



University of Granada  
Department of Nursing

# **External Internships**

Monitoring and Evaluation Guidelines

## Introduction

The European Higher Education Area (EHEA) has implemented important changes in the higher education system. In particular, Nursing has become a Bachelor's Degree of four years of length and its clinical internships also suffered significant changes.

These internships (known as “External Internships”) are courses that allow the students to immerse into real clinical practice, experiencing the Spanish Health Care System. These courses are intended to provide the students with those key and specific skills relevant to Nursing.

The Bachelor's Degree in Nursing of the University of Granada offers three courses (External Internships A, B and C) mainly composed of clinical rotations and seminars focused on the main areas of which Specialized and Primary Health Care consists. In addition, all students must submit their Final Year Dissertation that broadens their education and training.

The External Internships take place in the second semester of year three and in the first and second semesters of year four. External Internships A and B are sequential; those students taking External Internships A in the second semester of year three will take External Internships B the following semester and vice versa. All students must take External Internships C and submit their Final Year Dissertation in the second semester of year four.

Each course is assigned with a certain number of ECTS credits mainly distributed in clinical rotations, seminars and student's homework. Chart 1 shows how credits are distributed per course and how much time must be spent in clinical rotations.<sup>1</sup>

**Chart 1.** External Internships

Course	Credits*	Clinical rotation
External Internships A	30 ECTS	18 weeks at Hospital General Admission Units.
External Internships B	30 ECTS	18 weeks at Primary Health Care Centres.
External Internships C	20 ECTS	12 weeks at Special Services.

\*The Final Year Dissertation is assigned with 10 ECTS credits that complete the total of 90 credits.

Since clinical rotations are considered the core of these courses, a collaborative plan has been designed between the University and the Regional Public Health System of Andalusia along with the Spanish National Health Management Institute INGESA (Melilla and Ceuta). This plan is created through a General Collaborative Plan between Regional Public Health System of Andalusia and Universities of Andalusia (Boja nº 54, 18<sup>th</sup> of March of 2008). There are important figures, such as the *Internship Coordinator* (despite this figure does not exist in Ceuta and Melilla, there is a person responsible for the internships at the health care centre) and the

<sup>1</sup> Consult Course Syllabi published in the website of the Department of Nursing for further information: [http://depenfermeria.ugr.es/pages/docencia/guias\\_docentes](http://depenfermeria.ugr.es/pages/docencia/guias_docentes)

*Internship Clinical Tutor.* Both guarantee close collaboration and proper communication between the University and the Health Care System (chart 2). Also, University of Granada has collaborative plan with other private or semiprivate Health Institutions.

**Chart 2.** Internship Coordinators and Internship Clinical Tutors: Functions

**Internship Coordinators must:**

- Implement and coordinate, according to the guidelines established in the course syllabus, all clinical internships in the Health Care Institutions.
- Give up to three hours of class a week (six for lecturers that also work at a Health Care Institution) of either theory or non-clinical internships. In addition, they must act as a nexus between the lecturers in charge of that specific course and clinical tutors.
- Be in charge of those students who have clinical internships assigned to him or her, spending up to a maximum of 360 hours per year within his or her working time.
- Draft the annual report of the clinical internships for which they are responsible.
- Any other tasks they have been specifically assigned with.

**Internship Clinical Tutors must:**

- Be in charge of the correct development of the clinical internships taken by those students who has been assigned to him or her, spending up to a maximum of 360 hours per year within his or her working time. They will not lecture any *regulated-theory* course under any circumstances.
- Draft individual reports about those skills and competences mastered by each assigned student at the end of the internship period. These reports will be drafted in accordance to the guidelines established by the University Department responsible for the course. Once they have been approved by the Internship Coordinator, the reports will be used to assess the students' practical and clinical training.
- Any other tasks they have been specifically assigned with.

Furthermore, Internship Coordinators will work along with the lecturers of the Department of Nursing in the theoretical-practical seminars. One of the lecturers of the department will work as the *Course Coordinator*, being responsible for the planning and the students' final assessment, which combines all the reports provided by coordinators and tutors. Besides, the Course Coordinator will also assess the rest of activities students have carried out during their internships.

There is a web application to plan, monitor and assess these courses, in which each of the figures mentioned above play specific roles. You can access this application either from the website of the Department of Nursing (<http://depenfermeria.ugr.es/>) or the following link: <http://dptoenfer.ugr.es/>.

## Monitoring and Evaluation Guidelines

As mentioned above, the External Internships are mainly composed by clinical rotations in different Health Care units and centres. All the competences that students need to achieve are acquired by performing a series of clinical interventions selected from the Nursing Intervention Classification NIC. In order to achieve these competences, students need to perform a series of linked interventions<sup>2</sup>, selected from the International Nursing Intervention Classification, best known as NIC<sup>3</sup>.

There is a description of all competences<sup>4</sup> and interventions on the web application. Each competence is linked to a wide range of NIC whose performance allows the student to achieve the competence. Likewise, some NIC are linked to more than one competence.

A wide selection has been made in order to cover all the different services in which the students may rotate. Thus, the acquisition of the competences is guaranteed, performing at least one of the NIC linked and regardless of the service the student works at.

In order to simplify the understanding of these NIC, there is a document uploaded at the “Documentación de Prácticas” section of the department’s website that describes the main actions that each intervention implies. Likewise, the University’s library offers the electronic tool called *NNN Consult* that provides access to Nanda, NOC and NIC taxonomies ([http://biblioteca.ugr.es/pages/biblioteca\\_electronica/libros\\_enciclopedias\\_electronicos/nandaenfermeria](http://biblioteca.ugr.es/pages/biblioteca_electronica/libros_enciclopedias_electronicos/nandaenfermeria)).

The main elements related to the Internship Monitoring and Evaluation Guidelines as well as other relevant aspects are described below:

**A. Planning the Course:** The Course Coordinator uses the application to plan the assessment periods and the organization of the seminars. In addition, the coordinator supervises the rest of the elements of the evaluation (case report, internship report) and submits the students’ grade rosters.

**B. Recording Attendance and Incidents:** Attendance to internships is compulsory. There is a document located at the “Documentación de Prácticas” section of the department’s website that students must take with themselves every day of clinical rotation. This document must be filled in by both tutors and students. Attendance must be daily recorded and students’ and tutors’ signature, along with its date must appear in the document mentioned above. This record may be required by either the Internship Coordinator or/and the Course Coordinator.

If there is an incident related to students’ attendance or any other relevant problem, either the student or the tutor will notify the Internship Coordinator or/and the Course Coordinator.

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<sup>2</sup> These guidelines have been conformed from the publication *Cuaderno Clínico* (Clinical Book) by the Department of Nursing of the University of Malaga. (Universidad de Málaga. Cuaderno Clínico. Manual para la adquisición de competencias en el Practicum de Graduado en Enfermería. Edición 2012-13. Málaga: Universidad de Málaga, 2012). See also: Morales-Asencio JM. La competencia clínica en estudiantes de Grado en Enfermería. *Evidentia* [online]. 2013 jul-sep; 10(43). Available at: <<http://www.index-f.com/evidentia/n43/ev4300.php>>

<sup>3</sup> Bulechek GM, Butcher HK, Mc Closkey JC. *Clasificación de intervenciones de enfermería (NIC)*. Madrid: Elsevier; 2011.

<sup>4</sup> The Verifica Sheet approved for the External Internships of Nursing of the University of Granada has been taken into account when defining the competences.

**C. Planning and Recording Interventions:** Students, along with tutors' supervision, will plan and record their interventions. At the beginning of each rotation, the student must choose the NIC according to the characteristics of the different clinical units. This is the reason why the role of the tutor is extremely important, as he or she knows these features and the frequency in which each intervention is performed. Students can add new NIC or delete those interventions never performed.

Students must daily record their interventions and make suggestions to their tutors to modify or add new NIC. It is recommended that, at least once a week, tutors and students revise the initial plan to add new interventions or make any modification.

The application requires that students link every NIC to a tutor. Tutors can access the students' record at all times, in order to supervise their progress.

**D. Assessing Interventions:** All interventions performed by the student are marked using a five-level Likert-type scale that provides information on students' capability and autonomy when carrying out a specific NIC.

The assessment is performed by the tutors that have supervised the student during the record period and, therefore, have NIC assigned. The application will activate the assessment section during the assessment period established in the course planning, allowing tutors to see what interventions the student has performed and how often they have been carried out.

The student will self-assess according to the same criteria tutors have followed.

The rating scale is the same either for tutors and students despite some items change (chart 3).

**Chart 3.** Interventions' Rating Scale

NV	Tutor's version	Student's version
1	The student is not capable of performing this intervention in any clinical situation, not even receiving clinical support or supervision.	I do not feel I am capable of performing this intervention at any clinical situation, not even receiving clinical support or supervision.
2	The student could only perform this intervention at very simple clinical situations, receiving support from other professional.	I could only perform this intervention at very simple clinical situations, receiving support from other professional.
3	The student could perform this intervention at slightly complex clinical situations, with supervision.	I could perform this intervention at slightly complex clinical situations, with supervision.
4	The student can normally perform this intervention without any support or supervision, although not at complex clinical situations.	I can normally perform this intervention without any support or supervision, although not at complex clinical situations.
5	The student is totally capable of performing this intervention without support or supervision, at any situation.	I feel I am totally capable of performing this intervention without support or supervision, at any situation.

**E. Student's Attitude Report:** This is a document submitted by tutors after each rotation to mark a series of values related to the attitude shown by students during their internships. If there is more than one tutor with interventions assigned, the tutor in charge of most interventions will be the responsible for filling in this report. A 1-to-5 likert-type scale is used to show the degree of tutors' agreement or disagreement. See chart 4 below for more information.

#### Chart 4. Attitude Report

##### Attitude towards patients and relatives

- The student is respectful in his/her relationship with patients and relatives.
- The student respects patient's privacy, confidentiality and autonomy.
- The student responds suitably to patients' and relatives' request and questions.
- The student behaves professionally.

##### Attitude towards the team members

- The student is respectful in his/her relationship with peers and rest of team members.
- The student communicates suitably with his/her peers and rest of team members.
- The student is aware of his/her personal limitations and requests help when needed.
- The student is active and helpful.

##### Responsibility

- The student is capable of accepting responsibilities.
- The student is punctual.
- The student keeps to the schedule established.

**F. Individual Internship Report:** This activity allows students to reflect on their internships and is part of their individual work. See appendix 2 for guidelines and help on its preparation.

**G. Case Report (only for External Internships A and B):** During rotations, students will have the chance to work in different situations and cases. After finishing one of the courses, students will submit a report on their experience including, at least, one case. This activity not only covers the nursing process, but also other activities that will help the student acquire other competences such as gathering information, critical analysis or application of the theory learned. See appendix 3 for guidelines and help on its preparation. It is extremely important that tutors help students to select, plan and monitor the case.

## Appendix 1

### Internship Report Guidelines

After finishing one of the courses, students will draft an internship report that will allow them to reflect on the degree of attainment of the different objectives established as well as other relevant aspects related to the internships. See below the questions and topics proposed for the drafting of the final report.

#### Internship Report Outline

Do you think you have achieved the objectives you have set out for this course?  
Have you been able to apply the theoretical-practical knowledge learned in past years?  
What feelings have you experienced during your internships? (Chronological order recommended)  
What kind of obstacles have you found and how have you tried to overcome them?  
What expectations have these internships aroused for your professional future?  
How could you use what you have learned in this course to improve your work?  
What is your opinion about the nursing profession now that you have experienced it?  
What strengths and weaknesses have you identified?

The report must feature the following:

- Paper size: A4.
- Text processor: Word or similar.
- The word limit must be established between 1500 and 3000 words.
- Font: Times New Roman.
- Font size: 12.
- Line spacing: 1,5.
- Remember to write your name, surname and course details at the beginning of the report.

The deadline will be established and notified by the lecturers in charge of the course.

## Appendix 2

### Case Report Guidelines (External Internships A and B)

Your case report must meet the following guidelines:

- Firstly, you need a case. You can ask your tutor to help you choose it. It is recommended to work on this point once the rotation is at an advanced stage.

- Secondly, you must draft a nursing care plan with the help of your tutor. You must also execute it within a certain period of time, making the relevant assessments that you consider appropriate.

- Lastly, you must draft a report following the ideas included in chart below. You will also find in this chart the guidelines to submit all parts of the report, although it is recommended to check the original source used for the drafting of the guidelines<sup>5</sup>.

The report must feature the following:

- Paper size: A4.
- Text processor: Word or similar.
- The word limit must be 3500 words maximum, including the abstract and the bibliography (charts, figures and appendixes not included).
- Font: Times New Roman.
- Font size: 12.
- Line spacing: 1,5.
- Remember to write your name, surname and course details at the beginning of the report.

The deadline will be established and notified by the lecturers in charge of the course.

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<sup>5</sup> Tirado Pedregosa G, Hueso Montoro C, Cuevas Fernández-Gallego M, Montoya Juárez R, Bonill de las Nieves C, Schmidt Río-Del Valle J. Cómo escribir un caso clínico en Enfermería. Index de Enfermería. 2011; 20(1-2): 111-115.



Nursing Case Report Checklist  
(Adapted from Tirado y cols.<sup>5</sup>)

<b>1. Title</b>
<ul style="list-style-type: none"> <li>- It is drafted in a direct, clear, concise, precise style.</li> <li>- It refers to the main topic of the case and the reference population (generally, a person suffering from a health problem).</li> </ul>
<b>2. Author</b>
<ul style="list-style-type: none"> <li>- The following details are clearly indicated: Name and surname, course, year, group and email address.</li> </ul>
<b>3. Abstract</b>
<ul style="list-style-type: none"> <li>- It emphasizes the main topic of the case, the most outstanding aspects of the nursing care plan and the practical implications.</li> </ul>
<b>4. Introduction</b>
<ul style="list-style-type: none"> <li>- The general problem and the main topic of the case are adequately described.</li> <li>- There is scientific bibliography quoted related to the topic.</li> <li>- The importance of the case is justified in the clinical practice.</li> <li>- The case, its particular conditions and the methods used to resolve it are briefly presented.</li> </ul>
<b>5. Presentation of the Case</b>
<b>5.1. Patient's details:</b>
<ul style="list-style-type: none"> <li>- The patient's clinical situation is described.</li> <li>- All ethical questions have been guaranteed by using a nickname or such to respect the patient's privacy and to conceal the places where the case has been developed.</li> </ul>
<b>5.2. Assessment</b>
<ul style="list-style-type: none"> <li>- The results of the assessment are well stated in accordance to an assessment system that is consistent with the care plan chosen</li> <li>- Unusual results are well differentiated from normal results.</li> <li>- The assessment is complemented with health measurement instruments.</li> </ul>
<b>5.3. Diagnostic Phase</b>
<ul style="list-style-type: none"> <li>- Problems related to collaboration, autonomy (if they exist) and nursing diagnosis are well described.</li> <li>- Nursing diagnoses will be based on clinical judgements related to human responses, being its correct causal relationship explained by the information included in the assessment.</li> </ul>
<b>5.4. Planning Phase</b>
<ul style="list-style-type: none"> <li>- Chosen results are described using their respective indicators in accordance to the NOC taxonomy.</li> <li>- Interventions and activities are described following the NIC taxonomy.</li> <li>- The selection of these interventions are well justified.</li> </ul>
<b>5.5. Implementing Phase</b>
<ul style="list-style-type: none"> <li>- It describes how the nursing care plan has been carried out and the main difficulties encountered.</li> </ul>
<b>5.6. Evaluation Phase</b>
<ul style="list-style-type: none"> <li>- The marking and meaning of each result and their respective indicators chosen back in the planning phase are well indicated in the partial evaluations.</li> <li>- It includes tables and/or charts summarizing the care plan that feature the following: NANDA diagnoses and their respective codes; results and NOC indicators during the whole process, with their respective codes, Likert-type scale marks and their meaning; NIC Interventions with their respective activities.</li> <li>- All tables and/or charts are quoted in the text.</li> <li>- All tables and/or charts are easy to understand: they feature title, numbering according to the order of appearance in the text and legend that explains the content (if necessary).</li> </ul>
<b>6. Discussion</b>
<ul style="list-style-type: none"> <li>- The case main discoveries are highlighted.</li> <li>- Those discoveries are discussed and compared to scientific literature.</li> <li>- All limitations and obstacles encountered are indicated (if they exist).</li> <li>- Implications for clinical practice are suggested, in the form of recommendations.</li> </ul>
<b>7. Bibliography</b>
<ul style="list-style-type: none"> <li>- All references are correctly quoted in and out of the text in accordance to the Vancouver style.</li> <li>- There are not more than 10 references.</li> <li>- All references date from the last five years, are directly related to the main topic of the case and most of them are research works.</li> </ul>