

Integrated course in **CLINICAL PRACTICE VI**

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VI° YEAR	SSD TEACHING	TEACHING MODULE	TEACHERS	EC TS
CLINICAL PRACTICE VI	MED/18	General Surgery	Sica G	1
ETCs credits 4 (Coordinator Elena Campione)	MED/06	Practice in Medical Oncology	Formica V	1
	MED/09	Internal Medicine	Sbraccia P	1
	MED/41	Practice in Anesthesiology	Bilotta F	1

TRAINING OBJECTIVES AND EXPECTED LEARNING OUTCOMES

The student will participate to all clinical activities of each assigned PTV ward, The student 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 paths. The student has to become able to communicate the diagnosis and prognosis to the patient and their family members, establish the treatment plan while being aware of the risk of drug interactions, participate in the clinical summary (epicrisis) and the drafting of the discharge letter, and, if possible, contribute to the completion of a RAD (Reasoned Admission/Discharge Report), understanding its significance. The skills demonstrated in these activities will constitute the fundamental element of the final judgment.

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. The practical activities will relate to the following theoretical subjects:

Clinical Practice in Internal Medicine**-Identify and Name the Patient's Medical Problems:**

Identify the patient's problems (personal, environmental, social, subjective, and objective—symptoms and signs), define them from a medical-scientific perspective, understand their pathophysiological significance, and categorize them according to severity and urgency. Identify patients with instability, critical conditions, or disabilities. Understand and apply multidimensional assessment for chronic or geriatric patients. Be able to assess frailty in the elderly.

-Formulate One or More Diagnostic Hypotheses:

Interpret problems by formulating diagnostic hypotheses and differential diagnoses. Prioritize diagnostic hypotheses based on the severity and urgency of the patient's problems. Rule out conditions or clinical events with the highest risk to the patient's life through appropriate diagnostic investigations.

Make Therapeutic Decisions:

Choose treatment based on the best available evidence (Evidence-Based Medicine) and apply it to the specific patient (considering comorbidities, Narrative-Based Medicine): this is the concept of therapeutic decision-making. Know the main strategies for stabilizing unstable or critically ill patients. Understand and activate the process of continuity of care. Be familiar with adverse drug effects and interactions, particularly in elderly patients with multiple conditions. Know the drugs authorized by the National Health Service (SSN) and the Italian Medicines Agency (AIFA), and their classifications. Be able to assess the effectiveness of treatment and its cost-benefit ratio. Be able to write a medical prescription and explain the purpose of the therapy, how to take the medications, and possible side effects to the patient.

-Understand Disease Prognosis:

Know the prognosis and natural history of major diseases. Understand the concepts of risk factors and prognostic factors. Understand the clinical decisions needed to modify the prognosis of diseases.

Clinical Practice in General Surgery**- SKIN AND SUBCUTANEOUS TISSUE:**

Anatomy, Pathology, Diagnostics, Clinics and treatment of benign and malignant lesions. Scarring processes. Principles of Sutures and flaps.

- THE BREAST:

Refresh on the Surgical Anatomy and Clinical Semeiotics. The Diagnostics, Clinics and Treatment of benign, inflammatory and malignant lesions. Reconstructive and Aesthetic Surgery.

- THE TYROID GLAND, PARATYROID AND SALIVARY GLANDS:

Refresh on the Surgical anatomy and Clinical semeiotics. Diagnostics Clinics and treatment of the benign pathology and malignant lesions. The MEN syndromes.

ANATOMY OF THE PERITONEUM:

Diseases of the Peritoneum and Retroperitoneum.

Surgery of peritoneal carcinomatosis and tumors of the peritoneum.

Surgery of the retroperitoneal tumors.

- ABDOMINAL PRIMARY HERNIA AND INCISIONAL HERNIA:

Anatomy, semeiotics and surgical repair of umbilical, inguinal, femoral and Spigelian hernia.

Incisional hernias and abdominal wall closure.

- THE GASTROINTESTINAL SYSTEM:

Anatomy, pathophysiology, clinical conditions, diagnostics and surgical treatment of the most common pathology (both

inflammatory and tumors) of the Esophagus, Stomach, small and large bowel and the rectum

LIVER (G. Tisone)

GALLBLADDER AND EXTRAHEPATIC BILIARY SYSTEM (G. Tisone)

PANCREAS (G. Tisone)

SPLEEN (P. Gentileschi)

PERITONITIS AND INTRAABDOMINAL ABSCESES

PITUITARY AND ADRENAL (P. Gentileschi)

THYROID AND PARATHYROID (P. Gentileschi)

MORBID OBESITY SURGERY (P. Gentileschi)

PEDIATRIC SURGERY

UROLOGY (END STAGE DISEASE AND TUMOURS) (G. Tisone)

GYNECOLOGY

PLASTIC AND RECONSTRUCTIVE SURGERY

MICROSURGERY

Clinical Practice in Anesthesiology- Therapy for Chronic Pain

Diagnosis and treatment of patients suffering from acute and chronic pain symptoms, whether benign or cancer-related. The relevant conditions include:

- Cancer-related pain
- Neuropathic pain
- Chronic musculoskeletal pain
- Ischemic pain
- Headaches

Clinical Practice in Medical Oncology - Palliative Care

Therapeutic programs designed to minimize the suffering of terminally ill patients. A set of diagnostic, therapeutic, and supportive interventions aimed both at the patient—for symptom and pain control through proportionate and personalized care, respecting the patient's dignity and wishes—and at the family.

PREREQUISITES

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

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, Bambino Gesù Hospital and Policlinico Casilino
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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