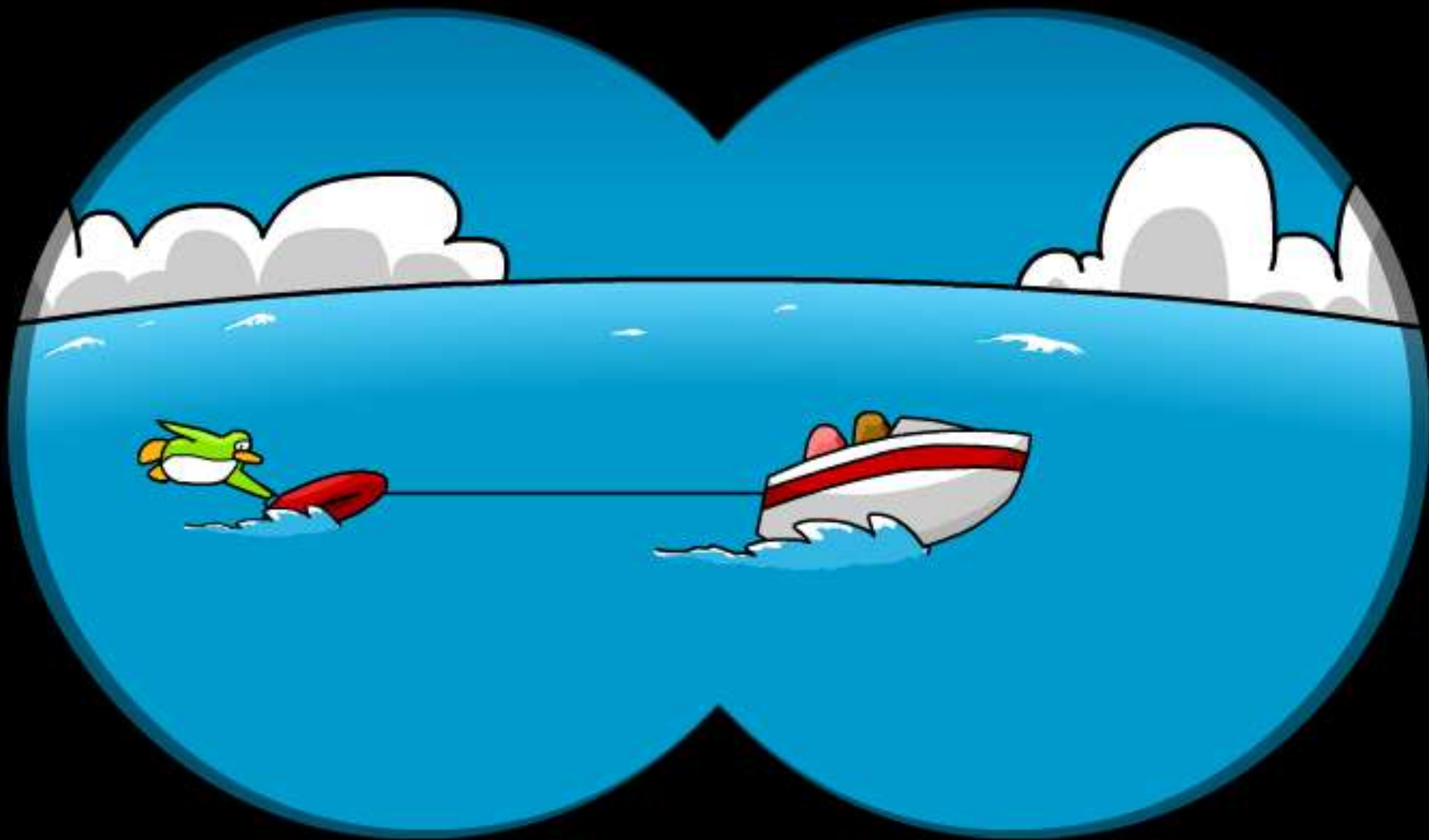




# Le barriere nella formazione dal curriculum di medicina

**Massimo Pagani**  
**Universita' degli Studi Milano**

# dov'e' il problema

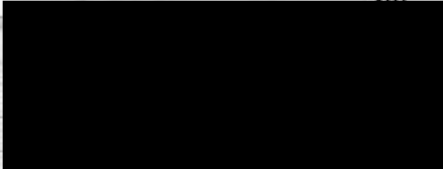


DATA			25.07.01	11/10/01	12/10/01				
TERAPIA			Conduca RT c/o Niguarda il 09.07 Soff bene Ripresa culturale	Appt BH 2 off - CODP 85mg - 5FU 3pc in 24 ore	Appt BH 2 off - CODP 85mg - 5FU 3pc in 72 ore				
TOSSICITA'			incossa. Con batti ma tocca P.A.=130/75	Esandocopia + biopsia rettile: pap + prostata ca spinocellulare. Si Contatto Dr Amalfi					
Esame Obiettivo e PS			Tossa = 110 ridotta non ruota localmente = ipocoma radiolucante con linea epatica sul dorso (Zorvax) Addome: retroico dolente, non mosse 26.06.01	+ esame oculi, grafico NON indicazione pz Tiroide solo palliata Consigliate di curare radiazione, che ha pz di curare di tenere come solido off. Impresenza non bizzo contatto e dopo colloquio con Dr. Pianta					
Hb	Ht	GR	12.3	35	3.710	13.2	37.8	3940	n discorde con la pz
PP	GB	N/L	91.000*	4.000	55/25	89.000	3820	41.600	
PT	PTT	Fbrg							
Urea	Creat.	Glic.	45	0.6	137*				ed il marito
Na+	K+	Cl-	142	3.9					A demenza il profumo di
Fe	Ca+	Ferritina	115						n presenza tratti CODP-5FU
transf.	Amm.	A. fol/VB12	225						
Bil. t	Bil. di	γGT							
SGOT	SGPT	ALP	20	16					- 2000 ogni 28 gg ai
LDH	CPK	pCHE							- 5000 fidi di utile chance
Colect	HDL	Trigliceridi							- 1000 Atti sempre con radiat. e nelle casistiche di classe
VES	Amilasi	A. Urico							- 1000 del rischio di dose ricorrere alle diete il
SOF	E. urine	Culture							
Pr.tot	Alb	Elettroforesi							
HbsAg	HCV	NSE							
CEA	GICA	αFP							
OCA	BCA	PSA							
Esami ormonali									
RICHIESTE			R/ Settembre Anoscopia Ecografia transanale esami con Roccato e HCV RNA						addomino - per neof C.O generale nel EK di nodulo dyo e dolen endocrinale
Firma del Medico									

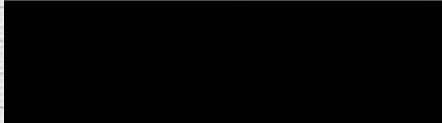
DATA			24/10/2001	20.10.01					
TERAPIA			Ha vomitato 2-3 volte Nausee e stenture per stente -	Predisto per domani il posizionamento PAC x					
TOSSICITA'			vuoto. Prontezza di 1 H in 100cc.	Ancora nausee. Nausee					
Esame Obiettivo e PS			Bil. urol rettale Addome tattabile	Urinocoltura pos x E coli chemoossibile Moroxin 1cp x 2 Neutrofil - 2.040					
Hb	Ht	GR	12.4	38.5	3.660	12.3	34	3.600	
PP	GB	N/L	51.000	3.830		5000	3.210	63/27	
PT	PTT	Fbrg							
Urea	Creat.	Glic.	41	0.90	142				x Contro dopo ad
Na+	K+	Cl-	141	4.7	109				Dr. Pianta infezione della prostata
Fe	Ca+	Ferritina		3.5					
transf.	Amm.	A. fol/VB12							
Bil. t	Bil. di	γGT	0.63	0.17					
SGOT	SGPT	ALP	16	18					
LDH	CPK	pCHE	227						
Colect	HDL	Trigliceridi							
VES	Amilasi	A. Urico							
SOF	E. urine	Culture							
Pr.tot	Alb	Elettroforesi							
HbsAg	HCV	NSE							
CEA	GICA	αFP							
OCA	BCA	PSA							
Esami ormonali									
RICHIESTE									
Firma del Medico									



ID:



ID:



ricovero 27-03-03

ritardato 86/min

PR = 0,16 m

QT = 0,36 s (vs. 0,36 ± 0,02 s)

MV. amichevole

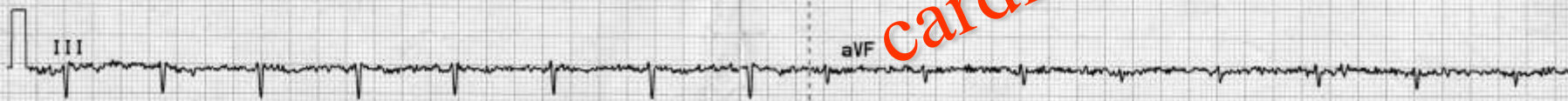
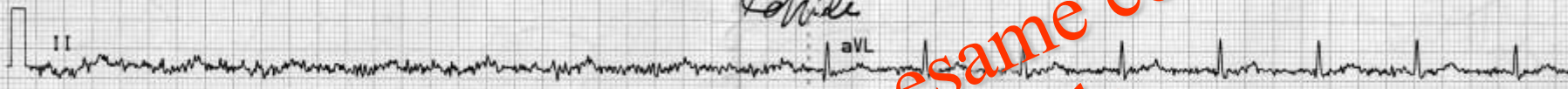
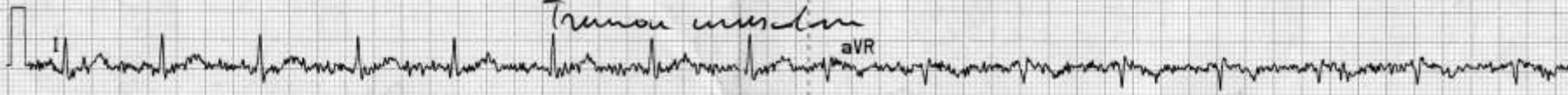
Tronco ascendente

Diffusamente

amplificata

ripetitiva

ipide



un esame ed un referto da cardiologia

## Anamnesi paziente

## Ordinamento per problemi

Sanguinamento  
da varici  
esofageeCirrosi epatica  
ascitogenaAnemia acuta da  
emorragia

Ipertrofia prostatica

Diabete mellito di II tipo.

Cirrosi epatica ascitogena.

Dicembre 99: ricovero per episodio di ematemesi

All'EGDS riscontro di gemizio ematico a livello della grande curva arrestatosi dopo iniezione locale di adrenalina.

Settembre 00: ricovero per ematemesi

All'EGDS presenza di varici F2 e F3 al terzo medio inferiore dell'esofago trattate con sclerosi

Ad un successivo controllo EGDS (18/9/00) si è proceduto alla legatura della varice F2.

Ottobre 2000: legatura del tronco varicoso F2 in più punti.

Nel Novembre 00 controllo endoscopico che evidenziava la presenza di una varice F1 con esiti fibrotici di legatura senza segni rossi.

Gennaio 01: ricovero per episodio sincopale ed ematemesi

All'EGDS presenza di due grossi tronchi varicosi tortuosi e bluastri in esofago estesi sino al III prossimale, trattati con scleroterapia

E' stata inoltre eseguita una TAC dell'addome superiore ed inferiore con mdc che non ha evidenziato alterazioni del parenchima epatico a significato evolutivo.

Aprile 2001: ricovero per legatura di due varici F1 ed una

Stampa risultato

Ricomincia

Cirrosi epatica ascitogena.

Dicembre 99: ricovero per episodio di ematemesi

All'EGDS riscontro di gemizio ematico a livello della grande curva arrestatosi d

Ad un successivo  
legatura della varic

identificazione

## ESAME OBIETTIVO

stato generale, capo e collo, linfonodi superficiali, apparato respiratorio, apparato cardiovascolare, addome, organi ipocondriaci, apparato urogenitale, apparato locomotore, sistema nervoso

anni 90 letto 39 cam. 8

nascita: 09-Oct-10 ricovero: 05-Sep-01 cartella: 17128

**STATO GENERALE :** Condizioni generali buone. Vigile, lucida, collaborante. Orientata nel tempo e nello spazio. Cute e mucose idratate, normoirrorate. Annessi cutanei normorappresentati per sesso ed età. Sottocutaneo normodistribuito.

**CAPO E COLLO :** Capo normoconformato. Mobile ai movimenti attivi e passivi. Bulbi oculari in asse. Piramide nasale in asse. Rima labiale simmetrica. Lingua normosporta. Collo cilindrico. Lieve turgore giugulare.

**LINFONODI SUPERFICIALI :** Non linfadenopatie apprezzabili nelle sedi di elezione.

**APPARATO RESPIRATORIO :** Emitteraci simmetrici, normoespansibili. Crepitii bilaterali (sx>dx)

**APPARATO CARDIOVASCOLARE :** Toni validi, tachiaritmici, pause libere. Polsi pedii apprezzabili, isosfignici. Polsi radiali apprezzabili, isosfignici. Non edemi declivi.

**ADDOME :** Addome globoso per adipe e meteorismo. trattabile, indolente alla palpazione superficiale e profonda. Non soffi arteriosi, non masse eploeplo. Cicatrice ombelicale introflessa. Segno di Murphy negativo. Peristalsi presente.

**ORGANI IPOCONDRIACI :** Margine epatico all'arcata costale di normale consistenza.

**APPARATO LOCOMOTORE :** Complessivamente indeboliti.

**SISTEMA NERVOSO :** Non grossolani deficit sensitivo motorio lateralizzati.

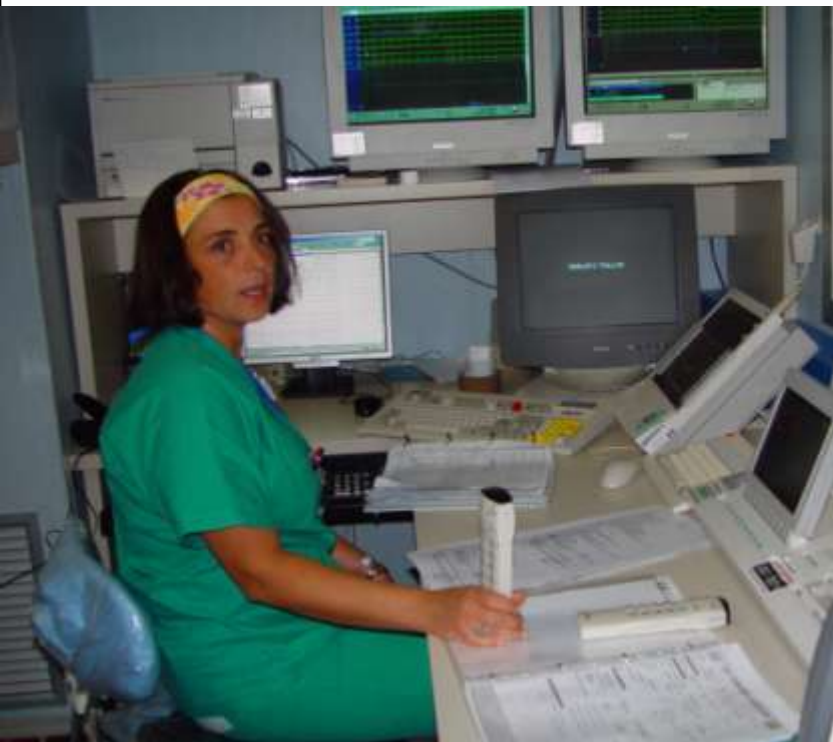
05-Sep-01 ora 11:11:26 AM eseguito da dr Camilla FUNDARO' responsabile

# comodita' compilazione

Azienda Ospedale "L.Sacco"- Polo Universitario  
Dipartimento di Medicina  
U.O. Medicina Generale I  
Professor Massimo Pagani

# tracciabilità

# Quando la tecnologia serve...



**sala di emodinamica  
UO Cardiologia**

**TRIAGE H Sacco**



**e allora?**



# Steps towards a theory of medical practice

P Hucklenbroich, *Theor Med Bioeth*, 1998, 19: 215-228

## MEDICINE: SCIENCE or ART?





## Qualitative research series

# The art and science of clinical knowledge: evidence beyond measures and numbers

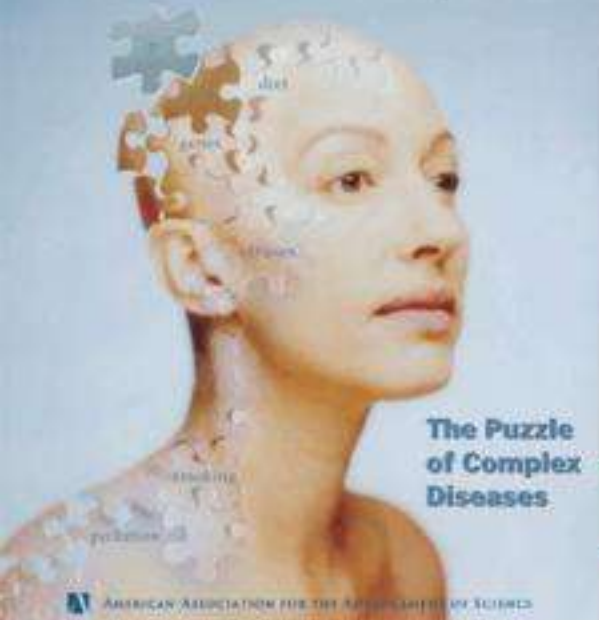
*Kirsti Maiterud*

---

Medical doctors claim that their discipline is founded on scientific knowledge. Yet, although the ideas of evidence based medicine are widely accepted, clinical decisions and methods of patient care are based on much more than just the results of controlled experiments. Clinical knowledge consists of interpretive action and interaction—factors that involve communication, opinions, and experiences. The traditional quantitative research methods represent a confined access to clinical knowing, since they incorporate only questions and phenomena that can be controlled, measured, and counted. The tacit knowing of an experienced practitioner should also be investigated, shared, and contested. Qualitative research methods are strategies for the systematic collection, organisation, and interpretation of textual material obtained from talk or observation, which allow the exploration of social events as experienced by individuals in their natural context. Qualitative inquiry could contribute to a broader understanding of medical science.

*The Lancet, 2001: 368*





“...more than 70% of stroke, colon cancer, coronary heart disease, and type II diabetes is potentially preventable by life-style modifications.”

## THE PUZZLE OF COMPLEX DISEASES INTRODUCTION

# It's Not Just the Genes

**T**he most common diseases are the toughest to crack. Heart disease, cancer, diabetes, psychiatric illness: All of these are “complex” or “multifactorial” diseases, meaning that they cannot be ascribed to mutations in a single gene or to a single environmental factor. Rather they arise from the combined action of many genes, environmental factors, and risk-conferring behaviors. One of the greatest challenges facing biomedical researchers today is to sort out how these contributing factors interact in a way that translates into effective strategies for disease diagnosis, prevention, and therapy.

The genes that contribute to complex disease are notoriously difficult to identify, because they typically exert small effects on disease risk; in addition, the magnitude of their effects is likely to be modified by other unrelated genes as well as environmental factors. Perhaps reflecting these difficulties, susceptibility loci for complex diseases identified in one study population often cannot be replicated in other populations (see the Report by Levinson *et al.*, p. 739).

# The soft science of medicine.

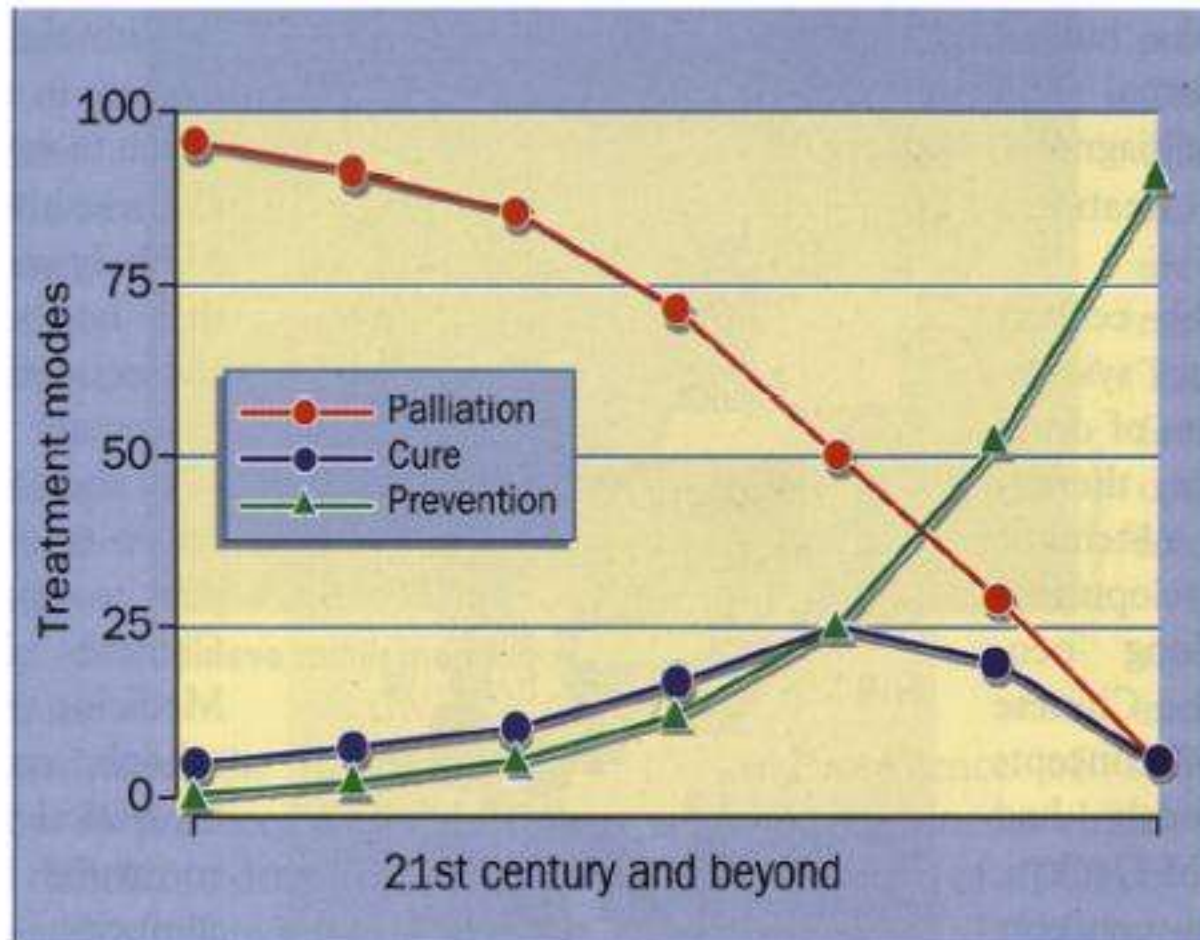
*The Lancet, Editorial, 2004; 363, 1247*

- Medical training emphasizes the hard sciences. Anatomy, physiology, biochemistry, pathology, microbiology and pharmacology are the foundation stones of clinical knowledge
- Nearly half of all causes of morbidity and mortality are linked to behavioral and social factors (US Institute Of M)
- New curriculum should comprehend:
  - Mind-body interactions
  - Patient behavior
  - Physician role and behavior
  - Physician-Patient interaction
  - Social and cultural issues
  - Health politics and economics



# THE FUTURE IS PREVENTION

*The Lancet, 1999; 2000:354*



## Expected changes in therapeutic approaches to cardiovascular disease in the future

The increasing ability to offer curative therapy will lead to diminution and disappearance of palliative therapy. Ultimately (but after how long?), prevention of cardiovascular disease will be possible.



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# ProCOR

Wednesday, 25 October 2006

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## The Lost Art of Healing

**BERNARD LOWN, MD**

Never before has medicine had the capacity had the capacity to do so much good, yet never before have people been so disenchanted with their doctors. Physicians have lost the fine art of healing, an art that involves not just diagnostic skill and the ability to mobilize technology, but the subtle, yet immensely powerful effects of the doctor-patient relationship.

In this provocative book, Bernard Lown, a distinguished physician and widely respected peace advocate, draws on forty years of experience to demonstrate the vital importance of the doctor-patient relationship to the healing process. Lown offers a new paradigm: medicine with a human face, in which healing depends as much on compassion as on mastery of science. This approach, Lown suggests, can cure as many ills as all the wonders of modern technology, and it can contain costs more readily than any health care reform plan.

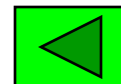
The book is available through [www.amazon.com](http://www.amazon.com) or by contacting the

Lown Cardiovascular Research Foundation  
21 Longwood Avenue  
Brookline, MA 02446

Phone: (617) 732 - 1318

Fax: (617) 734 - 5763

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Standard definiti

Specifiche formali (SW)

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Modello Aristotelico

Standard condivisi

Specifiche operative

Rischio clinico

Riservatezza

Personale sanitario

Curriculum

Fondi



# Risultati piu' utili degli EMRs

- **Controllo automatico qualita'**
- **Grande archivio dati**
- **Affidabilita', flessibilita' e semplicita' interrogazioni**
- **Elevata velocita'**

modificato da Pincioli 2007



# Medicina e I&CT

## una sfida possibile

**“If medicine is to achieve major gains in quality, it must be transformed and information technology will play a key part...”**

*Bates & Gawande, N E J Med, 2003, 348: 2526-34*





# privacy?

INBOX: La Sua password DocCheck (10 of 952)



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Date: Mon, 17 Sep 2007 13:20:31 +0200 (CEST)

From: info@doccheck.com

To: mp@ctnv.unimi.it

Subject: La Sua password DocCheck

Egregio Dottore, Gentile Dottoressa,

Come avrà letto nel nostro portale DocCheck® <http://www.doccheck.com/it/> per ottenere gratuitamente la nostra password necessitavamo di un suo documento (per es. un certificato professionale, la copia della sua iscrizione all'albo ecc..), che però purtroppo non abbiamo mai ricevuto e non abbiamo potuto attivare la sua password DocCheck.

~~Ma adesso, finalmente DocCheck, il più grande network medico europeo, è in Italia e dopo aver effettuato un controllo della sua iscrizione all'ordine nazionale dei medici chirurghi e odontoiatri, abbiamo provveduto all'attivazione automatica della sua password Doccheck.~~

Con la nostra password potrà accedere alle aree riservate di oltre 1.600 siti web riservati ai soli professionisti della salute in tutta Europa. La lista è disponibile:

<http://www2.doccheck.com/com/websites/auswahl/uebersicht.php>

Inoltre la nostra password le permetterà di accedere ad altri servizi offerti dalla nostra azienda quali:

- Litbot: robot letterario che semplificherà la Sua ricerca all'interno delle riviste mediche;
- Prima pagina: i flussi RSS dal mondo medico;
- Flexicon: il nostro dizionario medico;
- Newsletter mensile: con i più interessanti articoli dal mondo medico.

Da oggi, potrà accedere a tutti questi servizi con la nostra password gratuita DocCheck!

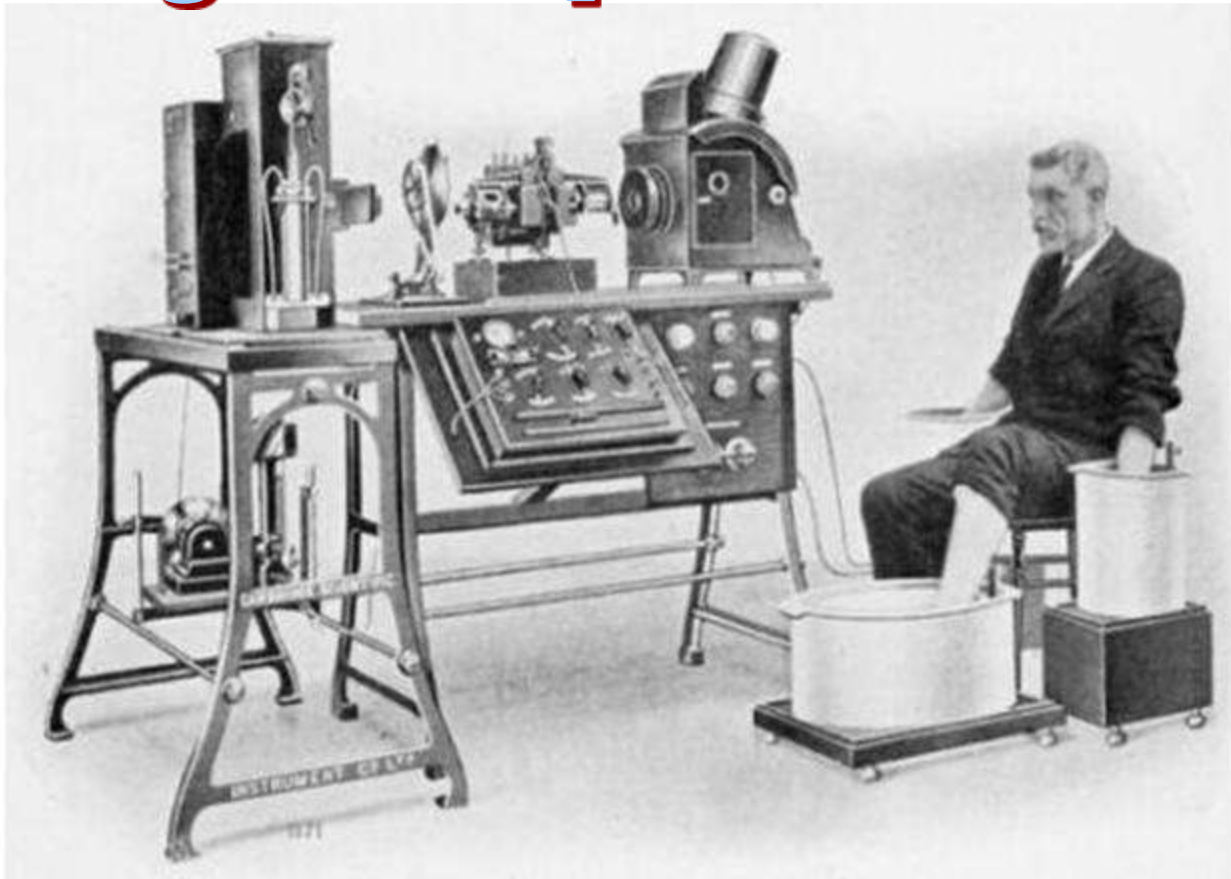
Qui di seguito le riepilogo i suoi dati:



Horde Mail Addressbook Calendar Memos Tasks Log out



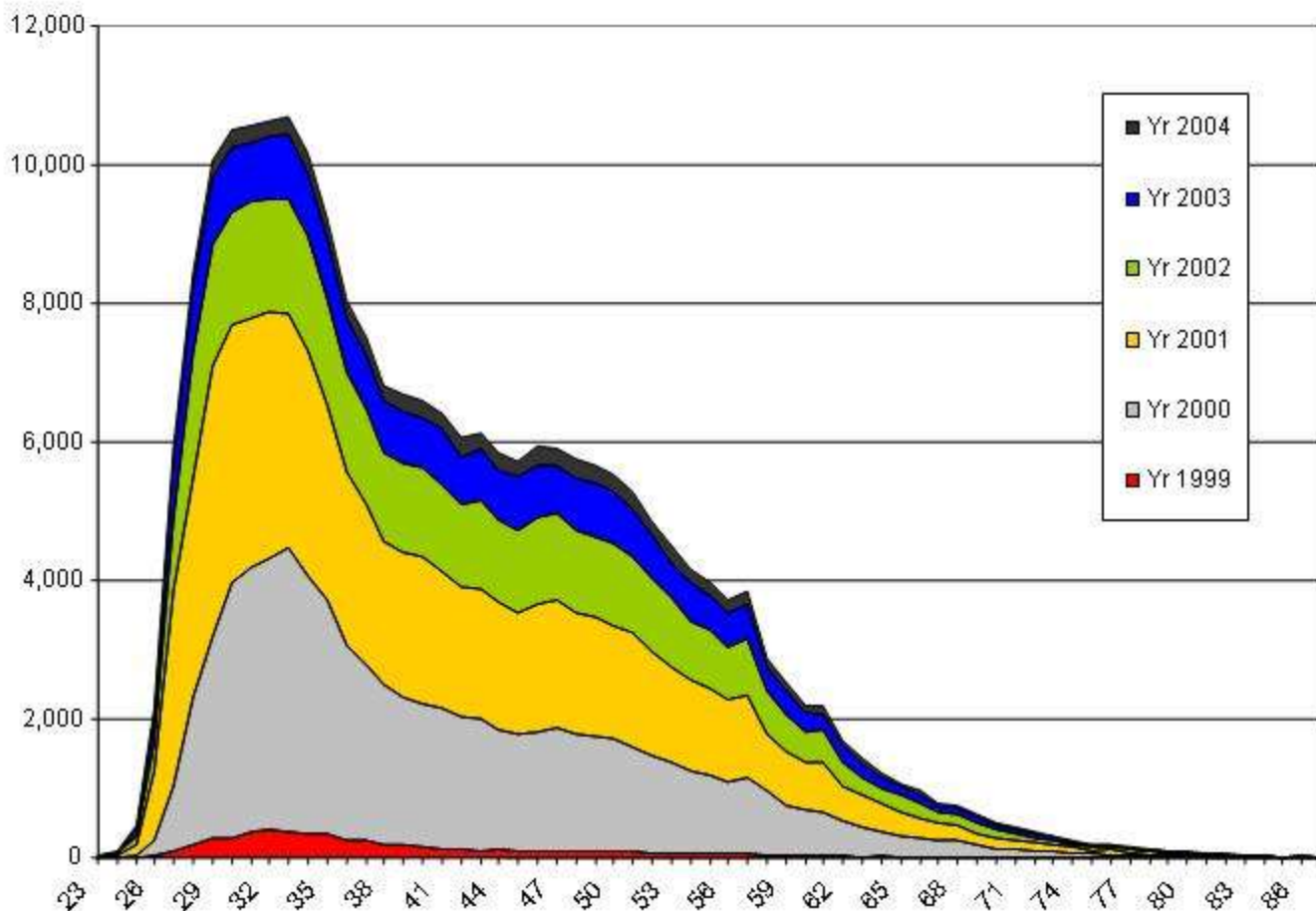
# tecnologia semplice e utilizzabile



1905 Einthoven starts transmitting electrocardiograms from the hospital to his laboratory 1.5 km away via telephone cable. On March 22nd the first 'telecardiogram' is recorded from a healthy and vigorous man and the tall R waves are attributed to his cycling from laboratory to hospital for the recording.

# Shift in physician demographics will impact use of technology

**Physician Age Distribution**



Source:

**cambiamento ed età**

# CTNV

Centro Ricerca Terapia Neurovegetativa  
Università degli Studi di Milano



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TELEMEDICINE Connecting healthcare providers & patients around the World.

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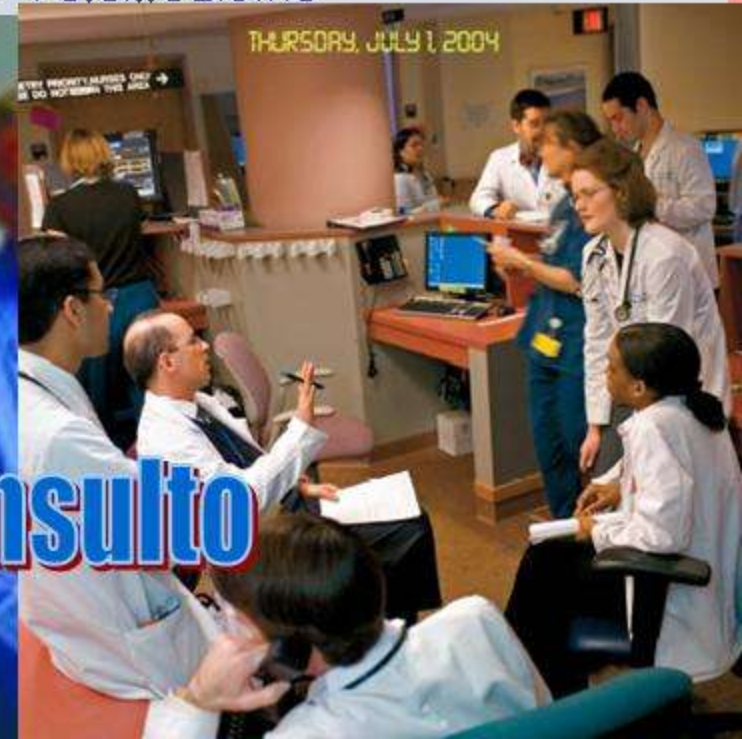
CONSUMER TECHNOLOGY AND HOME HEALTHCARE ALIGNED

## Extending the Reach of a Modern Medical Center Khinlei Myint-U, Corporate Manager, Partners Telemedicine

Ministero della Sanità  
Ministero degli Interni  
**CONFERENZA  
DEGLI  
OSPEDALI  
ITALIANI  
NEL MONDO  
- IPOCM -**  
26-28 Novembre 2005  
Palazzo Reale di Caserta

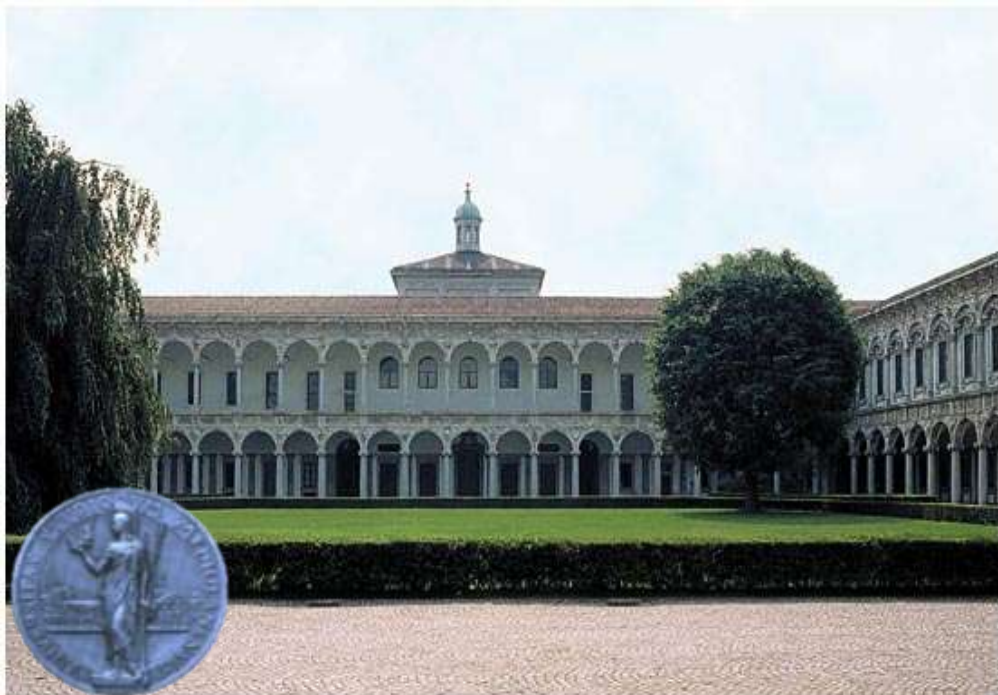
RADIOLOGIA  
OTORINOLARINGOIATRIA  
ORTOPEDIA  
PEDIATRIA  
GINECOLOGIA  
REPARTO

# strategia del teleconsulto



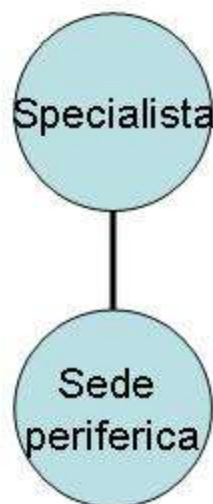
# collaboration Unimi

## ENI-DIHSE-H



# MODELLI DI TELEMEDICINA

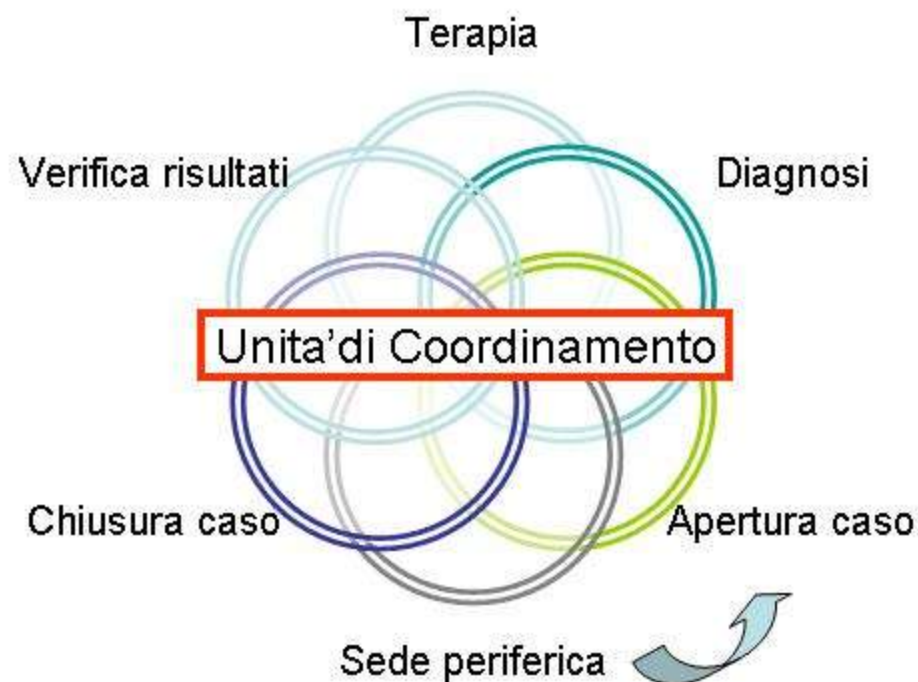
Telediagnosi



Il opinion



Gestione clinica condivisa



# GESTIONE CLINICA CONDIVISA



## UCCR



-Unita' Centrale di Coordinamento e Riferimento

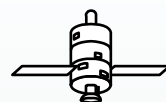
- unico punto di concentrazione, risposta e smistamento delle richieste provenienti dai siti periferici Eni (collegamento via web mediante la piattaforma MEDFORGE).

-supporto clinico, teleassistenza, Health management, prevenzione, formazione clinica, presso i siti Eni periferici



# Medforge

## UCCR



Satellite

Kazakhstan



Milano



Libia

Nigeria

Congo





The background of the image is a desert landscape. In the foreground, there is a sandy dune. In the middle ground, several large, weathered rock formations with distinct horizontal layers are visible. The sky is a clear, pale blue. The text is overlaid on this scene.

**MODULARITA'**

**DEL SERVIZIO**



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A



**esino**



**comunita'  
montane**

**milano**

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Diseases](#)

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[Pathology &](#)

[Radiology,](#)

<http://www.mic.ki.se/MEG/CLINICALCASESTUDIES>

**simulazione clinica**

The secure and confidential, interactive record for your health information.

## What is an iHealth Record?

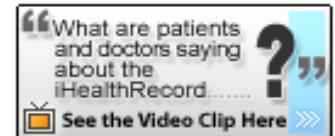
The iHealth Record is a secure and confidential, interactive personal record of your medical history. You can create, manage and share (with your authorized physicians) your personal health information.

The iHealthRecord is:

1. **Easy**
2. **Efficient**
3. **Accurate**
4. **Accessible**
5. **Secure**

The privacy and security of your iHealth Record is governed by the iHealth Alliance - committed to bringing an iHealth Record to every American. [Tell me more](#)

## About the iHealthRecord



By investing just a few minutes to create an iHealthRecord, you can feel confident that you'll have comprehensive health information for you and the ones you care for (your spouse, children, parents or other loved ones) whenever you may need it. The iHealthRecord is a secure and confidential interactive record that allows you to store, update and share health information with your physician or in an emergency situation.

- The iHealthRecord is simple and quick. It's easy to create, update and access your iHealthRecord online.
- You can store all of your health information in one place. By keeping all of your health information in one place, you can ensure accurate, comprehensive information can be provided to physicians and other healthcare providers when needed.
- Confidence in the privacy and security of your information.. The privacy of your iHealthRecord will be overseen by the iHealth Alliance, a not-for-profit advisory board whose mission is to protect the interests of physicians and patients.
- You control access. You can share your health information with whomever you choose, including physicians and family members, whenever needed because you control access to your iHealthRecord.
- Carry important information with you. You can print a wallet card to carry important health information with you at all times.

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**IMAGPatient, One** 12 of 12 images match Filter "All"

000004 695-00-ET11 NON-VETERAN (OTHER)

**SLC** Patient: **IMAGPATIENT.ONE**

**View Options** **Link** **Info**

**Clinical All** **IMAG** **IM2yr** **IM** **Web Director** **Admin 1018248**

12 of 12 images

Item	Title	Image Title	Fl	Procedure	Image	Short Desc
1	SLC	ADVANC	01	ADVANCE DIFEC	1	ADVANC
2	SLC		11	PHOTO ID	1	PHOTO

**Vista CPRS in use by: IMAGProvider, One**

**IMAGPatient, One** **Visit Not Selected** **Primary Care Team Unassigned**

686505800 .1924 (74) Provider: IMAGProvider, One

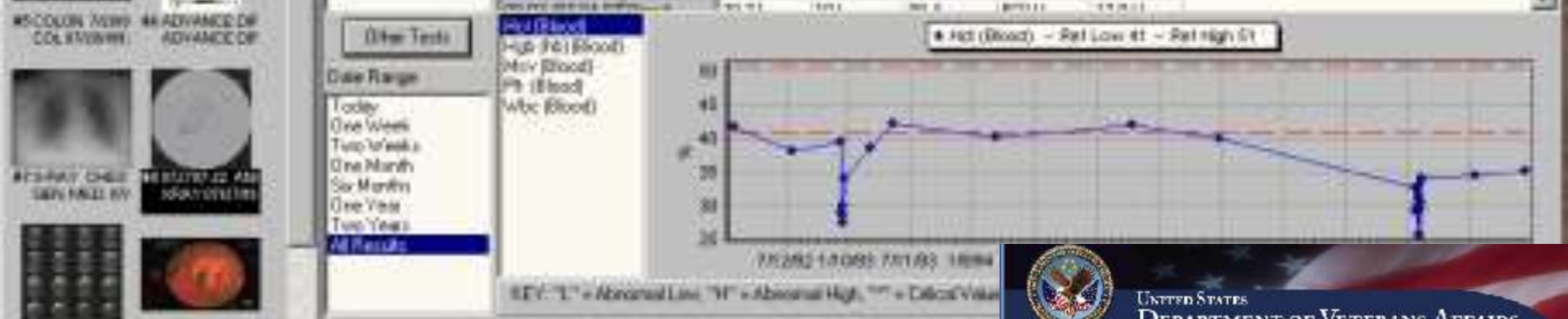
**Lab Results** **Labatory Results** **Matched** **All Results**

**Table Format** **Other Formats**

Horizontal  Vertical  Comments  Graph

Abnormal Results Only  Values

Code/Date	Specimen	HCT	HGB	MCV	PLT	WBC
08/18/97 08 00	Blood	25.3L	11.4L		276	7.1
01/25/98 08 00	Blood	34.6L	11.6L	90.4	276	8.1
01/25/98 08 00	Blood	34.6L	11.6L	90.4	302	8.1
08/17/97 08 00	Blood	34.1L	11.3L	90	549H	13.7H
08/15/97 08 00	Blood	33.9L	11.4L	93.2	605H*	15.2H
08/15/97 08 00	Blood	30.8L	10.4L	89	599H	14.9H
08/14/97 08 00	Blood	30.7L	10.2L	90.7	544H	18H
08/13/97 20 36	Blood	30.7L	10.3L	93.1	538H	21.5H
08/13/97 04 06	Blood	25.7L*	8.4L	90	559H	20.1H
08/12/97 04 44	Blood	29.4L	10L	88.7	586H	21.8H



# Master II Livello in Teledidattica

Corso integrato di sistemi di applicazioni informatiche alla didattica medica applicata  
A.A. 2007-8 Coordinatore Prof. Massimo Pagani

⊕ Offerta formativa: 16 ore Sincrona 92 A-sincrona (di cui 4 per attività di verifica)

Semestre I	Corso C1		
	Milano	Sede contribuzione	h
	DIDATTICA MEDICA APPLICATA		
<u>Lun. 19</u> <u>Nov 06</u>	<b>Presentazione del Corso Integrato</b> <b>VCL - Prof. Massimo Pagani</b> Quali risposte per le nuove domande di salute: ruolo delle applicazioni informatiche	MI: 10-12	2

grazie per l'attenzione

<u>Lun. 3</u> <u>Dic. 06</u>	<b>VCL - Dott. P. Pizzinelli</b> La gestione della cartella clinica	MI: 10-12	2
<u>Lun. 3</u> <u>Ven. 14</u> <u>Dic. 06</u>	Aspetti specifici nella didattica medica a distanza: esperienze in dermatologia (C. Gelmetti)		2

