

Redacția: Data: 05

21.02.2020

Pag. 1 / 17

# FACULTY OF MEDICINE NB II PROGRAM STUDY 0912.1 MEDICINĂ DEPARTMENT OF INTERNAL MEDICINE DISCIPLINE OF GASTROENTEROLOGY

#### APPROVED

At the meeting of commission of Quality

Evaluation of Analytical program Faculty medicine Nb II Extract from minutes no 1 of 16.09.2021

Head of commission PhD, associate professor Suman Serghei At the Council Meeting of Faculty of Medicine NbII Extract from minutes no 1 of 21.09. 2021 Dean of the Faculty of Medicine NbII PhD, associate professor, Bețiu Mircea

#### APPROVED

At the meeting of Discipline of Gastroenterology,

Department of Internal Medicine

Extract from minutes no 2 of 16.09.2021

Head of Department

PhD, associate professor,

Tcaciuc Eugen

# **Syllabus**

Cel

#### (Analytical program)

# Discipline INTERNAL MEDICINE. GASTROENTEROLOGY

**Integrated studies** 

Type of course: Compulsory discipline

Chisinau 2021

APPROVED

		Redacția:	05
* Creation of the second	PA 8.5.1 SYLLABUS	Data: Pag	<b>21.02.2020</b> . 2 / 17

## I. PRELIMINARY

General presentation of the discipline: the place and role of the discipline in the formation of the specific competences of the professional / specialty training program

• Discipline *Internal Medicine. Gastroenterology* is an integrative, interdisciplinary, corrective clinical medical discipline, the study of which at university level will allow the creation of the necessary skills to suggest and support a correct diagnosis based on anamnesis, clinical and paraclinical examination, acquiring the necessary notions for differential diagnosis and creating the necessary skills to solve emergencies, master the elements of prophylaxis and treatment of gastroenterological and liver diseases.

The mission of the curriculum (purpose) in vocational training

- Consolidation of the fundamental knowledge related to the pathology of the gastrointestinal and hepatobiliary organs and their implementation in practice; knowledge of the evolution, diagnosis, timely treatment and prophylaxis of gastrointestinal and hepatobiliary diseases, development of clinical reasoning and medical synthesis defining elements in the training of physician.
- Language of teaching of discipline: Romania, Russian, English, French;
- Beneficiary: students of 5-year, Faculty of Medicine

# II. MANAGEMENT OF THE DISCIPLINE

Code of the course		S.10.O.085	
Name of the course Internal Medicine. Gastroentero		ogy	
Discipline managersEugen Tcaciuc, PhD, associate profesElina Berliba, PhD, associate profess			
Year	5	Semester	9-10
Total number of hours			150
Course	30	Practical lessons	30
Seminar	30	Individual work	60
Form of evaluation	Ε	Number of credits	5



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# **III. TRAINING OBJECTIVES OF THE DISCIPLINE:**

At the end of the course, the student will be able to:

- at the level of understanding:
  - to recognize the gastroenterological diseases in a patient;
  - to know the features of the onset and evolution of different diseases of the digestive system;
  - to understand the methods and particularities of the examination of patients with various digestive disorders;
  - to know the indications and way of transfer of patients to specialized departments;
  - to know the incidence, etiology and pathogenesis of gastroenterological and liver diseases;
  - to know the modern diagnostic methods (emergent and scheduled) of gastroenterological and liver diseases;
  - to know modern treatment methods of gastroenterological and liver diseases;
  - to know the prophylaxis methods of chronic and acute pathologies of the digestive organs.

## • at the level of application:

- apply theoretical knowledge in professional and social life;
- collect and evaluate correctly the complains and the anamnesis data;
- perform correct physical examination of patients with different digestive pathologies;
- make correct presumptive diagnosis;
- apply methods of investigation necessary to confirm the diagnosis;
- estimate the results of paraclinical and instrumental investigations;
- assess the severity of patient's general state;
- establish the final diagnosis;
- selecting and prescribing the correct treatment according to the established diagnosis;
- provide emergency care in critical situations.
- completing and drafting the medical documents;
- · elaborating the scientific research projects in the field of gastroenterology

## • at the level of integration:

- to appreciate the role of digestive diseases in medicine and integration with related medical disciplines;
- to assess the evolution of physiological processes, etiology and pathophysiology of adult pathological processes;
- to develop clinical thinking further, based on the principles of diagnosis, differential diagnosis of various nosology and strictly individualized treatment;
- to approach creatively the gastroenterological problems;
- to deduct the interrelation between gastroenterology and other medical disciplines (internal medicine, phtisiology, oncology, endocrinology, etc.);
- to evaluate objectively and self-assess the knowledge in the field;
- to consolidate knowledge and gaining experience in diagnosis, differential diagnosis and treatment in gastroenterology;
- to master the new achievements in the gastroenterology discipline.
- to be able to assimilate new trends in the gastroenterological and liver diseases field and to integrate them in other medical disciplines.



05

Pag. 4 / 17

# IV. CONDITIONS AND PREREQUISITES

For the good acquisition of the discipline *Internal Medicine. Gastroenterology* requires deep knowledge in the field of disciplines studied in previous years (medical semiology, internal medicine, pathological anatomy and histology, normal and pathological physiology, surgery, oncology, radiology and medical imaging, endocrinology, etc.).

# V. THEMATIC AND ORIENTATIVE DISTRIBUTION OF HOURS Courses (lectures), practical lessons and individual work.

Nr.			Number of hourse	
d/o	TOPICS	Lectures	Practical lesson	Indiv dua work
1.	Gastroesophageal reflux disease. Definition, classification, etiology, pathogenesis, clinical features, positive diagnosis, differential diagnosis, complications, treatment, prevention, prognosis. Barrett esophagus. Esophageal Motility Disorders (Esophageal spasm, Achalasia). The differential diagnosis.		4	4
2.	Acute and chronic gastritis. Definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis, complications, treatment, prevention, prognosis.	2	4	4
3.	Peptic ulcer. Definition, etiology, classification, factors of aggression, factor of protection, pathogenesis, clinical features, positive and differential diagnosis. Complications. Drug treatment and non- pharmacological therapy. Prevention and prognosis.	2	4	4
4.	Chronic pancreatitis. Definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis, complication, treatment, prevention, prognosis.	2	4	4
5.	Small bowel pathology. Syndrome of malabsorption. Definition, classification, etiology, clinical feature, positive diagnosis. Diarrhea, definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis, treatment, prevention, prognosis. Gluten enteropathy. Definition, classification, etiology, pathogenesis, clinical feature, diagnosis, treatment, prevention, prognosis.	2	4	4
6.	Inflammatory bowel disease. Crohn's disease and Ulcerative Colitis. Definition, classification, etiology, pathogenesis, clinical features, positive and differential diagnosis, complications, treatment, prevention, prognosis. Pseudomembranous colitis.	2	4	4
7.	Functional disorders of gastrointestinal tract. Functional disorders of the esophagus, stomach and bowel. Definition, classification, etiology, pathogenesis, clinical features, alarm sign, criteria of diagnosis, differential diagnosis, treatment, prevention, prognosis. Functional disorders of gallbladder and sphincter of Oddi - definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis, treatment, prevention, prognosis. CUSIM standardized patients with simulated clinical scenarios).	2	4 CUSIM	4
8	Chronic viral hepatitis type B, D. Definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis,	2	4	4



Redacția: Data:

21.02.2020

05

## Pag. 5 / 17

Nr.			er of hour	
d/o	TOPICS	Lectures	Practical lesson	Indiv dua work
	complications, prevention, prognosis. Treatment of chronic viral hepatitis B and D.			
9.	Chronic viral hepatitis type C. Definition, etiology, pathogenesis, clinical feature, positive and differential diagnosis, complications, prevention, and prognosis. Treatment of chronic viral hepatitis C.	2	4	4
10.	Liver cirrhosis. Definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis, prognostic scores, prevention, prognosis. Portal hypertension and its complications in liver cirrhosis – pathogenesis, clinical features, diagnosis, prevention and therapy.	2	4	4
11.	Liver cirrhosis. Complications of liver cirrhosis: ascites (uncomplicated and refractory) and hepatic hydrothorax; spontaneous bacterial peritonitis; renal impairment in liver cirrhosis; hepatic encephalopathy – pathogenesis, clinical features, diagnostic and treatment.	2	4	4
12.	Alcoholic liver disease. Definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis, complications, treatment, prevention, prognosis. Acute alcoholic hepatitis, pathogenesis, clinical features, diagnosis, treatment, prognosis.	2	4	4
13.	Metabolic Associated Fatty Liver Disease. Definition, classification, etiology, pathogenesis, clinical features, positive and differential diagnosis, treatment, prevention, prognosis.	2	4	4
14.	Primary Biliary Cholangitis, Primary Sclerosing Cholangitis, Cholangitis associated with IgG <sub>4</sub> . Definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis, treatment, prevention, prognosis. Autoimmune Hepatitis. Definition, classification, etiology, pathogenesis, clinical features, diagnosis, treatment, prognosis. CUSIM (standardized patients with simulated clinical scenarios).	2	4 (CUSI M 2)	4
15.	Inherited metabolic liver disease (Hemochromatosis, Wilson's disease, $\alpha$ (1)-antitrypsin-deficiency). Definition, etiology, pathogenesis, clinical features, diagnosis, complications, treatment, prevention, prognosis. CUSIM (standardized patients with simulated clinical scenarios).	2	4 CUSIM	4
		30	60 (10 CUSI M)	6(
	Total		150	



# VI. PRACTICAL MANEUVERS ACQUIRED AT THE END OF THE COURSE

### The essential practical skills are:

- General and local objective examination in the pathology of the digestive organs
- General inspection of the patient suffering fom digestive tract pathology with identification of clinical signs and symptoms according to the respective pathology
- Palpation of the abdomen (superficial and deep palption after Obrazţov-Strajesco)
- Percussion. Appreciation of the liver size according to Curlov
- Liver palpation and appreciation of the size, consistency, surface, edge of the liver
- Percussion and palpation of the spleen
- Painful spots and areas, found in chronic pancreatitis
- Painful spots and areas, detected in the pathologies of the biliary system
- Diagnostic and therapeutic abdominal paracentesis with the interpretation of the ascitic fluid results
- Performing the evacuation enema
- Rectal examination
- Peculiarities of emergency aid in upper digestive hemorrhage (esophageal varices, peptic ulcer, etc.)
- Calculation and interpretation of APRI, FIB-4 tests for non-invasive assessment of liver fibrosis
- Calculation and interpretation of Child-Pugh, MELD-Na scores for prognostic evaluation of liver cirrhosis
- Calculation and interpretation of Maddrey score for the prognostic evaluation of alcoholic hepatitis
- Performing and interpreting the test for liver encephalopathy assessement
- Clinical assessment of nutritional status in patients with malabsorption syndrome, chronic pancreatitis, MAFLD, cirrhosis (anthropometric measurements body mass, height, BMI, waist circumference, thigh, cutaneous fold on the triceps, resistance of the hand)
- Use of the AUDIT-C score to assess problematic alcohol use (alcohol-induced liver disease, chronic pancreatitis)
- Calculation and interpretation of Truelove / Witts scores to assess activity degree in ulcerative colitis
- Calculation and evaluation of the activity index in Crohn disease after W. Best
- Interpretation of the stool characteristics using the Bristol scale
- Determining and interpreting changes in blood count, urine, immunobiochemical indices, acid-base balance, coagulogram.
- Interpretation of laboratory test results (specific to digestive pathology) biochemical blood, urine, faeces, gastric and duodenal contents.
- Reading of the results of functional examination of the esophagus, stomach, liver, gallbladder, bile ducts, pancreas, small intestine and large intestine.
- Comprehension of esophageal and gastric pH metrics results.
- Understanding the radiological examination of the esophageal-gastrointestinal tract and the hepato-biliary system.
- Interpretation of histopathological examination results (esophagus, stomach, liver, intestine).



- Reading superior endoscopy, colonoscopy, rectomanoscopy, endoscopic retrograde cholangiopancreatography, laparoscopy results.
- Ultrasound examination of the organs of the abdominal cavity.
- Drawing up a plan for paraclinical investigations for a patient with digestive pathology
- Performing a diagnostic synthesis in digestive pathology
- Formulation of the presumptive and clinical diagnosis
- Completion of the medical file of the patient with gastroenterological pathology
- To carry out therapeutic syntheses with the correct indication and prescription of treatment in gastroenterological pathologies
- To complete the medical documentation according to the legislation in force

# VII. REFERENCE TARGETS AND CONTENT UNITS.

For each subject provided by the program the students will have to:

- **define** the syndrome discussed in each theme;
- to know:
  - detailing the syndrome, which includes pathophysiology, semiology, modern methods of investigation, meaning of the syndrome for nosology diagnosis;
  - the diseases that are manifested by concerned syndrome;
  - the incidence, modern aspects of etiology and pathogenicity of the diseases discussed in each subject;
  - the clinical and paraclinical (laboratory and instrumental) diagnosis of each nosology entity with its arguments;

#### • to demonstrate the ability:

- to perform the clinical and paraclinical (laboratory and instrumental) diagnosis of each nosology entity with its arguments;
- to perform the differential diagnosis and its argumentation;
- to develop the clinical diagnosis (basic disease, complications and comorbidities);
- to draw up the paraclinical examination plan with its argumentations;
- to draw up the personalized treatment plan (basic illness and comorbidities) with its argumentations;

#### • to apply:

- knowledges and practical skills learned;
- o algorithm of diagnosis, differential diagnosis and treatment in emergencies cases;
- knowledge regarding the elaboration of medical documentation (observation sheet, stage epicrisis, transfer and discharge, extract from the observation sheet, statistical data sheet).
- to integrate knowledge in the fields of fundamental, preclinical and clinical disciplines.

Objectives	Content units		
Topic 1. Gastroesophageal reflux disease. Definition, classification, etiology, pathogenesis,			
clinical features, positive diagnosis, differentia	al diagnosis, complications, treatment,		
prevention, prognosis. Barrett esophagus.			
Esophageal Motility Disorders (Esophageal sp	asm, Achalasia). The differential diagnosis.		
• to define the fundamental concepts of 1. Gastroesophageal reflux disease.			
gastroesophageal reflux disease, Barret's	Definition, classification, etiology,		
esophagus, cardiac achalasia, stomach and pathogenesis, clinical features, positive			
bowel;	diagnosis, differential diagnosis,		

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<ul> <li>esophages</li> <li>to demo systemati pathology</li> <li>to apply pathologic (gastroeso Barret eso</li> <li>to integri methods of</li> </ul>	the criteria for differentiating cal conditions of the esophagus phageal reflux disease, achalasia,	<ul> <li>complications, trea prognosis.</li> <li>2. Barrett esophagus. classification, etiole clinical features, pod differential diagnos treatment, prevention</li> <li>3. Esophageal Motiliti (Esophageal spassin Definition, classific pathogenesis, clinic diagnosis, different complications, treat</li> </ul>	Definition, ogy, pathogene ositive diagnos sis, complication, prognosis. y Disorders , Achalasia). cation, etiology cal features, po ial diagnosis,	esis, is, ons, v, sitive
<ul> <li>clinical fe prognosis.</li> <li>Peptic ulc pathogene treatment</li> <li>to define</li> <li>to know stomach;</li> <li>to k</li> </ul>	Acute and chronic gastritis. Defi ature, positive and differential dia er. Definition, etiology, classification sis, clinical features, positive and and non-pharmacological therapy. F the peptic ulcer; the anatomy and physiology of the now the basic international ons in acute and chronic gastritis; the laboratory and instrumental methods in establishing gastric	agnosis, complications, t on, factors of aggression differential diagnosis.	reatment, prev , factor of pro Complications gastritis. Def pathogenesis, gastritis - lifferential dia	vention, tection, 5. Drug inition, clinical

criteria of diagnosis, differential diagnosis, treatment, prevention, prognosis. Functional disorders of gallbladder and sphincter of Oddi - definition, classification, etiology, pathogenesis, clinical feature, positive and differential diagnosis, treatment, prevention, prognosis.



• to define the notion of chronic pancreatitis;	1. Chronic pancreatitis. Definition,
• to define the notion of functional disorders	classification, etiology, pathogenesis,
of the esophagus, stomach, biliary tract and	clinical feature.
bowel;	2. Chronic pancreatitis. Positive and
• to know the classification, etiology,	differential diagnosis, complication,
pathogenesis and clinical picture;	treatment, prevention, prognosis.
• to know and motivate clinical, laboratory	3. Functional disorders of the esophagus.
and instrumental diagnostic methods;	Definition, classification, etiology,
• to comment on the possible complications	pathogenesis, clinical features, alarm
of chronic pancreatitis and functional	sign, criteria of diagnosis, differential
disorders of the esophagus, stomach, biliary	diagnosis, treatment, prevention,
tract and bowel;	prognosis.
• to apply the criteria for differentiating	4. Functional disorders of the stomach.
different pathologies of the pancreas;	Definition, classification, etiology,
• to develop their own opinions regarding	pathogenesis, clinical features, alarm
the importance of the pancreas in the normal	sign, criteria of diagnosis, differential
and pathological physiology of the	diagnosis, treatment, prevention,
organism, as well as their interactions with	prognosis.
other systems and organs;	5. Functional disorders of gallbladder and
	sphincter of Oddi - definition,
	classification, etiology, pathogenesis,
	clinical feature, positive and differential
	diagnosis, treatment, prevention,
	prognosis.
	6. Functional disorders of the bowel.
	Definition, classification, etiology,
	pathogenesis, clinical features, alarm
6.	sign, criteria of diagnosis, differential
	diagnosis, treatment, prevention,
	prognosis.
Topic 4. Small bowel pathology. Diarrhea, d	
pathogenesis, clinical feature, positive and dif	ferential diagnosis, treatment, prevention
prognosis. Syndrome of malabsorption. Defin	ition, classification, etiology, clinical feature
positive diagnosis. Gluten enteropathy. Defini	tion, classification, etiology, pathogenesis.
clinical feature, diagnosis, treatment, prevention	on, prognosis.
Inflammatory bowel disease. Crohn's disease a	and Ulcerative Colitis. Definition,
classification, etiology, pathogenesis, clinical	features, positive and differential diagnosis,

classification, etiology, pathogenesis, clinical features, positive and differential diagnosis, complications, treatment, prevention, prognosis. Pseudomembranous colitis.

• to define the notion of diarrhea and	1. Small bowel pathology. Syndrome of
malabsorption;	malabsorption. Definition, classification,
<ul> <li>to know the anatomical and physiological</li> </ul>	etiology, clinical feature, positive
aspects of the small intestine and the large	diagnosis.
intestine;	2. Diarrhea, definition, classification,
<ul> <li>to know the etiopathogenetic mechanism</li> </ul>	etiology, pathogenesis, clinical feature,
of diarrhea and constipation;	positive and differential diagnosis,
<ul> <li>to know the laboratory and instrumental</li> </ul>	treatment, prevention, prognosis.
methods in the pathology of the small	3. Gluten enteropathy. Definition,
intestine and the large intestine;	classification, etiology, pathogenesis,
	clinical feature,

			Redacția:	05
*	PA 8.5.1 SYLL	ABUS	Data:	21.02.2020
Nine com n			Pag.	10 / 17
systematiz pathology intestine; • to apply inflammat • to integra methods o prophylaxi	hstrate skills of analysis and cation of knowledge in the of the small intestine and large the differentiation criteria in ory bowel diseases; ate in medical practice the f diagnosis, treatment and s in inflammatory bowel diseases.	<ul> <li>Definition, class pathogenesis, clinic</li> <li>6. Inflammatory bow disease and Ulcera and differential diag treatment, preventio</li> <li>7. Pseudomembranous classification, etic clinical feature, post diagnosis, treatment prognosis.</li> </ul>	on, prognosis. vel disease. Ulcerative sification, e cal features. vel disease. tive Colitis. gnosis, compli- on, prognosis. s colitis. De- blogy, patho- sitive and diff- ment, prev-	Colitis. tiology, Crohn's positive cations, finition, genesis, erential vention,
<ul> <li>and differed viral hepatical Autoimmu diagnosis, for the define</li> <li>to define</li> <li>to know the liver;</li> <li>to know the therapeutical therapeutical of the therapeutical of the therapeutical of the therapeutical of the motival complication progression.</li> <li>to demonst systematized diagnosis of the therapeutical of thera</li></ul>	ne Hepatitis. Definition, classificati treatment, prognosis. the notion of chronic hepatitis; he anatomy and physiology of the he current etiopathogenetic and aspects in chronic viral hepatitis; he laboratory and instrumental methods in the detection of al hepatitis B, C, D; te the occurrence of ons in case of hepatitis	vention, and prognosis. T	reatment of ch is, clinical fea tis type B, D. ation, etiology al feature. itis type B, D. ntial diagnosis ention, progno c viral hepatiti tis type C. pathogenesis, tis type C. Pos nosis, ention, and c viral hepatiti	ronic tures, , , , sis. s B itive



05

Data: 21.02.2020

Pag. 11 / 17

Liver cirrhosis. Complications of liver cirrhos	sis: ascites (uncomplicated and refractory) and
hepatic hydrothorax; spontaneous bacterial pe	
hepatic encephalopathy – pathogenesis, clinic	
Primary Biliary Cholangitis, Primary Sclerosi	
IgG <sub>4</sub> . Definition, classification, etiology, path	ogenesis clinical feature positive and
differential diagnosis, treatment, prevention, p	
• to define the notion of liver cirrhosis;	1. Liver cirrhosis. Definition,
• to define the notion of Chronic	classification, etiology, pathogenesis,
Cholangitis, primary biliary cholangitis,	clinical feature.
Primary Sclerosing Cholangitis, Cholangitis	2. Liver cirrhosis. positive and differential
associated with $IgG_4$ and Autoimmune	diagnosis, prognostic scores, prevention,
Hepatitis.	prognosis.
• to know the anatomy and physiology of the	<ol> <li>Treatment of liver cirrhosis in</li> </ol>
liver and biliary tract;	dependence of ethology.
• to know the classification, etiology,	4. Portal hypertension and its
pathogenesis and clinical picture;	complications in liver cirrhosis –
• to know the laboratory and instrumental	pathogenesis, clinical features,
diagnostic methods in establishing the	
diagnosis of liver cirrhosis, Chronic	<ul><li>diagnosis, prevention and therapy.</li><li>5. Complications of liver cirrhosis: ascites</li></ul>
Cholangitis, primary biliary cholangitis,	T T T T T T T T T T T T T T T T T T T
Primary Sclerosing Cholangitis, Cholangitis	(uncomplicated and refractory) and
associated with $IgG_4$ and Autoimmune	hepatic hydrothorax; spontaneous
Hepatitis.	bacterial peritonitis; renal impairment in
• to motivate the appearance of severe	liver cirrhosis; hepatic encephalopathy –
complications in case of liver cirrhosis;	pathogenesis, clinical features, diagnostic and treatment.
<ul> <li>to comment on the possible complications</li> </ul>	<ol> <li>6. Primary Biliary Cholangitis. Definition,</li> </ol>
of Chronic Cholangitis, Primary Biliary	classification, etiology, pathogenesis,
Cholangitis, Primary Sclerosing Cholangitis,	clinical feature, positive and differential
Cholangitis associated with IgG <sub>4</sub> and	diagnosis, treatment, prevention,
Autoimmune Hepatitis.	prognosis.
• apply the differentiation criteria in liver	<ol> <li>Primary Sclerosing Cholangitis.</li> </ol>
cirrhosis and its complications;	Definition, classification, etiology,
• to apply the criteria for differentiating	pathogenesis, clinical feature, positive
different pathologies of the biliary tract;	and differential diagnosis, treatment,
• to motivate the directions and stages of	prevention, prognosis.
treatment in liver cirrhosis depending on its	<ol> <li>Cholangitis associated with IgG<sub>4</sub>.</li> </ol>
evolutionary phase;	Definition, classification, etiology,
• to formulate conclusions;	pathogenesis, clinical feature, positive
• to motivate the directions and stages of	and differential diagnosis, treatment,
treatment of Chronic Cholangitis, Primary	prevention, prognosis.
Biliary Cholangitis, Primary Sclerosing	r, progradu.
Cholangitis, Cholangitis associated with	
IgG4, and Autoimmune Hepatitis.	
Topic 7. Alcoholic associated liver disease. De	efinition, classification, etiology
pathogenesis, clinical feature, positive and diff	ferential diagnosis, complications, treatment
prevention, prognosis. Acute alcoholic hepatiti	is, pathogenesis, clinical features diagnosis
treatment, prognosis.	, randomesis, enniour reactices, tragnosis,
Metabolia Accopiated Fatter Line D'	

Metabolic Associated Fatty Liver Disease. Definition, classification, etiology, pathogenesis, clinical features, positive and differential diagnosis, treatment, prevention, prognosis.



<ul> <li>treatment, prevention, prognosis.</li> <li>to define the notion of alcoholic liver disease, non-alcoholic fatty liver and inherited metabolic liver disease;</li> <li>to know the classification, etiology, pathogenesis and clinical picture;</li> <li>to know and motivate clinical, laboratory and instrumental diagnostic methods;</li> <li>to know the particularities and to apply the differentiation criteria;</li> <li>to integrate in medical practice the methods of diagnosis, treatment and prophylaxis in alcoholic liver disease, non-alcoholic fatty liver and in inherited metabolic liver disease.</li> </ul>	<ul> <li>a. Alcoholic associated liver disease. Definition, classification, etiology, pathogenesis, clinical feature. Positive and differential diagnosis, complications, treatment, prevention, prognosis.</li> <li>2. Acute alcoholic hepatitis, pathogenesis, clinical features, diagnosis, treatment, prognosis.</li> <li>3. Metabolic Associated Fatty Liver Disease. Definition, classification, etiology, pathogenesis, clinical features</li> <li>4. Metabolic Associated Fatty Liver Disease. Positive and differential diagnosis, treatment, prevention, prognosis.</li> <li>5. Inherited metabolic liver disease (hemochromatosis, Wilson's disease, alfa1- antitrypsin-deficiency). Definition, etiology, pathogenesis, clinical features, diagnosis, complications, treatment, prevention, prognosis.</li> <li>5. Inherited metabolic liver disease</li> <li>(hemochromatosis, Wilson's disease, alfa1- antitrypsin-deficiency).</li> <li>Definition, etiology, pathogenesis, clinical features, diagnosis, complications, treatment, prevention, prognosis.</li> </ul>
<ul> <li>to know the basic essence of the patient's clinical observation file;</li> <li>to have skills for conversation with the patient;</li> <li>to know the clinical, laboratory and instrumental diagnostic elements for establishing the clinical diagnosis;</li> <li>to have the skills for making a clinical observation file by writing the anamnesis, the history of the disease, the personal and hereditary antecedents, physical examination, as well as for the writing argumentation of the preliminary diagnosis, program of investigations, assessment of result of paraclinical examination, perform differential diagnosis, clinical diagnoses with argumentation and treatment;</li> <li>to know the deontological and ethical rules during the examination and treatment of patients.</li> </ul>	<ol> <li>Clinical observation file - legal and medical element for diagnosis and treatment of patients;</li> <li>The primary examination of the patient - initial method of thinking and argumentation the diagnosis;</li> <li>Clinical thinking - necessary element to establish the diagnosis and differentiate with other pathologies;</li> <li>Medical ethics and deontology - elements strictly necessary in the treatment of patients in order to prevent the disclosure of medical secrets.</li> </ol>



05

Data: 21.02.2020

# VIII. PROFESSIONAL COMPETYENCE (SPECIFIC (SC) and TRANSVERSAL (TC)) AND PURPOSE OF STUDY.

# Professional competence (specific) (SC)

SC1. Responsible execution of professional tasks with the application of the values and norms of professional ethics, as well as the provisions of the legislation in force

SC2. Adequate understanding of the sciences about the structure of the body, the physiological functions and behavior of the human body in various physiological and pathological conditions, as well as the relationships between health, physical and social environment

SC3. Resolving clinical situations by developing a plan for diagnosis, treatment and rehabilitation in various pathological situations and selecting appropriate therapeutic procedures for them, including the provision of emergency medical care

SC4. Promoting a healthy lifestyle, applying prevention and self-care measures.

SC5. Interdisciplinary integration of the doctor's activity in a team with efficient use of all resources

SC6. Efectuarea cercetărilor științifice în domeniul sănătății și în alte ramuri ale științei.

# Transversal competences (TC)

TC1. Autonomy and responsibility in the activity

## The purpose of study of the discipline

- To know the evolutive peculiarities of digestive diseases;
- To know the methodology of differential diagnosis of gastrointestinal and liver diseases;
- To know the role of clinical, laboratory and instrumental investigations in the positive and differential diagnosis of diseases of the digestive system;
- Be competent to prescribe personalized treatment to patients with digestive diseases;
- To be able to deduce the interrelationships between gastroenterology and other medical disciplines (internal medicine, surgery, oncology, hematology, etc.) performing the differential diagnosis and interdisciplinary clinical synthesis;
- To be able to learn daily the new achievements of gastroenterology.

**Note. The purpose of study of the discipline** are deduced from the professional competences and the formative valences of the informational content of the discipline.

# IX. INDIVIDUAL WORK OF THE STUDENT.

Nr.	The expected product	Implementation strategies	Evaluation criteria	Deadline	
1.	Work with informational sources	Read the lecture and the material in the textbook to the theme carefully.	Ability to extract the essentials; interpretative skills; the volume of work.	Throughout module	the



Data:

05

21.02.2020

Pag. 14 / 17

2.	Work with on-line material	Read questions on the subject, which require a reflection on the subject. To get acquainted with the list of additional informational sources on the topic. Select the source of additional information for that theme. Reading the text entirely, carefully and writing the essential content. Wording of generalizations and conclusions regarding the importance of the theme / subject. Studying on-line materials on the WEB page of the discipline and on other sites with specialized	Presentation of results in practical lessons and seminars	Throughout the module
3.	Aplication of different methods of learning	databases and literature.	The volume of work, the level of insight into different subjects, the level of scientific argumentation, the quality of the conclusions, the elements of creativity, the demonstration of the understanding of the problem, the demonstration of the clinical reasoning, the practical abilities, the formation of the personal attitude	Throughout the module
4.	Examination of patients during practical lessons and night shifts.	Patient examination, correct assessment of the data obtained from the patient's examination, from the laboratory and instrumental examination; acquisition of diagnostic tactics, differential diagnosis and individual treatment.	Correct formulation and argumentation of the patient's diagnosis, investigation plan and treatment plan.	Daily,Throughout the module
5.	Preparation and presentation of the essays	Selecting the theme of the presentations / reports and the terms of the achievement.	The volume of work, the degree of penetration in the essence of the presentation / essay, the level of argumentation, the quality of the conclusions, the elements of creativity, the formation of the personal attitude, the graphic presentation, the way of presentation.	Throughout the module
6.	Preparing and supporting a	The clinical and paraclinical examination of a patient, the individual investigation and		



Data:

05

Pag. 15 / 17

group project -	treatment plan, the establishment	
clinical case	and argumentation of the	
	presumptive and clinically final	
	diagnosis, the indication of the	
	individualized treatment.	
	Establishing presentation	
	components /PowerPoint project.	

## X. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-EVALUATION

#### • Teaching and learning methods used

The discipline *Internal Medicine. Gastroenterology* is taught in a classical manner: with lectures and practical lessons. At the lectures, the theoretical course will be teaching. Practical lessons consist of:

<u>Treating the patient</u>. The student treats 4-5 patients daily under the supervision of a lecturer or an experienced doctor. Introduce data in the observation files, make the extracts from the observation files, the medical certificates and other medical documents. Presents the patients to the visits of the head of the department, the lecturer, the teacher. Participate in paraclinical examinations (radiography, endoscopy, etc.) and consultations of specialists. At CUSIM, students will work with standardized patients according to the clinical scenarios that correspond to each topic.

The daily evolutions and other notes in the observation files are to be checked and signed by the lecturer or clinician.

The lecturer visits the patient with each student by checking the student's skill in collecting the anamnesis, physical examination of the patient, complete the clinical observation file, make the diagnosis, indicate the treatment, etc. Particular attention will be paid to clinical thinking, differential diagnosis, treatment (drug choice, doses, recipe, polypragmasia etc.).

The student studies the particularities of disease progression in the treated patients and the effectiveness of the treatment. In lethal cases student attends an autopsy, participates in clinical-anatomical conferences.

<u>Seminars</u>. At the seminars is being discussed and analyzed the most important chapters of internal medicine, such as the etiology of diseases, pathophysiology, clinical picture, differential diagnosis and diagnosis, treatment, prophylaxis, and expertise in work capacity.

The lesson is in the form of a discussion, during which the lecture appreciates the students' knowledge, explains the unclear material.

At the end of each chapter, the lecturer makes a generalization.

<u>Analyzing clinical cases.</u> For analysis, will be selected patients with complicated disease or patients with rare pathology, which are of theoretical and practical interest.

Will be analyzed the particularities of the evolution of the disease and the causes of the atypical development of the disease. Diagnosis will be argued and a differential diagnosis made. Treatment with the reasoning and argument. Will be discussed methods of prevention the disease. In CUSIM is done according to simulating scenario with standardized patient.

<u>Night shift in the clinic.</u> Throughout the course of *Internal Medicine. Gastroenterology* each student makes two-night shift in the clinic, during which, together with the doctor on duty, makes the evening visit of the patients, if necessary, corrects the treatment, provides emergency medical help, improves knowledge in the field diagnosis and differential diagnosis, upgrade practical skills, etc.

At the morning conference (the next day after night shift) student reports on the patients hospitalized during night shift, the change of the clinical condition of the severe ill patients and those under supervision, the provision of emergency medical assistance, the work with the guard staff.

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<u>Clinical conferences.</u> The students actively participate in the conferences organized according to the clinic's plan with reference reports on actualities in internal medicine, illustrating material, presenting the patients with complicated pathologies in the diagnostic and differential diagnosis plan.

<u>The didactic and research activity</u> consists in the preparation by the students of the reports from various domains of internal medicine, illustrative materials, synthesis reports, participation with communications at clinical conferences, scientific and practical conferences etc.

# • Applied didactic strategies / technologies (discipline-specific):

"Group interview"; "Case study"; "Round table", "Working in pairs", "Clinical project". Practical work on the patient's bed. Standardized patient with simulated scenario at CUSIM.

- Methods of assessment (including how to calculate the final grade):
- ✓ **Current**: frontal and / or individual control by:
- discussion;
- analysis of clincal cases;
- solving the problems/clincal cases;
- aplication of docimoligal tests;
- control works.

In the discipline **Internal Medicine. Gastroenterology** students' knowledge will be evaluated daily, and the note will be announced at the end of each practical lesson.

✓ **Final:** passing exam.

At the end of the course, students are assessed by practical exam including patient's examination in clinic with real patients or in CUSIM with simulating scenario with standard patient, test and oral exam. 100 minutes are given for the test (1 minute per question). Tests have several variants of 100 questions. Each students who didn't recover the absences and didn't pass the practical exam are not admitted to the final exam.

Passing exam in the discipline of Internal Medicine. Gastroenterology consists of 4 stages:

- Media average
- Practical skills
- American test
- Oral interview with coefficient respective 0.3; 0.2;0.2;0.3

#### How will be round up the grades at the evaluation steps

in the second up the grades at the evaluation steps					
Intermediate marks (media avarage,	National mark	Equivalent			
practical exam, american test)	system	ECTS			
1.00-3.00	2	F			
3.01-4.99	4	FX			
5.00	5				
5.01-5.50	5.5	E			
5.51-6.0	6				
6.01-6.50	6.5	-			
6.51-7.00	7	D			
7.01-7,.50	7.5	-			
7.51-8.00	8	C			
8.01-8.50	8.5	-			
8.51-8.00	9	В			
9.01-9.50	9.5				
9.51-10.0	10	A			



The average annual mark and the scores of all the final examination (computer assisted, test, oral) - all will be expressed in numbers according to the scoring scale (according to the table), and the final grade obtained will be expressed in two decimal digits will be transferred to the notes book.

*Failure to take the exam without good reason is recorded as "absent" and is equivalent to a grade of 0 (zero). The student is entitled to 2 repeated exams of the non-promoted exam.* 

## XI. RECOMMENDED LITERATURE:

#### A. Compulsory:

- 1. HARRISON'S Gastroenterology and Hepatology. Derived from Harrison's Principles of Internal Medicine, 20est Edition Ed.Dan L. Longo , 2018.
- 2. Sleisenger and Fordtran's Gastrointestinal and Liver Disease, 2 Volume Set: Pathophysiology, Diagnosis, Management, 11th Edition.2020
- 3. Sitaraman and Friedman's Essentials of Gastroenterology 2nd Edition. 2018. By Shanthi Srinivasan (Editor), Lawrence S. Friedman (Editor)

#### B. Additional.

- Davidson's Principles and Practice of Medicine, 23nd Edition,2018 Edited by Brian R. Walker.
- 2. Schiff's Diseases of the Liver (Schiff's Diseases of the Liver) 12th Edition, 2018. Eugene R. Schiff (Editor), Willis C. Maddrey (Editor), K. Rajender Reddy (Editor).