

## FONDAMENTI DELL'INFERMIERISTICA (INU011)

### 1. teaching language

Italian

### 2. course contents

Coordinator: Prof. MARIA LUISA DI PIETRO  
Year Course: 1° year  
Semester: I  
UFC: 9

Modules and lecturers:

- CULTURAL ANTHROPOLOGY (INU016) - 1 cfu - ssd M-DEA/01  
Prof. Cristina Pistacchio
- BIOETHICS (INU015) - 1 cfu - ssd MED/43  
Prof. Maria Luisa Di Pietro
- CLINICAL NURSING 1 (INU014) - 3 cfu - ssd MED/45  
Prof. Elena Cristofori
- GENERAL NURSING 1 (INU013) - 2 cfu - ssd MED/45  
Prof. Lucia Zaino
- GENERAL psychology - (INU012) - 2 cfu - ssd M-PSI/01  
Prof. Daniela Pia Rosaria Chieffo

### 3. bibliography

#### CULTURAL ANTHROPOLOGY:

##### **Recommended:**

Fantauzzi A., Di corpo in Corpo, Etnografie tra cura e assistenza infermieristica, 2014, Casa Editrice Ambrosiana.

Timby B., Fondamenti di assistenza infermieristica, concetti e abilità cliniche di base, McGraw Hill, Aprile 2011, Unità 2 Concetti generali, cap. 7) Culture ed etnie: riconoscere le differenze per favorire l'integrazione

##### **Support bibliography:**

Tartaglino D, Geraci S, Piredda M, De Benedictis A (2005). *Analisi dei bisogni formativi delle professioni della salute in relazione al fenomeno immigratorio in Italia*. International Nursing Perspectives; 5(2), 61-71

##### **Sitography:**

[http://www.infermieristicatransculturale.com/documenti/MADLEINE\\_LEININGER.pdf](http://www.infermieristicatransculturale.com/documenti/MADLEINE_LEININGER.pdf)

Rapporto Caritas/Migrantes

[http://www.infermieristicatransculturale.com/documenti/Relaz\\_Franco\\_Pittau.pdf](http://www.infermieristicatransculturale.com/documenti/Relaz_Franco_Pittau.pdf)

Rapporto sui lavoratori immigrati in ambito sanitario

<http://www.infermieristicatransculturale.com/documenti/RapportoEMN.pdf>

<http://www.ipasvi.it/print/rivista-linfermiere/82.htm>

#### Bioethics:

##### **Recommended:**

Di Pietro ML. Famiglia ed educazione. PUL, 2008 (2014 ristampa).

Di Pietro ML. Etica in sanità pubblica. In AA.VV., Igiene, Medicina preventiva e sanità pubblica, Idelson Gnocchi, 2013, pp. 777-784.

#### CLINICAL NURSING I:

##### **Recommended:**

White L., Duncan G., Fondamenti di Infermieristica Principi generali dell'Assistenza Infermieristica, Vol 1° e 2°. Edises, 2014.

##### **Support bibliography:**

Yoost B.L.; Crawford L. R.; Ledonne G. Mapped Concettuali per L'assistenza Infermieristica. Casi Clinici Per Migliorare, Casa editrice Ambrosiana, 2018.

### Sitography:

[http://www.evidencebasednursing.it/progetti/LG\\_LDP\\_2010/LG\\_LDP\\_2010.pdf](http://www.evidencebasednursing.it/progetti/LG_LDP_2010/LG_LDP_2010.pdf)  
[www.nanda.org/html/nursing\\_diagnosis\\_devmt.html](http://www.nanda.org/html/nursing_diagnosis_devmt.html)  
[www.nhlbi.nih.gov/guidelines/obesity/prctgd\\_c.pdf](http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf)  
Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity, ISBN 978-92-4-155010-9 © World Health Organization 2017  
<http://www.quotidianosanita.it/allegati/allegato6818397.pdf>  
<http://www.onlinejacc.org/content/accj/early/2017/11/04/j.jacc.2017.11.006.full.pdf>  
<http://hyper.ahajournals.org/content/early/2017/11/10/HYP.0000000000000066>  
www.npuap.org; European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: Quick Reference Guide. Washington DC: National Pressure Ulcer Advisory Panel; 2009.  
[http://www.epuap.org/guidelines/Final\\_Quick\\_Treatment.pdf](http://www.epuap.org/guidelines/Final_Quick_Treatment.pdf)  
<http://www.npuap.org/push3-0.htm>  
[http://www.snlg-iss.it/cms/files/LG\\_Toscana\\_ulcere.pdf](http://www.snlg-iss.it/cms/files/LG_Toscana_ulcere.pdf)

### GENERAL psychology:

#### **Recommended**

V. Girotto, M. Zorzi Manuale di psicologia generale 2016 Il Mulino  
Paolo Legrenzi La mente 2016 Il Mulino  
Luciano Arcuri, Mara Cadinu Gli stereotipi. Dinamiche psicologiche e contesto delle relazioni sociali 2011 Il Mulino

### GENERAL NURSING I:

#### **Recommended**

White L., Duncan G., Fondamenti di Infermieristica Principi generali dell'Assistenza Infermieristica, Vol. 1°, Edises, 2014; 1 (2), 32-43; 1(3) 44-54; 1(4) 57-69; 2(7) 91-94; 98-100; 110-113; 2(9) 144-175.

NANDA International, Diagnosi Infermieristiche, Definizioni e classificazione 2018/2020, undicesima edizione, CEA, Milano, maggio 2018.

#### **Support bibliography:**

A. Berman, S.J. Snyder, G. Frandsen, Fondamenti di assistenza infermieristica secondo Koziar ad Erb. Concetti, procedure e pratica, Piccin, Padova, Giugno 2017, 1(1) 2-21; 1(2) 24-33; 1(3) 36-45; 2(4) 49-58; 2(5) 60-78; 2(6)81-93; 2(7) 95-112; 2(8) 115-126; 5(21)365-381.

A.G. Perry, P.A.Potter, Fondamenti di Infermieristica; Elsevier, VII ed. Milano, 2011. 1(1), 6-30; 2(2) 36-44; 3(3) 57-70; 8(8) 183-201; 9(9) 207-223; 10(10) 229-248; 11(11) 255-271; 12(12) 277-289;

Carpenito – Moyet, Diagnosi infermieristiche, applicazione alla pratica clinica, CEA, V ed. Milano 2010, (1) 3-9; (2) 10-12; (3) 13-22; (4) 23-32; (5) 49-52.

L. Saiani, A. Brugnoli, Trattato di Cure Infermieristiche, Casa Editrice Sorbona, Napoli 2010. (1) 4-34; (4) 86-107; (5) 112-140.

P.C. Motta, Introduzione alle Scienze Infermieristiche, Carocci Faber, Città di Castello (PG), settembre 2014, 1(1.4-1.6) 35-45; 2(2.1) 47-65; 4(4.3) 140-144; 146-150;

L. Benci, Aspetti Giuridici della Professione Infermieristica, Mc Graw Hill, Milano, Gennaio 2015, 2(2) 8-22; 31-36; 6(6) 96-104; 7(7) 147-150; 8(8) 235-238; 13(13) 305-318; 16(16) 371-385; 17(17) 372-396.

### Sitography:

<http://www.ipasvi.roma.it>

[www.testtube.it/scienzeinfermieristiche](http://www.testtube.it/scienzeinfermieristiche)

**FNOP** - FEDERAZIONE NAZIONALE ORDINI PROFESSIONI  
INFERMIERISTICHE

## 4. learning objectives

1. Knowledge and understanding (Dublin 1): will know the specific methodological aspects of the discipline and will be able to develop related original ideas

the ethical problems of the nursing profession.

identification of the person's nursing care needs and their reactions, related to illness, ongoing treatments, institutionalization, changes in daily life activities and perceived quality of life.

the definition of the philosophical, conceptual, and scientific principles of nursing care.

the difference in responsibilities and actions of nurses, support workers and other health professionals.

the use of paper and IT assistance support systems.

the ability to list and define the principles of nursing, biomedical, psychosocial sciences, research, and skills (cognitive, technical, and relational) to deliver safe, effective, and evidence-based nursing care.

2. Applying Knowledge and understanding (Dublin 2): will be able to apply their knowledge and skills to devise solutions to new or unfamiliar problems.

Assume professional behaviour consistent with ethical and deontological dimensions.

Use knowledge on cultural diversity, legal aspects, ethical principles in the provision of nursing care in various contexts and health services.

Accurately analyse and interpret data collected through nursing assessment using data collection techniques and tools to obtain accurate information about clients' major health issues.

Use diagnostic reasoning and critical thinking to identify the nursing care needs of patients.

Plan nursing assistance and evaluate its outcomes also making use of the cooperation and collaboration of the assisted person, his family members and the interprofessional team.

Practicing nursing care recognizing and respecting, according to the principles of equity and justice, the dignity, culture, values, rights, ethnicity and generation of individuals and groups.

Evaluate the results of the care provided and modify the nursing planning based on the results obtained and expected.

The teaching aims at the acquisition of concepts and tools for a better knowledge of the personality and of the relationship with oneself, the patient, the family, the work team. The IO-TU interaction as a fundamental premise of the passage from the I to the Us

Work in an integrated way within the team, respecting the spaces of specific competence and describing the integration of the various health disciplines with nursing assistance.

Apply the functions and activities foreseen by the Professional Profile and by other normative sources to assist people in different contexts of care.

Apply the conceptual and role models within the Nursing Process to facilitate development in the promotion, maintenance, and recovery of citizens' health.

3. Making judgements (Dublin 3) will be able to integrate knowledge and gather additional information to formulate their own assessment and take initiatives and decisions in the field

the ethical problems of the nursing profession.

the needs of assistance from those of nursing care, defining the contribution of support operators and nurses in the care process.

a complete and systematic evaluation using conceptual and functional reference models to identify individual and community health needs.

accountability for one's work in compliance with the profile, the code of ethics and ethical and legal standards.

4. Communication skills (Dublin 4) will be able to discuss peculiar aspects of the disciplines that make up the teaching, represent possible critical issues and solutions and communicate their conclusions, choosing

appropriately the means of communication and the form,

using a language appropriate to different interlocutors and contexts.

Using interpersonal skills to deliver safe nursing care

5. Learning skills (Dublin 5) will be able to assess their own learning needs and undertake subsequent studies, even autonomously, related to the disciplines that make up the teaching.

Demonstrates collaborative learning and knowledge sharing skills within the work team.

Demonstrates the ability to self-assess one's own skills and to define one's own development and learning needs.

## 5. PREREQUISITES

Higher school philosophical skills (if he attended a high school course of study)

Knowledge related to basic biomedical sciences (Medical Physics) carried out in the lesson of Human Anatomy and Physiology (Cardiovascular and Respiratory System), for the

understanding of the physiological processes connected to the person's health and disease dimension.

## 6. teaching methods

The Course will be carried out through Lectures, Self-learning, Case studies, Group activities. Teaching includes:

### CULTURAL ANTHROPOLOGY

Lectures and visions of animated movie parts and comments in class.

### BIOETHICS

Lectures, Self-learning, Case studies.

### clinical nursing I

Lectures and Basic Nursing Procedures DVDs and comments in class.

### GENERAL psychology:

Lectures and Case studies.

### General nursing I

Lectures and Case studies.

## 7. other information

To support the enhancement of some topics of this teaching, the additional teaching to the Bioethics Course entitled "The preconception health of men and women" is proposed.

## 8. methods for verifying learning and for evaluation

To verify the achievement of the training objectives previously indicated, the final evaluation of the course includes:

### CULTURAL ANTHROPOLOGY

Test: multiple choice test composed by 23 questions. Each answer gives 1 point if correct, 0 if the answer is wrong or not given. To pass the test it is necessary to acquire a minimum of 18 points corresponding to n. 14 correct answers.

### BioethICS

A multiple-choice test, exam will be passed if students give right answers to at least 60% of the items.

### CLINIC NURSING I

Test: multiple choice test composed by 65 questions. 65. Each answer gives 1 point if correct, 0 if the answer is wrong or not given. To pass the test it is necessary to acquire a minimum at least 37 questions which allows you to acquire the evaluation of 18/30

### GENERAL psychology:

Oral examination: the student will have to demonstrate that he has acquired the fundamental concepts of psychology for self-knowledge, of the patient and his family. The student has to demonstrate the acquisition of the ability to reflect on the integrate between neurosciences, behaviour and attitudes towards social relationships. The test is passed with the minimum score of 18/30

### GENERAL NURSING I

Oral exam aimed at:

evaluate the knowledge and understanding of the global care approach to the person in relation to health needs, illness, nursing care, the evolution of the profession and the areas of competence recognized by current legislation.

The student explains the concept of professionalism and the process of professionalization.

The student discusses the contents relating to the legislation and the deontological code that regulate the nursing profession.  
 The student states the main stages of the theoretical evolution of nursing sciences and the influences on professional action.  
 The student reports the elements characterizing the conceptual model and the theories covered in the program.  
 The student identifies the basic elements of the scientific methodology and the stages of the nursing process.  
 The student lists and explains the NANDA-I taxonomy and the NIC and NOC classifications relating them to the stages of the nursing process.

The final evaluation of the teaching will be expressed out of thirty and the mark will be the one resulting from the weighted average of the marks obtained in each test. Honors can be attributed, on the unanimous opinion of the Examination Commission, to those who have achieved a final mark of 30/30.

## 9. program

### CULTURAL ANTHROPOLOGY:

Introduction to Cultural Anthropology: areas of relevance (M-DEA), methods, tools, key concepts (culture, identity, otherness, cultural relativism, ethnocentrism).  
 Relations between Cultural Anthropology and Nursing.  
 The contribution of Transcultural Care by M. Leninger: Ethnonursing and transcultural nursing: foundations, problems, perspectives.  
 Concepts - key to the anthropological reading of nursing (knowledge, belief, biomedicine/cultural system, person, individual, holistic approach, empathy, skills and needs, habitus, types of assistance, health/illness, cure/therapy, illness narratives, effectiveness symbolic, emotions, pain).  
 Body, corporeality and Nursing, gestures of care in the face of death and dying, rites of passage.  
 Nursing and the challenges of the third millennium: knowing how to act, confront and place oneself towards a foreign patient: revisiting the key concepts of disease/health, care/therapy, body/corporeality, individual/person.  
 Nurse's cultural competence

### Bioethics

The language of bioethics  
 Bioethics: origin and definitions  
 Anthropology and ethics in bioethics  
 Health Promotion and prevention of disease

### CLINICAL NURSING I:

Continuity of care: the process of admission and hospitalization of the person in hospital.  
 Operational tools for the early assessment of frailty.  
 Care and nursing to the person with health problems: focus on evaluation
 

- Nursing assessment and physical examination,
- Hand hygiene and introduction to infection prevention and control
- The patient's clinical history and head-toe evaluation and inf.co objective examination.
- Pain assessment: the PQRST assessment scales and methodology, nursing functions,
- Evaluation of the ability to satisfy the Activities of Daily Living (ADL), the Instrumental Activities of Daily Living (IADL) and the Advanced Instrumental Activities of Daily Living (AIADL) and evaluation tools (Katz index, modified Barthel index, scale by Lawton and Brody, AIADL rating scale)
- Evaluation of the person at risk of malnutrition: the Mini Nutritional Assessment
- Recommendation for the prevention and management of patient falls in healthcare facilities (Stratify scale and Conley scale), 12/1/2011, Ministry of Health

 Basic care for the person: the functional model of diet and nutrition, assessment and management of problems that interfere with nutrition (Clinical Bedside Assessment Logemann et al. 1999, Evaluation and identification of Dysphagia SPREAD 2007)  
 Basic assistance to the person: the functional model of breathing, promotion of breathing, assessment of oxygenation.  
 Basic personal care: the functional model of urinary and intestinal elimination, assessment of urinary and intestinal elimination and common alterations, measures to promote intestinal and urinary elimination.

Nursing care in satisfying the person's basic need to wash and dress:

- Characteristics of the skin and meaning of clothing,
- Assessment and assessment of the degree of dependence of the patient,
- personal hygiene,
- Total, partial, and specific hygienic care and the role of the nurse,
- Hygiene and skin care in incontinence.

Nursing care in satisfying the person's basic need to move:

- The physiological alignment of the body,
- Movement and mobilisation,
- Techniques and means to ensure patient safety and comfort in different positions,
- Negative effects of enticement on systems and equipment,
- Prevention of pressure sores,
- The immobilization syndrome,
- Classification of pressure ulcers according to the National Pressure Ulcer Advisory Panel (NPUAP).
- Pressure ulcer risk assessment scales (Braden, Norton) and healing assessment scales (Pressure Ulcer Scale for Healing-Push Tool, or the Bates-Jensen Wound Assessment Tool (BWAT) and use of clinical judgment. MNA- Mini Nutritional Assessment.
- Fall risk assessment: Conley scale

Nursing care in satisfying the person's basic need to maintain an adequate body temperature:

- Regulation of body temperature,
- Factors affecting temperature and alterations,
- Detection of body temperature and treatment of the person with fever.

Nursing care in satisfying the basic need of the person to maintain cardiovascular function:

- Nursing assessment regarding cardiovascular function,
- Arterial pulse and detection mode
- Blood pressure: scientific principles and methods of detection,
- Respiratory rate and changes in breathing,
- Oxygen saturation measurement,
- The fluid and electrolyte balance: assessment and physical examination.

Identification and analysis of the major and minor defining characteristics and definition of the most detected nursing diagnoses (NNN taxonomy)

### GENERAL psychology:

Neurobiology and emotions

Neuroscience and psychology

sensory processes

Perception: definition and main theories, rules of perceptual organization

Attention: definition and main theories definition and main

Memory: definition and main theories, Oblivion, Amnesia

Stages of sleep

Dreams interpretation

Learning, and social learning

Language and Thought

Embodied Cognition

Mental images

The communication

Personality: definition and main theories

Motivation: definition and main theories

### GENERAL NURSING I:

The concept of professionalism and the professionalization process:

Professional identity and fields of expertise of the nurse,

The professional exercise according to the law,

Deontological aspects of the nursing profession,

Nurse training.

The nursing profession

Theoretical foundations for professional practice:

Historical evolution of Nursing

The modern conception of Nursing through the work of Florence Nightingale,

From the bio-medical model to the global model of care,

Analysis of theory and model concepts,

Characteristic elements of nursing theories, the contribution of A. Maslow, Virginia Henderson, the specific function of the nurse and the needs of man.  
Nursing as a science: disciplinary approach.

The modern conception of Nursing through the work of Florence Nightingale,  
From the bio-medical model to the global model of care,

Analysis of theory and model concepts,

Characteristic elements of nursing theories, the contribution of A. Maslow, Virginia Henderson, the specific function of the nurse and the needs of man.

The basic principles of scientific methodology:

Dorothea Orem's Theory of Self Care,

Life Activity Theory by Nancy Roper.

Functional models of health according to M. Gordon

The Nursing Process: definition and phases

Definition and types of Nursing Diagnoses

Taxonomy of nursing diagnoses according to NANDA I, NOC and NIC

Nursing Diagnosis according to L.J. Carpenito and collaborative problems

The new care setting:

Health facilities and services,

Tools and methods in the organizational context,

Evidence-based care.