BSC IN MIDWIFERY

INTEGRATED COURSE: ENGLISH – 2ND YEAR

SSD (Academic Discipline Code): ANGL-01/C (già L-LIN/12)

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Number of CFU (ECTS credits): 1

PREREQUISITES

English language proficiency of at least level B2, or above, according to the criteria set out in the Common European Framework of Reference for Languages (CEFR), is desirable.

LEARNING OBJECTIVES

The course develops advanced clinical communication skills required for working in English-speaking, and multilingual, obstetric settings, which are often complex, highly charged emotionally, intercultural and high-risk communication situations.

It contributes to the professional profile of midwives by developing specialist medical and scientific vocabulary, as well as patient-centred clinical communication skills throughout the period of basic obstetric care, skills ranging from taking a patient's medical history to effecting postpartum discharge.

The course focuses on four key areas:

- communicating difficult diagnoses and perinatal loss;
- advanced informed consent and assertive interprofessional communication;
- intercultural communication in contexts where English is the lingua franca and a culturally sensitive approach is required;
- communication regarding sensitive issues and with women in vulnerable situations.

Skills in strategic reading and writing of clinical and academic documents in English will be consolidated

EXPECTED LEARNING OUTCOMES

By the end of the course, students will have acquired a good command of the main grammatical and syntactic structures of the English language, with particular emphasis on specialist vocabulary in the medical and scientific fields. They will also be able to recognise, understand, and produce texts in various genres of professional communication within the healthcare context, making appropriate use of the specific terminology relating to the hospital environment and the role of the midwife.

DD 1: Knowledge and understanding

By the end of the course, participants will be able to:

- describe the six steps of the SPIKES protocol (setting, perception, invitation, knowledge, emotion, summary) as adapted for obstetrics;
- explain the linguistic tools for communicating perinatal loss; define the elements of informed consent and the linguistic conventions of the consent process, including documenting refusal;

- define English as a lingua franca and strategies for accommodation; distinguish between professional interpreters, family members acting as interpreters and digital translation tools;
- distinguish between cultural humility and cultural competence.

DD 2: Applying knowledge and understanding

By the end of the course, participants will be able to:

- apply the protocol to communicate difficult diagnoses in plain English with carefully calibrated hedging;
- formulate a briefing to effectively summarise the patient's condition, whilst keeping clinical concern under control;
- apply strategies for adapting English as a lingua franca when dealing with patients with little / basic English;
- use appropriate questions to understand how the patient and her family interpret illness, attributing cultural, social, and emotional meanings to it that go beyond the simple biological diagnosis;
- adapt communication to specific vulnerability profiles using trauma-informed principles and simple English;
- conduct a domestic violence screening in a safe manner.

DD3: Making judgements

By the end of the course, participants will be able to:

- analyse scenarios involving the communication of difficult news to identify failures in the SPIKES protocol;
- assess the language of consent, distinguishing between genuine consent and performative consent given merely as a formality;
- critically examine your own cultural assumptions by applying cultural humility;
- make independent judgements on the use of an interpreter;
- think critically about the ethics of communicating sensitive issues;
- evaluate institutional and systemic factors that lead to communication failures.

These skills are developed through reflection on pragmatics, on the structured analysis of clinical cases during lectures, on the structured debriefing protocol used in lectures on the most sensitive topics, and through critical reflection in their portfolio.

DD4: Communication skills

By the end of the course, participants will be able to:

- communicate difficult diagnoses with presence, honest language and emotional sensitivity;
- communicate clinical concerns to senior colleagues with professional assertiveness;
- facilitate shared decision-making conversations using language that reflects the patient's choice;
- communicate across linguistic and cultural differences by using English as a lingua franca and demonstrating cultural humility;
- write portfolio reflections with critical sophistication and engagement with ethically complex scenarios.

DD5: Learning skills

By the end of the course, participants will be able to:

- use their advanced portfolio as evidence of continuous professional development, suitable for use after qualification;

- access and critically evaluate international literature on clinical communication as the basis for evidence-based practice throughout your professional career;
- independently apply all the course frameworks in new clinical situations;
- demonstrate cultural humility as a constant guiding principle in every new clinical encounter;
- integrate the reflective habits developed over the two-year programme into a sustainable practice of professional self-assessment.

SYLLABUS

Advanced informed consent, shared decision-making, and interprofessional communication: a review of second-year frameworks; informed consent; assertive versus sub-assertive versus aggressive language; patient presence during bedside handover; the label of 'difficult patient' as a clinical risk.

Communicating difficult diagnoses: communicating gestational diabetes, pre-eclampsia, threatened miscarriage, preterm labour, and endometriosis in plain English; alleviating feelings of guilt; managing uncertainty; false reassurance as pragmatic harm; specialist vocabulary relating to endometriosis.

Communicating perinatal loss: linguistic analysis and case studies; the first two minutes; silence as a form of care; use of the baby's name and gender; phrases that cause harm even when well-intentioned.

English as a lingua franca in obstetrics: definition and relevance in European healthcare; accommodation strategies — slowing down, simplifying, avoiding idioms, breaking things down, visual aids, genuinely checking for understanding, rephrasing rather than repeating; signs of misinterpretation; decision-making framework for the use of an interpreter; a family member as an interpreter; digital translation tools — safe and unsafe uses; multilingual clinical resources.

Cultural models of pregnancy and childbirth: cultural humility versus cultural competence; high- and low-context communication; cultural practices during pregnancy and childbirth — understand before assessing.

Intercultural communication in practice: practical scenarios — providing instructions during labour where there is a language barrier, managing large families in the delivery room; visual and multimodal communication tools; the birth plan across different cultures; role-play with a patient with limited English proficiency, applying all accommodation strategies.

Analysis and understanding of sensitive issues and the characteristics of vulnerable women, including female genital mutilation, domestic violence, miscarriage, and voluntary termination of pregnancy; migrant and refugee women, teenage pregnancy, single women, disability, and trauma-informed communication.

Integration of complex clinical scenarios: portfolio review and peer discussion; individual self-assessment of areas of strength and development.

COURSE STRUCTURE

Lectures in class on the topics covered in the syllabus will be complemented by interactive lessons designed to hone students' comprehension and production skills, both oral and written. Specialist texts and other materials, including audiovisual resources, will be used for this. Active participation in lessons is required, involving interaction both with the lecturer and among students.

The course comprises 28 hours of classroom teaching. Students must attend at least 75 % of the lessons in order to pass.

COURSE GRADE DETERMINATION

The exam consists of 60 questions focusing on the various aspects of medical English covered during the course. It is worth a total of 60 marks (one mark for each correct answer); the pass mark is 60 % (36 marks). The final grade is 'pass' or 'fail'.

The oral assessment will be evaluated, ongoing, throughout the course. Students who do not pass this ongoing assessment will be required to sit an oral exam in addition to the written exam.

The oral examination will be assessed as follows:

FAIL Fragmentary and superficial knowledge of the content, errors in applying concepts, poor presentation.

PASS At least sufficient, and appropriate, knowledge of the content, clear and coherent presentation.

OPTIONAL ACTIVITIES

None planned.

READING MATERIALS

Course materials will be provided by the lecturer.

The reading list and recommended texts for further study will be discussed in class and published on WebApp, the University portal