



ACIBADEM  
UNIVERSITY

SCHOOL OF MEDICINE

INTERNSHIP LOG-BOOK

2017-2018





**ACIBADEM**  
UNIVERSITY



Name-Surname :

Student Number :

Internship Period : .../.../ 20..- .../.../ 20..

*Please return this log-book to the internship coordinators before graduation.*

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## *Preface*

Dear Interns,

We would like to congratulate you firstly, as you are beginning your last year of medical school, “internship”. Internship is now the next step for a medical student in becoming a fully qualified doctor. You will find that your internship is the first time to get to practice actual hands-on medicine with your preceding medical training and theoretical background. You will be expected to acquire all the skills and experience necessary to qualify to practice general medicine.

In Acıbadem University School of Medicine, the aim is to educate doctors of tomorrow as individuals who practice evidence-based medicine, acknowledge the importance of research, who are inquisitive, honest and work for the well-being of humanity. Interns improve their medical knowledge and communication skills, and are supervised by faculty members. In your internship year, our aim is to apply your clinical knowledge in out-patient clinics and services, gain more hands-on experience and practice basic procedures.

Internship at Acıbadem University School of Medicine takes place at Acıbadem University Kerem Aydınlar Campus, in the affiliated hospitals and other health institutions. The education program is concordant with the primary health-care program, called as the “UÇEP” (Ulusal Çekirdek Eğitim Programı). Accordingly, interns may be assigned to a different primary, secondary or tertiary health-care institution with suggestions from the Curriculum Development Committee, Program Coordinators, and upon approval from the Faculty Board and Dean. Should such an assignment occur, the education program is prepared considering the intern training based on the work principals of the department. These assignments may take place at in-patient and out-patient clinics, operating rooms, laboratories, primary care facilities and in community.

During your one-year internship, you will be having rotations in the Department of Internal Medicine (eight weeks), Community Health and Primary Care (eight weeks), Pediatrics (eight weeks), Emergency Medicine (eight weeks), General Surgery (four weeks), Obstetrics and Gynecology (four weeks), Psychiatry (three weeks) and Simulated Clinical Practice (one week). There will also be an elective rotation for eight weeks for which you may choose the specialty according to your interest.

Your rotations will include night-shifts. Your Log Book should be filled out during your rotation and handed to your supervising faculty member at the end of the year before graduation. The supervising faculty member in each rotation will provide further explanations to you. We consider you as our colleagues and attendance to all rotations is mandatory. Any occasions in which an intern will be absent should be within the knowledge of supervising faculty member of the rotation.

Internship is a great year to thrive, learn and gain experience. We wish you all a successful year.

Year 6 Internship Coordinators

**2017 -2018      ACADEMIC CALENDAR      YEAR 6**

Group A		Date
MED 604	Obstetrics and Gynecology	03.07.2017-30.07.2017
MED 608	Simulated Clinical Practice	31.07.2017-06.08.2017
MED 603	Pediatrics	07.08.2017-01.10.2017
MED 606	Community Health and Primary Care	02.10.2017-26.11.2017
MED 605	Psychiatry	27.11.2017-17.12.2017
MED 607	Emergency Medicine	18.12.2017-11.02.2018
MED 602	General Surgery	12.02.2018-11.03.2018
MED 601	Internal Medicine	12.03.2018-06.05.2018
EIP	Elective Internship Program	07.05.2018-01.07.2018
<b>Group B</b>		
MED 606	Community Health and Primary Care	03.07.2017-27.08.2017
MED 605	Psychiatry	28.08.2017-17.09.2017
MED 608	Simulated Clinical Practice	18.09.2017-24.09.2017
MED 604	Obstetrics and Gynecology	25.09.2017-22.10.2017
MED 603	Pediatrics	23.10.2017-17.12.2017
MED 601	Internal Medicine	18.12.2017-11.02.2018
MED 607	Emergency Medicine	12.02.2018-08.04.2018
MED 602	General Surgery	09.04.2018-06.05.2018
EIP	Elective Internship Program	07.05.2018-01.07.2018

Group C		
MED 608	Simulated Clinical Practice	03.07.2017-09.07.2017
MED 607	Emergency Medicine	10.07.2017-03.09.2017
MED 602	General Surgery	04.09.2017-01.10.2017
MED 601	Internal Medicine	02.10.2017-26.11.2017
MED 604	Obstetrics and Gynecology	27.11.2017-24.12.2017
MED 603	Pediatrics	25.12.2017-18.02.2018
MED 606	Community Health and Primary Care	19.02.2018-15.04.2018
MED 605	Psychiatry	16.04.2018-06.05.2018
EIP	Elective Internship Program	07.05.2018-01.07.2018
Group D		
MED 601	Internal Medicine	03.07.2017-27.08.2017
MED 604	Obstetrics and Gynecology	28.08.2017-24.09.2017
MED 608	Simulated Clinical Practice	25.09.2017-01.10.2017
MED 607	Emergency Medicine	02.10.2017-26.11.2017
MED 602	General Surgery	27.11.2017-24.12.2017
MED 606	Community Health and Primary Care	25.12.2017-18.02.2018
MED 605	Psychiatry	19.02.2018-11.03.2018
MED 603	Pediatrics	12.03.2018-06.05.2018
EIP	Elective Internship Program	07.05.2018-01.07.2018

## YEAR 6 2017- 2018 INTERNSHIP PROGRAM

Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
A	Obstetrics & Gynecology 03.07.2017 30.07.2017	Sim 31.07.2017		Obstetrics & Gynecology 03.07.2017 30.07.2017		Community Health & PHC 03.07.2017-27.08.2017		Community Health & PHC 07.08.2017-01.10.2017		Community Health & PHC 02.10.2017-26.11.2017		Psychiatry 27.11.2017 17.12.2017		Emergency Medicine 18.12.2017-11.02.2018		General Surgery 12.02.2018 11.03.2018		Internal Medicine 12.03.2018-06.05.2018		Elective 07.05.2018-01.07.2018																																
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B	Community Health & PHC 03.07.2017-27.08.2017		Psychiatry 28.08.2017 17.09.2017		Obstetrics & Gynecology 25.09.2017 22.10.2017		Pediatrics 23.10.2017-17.12.2017		Internal Medicine 18.12..2017-11.02.2018		Emergency Medicine 12.02.2018-08.04.2018		General Surgery 19.04.2018 06.05.2018		Elective 07.05.2018-01.07.2018																																					
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C	Community Health & PHC 03.07.2017-27.08.2017		Psychiatry 28.08.2017 17.09.2017		Obstetrics & Gynecology 25.09.2017 22.10.2017		Pediatrics 23.10.2017-17.12.2017		Internal Medicine 18.12..2017-11.02.2018		Emergency Medicine 12.02.2018-08.04.2018		General Surgery 19.04.2018 06.05.2018		Elective 07.05.2018-01.07.2018																																					
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D	Community Health & PHC 03.07.2017-27.08.2017		Psychiatry 28.08.2017 17.09.2017		Obstetrics & Gynecology 25.09.2017 22.10.2017		Pediatrics 23.10.2017-17.12.2017		Internal Medicine 18.12..2017-11.02.2018		Emergency Medicine 12.02.2018-08.04.2018		General Surgery 19.04.2018 06.05.2018		Elective 07.05.2018-01.07.2018																																					
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## GENERAL SURGERY

Program Name	Year	Code	Duration (weeks)	Credit	ECTS
General Surgery	6	MED 602	4	4	4

<b>Course Type</b>	Compulsory
<b>Course Level</b>	Undergraduate
<b>Year Coordinators</b>	Murat SARUÇ M.D., Prof. Bilgi BACA, M.D., Prof.
<b>Program Coordinators</b>	Bilgi BACA, M.D., Prof. İlknur ERGÜNER BAYRAKTAR, M.D., Assoc. Prof.
<b>Academic Units &amp; Staff</b>	Cihan URAS, M.D., Prof. Bilgi BACA, M.D., Prof. İsmail Hakkı HAMZAOĞLU, M.D., Prof. Tayfun KARAHASANOĞLU, M.D., Prof. Remzi EMİROĞLU, M.D., Prof. Deniz BÖLER, M.D., Assoc. Prof. İlknur ERGÜNER BAYRAKTAR, M.D., Assoc. Prof. Erman AYTAÇ, M.D., Assist. Prof. Fatih Levent BALCI, M.D., Assist. Prof. Ercüment GÜRLÜLER, M.D., Instructor Deniz ATASOY, M.D., Instructor Onur BAYRAKTAR, M.D., Instructor Volkan ÖZBEN, M.D., Instructor

<b>Educational Methods</b>	<ul style="list-style-type: none"> <li>• Case discussions,</li> <li>• Bedside training,</li> <li>• Paper/ lecture presentation and discussion,</li> <li>• Incorporation to surgical procedures,</li> <li>• Outpatient clinics and ward rounds-inpatient clinics,</li> <li>• Attendance to multidisciplinary and M&amp;M meetings.</li> </ul>
<b>Assessment Methods</b>	<ul style="list-style-type: none"> <li>• Failure to sign will be interpreted as absence</li> <li>• 20% absence results in failure from internship program</li> <li>• Interns are expected to fulfill missions like case presentations, Lecture/paper presentations.</li> <li>• Clinical skills and professional attitude will be assessed.</li> <li>• Assessment will be interpreted as sufficient or insufficient.</li> </ul>
<b>Course Aims</b>	<ul style="list-style-type: none"> <li>• The aim is to teach basic surgical topics and principles to sixth year medical students with case discussions, paper presentations and bedside training. They will learn to be a part of a surgical team and will take increased responsibility for the patient care.</li> <li>• The students will have opportunities to join out-and-in-patient care with medical teachers and other health professionals in relevant hospitals of Acibadem Health Care Group.</li> <li>• Each student is expected to: <ul style="list-style-type: none"> <li>• Incorporate basic knowledge and clinical experience to obtain modern patient-oriented clinical care.</li> <li>• To participate the care of patients in the various stages (preoperative area, inpatient and outpatient clinics, operative procedures, recovery and follow-up) of evaluation and treatment by surgeons.</li> </ul> </li> </ul>

**Learning Outcomes**

**At the end of this internship program the students will be able to:**

- Evaluate the patient, and analyze the symptoms and examination findings related with the following topics.
  - Acute abdomen
  - Acute appendicitis
  - Acute mastitis, nipple discharge and symptoms of breast mass
  - Anorectal disorders (anal abscess, hemorrhoidal disease, anal fissure, etc) and differential diagnosis such as rectal cancer.
  - Acute cholecystitis
  - Abdominal wall hernia
  - Thyroid disorders
  - Define minimally invasive surgery and robotics
- Apply the following skills under observation
  - Suturing
  - Suture removal
  - Abscess drainage
  - Placement of urinary catheter
  - Placement of nasogastric tube
  - Wound care
- Prepare a medical report of a patient and fill daily follow-up notes of the patient

## **Internship Detailed Program and Information**

Intern doctors in Acibadem University School of Medicine are responsible for the work in the Department of General Surgery during 4 weeks period. On behalf of educational team, they have responsibilities to complete their internship program.

In this program, you will be interacting with physicians in the Department of General Surgery and observing them through every step of patient care. You will experience what surgeons do on a daily basis as you encounter patient-physician interactions in the clinics, pre and post-operative units, operating rooms, and bedside meetings during rounds.

Maturity, attentiveness, flexibility, and the ability to follow written and verbal directions are qualities that are absolutely imperative to prevent hindrance of patient care. Professionalism is essential. The surgeons, although enthusiastic about having student pre-medical students, are voluntarily participating in this program. Thus, please be respectful at all times.

This internship program is operated under the guidance and direction of the Chairman of Surgery and internship coordinator. Start and end dates, hospital shift start and end times, requirements and/or the process of selection, student guidelines, and policies set forth by Acibadem University School of Medicine rules.

The Department of General Surgery consists of the following surgical subspecialties:

- Gastrointestinal Surgery
- Breast Surgery
- Transplant Surgery

## **Working Plan and Responsibilities**

- 1-** The responsibilities during the 6th year involve total care of all patients under the supervision of the faculty and senior resident staff.
- 2-** The general surgery internship program lasts 4 weeks. In the beginning of the internship, the working schedule is declared to the intern doctors and this schedule is reported to the faculty and resident staff.
- 3-** The general surgery internship program takes place in the Acibadem Atakent and Maslak Hospitals both of which are affiliated to the Acibadem University.
- 4-** Within this program, intern doctors are expected to work in the inpatient and outpatient clinics as well as in the operating rooms.
- 5-** The working hours are from 7:30 am to 4:30 pm. Absence from the clinic without reporting an excuse is not allowed. Interns who will be absent must report, in advance, their excuse to the clinical coordinator. Otherwise, the internship program will be subject to repetition.
- 6-** At the beginning of the internship, intern doctors are divided into 3 groups: outpatient clinic, inpatient clinic and operating room. The senior staff declares the 4-week working schedule responsible for the internship program.
- 7-** The faculty members and/or chief surgeons conduct ward rounds. All the interns must be present during the morning rounds.
- 8-** During ward rounds, interns who are in charge with the inpatient clinic will present their patients. Interns are obliged to know all the clinical data of the patients they are responsible for.
- 9-** Interns who are responsible for the inpatient clinic will accompany their patients during consultations, and they are supposed to be in direct contact with the consultants and prepare the treatment plan under the guidance of senior surgeons.
- 10-** In the inpatient clinic, interns are supposed to take patient history, change wound dressings, and insert nasogastric tube and urinary catheters under the supervision of the surgical staff.
- 11-** In the outpatient clinics, interns are supposed to participate actively to the clinical examination of patients.
- 12-** Interns working in the operating room are supposed to be present in the operating room from 7:30 am and 4:30 pm. They are expected scrub up and participate to the surgical procedures.

- 13-** Rooms available for intern doctors are located in the inpatient clinics and in the departmental area. Interns can use these rooms during their free times in the clinic.
- 14-** During the general surgery internship, each intern must be on duty 4 times and one of these will be a weekend duty. The schedule will be announced to the interns in the beginning of the internship. Interns are supposed to start their duty at 4:30 pm (during the week), 9:00 am (at weekends) and finish on the next day at 9:00 pm. Interns are allowed to take one-day leave after the completion of the duty.
- 15-** During the internship program, all the interns are supposed to participate to the multidisciplinary meetings carried out in the clinic. These meetings are;
- 1) gastrointestinal oncology meeting (every Monday, 7:30-8:30 am),
  - 2) breast oncology meeting (every Friday, 7:00-8:30 am).
- 16-** In the 3rd week of the internship program, a monthly morbidity and mortality meeting is carried out and the head of the department will declare the exact date of this meeting. Interns must participate to this meeting.
- 17-** In the clinic, a monthly “literature presentation meeting” is carried out and the head of the department will declare the exact date of this meeting. Interns must participate to this meeting.
- 18-** Each intern will have a faculty or senior resident staff responsible for the intern. In the middle of the internship program (at the end of the 2nd week), the staff will evaluate intern’s working condition and any deficiencies will be reported to the intern. The same evaluation will be performed at the end of the internship and this will be graded and marked as success or fail.
- 19-** Within the working hours, intern doctors must be in good relationship with the residents, surgical staff, faculty members, nurses and auxiliary staff and must obey code of conduct.
- 20-** In addition to clean and tidy outfit/dress, intern doctors must wear white coat or uniforms at all times in the inpatient and outpatient clinic (male interns should shave daily).

## Clerkship Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
4					
5					

TASK TABLE			
Name/Surname:		Start Date:	End Date:
Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
History writing (n=5)			
Aseptic dressing (n=5)			
Stitch removal (n=5)			
Removal of drain (n=5)			
Per rectal examination (n=2)			
Proctoscopy (n=1)			
Catheterization urethral (n=5)			
Flatus tube insertion (n=1)			

Writing discharge certificate (n=5)			
Writing death-note certificate (n=1)			
Taking informed consent (n=1)			
Assisting while writing pre-op order (n=5)			
Writing and sending operation list (n=2)			
Checking anesthetist's asking (n=2)			
Assisting while writing operation note (n=5)			
Writing postoperative order (n=5)			
Operative skills			
Scrubbing, gowning, gloving (n=5)			
Skin stitch (n=5)			
Wound debridement (n=1)			
Abscess drainage (n=1)			
Subcutaneous cyst, lipoma, wart excision (n=1)			

No of operation assisted (n=5)			
Assisting laparoscopic cholecystectomy (n=1)			
Newborn Care Practice and Breast feeding Education			
Heel prick capillary blood test			
Task/Procedure			
Oral-IM-SC vaccine administration			
Routine pediatric follow-up visit			
Article presentation			
Pediatric & Neonatal Radiographic Evaluation			
Pediatric & Neonatal Radiographic Evaluation			
Anthropometric Measurement & Growth Evaluation			



## INTERNAL MEDICINE

Program Name	Code	Year	Duration (weeks)	Credit	ECTS
Internal Medicine	MED 601	6	8	8	10

<b>Course type</b>	Compulsatory
<b>Course level</b>	Undergraduate
<b>Year coordinators</b>	Murat SARUÇ, M.D., Prof. Bilgi BACA, M.D., Prof.
<b>Program Coordinators</b>	Sevgi ŞAHİN, M.D., Prof. Fatih Oğuz ÖNDER, M.D., Assoc. Prof.

**Academic Unit  
and Staff**

**INTERNAL MEDICINE**

Nurdan TÖZÜN, M.D., Prof.

Gül BAŞARAN, M.D., Prof.

Aziz YAZAR, M.D., Prof.

Murat SARUÇ, M.D., Prof.

Şebnem AKTARAN, M.D., Prof.

Bahattin ÇİÇEK, M.D., Prof.

Siret RATİP, M.D., Prof.

Özlem ER, M.D., Prof.

Sinan YAVUZ, M.D., Prof.

Rüştü SERTER, M.D., Prof.

Bülent ORHAN, M.D., Prof. E

nder ARIKAN, M.D., Prof.

Ülkem ÇAKIR, M.D., Prof.

Gökhan DEMİR, M.D., Prof.

Hüseyin ABALI, M.D., Prof.

Duygu YAZGAN AKSOY, M.D., Prof.

Sevgi ŞAHİN, M.D., Prof.

Başak OYAN ULUÇ, M.D., Prof.

Berrin KARADAĞ, M.D., Assoc. Prof.

Arzu TİFTİKÇİ, M.D., Assoc. Prof.

Bülent DEĞERTEKİN, M.D., Assoc. Prof.

Eser KUTSAL, M.D., Assoc. Prof.

Taner KORKMAZ, M.D., Assoc. Prof.

Fatih Oğuz ÖNDER, M.D., Assoc. Prof.

Leyla KILIÇ, M.D., Assoc. Prof.

Suna YAPALI, M.D., Assoc. Prof.

Cem AYGÜN, M.D., Assoc. Prof.

Özlem SÖNMEZ, M.D., Assoc. Prof.

Özlem ÇELİKER, M.D., Assoc. Prof.

Özlem SEZGİN MERİÇLİLER, M.D., Assist. Prof.

Oğuz Kaan ÜNAL, M.D., Ph.D., Instructor

Melike KALFA, M.D., Ph.D., Instructor

**Academic Unit  
and Staff**

**PULMONARY DISEASES**

Çağlar ÇUHADAROĞLU, M.D., Prof.  
Öner DİKENSÖY, M.D., Prof.  
Reha Baran, M.D., Assoc. Prof..  
Celaleddin Haluk Çalışır, M.D., Assoc. Prof..  
Ceyda Erel Kırıçoğlu, M.D., Assoc. Prof..  
Pejman Golabi M.D., Instructor  
Süha Alzafer M.D., Instructor  
Hilal Altınöz M.D., Ph.D., Instructor

**INFECTIOUS DISEASES**

Ayşe Sesin Kocagöz, M.D., Prof.  
Sibel GÜNDEŞ, M.D., Prof.  
Hülya Kuşoğlu M.D., Instructor

**CARDIOLOGY**

Sinan Dagdelen, M.D., Prof.  
Sevket Gorgulu, M.D., Prof. .  
Mustafa Kemal Batur, M.D., Prof. .  
Ergün Seyfeli, M.D., Prof. .  
İlke Sipahi, M.D., Prof.  
Tuğrul Norgaz, M.D., Prof.  
Ahmet Akyol, M.D., Prof.  
Seden Celik, M.D., Prof.  
Tansu Karaahmet, M.D., Assoc. Prof.  
Ali Buturak, M.D., Assist. Prof.  
Gülcan Abalı, M.D., Assist. Prof.  
Ahmet KARABULUT, M.D. Assoc. Prof  
Elif EROĞLU, M.D. Assoc. Prof.  
Alper ÖZKAN, M.D. Assoc. Prof.  
Ertuğrul ZENCİRCİ, M.D., Assist. Prof.  
Gültekin KARAKUŞ, M.D. Assist. Prof.  
Aleks Değirmencioğlu , M.D., Assist. Prof.  
Mustafa Ertuğrul MERCAN, M.D., Ph.D., Instructor

<b>Educational Methods</b>	Seminars (Presented by interns and faculty staff), Journal Clubs, Case Discussions during ward rounds and out-patients' clinics, Clinical Skills Training, Ward rounds, Bed Side Training, Outpatient clinics, On-call duties and Night Shifts
<b>Assessment Methods</b>	Direct observation and evaluation of intern-patient relationships, patients' case files recorded by interns, completing the defined duties, scheduled tasks, medical interventions performed by interns.
<b>Course Aims</b>	This hospital based medical education program aims to deliver training in environment of wards and out-patient clinics of the tertiary healthcare facility.

**Learning Outcomes**

At the end of this program, interns will be able to:

- Gather data for patients' case history, perform physical examination and organizing management plan.
- Manage contact with patients and with patients' relatives.
- Organize patient care, laboratory and radiologic tests under supervision of relevant primary doctor of the patient.
- Keep medical case file records and fill and organize them when required.
- Understand the legal issues regarding patients case files.
- Observe and interpret the changes in the patients' clinical and laboratory findings.
- Manage interactions between various hospital staff.
- Observe basic principles for management of an internal medicine ward.
- Perform interventions for care of the patient.
- Participate in the interplay of various disciplines required for the management of the patients who need multidisciplinary approach.
- Make informing speeches to the patients and relatives when required.
- Observe patient management in out-patient clinics.

## **COMPULSORY TASKS DURING THE INTERNSHIP**

### **Ward rounds**

- Attendance to ward rounds at scheduled hours is compulsory. Intern doctors will present the hospitalized patients to the primary consulting doctor and other participants of the ward round.
- Intern doctors should keep personal case-files of the patients apart from the hospitals file. Case-files should be closed when the patient is discharged and files should be presented to the coordinators with this log-book at the end of education period of 8 weeks. Medicolegal issues regarding the case-file writing will be discussed during the ward rounds.
- Intern doctors are required to discuss differential diagnosis and treatment options during ward rounds.
- Intern doctors should accompany the patients during secondary consulting doctor visits and radiologic or endoscopic examination.
- Intern doctors will observe and perform interventions to the patients when appropriate.
- Intern doctors will visit the patients on daily basis and repeat the physical examination, check measured data such as blood glucose, urine output, vital sign etc.
- Working hours in the clinics is between 8:00 – 17:00 during week days. Sign-in and sign-out polling will be available between 8:00-8:30 in the morning and 16:30 – 17:00 in the afternoon.

### **Out-patient clinics**

- All interns will attend out-patient clinics and observe patient management with faculty staff.
- All interns will attend out-patient clinics for the 8 weeks of education. Rotations will be at weekly basis.

- Duty in the out-patient clinics will start after the daily ward-rounds and daily duration of the out-patient clinic will be determined by the relevant faculty member.

### **Seminars**

- All interns will present a seminar under the supervision of a faculty member.
- Topic will be decided at least 1 week before the presentation.
- Seminars should be presented after the approval of the supervising faculty member.
- Dates and schedule of the seminars will be decided according to the supervising staff's programme.

### **Interventions**

- All interns are obliged to perform ordered interventions under supervision of faculty staff.
- Intravenous line or urinary catheter placement, capillary blood sugar measurement, placement of respiratory masks, central venous pressure measurements are among many interventions that can be performed under supervision.

### **Night shifts**

- Intern doctors will have night shifts during week days.
- Night shift duty will begin at 17:00 and will finish at 8.30 next day.
- Interns on duty are obliged to visit hospitalized patients of internal medicine department at least once during the night shift.
- Night shift interns have the duty to inform other doctors about the events happened during the night shift, laboratory tests or radiologic examination to be followed-up.
- Interns with absenteeism without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absenteeism more than legal limit will cause the renewal of the course program.

- The interns should comply with the terms and rules of the department, consulting staff, and the special requirements asked by the clinical wards. Maximum care should be performed in order to keep the patient records and privacy unexposed.

### **Training Sites**

- Acıbadem University Atakent Hospital in-patient wards including organ transplantation units.
- Patients will be followed up in other departments units when transferred to the intensive care unit or coronary ward.
- Out-patient clinics of the Atakent Hospital including internal medicine, endocrinology, rheumatology, oncology, hematology, gastroenterology, nephrology, gastroenterology, pulmonology, cardiology.

### **Suggested Reading**

- Cecil Essentials of Medicine 9th Ed.
- Harrisons Principles of Internal Medicine 19th ed
- Current Diagnosis and Treatment 2016
- UptoDate (<http://www.uptodate.com/home>)
- Medscape (<http://www.medscape.com/>)
- Notes of 3rd and 4th grades.





### Night Shifts

Date	Signature of consulting doctor

*Compensation night shifts done after absenteeism should be designated.*







## PSYCHIATRY

Program Name	Code	Year	Theoretical (Hour)	Credit	ECTS
			Practical (Hour)		
Psychiatry	MED 605	6	Study time (Hour)	4	4

<b>Course Type</b>	Compulsory
<b>Internship Coordinators</b>	Murat SARUÇ, M.D., Prof. Bilgi BACA, M.D., Prof.
<b>Program Coordinators</b>	Ürün ÖZER ÇERİ, M.D., Assist. Prof.

## PYSCHIATRY

### Academic Units & Staff

Cem İNCESU, M.D., Prof.  
İrem YALUĞ ULUBİL, M.D., Prof.  
Burcu YAVUZ, M.D., Assoc. Prof.  
Ürün ÖZER ÇERİ, M.D., Assist. Prof.

<b>Course length</b>	3 weeks, of which the second week will be spent at Bakirköy Neuropsychiatric Hospital's Emergency Room
<b>Methods of teaching</b>	Case presentations and discussions Attendance at Outpatient clinics and observation Taking History and performing Mental State Examination of patients seen at the Emergency Department or on medical/surgical wards as part of the concept of Liaison Psychiatry
<b>Assessment methods</b>	Present a case which should include description of symptoms and mental state features, aetiological factors, medical/legal/family/substance misuse history, differential diagnoses, a plan of management, assessment of prognosis and risk assessment.  Present a recently published research article in the field of Psychiatry improving your knowledge of statistics and methodology in medical research.
<b>Aim</b>	Psychiatric interns should aim to improve their skills of actively incorporating any mental health issues that they will come across in their clinical practice. They should be able to diagnose and treat simple psychiatric cases (such as depressive illness, anxiety disorders) at a primary care level and make referrals to secondary care accordingly. Furthermore they should be able to make a risk assessment for each patient (including psychiatric emergencies such as risk of suicide/homicide).

<b>Learning outcomes</b>	<p>Describe the clinical presentation of common psychiatric disorders and summarize the major categories of psychiatric disorders, using ICD-10/ DSM V.</p> <p>Describe the pharmacological, psychological and other (e.g. ECT) treatment options for psychiatric patients, including the indications, method of actions and side effects.</p> <p>Describe what may constitute risk to self-suicide, self-harm, high risk behavior) and risk to and from others and can conduct a risk assessment.</p> <p>Take a full psychiatric history and carry out a mental state examination.</p> <p>Understand principles of immediate care in psychiatric emergencies which may occur in A&amp;E and general medical settings.</p>
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## **COMPULSORY TASKS DURING THE INTERNSHIP**

- Attendance to outpatient clinic of Acibadem Atakent Hospital/Acibadem Maslak Hospital.
- Attendance to outpatient clinic and emergency unit of Bakirköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital

In the second week of the internship, students will attend to the outpatient clinic and the emergency unit under the supervision of a psychiatrist (field trainer). This part of the internship will primarily focus on clinical experience in general practice out-patient care. Students have to comply with local working regulations as outlined by the responsible field trainer and are responsible returning their attendance sheets\* to the faculty in charge.

An on-call rota between the students should be established for attendance during the night.

## **Useful Information**

### **Training sites**

Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital (BRSHH)  
Acıbadem Atakent University Hospital (ACU)  
Acıbadem Maslak Hospital (ACM)

### **Responsibilities**

- Working hours in the attended Departments usually are between 08:30 and 17:00 during the weekdays.
- Working hours in the Bakirkoy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital will be communicated by field trainers-faculty in charge.
- The supervisor will complete the internship assessment form after the course based on evaluation of Clinical case management, Interaction with patient and community, Professionalism, Personal Professional attitude.
- Interns will deliver their assessment forms completed by their field trainer to the Intern Internship Coordinator at the end of the internship period.
- The interns who cannot obtain sufficient evaluation will fail and repeat the course.
- The interns should comply with the terms and rules of the visited departments-units, consulting staff, and the special requirements asked for by the clinicians-field trainers. Maximum care should be performed in order to keep the patient records unexposed.
- Interns with absence without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absence more than legal limit will lead to repetition of the course program.

## Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	ACU/ACM	ACU/ACM	ACU/ACM	ACU/ACM	ACU/ACM
Week 2	BRSHH	BRSHH	BRSHH	BRSHH	BRSHH
Week 3	ACU/ACM	ACU/ACM	ACU/ACM	ACU/ACM	ACU/ACM

### Watch out for Following:

Behave according to ethical and legal principles.

- Act in a safe way towards patients. Understand the potential to do psychological harm to patients by providing untrained/unsupervised psychotherapeutic interventions and fostering inappropriate doctor-patient attachments.
- View psychiatric patients as being deserving of the same high standard medical care as patients with other medical conditions.
- Organize a timetable amongst your group and come in pairs to attend Outpatient Clinics.



## PEDIATRICS

Program Name	Code	Year	Duration (weeks)	Credit	ECTS
Pediatrics	MED 603	6	8	8	10

<b>Course Type</b>	Compulsory
<b>Course Level</b>	Undergraduate
<b>Year Coordinators</b>	Murat SARUÇ, M.D., Prof. Bilgi BACA, M.D., Prof.
<b>Program Coordinator</b>	Metehan ÖZEN, M.D., Prof.

<b>Academic Units &amp; Staff</b>	<b>Pediatric Allergy and Immunology</b> Gülbin BİNGÖL, M.D., Prof. Günseli BOZDOĞAN, M.D., Assist. Prof.
	<b>Pediatric Cardiology</b> Arda SAYGILI, M.D., Prof. Ender ÖDEMİŞ, M.D., Prof.
	<b>Pediatric Endocrinology and Metabolism</b> Serap SEMİZ, M.D., Prof.
	<b>Pediatric Gastroenterology and Nutrition</b> Vildan ERTEKİN, M.D., Prof. Mahir GÜLCAN, M.D., Assist. Prof.
	<b>Pediatric Genetics</b> Yasemin ALANAY, M.D., Ph.D., Prof.
	<b>Pediatric Hematology and Oncology</b> CengizCANPOLAT, M.D., Prof. FatihERBEY, M.D., Assoc. Prof. ArzuAKÇAY, M.D., Assoc. Prof. DidemATAY, M.D., Assoc. Prof. Ertuğrul ERYILMAZ, M.D., Assist. Prof.
	<b>Pediatric Infectious Disease</b> Metchan ÖZEN, M.D., Prof.
	<b>Pediatric Intensive Care and Emergency Medicine</b> Agop ÇITAK, M.D., Prof.

<b>Academic Units &amp; Staff</b>	<p><b>Neonatology</b> Ayşe KORKMAZ TOYGAR, M.D., Prof. Serdar BEKEN, M.D., Assoc. Prof. Hasan KILIÇDAĞ, M.D., Assoc. Prof. Atalay DEMİREL, M.D., Assist. Prof.</p> <p><b>Pediatric Neurology</b> Uğur IŞIK, M.D., Assoc. Prof.</p> <p><b>Social Pediatrics</b> Selda KARAAYVAZ, M.D., PhD, Assoc. Prof.</p> <p><b>General Pediatrics</b> Müjde ARAPOĞLU, M.D., Assist. Prof. Sibel AKA, M.D., Assist. Prof. Tarkan İKİZOĞLU, M.D., Instructor Özlem Naciye ATAN ŞAHİN, M.D., Instuctor</p> <p><b>Affiliated Faculty:</b> Gülyüz ÖZTÜRK, M.D., Prof. Pediatric Hematology and Oncology Elif DAĞLI, M.D., Prof. Pediatric Pulmonology</p>
<b>Course Duration</b>	8 weeks
<b>Educational Methods</b>	Practice in outpatient clinics Practice in Clinical Wards and Intensive Care Units Clinical On-call duties Weekly Academic Meetings Academic Staff Lectures Journal Club Intern Presentations

<b>Assessment Methods</b>	<p>Performance assessment;  Active and on-time attendance,  Patient evaluation and physical examination,  Seminar/article preparation and presentation,  Clinical skills assessment,  Personal Professional Attitude,</p>
<b>Course Aims</b>	<p>The purpose of Pediatrics Internship is to integrate knowledge, attitudes and skills already acquired in the first 5 years of medical school into the clinical discipline, follow-up of healthy children and practice current diagnostic and therapeutic approaches in common medical situations.</p> <p>Interns at Acibadem University School of Medicine will graduate equipped with interest and understanding of health issues regarding children in our country and the World with extensive knowledge in preventive and routine pediatric care.</p> <p>Interns will actively participate in care of hospitalized children and outpatients, practicing disease prevention, diagnosis, differential diagnosis, treatment and follow-up strategies and providing support for the patient and the family.</p>

<p><b>Learning Outcomes</b></p>	<p><b>At the end of this program, interns will be able to:</b></p> <ul style="list-style-type: none"> <li>• Develop effective communication skills, oral and written, with peers on their medical team, parents, attending as well as oral presentations skills in a variety of settings such as work rounds, patient consultations, family meetings, etc.</li> <li>• Obtain an extensive pediatric history from the parent and from the child.</li> <li>• Perform a complete physical examination on patients from the neonatal period through adolescence,</li> <li>• Promptly assess mental status, cooperation quality and develop the ability to use Glasgow Coma Scale,</li> <li>• Obtain appropriate anthropometric measurements according to age and evaluate the growth parameters effectively</li> <li>• Develop a clinical assessment and management plan, demonstrating critical thinking skills and integration of previous basic science and clinical knowledge into management of pediatric problems</li> <li>• Establish a plan for immunization practices, nutrition for well-babies, and oral rehydration therapy</li> <li>• Provide adequate information and support for encouraging Breastfeeding</li> <li>• Fully evaluate a patient with common morbidities in childhood, such as infectious, cardiac, endocrine, hematologic, neoplastic, immunologic, nephrological, neuromuscular and genetic diseases.</li> </ul>
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<b>Learning Outcomes</b>	<ul style="list-style-type: none"><li>• Perform certain minor procedures in accordance with National Core Curriculum Guideline; venous puncture, establishment of peripheral/central venous line, establishment of urinary catheters, suturing, intubation, various site injections, basic life support, performing lumbar puncture and etc.</li><li>• Experience on certain techniques; evaluation of peripheral smears, evaluating urine and stool analysis, obtaining various cultures with appropriate techniques, and etc.</li><li>• Measure and evaluate vital signs i.e. blood pressure, heart rate and respiratory rate, body temperature.</li><li>• Perform and evaluate certain tests like electrocardiogram, pulmonary function tests, clotting time and etc.</li><li>• Prescribe common pediatric drugs and experience on weight based drug dose and parenteral medication calculations</li><li>• Experience on evaluation of common pediatric biochemical, hematological, microbiological and radiological tests</li><li>• Experience on preparation of patient file, writing follow-up notes and medical reports</li></ul>
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## **COMPULSORY TASKS DURING THE INTERNSHIP**

### **Outpatient clinics**

All interns should attend evaluation of patients in outpatient clinics. They will be asked to take history and perform physical examination under supervision of consulting staff. All anthropometric evaluation must be fulfilled completely. If requested, laboratory tests and necessary papers should be completed. Prescription and drug dosage calculation must be performed. Pediatric interns will be assigned to different subspecialty outpatient clinics for 2-4 weeks during their programme.

### **Inpatient Clinics**

All interns should attend ward rounds. They will be asked to take history and perform physical examination under supervision of consulting staff. Interns are responsible for daily follow-up of hospitalized patients. All anthropometric evaluation must be checked regularly. If requested, laboratory tests and necessary papers should be completed. Prescription and drug dosage calculation must be performed. Pediatric interns will be assigned to specialized inpatient clinics where they may be given specific responsibilities. When possible, all clinical skills must be practiced under supervision of consulting staff like bone marrow aspiration, endotracheal intubation etc.

### **Journal Clubs and Academic Meetings:**

All interns should attend weekly Academic Meetings, Wednesdays at noon. Clinical discussions and lecture presentations are provided by Academic Staff. All consulting staff and specialists are expected to attend the meeting.

Each intern is required to perform an oral presentation during the Pediatric Internship programme. The subjects and/or articles will be provided by the consultant staff of the month. The Internship Director will announce the presentation schedule at the beginning of the course.

### **On-Call Duties in Emergency Out-patient Clinic:**

All interns should be available during On-call duties and night shifts.

They should perform all clinical skills under supervision of consulting staff. In the next morning, interns are expected to verbally report their On-call duty experience to a staff physician.

### **Useful information:**

#### **Programme Sites:**

- Acibadem University Atakent Hospital is the main venue for Pediatric Internship. With approval of both Internship Director and related Faculty Member, interns can rotate at Acibadem University Maslak Hospital for 2-4 weeks. The rotation plan will be organized on the first day of internship programme.

#### **Pediatrics Internship Sites:**

- General Pediatrics and Well-baby out-patient clinics in Atakent and Maslak Hospitals
- Neonatal ICUs in Atakent and Maslak
- Pediatric ICU in Atakent Hospital
- Pediatric Emergency Unit in Atakent Hospital,
- Subspecialty out-patient Clinics: Pediatric Allergy and Immunology in Maslak, Pediatric Endocrinology in Maslak, Pediatric genetics in Maslak, Pediatric Cardiology in Atakent and Maslak, Pediatric Infectious Disease in Atakent, Pediatric Hematology and Oncology in Atakent, Pediatric Gastroenterology in Atakent and Maslak Hospitals.

### **PEDIATRIC INTERNSHIP OVERVIEW**

The working schedules are subject to alterations based upon emergency conditions due to patient health-care issues and unforeseen academic duties. Another consulting staff will supervise the interns in case the consultant is not available in the hospital.

## General view on weekly working schedules in Out-patient Clinics;

	Monday	Tuesday	Wednesday	Thursday	Friday
08:00-09:00	Ward rounds	Ward rounds	Ward rounds	Ward rounds	Ward rounds
09:00-12:00	Out-patient	Out-patient Clinics	Out-patient Clinics	Out-patient Clinics	Out-patient Clinics
12:00-13:00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
13:00-16:30	Out-patient	Out-patient Clinics	Out-patient Clinics	Out-patient Clinics	Out-patient Clinics
16:30-17:00	Ward rounds	Ward rounds	Ward rounds	Ward rounds	Ward rounds

## General view on weekly working schedules in Clinic Wards/Intensive Care Units;

	Monday	Tuesday	Wednesday	Thursday	Friday
08:00-09:00	Morning briefs	Morning briefs	Morning briefs	Morning briefs	Morning briefs
09:00-12:00	Ward rounds	Ward rounds	Ward rounds	Ward rounds	Ward rounds
12:00-13:00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
13:00-16:30	Ward rounds	Ward rounds	Ward rounds	Ward rounds	Ward rounds
16:30-17:00	Evening briefs	Evening briefs	Evening briefs	Evening briefs	Evening briefs

## TASK TABLE

Name/Surname:		Start Date:	End Date:
Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
Patient-centered history taking			
Pediatric Physical Examination			
Medical Report Preparation (Follow-up, Discharge, Informed Consent)			
Prescription			

Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
Peripheral Blood Smear Evaluation			
ECG recording & evaluation			
Laboratory Test Evaluation for Screening and Diagnostic Purposes			
Neonatal physical examination			

Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
Neonatal Non-Invasive Respiratory Support			
Transcutaneous Bilirubin measurement			
Pulse Oxymetric Evaluation			
Newborn Care Practice and Breast feeding Education			
Heel prick capillary blood test			

Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
Oral-IM-SC vaccine administration			
Routine pediatric follow-up visit			
Article presentation			
Pediatric & Neonatal Radiographic Evaluation			
Pediatric & Neonatal Radiographic Evaluation			
Anthropometric Measurement & Growth Evaluation			

## **Responsibilities:**

- Acıbadem Medical School Internship Rules and Regulations Documents apply to all interns.
- Working hours in Pediatrics Department are between 08:30 and 17:00 during the weekdays.
- Working hours in Pediatrics Department will be arranged in accordance with overnight on-call system during weekends and national holidays.
- The emergency outpatient clinic, clinical wards and intensive care units are available for patient service for 24 hours-and-365 days.
- On-call physicians and interns will be providing patient care and information for the consulting staff physicians during weekends and national holidays.
- The attendance sheet will be available for interns between 08:00-08:30 and 16:30-17:00 during weekdays.
- The interns will have 2 different parts of education and training course during internship. Each course will last 2-4 weeks under the supervision of an academic staff and will primarily focus on clinical experience in out-patient clinics or hospital wards (majority being in intensive care-units).
- The consulting physicians will complete the internship assessment form after 4-weeks course based on evaluation of Clinical case management, Interaction with patient and community, Professionalism, Personal Professional attitude.
- Interns will provide their assessment forms filled out by their consultants and to the Internship Director of Pediatrics at the end of each month.
- The interns should comply with the safety and healthcare terms and rules of Units and consulting staff. Maximum care should be provided to keep the patient records unexposed with respect to confidentiality.
- Maximum care should be performed to comply with hygienic procedures to keep the patients germ-free not only in intensive care units but also in outpatient clinics.

### **Suggested Readings and Internet Resources;**

- Nelson Textbook of Pediatrics, 2-Volume Set, 20th Edition (2016).
- Report of the Committee on Infectious Disease. Red Book, 30th Edition (2015).
- <http://redbook.solutions.aap.org/redbook.aspx>.
- <http://www.cdc.gov/vaccines/schedules/index.html>
- <http://learnpediatrics.com/>
- <http://www.pedscases.com/>
- <http://pediatriceducation.org/>
- <http://www.medutv.uio.no/jbgttest/elaring/fag/barnesykdommer/index.shtml>
- <http://pediatriccare.solutions.aap.org/Pediatric-Care.aspx>
- <http://pedclerk.bsd.uchicago.edu/page/genetics>

## OBSTETRICS AND GYNECOLOGY

Program Name	Code	Year	Duration (weeks)	Credit	ECTS
Obstetrics and Gynecology	MED 604	6	4	4	4

<b>Course Type</b>	Compulsory
<b>Course Level</b>	Undergraduate
<b>Year Coordinators</b>	Murat SARUÇ, M.D., Prof. Bilgi BACA, M.D., Prof.
<b>Program Coordinators</b>	Ibrahim BİLDİRİCİ, M.D., Prof. Talat Umut Kutlu DİLEK, M.D., Prof.
<b>Academic Units &amp; Staff</b>	MeteGÜNGÖR, M.D., Prof. Bülent TIRAŞ, M.D., Prof. Tansu KÜÇÜK, M.D., Prof. Tayfun BAĞIŞ, M.D., Prof. Özlem PATA, M.D., Prof. İbrahim BİLDİRİCİ, M.D., Prof. Talat Umut Kutlu DİLEK, M.D., Prof. Cem BATUKAN, M.D., Prof. Serkan ERKANLI, M.D., Prof. Suat DEDE, M. D., Prof. Hüsnü GÖRGEN, M.D., Prof. Derya EROĞLU, M.D., Assoc. Prof. Esra ÖZBAŞLI, M.D., Instructor Affiliated faculty: Cihat ÜNLÜ, M.D., Prof.
<b>Course Duration</b>	4 weeks
<b>Educational Methods</b>	Lectures, Clinical Skills Training, Ward rounds-outpatient clinics, On-call duties
<b>Assessment Methods</b>	Clinical Skills Assessment

<p><b>Course Aims</b></p>	<p>The purpose of this course is; to provide sixth year medical students necessary knowledge about etiology, clinical signs-symptoms, differential diagnosis and treatment of common obstetric and gynecologic problems and, emergencies.</p> <p>Interns are expected to;</p> <p>Actively participate in maternal and fetal monitoring during labor and learn dynamics of vaginal delivery.</p> <p>Realize how OB/GYN merges surgery, medicine, and primary preventive care into a single practice. Discuss how overall mental and physical health interacts with reproductive function</p> <p>Gain comfort in taking an appropriate OB/GYN history and performing pelvic examination. Introduce the principles of surgery related to women's health</p>
<p><b>Learning Outcomes</b></p>	<p>At the end of this internship program students will be able to;</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to perform a thorough Ob/Gyn history, including menstrual history, obstetric history, gynecologic history, contraceptive history and sexual history.</li> <li>• Demonstrate the ability to perform a gynecologic examination (Speculum/bimanual)</li> <li>• Demonstrate the ability to perform an obstetric exam</li> <li>• Demonstrate the ability to perform Papsmear.</li> <li>• Demonstrate the ability to interpret electronic fetal monitoring.</li> <li>• Demonstrate the ability to provide contraceptive counseling</li> <li>• Demonstrate the ability to communicate the results of the OB/GYN history and physical examination by well-organized written notes and oral reports.</li> <li>• Demonstrate the ability to formulate a differential diagnosis of the acute abdomen including ectopic pregnancy</li> </ul>

<b>Learning Outcomes</b>	<ul style="list-style-type: none"> <li>• Demonstrate the ability to describe the etiology and work up for infertility</li> <li>• Demonstrate the ability to describe gynecologic malignancies including risk factors, signs and symptoms and initial evaluation of abnormal Pap smear, Postmenopausal bleeding, and adnexal mass/cyst</li> <li>• To have basic knowledge about antenatal and postpartum follow-up, determination of obstetric risk factors, management of obstetric hemorrhage principles. Demonstrate the ability to develop hypotheses, diagnostic strategies and management plans in the evaluation of antepartum, intrapartum and postpartum patients.</li> <li>• Demonstrate the ability to develop hypotheses, diagnostic strategies and management plans in the evaluation of patients with gynecologic problems, including routine postoperative care following gynecologic surgery.</li> <li>• Follow and assist 5 vaginal deliveries and appreciate dynamics of delivery.</li> </ul>
<b>Educational Methods</b>	Case Discussions, Paper presentation and discussion, Bed side training, Assisting deliveries, Gowning for surgeries, Labor and delivery 24 hour calls (5 calls/month), Practice in operating and delivery room, Shadowing an attending for daily activities (outpatient clinic, surgeries and postoperative visits)
<b>Assessment Methods</b>	Failure to sign in will be interpreted as absence; <input type="checkbox"/> 20 % absence requires repeating the course, Attendance to clinics and compliance, Patient care, Case Presentations - Paper/ Lecture presentations, Attitude during rounds

## **COMPULSORY TASKS DURING THE INTERNSHIP**

### **Journal Clubs and seminars:**

Each attendant of internship program should participate weekly journal clubs or seminar by Obstetrics and Gynecology Department. Time period is variable due to different hospital facilities. In the beginning of internship programme, this information will be provided.

### **Inpatient Clinics**

Clinical studies in the inpatient clinics starts at 8:00 A.M. Inpatient clinic group divided to two team. One team for patient care, one team for operation room. Clinical skill development and interventions should be done under supervision of clinical staff or mentor. All clinical records

Outpatient clinics etc...

Log book about clinical skills should be completed during obstetrics and gynecology internship and presented to supervisor at the end of obstetrics and gynecology internship.

### **Useful information:**

#### **Training Sites:**

Acibadem University Atakent Hospital,  
Acibadem Maslak Hospital

#### **Responsibilities:**

- Working hours in Obstetrics and Gynecology Department are between 08:00 and 17:00 during the weekdays.
- Working hours in Obstetrics and Gynecology Department will be arranged in weekends
- The emergency outpatient clinic, clinical wards and intensive care units are available for patient service for 24 hours-and-365 days.
- On-call physicians and interns will be providing patient care and information for the consulting staff physicians during weekends and national holidays.

- The signature sheet will be available for interns between 08:00-08:30 and 16:30-17:00 during weekdays.
- The internship program for Obstetrics and Gynecology Department consists of 4 weeks in 2 different periods.
- The interns will have 2 different parts of education and training course during internship. First course will last 3 weeks under the supervision of an academic staff and will primarily focus on clinical experience in out-patient clinics or hospitalized patients. Second course will be last 1 weeks of internship and determined by director of obstetrics and gynecology department.
- The consulting physicians will complete the internship assessment form after 4-weeks course based on evaluation of Clinical case management, Interaction with patient and community, Professionalism, Personal Professional attitude.
- Interns will provide their assessment forms fulfilled by their consultants and deliver to Internship Director of Obstetrics and Gynecology Department at the end of 4-weeks course.
- The interns who cannot obtain sufficient marks from assessing consultants will fail and repeat the course. Sufficient means that he/she performed at least 60% of the above-mentioned performance.
- The interns should comply with the terms and rules of the Obstetrics and Gynecology Department, consulting staff, and the special requirements asked by the clinical wards. Maximum care should be performed in order to keep the patient records unexposed.
- Interns with absenteeism without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absenteeism more than legal limit will cause the renewal of the course program.
- Maximum care should be performed to comply with hygienic procedures to keep the patients germ-free not only in intensive care units but also in outpatient clinics.

Timetable						
Week/ Day	Monday	Tuesday	Wednesday	Thursday	Friday	
1						
2						
3						
4						
5						
6						





## Suggested readings;

- Current Diagnosis and Treatment in Obstetrics and Gynecology. 11th Ed. McGraw Hill. Alan De Cherney, Lauren
- Nathan, T. Murphy Goodwin, Neri Laufer , Ashley Roman Obstetrics and Gynecology Seventh Edition by Charles R. B. Beckmann , William Herbert , Douglas Laube, Frank Ling, Roger Smith.
- Obstetrics: Normal and Problem Pregnancies, 7th Edition. Elsevier. Steven G. Gabbe , Jennifer R. Niebyl, Joe Leigh Simpson, Mark B Landon, Henry L Galan, Eric R. M. Jauniaux, Deborah A Driscoll , Vincenzo Berghella, William A Grobman.
- Algorithms for Obstetrics and Gynaecology 1st Edition, Oxford Press, 2014 Sambit Mukhopadhyay, Edward Morris, Sabaratnam Arulkumaran
- Türk Jinekoloji ve Obstetrik Derneği: <http://www.tjod.org/tjod-oral-kontrasepsiyon-klavuzu/>
- Turk Jinekoloji ve Obstetrik Derneği: <http://www.tjod.org/menoraji-tani-ve-tedavi-kilavuzu/>



## EMERGENCY MEDICINE

Program Name	Code	Year	Duration (weeks)	Credit	ECTS
Emergency Medicine	MED 607	6	8	8	10

<b>Course Type</b>	Compulsory
<b>Course Level</b>	Undergraduate
<b>Year Coordinators</b>	Murat SARUÇ, M.D., Prof. Bilgi BACA, M.D., Prof.
<b>Program Coordinator</b>	Serpil YAYLACI, M.D., Assoc. Prof. Hasan ALDİNÇ, M.D., Instructor Cem GÜN, M.D., Instructor
<b>Academic Units &amp; Staff</b>	Serpil YAYLACI, M.D., Assoc. Prof. Serkan ŞENER, M.D., Assoc. Prof. Orhan ÇINAR, M.D., Assoc. Prof. Süha TÜRKMEN, M.D., Assoc. Prof. Cem GÜN, M.D., Instructor Hasan ALDİNÇ, M.D., Instructor Kamil KAYAYURT, M.D., Instructor
<b>Course Duration</b>	8 weeks

<b>Educational Methods</b>	<b>Clinical Skills Training ;</b> <ul style="list-style-type: none"><li>• CASE Simulation booth camp</li><li>• Program content</li><li>• 1st day; Altered Mental Status Management</li><li>• 2nd day; Multiple Trauma Management</li><li>• Focused Assessment with Sonography for Trauma (FAST) Lecture and practice with simulator</li><li>• 3rd day; Chest Pain Management, Dyspnea Management</li><li>• 4th day; Abdominal Pain Management</li><li>• 5th day; Busy Day in the ED</li><li>• Chaos of the ED is created by standardized patients <u>and</u> simulators.</li></ul>
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## Educational Methods

- In the first 3 days of theme based simulation sessions, instructors play the role of patient's relatives to increase the stress factor of the situation. In the last 2 days, standardized patients are created by real actors and instructors and high-fidelity simulators are used together to improve communication skills and for crisis resource management training. To enhance the realism, real hospital documentation and laboratory tests are used, such as electrocardiogram, computed tomography and ultrasonography. For crisis resource management training, breaking bad news to agitated patient's relatives added to the scenarios at busy ED. At the end of the each simulation session, debriefings are performed by watching the recorded videos. According to their technical and nontechnical skills, participants are evaluated.

Case Discussions (ECG, X-ray reading)

Bed Side Training

Department Lecture Day on Tuesdays

Student presentations

Education with smart phones (ECG WhatsApp group)

<p><b>Assessment Methods</b></p>	<ul style="list-style-type: none"> <li>• Performance* assessment via;</li> <li>• Portfolio; comprehensive case presentations and reports assessment of student presentations (journal club, seminar and bedside visit) active attendance as outlined in the logbook.</li> <li>• Patient reports recorded by students (Approach to clinical management for cardinal symptoms (Chest pain, abdominal pain, shortness of breath, trauma, pediatric fever, vaginal bleeding, orthopedic injuries))</li> <li>• Attendance to clinics and compliance,</li> <li>• Midrotation meeting practice-based tutor feed-back to identify strengths and opportunities</li> </ul> <p>(* Students are evaluated by staff attending emergency physicians with whom they have worked during the period. Criteria utilized to evaluate a student's performance include the following: Patient care, medical knowledge, interpersonal and communication skills, Professionalism)</p>
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**Course Aims**

- To provide the student with the opportunity to gain experience in assessing a wide range of clinical problems seen in a teaching hospital emergency department (ED);
- To improve student's;
- ability to take an accurate and concise history and physical exam in the undifferentiated patient; Undifferentiated emergency patients present with symptoms, not diagnoses.
- ability to generate a comprehensive differential diagnosis ability to consider the worst possible (life-threatening) conditions first. ability to develop a differential diagnosis, investigation plan, treatment, and disposition of the undifferentiated patient; technical skills in providing patient care in the ED. communication, collaboration, and Professional skills required for patient care in the ED.

<b>Learning Outcomes</b>	<p>At the end of this program, interns will be able to:</p> <ul style="list-style-type: none"> <li>• consider the worst possible (life-threatening) conditions first.</li> <li>• take an accurate and concise history and physical exam in the undifferentiated patient.</li> <li>• generate a comprehensive differential diagnosis in ED.</li> <li>• have technical skills in providing patient care in the ED. (e.g., CPR, intubation, defibrillation)</li> <li>• have communication, collaboration, and Professional skills required for patient care in the ED.</li> <li>• have an adequate skill of decision making on patient discharge and writing prescription.</li> </ul>
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## COMPULSORY TASKS DURING THE INTERNSHIP

### 1. Attendance to CASE Booth Camp in Emergency Medicine:

The first week of the internship entail a program of booth camp with theoretical and practical emphasis for orientation and preparation purposes.

### 2. Emergency Department supervised by an Attending Emergency Physician:

Beginning in the 2nd week of the internship, students will start consulting at a emergency department under the supervision of a attending emergency physician. This part of the internship will primarily focus on clinical experience in emergency medical care. Students have to comply with local working regulations as outlined by the responsible physician and are responsible returning their attendance sheets\* to the faculty in charge (\*signed daily by the responsible physician).

### **3. Journal Clubs and Seminars:**

Journal clubs and seminars are run by interns and faculty on Tuesdays, each week. Students are invited to choose four seminar topics and an article for their journal club session from a selection of relevant journals and seminar topics provided by internship faculty in the first week. Journal clubs are critical appraisal sessions of articles, presented by a student or faculty member followed by group discussion.

### **4. Attendance:**

Attendance to CASE Booth Camp and all seminars (faculty and student seminars), workshops and journal clubs – as to all activities of the internship! – is mandatory!

### **Useful information:**

#### **Training Sites:**

- **Acıbadem University Hospital,**  
Halkalı Merkez Mah. Turgut Özal Bulvarı No:16  
Küçükçekmece / İstanbul
- **Kerem Aydınlar Kampüsü**  
Kayışdağı Cad. No:32, 34752 Ataşehir / İstanbul

#### **Journal Club and Seminar Topics:**

- Approach to the patient with dyspnea
- Approach to the patient with chest pain
- Approach to the trauma patient
- Approach to the patient with altered mental status
- Approach to the patient with acute abdominal pain
- Head CT evaluation
- Chest x-ray evaluation
- Radiologic evaluation of orthopedic injuries
- ECG evaluation

### **Responsibilities:**

- Working twelve hour shifts in Emergency Department are between 11:00 am and 11:00 pm during the weekdays.
- Booth camp days start at 09:00 am in CASE.
- The signature sheet will be available for interns between 11:00-11:30 am and 11:00-11:30 pm during weekdays.
- The internship program for Emergency Department consists of 8 weeks in 4 different periods.
- The interns will work under the supervision of an academic staff and will primarily focus on clinical experience in emergency department.
- The consulting physicians will complete the internship assessment form after 4-weeks course based on evaluation of Clinical case management, Interaction with patient and community, Professionalism, Personal Professional attitude.
- Interns will provide their assessment forms fulfilled by their consultants and deliver to Intern Internship Director at the end of each 4-weeks course.
- The interns who cannot obtain sufficient marks from assessing consultants will fail and repeat the course. Sufficient means that he/she performed at least 60% of the above-mentioned performance.
- The interns should comply with the terms and rules of the Emergency Department, consulting staff, and the special requirements asked by the clinical wards. Maximum care should be performed in order to keep the patient records unexposed.
- Interns with absenteeism without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absenteeism more than legal limit will cause the renewal of the course program.
- Maximum care should be performed to comply with hygienic procedures to keep the patients germ-free not only in intensive care units but also in outpatient clinics.

Timetable					
Week/ Day	Monday	Tuesday	Wednesday	Thursday	Friday
1	CASE	CASE	CASE	CASE	CASE
2	E.DEPARTMENT	J.CLUB/SEMINAR	E.DEPARTMENT	E.DEPARTMENT	E.DEPARTMENT
3	E.DEPARTMENT	J.CLUB/SEMINAR	E.DEPARTMENT	E.DEPARTMENT	E.DEPARTMENT
4	E.DEPARTMENT	J.CLUB/SEMINAR	E.DEPARTMENT	E.DEPARTMENT	MIDROTATION MEETING
5	E.DEPARTMENT	J.CLUB/SEMINAR	E.DEPARTMENT	E.DEPARTMENT	E.DEPARTMENT
6	E.DEPARTMENT	J.CLUB/SEMINAR	E.DEPARTMENT	E.DEPARTMENT	E.DEPARTMENT
7	E.DEPARTMENT	J.CLUB/SEMINAR	E.DEPARTMENT	E.DEPARTMENT	E.DEPARTMENT
8	E.DEPARTMENT	J.CLUB/SEMINAR	E.DEPARTMENT	E.DEPARTMENT	E.DEPARTMENT

## TASK TABLE

Name/Surname:	Start Date:	End Date:	
A1: Should perform, learn, master and interpret A2: Watching and contribution will be enough		Teaching Staff	
Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
EKG Practice and Interpretation (A1)			
Taking of Arterial Blood Gas Sample (A1)			
Peripheral Intravenous Catheter Insertion and Taking Blood Sample (A1)			
Basic and Advanced Life Support Practice (A1- Simulation included)			

Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
Oropharyngeal Bag-Valve-Mask and Airway Practice (A1-Simulation included)			
Defibrillation and Cardioversion Practice (A1-Simulation included)			
Trauma Backboard and Cervical Collar Practice (A1- Simulation included)			
Evaluating Trauma Patient (A1- Simulation included)			

Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
Nasogastric Tube Placement (A2)			
Bladder Catheter Insertion (A1)			
IM Injection Practice (A1)			
Wound Dressing and Care (A1)			
Prescribing(A1)			

Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
Radiographic Interpretation(A1)			
Nebulized inhaler and Oxygen Treatment Practice (A1)			
Intubation (A2-Simulation included)			
Fracture - Dislocation Reduction (A2)			
Orthopedic Cast-Splinting Practice (A2)			
Focused Assesment with Sonography for Trauma (FAST) Practice (A2)			

## Suggested Reading:

1. <http://medecine-univ.blogspot.com.tr/2015/12/tintinallis-emergency-medicine.html>
2. <http://www.ebooksz.com/2015/09/03/download-rosens-emergency-medicine-concepts-and-clinical-practicev-8th-edition/>
3. <http://www.acilci.net/category/teknik-kategori/yazi-serisi/litfl-ekg-kutuphanesi/>
4. <http://www.torrentmobz.com/ebooks/43526-goldfranks-toxicologic-emergencies-10-e-goldfranks-toxicologic-emergencies.html>
5. [http://emedicine.medscape.com/emergency\\_medicine](http://emedicine.medscape.com/emergency_medicine)
6. <http://www.acilci.net/category/teknik-kategori/akademik/kilavuzlar/>
7. <http://tarascon-emergency-medicine.soft112.com/>
8. <http://www.aciltip.org/Hbrk-1-Girisimsel-40.html>
9. Textbook of Pediatric Emergency Medicine [https://books.google.com.tr/books/about/Textbook\\_of\\_Pediatric\\_Emergency\\_Medicine.html?id=a7CqcE1ZrFkC&redir\\_esc=y](https://books.google.com.tr/books/about/Textbook_of_Pediatric_Emergency_Medicine.html?id=a7CqcE1ZrFkC&redir_esc=y)
10. <http://www.aazea.com/book/trauma-a-comprehensive-emergency-medicine-approach/>
11. <http://accessemergencymedicine.mhmedical.com/book.aspx?bookID=385>

## SIMULATED CLINICAL PRACTICE

Program Name	Code	Year	Duration (weeks)	Credit	ECTS
Simulated Clinical Practice	MED 609	6	1	1	1
<b>Course Type</b>	Compulsory				
<b>Course Level</b>	Undergraduate				
<b>Year Coordinators</b>	Murat SARUÇ, M.D., Prof. Bilgi BACA, M.D., Prof.				
<b>Program Coordinators</b>	Dilek KİTAPÇIOĞLU, M.D., Assist.Prof. Ferah GÜVEN , M.D., Instructor				
<b>Academic Units &amp; Staff</b>	M.Emin AKSOY, M.D., Assist.Prof. Dilek KİTAPÇIOĞLU, M.D., Assist Prof. Ferah GÜVEN, M.D., Instructor Erhan SAYALI, M.D., Instructor				
<b>Course Duration</b>	1 week				

<b>Educational Methods</b>	<p>E- Learning</p> <p>Lectures</p> <p>Clinical Skills Practice on task trainers</p> <p>Simulation sessions with high-fidelity manikins in virtual hospital set-up</p> <p>Debriefing</p>
<b>Assessment Methods</b>	<p>Practice-based educator feed-back (via standardized check-lists) to students' performances on simulated difficult clinical situations</p> <p>OSCE</p>
<b>Course Aims</b>	<p>This program aims to;</p> <ul style="list-style-type: none"> <li>• improve basic clinical skills in a safe environment</li> <li>• improve nontechnical skills for teamwork and crisis resource management</li> <li>• bring in experience by practicing on high fidelity manikins in real -like hospital set -up for management of clinical problems that they will encounter frequently in real clinical conditions.</li> </ul>

<b>Learning Outcomes</b>	<p>At the end of this program, interns will be able to:</p> <ul style="list-style-type: none"><li>• state diagnostic and therapeutic approach to;</li><li>• Cardiopulmonary arrest</li><li>• Periarrest arrhythmias</li><li>• Acute coronary syndromes</li><li>• Acute respiratory deficiencies</li><li>• manage crisis situations:</li><li>• Teamwork</li><li>• Collaboration</li><li>• Communication</li><li>• Leadership</li><li>• perform technical skills in providing patient care (Advanced airway management, defibrillation, lumbar puncture, diagnostic ultrasound, intraosseous access etc.)</li></ul>
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## COMPULSORY TASKS DURING THE PROGRAM

### **Attendance to Lectures:**

Regarding to the content of daily program educator gives lecture for one hour every morning.

### **Skills lab:**

Students have to perform outlined skills under the supervision of educators

### **Simulation sessions:**

Students have to attend all simulation sessions. Everyday regarding to the daily program students perform at different simulated clinical situations. Performances are recorded and at the end of each session educators give feedbacks to the students via observing records.

### **Debriefing:**

Students attend to debriefing sessions and give feedbacks for both their own performances and team members' performances to educators.

### **Attendance:**

Attendance to all lectures, skill lab activities, simulation sessions and debriefing is mandatory.

### **Responsibilities:**

- \* Working hours usually are between 08:30 and 17:00 during the weekdays.
- \* The signature sheets will be signed between 08:30-09:30 and 16:30-17:00 during weekdays.
- \* Interns with absenteeism without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absenteeism more than legal limit will cause the renewal of the course program.

Timetable					
Week	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Adult advanced life support: <ul style="list-style-type: none"> <li>• Cardiac compressions</li> <li>• Airway management</li> <li>• Defibrillation</li> <li>• Approach to periarrest arrhythmias</li> </ul>	Pediatric advanced life support: <ul style="list-style-type: none"> <li>• Cardiac compressions</li> <li>• Airway management</li> <li>• Defibrillation</li> <li>• Approach to periarrest arrhythmias</li> </ul>	Basic skills : <ul style="list-style-type: none"> <li>• IV,IM,SC,IO injections</li> <li>• Nasogastric and urinary catheterization</li> <li>• Monitorization</li> <li>• Otoscopy</li> <li>• Ophthalmoscopy</li> <li>• Basic ultrasound</li> <li>• History taking</li> <li>• P physical examination</li> <li>• Evaluation of laboratory results.</li> </ul>	Patient encounters: <ul style="list-style-type: none"> <li>• Approach to respiratory deficiencies</li> <li>• Approach to cardiac emergencies</li> <li>• Approach to altered mental status</li> <li>• Approach to hypertension and diabetes mellitus</li> </ul>	OSCE



## COMMUNITY HEALTH AND PRIMARY CARE

Program Name	Code	Year	Duration (weeks)	Credit	ECTS
Community Health and Primary Care	MED 606	6	8	8	10

<b>Course Type</b>	Compulsory
<b>Course Level</b>	Undergraduate
<b>Year Coordinators</b>	Murat SARUÇ, M.D., Prof. Bilgi BACA, M.D., Prof.
<b>Program Coordinators</b>	Pınar TOPSEVER, M.D., Prof. Figen DEMİR, M.D., Assoc. Prof.
<b>Academic Units &amp; Staff</b>	<p><b>Public Health:</b> Nadi BAKIRCI, M.D. PhD, Prof. Figen DEMİR, M.D., Assoc. Prof. Yeşim YASİN, M.D., Assist. Prof. Nesim TÜGEN M.D.</p> <p><b>Family Medicine:</b> Pınar TOPSEVER, M.D., Prof. Efe ONGANER, M.D., Assist. Prof. Demet DİNÇ, M.D. Instructor Şirin PARKAN, M.D. Instructor</p> <p><b>Affiliated Faculty:</b> Field Trainers in Primary Health Care</p>
<b>Course Duration</b>	8 weeks

<b>Educational Methods</b>	<ul style="list-style-type: none"> <li>• Practice in family and community health centers and other community-based primary care institutions (e.g. hospices, elderly homes)</li> <li>• observation of patient journey and care trajectories by case analyses and discussions critical event analyses</li> <li>• structured tutor feed-back sessions</li> <li>• reflection sessions, peer education</li> <li>• site visits</li> <li>• seminars</li> <li>• journal clubs</li> <li>• student presentations</li> <li>• workshops</li> <li>• student research project</li> </ul>
<b>Assessment Methods</b>	<p>Performance* assessment via;</p> <ul style="list-style-type: none"> <li>• comprehensive case presentations and reports</li> <li>• practice-based tutor feed-back (via standardized check-lists) to students ‘consultations with patients (and their families)</li> <li>• assessment of student presentations (journal club, seminar and research project results)</li> <li>• active attendance as outlined in the logbook.</li> </ul>
<b>Course Aims</b>	<p>This community-based medical education program aims to provide an experiential learning-training environment for practice in primary healthcare institutions (e.g. Family Health Units-Centers, Community Health Centers, Tuberculosis Dispensaries, Local Health Authority, Occupational Health Units, Mother and Child Health Centers) to consolidate knowledge and skills regarding basic principles of community health and primary care-family medicine.</p>

<p><b>Learning Outcomes</b></p>	<p>At the end of this program, interns will be able to:</p> <ul style="list-style-type: none"> <li>• to manage primary contacts with patients, dealing with unselected problems,</li> <li>• to coordinate care with other professionals in primary care and with other specialists,</li> <li>• to act as an advocate for the patient within the social security and health care system,</li> <li>• to understand the financial and legal frameworks in which health care is given at practice level,</li> <li>• to adopt a person-centered approach in dealing with patients and problems in the context of the patient's circumstances,</li> <li>• to communicate, set priorities and act in partnership,</li> <li>• to value the benefit of longitudinal continuity of care as determined by the needs of the patient (continuing and coordinated care management),</li> <li>• to accept and manage complexity in clinical and ethical decision making,</li> <li>• to relate specific decision making processes to the prevalence and incidence of illness in the community,</li> <li>• to selectively gather and interpret information from history-taking, physical examination, and investigations and apply it to an appropriate management plan in collaboration with the patient,</li> <li>• to observe the effectiveness of certain clinical working principles. e.g. incremental investigation, using time as a tool and to tolerate uncertainty,</li> <li>• to intervene urgently when necessary,</li> <li>• to manage conditions which may present early and in an undifferentiated way,</li> </ul>
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## Learning Outcomes

- to manage simultaneously multiple complaints and pathologies, both acute and chronic health problems in the individual,
- to promote health and well-being by applying health promotion and disease prevention strategies appropriately,
- to manage and coordinate health promotion, prevention, cure, care and palliation and rehabilitation,
- to reconcile the health needs of individual patients and the health needs of the community in which they live in balance with available resources,
- to analyze and discuss the impact of the local community, including socio-economic factors, geography and culture, on health, the workplace and patient care,
- to use a bio-psycho-social model taking into account cultural and existential dimensions,
- to investigate and design a strategy to control outbreaks-epidemics,
- to calculate, interpret and use health indicators,
- to observe and discuss services delivered by Community Health Centers (CHC/Toplum Sağlığı Merkezi-TSM),
- to appraise the impact of policies, laws, and legislation on both, individual and population health,
- to explain and practice the expanded Program on Immunization (EPI),
- to outline the National Vaccination Program,
- to define target groups of the EPI and also adulthood vaccination,
- to calculate immunization rates, vaccination coverage and vaccine needs,

<p><b>Learning Outcomes</b></p>	<ul style="list-style-type: none"> <li>• to practice cold chain and explain its importance,</li> <li>• to apply the basic principles of communicable disease control in community settings,</li> <li>• to name programs implemented by the Ministry of Health,</li> <li>• to evaluate the characteristics of the current health system at primary level health services,</li> <li>• to identify the environmental and occupational hazards, their role in health and discuss the control strategies of their effects,</li> <li>• to explain effects of migration on health,</li> <li>• to take a water sample and interpret analysis results,</li> <li>• to explain how to plan health care services in disasters conditions/health emergencies,</li> <li>• to name and explain mode of action of modern family planning methods,</li> <li>• to counsel individuals for an informed choice regarding their reproductive health,</li> <li>• to educate communities for adopting a healthy life style.</li> <li>• to manage forensic cases in primary health care</li> </ul>
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*\*\* (patient-centered clinical consultation skills, clinical, scientific and ethical reasoning, application of appropriate scientific methodology to conduct research in the community-primary care, critical appraisal of the literature, presentation skills, effective communication with colleagues and the community, professional conduct)*

## COMPULSORY TASKS DURING THE INTERNSHIP

### 1. Attendance to Seminars, Journal Clubs, Clinical Practice and Workshops in Public Health-Family Medicine:

Attendance to all training activities is a main performance criterion of the internship. Attendance to all seminars and journal clubs, as well as to the practice rotations, site visits and the Community Health Center and Family Health Center clerkships is mandatory and will be assessed twice daily.

### 2. Outpatient Clinic in a Family Health Unit supervised by a Family Physician (Aile Sağlığı Birimi, Aile Hekimi):

Beginning in the 3rd week of the internship, students will start consulting at a family health unit outpatient clinic under the supervision of a family physician (field trainer), in average 3 days a week. This part of the internship will primarily focus on clinical experience in general practice out-patient care. Students have to comply with local working regulations as outlined by the responsible field trainer and are responsible for returning their attendance sheets\* to the faculty in charge (\*signed daily by the field trainer).

### 3. Site Visits:

Daily site visits to the institutions mentioned below are organized in the second and third week of the internship. Faculty and students meet at the visited venue, detailed information on the program is provided by faculty in charge of the site visits in due course of the internship.

- a. Local Health Authority (İl Halk Sağlığı Müdürlüğü)
- b. Occupational Health Unit - Hospital for Occupational Diseases (İş Yeri Hekimliği İş Sağlığı ve Güvenliği Birimi - Meslek Hastalıkları Hastanesi) or other comparable institutions
- c. Medical Chamber of Istanbul (Istanbul Tabip Odası, ITO)

#### 4. Practice Rotations:

To observe and experience the practice of community-based health services for frail groups, the students visit primary health care institutions like refugee outpatient clinics in the community health centers, Tuberculosis Dispensaries, and a hospice-chronic and home care facility in daily rotations once a week from week 3-6 of the internship.

- a. Hospice, Chronic and Home Care Facility (AVITAL)
- b. Tuberculosis Dispensary (Verem Savaş Dispanseri)
- c. Community Health Center Refugee Outpatient Clinic (Toplum Sağlığı Merkezi- Mülteci Polikliniği)
- d. Community Health Center Public Living Space and School Health Services (Toplum Sağlığı Merkezi Toplu Yaşam Alanları ve Okul Sağlığı Hizmetleri)

#### 5. Health Promotion Project for the Community:

##### **Aim and infrastructure:**

The aim of this task is to identify and investigate a significant health problem within the community based on observation made during clinical practice in primary care and/or practice in the community health centers or any other primary health care institution visited during this clerkship.

When planning the health promotion project, the students shall experience the benefit of scientific and analytical thinking to define and better understand and possibly resolve significant health/health care infrastructure problems in the community.

##### **Subject:**

The subject of the health promotion projects should arise from a significant problem within the local community where the students conduct their practices in primary health care which concerns health/health care and/or its infrastructure, behavioral and/or cultural aspects, in order to benefit quality of primary care in the community served. The students are counseled by

clerkship faculty and primary health care professionals at the local health authorities to choose a subject.

**Tasks and timetable:**

On the first day of the clerkship students are to form their research groups of 3 interns, each. Each group is assigned a project supervisor from the clerkship faculty. At the end of the second week of the clerkship the groups should be able to present their project topic/ draft proposal to their faculty-supervisors. This session serves to receive productive feed-back on the project. The final project proposals are prepared

And presented in a session attended by all interns on the last day of the clerkship, the project proposals are required to be;

- shared by oral presentations with the intern group and supervisors
- turned in as written reports to the research supervisors (each group to her own supervisor)

**6. Journal Clubs and Seminars:**

Journal clubs and seminars are run by interns and faculty on Fridays, each week at Acibadem Atakent Teaching Hospital. Students are invited to choose seminar topics and an article for their journal club session from a selection of relevant journals and seminar topics provided by clerkship faculty in the first week. Journal clubs are critical appraisal sessions of articles, presented by a student or faculty member followed by group discussion.

**7. Attendance:**

Attendance to all seminars (faculty and student seminars), workshops and journal clubs – as to all activities of the clerkship! – is mandatory!

## Useful Information:

## Training Sites:

### **Family Health Units- Centers and Community Health Centers:**

All Family- and Community Health Centers attended by the interns are based in the districts of Ümraniye or Gaziosmanpaşa in Istanbul, which are the primary health care research and training regions of ACU SoM as per protocol between Acıbadem University and the Local Authorities.

- **Gaziosmanpaşa 7 Nolu (Recep Sağlık) ASM** Barbaros Hayrettin Paşa Mah. İnönü Cad.No:27/1. 212/618 77 71
- **Gaziosmanpaşa Karayolları ASM** (GOP TSM Binasında) Karayolları Mah.615 Sok.No:1. 0212. 617 87 59
- **Ümraniye Merkez ASM** Atatürk Mah. Estergon Cd.Okan Sok. No: 4. 0216 329 51 94
- **Ümraniye 10 no'lu ASM** Armağanevler Mah. 23 Nisan Cad. Neyzen Tevfik Sok. No:17, Ümraniye. 0216.505 65 75

### **Other Units:**

#### **Avital Yaşam Boyu Sağlık ve Bakım Merkezi**

Koşuyolu Cad. Cenap Şahabettin Sok. No: 84

Koşuyolu 34718 İstanbul Tel : 0216/326 67 87

### **Journal Club and Seminar Topics\*:**

Subjects for discussion during lectures, seminars and practice:

Topics to be addressed during seminars and-or observation/ practice in the various primary care institutions visited are;

- Introduction to Public Health
- Introduction to Family Medicine-core competencies-general principles-contextual framework

- Organization of the Health Care System in Turkey
- Research in the community – research methodologies revisited
  - Descriptive studies
  - Cohort studies
  - Case-control studies
  - Interventional-experimental studies
  - Methodological studies
- Why and how to identify health care (HC) needs and describe utilization of HC services
- Health indicators and how to make use of them
- Health promotion and preventive care
  - Chemoprophylaxis - vaccinations – herd immunity-elimination/eradication programs in TR
  - Screening programs –how to decide for a screening program - PC screening programs in TR
  - Occupational health-prevention of work related health hazards-accidents
- Investigation of outbreaks - epidemics
- Sexual and reproductive health - counseling
- TNSA 2013 / comparison with MoH data
- Reporting cases with communicable disease - why and how?
- Pre-partum and post-natal care, growth and thriving, well child visits
  - Oral and dental health
  - School health
- Migration and health
- Legislation and regulations related to health and PHC
- Health care in disaster conditions

*\*Topics might be subject to change*

**Responsibilities:**

1. Working hours in the attended Departments usually are between 08:30 and 17:00 during the weekdays.
2. Working hours in the Family Health Units-Family Health Centers (Aile Sağlığı Merkezleri) will be communicated by field trainers-faculty in charge.
3. The signature sheets will be signed between 09:00-09:15 and 16:30-17:00 during weekdays.
4. The consulting family physicians (field trainers) will complete the internship assessment form after the course based on evaluation of Clinical case management, Interaction with patient and community, Professionalism, Personal professional attitude.
5. Interns will deliver their assessment forms completed by their field trainer to the Intern Clerkship Coordinator at the end of the internship period.
6. The interns who cannot obtain sufficient evaluation will fail and repeat the course.
7. The interns should comply with the terms and rules of the visited departments-units, consulting staff, and the special requirements asked for by the clinicians-field trainers. Maximum care should be performed in order to keep the patient records unexposed.
8. Interns with absenteeism without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absenteeism more than legal limit will cause the renewal of the course program.
9. Maximum care should be performed to comply with hygienic procedures to keep the patients germ-free in the outpatient setting.

Timetable					
Week/ Day	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Orientation Seminars (faculty)	Practice Rotations/Community Health Center/Family Health Center	ACU Program	ACU Program	ACU: Seminar Journal Club
Week 2	Practice Rotations/Community Health Center/Family Health Center	Practice Rotations/Community Health Center/Family Health Center	ACU: Presentation of research proposals	ACU Program	ACU: Seminar Journal Club
Week 3	Seminars (faculty-students)	Site visit: Local Health Authority (İl Halk Sağlığı Müdürlüğü)	Site visit: Medical Chamber of Istanbul (ITO)	Practice Rotations/Community Health Center/Family Health Center	ACU or CHC (TSM): Seminar Journal Club
Week 4	Seminars (students)	Practice Rotations/Community Health Center/Family Health Center	FHC (ASM) Outpatient clinic	FHC (ASM) Outpatient clinic	ACU or CHC (TSM): Seminar Journal Club

Timetable					
Week/ Day	Monday	Tuesday	Wednesday	Thursday	Friday
Week 5	Seminars (students)	Rotation: PC facilities (chronic-home care, CHC, minority- refugee outpatient clinics TD)	FHC (ASM) Outpatient clinic	FHC (ASM) Outpatient clinic	ACU or CHC (TSM); Seminaire Journal Club
Week 6	Journal Club (students)	Practice Rotations/ Community Health Center/Family Health Center	FHC (ASM) Outpatient clinic	FHC (ASM) Outpatient clinic	ACU or CHC (TSM); Seminaire Journal Club
Week 7	(grouping TBA)	Practice Rotations/ Community Health Center/Family Health Center	FHC (ASM) Outpatient clinic	FHC-CHC (ASM- TSM) Data collection	ACU; Forensic Medicine; pearls for practice in primary care (Workshop)
Week 8	(grouping TBA)	Practice Rotations/ Community Health Center/Family Health Center	FHC-CHC (ASM-TSM) Data collection/entry	ACU; Data analyses- reports	ACU; Presentation of research results

## **Abbreviations**

ASM: Aile Saęlıęı Merkezi

CHC: Community Health Center

FHC: Family Health Center

ITO: İstanbul Tabip Odası

PHC: Primary Health Care

TD: Tuberculosis Dispensaries

TSM: Toplum Saęlıęı Merkezi

**TASK TABLE**

TASK TABLE			
Name/Surname:		Start Date:	End Date:
Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature
Health education and counseling (e.g. for breast feeding, healthy lifestyle)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			

Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			

Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Patient-centered clinical consultation (incl. history taking and physical examination)			
Managing a clinical case in primary care (e.g. unselected patients, watchful waiting, rational use of screening or diagnostic tests, rational prescribing)			

Managing a clinical case in primary care (e.g. unselected patients, watchful waiting, rational use of screening or diagnostic tests, rational prescribing)			
Managing a clinical case in primary care (e.g. unselected patients, watchful waiting, rational use of screening or diagnostic tests, rational prescribing)			
Managing a clinical case in primary care (e.g. unselected patients, watchful waiting, rational use of screening or diagnostic tests, rational prescribing)			
Drawing and interpreting a population pyramid			
Interpreting a population pyramid			

Interpreting a population pyramid			
Interpreting a population pyramid			
Drawing and interpreting an epidemic curve			
Reproductive health counseling			
Reproductive health counseling			
Well-child follow-up (e.g. growth and thriving interpreted by charts, immunization schedule)			

Well-child follow-up (e.g. growth and thriving interpreted by charts, immunization schedule)			
Well-child follow-up (e.g. growth and thriving interpreted by charts, immunization schedule)			
Well-child follow-up (e.g. growth and thriving interpreted by charts, immunization schedule)			
Critical appraisal of an article			
Critical appraisal of an article			
Critical appraisal of an article			
Critical appraisal of an article			

Critical appraisal of an article			
Critical appraisal of an article			
Critical appraisal of an article			
Critical appraisal of an article			
Critical appraisal of an article			
Plan and present a health promotion project (group task)			

### Suggested Reading:

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4. <http://sbu.saglik.gov.tr/Ekutuphane/YayinTur/Kitap>
5. WONCA Avrupa Aile Hekimlięi-Genel Pratisyenlik Tanımı <http://www.tahud.org.tr/medya/kitaplar/aile-hekimligi-avrupa-tanimi/9>
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13. RCGP. Medical Generalism: Why expertise in whole person medicine matters. June 2012 [http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/Medical-Generalism-Why\\_expertise\\_in\\_whole\\_person\\_medicine\\_matters.ashx](http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/Medical-Generalism-Why_expertise_in_whole_person_medicine_matters.ashx)
14. Hummers-Pradier E, et al., Research Agenda for General Practice /Family Medicine and Primary Health Care in Europe, EGPRN, Maastricht 2009. [http://www.egprn.org/files/userfiles/file/research\\_agenda\\_for\\_general\\_practice\\_family\\_medicine.pdf](http://www.egprn.org/files/userfiles/file/research_agenda_for_general_practice_family_medicine.pdf)
15. Kringos D. et al. Building Primary Care in a changing Europe. European Observatory on Health Care Systems. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/277940/Building-primary-care-changing-Europe-case-studies.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/277940/Building-primary-care-changing-Europe-case-studies.pdf?ua=1)



## ELECTIVES

Program Name	Code	Year	Duration (weeks)	Credit	ECTS
Elective	EIP	6	8	7	7
<b>Course Type</b>	Compulsory				
<b>Course Level</b>	Undergraduate				
<b>Year Coordinators</b>	Bilgi BACA, M.D., Prof. Murat SARUÇ, M.D., Prof.				
<b>Program Coordinators</b>	Bilgi BACA, M.D., Prof. Murat SARUÇ, M.D., Prof.				
<b>Academic Units &amp; Staff</b>	TBA				
<b>Course Duration</b>	8 weeks				
<b>Course Aims</b>	A sixth-year medical student in the Acıbadem University Medical faculty will generally select an elective “sub”-internship, where the student will perform the role of an intern or first year medical graduate, under the supervision of senior house staff and attending physicians.				
<b>Learning Outcomes</b>	The rotation is generally pursued in the field appropriate to career interest. In this way, the student can experience a glimpse of their future career without the burden of full responsibility.				

<p><b>Assessment Methods</b></p>	<p>At the end of each elective rotation an Elective Assessment Report must be completed by the Elective Supervisor and returned as soon as possible to the Medical School Office of Acıbadem University.</p> <p>If an Elective Assessment Report is not received the student is deemed to have failed the elective rotation.</p>
<p><b>Requirements</b></p>	<p>All Acıbadem University Medical students must complete an eight-week clinical elective prior to graduating the faculty.</p> <p>This eight -week period can be separated maximum in three rotations. This allows the student to gain valuable “hands-on” experience in a clinical setting.</p> <p>An Elective Approval Form must be submitted to the School of Medicine providing details of the elective(s) that the student is applying for.</p> <p>The Dean of the Medical Faculty must approve electives prior to commencement. It is possible to complete an elective outside of Turkey.</p> <p>Further information could be found in the electives guide (seçmeli staj rehberi)</p>

## Annex 1 UÇEP Temel Hekimlik Uygulamaları Listesi

Öğrenme Düzeyi	Açıklama
1	Uygulamanın nasıl yapıldığını bilir ve sonuçlarını hasta ve/veya yakınlarına açıklar.
2	Acil bir durumda kılavuz / yönergeye uygun biçimde uygulamayı yapar.
3	Karmaşık olmayan, sık görülen, durumlarda / olgularda uygulamayı* yapar.
4	Karmaşık durumlar / olgular da dahil uygulamayı* yapar.

*\* Ön değerlendirmeyi / değerlendirmeyi yapar, gerekli planları oluşturur, uygular ve süreç ve sonuçlarıyla ilgili hasta ve yakınlarını / toplumu bilgilendirir*

Temel Hekimlik Uygulamaları Listesi		STAJ SONUNDA ULAŞILAN ÖĞRENME DÜZEYİ
<b>A. Öykü Alma</b>		
1	Genel ve soruna yönelik öykü alabilme	4
2	Mental durumu değerlendirebilme	4
3	Psikiyatrik öykü alabilme	3
<b>B. Genel ve Soruna Yönelik Fizik Muayene</b>		
1	Adli olgu muayenesi	3
2	Antropometrik ölçümler	4
3	Baş boyun ve KBB muayenesi	3
4	Batın muayenesi	4
5	Bilinç değerlendirmesi ve ruhsal durum muayenesi	3
6	Çocuk ve yenidoğan muayenesi	4

7	Deri muayenesi	4
8	Digital rektal muayene	3
9	Gebe muayenesi	3
10	Genel durum ve vital bulguların deęerlendirilmesi	4
11	Göz, göz dibi muayenesi	3
12	Jinekolojik muayene	3
13	Kardiyovasküler sistem muayenesi	4
14	Kas iskelet sistem muayenesi	3
15	Meme ve aksiller bölge muayenesi	4
16	Nörolojik muayene	3
17	Olay yeri incelemesi	3
18	Ölü muayenesi	3
19	Solunum sistemi muayenesi	4
20	Ürolojik muayene	3
<b>C. Kayıt Tutma, Raporlama ve Bildirim</b>		
1	Adli rapor hazırlayabilme	3
2	Aydınlatma ve onam alabilme	4
3	Epikriz hazırlayabilme	4
4	Hasta dosyası hazırlayabilme	4
5	Hastaları uygun biçimde sevk edebilme	4
6	Ölüm belgesi düzenleyebilme	4
7	Raporlama ve bildirimini düzenleyebilme	3
8	Reçete düzenleyebilme	4
9	Tedaviyi red belgesi hazırlayabilme	4

<b>D. Laboratuvar Testleri ve İlgili Diğer İşlemler</b>		
1	Biyolojik materyalle çalışma ilkelerini uygulayabilme	4
2	Dekontaminasyon, dezenfeksiyon, sterilizasyon, antisepsi sağlayabilme	4
3	Dışkı yayması hazırlayabilme ve mikroskopik inceleme yapabilme	3
4	Direkt radyografileri okuma ve değerlendirebilme	3
5	EKG çekebilme ve değerlendirebilme	3
6	Gaitada gizli kan incelemesi yapabilme	4
7	Glukometre ile kan şekeri ölçümü yapabilme ve değerlendirebilme	4
8	Kanama zamanı ölçümü yapabilme ve değerlendirebilme	4
9	Laboratuvar inceleme için istek formunu doldurabilme	4
10	Laboratuvar örneğini uygun koşullarda alabilme ve laboratuvara ulaştırabilme	4
11	Mikroskop kullanabilme	4
12	Mikroskopik inceleme için boyalı boyasız preparat hazırlayabilme ve inceleme yapabilme	3
13	Peak flow metre kullanabilme ve değerlendirebilme	3
14	Periferik yayma yapabilme ve değerlendirebilme	3
15	Su dezenfeksiyonu yapabilme	4
16	Su numunesi alabilme	4
17	Sularda klor düzeyini belirleyebilme ve değerlendirebilme	3
18	Tam idrar analizi (mikroskopik inceleme dahil) yapabilme ve değerlendirebilme	4
19	Tarama ve tanısal amaçlı inceleme sonuçlarını yorumlayabilme	3

20	Transkütan bilirubin ölçme ve değerlendirebilme	3
21	Vaginal akıntı örneği incelemesi yapabilme (ürogenital enfeksiyon taraması, taze preparat hazırlama ve bakısı) ve değerlendirebilme	3
<b>E. Girişimsel ve girişimsel olmayan uygulamalar</b>		
1	Acil psikiyatrik hastanın stabilizasyonunu yapabilme	3
2	Adli olguların ayırt edilebilmesi / yönetilebilmesi 3	3
3	“Airway” uygulama	3
4	Akılcı ilaç kullanımı	4
5	Atel hazırlayabilme ve uygulayabilme	4
6	Bandaj, turnike uygulayabilme	4
7	Burna ön tampon koyabilme ve alabilme	3
8	Çocuklarda büyüme ve gelişmeyi izleyebilme (persentil eğrileri, Tanner derecelendirmesi)	4
9	Damar yolu açabilme	3
10	Defibrilasyon uygulayabilme	3
11	Delil tanıyabilme / koruma/nakil	3
12	Deri ve yumuşak doku apsesi açabilme	3
13	Dış kanamayı durduracak/ sınırlayacak önlemleri alabilme	4
14	Doğum sonrası anne bakımını yapabilme	3
15	Doğum sonrası bebek bakımı yapabilme	3
16	El yıkama	4
17	Entübasyon yapabilme	3
18	Epizyotomi açılabilme ve dikebilme	2
19	Galveston oryantasyon skalası	3

20	Gebe ve loğusa izlemi yapabilme	3
21	Glasgow koma skalasının değerlendirilebilme	4
22	Hastadan biyolojik örnek alabilme	3
23	Hastalık / travma şiddet skorlamasını değerlendirilebilme	4
24	Hastanın uygun olarak taşınmasını sağlayabilme	4
25	Hastaya koma pozisyonu verebilme	4
26	Hava yolundaki yabancı cismi uygun manevra ile çıkarabilme	3
27	Hukuki ehliyeti belirleyebilme	3
28	IM, IV, SC, ID enjeksiyon yapabilme	3
29	İdrar sondası takabilme	3
30	İleri yaşam desteği sağlayabilme	2
31	İntihar riskini değerlendirme	2
32	İntihara müdahale	2
33	Kan basıncı ölçümü yapabilme	4
34	Kan transfüzyonu yapabilme	2
35	Kapiller kan örneği alabilme	4
36	Kene çıkartabilme	3
37	Kötü haber verebilme	3
38	Kültür için örnek alabilme	3
39	Lavman yapabilme	3
40	Lomber ponksiyon yapabilme	1
41	Mide yıkayabilme	3
42	Minimental durum muayenesi	3

43	Nazogastrik sonda uygulayabilme	3
44	Normal spontan doğum yaptırabilme	2
45	Oksijen ve nebul inhaler tedavisi uygulayabilme	4
46	Oral, rektal, vajinal ve topikal ilaç uygulamaları yapabilme	3
47	Parasentez yapabilme	2
48	Perikardiyosentez yapabilme	1
49	Plevral ponksiyon yapabilme	2
50	PPD testi uygulayabilme	3
51	Puls oksimetre uygulayabilme ve değerlendirebilme	3
52	Rıza ehliyetini belirleyebilme	3
53	Rinne Weber ve Schwabach testleri uygulayabilme	3
54	Servikal collar (boyunluk) uygulayabilme 4	4
55	Soğuk zincire uygun koruma ve taşıma sağlayabilme 4	4
56	Solunum fonksiyon testlerini değerlendirebilme 3	3
57	Solunum havasında alkol ölçümü yapabilme 4	4
58	Soyağacını çıkarabilme ve gerektiğinde genetik danışmanlığa yönlendirebilme	3
59	Suprapubik mesane ponksiyonu yapabilme	2
60	Temel yaşam desteği sağlayabilme	4
61	Tıp uygulamalarında etik sorunları çözebilme	3
62	Topuk kanı alabilme	4
63	Travma sonrası kopan uzvun uygun olarak taşınmasını sağlayabilme	4
64	Uygulanacak ilaçları doğru şekilde hazırlayabilme	3
65	Vajinal ve servikal örnek alabilme	3

66	Yara yanık bakımı yapabilme	3
67	Yenidoğan canlandırması	2
68	Yüzeysel sütür atabilme ve alabilme	3
<b>F. Koruyucu Hekimlik ve Toplum Hekimliği Uygulamaları</b>		
1	Acil yardımların organizasyonunu yapabilme	2
2	Aile danışmanlığı verebilme	2
3	Aile planlaması danışmanlığı yapabilme	4
4	Bağışıklama hizmetlerini yürütebilme	4
5	Doğru emzirme yöntemlerini öğretebilme	4
6	Esnaf ve işyeri denetimi yapabilme	3
7	Kendi kendine meme muayenesini öğretebilme	4
8	Kontrasepsiyon yöntemlerini doğru uygulayabilme ve kullanıcıları izleyebilme	3
9	Olağan dışı durumlarda sağlık hizmeti sunabilme	2
10	Periyodik muayene, kontrol ( Kardiyak risk hesaplama, adölesan danışmanlığı, tütün danışmanlığı, kanser taraması vb)	3
11	Sağlık hizmeti ilişkili enfeksiyonları engelleyici önlemleri alabilme	3
12	Toplu yaşam alanlarında enfeksiyonları engelleyici önlemleri alma	4
13	Topluma sağlık eğitimi verebilme	3
14	Toplumda bulaşıcı hastalıklarla mücadele edebilme	3
15	Toplumda sağlıkla ilgili sorunları epidemiyolojik yöntemler kullanarak saptayabilme ve çözüm yollarını ortaya koyabilme	3



## ACIBADEM ÜNİVERSİTESİ TIP FAKÜLTESİ İNTÖRNLÜK DÖNEMİ EĞİTİM-ÖĞRETİM REHBERİ

### Tanımlar

- a) **İntörnlük dönemi:** Tıp Fakültesi Dönem IV ve Dönem V stajlarını başarıyla tamamlayan öğrencilerin, mezuniyette sahip olacakları mesleki yeterliklerini tamamlamak amacıyla öğretim elemanlarının gözetiminde sağlık hizmeti sunan birimlerde rotasyon yaptığı ardışık programlardan oluşan 12 aylık dönemdir.
- b) **İntörn:** Acıbadem Üniversitesi Tıp Fakültesi'nin ilk beş yıllık eğitim ve öğretim dönemini başarıyla tamamlamış, Dönem VI'ya (İntörnlük Dönemi) başlayan öğrencidir.
- c) **İntörn Değerlendirme Formu:** Anabilim Dallarının görüşleri doğrultusunda hazırlanan, Fakültenin öğrenme hedefleri doğrultusunda kazanılması istenen klinik uygulamalar ve becerilerin izlenmesi, hasta ve toplumla iletişim, mesleki etik ve Prof.esyonel tutum alanlarının değerlendirildiği, intörnün program başarı durumunu izleyen ve belirleyen belgedir.
- d) **İntörn Rehberi(Internship Logbook)**
  - i. **İntörnlük Program Rehberi:** İlgili Anabilim Dallarının Dönem VI Koordinatörlüğü işbirliği ile hazırladığı, intörnün programdaki öğrenme hedeflerini, değerlendirme yöntemlerini ve programa özgün çalışma kurallarını ve intörnden beklenenleri içeren rehberdir.
  - ii. **İntörn Karnesi:** Acıbadem Üniversitesi Tıp Fakültesi eğitim hedefleri ve müfredatına uygun olarak, anabilim dalları tarafından hazırlanan ve program süresince kazanılması beklenen bilgi, beceri, tutum ve davranışları içeren değerlendirme araçlarının takip edilmesinde kullanılan dokümandır.

- e) *İntörn ve Program Temsilcisi*: Dönem VI öğrencilerinin oylarıyla seçilen öğrenci “İntörn temsilcisi”dir. Her program grubunda, gruptaki öğrenciler tarafından seçilen bir öğrenci “grup temsilcisi” olarak görev yapar.
- f) **Mezuniyet Kurulu**: Dekanlık tarafından belirlenen öğretim üyeleri ve öğrencilerden oluşan, mezuniyet töreni ve bununla ilişkili faaliyetleri düzenleyen kuruldur.

## İNTÖRNLÜK EĞİTİMİ

### Programın Amacı

Tıp Fakültesi mezunundan beklenen yeterliliklere ulaşmak için intörlük döneminde, uygun öğrenme ve çalışma ortamlarını sağlamak amaçlanmıştır.

Bu dönemde intörnler iletişim becerilerini de kapsayan klinik ve Prof.esyonel becerilerini geliştirme olanaklarını bulacakları eğitim ve araştırma hastaneleri ile birinci basamak sağlık kuruluşlarında ve toplumda öğretim elemanları ve uzmanların gözetiminde çalışırlar.

### Eğitim Ortamları

İntörnler Acıbadem Üniversitesi Tıp Fakültesi Kerem Aydınlar Kampüsü, Acıbadem Üniversitesi eğitim ve araştırma hastaneleri, birinci basamak sağlık hizmetlerinin yürütüldüğü Eğitim ve Araştırma Bölgeleri ve çeşitli sağlık kuruluşlarında uygulamalı eğitim alırlar.

Dönem VI eğitim programı öncelikle birinci basamak hekimlik uygulamalarına yönelik, Ulusal Çekirdek Eğitim Programı (UÇEP) ile uyumlu olarak planlanır. Bu eğitim programı, anabilim dalı çalışma esaslarına uygun olacak şekilde, ilgili eğitim ve araştırma hastanelerinde servis, poliklinik, ameliyathane, laboratuvar gibi bölümlerde, intörn eğitimi ön planda tutularak hazırlanır.

## **Eđitim Planlaması ve Yürütülmesi**

İntörnlik döneminde açılacak olan programlar her yıl ilgili kurulların önerisi ile Fakülte Kurulu (FK) tarafından belirlenir. Eđitim “İntörnlik program rehberi”nde belirlenen kurallara göre yürütülür.

## **İntörn Çalışma Saatleri**

Dönem VI eğitim programı anabilim dallarınca belirlenen çalışma saatleri içerisinde sürdürülür. Çalışma saati bitiminden sonra intörnler gönüllü olarak kliniklerde kalabilirler. İntörnler ancak sorumlu oldukları hastalara ait ertelenmesi mümkün olmayan görevlerini bitirdikten sonra çalışma yerlerinden ayrılabilirler. Bunun dışında nöbet sistemi içinde çalışan birim ya da bölümlerde çalışma süresi anabilim dalı tarafından düzenlenir.

## **Nöbetler**

Dönem VI eğitim programı içinde eğitim amaçlı nöbetler yer alır. Bu nöbetlerin aylık sayısı ve nöbet süresi anabilim dalları tarafından belirlenir. Eğitim amaçlı olan bu nöbetler bir ayda 3 (üç) günde 1 (bir) nöbetten daha fazla olamaz.

## **Yeterliliđin Deđerlendirilmesi**

İntörnün yeterliliđi programı yürüten anabilim dalı tarafından izlenir. İntörn deđerlendirme formlarında belirtilen, klinik vakanın izlenmesi, hasta ve toplumla iletişim, Prof. esyonellik ve kişisel Prof.esyonel tutum alanlarındaki ölçütlere göre deđerlendirme yapılır. Program sürecinde ve bitiminde deđerlendirilir. Süreç deđerlendirmesi intörnün gelişimini izlemek ve desteklemek amacı ile yapılır ve intörne geribildirim verilir. Program sonunda yapılacak deđerlendirmede yetersiz bulunan intörn ‘başarısız’ kabul edilir. Başarı notu ‘S’ (successful), Başarısızlık notu ‘U’ (unsuccessful) dur.

Yetersizlik kararı gerekçeleri ile ilgili anabilim dalı tarafından Dönem VI Koordinatörlüğü aracılığı ile Dekanlığa bildirilir. Bu gerekçeler program değerlendirme formları, yeterlilik ölçütleri ve yoklama (devamsızlık nedeniyle ise) tutanaklarıyla belgelenmelidir. ‘başarısız’ kararı intörne program sonunda duyurulur. İntörn programı tekrar eder.

### **Devam Durumu**

İntörner programın tamamına eksiksiz katılmak zorundadırlar. İntörn, mazereti ile ilgili belgeleri dilekçe ile programı yürüten anabilim dalına sunar. Mazereti kabul edilen intörne telafi yaptırılabilir. Ancak bu süre (mazeretli olarak programa devamsızlık süresi) program süresinin %20’sini geçemez. Devamsızlık süresini aşan intörn programı tekrarlamak zorundadır.

## **İNTÖRNLÜK EĞİTİMİNİN YÖNETİMİ**

### **Dönem VI Koordinatörlüğünün Görev, Sorumluluk ve Yetkileri**

Dönem VI koordinatörlüğü baş koordinatörlüğe bağlı olarak çalışır. Dönem VI eğitim sürecinin Acıbadem Üniversitesi Tıp Fakültesi eğitim hedefleri ve müfredatına uygun olarak yürütülmesinden sorumludur.

- a) Anabilim dalı eğitim programlarının anabilim dallarınca bir önceki eğitim-öğretim yılı sonunda hazırlanıp baş koordinatörlüğe teslim edilmesini sağlar.
- b) Programların hazırlanması ve İntörn değerlendirme formlarının anabilim dallarınca doldurulmasını sağlar.
- c) Belirli aralıklarla baş koordinatörlük katılımı ile toplantılar yaparak anabilim dallarının dönem VI eğitimindeki sorunlarını tespit eder ve giderilmesi için gerekirse değişiklikleri düzenler.

- d) İntörnle belirli dönemlerde toplantılar düzenleyerek değerlendirmeler yapar, intörnlerin eğitim yılı içinde varsa yaşadıkları sorunları belirler ve geri bildirim formlarını inceleyerek raporlar hazırlar ve baş koordinatörlüğe iletir.
- e) İntörnlerin yetersizlik kararı veya devamsızlık nedeni ile tekrarlamaları gereken programların organizasyonunu sağlar.
- f) Mezuniyet süreci hazırlıklarını izler ve yürütür. Bu süreçte mezuniyet kurulunun çalışma programını kontrol eder.
- g) Mezuniyet ile ilgili belgelerin tamamlanmasını ve dekanlığa zamanında iletilmesini sağlar.

### **Anabilim Dalı Başkanlarının Görev, Sorumluluk ve Yetkileri**

- a) Yeni akademik dönem başlamadan önceki Haziran ayında, program sorumlusu olarak bir öğretim üyesini görevlendirerek dekanlığa bildirirler.
- b) Anabilim dalları yeni akademik dönem başlamadan, dekanlık tarafından belirlenen tarihlerde program amaç ve hedeflerini, araç ve yöntemlerini, yeterlilik ve değerlendirme ölçütlerini içeren program bilgi formlarını program sorumlusu öğretim üyesi aracılığıyla dönem VI koordinatörlüğüne sunarlar. Anabilim dalları programın hedeflerini UÇEP ve Acıbadem Üniversitesi Tıp Fakültesi'nin eğitim ve müfredat içeriğine uygun şekilde belirlemelidirler. Program hedefleri belirlenirken intörnün nöbet ve günlük uygulamalardaki sorumlulukları ve görevleri de belirtilir.
- c) Anabilim Dalı Başkanları, intörnlerin klinik ve poliklinik uygulamaları sırasında program hedeflerine uygun eğitim almalarını, becerilerini artırmalarını, görgü ve bilgilerini geliştirmelerini, hasta takibi ile ilgili sürecin sorumluluğunu bir bütünlük içinde yürütmelerini sağlarlar.

- d) Her program için eğitim hedeflerinin, uygulama yöntemlerinin tanımlandığı intörlük rehberi (Internship Logbook) kullanılır. Program bitiminde, ilgili program sorumlusu ve anabilim dalı başkanı, anabilim dalının belirlediği hedefler doğrultusunda intörn değerlendirme formlarını ve devam durumlarını değerlendirip, başarılı olup olmadıkları konusunda ortak karar oluştururlar. İntörnlerin başarı durumunun değerlendirildiği bu formlar, program bitimini izleyen beş iş günü içerisinde dönem VI koordinatörlüğüne iletilir.
- e) İntörnlerin nöbet ve izin durumlarını karara bağlarlar.

### **Program Başkanlarının Görev, Sorumluluk ve Yetkileri**

#### **Program Başkanları**

- a) Anabilim dalının belirlediği hedeflere uygun olarak intörnlerin çalışma düzenini, eğitim ve rotasyon programlarını düzenlerler.
- b) Program süresince intörnlerin uzmanlık öğrencileri, öğretim elemanları ve diğer sağlık personeli ile uyum içinde çalışmalarını sağlarlar.
- c) Program süresince, intörnlerin çalıştıkları ve eğitim aldıkları klinik, poliklinik, laboratuvar, ameliyathane gibi alanlarda İntörlük çalışma sorumluluğu dışındaki işlerde çalıştırmalarını engellerler.
- d) İntörnlerin nöbet çizelgeleri program başkanları tarafından yönergeye uygun olarak hazırlanır.
- e) Program süresince, intörnlerin eğitimlerinin belirlenmiş hedeflere uygun yürütülmesini sağlamak, izlemek ve değerlendirmekle görevlidirler. Bu amaçla intörn değerlendirme formlarını birimlerdeki öğretim üyelerinin bilgisi doğrultusunda doldururlar.
- f) Program sorumluları, İntörnlerle her program başlangıcında program bilgilendirme toplantısı yaparak anabilim dalının beklentilerini, program kurallarını ve işleyişini aktarır, intörnlerin beklentilerini öğrenir.

- g) Program sürecinde ve sonunda değerlendirme toplantıları yaparak ve program değerlendirme formlarını uygulayarak intörnlerin program süreçleri hakkında düşüncelerini, değerlendirmelerini, beklentilerini ve önerilerini alır; rapor hazırlar ve Baş koordinatörlüğe iletir.
- g) İntörnlerin intörn değerlendirme formları ve program başarı durumları, program bitimini izleyen beş iş günü içerisinde dönem VI koordinatörlüğü aracılığı ile Dekanlığa iletilir. İntörn doktorların başarı durumları ayrıca öğrenci otomasyon sistemine işlenir.
- h) Baş koordinatörlüğün belirlediği sürelerde yapılan değerlendirme toplantılarına dönem VI koordinatörlüğü ve intörn temsilcileriyle birlikte katılırlar.
- i) Her akademik yılsonunda anabilim dalı başkanıyla birlikte o akademik yıldaki intörnlerin anabilim dalındaki eğitim ve çalışmaları ile ilgili yılsonu değerlendirmesi yaparlar. Bu değerlendirmeleri ve anabilim dalının önerilerini içeren bir rapor hazırlarlar ve dönem VI Koordinatörlüğüne sunarlar.

### **İntörnün Hak, Yükümlülük ve Sorumlulukları**

Her intörn Dönem VI'daki eğitimi süresince bir yandan hekimliğe ait ilke ve değerlerin rehberliğinde hastaların sağlık sorunlarına çözüm üretme becerilerini geliştirirken aynı zamanda da konferans, seminer, makale saati gibi akademik etkinliklere katılarak tıbbi bilgi ve eleştirel düşünme becerilerini geliştirir. Bu amaçla her intörn:

- a) İlgili öğretim elemanının sorumluluğunda önceki eğitim dönemlerinde edindiği bilgi ve beceriyi uygular.
- b) Çalıştığı klinik birimin rutin poliklinik hizmetlerinde etkin olarak görev alır. İntörn, poliklinikte öğretim üyesi ya da uzmanlık öğrencisinin denetiminde hasta ile hekim olarak iletişim kurar, hastanın öyküsünü alıp fizik muayenesini yapar ve sorumlu hekimin denetiminde hastanın dosyasına muayene

notu ekleyebilir. Ayrıca, hastadan hekim denetiminde gerekli tetkikleri isteyebilir ve gerekirse kıdemli bir hekime ya da başka bir anabilim dalından bir uzmana hastayı danışabilir. Tüm bu uygulamalar intörnün eğitimi için planlanıp uygulanır.

- c) Eğitim hastanelerinin yataklı birimlerde, yine eğitim için birden fazla hastanın hekimi olarak görevlendirilebilir. Her intörn sorumlusu olarak atandığı hastalarla ilk gün tanışır, öykülerini alır, dosyalarını inceler ve sonraki günlerde onları izleyerek sorunları ile yakından ilgilenir, kayıt tutar. Ayrıca, hasta ve hasta yakınlarıyla meslek ahlakı kuralları doğrultusunda etkin iletişim kurar, çalıştığı anabilim dalının kurallarına ve kendisine verilen intörnlük rehberine göre nöbet tutar ve öğretim elemanı sorumluluğunda tıbbi girişimlerde bulunur. İntörnler, acil gelişen durumlar dışında kendi sorumluluğunda olmayan hastalarla ilgili işlem yapamazlar ve yapmaya zorlanamazlar.
- d) Eğitimi süresince tıbbi kayıt tutma ve değerlendirme becerisi ile elektronik ortamda hasta yönetim programlarını kullanabilme becerisi kazanmalıdır. Bu işlemler sadece eğitim amacıyla yapılmalı, hastanenin ya da anabilim dalının işgücü açığını gidermek amacıyla uygulanmamalıdır.
- e) Sorumlu öğretim üyesinin veya araştırma görevlisinin isteği ile ve denetimi altında, sorumlu olduğu hastaların laboratuvar/radyoloji istek belgesini doldurabilir, hasta dosyasına laboratuvar/radyoloji sonuçlarını girebilir ve epikriz taslağı hazırlayabilirler. Bununla birlikte, yasal belge niteliği taşıyan veri tabanındaki hasta dosyasına veri girişi yapmak, konsültasyon isteği yapmak, epikriz yazarak hasta çıkışı yapmak, hastaya vermek üzere reçete yazmak veya laboratuvar/radyoloji istek girişi yapmak gibi uygulamaları ancak bir sorumlu hekimin gözetiminde yapabilir.
- f) İntörnlük rehberinde yazılı pratik uygulamaları (girişimleri) öğrenip bunlarla ilgili becerilerini sorumlu öğretim üyesinin gözetiminde geliştirmelidir. Yapılan pratik uygulamalar (girişimler) ile ilgili ortaya çıkabilecek tüm komplikasyon ve

sorunlardan intörn deęil, hastanın “hekimii” sorumlu olacaktır.

- g)** İntörnler kendi rehberlerinde sorumlu oldukları hekimlik uygulamaları dıřında kurumun hizmet aıęını kapatmak için veya eęitim amacının dıřına ıkacak biimde görevlendirilemezler.
- h)** İntörnler acil durumlar dıřında hasta tařıamaz; ancak kendi sorumluluęundaki hastalar bir personel tarafından tařınıırken onlara eřlik edebilirler.
- ı)** **İntörnler** acil durumlar dıřında hi bir řekilde hastaya ait örnekleri (kan, idrar, gaita vb) laboratuvarlara tařıamakla yükümlü tutulamazlar.
- i)** **İntörnler** alıřma ortamında bir hekime yakıřır özende giyinmeli ve görünmelidir ve kimlik kartlarını görevli oldukları zamanlarda görünür biimde takmak zorundadır. Hastalarına kendilerini “intörn” olarak tanıtmalıdır.
- m)** **İntörn**, eęitim amacı ile sorumluluęu kendilerine verilen hastanın öyküsünü alıp fizik muayenesini yapmalı, gerekli tetkikleri öęretim üyesi ya da arařtırma görevlisi gözetiminde istemelidir. Ayrıca hasta ile düzenli bir iletiřim kurmalı, sorunlarını ve hastalıęının seyrini takip etmeli, servis vizitlerinde öęretim üyelerine hastayı sunabilmelidir.
- n)** Hastane dıřında yürütölen programlarda ilgili Anabilim Dalı veya dallarının ve programın yürütöleceęi kurumun belirledięi sınırlar içinde hizmetlere katılmak (ařılama, okul taramaları, periyodik muayene, iře giriř muayenesi, filyasyon alıřması, iřyeri denetimleri vb.) ve ilgili kurumun alıřma saatlerine uymakla yükümlüdür.
- o)** Hizmet verdięi toplumda hizmet verilen kiřiler ve dięer saęlık alıřanları ile doęrudan ve uygun iletiřim kurmalıdır.

# Annex 3 Intern Assessment Form



## ACIBADEM UNIVERSITY SCHOOL of MEDICINE INTERNSHIP ASSESSMENT FORM\*

Department: \_\_\_\_\_

Name Surname: \_\_\_\_\_ ID number: \_\_\_\_\_

Start date : \_\_\_\_\_ End date : \_\_\_\_\_

### ASSESSMENT BY THE SUPERVISOR\*\*

The assessment is based on your own observations, and additionally with observations of others involved, provided you have been able to substantiate these performances.

	Assessment scale***			
	1 <sup>st</sup> Observation Date: .../.../.....		2 <sup>nd</sup> Observation Date: .../.../.....	
	Insufficient	Sufficient †	Insufficient	Sufficient †
<b>A. Clinical case management</b> (History taking, physical examination, clinical skills, analysis and testing diagnostic hypotheses, critical attitude towards further investigation and careful consideration of treatment, selection of pharmacotherapy, writing prescription, writing a letter of discharge, oral summary and presentation of case report, knowledge of medical issues, diagnostics and therapy, etc.)				
<b>B. Interaction with patient and community</b> (Patient-centered approach, explanation of illness, testing and treatment to the patient, attention for patient's feelings, values, norms and expectations, attention for nursing care aspects, attention for life experiences of the patient, etc.)				
<b>C. Professionalism</b> (Respect patient rights; their dignity, autonomy, integrity and confidentiality, Adhere strictly to ethical principles and legal rules in his/her clinical practice, etc.)				
<b>D. Personal professional attitude</b> (General conduct, personal appearance, relation with supervisor/staff- members, nursing staff, fellow students, coping with own limits and uncertainty, taking responsibility, etc.)				

**E. COMMENTS**

1<sup>st</sup> Observation

Positive characteristics of the student	Skills that should be improved

2<sup>nd</sup> Observation

Positive characteristics of the student	Skills that should be improved

**F. RESULT** (please write down the result in the blanks)

SUCCESSFUL (Başarılı)

UNSUCCESSFUL (Başarısız)

**Program Coordinator**

Name .....

Signature .....

Date ... / ..... / 20....

**Head of Department**

Name .....

Signature .....

Date ... / ..... / 20....

\* Student is requested to hand in the form to Medical Education Coordination Office secretariat at the end of each internship program

\*\* Program Coordinator is requested to fill in the items mentioned under "A" up to "F" and signature the form

\*\*\* This form should be fulfilled in an internship period for each department in the middle and at the end of the program. If a student has an insufficient level from any of A,B,C,D part of the 1st observation a follow up should be done until the 2<sup>nd</sup> observation. If a student is insufficient from both observations he/she will be failed.

† Sufficient means that a student performed at least 60% of the expected performance from A,B,C and D parts separately .

## Contacts

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Department Name	Head of the Department	e-mail	GSM No
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Program Name	Program Coordinator	e-mail	GSM No
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## Hospitals

ATAKENT (HALKALI) HASTANESİ	0 (212) 404 44 44
MASLAK HASTANESİ	0 (212) 304 4444
BAKIRKÖY HASTANESİ	0 (212) 414 4444
BEŞİKTAŞ (FULYA) HASTANESİ	0 (212) 306 4444
KOZYATAĞI HASTANESİ	0 (216) 571 4444
INTERNATIONAL HOSPITAL	0 (212) 468 4444
KADIKÖY HASTANESİ	0 (216) 544 4444
ALTUNIZADE HASTANESİ	0 (216) 649 4444





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