

DEGREE IN MIDWIFERY

INTERNSHIP SECOND YEAR

SSD: MEDS-24/C

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PREREQUISITES

To take the Internship 2 exam, it is mandatory to:

- have passed and recorded the Internship 1 exam, as it is a prerequisite for the Internship 2 exam;
- have completed 100% of the internship scheduled for the first year (570 hours) and at least 75% of the hours scheduled for the second year (405 out of 540 hours), for a total minimum of 975 hours (570+405);
- have achieved an average grade of at least "sufficient" (considering all the evaluations received during the reference year).

Moreover, it is strongly recommended that students have attended and passed the exams in Obstetric and Gynecological Nursing Sciences 1, 2, 3, and 4.

EDUCATIONAL OBJECTIVES

At the end of the internship, students will be able to describe and perform all basic nursing practices applied to obstetric-gynecological-neonatal care. Additionally, students will be able to describe and provide obstetric care practices related to postpartum care, obstetric admission, obstetric-gynecological clinics, counseling services, and neonatology. They will also have acquired adequate knowledge of the organization of care in the assigned hospital units.

EXPECTED LEARNING OUTCOMES

The expected learning outcomes are consistent with the general provisions of the Bologna Process and the specific provisions of Directive 2005/36/EC. They are aligned with the European Qualifications Framework (Dublin Descriptors) as follows.

At the end of the internship, the student should:

Knowledge and understanding

- Describe the basic nursing practices applied to obstetric-gynecological-neonatal care
- Describe the obstetric-gynecological-neonatal care practices necessary for monitoring maternal-fetal and neonatal well-being, as well as for promoting and preventing health in gynecological women

Ability to apply knowledge and understanding

- Transfer theoretical knowledge of basic nursing and obstetric care to good clinical practices
- Apply theoretical knowledge to identify the areas of competence of oneself and other professionals
- Translate research findings into communication content appropriate for professional practice

Communication Skills

- To understand the clinical and scientific terminology used in the written exam
- Present topics orally in an organized and coherent manner
- Use language appropriate and consistent with the topic of discussion
- Adopt culturally sensitive communication methods, considering the characteristics of the user

Autonomy of Judgment

- Manage complex clinical cases from a technical-scientific and communicative perspective, according to what has been learned
- Recognize the importance of an in-depth knowledge of topics consistent with adequate obstetric training
- Identify the importance of theoretical knowledge of the subject for the obstetric profession

Learning Skills

The student should be able to initiate independent study paths by consulting scientific literature and obstetrics and gynecology textbooks.

PROGRAM

1. Clinical-Assistential Activities

- Measuring vital signs
- Administration and management of pharmacological therapy
- Performing maternal dressings
- Pre- and post-operative care
- Managing women undergoing induction
- Managing labor prodromes
- Pregnancy tests
- Obstetric examination
- Postpartum period
- Promotion and support of breastfeeding
- Performing, observing, and interpreting CTG
- HPV screening
- Admitting women to the obstetric emergency room
- Managing the newborn from birth to discharge

2. Basic Legal Framework and Definitions of the Midwifery Profession

- Professional Profile
- Code of Ethics
- Law 42/99
- Law 194/78
- Low-risk obstetrics
- Birthplaces

LEARNING METHODS

The learning process consists of 540 hours of practical-guided internship under the supervision of tutors employed by the host institution. Attendance at internship activities is mandatory for all

students enrolled in the Midwifery Degree Program and must be continuous throughout each individual internship experience and during the academic year.

It is possible to take the exam if 100% of the scheduled internship for the first year (570 hours) and at least 75% of the hours scheduled for the second year (405 out of 540 hours) have been completed, for a total minimum of 975 hours (570+405).

LEARNING ASSESSMENT METHODS

The Internship 2 exam consists of both a written and an oral test. The written test serves as a qualifying step for admission to the oral examination: only students who achieve a score of $\geq 18/30$ in the written test will be admitted to the oral test.

The exam will be considered successfully passed if the student obtains a minimum score of 18/30 in the oral test.

For the oral examination, students are required to prepare a written assignment consisting of a collection of anonymized clinical cases drawn from their internship experiences (the assignment instructions are sent via e-mail, uploaded on the WebApp, and attached to this syllabus).

The written report must be submitted on the day of the examination, and the discussion of one or more clinical cases will serve as the starting point for the oral assessment, which will then continue with additional questions.

Students will be evaluated on the basis of clinical-care and scientific aspects according to current evidence, as well as their analytical and argumentative synthesis skills, and their competence in assessing and making decisions in clinical-care situations.

Attention will be given to the coherence of the applied reasoning process and to the use of appropriate technical-scientific language.

Furthermore, the evaluation of the internship experience provided by the clinical tutors will also be taken into account: the final grade will include one-fourth of the internship evaluations received by the student.

The assessment criteria will include: acquired knowledge, autonomy of judgment, communication skills, learning ability. The examination will be graded according to the following standards:

< 18 - Insufficient	Fragmented and superficial knowledge of the contents, errors in applying concepts, poor presentation.
18-20	Sufficient but general knowledge of the contents, simple presentation, uncertainties in applying theoretical concepts.
21-23	Appropriate but not in-depth knowledge of the contents, partial ability to apply theoretical concepts, acceptable content presentation.
24-26	Appropriate content knowledge, reasonable ability to apply theoretical concepts, well-structured content presentation.
27-29	Precise and complete content knowledge, good ability to apply theoretical concepts, analytical and synthetic skills, confident and correct presentation.
30-30L	Very broad, complete, and in-depth content knowledge, well-established ability to apply theoretical concepts, excellent presentation skills, as well as excellent analytical, synthetic, and interdisciplinary connection abilities.

Regarding the correspondence between the average evaluation expressed by the tutors and the score out of thirty, refer to the following table:

AVERAGE OF EVALUATIONS OBTAINED DURING THE ACADEMIC YEAR	SCORE
SUFFICIENT	18-19
SUFFICIENT/DISCRETE	20-21
DISCRETE	22-23
DISCRETE/GOOD	24-25
GOOD	26-27
GOOD/EXCELLENT	28-29
EXCELLENT	30-30L

The final exam grade will be calculated by taking a weighted average between the oral part grade (three-quarters) and the grade corresponding to the average evaluation obtained from the Internship Evaluation Sheets (one-quarter).

Support Activities

It is possible to request tutoring and/or further support from the teaching staff, as well as to organize self-directed review sessions or peer tutoring in the simulation laboratory.

Recommended Texts and Bibliography

- "Trattato di Scienza ed Arte della Professionalità Ostetrica" by W. Costantini. Piccin. Ed. 2021.
- "Salute primale e allattamento". Manuale aggiornato e basato sul modello formativo del corso 40 ore OMS-UNICEF.

It is recommended to refer to the bibliography and study materials gradually suggested by the teaching staff throughout the training program.

INTERNSHIP MANDATE

CLINICAL CASE STUDIES FROM PATIENT RECORDS

The patient record is a tool that provides a comprehensive view of the care provided to the woman/patient. It is therefore a valuable study tool for students that allows them to overcome the limitation of not having an overall view of the care provided in the various units that care for women and newborns.

Keeping track of clinical cases helps improve clinical reasoning, training you in solving the cases that will be part of future exams, including the state exam. It is recommended to note the cases and use a dedicated notebook to transcribe them in "neat copy". The clinical case can be accompanied by illustrative sheets of medications, definitions, etc., and anything else that can help optimize learning and future review, except for documents and materials that do not protect patient privacy.

INTERNSHIP MANDATE FOR THE SECOND YEAR

During the upcoming months of the internship, it is recommended to study the patient records of:

- PHYSIOLOGICAL PUERPERAE DISCHARGED AFTER SPONTANEOUS DELIVERY
- PHYSIOLOGICAL PUERPERAE DISCHARGED AFTER CESAREAN SECTION

- PUERPERAE WHO HAVE HAD INDUCED LABOR
- HEALTHY NEWBORNS DISCHARGED

Noting the prescriptions, administered medications, exams present in the record, the care actions performed, etc., reasoning about the underlying motivations. Additionally:

- NOTE VERBATIM HOW AN OBSTETRIC EXAMINATION IS WRITTEN DURING ACTIVE LABOR (at least 5 examples)
- REVIEW AND UNDERSTAND THE PARTOGRAM. NOTE THE EXECUTION OF THIS POINT OF THE MANDATE PROVIDING A BRIEF DESCRIPTION OF THE CASE (at least 5 cases).

The internship mandate will be important for the Internship 2 exam.

➔ For the Second and Third Year Internships

If during the second-year internship you come into contact with the following clinical cases, it is advisable to take note of them now for the future:

- SPONTANEOUS ABORTION
- THREATENED PRETERM LABOR
- INTRAUTERINE FETAL DEATH
- TWIN PREGNANCY
- GESTATIONAL HYPERTENSION
- GESTATIONAL DIABETES
- POSTPARTUM HEMORRHAGE
- SHOULDER DYSTOCIA
- UMBILICAL CORD PROLAPSE