



## Teaching Guide

Identifying Data					2021/22
<b>Subject (*)</b>	Paediatrics, Psychiatry and Rehabilitation in Children and Adolescents			<b>Code</b>	653G01205
<b>Study programme</b>	Grao en Terapia Ocupacional				
Descriptors					
<b>Cycle</b>	<b>Period</b>	<b>Year</b>	<b>Type</b>	<b>Credits</b>	
Graduate	2nd four-month period	Second	Obligatory	4.5	
<b>Language</b>	Spanish				
<b>Teaching method</b>	Face-to-face				
<b>Prerequisites</b>					
<b>Department</b>	Fisioterapia, Medicina e Ciencias Biomédicas				
<b>Coordinador</b>	Rodriguez-Villamil Fernandez, Jose Luis	<b>E-mail</b>	jose.luis.rodriguez-villamil@udc.es		
<b>Lecturers</b>	Núñez Pérez, Antonio	<b>E-mail</b>	a.nunez@udc.es		
	Rodriguez-Villamil Fernandez, Jose Luis		jose.luis.rodriguez-villamil@udc.es		
<b>Web</b>	villamil@udc.es				
<b>General description</b>	<p>This asignatura pretends the development of competitions that allow to the alumnado comprise and apply the knowledges related with the pediatrics, sensory conditions, psiquiatría, as well as the Rehabilitation of the boy and of the teenage.</p> <p>Descriptores:</p> <p>Medical knowledges, surgical and psychiatric applicable to the human being in all the moments of the vital cycle (infancy and adolescence) that qualify to evaluate, sintetizar and apply treatments of Occupational Therapy..</p> <p>Knowledge of the process fisiopatológico in all the moments of the vital cycle (infancy and adolescence), identifying the problems and clinical appearances, preventive and therapeutic of the person, so much in the health as in the illness.</p> <p>Knowledges of Psicopatología applicable to the human being in all the moments of the vital cycle (infancy and adolescence) that qualify to evaluate, sintetizar and apply treatments of Occupational Therapy.</p>				
<b>Contingency plan</b>	<ol style="list-style-type: none"> <li>1. Modifications to the contents</li> <li>2. Methodologies <ul style="list-style-type: none"> <li>*Teaching methodologies that are maintained</li> <li>*Teaching methodologies that are modified</li> </ul> </li> <li>3. Mechanisms for personalized attention to students</li> <li>4. Modifications in the evaluation <ul style="list-style-type: none"> <li>*Evaluation observations:</li> </ul> </li> <li>5. Modifications to the bibliography or webgraphy</li> </ol>				

## Study programme competences

Code	Study programme competences
A3	Sintetizar y aplicar el conocimiento relevante de ciencias biológicas, médicas, humanas, psicológicas, sociales, tecnológicas y ocupacionales, junto con las teorías de ocupación y participación.
A6	Trabajar en la sociedad con individuos y grupos para fomentar la promoción de la salud, la prevención, la rehabilitación y el tratamiento.
B2	Resolver problemas de forma efectiva.
B3	Aplicar un pensamiento crítico, lógico y creativo.



B4	Trabajar de forma autónoma con iniciativa.
B5	Trabajar de forma colaborativa.
B6	Comportarse con ética y responsabilidad social como ciudadano y como profesional.
B7	Comunicarse de manera efectiva en un entorno de trabajo.
B8	Capacidad de análisis y de síntesis.
B9	Capacidad de aplicar los conocimientos a la práctica.
B10	Conocimientos básicos de la profesión.
B11	Capacidad para trabajar en un equipo interdisciplinar.
B12	Conocimientos generales básicos sobre el área de estudio.
B13	Resolución de problemas.
B16	Habilidad para trabajar de manera autónoma.
B17	Compromiso ético.
B26	Capacidad para adaptarse a nuevas situaciones.
B28	Toma de decisiones.
B29	Trabajo en equipo.
B31	Apreciación de la diversidad y de la multiculturalidad.
B35	Iniciativa y espíritu emprendedor.
B36	Preocupación por la calidad.
B37	Motivación.
C4	Desarrollarse para el ejercicio de una ciudadanía abierta, culta, crítica, comprometida, democrática y solidaria, capaz de analizar la realidad, diagnosticar problemas, formular e implantar soluciones basadas en el conocimiento y orientadas al bien común.
C7	Asumir como profesional y ciudadano la importancia del aprendizaje a lo largo de la vida.

Learning outcomes

Learning outcomes	Study programme competences		
	A3	B4	C4
Work the integral attention of the boy and of the teenage with physical disability, psychic and/or sensory from a perspective interdisciplinar.	A3 A6	B4 B5 B6 B7 B11 B12 B17 B26 B29 B31 B36	C4
Sintetizar and apply the notable knowledge of Pediatrics, Psiquiatría and Rehabilitation Infanto-Juvenile in the context of the Occupational Therapy.	A3 A6		C4



Improve the attitudes and skills of the student of Occupational Therapy like person and like professional purchasing the generic competitions assigned, from the respect of the Human Rights and the care of the half sustainability-environmental.		B4 B5 B6 B7 B11 B12 B16 B17 B28 B29 B31 B36	C4
Purchase the basic knowledges of the profession and of the area of study of the Pediatrics, Psiquiatría and Rehabilitation Infanto-Juvenile.	A3 A6	B12	C4
Know and apply the notable knowledge of the sensory Rehabilitation with an integral perspective and interdisciplinar in the boy and teenage.	A3 A6	B2 B3 B4 B5 B6 B7 B8 B9 B10 B11 B12 B13 B16 B17 B28 B29 B31 B35 B36 B37	C4 C7
	A3		
	A3 A6		

Contents	
Topic	Sub-topic



<p>Subject 1.- PSICOPEDIATRÍA OF OCCUPATIONAL INTEREST IN THE INFANCY AND ADOLESCENCE. Prof. Antonio Núñez Pérez.</p>	<p>1.1.- Exploration psicopatológica basic in infancy and adolescence. Diagnostic and Classification of the psychiatric disorders infanto-juvenile. Systems of international classification (CIE-10 and DSM-IV TR). Practical cases 1.2.- Disorders Generalised of the Development: Autism, Syndrome of Asperger and other Disorders of the Autistic spectrum. Practical cases. 1.3.- Disorder by deficit of attention and hiperactividad. Syndromes desadaptativos social. Oposicionismo Childish. Practical cases. 1.4.- Disorders of the Alimentary behaviour: Anorexia and nervous Bulimia, Disorder by atracón and other alimentary disorders. Practical cases. 1.5.- Disorders of the state of spirit of early start. Depression in the infancy and adolescence. Suicide in the adolescence.. Practical cases. 1.6.- Esquizofrenia Of early start and Psicosis incipiente. Preventive programs and of precocious detection. Practical cases 1.7.- Other disorders of interest infanto juvenile, general notions: reactive Disorder of links. Anxiety of separation. Obsessive compulsive disorder in infacia and adolescence. Practical cases.</p>
<p>Subject 2.- PEDIATRICS. Prof. José Luis Rodríguez Villamil.</p>	<p>2.1.- Pathology pediátrica: general Diagram. 2.2.- Prematuridad. 2.3.- Disorders of the central nervous system: - childish cerebral Paralysis, - Traumatic brain injury, 2.4.- Peripheral nervous injuries. Paralysis braquial obstétrica and other pathologies. 2.5.- Neuromuscular illnesses: muscular Dystrophies and others. 1.6.- Chromosomal alterations: Trisomy (Syndrome of Down). 1.7.- Other pathologies causantes of occupational dysfunction in the infancy.</p>

Planning				
Methodologies / tests	Competencies	Ordinary class hours	Student?s personal work hours	Total hours
Guest lecture / keynote speech	A3 B2 B3 B4 B6 B10 B12 B17 B26 B31 B36 B37	80	20	100
Introductory activities	A6 B35 C4 C7	1	0	1
Mixed objective/subjective test	B8 B9 B13 B16 B29	2	0	2
Case study	B5 B7 B11 B28	0.5	7	7.5
Personalized attention		2	0	2

(\*)The information in the planning table is for guidance only and does not take into account the heterogeneity of the students.

Methodologies	
Methodologies	Description
Guest lecture / keynote speech	<p>The masterclass is also known as "Conference", "Method expositivo" Or "Lesson magistral". This last modality is used to reserve to a special type of lesson given by a professor in special occasions, with a content that supposes an original preparation and based in the almost exclusive use of the word like road of transmission of the information to the audience.</p> <p>Relation with the specific competitions 3 and 6.</p>



Introductory activities	<p>Activities that carry out before initiating any process of education-learning to end to know the competitions, interests and/or motivations that possesses the alumnado for the attainment of the aims that want to reach , linked to a formative program. With her it pretends obtain notable information that allow to articulate the teaching to favour effective and significant learnings, that split of the previous knowledges of the alumnado.</p> <p>It allows to purchase the generic competitions reviewed in this asignatura.</p>
Mixed objective/subjective test	<p>It tests that it integrates questions type of proofs of essay and questions type of objective proofs.</p> <p>Regarding questions of essay, collects developmental open questions. Besides, in song objective questions, can combine questions of multiple answer, of ordination, of brief answer, of discrimination, to complete and/or of association.</p>
Case study	<p>Methodology where the subject confronts in front of the description of a specific situation that arouses a problem that has to be comprised, valued and resolved by a group of people, through a process of discussion. The student situates in front of a concrete problem (case), that describes him a real situation of the professional life, and has to be able to analyse a series of facts, referents to a particular area of the knowledge or of the action, to arrive to a decision reasoned through a process of discussion in small groups of work.</p> <p>To purchase generic and specific competitions reviewed in this asignatura.</p>

**Personalized attention**

Methodologies	Description
Case study	The personalised attention will do , as a whole, by means of tutorías personalised direct and virtual, individual and grupales in the works proposed by each professor.

**Assessment**

Methodologies	Competencies	Description	Qualification
Guest lecture / keynote speech	A3 B2 B3 B4 B6 B10 B12 B17 B26 B31 B36 B37	Evaluación in wool modalidad of Prueba mixed.	5
Case study	B5 B7 B11 B28	Study of cases or individual similar formulas or grupales/professor on 1 point. Total: 3 points.	30
Mixed objective/subjective test	B8 B9 B13 B16 B29	<p>- Final examination:</p> <p>To. The Prof. Antonio Núñez Pérez will evaluate on 7 points in his part of examination.</p> <p>B. The Prof. Sergio Santos del Riego will evaluate on 3.5 points in his part of examination.</p> <p>C. The Prof. José Luis Rodríguez Villamil will evaluate on 3.5 points in his part of examination.</p> <p>The final note of the examination will be the average of To with B+C, on 7 points, once reviewed the respective qualifications by each professor.</p> <p>It will need an equal half qualification or greater to 3.5 points to add with the qualifications of the continuous evaluation.</p> <p>If it was inferior to 3.5 points, the final qualification of the asignatura will be of Suspense/to.</p>	65

**Assessment comments**



QUALIFICATION OF THE ASIGNATURA PEDIATRICS, PSIQUIATRÍA AND REHABILITATION INFANTO-JUVENILE OF THE DEGREE OF OCCUPATIONAL THERAPY:

PROPOSAL 30%/70%1.- CONTINUOUS EVALUATION: 30%On 1 point, work of group out of class of character preferably practical (study of cases, glimpsed, simulations, among others) or another formula, according to specific methodology organised in ?Initial activities? And evaluated at the end of the matter in the terms that expose the Prof. Sergio Santos del Riego. On 1 point, evaluation of clinical cases or another formula, according to specific methodology that will organise and will explain the Prof. José Luis Rodríguez Villamil to the start of his classes.On 1 point, work of group or another formula, according to specific methodology that will organise and will explain the Prof. Antonio Núñez Pérez to the start of his classes.2.- EXAMINATION: 70%To. The Prof. Antonio Núñez Pérez will evaluate on 7 points in his part of examination.B. The Prof. Sergio Santos del Riego will evaluate on 3.5 points in his part of examination.C. The Prof. José Luis Rodríguez Villamil will evaluate on 3.5 points in his part of examination. The final note of the examination will be the average of To with B+C, once reviewed the qualifications by each professor. It will need an equal half qualification or greater to 3.5 points to add with the qualifications of the continuous evaluation. If it was inferior to 3.5 points, the final qualification of the asignatura will be of Suspense/to.3.- INFORMATION ON THE FINAL QUALIFICATION: - In relation with the announcement/course, will realise only a final examination, with the three parts, at the earliest opportunity and another in the second opportunity (Julio) to preserve the equity in the deal with the students. - At the earliest opportunity, the examination will realise in next date to the ending of the classes of the asignatura, case to have the approval of the pertinent university collegiate bodies, to effects to guarantee that the students purchase the competitions of this matter prior to the complete teaching of the asignaturas applied of the vital cycle.- The asignatura comports and evaluates like an everything: only it will compute the global half qualification of the examination, no the individual qualifications of each professor.- The responsible professor of the asignatura determines the term of delivery of the revised qualifications of the rest of professors of the asignatura, elaborates and exposes publicly the final qualification in a determinate term for consideration by the students and realises the last matizaciones of quality, context and institutional previously to the introduction of the final qualifications of each student in the computer application in official term.- The no realisation of some methodology of continuous evaluation by the student will describe as no presented/to (NP) and repercutirá in the final qualification like NP, of equal form will consider the no realisation of any of the parts of the examination.- The student has right to have a numerical qualification in the continuous evaluation, in both opportunities, in the specific conditions that each professor estimate, very especially in the second opportunity of Julio.- Observations: To help to achieve some sustainable immediate surroundings and fulfil the strategic aim 9 of the I Plan of Half Sustainability-environmental Green Campus FCS, the documentary works that realise in this asignatura:to.- Mostly they will request in virtual format and computer support.b.- To realise in paper:- they will not use plastic.- They will realise impressions to double expensive.- It will employ paper recycled.- It will avoid the realisation of drafts.

Sources of information

<p><b>Basic</b></p>	<p>Cruz M. Tratado de Pediatría (2 volúmenes). 8ª Edición. Ediciones Ergon, S.A: Madrid; 2001.Nelson. Tratado de Pediatría (2 volúmenes). 16ª Edición. McGraw-Hill-Interamericana de España, S.A.U: Madrid; 2000.Downwey JA. Enfermedades incapacitantes en el niño. Salvat: Madrid; 1987.Forfar JO, Arneil JC. Textbook of Pediátricos. 4th Edition. Churchill Livingstone: New York, 1992.Gomez Muñoz C. Intervención desde Terapia Ocupacional en Salud Mental. Editorial Monsa Salud: Barcelona; 2013. MacKinon R, Michels R. La entrevista psiquiátrica en la práctica clínica. Editorial Ars Médica: Madrid; 2008. Vallejo Ruiloba J, Leal Cercos C. Tratado de Psiquiatría. Editorial Ars Médica: Madrid; 2008. Moruno Miralles P, Talavera Valverde MA. Terapia Ocupacional en Salud Mental. Elsevier-España: Madrid; 2009. Beth Early, M. Mental Health concepts and techniques for the occupational therapy. Lippincott: Baltimore; 2007. Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA). Manual de Psiquiatría del Niño y del Adolescente. Editorial Panamericana: Madrid; 2010. Wiener JM, Dulcan MK. Tratado de Psiquiatría del Niño y del Adolescente. Masson: Barcelona;2006. Marcelli D, Braconnier A. Psicopatología del Adolescente. Masson: Barcelona; 2005. Sadock BJ, Sadock VA. Sinopsis de Psiquiatría. Kaplan&amp; Sadock. 10.a ed. Lippincott, Williams &amp; Wilkins: Barcelona ; 2009. Talbot JA, Hales RE, Yudofsky SC. Tratado de Psiquiatría. Barcelona: Ancora; 1989.Miranda Mayordomo JL. Rehabilitación Médica. Aula Médica: Madrid; 2004Manual SERMEF de Rehabilitación y Medicina Física, 2005.Espinosa, Arroyo, Martín, Ruíz, Moreno. Guía esencial de Rehabilitación Infantil. Madrid: Panamericana; 2010.De Lisa J, Gans B, Currie D. Rehabilitation Medicine. Principles and Practice. Lippincott: Filadelfia, 1993.</p>
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<b>Complementary</b>	<p>Oski FA. Pediatrics. Principles and practice. 3rd Edition. Lippincott Williams &amp; Wilkins. New York, 1999.</p> <p>Hernández M. Pediatría. 2ª Edición. Ed. Díaz de Santos. Madrid, 1994. Downey JA. Enfermedades incapacitantes en el niño. Madrid: Salvat; 1987. Finnie NR. Atención en el hogar del niño con Parálisis Cerebral Infantil. México: La Prensa Médica Mexicana; 1976. Le Metayer M. Reeducción cerebromotriz del niño pequeño. Educación Terapéutica. M. Barcelona: Masson; 2000. Gassier J. Manual del desarrollo psicomotor del niño. Barcelona: Masson; 1990. Hellbrugge T. Diagnóstico funcional del desarrollo durante el primer año de vida. Madrid: Marfil; 1980. Illingworth RS. Desarrollo del niño. Londres: Churchill Livingstone; 1987. Bobath K. Base neurofisiológica para el tratamiento de la Parálisis Cerebral. Panamericana; 1982. Vojta V. Alteraciones motoras cerebrales infantiles. A Coruña: Atam-Paideia; 1991. Bobath B. Desarrollo motor en distintos tipos de Parálisis Cerebral. Panamericana; 1976. Ruiz Estremera. Prevención, atención y seguimiento de niños de riesgo o con lesiones establecidas. Comares; 1997. Pueschel SM. Síndrome de Down. Problemática biomédica. Barcelona: Masson-Salvat; 1993. Cunningham C. El Síndrome de Down. Una introducción para padres. Paidós, 1999. Kumin L. ¿Cómo favorecer las habilidades comunicativas de los niños con Síndrome Down?. Paidós; 1997. Springer Sp. Cerebro izquierdo Cerebro derecho. Gedisa; 1994. Cobos Álvarez. El desarrollo psicomotor y sus alteraciones. Pirámide, 1995. Hernández FJ. Torpeza motriz. EUB; 1995. Barkley RA. Niños hiperactivos. ¿Cómo comprender y atender sus necesidades especiales?. Paidós; 1999. Moreno García I. Hiperactividad. Pirámide; 1998. Arnaiz Sánchez P. Evolución y contexto de la práctica psicomotriz. Amarúa ediciones; 1991. Domingo Calco Q. Psicomotricidad. Una propuesta de actividades lúdicas para el desarrollo. Seco Olea; 1990. Taylor EA. El Niño Hiperactivo. Martínez Roca; 1990. Sinason V. Comprendiendo a tu hijo discapacitado. Paidós; 1994. Trombly C. Terapia Ocupacional para enfermos incapacitados físicamente. México: Prensa Médica Mexicana; 2001. Ruiz Estremera. Niños de riesgo. Programas de Atención Temprana. Norma Capital; 2004. Porres E. Tocame mamá. Edad; 2000. Breinholst W. ¡Hola, aquí estoy!. Elfos; 1985. Dolto F. Las etapas de la infancia. Paidós; 2000. Cairo Antelo FJ. Avances en la atención al niño con discapacidad. A Coruña: Unidad de Rehabilitación Infantil y Atención Temprana; 1999. Rochet Morata PH. El mundo del bebé. Serie Bruner; 2004. Toledo González M. La escuela ordinaria ante el niño con necesidades especiales. Santillana; 1999. Gallardo Jáuregui MV. Discapacidad motórica. Aspectos psicoevolutivos y educativos. Aljibe; 1994. Ruiz Pérez LM. Desarrollo Motor y Actividades Físicas. Gymnos Editorial; 1987. Turner A, Foster M, Johnson S E. Terapia Ocupacional y Disfunción Física: Principios, Técnicas y Práctica. Madrid: Elsevier España; 2003.</p>
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**Recommendations**

**Subjects that it is recommended to have taken before**

**Subjects that are recommended to be taken simultaneously**

**Subjects that continue the syllabus**

**Other comments**

1.- To help to achieve some sustainable immediate surroundings and fulfil the strategic objective 9 of the I Plan of Sustainability Half-environmental Green Campus FCS, the works documental-esque realize in this subject: It.- Mayoritariamente They will request in virtual format and bear informático. b.- To realize&nbsp; in paper:- No they will use&nbsp; plastic.- They Will realize impressions to double expensive.- It Will employ paper recycled.- It Will avoid the realization of drafts. 2.- The responsible professor reserves&nbsp; the possibility to realize any change in evaluation or other aspects that will be notified to the students with the sufficient advance.

(\*)The teaching guide is the document in which the URV publishes the information about all its courses. It is a public document and cannot be modified. Only in exceptional cases can it be revised by the competent agent or duly revised so that it is in line with current legislation.