



Teaching Guide				
Identifying Data				2019/20
Subject (*)	Geriatrics	Code	653G01309	
Study programme	Grao en Terapia Ocupacional			
Descriptors				
Cycle	Period	Year	Type	Credits
Graduate	2nd four-month period	Third	Obligatory	4.5
Language	Spanish			
Teaching method	Face-to-face			
Prerequisites				
Department	Ciencias Biomédicas, Medicina e FisioterapiaFisioterapia, Medicina e Ciencias Biomédicas			
Coordinador	Millan Calenti, Jose Carlos	E-mail	jose.millan.calenti@udc.es	
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Web	http://gerontologia.udc.es			
General description	This subject aims to develop skills that help students understand and apply the knowledge gained from the assessment and intervention from the Occupational Therapy in the Geriatrics field.			

Study programme competences	
Code	Study programme competences
A1	Explicar la relación entre el funcionamiento ocupacional, la salud y el bienestar.
A2	Explicar los conceptos teóricos que sostienen la terapia ocupacional, expresamente la naturaleza ocupacional de los seres humanos y su funcionamiento a través de las ocupaciones.
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.
A4	Analizar las complejidades de aplicar teorías formales y evidencia de investigación en relación con la ocupación en el contexto de una sociedad en cambio.
A5	Constatar e influir en el debate racional y su razonado en relación a la ocupación humana y la terapia ocupacional.
A6	Trabajar en la sociedad con individuos y grupos para fomentar la promoción de la salud, la prevención, la rehabilitación y el tratamiento.
A7	Escoger, modificar y aplicar teorías apropiadas, modelos y métodos de la práctica para encontrar la ocupación según las necesidades de salud de individuos/poblaciones.
A8	Uso profesional y ético del razonamiento efectivo en todas las partes del proceso de terapia ocupacional.
A9	Utilizar el potencial terapéutico de la ocupación a través del uso de la actividad y el análisis y síntesis ocupacional.
A10	Adaptar y aplicar el proceso de terapia ocupacional en estrecha colaboración de individuos/población.
A11	Trabajar para facilitar entornos accesibles y adaptados y promover la justicia ocupacional.
A12	Colaborar con comunidades para promover la salud y el bienestar de sus miembros mediante la participación en la ocupación.
A13	Buscar activamente, evaluar críticamente y aplicar los rangos de información y de evidencia para asegurar que la práctica es actualizada y relevante al cliente.
A14	Valorar críticamente la práctica de la terapia ocupacional para asegurar que el foco está sobre la ocupación y el funcionamiento ocupacional.
A15	Trabajar según los principios de la práctica centrada en el cliente.
A16	Construir una relación terapéutica como base del proceso de la terapia ocupacional.
A17	Establecer sociedades de colaboración, consultar y aconsejar a clientes, trabajadores sociales, miembros de equipo y otros en la práctica de la ocupación y la participación.
A18	Colaborar con clientes para abogar al derecho de tener sus necesidades ocupacionales satisfechas.
A19	Apreciar y respetar las diferencias individuales, creencias culturales, costumbres y su influencia sobre la ocupación y la participación.
A20	Preparar, mantener y revisar la documentación de los procesos de terapia ocupacional.
A21	Cumplir con la política y procedimientos locales/regionales/ nacionales/europeos, normas profesionales y regulaciones del empleo.
A22	Demostrar continuamente el proceso de aprendizaje y cambios en la TO.



A23	Practicar de manera ética, respetando a los clientes, teniendo en cuenta los códigos profesionales de conducta para terapeutas ocupacionales.
A24	Demostrar seguridad, autoconocimiento, autocrítica y conocimientos de sus propias limitaciones como terapeuta ocupacional.
A25	Identificar la necesidad de investigar y buscar publicaciones relacionadas con la ocupación, la terapia ocupacional y/o la ciencia ocupacional y formular preguntas de investigación relevantes.
A26	Demostrar habilidades en la propia búsqueda, el examen crítico y la integración de la literatura científica y otra información relevante.
A27	Entender, seleccionar y defender diseños de investigación y métodos apropiados para la ocupación humana, considerando los aspectos éticos.
A28	Interpretar, analizar, sintetizar y criticar los hallazgos de investigación.
A29	Desarrollar el conocimiento de ocupación y de la práctica de la terapia ocupacional.
A30	Divulgar los hallazgos de investigación para críticas relevantes.
A31	Determinar y priorizar los servicios de terapia ocupacional.
A32	Entender y aplicar los principios de dirección en los servicios de terapia ocupacional, incluyendo coste-efectividad, la administración de recursos y equipamiento, y estableciendo los protocolos de terapia ocupacional.
A33	Constatar en un proceso continuo de evaluación y mejora de la calidad de los servicios de terapia ocupacional, implicando a los clientes cuando sea apropiado y comunicar los resultados relevantes a los demás miembros.
A34	Considerar los avances en salud, cuidado social, sociedad y legislación a nivel internacional, nacional y local que afecten a los servicios de terapia ocupacional.
A35	
B1	Aprender a aprender.
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.
B14	Habilidades interpersonales.
B15	Capacidad para comunicarse con personas no expertas en la materia.
B16	Habilidad para trabajar de manera autónoma.
B17	Compromiso ético.
B18	Planificación y gestión del tiempo.
B19	Comunicación oral y escrita en la lengua materna.
B20	Conocimiento de una segunda lengua.
B21	Habilidades básicas de manejo de ordenadores.
B22	Habilidades de investigación.
B23	Capacidad de aprender.
B24	Habilidades de gestión de la información (habilidad para buscar y analizar información proveniente de diversas fuentes).
B25	Capacidad de crítica y autocrítica.
B26	Capacidad para adaptarse a nuevas situaciones.
B27	Capacidad para generar nuevas ideas.
B28	Toma de decisiones.
B29	Trabajo en equipo.
B30	Liderazgo.
B31	Apreciación de la diversidad y de la multiculturalidad.



B32	Habilidad para trabajar en un contexto internacional.
B33	Conocimientos de culturas y costumbres de otras culturas.
B34	Diseño y gestión de proyectos.
B35	Iniciativa y espíritu emprendedor.
B36	Preocupación por la calidad.
B37	Motivación.
C1	Expresarse correctamente, tanto de forma oral como escrita, en las lenguas oficiales de la comunidad autónoma.
C2	Dominar la expresión y la comprensión de forma oral y escrita de un idioma extranjero.
C3	Utilizar las herramientas básicas de las tecnologías de la información y las comunicaciones (TIC) necesarias para el ejercicio de su profesión y para el aprendizaje a lo largo de su vida.
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.
C5	Entender la importancia de la cultura emprendedora y conocer los medios al alcance de las personas emprendedoras.
C6	Valorar críticamente el conocimiento, la tecnología y la información disponible para resolver los problemas con los que deben enfrentarse.
C7	Asumir como profesional y ciudadano la importancia del aprendizaje a lo largo de la vida.
C8	Valorar la importancia que tiene la investigación, la innovación y el desarrollo tecnológico en el avance socioeconómico y cultural de la sociedad.

Learning outcomes			
Learning outcomes	Study programme competences		
Knowledge and ability to apply Gerontology and Geriatrics in the context of the OT	A1 A2 A5 A6 A7 A8 A9	B1 B2	C7
Ability to use clinical reasoning checking and resetting the treatment	A1 A2 A3	B1 B2 B3 B4	C4 C7
Ability to work in a holistic, tolerant, careful and sensitive manner, ensuring that the rights, beliefs, and desires of different individuals or groups are not committed			C1 C4 C5 C7
Ability to participate in programs of health and school, labor and social integration	A1 A2 A3 A7 A8 A12 A13 A15 A19 A28	B2 B3 B5 B8 B11 B13	C1 C2



Ability to respond to the needs of the patient assessing, planning and developing the most appropriate individualized programs along with the person and their environment, their caregivers and families and other professionals	A1 A2 A3 A10	B1 B2 B3 B4 B6	C1 C3 C4 C6
Ability to adjust its role in order to respond effectively to the needs of the population or individual	A3 A8 A17 A18 A23 A24 A25	B1 B2 B9 B14	
Ability to use clinical reasoning checking and resetting the treatment	A1 A2 A3 A5	B1 B2 B5	C3
Capacity for effective communication with the user, families, social groups, and other professionals	A6 A26 A27 A30	B2 B6 B16 B18 B24 B29	
Ability to identify and anticipate situations of risk in the process of intervention	A7 A8 A12 A21 A25 A28	B1 B2 B3 B4 B8 B13 B28	C8
Ability to maintain the dignity, privacy and confidentiality of the person	A4	B5 B6 B7	C3 C4 C6 C7
Ability to utilize social resources and economic efficiently	A6 A11 A18 A32 A33 A34	B2 B5 B30 B34 B35	C1
Ability to demonstrate that professional performance meets the quality standards and that the practice is evidence-based	A3 A4 A5 A20 A22	B1 B10 B12 B15 B17 B22 B36	C1 C8



Ability to achieve the well-being of the patient through a combination of resources and actions of the members of the team	A1 A6 A7 A8 A14 A18 A23 A29	B1 B5 B6 B8 B11 B15 B17 B20 B25 B26 B27 B32 B37	C3 C5 C7
Ability to work and communicate collaboratively and effectively with staff to prioritize and manage time efficiently while the quality standards are achieved	A10 A11	B5 B6 B7	C1 C2 C3 C4 C7
Ability to work in team with the goal of achieving the well-being of the patient	A11 A15 A16 A17 A23 A26 A27 A31 A33 A35	B5 B11 B19 B20 B29 B31 B33	C7 C8
Ability to accept responsibility for their own learning and continued professional development, using the evaluation as a means to reflect and improve its performance and upgrade the quality of services rendered	A6 A10	B5	C3 C4 C5 C6 C7 C8
Ability to apply the scientific method to verify the effectiveness of intervention methods, to apply working methods, and to evaluate and disseminate the results	A5 A6 A10 A11	B5	C1 C2 C3 C4 C5 C7
Ability to inform, educate, train, and supervise the person, caregivers and family	A10	B1 B2 B3 B4	C1 C4 C6 C7
Develop knowledge and ability to apply the occupations therapeutically and to apply the daily life activities therapeutically in all areas of occupational performance	A1 A2 A3	B1 B2	C4 C6 C7
Acquire skills in the implementation of the personalized therapeutic programme (according to the user, based on his personal history, the pathology and its evolution). And acquire the ability to establish a therapeutic relationship appropriate to the different stages of the life cycle of the person	A1 A2 A3	B1 B2	C4 C6 C7



Promote personal autonomy and assess the dependency of the user in the areas of occupational performance (basic activities of daily living, instrumental activities of daily living, work, education, leisure and free time and social participation), based on their different contexts (physical, cultural, social, personal, virtual, spiritual), according to the framework of work of occupational therapy: domain and process (AOTA 2010). In short, knowledge and ability to apply the theory and practice of occupational therapy	A1 A2 A3	B1 B2 B3 B4 B5	C4 C7
Ability to identify and anticipate situations of risk in adults with potential occupational dysfunction due to contextual conditions, as defined by the definition of the International Classification of Functioning, of the Disability and Health (CIF, WHO 2001)	A1 A2	B1 B2 B5	C4 C7
Ability to inform, record, document and, if necessary, derive the intervention process	A1 A15	B3 B5 B13 B14 B21 B23	C8
Ability to allow patients and caregivers to express their concerns and interests and to be able to respond adequately	A10	B1 B2	C1 C3 C4 C6 C7 C8
Ability to apply the scientific method to verify the effectiveness of the intervention methods, evaluate the applied methods of work and disseminate the results	A9 A10 A11	B5	C7 C8

Contents	
Topic	Sub-topic
BLOCK I. COMPREHENSIVE GERIATRIC ASSESSMENT	<p>EXPOSITORY TEACHING</p> <p>1. Gerontology and Geriatrics. Background and objectives. Major changes in relation to aging. Clinical history and geriatric interview. Characteristics of illness in the elderly patient. Geriatric syndromes concept. Bibliography.</p> <p>2. Epidemiology and prevention in geriatrics. Most common pathologies in the elderly patient. Risk factors and prevention. Prevention of disability by the use of standards and protocols specific to each disease. Bibliography.</p> <p>3. Comprehensive Geriatric Assessment. Concept and objectives. Interdisciplinary intervention team. Physical examination and clinical assessment. Assessment instruments and their characteristics. Functional assessment. Assessment of mental state: cognitive and affective. Social and quality of life assessment. Bibliography</p> <p>INTERACTIVE TEACHING</p> <p>Functional assessment instruments. Basic Activities of Daily Living (BADL) (Katz and Barthel Indexes), Bedford Alzheimer Nursing Severity Scale-BANS. Instrumental Activities of Daily Living (IADL) (Lawton and Brody Scale). BADL and IADL (Disability Assessment Scale for Dementia-DAD).</p> <p>Instruments for the evaluation of gait and balance (Short Physical Performance Battery-SPPB, speed of gait, Timed Get Up and Go Test (TUG), Tinetti Scale)</p>



<p>BLOCK II. GERIATRIC SYNDROMES</p>	<p>EXPOSITORY TEACHING</p> <p>4. Frailty. Introduction and concept. Frailty Phenotype. Cognitive frailty and Social frailty. Main instruments of evaluation. Intervention. Bibliography.</p> <p>5. Malnutrition. Epidemiology and concept. Causes and consequences. Nutritional requirements. Assessment of nutritional status. Bibliography</p> <p>6. Immobility, instability, and falls. Background. Causes, assessment, and intervention. Evaluation instruments. Scales for the assessment of gait and balance. Intervention. Bibliography.</p> <p>7. Incontinence and urinary retention. Constipation and fecal incontinence. Acute Confusional State. Sleep disorders. Sensory deprivation. Pharmacology and iatrogenesis. Bibliography.</p> <p>INTERACTIVE TEACHING</p> <p>Instruments for frailty assessment (Fried Phenotype, Kihon Checklist, Frail Scale, Clinical Frailty Scale of Rockwood, Tilburg Frailty Indicator (TFI), Groningen Frailty Index, Frail-VIG Index)).</p> <p>Instruments for malnutrition assessment (Mini Nutritional Assessment-MNA, MNA-Short Form)</p> <p>Instruments for the evaluation of social resources and support (Older Americans Resources and Services (OARS), Gijón Socio-Family Evaluation Scale)).</p> <p>Instruments for the evaluation of quality of life (WHOQOL-OLD, WHOQOL-BREF, Quality of Life in Alzheimer's Disease Measure (QOL-AD), Quality of life in late-stage dementia (QUALID) Scale.</p>
<p>BLOCK III. OTHER DISEASES OF RELEVANCE IN OLDER ADULTS</p>	<p>EXPOSITORY TEACHING</p> <p>8. Cognitive decline, depression, and anxiety. Age-Associated Memory Impairment (AAMI). Mild Cognitive Impairment (MCI). Dementias. Types. Main instruments of evaluation. Therapeutic intervention. Depression. Concept. Epidemiology and pathogenesis. Classification, clinical manifestations, and differential diagnosis. Evaluation instruments. Therapeutic intervention. Anxiety. Concept and assessment. Therapeutic intervention. Bibliography</p> <p>9. Brain-vascular disease and Parkinson's disease. Stroke. Epidemiology. Risk factors. Pathophysiology. AUNT. Types and clinical profiles. Clinical diagnosis. Glasgow Coma Scale. Therapeutic intervention. Extrapyramidal syndromes. Parkinson's disease. Epidemiology. Symptomatology. Evolutionary phases. Therapeutic intervention. Bibliography.</p> <p>INTERACTIVE TEACHING</p> <p>Instruments for cognitive assessment (Mini-Mental State Examination (MMSE), Severe-MMSE, Global Deterioration Scale for Assessment of Primary Degenerative Dementia (GDS)).</p> <p>Instruments for depression and anxiety assessment (Geriatric Depression Scale (GDS), Cornell Scale for Depression in Dementia, Hamilton Depression Rating Scale (HDRS), Beck Depression Inventory (BDI), Goldberg Anxiety and Depression Scale (GADS)).</p>

Planning				
Methodologies / tests	Competencies	Ordinary class hours	Student?s personal work hours	Total hours



Guest lecture / keynote speech	A2 A1 A12 A13 A14 A19 A20 A21 A22 A23 A24 A25 A26 A27 A28 A29 A30 A33 A35 A34 C2	18	10	28
Case study	A3 A4 A5 A7 A9 A10 A15 A16 A17 A18 A31 B8 B9 B10 B11 B12 B13 B14 B15	10	14	24
Supervised projects	A32 B2 B3 B5 B16 B17 B18 B19 B20 B21 B22 B23 B25 B28 C3 C4 C5 C6 C8	0	15	15
Field trip	A6 A11 B4 B5 B6 B7 B24 B26 B27 B29 B30 B31 B32 B33 B34 B35 B36 B37	6	6	12
Multiple-choice questions	A8 B1 B2 B3 C1 C7	2	27.5	29.5
Personalized attention		4	0	4

(*)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 "lecture", "Expository method" or "Master lesson". This last modality is usually reserved to a special type of lesson taught by a professor on special occasions, with a content that implies an original elaboration and based on the almost exclusive use of the word as a route of transmission of the information to the Audience.</p> <p>It allows acquiring the specific competencies referenced in this subject.</p>
Case study	<p>Methodology where the subject faces the description of a specific situation that poses a problem that must be understood, valued and solved by a group of people, through a process of discussion. The student is faced with a specific problem (case), which describes a real situation of the professional life, and should be able to analyze a series of facts, referring to a particular field of knowledge or action, to arrive at a reasoned decision through a discussion in small working groups. In this context, the student will acquire the necessary skill to carry out the evaluation of the geriatric patient with the main used instruments.</p> <p>It allows to acquire the specific competencies referenced in this subject.</p>
Supervised projects	<p>Methodology designed to promote the autonomous learning of the students, under the supervision of the teacher and in varied scenarios (academic and professional). It is referred primarily to the learning of "How to". It is an option based on the assumption of students responsibility for their own learning.</p> <p>This teaching system is based on two basic elements: The independent learning of the students and the follow-up of that learning by the teacher-tutor.</p> <p>It allows acquiring the generic competencies referenced in this subject.</p>
Field trip	<p>Activities developed in an external context to the University academic environment (companies, institutions, organizations, monuments, etc.) related to the field of study of the subject. These activities focus on the development of capacities related to direct and systematic observation, the collection of information, the development of products (sketches, designs, etc.), etc.</p> <p>This activity will be carried out in small groups in a center of attention to elderly people.</p> <p>It allows acquiring generic competencies referenced in this subject.</p>



Multiple-choice questions	<p>It will consist of a test-type examination, consisting of 40 questions with four answers each of which only one is correct. Incorrect-answered questions will subtract 0.33 points on the correct ones, not subtracting the unanswered. To overcome the exam the student must obtain a final score of 65% of the total once the points of the missed ones have been subtracted. e.g 30 right, 4 wrong and 6 unanswered. The final score will be $30 - 4 * 0,33 = 28,68 > 26$. Following the table of equivalences the score of the test will be as follows:</p> <p>Correct 1-5 6-10 11-15 16-20 21-26 27-30 31-35 36-40</p> <p>Note 0.2-1.0 1.2-1.9 2.1-2.9 3.1-3.8 4-5 5.4-6.4 6.8-8.2 8.6-10</p> <p>Thus in the section of 1 to 26 correct answers, each correct answer computes 0.19 points and in the section of 27 to 40 correct answers, each one computes 0.36 points.</p> <p>Subsequently, the test note is weighted at 65% of the total score for the subject. Therefore, if a 10 in the exam involves a 6.5 in the final evaluation, a 7.2 examination note would imply 4.7 points.</p>
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Personalized attention

Methodologies	Description
Guest lecture / keynote speech Case study Supervised projects Field trip Multiple-choice questions	<p>Personalized attention will be, globally, through personalized individual and group tutoring during the course and according to established schedules. The student can contact the teachers by e-mail (jcmillan@udc.es; amaseda@udc.es; laura.lorenzo.lopez@udc.es) or in person to establish tutorials, always according to their availability or the established schedules.</p>

Assessment

Methodologies	Competencies	Description	Qualification
Guest lecture / keynote speech	A2 A1 A12 A13 A14 A19 A20 A21 A22 A23 A24 A25 A26 A27 A28 A29 A30 A33 A35 A34 C2	Attendance to master classes is compulsory. To overcome this section the student must attend a minimum of 75%.	6
Case study	A3 A4 A5 A7 A9 A10 A15 A16 A17 A18 A31 B8 B9 B10 B11 B12 B13 B14 B15	Interactive teaching in small groups, where students will receive training on the completion of the different evaluation instruments used in geriatrics. This activity will compute as assistance, included in the preceding section and shall provide the student with the specific competencies to carry out the supervised work, to be evaluated in the corresponding section.	1
Supervised projects	A32 B2 B3 B5 B16 B17 B18 B19 B20 B21 B22 B23 B25 B28 C3 C4 C5 C6 C8	A compulsory visit to the Gerontological Center. The student must make a brief report of his/her experience during the visit.	25
Field trip	A6 A11 B4 B5 B6 B7 B24 B26 B27 B29 B30 B31 B32 B33 B34 B35 B36 B37	According to the instructions received during the interactive teaching (case study), the student should develop a clinical case and deliver it within the established time frame, along with a bibliographical review on the topic.	3
Multiple-choice questions	A8 B1 B2 B3 C1 C7	Carried out on the dates established in the official examination calendar; The test consists of forty questions with four possible answers, of which only one is correct. Incorrect-answered questions will subtract 0.33 points on the correct ones, not subtracting the unanswered. To overcome the test, the student must obtain a final score of 65% (= or > 26) of the total, once the points of the missed ones have been subtracted. eg; 30 right, 4 wrong and 6 unanswered. The final score will be $30 - (4 * 0,33) = 28,68 > 26$ (pass).	65



Assessment comments

The final

qualification will be computed according to the following criteria: 1) Final evaluation, carried out according to the official examination calendar, by means of an exam that contributes to 65% of the final qualification. This evaluation will consist of a test-type exam, consisting of forty questions with four answers, with only one correct. Incorrect answers will subtract 0.33 points on the correct ones, not subtracting the unanswered. To pass the exam the student must obtain a final score of 65% of the total (once the points of the missed ones have been subtracted). e.g 30 right, 4 wrong and 6 unanswered. The final score will be $30 - 4 * 0,33 = 28,68 > 26$ (pass). Being the table of equivalences once obtained the final score the following: 1 2 3 4 5 6 7 8 9 10 11 12 13 0.2 0.4 0.6 0.8 1 1.2 1.3 1.5 1.7 1.9 2.1 2.3 2.5 14 15 16 17 18 19 20 21 22 23 24 25 26 2.7 2.9 3.13.3 3.5 3.7 3.8 4.0 4.2 4.4 4.6 4.8 5.0 27 28 29 30 31 32 33 34 35 36 37 38 39 5.4 5.7 6.1 6.4 6.8 7.1 7.5 7.9 8.2 8.6 8.9 9.3 9.6 40 10. In the section of 1 to 26 correct answers, each correct answer computes 0.19 points, and in the section of 27 to 40 correct answers, each one computes 0.36 points. 2) The rest of the activities compute 35% of the final qualification as follows: 2.1.) Assistance to expository teaching and interactive teaching (up to 7%). In this case, the student must attend at least 75% of the classroom teaching. 2.2. Visit to a healthcare center (up to 3%). The student must present a report on the activity carried out. 2.3. Case study and supervised work (up to 25%). It includes a bibliographical review on the subject of study, as well as development of a clinical case according to the competencies acquired in the interactive teaching. The student will be able to obtain positives by participation in activities organized or recommended by the professors of the subject (Scientific sessions, conferences, research projects...). The score given will be at the discretion of the teacher responsible. To overcome the subject, the student will have to pass each of the parties submitted to evaluation. Although the sum of the activities carried out and the qualification of the exam exceeds 5, in case of not having passed any of the parties, their score will be referred to the further qualification of the suspended party. The system of qualifications will be expressed by numerical qualification in accordance with the established in the article 5 of the Royal Decree 1125/2003 of 5 of September (BOE 18 of September), by which establishes the European system of credits and the system of qualifications in Official university qualifications and validity throughout the national territory Qualifications System: 0-4.9 = Suspense 5-6.9 = Approved 7-8.9 = Noteworthy 9-10 = Outstanding 9-10 Honor Plate. Important supervised works:-In case of detecting fraud, copying or plagiarism in the writing of the work, it will imply a suspense in the evaluation (0.0) and direct referral to the following opportunity. -This attitude will be communicated to the Academic Commission and the other professors of the title. -If the irregularity is reiterated in a second evaluation, the Commission may ask the Rector for the temporary or perpetual expulsion of the student from the degree course.

Sources of information



<p>Basic</p>	<p>- Millán Calenti, J.C. (2010). Gerontología y Geriatria: Valoración e Intervención. Madrid. Ed. Médica Panamericana</p> <p>- Millán Calenti, J.C. (2006). Principios de Gerontología y Geriatria. Madrid. Ed. Mc Graw Hill Interamericana</p> <p>- () .</p> <p>- de Labra, C., Maseda, A., Lorenzo-López, L., López-López, R., Buján, A., Rodríguez-Villamil, J.L., & Millán-Calenti, J.C. (2018). Social factors and quality of life aspects on frailty syndrome in community-dwelling older adults: The VERISAÚDE study. BMC Geriatrics, 18, 66. - Maseda, A., Lorenzo-López, L., Lorenzo, T., Diego-Diez, C., Alonso-Búa, B., López-López, R., & Millán-Calenti, J.C. (2018). Determinants of Quality of Life in pre-frail older adults according to phenotypic criteria: The VERISAUDE study. Applied Research in Quality of Life, 13(1), 119-136.- Maseda, A., Diego-Diez, C., Lorenzo-López, L., López-López, R., Regueiro-Folgueira, L., & Millán-Calenti, J.C. (2018). Quality of life, functional impairment and social factors as determinants of nutritional status in older adults: the VERISAÚDE study. Clinical Nutrition, 37, 993-999.- Millán-Calenti, J.C., Núñez-Naveira, L., Lorenzo-López, L., Rodríguez-Villamil, J.L., Muñoz-Mendoza, C.L., Cabañero-Martínez, M.J., Cabrero-García, J., Maseda, A. (2017). Timed Up and Go Test Performance as an Indicator of Fall History in Institutionalized Elderly: A Pilot Study. Topics in Geriatric Rehabilitation, 33(4), 273-279.- Lorenzo-López, L., Maseda, A., de Labra, C., Regueiro-Folgueira, L., Rodríguez-Villamil, J.L., & Millán-Calenti, J.C. (2017). Nutritional determinants of frailty in older adults: A systematic review. BMC Geriatrics, 17, 108.- Lorenzo-López, L., Millán-Calenti, J.C., López-López, R., Diego-Diez, C., Laffon, B., Pásaro, E., Valdíglesias, V., & Maseda, A. (2017). Effects of degree of urbanization and lifetime longest-held occupation on cognitive impairment prevalence in an older Spanish population. Frontiers in Psychology, 8, 162.- Maseda, A., Lorenzo-López, L., López-López, R., Arai, H., & Millán-Calenti, J.C. (2017). Spanish translation of the Kihon Checklist (frailty index). Geriatrics & Gerontology International, 17(3), 515-517.- Maseda, A., Gómez-Caamaño, S., Lorenzo-López, L., López-López, R., Diego-Diez, C., Sanluís-Martínez, V., Valdíglesias, V., & Millán-Calenti, J.C. (2016). Health determinants of nutritional status in community-dwelling older population: the VERISAUDE study. Public Health Nutrition, 19(12), 2220-2228. - Millán-Calenti, J.C., Lorenzo-López, L., Alonso Búa, B., de Labra, C., González-Abraldes, I., & Maseda, A. (2016). Optimal non-pharmacological management of agitation in Alzheimer's disease: challenges and solutions. Clinical Interventions in Aging, 11, 175-184.- Lorenzo-López, L., López-López, R., Maseda, A., Diego-Diez, C., Gómez-Caamaño, S., & Millán-Calenti, J.C. (2016). Prevalence and clinical characteristics of pre-frailty in elderly population: Differences by degree of urbanization. Journal of the American Geriatrics Society, 64, 221-223. - Millán-Calenti, J.C., Lorenzo, T., Núñez-Naveira, L., Buján, A., Rodríguez Villamil, J.L., & Maseda, A. (2015). Efficacy of a computerized cognitive training application on cognition and depressive symptomatology in a group of healthy older adults: A randomized controlled trial. Archives of Gerontology and Geriatrics, 61, 337-343. - Millán-Calenti, J.C., Sánchez, A., Lorenzo-López, L., Cao, R., & Maseda, A. (2013). Influence on social support on older adults with cognitive impairment depressive symptoms, or both coexisting. International Journal of Aging & Human Development, 76(3), 199-214. - Millán Calenti J.C., Sánchez, A., Lorenzo, T., & Maseda, A. (2012). Depressive symptoms and other factors associated with poor self-rated health in the elderly: Gender differences. Geriatrics and Gerontology International, 12, 198 -206. - Millán-Calenti, J.C., Tubío, J., Pita-Fernández, S., Rochette, S., Lorenzo, T., & Maseda, A. (2012). Cognitive impairment as predictor of functional dependence in an elderly sample. Archives of Gerontology and Geriatrics, 54(1), 197-201.- Millán-Calenti, J.C., Maseda, A., Rochette, S., Vázquez, G.A., Sánchez, A., Lorenzo, T. (2011). Mental and psychological conditions, medical comorbidity and functional limitation: differential associations in older adults with cognitive impairment, depressive symptoms and co-existence of both. International Journal of Geriatric Psychiatry, 26(10), 1071-1079.</p>
<p>Complementary</p>	<p>- Millán Calenti, José Carlos (2011). Cuidar y acompañar al enfermo de Alzheimer. Madrid. Ed. Médica Panamericana</p>

Recommendations

Subjects that it is recommended to have taken before



Human Anatomy/653G01106

Human Physiology/653G01107

Public Health/653G01308

Subjects that are recommended to be taken simultaneously

Medical-Surgical Conditions in Adult Patients/653G01301

Health Education: Health Psychology and Basic Care/653G01408

Subjects that continue the syllabus

Ergonomics, Accessibility, Universal Design and Functional Adaptation/653G01206

Work Placement VIII/653G01407

Documentación, metodoloxía cuantitativa e cualitativa/653G01C03

Other comments

Management of computer programs and databases and knowledge of the English language are recommended. To help achieve a sustainable immediate environment and meet the strategic objective 7 of the third Plan of sustainability - environmental Green Campus FCS, the documentary work carried out on this subject: a. Will be mostly requested in a virtual format and computer support b. If paper is used: -Do not use plastics -Use double-sided printing -Use recycled paper -Prevent the realization of drafts

(*)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.