Integrated course in **CLINICAL PRACTICE III**

III° YEAR	SSD TEACHING	TEACHING MODULE	TEACHERS	ECTS
CLINICAL PRACTICE III	MED/05	Clinical Practice in laboratory medicine	**Bernardini**	1
ETCs credits 11 (Coordinator Gaetano Chiricolo)	MED/09	Internal medicine	**Tesauro, Della Morte, Gallù**	3
	MED/18	General surgery	**Di Carlo, Tariciotti**	2
	MED/22	Vascular surgery	**Ascoli-Marchetti**	1
	MED/10	Lung disease	**J.Ora**	1
	MED/21	Thoracic surgery	**Pompeo**	1
	MED/23	Cardiac surgery	**Bassano**	1
	MED/11	Heart diseases	**Chiricolo**	1

TRAINING OBJECTIVES AND EXPECTED LEARNING OUTCOMES

Laboratory techniques in medicine

- Acquisition of the ability to apply the methodologies in order to properly detect clinical, functional and laboratory specimen, and critically interpret them also under the physiopathologic aspect, for diagnostic and prognostic purposes;

Medical and Surgical Approch to the patient

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

Systemic Pathology I

Acquisition of adequate knowledge of the most relevant diseases of several apparatuses. Under the nosographic, etiopathogenic, pathophysiologic and clinical profile, in the context of a unified and comprehensive view of Human Pathology and the ability to evaluate critically and correlate their clinical symptoms, the physical signs, the functional disorders seen in humans with pathological lesions, interpreting the production mechanisms and deepening its clinical significance.

The expected learning outcomes are consistent with the general provisions of the Bologna Process and the specific provisions of Directive 2005/36 / EC. They can be found within the European Qualifications Framework (Dublin descriptors) as follows:

1. Knowledge and understanding

Knowledge of the fundamentals of the main laboratory techniques applicable to the qualitative and quantitative study of the significant determinants of pathogenic and biological process in medicine;
Know the organisational characteristics of a clinical laboratory, and the correct acceptance of biological samples for haemato-chemical tests.

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.
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.

2. Applied knowledge and understanding
Understanding the criteria regarding the correct compilation of an anatomical-pathological report and how it should be interpreted.
Understand the methodological characteristics regarding the correct use and operation of equipment and instrumentation present in the various sections of a clinical biochemistry laboratory. Know and show ability in the use of the different techniques of clinical microbiology. Understand the criteria required to validate results in relation to the methods used. Know and understand how to compile and interpret the results of a microbiological report.
Medical 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.
Program Surgery: 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

3 Autonomy of judgment
Recognise the importance of a thorough knowledge of the topics in accordance with appropriate medical education.
Identify the fundamental role of correct theoretical knowledge of the subject in clinical practice.

4. Communication
Explain the topics clearly and coherently.
Use of appropriate scientific language and key actions consistent with the patient symptoms

5. Learning Ability
Recognise the possible applications of skills obtained in future careers.
Evaluate the importance of acquired knowledge in the general process of medical education.

PROGRAMME

Acting upon what has been learned in class for each subject.

PREREQUISITES

Knowledge of anatomy, biochemistry, physiology, microbiology, laboratory medicine, general pathology and cardio-thoraco-vascular semeiotics.

RECOMMENDED TEXTS

No specific texts are required.

METHODS OF CONDUCT AND TEACHING METHODS ADOPTED

Attendance is foreseen in the laboratory, department, multimedia seminars, ambulatories and operating rooms of PTV hospital
Attendance is compulsory.

ASSESSMENT METHODS AND CRITERIA FOR VERIFYING LEARNING

Assessment of students' practical activities of the knowledge acquired.

Clinical Practice's Grading system

Not suitable: The student shows significant deficiencies and/or inaccuracy in collecting the medical history and carrying out the physical examination. The student has limited ability to formulate differential diagnostic hypotheses, insufficient operational and relational skills with the patient also linked to linguistic limitations.

18-23: The ability of the student in taking a medical history, performing a physical examination, formulating differential diagnostic hypotheses, autonomy of judgment and operational independence is sufficient in relation to the practical activity carried out. Sufficient interpersonal skills with the patient.

24-26: The ability of the student in taking a medical history, performing a physical examination, formulating differential diagnostic hypotheses, autonomy of judgment and operational independence is good. Good interpersonal skills with the patient.

27-29: The ability of the student in taking a medical history, performing a physical examination, formulating differential diagnostic hypotheses, autonomy of judgment and operational independence is more than good but not optimal. More than good but not optimal interpersonal skills with the patient.

30-30L: The ability of the student in taking a medical history, performing a physical examination, formulating differential diagnostic hypotheses, autonomy of judgment and operational independence is optimal. Optimal interpersonal skills with the patient.

EXAM COMMISSION

The Commission for the examinations of the integrated course is composed of the Chairman, the holders of the relevant scientific disciplines, the teachers of the related disciplines and the subject operators.

STUDENT AFFAIRS OFFICE OF THE INTEGRATED COURSE

Contact the Didactic Office of the Degree course:		
Dr. M.Luisa Romiti	romiti@med.uniroma2.it	06 72596041

TEACHING CONTACTS

G. Chiricolo (*Coordinator*)	gaetano.chiricolo@ptvonline.it	