



FACULTY OF MEDICINE

STUDY PROGRAM 0912.1 MEDICINE

CHAIR OF SURGERY NR. 1 „NICOLAE ANESTIADI”

APPROVED

at the meeting of the Commission for Quality Assurance and Evaluation of the Curriculum faculty Medicine

Minutes No. 7 of 6.03.18

Chairman , dr. hab.șt. med., conf. univ.

S. Suman

APPROVED

at the Council meeting of the Faculty Medicine 1

Minutes No. 4 of 20.03.18

Dean of Faculty dr. șt. med., conf. univ.

Gh. Plăcintă

APPROVED

approved at the meeting of the chair of Surgery no.1 „Nicolae Anestiadi”

Minutes No.4 of 28.12.2017

Head of chair dr. hab. șt. med., prof. univ.,

Gheorghe Rojnoveanu

SYLLABUS

DISCIPLINE SURGICAL DISEASES

Integrated studies

Type of course: **Compulsory**



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I. INTRODUCTION

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

The main surgical diseases are studied at the Department of Surgery No.1 "Nicolae Anestiadi" during the 4th year (semesters VII-VIII). During lectures and seminars, students study etiology, pathogenesis, classifications, clinical features, positive and differential diagnosis, treatment of abdominal surgical diseases according to the curriculum.

A mandatory study prerequisite is the acquisition of theoretical knowledge and practical skills which will allow the future physicians to manage an emergency situation and to build an adequate examination and treatment algorithm.

- Languages of the course: Romanian, Russian, English, French;
- Beneficiaries: students of the 4th year, Faculty of Medicine No.1 and No.2.

II. MANAGEMENT OF THE DISCIPLINE

Code of discipline		S.07.O.056	
Name of the discipline		Surgical Diseases	
Person(s) in charge of the discipline		dr. hab. șt. med., prof. univ. Gheorghe Rojnoveanu	
Year	IV	Semester/Semesters	VII-VIII
Total number of hours, including:			210
Lectures	40	Practical	50
Seminars	50	Self-training	26
Clinical internship			44
Form of assessment	E	Number of credits	7

III. TRAINING AIMS WITHIN THE DISCIPLINE

At the end of the discipline study the student will be able to:

at the level of knowledge and understanding:

- Recognize the surgical diseases in a patient;
- Know the peculiarities of the onset and evolution of different surgical pathologies;
- Understand the methods and peculiarities of patients' examination;



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- Know when and how to transfer a patient to specialized departments;
- Know the incidence, etiology and pathogenesis of abdominal surgical diseases, as well as abdominal and chest trauma;
- Be familiar with modern diagnostic methods (emergency and elective) in surgical diseases;
- Distinguish between modern treatment methods of abdominal surgical diseases and abdominal and chest traumas;
- Be acquainted with the prophylaxis methods of acute and chronic pathologies of the abdominal organs.

at the application level:

- Collect and evaluate correctly the history data;
- Perform correct physical examination of the patients with different surgical pathologies and trauma;
- Establish correct presumptive diagnosis;
- Assess the severity of the patients' general state of health;
- Provide emergency care in critical situations.

at the integration level:

- To appreciate the role of surgical diseases within medicine;
- To address creatively fundamental medicine issues;
- To create interrelations between Surgical Diseases and other medical disciplines;
- To implement and integrate the obtained knowledge with fundamental disciplines;
- To evaluate adequately the gained knowledge;
- To assimilate new trends in the surgical diseases field and to integrate it with other medical disciplines.

IV. PROVISIONAL TERMS AND CONDITIONS

- In order to understand well the discipline a student should possess strong knowledge in the field of biology, chemistry, anatomy, histology, biochemistry, pharmacology, pathomorphology, pathophysiology, semiotics of general surgery etc., obtained during the first 3 years.

V. THEMES AND ESTIMATE ALLOCATION OF HOURS

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

No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self-training
1.	Acute appendicitis: classification. Clinical features. Diagnosis and differential diagnosis, surgical treatment.	4	5	2.6
2.	Evolutional complications of acute appendicitis: symptoms, diagnosis, and management. Postoperative complications. Chronic appendicitis.	2	5	1.3
3.	Intestinal obstruction: etiology, pathogenesis. Homeostasis and hydro-saline imbalances in intestinal obstruction. Classification, clinical	2	5	1.3



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No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self-training
	features, diagnosis, differential diagnosis.			
4.	Intestinal obstruction: clinical forms (volvulus, intussusceptions, obstructive tumors, gallstone ileus etc), clinical features, differential diagnosis, surgical management. Pre- and postoperative period: preoperative preparation, postoperative treatment, methods of intestinal function stimulation, postoperative complications.	2	5	1.3
5.	Hernias of the abdominal wall. Anatomy, topography of the abdominal wall. Simple (reducible) hernias. Diagnosis. Treatment.	2	5	1.3
6.	Complications of hernias. Strangulated hernias. Clinical features. Diagnosis. Surgical treatment.	2	5	1.3
7.	Cholelithiasis. Chronic lithiasic cholecystitis: clinical forms, symptoms, diagnosis and differential diagnosis. Biliary colic: variants of evolution, clinical features. Treatment. Postoperative complications.	2	5	1.3
8.	Complications of cholelithiasis: classification, prophylaxis. Acute cholecystitis: etiology, classification, surgical tactics, postoperative treatment. Choledocolithiasis, acute Cholangitis: definition clinical features, diagnosis. Treatment methods.	2	5	1.3
9.	Acute pancreatitis. Anatomy and physiology of the pancreas. Etiology, pathogenesis. Clinical features. Methods of diagnosis. Medical and surgical treatment.	2	5	1.3
10.	Early complications of acute pancreatitis: classification, clinical features, diagnosis, treatment. Late complications of acute pancreatitis: classification, clinical features, diagnosis, treatment.	2	5	1.3
11.	Anatomy and physiology of the stomach and duodenum. Peptic ulcer disease: etiopathogenesis, classification, clinical and paraclinical diagnosis. Complications of the peptic ulcer. Treatment of the gastroduodenal ulcer: indications. Surgical procedures, postoperative management.	2	5	1.3
12.	Acute complications of the gastroduodenal ulcer: perforation, bleeding. Clinical features. Diagnosis. Surgical management.	2	5	1.3
13.	Chronic complications of the gastroduodenal ulcer: penetration, pyloric stenosis, malignancy. Clinical features. Diagnosis. Surgical management.	2	5	1.3
14.	Abdominal trauma: classification, clinical features, paraclinical methods of examination. Traumatic injuries of solid and hollow abdominal organs: clinical features, diagnosis, treatment.	2	5	1.3
15.	Thoracic trauma: classification, clinical features, diagnosis, treatment.	2	5	1.3
16.	Peritonitis: etiopathogenesis, classifications, primary, secondary, tertiary peritonitis. Clinical features. Diagnosis and differential	2	5	1.3



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No. d/o	THEME	Number of hours		
		Lectures	Practical hours	Self-training
	diagnosis.			
17.	Treatment of peritonitis: preoperative preparation; intraoperative tactics: volume of surgery, lavage and drainage of the peritoneal cavity; postoperative management.	2	5	1.3
18.	Chronic venous insufficiency. Classification. Etiology. Clinical features. Diagnosis. Treatment. Superficial and deep acute thrombophlebitis. Clinical features. Diagnosis. Treatment.	2	5	1.3
19.	Acute phlebothrombosis: clinical features, diagnosis and differential diagnosis. Postthrombophlebitic syndrome: etiopathogenesis, classification, clinical features, treatment. Pulmonary thromboembolism.	2	5	1.3
20.	Presentation. Clinical Case	-	5	-
	Clinical practice		44	
		40	100	26
	Total		210	

VI. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

• *Teaching and learning methods used*

- Surgical diseases course is taught in a classical way: with lectures and practical seminars. During lectures theoretical data are provided by the lecturers. During practical seminars clinical cases are studied, physical and paraclinical examination of the patient, diagnosis, medical care, treatment, prophylaxis and treatment of complications, discussion of the data given at lectures.
- Within the surgical departments the students will participate at the rounds, patients' presentation and discussion, conferences, will manage patients, visit the operating room.
- Lectures and seminars are held within clinical departments of the chair: septic surgery, aseptic surgery, trauma surgery, and endoscopy.
- Clinical facilities are within IMSP IMU and IMSP SCM nr.2 "Sf. Arh. Mihail".
- Discipline Surgical Diseases is studied during IV university year, within one semester (VII or VIII). The state exam has more than de 65% of questions from Surgical Diseases.

• *Applied teaching strategies / technologies (specific to the discipline)*

Brainstorming", „Multi-voting"; „Round table"; „Group interview"; „Case study".

• *Methods of assessment (including the method of final mark calculation)*



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Current:

Frontal and/or individual control:

- (a) MCQ;
- (b) interview;
- (c) case studies;
- (d) role playing;
- (e) written tests.

Final:

At the end of the course students are evaluated by: practical exam including a clinical case, test and oral exam. 100 minutes are given for the test (1 minute per question). Tests have several variants with 100 questions. Students who didn't recover the absences and didn't pass the practical exam are not admitted to the final exam. The final mark is calculated as weighted sum of 4 marks: median for semester (30%), practical exam (20%), MCQ (20%) and oral exam (30%)

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 decimals, which is transferred to student's record-book.

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



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VII. RECOMMENDED LITERATURE:

A. Compulsory:

1. Lectures
2. Gh. Ghidirim, E. Gutu, Gh. Rojnoveanu. **Surgical pathology**, 2006

B. Additional

1. F. Brunicardi, Dana Andersen, Timothy Billiar, David Dunn, John Hunter, Jeffrey Matthews, Raphael E. Pollock. **Schwartz's Manual of Surgery**, 8th Edition 2006.
2. Michael W. Mulholland. **Greenfield's surgery: scientific principles and practice**, 4th Ed, 2006
3. Courtney M. Townsend R. Daniel Beauchamp B. Mark Evers. **Sabiston Textbook of Surgery**, 18th ed., 2007
4. Robert M. Zollinger, Jr., MD, FACS; E. Christopher Ellison, MD, FACS. **Zollinger's Atlas of Surgical Operations**, 9 th ed., 2010
5. Adam Brooks (Editor), Bryan A. Cotton (Editor), Nigel Tai (Editor), Peter F. Mahoney (Editor). **Emergency Surgery**, 2010
6. Britt, L.D.; Trunkey, Donald D.; Feliciano, David V. (Eds.). **Acute Care Surgery: Principles and Practice**, 2007
7. Qassim Baker, Munther Aldoori. **Guidelines in Clinical Surgery A Trainee Handbook**, 2009
8. Klingensmith, Mary E.; Chen, Li Ern; Glasgow, Sean C.; Goers, Trudie A.; Melby, Spencer J. **Washington Manual of Surgery, The**, 5th Edition 2008
9. Haile T. Debas. **Gastrointestinal Surgery Pathophysiology and Management**. 2004
10. Jeffrey A. Norton, R. Randal Bollinger, Alfred E. Chang, Stephen F. Lowry, Sean J. Mulvihill, Harvey I. Pass, Robert W. Thompson, Michelle Li. **Essential Practice of Surgery Basic Science and Clinical Evidence**. 2003