



CD 8.5.1 DISCIPLINE CURRICULUM

Edition:	09
Date:	08.09.2021

FACULTY OF MEDICINE
STUDY PROGRAM 0912.1 MEDICINE
INTERNAL MEDICINE DEPARTMENT
DISCIPLINE OF INTERNAL MEDICINE-SEMIOLOGY

APPROVED

at the meeting of the Commission for Quality Assurance and Evaluation of the Curriculum Faculty Medicine
Minutes No. 1 of 06.08.21
Chairman, PHD, university professor
Suman Serghei _____

APPROVED

at the Council meeting of the Faculty Medicine
Minutes No. 1 of 21.08.21
Dean of the Faculty Medicine 2,
associate professor
Mircea Betiu _____

APPROVED

at the meeting of the Discipline of internal medicine-semiology
Minutes No. 2 of 09.09.21
Head of the Discipline of internal medicine-semiology,
professor Istrati Valeriu _____

SYLLABUS

DISCIPLINE INTERNAL MEDICINE-SEMIOLOGY

Integrated studies

Type of course: **Compulsory**

Curriculum developed by the team of authors:

Istrati Valeriu, PhD, dr. of med., professor,
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Sarbu Oxana university assistant

Chisinau, 2021



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I. INTRODUCTION

- **General presentation of the discipline: the place and role of discipline in the formation of specific competences of the programme of professional training/specialty**
Studying the technique and methods clinical examination of patients therapeutic; the main methods of laboratory diagnosis and instrumental (with the most complicated to make them aware);
- **The mission of the curriculum (purpose) in professional training**
- to learn to detect the symptoms of diseases of the internal organs, to be able to understand and explain their origin;
- to learn the rationale of the diagnosis of the syndrome;
- to learn to appreciate the role of symptoms and syndromes in diagnosis of some of the most important diseases with an explanation of the principles of the urgent medical help in these conditions (the preparation to the practical training after the third year);
- **Language (s) of the discipline:** English, Romanian, Russian, French;
- **Beneficiaries:** students of the year 3, faculty of Medicine No. 1, No. 2, specialty Medicine.

II. MANAGEMENT OF THE DISCIPLINE

Code of discipline	S.05.O.040		
Name of the discipline	Internal medicine-semiology		
Person(s) in charge of the discipline	Istrati Valeriu		
Year	3	Semester/Semesters	5
Total number of hours, including:			150
Lectures	30	Practical	30
Seminars	30	Self-training	60
Form of assessment	E	Number of credits	5

Code of discipline	S.06.O.0.49		
Name of the discipline	Internal medicine-semiology		
Person(s) in charge of the discipline	Istrati Valeriu		
Year	3	Semester/Semesters	6
Total number of hours, including:			180
Lectures	30	Practical	30
Seminars	30	Self-training	90
Form of assessment	E	Number of credits	6

III: TRAINING AIMS WITHIN THE DISCIPLINE

At the end of studying the discipline the student will be able:

- **at the level of knowledge and understanding:**
- to recognize the syndromes main in internal medicine at the patients;
- to know the particularities of the onset and evolution of main of internal medicine;
- to understand the methodology and the peculiarities of examination of patients with diseases principal of internal medicine;
- know the etiology and pathogenesis of key diseases of internal medicine in prizma achievement of the clinical syndromes studied;
- to know the contemporary methods of investigation (urgent and scheduled) in the main of internal medicine;
- to know the principles of treatment of the diseases studied;



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- to know the methods of the prophylaxis of the pathologies of chronic and acute applied in internal medicine.

at the application level:

- application of theoretical knowledge in the practice of the professional activity and social;
- collection and accurate estimation of complaints and data of anamnesis with the explanation of mechanisms;
- proper examination of the patient on systems;
- diagnosis presumptive;
- the application of the methods of investigation necessary for the confirmation of the diagnosis;
- appreciation of the results of laboratory investigations and instrumental;
- the principles of medical aid in critical states in internal medicine;
- meeting and drafting medical documents (in the completing of academic clinical case);
- development of projects of scientific research in the field of internal medicine.

at the integration level:

- appreciation of the importance of pathology internistic in the context of general medicine and integration with related medical disciplines;
- appreciation of the evolution of physiological processes, the etiology and pathophysiology of pathological processes of the adult;
- the development of clinical judgment, based on the principles of diagnosis syndromal of the various nosological forms and principles of the treatment;
- creative approach to problems in internal medicine;
- the deduction of the interrelationship between internal medicine and other medical disciplines (physiology, pathophysiology, pathology, radiology, etc.);
- ability to assess and evaluate oneself objectively the knowledge in the field;
- strengthening the knowledge and accumulation of experience of clinical examination of patient, diagnosis syndromal, and principles of treatment of the diseases studied;
- ability to learn new achievements in the discipline of internal medicine-semiology.
- to appreciate the importance of Internal diseases in the context of Medicine.

IV. PROVISIONAL TERMS AND CONDITIONS

For a better learning of the discipline internal Medicine-semiology are necessary deep knowledge in the field of the disciplines studied in previous years (biology and medical genetics, human physiology, microbiology, histology and pathology, physiology, pathological, radiology and medical imaging, etc.).

V. THEMES AND ESTIMATE DISTRIBUTION OF HOURS

Lectures, practical hours/ laboratory hours/seminars and self-training

No. d/o	THEME	Number of hours		
		Lectures	Practical/ Seminars	Self-training
1.	Introductory course in semiology of internal diseases. Deontology and Medical ethics. Medical documentation. The general plan of examination of the patient.	2	4	4
2.	Clinical examination of the respiratory system. Interview, general inspection. Inspection of chest wall. Palpation as a method of investigation of the patient. Palpation of the chest. Percussion of the lungs.	2	4	4
3.	Auscultation as a method of investigation of the patient. Auscultation of the lungs. Main and adventitious respiratory sounds.	2	4	4



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No. d/o	THEME	Number of hours		
		Lectures	Practical/ Seminars	Self- training
4.	Clinical exploring of the patient with cardiovascular disease. The interrogation. Inspection. Palpation of the precordial area and large blood vessels. Percussion of the heart.	2	4	4
5.	Auscultation of the heart. Auscultation of the heart. Normal heart sounds. The pathological changes of the heart sounds. Beats in three phases. Overlapping sounds. Disorders of the rhythm.	2	4	4
6.	Auscultation of the heart. Murmurs heart. Murmurs systolic and diastolic. Topography and radiation. Fonocardiografia.	2	4	4
7.	Examination of peripheral vessels. Assessment of peripheral arterial pulse and blood pressure. Auscultation of the vessels. The method of examination of the blood vein and the speed of the blood flow.	2	4	4
8.	Electrocardiografia. The method of recording and decoding of ECG. The standard and thoracic leads. ECG in hypertrophy of the heart compartments.	2	4	4
9.	Complementary methods of examination of the cardiovascular system. Respiratory and cardiovascular systems examination of the standardized patient in CUSIM .	2	4	4
10.	Methods of examination of patients with diseases of the digestive tract: complaints, inspection, auscultation, percussion, palpation of the abdomen. The additional methods of examination.	2	4	4
11.	Methods of examination of patients with diseases of the liver and gallbladder: complaints, inspection, percussion and palpation of the liver, gallbladder and spleen.	2	4	4
12.	Clinical and laboratory methods of examination of patients with diseases of the kidneys and urinary tract. Laboratory examination of urine.	2	4	4
13.	Methods of examination of patients with disorders of the endocrine system. Clinical case report (fragment).	2	4	4
14.	Syndrome of bronchial obstruction. Semiology of acute and chronic bronchitis, bronchial asthma. Syndrome hipererație pulmonary (emphysema). COPD.	2	4	4
15.	The syndrome of the lung tissue consolidation(pneumonia and atelectasis). Clinical signs of pneumonia, their pathogenesis. Pulmonary atelectasis.	2	4	4
16.	Pleural syndromes. Pneumothorax (accumulation of air in the pleural cavity) and hydrothorax (pleural effusion). Exudative pleurisy and the fibrinous pleurisy. Clinical case report (academic).	2	4	5
17.	Syndrome of lungs cavity. Mediastinal syndromes. Examination of the standardized patient in CUSIM	2	4	5
18.	Complementary methods of examination of the cardiovascular system.	2	4	6
19.	Cardiac disrhythmias.	2	4	6
20.	The clinical syndrome of hypertension. Essential and secondary hypertension. Hypotension.	2	4	6
21.	The clinical syndrome of heart failure. Acute and chronic heart failure. Cardiac asthma. Pulmonary edema. Cord pulmonale acute (TEAP).Chronic pulmonary heart.	2	4	6
22.	Articular syndromes. Rheumatic fever.Mitral valvulopaties. Mitral stenosis. Mitral regurgitation. Mitral prolapse. Tricuspid Valvulopaties.	2	4	6



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No. d/o	THEME	Number of hours		
		Lectures	Practical/ Seminars	Self- training
23.	Aortic Valvulopatias. The aortic stenosis. Aortic insufficiency. Pulmonary trunk valvulopatias.	2	4	6
24.	Syndrome of coronary insufficiency. Ischemic heart disease, clinical forms. Pathogenesis, epidemiology, classification. Clinical examination, laboratory and instrumental exam. Angina pectoris.	2	4	6
25.	Acute myocardial infarction. Pathogenesis, stages. Clinical examination, laboratory and instrumental. Complications of miocardial infarction.	2	4	6
26.	Clinical syndromes of endocarditis, myocarditis, pericarditis.	2	4	6
27.	Clinical syndromes in gastrointestinal tract diseases. Examination of patients with gastritis, gastric and duodenal ulcer disease. Cancer of the gastrointestinal tract.	2	4	6
28.	Liver syndromes: jaundice, portal hypertension and liver failure. Chronic hepatitis and liver cirrhosis. Examination of patients with hepatitis and cirrhosis. Supervision and care of patients with disturbances of the functions of the digestive system.	2	4	6
29.	Clinical syndromes of glomerulonephritis and tubular-interstitial diseases. Acute and chronic glomerulonephritis. Urinary syndrome. Nephrotic syndrome. Renal amyloidosis. Acute and chronic pyelonephritis. Nephrolithiasis. Syndrome of acute and chronic renal failure.	2	4	6
30.	Clinical syndromes in endocrine diseases. Examination of patients with disorders of the thyroid gland and in diabetes mellitus. Diabetic comas. Clinical case report (academic).	2	4	6
Total		60	120	150

VI. PRACTICAL TOOLS PURCHASED AT THE END OF THE COURSE

Mandatory essential practical tools are:

1. Passport data
2. The main accusations
3. General accusations
4. History of the disease
5. Biographical data
6. Work history
7. Personal physiological antecedents
8. Harmful habits
9. Personal pathological antecedents
10. Allergological history
11. Social insurance anamnesis
12. Heredo-collateral antecedents
13. Consecutiveness of history collection
14. Appreciation of the constitutional type
15. Skin condition (moisture, turgor), visible mucous membranes
16. Assessment of nutritional status
17. Assessment of peripheral edema
18. Assessment of lymph nodes



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19. Appreciation of painful points on the head
20. Muscular system (tone), oateo-articular (percussion of flat bones, joint mobility)
21. Appreciation of the symmetry of the participation of the hemithorax in breathing
22. Appreciation of the elasticity of the chest and painful points
23. Vocal quavering
24. Comparative percussion of the lungs
25. Auscultation of the lungs (vesicular)
26. Bronchophony
27. Continuity of the examination of the respiratory system
28. Assessment of apex shock
29. Assessment of cardiac shock
30. Assessment of atypical pulsations in the precordial region
31. Limits of the relative dullness of the heart
32. Percussion of the vascular pedicle
33. Auscultation of the heart
34. Determination of the pulse
35. BP measurement
36. Continuity of the examination of the cardiovascular system
37. Oral cavity inspection
38. Superficial palpation of the abdomen, s-m Blumberg
39. Deep, methodical sliding palpation of the abdomen according to Obraztsov-Strajesco
40. The consistency of the deep palpation of the abdomen
41. Percussion of the abdomen (appreciation of free fluid)
42. Percussion of the liver according to Kurlov
43. Palpation of the liver
44. Evaluation of the gall bladder; sign Murphy, Ortner
45. Palpation of the spleen
46. Zuksgtion of the spleen
47. Palpation of the kidneys, the patient lying on his back
48. Palpation of the kidneys, the patient in an upright position
49. Tapping maneuver
50. Palpation of the thyroid gland

VII. REFERENCE OBJECTIVES AND CONTENT UNITS

Objectives	Content units
For each theme provided by the syllabus will follow the aim that the student:	
<ul style="list-style-type: none">• to know:<ul style="list-style-type: none">◦ the basics of physical methods of physical examination of the patient, the technique of the execution of the practical of the dexterities practical;◦ characteristic of the clinical data obtained in the examination, physical of the patient and the interpretation of variants of their modification;◦ the painting semiologically of the syndrome discussed at each theme;◦ diseases that are manifested by the syndrome in question;• to define:<ul style="list-style-type: none">• syndrome discussed at each theme;• to know:	



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Objectives

Content units

- breakdown syndrome, which includes pathophysiology, semiology, modern methods of investigation, the significance of the syndrome for the diagnosis nosologic;
- diseases that are manifested by the syndrome in question;
- the modern aspects of etiology and pathogenesis of the diseases discussed in each theme;
- principles of clinical diagnosis sindromal and paraclinical (laboratory and instrumental) of each entity nosological with argumentation;
- **to demonstrate the ability:**
 - to perform examination, physical of the patient with argumentatrea the data obtained during the examination;
 - to carry out the clinical diagnosis sindromal with his reasoning;
 - to draw up a plan of examination laboratory with his reasoning;
- **to apply:**
 - the knowledge and practical skills accumulated;
 - the diagnosis algorithm sindromal, and the principles of treatment in any state of emergency;
 - knowledge related to the preparation of medical documentation (chart academic, daily records of the patient).
- to integrate knowledge in the fields of fundamental subjects, preclinical and the clinical.

Theme 1. Introductory course in semiology of internal diseases. Deontology and Medical ethics. Medical documentation. The general plan of examination of the patient.

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| <ul style="list-style-type: none"> • to define the notions of the medical course. • to know the concepts of medical ethics and deontology. • demonstrate knowledge in the examination of medical documentation. • to apply the knowledge acquired to perform the query (the collection of anamnesis) of the patient; | <ul style="list-style-type: none"> • Deontology and medical ethics • Medical documentation (medical records, records of indications, the sheet temperature). • The general plan of examination of the patient. • Plan the medical history of the patient. • Plan general Inspection of the patient. • Determination of the indices of the anthropometric measurements. |
|--|--|

Theme 2. Clinical examination of the respiratory system. Interview, general inspection. Inspection of chest wall. Palpation as a method of investigation of the patient. Palpation of the chest. Percussion of the lungs.

- | | |
|--|--|
| <ul style="list-style-type: none"> • to define the notions of semiology medical of the respiratory system. • to know the anatomy and physiology of the respiratory system. • To know the sequence of physical examination of the patient in the context of the examination of the respiratory system. • to apply the knowledge acquired to perform the query (the collection of anamnesis) of the patient with disorders of the respiratory system; • to integrate in medical practice changes in objectives of the inspection, palpației and percussion of the respiratory system. | <ul style="list-style-type: none"> ◦ Interrogation; ◦ Inspection; ◦ Palpation; ◦ Percussion; |
|--|--|

Theme 3. Auscultation as a method of investigation of the patient. Auscultation of the lungs. Main respiratory sounds and adventition.

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|---|--|
| <ul style="list-style-type: none"> • To define the notions of auscultation of the lungs • to know the mechanisms of the formation of the phenomena of auscultative pulmonary and clinical interpretation of their. • to demonstrate practical knowledge in the auscultation of | <ul style="list-style-type: none"> ◦ Mechanism of the formation of breath sounds main; ◦ Mechanism of the formation of breath sounds overlapping; ◦ The rules of auscultation of the lungs. |
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<p>the respiratory system;</p> <ul style="list-style-type: none">• to apply the knowledge acquired for the conduct of auscultation of the patient with disorders of the respiratory system;• to integrate in medical practice changes in objectives of the of auscultation of the respiratory system.	
Theme 4. Exploring the clinical course of the patient with cardiovascular disease. The interrogation. Inspection. Palpation of the precordial area and large blood vessels. Percussion of the heart.	
<ul style="list-style-type: none">• to define the notions of semiology health of the cardiovascular system.• to know the anatomy and physiology of the cardiovascular system.• To know the sequence of physical examination of the patient in the context of the examination of the cardiovascular system.• to apply the knowledge acquired to perform the query (the collection of anamnesis) of the patient with disorders of the cardiovascular system.• to integrate in medical practice changes in objectives of the inspection, palpației and percussion cardiovascular system.	<ul style="list-style-type: none">◦ Interrogation;◦ Inspection;◦ Palpation;◦ Percussion;
Theme 5. Auscultation of the heart. Auscultation of the heart. Normal heart sounds. The pathological changes of the heart sounds. Beats in three phases. Overlapping sounds. Disorders of the rhythm.	
<ul style="list-style-type: none">• To define the notions of auscultation of the heart;• to know the mechanisms of the formation of heart sounds and the interpretation of the clinical relevance of their.• to demonstrate practical knowledge in the auscultation of the cardiovascular system;• to apply the knowledge acquired for the conduct of auscultation of the patient with disorders of the cardiovascular system;• to integrate in medical practice changes in objectives of the of auscultation of the cardiovascular system.	<ul style="list-style-type: none">◦ Mechanism of formation of heart s normal sounds◦ Mechanism of formation of overlapping sounds;◦ Mechanism of formation of rhythms in three times;◦ The rules of auscultation of the heart.
Theme 6. Auscultation of the heart. Murmurs heart. Murmurs systolic and diastolic. Topography and radiation. Fonocardiografy.	
<ul style="list-style-type: none">• To define the notions of auscultation of the heart;• to know the mechanisms of the formation suflurilor cardiac and clinical interpretation of their.• to demonstrate practical knowledge in auscultation suflurilor heart;• to apply the knowledge acquired for the conduct of auscultation suflurilor heart to the patient with disorders of the cardiovascular system;• to integrate in medical practice changes in objectives of the of auscultation suflurilor heart.	<ul style="list-style-type: none">◦ Mechanism of formation of heart murmurs;◦ Mechanism of formation of diastolic murmurs;◦ Mechanism of formation of systolic murmurs;◦ The rules of auscultation of the heart murmurs.
Theme 7. Examination of peripheral vessels. Assessment of peripheral arterial pulse and blood pressure. Auscultation of the vessels. The method of examination of the blood vein and the speed of the blood flow.	
<ul style="list-style-type: none">• To define the notions of examination of peripheral vessels and blood pressure;• to know the mechanisms of the formation of the properties of the pulse and the interpretation of the clinical relevance of their.	<ul style="list-style-type: none">◦ Interrogation;◦ Inspection;◦ Palpation;◦ Percussion;◦ Auscultation;



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<ul style="list-style-type: none"> • to demonstrate practical knowledge in the auscultation of the vessels and the determination of the blood pressure; • to apply the knowledge acquired to determine the changes in pulse and blood pressure to the patient with disorders of the cardiovascular system; • to integrate in medical practice objective changes in pulse and blood pressure to the patient with disorders of the cardiovascular system. 	
Theme 8. Electrocardiografia. The method of recording and decoding of ECG. The standard and thoracic leads. ECG in hypertrophy of the heart compartments.	
<ul style="list-style-type: none"> • To define notions electrophysiology of the heart; • to know the methods of recording ECG • to demonstrate practical knowledge in deciphering the electrocardiogram of normal and in hipertrofiile atrial and ventricular; • to apply the knowledge acquired to determine the electrocardiographic changes in patients with disorders of the cardiovascular system; • to integrate in medical practice objective changes to electrocardiogramei to the patient with disorders of the cardiovascular system. 	<ul style="list-style-type: none"> ◦ ECG registration ◦ ECG interpretation
Theme 9. Complementary methods of examination of the cardiovascular system. Examination of the standard patient in CUSIM.	
<ul style="list-style-type: none"> • To define the methods of supplementary examination of the cardiovascular system; • to know the methods of supplementary examination of the cardiovascular system • to demonstrate practical knowledge in deciphering the methods of supplementary examination of the cardiovascular system; • to apply the knowledge acquired for the determination of the changes in the methods of supplementary examination of the cardiovascular system in patients with disorders of the cardiovascular system; • to integrate in medical practice objective changes in the complimentary examination of the cardiovascular system in patients. • Respiratory and cardiovascular systems examination of the standardized patient in CUSIM. 	<ul style="list-style-type: none"> • Echocardiography • Fonocardiografia • Doplerografia • Computed tomography • Coronary angiography • Scintigraphy of the myocardium ◦ Interrogation; ◦ Inspection; ◦ Palpation; ◦ Percussion; ◦ Auscultation;
Theme 10. Methods of examination of patients with diseases of the digestive tract: complaints, inspection, auscultation, percussion, palpation of the abdomen. The additional methods of examination.	
<ul style="list-style-type: none"> • to define the notions of semiology medical of the digestive system. • to know the anatomy and physiology of the digestive system. • To know the sequence of physical examination of the patient in the context of the examination of the digestive system. • to apply the knowledge acquired to perform the query (the collection of anamnesis) of the patient with disorders of the digestive system. 	<ul style="list-style-type: none"> ◦ Interrogation; ◦ Inspection; ◦ Palpation; ◦ Percussion; ◦ Auscultation;



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<ul style="list-style-type: none">• to integrate in medical practice changes in objectives of the inspection, palpației and percussion of the digestive system.	
Theme 11. Methods of examination of patients with diseases of the liver and gallbladder: complaints, inspection, percussion and palpation of the liver, gallbladder and spleen.	
<ul style="list-style-type: none">• to define the notions of semiology medical of the liver and gallbladder.• to know the anatomy and physiology of the liver and gallbladder.• To know the sequence of physical examination of the patient in the examination of the liver and gallbladder.• to apply the knowledge acquired to perform the query (the collection of anamnesis) of the patient with disorders of the liver and gallbladder.• to integrate in medical practice changes in objectives of the inspection, palpației and percussion of the liver and gallbladder.	<ul style="list-style-type: none">◦ Interrogation;◦ Inspection;◦ Palpation;◦ Percussion;◦ Auscultation;
Theme 12. Clinical and laboratory methods of examination of patients with diseases of the kidneys and urinary tract. Laboratory examination of urine.	
<ul style="list-style-type: none">• to define the notions of semiology medical system renourinar.• to know the anatomy and physiology of the system renourinar.• To know the sequence of physical examination of the patient in the examination system renourinar.• to apply the knowledge acquired to perform the query (the collection of anamnesis) of the patient with disorders of the renourinar.• to integrate in medical practice changes in objectives of the inspection, palpației and percussion system renourinar.	<ul style="list-style-type: none">◦ Interrogation;◦ Inspection;◦ Palpation;◦ Percussion;◦ Auscultation;
Theme 13. Methods of examination of patients with disorders of the endocrine system. Clinical case report (academic).	
<ul style="list-style-type: none">• to define the notions of semiology medical the endocrine system.• to know the anatomy and physiology of the endocrine system.• To know the sequence of physical examination of the patient in the context of the examination of the endocrine system.• to apply the knowledge acquired to perform the query (the collection of anamnesis) of the patient with disorders of the endocrine system.• to integrate in medical practice changes in objectives of the inspection, palpațion and percussion of the endocrine system.• clinical case report (fragment)	<ul style="list-style-type: none">◦ Interrogation;◦ Inspection;◦ Palpation;◦ Percussion;◦ Auscultation;
Theme 14. Syndrome of bronchial obstruction. Semiology of acute and chronic bronchitis, bronchial asthma. Syndrome pulmonary distension(emphysema). COPD.	
<ul style="list-style-type: none">• To define the concepts of acute and chronic bronchitis, bronchial asthma. syndrome hiperaerație pulmonary (emphysema). COPD.• to know the changes in the clinical examination of the	<ul style="list-style-type: none">◦ Definition;◦ Epidemiology;◦ Etiology;◦ Clinical manifestations;



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<p>of acute and chronic bronchitis, bronchial asthma. syndrome hiperaerație pulmonary (emphysema). COPD.</p> <ul style="list-style-type: none"> • to demonstrate the role of the etiologic factors in acute and chronic bronchitis, of the bronchial asthma. syndrome hiperaerație pulmonary (emphysema). COPD. • to apply the methods of clinical investigation caracteristce for each of the clinical syndromes • to integrate the knowledge in the diagnosis sindromal of the of acute and chronic bronchitis, bronchial asthma. syndrome of pulmonary distension (emphysema). COPD. 	<ul style="list-style-type: none"> ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
<p>Theme 15. The syndrome of the lung tissue consolidation (pneumonia and atelectasis). Clinical signs of pneumonia, their pathogenesis.. Pulmonary atelectasis .</p>	
<ul style="list-style-type: none"> • To define the concepts of the syndrome of the lung tissue consolidation • to know the changes in the clinical examination of the syndrome of condensation of the lung tissue • to demonstrate the role of the etiologic factors in the syndrome of condensation of the lung tissue • to apply the methods of clinical investigation caracteristce for each of the pneumonia • to integrate the knowledge in the diagnosis sindromal of the syndrome of condensation of the lung tissue. 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
<p>Theme 16. Pleural syndromes . Pneumothorax (accumulation of air in the pleural cavity) and hydrothorax (pleural effusion). Exudative pleurisy and the fibrinous pleurisy.</p>	
<ul style="list-style-type: none"> • To define the concepts syndromes pleural. • to know the changes in the clinical examination of the syndromes pleural. • to demonstrate the role of the etiologic factors in pneumothorax (accumulation of air in the pleural cavity) and hydrothorax (pleural effusion). pleurisy exudative and the fibrinous pleurisy. • to apply the methods of clinical investigation caracteristce for each of the syndromes pleural. • to integrate the knowledge in the diagnosis sindromal in syndromes pleural. 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
<p>Theme 17. Syndrome of lungs cavity. Mediastinal syndromes. Examination of the patient standardized to the CUSIM</p>	
<ul style="list-style-type: none"> • To define the concepts syndrome hollow syndrome and mediastinal. • to know the changes in the clinical examination of the syndromes cavitary syndrome and mediastinal disorders. • to demonstrate the role of the etiologic factors in the syndrome hollow syndrome and mediastinal. • to apply the methods of clinical investigation caracteristce for the syndrome hollow syndrome and mediastinal. • to integrate the knowledge in the diagnosis sindromal of the syndrome hollow and the syndrome of mediastinal. 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution; ◦ Interrogation; ◦ Inspection;



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<ul style="list-style-type: none"> • general inspection, respiratory, cardiovascular, digestive, urinary, endocrine systems examination of the standardized patient in CUSIM. 	<ul style="list-style-type: none"> ◦ Palpation; ◦ Percussion; ◦ Auscultation;
Theme 18. Complementary methods of examination of the cardiovascular system.	
<ul style="list-style-type: none"> • To define the methods of supplementary examination of the cardiovascular system; • to know the methods of supplementary examination of the cardiovascular system • to demonstrate practical knowledge in deciphering the methods of supplementary examination of the cardiovascular system; • to apply the knowledge acquired for the determination of the changes in the methods of supplementary examination of the cardiovascular system in patients with disorders of the cardiovascular system; • to integrate in medical practice objective changes in the examination complimentary app sampler of the cardiovascular system in patients. 	<ul style="list-style-type: none"> • Echocardiography • Fonocardiografia • Doplerografia • Computed tomography • Coronary angiography • Scintigraphy of the myocardium
Theme 19. Cardiac disrhythmias	
<ul style="list-style-type: none"> To define the concepts disritmiile heart • to know the changes in the clinical examination of the disritmiilor heart • to demonstrate the role of the etiologic factors in disritmiile heart • to apply the methods of clinical investigation characteristic for disritmiile heart • to apply the methods of clinical investigation for disritmiile heart • to integrate the knowledge in the sindrom diagnosis of disritmiilor heart 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
Theme 20. The clinical syndrome of arterial hypertension. Essential and secondary hypertension. Hypotension.	
<ul style="list-style-type: none"> • To define the concepts of the syndrome's clinical hypertension. essential and secondary hypertension. hypotension. • to know the changes in the clinical examination of the syndrome of clinical hypertension. essential and secondary hypertension. hypotension. • to demonstrate the role of the etiologic factors in the clinical syndrome of hypertension. essential and secondary hypertension. hypotension. • to apply the methods of clinical investigation characteristce for the clinical syndrome of hypertension. essential and secondary hypertension. hypotension. • to integrate the knowledge in the diagnosis sindromal of the syndrome's clinical hypertension. essential and secondary hypertension. hypotension. 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
Theme 21. The clinical syndrome of heart failure. Acute and chronic heart failure. Cardiac asthma. Pulmonary edema. Cord pulmonale acute (TEAP).Chronic pulmonary heart.	



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<ul style="list-style-type: none">• To define the concepts syndromuiclinic of heart failure. acute and chronic heart failure. cardiac asthma. pulmonary edema. acute pulmonary heart (TEAP). chronic pulmonary heart.• to know the changes in the clinical examination of the syndrome of clinical heart failure. acute and chronic heart failure. cardiac asthma. pulmonary edema. acute pulmonary heart (TEAP). chronic pulmonary heart.• to demonstrate the role of the etiologic factors in the clinical syndrome of heart failure. acute and chronic heart failure. cardiac asthma. pulmonary edema. acute pulmonary heart (TEAP). chronic pulmonary heart.• to apply the methods of clinical investigation characteristic for the clinical syndrome of heart failure. acute and chronic heart failure. cardiac asthma. pulmonary edema. acute pulmonary heart (TEAP). chronic pulmonary heart.• to integrate the knowledge in the diagnosis syndromal of the syndrome of clinical heart failure. acute and chronic heart failure. cardiac asthma. pulmonary edema. acute pulmonary heart (TEAP). chronic pulmonary heart.	<ul style="list-style-type: none">◦ Definition;◦ Epidemiology;◦ Etiology;◦ Clinical manifestations;◦ Clinical diagnosis syndromal;◦ Methods of paraclinical diagnostic laboratory and instrumental;◦ Evolution;
Theme 22. Articular syndromes. Rheumatic fever. Mitral valvulopaties. Mitral stenosis. Mitral regurgitation. Mitral prolapse. Tricuspid Valvulopaties.	
<ul style="list-style-type: none">• To define the concepts of valvulopatiile mitral. mitral stenosis. mitral insufficiency. prolapse the mitral. tricuspid valvulopaties.• to know the changes of the clinical examination in valvulopatiile mitral. mitral stenosis. mitral insufficiency. prolapse the mitral. tricuspid valvulopaties.• to demonstrate the role of the etiologic factors in mitral valvulopaties. mitral stenosis. mitral insufficiency. prolapse the mitral. tricuspid valvulopaties.• to apply the methods of clinical investigation characteristic for mitral valvulopaties. mitral stenosis. mitral insufficiency. the mitral prolapse. tricuspid valvulopaties.• to integrate the knowledge in the diagnosis of mitral valvulopaties. mitral stenosis. mitral insufficiency. prolapse the mitral. tricuspid valvulopaties.	<ul style="list-style-type: none">◦ Definition;◦ Epidemiology;◦ Etiology;◦ Clinical manifestations;◦ Clinical diagnosis syndromal;◦ Methods of paraclinical diagnostic laboratory and instrumental;◦ Evolution;
Theme 23. Aortic Valvulopaties. The aortic stenosis. Aortic insufficiency. Pulmonary trunk Vvalvulopaties.	
<ul style="list-style-type: none">• To define the concepts of valvulopatiile mitral. mitral stenosis. mitral insufficiency. prolapse the mitral. tricuspid valvulopaties.• to know the changes of the clinical examination in valvulopatiile aortic. the aortic stenosis. aortic insufficiency. pulmonary trunk valvulopaties.• to demonstrate the role of the etiologic factors in valvulopatiile aortic. the aortic stenosis. aortic insufficiency. pulmonary trunk valvulopaties.• to apply the methods of clinical investigation characteristic for aortic valvulopaties. the aortic stenosis. aortic insufficiency. Valvulopaties of the pulmonary trunk.• to integrate the knowledge in the diagnosis aortic valvulopaties. the aortic stenosis. aortic insufficiency.	<ul style="list-style-type: none">◦ Definition;◦ Epidemiology;◦ Etiology;◦ Clinical manifestations;◦ Clinical diagnosis syndromal;◦ Methods of paraclinical diagnostic laboratory and instrumental;◦ Evolution;



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Valvulopatias of the pulmonary trunk.	
Theme 24. Syndrome of coronary insufficiency. Ischemic heart disease, clinical forms. Pathogenesis, epidemiology, classification. Clinical examination, laboratory and instrumental exam. Angina pectoris.	
<ul style="list-style-type: none"> • To define the concepts of syndrome of coronary insufficiency. ischemic heart disease, angina pectoris. • to know the changes of the clinical examination in the syndrome of coronary insufficiency. ischemic heart disease, angina pectoris.. • to demonstrate the role of the etiologic factors in the syndrome of coronary insufficiency. ischemic heart disease, angina pectoris. • to apply the methods of clinical investigation characterstce for the syndrome of coronary insufficiency. ischemic heart disease, angina pectoris. • to integrate the knowledge in the diagnosis of syndrome of coronary insufficiency. ischemic heart disease, angina pectoris. 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
Theme 25. Acute myocardial infarction. Pathogenesis, stages. Clinical examination, laboratory and instrumental. Complications of miocardial infarction.	
<ul style="list-style-type: none"> • To define the concepts of acute myocardial infarction. • to know the changes of clinical examination in acute myocardial infarction. • to demonstrate the role of the etiologic factors in acute myocardial infarction. • to apply the methods of clinical investigation characterstce for the syndrome of acute myocardial infarction. • to integrate the knowledge in the diagnosis of syndrome of acute myocardial infarction. 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
Theme 26. Clinical syndromes of endocarditis, myocarditis, pericarditis.	
<ul style="list-style-type: none"> • To define the concepts of clinical syndromes endocarditis, myocarditis, pericarditis. • to know the changes of the clinical examination in clinical syndromes endocarditis, myocarditis, pericarditis. • to demonstrate the role of the etiologic factors in clinical syndromes endocarditis, myocarditis, pericarditis. • to apply the methods of clinical investigation characterstce for clinical syndromes endocarditis, myocarditis, pericarditis. • to integrate the knowledge in the diagnosis of clinical syndromes endocarditis, myocarditis, pericarditis. 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
Theme 27. Clinical syndromes in gastrointestinal tract diseases. Examination of patients with gastritis, gastric and duodenal ulcer disease. Cancer of the gastrointestinal tract.	
<ul style="list-style-type: none"> • To define the concepts of clinical syndromes in the gastrointestinal tract disease • to know the changes of the clinical examination in clinical syndromes in the gastrointestinal tract disease • to demonstrate the role of the etiologic factors in clinical syndromes in the gastrointestinal tract disease • to apply the methods of clinical investigation characterstce for clinical syndromes in the gastrointestinal tract disease • to integrate the knowledge in the diagnosis, clinical syndromes in the gastrointestinal tract disease 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis sindromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;



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<p>Theme 28. Liver syndromes: jaundice, portal hypertension and liver failure. Chronic hepatitis and liver cirrhosis. Examination of patients with hepatitis and cirrhosis. Supervision and care of patients with disturbances of the functions of the digestive system.</p>	
<ul style="list-style-type: none"> • To define the concepts of the syndromes of the liver: jaundice, portal hypertension and liver failure. • to know the changes of the clinical examination in the syndromes of the liver: jaundice, portal hypertension and liver failure • to demonstrate the role of the etiologic factors in syndromes of the liver: jaundice, portal hypertension and liver failure • to apply the methods of clinical investigation characteristic for syndromes of liver: jaundice, portal hypertension and liver failure • to integrate the knowledge in the diagnosis of syndromes of the liver: jaundice, portal hypertension and liver failure 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis syndromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;
<p>Theme 29. Clinical syndromes of glomerulonephritis and tubular-interstitial diseases. Acute and chronic glomerulonephritis. Urinary syndrome. Nephrotic syndrome. Renal amyloidosis. Acute and chronic pyelonephritis. Nephrolithiasis. Syndrome of acute and chronic renal failure.</p>	
<ul style="list-style-type: none"> • To define the concepts of clinical syndromes of glomerulonephritis and the tubular-interstitial affections. • to know the changes of the clinical examination in the clinical syndromes of glomerulonephritis and the tubular-interstitial affections • to demonstrate the role of the etiologic factors in the clinical syndromes of glomerulonephritis and the tubular-interstitial affections • to apply the methods of clinical investigation characteristic for the clinical syndromes of glomerulonephritis and the tubular-interstitial affections • to integrate the knowledge in the diagnosis of clinical syndromes of glomerulonephritis and the tubular-interstitial affections. 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis syndromal; ◦ Methods of paraclinical diagnostic, laboratory and instrumental; ◦ Evolution;
<p>Theme 30. Clinical syndromes in endocrine diseases. Examination of patients with disorders of the thyroid gland and in diabetes mellitus. Diabetic comas. Clinical case report (academic).</p>	
<ul style="list-style-type: none"> • To define the concepts of clinical syndromes in endocrine diseases. examination of patients with disorders of the thyroid gland and in diabetes mellitus. comas diabetic. • to know the changes of the clinical examination in clinical syndromes in endocrine diseases. Examination of patients with disorders of the thyroid gland and in diabetes mellitus. comas diabetic. • to demonstrate the role of the etiologic factors in clinical syndromes in endocrine diseases. examination of patients with disorders of the thyroid gland and in diabetes mellitus. comas diabetic. • to apply the methods of clinical investigation characteristic for clinical syndromes in endocrine diseases. Examination of patients with disorders of the thyroid gland and in diabetes mellitus, diabetic comas . • to integrate the knowledge in the diagnosis of clinical 	<ul style="list-style-type: none"> ◦ Definition; ◦ Epidemiology; ◦ Etiology; ◦ Clinical manifestations; ◦ Clinical diagnosis syndromal; ◦ Methods of paraclinical diagnostic laboratory and instrumental; ◦ Evolution;



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Objectives	Content units
syndromes in endocrine diseases. Examination of patients with disorders of the thyroid gland and in diabetes mellitus. diabetic comas. • Clinical case report (academic).	

VIII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCES AND STUDY OUTCOMES

Professional competences (specific) (SC)

SC1. To have the possibility to develop a wide range of skills, including research, investigation, analysis, as well as to be able to confront and solve some problems, plan communications, and present team spirit.

SC2. Knowledge of the methodology of collecting Anamnesis and objective (physical) examination of the patient in the framework of Internal Medicine;

SC3. Understand the importance of correct interpretation of the results obtained in assessing the functional state of organs and systems in the context of objective examination of the patient classical clinical data (symptoms and signs) of diseases in adults;

SC4 .Planning, coordinating and carrying out health promotion activities and prophylactic measures to improve health at individual and community level;

SC5. Knowledge and compliance with the rules of ethics and medical deontology.

Transversal competences (TC)

TC1. Autonomy and responsibility

- the acquisition of moral guidelines, the formation of professional attitudes and civic, allowing students to be fair, honest, nonconflictualy, cooperating, understanding in the face of suffering, willing to help people, interested in the development of the community;

- to know, respect and contribute to the development of moral values and professional ethics;

- learn to recognize a problem when it arises and provide responsible solutions for solving it.

TC2. Efficient use of language skills, knowledge in information technologies, skills in research and communication. Employment in extracurricular activities.

TC3. Development of clinical rationalment.

Final: The exam of promotion in the discipline of Internal Medicine semiology are not admitted students with annual average under note 5, as well as students who have not recovered absences from the practical work.

The exam at the discipline of Internal Medicine Semiology (assessment summary) is a combined one, made up of sample multiple-choice test (version "Test Editor" SUMP "Nicolae Testemitanu") and the written test and the assessment of practical skills. Sample multiple-choice test consists of variants of 50 tests each of the topics of the course of Internal Medicine semiology, of which 20 tests are single, 30 multiple answer tests. The student has a total of 2 hours to answer the test. The test is graded from 0 to 10. The topics practical skills are approved at the meeting of the department and are given to the students before the session.

Assessment knowledge is assessed with marks from 10 to 1 without decimals, as follows:

- Grade 10 or "excellent" (equivalent ECTS - A) will be accordată for însişirea 91-100% of the material;



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- Grade 9 or “very good” (equivalent ECTS - B) will be given for acquiring 81-90% of the material;
- Grade 8 or “good” (equivalent ECTS - C) will be given for assimilation of 71-80% of material;
- Grades 6 and 7 or “satisfactory” (equivalent ECTS - D) will be awarded for the assimilation respectively 61-65% and 66-70% dn material;
- Note 5 or “weak” (equivalent ECTS - E) will be granted to acquire 51-60 of the material;
- Grades 3 and 4 (equivalent ECTS - FX) will be awarded for âĩnsușirea 31-40% and respectively 41-50% of the material;
- Grades 1 and 2 or “unsatisfactory” (equivalent ECTS - F) will be given for acquiring 0-30% of the material.

The final grade consists of 4 components: the annual average of the X-coefficient 0.3; practical skills X coefficient 0.2; oral exam X-coefficient 0.3; computerized test X coefficient 0.2.

Method of mark rounding at different assessment stages

Intermediate marks scale (annual average, marks from the examination stages)	National Assessment System	ECTS Equivalent
1.00-3.00	2	F
3.01-4.99	4	FX
5.00	5	E
5.01-5.50	5,5	
5.51-6.0	6	
6.01-6.50	6,5	D
6.51-7.00	7	
7.01-7.50	7,5	C
7.51-8.00	8	
8.01-8.50	8,5	B
8.51-8.00	9	
9.01-9.50	9.5	A
9.51-10.0	10	

The average annual mark and the marks of all stages of final examination (computer assisted, test, oral) - are expressed in numbers according to the mark scale (according to the table), and the final mark obtained is expressed in number with two decimal places, which is transferred to student’s record-book.

The absence from the examination without good ground is recorded as "absent" and is equivalent to 0 (zero). The student has the right to have two re-examinations.

IX. RECOMMENDED LITERATURE:

A. Compulsory:

1. Internal medicine. Vasilenko V. (engl. verssion) Moscow 1990
2. A Guide to Physical Examination and History Taking. Barbara Bates. J.B.Lippincot Company. Phyladelphia, USA
3. Clinical medicine a textbook for medical students and doctors ed. By P. J. Kumar, and M. L. Clark.- London,1987

B. Additional

1. Clinical Medicine. Kumar&Clark. VII-th edition. London 2009



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Harrison's principle of internal medicine.-New York,2005

3. Pocket guide to clinical examination/ O.Epstein a.o.- 2nd ed.- Lon- don: Mosby, 1997
4. Harrison's prinseples of internal medicine self-assessment and board review/ Ed. R. Stone.- 15th ed. – Boston:McGraw-Hill, 2002
5. Harrison's principles of internal medicine Vol. 1 ed. : D. L. Longo, A. S. Fauci, D. L. Kasper, ... New York,2012
6. Harrison's principles of internal medicine Vol. 2 ed. : D. L. Longo, A. S. Fauci, D. L. Kasper, ... New York,2012
7. Harrison's gastroenterology and hepatology ed. : D. L. Longo, A. S. Fauci ; associate ed. : C. A. Langford. - New York,2013