



UNIVERSITÀ  
DEGLI STUDI DI MILANO-BICOCCA

## SYLLABUS DEL CORSO

### Basic Clinical Skills

2526-2-H4102D053

---

#### Aims

The BCS course should provide adequate formation on the basic semeiology of internale medicine, Surgery and Emergency

General aims of the course are is to provide:

- knowledge and understanding;
- applying knowledge and understanding;
- making judgements;
- communication skills:
- Learning skills.

each module shall be detailed underneath:

#### Internal Medicine

At the end of the clerkship program the student should be able to:

- adequately approach patient encounter (adapt attitude and language to both patient status and environment (out-patient, in-patient, emergency)
- Properly collect a medical history
- Input and extract data from an electronic medical data base (proper use of medical language)
- Identify signs and symptoms of abnormality /alteration (interpretation of the most common biochemical tests)
- Practice the proper physical examination/maneuvers on patients (general examination, abdomen, cardiovascular and thorax-pulmonary)
- Blood pressure, central and peripheral heart rate measurement, Oximetry, ECG
- Apply the clinical reasoning based on signs, symptoms and laboratory findings

#### Emergency

- At the end of the course/activity block, the student will be able to:
- Learning the basics and mechanisms of physiopathology, diagnosis, monitoring and treatment of clinical emergencies, medical and surgical.
- Apply BLSD and ACLS cardio-pulmonary resuscitation protocols

## **Surgery**

At the end of the course/activity block, the student will have understood the general history of surgery through the centuries and the current role of surgery in the general management of the GI diseases.

They will also be able to adapt to the surgical patient the following items:

- Approach the patient
  - Harvest a medical and surgical history
  - adopt the appropriate terminology to communicate with patients and surgical staff
  - Use an electronic database for clinical data
  - Identify, examine and describe the main pathological symptoms and signs in relation to the surgical aspects of GI disorders. Highlight on a multidisciplinary approach, exploiting the PBL Method.
- Adopt the appropriate theoretical and practical skills to perform the basic clinical examination tests in general surgery and surgical specialties.

Perform basic surgical maneuvers such as pelvic examination, urinary catheterisation, skin sutures

## **Contents**

The medical Clerkship is designed to allow students to develop an integrated approach to the doctor-patient relationship.

In the Medical Clerkship, the focus is on learning core medical concepts and basic professional skills to prepare students for the Clinical program and beyond.

## **Internal Medicine**

The clerkship program is based on 3 major components:

1. Verbal data-gathering (including communication skills, medical history-taking; Age-specific approach for infants, children, adolescents, and older adults, and the healthy female evaluation)
2. Basic physical examination skills. Key physical exam steps (Inspection, Palpation, Percussion, Auscultation), along with expected and unexpected findings. clues for identifying characteristic symptoms and diagnosing patient problems
3. Data interpretation (patient-physician relationship, signs & symptoms, diagnostic tests findings evaluation). Reporting and documenting findings for electronic charting

## **Emergency**

Evaluation of the patient general conditions. (ABCDE evaluation)

Guidelines for the recovery and maintenance of the vital functions (BLSD and ACLS).

Acute cardiac failure and Introduction to cardiac support (Pharmacological and Mechanical)

Pre Hospital Trauma Life Support (Introduction and principles of treatments of traumatic Patients in Pre Hospital Setting)

Acute Respiratory Failures and Introduction to Respiratory Support

Shock (types, diagnosis and principles of treatment).

## **Surgery**

history and current role of surgery in the general management of patients

Approach to the surgical patient, professional approach to specialist in other medical disciplines and the nurse staff.

Appropriate collection of patient's clinical and social history

Physical examination of the surgical patient

Formulation of diagnostical hypothesis and planning of the subsequent diagnostic workup.  
technique of basic maneuvers such as pelvic examination, Urinary catheterisation, skin suture

## **Detailed program**

### **Internal Medicine**

- MEDICAL HISTORY
- BIOLOGICAL FUNCTIONS, SIGNS and SYMPTOMS
- Pathophysiology of Pain (Chest , Abdomen, Headache , Back and Neck)
- State of consciousness /Sleep
- Thirst / Hunger,
- Diuresis, Bowel alterations
- Vomiting, Indigestion,
- Cough, Dyspnea
- Pruritus, skin alterations
- Palpitations
- Libido and sexual activity
- Fatigue
- Dizziness and Vertigo
- Syncope
- GENERAL EXAMINATION
- Gait disorders, imbalance, decubitus
- Confusion and delirium, hemispatial neglect
- General body conformation – grade of sexual development/differentiation
- Nutritional Status /Dehydration
- Body Temperature (fever, rash)
- Cyanosis
- Skin pigmentation (jaundice, pruritus) /Skin disorders /Infectious exanthemas
- Edema
- Head & Neck,
- Enlargement of lymph nodes and spleen
- Breast
- HEMATOLOGIC ALTERATIONS
- Anemia
- Bleeding and thrombosis
- Interpreting Peripheral Blood Smears
- ENDOCRINE SYSTEM
- Pituitary gland, Thyroid, Parathyroids, Thymus, Pancreas, Adrenal, Testicle, Ovary
- CHEST
- Normal and pathological breathing
- Cough,
- Hemoptysis
- Hypoxia, cyanosis
- Examination of chest
- Functional evaluation of the respiratory system
- Interpretation of basic chest imaging
- HEART and VESSELS
- Rhythm Disorders
- Examination of heart, arteries and veins
- Auscultation (murmurs, tones, rubbings)
- Blood pressure

- Principles of ECG
- ABDOMEN
- Unintentional weight loss
- Gastrointestinal bleeding
- Diarrhea and constipation (stool exam)
- Jaundice
- Abdominal swelling and ascites
- Examination of the abdomen
- Ghiandole salivari, Esofago, Stomaco, Duodeno, Digiuno, ileo e colon, Regione ano-rettale, Fegato, Vie biliari, Pancreas esocrino, Milza
- Knowledge of the principles of digestive Endoscopy digestiva
- Liver biopsy (principles)
- KIDNEY
- Fluid and electrolyte disturbances
- Examination of the kidney
- Imaging and functional examination of the kidney (Urinary test)
- Kidney biopsy (principles)

### **Emergency**

Venous access in emergency.

Vital signs recording in emergency.

Cardiac defibrillation and pacing.

CPR simulation.

Evaluation and treatment of comatose patient.

Evaluation of patients undergoing emergency surgery.

Airways management.

Acid base interpretation.

Treatment of shock.

Evaluation and treatment of poly trauma.

### **Surgery**

history and current role of surgery in the general management of patients

Approach to the surgical patient, professional approach to specialist in other medical disciplines and the nurse staff.

Appropriate collection of patient's clinical and social history

Physical examination of the surgical patient

Formulation of diagnostic hypothesis and planning of the subsequent diagnostic workup.

technique of basic maneuvers such as pelvic examination, Urinary catheterisation, skin suture

## **Prerequisites**

### **Internal Medicine**

Adequate knowledge of

- Human anatomy
- Biochemistry
- Physiology
- Fundamentals of Radiology

### **Emergency**

Pre-clinical block (anatomy, biochemistry, physiology...) successfully passed

### **Surgery**

basic medical skills

## Teaching form

### Internal Medicine

The clinical clerkship program provides for rotational attendance in different specialist fields of internal medicine, both adult and pediatric. The defined activities will be carried out in teaching sessions, in practical sessions, in self-learning and on outpatient and inpatients:

34 hours of PBL sessions divided in:

- 2 hours introduction to PBL (frontal lesson & interactive lab)
- 8 PBL case sessions (2 hours of initial case discussion followed, one week apart, by 2 hours of case presentations & algorithms for each session): total 32 hours
- 26 hours of practical semeiology (autoexamination, manual skills laboratory) for the different internal areas: Gastroenterology, pneumology, endocrinology/diabetology, cardiology, rheumatology, ematology, neurology, dermatology

the didactic methodologies adopted include:

- Problem-based learning (PBL)
- Case Based Learning (CBL)
- Practice sessions with puppets or among students/teachers
- Attending Out- and In-patients hospital wards
- Frontal lectures
- Attendance of in-patients and out-patients units

Students shall receive regular feedbacks throughout the clerkship according to their critical appraisal and medical problem-solving skills, as well as their understanding of therapeutic consequences and eventual further investigations. During normal patient care, students will be required to demonstrate these skills and incorporate this knowledge into their care decisions

### Emergency

Teaching with 8 hours of frontal lessons

Interactive teaching:

Pre Hospital Trauma Life Support (PHTLS): 8 hours with practical activity on mannequins and simulated scenarios in small groups

Basic Life Support and Defibrillation (BLS-D): 16 hours with alternating lectures, practical exercises and simulated scenarios

Pediatric Basic Life Support and Defibrillation (PBLS-D): 16 hours with alternating lectures, practical exercises and simulated scenarios

Observation form for Urgency and Emergency activities with tutoring by the anesthetist/resuscitator on emergency/urgency duty: 12 hours compulsory for all students.

Methodology foreseen by the BLSD and ACLS courses

Practical exercises with dummies or between students/teachers

Discussion of clinical cases

### Surgery

Frontal lessons, PBL sessions, bedside exercises

## Textbook and teaching resource

## Internal Medicine

- Seidel's physical examination handbook 9th Ed.- Solomon, Ball et al. 2018
- Harrison's Principles of Internal Medicine 20th ed- Fauci et al 2018
- Oxford Handbook of Clinical and Laboratory Investigation, Drew Provan Oxford University press, 2018
- Physical Examination for Surgeons: An Aid to the MRCS OSCE. Petrut Gogalniceanu, James Pegrum, William Lynn. Cambridge University Press; 1st edition. ISBN-10: 1107625548; ISBN-13: 978-1107625549.

## Emergency

- Ashish R Panchal et al. Part 3: Adult Basic and Advanced Life Support: 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation . 2020 Oct 20;142(16\_suppl\_2):S366-S468
- 2021 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations: Summary From the Basic Life Support; Advanced Life Support; Neonatal Life Support; Education, Implementation, and Teams; First Aid Task Forces; and the COVID-19 Working Group. Circulation. 2022 Mar;145(9):e645-e721.
- Tintinalli's Emergency Medicine Manual. David M. Cline, Michael T. Fitch, O. John Ma, Rita K. Cydulka, Scott A. Joing, Vincent J. Wang. McGraw-Hill. ISBN:17-9780071837026 Pollak A. et al. PHTLS 10th Edition

## Surgery

Sabiston's textbook of surgery

Physical Examination for Surgeons, ed. Petrut Gogalniceanu, James Pegrum and William Lynn. Published by Cambridge University Press. © Cambridge University Press 2015.

## Semester

1st & 2nd semester

## Assessment method

### Internal Medicine & Surgery

Ongoing testing after each PBL/PCL:

- Short essay (including group-work) related to each PBL/PCL session
- The development of clinical skills is assessed by OSCE (Objective structured clinical examination). Each OSCE faces the student with a unique clinical case which will test particular skills such as history-taking, physical examination, practical tests/maneuvers, communication skills, test/data interpretation, medical decision-making. Each student receives feedback from the assessor as well as overall scores for each OSCE.
- The preparation, by the student, of a multiple choice quiz for each PBL/CBL session

Final test:

- Multiple choice quiz (30 questions – 1 point for question – minimal level for idoneity: 18/30, propedeutic to practical examination: formal clinical evaluation of a patient (history, physical examination)
- Collection of the single short papers/compositions

The final evaluation shall be: **Pass /not Passed**

## Emergency

- Ongoing tests: Practical tests/maneuvers -- Multiple choice tests
- Final test: Multiple choice tests /Practical tests/maneuvers
- BLSD and ACLS

## **Office hours**

By e-mail appointment

### **Internal Medicine**

stefano.fagiuoli@unimib.it

### **Emergency**

llorini@asst-pg23.it

mmezzapesa@asst-pg23.it

### **Surgery**

fneri@asst-pg23.it

mpisano@asst-pg23.it

## **Sustainable Development Goals**

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

---