

How to manage a internship clinic
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The clinical placement in our institute is largely carried out by trained tutors, supervised and managed by a coordinator.

The student, whether doing participative or observational training, is required to take note of the clinical case. They will then complete a form including medical history, allopathic differential diagnosis, osteopathic assessment, treatment and follow up.

The completed form will then make up the clinical section of the student's portfolio, which is accessible on the online platform.

In this pandemic period, patient recruitment has been discontinued; before now, there has always been a search in the surrounding area, expanded through acquaintances.

Whatever the patient, the practitioner is required to confront the tutor in pre-determined stages. The role of the trainer is to intervene according to the moment of the visit. Obviously all corrections are dealt with without the presence of the patient, preferably after the visit, so as not to create unjustified distrust.

Different position if the patient is a student, in that case, the tutor will correct, suggest variations and stimulate the student at various times:

- After the anamnesis
- After the assessment
- After the treatment.

After the anamnesis phase the trainer will pay attention to:

1. the verbal form, the professionalism, the terminology, which should be appropriate to the patient, neither too specific nor too general.
2. The series of questions asked, suggesting a more precise way, or missing questions.
3. Reinforce the positivities found.
4. Help with the analysis of yellow and red flags.

At the end of the evaluation, the following will be taken into account:

1. Timing.
2. Selection of tests.
3. Improvement and refinement of selected tests.
4. Addition of any tests to be performed.
5. Highlighting of present signs.
6. Elaboration of an osteopathic rationale with stimulations and corrections when necessary.

At the end of the treatment, the student will see a full evaluation of

1. his manipulative ability.
2. His verbal and non-verbal communication skills.
3. His management of environment and patient.
4. The proposed osteopathic rationale.

In this phase the debate with the observational trainees is opened, we argue that a strong voice is theirs. Being part of the same group it is easier to understand the difficulties and the emotional situation of the operator, stimulating at best a critical approach to methods and treatment.

As a final step, when necessary, a research is carried out on indexed sites on a specific issue highlighted during the treatment.

Monthly the tutors meet to exchange opinions and suggestions in order to improve the clinic, recommending modalities and tactics that have proved more intentional.