



Università  
degli Studi  
della Campania  
*Luigi Vanvitelli*

Scuola di Medicina e  
Chirurgia

Dipartimento di  
Medicina di Precisione

# COURSE REGULATIONS

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## Degree Course in Medicine & Surgery in English Language

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### **Art. 1 - Qualifying Educational Objectives of the Degree Course in Medicine and Surgery**

The Degree Course in Medicine and Surgery provided in English, set up by the Department of Precision Medicine of the University of Campania 'Luigi Vanvitelli', belongs to class LM-41, in accordance with Ministerial Decree of March 16, 2007, later amended by Ministerial Decree of April 9, 2020. The standard duration of the degree course is six years.

Pursuant to article 102, paragraph 1, of Law Decree n. 18/2020, the final exam of the single-cycle master's degree courses included in the LM-41 class in Medicine and Surgery has the status of a State Exam enabling the practice of the profession of Physician-Surgeon after passing the practical internship described below, as governed by the decree of the Minister of Education, University and Research of May 9, 2018, n. 58. Graduates of the class must achieve the skills required by the specific professional profile.

### **Graduates of the Degree Course in Medicine and Surgery should possess:**

- the necessary scientific bases and practical and theoretical skills pursuant to EEC Directive 75/363 for medical practice, and the culture and methodologies required to guarantee lifelong learning, as well as a level of professional independence, both decisional and operational, deriving from a training course characterized by a holistic approach to health problems and health promotion in relation to the surrounding chemical-physical, biological and social environment. For these purposes, the course awards a total of 360 CFU (Art.12), distributed over six years, of which at least 60 credits must be acquired in training activities aimed at developing specific professional skills.
- the essential theoretical knowledge accruing from the basic sciences, with a view to their subsequent professional application; the ability to identify and critically assess, from a clinical point of view and an overall perspective embracing wider socio-cultural and individual aspects, data on the state of health and illness of patients, interpreting them in the light of the basic scientific knowledge on the pathophysiology underlying diseases of the organs and systems; the skills and experience, combined with self-assessment abilities, to face and responsibly solve the main problems of health, approached from the preventive, diagnostic, prognostic, therapeutic and rehabilitation points of view; a knowledge of historical, epistemological and ethical issues in medicine; the ability to communicate clearly and empathically with the patient and family; the ability to collaborate with different health professionals in various group activities; the ability to apply, in medical decision making, the principles of health economics; the ability to recognize community health problems and to make responsible decisions.

### **The graduate's professional profile should include a knowledge of:**

- the essential behaviors and attitudes pertaining to the doctor; fundamental elements and methodologies in physics and statistics serving to identify, understand and interpret biomedical phenomena; fundamental biological organizations and biochemical and cellular processes in living organisms, the basic processes of individual and group behaviour; transmission and expression mechanisms of genetic information at the cellular and molecular levels; the structural organization of the human body, and main applications of an anatomoclinical nature, ranging from the macroscopic to the microscopic level and up to the main ultrastructural aspects and mechanisms giving rise to this organization during embryonic development and differentiation; essential morphological characteristics of systems, apparatuses, organs, tissues, cells and subcellular structures of the human organism, as well as the main correlated morpho-functional aspects; biochemical, molecular and cellular mechanisms underlying physiopathological processes, fundamentals of the main laboratory methods applicable to qualitative and quantitative studies of pathogenesis determinants and



important biological processes in medicine; the modes of function of the various organs of the human body, their dynamic integration in apparatuses and general mechanisms of functional control in normal conditions; the main functional findings in healthy conditions; fundamentals of the main imaging diagnostics methods and the use of radiation, together with the principles of biomedical technologies applied to medicine.

**Graduates must also:**

- have acquired a thorough knowledge of the interplay between the basic sciences and clinical sciences, and of the complexity peculiar to the state of health of different populations and patients, with regard to the inter-disciplinarity of the medical specialties.
- have developed and completed a highly integrated approach to the patient, being able not only to critically evaluate all clinical aspects but also to pay special attention to the relational, educational, social and ethical factors involved in the prevention, diagnosis and treatment of disease, as well as to promote rehabilitation and recovery of the highest possible degree of psychophysical well-being.

Graduates of the Degree Course in Medicine and Surgery will work as physicians-surgeons in the various clinical, medical, and bio-medical professional roles.

**For the above purposes, graduates will have acquired:**

- a knowledge of the organization, structure, and normal function of the human body, with a view to maintaining good health and understanding pathological changes;
- a knowledge of the causes of disease in humans, interpreting the fundamental pathogenic, molecular, cellular and physiopathological mechanisms;
- a knowledge of the basic biological defense mechanisms and of pathological changes occurring in the immune system, together with the relationship between micro-organisms and hosts in human infections, including defense mechanisms;
- the ability to correctly apply the relevant methodologies to detect clinical, functional and clinical findings, and critically interpret them from the pathophysiological point of view, for the purposes of diagnosis and prognosis, as also to assess the cost/benefit ratio when selecting diagnostic procedures, paying attention to both the correct clinical methodology and the principles of evidence-based medicine;
- an adequate systematic knowledge of the most common diseases of the various apparatuses, from the nosographic, etiopathogenetic, pathophysiological and clinical points of view, while maintaining a unified, comprehensive view of human disease, as well as the ability to critically evaluate and correlate clinical symptoms, physical signs, physiological changes observed in humans with anatomopathological lesions, interpreting the underlying mechanisms and exploring the clinical implications;
- the ability to pursue appropriate clinical reasoning to analyze and solve the most common clinical problems in the medical and surgical fields, and to assess epidemiological data and apply them to promote health and prevent disease in individuals and communities;
- a knowledge of the principles supporting analysis of human behaviors' and an adequate experience, gained thanks to extensive ongoing experiences of interactive practical in the field of doctor-patient communications, of the importance of quality communication with the patient and family, as well as with other health professionals, together with an awareness of medical and lay values, and the ability to make an appropriate use of methodologies promoting information, education and health education and to recognize major alterations of



behavioral and subjective experience indicating the need for preventive and rehabilitation strategies;

- a knowledge of the anatomopathological frameworks, and of cellular, tissue and organ injuries and their evolution to major diseases of other apparatuses, as well as a knowledge, gained also by participating in anatomoclinical conferences, of the contribution of the anatomopathologist-histologist to clinical decision making, with reference to the use of histopathologic and cytopathologic diagnostics (including colpo - and onco-cytology) and molecular techniques for the diagnosis, prevention, prognosis and therapy of diseases, and the ability to interpret histological reports;
- the ability to make a correct selection among the different imaging diagnostic procedures, assessing risks, costs and benefits, and to interpret imaging diagnostics reports, as well as a knowledge of the indications and methods for the use of radioactive tracers and the ability to judge when to propose therapeutic radiation procedures, including a knowledge of the principles of proper radiation protection, evaluating risks and benefits;
- a knowledge of the main current methods for laboratory diagnosis of clinical, cellular and molecular alterations, and the ability to select among the different laboratory diagnostics procedures, assessing the costs and benefits and rationally interpreting laboratory data;
- a good understanding of the physiological, anatomopathological, preventive and clinical problems relating to the bronchopulmonary, cardiovascular, gastroenterological, hematopoietic, endocrine-metabolic, immunologic and uro-renal systems, making an etiopathogenetic interpretation and indicating diagnostics and therapeutic solutions, as well as identifying those conditions in the above areas that require the professional contribution of a specialist;
- the ability to recognize the most frequent otorhinolaryngology, dentistry and oral diseases, diseases of the locomotor system, of the sight, of the skin and venereal diseases, identifying the main solutions for the prevention, diagnosis and therapy, as well as identifying those conditions in the above areas that require the professional contribution of a specialist;
- the ability to recognize, by means of pathophysiological, anatomopathological and clinical study, the main alterations of the nervous system, as well as psychiatric social environment-related disorders, providing an adequate etiopathogenetic interpretation and indicating diagnostic and therapeutic solutions;
- the ability and sensitivity to examine specialist issues within a wider view of the general state of health of the individual and of his/her general needs to preserve a state of well-being, and the capacity to integrate the symptoms, signs and structural and functional alterations of single organs and apparatuses in a global unified evaluation of the overall state of health of individuals and communities, grouping them under the preventive, diagnostic, therapeutic and rehabilitative profile;
- a knowledge of the physiological changes due to ageing and of common disease conditions in the elderly, together with the ability to plan medical and health care for the geriatric patient;
- the ability to analyze and solve clinical problems in the internal medicine, surgery and specialist fields, evaluating the benefits, risks and cost ratios in the light of the principles of evidence-based medicine and of their diagnostic and therapeutic appropriateness;
- the ability to analyze and solve the clinical problems relating to oncology, approaching the diagnostic therapeutic process in the light of the principles of evidence-based medicine, and the knowledge of pain therapy and palliative care;
- the ability and sensitivity needed to be able to apply, in medical decision-making, the essential principles of health economics with particular regard to the cost-benefit ratio for diagnostic



and therapeutic procedures, of hospital-territory therapeutic continuity and of organizational appropriateness;

- a knowledge of the fundamental concepts underlying the human sciences with regard to the historical evolution of values in medicine, including epistemological and ethical values;
- the ability and sensitivity to be able to critically evaluate medical actions within the health care team;
- a knowledge of the different classes of drugs, the molecular and cellular mechanisms of action, the basic principles of pharmacodynamics and pharmacokinetics and a knowledge of the therapeutic uses of drugs, the variability of response in relation to gender, genetic and physiopathological factors, drug interactions and the criteria for defining therapeutic regimens, as well as a knowledge of the principles and methods of clinical pharmacology, including drug monitoring and pharmacoepidemiology, and of the side effects and toxicity of drugs and addictive substances;
- a knowledge, related to the preventive, diagnostic and rehabilitation aspects, of the issues related to health and disease during infancy, childhood and adolescence, to be dealt with in general practice and the ability to identify conditions that require the professional contribution of a specialist and to plan essential medical interventions for major pediatric health problems, according to their frequency and risk;
- an adequate understanding of physiological, psychological and medical findings in the field of female fertility and sexuality, and dysfunctions in terms of medical sexology, natural and assisted procreation from an endocrine-gynecological point of view, pregnancy, antenatal morbidity and childbirth, and the ability to recognize the most frequent gynecological diseases for which preventive and therapeutic measures are indicated, as well as being able to identify those conditions that require the professional contribution of a specialist;
- an adequate understanding of physiological, psychological and medical findings in the field of male fertility and evaluation of male gametes, male sexuality and dysfunctions in terms of medical sexology, natural and assisted procreation from an endocrine-andrological point of view, and the ability to recognize the most frequent andrological diseases for which preventive and therapeutic measures are indicated, as well as being able to identify those conditions that require the professional contribution of a specialist;
- the ability to recognize at first glance emergency and urgent clinical situations and to carry out the necessary first aid measures to ensure survival and provide immediate care, as well as a knowledge of how to intervene in case of mass disaster;
- a knowledge of the basic rules for maintaining and promoting the health of individuals and communities and at the workplace, identifying situations requiring specific expertise, as well as a knowledge of the main laws that regulate health care organizations and the ability to apply the principles and practice of preventive medicine in different types of communities;
- a knowledge of ethical standards and professional liability issues, and the ability to critically examine the ethical principles underlying the different possible career choices, developing an interdisciplinary, crosscultural mental attitude and ability to collaborate with other figures in a medical team, being aware of the rules and dynamics that characterize group work as well as having an adequate experience of the general organization of work, related to the bioethics, history and epistemology of medicine, the doctor-patient relationship, as well as a knowledge of community medicine issues, also gained directly by on field experience;
- a knowledge of the characteristics of multi-ethnic societies, with specific reference to the variety and diversity of values and cultural aspects;
- a thorough knowledge of the technological and biotechnological advances in modern biomedicine, including a knowledge of the principles of scientific research in bio-medical and



specialized clinical areas, the ability to search, read and interpret international literature, to plan research on specific topics and to develop a mindset that can critically interpret scientific data;

- an adequate experience of independent study and the organization of lifelong training, being able to perform literature searches and keep up-to-date, and to make critical readings of scientific articles, thanks to an adequate knowledge of scientific English serving to understand the international literature and updating scientific meetings;
- written and spoken proficiency in at least one European Union language, besides Italian;
- a sufficient information technology expertise for the management of information systems, and for self-training purposes;
- an adequate knowledge of family and territory medicine also acquired through practical experiences of on field training.

In particular, graduates will have a specific expertise in the fields of internal medicine, general surgery, pediatrics, obstetrics and gynecology, as well as the main medical and surgical specialties, acquired during professional training attachments lasting a sufficient period of time to be awarded at least 60 credits. These are carried out, in an integrated manner with other training course activities, at university healthcare facilities.

Being an integral and qualifying part of professional training, professionalizing educational activities have specific importance for the practical training needed to achieve the qualifying academic title.

Among the 60 C.F.U. to be achieved throughout the training course, and intended for the mentioned professional training activity, 15 C.F.U must be devoted to performance of the three month practical internship embedded within the Study Course as of article 3 of the decree of the Minister of Education, University and Research 9 May 2018, n. 58 and subsequent amendments, aimed at achieving the Professional Qualification. The internship takes place for a number of hours corresponding to at least 5 C.F.U. for each month and is divided into the following periods, even if not consecutive: one month in Surgical Area; one month in Medical Area; one month, to be held during the sixth year of studies, in the field of General (Family) Medicine.

For each C.F.U. of the practical internship, at least 20 hours of training must be reserved to professionalizing teaching activities, with no more than 5 hours of personal study.

### **The Degree Course in Medicine and Surgery lasts 6 years.**

As regards the definition of preordained curricula in conformity with EEC Directive 75/363, the university teaching regulations shall comply with the requirements of this Act and of art. 6, paragraph 3, of Ministerial Decree No 270/04.

### **Specific educational goals and description of the course**

To achieve the above-described learning goals, the single cycle degree course totals 360 credits, awarded over the six years of the course. At least 60 of these credits must be acquired during training activities aimed at developing specific professional skills.

The course is organized in 12 terms of six months and 36 courses; these are assigned specific CFU CCLMMC in compliance with the provisions of the essential training activities. Each credit corresponds to a student commitment of 25 hours, of which usually no more than 12 hours of lectures or 20 hours of supervised study within the educational structure. Each professionalizing credit corresponds to 25 hours of work per student, of which 20 hours of activities with vocational guidance of Professor or Researcher in small groups within the university buildings and 5 hours of individual reworking of learned activities.



The Academic Council determines "the degree program" and returns to the "Student guide" the articulation of courses in terms, the relative credits, the "core curriculum" and the learning objectives (including those relating to the professionalizing CFUs) specific to each course, and type of exams. Exams, in a number not exceeding 36, are programmed by the competent CCLMMC at the end of frontal didactic activities. After successfully passing the exam, the student acquires the corresponding credits.

### **Specific mission of the single cycle degree course**

The mission of the single cycle degree course is to train physicians to reach an initial professional level, based on a biomedical-psychosocial culture and adopting a multidisciplinary, integrated vision of the problems relating to health, illness and death. Such a physician will be community- and territory-oriented and will have the primary aims of preventing disease and promoting health. At this level, the physician will have a strong humanistic culture devoted to dealing with medical aspects while respecting the individual. This specific mission will be able to respond adequately to the new health care demands, centered not only on disease but particularly on the sick individual, taking into account the individual psyche and soma and the impacts of the relative social context.

Such a medical training is to be seen as the first step in an educational system that will continue over time and include lifelong learning. The knowledge the graduate will have acquired at this stage is designed to attribute a due importance to self-education, experienced not only in the hospital but also on the territory, taking into account epidemiological aspects, clinical reasoning and the culture of disease prevention.

### **The qualifying features of the future doctor include:**

1. A good ability to maintain human contacts (communication skills);
2. A positive attitude devoted to self-education and self-evaluation (continuing education);
3. An ability to make an independent analysis and to solve problems associated with medical practice by means of good clinical practice based on scientific evidence (evidence-based medicine);
4. An ability to promote constant updating of personal knowledge and skills, and possessing the methodological and cultural bases designed to acquire and critically evaluate new knowledge and skills (continuing professional development and education);
5. Good skills in interdisciplinary and interprofessional activities (interprofessional education);
6. A profound knowledge of the methodological foundations necessary for a proper approach to scientific research in medicine, together with the independent information technology skills essential to clinical practice.

### **The specific educational project, the teaching method**

The keywords of the teaching method adopted to achieve the expected qualifying features are: horizontal and vertical knowledge integration, a solid cultural base and methodology gained during the study of the pre-clinical disciplines, then predominantly centered on problem solving abilities (problem-oriented learning), early contacts with patients to acquire good clinical skills and develop satisfactory doctor-patient communication powers. Thus, the teaching program is highly integrated, flexible and reliable, a true scientific test laboratory aimed at promoting in students the ability to acquire knowledge not piecemeal but in an integrated fashion, and to maintain this knowledge not only short term but also in the long term. Students play a pivotal role in the training process, both as regards the educational design and improvements of the whole curriculum, in order to enhance their independence and initiative.



Students gain a strong clinical knowledge basis thanks to the organization of qualifying internships based on tutorials, along with a good understanding of medical-scientific methods and the human sciences. True professional competence is reached, in our view, only after a long period of contact with the patient, which is promoted as from the first year and integrated with basic and clinical sciences, throughout the training course by means of extensive use of tutorial activities.

The educational design of our degree course offers an integrated balance between:

1. the basic sciences, which must provide an extensive knowledge of evolutionary biology and biological complexity and an understanding of the structures and functions of the human organism in normal conditions, for the purpose of maintaining health,
2. medical practice and clinical methods, based on the widespread use of tutorials that can transform theoretical knowledge into personal experience and can help to construct a personal scale of values and interests,
3. the social sciences, to support a conscious awareness of the duties and responsibilities of the physician and the ability to practice the profession in conformity with social and legal norms.

Much of the essential content of our Educational design was already activated in this sense during academic year 1999- 2000, anticipating and integrating the European specifications for global standards in medical education of the World Federation on Medical Education on the basis of the international development standards of quality in the field of biomedical education (WFME Office, University of Copenhagen, 2007).

**To satisfy the specific goals, the peculiar characteristics of the Degree Course in Medicine are summarized as follows:**

- 1) As required by current laws, the planning of the goals, syllabuses and teaching is multidisciplinary.
- 2) The implemented teaching method is interactive and multidisciplinary, involving the daily integration of basic sciences and clinical disciplines and early clinical involvement of the students, who are immediately trained to adopt a proper approach to the patient (respecting the patient's psycho-social history, learning BLS techniques, carrying out professional internships organized as guided tutorial activities with final certification of their level of skills). The problems of the basic sciences and the clinical sphere are thus faced throughout the years of the course (total integration model), although in different proportions, while preserving a unified, highly integrated vision, thanks also to the use of differentiated teaching methods.
- 3) The specific goals of the basic courses are selected primarily according to the relevance of each goal to the human biology context, and to the impact of current or emerging clinical issues, paying particular attention to scientific methodologies.
- 4) The choice of the specific goals of the residency courses is made primarily on the basis of epidemiological prevalence, cases requiring urgent medical attention, the indicated treatment options, the gravity of cases, and teaching by example. Emphasis is on attendance at hospital wards, surgeries, and territorial facilities, and enhancing doctor-patient relational skills, taking full account of psychological aspects.
- 5) The teaching process increasingly relies on modern teaching tools, consisting of the tutorial system, clinical practical, problem-oriented learning, experience-based learning, problem solving, clinical decision making and attendance at seminars and conferences.





- 6) Each student is assigned a tutor who cooperates in the individual training process, having teaching functions (area tutor) and supporting the student's personal and learning (personal tutor).
- 7) Particular attention is paid to the acquisition of practical skills through: 1) involvement in the planning of basic research in the first three years of the course, 2) learning the basics of clinical science in the wards and in laboratories in the intermediate period (professional internships organized as guided tutorial activities with final certification of the level of skills), 3) attendance at wards and the university (clinical internships, clinical clerkships – final Certification of the skills achieved by the tutor), as well as territorial health care facilities and general practitioners surgeries, completing clinical internships in the last years of the course and an internship period in the chosen sector for preparation of the degree thesis, 4) participation in research programmes during the internship to prepare for the thesis.
- 8) Students need to pass a scientific English language exam.
- 9) Particular attention is paid to acquiring multimedia and computing methodologies through e-learning experiences, tele-teaching, and telemedicine, and to the correct use of literature sources.
- 10) Clinical Methodology lessons: the importance of method in medicine is well known, in terms of both a knowledge of medical methodology and application of the principles of evidence-based medicine and of clinical methodology to the individual patient. This course immediately guides students to develop empathy, which will accompany them throughout their educational and scientific training process. The training will enable them to sharpen their skills and acquire correct and innovative clinical reasoning methods. This will be achieved through the application of "evidence-based medicine", "evidence-based teaching", using "guidelines", "concept maps" and "algorithms". Within this integrated course the following topics will be dealt with: interdisciplinary and inter-professionalism, health care economics, medical professionalism, the physician's social and legal responsibilities, social and gender perspectives, relations with the fields of so called complementary and alternative medicine, disease prevention, education of the chronic patient, addiction-related diseases, palliative care for terminal patients. The students' progressive acquisition of the method is supported by the training, allowing them to develop a scientific perspective while also developing a greater sensitivity to ethical and socio-economic issues, and allowing them to develop a complete doctor patient relationship, in accordance with the concept of medical care for the person not the case. In this way, we respond to the growing need for a rapprochement of the physician to the patient, offsetting the widening distance caused by the increasing use of anonymous medical technology. In this context, we adopt the practice of so-called narrative medicine, together with assessment grids for reflection, as well as role playing, all important tools in the student's acquisition of emotional and real professional skills (used by Psychologists and Psychiatrists in the course of Methodology and Psychiatry).
- 11) Students assessment is also done through "in itinere" tests (self-tests and mid-term interviews), students' written reports on assigned topics, and through the overall evaluation of the profile developed based on predefined criteria.

The exams can be organized not only in traditional oral or written mode but also as sequences of items used to verify the knowledge the student has acquired (knows and knows how) such as multiple choice tests or short written answers focused on interdisciplinary problems or clinical cases, followed by tests used to determine the clinical skills acquired, such as the Objective Structured Clinical Examination (shows how), or like the mini-Clinical Evaluation Exercise, the Direct Observation of Procedural Skills and the Use of the Portfolio (does).



As a general rule, for all integrated courses the formal evaluation will be based on written tests, possibly followed by oral tests.

In evaluating students, the Maastricht type Progress Test is used in order to assess the actual skills achieved.

Once the experimental phase has been completed, the Progress Test will be systematically used, not only as a measure of the students' skills but as an efficient tool for feedback and continuous self-evaluation of the level of preparation of students on a national scale.

### **Expected learning Results, expressed through the European Qualification Descriptors**

#### Knowledge and understanding

The expected learning objectives are defined here by integrating the European descriptors with the proposal by "Institute for International Medical Education (IIME), Task Force for Assessment". Are therefore set out below the learning objectives of IIME for the Faculty of Medicine and here attributed to the different "methodological skills", prescribed by the DM, required by the medical graduate. It also highlights as these objectives are entirely consistent with those indicated by the "Core curriculum" for the degree course in Medicine and Surgery proposed by the Conference of Presidents of Italian CLMMC.

The educational objectives listed below describe the knowledge, skills, abilities and behaviors that each student CLMMC will have to reach by the time of graduation, and therefore represent the "priority" in the training of students enrolled in the degree course.

Graduates must demonstrate that they possess the knowledge and understanding that will enable them to develop and / or apply ideas within the context of biomedical and translational research.

In Terms of Scientific Medicine, they must be able to:

- 1) Relate the structure and normal function of organisms as complex biological systems in continuous evolution.
- 2) Interpret the morpho-functional abnormalities of the human organism present in different diseases.
- 3) Identify normal and abnormal human behavior.
- 4) Recognize the main risk factors of health and disease and the interactions between man and the physical and social environment.
- 5) Interpret the basic molecular, cellular, biochemical and physiological mechanisms which maintain the body's homeostasis.
- 6) Describe the life cycle and the effects of growth, development, ageing and death on the individual, the family, and the community.
- 7) Discuss the etiology and natural history of acute and chronic diseases.
- 8) Recall the essential knowledge concerning epidemiology, health economics and the principles of health management.
- 9) Relate the principles of the actions of drugs and the indications of the effectiveness of different drug therapies.
- 10) Implement, when beginning professional practice, the major biochemical, pharmacological, surgical, psychological, social interventions, in acute and chronic illness, rehabilitation and terminal, at the required level.

The achievement of these goals will take place by attending to basic training, organized in "specific courses", to ensure unified and interdisciplinary vision of the educational objectives. The planned teaching forms include lectures, conferences, seminars, discussion groups. The teaching process will



also take advantage of modern teaching tools, consisting of tutorial systems, clinical triggers, problem-oriented learning, experience learning, problem solving, decision making.

Students will have faculty mentors who work in the formative process of the student with learning facilitation functions (Area guardians) and support (personal tutors).

Particular attention will be given to the acquisition of practical skills, through: 1) involvement in the planning of basic research in the first three years of the course, 2) participation in research programs in the period of internship for the preparation of the thesis.

As a general rule applying to all integrated courses, formal evaluations will be based on written or oral tests. Student assessment will also occur through ongoing training evaluations (self-assessment tests and intermediate interviews), students' written reports on assigned topics, and through the overall profile assessment developed based on predefined criteria.

The exams will be articulated, either in traditional oral or written exam mode, or in a sequence of items useful to verify the knowledge acquired as multiple choice tests or short written responses organized on problems or interdisciplinary clinical cases, followed by tests adequate to assess the clinical skills.

### **Applying knowledge and understanding**

Graduates should be able to apply their knowledge to understand and solve problems relating also to new or unfamiliar issues, within a broad and interdisciplinary context in order to provide the clinical care needed to deal with and treat complex health issues arising in the population.

Therefore, they must be able to:

### **Clinical skills**

- 1) Take an adequate medical history properly, also including social aspects such as occupational health.
- 2) Make a full examination of the patient's physical and mental conditions.
- 3) Perform the diagnostic procedures and basic techniques, analyze and interpret the results in order to properly define the nature of the problem.
- 4) Manage the appropriate diagnostic and therapeutic strategies properly in order to safeguard life and apply the principles of evidence-based medicine.
- 5) Exercise proper clinical assessment to establish the diagnosis and therapy in individual patients.
- 6) Recognize any life-threatening conditions.
- 7) Manage the most common medical emergencies properly and independently.
- 8) Take care of patients in an effective, efficient, and ethical way, promoting health and preventing disease.
- 9) Identify the prevailing health problems and advise patients while taking into account physical, psychological, social, legal and cultural considerations.
- 10) Provide guidance for the appropriate use of human resources, diagnostic interventions, therapeutic modalities, and technologies devoted to health care.

### **Health of populations and Healthcare Systems**

- 1) Consider professionally the main determinants of health and illness, such as lifestyle, genetic, demographic, environmental, socio-economic, psychological, and cultural factors in the whole population.
- 2) Note the important role of these health and disease determinants, take appropriate preventive action and protect against diseases, injuries, and accidents, maintaining and promoting the health of the individual, family and community.



- 3) Keep up to date on the state of health at international level, global trends in morbidity and mortality of chronic diseases with an important social impact, considering the effects of migration, trade and environmental factors on health, and the role of the international health organizations.
- 4) Acknowledge the roles and responsibilities of other healthcare professionals in providing health care to individuals, populations and communities.
- 5) Recognize the need for collective responsibility in health promotion actions that require close collaboration with the population and the need for a multidisciplinary approach, including health professionals and also intersector collaborations.
- 6) Make reference to the basic health systems, including policies, organization, financing, restrictive measures on the costs and the principles of efficient management in the effective delivery of health care.
- 7) Demonstrate a good understanding of the mechanisms that determine fair access to healthcare, and the efficiency and quality of treatment.
- 8) Use local monitoring, regional and national demographic and epidemiologic data correctly to support health decisions.
- 9) Accept, when necessary and appropriate, roles of responsibility in decisions about health.

The achievement of these objectives will be through the frequency to basic training, organized into "specific courses" to ensure unified and interdisciplinary vision of the educational objectives. The planned teaching forms include lectures, conferences, seminars, discussion groups. The teaching process will also take advantage of modern teaching tools, consisting of tutorial systems, clinical triggers, problem-oriented learning, experience learning, problem solving, decision making.

Students will have faculty mentors who work in the formative process of the student with learning facilitation functions (Area guardians) and support (personal tutors).

Particular attention will be given to the acquisition of practical skills, through: 1) learning the basics of clinical sciences at bedside and laboratory during the internship period (internship organized as tutorial guided activities in the third year), 2) the wards and university clinics (clinical and clinical clerkship internship - from the fourth to the sixth year of the course) and local, such as those of General Practitioners (sixth year of course), for the completion of clinical training. In the last two years the period of internship will be utilized for the preparation of the thesis. As a general rule applying to all integrated courses, formal evaluations will be based on written or oral tests. The evaluation of students will also be through evaluations in progress (tests of self-evaluation and intermediate interviews), students' written reports on assigned topics, and through the overall profile assessment developed based on predefined criteria. The exams will be articulated in either the traditional oral exam mode or written – or in a sequence of items to verify the knowledge acquired as multiple choice tests or short written responses organized on problems or interdisciplinary clinical cases, followed by tests useful to assess the clinical skills.

### **Making judgments**

Graduates must have the ability to integrate knowledge and handle complexity, as well as to make judgments based on incomplete or limited information, including reflections on social and ethical responsibilities related to the application of their knowledge and opinions.

Therefore, they must be able to:

### **Critical Thought and Scientific Research**

- 1) Demonstrate a critical approach, constructive skepticism, and a creative attitude towards research in their conduct of professional activities.

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- 2) Take into account the importance and limits of scientific thought based on information obtained from various resources, to determine the cause, treatment and prevention of disease.
- 3) Formulate personal opinions to solve complex and analytical problems (problem solving) and to seek out scientific information independently rather than waiting passively to receive it.
- 4) Identify, formulate and solve the patient's problems using the foundations of scientific thought and research and on the basis of information obtained from various sources and correlated.
- 5) Be aware of how complexity, uncertainty and probability can influence decisions in medical practice.
- 6) Formulate hypotheses, collect and evaluate information critically, to solve problems.

### **Professional Values, Skills, Behavior and Ethics**

- 1) Acknowledge the essential elements of the medical profession, including moral and ethical and legal responsibilities that are the bases of the profession.
- 2) Respect the professional values that include excellence, altruism, responsibility, compassion, empathy, reliability, honesty and integrity, and commitment to follow scientific methods.
- 3) Be aware that every physician has an obligation to promote, protect and enhance these elements for the benefit of patients, the profession and society.
- 4) Recognize that good medical practice depends on interaction and good relationships between the doctor, patient and family, to safeguard the patient's welfare, cultural diversity and independence.
- 5) Demonstrate the ability to correctly apply the principles of moral reasoning and make the right decisions in cases of possible conflicts among ethical, legal and professional values, including aspects that may emerge from economic hardship, the marketing of health care and new scientific discoveries.
- 6) Respond with personal commitment to the need for continual professional improvement, being aware of one's own limitations, including those regarding medical knowledge.
- 7) Respect colleagues and other health professionals, demonstrating an ability to collaborate fruitfully with them.
- 8) Comply with the moral requirements of medical care in the terminal stages of life, including supplying palliative treatment of symptoms and pain.
- 9) Implement ethical and deontological principles in the handling of patient data, in avoiding plagiarism, in respecting privacy and intellectual property rights.
- 10) Plan time and activities effectively and manage them efficiently so as to cope with conditions of uncertainty and be ready to adapt to change.
- 11) Exercise personal responsibility in the care of individual patients.

The achievement of these objectives will be through the frequency to basic training, organized into "specific courses" such as to ensure unified and interdisciplinary vision of the educational objectives. The planned teaching forms include lectures, conferences, seminars, discussion groups. The teaching process will also take advantage of modern teaching tools, consisting of the tutorial system, clinical triggers, problem-oriented learning, experience learning, problem solving, decision making. Students will have faculty mentors who work in the formative process of the student with learning facilitation functions (Area guardians) and support (personal tutors). Particular attention will be given to the Clinical Methodology - Human Sciences (Methodologies) through integrated courses that accompany the student throughout the entire training course (first to sixth year).

As a general rule applying to all integrated courses, formal evaluations will be based on written or oral tests. The evaluation of the students also will be through in progress evaluations (tests of self-



evaluation and intermediate interviews), students' written reports on assigned topics, and through the overall profile assessment developed based on predefined criteria. The exams will be articulated in either the traditional oral exam mode or written or in a sequence of items useful to verify the knowledge acquired as multiple choice tests or short written responses organized on problems or interdisciplinary clinical cases, followed by tests useful to assess the clinical skills.

### **Communication skills**

Graduates should know how to communicate with specialists and non specialists, as well as with patients – in the most appropriate manner according to the circumstances – their findings, knowledge and the rationale supporting them, clearly and without ambiguity.

Therefore, they must be able to:

- 1) Listen carefully in order to understand and summarize the relevant information on all the issues, understanding their content.
- 2) Practice communication skills to facilitate understanding with patients and their relatives, rendering them able to make decisions as equal partners.
- 3) Communicate effectively with colleagues, with the Faculty, with the community, with other sectors and the media.
- 4) Interact with other professionals involved in patient care through effective teamwork.
- 5) Demonstrate that they have the basic skills and correct attitudes when teaching others.
- 6) Demonstrate a good sensitivity to the cultural and personal factors that improve interactions with patients and the community.
- 7) Communicate effectively both orally and in writing.
- 8) Know how to create and maintain good medical records.
- 9) Know how to summarize and present information appropriately to an audience, and to be able to discuss accessible and acceptable action plans which represent the priorities for the individual and the community.

The achievement of these objectives will be through the frequency to basic training, organized into "specific courses" such as to ensure unified and interdisciplinary vision of the educational objectives. The planned teaching forms include lectures, conferences, seminars, discussion groups. The teaching process will also take advantage of modern teaching tools, consisting of the tutorial system, clinical triggers, problem-oriented learning, experience learning, problem solving, decision making. Students will have faculty mentors who work in the formative process of the student with learning facilitation functions (Area guardians) and support (personal tutors). Particular attention will be given to the Clinical Methodology - Human Sciences (Methodologies) through integrated courses that accompany the student throughout the entire training course (first to sixth year).

As a general rule applying to all integrated courses, formal evaluations will be based on written or oral tests. The evaluation of the students also will be through in progress evaluations (tests of self-evaluation and intermediate interviews), students' written reports on assigned topics, and through the overall profile assessment developed based on predefined criteria. The exams will be articulated in either the traditional oral exam mode or written or in a sequence of items useful to verify the knowledge acquired as multiple choice tests or short written responses organized on problems or interdisciplinary clinical cases, followed by tests useful to assess the clinical skills.

### **Learning skills**

Graduates should have developed the learning skills that will enable them to continue studying, mostly independently and by self-study, and be aware of the need for lifelong learning.

They must be able to:

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## Information Management

- 1) Collect, organize and interpret health and biomedical information coming from different sources and available databases correctly.
- 2) Collect specific information on patients from clinical data management systems.
- 3) Use information and communication technology as a valuable support for diagnostic, therapeutic and preventive practices and for surveillance and monitoring the health status.
- 4) Understand the scope and limitations of information technology.
- 5) Organize good archives of their medical practice, for subsequent analysis and improvement.

The achievement of these goals will be reached through attendance of basic training activities organized as "integrated specific" courses so as to ensure a unified, interdisciplinary vision of the teaching objectives. The teaching method includes lectures, tutorials, conferences, seminars, discussion groups.

The teaching process will also make use of modern teaching tools, consisting of the tutorial system, clinical vivas, problem-oriented learning, experience-based learning, problem solving, decision making. The use of faculty tutors will be predominant in the student's training process, facilitating learning (area tutors) and supporting students (personal tutors).

Particular attention will be given to English language learning and to computer and multimedia methodologies also through e-learning and telemedicine, and the correct use of literature sources.

As a general rule, for all the integrated courses the formal evaluations will be based on written or oral tests. The evaluation of students will also be carried out through in itinere training assessments (evidence of self-assessment and mid-term interviews), students' written reports on assigned topics, and through the overall evaluation of the profile developed on the basis of predefined criteria.

The exams will be organized not only in traditional oral or written mode but also as sequences of items to check the knowledge acquired, such as multiple choice tests or short written answers to questions organized on interdisciplinary clinical cases, followed by tests to determine the clinical skills acquired.

## Art. 2 - Admission to the Degree Course

The pre-requisites to the student who wants to enroll in a degree program in medicine should include: good human contact skills, good capacity for teamwork, ability to analyze and solve problems, ability to acquire new knowledge independently information and being able to assess them critically (Maastricht, 1999). Apart from knowledge scientific useful for the frequency of the first year, should therefore have also good attitudes and valid motivational components, important for the formation of a "good doctor" who knows how to relate properly with the social responsibility required by Institutions. For admission to the degree course in Medicine and Surgery is necessary be in possession of a secondary school diploma or other qualification obtained abroad and deemed equivalent. It 'also required the possession or acquisition of adequate level of knowledge as required by the relevant regulations access to courses in number programmed at national level and the availability of staff Teacher, educational facilities (classrooms, laboratories) and care facilities used for conduct of departmental business practices, consistent with the recommendations of the *Advisory Committee on Medical Training European Union*, applying the parameters and guidelines prepared by the University and by the Structure Reference Education.

The programmed number of accesses to the first year of the course is defined under applicable rules on access to university courses.

**For those students who have passed the admission test with a score <25, it will be mandatory to attend additional educational activities (Obblighi Formativi Aggiuntivi,**



**OFA), and pass the related preliminary test, based on the fundamentals of Chemistry, Physics and Biology. This test must be passed by March 31 of the first year of enrollment. The student who does not pass this test will not be allowed to access the standard evaluation exams.**

### **Art. 3 – Formative credits**

The CFU is the work unit requested to the Student for the performance of each training activity prescribed by the Teaching Regulations to achieve the qualification.

The CLMMC requires a total of 360 credits throughout the six years of course, including at least 60 CFU acquired in training activities aimed at developing specific professional skills.

Each credit corresponds to a student-commitment of 25 hours, typically as follows:

- a) hours of lectures;
- b) hours of tutorial teaching carried out in laboratories, clinical wards, outpatient clinics, day hospital, outpatient clinics of general practitioners, nursing homes;
- c) seminars;
- d) other activities falling within the scopes of the Teaching Regulations;
- e) hours of personal study required to complete the training.

The hours of lecture to acquire a CFU should normally be no more than 12.5.

Each professionalizing CFU corresponds to 25 hours of work per student, guided by a Course Teacher in small groups.

For each teaching course, the time fraction that must be devoted to self-study and other individual learning activities is determined by the present Regulation.

A Technical Committee of the Didactic-Pedagogical Program (CTP) ensures consistency between the credits assigned to training activities and the specific educational goals.

### **Art. 4 - Teaching regulation**

The CCLMMC and the Board of Education Structure reference to their respective responsibilities, define the Teaching regulation, in accordance with local law, that describes, for each Master Degree program, how activities are divided into basic training, characterizing activities, related or additional activities, or those chosen by the student, all aiming at the final examination. Each training activity is divided into subject areas, consisting of the official courses, to which relevant disciplines contribute.

The following Annexes are attached to these Regulations:

- The study plan with relevant examinations;
- the list of teaching courses, indicating the scientific areas of reference and the possible subdivision into modules, as well as the training activities;
- the specific educational goals, the CFU and the possible prerequisites for each teaching and training activity;
- the teaching organization, exams and other procedures of assessment of students;
- the rules of Degree exchange and curriculum abbreviation.

Amendment of the Annexes, including the study core curriculum, is approved by the majority of the CCLMMC members and does not imply abrogation of this Regulation.

#### **a) Teaching Courses**

The teaching regulation:

1. defines the objectives assigned to each discipline and identifies the most appropriate teaching forms for their achievement, articulating training activities in integrated teaching courses. Should the same course teaching tasks be assigned to more than one professor or researcher, this needs the appointment of a coordinator, chosen annually by the CCLMMC, upon CTP proposal.

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The course Coordinator, in accordance with the CTP, exerts the following functions:

- He is the students' referral point for the Course;
- Suggests to the CTP the allocation of teaching duties agreed with Teachers and Lecturers-Tutors according to the educational objectives of their course;
- Suggests to the CTP the distribution of teaching time agreed between the teachers of the course;
- He coordinates the preparation of examination papers;
- He chairs, as a rule, the examination Commissions of the course and proposes its composition;
- He is liable towards the CCLMMC of the proper conduct of all teaching activities planned for the achievement of the objectives defined for the course itself, including the drafting of curricula, whose uniformity he will manage if the course is divided into two distinct classes.

The Integrated Course Coordinator is unique in case of division of the course into two classes.

2. He defines the number of exams that should be passed to access the final examination, that must be no more than 36.

### **b) Types of Teaching**

Within courses CFU are subdivided in various forms of teaching activities, as follows:

#### ***"Ex-cathedra lessons"***

"*Ex-cathedra lesson*" (from now on "Lesson") is the discussion of a specific topic identified by a title and part of the curriculum planned for the course of studies carried out by a professor or researcher, on the basis of a predefined calendar, and imparted to students enrolled at a given year of the course, even in small groups

#### **Seminary**

The "Seminary" is an educational activity that has the same features of the lesson and held simultaneously by multiple teachers, also of different disciplines (or skills), and as such, is noted in the register of lessons.

#### **Tutorial teaching**

The activity of Tutorial Teaching is a form of interactive teaching addressed to a small group of students; This educational activity is coordinated by a teacher-tutor, whose task is to facilitate the students entrusted to him in the acquisition of knowledge, skills, behavioral patterns, that is, of useful skills to practice the profession.

The tutorial learning takes place primarily through the stimuli arising from the analysis of the problems, through the mobilization of the methodological skills required for their solution and for taking decisions, as well as through direct execution and personal actions (gestures and relational) in the context of practical exercises and / or internship in clinical environments, laboratories etc.

For every tutorial activity, CCLMMC defines the specific educational objectives, the attainment of which is verified during the exam.

The CCLMMC appoints the Professors-Tutors among Teachers and Researchers, in the educational program document, according to the existing laws.

#### **Elective Educational Activities**

The CCLMMC, on a proposal from the Academic Board and approval by the CTP, organizes educational activities chosen by the student, called elective didactic activities (ADE), achievable with ex-cathedra lectures, seminars, interactive courses in small groups, linked in "homogeneous educational courses", among which the student carries on personal option, until the achievement of a total of 8 credits.



The ADE are an integral part of the curriculum of the student and are aimed to the deepening of specific knowledge and training aspects that optimize the Medicine and Surgery student preparation and training, by discussion of topics that are not included in the "core curriculum" of the Integrated Courses. This should be done avoiding repetition of topics relevant to the lessons or topics that are typically the subject of the Postgraduate School.

An ADE may be represented by the participation in conferences or congresses organized by a Faculty or University researcher, the elective internships done in research laboratories of Italian or foreign clinical departments characterized by high educational content (eg. frequency in the operating room, in delivery room, emergency room, in a research laboratory for the achievement of a specific goal).

The schedule of ADE approved by CTP is published before the start of the academic year, along with the calendar of the compulsory educational activities.

Among them, subject to availability, each student can make his/her own independent choice of participation.

As a general rule, ADE are allowed only after having passed the exam of the related discipline, except for the disciplines of the sixth year. For each of them, however, at the time of application, teachers will indicate the participation requirements, together with the maximum number of students who can apply and the total estimated time of commitment.

The ADE can be organized throughout the year, usually in the afternoon hours in the days and times that do not interfere with other forms of educational activities.

At the end of each ADE, a report will be drafted by the Teacher and signed by both the students and the Teacher, where it is indicated the title of ADE, the year of course (first, second, third, fourth, fifth or sixth) to which the ADE refers, the number of credits awarded to the student, the date of completion, the student data and obtained judgment (suitability or non-suitability).

Attendance at ADE is mandatory and can give title to the assignment of the thesis.

The acquisition of the credits allocated to ADE only takes place with a frequency of 100%.

The evaluation of the CFU is calculated as follows:

TYPE OF ACTIVITY	DURATION (HOURS)	CFU
ELECTIVE INTERNSHIP	25	1
MONOGRAPHIC COURSE	≥ 13	1
INTERACTIVE WORKSHOP	≥6,25 (<12,5)	0,5
INTERACTIVE WORKSHOP	≥ 12,5	1

The ADE is an official activity, and as such should be entered in the Register of teaching activities.

### Professionalizing educational activities

During the clinical instruction, the student is required to acquire specific skills in the field of internal medicine, general surgery, pediatrics, obstetrics and gynecology, as well as medical and surgical specialties. To do this, the student must carry out **professionalizing educational activities (AFP)**, attending care facilities identified by CCLMMC and in the scheduled periods, for a total of at least 60 credits.



The AFP is a form of tutorial teaching that implies for the student performing practical activities with considerable degree of autonomy, a simulation of the activity at a professional level.

In every phase of the AFP, the student is required to operate under the direct supervision of a teacher-tutor. The educational functions of the Teacher-Tutor entrusted with Students performing the AFP are the same as for the Teaching tutorial carried out as part of the courses.

Upon completion of the AFP, a report will be drafted by the Teacher and duly signed by both him/her and the students, indicating AFP, year of course, number of credits awarded to the student, the date of completion, the student data and obtained judgment (passed or not-passed).

The CCLMMC can identify non-academic care facilities where AFP may be conducted, in part or in full, after evaluation and accreditation of their educational suitability by the CTP.

### **English Language Course**

The CCLMMC prepares an English language course that allows students to acquire the language skills necessary to read and understand the contents of scientific works on biomedical topics and to communicate with patients and health care staff in English-speaking countries. In addition to the English language course, the CCLMMC can offer students the availability of a language laboratory equipped with appropriate interactive teaching material to achieve the same objectives.

The CCLMMC entrusts the conduct of the English Language Course to a professor or researcher of the scientific sector L - LIN / 12. Alternatively, the CCLMMC signs a contract, usually with an expert of bio - medical disciplines of English mother-tongue.

### **Preparation of the Thesis**

The Student has a total of 16 credits to devote to the preparation of the degree thesis and the final exam test. This Regulation describes the rules that CCLMMC has set forth for the conduct of the thesis work (Articles 14 and 15).

### **Art. 5 - Allocation of teaching duties**

In order to deliver the Degree Program, the relevant Academic Unit Committee, at the suggestion of the Medicine and Surgery Degree Program Committee and subject to approval by the Teaching and Educational Committee, approves:

- 1.** the programme of study and training organized by the Medicine and Surgery Degree Programme Committee according to the overall objectives described in the professional profile of a graduate in Medicine and Surgery;
- 2.** the academic curriculum of the Medicine and Surgery Degree Programme;
- 3.** the allocation of teaching duties required to attain the learning objectives of the core curriculum to individual academic teaching staff, it being understood that the allocation of specific teaching duties to academic teaching staff does not confer overall responsibility for courses;
- 4.** teaching duties are allocated by the Medicine and Surgery Degree Programme Committee to full professors, associate professors and researchers.

For researchers allocated one (or more) teaching duties as described in 3) above, the Degree Programme System recognizes credits undertaken towards the recognition of incentive awards for teaching activities as defined by the University.

Non-academic faculty members with recognized expertise in a specific area of study/training may, on a yearly basis and subject to approval by the relevant Academic Unit Committee, be allocated by the Medicine and Surgery Degree Programme Committee the role of course tutor, in particular as regards the delivery of theoretical-practical or professional training.



## **Art. 6 - The Medicine and Surgery Degree Programme Committee and its bodies**

The bodies of the Medicine and Surgery Degree Programme Committee include the Chair, the Vice Chair and the Teaching and Educational Committee.

Members of the Medicine and Surgery Degree Programme Committee include:

- a) tenured full and associate professors on the Degree Programme;
- b) researchers and members of staff with comparable faculty status, pursuant to Presidential Decrees 382/1980 and 341/1990, who carry out teaching activities in the Degree Programme upon the decision of the Medicine and Surgery Degree Programme Committee;
- c) individuals who are under contract to teach courses, and foreign language assistants on the Degree Programme;
- d) representatives of students enrolled in the Degree Programme. Electable representatives and electoral bodies are subject to the rules set out in the University Regulations.

Members of the Medicine and Surgery Degree Programme Committee as described in a) and b) above make up the quorum.

The Medicine and Surgery Degree Programme Committee is presided over by the Chair. The Chair is elected by the Medicine and Surgery Degree Programme Committee from among tenured full and associate professors and remains in office for three academic years. The right to vote is restricted to full professors, associate professors and researchers who are members of the Medicine and Surgery Degree Programme Committee. The Chair coordinates the activities of the Degree Programme, convenes and presides over the Medicine and Surgery Degree Programme Committee and the Teaching and Educational Committee, and represents the Degree Programme in Academic Assemblies and abroad, in accordance with resolutions passed by the Medicine and Surgery Degree Programme Committee.

The Chair may appoint, by the same procedure as in the previous paragraph, one or more Vice Chairs, chosen from among tenured academic teaching staff. The Vice Chairs assist the Chair in all his or her functions and discharge his or her duties as required in the event of the Chair's impediment. The Vice Chairs remain in office for the duration of the Chair's term of office.

The Chair normally convenes the Medicine and Surgery Degree Programme Committee at least seven days before the date of a committee meeting by email sent to members of the Medicine and Surgery Degree Programme Committee at their normal place of work. The call must specify the date, time, location and agenda of the meeting. In addition, the Chair convenes an extraordinary meeting of the Medicine and Surgery Degree Programme Committee at the request of at least 50% of the members of the Teaching and Educational Committee or at least 20% of the members of the Medicine and Surgery Degree Programme Committee.

The Medicine and Surgery Degree Programme Committee operates in compliance with the terms of the University Regulations.

The Medicine and Surgery Degree Programme Committee sets up a Teaching and Educational Committee, presided over by the Chair of the Medicine and Surgery Degree Programme Committee.

The Teaching and Educational Committee is made up of the Chair and Vice Chairs of the Medicine and Surgery Degree Programme Committee, and 12 (twelve) academic teaching staff, one for each semester, chosen by the Medicine and Surgery Degree Programme Committee. A total of 6 (six) students elected to act as student representatives in the Medicine and Surgery Degree Programme Committee take part in the work of the Teaching and Educational Committee as regards those aspects which affect them most closely, and which are governed by internal regulations. The Chair may appoint up to three further members, who may be given specific responsibilities, to sit on the Teaching and Educational Committee.



The Teaching and Educational Committee remains in office for three academic years, corresponding to the Chair's three-year term of office.

Non-attendance of three consecutive Teaching and Educational Committee meetings without presenting a valid reason in writing, or five consecutive Teaching and Educational Committee meetings even if a valid reason in writing is given, results in the automatic removal of members appointed by the Chair and of student representatives from the Teaching and Educational Committee, and the automatic removal of Semester Coordinators from the Teaching and Educational Committee and from the position of Semester Teaching Coordinator.

Having consulted with the Course Coordinators and academic teaching staff of Scientific Disciplinary Sectors relating to the disciplinary areas of the award, the Teaching and Educational Committee performs the following preliminary functions for the Medicine and Surgery Degree Programme Committee, or deliberative functions by specific order of the same:

1. identifies learning objectives in the core curriculum and assigns credits according to the total amount of time required by students for their achievement;
2. combines learning objectives in courses that address the learning outcomes of the Medicine and Surgery Degree Programme Committee;
3. having consulted with the parties involved, proposes the allocation of courses to professors and researchers, taking into account the teaching requirements of the Medicine and Surgery Degree Programme as well as the Scientific Disciplinary Sector of individual academic teaching staff, their particular competences and teaching load;
4. plans, together with Coordinators and in cooperation with academic teaching staff, the allocation to professors and researchers of specific teaching duties aimed at achieving the learning objectives of each course, while at the same time ensuring learning effectiveness and recognizing individual competences;
5. decides, together with academic teaching staff, which are the most appropriate teaching methods to achieve specific teaching-learning objectives;
6. organizes the elective activities offered and proposes their implementation to the Medicine and Surgery Degree Programme Committee.

In addition, the Teaching and Educational Committee:

- discusses with academic teaching staff the methods of preparing tests for the assessment of learning, in line with set learning objectives;
- organizes the on-going monitoring of all teaching activities with a quality assessment of their outcomes, including official feedback from students;
- promotes teaching and educational development schemes for academic teaching staff;
- organizes a permanent tutoring system for students in order to facilitate their successful progression through university.

At the end of each academic year, the Teaching and Educational Committee must provide the Medicine and Surgery Degree Programme Committee with a written report of activities undertaken.

The roles performed by members of the Teaching and Educational Committee are recognized as academic duties and are therefore certified as teaching-related activities by the Academic Authorities. Semester Teaching Coordinators are appointed by the Medicine and Surgery Degree Programme Committee and convene Teaching Coordinators of multi-module courses and one student representative from his or her semester with organizational and proposing functions for the Teaching and Educational Committee.

The Medicine and Surgery Degree Programme Committee or the Teaching and Educational Committee may set up Teaching Committees, indicating their aims, roles and duties. Members of these Committees are appointed on the basis of specific competences and representativeness. Non-attendance of three consecutive meetings of such Committees without presenting a valid reason in



writing, or five consecutive meetings even if a valid reason in writing is given, results in automatic removal from the Committee.

### **Art. 7 - Tutoring**

A tutor is a professor or researcher who provides academic guidance and support to individual students. All professors and researchers on the Medicine and Surgery Degree Programme Committee may put themselves forward to undertake the duties of a tutor.

Tutors fall into one of two distinct categories:

a) personal tutors, i.e. a professor or researcher who provides academic guidance and support to individual students and who, therefore, guides and supports the student throughout their university career. During the first two years of the Degree Programme, personal tutors will be either professors or researchers from pre-clinical departments. From the third to the sixth year, personal tutors will be either professors or researchers from clinical departments, as they will be better equipped to fulfil the role of "counsellor";

b) course tutors, who carry out tutorial teaching activities with a small number of students as set out in the Degree Programme Table. This type of tutoring is equivalent to a teaching role. Course tutors must coordinate their duties with the teaching activities of courses having the same learning objectives and may also be involved in preparing material for use in tutorials.

Having consulted with the Teaching and Educational Committee, the Chair appoints tutors. The activities of tutors will be assessed by the Teaching and Educational Committee and subsequently by the Medicine and Surgery Degree Programme Committee.

### **Art. 8 - Attendance**

Students must attend all formal and informal teaching activities and professional training activities of the Medicine and Surgery Degree Programme (5500 hours over a six-year programme).

Attendance is monitored by academic teaching staff via procedures such as the signing of registers and verification by academic teaching staff by means of roll-call and/or electronic badges.

Certification of attendance of compulsory teaching activities is required by students to sit associated exams.

Students who have not attained at least 75% certified attendance of the total number of hours required to complete a degree course in any specific year of the programme will not be allowed to sit the exam and must retake the course.

If any misconduct in the registration of a student's attendance should be found as a result of checks carried out into the procedures of monitoring attendance, one of the following penalties will be imposed:

- a) a written reprimand will be filed in the student's academic record;
- b) the student will be barred from one or more credit-bearing exams for one or more sessions;
- c) the student will be temporarily suspended from the programme.

The penalty must be commensurate with the gravity, intensity and recurrence of the misconduct identified.

The Head of the Academic Unit concerned is responsible for evaluating episodes of misconduct and issuing penalties, and will take appropriate action giving his or her reasons.

Students may request exemption from attendance due to serious and documented family problems or ill health; in the case of illness, the relevant documents must be issued by the appropriate national healthcare provider. The request for exemption from attendance must be submitted within 5 days from the period of absence, accompanied by the necessary documents, to the Chair of the Medicine and Surgery Degree Programme Committee through the competent University Office.



Exempted hours of absence will be counted as hours of attendance towards the minimum 75% hours of attendance required for each course.

### Art. 9 - Independent learning

The Medicine and Surgery Degree Programme Committee ensures that students are given an appropriate number of hours to achieve the award that do not envisage any form of teaching activities carried out in the presence of academic teaching staff in order to allow them time for independent and guided study.

The hours set aside for this type of learning are spent on:

- individual use or use in small groups, either independently or as suggested by academic teaching staff, of teaching support tools for self-learning and self-assessment provided by the Degree Programme to achieve set learning objectives. Teaching support tools (text books, simulators, dummies, audio-visuals, computer program, etc.) will be located, where reasonably practical, in areas managed by staff from the relevant Academic Unit;
- internships at a university chosen by the student with the aim of achieving specific learning objectives;
- private study time for exam preparation.

### Art. 10 - Degree Programme Table

Teaching activities in each year of the Degree Programme commence in the first week of October.

No later than 15 May, the Medicine and Surgery Degree Programme Committee approves and publishes the Degree Programme Table prepared by the Chair, with the support of the Teaching and Educational Committee, which specifies:

1. curriculum of the Medicine and Surgery Degree Programme;
2. locations of professional training activities;
3. schedule of elective activities;
4. schedule of teaching activities and exam sessions;
5. content of individual courses;
6. teaching duties allocated to professors, researchers and tutors.

The Medicine and Surgery Degree Programme Committee proposes to the relevant Academic Unit Committee the use of financial resources, with specific reference to their allocation and mode of covering the roles of professor and researcher.

### Art. 11 - Progression

Starting from the academic year 2015/2016, students with outstanding modules are no longer barred from progressing to the following year of study but progression requirements remain.

#### *Progression requirements*

In order to ensure a balanced rate of progress through the Degree Programme, students must meet the following progression requirements:

<b><i>In order to achieve</i></b>	<b><i>You must have already passed</i></b>
Biochemistry	Chemistry
Medical Physiology	Physics Medical Histology and Embryology Human Anatomy Biochemistry



Pathology, Pathophysiology and Medical Genetics	Medical Physiology Immunology and Immunopathology
Methods in Medicine and Surgery	Pathology, Pathophysiology and Medical Genetics
IV year exams	Methods in Medicine and Surgery
Internal Medicine and Geriatrics, General Surgery, Medical and Surgical Emergencies	All the 4th and 5th year exams

Failure to meet the progression requirements will result in invalidation of any exams sat without having first achieved the prerequisites.

### **Art. 12 - Withdrawal and maximum period for completion of the Degree Programme**

Students enrolled in the Medicine and Surgery Degree Programme who fail to attain credits and other requirements for each stage of study will be withdrawn from the programme if they do not sit degree exams for eight consecutive academic years.

### **Art. 13 - Learning assessment**

The Medicine and Surgery Degree Programme Committee, on the recommendation of the Teaching and Educational Committee, decides the type and number of exams required to assess students' learning, and also decides, on the suggestion of Course Coordinators, the composition of the respective Examining Boards.

The total number of degree examinations may not exceed the total number of degree courses established by the Degree Programme System, and may not, in any event, be more than 36 over the six years of the Degree Programme.

Learning can be assessed by both formative and summative assessment.

The sole aim of formative assessments, i.e. *in-course* assessments, is to evaluate the efficacy of the learning and teaching processes with regard to specific content. Formative assessments are not compulsory and do not exempt students from being tested on all the material taught in a multi-module course during an exam. Their only purpose is to assist students in managing their studies.

The aim of summative assessments (credit-bearing exams) is to assess and quantify the achievement of course objectives through the use of a mark or a pass/fail grade, attesting the level of a student's knowledge or skills.

Credit-bearing exams can only be scheduled at specific times of the year, which are called exam sessions.

Exam sessions must not coincide with periods when curricular activities are being held, or with other periods that may limit student participation in such activities.

In compliance with the provisions of the University Teaching Regulations governing degree program set up pursuant to Ministerial Decree 270/2004 and stating that:

*"Students who have not attained a pass mark in an exam may re-sit the exam in the following exam session as provided (art. 24)"*

the University Teaching Regulations state that:

*"the Degree Regulations may provide that students who have not attained a pass mark in an exam are barred from re-sitting the exam in the following exam session, and establish the terms and conditions for re-sits."*

The Medicine and Surgery Degree Programme Committee of the UCLV establishes that:

**"students may not sit the same exam more than twice in the same session".**





The **summer session** starts in June 1 and ends in July 31.

The **autumn session** starts in September 1 and ends in October 14.

The **winter session** starts in January 7 and ends in March 14.

*Consequently, exam dates are scheduled in:*

**-January** (*two dates*)

**-February** (*one date*)

**-March** (*one date*)

**-June and July** (*three dates*)

**-September** (*one date*)

**-October** (*one date*)

**Students may not sit the same exam at more than two dates in one session.**

The exam timetable will be posted, before the start of the academic year, on the notice boards of the location where the Degree Programme is run and on the Medicine and Surgery Degree Programme web page.

The Examining Board is made up of at least two academic teaching staff members teaching the associated course and is normally chaired by the Course Coordinator. The Chair of the Degree Programme may preside over all Examining Boards.

When a multi-module course is divided into two sections, each Examining Board will be made up of academic teaching staff members who have taught in the section concerned and will be chaired by the Course Coordinator. As set out in Art. 4 a) 1), there will be only one Course Coordinator.

If one or more members of the Examining Board are absent on the date of an exam, the Chair of the Examining Board may appoint alternate members to replace them.

Different types of assessment may be used, even in successive stages of the same exam:

- oral exams, and objective structured written tests (for the assessment of knowledge objectives);
- practical and simulation tests (for the assessment of clinical and communication skills).

**Art. 14 - Training activities for final exam preparation**

Students have 16 credits for graduate thesis preparation undertaken at a university clinical or research institution. Such activity undertaken by students is called a "degree internship". Degree internships must be carried out outside academic teaching hours, must not overlap with electives, and must be applied for after enrolment in the fifth year or, at the latest, within 12 months from the date in which the student expects to defend his or her graduate thesis.

Students who wish to undertake their degree internship at a particular site must submit to the Head of the site concerned a formal application accompanied by their CV (including a list of exams taken and associated marks, a list of electives completed, previous internships in laboratories or healthcare facilities or any other training activity carried out).

The Head of the site, having consulted with academic staff members from the site and having verified the availability of places, accepts the application and assigns a tutor, who may be proposed by the student, with responsibility for monitoring and certifying the activities undertaken by the student at the site.

A foreign internship may, upon request, count towards the training for graduate thesis preparation.

When assigning a graduate thesis project, the academic teaching staff must prepare a specific form providing clearly and in detail the following information:

- Thesis title
- Outline of the project and objectives to be pursued
- Techniques that will be used in the laboratory and/or hospital departments

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- Innovative methods
- An adequate number of case studies to effectively address the topic of the graduate thesis, or presentation of a specific clinical case.

The graduate thesis assignment form must be accompanied by the 16 credit programme, specifying the dates of degree internship.

### **Art. 15 - Final exam**

The final exam consists in the defence of a graduate thesis written independently by the student based on original research carried out under the guidance of one or two supervisors; in the case of a graduate thesis project undertaken under the supervision of academic teaching staff members from clinical and pre-clinical departments, both will act as supervisors.

To be admitted to the final exam, students must have:

1. attended all courses and passed the associated exams;
2. obtained a total of 360 credits over the 6 years of the Degree Programme;
3. completed registration for the final exam and presented all the necessary documents (graduate thesis, payment of contributions towards degree certificate, academic record books, etc.).

Final exams are normally held in the last ten days of July, in the first ten days of October and in the first ten days of March, save as otherwise provided.

The final mark is calculated on the basis of the following parameters:

- a) arithmetic mean of marks attained in degree exams expressed in one hundred and tenths. Distinctions awarded for exams do not give extra marks.
- b) points awarded by the Degree Committee at the graduate thesis defence, up to a maximum of 11 points (given for the quality of the thesis, the candidate's clarity and delivery, and the quality of the slides presented).

#### Requirements for receiving honors

1. arithmetic mean of marks attained in degree exams expressed in one hundred and tenths to be no lower than 102/110 (minimum average mark  $27.7 = 101.6 \rightarrow 102$ );
2. final mark, including points awarded by the Degree Committee at the graduate thesis defence, to be no lower than 110/110;
3. no fewer than 6 additional points, to be added to the final mark of 110/110, awarded according to the following supplementary criteria:
  - a) points for the period of study:
    - I.- degree earned in a number of years not greater than the legal study period of the Degree Programme, 3 additional points;
    - II.- degree earned in a number of years not greater than the legal study period of the Degree Programme + one, 1 additional point;
  - b) points for distinctions in exams:
    - I.- from 3 to 8 distinctions, 1 additional point;
    - II.- more than 8 distinctions, 2 additional points;
  - c) points for participating in international exchange program recognized by the Degree Programme (ERASMUS):
    - I.- from 3 to 6 months, 1 additional point;
    - II.- from 6 to 12 months, 2 additional points;
  - d) points for undertaking inter-university cooperation, promotion and cultural exchange activities at hospitals and/or research institutes in Italy and/or abroad, funded by contributions allocated by the relevant Academic Unit of the University to students enrolled at the relevant Academic Unit of the University:
    - I.- for every 30 days of activities undertaken, 0.5 additional points.



Recommendation for publication may be awarded, upon the opinion of the Degree Committee, only to candidates whose graduate thesis supervisor explicitly certifies that the data presented have not been previously published.

### **Art. 16 - Recognition of prior learning undertaken at other universities and in other program of study**

Save as otherwise provided by the Senate, only students who have sat the competitive entrance exams for admission to the Medicine and Surgery Degree Programme at the University and are ranked in a position making them eligible for admission are allowed to transfer to the programme.

Students from other program of study at this or other universities may request that the credits they have obtained in previous program of study be recognized. Credits may be recognized after being deemed compatible with the number of credits and learning objectives of teaching in the Degree Programme System of the Medicine and Surgery Degree Programme, upon the decision of the Medicine and Surgery Degree Programme Committee. Applications for the recognition of credits obtained by students transferring to the Medicine and Surgery Degree Programme at this University from another degree programme must be presented for processing at the same time as application for enrolment to the Chair of the Medicine and Surgery Degree Programme Committee through the competent University Office. In order for the Teaching and Educational Committee to identify common learning objectives already attained, students must submit, together with their application for transferring exams, a self-certification indicating the number of credits for exams taken and the programme of each exam taken in their previous degree course.

Exams may be totally and/or partially transferred. In the latter case, students are obliged to sit any partially transferred exams, which are only then transcribed in the student's academic record.

Transferred exams receive the same mark, and in the case of more than one transferrable exam the average mark will be calculated.

In the event that their exams are transferred, students admitted from other program of study at this or other universities may be enrolled in the programme year following the first if they have obtained 50% + 1 of the first-year credits.

Enrolment in a specific year of the programme is in any case dependent upon the availability of places, according to the cap previously decided by the Medicine and Surgery Degree Programme Committee.

Students admissible to the sixth year with outstanding modules are not allowed to transfer.

### **Art. 17 - Recognition of a degree in Medicine and Surgery awarded by foreign universities**

A degree in Medicine and Surgery awarded by a foreign university is recognized when existing bilateral agreements or international conventions recognize the equivalency of the award.

Where there is no agreement between countries, pursuant to the combined provisions set out in Articles 170 and 332 of the Higher Education Consolidation Act, university authorities may recognize equivalency on a case-by-case basis. In order to recognize a degree in Medicine and Surgery awarded by a foreign university, the Medicine and Surgery Degree Programme Committee:

- a) ascertains the authenticity of documents provided and the standing of the university that awarded the degree, on the basis of statements of compatibility provided by competent central agencies;
- b) examines the curriculum and assesses whether learning and training objectives, teaching program and associated credits assigned by the university originally awarding the degree are compatible with the University's current Degree Regulations;
- c) establishes that, as a rule, final clinical exams (for example Internal Medicine and Geriatrics, General Surgery, Paediatrics Obstetrics and Gynaecology, Medical and Surgical Emergencies, Hygiene



and Preventive Medicine, Forensics) must be sat and passed, and a graduate degree thesis must be completed and defended.

If only some of the credits obtained by an overseas graduate are recognized as being compatible with the University's current Degree Regulations, the Medicine and Surgery Degree Programme Committee offers admission to one of the six years of the Degree Programme according to the credits he/she has obtained. Enrolment in any specific year is, in any event, subject to the availability of places determined by the cap on admissions previously set by the Medicine and Surgery Degree Programme Committee.

Non-EU graduates are referred to the provisions set out in Presidential Decree no. 394 of 31 August 1999.

### **Art. 18 - Assessment of teaching efficiency and effectiveness**

The Medicine and Surgery Degree Programme is committed to ensuring the on-going improvement of its activities and services. To this end, it adopts an internal quality assurance system to review the quality and assessment of teaching aimed at continually monitoring the quality levels of its courses.

The Medicine and Surgery Degree Programme designates a Quality Officer, who may, if necessary, be assisted by academic teaching staff on the Committee.

It is the duty of the Quality Officer to ensure the proper execution of self-assessment activities, as prescribed by the laws in force, and the production of an annual Self-Assessment Report.

In the execution of his or her duties, the Quality Officer uses parameters prescribed by the laws in force, as well as indicators and criteria developed by the University's Quality Assurance Office, for the purposes of self-assessment activities.

The proper application of parameters and the functioning of the self-assessment system are audited by the University Assessment Committee according to the procedures prescribed by the laws in force.

Assessments of the engagement and teaching of academic teaching staff are made available to individual academic teaching staff members and are discussed by the Medicine and Surgery Degree Programme Committee.

The Medicine and Surgery Degree Programme Committee schedules and carries out, in collaboration with degree program in Medicine and Surgery at other universities if necessary, objective and standardized reviews of the knowledge and skills acquired and retained by students during the learning process (*progress tests*). The sole purpose of these reviews is to assess the effectiveness of teaching and the ability of students to retain the knowledge and skills acquired during their programme of study.

### **Art. 19 - Teacher training**

The Medicine and Surgery Degree Programme Committee may organize from time to time, and at least once every two years, educational development initiatives on planning and teaching/assessment methodologies for academic teaching staff at all levels. Participation in these initiatives is valid for the certification of the teaching engagement of academic teaching staff and for the assessment of the teaching effectiveness of the Degree Programme.

This activity is promoted and coordinated by the Teaching and Educational Committee of the Medicine and Surgery Degree Programme Committee.

### **Art. 20 - Degree Programme website**

The Medicine and Surgery Degree Programme Committee maintains a website containing all the necessary information for students and teaching staff and ensures that the address is as widely publicized as possible.

The web pages of the Medicine and Surgery Degree Programme will publish the following:

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- Degree Programme System;
- Degree Programme Table, containing a timetable of all scheduled teaching activities, course content, exam sessions dates for each course, and the time and place in which individual academic teaching staff members are available to receive students;
- Degree Regulations;
- online teaching aids for self-learning and self-assessment.

#### **Art. 21 - Transitional regulations**

Students already enrolled in the Degree Programme may transfer to the new Degree Programme System.

Having examined a student's academic record, the Medicine and Surgery Degree Programme Committee and the Academic Unit Committee concerned, each within their own area of responsibility and on the basis of pre-established equivalency and credit hour equivalency tables, decide the mode of transfer from the old to the new Degree Programme System, including recognition of any clinical activities undertaken.

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