

Introduction to Internal Medicine

Introduction to Internal Medicine – Study Notes

1. What Is Internal Medicine?

Aspect	Description
Definition	A medical specialty focused on the prevention, diagnosis, and treatment of adult diseases affecting the internal organs (heart, lungs, liver, kidneys, gastrointestinal tract, endocrine system, etc.).
Physician Title	Internist (often called “physician?specialist”).
Scope	• Primary care for adults • Management of complex, multisystem illnesses • Coordination of specialty care • Emphasis on evidence?based, longitudinal care
Training Path	Medical school ? 3?year residency in Internal Medicine ? (optional) fellowship in a subspecialty (e.g., cardiology, gastroenterology).

2. Core Principles of Internal Medicine

Principle	Key Points
Patient?Centered Care	Treat the whole person, not just the disease; consider psychosocial factors, preferences, and goals.
Evidence?Based Medicine	Use best?available research, clinical expertise, and patient values to guide decisions.
Continuity & Coordination	Follow patients over time; act as the “hub” for referrals, labs, imaging, and medication management.
Prevention & Health Promotion	Screen for disease, counsel on lifestyle, immunizations, and risk?reduction strategies.
Diagnostic Reasoning	Systematic approach: history ? physical ? focused investigations ? differential diagnosis ? working diagnosis.

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Principle

Key Points

Management of Chronic Illness

Long-term monitoring, titration of therapy, comorbidity handling, and patient education.

3. Typical Clinical Settings

Setting

Role of the Internist

Outpatient Clinic

Routine health exams, chronic disease follow-up, preventive care.

Inpatient Service (General Medicine Ward)

Admit, evaluate, and manage acute illnesses; lead multidisciplinary team.

Consultation Service

Provide expert opinion for patients admitted under other specialties.

Subspecialty Clinics (if fellowship-trained)

Focused care (e.g., heart failure clinic, renal disease clinic).

Academic/Research

Teach medical students/residents; conduct clinical or translational research.

4. Common Disease Categories Managed by Internists

Category

Representative Conditions

Cardiovascular

Hypertension, coronary artery disease, heart failure, arrhythmias, valvular disease.

Respiratory

COPD, asthma, pneumonia, interstitial lung disease, pulmonary embolism.

Gastrointestinal

GERD, peptic ulcer disease, inflammatory bowel disease, hepatitis, liver cirrhosis.

Endocrine/Metabolic

Diabetes mellitus, thyroid disorders, adrenal insufficiency, dyslipidemia, osteoporosis.

Renal

Acute kidney injury, chronic kidney disease, electrolyte disturbances, hypertension secondary to renal disease.

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Category

Representative Conditions

Hematology/Oncology	Anemia, coagulopathies, solid?organ malignancies, lymphoproliferative disorders.
Infectious Diseases	Sepsis, HIV/AIDS, community?acquired infections, travel?related illnesses.
Rheumatology	Rheumatoid arthritis, systemic lupus erythematosus, gout, vasculitis.
Geriatrics	Polypharmacy, frailty, falls, dementia, multimorbidity.

5. Systematic Approach to a New Patient

1. **Chief Complaint (CC