

A theoretical guide for the integration of the clinical internships for interns and clinical tutors in the mental health professions

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Abstract. *Background and aim of the work.* The Degree Course in Psychiatric Rehabilitation Techniques from the University of Modena and Reggio Emilia (Italy) was established in 2001, with the aim of training health care workers with the competencies specified by the Ministerial Decree 182. Psychiatric Rehabilitation Technicians are graduated and qualified healthcare professionals who carry out rehabilitation and psychoeducational interventions with persons having mental health problems and related disabilities. The aim of this paper is to describe the Guide to Clinical Internships for Interns and Clinical Tutors of this degree course. *Methods.* The paper describes how the Degree Course has developed, from 2001 to date, different systems for assessing the acquisition of professional skills learned during the clinical internship. *Results.* The integration between theoretical knowledge and practical experimentation builds up professional competence and allows it to develop and consolidate profession-specific skills and to experiment with pre-socialisation for the job arena. Over the years, the necessity to develop an evaluation form of internship experience has arisen to provide detail in respect to the certification of competencies gained during the clinical internship, considering the complexity of the clinical services and of the service users that interns make contact with. Over the years, three different assessment systems have been developed, trying to overcome their limits in the interest of providing more and more information to the student. *Conclusions.* The Guide to Clinical Internships for Interns and Clinical Tutors, IS a useful instrument for interns to optimize their study and clinical internship experience for training as future mental health professionals with specific competencies in the technical and relational field and developing critical ability and autonomy of judgement.

Keywords: Internship; Mental Health; University degree; Evaluation tool; Mental Health Professional

Introduction

“Clinical internship represents the core of the professional training of the interns that attend the Degree Courses in the healthcare professions and the fundamental training method to develop professional skills, diagnostic and critical thinking” (1). The idea that the development of “technical know-how” is the

only learning method has since long been abandoned. Reflective practice is the new learning dimension for the healthcare professional candidate, who has to be aware of the human and professional complexities encountered in human services (2).

The integration between theoretical knowledge and practical experimentation builds professional competence and allows it to develop, consolidate pro-

fession-specific skills. The European Commission, as part of the objectives for 2020 puts internship quality among its priorities, emphasising the fundamental value of internships as an orientation tool for young people and a connection between the learning and the working world (3,4).

The evaluation process of clinical internships is an essential component of clinical/professional teaching, to identify further learning needs and certify the development of the skills defined in the Degree Course curriculum according to the Dublin Descriptors and the professional profile. The evaluation, centred on aspects of core competence through feedback and dedicated one-to-one interviews, allows interns to become aware and to improve their developing competencies. Evaluation of clinical internships contributes to the formulation of the overall judgement of an intern's performance by appraising their learning in the context of professional practice.

These performances are related to core competencies that interns must have achieved, before moving on toward other learning goals. Regular evaluation allows to monitor the gradual progression in gaining professional skills and to provide useful and encouraging feedback about competencies. Evaluation should facilitate insight, self-reflection, self-evaluation, and reinforce professional values, like identity and sense of belonging. Lastly, the evaluation of archived competence is essential also for quality assurance purposes, in order to guarantee to citizens, who are the end-service users, that the professionals have certified competencies (5).

In a perspective of continuous quality improvement and in consideration of ongoing social and cultural changes, the Degree Course in Psychiatric Rehabilitation Techniques of the University of Modena and Reggio Emilia (UniMoRe) has recently devoted much attention and energy in developing policies to support, monitor, and improve the evaluation of its clinical internships. The aim of this paper is to describe the Guide to Clinical Internships for Interns and Clinical Tutors of this degree course.

Guide to clinical internships for interns and clinical tutors of The Degree Course in Psychiatric Rehabilitation Techniques

The Degree Course in Psychiatric Rehabilitation Techniques at the University of Modena and Reggio Emilia

In 1978, Law 180 (Legge Basaglia) (6), abolished big, stand-alone psychiatric hospitals and defined a new place of care for people suffering from psychiatric disorders: the community became the new headquarter for psychiatric treatment. One of the most important developments of Law 180 was the emphasis on multi-professional teamwork in delivering psychiatric care. This has also led to the creation of a new health professional role, unique in Europe, the Psychiatric Rehabilitation Technician (PRT – the Italian acronym is TeRP), which is described in detail elsewhere (7–9). The inclusion of PRTs in mental health services is useful not only in the rehabilitation phase but in every phase of the treatment process (10).

The Degree Course in Psychiatric Rehabilitation Techniques from UniMoRe was established in 2001, with the aim of training health care workers with the competencies specified by the Ministerial Decree n.182 and subsequent changes and integrations (11). PRTs are graduated and qualified healthcare professionals who carry out rehabilitation and psycho-educational interventions with persons with mental health problems and related disabilities. Their interventions span the entire life cycle, from infancy to old age. They work in synergy with other professionals to develop the highest level of personal autonomy and the psycho-social functioning of the service user, aiming at functional and personal recovery. In 2019, the core competence of this healthcare professional was also finalized and published for the first time. It is structured in five functions: rehabilitation; prevention and health education; management and organization; training, research (10).

Organisation of teaching activities and clinical training internship

The Degree Course in Psychiatric Rehabilitation Techniques is affiliated with the Department of Biomedical, Metabolic and Neural Sciences at UniMoRe. The competent collegiate body is the Course Council, which is convened by the President who draws up the agenda. The President of the degree course is assisted by the Director of Didactic Activity (DDA) and by

Didactic Tutors (DTs), who help in the organisation and implementation of clinical training programmes in planning supplementary teaching and lab activities and in providing orientation for the interns.

Intern training is carried out through formal lectures and clinical training internships in clinical services. During the three-year degree course, internship experiences alternate with periods of formal lectures in the classroom with professors. A dialectical correspondence between theory and practice is thus developed. The professionalising formative activity via clinical internships provides the total acquisition of 60 learning credits (LC; 1 LC = 25 hours of internship), while the formal lessons activity amounts to 120 LC (1 LC = 25 hours, of which at least 50% are to be used in individual study). The commitment that interns must dedicate to internships during the three-year period comprises 1500 hours in clinical services, divided into eight internship experiences oriented to the learning of professional competencies, with the characteristic of continuity. When the students have successfully completed all the exams and the internships, they have to take the final exam which is composed of two parts: a) the professional practice exam which consists in the construction and discussion of a rehabilitation project; b) the discussion of the degree thesis. After passing the final exams, the candidates achieve the formal Degree in Psychiatric Rehabilitation Techniques and, to begin carrying out their profession, they must compulsorily enrol in the respective Professional Order. Table 1 details the distribution of clinical internship activities across the three years of the Degree Course.

Evaluation of the professionalising clinical training activity in the Degree Course Psychiatric Rehabilitation Techniques at UniMoRe

In the last two decades, there have been different stages of improvement in the evaluation of clinical internship activities in the Degree Course for Psychiatric Rehabilitation Techniques at the University of Modena and Reggio Emilia. They are detailed in Table 2.

These changes have been driven by the Quality Assurance Group of the Degree Course and have been informed by the literature and scientific research on clinical internships in health care (12–16), and by the direct feedback on placements of interns and

clinical training. Their actions have led to a progressive improvement in the capacity of the clinical training internships to provide effective experiences for the achievement of study and work objectives, considering the skills, knowledge, and interests of the interns, with a view to the quality and convergence of the Qualifications Framework for the European Higher Education Area (17). The quality of clinical tutorship has improved over the years thanks to regional and local protocols with the National Health Service Azienda USL – IRCCS in Reggio Emilia. Their professionals provide clinical tutorship to the interns during their normal service activities. Over the years, to guarantee wider opportunities for clinical internships, specific agreements have been made by the Degree Course with accredited Private Health Care Services. The gradual increase in the number of PRTs employed in services has allowed the interns to be assigned more frequently to a clinical tutor (CT) with the same professional profile (i.e., PRT) and to experience different specialist clinical areas.

Following ministerial and UniMoRe quality improvement calls, the Degree Course has expanded the regular monitoring of its clinical internships in their different phases. It has developed new tools both for

Table 1: Clinical internship activities for each year of the Psychiatric Rehabilitation Techniques Degree Course of the UniMoRe

1 st year	<i>Period:</i> May to September <i>Training hours:</i> 2 internship experiences totalling 300 hours to be carried out in General Adult Mental Health Services
2 nd year	<i>Period:</i> December to February (1 st Semester) and May to September (2 nd Semester) <i>Training hours:</i> 3 internship experiences distributed as follows: - 250 hours in Child and Adolescent Psychiatry Services - 200 hours in a specialist Services (e.g. Eating Disorders) - 150 hours in Acute Inpatient Psychiatric Wards
3 rd year	<i>Period:</i> December to February (1 st Semester) and from April to September (2 nd Semester) <i>Training hours:</i> 3 internship experiences distributed as follows: - 200 hours in a Substance Use Service - 200 hours in a General Adult or Forensic Mental Health Service - 200 hours in a Psychogeriatric Service

Table 2. Evolution of the evaluation system of clinical internship activities, in the Degree Course in Psychiatric Rehabilitation Techniques at University of Modena and Reggio Emilia from 2001 to today.

	2001 - 2009	2010 - 2015	2015/16 - today
Objectives	<i>Internship project:</i> Objectives defined by the ministerial professional profile	<i>Internship project:</i> Objectives defined by the ministerial professional profile	<i>Internship project:</i> Objectives defined by the ministerial professional profile
Method	<ul style="list-style-type: none"> - <i>Professionalising Training Activity:</i> 60 LC, equivalent to 1500 hours of internship in the services, divided in 1 experience for each year of course - Tutorship: CT (of the same professional profile, i.e., PRT, or similar) 	<ul style="list-style-type: none"> - <i>Professionalising Formative Activity:</i> 60 LC, equivalent to 1500 hours of internship in the services, divided into 8 experiences (increase in the number of locations and specialities) - Double Tutorship: DT and CT (of the same professional profile or similar) 	<ul style="list-style-type: none"> - <i>Professionalising Formative Activity:</i> 60 LC, equivalent to 1500 hours of internship in the services, divided into 8 experiences (increase in the number of locations and specialities) - Double Tutorship: DT and CT (increase in the number of tutors of the same professional profile)
Tools	Attendance Form	<ul style="list-style-type: none"> - Tutor Form (11 items) for single experience - Intern Form - Attendance Form - Annual Report about the internship experiences written by the intern - Summative Annual Evaluation Interview 	<ul style="list-style-type: none"> - Tutor Form (4 areas of competence, 38 items) with a score from 0 - 10 for single experience - Intern Form (Organization, relationship with the tutor, and tutorship) - Attendance Form - Annual Report about the internship experiences written by the intern - Summative Annual Evaluation Interview

Note: CT = Clinical tutor; DT = Didactic tutor; LC = Learning Credits; PRT = Psychiatric Rehabilitation Technician.

CTs and interns, to address not only outcome indicators but also process and more subjective aspects related to professional assessment. The Degree Course aims at providing tailored clinical internship experiences supporting interns and CTs with strategies and tools to face the changes of evaluation system without being overwhelmed.

A clinical internship rating scale for interns and CTs has therefore been developed, piloted, tested, and expanded over the years. It differentiates between the evaluation of learning and performance in order to develop a transparent and impartial rating system as far as possible. It asks the evaluators, for example, to base the process on a qualitative and quantitative assessment of the expected behaviours and competencies.

Over the years, considering the complexity of the clinical services and the service users interns come in contact with, it has become necessary to develop a detailed evaluation form for the certification of competencies gained during the clinical internship. Given the recent literature about clinical internship (12–16) and the contribution of the Standing Conference of Degree Courses of Healthcare Professions (5), a new evaluation form for the internship experience has been

produced for CTs. The Degree Course Council has approved the form, reported in Table 3, which has been used since the academic year 2015/16 until today.

The Internship Evaluation Form lists competencies, and corresponding teaching objectives in four separate macro-areas: the ethical-deontological area, the relational area, the technical-methodological area and the organizational area. Each of them lists important items for the evaluation of the internship. The CTs can evaluate the skills for each item that the intern has achieved and the level of acquisition, as well as a series of concepts and notions useful for discussion of the evaluation with the intern. The CT expresses an evaluation score from 1 to 10, with possible honors. The CT evaluation is one of the most important elements contributing to the overall evaluation of the training, together with the Internship Report written by the intern.

The regular collection of interns and CT feedback has represented a particularly meaningful element contributing to the improvement of the relation between the Clinical Training Office of the Degree Course and the services hosting the internships. CTs have a key role in the evaluation of trainees because they are responsible for mentoring interns in their

Table 3. Internship evaluation form used by the clinical tutor from the academic year 2015/2016 until today in the Degree Course in Psychiatric Rehabilitation Techniques at the University of Modena and Reggio Emilia.

INTERNSHIP EVALUATION FORM					
<ul style="list-style-type: none"> ▪ Demographic information - descriptive part ▪ Prevalent modality of participation: <ul style="list-style-type: none"> <input type="checkbox"/> Observation <input type="checkbox"/> Guided activity with explanations and information by clinical tutor <input type="checkbox"/> Autonomous activity with direct supervision ▪ Activities carried out during the internship: 					
Evaluation of the objectives:	Fully Achieved	Achieved	Partially Achieved	Not Achieved	Not Applicable
<p>ETHICAL-DEONTOLOGICAL AREA (6 items): Intern participates actively in the internship experience and shows interest; maintains a professional attitude with professionals and service users; knows and respects the professional confidentiality requirements; respects scheduled times, communicating promptly eventual absences or delays; looks for explanations and for more information; wears appropriate clothing for the context.</p> <p>RELATIONAL AREA (11 items): Intern shows ability to actively listen; knows how to be empathetic; can use positive communication strategies; shows emotional self-control in different situations; can be objective, chooses the most appropriate setting; understands and properly uses the relationship with the service users; can maintain an appropriate emotional distance; is aware of own emotions; acts with competence in the different situations; can ask for help in case of difficulty during the internship activity.</p> <p>TECHNICAL-METHODOLOGICAL AREA (8 items): Intern can integrate and apply own knowledge in order to identify the problems and the needs of the service user; shows critical sense in the evaluation of the service user and in the contingent situations; recognises service users' difficulties by linking them to the psychiatric diagnosis; can plan the health objectives and list the specific interventions; shows possession of theoretical knowledge useful for the intervention; can evaluate the results achieved; can adapt to the different people; is able, whenever a critical or problematic moment arises, to solve it effectively.</p> <p>ORGANIZATION AREA (13 items): Intern shows flexibility in the performance of practical activities; identifies roles and responsibilities in the service; describes the services provided and the type of afferent service users; correctly retrieves the material useful for evaluation and intervention; completes the tasks assigned; presents opinions and weaknesses in appropriate ways; organizes own activities in sequence of priority; properly uses the information tools in use (form, folder ...); is accurate; can face the problems of his competence; is available to evaluate the results of his interventions; is outcome oriented; can take responsibility for the work done.</p>					
<p>OBSERVATIONS: Evaluation _____/10 (possible Honours)</p>					

activities in the services, but also have a special point for observation of the efficacy of the formal training received to date by the interns. Their opinion is very useful in planning interns' formative experiences in the following years. DTs from the Training office also held site visits to all services with CTs to collect advice and feedback in the academic year 2018/19. The following areas were systematically explored: activities carried out by the intern, planning, and working methods, difficulties found, satisfaction with the internship experience, and duties and mutual responsibilities. During the site visits to clinical internships, placement issues concerning the objectives of the internship and the level of competencies expected at the end of the experience have often emerged, together with other important potentially problematic aspects such as timetable matching between tutor and intern, difficulties in the achievement of learning objectives, the terms of ref-

erence of the internship. The CT level of satisfaction with the internship has also been recorded.

In view of what has emerged from the site visits, the Degree Course has further revised its evaluation tools and updated intern tasks, after identifying specific learning objectives in accordance with the Dublin Descriptors (18). The choice of the method for evaluating professional skills is closely related to the teaching strategies used to the increasing availability of CTs and their level of expertise. Specific objectives of the internship are listed, specific for each year in reference to the core competence of the Psychiatric Rehabilitation Technician (10) and regrouped into four functional areas: psychiatric rehabilitation; training, self-education and research; organisation and management of the work and of critical situations; prevention and health education. The evaluation process chosen by the Degree Course uses a multidimensional approach:

observation/evaluation of the intern performance by the CT; clinical case discussion; self-evaluation; and written tasks (Internship Report) (5).

At the end of the internship experience, the CT evaluates the professional performance of the intern, using the Questionario di Valutazione del Tirocinio (QVT-RP: Evaluation Questionnaire Form of the Internship for Psychiatric Rehabilitation). The scale has a multidimensional scoring system, as it is structured and collects both quantitative and qualitative information according to the recommendations of the Conference of Degree Courses of Healthcare Professions (5). The CT can add observations/recommendations, with the advantage of describing the intern progress globally and providing a rich and complete picture of the achieved learning. The form is in two parts, the first of which records the indicators for the ethical-behavioural area, in which a dichotomous evaluation “yes/no” is used throughout the three years of the course. The second part contains the expected results concerning the four functional areas mentioned in the Core Competence

document (10). Each functional area lists specific activities for each academic year, and scores are given on a scale from 0 to 4. The numerical label summarizes two dimensions: the quality of performance (focus on the service users, responsibility, precision and accuracy, desire to learn, initiative and pro-activity) and the level of guidance and direction required (level of support and guidance necessary for the realization of the performance), taking into account the last academic year. For example, the first-year interns require much guidance and support by the CT, which should decrease in the following years. The CT expresses a judgement about the level achieved in relation to the quality of the performance and the quantity of supervision provided to the intern with a score from 0 to 4, or “untried” and “not evaluable”, as better specified in Table 4.

At the end of their internship, the interns fill in a Satisfaction Questionnaire about the tutorship and a Self-evaluation about the Internship for Psychiatric Rehabilitation. This may help interns to take stock of what has been achieved, by putting it in relation to

Table 4. New internship evaluation form proposed in the Degree Course in Psychiatric Rehabilitation Techniques at University of Modena and Reggio Emilia.

INTERNSHIP EVALUATION FORM DEGREE COURSE IN PSYCHIATRIC REHABILITATION TECHNIQUES UNIVERSITY OF MODENA AND REGGIO EMILIA		
ETHICAL-BEHAVIOURAL AREA (11 items) Dichotomous evaluation “yes/no”		
CORE COMPETENCE AREA (specific for each course year)		
- psychiatric rehabilitation		(the number of items for each area varies for each course year)
- training, self-education and research		
- organization and management of the work and of critical situations		
- prevention and health education.		
PERFORMANCE LEVEL	PERFORMANCE QUALITY	LEVEL OF GUIDANCE REQUIRED
4 – Autonomous	Intern almost always shows quality and ability (90% of the time)	Intern hardly ever (less than 10% of the times) requires guidance or support in routine situations limiting themselves to case discussion and consultation. Intern requires supervision only in new and complex circumstances.
3 – Supervised	Intern frequently shows quality and ability (75% of the time)	Intern occasionally requires (25% of the times) guidance and support in known situations.
2 – Guided	Intern alternates between interest/disinterest (50% of the time)	Intern often requires guidance and support (50% of the times) even in already experienced situations.
1 – Inexperienced	Intern occasionally shows interest (25% of the time)	Intern frequently requires (75% of the times) guidance and support.
0 – Dependent	Intern hardly ever shows interest (10% of the time)	Intern almost always requires (90%) guidance and support.
NS	Untried. To be used when the intern did not have the chance to experience that competence.	
NV	Not evaluable. During the activity, the intern did not show the level of competence achieved, or the clinical tutor did not consider the intern ready to carry out such activity.	

their initial goals and the actual conditions that have characterized the experience. It is hoped they will then understand their own potential and weaknesses; get used to self-reflection and self-evaluation; develop a professional identity and a sense of belonging; familiarise with real working environments and overcome idealised or distorted images of the profession if they are present. The questionnaire is composed of 30 statements, scored 1 = strongly disagree; 2 = disagree; 3 = undecided; 4 = agree; 5 = strongly agree. The items refer to the organisation and their relationship with, and the perceived quality of, the tutorship by the CT. A further section evaluates the correspondence between the activities carried out as part of the internship and the expected results of the relevant course according to the Dublin Descriptors. The questionnaire is needed to formally complete the clinical internship. Interns have to share their completed questionnaire with the CT at the time of the compilation of the QVT-RP. Lastly, the intern is required to draw up a written report which describes the experience in more detail, with requirements and objectives specific to each course. They may ask the CT for support in order, for example, to find the necessary information (folders, files, test, etc.).

The annual evaluation of clinical internships is the synthesis of information and data about the internship experiences coming from multiple sources: the competencies documented in the QVT-RP, and the quality of the projects and individual papers. At the end of each internship experience, the intern must have completed all the scheduled hours (100% attendance); absences exceeding 25% during internship and laboratories are not allowed. At the end of each academic year, an internship exam is scheduled. It represents the

synthesis of the intern progress, through a certification assessment expressed on a scale from 0 to 30, decided by the DDA and DTs after weighing the evaluations obtained by the intern in the individual internship sessions carried out during the year.

This yearly evaluation is useful to monitor the clinical/professional learning process during the internship experiences and give feedback to the interns, to encourage them to make progress in the development of their skills. The DTs coordinate the process, and on the basis of the evaluation of each internship, organize the following internship, and personalized learning plans. For this purpose, the DTs conduct and document the post-internship interviews with the interns and CTs. The evaluation at the end of internship experience allows better identification of areas for improvement and thus provides useful information for drawing up personalized formative projects to orient intern learning. The evaluation, centred on aspects of core competencies, is managed by the Clinical Training Office and by the CTs who support and observe intern performance. The evaluation of the clinical internships at the end of each year certifies the level of competence achieved by each intern, which is summed up in a score from 0 to 30 and allows the Clinical Training Office to adopt the necessary learning decisions. The exam is managed by a Commission composed of the Director of the Didactic Activity, DTs, and in some cases, other professors (5). The evaluation of clinical internship allows the Degree Course not only to attest to the achievement of learning milestones such as the standards of the competencies expected in the three-years. It also provides data to revise the evaluation system and the standards for the competencies' for interns over the

Table 5: Summary of objectives, methods and current evaluation tools concerning clinical internships proposed in the Degree Course in Psychiatric Rehabilitation Techniques at University of Modena and Reggio Emilia.

Objectives	Method	Tools
Cross-cutting objectives Three-year period: <i>Ethical-behavioural Area</i>	<i>Professionalising Formative Activity:</i> 60 LC equivalent to 1500 hours of internship in the services, divided in 8 experiences (number of locations and specialities increased)	Guide to the internship activity Internship Evaluation Form specific for each year (QVT-RP1, QVT-RP2, QVT-RP3)
Specific Objectives for each year of course: <i>Core Competence</i>		Intern: Satisfaction Questionnaire and Self-evaluation of the Internship for Psychiatric Rehabilitation
- Psychiatric Rehabilitation		Attendance Form
- Training, self-learning and research	<i>Double flanking Tutorship:</i> DT and CT (number of tutors who are Psychiatric Rehabilitation Technicians increased)	Report of the internship experience with specific goals
- Prevention and health education		Briefing/debriefing with TD
- Management and organization of the activities and the critical situations		Annual evaluation interview

three-years, and to promote changes and coherence in the curriculum among the various training activities, in a continuous quality assurance process (19).

Conclusions

This paper focuses attention on the meaning of professionalising learning activity inside the Degree Course in Psychiatric Rehabilitation Techniques at the University of Modena and Reggio Emilia, and on the need to improve its quality to the advantage of interns, citizens, service users and mental health services. This paper has described the implementation of new ways of tutorial approach, and support and evaluation related to the clinical internship experience.

To the best of our knowledge, there are no tools in the literature created ad hoc for the evaluation of the internship in the Degree Course in Psychiatric Rehabilitation Technique: this article therefore aims to describe our experience in this process with the awareness that we have not yet produced a standardized assessment tool.

The aim of the Guide is to provide the interns of the Degree Course with tools and feedback helpful for optimising their study and clinical internship experience, for training as future mental health professionals with specific competencies in the technical and relational field, and for developing critical ability and autonomy of judgement.

The synergy between Azienda USL – IRCCS of Reggio Emilia and the Degree Course in Psychiatric Rehabilitation Techniques at the University of Modena and Reggio Emilia, has allowed improved employment of PRTs in clinical services in the last decade, and has made a “one to one” relationship between the CT and the intern in training more and more frequent today. This development was possible thanks to close collaboration between the Clinical Training Office of the Azienda USL – IRCCS of Reggio Emilia and the Degree Courses in Rehabilitation Healthcare professions at the University of Modena and Reggio Emilia, which annually organises a specific course for CTs, valid for continuous professional development. It will be essential to maintain a constant dialogue and reflection among the Degree Course, clinical services providing

clinical internships, CTs and interns to monitor the actual efficiency and efficacy of the new monitoring and evaluation system, in order to continue along the path of improvement. This dialogue also makes it possible to face the new challenges posed by the COVID-19 pandemic that is still underway, such as, for example, carrying out the internship also through online and distance learning methods.

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