



COURSE DETAILS

"CLINICAL MEDICINE"

SSD MED/09

COORDINATOR: **Prof.PASQUALE ABETE** DEGREE PROGRAMME:**MEDICINE AND SURGERY** ACADEMIC YEAR**2023-24**

GENERAL INFORMATION-TEACHER REFERENCES

| Faculty | Position | Scientific Fields | Phone | Reception | E-mail |
|-------------|-----------|-------------------|-------|------------------------|-------------------------|
| Abete | Full | Internal Medicine | 2270 | send an email in order | pasquale.abete |
| Pasquale | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| De Luca | Full | Internal Medicine | 4328 | send an email in order | nicola.deluca |
| Nicola | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| laccarino | Full | Internal Medicine | 4717 | send an email in order | guido.iaccarino |
| Guido | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Biondi | Full | Internal Medicine | 3695 | send an email in order | be.biondi |
| Bernadette | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Leosco | Full | Internal Medicine | 2267 | send an email in order | dario.leosco |
| Dario | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Rengo | Full | Internal Medicine | 2267 | send an email in order | giuseppe.rengo |
| Giuseppe | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Tocchetti | Associate | Internal Medicine | 2242 | send an email in order | carlogabriele.tocchetti |
| C. Gabriele | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Cacciatore | Associate | Internal Medicine | 2270 | send an email in order | francesco.cacciatore |
| Francesco | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Marra | Associate | Internal Medicine | | send an email in order | albertomaria.marra |
| Alberto M. | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Tufano | Assistant | Internal Medicine | | send an email in order | atufano |
| Antonella | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Esposito | Assistant | Internal Medicine | | send an email in order | roberta.esposito |
| Roberta | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Parisi | Assistant | Internal Medicine | 2267 | send an email in order | valentina.parisi |
| Valentina | Professor | (MED/09) | | to schedule a meeting | @unina.it |
| Mercurio | Assistant | Internal Medicine | 2242 | send an email in order | valentina.nercurio |
| Valentina | Professor | (MED/09) | | to schedule a meeting | @unina.it |

GENERAL INFORMATION ABOUT THECOURSE

INTEGRATED COURSE (IF APPLICABLE): MODULE (IF APPLICABLE): SSD OF THE MODULE (IF APPLICABLE): TEACHINGLANGUAGE:**ENGLISH** CHANNEL (IF APPLICABLE): YEAR OF THE DEGREE PROGRAMME:**VI** SEMESTER:I CFU:8

REQUIRED PRELIMINARY COURSES (IF MENTIONED IN THE COURSE STRUCTURE "REGOLAMENTO") NONE

PREREQUISITES (IF APPLICABLE) NONE

LEARNING GOALS

Through presentation of patients with diverse medical presentation (including acute, chronic, and multimorbid conditions), students learn the fundamentals of:

- Assessing, diagnosing, and initiating management for patients with common acute medical presentations in acute care settings;
- Managing patients admitted to acute care settings with common medical problems and advancing their care plans;
- Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan;
- Formulating, communicating, and implementing discharge plans for patients with common medical conditions from acute care settings;
- Assessing and providing targeted treatment for unstable patients and consulting as needed;
- Discussing and establishing patients' goals of care;
- Identifying personal learning needs while caring for patients and addressing those needs F8 Providing and receiving handover in transitions of care.

EXPECTED LEARNING OUTCOMES (DUBLIN DESCRIPTORS)

- **Knowledge and understanding** The course aims to provide the knowledge needed to understand the main aspects of the importance of Internal Medicine related-diseases. Through the study of these issues, the student will be able to understand the correct dietary approach to the pathologies proposed in the course.
- **Applying knowledge** The course, also through the presentation of clinical cases accompanied by laboratory investigations, in a comparative perspective, is aimed at providing tools for analyzing and evaluating the effects of proper approach to Internal Medicine related-diseases.
- **Making informed judgments and choices** Through the study of different theoretical approaches and the critical evaluation of the clinical cases proposed, the student will be able to improve their judgment and proposal skills in relationto the analysis of patients suffering from Internal Medicine relateddiseases.
- **Communicating knowledge** The presentation of clinical cases, theoretical and application concepts on Internal Medicine related-diseases and will not be carried out in such a way as to allow the acquisition of the mastery of a technical language and of an adequate and specialized terminology; the

development of communication skills, both oral and written, will also be stimulated through class discussion and through the final oral exam.

Capacities to continue learning - Learning skills will be stimulated through power point presentations and classroom discussion also aimed at verifying the effective understanding of the topics covered. Learning skills will be stimulated through supplementary didactic supports (results of laboratory tests, simulations of clinical cases) in order to develop applicative skills.

Knowledge and understanding

The student needs to show ability to know and understand problems related to:

- Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations;
- Assessing, diagnosing, and managing patients with complex chronic diseases;
- Assessing, resuscitating, and managing unstable and critically ill patients;
- Performing the procedures of Internal Medicine;
- Assessing capacity for medical decision-making;
- Discussing serious and/or complex aspects of care with patients, families, and caregivers;
- Caring for patients who have experienced a patient safety incident (adverse event);
- Caring for patients at the end of life;
- Implementing health promotion strategies in patients with or at risk for disease;
- Teaching and assessing junior learners through supervised delivery of clinical care

Applying knowledge and understanding

Disciplinary competence (knowing how to do something) that students need to acquire:

- Managing an inpatient medical service;
- Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment;
- Providing consultations to off-site health care providers;
- Initiating and facilitating transfers of care through the health care system;
- Working with other physicians and healthcare professionals to develop collaborative patient care plans;
- Identifying learning needs in clinical practice, and addressing them with a personal learning plan;
- Identifying and analyzing system-level safety, quality or resource stewardship concerns in healthcare deliver.

COURSE CONTENT/SYLLABUS

| Week | Date | Time, PM | Lesson Topic | Professor |
|------------------------|------|-----------|---|--------------|
| 1° | 30 | 1:00-2:00 | What Is Internal Medicine? An Inside Look at the Role of an Internist | Abete P |
| September | 1 | 1:00-2:00 | Clinical approach to patients with endocrine diseases | Biondi B |
| 30/ | 2 | 1:00-2:00 | Endocrine diseases in Internal Medicine – 1 | Biondi B |
| October | 3 | 1:00-2:00 | Endocrine diseases in Internal Medicine – 2 | Biondi B |
| 4 | 4 | 1:00-2:00 | Endocrine diseases in Internal Medicine – 3 | Biondi B |
| | 7 | 1:00-2:00 | Clinical approach to patients with cardiovascular diseases | De Luca N |
| 2° | 8 | 1:00-2:0 | Hypertension and organ damage: clinical different phenotypes in internal medicine – 1 | De Luca N |
| October | 9 | 1:00-2:0 | Hypertension and organ damage: clinical different phenotypes in internal medicine - 2 | De Luca N |
| 7-12 | 10 | 1:00-2:00 | Telemedicine and e-health: a new tool in internal medicine | De Luca N |
| | 11 | 1:00-2:00 | Metabolic syndrome: a target of internal medicine | laccarino G |
| 3° October 14-18 | 14 | 1:00-2:00 | From hypertension to heart failure: a frequent clinical condition in internal medicine | laccarino G |
| | 15 | 1:00-2:00 | Prevention of chronic disease: physical activity and diet -1 | laccarino G |
| | 16 | 1:00-2:00 | Prevention of chronic disease: physical activity and diet – 2 | laccarino G |
| | 17 | 1:00-2:00 | Clinical approach to patients with oncological diseases | Tocchetti CG |
| | 18 | 1:00-2:00 | Management of oncological patients in internal medicine – 1 | Tocchetti CG |
| | 21 | 1:00-2:00 | Management of oncological patients in internal medicine – 2 | Tocchetti CG |
| | 22 | 1:00-2:00 | Endocarditis, myocarditis and pericarditis in internal medicine | Tocchetti CG |
| 4° Ostokov | 23 | 1:00-2:00 | Pulmonary embolism and deep vein thrombosis: | Tufano A |
| October 21-25 | | | epidemiology, diagnosis, and treatment in patient with severe comorbidity. | |
| | 24 | 1:00-2:00 | Cerebral and abdominal thrombosis: anticoagulation vs. antiaggregant therapy. | Tufano A |
| | 25 | 1:00-2:00 | Disseminated Intravascular Coagulation (DIC) as a complication of several systemic disease. | Tufano A |
| 5° October 28-31 | 28 | 1:00-2:00 | Thrombotic microangiopathies (TMAs): a general approach to diagnosis and management. | Tufano A |
| | 29 | 1:00-2:00 | Pulmonary edema: does it belong to the internist? | Marra AM |
| | 30 | 1:00-2:00 | Acute and chronic pulmonary diseases in complex medical patients | Marra AM |
| | 31 | 1:00-2:00 | Hyperglycemia and hypoglycemia in critical medical patients | Marra AM |

| | 4 | 1:00-2:00 | Hyperglycemia and hypoglycemia in critical medical patients | Marra AM |
|-------------------|----|-----------|--|--------------|
| 6° | 5 | 1:00-2:00 | Chronic liver disease and liver cirrhosis | Marra AM |
| November 4-8 | 5 | 1:00-2:00 | | |
| | 7 | 1:00-2:00 | Acid-base disorders in critically-ill patients- 1 | Esposito R |
| | 8 | 1:00-2:00 | Acid-base disorders in critically-ill patients- 2 | Esposito R |
| | 11 | 1:00-2:00 | Linfoproliferative diseases in medicalpatients | Esposito R |
| 7° | 12 | 1:00-2:00 | Aorticdisease in internal medicine | Parisi V |
| November | 13 | 1:00-2:00 | Pulmonary embolism in critical medical patients | Parisi V |
| 11-15 | 14 | 1:00-2:00 | Peripheral arterial diseases: is it a disease of internistic interest? | Parisi V |
| | 15 | 1:00-2:00 | Anemia of unknown origin: what should the internist do? | Mercurio V |
| | 18 | 1:00-2:00 | Multiorgan involvement in internal medicine: the case of pulmonary hypertension | Mercurio V |
| 8° November | 19 | 1:00-2:00 | Cardiac or not cardiac shock: that is the question | Mercurio V |
| November 18-22 | 20 | 1:00-2:00 | Demographic Changes and Aging Population | Cacciatore F |
| 10-22 | 21 | 1:00-2:00 | Comprehensive GeriatricAssessment | Rengo G |
| | 22 | 1:00-2:00 | Clinical evidences of vulnerability and multidimensional frailty in elderly patients | Abete P |
| | 25 | 1:00-2:00 | From clinical trials to real word: the clinical complexity in internal medicine | Cacciatore F |
| 9° | 26 | 1:00-2:00 | The target of the Geriatrician: the "immobilization syndrome" | Abete P |
| November 25-29 | 27 | 1:00-2:00 | A modern approach to geriatric medicine: the "continuum care" | Cacciatore F |
| | 28 | 1:00-2:00 | Atypical clinical presentation of elderly patients with chronic diseases | Leosco D |
| | 29 | 1:00-2:00 | Polypharmacy and iatrogenic risk in elderly patients | Cacciatore F |
| | 2 | 1:00-2:00 | Management of heart failure in elderly patients | Leosco D |
| 10° | 3 | 1:00-2:00 | Chronic coronary artery disease in internal medicine | Leosco D |
| December 2-6 | 4 | 1:00-2:00 | Acute Care Hospital at Different Levels of Intensity: Role of Geriatricians | Abete P |
| | 5 | 1:00-2:00 | Malnutrition in elderlypatients | Leosco D |
| | 6 | | HOLIDAY | |
| | 9 | 1:00-2:00 | Syncope and falls in elderly patients | Abete P |
| | 10 | 1:00-2:00 | Atrial fibrillation and anticoagulant therapy in elderly patients | Rengo G |
| 11° December | 11 | 1:00-2:00 | Precipitating factors in chronic diseases | Rengo G |
| | 12 | 1:00-2:00 | Palliative care and pain management in elderly patients | Rengo G |
| 9-13 | 13 | 1:00-2:00 | The 3 D in elderly patients: Dementia, Depression and Delirium 1 | Cacciatore F |

| 12° December 16-18 | 16 | 1:00-2:00 | The 3 D in elderly patients: Dementia, Depression and | Cacciatore F |
|--------------------------|----|-----------|---|--------------|
| | | | Delirium-2 | |
| | 17 | 1:00-2:00 | The 3 D in elderly patients: Dementia, Depression and | Cacciatore F |
| | | | Delirium-3 | |
| | 18 | 1:00-2:00 | Catabolic syndrome in elderly patients: the reverse metabolic | Cacciatore F |
| | | | syndrome | |

READINGS/BIBLIOGRAPHY

- Harrison's Principles of Internal Medicine, 20e. J. Larry Jameson, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, Joseph Loscalzo. McGraw Hill Education
- Hazzard's geriatric medicine & gerontology, seventh edition di Jeffrey Halter, Joseph Ouslander, Stephanie Studenski, Kevin High, Sanjay Asthana, Mark Supiano, Christine Ritchie. McGraw Hill Education

TEACHING METHODS

Teachers will use: a) lectures for approximately 70 % of total hours; b) practical exercises for approximately 20 % of total hours d) seminars, e) stages, d)other, to elaborate on specific themes for approximately 10% of total hours".

EXAMINATION/EVALUATION CRITERIA

| Examtype | | |
|---------------------------|---|--|
| ONLY ORAL | Х | |
| CLINICAL CASE DISCCUSSION | | |