

**III year (1st semester)**  
**A.Y. 2018-2019**

| Scientific Field | <b>CLINICAL SYMPTOMATOLOGY</b>            | TUTOR              | ECTS |
|------------------|---|--------------------|------|
| MED/18           | Clinical Approach to the Surgical Patient | Sica Giuseppe      | 1    |
| MED/18           | Clinical Approach to the Surgical Patient | Toti Luca          | 1    |
| MED/18           | Clinical Approach to the Surgical Patient | Gentileschi Paolo  | 1    |
| MED/09           | Clinical Approach to the Medical Patient  | Gallù Maria Carla  | 1    |
| MED/09           | Clinical Approach to the Medical Patient  | Canale Maria Paola | 1    |
| MED/09           | Clinical Approach to the Medical Patient  | Tesauro Manfredi   | 1    |
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TESAURO M.  
**COORDINATOR**

**SPECIFIC AIMS**

To teach the student the method to perform patient's history and physical examination.  
 Knowledge of essential medical terminology.  
 Symptoms, approach to symptoms, signs and syndromes.  
 Diagnostic decisions.

**PROGRAM**

- HISTORY: Interviewing and health history. Chief complaints and present illness. Family, past and psychosocial history, current health status, review of systems with particular regard to: weakness, vertigo, fainting, syncope, seizures, itching, thirst, diuresis and frequency of urination, appetite, bowel habits, sexual interest and activity, fever and changes in sweating.

**CLINICAL SYMPTOMATOLOGY**

- History: Interviewing and health history. Chief complains and present illness. Family, past and psychosocial history, current health status, review of systems with particular regard to: weakness, vertigo, fainting, syncope, seizures, itching, thirst, diuresis and frequency of urination, appetite, bowel habits, sexual interest and activity, fever and changes in sweating, dyspnea, palpitations, cyanosis, orthopnea, edema, cough. General Physical Examination: Approach to the patient, facies, height, body weight, habitus, nutritional status, somatic and sexual development, posture or decubitus, sensory and mental status. Skin and related structures. Musculoskeletal system. Lymph nodes. Head and neck : eye, ear, nose, mouth, pharynx. Semeiotics of the thyroid gland. Physical Examination of the Thorax and Lungs : – Inspection: shape of the chest and the way in which it moves including deformities or asymmetry, abnormal retractions, impairment in respiratory movements or unilateral delay in that movement, abnormalities in rate and rhythm of breathing, collateral circulation, movements of the abdomen during breathing. – Palpation: chest expansion , assessment of tactile fremitus, spontaneous fremitus, crackles. – Percussion : technique of percussion, resonance, hyperresonance, dullness, flatness and tympany. – Auscultation : breath sounds: vesicular, broncovesicular, bronchial and tracheal; transmitted voice sounds, adventitious (added) sounds: crackles, rhonchi and wheezes, pleural rub, stridor. Semeiological abnormalities of the following clinical conditions: pneumonia, pleurisy, pneumothorax, hemothorax. . Physical Examination of the Cardiovascular System : – Inspection: careful inspection of the anterior chest, apical impulse (cardiac apex): location and features. – Palpation , apical impulse (cardiac apex) location and features, abnormal movements – Percussion: estimation of cardiac size (delimitation of cardiac dullness). – Auscultation : locations, heart sounds, systolic and diastolic extra sounds, systolic and diastolic murmurs, pericardial friction rub. Arterial pulse: assessment of heart rate and rhythm, amplitude and contour of the arterial pulse wave, bruits and thrills . Venous pulse : jugular venous pressure and contour. Arterial and venous blood pressure measurements. Semeiological features of arterial and venous, both acute and chronic, peripheral insufficiency. Physical Examination of the Nervous System : cranial nerves, motor system , sensory system , reflexes. Endocrine System Semeiotics : main signs and symptoms of both hyper and hypo.

**PROGRAM**

- Objectives: Appraisal of the methods used in order to explore the history and physical examination of the surgical patient. Appraisal of the methods (clinical and instrumental) employed for generating diagnoses as an iterative process that includes information gathering and hypothesis generation. Data acquisition will begin with the chief complaint, history of present illness, past medical history, and findings from the physical examination. The ratio of EBM will be employed during a number of Grand Rounds which will be focused on the empathic and holistic

**SURGERY  
SYMPTOMATOLOGY**

approach to the single patient. Program Surgery The pain in the surgical patient. Clinics of pain: somatic pain; visceral pain; referred pain. The chest pain. Alterations of fluid and electrolytes; acid-base balance disorders; edema; fever; fever in the surgical patient. Recognition of the symptoms that indicate the presence of a surgical emergency: pallor, dyspnea , cyanosis, pain, vomiting, disorders of consciousness. Clinical characteristics of primary and secondary shock. The swellings: definition, physical examination. The physical examination of the breast and axillary region. The acute abdomen: clinical picture of peritonitis; differential diagnosis. Acute pancreatitis. Ascites. Jaundice and cholestasis. Constipation and diarrhea. The bowel obstruction: clinical characteristics of clinical, radiological and instrumental. Hemorrhages of the upper and lower digestive tract. Hemoperitoneum: spontaneous and traumatic. The physical examination of hernias: an examination of the inguinal canal and the Scarpa's triangle. Micturition disorders: Clinical characteristics of clinical and instrumental. Hematuria, pyuria, chiluria. Notes on evidence-based surgery ( evidence-based surgery ). Surgical Pathophysiology: pathophysiological characteristics of reflux disease. Gastric ulcer and duodenal ulcer. Pathophysiology of the biliary tract. Portal hypertension. Pathophysiological aspects of intestinal obstruction and peritonitis. Diverticular disease and chronic inflammatory diseases of the large intestine.

**PROGRAM**

**OBJECTIVES:**

Appraisal of the methods used in order to explore the history and physical examination of the surgical patient.

Appraisal of the methods (clinical and instrumental) employed for generating diagnoses as an iterative process that includes information gathering and hypothesis generation.

Data acquisition will begin with the chief complaint, history of present illness, past medical history, and findings from the physical examination.

The ratio of EBM will be employed during a number of Grand Rounds which will be focused on the empathic and holistic approach to the single patient.

**PHYSICAL  
SYMPTOMATOLOGY**

Physical Symptomatology (specific program)

- endocrine and metabolic responses to injury (P. Gentileschi)
- fluid electrolytes and nutritional support (P. Gentileschi)
- hemostasis (L. Toti)

- shock (L. Toti)
- infections (T. Manzia)
- trauma (T. Manzia)
- Surgical anatomy and clinical signs of the pathology of the neck, the abdomen and the chest (P. Gentileschi) and the breast (O. Buonomo)
- manifestations of gastrointestinal diseases (G. Sica)

## TEXTBOOKS

### Suggested books:

- Seidel's Guide to Physical Examination,  
By Jane W. Ball, RN, DrPH, CPNP, DPNAP, Joyce E. Dains, DrPH, JD, RN, FNP, BC, DPNAP, John A. Flynn, MD, MBA, Barry S. Solomon, MD, MPH and
- Bates' Guide to Physical Examination and History-Taking  
By Lynn Bickley MD
- Clinical Examination: A Systematic Guide to Physical Diagnosis  
By Nicholas J. Talley MD PhD FACP FRACP FRCP, Simon O'Connor MBBS FRACP DDU
- Sabiston Textbook of Surgery, 19th Edition
- The Biological Basis of Modern Surgical Practice (Expert Consult Premium Edition – Enhanced Online Features and Print)  
By Courtney M. Townsend, Jr., MD, R. Daniel Beauchamp, MD, B. Mark Evers, MD and Kenneth L. Mattox

**EXAM METHOD**

Oral or written or both.

**EXAM COMMISSION**

The Coordinator, full Professors of the disciplines, Professors of similar disciplines, Specialists of the subject, compose the exam Commission of the Integrated Course.

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| Tesauro Manfredi,<br>President |
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| Toti Luca |
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| Gallù Maria Carla |
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| Canale Maria Paola |
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| Sica Giuseppe |
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| Gentileschi Paolo |
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**CONTACTS**

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PREREQUISITES: Previous knowledge and competence in the following subjects: Human Anatomy1; Human Anatomy2; Physiology and Pathophysiology; Biology and Genetics; Biochemistry and Molecular Biology.

The specific learning outcomes of the program are coherent with the general provisions of the Bologna Process and the specific provisions of EC Directive 2005/36/EC. They lie within the European Qualifications Framework (Dublin Descriptors) as follows:

### **1. Knowledge and Understanding**

- Assess the physiologic principles that govern the function of the main body systems and the alterations induced by functional and structural abnormalities.
- Describe the main signs and symptoms associated with specific clinical disorders and provide a suitable explanation of the reasons underlying them.
- Differentiate the clinical from the surgical presentation and explain the distinct approaches required.
- Report a detailed anamnesis of the single patient and emphasize the importance of an empathic and holistic approach.
- Present a thorough explanation of the main diagnostic iters necessary to obtain an accurate diagnosis.
- Study a clinical case and provide an exhaustive analysis of the possible diagnostic hypothesis.

### **2. Applying Knowledge and Understanding**

- Apply the theoretical knowledge to the clinical setting, being able to recognize the general diagnostic aspects of diseases.
- Evaluate the patient, emphasizing the findings obtained from the history, physical examination, and instrumental tests. If the mechanisms underlying these findings can be identified, the correct etiologic, anatomic, and physiologic diagnoses can usually be deduced.
- Learn to interpret appropriate laboratory and diagnostic studies.
- Perform an accurate review of systems.
- Learn the practical aspects of systemic, clinical and surgical physical examination and how to perform it.

3. **Making Judgements**

- Recognize the importance of an in-depth knowledge of the topics consistent with a proper medical education.
- Identify the benefits and adverse effects of any diagnostic and therapeutic interventions.

4. **Communication Skills**

- Present the topics orally in an organized and consistent manner.
- Use of proper scientific language coherent with the topic of discussion.

5. **Learning Skills**

- Identify the possible use of the acknowledged skills in the future career.
- Assess the importance of the acquired knowledge in the overall medical education process.