



UNIVERSITÀ  
DEGLI STUDI DI MILANO-BICOCCA

## COURSE SYLLABUS

### Pediatrics

2425-5-H4101D334

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#### Aims

The Pediatrics Course, which takes place in the 5th and 6th year, includes a PROFESSIONALIZING INTERNSHIP activity in the second semester of the 5th year and is carried out in:

- attendance at a family pediatrician outpatient clinic
- interactive classroom meetings

It is proposed to be acquired by the student

- the skills necessary for the non-specialist doctor to deal with the most common pediatric problems concerning the healthy child, the growth and the most common health problems, as well as the fundamental knowledge in order to recognize the situations that require immediate medical intervention or referral to the specialist
- a learning methodology based on the creation by students of CONCEPTUAL and/or mental MAPS and according to the basis of Problem Based Learning (PBL) on topics relating to healthy children ( see the detailed program below) that will be included in the assessment test of the entire course, on the year 6th.

#### Contents

\*\*\*\*According to evidence-based criteria as well as through consultation of the most recent literature and aspects of multiculturalism and taking into account differences according to age and gender:

- o General overview and management of the healthy child
- o Method of managing the medical record and the doctor/parent/patient relationship.
- o Complete pediatric physical examination
- o Setting up nutrition, preventive aspects (screening and vaccinations); classification and evaluation of growth and auxological and laboratory parameters in pediatric age
- o Evidence of situations and conditions requiring prompt medical attention and/or intervention or referral to a specialized centre

o Diagnostic and therapeutic approach to the most common childhood pathologies

## Detailed program

### \*\* INTERACTIVE CLASSROOM TEACHING\*\*

:NEWBORN (0-28 days): notes on the physiological newborn and the problems, most frequent practical indications upon discharge from the nursery. DEVELOPMENTAL ASPECTS AND RATIONALE OF NUTRITION and DIET: • -breastfeeding and artificial feeding: rationale, indications, contraindications • • lo weaning, rationale, indications, • • -nutrition in the 1st year of life, notes for pre- and school age, adolescence • and in physical activity, rationale, indications. • Consideration and evaluation of different habits or alternative dietary regimes SUPPLEMENTS recommended in the 1st year of life according to the evidence GROWTH: development (general somatic and pubertal, physiological) Rationale, application and interpretation of percentiles and growth parameters in pediatric age, also according to family, genetic and ethnic parameters) PEDIATRIC, CLINICAL AND INSTRUMENTAL OBJECTIVE EXAMINATION: (rational and measurement of vital parameters, otoscopic examination, temperature measurement,) peculiarities that characterize it compared to adults and aspects of importance in pediatric age NEUROLOGICAL EXAMINATION , REFLEXES AND STAGES OF PSYCHOMOTOR DEVELOPMENT, (including language, environmental interaction) in particular in the first year, with hints in subsequent ages up to adolescence HEALTH BUDGET: rationale and applications NEONATAL SCREENING AND THE FIRST YEAR OF LIFE: rationale and applications according the evidence VACCINATIONS rational, and applications according to the evidence IDENTIFICATION OF THE MAIN ORTHOPEDIC PROBLEMS in pediatric age TEETHING, OCCLUSIONS: normality and the interception of the main problems; preventive prescriptions or referral to a specialist Main indications for starting SPORTS ACTIVITY IN PEDIATRIC AGE READING AND INTERPRETATION in pediatric age of BLOOD COUNT, LIVER FUNCTION, URINE TESTS AND URINE CULTURE to recognise, manage directly or send to the specialist MORE PEDIATRIC PRESCRIPTIONS important and FREQUENT: how to set and prescribe medications, food/dietary or other indications -management of the fever, main red flags in healthy child.

### o OUTPATIENT ATTENDANCE

SUPPORT the family pediatrician in the daily work of taking care of the young patient according to principles based on scientific evidence and the definition of priorities,

- ACTIVE PARTICIPATION IN ALL PHASES OF THE VISIT (anamnesis, objective examination)
- OBSERVATION of the ongoing relationship between the child and his family: listening, promotion of the therapeutic alliance and making parents responsible.
- KNOWLEDGE OF THE INDICATIONS relating to prevention, diagnosis, behavioral advice, treatment prescriptions
- ACQUISITION of the importance /ability to inform and make the patient aware of his/her illness and treatment history
- KNOWLEDGE of the methods of relationship and contact with the existing forms of care on the region.

## Prerequisites

knowledge relative to physiology and basic sciences

## Teaching form

The PROFESSIONAL TRAINING is carried out as follows:

1)

**INTERNSHIP WITH INTERACTIVE CLASSROOM TEACHING (2 CFU)**

a) interactive teaching in presence, the first meeting is dedicated to the INTRODUCTION OF THE COURSE OBJECTIVES, METHODOLOGY ADOPTED (PBL) and RATIONAL by the teacher, then, COLLEGIAL discussion of clinical case on a healthy child, followed by the instructions to be carried out in the independent study

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b) \*\*\* under the supervision and support of the teacher :\*\*\* STUDENTS' INDEPENDENT STUDY\*\*\*: construction by the students divided in groups of CONCEPTUAL or MENTAL MAPS or ,anyway, of GRAPHICAL DEPICTION OF KNOWLEDGE, deepening the program's issues divided into LEARNING OBJECTIVES, using media/photos and literature/information sources, too.

The papers are then handed over to the teacher, always available for consultation on the platform, by e-mail or in person, and\*\* presented in class by the students\*\* with a collegial discussion according to a pre-established agenda for the remaining classroom hours and will be inserted in e-learning in order to be reviewed for the final examination . In some of these interactive lessons will also take part family pediatricians involved in the professional training with frequency in their outpatients clinics as follows:

2.

**TRAINEESHIP IN FAMILY PEDIATRICIAN OUTPATIENT CLINICS (1CFU)**

Daily rotation c/o A PEDIATRICIAN OUTPATIENT CLINIC IN 1:1 RATIO

by agreeing distribution, agenda and locations between the family pediatrician coordinator and a student representative.

**Textbook and teaching resource**

Nelson Essentials of Pediatrics – 9th edition (english version) Autore/i: Marc d'Antonio - Kliegman - Behrman – Nelson Editore: Elsevier – Saunders

Consultazione di testi-siti web /letture consigliate durante l'attività di tirocinio

**Semester**

To be carried out within the second semester of the fifth year:

or for face-to-face meetings according to the teaching calendar

or for outpatient attendance in periods free from other activities, agreed with the referring primary family pediatrician

**Assessment method**

- IN THE CLASSROOM : slide show of the papers carried out by the members of each working group
- OUTPATIENT ATTENDANCE: certified by the responsible tutor and the coordinator of the pediatric course
- The specific issues concerning the healthy child (see the detailed program above) **are included in the assessment test of the whole course on the year 6th** and concern both topics covered in the

indterciactive lessons and in the textbook adopted.

## **Office hours**

by appointment  
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## **Sustainable Development Goals**

GOOD HEALTH AND WELL-BEING | QUALITY EDUCATION | GENDER EQUALITY

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