Course Number: PHAS 5401

Credit Hours: 4 Semester Credit Hours

Course Title: Clinical Medicine I

Course Location: ESTAC 1.112

Course Dates: August 26 – December 13, 2019

Class Times:
- Monday 9:25-10:40
- Wednesday 9:25-10:40
- Friday 9:25-12:05

Required Texts & Materials:

The following textbooks are the major references, but there will be others for assigned reading. Be sure to read your announcements. You will be able to obtain them through the UTRGV Library online. Once in the Library website click on “Articles & Databases” at the top left corner and then click on “Access Medicine”. You will have to login using your student user name and password.

- CURRENT Medical Diagnosis and Treatment 2018, 57th Edition

- Harrisons Principles of Internal Medicine, 20e.
## Instructors & Contact Information:

<table>
<thead>
<tr>
<th>Module Name</th>
<th>Immunology/Hematology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Name</td>
<td>Dr. Bassent Abdelbary, MPH, PhD, MD</td>
</tr>
<tr>
<td>Office Location</td>
<td>EHABE 2,142</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:bassent.abdelbary@utrgv.edu">bassent.abdelbary@utrgv.edu</a></td>
</tr>
<tr>
<td>Phone Contact</td>
<td>956-665-7049</td>
</tr>
<tr>
<td>Office Hours</td>
<td>M 12-1pm T 11-1pm F 11-1pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Module Name</th>
<th>Pulmonology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Name</td>
<td>Mrs. Christina Gonzales, MPAS, PA-C</td>
</tr>
<tr>
<td>Office Location</td>
<td>EHABE 2.120</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:christina.gonzales@utrgv.edu">christina.gonzales@utrgv.edu</a></td>
</tr>
<tr>
<td>Phone Contact</td>
<td>956-665-7049</td>
</tr>
<tr>
<td>Office Hours</td>
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</tr>
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<table>
<thead>
<tr>
<th>Module Name</th>
<th>Cardiovascular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Name</td>
<td>Mr. John Kiker, MPAS, PA-C</td>
</tr>
<tr>
<td>Office Location</td>
<td>EHABE 2.127</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:john.kiker01@utrgv.edu">john.kiker01@utrgv.edu</a></td>
</tr>
<tr>
<td>Phone Contact</td>
<td>956-665-7049</td>
</tr>
<tr>
<td>Office Hours</td>
<td>MWF 1-3pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Module Name</th>
<th>Neurology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Name</td>
<td>Dr. Keith Joseph, MD</td>
</tr>
<tr>
<td>Office Location</td>
<td>EHABE 2.220</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:keith.joseph@utrgv.edu">keith.joseph@utrgv.edu</a></td>
</tr>
<tr>
<td>Phone Contact</td>
<td>956-665-7049</td>
</tr>
<tr>
<td>Office Hours</td>
<td>TBD</td>
</tr>
</tbody>
</table>

## Course Coordinator:

<table>
<thead>
<tr>
<th>Professor Name</th>
<th>Mrs. Wilma J. Mealer, MPAS, PA-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Coordinator</td>
<td></td>
</tr>
<tr>
<td>Office Location</td>
<td>EHABE 2.126</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:Wilma.mealer@utrgv.edu">Wilma.mealer@utrgv.edu</a></td>
</tr>
<tr>
<td>Phone Contact</td>
<td>956-665-7043</td>
</tr>
<tr>
<td>Office Hours</td>
<td>M&amp;W 10:00-12:00 Th- 12:00-1:00</td>
</tr>
</tbody>
</table>

All course correspondence will be through Blackboard course messages.

## Course Description:

PHAS 5401: This is the first of three didactic clinical medicine courses. The course will concentrate on the etiology, pathophysiology, clinical presentation, diagnosis, treatment, management and prevention of disease across the human life span; organized into an
organ system modular approach. The course will also provide opportunity for students to demonstrate, in preparation for the major clinical year, the ability to work collaboratively, to apply their knowledge and solve clinical problems. Instructional methods include lectures to provide the core knowledge, case-based small group discussions, team-based learning exercises, and independent readings. The course structure and content is closely related and aligned to the concurrent courses in the curriculum. Problem solving and medical decision-making skills will be emphasize.

Prerequisite: Admission into the Physician Assistant Studies Program

**Course Grading:**

Course grade will be calculated based on the following;

<table>
<thead>
<tr>
<th>Course</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunology/Hematology Exam</td>
<td>20%</td>
</tr>
<tr>
<td>Pulmonology Exam</td>
<td>20%</td>
</tr>
<tr>
<td>Cardiology Exam</td>
<td>20%</td>
</tr>
<tr>
<td>Neurology Exam</td>
<td>20%</td>
</tr>
<tr>
<td>Final Comprehensive Exam</td>
<td>20%</td>
</tr>
</tbody>
</table>

Final course grade will be recorded as;

- **A** 90-100
- **B** 80-<90
- **C** 70-<80
- **F** <70

**STUDENTS WITH DISABILITIES:**

Students with a documented disability (physical, psychological, learning, or other disability which affects academic performance) who would like to receive academic accommodations should contact **Student Accessibility Services (SAS)** as soon as possible to schedule an appointment to initiate services. Accommodations can be arranged through SAS at any time, but are not retroactive. Students who experience a broken bone, severe injury, or undergo surgery during the semester are eligible for temporary services.

**Pregnancy, Pregnancy-related, and Parenting Accommodations**

Title IX of the Education Amendments of 1972 prohibits sex discrimination, which includes discrimination based on pregnancy, marital status, or parental status. Students seeking accommodations related to pregnancy, pregnancy-related condition, or parenting (reasonably immediate postpartum period) are encouraged to contact Student Accessibility Services for additional information and to request accommodations.
Student Accessibility Services:
Brownsville Campus: Student Accessibility Services is located in 1.107 in the Music and Learning Center building (BMSLC) and can be contacted by phone at (956) 882-7374 or via email at ability@utrgv.edu.
Edinburg Campus: Student Accessibility Services is located in 108 University Center (EUCTR) and can be contacted by phone at (956) 665-7005 or via email at ability@utrgv.edu.

Learning and Assessment Activities:

Lectures:

Lectures are provided both before and during class time. They are used to convey critical information and background regarding the subject matter. They are intended as a supplement to the information already provided in the required textbook(s). Lectures are delivered utilizing student-centered techniques to promote active learning. Instructors will utilize flipped classroom techniques, mini-lectures, and case-based learning to deliver content.

Written Module Examination:

There are four modular and one comprehensive examinations for this course. The exams consist of multiple choice questions, a minute and a half will be allocated for each question. Please refer to the policy manual for testing failure policies. Written examination will be delivered through the Examplify for PC/MAC platform.

Mandatory Remediation Policy:

The purpose of this remediation policy is to assure that students have achieved competency in the material as described in the objectives of each course in the curriculum. Remediation is required for all didactic courses and labs. However, students are not allowed to review their exams.

1. The Academic Remediation Referral process must be started as soon as possible after the examination grade has been posted. Failure of the student to participate in the Academic Remediation Referral process will require the course faculty to generate the Academic Remediation Referral form and indicate that the student failed to participate in the Academic Remediation Referral process. Failure of the student to participate in the Academic Remediation Referral process may result in course failure.

2. Academic Remediation Referral is required for any student scoring <70% on any examination, lab practical or course work. The student will meet with the course instructor.

3. Any student scoring <80% on any examination or lab practical or course work will meet with the faculty mentor.
4. The faculty will review, sign, and date the Academic Remediation Referral form with the student describing the remediation plan and have the student sign and date the form. The department will keep the completed Academic Remediation Referral form. The student will be given a copy of the Academic Remediation Referral form.

5. The Academic Remediation Referral form will outline a General Action Plan. Actions listed in the General Action Plan must be completed by dates identified by the faculty. This General Action Plan may include one or more of the following:

   a. Individual review of failed examination topics (not questions)

   b. Attendance at group tutoring sessions.

   c. Additional assignments to enhance comprehension of material.

   d. Referral for additional study/organizational/test-taking skills offered at UTRGV outside of the department.

   e. Referral to campus assistance programs (e.g.: Student Health Services, Counseling and Psychological Services, etc.).

   f. Individual review of study skills, test-taking skills, organizational skills, and time management skills.

   g. Additional factors identified through discussion with the student.

5. The Academic Remediation Referral form is a formal course requirement. Failure of the student to complete the remediation process and to complete the Academic Remediation Referral form may result in course failure.

6. Students requiring remediation may be referred to the appropriate departmental committee. Remediation of course material is required for all scores < 80% on any of the written modular examinations. The Mandatory Remediation Policy is attached for your review. An Academic Remediation Referral will be created for any student needing to remediate a module. Please consult the FYI for further policy regarding failure of courses in the Physician Assistant Department.

**Retesting Policy:**

No retesting or grade change will be allowed for this course.

**Individual Readiness Assurance Test (IRAT):**

IRATs are designed to ensure students are adequately preparing for participation in all in-class activities like case-based learning and problem-based learning. IRATs will be delivered during class using the Exam Soft. Although you must participate by taking the
IRATs in class, they will not be graded. The IRATs should be used to benchmark your progress. They are also useful to the instructor as a gauge for student comprehension and mastery. Individuals who repeatedly score low on IRATs may need to meet individually with the course instructor and/or faculty advisor in order to direct learning to achieve success.

**Group Readiness Assurance Test (GRAT):**

GRATs are designed to develop critical thinking skills. As a group activity, team-based learning techniques will be key to successful completion of each assignment. Students must work in their teams in order to work through the assigned case study. GRATs are designed to be entirely completed during class time. Although you must participate by working through the GRATs in class, they will not be graded. GRATs should be used to develop your critical thinking skills with the help of others. Students noted to be absent, not participating, and/or overly combative may be asked to meet individually with the course instructor and/or faculty advisor in order to direct learning to achieve success.

**Course Goal & Outcomes:**

1. Demonstrate knowledge in the area of immunology, hematology, cardiology, pulmonology, and neurology.
2. Utilize and interpret of diagnostics and lab findings in the area of immunology, hematology, cardiology, pulmonology, and neurology.
3. Assess and develop a management plan based on the latest options in management and therapy.
4. Differentiate and discuss the four types of immunological hypersensitivity responses and give examples.
5. Differentiate and discuss the various types of anemias as determined by history, physical exam presentations and diagnostic studies.
6. Differentiate and discuss the various hematological cancers by the history, physical exam presentations and diagnostic studies.
7. Design an effective and efficient approach to the patient with suspected Cardiovascular disease.
8. Identify risk factors for and strategies to prevent cardiovascular disease.
9. Recognize the clinical manifestations of cardiovascular diseases, formulate a reasoned differential diagnosis and describe current options for diagnosis, management and therapy.
10. Design an effective and efficient approach to the patient with suspected respiratory symptoms.
11. Describe various pathologies underlying presenting respiratory symptoms.
12. Differentiate and discuss obstructive, restrictive, and other lung diseases/pleural disorders.
13. Differentiate and discuss the various lung lesions/tumors by the history, physical exam presentations and diagnostic studies.
14. Demonstrate knowledge of the major categories of neurologic disease and their
primary modes of presentation.
15. Apply the principles underlying a systematic approach in the management of common neurologic diseases. (Including recognition and management of symptoms that are potential emergencies).
16. Formulate a Differential Diagnosis based on lesion localization, time course and relevant historical and demographic features.
17. Recognize situations in which it is appropriate to request neurological consultation.

**Learning Objectives & Expected Competencies:**

1. Understand and apply evidence based medicine in the areas of immunology, hematology, cardiology, pulmonology, and neurology.
2. Apply scientific principles related to patient care in the areas of immunology, hematology, cardiology, pulmonology, and neurology.
3. Understand and evaluate etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions in the above mentioned disciplines.
4. Evaluate signs and symptoms of medical and surgical conditions in the above mentioned disciplines.
5. Apply appropriate diagnostic studies, pharmacologic and other treatment modalities in the above mentioned disciplines.
6. Apply interventions for prevention of disease and health promotion/maintenance.
7. Apply screening methods to detect conditions in an asymptomatic individual.
8. Use history and physical findings and diagnostic studies to formulate differential diagnoses.
9. Make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment.
10. Develop and implement patient management plans.
11. Utilize information technology to manage information, access medical information, and support their own education
12. Practice cost-effective health care and resource allocation that does not compromise quality of care

**Course Plan:**

<table>
<thead>
<tr>
<th>Clinical Medicine I</th>
<th>Days, Dates and Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Module</strong></td>
<td><strong>Immunology</strong></td>
</tr>
<tr>
<td>Immunology/Hematology Module Date: 08/26 - 09/16</td>
<td>Monday August 26th Introduction to Immunology Immunodeficient disease Autoimmune reactions Transfusion reaction</td>
</tr>
<tr>
<td></td>
<td>Wednesday August 28th Anaphylaxis</td>
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</table>
| Exam Date: 09/16/2019 | IRAT | Allergic rhinitis  
Atopic dermatitis  
Asthma | Hematology |
|-----------------------|------|-------------------|
| Friday August 30th    | IRAT/GRAT | Cytopenias  
Hemoglobinopathies |
| Monday September 3rd  | IRAT/GRAT | Holiday |
| Wednesday September 4th | IRAT/GRAT | Cytoses |
| Friday September 6th  | IRAT/GRAT | Leukemia  
Lymphoma  
Multiple myeloma  
Myelodysplasia |
| Monday September 9th  | IRAT/GRAT | Malaria  
Systemic inflammatory response  
HIV |
| Wednesday September 11th | IRAT/GRAT | Coagulation disorders |
| Friday September 13th | IRAT/GRAT | Review Cases  
Q&A Session |
| Monday September 16th | IRAT/GRAT | Immunology/Hematology Exam |

<table>
<thead>
<tr>
<th>Days, Dates, Topics</th>
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</thead>
<tbody>
<tr>
<td>Wednesday September 18th</td>
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<tr>
<td>Friday September 20th</td>
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<tr>
<td>Monday September 23rd</td>
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<tr>
<td>Wednesday September 25th</td>
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<tr>
<td>Friday September 27th</td>
</tr>
<tr>
<td>Monday September 30th</td>
</tr>
<tr>
<td>Wednesday October 2nd</td>
</tr>
<tr>
<td>Friday October 4th</td>
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<tr>
<td>Monday October 7th</td>
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Neurology
Module Date: 09/18 - 10/7
Exam Date: 10/7/2019
<table>
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<th>Module</th>
<th>Days, Dates, Topics</th>
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<tbody>
<tr>
<td>Cardiovascular</td>
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<tr>
<td><strong>Module Date:</strong> 10/09 - 11/04</td>
<td></td>
</tr>
<tr>
<td><strong>Exam Date:</strong> 11/04/2019</td>
<td></td>
</tr>
</tbody>
</table>
| Wednesday | October 9<sup>th</sup> | Hypertension  
TBL CASES  
IRAT & GRAT |
| Friday | October 11<sup>th</sup> | **PANOPTO LECTURE**  
Hypotension, Syncope and Cardiogenic Shock |
| Monday | October 14<sup>th</sup> | Conduction Disorders and Cardiogenic Syncope  
TBL CASES  
IRAT & GRAT |
| Wednesday | October 16<sup>th</sup> | Cardiomyopathies  
IRAT & GRAT |
| Friday | October 18<sup>th</sup> | Congestive Heart Failure  
TBL CASES  
IRAT & GRAT  
Cardiology Challenge |
| Monday | October 21<sup>st</sup> | Congenital Heart Disease  
TBL CASES  
IRAT & GRAT |
| Wednesday | October 23<sup>th</sup> | Valvular Heart Disease  
TBL CASES  
IRAT & GRAT |
| Friday | October 25<sup>th</sup> | Coronary Artery Diseases  
TBL CASES  
IRAT & GRAT  
Cardiology Challenge |
| Monday | October 28<sup>th</sup> | Peripheral Vascular Disease  
TBL CASES  
IRAT & GRAT |
| Wednesday-Friday | October 30<sup>th</sup> - November 1<sup>st</sup> | Other Cardiovascular Diseases  
TBL CASES  
IRAT & GRAT  
Cardiology Challenge |
<p>| Monday | November 4 | Exam |</p>
<table>
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<tr>
<th>Pulmonology Module Date: 11/06 - 12/2</th>
<th>Intro to Pulm Disease IRAT&amp;GRAT</th>
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<tr>
<td>Wednesday November 6</td>
<td>Pulmonary Infections TBL Cases IRAT GRAT</td>
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<tr>
<td>Friday November 8</td>
<td>Obstructive Lung</td>
</tr>
<tr>
<td>Monday November 11</td>
<td>Chronic Restrictive</td>
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<tr>
<td>Wednesday November 13</td>
<td>Vascular Lung</td>
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<tr>
<td>Friday November 15</td>
<td>Pleural Disorders/TB Case</td>
</tr>
<tr>
<td>Monday November 18</td>
<td>Miscellaneous Lung Conditions</td>
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<tr>
<td>Wednesday November 22</td>
<td>Wrap Up</td>
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<tr>
<td>Monday November 25</td>
<td>Jeopardy Q&amp;A</td>
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<tr>
<td>Wednesday November 27</td>
<td>Exam</td>
</tr>
<tr>
<td>Monday December 2\textsuperscript{nd}</td>
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*For detailed topics, refer to NCCPA topic list posted on Blackboard

**For specific assigned readings, please consult with Blackboard

***Final Exam Wednesday 12/11/2019 8:00 – 9:45 AM

MANDATORY COURSE EVALUATION PERIOD:
Students are required to complete an ONLINE evaluation of this course, accessed through your UTRGV account (http://my.utrgv.edu); you will be contacted through email with further instructions. Students who complete their evaluations will have priority access to their grades. Online evaluations will be available on or about:

- Module 1 October 2\textsuperscript{nd} – 8\textsuperscript{th}
- Module 2 November 27\textsuperscript{th} – December 3\textsuperscript{rd}
- Full Fall Semester November 14\textsuperscript{th} – December 4\textsuperscript{th}

ATTENDANCE:
Students are expected to attend all scheduled classes and may be dropped from the course for excessive absences. UTRGV’s attendance policy excuses students from attending class if they are participating in officially sponsored university activities, such as athletics; for observance of religious holy days; or for military service. Students should contact the instructor in advance of the excused absence and arrange to make up missed work or examinations.
**Make-up Examination:**

No allowances will be made for an exam being missed, other than for an unavoidable anticipated or unavoidable unanticipated absence. Make-up examinations are permitted for excused absences only (see criteria and definition of departmental excused absences in the policy manual under section titled *Punctuality and Absences*). Make-up examinations must be completed within 5 class (business) days upon the student’s return; otherwise a grade of “0” will be assigned. The content and format of any make-up examination is at the discretion of the course instructor.

**Plagiarism:**

Specifically, written plagiarized work, defined as submitting as your own work that which contains direct or paraphrased quotes from another source, cannot be used in written assignments. Assignments must reflect the individual’s own work. Any violation of the scholastic integrity pledge will result in failure of the course and disciplinary actions deemed necessary and appropriate by the administration.

Plagiarism of any kind will also result in a failing grade for the course. Safe Assign software will be used to detect plagiarism.

**SCHOLASTIC DISHONESTY:**

As members of a community dedicated to Honesty, Integrity and Respect, students are reminded that those who engage in scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and expulsion from the University. Scholastic dishonesty includes but is not limited to: cheating, plagiarism (including self-plagiarism), and collusion; submission for credit of any work or materials that are attributable in whole or in part to another person; taking an examination for another person; any act designed to give unfair advantage to a student; or the attempt to commit such acts. Since scholastic dishonesty harms the individual, all students and the integrity of the University, policies on scholastic dishonesty will be strictly enforced (Board of Regents Rules and Regulations and UTRGV Academic Integrity Guidelines). All scholastic dishonesty incidents will be reported to Student Rights and Responsibilities.

**SEXUAL MISCONDUCT and MANDATORY REPORTING:**

In accordance with UT System regulations, your instructor is a “Responsible Employee” for reporting purposes under Title IX regulations and so must report to the Office of Institutional Equity & Diversity (oie@utrgv.edu) any instance, occurring during a student’s time in college, of sexual misconduct, which includes sexual assault, stalking, dating violence, domestic violence, and sexual harassment, about which she/he becomes aware during this course through writing, discussion, or personal disclosure. More information can be found at www.utrgv.edu/equity, including confidential resources available on campus. The faculty and staff of UTRGV actively strive to provide a learning, working, and living environment that promotes personal integrity,
civility, and mutual respect that is free from sexual misconduct, discrimination, and all forms of violence. If students, faculty, or staff would like confidential assistance, or have questions, they can contact OVAVP (Office for Victim Advocacy & Violence Prevention) at 665-8287, 882-8282, or OVAVP@utrgv.edu.

**STUDENT SERVICES:**
Students who demonstrate financial need have a variety of options when it comes to paying for college costs, such as scholarships, grants, loans and work-study. Students should visit the Students Services Center (U Central) for additional information. U Central is located in BMAIN 1.100 (Brownsville) or ESSBL 1.145 (Edinburg) or can be reached by email (ucentral@utrgv.edu) or telephone: (888) 882-4026. In addition to financial aid, U Central can assist students with registration and admissions.

Students seeking academic help in their studies can use university resources in addition to an instructor’s office hours. University Resources include the Learning Center, Writing Center, Advising Center and Career Center. The centers provide services such as tutoring, writing help, critical thinking, study skills, degree planning, and student employment. Locations are:

<table>
<thead>
<tr>
<th>Center Name</th>
<th>Brownsville Campus</th>
<th>Edinburg Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Center</td>
<td>BMSLC 2.118</td>
<td>ELCTR 100</td>
</tr>
<tr>
<td><a href="mailto:LearningCenter@utrgv.edu">LearningCenter@utrgv.edu</a></td>
<td>(956) 882-8208</td>
<td>(956) 665-2585</td>
</tr>
<tr>
<td>Writing Center</td>
<td>BUBLB 3.206</td>
<td>ESTAC 3.119</td>
</tr>
<tr>
<td><a href="mailto:WC@utrgv.edu">WC@utrgv.edu</a></td>
<td>(956) 882-7065</td>
<td>(956) 665-2538</td>
</tr>
<tr>
<td>Advising Center</td>
<td>BMAIN 1.400</td>
<td>ESWKH 101</td>
</tr>
<tr>
<td><a href="mailto:AcademicAdvising@utrgv.edu">AcademicAdvising@utrgv.edu</a></td>
<td>(956) 665-7120</td>
<td>(956) 665-7120</td>
</tr>
<tr>
<td>Career Center</td>
<td>BCRTZ 129</td>
<td>ESSBL 2.101</td>
</tr>
<tr>
<td><a href="mailto:CareerCenter@utrgv.edu">CareerCenter@utrgv.edu</a></td>
<td>(956) 882-5627</td>
<td>(956) 665-2243</td>
</tr>
</tbody>
</table>

**COURSE DROP:**
According to UTRGV policy, students may drop any class without penalty earning a grade of DR until the official drop date. Following that date, students must be assigned a letter grade and can no longer drop the class. Students considering dropping the class should be aware of the “3-peat rule” and the “6-drop” rule so they can recognize how dropped classes may affect their academic success. The 6-drop rule refers to Texas law that dictates that undergraduate students may not drop more than six courses during their undergraduate career. Courses dropped at other Texas public higher education institutions will count toward the six-course drop limit. The 3-peat rule refers to additional fees charged to students who take the same class for the third time.

**Calendar of Activities**
Include in this section a table or list that provides information for students regarding important dates, assignments or activities. The UTRGV academic calendar can be found at [https://my.utrgv.edu/home](https://my.utrgv.edu/home) at the bottom of the screen, prior to login. Some important dates for Fall 2019 include:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 26</td>
<td>First day of classes</td>
</tr>
<tr>
<td>August 29</td>
<td>Last day to add a course or register for Fall 2019</td>
</tr>
<tr>
<td>September 2</td>
<td>Labor Day Holiday – NO classes</td>
</tr>
<tr>
<td>November 13</td>
<td>Last day to drop a course; will count toward the 6-drop rule</td>
</tr>
<tr>
<td>November 28 - 29</td>
<td>Thanksgiving Holiday – NO classes</td>
</tr>
<tr>
<td>December 5</td>
<td>Study Day – NO classes</td>
</tr>
<tr>
<td>December 6 - 12</td>
<td>Final Exams</td>
</tr>
<tr>
<td>December 13 - 14</td>
<td>Commencement Exercises</td>
</tr>
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**Instructional and Lecture Objectives:**

<table>
<thead>
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<th>Immunology/Hematology</th>
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- Introduction to immunology
- Immune deficiency disease
- Hypersensitivity reactions
- Transfusion reaction

**Reading Assignment:** *Harrison’s Principles of Internal Medicine*; chapters 342 and 343 (for review purposes only), chapter 344

**Objectives:**
1. Discuss the signs and symptoms, clinical assessment and diagnostic evaluation of the patient with impaired immune response.
2. Discuss and differentiate the 4 types of immunological hypersensitivity responses and give examples.
3. Identify the presentation and treatment options for patients with immunological hypersensitivity responses.
4. Identify clinical presentation of transfusion reaction and discuss management options and prognosis.
5. Compare and contrast immunological hypersensitivity responses in clinical case scenarios.
• Anaphylaxis
• Allergic rhinitis
• Atopic Dermatitis
• Asthma

**Reading Assignment**: *Harrison’s Principles of Internal Medicine*; chapter 345

**Objectives**:
1. Describe the various risk factors for the following immunological conditions (anaphylaxis, allergic rhinitis, atopic dermatitis and asthma).
2. Discuss the signs and symptoms of the patient with the above immunologic condition.
3. Discuss the clinical assessment and diagnostic evaluation of the patient with the above immunologic condition.
4. Differentiate between urticaria, atopy, angioedema and anaphylaxis.
5. Identify the treatment options for patients with immunologic conditions/ reactions.
6. Compare and contrast immunologic conditions in clinical case scenarios.

**Friday, Monday, Wednesday 8/30/2019 – 9/4/2019**

• Cytopenias
• Hemoglobinopathies
• Cytoses

**Reading Assignment**: *Harrison’s Principles of Internal Medicine*; chapters 93-99 and/or *Current* chapter 13.

**Objectives**:
1. Describe the different etiologies of cytopenic conditions (anemia, neutropenia and leukopenia) and their clinical presentation.
2. Discuss the clinical assessment and diagnostic evaluation of the patient with various forms of cytopenic conditions.
3. Identify treatment options and prognosis for patients with cytopenic conditions.
4. Describe the different etiologies of cytosis (polycythemia and thrombocytosis) and their clinical presentation.
5. Discuss the clinical assessment and diagnostic evaluation and treatment of the patient with various forms of polycythemia and thrombocytosis.
6. Describe the different etiologies of hemoglobinopathies and their clinical presentation.
7. Discuss the clinical assessment and diagnostic evaluation and treatment of the patient with various forms of hemoglobinopathy.
8. Compare and contrast various types of cytopenias, cytoses, and hemoglobinopathies in clinical case scenarios.
Friday 9/6/2019

- Leukemia
- Lymphoma
- Multiple myeloma
- Myelodysplasia

**Reading Assignment:** *Harrison’s Principles of Internal Medicine*; chapters 100-107 and /or *Current* chapter 13.

**Objectives:**
1. Describe the various hematologic malignant conditions, risk factors and how to approach each of them.
2. Discuss the clinical assessment and diagnostic evaluation of hematologic malignant conditions.
3. Identify the treatment options for hematologic malignant conditions.
4. Compare and contrast various hematologic malignant conditions in clinical case scenarios.

Monday 9/9/2019

- Malaria
- Systemic Inflammatory response
- HIV

**Reading Assignment:** *Harrison’s Principles of Internal Medicine*; chapters 197, 219, 297 and /or *Current* chapter 35 (only malaria section).

**Objectives:**
1. Describe HIV, malaria, sepsis and systemic inflammatory response and how to approach each of them.
2. Discuss the clinical assessment and diagnostic evaluation of the patient with HIV, malaria, sepsis and systemic inflammatory response.
3. Identify the treatment options for patients with HIV, malaria, sepsis and systemic inflammatory response.
4. Identify preventive measures for HIV and malaria and how counsel patients at risk.
5. Compare and contrast these various disorders in clinical case scenarios.

Wednesday 9/11/2019

- Coagulation disorders
  - Clotting factors disorders
  - Thrombocytopenias
Reading Assignment: *Harrison’s Principles of Internal Medicine*; chapters 111-112 and/or *Current* chapter 14.

Objectives:
1. Describe the various coagulation disorders, their etiology and how to approach each of them.
2. Discuss the clinical assessment and diagnostic evaluation of the patient with coagulation disorders.
3. Identify the treatment options for patients with coagulation disorders.

Compare and contrast various coagulation disorders in clinical case scenario

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**Friday 9/13/2019**

- Review Cases Q&A Session

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**Monday 9/16/2019 Immu/Hematology Exam**

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**Module II Neurology 9/18 through 10/7**

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**Wednesday 9/18/2019**

**Day 1: Wednesday Sept.18th – Headaches**

- Differentiate between different types of headaches (cluster, migraine, tension,)
- Determine the
- Discuss the etiology, signs and symptoms of different types of headaches
- Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with headaches
- Discuss the therapeutic management and prognosis of the different types of headaches

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**Friday 9/20/2019**

**Day 2: Friday Sept. 20th - Infectious Diseases**

- Differentiate between different types of infectious diseases
- Discuss the etiology, signs and symptoms of neurological infections (affecting central and peripheral nervous system)
- Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with neurological infections
• Discuss the therapeutic management and prognosis of the different types of neurological infections

Monday 9/23/2019

Day 3: Monday Sept. 23rd - Neurocognitive Disorders
• Differentiate the different types of neurocognitive Disorders
• Discuss the etiology, signs and symptoms of traumatic and atraumatic causes of altered level of consciousness
• Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with altered level of consciousness
• Discuss the therapeutic management and prognosis of the different types of altered level of consciousness

Wednesday 9/25/2019

Day 4: Wednesday Sept. 25th - Vascular Disorders
• Differentiate the different types of vascular disorders (aneurysm, intracranial hemorrhage, stroke, transient ischemic attack (TIA), peripheral artery disease (PAD), etc.)
• Discuss the etiology, signs and symptoms of vascular disorders
• Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with vascular disorders
• Discuss the therapeutic management and prognosis of the different types of vascular disorders

Friday 9/27/2019

Day 5: Friday Sept. 27th - Movement Disorders & Cranial Nerve Palsies
• Differentiate the different types of movement disorders & cranial nerve palsies
• Discuss the etiology, signs and symptoms of movement disorders and cranial nerve palsies
• Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with neurological movement disorders and cranial nerve palsies
• Discuss the therapeutic management and prognosis of the different types of neurological movement disorders and cranial nerve palsies

Monday 9/30/2019

Day 6: Monday Sept. 30th - Seizure Disorders
Differentiate between different types of seizures
Discuss the etiology, signs and symptoms of different types of seizures
Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with seizures
Discuss the therapeutic management and prognosis of the different types of seizures

**Wednesday 10/2/2019**

**Day 7: Wednesday Oct. 2nd - Brain Neoplasms**

- Differentiate the different types of brain neoplasms
- Discuss the etiology, signs and symptoms of brain neoplasms
- Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with brain neoplasms
- Discuss the therapeutic management and prognosis of the different types of brain neoplasms

**Friday 10/4/2019**

**Day 8: Friday Oct 4th - Neuromuscular & Peripheral Nerve Disorders**

- Differentiate between different types of neuromuscular & peripheral nerve disorders
- Discuss the etiology, signs and symptoms of different types of neuromuscular & peripheral nerve disorders
- Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with neuromuscular & peripheral nerve disorders
- Discuss the therapeutic management and prognosis of the different types of neuromuscular & peripheral nerve disorders

**Monday 10/7/2019 Neurology Module Exam**

**Texts: Hurst’s The Heart 14ed**
**Supplemental readings from Harrisons 20ed**
**Supplemental readings from Current Diagnosis and Treatment Pediatric 24ed**

**Cardiovascular Wednesday 10/9/2019**

**Hypertension:**
Readings: Hurst’s the Heart 14ed
Sect 3 Chap 11: History and Physical Exam and Cardiac Auscultation.
Sect 4 Chap 25: Diagnosis and Treatment of Hypertension
Sect 5 Chap 26: The Metabolic Syndrome (Preventive care and Therapeutic Strategy)
• Analyze Hypertension by understanding the criteria for hypertension and the contributing factors for hypertension. Evaluate the hypertensive patient by understanding the clinical features and the rational for the initial workup and treatment of the patient with essential hypertension.
• Analyze secondary hypertension, hypertensive urgency and hypertensive emergencies by recognizing the clinical features, lab and imaging results.
• Evaluate the patient with secondary hypertension by understanding the clinical features and rational for the workup and treatment of the patient.

Friday 10/11/2019

Hypotension, Neurocardiogenic Syncope and Cardiogenic Shock
Readings: Harrisons 20ed Chap 296: Approach to Shock
            Hurst’s The Heart 14ed
Sect 13 Chap 90: Diagnosis and Management of Syncope (Causes of Syncope, Approach to the patient)
    Analyze hypotension by understanding the etiology of orthostatic hypotension, neurocardiogenic syncope and cardiogenic shock.
• Evaluate the hypotensive patient by understanding the clinical features of orthostatic hypotension, neurocardiogenic syncope and cardiogenic shock and the rational for the evaluation and management.

• PAEA conference
• Tegrity lecture on Conduction Disorders and Cardiogenic Syncope

Monday 10/14/2019

Conduction Disorders and Cardiogenic Syncope
Readings: Hurst’s The Heart 14ed
Sect 13 Chap 83: A-Fib and A-Flutter, and Atrial Tachycardia
    Chap 84: Supraventricular Tachycardia: AVNRT, WPW
Chap 85: Ventricular Arrhythmias
Chap 86: Bradyarrhythmias (Sinus node Dysfunction, Disorders of AV Conduction)

• Analyze arrhythmias by recognizing and understanding the origin of atrial fibrillation/flutter, PSVT, VT, V fibrillation, Torsades de pointes, AV blocks and bundle branch blocks on the EKG and the etiology of the arrhythmia.
• Evaluate the patient by understanding clinical features of arrhythmias and the rational for the workup and treatment of the patient

Wednesday 10/16/2019

Cardiomyopathies
Readings: Hurst's The Heart 14 ed
Sect 10 Chap 58: Dilated Cardiomyopathy
  Chap 59: Hypertrophic Cardiomyopathy
  Chap 61: Restrictive Cardiomyopathy

Analyze cardiomyopathies by understanding dilated, restrictive and hypertrophic cardiomyopathies, the origins and the clinical features of each.

• Evaluate the patient with cardiomyopathy by understanding the clinical features and the rational for the workup and treatment of the patient.

Friday 10/18/2019

Congestive Heart Failure (CHF)
Readings: Hurst's The Heart 14ed
Sect 11 Chap 71 Evaluation and Management of Acute Heart Failure
(General Approach to diagnosis and treatment. Mainstays of therapy, hospital discharge, patient education and transition of care)
Chapter 70: Diagnosis and Management of Chronic Heart Failure (Classification of Heart Failure, Diagnosis and treatment of Heart Failure and reduced EF, Diagnosis and treatment of Heart Failure with preserved EF)

• Analyze acute and chronic CHF by understanding the origin and clinical features.
• Evaluate the patient with acute and chronic CHF by understanding the clinical features and the rational for the workup and treatment of the patient.

Cardiology Challenge

Monday 10/21/2019

Congenital Heart Disease
Readings: Current Diagnosis & Treatment: Pediatrics, 24 ed
Chap 20: Cardiovascular Diseases (Acyanotic Congenital Heart Disease, Cyanotic Congenital Heart Disease: Tetralogy of Fallot)
• Analyze congenital heart disease by understanding the origin and the physiologic consequences and clinical features of ASD, VSD, PDA, Coarctation of the aorta and Tetralogy of Fallot.

• Evaluate the patient with a congenital heart defect by understanding the clinical features and the rational for the workup and treatment of the patient.

Wednesday 10/23/2019

Valvular Heart Disease:
Readings: Hurst’s The Heart 14ed
Section 8 Chap 47 Aortic Valve Disease (Aortic Stenosis, Aortic Regurgitation, Acute Aortic Regurgitation)
Chap 48: Degenerative Mitral Valve Disease (Clinical Presentation, Timing of Surgery)
Chap 49: Ischemic Mitral Regurgitation (Stages, Mechanisms, Prognosis, Assessment, Treatment)
Chap 50: Mitral Stenosis (Clinical Presentation, Diagnostic Studies, Medical Therapy, Timing of Mechanical TX)
Chap 51: Tricuspid and Pulmonary Valve Disease (The Tricuspid Valve, The Pulmonary Valve)

• Analyze valvular heart disease by understanding the origin, clinical features of aortic, pulmonic, tricuspid and mitral disease.

• Evaluate the patient with valvular heart disease by understanding the clinical features and the rational for the workup and treatment of the patient.

Friday 10/25/2019

Coronary Artery Disease
Readings: Hurst’s The Heart 14ed
Section 7 Chap 35: Nonobstructive Atherosclerotic and Nonatherosclerotic Coronary Heart Disease (Coronary Microvascular Dysfunction and Nonobstructive Atherosclerosis, Epicardial Coronary Spasm)
Chap 43: The Evaluation and Management of Stable Ischemic Heart Disease (The overview of Stable Ischemic Heart Disease, Factors that Promote the progression of chronic CAD, Hypertension and Left Ventricular Hypertrophy, Diagnostic Testing in chronic CAD, Treatment of stable ischemic heart disease)

• Analyze Ischemia, Stable and Unstable Angina, ACS, Non-STEMI, STEMI by recognizing the clinical features of each

Evaluate the patient by understanding the clinical features and the rational for the workup and treatment of the patient.
Coronary Artery Disease continued

Readings: Hurst’s The Heart 14ed
Sect 7: Chap:39 The Evaluation and Management of Non-ST-Segment MI Myocardial Infarction (NON-STEMI)
Chap:40 ST-Segment Elevation Myocardial Infarction (STEMI)

• Analyze Ischemia, Stable and Unstable Angina, ACS, Non-STEMI, STEMI by recognizing the clinical features of each
  Evaluate the patient by understanding the clinical features and the rational for the workup and treatment of the patient.

Cardiology Challenge

| Monday 10/28/2019 |

Peripheral Vascular Disease
Readings: Hurst’s The Heart 14ed Sect:14
Chapt:93 Diseases of The Aorta (Aneurysms, Precipitation of Aortic Dissection, Clinical Manifestations, Differential Diagnosis, Diagnostic Studies, Treatment of Aneurysm and Dissection)
Chapt:96 Diagnosis and Management of Diseases of the Peripheral Arteries
Chapt:97 Diagnosis and Management of Diseases of the Peripheral Venous System (Venous Thrombosis, Venous Insufficiency, Venous Ulcers)

• Analyze aortic disease by understanding the origin and clinical features of giant cell arteritis, aortic aneurysm and aortic dissection.
• Analyze peripheral arterial disease by understanding, the origin and clinical features of an acute arterial occlusion, moderate and severe arterial stenosis.

| Wednesday 10/30/2019 |

Other Cardiovascular Diseases
Readings: Hurst’s The Heart 14ed
Sect 8 Chap 46: Acute Rheumatic Fever
Sect 10 Chap 67: Infective Endocarditis
Chap 66: Pericardial Diseases (Etiology and Pathology of the Pericardium, Acute Pericarditis, Recurrent Pericarditis, Pericardial Effusions, Cardiac Tamponade)

• Analyze Acute Rheumatic Fever by understanding the origins and clinical features.
• Analyze Rheumatic Heart Disease by understanding the origins and clinical features.
• Evaluate the patient with acute rheumatic fever by understanding the clinical features and rational for the workup and treatment of the patient.
• Evaluate the patient with rheumatic heart disease by understanding the clinical features and rational for the workup and treatment of the patient.
• Analyze bacterial endocarditis by understanding the origins and clinical features.
• Evaluate the patient with bacterial endocarditis by understanding the clinical features and rational for the workup and treatment of the patient.

Friday 11/01/2019
Other Cardiovascular Diseases cont
Readings: Hurst’s The Heart 14ed
Sect 10 Chap 66: Pericardial Diseases (Etiology and Pathology of the Pericardium, Acute Pericarditis, Recurrent Pericarditis, Pericardial Effusions, Cardiac Tamponade)

• Analyze pericarditis by understanding the classification, origins and clinical features of acute pericarditis, subacute pericarditis and chronic pericarditis.
• Evaluate the patient with pericarditis by understanding the clinical features and rational for the workup and treatment of the patient.
• Analyze pericardial effusion and cardiac tamponade by understanding the origin and clinical features.
Evaluate the patient with a pericardial effusion/cardiac tamponade by understanding the clinical features and the rational for the workup and treatment of the patient
Cardiology Challenge

Monday 11/4/2019
Cardiovascular Exam

Pulmonology 11/6 through 12/2

Wednesday 11/6/2019
Introduction to Pulmonary Disease
• Describe a basic chest exam on standardized or real patients using modalities of inspection, palpation, percussion, and auscultation.
• Recognize common abnormal radiographic patterns and be able to localize lung pathology and gather clinical information from the radiographs.
• Identify primary acid/base disorders given patient laboratory results and the degree of compensation.
• Identify common causes of metabolic acidosis and alkalosis, and of respiratory acidosis and alkalosis.
• Identify the different imaging studies and procedures for diagnostic evaluation of respiratory system diseases (X-rays, CT scans, PFTs, flexible bronchoscopy, bronchoalveolar lavage).
• Describe the best method for sputum collection and the diagnostic information to be gained from its analysis.

Friday 11/8/2019
Pulmonary Infections
• Discuss the different etiologies, signs, symptoms, assessment and treatment of a patient with Pneumonia
• Recognize the most common etiology of the pneumonia in the following populations: children, adults, elderly, and immunocompromised.
• Justify diagnostic laboratory studies in the evaluation of the patient with pneumonia, including: CBC with differential, sputum gram stain with culture & sensitivity, IPPD, chest x-ray, CT scan, bronchial aspirations.
• Defend the use of pharmacological agents, including antimicrobials, in the treatment of the patient with bacterial or fungal pneumonia
• Discuss the signs, symptoms, assessment and treatment of a patient with pneumococcal, staphylococcal, enterococcus, and Legionella pneumonia
• Discuss the signs, symptoms, assessment and treatment of a patient with HIV induced pneumocystis carinii pneumonia (PCP)
• Compare the etiologies of Community Acquired Pneumonia (CAP) from Hospital Acquired Pneumonia (HAP)
• Discuss the signs, symptoms, assessment and treatment of a patient with fungal pneumonia (Blastomycosis, Coccidiomycosis, Histoplasmosis, Cryptococcosis, and Aspergilosis)
• Discuss the signs, symptoms, assessment and treatment of a patient with acute bronchitis, acute bronchiolitis, RSV, croup, influenza, mycoplasma, pertussis and epiglottis
• Describe the etiology, epidemiology and mode of transmission of tuberculosis
• Describe the clinical presentation, diagnostic approach, management and prognosis of active tuberculosis and non-clinically active tuberculosis
• Discuss the indications for tuberculin skin testing and what constitutes a positive result

Monday 11/11/2019
Obstructive Lung Diseases: Asthma, COPD, Bronchiectasis
• Explain the pathophysiology that distinguishes the types of obstructive lung diseases: asthma, COPD, bronchiectasis
• Recognize findings reported in the history that are suggestive of a specific obstructive lung disease or place the patient at risk of developing the disease(s)
Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with an obstructive lung disease including: CBC, toxicology screen, blood cultures, arterial blood gases, chest x-ray, pulmonary function testing

Produce a differential diagnosis based on historical, physical and laboratory findings

Develop a treatment plan for the immediate, emergency, and long-term management of the patient with an obstructive lung disease

Explain the use of non-pharmacological interventions and treatments in the management of the patient with an obstructive lung disease

Classify a patient with asthma as mild, moderate or severe by interpreting diagnostic studies and laboratories and discuss the therapeutic management with regard to rescue and maintenance therapy given its classification.

Define status asthmaticus

Compare and contrast the clinical presentation of chronic bronchitis and emphysema

Wednesday 11/13/2019

Chronic Restrictive Lung Diseases, and Interpretation of Pulmonary Function Tests

- Describe the clinical presentation, diagnostic approach, management of restrictive pulmonary diseases (cystic fibrosis, idiopathic pulmonary fibrosis, sarcoidosis, coal workers pneumoconiosis, asbestosis, silicosis, berylliosis, byssinosis)
- Recognize findings reported in the history that are suggestive of a specific restrictive lung disease or place the patient at risk of developing the disease(s)
- Examine routine and specialized diagnostic laboratory studies in the evaluation of the patient with a restrictive lung disease including: CBC, arterial blood gases, chest x-ray, pulmonary function testing
- Produce a differential diagnosis based on historical, physical and laboratory findings
- Develop a treatment plan for the immediate, emergency, and long-term management of the patient with a restrictive lung disease
- Explain the use of non-pharmacological interventions and treatments in the management of the patient with a restrictive lung disease
- Explain and interpret pulmonary function testing PFTs.

Friday 11/15/2019

Vascular Lung Conditions: PE, Pulmonary HTN, Cor-pulmonale

- Describe the clinical presentation and diagnostic evaluation of patients presenting with pulmonary embolism (PE), pulmonary edema, pulmonary hypertension and cor pulmonale.
- Discuss the etiologies of PE to include the common clinical settings and risk factors associated
• Describe the expected laboratory findings and diagnostic procedures/imaging in pulmonary embolism including d-dimer, V/Q scan, pulmonary angiography, CT and MR angiography
• Evaluate shock and right ventricular dysfunction as a discriminator of outcome during or after PE
• Provide a stepwise approach to the treatment of patients diagnosed with acute PE

**Monday 11/18/2019**

**Pleural Disorders: Pulmonary effusions, Pneumothorax**

• Discuss the signs, symptoms, assessment and treatment of a patient with pleural effusion
• Compare and contrast transudative and exudative pleural effusions in terms of etiologies and fluid analysis
• Discuss the signs, symptoms, assessment and treatment of a patient with a pneumothorax
• Define primary pneumothorax, secondary pneumothorax, tension and iatrogenic pneumothorax.

**Wednesday 11/20/2019**

**Wednesday, 11/20 - Lung Tumors**

• Discuss the work-up of a pulmonary nodule
• Determine the smoking history in terms of pack years
• Discuss how smoking, occupational hazards and other risk factors increase the risk of developing lung cancer
• Differentiate between the different types of lung cancer: Non-small cell lung cancer (Adenocarcinoma, large cell carcinomas, Squamous cell carcinoma), Small cell lung cancer (small cell carcinoma, oat cell cancer, combined small cell carcinoma), Mesothelioma
• Describe the localized and systemic clinical manifestations of lung cancer
• Describe the diagnostic evaluation for a patient suspected of having lung cancer, to include the proper sequence of diagnostic modalities utilized
• Discuss the therapeutic management and prognosis of the different types of lung cancer

**Friday 11/22/2019**

**Miscellaneous Lung Conditions (Acute Lung Injury: ARDS, Foreign Body aspiration, Hyaline Membrane Disease & Sleep apnea/ Obesity hypoventilation syndrome)**

• Define atelectasis and distinguish its various forms
• Describe the definition, prevalence, and impact of Acute Lung Injury and Acute Respiratory Distress Syndrome in multidisciplinary critical care medicine
• List and define the direct and indirect risk factors for ALI/ARDS, and distinguish the clinical features of ALI and ARDS
• Explain and defend current guidelines for the treatment and supportive care of patients with ALI/ARDS
• Describe the clinical presentation, diagnostic approach, management and prognosis of infant respiratory distress syndrome (IRDS) or hyaline membrane disease
• Discuss the signs, symptoms, assessment and treatment of a patient with a foreign body aspiration.
• Describe the clinical presentation, diagnostic approach, management and prognosis of sleep apnea.
• Explain the diagnosis of sleep apnea.
• Discuss the signs, symptoms, assessment and treatment of a patient with obesity hypoventilation syndrome.

**Monday 11/25/2019**

Wrap up

**Wednesday 11/27/2019**

Jeopardy Q&A

**Thursday and Friday 11/28-29/2019**

*Happy Thanksgiving!!*

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**Monday 12/2/2019 Pulmonology Module Exam**

Final Exam Wednesday 12/11/2019 8:00 AM to 9:45 Comprehensive Final
The END!