

Integrated course in **CLINICAL PRACTICE IV**

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VI° YEAR	SSD TEACHING	TEACHING MODULE	TEACHERS	EC TS
CLINICAL PRACTICE IV	MED/12	Gastroenterology	Lenci i,	1
ETCs credits 12 (Coordinator Elisabetta Greco)	MED/15	Ematology	Del Principe I	1
	MED/24	Urology	Asimakopoulos,	1
	MED/08	Anatomic Pathology	Mauriello A, Scimeca M, Bonfiglio R	4
	MED/49	Dietetic Sciences	Della Morte Canosci D	1
	MED/13	Endocrin and Metabolic diseases	Bellia A	1
	MED/14	Nephrology	Mitterhofer P	1
	MED/16	Clinic Rheumatology	Greco E	1
	MED/17	Infectious Diseases	Sarmati L	1

TRAINING OBJECTIVES AND EXPECTED LEARNING OUTCOMES**Systemic Pathology II and System Pathology III subjects**

Students will learn to welcome the patient in the ward, inform the patient and obtain consent for the diagnostic and therapeutic path, correctly fill out the medical record (anamnesis, objective examination and daily allowance), perform the physical examination of the patient, set up the differential diagnostic path. The skills demonstrated in these activities will constitute the fundamental element of the final judgment.

Anatomic Pathology

Students will attend autopsies and will acquire the main technical and diagnostic skills of the autopsy.

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 comprehensive approach to the patient. Acquire the medical skills necessary to achieve a clinical decision-making orientation. Demonstrate knowledge of therapeutic directions.

2. Applied knowledge and understanding

Recognize and critically interpret the main pathologies, applying both the knowledge of physical semiotics and the laboratory and instrumental diagnostic aids useful for completing the information deduced from the anamnesis and the objective picture. Interpret the symptoms, clinical signs and laboratory and instrumental findings of individual clinical cases in a physiopathological key and set up the clinical-diagnostic reasoning that leads to the diagnosis and therapeutic measures. Know how to formulate a differential diagnosis based on specific clinical data, motivating it with coherent arguments. Know the practical aspects of diagnostic tools, when to use them and how to perform them.

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

Students will participate to all clinical activities of each assigned ward (SP II: Gastroenterology, Urology, Nutrition, Endocrinology, Nephrology, and SP III: Ematology, Rheumatology and Infectious Diseases). The practical activities will relate to the following theoretical subjects:

Clinical Practice in Gastroenterology

Etiological and clinical classification, pathogenesis, clinical presentation modes, complications, and diagnostic procedures for the following conditions: chronic viral and autoimmune hepatitis; alcohol-related liver damage; NASH (Non-Alcoholic Steatohepatitis); hemochromatosis; Wilson's disease; portal hypertension; liver cirrhosis; hepatocellular carcinoma; gallstone disease; acute and chronic cholestasis; acute and chronic pancreatitis. Acid-related diseases. Drug-induced gastropathy and gastrointestinal bleeding. Functional disorders of the digestive system. Diverticular diseases. Chronic inflammatory bowel diseases, Celiac disease, neoplasms of the digestive tract.

Clinical Practice in Urology

Main urological conditions such as tumors of the male urogenital and female urinary tract, urinary stones, benign prostatic hyperplasia. Urination-related disorders such as urinary incontinence. Andrological diseases causing male infertility and erectile dysfunction.

Clinical Methods for Endocrinology and Metabolic Disorders

Diseases of the hypothalamus-pituitary axis, thyroid and main clinical pictures, male and female gonads and related clinical conditions. Diseases of the endocrine pancreas, type 1 and type 2 diabetes mellitus, obesity and leanness, parathyroid function disorders and osteoporosis, endocrine hypertension, dyslipidemias, and metabolic disorders (e.g., gout).

Clinical Practice in Nephrology

Glomerular, tubular, interstitial, and vascular nephropathies. Acquisition of knowledge regarding hydro-electrolytic and acid-base balance. Ability to recognize acute and chronic renal failure with indications for replacement therapy. Understanding of complications of both acute and chronic renal failure.

Clinical Practice in Hematology

Anemias. Granulocytopenias (agranulocytosis), granulocyte disorders, granulocytosis. Acute myeloid leukemias, myelodysplastic syndromes. Chronic myeloproliferative syndromes. Neoplastic and non-neoplastic diseases of the monocyte-macrophage system. Congenital and acquired immunodeficiency syndromes. Acute and chronic lymphoproliferative disorders. Vascular and plasma defect-related bleeding disorders. Thrombocytopenias and thrombocytopathies. Acquired coagulopathies. Blood transfusion, blood derivatives, and therapeutic apheresis. Transfusion reactions. Hematopoietic stem cell transplantation (autologous and allogeneic).

Clinical Practice in Rheumatology

Connective tissue diseases and vasculitis: Systemic lupus erythematosus; Scleroderma; Dermatomyositis and polymyositis; Vasculitis; Sjögren's syndrome and related forms; Overlap syndromes; Mixed connective tissue disease. Antiphospholipid antibody syndrome. Principles of therapy in rheumatology tissue disease. Antiphospholipid antibody syndrome. Principles of therapy in rheumatology.

Clinical Practice in Infectious Diseases

Diagnostic procedures and therapeutic approaches to the most common diseases caused by the main infectious agents. CLINICAL SYNDROMES: localized infections, sepsis and septic shock; Infective endocarditis; Acute infectious enteritis and food poisoning; Infectious hepatitis; Urinary tract infections; Osteomyelitis infectious; Meningitis and meningoencephalitis. Bacterial diseases. Viral diseases. Fungal diseases. Protozoal diseases. Helminthic diseases PRINCIPLES OF THERAPY: antibacterial, antiviral, antifungal and antiparasitic.

Practice in Anatomic Pathology:

The main technical and diagnostic skills of the autopsy.

PREREQUISITES

Knowledge of anatomy, biochemistry, physiology and pathophysiology, microbiology, laboratory medicine, general pathology and pharmacology.

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 abilities related to 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:		
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TEACHING CONTACTS

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