding the quality assurance of the medical services and responsible execution of the medical activities with the application of the values and norms of the professional ethics and of the provisions of the legislation in force.

IX. STUDENT'S SELF-TRAINING

N o.	Expected product	Implementation strategies	Assessment criteria	Implementation terms
1.	Information leaflet	<ul style="list-style-type: none"> ✓ Selecting the topic, the leaflet should only cover one topic; ✓ Quality and accessibility of information in the patient's language, use of popularization terminology; ✓ The use of argumentative images, clearly visible, the presence of current statistical data, to illustrate the key message; ✓ Timeliness of information, structured (hierarchical and logical) 	Presentation of the leaflet in electronic version	During the semester



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2.	Essay	<ul style="list-style-type: none">✓ Selection of the topic;✓ Title sheet;✓ The plan;✓ The topicality of the approached subject;✓ The degree of study of the subject, relevant, current contents;✓ Applied investigation methods;✓ Results obtained;✓ Conclusions;✓ Bibliographic sources.	Presentation of the paper in electronic version	During the semester
3.	Power Point presentation	<ul style="list-style-type: none">✓ Selection of the topic;✓ No effects are used for the transition between slides;✓ A slide-centred idea, maximum six lines of text, maximum six words line of text;✓ Do not repeat what is said orally;✓ Creativity and imagination will be applied;✓ Simplicity: a well-written idea, along with an image that does more than words;✓ Writing on images is not applied;✓ Quality images are used.	Ability to present the topic clearly structured, and to illustrate the key message.	During the semester
4.	Case Study	<ul style="list-style-type: none">✓ Correctness of the interpretation of the proposed case study;✓ The quality of the solutions, the proposed hypotheses, their argumentation;✓ Correspondence of the solutions, hypotheses proposed for the adequate solution of the analyzed case;✓ Adequate use of the terminology in question;✓ Correct solution of the problem, associated with the analyzed case study;✓ Highlighting the topic, issues and wording;✓ Ability to analyze and synthesize documents, adapt content;✓ Originality of the case study, formulation and realization;✓ Individualization (not to be copied things);	Presentation of the case study, critical appraisal, personal judgment of the student.	During a week
5.	Care plan	<ul style="list-style-type: none">✓ Written tabular form of the care process;✓ To include at least 4 categories of information;✓ List of addiction issues;✓ Care objectives;✓ Interventions / care measures to be applied;✓ Re-evaluation / evaluation of applied interventions.	Presentation of the care plan, with the presence of ample information.	During a week
6.	Sheet with the algorithm of the techniques learned in the discipline	<ul style="list-style-type: none">✓ The correctness of the ordering of the activity of the learned techniques;✓ The correspondence of the description of the approximately fixed succession of the operations related by the student with their argumentation	Presentation of the file in the electronic version.	During a week



X. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

Teaching and learning methods used

Lecture

- Introductory
- Current
- Synthesis
- Debates
- Demonstrations

Practical lesson

- Standardized patient
- Real patient
- Case Study
- Role-playing games
- Work in small groups
- Individual work
- Completion of medical documentation
- Plenary discussion
- Synthesis
- Solve the problem in groups
- Demonstration
- Brainstorming
- Games Themes for the group
- Small group discussions
- Presentation of audio-visual materials.

Applied (specific to the discipline) teaching strategies / technologies

Teaching strategies are ways of efficiently combining methods with the means of education, with the way of organizing the content, with the forms of activity (frontal, group, individual), with the way of presenting information (problematization, discovery, etc.), with the direction activity (direct, indirect, algorithmic) and with the forms of evaluation (initial, formative, final).

The didactic strategy brings together the learning tasks with the learning situations, representing a complex and coherent system of means, methods, materials and other educational resources, which aim at achieving the objectives.

According to the pedagogy of competencies, within the teaching of the discipline Practical skills of nursing care. Interprofessional education focuses on:

- creating situations to motivate the student for the knowledge activity;
 - providing opportunities for each student to capitalize on their intellectual potential, personal skills and individual experience;
 - stimulating the constructive critical spirit, the ability to argue and identify alternatives;



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- favoring the access to knowledge through own forces, stimulating the reflective attitude on one's own learning approaches;
- cultivating cognitive independence, learning autonomy;
- training students in attitudes and behaviors according to professional, general-human and national values.

In this context, we emphasize:

- relevant teaching strategies, built on the real situations of professional life;
- inductive strategies - students solve problems, make decisions based on concrete cases / problems;
- active strategies - students learn through action, involvement;
- strategies based on collaboration - activities in groups and through cooperation;
- interactive strategies - guided discussions and debates;
- critical strategies - students are encouraged to express their views, to argument.

We draw the attention that in the study of the subject the requirements of lifelong learning are respected, such as: the use of didactic strategies, which emphasize not only the accumulation of knowledge, but also the continuous training / consolidation of skills, the development of self-assessment skills, the use of strategies. Interactive activities based on alternating forms of individual activity, in pairs and in groups with the training of students in cooperation skills.

The form of organization refers to the way / way of working in which the activity of the teacher-student binomial is carried out, way of working with the group or individual.

From a functional point of view, they are considered as systems for organizing the teaching-learning activity, in which contents are circulated and the objectives of education are fruitful in the light of the didactic principles through the didactic methods and means. They are the ones who harmoniously combine the teaching activity with the learning one, permanently correlating them and reaching a consensus.

In relation to the way in which the teacher-student relationship is achieved and the number of participants in the activity, the forms of development of the didactic process can be designated: frontal, in groups and individual pairs:

- frontal activities - lectures, watching movies, etc.;
- activities in pairs - mutual evaluation;
- group activities - consultations, independent exercises, scientific-practical student circle, meetings with specialists, competitions, communication sessions, debates on specialized topics;
- individual activities - independent work, individual study, homework, preparation and support of communications, preparation for the exam.

The forms of organization of the didactic activity are complementary and can be carried out at the same time, depending on the objectives and the didactic content. Educating students to practice as many forms of learning as possible results in positive effects.

Learning methods are an important component of teaching strategies, teaching technologies, represent the system of ways, procedures, techniques, appropriate means of training, which ensure the development and completion of performance and efficiency of the learning process. The transition to a current, student-centred methodology involves the student in a more active learning process.

The teaching aids present all the material, natural or technical tools, selected and pedagogically adapted to the level of training methods and procedures, for the efficient accomplishment of the teaching-learning-evaluation tasks.



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The introduction in the didactic practice of the teaching aids facilitates the development of the teaching-learning activity and the achievement of the predetermined instructive-educational objectives. The psychopedagogy of educational means recommends their integration in the didactic activity, for their formative value, for facilitating the process of training professional skills, for the demonstrative and intuitive value of these information sources, for updating information, for the advantage of transmitting a large volume of information. The use of teaching aids (visual, auditory, audio-visual teaching) contributes to increasing the efficiency of the learning process by:

- deepening the analysis and synthesis processes;
- classification of the insufficiently noticed aspects by reading the image;
- ensuring the penetration through thinking of the repeated ones;
- training students in an overview of what they have studied.

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

Competence-oriented pedagogy orients the assessment vector towards a continuous / formative assessment by motivating students and providing feedback. In the didactic activity, that teacher will succeed, who will offer at each lesson a set of didactic tasks on levels, elaborated in the context of taxonomies, which will allow the maximum capitalization of the intellectual potential of each student. Through didactic tasks of different difficulty, the teacher orients and directs the study activity of the students, forming a style of intellectual work for them. According to the way in which it is integrated in the development of the didactic process, we identify three types of evaluation:

- *initial assessment* - is carried out at the beginning of the instructive-educational approaches, in order to establish the level at which the student is, to determine the level of training, experience and orientation in the field. The results of the initial evaluation during which the questionnaire, the interview, the tests, the concept map will be used, will serve as a basis for the efficient development of the education process;
- *formative assessment* - is carried out during the teaching process, organizing systematic checks, through oral examinations, worksheets, self-assessment tests, current observation of student behaviour;
- *summative assessment* - is done at the end of the study of the discipline, through promotion exams, supported by solving oral, written tests, demonstrations. It aims to establish the degree of training of students.

Verification is performed systematically to determine the volume and quality of skills acquired by students, combining traditional and alternative methods.

- Traditional:
 - Demonstration
 - Written tests
 - Oral tests
- Alternatives:
 - Self-assessment
 - Mutual evaluation
 - Testing



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In order to verify the abilities and competences of the students regarding the knowledge of the whole subject at the final stage of the lesson, the following are used: oral / written testing, problematization, integrations and others.

Both the teacher and the student must be aware that the most important thing is that “how well can students apply” what they know and what they are able to do based on what they have studied in the discipline *Practical skills in nursing care. Interprofessional education*. These considerations will make the weight of practical applications as high as possible in the final evaluation.

All assessment criteria must be known by the students at the start of the course. Continuous and final assessment in the module *Practical skills in nursing care. Interprofessional education* is intended to be authentic and focused on success.

The summative assessment will be done by exam, which will demonstrate that students possess specific skills and abilities indicated in the curriculum.

Current:

- ✓ Assessment of theoretical knowledge and practical skills at the patient's bedside and within
- ✓ CUSIM Presentation of the individual work

Final:

Assessment as a computer test at the end of the course (50% of the final mark).

Thus, the final (examination mark) is an average value between the current assessments average (50%) and the final test score (50%).

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
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	

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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.

XI. RECOMMENDED LITERATURE:

A. Compulsory:

1. Cernețchi, O. *Ghid de manopere practice*, Vol. I și II. Centrul Editorial poligrafic Medicina, Chișinău, 2013.
2. Titircă, L. *Ghid de Nursing cu Tehnici de evaluare și îngrijiri corespunzătoare nevoilor fundamentale. Vol. I.* Viața Medicală Românească, București, 2008.

B. Additional

1. American Association of Colleges of Nursing. *THE ESSENTIALS: CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION*. 2021, 84 p.
2. David Sines, Mary Saunders, Janice Forbes-Burford. *Community Health Care Nursing*. Fourth Edition. 2009, 391 p. ISBN 978-1-4051-8340-6
3. Gîlcă, B., Gramma, R., Paladi, R. Ghid privind aplicarea procedurii de comunicare și consiliere a pacienților. MSMPS. Chișinău, 2019.
4. Gulie, E., *Cercetarea în Nursing*, Reprograf, Craiova, 2008
5. Karl Heinz Kristel. *Îngrijirea bolnavului*. Editura ALL, București, 1998.
6. Prisacari, V. *Ghidul de supraveghere și controlul în infecțiile nosocomiale. Ediția II*. Chișinău, 2009
7. Sue Chilton, Heather Bain. *A Textbook of Community Nursing*. Abingdon, Oxon; New York, NY: Routledge, 2018. 387 p. ISBN: 978-1-315-15720-7 (ebk)
8. Titircă, L., *Manual de îngrijiri speciale*. Editura: Viața Medicală Românească, București, 2006