



Training Program of the Complementary Internship in Internal Medicine approved by the College.

1 — Duration of internship – 60 months.

2 — Definition and scope:

2.1 — Internal Medicine deals with the prevention, diagnosis and guidance of non-surgical therapy for diseases of the organs and systems, or of multi-systemic disorders in adolescents, adults and the elderly.

2.2 — It is characterized by an integrated perspective of the range of physiological and pathological characteristics of the patient, and the coordination with practices of other specialties, define its essence.

2.3 — This discipline, the practice of which is wide in its scope and objectives, requires good cognitive capacities, and is exercised practiced in the outpatient clinic (daytime consultancy of the hospital), acute and chronic clinic (hospitalization in a ward), emergency clinic (emergency services) or critical care clinic (intensive care unit/intensive medicine care)

2.4 — The nosological variety, depending on the characteristics of the individual institutions, chance, and factors of an epidemiological nature, do not permit the objectives of this knowledge to be compartmentalized in any rigid way.

2.4.1 — In this context, the intern in Internal Medicine requires the construction of a multidisciplinary theoretical foundation, together with the acquisition of a solid practical experience that will enable him or her to resolve progressively more complex clinical problems.

3 — Structure, duration and sequence of the internships:

3.1 — Structure and duration of the internships:

3.1.1 — Internal Medicine – Minimum 42 months

3.1.2 — Polytherapy intensive care medicine – Compulsory internship of six months in a polytherapy unit.

3.1.3 — Optional internships – Up to 12 months.

3.1.3.1 – The optional internships are carried out in services with recognized suitability for training purposes, guaranteeing practices of interest for the training plan defined by the intern and his or her training supervisor.

3.1.3.2 — The optional internships may not be less than three months.

3.1.3.3 — The following optional internships are recommended in the areas referred to, in services or units of recognized suitability:

- a) Cardiology;
- b) Neurology;
- c) Oncology;
- d) Infectious Diseases;



- e) Clinical Immunology;
- f) Pneumology;
- g) Nephrology;
- h) Gastroenterology;
- i) Endocrinology and Metabolism;
- j) Clinical Hematology;
- k) Dermatology.

3.2 — Sequence of the internships:

3.2.1 — The first and final years of the internship should, ideally, be taken in an Internal Medicine service

3.2.2 — The remaining internships will follow the training program of each institution.

3.1.3 — The monotherapy intensive care internship will be preceded by that in polytherapy intensive care.

4 — Location of training in each internship:

4.1 — The Internal Medicine internship will be carried out at an Internal Medicine service;

4.2 — The internship in polytherapy intensive care will be carried out at a polytherapy intensive care service or unit.

4.3 — The optional internships will be carried out at services or units that enable the plan and objectives of the practice to be accomplished;

4.4 — Internships involving observation only, or all those that do not involve direct clinical activity, will not be considered valid.

4.5 — The services or units responsible for the internships must have a training plan that follows the minimum program defined, appointing a person responsible for overseeing the internship.

5 — Objectives of the internships:

5.1 — Internship in Internal Medicine.

5.1.1 — Performance objectives:

5.1.1.1 — 1st, 2nd and 3rd years:

a) Gathering and elaborating clinical histories, giving provisional clinical diagnoses, requesting complementary diagnostic tests, interpreting clinical and laboratorial anomalies, integrating all the elements of the clinical investigation, obtaining a final diagnosis, prescribing and executing a therapeutic protocol and defining a prognosis;

b) Clear oral presentation, either detailed or summarized (in epicrisis form) of medical case histories, during a ward round or clinical meeting,

c) Ability to give a summary presentation on a group of patients, during a ward round, service meeting or urgent shift changeover;



- d) Issuing discharge or transfer notes;
- e) Active participation in clinical meetings;
- f) Collaborating in treatment and maintenance of elements of clinical information of the service (records)
- g) Active participation in thematic or bibliographic review sessions;
- h) Participation in carrying out anatomico-clinical necropsies that the intern has requested (or others); discussion of the micro- and microscopic studies arising from them;
- i) Assimilating and appropriate use of the rules governing request for services of other specialties;
- j) Active participation in the internal emergency teams;
- k) Active participation in the external emergency teams for periods of 12 hours per week;
- l) Carrying out the following techniques:
 - 1) Puncture and canalization of the peripheral veins;
 - 2) Arterial puncture (for diagnosis);
 - 3) Thoracocentesis;
 - 4) Pleural biopsy;
 - 5) Abdominal paracentesis;
 - 6) Lumbar puncture;
 - 7) Bone marrow puncture (with or without bone biopsy);
 - 8) Percutaneous hepatic biopsy;
 - 9) Other techniques for harvesting tissue for histological study;
 - 10) Electrocardiographic evaluation;
 - 11) Cardiorespiratory resuscitation: course in advanced life support, ministered by a suitable recognized entity;
- m) Knowledge and interpretation of descriptive statistical tests; optional: Ability to use statistical computer programs applied to biological sciences;
- n) Knowledge and application of consensuses in medical ethics and code of conduct;
- o) Participation in clinical and/or scientific publications;
- p) Participation in postgraduate courses (national or foreign) of interest and recognized merit;
- q) Elaboration and execution of clinical investigation projects; active participation in other investigation project(s);
- r) Participation in pre- or postgraduate teaching centers of the service(s) and/or institution(s).

5.1.1.2 — 4th and 5th years:

- a) Self-sufficiency in performing the above mentioned items;



b) Participation in consultancy actions with other specialties, under the tutelage system.

5.1.1 — Knowledge objectives:

5.1.2.1 — 1st, 2nd, 3rd, 4th and 5th years — Etiopathogeny, epidemiology, physiopathology, pathological anatomy, clinical and laboratory semiology, diagnosis and therapeutics of nosological entities included in the following areas:

- a) Cardiology;
- f) Pneumology;
- c) Gastroenterology;
- g) Nephrology;
- e) Rheumatology;
- f) Neurology;
- j) Clinical Hematology;
- i) Endocrinology and Metabolism;
- i) Clinical Nutrition;
- j) Clinical Immunology;
- c) Oncology;
- d) Infectious Diseases;
- m) Clinical Pharmacology;
- n) Toxicology and substances of drug abuse;
- o) Clinical Geriatrics;
- p) Evaluation of Pain and Clinical Practice involving Terminal Patients.

5.2 — Internship in Polytherapy Intensive Care Medicine:

5.2.1 — Performance objectives – Execution of diagnostic and therapeutic techniques in intensive care patients, in particular:

- a) Electrocardiographic monitoring;
- b) Clinical and laboratory monitoring of respiratory function;
- c) Central venous, percutaneous catheterization;
- d) Arterial, percutaneous catheterization;
- e) Catheterization of the pulmonary arteries, with flow-directed balloon catheter (C. Swan-Ganz);
- f) Endotracheal intubation;
- g) Maintenance of the airways;
- h) Mechanical ventilation; various types;
- i) Enteric and parenteral nutrition;
- j) Installation of a temporary transvenous pacemaker (not compulsory);
- k) Pericardiocentesis (diagnosis/therapeutic);

- l) Pleural drainage;
- m) Analgesia and sedation techniques.

5.2.2 — Knowledge objectives:

- a) Knowledge of the criteria for admission and discharge to/from the intensive care unit;
- b) Surveillance and monitoring (invasive/non-invasive) of patients in critical condition;
- c) Resuscitation and shock treatment;
- d) Cardiorespiratory (and cerebral) resuscitation);
- e) Alterations in hydroelectrolytic and base-acid balance;
- f) Use of parenteral solutions;
- g) Transfusion of blood and blood derivatives;
- h) Physiopathology and therapeutic of acute coagulation alterations;
- i) Physiopathology and replacement therapy in situations of respiratory insufficiency;
- j) Physiopathology and replacement therapy in situations of renal insufficiency;
- k) Physiopathology and replacement therapy in acute situations of the cardiovascular system;
- l) Physiopathology and therapeutic of acute hepatic insufficiency and gastrointestinal hemorrhage.
- m) Physiopathology and therapy for acute endocrine crises;
- n) Severe infections (with functional impairment, community or nosocomial);
- o) Postoperative evaluation and treatment;
- p) The severely traumatized patient:
- q) Main causes of poisoning.

5.3 — Optional internships;

5.3.1 – It is recommended that optional internships be governed by the regulation in 3.1.3.

5.3.2 – The optional internships must include the following:

- a) The existence of performance objectives (evaluation of follow up of patients with more frequent and important pathologies).
- b) Existence of knowledge objectives.



- Etiology, physiopathology, clinic, diagnosis, therapeutics and prognosis of nosological entities,
- Monitoring of patient activity using validated protocols (where these exist) and their impact on the therapeutic decision,

6 — Evaluation:

6.1 — The evaluation is carried out as established in chapters VIII and IX of the Regulations for the Medical Internship, approved by Ministerial Order no. 183/2006 of 22 February.

6.2 — Performance evaluation:

6.2.1 — Individual performance:

- a) Technical skills - weighting 3;
- b) Interest on professional development – weighting 3;
- c) Professional responsibility – weighting 2;
- d) Relationships with others in the workplace - weighting 2.

6.3 — Knowledge evaluation:

6.3.1 — The optional internships will be evaluated together with the next knowledge evaluation, based on a report of activities.

6.3.2 — The remaining knowledge evaluations, at the end of each internship, or for every 12 months of the internship, shall consist of:

- a) Analysis of the report of activities and works produced by the intern;
- b) Discussion of the subjects established as knowledge objectives of the internship, or part of the internship.
- c) Discussion of a written report, based on an interview and patient observation, including diagnosis, therapeutic and epicrisis.