PROGRAMME REGULATIONS FOR SINGLE-CYCLE MASTER'S DEGREES IN MEDICINE AND SURGERY

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Approved by the Faculty Committee of
Pharmacy and Medicine – Medicine and Dentistry – Medicine and Psychology
in its deliberative capacity, pursuant to Ministerial Decree 270/04

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1. DEFINITION OF THE QUALIFYING LEARNING OUTCOMES OF THE SINGLE-CYCLE DEGREE PROGRAMME IN MEDICINE AND SURGERY (LM-41) pursuant to Ministerial Decree No. 1649 of December 19, 2023

The Degree Programmes in Medicine and Surgery (CLMMC) are structured over six years and are established within the Faculties of "Pharmacy and Medicine", "Medicine and Dentistry" and "Medicine and Psychology".

SPECIFIC LEARNING OUTCOMES OF THE PROGRAMME AND STUDY PLAN

Specific learning outcomes of the programme

The Single-Cycle Degree Programme in Medicine and Surgery (Class of Degrees in Medicine and Surgery, LM-41, attached to Ministerial Decree no. 1649 of December 19, 2023) aims to train “expert doctors” equipped with the scientific foundations, theoretical and practical preparation and professional skills necessary to practise as a medical doctor, enabling them to carry out their work in positions of responsibility in various professional roles and fields.

Graduates and master's degree graduates in the programmes of the class, bearing in mind international standards on medical training and the qualifying learning outcomes of the Class of Degrees in Medicine and Surgery, must be able to:

- provide high-quality, safe care, in collaboration with the patient and in accordance with the fundamental values of the profession, knowing how to correctly apply medical knowledge, skills and clinical expertise independently;

- make clinical decisions and carry out preventive, diagnostic and therapeutic interventions within their scope of practice and in recognition of the limits of their competence, being able to collect, interpret and critically evaluate information and data relating to the health and illness of individuals, including in relation to the characteristics of the environment in which they live;

- develop sound decision-making processes, taking into account individual variability, knowing how to assess specific circumstances and patient preferences, in relation to the availability of resources, with reference to best practices derived from evidence-based medicine and, where appropriate, precision medicine;

- use scientific evidence and innovative technologies in an informed and constantly updated manner, integrating them for the benefit of patients in the complex processes of prevention, diagnosis and treatment;

- implementing up-to-date, ethical and efficient clinical practice, conducted according to the principles of teamwork and in collaboration with patients and their families, other health professionals and the community;

- design and conduct their own continuing professional development, so that their expertise remains aligned with the latest scientific research, critically evaluating the results;

- apply the highest standards of professionalism, fully adhering to the ethical principles of the profession and observing the rules of the Code of Ethics, being fully aware of the behaviours and attitudes appropriate to being a doctor;

- understand and consider the global health and equity needs of the community and population (Global Health, One Health, eHealth), knowing how to mobilise the resources necessary for change and contribute, with their experience and work, to improving the health of the community and population, ensuring equitable access to appropriate quality healthcare.

In order to be able to carry out their profession with full awareness of their role, graduates of the degree programme in Medicine and Surgery must have acquired:

- essential knowledge and competence in basic sciences, with particular emphasis on their subsequent professional application, including scientific methods, principles relating to the measurement of biological functions, the evaluation of scientific evidence and data analysis;

- knowledge and expertise in biomedical, biotechnological and clinical-specialist research methodology, with a particular focus on translational medical research, being able to conduct research on specific topics, having the right mindset for critical interpretation of scientific data, with a good knowledge of digital technologies applied to medicine;

- competence in collecting and critically evaluating data relating to the well-being, health and illness of individuals from a clinical point of view, within a unified vision of the person that extends to gender, socio-cultural and environmental dimensions, knowing how to interpret data in relation to scientific evidence, physiopathology and organ, apparatus, cellular and molecular pathologies;

- skills to address and resolve, responsibly and independently, the main health problems of the individual from the point of view of health promotion, prevention, diagnosis, prognosis, treatment and rehabilitation, based on in-depth clinical and surgical knowledge, combined with skills, experience and self-assessment abilities, knowing how to apply the principles of health economics in these decision-making processes;

- ability to listen to patients and their families, combined with the ability to relate to and communicate with them in a clear, humane and empathetic manner, being able to manage an effective therapeutic relationship that is patient-centred, knowing how to elicit patient engagement through a genuine partnership with the patient and their families; graduates will also be able to manage communication effectively in difficult situations and carry out effective counselling, health education and promotion of the patient's physical and mental health and well-being (communication as a form of care);

- ability to collaborate efficiently with different professionals in various group healthcare activities, through conscious use of the activities typical of “communities of practice”, to make the patient's “care process” as effective and comprehensive as possible;

- ability to recognise community health issues, with a strong focus on diversity and inclusion, being able to intervene competently, knowing how to apply the principles of advocacy for health, healthcare and social justice, understanding the principles of global health/One Health/eHealth and those related to disaster preparedness in the event of catastrophic events;

- ability to practise their profession, having developed reflective thinking skills, including mastery and knowledge of the historical, epistemological, sociological, psychological and ethical dimensions of medicine and everything included in the field of medical humanities.

- ability to exercise critical judgement on the ethical aspects of clinical decisions and research.

The specific learning outcomes described above (or expected learning outcomes), listed for the Single-Cycle Degree Programme in Medicine and Surgery, are defined on the basis of the guidelines of the World Federation of Medical Education (WFME) in the 2007, 2015, and 2020 editions, the CanMEDS 2015 and 2024 guidelines, the TUNING-CALOHEE Medicine (Edition 2024) Guidelines and Reference Points for the Design and Delivery of Degree Programmes in Medicine, and The TUNING Project (Medicine) Learning Outcomes/Competences for Undergraduate Medical Education in Europe according to the European descriptors (5 Dublin descriptors). The suggestions of the International Association for Health Professions Education (AMEE) derived from the AMEE Guides and the BEME (Best Evidence Medical Education) Guides were also followed.

The learning outcomes described above are also aligned with the learning outcomes set out in MINISTERIAL DECREE no. 1649 of December 19, 2023 and are also consistent with the core curriculum for the Master’s Degree in Medicine and Surgery as proposed by the Permanent Conference of Presidents of Italian Master's Degrees in Medicine and Surgery (http://presidenti-medicina.it/).

Description of the Study Plan

In accordance with current European Directives, the duration of the Master's Degree programme in Medicine and Surgery is 6 years, consisting of at least 5,500 hours of theoretical and practical teaching carried out at or under the supervision of the University. The single-Cycle Master's Degree programme in Medicine and Surgery requires a total of 360 University Credits (ECTS), spread over six years of study. Of these, at least 60 ECTS must be acquired through practical educational activities aimed at developing specific professional skills (professional ECTS). The programme is organised into 12 semesters and no more than 36 integrated courses; these are assigned ECTS in specific scientific-disciplinary areas by the University's programme regulations, in accordance with the provisions of the ministerial table of essential educational activities. In accordance with current European Directives, the duration of the Master's Degree programme in Medicine and Surgery is 6 years, consisting of at least 5,500 hours of theoretical and practical teaching carried out at or under the supervision of the University. The single-cycle Master's Degree programme in Medicine and Surgery requires a total of 360 University Credits (ECTS), spread over six years of study. Of these, at least 60 ECTS must be acquired through practical educational activities aimed at developing specific professional skills (professional ECTS). The programme is organised into 12 semesters and no more than 36 integrated courses; these are assigned ECTS in specific

scientific-disciplinary areas by the University's programme regulations, in accordance with the provisions of the ministerial table of essential educational activities. (Ministerial Decree no. 1649 of December 19, 2023).

As part of the professional credits to be earned throughout the entire study plan, 15 credits must be allocated to the completion of the three-month practical-evaluation internship within the degree programme referred to in Article 3 of the Decree of the Minister of Education, University and Research No. 58 of May 9, 2018, and subsequent amendments and additions, aimed at obtaining a professional qualification. (https://www.gazzettaufficiale.it/eli/id/2018/06/01/18G00082/sg).

The aforementioned internship takes place during the fifth and sixth years of the programme for a number of hours corresponding to at least 5 ECTS for each month and is divided into the following periods, which may be non-consecutive:

- one month in the Surgery Area;
- one month in the Medical Area;
- one month to be completed, no earlier than the sixth year, in the field of General Medicine.

The months of attendance cannot overlap.

Each single ECTS reserved for practical-evaluation internship must correspond to at least 25 hours of professional training. Pursuant to Article 102, paragraph 1, of Decree-Law No. 18/2020 (https://www.gazzettaufficiale.it/eli/id/2020/03/17/20G00034/sg), the final exam of the single-cycle Degree Programme in Medicine and Surgery is valid as a state examination qualifying the holder to practise as a medical doctor, subject to passing the practical-evaluation internship.

Each ECTS of foundation, core, related and supplementary educational activities chosen by the student must correspond to a student commitment of 25 hours, of which normally up to 12.5 hours of teaching activities in person or under the supervision of a teacher (lectures, small groups, assisted self-assessment, discussion of clinical cases and other types of teaching, in person and within the teaching facility). Their structure will be defined in the educational regulations and indicated in the teaching sheets.

Given that the following activities are highly experimental and practical in nature, each single ECTS of professional teaching activity must correspond to 25 hours of professional teaching activity with teacher guidance in small groups, within the teaching facility and/or the local area; each single ECTS for the preparation of the final dissertation must correspond to 25 hours of activity within the teaching facility.

Pursuant to paragraph 6 of Article 3 of Ministerial Decree 1649 of December 19, 2023, the programme ensures students full access to the educational activities referred to in Article 10, paragraph 5, of Ministerial Decree No. 270 of October 22, 2004, dedicating a total of at least 30 credits to the activities provided for therein, of which no less than 8 to the activities referred to in letter a) and no less than 12 to the activities referred to in letter b).

Furthermore, without prejudice to the reservation of no less than 8 credits for activities chosen independently by students, the master's degree programme reserves up to 8 credits to be chosen by the student from among the compulsory internship credits provided for by the Class for professional training activities. Their activation represents an important moment in the students' training, enabling them to achieve greater self-awareness of their professional future and facilitating a reasoned and confident choice of their post-graduate path.

Students are required to complete teaching evaluation questionnaires when booking certifying exams on the University's INFOSTUD platform or in the classroom during lessons, and are invited to complete an annual online questionnaire to evaluate their internship activities.

The Internship Record book is attached to these regulations (ANNEXE 1).

Description of the main teaching methods used in the degree programme

The teaching method adopted involves horizontal integration (between different disciplines in the same semester or year) and vertical integration (for similar or complementary topics over several years of the course) of knowledge, a teaching method based on a solid cultural and methodological foundation achieved in the study of pre-clinical disciplines and subsequently focused mainly on problem-solving and decision-making skills, early contact with patients, the acquisition of a strong professional identity and skills that include, in the context of the most frequently encountered clinical problems and major emergencies, both excellent

clinical skills and excellent interpersonal skills with patients, enabling students to become capable of “caring” for them.

A highly integrated teaching programme was therefore planned, with the aim of promoting students' ability to acquire knowledge in an integrated rather than fragmented way, and to retain it not only in the short term but also in the longer term. Students will be able to acquire all the foundation professional knowledge and skills in the fields of internal medicine and specialist medicine, general surgery and specialist surgery, as well as community medicine, with the ability to detect and critically evaluate, from a clinical point of view and within a unified vision that also extends to the socio-cultural dimension, data relating to the state of health and illness of the individual.

With regard to practice-based learning, looking ahead to the future, the following are envisaged: 1) an increasingly greater integration with the clinical context, from the first to the sixth year of the programme; 2) a well-defined and growing sense of responsibility among students within the care process, throughout their training; 3) an increasingly greater consideration of student collaboration within the National Health System; 4) consideration of students as “medical students in training”, also taking into account their possibility of enrolling in ENPAM (National Pension Fund for Public Employees) while they are still students; 5) an increasingly evident and important link between “medical education” and “healthcare delivery”.

The general organisation of the programme therefore, includes vertical pathways that intersect and complement each other, providing for:

A first vertical pathway (first to sixth year of the programme) of a “biomedical” nature, organised according to an “inverse triangle” model in terms of the organisation of basic, preclinical and clinical educational activities, with clinical activities beginning in the early years of the programme (early clinical contact); for the degree programme taught in English, the start of clinical activities is subject to the requirement to attend the Italian language course organised by the University Language Centre during the first year.

A second vertical pathway (first to sixth year of the programme) of a “psychosocial” nature, dedicated to medical-scientific methodologies and the human sciences, with particular reference to topics such as bioethics, forensic medicine, epidemiology, general hygiene and occupational medicine (global health, One Health, e-Health), medical-scientific methodology, the doctor-patient relationship and inter-, intra- and trans-professional relationships in the complex process of care, topics related to health issues linked to gender, ageing, chronicity and multimorbidity, social and economic status and the relationship with the environment, diversity and disability, frail individuals, the clinical approach of narrative medicine, topics related to various areas of psychology, the sociology of health, and issues of economics and healthcare management; other topics which, taken together and in conjunction with the “biomedical” pathway, contribute to the development of students' professional identity;

A third vertical pathway (first to sixth year of the HT Medicine programme) of a “technological” nature, dedicated to the study of topics related to precision medicine, translational medicine, genomics, bioengineering, bioinformatics, bioelectronics, “network medicine”, “Big Data” analysis, medical robotics, “machine learning”, and artificial intelligence in its various uses related to scientific research and medical practice. Some of the above-mentioned content has been included in the educational objectives of all Single-Cycle degree programmes in Medicine and Surgery.

These major vertical pathways are closely linked, with different ECTS weights related to the declared training profile, in a study plan similar to the well-known “spiral curriculum” model, where critical reviews of the same topics are also provided for, with successive degrees of complexity and difficulty leading to the training of an “expert doctor” within the limits specified above, who has the right skills according to well-known international models:

1) excellent knowledge of medicine and clinical practice (what the doctor is capable of doing – doing the right thing);

2) excellent ability to perform clinical practice (when the doctor, in his clinical practice, does what is right – doing the thing right);

3) awareness of having achieved an excellent level of professionalism (when the doctor knows how to be professional – the right person doing it).

The specific content of the courses and learning outcomes is derived from the tasks that society entrusts to the medical profession, responding to a need for health and coinciding with the essential knowledge and skills necessary for professional practice, identified by a shared “core curriculum”. Professional credits and practical training activities must ensure the acquisition of a series of essential skills and abilities related to the “know-how” and “know-how-to-be” of a doctor, also identified by the “core curriculum”.

The teaching programme for the Master's Degree Programme in Medicine and Surgery therefore, offers the right balance of vertical and horizontal integration between:

a) Basic sciences, which must be broad and include knowledge of evolutionary biology, molecular biology, genetics, and biological complexity aimed at understanding the structure and function of the human organism under normal conditions, for the purposes of maintaining health and the correct application of translational scientific research;

b) Knowledge of disease processes and understanding of the mechanisms that cause them, also for the purpose of establishing prevention, diagnosis and therapy;

c) Clinical medical practice and its methodological foundations, which must be particularly solid, through extensive use of tutorial-type teaching, capable of transforming theoretical knowledge into personal experience in such a way as to build one's own scale of values and interests, and to acquire the professional skills useful for managing the complexity of medicine, building one's own professional identity;

d) The Human Sciences, which must constitute a useful foundation for achieving awareness of being a doctor and of the profound values of medical professionalism, in relation to those of the patient and society;

e) The acquisition of scientific, technological, medical, clinical and professional methodology aimed at the health problems of individuals and the community, with due attention to differences in population and sex/gender.

The distinctive features of the educational programme linked to the proper management of the degree programme, in a future-oriented vision, include: 1) adapting the curriculum so that it is increasingly geared towards the needs of the real world (authentic curriculum) and does not merely represent excellence isolated from the social context; 2) the presence of a curriculum that is increasingly flexible to the needs of students and allows for “adaptive learning”, instead of a standardised curriculum; 4) the creation of strong motivational bases that make interpersonal collaboration between students (peer-to-peer, team-based learning) increasingly common, instead of isolation and individualism; 4) the consideration of the student as a true partner in the educational process, rather than a customer of the process being offered; 5) greater emphasis on the quality of teaching and on teachers who obtain excellent ratings in student evaluations of teaching, as opposed to the current focus on the overall quality of individual integrated courses alone.

Distinctive features of the Degree Programme

The distinctive features of the Master's Degree Programme in Medicine and Surgery aimed at achieving the general, intermediate and specific outcomes are summarised as follows:

1) Within the scope of current legislation, the planning of objectives, programmes and teaching is multidisciplinary.

2) The teaching method used is interactive and multidisciplinary, with the daily integration of basic sciences and clinical disciplines and early clinical involvement of students, who are immediately guided towards a correct approach to patients, generally from the early years of the programme. Early clinical involvement (early clinical contact) is generally achieved by involving students in the execution of psychosocial history-taking at the patient's bedside and by acquiring BLS techniques, such as professional training organised as guided tutorial activities with certification. Basic science and clinical issues are therefore addressed throughout the programme, as specified above (total integration model), albeit in different proportions, but with a unified and highly integrated vision, including through the use of multi-voice teaching, problem-based learning and problem solving with appropriate decision-making.

3) The specific outcomes of the foundation courses are chosen primarily on the basis of the relevance of each objective in the context of human biology and its preparatory nature with respect to current or foreseeable clinical issues, with particular attention to the component concerning scientific methodology.

4) The specific outcomes of the core courses are chosen primarily based on epidemiological prevalence, urgency of intervention, possibility of intervention, severity, and educational value. There is also a focus on hospital ward and local clinic attendance and on building relationships with patients, including from a psychological perspective.

5) The teaching process employs and enhances the use of modern teaching methods, both in the management of large groups

that can engage students and in the management of small groups of students that can solidly build the foundations of the required professional skills. In the management of large groups, classroom responders and the “flipped classroom” methodology are used, both of which improve student engagement, as are clinical triggers in basic science lessons and clinical presentations. In the management of small groups, a well-structured tutorial system is used with rotations that ensure this important type of teaching activity for all students, given the great usefulness and effectiveness of this type of teaching in exploring specific topics and encouraging and motivating the students who participate. The teaching methodologies used are problem-based learning, clinical teaching, team-based learning, brainstorming, role-playing, journal clubs and the extensive use of seminars, interactive conferences, debates, peer teaching by students and game-based learning.

6) Teachers-tutors are predominantly involved in the student's educational process, facilitating learning (subject tutors) and providing support (personal tutors) to students.

7) Particular attention is given to acquiring skills and abilities related to medical ‘know-how’ and "interpersonal skills" through: a) involvement in planning foundation research during the first three years of the programme; b) learning the semiological basics of clinical sciences at the patient's bedside and in simulation laboratories (skill labs) during the intermediate period (internship organised as a guided tutorial activity in the first, second and third years of the course), including the use of mannequins and models, simulated patients and virtual patients, and the use, where available, of advanced clinical simulation centres; c) attendance in the care wards of the relevant healthcare facilities, as well as in medical centres located throughout the territory, both for professional training activities and for practical-assessment internships (from the fifth to the sixth year of the course). These clinical activities will be organised in such a way that students can carry out both the activities required by the course and the elective clinical activities chosen by the students themselves, where applicable. Their position in the study plan can follow either the traditional model of “clinical clerkships”, characterised by short rotations in all care departments, or the model of “longitudinal integrated clerkships”, which ensure longer periods of time in a certain number of care departments, guaranteeing continuity of experience. The teaching methods used are those of traditional bedside teaching and involve direct contact between the student and the patient and clinical tutor in various clinical contexts in wards and outpatient clinics (learning triad). The teaching strategies used include, for example, those of Cox's Experiential Cycle, MiPLAN and other specific teaching methods for the clinical settings used, both in wards and outpatient clinics; d) participation in research programmes, including translational research, during the internship period for the purpose of preparing the final dissertation.

8) Particular attention is given to learning technical English, with the aim of achieving a level of proficiency corresponding to B2. The Single-Cycle Master's Degree in English language courses are taught entirely in English. To facilitate interaction with patients, first-year students are offered a free Italian language course organised by the University Language Centre.

9) The use of technology plays an important role in medical education today, facilitating the acquisition of basic knowledge, improving decision-making skills, improving coordination in certain practical skills or viewing critical or rare events, improving psychomotor skills and implementing team training activities. To this end, within the permitted terms of delivery, particular attention is given to IT and multimedia methodologies, including through e-learning, distance learning and telemedicine experiences, and to the correct use of bibliographic sources. In developing these activities, in the elaboration of what we define as a “blended curriculum”, educational strategies will include “intentional learning”, “structured learning”, “contextualised learning”, “customised learning” and “cooperative learning”, in accordance with the best international experiences.

10) Enhancement of Clinical Methodology and Human Sciences through integrated courses that accompany students throughout their entire educational path (years I-VI). It is well known how important methodology is in medicine, both in terms of knowledge of medical methodology and its rules according to the principles of evidence-based medicine, and in terms of clinical methodology applied to individual patients. These integrated courses immediately orient students towards a humanistic education, which will accompany them throughout their scientific and professional training. This training will enable them to refine their skills and acquire the correct and innovative means of clinical reasoning. This will be achieved through the application of “evidence-based medicine” and “evidence-based teaching” through the use of “guidelines”, “concept maps” and “algorithms”. These integrated courses will also address topics related to interdisciplinarity and interprofessionality, health economics, medical professionalism, the social responsibility of doctors, social and gender perspectives, relationships with so-called complementary and alternative medicines, prevention, education of chronic patients, addiction disorders and palliative care for terminally ill patients.

11) Attention is given to practical experiences in local settings, concerning community health issues according to the principles of Community-based Medical Education (CBME), which provide knowledge and practice related not only to the activities of general practitioners, but also to all activities managed by local structures other than hospitals. These specific skills can be further expanded through elective courses chosen by students, dedicated to primary care in the local area, the care of frail and

disadvantaged people, people with disabilities, and the peculiarities of rural medicine and places that are difficult to access.

12) Attention is also given to practical experiences in the field that enhance the role of doctors as defenders of health, on issues of social justice, in application of the principles of "Global health/One health/eHealth" and those related to "disaster preparedness" in the face of catastrophic events.

Students Assessment Methods

The achievement of learning outcomes (levels of competence attained) is assessed through certifying tests that are reproducible, based on objective elements, unaffected by extraneous factors (reliability) and fair (respectful of the learning agreement between teacher and learner), using valid methodologies aligned with the dimension to be assessed in terms of knowledge, skills and competences. The assessment of the competences achieved by students must therefore be aligned, coordinated, analytical and formative for students themselves.

In addition to traditional oral or written exams, exams may also consist of a series of items designed to assess the skills acquired by the student, in relation to Miller's pyramid of skills:

level 1) knowledge (knowledge – knows);
level 2) competences, knows how to do (competence - knows How);
level 3) performance, shows how to do (performance – shows How);
level 4) knows how to do, actions (Does – Action);
level 5) knows how to be professional, professional identity (Is – Identity).

In relation to these five levels of increasing competence, the assessment tools used should be:

Level 1) written exam with multiple-choice questions (MCQ), written exam with short-answer questions, conventional oral exam, preferably standardised;

Level 2) written and/or oral tests of clinical diagnostic reasoning using clinical scenarios, situation judgement tests;

Level 3) OSPE (Objective Structured Practical Examination), simulations and models, OSCE (Objective Structured Practical Examination), record book, portfolio (students' reflective reports on activities carried out), chart simulated recall;

Level 4) Clinical assessment exercises (mini-CEX), P-MEX – professional mini evaluation exercise, direct observation (DOPS – Direct Observation of Procedural Skills), standardised patient examination;

Level 5) Direct observation of personal and professional development (Professional metacognitive behaviour), patient assessments of activities carried out (patient survey), standardised patient examination, multi-source or 360° assessment, professional self-identity questionnaires.

Students are also assessed through ongoing formative assessments (self-assessment tests and interim interviews), written reports on assigned topics (portfolio), and feedback from tutors during bedside clinical activities.

Training profiles currently activated within the three faculties

A) Biomedical-psychosocial profile

- The professional profile of the medical doctor to be trained is the biomedical-psychosocial one. This profile is aimed at developing professional competence and values of professionalism. It is based on the importance of integrating the biomedical paradigm of treating disease with the psychosocial paradigm of caring for human beings. The theoretical perspective considered capable of combining the two different approaches is the meta-paradigm of complexity.

The profile, which identifies the specific mission of the degree programme, is that of an expert physician, at an initial professional level, who possesses and knows how to consciously use:

- a multidisciplinary, interprofessional, integrated and longitudinal view of the most common health and disease problems;

- education focused on disease prevention, rehabilitation and health promotion within the community and the local area, with special attention to the principles of “evidence-based medicine” and “precision medicine” and with a humanistic culture in its medical aspects;

- a deep understanding of new healthcare and health needs, focused not only on disease but, above all, on the centrality of the sick person, considered in their entirety in terms of body, mind, spirituality (whether secular or religious), history and network of relationships, and placed within a specific social, environmental, cultural and economic context.

In particular, when a “Biomedical-Psychosocial” training profile has been chosen, there must be a particular emphasis on Clinical Methodology - Human Sciences (Methodologies), through integrated courses that accompany the student throughout the entire training programme (years I-VI). There must be collaboration with general psychologists, clinical psychologists and other teachers of the disciplines included in area C_20: “Human Sciences, Health Policy and Management, and English Language”. Additional specific topics may be covered through appropriate use of the “Related or Integrative Educational Activities” area. The importance of methodology in medicine is well known, both in terms of knowledge of medical methodology and its rules according to the principles of evidence-based medicine, and in terms of clinical methodology applied to individual patients. These integrated courses immediately orient students towards a humanistic education, which will accompany them throughout their scientific and professional training. This training will enable them to refine their skills and acquire the correct and innovative means of clinical reasoning. This will be achieved through the application of “evidence-based medicine” and “evidence-based teaching” using “guidelines”, “concept maps” and “algorithms”. These integrated courses will also address topics related to interdisciplinarity and interprofessionality, health economics, medical professionalism, the social responsibility of doctors, social and gender perspectives, relationships with complementary and alternative medicine, prevention, education of chronic patients, addiction disorders and palliative care for terminally ill patients. The gradual acquisition of the method is accompanied by the humanistic training of students. In this way, they can grow from a scientific point of view and also develop greater sensitivity to ethical and socio-economic issues, enabling them to interact with patients as whole persons, in accordance with the concept of whole person medicine. This responds to the growing need to bring doctors closer to sick people, who are increasingly distanced from a medical practice that is solely technological. In this context, narrative medicine, medical humanities, together with reflection grids and role-playing techniques, are also important tools for students to acquire genuine emotional and professional skills. In compliance with Ministerial Decree 1649 of December 19, 2023, topics related to precision medicine, translational medicine, genomics, bioengineering, bioinformatics, bioelectronics, network medicine, big data analysis, medical robotics, machine learning, and artificial intelligence in their various uses related to scientific research and medical practice have been included in the training curriculum.

B) Biomedical Technology Profile (HT Medicine Programme)

The “biomedical-technological” profile needs to be designed in collaboration with engineering faculties/schools. Its objective is to train doctors who also possess technical and engineering skills.

The profile is therefore that of a doctor who possesses, at an initial professional level, the following skills and competences:

- multidisciplinary, interprofessional and integrated expertise in the most common health and disease problems, combined with a particular focus on and knowledge of the world of engineering technology, enabling targeted interaction with master's degree graduates in engineering in the design of advanced biomedical technologies;

- training focused on disease prevention, rehabilitation and health promotion in the community and the local area, with in-depth knowledge of the development technologies that underpin “evidence-based medicine” and “precision medicine”, with a humanistic culture in its implications of medical interest;

- a deep understanding of new healthcare and health needs, focused above all on the centrality of the sick person, considered in their entirety as defined above and placed in a specific social, cultural, environmental and economic context, combined with the ability to design, in collaboration with master's degree graduates in engineering, innovative devices aimed at substantially improving their condition.

The programme is characterised by a well-structured vertical integration of basic and clinical sciences with engineering sciences in a multidisciplinary, interdisciplinary and transdisciplinary manner.

Furthermore, students enrolled in programmes with a biomedical-technological profile have access to elective extracurricular

exam groups that allow them to deepen their knowledge of clinical and biomedical engineering topics, which contribute to furthering their understanding of the subjects required to obtain an additional degree in Clinical Engineering. Students who complete four elective courses, for a total of 32 credits, may apply for a second degree in Clinical Engineering, as their study plan is fully recognised by the relevant degree class.

Specifically, within the "Biomedical-Technological" study plan, in addition to the enhancement of Clinical Methodology - Human Sciences (Methodologies) through integrated courses that accompany the student throughout the entire training programme (years I-VI), there must be an adequate number of credits in the technological field, preferably using the areas B_01 "General disciplines for medical training", B_04 “Biological Functions”, C_21 “Information and communication technologies and technical-scientific disciplines supporting medicine”. Additional specific topics may be covered through appropriate enhancement of the “Related or Supplementary Educational Activities” area. In summary, the fundamental sciences typical of medicine are complemented by a solid foundation in physics, physics applied to medicine, mathematical analysis and linear algebra, analytical geometry and applied statistics, principles of optimisation, fundamentals of computer science, electronics and circuit theory, bio-electro-magnetic interaction and compatibility, tissue biomechanics, neuroscience and bioinformatics, which are functional to understanding the technological principles underlying bioengineering applications in medicine. The following remain fundamental in the educational curriculum: knowledge of disease processes and the mechanisms that cause them, including prevention, diagnosis and treatment; clinical medical practice and its methodological foundations; the humanities remain irreplaceable in enabling students to become aware of what it means to be a doctor and the profound values of their profession, in relation to the centrality of the patient and the need to treat “with” the patient, in their psycho-social context and through the conscious and shared use of technology for the full benefit of the patient themselves. The acquisition of scientific, medical, clinical and professional methodologies aimed at the health problems of individuals and the community is complemented by skills in engineering methodologies and technologies, always bearing in mind their applicability and paying due attention to population and gender differences. The topics of translational and precision medicine, genomics, bioengineering, bioinformatics and bioelectronics, network medicine, Big Data analysis, medical robotics, medical applications of Artificial Intelligence and machine learning are expanded upon.

2. EXPECTED LEARNING OUTCOMES, EXPRESSED THROUGH THE EUROPEAN QUALIFICATION DESCRIPTORS pursuant to Ministerial Decree no. 1649 of December 19, 2023

Knowledge and Understanding skills

Graduates must have sufficient knowledge and understanding to describe and correlate the fundamental aspects of the biomolecular structure, both macro and microscopic, of pathological functions and processes, as well as the main disease patterns in humans. They must demonstrate an understanding of the principles and ability to discuss the social and economic nature and ethical foundations of human and professional action in relation to health and disease issues.

In this regard, graduates will be able to:

1) correlate the structure and normal functioning of the organism as a complex of biological systems in continuous adaptation, interpreting the morphological and functional abnormalities found in different diseases;

2) explain the key elements of biomedical and clinical sciences and the main strategies, methods and resources used in the diagnostic process and in the treatment of patients; explain the principles and methods of evidence-based medicine, with attention to sex/gender and population differences;

3) identify normal and abnormal human behaviour, being able to indicate the determinants and main risk factors of health and disease and the interaction between humans and their physical and social environment, with attention to sex/gender and population differences;

4) describe the fundamental molecular, cellular, biochemical and physiological mechanisms that maintain the body's homeostasis, being able to describe the human life cycle and the effects of growth, development and ageing on the individual, family and community, with attention to sex/gender and population differences;

5) explain the origin and natural history of acute and chronic diseases, having essential knowledge of pathology, pathophysiology, epidemiology, health economics and the principles of health management. They will also have a good understanding of the mechanisms that determine equity in access to healthcare, the effectiveness and quality of care itself, also in relation to existing sex/gender differences;

6) describe and interpret the fundamental elements of clinical reasoning, to develop a correct decision-making process, after collecting, interpreting and critically evaluating information on the health and disease status of the individual, including in relation to the environment in which they live;

7) Interpret the overall needs of patients and their families from a bio-psycho-social perspective at any stage of the disease, from diagnosis to incurability and terminal stages, when they occur, through competent communication and an interdisciplinary approach that takes into account cultural, psychological and spiritual factors, and not exclusively the somatic needs that modulate the relationships between patient, family and disease. Be able to discuss clinical problems holistically and address the diagnostic and therapeutic process, considering the centrality of the patient and understanding pain management, also in light of evidence-based medicine and precision medicine.

8) correlate the principles of drug action with their indications, paying attention to differences in sex/gender and population, and describe the main diagnostic, therapeutic, surgical, physical, psychological, social and other interventions in acute and chronic disease, rehabilitation, prevention and end-of-life care;

9) understand the main IT and digital tools and telematic communication;

10) explain the main patient safety issues in hospital and outpatient healthcare facilities and how often they occur;

11) know and be able to implement the appropriate communication techniques and protocols for doctor-patient interaction, the theoretical basis of the therapeutic alliance and the relationship with the patient and their family members;

12) explain the essential concepts of group and power dynamics, leadership and teamwork; describe the roles, tasks and responsibilities of the leader and other members of the healthcare team, recognising the socio-cultural and professional features of each person and considering their potential impact on patient care;

13) describe the tasks and functions of institutions, organisations and associations within the national health system and the legal and financial basis of healthcare;

14) discuss the essential elements of professionalism, including the moral and ethical principles and legal responsibilities that underpin the profession, being able to describe the values, norms, roles and responsibilities of the profession. Describe the aspects that influence the well-being of a professional, including environmental, emotional and physical factors and how to prevent burnout;

15) describe the fundamental ethical and legal principles governing the practice of medicine; describe professional standards and critically evaluate their significance for the medical profession and its legal context;

16) explain the essential legal requirements of quality management, including quality assurance and quality safety requirements, and the principles of clinical risk management;

17) describe reflection techniques and strategies and the principles of constructive feedback;

18) demonstrate knowledge and understanding of the determinants of health and disease, such as lifestyle, genetic, demographic, environmental, socio-economic, psychological, cultural and sex/gender factors, including in relation to the population as a whole;

19) describe the essential concepts of public health, including disease prevention and health promotion, the role and responsibilities of health professionals, health determinants and health inequalities, and barriers to healthcare at local, national and global levels. This knowledge will be related to the state of international health, understanding the principles of Global Health, OneHealth, eHealth and those related to disaster preparedness in the face of catastrophic events;

20) describe local, regional, national and international institutions and organisations, as well as public health systems and health policies, in relation to health promotion and disease prevention;

21) describe the fundamental concepts of health and planetary sustainability in relation to human health and healthcare; recognise the main local and global health challenges related to the interdependence between human health and ecosystems and how climate and environmental crises affect health and contribute to health inequalities;

22) describe the principles and purposes of modern biomedical equipment and implants used for patient diagnosis and treatment, including remote telematic methods;

23) adapt their conduct to the moral and ethical principles and responsibilities underlying the medical profession.

Specifically for the biomedical-technological degree programme, graduates will be able to:

24) describe the cultural approach and basic concepts in the fields of mathematics, physics and chemistry, as well as the fundamentals of computer science and bioinformatics for precision medicine;

25) explain the management principles for the efficient and effective use of resources in order to ensure adequate levels of care in hospitals and local areas;

26) describe the principles and purposes of the technologies used in the clinical setting that are necessary for the effective and safe use of the equipment and implants, as well as for the training of technicians and paramedical staff. Fundamental to this knowledge is the study of topics in electromagnetism, electrical engineering and applied electronics, automation, sensors and measurements, solid and fluid mechanics for biological systems, as well as the fundamentals of signal, data and image processing and the concepts of biocompatibility, micro drug delivery and tissue engineering;
27) describe biomedical equipment and implants used for patient diagnosis and treatment, as well as the fundamentals of the most modern topics in clinical engineering, such as Health Technology Assessment (HTA), Health Technology Management (HTM), Health Risk Management (HRM) and Health Information Technology (HIT).

Achievement of learning outcomes

These outcomes will be achieved through attendance at foundation, core and related learning activities organised into “specific integrated courses”, designed to ensure a unified and interdisciplinary approach to the learning outcomes themselves. The general principles of the educational organisation of integrated courses are inspired by FAIR educational theories (Feedback, Activity, Individualisation, Relevance). These include frequent feedback on the achievement of objectives by students, the centrality of the student within the educational process, personalisation according to the time required by individual students, and attention to the relevance of the proposed educational objectives, which refer to the national core curriculum.

Teaching methods

The teaching methods used include lectures, conferences, seminars, discussion groups and journal clubs. The teaching/learning process also makes extensive use of small group tutorials, with teacher-tutors who collaborate in the student's educational process by facilitating learning (teaching tutors) and providing personal support to students (career tutors). The teaching process uses modern teaching methods, both in the management of large groups that are able to engage students and in the management of small groups of students, which are able to build a solid foundation of the required professional skills.

In managing large groups, classroom responders and the “flipped classroom” methodology are used, both of which improve student engagement, just as clinical triggers are widely used in basic science lectures and clinical presentations.

In the management of small groups, teaching tutors are used to ensure that all students benefit from this important type of teaching activity, given its great usefulness and effectiveness in exploring specific topics and encouraging and motivating the students who participate.

The teaching methods used are problem-based learning, clinical teaching, team-based learning, brainstorming, role-playing, journal clubs and extensive use of seminars, interactive conferences, debates, peer teaching by students and game-based learning. The “Narrative Medicine” approach is also used in an educational context. All these activities are also aimed at supporting and encouraging “independent learning” by students.

Particular attention is also given to scientific research topics, encouraging: 1) involvement in basic research planning during the first three years of the programme; 2) participation in the excellence programmes organised by the degree programme; 3) participation in research programmes during the internship period for the purpose of preparing the dissertation.

Finally, great importance is given to the humanities through the presence of a humanities backbone of integrated courses, vertical modules and elective courses dedicated to developing sensitivity towards patients and the non-technical aspects of the profession,

which accompany students from the first to the last year of the programme. For this Dublin level, the acquisition of the theoretical and cognitive foundations will be particularly important.

Certifying assessments and in-progress formative assessments

As a general rule applicable to all integrated courses, both certifying assessments and in-progress formative assessments (self-assessment tests and mid-term interviews) are required.

The achievement of learning outcomes (levels of competence attained) is assessed through certifying tests that are reproducible, based on objective elements, unaffected by extraneous factors (reliability) and fair (respectful of the learning agreement between teacher and learner), using valid methodologies aligned with the dimension to be assessed in terms of knowledge, skills and competences. The assessment of the competences achieved by students must therefore be aligned, coordinated, analytical and formative for the students themselves. In addition to traditional oral or written exams, tests may also consist of a sequence of items useful for assessing the skills acquired by the student, in relation to Miller's pyramid of skills:

Level 1) Knowledge (knows);

Level 2) Skills, knows how to do (knows how – competence);

Level 3) Performance, shows how to do (performance – shows how);

Level 4) Knows how to do, actions (does – action);

Level 5) Knows how to be professional, professional identity (is – identity).

With regard to the descriptor “knowledge and understanding”, the assessment tools used will be those described below, in relation to levels 1, 2 and 3 of Miller's pyramid of competencies:
level 1) written exam with multiple-choice questions (MCQ), written exam with short-answer questions, traditional oral exam, preferably standardised;

level 2) written and/or oral tests of clinical diagnostic reasoning using clinical scenarios, situation judgement tests;

level 3) OSPE (Objective Structured Practical Examination), simulations and models, OSCE (Objective Structured Clinical Examination), record book, portfolio (students' reflective reports on the activities carried out), chart simulated recall;

In-progress formative assessments (self-assessment tests and mid-term interviews) also include students' written reports on assigned topics (portfolio) and feedback from tutors during bedside clinical activities.
Level 2 and 3 practical tests are strongly recommended to assess the acquisition of skills and competencies acquired during the Professionalizing internships included in the study plan.

Ability to apply knowledge and understanding

Graduates must be able to apply their knowledge to understanding and solving the health problems of individuals, with attention to gender specificity, groups and populations, also relating to new issues, within broad and interdisciplinary contexts and end-of-life issues. Clinical skills must be aimed at addressing the complexity of the health problems of populations, social groups and individual patients, a diversity characterised by demographic factors, the coexistence of different pathologies and the intertwining of biological, socio-cultural and gender-specific determinants. Graduates will be able to apply advanced technologies effectively and safely to better resolve health problems, including on a global scale.

In particular, graduates must also, with reference to international standards of medical training, be able to:

1) demonstrate possession of the basic skills for exams, diagnosis, treatment and rehabilitation in a manner appropriate to the situation and respectful of patients, being able to develop questions based on clinical problems, researching and evaluating the best available evidence, and communicating it empathically and in a form that is understandable to patients;

2) correctly collect a clinical history, complete with social aspects, using appropriate relational methods, carry out a physical and

mental examination, and apply the principles of clinical reasoning, using basic diagnostic procedures and techniques, analysing and interpreting the results, in order to properly define the nature of a problem and correctly apply appropriate diagnostic and therapeutic strategies, also making use of modern knowledge acquired in the field of gender medicine and precision medicine;

3) establish diagnoses and therapies for individual patients, developing a decision-making process that is informed by best practices derived from evidence-based medicine and inspired by precision medicine, taking into account specific circumstances, the principles of gender medicine and patient preferences, in relation to the availability of resources;

4) recognise any condition that poses an imminent threat to the patient's life, knowing how to correctly and independently manage the most common medical emergencies, even in contexts of war and related to catastrophic events (disaster preparedness);

5) Treating diseases and caring for patients in an effective, efficient and ethical manner, promoting health and disease prevention and avoiding illness, complying with the moral obligation to provide medical care in the terminal stages of life, including palliative therapies for symptoms and pain and existential suffering, with a focus on the whole person and their specific needs, and also in relation to sex/gender differences. Be aware of the limits of care, especially in incurable chronic degenerative diseases or in the pathologies of the elderly, so that palliative care programmes can also be activated at an earlier stage than the terminal phase.

6) Take appropriate preventive and protective action against disease, maintaining and promoting the health of individuals, families and communities, with reference to the basic organisation of health systems, which includes policies, organisation, financing, cost containment measures and principles of efficient management in the proper delivery of health care. They will therefore be able to correctly use local, regional and national demographic and epidemiological surveillance data in health decisions, including in relation to sex/gender differences. They will be able to identify patient safety factors in their work environment as causes of adverse events and potential harm.

7) respect professional values, including excellence, altruism, responsibility, compassion, empathy, reliability, honesty and integrity, and a commitment to following scientific methods, maintaining good relations with patients and their families, safeguarding the well-being, cultural diversity and autonomy of patients themselves, and respecting their specific sex/gender characteristics;

8) correctly apply the principles of moral reasoning and make the right decisions regarding possible conflicts in ethical, legal and professional values, including those that may arise from economic hardship, specific ethnic or gender differences, the commercialisation of healthcare and new scientific discoveries, respecting colleagues and other healthcare professionals and demonstrating the ability to establish collaborative relationships with them;

9) carry out diagnosis, treatment and prevention activities with adequate technical and cultural skills to operate in technically advanced contexts, choosing and using appropriate equipment, tools and methods, being able to skilfully use the latest information, digital and telematic communication technologies at local, regional and global level;

10) recognise the early signs of rare diseases and identify conditions that require prompt professional attention from a specialist;

11) adopt competent communication and an interdisciplinary approach that takes into account cultural, psychological and spiritual factors, and not exclusively somatic needs, which influence the relationship between the patient, family and disease;

12) demonstrate the ability to strike a balance between costs, effectiveness and available resources;

13) reflect on the roles, behaviours and attitudes that constitute professional identity; develop adequate reflective, metacognitive and self-awareness skills regarding their own strengths and weaknesses; apply professional self-care techniques and strategies to promote well-being and prevent dropout, adapting their behaviour as students to the moral and ethical principles and responsibilities that underpin the medical profession.

14) demonstrate the ability to recognise the ethical, legal and professional standards at stake in different contexts, in relation to patients and other health professionals;

15) identify possible quality assurance strategies that are suitable for promoting adherence by the healthcare personnel in the working group;

16) reflect on knowledge of health and illness, including social, biological, psychological, gender, historical and cultural dimensions, and recognise uncertainties; analyse situations in terms of successes, errors, conflicts of interest, biases and uncertainties, manage alternatives and make decisions for future practice accordingly; reflect on and recognise their strengths, weaknesses and biases that may interfere with the quality of patient care;

18) identify the health needs of individuals and populations, taking into account their biopsychosocial status, health-related risk and protective factors, gender, and health barriers they may encounter; propose measures for health promotion and disease prevention that can be incorporated into individual consultations or applied at the community or population level, locally or globally; identify the health needs of individuals and populations, taking into account their biopsychosocial status, health-related risk and protective factors, gender, and health barriers they may encounter; propose measures for health promotion and disease prevention that can be incorporated into individual consultations or applied at the community or population level, locally or globally;

19) critically discuss the tasks and responsibilities of local, regional, national, and international institutions and organisations, as well as public health systems and health policies, in health promotion and disease prevention, and discuss the challenges and opportunities to be addressed;

20) Discuss the link between human health and the environment in complex socio-ecological systems; critically examine the local and global origins of health challenges, considering their gender, social, cultural, economic, and ecological dimensions; compare and contrast the sustainability of tools, technologies, and approaches for addressing emerging health threats.

Specifically for the biomedical-technological degree programme, graduates will be able to:

21) combine theory and practice to solve simple engineering problems in the clinical field; understand project management issues; consult and interpret laws, regulations and technical instructions; understand the non-technical implications of engineering practice; work effectively both individually and in groups; and predict the impact of engineering solutions in the social and environmental context in which they operate.

Achievement of learning outcomes

These outcomes will be achieved through attendance at core, specialised and related learning activities, through specific courses organised in such a way as to ensure a unified and interdisciplinary approach to the learning outcomes themselves. The general principles of the teaching organisation of integrated courses are inspired by FAIR educational theories (Feedback, Activity, Individualisation, Relevance). These include frequent feedback on the attainment of students' outcomes, the centrality of the student within the educational process, personalisation according to the time required by individual students, and attention to the relevance of the proposed learning outcomes, which refer to the national core curriculum.

Teaching methods

Teaching methods include lectures, conferences, seminars, discussion groups and journal clubs. The teaching/learning process also makes extensive use of small group tutorials, with teacher-tutors who collaborate in the student's educational process by facilitating learning (teaching tutors) and providing personal support to students (career tutors). The teaching process uses modern teaching methods, both in the management of large groups that are able to engage students and in the management of small groups of students, which are able to build a solid foundation of the required professional skills.

In managing large groups, classroom responders and the "flipped classroom" methodology are used, both of which improve student engagement, as are clinical triggers in basic science lectures and clinical presentations.

In the management of small groups, teaching tutors are used to ensure that all students benefit from this important type of teaching activity, given its great usefulness and effectiveness in exploring specific topics and encouraging and motivating the students who participate.

The teaching methods used are problem-based learning, clinical teaching, team-based learning, brainstorming, role-playing, journal clubs and the extensive use of seminars, interactive conferences, debates, peer teaching by students and game-based learning. The “Narrative Medicine” approach is also used in an educational context. All these activities are also aimed at supporting and encouraging independent learning by students.

Particular attention is given to acquiring the skills related to knowing how to be a medical practitioner, through:

1) learning the semiological basics of clinical sciences at the patient's bedside and in simulation laboratories (skill labs) during the intermediate period (internship organised as a guided tutorial activity from the first to the third year of the course);

2) attendance at university wards and clinics (clinical clerkship and elective placements - from the fourth to sixth year of the programme) and local facilities, such as those of general practitioners and other local structures (during the sixth year of the programme), to complete the clinical clerkship in the final years of the programme, the practical assessment clerkship valid for the purposes of professional qualification, and the internship period for the purposes of preparing the dissertation.

Particular attention is also given to scientific research topics, encouraging:

1) involvement in planning basic research during the first three years of the programme;

2) participation in the programme of excellence organised by the degree programme;

3) participation in research programmes during the internship period for the purpose of preparing the dissertation.

Finally, great importance is given to the humanities through the presence of integrated courses and vertical modules (medical-scientific methodology and humanities) that accompany students from the first to the last year of the course. For this Dublin level, activities focused on research methodology, critical thinking and reasoning are particularly relevant.

Certifying assessments and in-progress formative assessments

As a general rule applicable to all integrated courses, both certifying assessments and in-progress formative assessments (self-assessment tests and mid-term interviews) are provided.

The achievement of the learning outcomes (levels of competence attained) is assessed through certifying tests that are reproducible, based on objective elements, not influenced by extraneous factors (reliability) and fair (respectful of the training agreement between teacher and learner), using valid methodologies aligned with the dimension to be assessed in terms of knowledge, skills and competences. The assessment of the competences achieved by students must therefore be aligned, coordinated, analytical and formative for the students themselves. In addition to traditional oral or written exams, tests may also consist of a sequence of items useful for assessing the skills acquired by the student, in relation to Miller's pyramid of skills:

Level 1) Knowledge (knows);
Level 2) Skills, knows how to do (knows how – competence);
Level 3) Performance, shows how to do (performance – shows how);
Level 4) Knows how to do, actions (does – action);
Level 5) Knows how to be professional, professional identity (is – identity).

With regard to the descriptor “ability to apply knowledge and understanding”, the assessment tools used will be those described below, in relation to levels 3, 4 and 5 of Miller's pyramid of competencies:

level 3) OSPE (Objective Structured Practical Examination), simulations and models, OSCE (Objective Structured Clinical Examination), Record book, Portfolio (students' reflective reports on activities carried out), chart simulated recall;

level 4) Clinical assessment exercises (mini-CEX), P-MEX – professional mini evaluation exercise, direct observation (DOPS – Direct Observation of Procedural Skills), standardised patient examination;

level 5) Direct observation of personal and professional development (professional metacognitive behaviour), patient assessments of activities carried out (patient survey), standardised patient examination, multi-source or 360° assessment, professional self-identity questionnaires.

In-progress formative assessments (self-assessment tests and mid-term interviews) also include written reports by students on assigned topics (portfolio) and feedback from tutors during bedside clinical activities.

For this descriptor in particular, practical tests at levels 3, 4 and 5 are strongly recommended to assess the acquisition of skills and competences acquired during the Professionalizing internships included in the study plan.

Autonomy of Judgement

Graduates must have the ability to integrate knowledge and manage complexity, as well as to make judgements based on limited or incomplete information, including reflection on the social and ethical responsibilities associated with the application of their knowledge and judgements.

To this end, graduates will be able to:

1) show, when carrying out their professional activities, a critical approach, constructive scepticism and a creative, research-oriented attitude. They will be able to take into account the importance and limitations of scientific thinking based on information obtained from various sources in order to establish the cause, treatment and prevention of diseases;

2) implement guidelines for good communication (SPIKES protocol for communicating bad news, CONES for communicating errors) appropriately and in line with clinical situations;

3) formulare giudizi personali per risolvere i problemi analitici e complessi e ricercare autonomamente l'informazione scientifica, senza aspettare che essa sia loro fornita, utilizzando le basi dell'evidenza scientifica;

4) formulate hypotheses, collect and critically evaluate data to solve problems, aware of the role that complexity, uncertainty and probability play in decisions made during medical practice. They will be able to plan effectively and manage their time and activities efficiently to cope with conditions of uncertainty, and exercise the ability to adapt to change;

5) exercise personal responsibility in caring for individual patients, in accordance with the code of ethics of the medical profession;

6) exercise reflective thinking about their professional activity in terms of their relationship with patients and other professionals, the methods used, the results obtained, and their personal and emotional experiences;

7) recognise resource needs and shortages, evaluate appropriate allocation and prioritisation strategies, propose new perspectives and consider their implications in setting objectives;

8) plan and set objectives for innovation and significant change using appropriate change management strategies applicable to healthcare.

Specifically for the biomedical-technological degree course, graduates will be able to:

9) Demonstrate the ability to effectively manage the biomedical technologies used by the national health system, to collect, analyse and interpret data, and to make decisions in and for multidisciplinary environments.

Achievement of the learning outcomes

These objectives will be achieved through attendance at foundation, core and related educational activities, organised into “specific integrated courses”, designed to ensure a unified and interdisciplinary approach to the teaching objectives themselves.

The general principles of the educational organisation of integrated courses are inspired by FAIR educational theories (Feedback, Activity, Individualisation, Relevance). These include frequent feedback on the achievement of objectives by students, the centrality of the student within the educational process, personalisation according to the time required by individual students, and attention to the relevance of the proposed educational objectives, which refer to the national core curriculum.

Teaching methods

The teaching methods used include lectures, conferences, seminars, discussion groups and journal clubs. The teaching/learning process also makes extensive use of small group tutorials, with teacher-tutors who collaborate in the student's educational process by facilitating learning (teaching tutors) and providing personal support to students (career tutors). The teaching process uses

modern teaching methods, both in the management of large groups that are able to engage students and in the management of small groups of students, which are able to build a solid foundation of the required professional skills.

In managing large groups, classroom responders and the 'flipped classroom' methodology are used, both of which improve student engagement, and clinical triggers are widely used in basic science lectures and clinical presentations.

In the management of small groups, teaching tutors are used to ensure that all students benefit from this important type of teaching activity, given its great usefulness and effectiveness in exploring specific topics and encouraging and motivating the students who participate.

The teaching methods used are problem-based learning, clinical teaching, team-based learning, brainstorming, role-playing, journal clubs and extensive use of seminars, interactive conferences, debates, peer teaching by students and game-based learning. The "Narrative Medicine" approach is also used in an educational context. All these activities are also aimed at supporting and encouraging independent learning by students.

For this descriptor, the professional activities carried out during the programme and the practical-assessment internship in the last two years of the programme represent the ideal context for testing judgement skills. Active tutoring and the use of a portfolio of reflective writing are essential tools at this stage.

Particular attention is given to the humanities through the presence of integrated courses and vertical modules in medical-scientific methodology and humanities, which accompany students from the first to the last year of the programme. Reflective and critical activities are also particularly significant for this descriptor.

Certifying assessments and in-progress formative assessments

As a general rule applicable to all integrated courses, both certifying assessments and in-progress formative assessments (self-assessment tests and mid-term interviews) are provided.

The achievement of learning outcomes (levels of competence attained) is assessed through certifying tests that are reproducible, based on objective elements, unaffected by extraneous factors (reliability) and fair (respectful of the educational agreement between teacher and learner), using valid methodologies aligned with the dimension to be assessed in terms of knowledge, skills and competences. The assessment of the competences achieved by students must therefore be aligned, coordinated, analytical and formative for the students themselves. In addition to traditional oral or written exams, tests may also consist of a sequence of items useful for assessing the skills acquired by the student, in relation to Miller's pyramid of skills:

Level 1) Knowledge (knows);
Level 2) Skills, knows how to do (knows how – competence);
Level 3) Performance, shows how to do (performance – shows how);
Level 4) Knows how to do, actions (does – action);
Level 5) Knows how to be professional, professional identity (is – identity).

With regard to the descriptor "Autonomy of Judgment', the assessment tools used will be those described below, in relation to levels 3, 4 and 5 of Miller's pyramid of competencies:

Level 3) OSPE (Objective Structured Practical Examination), simulations and models, OSCE (Objective Structured Clinical Examination), Record book, Portfolio (students' reflective reports on the activities carried out), chart simulated recall;

Level 4) Clinical assessment exercises (mini-CEX), P-MEX – professional mini evaluation exercise, direct observation (DOPS – Direct Observation of Procedural Skills), standardised patient examination;

Level 5) Direct observation of personal and professional development (professional metacognitive behaviour), patient assessments of activities performed (patient survey), standardised patient examination, multi-source or 360° assessment, professional self-identity questionnaires.

In-progress formative assessments (self-assessment tests and mid-term interviews) also include written reports by students on assigned topics (portfolio) and feedback from tutors during bedside clinical activities.

For this descriptor too, practical tests at levels 3, 4 and 5 are strongly recommended to assess the acquisition of skills and competences acquired during the Professionalizing internships included in the study plan.

Communication skills

Graduates must be able to communicate their conclusions, knowledge and underlying rationale clearly and unambiguously to specialist and non-specialist audiences, as well as to their patients, in the manner required by the circumstances.

For that purpose, graduates will be able to:

1) listen carefully to extract and summarise relevant information on all issues, understanding their content, and exercising communication skills to facilitate understanding with patients and their relatives, enabling them to share decisions as equal partners;

2) demonstrate an attitude and ability to work in teams with other students, including interprofessional teams;

3) demonstrate good sensitivity to cultural and personal factors that improve interactions with patients and the community, reflecting on the dynamics of collaboration with the community and other stakeholders;

4) demonstrate in a simulation how to deal with critical situations in terms of communication, such as communicating serious diagnoses, discussing sensitive issues related to sexual and reproductive life, and end-of-life decisions;

5) demonstrate effective and trusting collaboration with patients and their personal networks, considering patient diversity and responding to different perceptions of illness;

6) demonstrate effective and trusting collaboration and effective communication with members of multidisciplinary and interprofessional teams to optimise patient care;

7) demonstrate effective communication with community members and other stakeholders, using methods appropriate to different individuals, knowing how to use the various means of communication, including electronic media, available to them effectively;

8) demonstrate active listening skills, considering the diversity of patients and responding to different perceptions of illness; engage in shared decision-making with patients and their families;

9) use different methods and tools of scientific communication, including written, verbal and technological ones, taking into account their context and purpose; they will be able to identify the context in which specific information has been created and disseminated and critically evaluate the quality, credibility, reliability and relevance of the information and its sources;

10) recognise and manage their emotions, care for others, make good decisions, act ethically and responsibly, develop positive social relationships, and avoid negative behaviour.

Achievement of learning outcomes

These outcomes will be achieved through attendance at foundation, core and related educational activities, organised into “specific integrated courses”, designed to ensure a unified and interdisciplinary approach to the teaching objectives themselves.

The general principles of the educational organisation of integrated courses are inspired by FAIR educational theories (Feedback, Activity, Individualisation, Relevance). These include frequent feedback on the achievement of objectives by students, the centrality of the student within the educational process, personalisation according to the time required by individual students, and attention to the relevance of the proposed educational objectives, which refer to the national core curriculum.

Teaching methods

The teaching methods used include lectures, conferences, seminars, discussion groups and journal clubs. The teaching/learning process also makes extensive use of small group tutorials, with teacher-tutors who collaborate in the student's educational process by facilitating learning (teaching tutors) and providing personal support to students (career tutors). The teaching process uses

modern teaching methods, both in the management of large groups that are able to engage students and in the management of small groups of students, which are able to build a solid foundation of the required professional skills.

In managing large groups, classroom responders and the “flipped classroom” methodology are used, both of which improve student engagement, as are clinical triggers in basic science lectures and clinical presentations.

In the management of small groups, teaching tutors are used to ensure that all students benefit from this important type of teaching activity, given its great usefulness and effectiveness in exploring specific topics and encouraging and motivating the students who participate.

The teaching methods used are problem-based learning, clinical teaching, team-based learning, brainstorming, role-playing, journal clubs and extensive use of seminars, interactive conferences, debates, peer teaching by students and game-based learning. The “Narrative Medicine” approach is also used in an educational context. All these activities are also aimed at supporting and encouraging independent learning by students.

Particular attention is given to the acquisition of practical skills through attendance at professional training activities and the use of information and communication technologies for virtual simulation.

The role of the humanities at this level is almost predominant, contributing not so much to the development of technical communication skills as to the fundamental human substratum that is indispensable for an authentic therapeutic relationship. For this descriptor, the use of teaching methodologies specific to narrative medicine is important.

Certifying assessments and in-progress formative assessments

As a general rule applicable to all integrated courses, both certifying assessments and in-progress formative assessments (self-assessment tests and mid-term interviews) are provided.

The achievement of the learning objectives (levels of competence attained) is assessed through certifying assessments that are reproducible, based on objective elements, not influenced by extraneous factors (reliability) and fair (respectful of the training agreement between teacher and learner), using valid methodologies aligned with the dimension to be assessed in terms of knowledge, skills and competences. The assessment of the competences achieved by students must therefore be aligned, coordinated, analytical and formative for the students themselves. In addition to traditional oral or written exams, tests may also consist of a sequence of items useful for assessing the skills acquired by the student, in relation to Miller's pyramid of skills:

Level 1) Knowledge (knows);
Level 2) Skills, knows how to do (knows how – competence);
Level 3) Performance, shows how to do (performance – shows how);
Level 4) Knows how to do, actions (does – action);
Level 5) Knows how to be professional, professional identity (is – identity).

With regard to the descriptor "Communication skills", the assessment tools used will be those described below, in relation to levels 4 and 5 of Miller's pyramid of competencies:

level 4) Clinical assessment exercises (mini-CEX), P-MEX – professional mini evaluation exercise, direct observation (DOPS – Direct Observation of Procedural Skills), standardised patient examination;

Level 5) Direct observation of personal and professional development (professional metacognitive behaviour), patient assessments of activities carried out (patient survey), standardised patient examination, multi-source or 360° assessment, professional self-identity questionnaires.

In-progress formative assessments (self-assessment tests and interim interviews) also include students' written reports on assigned topics (portfolio) and feedback from tutors during bedside clinical activities.

The certification tests, which contribute to the individual exams, will be chosen on the basis of criteria of objectivity and relevance to the learning objectives of the Dublin descriptor and will be particularly aimed at assessing the clinical and interpersonal skills acquired by the student.

For this descriptor, practical tests at levels 4 and 5 are strongly recommended to verify the acquisition of skills and competences acquired during the Professionalizing internships included in the study plan.

Learning ability

Graduates must have developed learning skills that enable them to continue studying in a largely self-directed and independent manner.

To this end, graduates will be able to:

1) demonstrate knowledge and understanding of the humanities by being able to reflect on and discuss their influence on medical practice;

2) collect, organise, and critically interpret new scientific knowledge and health/biomedical information from various available resources and databases;

3) obtain patient-specific information from clinical data management systems, using information and communications technology as a valuable aid to diagnostic, therapeutic and preventive practices and for health surveillance and monitoring, understanding both the application and limitations of information technology;

4) identify their training needs, including through auditing their student career, and design self-training programmes;

5) propose and design a research project, choosing appropriate strategies, methods and resources to address a specific medical question; identify and critically evaluate information for evidence-based medical practice; recognise bioethical issues relevant to medical research and propose measures to ensure scientific integrity;

6) critically evaluate one's own level of training, recognise its limitations and reflect on learning and development needs;

7) apply appropriate learning strategies to meet professional development needs, including goal setting, planning and time management for self-directed learning; use available resources to search for, identify and select health information and critically evaluate content and sources;

8) demonstrate the ability to navigate the dynamics of professional networks, be ready to develop new skills based on gaps in one's professional context, in relation to the needs of the network.

Achievement of learning outcomes

These objectives will be achieved through attendance at foundation, core and related educational activities, organised into “specific integrated courses”, designed to ensure a unified and interdisciplinary approach to the teaching objectives themselves.

The general principles of the educational organisation of integrated courses are inspired by FAIR educational theories (Feedback, Activity, Individualisation, Relevance). These include frequent feedback on the achievement of objectives by students, the centrality of the student within the educational process, personalisation according to the time required by individual students, and attention to the relevance of the proposed learning outcomes, which refer to the national core curriculum.

Teaching methods

The teaching methods used include lectures, conferences, seminars, discussion groups and journal clubs. The teaching/learning process also makes extensive use of small group tutorials, with teacher-tutors who collaborate in the student's educational process by facilitating learning (teaching tutors) and providing personal support to students (career tutors). The teaching process uses modern teaching methods, both in the management of large groups that are able to engage students and in the management of small groups of students that are able to build a solid foundation of the required professional skills.

In the management of large groups, classroom responders and the “flipped classroom” methodology are used, both of which improve student engagement, as are clinical triggers in basic science lectures and clinical presentations.

In managing small groups, teaching tutors are used to ensure that all students benefit from this important type of teaching activity, given its great usefulness and effectiveness in exploring specific topics and encouraging and motivating participating students.

The teaching methods used are problem-based learning, clinical teaching, team-based learning, brainstorming, role-playing, journal clubs and extensive use of seminars, interactive conferences, debates, peer teaching by students and game-based learning. All these activities also aim to support and encourage independent learning on the part of the student.

Particular consideration is given to group activities and simulation laboratories, as well as attendance at hospital wards and university clinics (clinical clerkship - from the fourth to sixth year of the course) and local clinics, such as those of general practitioners and other local facilities (from the fourth to the sixth year of the course) and attendance at practical-assessment internships in the final years of the programme and the internship period for the purpose of preparing the dissertation.

Certifying assessments and in-progress formative assessments

As a general rule applicable to all integrated courses, both certifying assessments and in-progress formative assessments (self-assessment tests and mid-term interviews) are provided.

The achievement of the learning objectives (levels of competence attained) is assessed through certifying assessments that are reproducible, based on objective elements, not influenced by extraneous factors (reliability) and fair (respectful of the training agreement between teacher and learner), using valid methodologies aligned with the dimension to be assessed in terms of knowledge, skills and competences. The assessment of the competences achieved by students must therefore be aligned, coordinated, analytical and formative for the students themselves. In addition to traditional oral or written examinations, tests may also consist of a sequence of items useful for assessing the skills acquired by the student, in relation to Miller's pyramid of skills:

Level 1) Knowledge (knows);
Level 2) Skills, knows how to do (knows how – competence);
Level 3) Performance, shows how to do (performance – shows how);
Level 4) Knows how to do, actions (does – action);
Level 5) Knows how to be professional, professional identity (is – identity).

With regard to the descriptor "Learning Ability", the assessment tools used will be those described below, in relation to levels 3, 4 and 5 of Miller's pyramid of competencies:

level 3) OSPE (Objective Structured Practical Examination), simulations and models, OSCE (Objective Structured Clinical Examination), Record book, Portfolio (students' reflective reports on the activities carried out), chart simulated recall;

level 4) Clinical assessment exercises (mini-CEX), P-MEX – professional mini evaluation exercise, direct observation (DOPS – Direct Observation of Procedural Skills), standardised patient examination;

Level 5) Direct observation of personal and professional development (professional metacognitive behaviour), patient assessments of activities performed (patient survey), standardised patient examination, multi-source or 360° assessment, professional self-identity questionnaires.

In-progress formative assessments (self-assessment tests and mid-term interviews) also include written reports by students on assigned topics (portfolio) and feedback from tutors during bedside clinical activities.

For this descriptor too, the certifying tests that make up the individual exams will be chosen on the basis of criteria of objectivity and relevance to the learning objectives and will be particularly aimed at assessing the operational and clinical skills acquired by the student.

Practical tests at levels 3, 4 and 5 are strongly recommended to assess the skills and competences acquired during the Professionalizing internships included in the study plan.

3. PROFESSIONAL PROFILE AND EXPECTED CAREER AND PROFESSIONAL OPPORTUNITIES FOR GRADUATES

The professional profile to be developed: Medical Doctor

In order to practise as a medical doctor, a master's degree in Medicine and Surgery (qualifying pursuant to Article 102 of Decree-Law No. 18 of March 17, 2020) and registration with the professional association of the Order of Medical Doctors and Dentists are required.

The profile, which identifies the *specific mission of* the degree programme, is that of a doctor, at an initial professional level, who possesses:

a multidisciplinary, interprofessional and integrated view of the most common health and disease problems;

education focused on disease prevention, rehabilitation and health promotion within the community and the local area, with special attention to the principles of "precision medicine" and a humanistic culture in its medical aspects;

a deep understanding of new healthcare and health needs, focused not only on disease but, above all, on the centrality of the sick person, considered in their entirety, both physically and psychologically, and within a specific social, cultural and economic context.

Role in a work context

Doctors practise their profession within the framework of European Community rules and national and regional regulations, both within the National Health Service and in affiliated or private facilities. They work with the aim of maintaining or achieving complete health (complete psychological, physical and social well-being) for individuals and society. In carrying out their professional activities, they collaborate, through teamwork, with other health professionals, maintaining a high level of interpersonal skills and coordinating the work of the interprofessional (with other health professionals) and intraprofessional (with other doctors) teams in which they operate.

In order to perform this function, doctors must have a strong sense of their professional role (professionalism). This includes clinical competence, i.e. the habitual and correct use of knowledge, communication skills, technical skills, clinical reasoning, emotions and values to be continually rethought in daily practice for the benefit of the individual and the community being cared for, a commitment to pursuing accurate professional development, health promotion, adherence to the ethical principles of the profession and values such as personal integrity, honesty, altruism, humility, respect for diversity, transparency and respect for conflicts of interest.

The doctor must therefore maintain: a constant commitment to patients, being able to apply best clinical practices in accordance with high ethical standards; a constant commitment to society, being able to understand and respond to its expectations in terms of healthcare; a continuous commitment to the duties of the profession, respecting its rules and codes of professional ethics; a commitment to maintaining their own mental and physical well-being, in order to improve their ability to care for the health of their patients.

Higher levels of responsibility and coordination of the interprofessional and intraprofessional working group in which they will operate can be achieved through the acquisition of additional skills via further training courses, such as specialisation schools, regional training schools for general practitioners, research doctorates and second-level master's degrees.

Competencies associated with the role

The competencies associated with the role of the medical doctor have been defined with reference to the international criteria set out in the CANMEDS Physician Competency Framework, which is currently the international benchmark. In accordance with the concept of "continuum" defined in CanMEDS, the competencies listed below will be acquired at an initial level, as mentioned above.

The skills required are those of an experienced doctor who knows how to place the patient at the centre of a high-quality, safe treatment process, based on their up-to-date knowledge, clinical skills and professional values. They must therefore be able to gather information from the patient and know how to interpret it, know how to make clinical decisions that lead to a correct diagnosis and targeted therapeutic interventions. They must be aware of the limitations of their profession. Their decisions must be based on best clinical practices and scientific evidence, taking into account the wishes of the patient and the economic resources of the healthcare system of the country in which they operate. Their clinical practice must therefore be extremely up-to-date, ethical and capable of ensuring the efficient use of available resources, conducted in close "collaboration" with the patient and their family, other members of the intra-professional and interprofessional working group and the entire community. The essential

task of the degree programme is to provide up-to-date technical skills and to educate students on their constant future updating, as well as to verify their acquisition through the usual assessment procedures.

Knowing how to be an expert doctor is central to the practice of the profession and brings with it other intrinsically related skills, specified below:

Skilled communicator. Medical doctors must be able to establish a relationship with the patient and their family, facilitating the gathering and sharing of information essential for effective treatment. They must therefore be able to explore symptoms that may be related to the condition by listening to the patient's account of their illness. They must be able to explore the patient's perspective on their idea of illness, their fears and their health expectations, taking into account gender differences. The doctor must be able to integrate their scientific knowledge into the specific context of the patient, their socio-economic status, their personal life history, their current life situation, work, educational and cultural level, and be able to detect particular conditions related to the social and psychological sphere. In order to place the patient at the centre of the care process, it will be very important to be able to share decisions in such a way as to align health needs with the patient's desires, values and preferences. The teaching of communication skills is an integral part of the core curriculum of single courses and is assessed in the relevant exams.

Good collaborator. The doctor must be able to work efficiently and effectively with other members of the intra- and interprofessional team in order to provide safe, high-quality, patient-centred care. Effective collaboration requires relationships based on trust, respect and sharing, which can ensure continuity in the care process itself. This requires sharing knowledge, perspectives and responsibilities, and a willingness to learn from each other.

Leader. The doctor will be able to engage with other members of the team to contribute to a vision based on high-quality care, taking responsibility for its correct delivery to patients. The doctor will therefore be able to contribute effectively to the development of healthcare services that are continuously improving in quality, by seeking effective collaboration with other actors in the healthcare system at local, regional and national level, with a view to globalisation.

Health advocate. In this role, doctors must use their experience and influence to serve the community and improve its overall health and wellbeing. In this context, improving health should not be limited to improving the state of illness, but must necessarily include the prevention of illness itself, through the promotion and protection of health. This also implies equity in health promotion, meaning that individuals and communities should not be disadvantaged on the basis of ethnicity, gender, sexual orientation, age, social class, economic status, or level of education. Doctors will be able to support patients in navigating the national health system and help them receive care in the appropriate manner and in a timely manner. Medical-Scientific Methodology courses are the ideal place to learn about Medical Ethics, which is essential for students to acquire their social role.

Scholar. Doctors must demonstrate their commitment to achieving and maintaining excellence in clinical practice through continuous training. They must be able to teach other colleagues, making decisions based on scientific evidence (evidence-based medicine) and actively contributing to clinical innovation, including through translational scientific research. Doctors will pursue excellence in their daily work, including through active discussion with other colleagues and by seeking feedback in terms of patient satisfaction and safety. They will be able to correctly integrate international scientific evidence into clinical practice applied to individual patients, incorporating the preferences and values of the patient themselves into the decision-making process.

Professionalism. The concept of professionalism implies that doctors must commit themselves to caring for the health and well-being of individual patients and the community through ethical conduct, high standards of professional behaviour, responsibility towards the profession and society, and maintaining a lifestyle that does not bring the profession into disrepute. Awareness of one's professional identity is central to this role, which requires perfect mastery of the art, science and practice of medicine. They must be aware that their professional role fully reflects what modern society expects of them, namely clinical competence, responsibility for professional development, health promotion, full adherence to ethical standards and values such as personal integrity, altruism, humility, respect for others and diversity, transparency and respect for potential conflicts of interest.

Career opportunities

After registering with the Provincial Association of Medical Doctors and Dentists, doctors will have the opportunity to work in state hospitals, accredited private hospitals or private hospitals. They may also work in other local health authority facilities, such as outpatient clinics, hospices, residential care homes (RSA), drug addiction services (SerT), pathological addiction services (SerD), psychiatric facilities, centres for the disabled and long-term care facilities. They may also work at Scientific Institutes for Research,

Hospitalisation and Healthcare (IRCCS), universities or even practise their profession independently.

Medical graduates can pursue academic and research careers, both in universities and in public bodies or private organisations.

Entry into the National Health Service requires a specialisation, which is obtained by enrolling in and attending courses at specialisation schools, while entry into the General Medical Practitioner rankings requires attendance at Regional General Medical Training Schools.

Admission to specialisation schools is gained by passing a national examination, while admission to regional schools is gained by passing a regional examination.

4. ACCESS TO THE MEDICINE AND SURGERY DEGREE PROGRAMME

4A. Knowledge required for admission (Ministerial Decree 270/04, Article 6, paragraphs 1 and 2)

The requirements and procedures for admission to the single-cycle Master's Degree programme in Medicine and Surgery are governed by national laws and ministerial regulations.

To be admitted to the Master's Degree programme in Medicine and Surgery, applicants must hold a secondary school diploma or other equivalent qualification obtained abroad and recognised as suitable.

The initial knowledge required is that provided for in the individual subjects of upper secondary school programmes in the areas of biological sciences, chemical and biochemical sciences, physical sciences and mathematics, as established by the National Guidelines for High Schools and the guidelines for Technical Institutes and Professional Institutes.

The procedures for admission to the filter semester, i.e. the second semester of the single-cycle Master's degree programme in Medicine and Surgery, are defined by a specific provision issued by the Ministry of University and Research, in compliance with current legislation.

4B. Admission procedures

Italian language degree programmes

In accordance with the provisions of Law No. 26 of 14 March 2025, Legislative Decree No. 71 of 15 May 2025, and subsequent related Ministerial Decrees, for the 2025-2026 academic year, the admission requirements for the single-cycle Master's Degree programme in Medicine and Surgery are as follows:

- free enrolment in the first semester (filter semester) of the single-cycle master's degree programme in medicine and surgery;

- Enrolment in the filter semester is permitted up to three times.

- simultaneous and free of charge enrolment in another bachelor's or master's degree programme, even as an extra student and at different universities, in the biomedical, health and pharmaceutical fields, courses of study that have been established by Decree of the Minister of University and Research No. 418 of May 30, 2025;

- compulsory attendance, during the filter semester, of courses in the qualifying disciplines identified by Decree of the Minister of University and Research No. 418 of May 30, 2025, in the following subjects, each of which is assigned 6 credits (ECTS): a) chemistry and preparatory biochemistry; b) physics; c) Biology, with standardised and nationally coordinated study plans, in order to ensure the harmonisation of study plans;

- admission to the second semester of the single-cycle master's degree programme in medicine and surgery, subject to the achievement of all the credits established for the exams of the filter semester and to a successful position in the national merit ranking, in accordance with the procedures defined by Decree of the Minister of University and Research No. 418 of May 30, 2025;

- The exams relating to the subjects that constitute the filter semester are conducted at national level and using standardised assessment methods, as defined by Decree No. 418 of May 30, 2025 of the Minister of University and Research; each exam consists of thirty-one questions, fifteen of which are multiple choice and sixteen of which are fill-in-the-blank, in accordance with Annexe

2 of the Decree of the Minister of University and Research No. 418 of May 30, 2025;

- In the event of admission to the second semester, each student will be enrolled at one of the university locations indicated, according to the order of preference expressed at the time of enrolment, or at another location, based on the availability of unassigned places. The criteria for the national merit ranking, without prejudice to the provisions of Article 39, paragraph 2, of Legislative Decree No. 286 of July 25, 1998, and the methods for assigning university locations are those defined by Decree No. 418 of May 30, 2025, of the Minister of University and Research.

English language degree programme

Admission to the English-language degree programme is subject to passing the International Medical Admission Test (IMAT). The initial knowledge required for admission relates to biology, chemistry, physics and mathematics, general knowledge and deductive and inductive reasoning skills, as well as text comprehension.

In accordance with current regulations, based on the score obtained in the admission test, any Further Required Courses (OFAs) are determined for each of the admitted students.

OFAs are therefore assigned to all students who, in the national admission test, have obtained a score below a threshold set annually in the call for applications.

The Additional Educational Requirement must be completed during the first year by attending specific remedial courses, including online courses, which should preferably take place within the first thirty to forty-five days of the first year. These courses include a final assessment, which may also be carried out online.

In this sense, this educational requirement must normally be fulfilled during the first year of the programme by attending specific courses, including online courses, preferably within the first thirty to forty-five days of attendance in the first year. The Further Required Course can be completed either through an OFA assessment test, which must be taken in person, or by passing a curricular exam falling under the OFA identified by the degree programme.

4C. Admission planning

The planned number of admissions to the first year of the programme is defined annually in accordance with current regulations governing admission to university programmes.

4D. Admission to the Degree Programme for years subsequent to the first one

Admission to Medicine and Surgery programmes in years following the first year is only possible by participating in the transfer call for applications issued by the relevant Medicine Student Affairs Office, open to Italian, European and non-EU citizens legally residing in Italy. Transfer requests may be submitted by the following candidates:

- Students enrolled in Medicine and Surgery programmes from other Italian and foreign universities who request a transfer to the same programme.
- Students enrolled in the Dentistry programme who request recognition of their previous academic career in order to transfer to the Medicine and Surgery programme for years subsequent to the first.
- Students who have already graduated in Dentistry and are requesting recognition of their previous academic career for enrolment in Medicine and Surgery programmes in years subsequent to the first.
- Students enrolled in other degree programmes with certified exams for at least 25 ECTS credits that can be validated for Medicine and Surgery programmes.
- Graduates of other degree programmes with certified exams for at least 25 ECTS credits that can be validated for Medicine and Surgery programmes.

The aforementioned transfer call for applications is issued only for academic years for which places are available. The ranking list referred to in the call for applications is based on the number of places available per programme year, in accordance with the national programme in force for the reference year and any additional places that may become available.

For the English-language programme, only transfer applications from students coming from other English-language programmes will be considered.

5. GENERAL ORGANISATION OF EDUCATIONAL ACTIVITIES AND FUNCTIONING OF THE DEGREE PROGRAMME

5A. Credits (ECTS)

The credit is the unit of measurement of the workload required to complete each educational activity prescribed by the educational regulations in order to obtain the qualification; it is the university credit (ECTS).

Each ECTS corresponds to a student commitment of 25 hours, of which normally no more than 12.5 hours of theoretical and practical teaching, or 20 hours of assisted study within the teaching structure. Each professionalising ECTS corresponds to 25 hours of work per student.

The 25 hours of work corresponding to the ECTS are divided into:

- lecture hours;
- tutorial teaching hours carried out in laboratories, care wards, clinics, day hospitals
- seminar hours;
- hours spent by the student on other educational activities provided for in the educational regulations,
- hours of independent study necessary to complete their education.

For each teaching module, the proportion of the timetable that must be reserved for personal study and other individual educational activities is determined in these Regulations.

In accordance with the current general academic regulations, Art. 25 c. 5 and 6, in order to avoid the obsolescence of credits acquired, students must pass any remaining exams required to complete their university career within a period equal to twice the normal duration of the degree programme (for single-cycle master's degrees, 6 years + 6 years for a total of 12 years). In the event of failure to comply with the deadlines, the credits acquired may no longer be considered adequate for the required qualification. After appropriate checks, the CCL will determine any new educational requirements for the award of the degree. Suspension of attendance for more than six years requires enrolment in a year of study decided by the relevant Area Educational Board, both for full-time and part-time students.

A Professor - Student Joint Committee, appointed each year by the Single-Cycle Master's Degree Programme Board in Medicine and Surgery, ensures consistency between the credits assigned to educational activities and the specific learning outcomes.

5B. Educational regulations

The Single-Cycle Master's Degree Programme Board in Medicine and Surgery and the Faculty Assembly, within their respective areas of competence, define the educational regulations in accordance with current legislation, which requires each Master's Degree programme to be divided into foundation, core, related or supplementary educational activities, chosen by the student, aimed at the final exam. Each educational activity is divided into subject areas, consisting of official courses, to which the relevant scientific-disciplinary sectors belong.

The degree programme provides for a total of 360 ECTS credits, spread over the six years of the programme, in which the educational activities are divided on average into 60 ECTS credits per year, with possible minor variations depending on the particular combination of integrated courses and related modules and other educational activities in each year of the programme.

For students who decide to take advantage of the part-time enrolment option, there will be a study plan that divides the 360 credits into an average of 40 credits per year over nine years of study. In such cases, there may be slight variations depending on the particular combination of integrated courses and related modules and other educational activities in each year of the programme. This study plan will be activated by the degree programme in response to any requests from students.

The study plan, the list of integrated courses with reference to scientific-disciplinary sectors, and the teaching sheets for each Master's Degree Programme in Medicine and Surgery can be consulted in the University's Course Catalogue https://www.uniroma1.it/en/notizia/course-catalogue

Any changes to the annexes, including the educational curriculum, are approved by the individual Master's Degree Programme Board by the majority of those present and do not invalidate these regulations.

5C. Teaching courses

The academic system defines the outcomes assigned to each subject area and identifies the most appropriate teaching methods for achieving them, organising educational activities into integrated teaching courses. If teaching duties are assigned to more than one lecturer in the same course, an integrated course coordinator and a semester coordinator shall be appointed annually by the Medicine and Surgery Degree Programme Board (Curriculum Committee) on the recommendation of the Programme coordinator (Course Committee).

Integrated Course Coordinator

The Coordinator of each Integrated Course is appointed by the Degree Course Board from among the professors teaching the subjects related to the Programme itself; the coordinator performs organisational, teaching and pedagogical functions and is responsible to the Degree Programme Board for ensuring that the educational activities are carried out correctly. In particular:

- coordinates the lecturers participating in the Integrated Course, ensuring consistency between content, learning outcomes and assessment methods. Collaborates with lecturers in preparing and updating the integrated course modules, promoting uniformity and consistency with the course learning outcomes;
- proposes to the Degree Programme Board the distribution of teaching duties and hours among the lecturers involved in the Integrated Course;
- coordinates the preparation of exam papers, ensuring that they are appropriate to the learning outcomes;
- chairs the Exam Board for the Integrated Course, proposing its composition to the Degree Programme Board;
- acts as a point of contact for students regarding teaching issues relating to the Integrated Course;
- promotes the integration of different disciplines and the harmonisation of content, including from an interdisciplinary perspective.

2. Semester coordinator

The Semester Coordinator is appointed by the Degree Programme Board from among the professors teaching during the semester. They are responsible for ensuring that the semester's educational activities are carried out correctly, in line with the learning outcomes of the Degree Programme. Specifically:

- - verifies the compatibility between classroom teaching, professional training activities, internships and exams scheduled for the semester, avoiding overlaps;
- - ensures compliance with the academic calendar, exam sessions and the distribution of teaching loads established by the academic bodies;
- - coordinates the activities of the semester's teaching staff, promoting consistency in teaching and methodology;
- - acts as a point of contact for students regarding general issues relating to the semester, facilitating communication with lecturers;
- - monitors the quality of the semester's educational provision and reports any critical issues to the Degree Programme Board;
- - collaborates with the Coordinators of the Integrated Courses of the semester to ensure a harmonious and progressive study plan.

5D. Types of teaching methods

Within the courses, credits and teaching hours are divided among the various forms of educational activities as follows:

Ex-cathedra lecture

An "ex-cathedra lecture" (hereinafter referred to as "lecture") is defined as the discussion of a specific topic identified by a title and forming part of the curriculum for the degree programme, delivered by a professor or university researcher on the basis of a predefined schedule and given to students regularly enrolled in a specific year of the programme, who may also be divided into small groups.

Seminar

A "seminar" is an educational activity that has the same characteristics as a lecture but is conducted simultaneously by several teachers, even from different disciplines (or with different areas of expertise), and, as such, is recorded in the lesson register. Clinical-pathological conferences that may be established as part of clinical educational activities are also recognised as seminar activities. Seminar activities may be inter-university and conducted in the form of videoconferences.

Tutorial teaching

Tutorial educational activities are a form of interactive teaching aimed at small groups of students. These educational activities are coordinated by a tutor, whose task is to help the students entrusted to them acquire knowledge, skills, behavioural models and other competencies useful for practising their profession. Tutorial learning takes place mainly through stimuli derived from problem analysis, through the mobilisation of the methodological skills required for their solution and for decision-making, as well as through the direct and personal implementation of actions (gestural and relational) in the context of practical exercises and/or internships in clinical environments, laboratories, etc.

For each tutorial activity, the Master's Degree Programme Board defines specific learning outcomes, the achievement of which is verified during the exam.

The Master's Degree Programme Board appoints the Tutors from among the Lecturers and Researchers, in the teaching programme document, in accordance with the procedures laid down by law.

Elective Educational Activities - ADE (chosen by the student)

The Degree Programme Board, upon the recommendation of the Technical Committee for Educational and Pedagogical Planning - CTP (see) and the teaching staff, organises elective educational activities, which may be carried out through ex cathedra lectures, seminars, interactive courses in small groups, uncoordinated activities or activities linked together in "homogeneous educational paths", from which students may choose according to their personal preferences, until they have earned a total of 8 credits.

Elective activities also include elective internships carried out in research laboratories or clinical departments worth at least one credit, with attendance twice or three times a week, for a total of no less than 25 hours.

***Types of ADE* – The Elective Educational Activities (ADEs) may be organised in:**

-Seminars, tutorials, monographic courses, certified participation in conferences and/or congresses (subject to authorisation by the semester coordinator, the chair, or the CTP) and discussion of clinical cases, including through telematic methods (meaning interactive learning courses in small groups aimed at facilitating better teacher-student interaction);

-Elective placements or clinical and laboratory tutorials in Italy and abroad (these should be considered as periods of intensive training, such as attendance in the operating theatre, delivery room, emergency room or research laboratory for the purpose of achieving a specific objective).

ADE	HOURS	ECTS
Single-discipline seminar/tutorial	2	0,20
Multidisciplinary seminar/tutorial	≥2	0,25-0,30
Elective Internship	25	1
Monographic course	At least 5	0,50

The following may also be considered elective educational activities: seminars, attendance at general medical clinics in accordance with agreements stipulated with the faculty.

Students' choice of ADEs

Each student independently chooses ADEs from among the educational programme offerings. ADEs must be carried out within a timeframe that does not interfere with other forms of educational activity.

Certification and assessment of ADEs

Credits awarded for ADEs can only be obtained with 100% attendance.

ADEs can be organised throughout the year, including outside teaching periods.

For each elective educational activity established, the Master's Degree Programme Board appoints a Manager who is responsible for assessing, in accordance with defined procedures, the commitment of individual students in achieving the defined learning outcomes. The ADEs carried out, with the relative credits and assessment, are certified by the teacher in a special record book or through a dedicated University computer application.

The calendar of elective educational activities is published before the start of the academic year, or in any case before each teaching period, together with the calendar of compulsory teaching activities.

Elective teaching is an official activity of the teachers and as such, is recorded in the lesson register.

The assessment of the individual elective educational activities carried out by the student is taken into consideration in the final exam mark for the course that organised the relevant elective educational activities.

Attendance at ADEs is compulsory in order to obtain the credits required by the Regulations and may also be assessed for the purposes of assigning a thesis.

Professionalising educational activities

During the clinical teaching phases, students are required to acquire specific professional skills in the fields of internal medicine, general surgery, paediatrics, obstetrics and gynaecology, as well as medical-surgical specialities. To this end, students must undertake professionalising educational activities by attending the healthcare facilities identified by the Master's Degree Programme Board and during the periods defined by the same, for a total of at least 60 ECTS.

Within these 60 ECTS, at the request of students who have passed all exams up to and including the fourth year, 15 ECTS of evaluation internship are provided for the purposes of graduation with qualification.

The compulsory internship is a form of tutorial educational activity that involves the student carrying out practical activities with a high degree of autonomy, simulating the activity carried out at a professional level.

At each stage of the compulsory internship, the student is required to work under the direct supervision of a Teacher-Tutor. The teaching duties of the tutor-supervisor responsible for students carrying out the compulsory internship are the same as those for tutorial teaching carried out as part of the courses' educational activities.

The clinical competence acquired through professionalising educational activities is assessed as part of the final exam mark for the course that organised the respective professionalising educational activities.

Professionalizing internships chosen by the student (Art. 6, Ministerial Decree 1649/2023)

Ministerial Decree 1649/2023 stipulates that universities may also reserve an additional 8 ECTS at the student's discretion within the compulsory internship credits required by the Class for professionalising educational activities. These training activities, aimed at facilitating career choices through direct knowledge of the work sector to which the degree provides access, are carried out in care and research facilities affiliated with the degree programmes for a total of 8 ECTS corresponding to 200 hours of internship activity.

The Medicine and Surgery Master's Degree Programme Board may identify non-university healthcare facilities where the

internship may be carried out, in whole or in part, after assessment and accreditation of their educational suitability by the Technical Committee for Educational and Pedagogical Planning (CTP). The procedures for carrying out the internships planned by the degree programmes and the activities planned for each individual year of the programme are detailed in the Internship Record book attached to these educational regulations. Anonymous student evaluations of the professional activities carried out are collected using the model prepared by ANVUR [Clinical Internship Questionnaire for students enrolled in the Single-cycle Master's Degree Programme in Medicine and Surgery (LM-41)], approved by ANVUR Executive Council Resolution No. 63 of April 4, 2024 and also available in English. The survey is to be conducted at least once a year. The results of the analysis of the evaluations collected are shared and discussed collectively, including with clinical tutors, within the Master's Degree Programme Board.

English language educational modules

The Master's Degrees in Italian language include English language modules to enable students to acquire the language skills necessary to read and understand the content of scientific papers on biomedical topics and to communicate with patients and healthcare personnel in English-speaking countries. In addition, the Master's Degree Programmes may offer students access to a language laboratory equipped with interactive teaching materials designed to achieve the same objectives.

The Master's Degree Programme Board entrust the teaching of these modules to a tenured professor or researcher (including those in the scientific-disciplinary sector L-LIN/12). Alternatively, the Master's Degree Programme Board proposes the stipulation of a contract with an expert in biomedical disciplines in English.

Dissertation preparation

Depending on the Medicine and Surgery Master's Degree to which they belong, students have 9-18 credits available to spend on preparing their dissertation and final degree exam. These Regulations set out the rules laid down by the Master's Degree Programme for the completion of the dissertation.

5E. Exam anticipation

Applicability to the Medicine and Surgery Master's Degree Programme of point XVI, Article 40 of the Regulations for attendance of bachelor's and master's degree programmes and student fees.

The general provisions of the Regulations for attendance of bachelor's and master's degree programmes and student fees, under point XVI, art. 40, are hereby implemented, including the obligation for deserving students with an overall arithmetic average mark of 29/30 to request attendance for the course(s) (maximum 2) referred to in the aforementioned point of the aforementioned article at the beginning of the academic year to which the student belongs (end of September/beginning of October).

By way of example and explanation, consider the case of a student enrolled in the third year of the programme who requests to take two fourth-year exams. The student mentioned above must:

-Submit a formal request at the beginning of the third year of the programme (September/early October) to the Student Affairs Office of the Master's Degree Programme for the fourth-year exam or exams (maximum two) that they intend to take;

- Obtain proof of attendance for all third-year courses of the degree programme to which they belong and for the two fourth-year courses for which they intend to take the exams;

- Have successfully passed all third-year exams before being able to take the two chosen fourth-year exams.

The Student Affairs Office will only be able to release the early exams requested at the end of the relevant check once the student has notified it that they have completed all the exams for the year of enrolment.

5F. Procedures for assigning educational tasks

For the purposes of educational planning, the Faculty Board, upon the recommendation of the Master's Degree Programme Board, in compliance with the Single Regulations on Teaching and Student Services at the University (DR 2174/2023 of 7 August 2023):

- defines its educational objectives in accordance with the general objectives described in the professional profile of the Specialist

Graduate in Medicine and Surgery, applying them to the local situation and needs in order to make the most effective use of its teaching and scientific resources.

- approves the curriculum of the individual Master's Degree Programme Boards, consistent with its objectives, obtained by combining - in a maximum of 35 courses - the specific and essential educational objectives ("core curriculum") deriving from the disciplinary areas specific to the class.

- ratifies - in accordance with individual competences - the assignment to individual teachers of the teaching tasks necessary to achieve the educational objectives of the "core curriculum", it being understood that the assignment of individual teaching tasks to teachers does not identify disciplinary tenure of teaching courses.

5G. Educational programming

Educational activities for all years of the programme begin during the first week of October. Enrolment for each year of the programme must take place by October 1.

Before the beginning of the academic year, well in advance of the start date of the courses, the Master's Degree Programme Board approves and publishes the Educational Planning document prepared by the Coordinator, assisted by the CTP, which defines:

- the study plan for the degree programme;
- the locations of professional educational activities and the Practical Evaluation Internship (TPV);
- elective educational activities, including Professionalizing internships chosen by the student;
- the calendar of educational activities and exam sessions;
- the programmes of the individual integrated courses;
- the teaching tasks assigned to lecturers and tutors.

The Medicine and Surgery Master's Degree Programme Board proposes to the Faculty Board the use of financial resources, with particular reference to the allocation and methods of covering the roles of Professor and Researcher.

5H. Master's Degree Programme Board and its Bodies

The Master's Degree Programme bodies are the Coordinator, the Vice-Coordinator, the Technical Committee for Educational and Pedagogical Planning (CTP) and the Quality Assurance Management Commission.

The following are the members of the Degree Programme Board:

a) tenured professors affiliated with the programme;
b) researchers and equivalent personnel pursuant to Presidential Decrees 382/1980 and 341/1990 who, following a decision by the Faculty Board, carry out educational activities within the degree programme;
c) representatives of students enrolled in the degree programme;
d) those who teach courses on a contractual basis and language assistants affiliated with the degree programme;
e) clinical tutors.

The members of the Board referred to in points 'a-c' contribute to forming the quorum.

Decisions concerning teaching staff are taken in closed session by the relevant group(s).

The Degree Programme Board is chaired by the Coordinator. The Coordinator is elected by the Master's Degree Programme Board from among the tenured professors and remains in office for three academic years. The active electorate is reserved for professors and researchers who are members of the Degree Programme Board and student representatives. The Coordinator coordinates the activities of the Degree Programme, convenes and chairs the Board, the Technical Committee for Educational and Pedagogical Planning and the Quality Assurance Management Committee (CGAQ) of the Degree Programme, and represents the Degree Programme in academic and external forums, in accordance with the decisions of the Board.

5I. Technical Committee for Educational and Pedagogical Planning (CTP)

The Technical Committee for Educational and Pedagogical Planning (CTP) is chaired by the Coordinator of the Master's Degree Programme Board and is made up of lecturers and, if necessary, other qualified professionals, chosen on the basis of their specific technical skills in the field of teaching and pedagogy, in relation to the training needs and resources of the degree programme.

The Technical Committee for Educational and Pedagogical Planning (CTP) is composed of the Coordinator and Vice-Coordinator of the Degree Programme Board, the Semester Teaching Coordinators, and student representatives. The Coordinator may supplement the CTP with members to whom specific powers may be delegated. The CTP remains in office for three academic years, corresponding to those of the President.

Failure to attend CTP meetings three times in a row without providing a written justification, or five times in a row even with a justification, will result in automatic removal from the CTP for members appointed by the Chair and for the student representative, and from the CTP and the position of Semester Teaching Coordinator for Semester Coordinators.

The CTP, after consulting with the Programme Coordinators and Lecturers of the scientific-disciplinary sectors related to the disciplinary areas of the class, exercises the following investigative functions with regard to the Master's Degree Programme Board, or deliberative functions on the specific mandate of the latter:

- identifies the educational outcomes of the core curriculum and assigns credits to them based on the total time commitment required of students to achieve them;
- aggregates the educational outcomes into teaching courses that are functional to the educational goals of the Master's Degree Programme Board (CCLM);
- proposes, with the consent of the parties concerned, the assignment of professors and researchers to teaching courses, taking into account the educational needs of the CCLM, the scientific-disciplinary sectors to which the teachers belong, their inclinations and their individual teaching load;
- plans, with the coordinators and in consultation with the teachers, the assignment of specific teaching tasks to professors and researchers, aimed at achieving the educational objectives of each course, while ensuring educational effectiveness and respect for individual skills;
- identifies, with the teachers, the teaching methodologies appropriate for achieving the individual teaching and educational objectives;
- organises the provision of elective educational activities and proposes their implementation to the Master's Degree Programme.

Furthermore, the CTP:

- discusses with teachers how to prepare formative and certifying tests to assess learning, in line with the set educational outcomes;
- organises the ongoing monitoring of all teaching activities with the assessment of the quality of their results, including through official evaluations by students; coordinates with the CGAQ for quality assurance.
- promotes initiatives for the educational and pedagogical updating of teachers.
- identifies and indicates to the Degree Programme Board the ex ante criteria for identifying professionals (hospital and local medicine) who carry out clinical internship activities; organises regular meetings between clinical tutors and teaching staff; identifies the learning objectives of regular tutorial training activities for hospital and community medicine tutors.
- organises a permanent student tutoring service to facilitate their progress in their studies.
- The functions performed by the members of the CTP are recognised as institutional tasks and are therefore certified by the academic authorities as activities related to teaching.

The Semester Teaching Coordinators are appointed by the Master's Degree Programme and convene the Integrated Course Teaching Coordinators and a representative group of students from their semester with organisational and proposal-making functions for the Technical Commission for Teaching and Pedagogical Planning.

The Master's Degree Programme or CTP may establish Teaching Committees, defining their purposes, tasks and deadlines. The appointment of the members of these Committees is based on criteria of specific competence and representativeness. Failure to attend Board meetings three times in a row without providing written justification, or five times in a row even with justification, will result in automatic forfeiture.

5L. Quality Assurance Management Committee.

At the degree programme level, the University Quality Assurance Committee operates under the guidance of the Degree Programme Quality Assurance Management Committee (CGAQ), as required by Ministerial Decree 47/2013 and subsequent amendments and additions.

The CGAQ collects the relevant documentation, analyses the data and indicators, prepares the Annual Monitoring Report and the Cyclical Review Report of the degree programme to be submitted to the Degree Programme Board for approval, with particular attention to the critical issues identified, the related corrective actions to be taken and their monitoring in subsequent years.

The documents produced by the CGAQ must be formally approved by the peripheral collegiate body responsible for managing the degree programme and with decision-making powers (Degree Programme Board, Area Board, Educational-Area Board).

The Annual Monitoring Report (formerly Annual Review) collects and analyses the most significant data of the degree programme for each year and includes an analysis of the quantitative indicators calculated by ANVUR on student careers, attractiveness, internationalisation, graduate employability and the consistency and suitability of the degree programme's teaching staff.

The Cyclical Review concerns the monitoring and analysis of the entire study plan of the degree programme over a multi-year period established by the central bodies of the University, including an in-depth self-assessment of the overall performance of the degree programme based on all the elements taken into consideration during the reference period.

The members of the CGAQ, as suggested by the University Quality Team, are:

- 2-3 professors already involved in previous review activities;
- the Programme Coordinator and other technical and administrative staff involved in the educational management of the programme;
- student representatives in accordance with the provisions of the European ESG and Ministerial Decree 1154/2021;
- representatives from the world of labour and productive activities.

The Degree Programme, within the scope of its autonomy and the organisational model adopted by the relevant Faculty, may then establish Committees/Working Groups to better develop the self-assessment, review and improvement activities required by the AVA3 System.

5M. Educational Observatory

The Teaching Observatory is an offshoot of the Professor - Student Joint Committee (CPDS) of the Faculty at the degree programme level and is composed, on a joint basis, of one teacher and one student from the degree programme who are not members of the Quality Assurance Management Committee (CGAQ).

The Educational Observatory collects reports and complaints from students and monitors their progress by analysing their assessment results. It also periodically liaises with the CPDS and proposes solutions to problems and improvements in teaching, coordinated tutoring actions, and actively participates in all student information and guidance initiatives.

5N. Tutoring

As set out in the University Plan for Guidance and Tutoring (https://www.uniroma1.it/it/pagina/piano-di-ateneo-lorientamento-e-il-tutorato) there are three distinct types of tutor:

The first one is the “advisor”, i.e. the teacher whom individual students can turn to for suggestions and advice regarding their academic career. The tutor assigned to students by the Master's Degree Programme remains the same for the entire duration of their studies or for part of it. All lecturers and researchers on the degree programme are required to make themselves available to perform tutoring duties. The activities involved also include realigning minimum entry requirements, welcoming new students and providing support and assistance to incoming students (**Entry Tutoring Activities - Welcome**), assisting students enrolled in years after the first to provide all the information needed to enrich their university experience (**Informative Tutoring Activities**), supporting international students (International Tutoring Activities), supporting students with specific needs (e.g. students living away from home, foreign students, working students, students with disabilities, students with specific learning difficulties (SLD),

parents, etc.) (**Specialised Tutoring Actions**), support for students with emotional and motivational difficulties that translate into difficulties in their studies (**Methodological Tutoring Actions**), as well as career guidance and employability promotion activities;

The second role is that of the Tutor-Lecturer, who is responsible for a small number of students and carries out the tutorial teaching activities (see) set out in the Educational Programme Document. This tutorial activity constitutes a genuine teaching task. Each Teacher-Tutor is required to coordinate their duties with the teaching activities of the courses that share the same educational objectives and may also be involved in preparing the materials to be used in tutorial teaching. The activities also include teaching tutoring for students through support in the subjects in which they have encountered the most difficulty, particularly those who are behind in their studies having acquired fewer credits than expected (**Educational Tutoring Activities**), promoting innovative teaching based on student-centred learning (**Teaching Innovation Tutoring Activities**), supporting the degree programme in all activities related to the organisation, communication and management of teaching, coordination of tutoring activities, and monitoring of student careers (**Cross-disciplinary Tutoring Activities**).

The third role is that of the Tutor Assessor, the tutor lecturer who supervises the student during the assessment internship, which corresponds to 15 credits available to students who have completed the fourth year of the programme for the purposes of the qualifying exam. This person is responsible for assessing the student, supervising them during the activities.

There is also the **Student Tutor** (a senior student or PhD student), identified and appointed on the basis of criteria and merit rankings established by specific University and Faculty Regulations, whom students in difficulty can turn to for information, teaching materials, organisational advice or teaching support.

Clinical tutors must comply with professional development requirements (Continuing Medical Education, CME). The degree programme organises regular meetings between clinical tutors and lecturers (for each subject area) to align skills (learning objectives).

A register of professionals (hospital and community healthcare professionals) appointed by the educational-area board based on their professional qualifications (specialisation or area of care) and meeting the requirements defined in advance by the University is available. Students are assigned to these professionals for their internship activities. The Board periodically organises educational activities in tutorial teaching for hospital and community healthcare tutors.

5O. Compulsory attendance policy

The Master's Degree Programme Board provides formal, non-formal and professional educational activities for a total of at least 5,500 hours (Directive 2013/55/EU of the European Parliament and of the Council of November 20, 2013 and Ministerial Decree 1649 of December 19, 2023). Students are required to attend the Master's Degree Programme Board's classroom-based, supplementary and elective educational activities for the teaching hours for each integrated course. Attendance is verified by the teachers using assessment methods established by the Degree Programme Board. Students must provide proof of attendance at the compulsory educational activities of an integrated course in order to take the relevant exam. Proof of attendance is provided by the teacher responsible for the integrated course in accordance with the procedures established by the Degree Programme Board. Proof of attendance is provided by the Head of Educational Activities in the case of educational activities chosen by the student (elective or optional teaching), or by the internship tutor in the case of professional training activities, on the respective registration documents.

For students who have not obtained the compulsory attendance certificate in a given year of the programme or for a single integrated course, the lecturer or lecturers of the integrated course will agree with the student on recovery methods, such as activities aimed at achieving the educational objectives, as well as the first available session in which they may be admitted to take the exam.

For serious documented health reasons, students may be allowed to make up for missed attendance during the immediately following academic year.

With regard to students who are not enrolled in the Master's Degree in Medicine at our Faculty and who attend up to two Integrated Courses "pursuant to Article 6", especially in the first two years of the programme, applicants are allowed to attend the courses without any prior limitation on numbers, subject to the structural limitations of the classrooms and laboratories used. Similar to the provisions for enrolled students, applicants will attend the Master's Degree Programme (‘A’-‘B’-“C”-‘D’) at the Policlinico Campus based on the first letter of their surname, unless otherwise decided by the individual Master's Degree

Programme Board

5P. Independent learning

The degree programme guarantees students an amount of time that is, on average, no less than half of the hours required to obtain the 360 credits needed to earn the degree, completely free from educational activities conducted by lecturers, in order to allow them to dedicate themselves to independent and guided learning.

The hours reserved for learning are dedicated to:

- Individual use, or use within small groups, either independently or under the guidance of lecturers, of the teaching aids made available by the degree programme for self-learning and self-assessment, in order to achieve the set learning objectives. Teaching aids (texts, simulators, mannequins, audiovisuals, computer programmes, etc.) will be located, as far as possible, in spaces managed by Faculty staff;
- Internships at university facilities chosen by the student, aimed at achieving specific educational objectives.
- Personal study, for exam preparation.

5Q. Progression to subsequent years

Students are allowed to progress from one year to the next regardless of the number of exams taken. However, the possibility of taking exams for subsequent years is determined by the rules set out in the table below:

To take exams of	***It is required to have passed***
Year 2	2 first year exams
Year 3	All the exams of the first year
Year 4	All the exams of the first two years and one exam of the year 3
Year 5	All the exams of the first three years
Year 6	All the exams of the first fours years and 2 exams of year 5

Given that compliance with propaedeuticity requirements is generally verified when requesting a certificate of exams taken or when applying to take the final degree exam, it is in the student's interest, as well as their responsibility, to comply with the above rules.

5R. Cultural propaedeuticities

Cultural prerequisites for the Master's Degree in Italian language

To take the exam of	***It is required to have passed***
Human Anatomy	Histology and Embryology
General Pathology and Physiopathology	Human Physiology
Integrated Pathology I, Integrated Pathology II, Integrated Pathology III, Pathological Anatomy	General Pathology and Physiopathology
To be admitted to the practical-evaluation internship	You must have passed all exams for the first 4 years.

Cultural propaedeutics for the Master's Degree in the English language

To take the exam of	***It is required to have passed***
Biochemistry	Chemistry & Introductory Biochemistry
Human Anatomy	Histology and Embryology
General Pathology and Physiopathology	Human Physiology
Integrated Pathology I, Integrated Pathology II, Integrated	General Pathology and Physiopathology

Pathology III, Pathological Anatomy	
To be admitted to the practical-evaluation internship	You must have passed all exams for the first 4 years

Any additional prerequisites may be defined and recommended by the relevant Academic Board.

Suspension of attendance for more than six years requires enrolment in a year of study approved by the relevant Academic Board, both for full-time and part-time students.

5S. Forfeiture and deadline for obtaining the qualification

Students who are behind schedule in their studies and enrolled in courses under the old academic system will lose their student status if they do not take exams for eight consecutive academic years, both for full-time and part-time students.

Students enrolled in full-time or part-time degree programmes under the old system pursuant to Ministerial Decree 509/99 and Ministerial Decree 270/04 must pass the remaining exams to complete their university career within a period equal to twice the normal duration of the degree programme, unless otherwise specified by the Faculty's programme regulations [example for a full-time student: a student enrolled in a single-cycle Master's degree programme must pass the exams required by their programme within 6 years (legal duration of the programme) + 12 (twice the legal duration), i.e. within a total of 18 years].

5T. Learning assessment

The Medicine and Surgery Master's Degree Programme Board, on the recommendation of the CTP, establishes the types and number of exams necessary to assess students' learning and, upon the proposal of the programme coordinators, the composition of the relevant examination boards.

The total number of curricular exams cannot exceed the number of official courses established by the regulations and must not in any case, exceed 36 over the six years of the programme.

Learning can be assessed through formative assessments and certifying assessments.

Formative assessments

Ongoing assessments are intended to measure the effectiveness of learning and teaching processes in relation to specific content:

- non-qualifying in-progresss tests, when carried out, have no certifying value, are not compulsory (for the student) and do not exempt the student from presenting all the material of the Integrated Course in the exam, their sole purpose being to help the student check the state of their preparation.

- In-progress assessments (qualifying), taken at the end of one of the semesters of the course, may be taken optionally by the student. These tests assess the student's preparation in relation to the syllabus covered during the semester; the result is recorded in a dedicated record book or application provided by the University with a mark out of thirty and, if passed, does not require further assessment during the exam. Students are still required to demonstrate their knowledge of the topics covered in the interview through references or citations during the exam.

Certifying exams

Certifying assessments (exams) are designed to evaluate and quantify, by means of a mark, the achievement of course objectives, certifying the individual level of preparation of students.

Exams may only be taken during the periods devoted to them, known as exam sessions.

Assessment periods may not coincide with periods in which official activities are taking place, nor with other periods that may limit students' participation in such activities.

Integrated and modular courses involve a single certification assessment by the examination board composed of the programme coordinator (recording lecturer) and the lecturers who have been assigned teaching duties; the examination board may also include subject experts appointed by the Faculty Board, on the recommendation of the Degree Programme Board, for the specific course.

Exam sessions:

- **FIRST Semester**: the ordinary session is scheduled at the end of the corresponding teaching term (January-February), with remedial sessions in June, July and September.

- **SECOND Semester**: the ordinary session is scheduled at the end of the corresponding teaching term (June/July), with remedial sessions in September and by January 15 of the following year.

Any extraordinary sessions (during the pre-Christmas and pre-Easter periods) may be established by resolution of the competent Boards, in all cases outside of teaching periods.

The start dates of the exam sessions are defined for each session, spaced at least two weeks apart. The number of exam sessions is determined to be at least two for each exam session.

For students who student enrolled beyond the regular duration of the course (fuoricorso) and for other categories of students covered by Article 40 of the Regulations for attendance of Bachelor's and Master's degree programmes and University student fees, at least two extraordinary exam sessions must be established. A student is considered **"fuoricorso"** if they have attended the entire duration of the programme without, however, having obtained the academic qualification or without having passed all the exams necessary for admission to the final degree exam.

The exam schedule will be posted, well in advance, on the notice boards of the Integrated Course Coordinators' offices and on the Medicine and Surgery Master's Degree website.

The Examination Board consists of at least two lecturers involved in the relevant course and is normally chaired by the coordinator. In the event of the absence of one or more members of a Board on the date of an exam session, the Chair of the Board may arrange for the replacement of the official members with substitute members of the same.

Differentiated assessment methods are strongly encouraged, in relation to Miller's pyramid of competencies, as specified above, even consisting of successive stages of the same exam:

- traditional oral exams and objective, structured written exams (for the assessment of cognitive outcomes);
- practical exams and simulated exams (for the assessment of clinical skills and gestural and relational abilities).

6. QUALIFYING DEGREE

6A. Admission requirements and characteristics of the final degree exam (Ministerial Decree 270/04, Article 11, paragraph 3-d)

In order to be admitted to the final degree exam, students must have attended all courses and passed the relevant exams. The final degree exam focuses on the discussion of a thesis written by the student under the guidance of a supervisor; a co-supervisor may also be involved. The thesis will be discussed before a committee appointed in accordance with the University's programme regulations and the programme regulations of the faculty and master's degree programme.

The Final degree exam board have 110 points at their disposal. The final degree exam is deemed to have been passed with a minimum mark of 66/110. If the candidate obtains the maximum mark, honours may be awarded unanimously. Final degree exams are public.

Considering Law No. 3 of January 11, 2018, Article 3 of Ministerial Decree No. 58/2018, Article 102, paragraph 1 of Decree Law No. 18 of March 17, 2020, MIUR notes No. 8610 of 25/03/2020 and No. 9578 of 14/04/2020, concerning the conduct of the degree, a representative appointed by the Order of Medical Doctors and Dentists may attend the discussion of the degree thesis and the proclamation. The minutes of the graduation session will include a specific field in which the name of the Order of Medical Doctors and Dentists representative who verified the regular conduct of the final qualifying examination will be reported in relation to the

assessment of the suitability of the graduating students for the practical evaluation internship.

6B. Practical-Evaluation Internship (TPV) for qualification in the medical profession

In accordance with Article 3 of the Decree of the Minister of Education, Universities and Research No. 58 of May 9, 2018, and subsequent amendments and additions, aimed at obtaining professional qualification (https://www.gazzettaufficiale.it/eli/id/2018/06/01/18G00082/sg) as part of the credits to be obtained throughout the entire study plan and intended for professional training activities, 15 credits must be allocated to the completion of the three-month practical evaluation internship (TPV) within the degree programme for qualification in the medical profession.

This TPV takes place during the fifth-sixth year of the programme for a number of hours corresponding to at least 5 ECTS for each month and is divided into the following periods, which may be non-consecutive: one month in the Surgical Area; one month in the Medical Area; one month, to be carried out no earlier than the sixth year, in the field of General Medicine. The months of attendance cannot overlap. Each individual credit reserved for practical-evaluation training must correspond to at least 20 hours of professional training and no more than 5 hours of individual study.

Pursuant to Article 102, paragraph 1, of Decree-Law No. 18/2020 (https://www.gazzettaufficiale.it/eli/id/2020/03/17/20G00034/sg), the final exam of the single-cycle Master's Degree Programme in Medicine and Surgery is valid as a State exam qualifying the holder to practise as a Medical Doctor, subject to passing the practical-evaluation internship.

6C. Educational activities for the preparation of the final degree exam

Students have 9-18 credits available for the preparation of their final degree thesis at the university clinical or basic facilities. This activity, defined as “Internship for Graduation Purposes” must be carried out outside the hours dedicated to the educational activities provided for in the study plan.

Students who intend to carry out their internship for the purposes of their degree thesis in a specific facility must submit a formal request to the director of that facility, accompanied by their curriculum vitae (list of exams taken and grades obtained in each of them, list of optional activities followed, internships in laboratories or clinics or any other activity carried out for training purposes).

The director of the facility, after consulting with the relevant teaching staff and verifying the availability of places, will accept the request and assign a tutor, who may be indicated by the student, to be responsible for monitoring and certifying the activities carried out by the student at the facility.

Internships abroad may, upon request, be counted towards the internship required for the preparation of the thesis.

6D. Final degree exam

In order to be admitted to the Final Degree Exam, students must:

- have acquired all the credits required by the study plan during their academic career, with the exception of those relating to the final degree exam.
- submit the degree application in accordance with the provisions set out in the reminder prepared by the Student Affairs Office https://www.uniroma1.it/en/pagina/line-graduation-application)
- attach to the degree application any official documentation certifying: a) international experience (Erasmus+, Erasmus+ Traineeship, Free Movers, thesis completed abroad); b) Honours Programme; c) interdisciplinary Minor thematic study plan; d) TECO Medicine with results; e) Progress Test Medicina with results; f) participation in the School for Advanced Studies (SSAS); g) CIVIS Blended Intensive Programmes (BIP).
- submit the TPV records as determined by the degree programme.

The final degree exam is usually carried out in the periods indicated below:

-**I session (SUMMER):** JUNE, JULY, SEPTEMBER;

-**II session (AUTUMN):** OCTOBER, NOVEMBER;

-**III session (WINTER):** JANUARY

An additional session may be scheduled in MARCH (in this case, students are required to pay the first instalment of university fees as specified in the General Regulations for Sapienza Students).

Starting from the academic year 2023/2024, the following parameters will contribute **indicatively** to determining the degree mark, expressed in hundredths:

- the unweighted average of the marks obtained in the curricular exams required for the LM-41 degree class (maximum number of exams 36; Ministerial Decree 1649/2023, Article 4, paragraph 3), expressed as a percentage out of 110;

- points awarded by the Dissertation Panel during the thesis discussion, up to a maximum of 7 points:

  -Type of research (experimental study; presentation of case studies; case reports; compilative study) and quality of the thesis: maximum score 4 points; the experimental nature of the degree thesis, which will be judged at the sole discretion of the Dissertation Panel, must be supported by the originality and/or innovativeness of the study conducted, as well as by compliance with the scientific methodology adopted, which must originate from conclusions based on original, scientifically valid evidence. (Meta-analytical reviews and retrospective analyses of case studies from multicentre studies and large databases may also be considered "experimental").

- quality of presentation: maximum score 1 point;
- mastery of the subject: maximum score 1 point;
- discussion skills: maximum score 1 point.

-points awarded for the duration of the programme (within the regular duration of the programme/beyond the regular duration of the programme): maximum score 3 points;

-points for honours obtained in exams (at least 3/6 honours): maximum score 2 points;

-points for involvement in international exchange programmes (number of months: 2/6): maximum score 2 points;

Example table - Graduation mark scoring system – total 14 points

Type of research (experimental study; presentation of case studies; case reports; compilative study) and quality of the thesis		Up to 4 points	7
Quality of the presentation		Up to 1 point	
Mastery of the subject		Up to 1 point	
Ability within the discussion		Up to 1 point	
Length of the programme*	Graduation in session I	3 Points	3
	Graduation in session II	2 Points	
	Graduation in session III	1 Point	
Honours**	≥6	2 Points	2
	≥3	1 Point	
Involvement in International Exchange Programmes (e.g. *Erasmus)****	Number of months: from 6 months	2 Points	2
	Number of months: 2 to 5 months	1 Point	
Total			14

*The award is given to students who obtain their degree within the legal duration of the programme (within the 6th year of Medicine and Surgery).

** The following achievements by students are also considered equivalent to honours:

- every year of the honours programme
- interdisciplinary thematic study plan Minor
- TECO or Progress Test
- CIVIS Blended Intensive Programmes (BIP)

***Even if there are several periods of different types of periods spent abroad, the total score cannot exceed two.

The bonus does not apply to students who transfer from the old academic system to the current one and cannot be acquired by students who are enrolled beyond the regular duration of the programme (first or subsequent additional years) after transferring to the single-cycle master's degree in Medicine and Surgery (and the resulting administrative/educational reconfiguration of their study plan).

The overall mark is determined by the sum of the marks awarded for items "a - e".

Honours may be awarded to the degree mark, with the unanimous opinion of the Dissertation Panel, to candidates who achieve a final mark of ≥ 113.

The use of technical aids such as slides, PPT presentations, etc., not exceeding 10 screens, should be considered as an aid to the graduate to support a better understanding of the presentation; therefore, it should not contain purely discursive parts, but only graphs, figures, tables, etc.

6E. Anticipation of the Final Degree Exam
Application for Single-Cycle Master's Degrees in Medicine and Surgery under point 10 - Art. 13 of the Regulations for attendance of bachelor's and master's degree programmes and student contributions

Deserving students who, at the end of the fourth year, have acquired all the credits required by the study plan, with an overall arithmetic average mark of 29/30, may be authorised to take the degree exam one session earlier than the one institutionally scheduled as the first available for obtaining the degree, i.e. in the March session.

To this end, at the beginning of the fifth year (end of September/beginning of October), students must submit a study plan to the Educational Affairs Office of their Medicine and Surgery Master's Degree that provides for the acquisition of:

- approximately 80 credits in the fifth year
- approximately 40 credits in the first semester of the sixth year

For Medicine and Surgery Master's Degree students, attendance at sixth-year, second-semester courses is liberalised based on the best availability of timetables for the “ex cathedra” part of all degree programmes in the three Faculties of Health Sciences; practical professional activities may also be carried out outside teaching periods.

It should be noted that students must maintain an overall average grade of 29/30, otherwise, their authorisation will be revoked (in the latter case, however, the attendance records obtained will remain valid).

7. RECOGNITION OF STUDIES COMPLETED AT OTHER INSTITUTIONS OR ON OTHER DEGREE PROGRAMMES

Studies completed in Medicine and Surgery degree programmes at other universities in the European Union, as well as the credits obtained therein, are fully recognised by resolution of the Medicine and Surgery Master's Degree Programme Board, subject to examination of the curriculum submitted by the university of origin and the accredited course syllabi at that university.

For the recognition of studies completed in Medicine degree programmes in non-EU countries, the Medicine and Surgery Master's Degree Programme Board entrusts a special Commission with the task of examining the curriculum and the syllabi of the exams passed in the country of origin.

After hearing the opinion of the Commission, the Medicine and Surgery Master's Degree Programme Board recognises the adequacy of the credits acquired and decides on their validation.

Credits earned by a student who transfers to the Medicine and Surgery Master's Degree Programme from another degree programme at the same or another university may be recognised after a “qualified” outcome of assessment, carried out by the special commission, with the educational objectives of one or more courses included in the Medicine and Surgery Master's Degree teaching programme.

7A. From University Diploma courses and three-year bachelor's degrees

Students enrolled in the Medicine and Surgery Master's Degree Programme, and enrolled or graduated from University Diploma Courses or First Level Bachelor's Degree Programmes, cannot normally have any exams taken validated, but part of the credits earned may be recognised.

7B. Recognition of exams and Degree Programme abbreviations - Students enrolled in other Faculties

The resolution below applies to students who have passed the admission test for the Master's Degree Programme in Medicine and Surgery and who request recognition of exams taken at other degree programmes/faculties of our University. The tables below, *provided for illustrative purposes only,* apply to students who are enrolled in or have graduated from other degree programmes and request recognition and/or shortening of the programme.

Recognised exams will receive the same grade and, in the case of multiple recognisable exams, the average grade will be calculated.

In order to take second-year exams, students must have passed at least two exams included in the first-year study plan, in compliance, clearly, with the cultural prerequisites referred to in 5R above.

After deciding on the recognition of a specific number of credits, the Medicine and Surgery Master's Degree Programme Board decides on the student's regular enrolment in one of the six years of the programme, adopting the criteria established for progression to subsequent years.

Enrolment in a specific year of the programme is, however, subject to the actual availability of places, as duly verified by the Student Affairs Office.

The purely illustrative tables for the validation of exams and for degree programme abbreviations for the academic year 2025-2026 are attached to these regulations (ANNEXE 2).

8. CODE OF CONDUCT FOR TEACHER-TUTORS AND STUDENTS ENROLLED IN MEDICINE AND SURGERY MASTER'S DEGREE PROGRAMMES IN THE PERFORMANCE OF TUTORING CLINICAL EDUCATIONAL ACTIVITIES OF A PROFESSIONALISING NATURE

(approved by the Permanent Conference of Medicine and Surgery Master's Degree Programme Coordinators on April 12, 2012 and by the Permanent Conference of Deans/Coordinators of Faculties/Schools of Medicine on April 19, 2012)

8**A. Preamble**

A genuine curricular and organisational renovation of the Master's Degree Programme in Medicine and Surgery cannot ignore the importance of certain fundamental scholarships (translational scientific research, horizontal and vertical integration of disciplines, constant application of knowledge to clinical practice, teaching/learning centred on tutorial-type teaching) which require a strong and constant commitment from teachers and students, within a true educational community that knows how to share a fully collaborative spirit in the higher interest of caring for a person and their full psycho-physical and social well-being.

Teachers and students must therefore share common goals, values and responsibilities in carrying out tutorial activities conducted within healthcare facilities and the community. These must be consistent with the specific mission of the single-cycle Master's degree programme in Medicine and Surgery, which is to train doctors at an initial professional level with an integrated biomedical-psychosocial culture. As specified in the Programme Regulations, such a medical doctor must have a multidisciplinary and integrated view of the most common health and disease problems, with an education oriented towards the community, the local area and, fundamentally, disease prevention and health promotion, and with a humanistic culture in its medical implications.

The guidelines contained in this Code of Conduct, to be observed during tutorial educational activities, are intended to establish shared rules that improve, across the board, the practical training of students, in the greater interest of the health care of individual patients and the community.

Furthermore, it should never be forgotten that the practice of medicine is both a science, a mission and an art, and that this practice must be carried out with an awareness of its high intrinsic value: without this, medicine is diminished, losing its institutional identity as a téchne at the service of the individual.

8**B. Ethical foundations**

Ethics as the basis for teacher and student action

The academic community must employ teachers who are aware of their mission and who observe the ethics of commitment, responsibility, communication and relationships in their professional conduct; the dialectic between the ethical forms will find its proper centre of gravity in responsibility, in order to be organically constructive.

The ethics of commitment will consist of taking on a task, making it personal, activating it in all one's actions and connecting it to the purpose of that commitment, which is to educate and actively participate in a process that must involve both the teacher and the student. Commitment means collaborating, planning objectives and setting tasks. And this commitment must be built on understanding and loyalty, in the knowledge that without commitment, the educational process collapses into routine.

The ethics of responsibility must be understood as a rational correlation between means and ends, and must therefore make the teacher efficient and accountable, as an investment for the student, for their future and their integrity. Attention will be given to institutional ethics on the one hand, but also and above all to interpersonal ethics on the other.

The ethics of communication must be understood as the ability to listen, dialogue, argue and converse, in the firm belief that these skills are the typical dimensions of teaching, which is based on words, discussion and being together, managed in a rational and communicative way.

Communication is an essential part of the relationship process, but the latter has a broader value, one that is fundamental to the human person: we are what others give us through the relationship they establish with us. It follows that teachers and students must adopt an ethic of relationship that starts from respect and recognition of the other as an equal interlocutor (partner). Teachers must be witnesses to a constructive and respectful relationship with other teachers, with all health professionals who collaborate in the well-being of the patient, with students (avoiding any form of “humiliating teaching”), and with patients. Teachers must show and teach respect for the patient, for their person, and teach students to see them as a valid interlocutor in the care process. Teachers must introduce students to patients as future members of the medical profession and encourage them

to collaborate in their training process. Students must develop a positive and respectful relationship with other students (cooperative learning), with teachers and health professionals and, of course, with patients.

The teacher, whether a doctor or a lecturer in subjects that contribute to medical training, will represent the paradigm of the medical profession, fully aware of the complex role they play, together with the student, in a clinical and relational context characterised by the presence of the patient, who may not always benefit directly from tutorial teaching. The teacher will operate in the knowledge that the relationship between clinical training, medical-scientific training and humanistic training is a crucial issue in the field of medical education, because it constitutes its epistemic and relational construct. The teacher's primary educational objective will be to ensure that the student achieves, through successive levels and degrees, effective clinical competence that embodies the values of "professionalism", considered the pinnacle of our training, within a structure that must be solid and efficient, whose foundations are represented by clinical competence, good communication skills and excellent knowledge of ethical, legal and deontological principles, while the pillars are represented by excellence, humanity, responsibility and altruism; in the knowledge that good professionalism cannot exist unless it is supported by these foundations and pillars.

Inappropriate behaviour by teachers, highlighted in a meaningful way by anonymous questionnaires assessing teaching quality, will be considered and evaluated by the Medicine and Surgery Educational-area Board when assigning additional teaching duties in the academic year following that in which the survey was conducted.

8**C. The Relationship with the Patient, "essential" ethical standards**

In their interactions with patients, both students and teachers will be guided by the inalienable rights of patients themselves, as already mentioned in the preamble. These include not only health as a fundamental human right and the equitable distribution of this right as planned by the national and regional governments and by universities and hospitals, but also, and above all, the individual relationship with the professional, which is based on the principles of beneficence, non-maleficence, respect for the patient's autonomy and in accordance with the rules of the code of ethics and the most important rules of social ethics.

These principles must therefore be taught to students by teachers who must be models of professional behaviour in highlighting, in addition to correct clinical practice, the rights of patients with particular reference to the risks of loss of personal dignity or trust, especially when the patient is confined to a hospital ward.

Clinical training, therefore, in addition to achieving the specific clinical objectives of "know-how" set out in the core curriculum, will also ensure the foundations of "know-how" through clinical practice that highlights the fundamental rights of patients and concerns:

- a) The dignity of the person as recognition of the individual values of each patient;
- b) Respect for the patient as knowledge of each individual within a depersonalised environment, such as a hospital setting, especially in view of the vulnerability that accompanies the sick person, diminishing their autonomy;
- c)The commitment to act in the patient's best interests, as the foundation of medical professionalism;
- d) Accurate patient information, as an essential basis for any healthcare decision, both for the doctor and the patient;
- e)The patient's trust in the competence, integrity, skill and courtesy of the doctor and student, essential prerequisites that must be perceived by the patient in order to confidently discuss their personal problems of illness, but also their environmental, existential and socio-economic conditions.

8**D. Educational and pedagogical aspects Growing competence and responsibility**

Students enrolled in the Master's Degree programme in Medicine and Surgery, during their training and under the careful guidance of their tutor, must be able to take on an increasing level of responsibility for patient care, in line with their growing theoretical knowledge and clinical skills. Under no circumstances may students assume direct clinical responsibilities that exceed their degree of autonomy, as provided for in the teaching regulations, nor may they improperly substitute themselves in clinical actions that are the responsibility of tenured professors or other NHS healthcare personnel. Alongside opportunities to increase their clinical skills and professional competence, students must be given ample opportunity to consolidate their knowledge by being granted adequate time for critical review of what they have learned (the aim of the Degree Programme is to train reflective professionals), for independent study, and for exam preparation, as well as sufficient free time to devote to extra-curricular activities and personal care.

8**E. Attendance obligations**

Students are required to attend clinical activities for the hours scheduled by the Faculty Board and indicated in the Educational Regulations and on the Faculty website, in accordance with the shifts scheduled for individual activities in the Clinical Departments. They are also required to comply with their assignment to clinical tutors, as provided for in the Educational Regulations and on the Faculty website. Students are required to comply with the scheduled timetable, and the same compliance must be guaranteed by the clinical tutors. Punctuality in attending scheduled clinical commitments is mandatory for both students and teachers. Any exceptions must be limited and of a unique nature or be seriously justified. Exceptions made by teachers must also be justified and communicated to the programme coordination bodies and to the students concerned in advance, with respect to the schedule of planned meetings. The total number of hours, planned on a weekly basis, must be consistent with the provisions of the educational regulations. Assessment activities are not included in the calculation of clinical activity hours. In any case, clinical attendance may not exceed 24 hours per week, except for participation in conferences, scheduled clinical rounds, or participation/observation in clinical activities of particular length and complexity, such as certain surgical procedures.

Students must have at least one day off per week, normally Saturday and Sunday, or two consecutive days after 15 consecutive days of activity. Theoretical lessons and exams cannot be considered as days off.

8**F. For a Student Code of Conduct**

During their clinical attendance and under the guidance of their tutor, students will develop the skills needed to conduct a competent “doctor-patient” relationship, reflecting the equal dignity of both parties, while taking into account the natural asymmetry in terms of professional competence and different emotional and existential involvement. The exercise of this activity should lead to a synthesis that enables students to recognise the principles in which everyone sees their role and dignity respected, without anyone renouncing their responsibility.

During their clinical training and under the direct responsibility of their tutor, students must acquire an awareness that a proper “doctor-patient” relationship must be achieved within a relationship of mutual trust that is both stable and flexible, without oscillating between uncertainty of objectives and rigidity of working methods.

At the end of their clinical training, students must therefore understand that in the doctor-patient relationship, the core of the therapeutic alliance is represented by two fundamental elements: the doctor's competence and availability and the ability to elicit the patients' trust, who then recognise the doctor's ability to treat them and willingness to take care of them and their illness. Students must demonstrate the level of competence and professional awareness achieved throughout their clinical training in the medical-surgical clinics I, II and III exams, through discussion of the experiences collected in their portfolio, an objective, structured and repeatable practical test (use of standardised patients, use of real patients, structured clinical examination – OSCE, or other as indicated by the Degree Programme Board) and an oral exam.

During their clinical training, students are therefore required to comply with the following general rules of conduct:

a)In all activities involving relationships with patients, colleagues and teachers, students shall act without any discrimination based on age, disability, gender, illness, nationality, ethnicity, socioeconomic status, race, sexual orientation or religious beliefs. In all cases, the rules of good manners shall be observed in relations with patients: before entering hospital rooms, permission shall be sought from the patient and their response awaited; the patient shall be shaken hands with, using gloves if necessary; a smile shall be offered if circumstances permit; and only then shall the student sit down next to the patient's bed, introduce themselves and explain their role as a student in training. The patient will be asked if they have had any problems and how they are finding the facility before beginning any type of questioning or clinical procedure permitted by the regulations and under the direct supervision of the supervising teacher.

b)Knowing how to be an effective and attentive communicator. Students must always bear in mind that they are students and not qualified doctors. They must therefore be aware of their limitations and not exceed their prerogatives when providing information to patients. Students shall accept and strictly observe the principle of confidentiality regarding patient data, as well as data concerning medical staff or other students, and shall be easily reachable by the medical staff to whom they report, ready to respond to any reasonable request for information concerning the professional field they are attending. Students shall not discuss patients with other students or professionals outside their own clinical department, except in a completely anonymous form. When students report or refer to clinical cases outside their own department, they shall take the utmost care to ensure that patients cannot be identified in any way. They shall not use electronic devices (cameras, mobile phones or other means) to record

or store images and/or sensitive data relating to patients, nor shall they use e-mail, social networking sites, blogs, Twitter, Facebook or other computerised or paper-based systems to disseminate data and information relating to patients, even in anonymous form.

c)Knowing how to observe and comply with regulations, procedures and guidelines. Students must be aware of and fully comply with the regulations and procedures prescribed by the University and the Hospital. In particular, they shall be familiar with the rules and procedures concerning safety, as required by current legislation and as indicated by the Radiation Protection Service, the Workplace Safety and Accident Prevention Service, the Competent Doctor and the Hygiene and Health Organisation Service of Sapienza University and the “Policlinico Umberto I”, "Sant'Andrea" and “Polo di Latina”. They shall comply with vaccination requirements, taking care to promptly contact the Competent Doctor's service in the event of any type of accident or breach of correct procedures. In the event of events involving a risk of infection from blood-borne viruses or tuberculosis bacilli, they shall undergo the relevant assessment procedures by the Competent Doctor, taking care to follow the prescriptions until the diagnostic process is complete.

d)Acquire open, clear and honest behaviour. Students shall not break the law for any reason, engage in violent behaviour for any reason, use violence against others or act dishonestly. Cheating during exams is also totally unacceptable: this type of misconduct, at any level, destroys self-confidence, and those who pass exams using such practices are totally unsuitable for the medical profession. Confirmed violations will be reported to the Student Department and to the Rector, who will assess the possibility of imposing disciplinary sanctions or reporting the matter to the judicial authorities. A student under criminal investigation is required to inform the Dean of the Faculty. For example, concealing involvement in acts of violence or offences while in a state of acute alcoholic intoxication will be interpreted as even more serious than the incident itself.

e)Taking care of one's appearance. Students must take care of their appearance, personal hygiene and behaviour, which must be characterised by modesty, sobriety and current customs. The appearance of students, as well as that of teachers, must not negatively affect patient confidence. Identification badges must always be worn so that students can be easily identified by patients, teachers and staff. Head coverings, as required by some religions, should not cover the face, as facial expressions are an important part of communication with patients, just as it is important for some patients with hearing impairments to be able to read lip movements. When examining a patient in any clinical setting, it is important to wear the clothing prescribed by the Health Authority.

f)Knowing how to act promptly in response to any problem. Students must immediately inform the Head of the Medical Department and/or their tutor of any personal or patient-related problems that may arise, and that could put their own health or that of the patient at risk. Students are also required to report and seek advice from their tutor if they believe that other students or doctors have not acted correctly. Some examples of improper conduct may include: making serious and/or repeated errors in the diagnosis and/or treatment of patients; conducting superficial physical examinations of patients; negligently handling patient information; treating patients without first obtaining their informed consent in accordance with the rules and criteria learned during clinical training; engaging in misconduct in the dissemination of patient data or scientific research; engaging in misconduct towards patients; alcohol and drug abuse. Such behaviour will be discussed with the tutor, who will take responsibility for reporting it to the Head of Department, if necessary.

g)Do not abuse alcohol; do not take drugs; avoid smoking cigarettes. Alcohol abuse and drug use by teachers and students can pose a serious risk to patients; the problems associated with such abuse and the resulting aggressive and inappropriate behaviour can be such as to compromise future professional careers. The laws in force prohibiting smoking inside the Hospital must be strictly observed. Even if not expressly prohibited by law, it would be advisable to avoid smoking cigarettes in the open spaces in front of healthcare buildings: firstly, because personal toxicity does not change when smoking in open spaces, and secondly, so as not to set a negligent example of conduct that does not comply with hygiene and health prevention standards, out of respect for the patients who pass through these areas.

8**G. Final regulatory aspects**

All lecturers, with teaching assignments of various kinds, and students enrolled in the single-cycle Master's Degree Programme in Medicine and Surgery, who are involved in tutoring educational activities, are required to comply with these rules individually and to report any obvious and repeated violations to the Chair of the Degree Programme in Medicine and Surgery, who will refer the matter to the Factulty Board and Faculty Dean. The Dean, on the basis of his or her personal assessment, shall report to the

Academic Senate and the Rector if he or she considers that there are grounds for imposing disciplinary sanctions and/or that there has been a violation of the laws in force.

These regulations are shared with the General Managers of the relevant University Hospital Trusts, giving full recognition and value to the healthcare activities of these Trusts, whose primary purpose is to provide essential support for the inseparable educational, healthcare and scientific activities of the Faculties of Pharmacy and Medicine, Medicine and Dentistry, and Medicine and Psychology at Sapienza University of Rome. The General Managers will be directly responsible for disseminating these regulations to the healthcare, nursing, technical and administrative staff of the relevant institutions under their management.

These regulations, approved by the Faculty Boards and the Directors of the Healthcare Institutions, form an integral part of the Programme Regulations for the Single-Cycle Master's Degree Programme in Medicine and Surgery (LM-41) at Sapienza University of Rome.

ANNEXE 1: INTERNSHIP RECORD BOOK

INTERNSHIPS RECORD BOOK
Medicine and Surgery Master's Degrees Sapienza University of Rome

This document, entitled **"Record book,"** establishes:

- The procedures for carrying out the internships planned by the degree programme;
- The activities planned for each year;
- The duration of each internship;
- The total number of hours to be completed;
- The distribution of credits among the different types of internships.

The internship is a fundamental part of the study plan for future doctors, and 60 of the 360 credits required for the programme are reserved for it.
As provided for in Article 102, "Qualification to practise as a medical doctor and further urgent measures concerning healthcare professions", of Decree-Law No. 18 of March 17, 2020, 15 of the **60 credits** are dedicated to **practical evaluation internship**, valid for **professional competence qualification**, which take place no earlier than the fifth year of the programme and after passing the exams of the first four years of the programme.
Each credit of professional and qualifying internship corresponds to 25 hours of practical activity by the student.

DEFINITION

The definition of internship encompasses various types of practical activities. Each type of internship is aimed at a specific general objective:

TYPE OF INTERNSHIP	GENERAL OBJECTIVE
Professionalizing internship	It is a curricular **training** internship aimed at helping students acquire practical, manual, interpretative and communication skills.
Practical Evaluation Internship (TPV)	This is an **evaluative** internship aimed at assessing the student's skills in terms of medical knowledge and professionalism in the field. It evaluates the level of maturity and awareness of professionalism. **Successful completion** of the TPV is a necessary requirement for **professional qualification**.
Student-Chosen Internship (TSS)	This internship aims to offer **guidance** and enhance students' **vocational autonomy** in terms of their post-graduate career choices. The courses offered are designed to provide multidisciplinary and interdisciplinary training, knowledge and skills that are functionally related to the cultural and professional profile pursued.

The items relating to the specific activities of the first two types of internship are detailed respectively in the professional activities record book (**Annexe 3**) and in the record books of the three practical evaluation internships (TPV) for professional qualification (**Annexe 4**). As regards the internships chosen by the student (TSS), these are detailed in the study plan of each Medicine and Surgery Master's Degree Programme.

ORGANISATION OF THE INTERNSHIPS

A prerequisite for participation in all internship activities is possession of a certificate of attendance for the safety course.

Professionalizing Internship (APP)

Professionalizing internships include:

- in the first and second years of the programme, skills acquisition activities in specifically equipped practical laboratories and simulation laboratories (*Skill Labs).* A specific activity in the second year is the participation of all students in adult, paediatric and infant BLSD training, certified by the *American Heart Association.*

From the third year onwards, internships include:

- carrying out specific activities on skill trainer manikins and/or through peer simulation under the supervision of tutors (teachers and/or scholarship students with specific training).

- simulation of simple and complex clinical scenarios on high-fidelity manikins or through the application of augmented reality technologies.

- participation in outpatient and ward activities under the supervision of clinical tutors.

Based on the educational objectives of the Medicine and Surgery Master's Degree Programme, the practical activities of professional internships are divided into:

- **Assisting with procedures**: Students divided into small groups assist first-hand with specialist medical procedures (e.g. electromyography, electroencephalography), in order to learn about their application and be able to prescribe them appropriately to future patients during their professional practice.
- These activities will not be assessed in practice but may be assessed during the exam through the discussion of clinical cases.
- **Performing procedures of varying complexity** (e.g. setting up an electrocardiogram or performing an arterial blood sample).

The acquisition of practical skills will be assessed through a practical test (performance assessment). Passing the practical skills test may be a prerequisite for admission to the exam to which the practical test is linked.

- **Interpreting diagnostic tests (e.g. laboratory tests, results of instrumental tests) (assessed during the final exam)**: (for example: interpreting an electrocardiogram).

  The acquisition of interpretative skills may be assessed by means of a practical test or during the exam to which they are linked. Passing the practical test relating to the skill may be a prerequisite for admission to the exam to which the practical test is linked.

- **Participating in clinical activities in the ward and outpatient clinic** to perform the main semiological manoeuvres, collect patients' clinical histories and consolidate communication skills and interpersonal skills with patients, medical staff and other professionals, under supervision.

With regard to clinical activities in the ward and outpatient clinic, students are required to complete an assessment of their clinical placements by filling in a specific questionnaire that is administered annually.

Practical Evaluation Internship (TPV)

The Practical Evaluation Internship takes place starting from the fifth year of the programme. Among the 15 credits assigned to this type of internship, 5 are carried out in the Medical Area, 5 in the Surgical Area and 5 in the General Practitioners' clinics. The

TPV is divided into three months, one for each area. Each credit corresponds to at least 25 hours of activity.

A prerequisite for admission to the TPV is the successful completion of all exams relating to the first four years of the programme, as set out in the Study Plan. Once this requirement has been met, students can book their TPV online through the Prodigit system (https://prodigit.uniroma1.it/tpv-chirmed) by following the instructions in the manual published on the website.

Attendance is compulsory and must be certified in the appropriate record books provided to students (**Annexe 3**). Certification of attendance and assessment of internship periods are the direct responsibility of the TPV tutor, who completes the assessment in the internship record book. At the end of the TPV, students upload the completed record book in its entirety via the Prodigit system. Each degree programme has a contact person for each area of the TPV, who is responsible for awarding eligibility based on the assessment obtained by students and certifying this via Infostud.

Students are required to complete the assessment of the practical evaluation internships by filling in an ad hoc questionnaire that is administered annually.

TPV and international mobility

The University recognises the possibility of validating periods of internship carried out abroad during ERASMUS+ for study or ERASMUS+ for Traineeship and during periods of extra-European mobility (bilateral agreements-OVERSEAS https://www.uniroma1.it/it/pagina/programma-overseas) and for International Credit Mobility (ICM https://www.uniroma1.it/it/pagina/borse-erasmus-international-credit-mobility-icm-ka171-outgoing). This possibility does not apply to TPV with General Practitioners. TPV during ERASMUS+ or ERASMUS Traineeship is subject to the same access rules as TPV on campus (having passed all exams in the first 4 years).

The recognition of TPVs carried out during periods of international mobility is subject to prior approval of the Learning Agreement by the Academic Supervisor for International Mobility (RAM). For the registration of activities carried out, the Educational Affairs Office of each degree programme provides an English version of the practical evaluation internships (TPV) record books for professional qualification in the medical and surgical fields.

Student-chosen internship (TSS)

The Medicine and Surgery Master's Degree Programme offers a series of multidisciplinary student-chosen internships, each worth 8 credits, structured in two modules, the first (3 credits) covering “general” subjects and the second (5 credits) covering specific subjects relevant to the theme of the individual internship. The TSS are available to students enrolled in the 2025-26 academic year. Details on the organisation and booking procedures for these internships will be updated in the Record book in due course.

Code of Conduct

For all general rules of conduct and regulatory aspects, please refer to the Code contained in the Programme Regulations.

With specific regard to internships and practical activities, students shall progressively take on clinical tasks commensurate with their level of preparation, without ever exceeding their level of autonomy, as provided for in the teaching regulations, nor improperly substituting themselves in clinical actions that are the responsibility of tenured teachers or other NHS healthcare personnel. They must have time for reflection, study and personal well-being.

Attendance

Mandatory according to established shifts and schedules. Students are required to attend clinical activities for the hours planned by the Faculty Board and indicated in the Study Plan and on the Faculty website, in accordance with the shifts scheduled for individual activities in the Clinical Departments. They are also required to comply with their assignment to clinical tutors, as provided for in the Study Plan and on the Faculty website. Maximum 24 hours per week of clinical activity. Days off are guaranteed, and mutual respect for punctuality is required of both students and teachers.

Student code of conduct

During their clinical attendance and under the guidance of their tutor, students will develop the skills needed to conduct a

competent “doctor-patient” relationship, reflecting the equal dignity of both parties.

Students must:

- Know how to respect patients, colleagues and staff without discrimination. In all cases, good manners must be observed when interacting with patients: before entering a patient's room, ask for permission and wait for a response; shake hands with the patient, wearing gloves if necessary; smile if circumstances allow; and only then sit down next to the patient's bed, introduce yourself and explain your role as a student in training. The patient will be asked if they have had any problems and how they are finding the facility before beginning any type of questioning or clinical procedure permitted by the regulations and under the direct supervision of the supervising teacher.
- Know how to be an effective and attentive communicator. Students must always bear in mind that they are students and not qualified doctors. They must therefore be aware of their limitations and not exceed their prerogatives when providing information to patients. Students shall accept and strictly observe the principle of confidentiality regarding patient data, as well as data concerning medical staff or other students, and shall be easily contactable by the medical staff to whom they report, ready to respond to any reasonable request for information concerning the professional field they are attending. Students shall not discuss patients with other students or professionals outside their own clinical department, except in a completely anonymous form. When students report or refer to clinical cases outside their own department, they shall take the utmost care to ensure that patients cannot be identified in any way. They shall not use electronic devices (cameras, mobile phones or other means) to record or store images and/or sensitive data relating to patients, nor shall they use e-mail, social networking sites, blogs, Twitter, Facebook or other computerised or paper-based systems to disseminate data and information relating to patients, even in anonymous form.
- Know how to observe and comply with regulations, procedures and guidelines. Students must be aware of and fully comply with the regulations and procedures prescribed by the University and the Hospital. In particular, they must be familiar with the rules and procedures concerning safety.
- Maintain honest, correct and law-abiding behaviour. Confirmed violations will be reported to the Student Department and to the Rector, who will assess the possibility of imposing disciplinary sanctions or reporting the matter to the judicial authorities.
- Take care of your personal appearance and wear your identification badge. Head coverings, as required by some religions, should not cover the face, as facial expressions are an important part of communication with patients, just as it is important for some patients with hearing impairments to be able to read lip movements. When examining a patient in any clinical setting, it is important to wear the clothing prescribed by the Health Authority.
- Report clinical problems or inappropriate behaviour. Students must immediately inform the Head of the Medical Department and/or their tutor of any personal or patient-related problems that may arise, and that could put their own health or that of the patient at risk.
- Do not abuse alcohol; do not take drugs; avoid smoking cigarettes. The laws in force prohibiting smoking inside the hospital must also be strictly observed. Even if not expressly prohibited by law, it would be advisable to avoid smoking cigarettes in the open spaces in front of the healthcare buildings.

ANNEXE 2: TABLES FOR ILLUSTRATIVE PURPOSES ONLY FOR THE RECOGNITION OF EXAMS AND PROGRAMME ABBREVIATIONS FOR THE ACADEMIC YEAR 2025-2026

(Please note that the tables are for illustrative purposes only and are therefore subject to change by the relevant bodies.)

From the Degree Programme in Biological Sciences (first-level degree - three-year programme):		
Exams taken in the Biological Sciences Bachelor's Degree	Partially/fully recognised exams/credits for Master's Degree Programmes in Medicine and Surgery	Exams/credits partially/fully recognised for Master's Degree Programmes in Dentistry and PD
Physics (9 ECTS)	Medical Physics (6 ECTS)	Medical Physics (6 ECTS)
Cell biology and histology + Genetics	Biology and Genetics (12 ECTS) and Histology and Embryology (4 ECTS) Obligation to take the exam with an additional learning requirement of 4 ECTS: Human Embryology (3 ECTS) and Human Histology (1 ECTS)	Biology and Genetics (10 ECTS) and Histology (3 ECTS) Obligation to take the exam with an additional learning requirement of 4 ECTS for content relating to Embryology and Special Odontostomatological Histology
Cell biology and histology (9 ECTS)	Histology and Embryology (4 ECTS) Obligation to take the exam with an additional learning requirement of 4 ECTS: Human Embryology (3 ECTS) ed Human Histology (1 ECTS) and Biology and Genetics (6 ECTS) Obligation to take the exam with an additional learning requirement of 6 ECTS for the contents of Genetics	Biology and Genetics (8 ECTS) Obligation to take the exam with an additional learning requirement of 2 ECTS for content relating to Genetics and Histology (3 ECTS) Obligation to take the exam with an additional learning requirement of 4 ECTS for content relating to Embryology and Special Odontostomatological Histology
General and inorganic chemistry (9 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
General and inorganic chemistry (9 ECTS) and Organic Chemistry (9 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
Organic Chemistry	Chemistry and preparatory Biochemistry (3 ECTS) Obligation to take the exam with an additional learning requirement of 6 ECTS for General Chemistry	Medical Chemistry following recognition of Organic Chemistry ECTS with the obligation of attendance and exam on the missing content and ECTS of General Chemistry
Genetics (9 ECTS)	Biology and Genetics (6 ECTS) Obligation to take the exam with an additional learning requirement of 6 ECTS for Biology content.	Biology and Genetics riconosciuti 2 ECTS con l'Obligation to take the exam with an additional learning requirement of 8 ECTS for the Applied Biology content
Molecular Biology	Biochemistry (3 ECTS) Obligation to attend and take the exam with an additional learning requirement of 11 ECTS for the contents of Biological Chemistry	Biochemistry and Molecular Biology following the 2 ECTS recognition of Molecular Biology with the obligation of taking the 8 missing ECTS in

		Biological Chemistry
Biological Chemistry (9 ECTS)	Biochemistry Obligation to take the exam with an additional learning requirement of 3 ECTS for the Molecular Biology content that has not been assessed	Biochemistry Obligation to take the exam with an additional learning requirement of 2 ECTS for the Molecular Biology content
Biological Chemistry (9 ECTS) + Molecular Biology	Biochemistry	Biochemistry and Molecular Biology

From the Degree Programme in Biotechnology (first-level three-year degree):		
Exams taken at a Bachelor's Degree in Biotechnology	Partially/fully recognised exams/credits for Master's Degree Programmes in Medicine and Surgery	Exams/credits partially/fully recognised for Master's Degree Programmes in Dentistry and PD
Physics (6 ECTS) + Applied Physics of the II year (5 ECTS)	Medical Physics (6 ECTS)	Medical Physics (6 ECTS)
Physics (6 ECTS)	Medical Physics (6 ECTS)	Medical Physics (6 ECTS)
Applied Physics (5 ECTS)	Medical Physics (6 ECTS)	Medical Physics (6 ECTS)
Cell Biology (9 ECTS) + Genetics (9 ECTS)	Biology and Genetics (13 ECTS)	Biology and Genetics (10 ECTS)
Genetics (9 ECTS)	Biology and Genetics (3 ECTS) Obligation to take the exam with an additional learning requirement of 10 ECTS for the Biology content	Biology and Genetics (8 ECTS) Obligation to take the exam with an additional learning requirement of 2 ECTS for the Biology content
Cell Biology (9 ECTS)	Biology and Genetics (6 ECTS) Obligation to take the exam with an additional learning requirement of 7 ECTS for the Genetics content	Biology and Genetics (8 ECTS) Obligation to take the exam with an additional learning requirement of 2 ECTS for the Genetics content
Molecular Biology (12 ECTS)	Biochemistry (3 ECTS) Obligation to take the exam with an additional learning requirement of 11 ECTS for the Biochemistry I content	Biochemistry and Molecular Biology (2 ECTS) Obligation to take the exam with an additional learning requirement of 8 ECTS for the contents relating to Biochemistry
General and Inorganic Chemistry (6 ECTS) + Organic Chemistry I and II (9 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
Organic Chemistry I and II (9 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
General and Inorganic Chemistry (6 ECTS)	Chemistry and preparatory Biochemistry (6 ECTS) Obligation to take the exam with an additional learning requirement of 3 ECTS	Medical Chemistry (7 ECTS)
General Anatomy and Physiology (6 ECTS)	Human Anatomy (I-II-III) (4 ECTS) Obligation to attend and pass the Human Anatomy I and II assessments and the final Human Anatomy exam for 15 ECTS, with the exception of the content	Human Anatomy Requirement to take the Anatomy I in-progress exam with a reduced programme, and requirement to take Anatomy II

	already assessed	
Histology and Embryology (6 ECTS)	Histology and Embryology (3 ECTS) Obligation to take the exam with an additional learning requirement of 1 ECTS for Histology and 4 ECTS for Embriology	Istologia (3 ECTS) Obligation to take the exam with an additional learning requirement of 4 ECTS for Histology
General Microbiology, Microbial Biotechnology and Elements of Medical Microbiology I (12 ECTS)	Microbiology (4 ECTS) Obligation to take the exam with an additional learning requirement of 3 ECTS for the content that has not been assessed	Microbiology and Hygiene (3 ECTS) Obligation to take the exam with an additional learning requirement of 3 ECTS for Hygiene
General pathology with bioethical disease models and economic and legislative aspects (10 ECTS) (student's choice)	Basic medical-scientific methodology (I) (3 ECTS) compulsory exam for the remaining 9 ECTS	General Pathology (3 ECTS) Compulsory exam for the remaining 4 ECTS
Biochemistry and Biochemical Biotechnology (12 ECTS)	Biochemistry (14 ECTS)	Biochemistry and Molecular Biology (7 ECTS)
English (4 ECTS)	Foundation MMS (2 ECTS) and Pre-Clinical MMS II (2 ECTS) Requirement to obtain missing ECTS: an additional learning requirement of 4 ECTS for Foundation MMS and 7 ECTS for Pre-Clinical MMS II, respectively. Pre-Clinical MMS II	English language (4 ECTS) Obligation to take the exam with an additional learning requirement of 3 ECTS

From the Master's Degree Programme in Pharmacy:		
Exams taken in the Degree Programme in Pharmacy	Partially/fully recognised exams/credits for Master's Degree Programmes in Medicine and Surgery	Exams/credits partially/fully recognised for Master's Degree Programmes in Dentistry and PD
Physics (6 ECTS FIS 01)	Medical Physics (6 FU)	Medical Physics (6 ECTS)
General and inorganic chemistry (10 ECTS CHIM 03)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
General and inorganic chemistry (10 ECTS) and Organic Chemistry (10 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
Organic Chemistry (10 ECTS CHIM 06)	Chemistry and preparatory Biochemistry (3 ECTS) Obligation to take the exam with an additional learning requirement of 6 ECTS for General Chemistry	Medical Chemistry: following recognition for Organic Chemistry, with compulsory attendance and exam on the content, and the missing ECTS for General Chemistry.
Pharmaceutical Biology (8 ECTS)	Biology and Genetics (4 ECTS) Obligation to take the exam with an additional learning requirement of 9 ECTS for the	Biology and Genetics (4 ECTS) Obligation to take the exam with an additional learning requirement of 9 ECTS for the

	Biology and Medical Genetics content	Biology and Medical Genetics content
Molecular Biology (6 ECTS)	Biochemistry (2 ECTS) with compulsory attendance and exam with additional learning requirement of 11 ECTS for the Biological Chemistry content	Biochemistry and Molecular Biology: following 2 ECTS recognition of Molecular Biology with compulsory exam on the content, and the missing 8 ECTS for Biological Chemistry.
Biochemistry Generale (10 ECTS)	Biochemistry Obligation to take the exam with an additional learning requirement of 2 ECTS for non-assessed Molecular Biology content	Biochemistry Obligation to take the exam with an additional learning requirement of 2 ECTS for the Molecular Biology content
General Biochemistry (10 ECTS) + Molecular Biology (6 ECTS)	Biochemistry	Biochemistry and Molecular Biology
Immunology 6 ECTS (3 MED 04 + 3 MED 46)	Immunology and Immunopathology (8 ECTS MED 04) Obligation to take the exam with an additional learning requirement of 3 ECTS for the Immunopathology content	Immunology and Immunopathology (8 ECTS MED 04) Obligation to take the exam with an additional learning requirement of 3 ECTS for the Immunopathology content
Microbiology (6 ECTS MED 07)	Microbiology (7 ECTS MED 07 and VET 06) Obligation to take the exam with an additional learning requirement of 2 ECTS for non-assessed content	Microbiology and Hygiene (7 ECTS MED 07 and + 6 ECTS MED 42) Obligation to take the examination with an additional learning requirement of 6 ECTS for the contents of Hygiene
General Pharmacology and Pharmacotherapy I and II (8 + 10 ECTS BIO 14)	Pharmacology and Toxicology (7 ECTS BIO 14)	Pharmacology (7 ECTS BIO 14)

From the Master's Degree Programme in Chemistry and Pharmaceutical Technology:		
Exams taken for the Bachelor's Degree in Pharmaceutical Chemistry and Technology	Partially/fully recognised exams/credits for Master's Degree Programmes in Medicine and Surgery	Exams/credits partially/fully recognised for Master's Degree Programmes in Dentistry and PD
Physics (6 ECTS FIS 01)	Medical Physics (6 ECTS)	Medical Physics (6 ECTS)
General and inorganic chemistry (8 ECTS CHIM 03)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
General and inorganic chemistry (8 ECTS) and Organic Chemistry (9 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
Organic Chemistry (9 ECTS CHIM 06)	Chemistry and preparatory Biochemistry (3 ECTS) Obligation to take the exam with an additional learning requirement of 6 ECTS for General Chemistry	Medical Chemistry: ECTS credits for Organic Chemistry recognised, with compulsory attendance and exam on the content, and the missing ECTS for General Chemistry.

Plant and Animal Biology (6 ECTS)	Biology and Genetics (4 ECTS) Obligation to take the exam with an additional learning requirement of 9 ECTS for the Biology and Medical Genetics content	Biology and Genetics (4 ECTS) Obligation to take the exam with an additional learning requirement of 9 ECTS for the Biology and Medical Genetics content
General Biochemistry (10 ECTS)	Biochemistry Obligation to take the exam with an additional learning requirement of 2 ECTS for the Molecular Biology content that has not been assessed	Biochemistry Obligation to take the exam with an additional learning requirement of 2ECTS for the Molecular Biology content
Microbiology 6 ECTS MED 07	Microbiology (7 ECTS MED 07 and VET 06) Obligation to take the exam with an additional learning requirement of 2 ECTS for the content that has not been assessed	Microbiology and Hygiene (7 ECTS MED 07 and + 6 ECTS MED 42) Obligation to take the exam with an additional learning requirement of 6 ECTS for Hygiene content
Pharmacology and Pharmacognosy (11 ECTS BIO 14)	Pharmacology and Toxicology (7 ECTS BIO 14)	Pharmacology (7 ECTS BIO 14)

From the Degree Programme in Chemistry:		
Exams taken for the Bachelor's Degree in CHEMISTRY (single cycle - up to academic year 2015/2016)	Partially/fully recognised exams/credits for Master's Degree Programmes in Medicine and Surgery	Exams/credits partially/fully recognised for Master's Degree Programmes in Dentistry and PD
General and Inorganic Chemistry with laboratory (13 ECTS) + Organic Chemistry I and II (9+9 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
General and Inorganic Chemistry with laboratory (13 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
Inorganic Chemistry I and II (6+9 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
Physics I and II (9+9 ECTS)	Medical Physics (6 ECTS)	Medical Physics (6 ECTS)
Exams taken at the bachelor's degree in CHEMICAL SCIENCES (three-year degree - from academic year 2016/2017)	Partially/fully recognised exams/credits for Master's Degree Programmes in Medicine and Surgery	Exams/credits partially/fully recognised for Master's Degree Programmes in Dentistry and PD
General and inorganic chemistry with laboratory (12 ECTS)	Chemistry and preparatory Biochemistry (9 ECTS)	Medical Chemistry (7 ECTS)
Exams taken a Master's Degree in CHEMISTRY, Biological Systems Chemistry Course (Master's Degree - from academic year 2016/2017)	Partially/fully recognised exams/credits for Master's Degree Programmes in Medicine and Surgery	Exams/credits partially/fully recognised for Master's Degree Programmes in Dentistry and PD
Molecular Biology 6 ECTS BIO 11 + Biochemistry II 6 ECTS BIO 10	Biochemistry (8 ECTS BIO 11 + BIO 10)	Biochemistry and Molecular Biology (7 ECTS BIO 11 + BIO 10)

From the Master's Degree Programme in Dentistry and Dental Prosthetics:	
Exams taken a Master's Degree in Dentistry and Dental Prosthetics	Partially/fully recognised exams/credits for Master's Degree Programmes in Medicine and Surgery

Normal Human Anatomy (10 ECTS)	Human Anatomy (I-II-III) (12 ECTS) Compulsory attendance and passing of Human Anatomy I and II qualifying exams and the final Human Anatomy exam for 7 ECTS, excluding content already assessed.
Physiology (10 ECTS)	Physiology (I-II-III) (5 ECTS) Compulsory attendance and passing of Physiology I and II qualifying exams and the final Physiology exam for the remaining ECTS, excluding content already assessed.
Biology and Genetics (10 ECTS)	Biology and Genetics (5 ECTS) Obligation to attend and take the final exam in Biology and Genetics for 8 ECTS credits
Medical Physics (6 ECTS)	Medical Physics (6 ECTS)
Medical Chemistry (7 ECTS)	Chemistry and preparatory Biochemistry(9 ECTS)
Histology (7 ECTS)	Histology and Embryology (8 ECTS)
Biochemistry and Molecular Biology (7 ECTS)	Biochemistry for 8 (ECTS) with recognition of attendance/qualifying exam for Biochemistry I and compulsory attendance of Biochemistry II and final exam in Biochemistry for 6 (ECTS) for non-assessed content.
Behavioural Sciences and Scientific Methodology (12 ECTS)	Basic Medical Science Methodology (I-II-III) with compulsory attendance and a qualifying exam for content not assessed according to the Medicine and Surgery Degree Programme Board
General Pathology (7 ECTS)	General Pathology and Physiopathology (7 ECTS) with compulsory attendance and a final exam for 10 ECTS, excluding the content already assessed
Microbiology and Hygiene (13 ECTS) (only 7 ECTS for Microbiology)	Microbiology (5 ECTS) With the Obligation to take the exam with an additional learning requirement of 2 ECTS for the non-assessed content
English (7 ECTS)	English (7 ECTS) Basic Medical Scientific Methodology (3 ECTS), Pre-Clinical Medical Scientific Methodology II (3 ECTS) and Clinical Medical Scientific Methodology II (1 ECTS) Clinical Methodology (1 ECTS)

ANNEXE 3 Facsimile record book of the professionalizing activities in the Medicine and Surgery Master's Degree Programmes

Master's Degree in Medicine and Surgery

Record book of Practical Professionalizing Activities

Name and Surname……

Student ID number ……

Practical Professionalizing Activities (APP)

The APPs that students from the 'C' Medicine and Surgery Master's Degree must complete over the six years of the programme are listed below.

Each skill has a different level of learning:

Certified skills: (e.g. having observed an electromyography being performed)
These activities will not be assessed but only certified by the lecturer to whom they are assigned. They involve small group activities in which students observe medical, surgical or diagnostic procedures. The aim is to familiarise students with methods that, although they will not perform themselves, they may recommend or prescribe to their patients in the course of their professional practice. The courses to which the activities are assigned will organise the meetings in accordance with the resources and space available.

Manual skills (assessed through practical tests): (e.g. assembling an electrocardiogram, performing an arterial blood sample)
The acquisition of these skills will be assessed through practical tests (performance assessment). Passing the practical test relating to the skill is a prerequisite for admission to the exam to which the practical test is linked.

Interpretative skills (assessed in the final exam): (e.g. interpreting an electrocardiogram)
The acquisition of these skills will be assessed during the written and/or oral exam of the course to which the skills are linked.

The above approach involves linking skills to courses that are held accountable for assessing or certifying learning/performance.

Skill		**Certified**	**Assessed by means of a practical test**	**Assessed in the exam**
	Skill paired with:	**Date, Signature and Stamp of the Teacher**	**Date, Signature and Stamp of the Teacher**	**Date, Signature and Stamp of the Teacher**
YEAR I				
Recognising and describing skeletal segments	Anatomy I First Semester			
Identifying tissues under an optical microscope	(Human Histology and Embryology) 2nd Semester			
YEAR II				
Interacting appropriately with a patient	(Pre-clinical Medical-Scientific Methodology I) First Semester			
Basic Life Support (BLS) course	(Preclinical Medical-Scientific Methodolog			

	y II) Second semester			
Measure vital signs (BP, central and peripheral HR, RR, pulse oximetry)	(Preclinical Medical-Scientific Methodology II) Second semester			
Identifying organs on digital radiological material	Anatomy II and III First and Second Semester			
YEAR III				
Taking the medical history	(Clinical Medical-Scientific Methodology III) Semesters I and II			
Perform a general physical examination and examine the various organs and systems, including the nervous system.	(Clinical Medical-Scientific Methodology III) Semesters I and II			
Wash their hands	(Laboratory Medicine) Second semester			
Disinfect the skin	(Laboratory Medicine) Second semester			
Take a blood sample	(Laboratory Medicine) Second semester			
Inserting a needle	(Laboratory Medicine) Second semester			
Read and evaluate a controlled clinical trial	(Clinical Medical-Scientific Methodology III) Second Semester			

Skill		Certified	Assessed by means of a practical test	Assessed in the exam
	Skill paired with:	Date, Signature and Stamp of the Teacher	Date, Signature and Stamp of the Teacher	Date, Signature and Stamp of the Teacher
		YEAR IV		
Record the ECG at rest	(Integrated Pathology I) First semester			
Interpret respiratory function tests	(Integrated Pathology I) First semester			
Interpret blood gas analysis values	(Integrated Pathology I) First semester			
Interpret an a-p and lateral chest X-ray	(Integrated Pathology I) First semester I Sem			
Interpret an ECG	(Integrated Pathology I) First semester			
Position male and female urinary catheters in the manikin	(Integrated Pathology II) Semester I			
Perform a prostate examination on the manikin	(Integrated Pathology II) Semester I			
Interpreting chemical-physical, cultural and cytological urine tests	(Integrated Pathology II) Semester I			
Interpreting renal function tests	(Integrated Pathology II) Semester I			
Perform a rectal examination on the manikin	(Integrated Pathology II) Semester I			
Position a nasogastric tube on	(Integrated Pathology			

a manikin	III) Semester II			
Administer intramuscular injections	(Integrated Pathology III) Semester II			
Administer subcutaneous injections	(Integrated Pathology III) Semester II			
Perform an arterial blood draw	(Integrated Pathology III) Semester II			
Interpret laboratory analyses in gastroenterology/hepatology	(Integrated Pathology III) Semester II			
Interpret laboratory analyses in endocrinology	(Integrated Pathology III) Semester II			
Skill		**Certified**	**Assessed by means of a practical test**	**Assessed in the exam**
	Skill paired with:	**Date, Signature and Stamp of the Teacher**	**Date, Signature and Stamp of the Teacher**	**Date, Signature and Stamp of the Teacher**
Interpret microscopic reports	(Pathological anatomy) II Semester			
Interpret macroscopic reports	(Pathological anatomy) II Semester			
Attend an autopsy	(Pathological anatomy) II Semester			
YEAR V				
Interpreting a haematological test	(Integrated Pathology IV) Semester I			
Perform the musculoskeletal and joint examination	(Integrated Pathology IV) Semester I			
Report a case for epidemiological purposes	(Integrated Pathology IV) Semester			

	I			
Submit the mandatory notification for infectious diseases	(Integrated Pathology IV) Semester I			
Use standard measurements	(Integrated Pathology IV) Semester I			
Perform a Neurological Examination	(Neurology) Semester I			
Perform bandaging and immobilisation of a skeletal segment	(Musculoskeletal disorders and rheumatology) II Semester			
Assessing a potentially psychiatric patient	(Psychiatry and clinical psychology) II Semester			
YEAR VI				
Wash hands and wear sterile gloves	(Medicine and Surgery II) Semester I			
Treating external injuries, wounds, ulcers, sores	(Medicine and Surgery II) Semester I			
Suturing a superficial wound and removing the suture on a manikin	(Medicine and Surgery II) Semester I			
Perform the breast examination on a mannequin.	(Medicine and Surgery II) Semester I			
Skill		**Certified**	**Assessed by means of a practical test**	**Assessed in the exam**
	Skill paired with:	**Date, Signature and Stamp of the Teacher**	**Date, Signature and Stamp of the Teacher**	**Date, Signature and Stamp of the Teacher**
Perform the breast examination on a	(Gynaecology and Obstetrics)			

mannequin.	I Semester			
Draw up a report for the judicial authorities	(Medical science methodology: public health I) semester I			
Request informed consent	(Medical science methodology: public health I) semester I			
Interpreting risk in the workplace	(Medical science methodology: public health I) semester I			
Assess growth	(Paediatrics) Semester I			
Assessing the psychophysical development of children	(Paediatrics) Semester I			
Calculate the Apgar score	(Paediatrics) Semester I			
Perform airway suctioning	Emergencies II Semester			
Insert an oropharyngeal and nasopharyngeal cannula	Emergencies II Semester			
Performing ventilation with a mask and bag	Emergencies II Semester			
Positioning a Combitube	Emergencies II Semester			
Positioning a laryngeal mask	Emergencies II Semester			
Perform chest compressions	Emergencies II Semester			
Use an automatic defibrillator	Emergencies II Semester			
Compile a medical record	(Medicine and Surgery III)			
Complete the request for transfer to long-term care and/or rehabilitation	(Medicine and Surgery III) II Semester			
Fill in an Acceptance Discharge Outcome	(Medicine and Surgery III) II			

Report form	Semester			
Complete a hospitalisation report and discharge letter	(Medicine and Surgery III) II Semester			

ANNEXE 4 Facsimile of TPV record books

Sapienza University of Rome
Medicine and Surgery Master's Degree_____

Association of Medical Doctors and Dentists of the province of _____

Assessment of the State Examination Internship for Qualification as a Medical Doctor

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INTERN EVALUATION RECORD BOOK

PRACTICAL-EVALUATION INTERNSHIP IN THE MEDICAL AREA

Intern _

Coordinating tutor Dr./Professor _____

ORGANISATION OF MEDICAL INTERNSHIPS

hours	Ward	Ward Tutor	integrated course or other AD associated with the AFP

Signature of the coordinating tutor _____

Instructions for completing the practical evaluation record book

General regulations:

In accordance with Article 3 of Ministerial Decree No. 58 of May 9, 2018, the practical evaluation internship:

1. It aims to assess the student's skills in terms of medical know-how and professionalism, which consists of applying biomedical and clinical knowledge to medical practice, resolving issues of professional conduct and medical ethics, and demonstrating an aptitude for solving clinical problems relating to the fields of medicine and surgery and related specialities, laboratory and instrumental diagnostics, and public health. applying the principles of effective communication;
2. lasts a total of three months, is completed no earlier than the fifth year of the programme, provided that all the fundamental examinations relating to the first four years of the programme, as required by the university regulations, have been passed, and is organised in accordance with the regulations and programme regulations of each degree;
3. It takes place for a number of hours corresponding to at least 5 ECTS for each month (each ECTS reserved for the internship must correspond to at least 20 hours of professional training and no more than 5 hours of individual study) and is divided into the following periods, which may be non-consecutive: one month in the surgical area, one month in the medical area, one month in the specific field of general medicine, the latter to be carried out no earlier than the sixth year of the programme, at a general practitioner's surgery;
4. Certification of attendance and assessment of internship periods are carried out under the direct responsibility and supervision of the university lecturer or medical director in charge of the facility attended by the intern, and by the general practitioner, who issue formal certification of attendance and, after assessing the results relating to the skills demonstrated, if positive, a “qualified” judgement on this intern record book, which consists of a descriptive part of the activities carried out and an evaluative part of the skills demonstrated;
5. <u>It is deemed to have been passed only if a pass mark is achieved for each of the three periods.</u>

Specific regulations

1. Each medical or surgical internship may also be carried out in different clinical divisions of the medical or surgical area, as provided for in the Programme Regulations of the Campus. In this case, each tutor from the different divisions will issue a summary assessment of the candidate, which will be used to determine the overall assessment of the candidate by the **coordinating tutor of the medical and/or surgical area**.
2. practical evaluation internship may also be carried out during months when educational activities are not normally held (generally January, February, June, July, August, and September) in order to achieve the 100 hours required for certification under the Ministerial Decree.

The Guiding Principles of Assessment

The principles underlying the criteria for assessing medical “know-how” and “interpersonal skills” are designed to characterise the level of maturity and awareness of one's professionalism and professional identity that students acquire during the last two years of attendance, both in the field of clinical skills, in terms of scientific knowledge and evidence, clinical skills, communication skills and correct clinical reasoning skills, as well as in terms of the development of personal skills in caring for patients, a commitment to honesty, integrity and enthusiasm in the practice of medicine, the ability to relate to the various professionals who play an active role in the care team, and a commitment to achieving excellence.

The assessment grid in the record book is based on these principles.

Tutors must be aware that these internships, like other professional activities in the degree programme, must also promote these skills in students, who will subsequently be assessed. Effective results can be achieved through a strong commitment within the teacher-student training agreement, in the context of daily clinical practice.

Implementing rules

Attendance at the practical evaluation internship begins upon submission of a specific request, completed by the student, to be delivered to the Educational Affairs Office of the Master's Degree Programme in Medicine and Surgery. The student must attach a copy of a valid identity document. Students will be assigned

to medical and surgical departments and to a general practitioner, where they will attend, based on the teaching organisation and programme regulations itself. The Educational Affairs Office will verify the accuracy of the statements contained in the applications, in accordance with current legislation.

The practical-evaluation internship carried out by the student must include 100 hours of attendance per month; these periods of attendance, in line with the teaching organisation of the Master's Degree Programme, do not necessarily have to coincide with the duration of a month; the sequence of the different periods for each trainee will also be determined by the teaching organisation of the degree programme and must allow for diversified sequences in the different areas, so as to enable the activities to be carried out correctly, except that the internship with the general practitioner may only take place in the sixth year of the programme.

The record book will record the days and times of attendance, describing the activities carried out and including reflections on what has been done and observed. The record book will be countersigned by the department tutor and the coordinating tutor. The intern will declare that they have received ongoing feedback from the tutor regarding the progress of the internship by signing in the appropriate space in the record book.

The departmental tutor will inform the intern of the outcome of their attendance, highlighting any negative feedback in particular, so that the intern can improve in the following month. The coordinating tutor for the medical or surgical area, identified by theDegree Programme Board, after evaluating the intermediate assessments of the other tutors, will be responsible for formulating the final assessment of a qualifying or non-qualifying outcome, communicating the overall assessment of the internship month to the intern. In the event of a non-qualifying outcome, the intern will be required to repeat the month and receive a new assessment for the same month.

The coordinating tutor will retain the booklet containing the student's diary, intermediate assessments and final collegial assessment; he/she will ensure that this document is sent to the Student Affairs Office. After receiving the three booklets relating to the three areas of the practical assessment internship and verifying that the three months have been completed, the Student Affairs Office will add them to the student's file.

The Medicine and Surgery Master's Degree Programme Board will annually appoint the coordinating tutors, who are responsible for the operational unit and will have the task of certifying the internship in the medical and surgical area. General practitioners affiliated with the National Health Service will be identified in agreement with the Medical Association, on the basis of specific agreements stipulated between the Medical Association and the University.

Specific resolutions of the Degree Programme Board/Educational-Area Board and the above-mentioned University bodies define the operating procedures for carrying out the practical evaluation internship within the study plan.

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

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WARD TUTOR – MEDICAL AREA (1)

In-progress assessment of the progress of the internship

The intern declares that they have received ongoing feedback from their tutor regarding the progress of the internship.

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

aspects of the medical profession	ASSESSMENT
Implements good practices in doctor-patient relations (consultation, rapport, information, clarity, obtaining consent)	
Has the ability to obtain medical history and perform physical examinations in an outpatient setting.	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses.	
Can interpret laboratory tests	

Candidate's Assessment

Is able to interpret diagnostic imaging reports	
Is familiar with decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile admission/discharge reports and discharge letters.	
Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or protected hospitalisation in other facilities.	
Is able to identify the reasons for hospitalisation within the context of any chronic conditions, other critical issues and patient frailty	
Can indicate preventive measures and health education	
Demonstrate knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dresses appropriately for the role, and brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the ward (or clinic)	
Interacts correctly with the medical, nursing and technical staff of the ward	
Demonstrates knowledge and awareness of the different roles and tasks of the members of the team	
Demonstrates an active attitude (asks questions, offers to carry out activities)	

Signature of the ward tutor 1): _____

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

WARD TUTOR – MEDICAL AREA (2)

In-progress assessment of the internship
The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient
For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
Implements good practices in doctor-patient relations (consultation, rapport, information, clarity, obtaining consent)	
Has the ability to collect medical history and perform a physical examination in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the most sensitive and specific diagnostic tests to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment.	
Is able to complete the admission/discharge report and is able to complete the discharge letter	
Can assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities.	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate preventive measures and health education	

Intern's assessment

Demonstrate knowledge and awareness of the organisation of the National Health Service and the Regional Health Service.	
Respects shift start and end times, dresses appropriately for the role, and brings everything they need with them	
Demonstrate knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with the ward's medical, nursing and technical staff	
Demonstrate knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Signature of the Ward Tutor (2): _____

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

WARD TUTOR – MEDICAL AREA (3)_____

In-progress assessment of the internship
The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient
For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
Implements good practices in doctor-patient relations (consultation, rapport, information, clarity, obtaining consent)	
Has the ability to collect medical history and perform a physical examination in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the most sensitive and specific diagnostic tests to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment.	
Is able to complete the admission/discharge report and is able to complete the discharge letter	
Can assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities.	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate preventive measures and health education	
Demonstrate knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dresses appropriately for the role, and brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with medical, nursing and technical staff in the ward	
Demonstrates knowledge and awareness of the different roles and tasks of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Ward tutor's signature (3): _____

WARD TUTOR – MEDICAL AREA (4)

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

In-progress assessment of the internship

The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

Intern's assessment

Aspects of the medical profession	ASSESSMENT
Implements good practices in doctor-patient relations (consultation, rapport, information, clarity, obtaining consent)	
Has the ability to take medical histories and perform physical examinations in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Knows how to make decisions about medication and other treatments	
Knows how to fill in the admission/discharge report and write the discharge letter	
Can assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate prevention and health education measures	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dresses appropriately for the role, and brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with medical, nursing and technical staff in the department	
Demonstrates knowledge and awareness of the different roles and tasks of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Signature of the ward tutor (4): _____

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

WARD TUTOR – MEDICAL AREA (5)

In-progress assessment of the internship

The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
mplements good practices in doctor-patient relations (consultation, relationship, information, clarity, obtaining consent)	
Has the ability to take medical histories and perform physical examinations in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	

Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Focuses on decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile the admission/discharge report and is able to compile the discharge letter	
Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate prevention and health education measures	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dresses appropriately for the role, and brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with the medical, nursing and technical staff of the department	
Demonstrates knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Signature of the ward tutor (5): _____

FINAL ASSESSMENT OF THE INTERN IN THE PRACTICAL EVALUATION INTERNSHIP

IN THE MEDICAL AREA FROM THE COORDINATING TUTOR

Intern: _____

Coordinating tutor Dr./Professor _____

Intern's assessment

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
Implements good practices in the doctor-patient relationship (consultation, relationship, information, clarity, obtaining consent)	
Has the ability to collect medical histories and perform physical examinations in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile the admission/discharge report and is able to compile the discharge letter	
Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate prevention and health education measures	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dresses appropriately for the role, and brings everything they need with them	
Interacts appropriately with the medical, nursing and technical staff of the department	
Demonstrates knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Final assessment in the internship in the Medical Area

QUALIFIED	NON-QUALIFIED

Signature of the coordinating tutor of the Medical Area internship_____Date: _____

Sapienza University
Of Rome

Medicine and Surgery Master's Degree _____

Association of Medical Doctors and Dentists of the province of _____

Assessment of the Internship of the State Examination for Qualification as a Medical Doctor

Intern assessment record book
PRACTICAL-EVALUATION INTERNSHIP OF THE SURGICAL AREA

Intern _____

Coordinating tutor Dr./Professor _____

ORGANISATION OF THE SURGICAL AREA INTERNSHIP

Hours	Ward	Ward tutor	integrated course or other AD associated with the AFP

Instructions for completing the practical evaluation internship record book
General regulations

In accordance with Article 3 of Ministerial Decree No. 58 of May 9, 2018, the practical evaluation internship:

1. It aims to assess the student's skills in terms of medical know-how and professionalism, which consists of applying biomedical and clinical knowledge to medical practice, resolving issues of professional conduct and medical ethics, and demonstrating an aptitude for solving clinical problems relating to the fields of medicine and surgery and related specialities, laboratory and instrumental diagnostics, and public health. applying the principles of effective communication;
2. lasts a total of three months and is completed no earlier than the fifth year of the programme,

provided that all the core exams relating to the first four years of the programme, as required by the university's regulations, have been passed. It is organised in accordance with the academic systems and Programme regulations of each degree programme;

3. It takes place for a number of hours corresponding to at least 5 ECTS for each month (each ECTS reserved for the internship must correspond to at least 20 hours of professional training and no more than 5 hours of individual study) and is divided into the following periods, which may be non-consecutive: one month in the surgical area, one month in the medical area, one month in the specific field of general medicine, the latter to be carried out no earlier than the sixth year of the programme, at a general practitioner's surgery;
4. Certification of attendance and assessment of internship periods are carried out under the direct responsibility and supervision of the university lecturer or medical director in charge of the facility attended by the intern, and by the general practitioner, who issue formal certification of attendance and, after assessing the results relating to the skills demonstrated, if successful, a "qualified" assessment outcome on this record book, which consists of a descriptive part of the activities carried out and an evaluative part of the skills demonstrated;
5. It is deemed to have been passed only if a pass mark is achieved for each of the three periods.

Specific regulations

1. Each medical or surgical internship may also be carried out in different clinical divisions of the medical or surgical area, as provided for in the Programme Regulations of the Campus. In this case, each tutor from the different divisions will issue a summary assessment of the candidate, which will be used to determine the overall assessment of the candidate by the **coordinating tutor of the medical and/or surgical area**;
2. The practical evaluation internship may also be carried out during months when educational activities are not normally held (generally January, February, June, July, August, and September) in order to achieve the 100 hours required for certification under the Ministerial Decree.

The Guiding Principles of Assessment

The principles underlying the criteria for assessing medical “know-how” and “interpersonal skills” are designed to characterise the level of maturity and awareness of one's professionalism and professional identity that students acquire during the last two years of attendance, both in the field of clinical skills, in terms of scientific knowledge and evidence, clinical skills, communication skills and correct clinical reasoning skills, and in terms of the development of personal skills in caring for patients, commitment to honesty, integrity and enthusiasm in the practice of medicine, the ability to relate to the various professionals who play an active role in the care team, and a commitment to achieving excellence.

The assessment grid in the record book is based on these principles.

Teacher-tutors must be aware that these internships, like other professional activities within the degree programme, must also promote these skills in students, who will subsequently be assessed. Effective results can be achieved through a strong commitment within the teacher-student training agreement, in the context of daily clinical practice.

Implementing rules

Attendance at the practical evaluation internship begins upon submission of a specific request, completed by the student, to be delivered to the Educational Affairs Office of the Master's Degree in Medicine and Surgery. The student must attach a copy of a valid identity document. Students will be assigned to medical and surgical departments and to a general practitioner, where they will attend, based on the teaching organisation and regulations of the programme itself. The Educational Affairs Office will verify the accuracy of the statements contained in the applications, in accordance with current legislation.

Students will be given three record books, one for attendance in the medical area, one for attendance in the surgical area, and one for attendance at the GP surgery affiliated with the National Health Service. The practical-evaluation internship carried out by the student must include 100 hours of attendance per month; these periods of attendance, in line with the teaching organisation of the Master's Degree Programme, do not necessarily have to coincide with the duration of a month; the sequence of the different periods for each trainee will also be determined by the teaching organisation of the degree programme and must allow for diversified sequences in the different areas, to enable the activities to be carried out correctly, provided that the internship with the general practitioner may only take place in the sixth year of the programme.

The record book will indicate the days and times of attendance, describing the activities carried out and including reflections on what has been done and observed. The record book will be countersigned by the department tutor and the coordinating tutor. The intern will declare that they have

received ongoing feedback from the tutor regarding the progress of the internship by signing in the appropriate space in the record book.

The departmental tutor will inform the intern of the outcome of their attendance, highlighting any negative feedback in particular, so that the intern can improve in the following month. The coordinating tutor for the medical or surgical area, identified by the Master's Degree Programme Board, after evaluating the interim assessments of the other tutors, will be responsible for formulating the final qualified or non-qualified assessment outcome, communicating the overall assessment of the internship month to the intern. In the event of a non-qualified outcome, the intern will be required to repeat the month and receive a new assessment for the same month.

The coordinating tutor will retain the record book containing the student's diary, intermediate assessments and final collegial assessment; he/she will ensure that this document is sent to the Student Affairs Office. After receiving the three booklets relating to the three areas of the practical assessment internship and verifying that the three months have been completed, the Student Affairs Office will add them to the student's file.

The Medicine and Surgery Programme Board will annually appoint the coordinating tutors, who are responsible for the operational unit and will have the task of certifying the internship in the medical and surgical area. General practitioners affiliated with the National Health Service will be identified in agreement with the Medical Association, on the basis of specific agreements stipulated between the Medical Association and the University.

Specific resolutions of the Degree Programme Board/Educational-area Board and the above-mentioned University bodies define the operating procedures for carrying out the practical-evaluation internship within the study plan.

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

WARD TUTOR - SURGICAL AREA (1) _____

In-progress assessment of the internship

The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
Implements good practices in the doctor-patient relationship (consultation, relationship, information, clarity, obtaining consent)	
Has the ability to collect medical histories and perform physical examinations in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile the admission/discharge report and is able to compile the discharge letter	
Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate preventive measures and health education	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dress appropriately for the role, brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with the medical, nursing and technical staff of the department	
Demonstrates knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Intern's assessment

Signature of the Ward Tutor (1): _____

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

In-progress assessment of the internship

The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

Intern's assessment

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
Implements good practices in the doctor-patient relationship (consultation, relationship, information, clarity, obtaining consent)	
Has the ability to collect medical histories and perform physical examinations in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile the admission/discharge report and is able to compile the discharge letter	
Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate prevention and health education measures	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dress appropriately for the role, brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with the medical, nursing and technical staff of the department	
Demonstrates knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Signature of the Ward Tutor (2): _____

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

WARD TUTOR – SURGICAL AREA (3)

In-progress assessment of the internship

The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
Implements good practices in the doctor-patient relationship (consultation, relationship, information, clarity, obtaining consent)	
Is able to collect medical histories and perform physical examinations in an outpatient setting	

Intern's assessment

Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile the admission/discharge report and is able to compile the discharge letter	
Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate prevention and health care measures	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dress appropriately for the role, brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with the medical, nursing and technical staff of the department	
Demonstrate knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Signature of the Ward Tutor (3): _____

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

WARD TUTOR - SURGICAL AREA (4)

In-progress assessment of the internship

The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
Implements good practices in the doctor-patient relationship (consultation, relationship, information, clarity, obtaining consent)	
Has the ability to collect medical histories and perform physical examinations in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile the admission/discharge report and is able to compile the discharge letter	

Intern's assessment

Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate preventive measures and health education	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dress appropriately for the role, brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with the medical, nursing and technical staff of the department	
Demonstrates knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Signature of the Ward Tutor (4): _____

Certificate of attendance and activities carried out by the intern

Date	Time (entry – exit times)	Hours	Activities	Intern's signature

WARD TUTOR - SURGICAL AREA (5)

In-progress assessment of the internship
The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient
For a NEGATIVE evaluation, use the letter **F**

Aspects of the medical profession	ASSESSMENT
Implements good practices in the doctor-patient relationship (consultation, relationship, information, clarity, obtaining consent)	
Has the ability to collect medical histories and perform physical examinations in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile the admission/discharge report and is able to compile the discharge letter	
Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate prevention and health education measures	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dress appropriately for the role, brings everything they need with them	

Demonstrates knowledge and awareness of the rules of the department (or clinic)	
Interacts appropriately with the medical, nursing and technical staff of the department	
Demonstrates knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Ward tutor's signature (5):

SURGICAL AREA FROM THE COORDINATING TUTOR

Intern: _____

Coordinating tutor Dr./Professor _____

Intern's assessment

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

aspects of the medical profession	**ASSESSMENT**
Implements good practices in the doctor-patient relationship (consultation, relationship, information, clarity, obtaining consent)	
Has the ability to collect medical histories and perform physical examinations in an outpatient setting	
Knows and can apply clinical reasoning: the ability to identify priority or urgent problems and secondary ones, and the ability to propose diagnostic hypotheses and identify the diagnostic tests with the greatest sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
Can focus on decision-making processes relating to pharmacological and non-pharmacological treatment	
Is able to compile the admission/discharge report and is able to compile the discharge letter	
Is able to assess the appropriateness of hospitalisation and recommend rehabilitation programmes or secure admission to other facilities	
Demonstrates the ability to contextualise the reason for hospitalisation within the overall picture of any chronic conditions, other critical issues and frailties of patients	
Can indicate preventive measures and health education	
Demonstrates knowledge and awareness of the organisation of the National Health Service and the Regional Health Service	
Respects shift start and end times, dress appropriately for the role, brings everything they need with them	
Demonstrates knowledge and awareness of the rules of the department (or clinic)	

Interacts appropriately with the medical, nursing and technical staff of the department	
Demonstrate knowledge and awareness of the different roles and responsibilities of team members	
Demonstrates an active attitude (asks questions, volunteers to carry out activities)	

Final assessment in the SURGICAL area internship

QUALIFIED	NON-QUALIFIED

Signature of the coordinating tutore of the Medical Area_____Date: _____

SAPIENZA UNIVERSITÀ DI ROMA

Sapienza
University of Rome
Medicine and Dentristry
Master's Degree _____

Association of Medical Doctors and
Dentists of the proviince of_____

Assessment of the Internship of the State Examination
for Qualification as a Medical Doctor

INTERN ASSESSMENT RECORD BOOK

PRACTICAL-EVALUATION INTERNSHIP GENERAL PRATICTIONER

Intern _____

Coordinating Tutor Dr./Professor _____

General Practitioner's Office:_____

Instructions for completing the practical-evaluation internship record book

General regulations

In accordance with Article 3 of Ministerial Decree No. 58 of May 9, 2018, the practical-evaluation internship:

1. It aims to assess the student's skills in terms of medical know-how and professionalism, which consists

of applying biomedical and clinical knowledge to medical practice, resolving issues of professional conduct and medical ethics, and demonstrating an aptitude for solving clinical problems relating to the fields of medicine and surgery and related specialities, laboratory and instrumental diagnostics, and public health. applying the principles of effective communication;

2. lasts a total of three months and is completed no earlier than the fifth year of the programme, provided that all the core exams relating to the first four years of the programme, as required by the university's regulations, have been passed. It is organised in accordance with the regulations and programme regulations of each degree programme;
3. It takes place for a number of hours corresponding to at least 5 ECTS for each month (each ECTS reserved for the internship must correspond to at least 20 hours of professional training and no more than 5 hours of individual study) and is divided into the following periods, which may be non-consecutive: one month in the surgical area, one month in the medical area, one month in the specific field of general medicine, the latter to be carried out no earlier than the sixth year of the programme, at a general practitioner's surgery;
4. Certification of attendance and assessment of internship periods are carried out under the direct responsibility and supervision of the university lecturer or medical director in charge of the facility attended by the intern, and by the general practitioner, who issue formal certification of attendance and, after assessing the results relating to the skills demonstrated, if positive, a “qualified” on this intern record book, which consists of a descriptive part of the activities carried out and an evaluative part of the skills demonstrated;
5. It is deemed to have been passed only if a pass mark is achieved for each of the three periods.

Specific regulations

1. Each medical or surgical internship may also be carried out in different clinical divisions of the medical or surgical area, as provided for in the Programme Regulations of the Campus. In this case, each tutor from the different divisions will issue a summary assessment of the candidate, which will be used to determine the overall assessment of the candidate by the **coordinating tutor of the medical and/or surgical area**.
2. practical evaluation internship may also be carried out during months when educational activities are not normally held (generally January, February, June, July, August, and September) in order to achieve the 100 hours required for certification under the Ministerial Decree.

Guiding principles of Assessment

The principles underlying the criteria for assessing medical “know-how” and “interpersonal skills” are designed to characterise the level of maturity and awareness of one's professionalism and professional identity that students acquire during the last two years of attendance, both in the field of clinical skills, in terms of scientific knowledge and evidence, clinical skills, communication skills and correct clinical reasoning skills, as well as in terms of the development of personal skills in caring for patients, a commitment to honesty, integrity and enthusiasm in the practice of medicine, the ability to relate to the various professionals who play an active role in the care team, and a commitment to achieving excellence.

The assessment grid in the record book is based on these principles.

Tutors must be aware that these internships, like other professional activities in the degree programme, must also promote these skills in students, who will subsequently be assessed. Effective results can be achieved through a strong commitment within the teacher-student training agreement, in the context of daily clinical practice.

Implementing rules

Attendance at the practical evaluation internship begins upon submission of a specific request, completed by the student, to be delivered to the Educational Affairs Office of the Master's Degree Programme in Medicine and Surgery. The student must attach a copy of a valid identity document. Students will be assigned to medical and surgical departments and to a general practitioner, where they will attend, based on the teaching organisation and regulations of the course itself. The Educational Affairs Office will verify the accuracy of the statements contained in the applications, in accordance with current legislation.

Students will be given three record books, one for attendance in the medical area, one for attendance in the surgical area, and one for attendance at the GP surgery affiliated with the National Health Service. The practical-evaluation internship carried out by the student must include 100 hours of attendance per month; these periods of attendance, in line with the teaching organisation of the Master's Degree Programme, do not necessarily

have to coincide with the duration of a month; the sequence of the different periods for each intern will also be determined by the teaching organisation of the degree programme and must allow for diversified sequences in the different areas, to enable the activities to be carried out correctly, except that the internship with the general practitioner may only take place in the sixth year of the programme.

Sul libretto saranno annotati i giorni e gli orari delle frequenze, descrivendo le attività svolte anche con spunti riflessivi su quanto fatto e osservato.

The record book will record the days and times of attendance, describing the activities carried out and including reflections on what has been done and observed. The record book will be countersigned by the department tutor and the coordinating tutor. The intern will declare that they have received ongoing feedback from the tutor regarding the progress of the internship by signing in the appropriate space in the record book.

The departmental tutor will inform the intern of the outcome of their attendance, highlighting any negative feedback in particular, so that the intern can improve in the following month. The coordinating tutor for the medical or surgical area, identified by the Master's Degree Programme Board, after evaluating the intermediate assessments of the other tutors, will be responsible for formulating the final assessment as "qualified" or "non-qualified", communicating the overall assessment of the internship month to the intern. In the event of a "not qualified" outcome, the intern will be required to repeat the month and receive a new assessment for the same month.

The coordinating tutor will retain the record book containing the student's diary, intermediate assessments and final collegial assessment; he/she will ensure that this document is sent to the Student Affairs Office. After receiving the three record books relating to the three areas of the practical evaluation internship and verifying that the three months have been completed, the Student Affairs Office will add them to the student's file.

The Medicine and Surgery Master's Degree Programme Board will annually appoint the coordinating tutors, who are responsible for the operational unit and will have the task of certifying the internship in the medical and surgical area. General practitioners affiliated with the National Health Service will be identified in agreement with the Medical Association, on the basis of specific agreements stipulated between the Medical Association and the University.

Specific resolutions of the Degree Programme Board/Educational-area Board and the above-mentioned University bodies define the operating procedures for carrying out the practical-evaluation internship within the study plan.

Certificate of attendance and activities carried out by the intern

date	Time (entry – exit times)	Hours	Activities	Intern's signature

date	Time (entry – exit times)	Hours	Activities	Intern's signature

date	Time (entry – exit times)	Hours	Activities	Intern's signature

In-progress assessment of the internship

The intern declares that they have received an in-progress assessment from their tutor regarding the progress of the internship

date	Intern's signature

FINAL ASSESSMENT OF THE INTERN IN THE MEDICAL PRACTICAL-EVALUATION INTERNSHIP OF THE GENERAL MEDICINE AREA

Intern: _____

Coordinating tutor Dr _____

Intern's assessment

For a POSITIVE EVALUATION, use a summary score in letters with values corresponding to: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient; F: Insufficient

For a NEGATIVE evaluation, use the letter **F**

aspects of the medical profession	ASSESSMENT
Implements good practices in doctor-patient relations, knows how to manage the reception and structure the consultation (interview, relationship, information, clarity, obtaining consent)	
Has the ability to take a medical history and perform a physical examination in an outpatient and home setting	
Knows and can apply clinical reasoning: is able to identify the reasons for the request for help and the nature and priority of the problem	
Is able to assess emergencies and identify the need for hospitalisation	
is able to propose diagnostic hypotheses and identify first-level diagnostic tests with greater sensitivity and specificity to confirm or rule out the hypotheses	
Is able to interpret laboratory tests	
Is able to interpret diagnostic imaging reports	
knows how to navigate the decision-making processes involved in prescribing the correct treatment and requesting specialist advice	
Is able to monitor patient adherence to therapy and schedule monitoring and follow-up appointments	
Is familiar with the issues faced by chronic patients with comorbidities undergoing multiple drug therapy	
Demonstrates knowledge of the organisation of the National and Regional Health Service and of the main bureaucratic and regulatory requirements	
Is able to use electronic medical records and is familiar with the information systems of the National and Regional Health Services	
Can indicate preventive measures, health promotion and healthy lifestyles	
Respecst shift start and end times, dress appropriately for the role, brings everything they need with them	
Demonstrates knowledge and awareness of the rules governing the organisation and operation of the medical practice	
Interacts appropriately with the administrative and nursing staff at the general practitioner's surgery	
Demonstrates an active and collaborative attitude (asks questions, volunteers to carry out activities)	

Final assessment in the General Medicine medical internship

QUALIFIED	NON-QUALIFIED

Signature of the General Medicine coordinating tutor_____Date: _____