

**YEDITEPE UNIVERSITY FACULTY OF MEDICINE ..... INTERNSHIP PROGRAM**  
**INTERN DOCTOR PRACTICE LOGBOOK**

*"Intern Doctor Practice Logbook" must be submitted to the supervising faculty member on the last day of the internship.*

Student's Name Surname:	
Student ID:	
Submission Date:	

**1. Participation in Educational Activities**

\* → Minimum number of educational activities that the student must participate in, as determined by the Department Internship Committee within the facilities of the clinic

\*\* → Explanations indicating where, how, and with which standards Educational Activities should be carried out.

1.1. Seminar Presentation	Topic	Date and Approval
*Required Number:		
	**Explanations:	

1.2. Attendance to Faculty Member Seminars	Topic	Presenting Faculty Member	Date and Approval
*Required Number:			
	**Explanations:		

1.3. Attendance to Intern Doctor Seminars	Topic	Presenting Intern Doctor	Date and Approval
*Required Number:			
	**Explanations:		

1.4. Case Discussions	Topic	Supervising Faculty Member	Date and Approval
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*Required Number:			
**Explanations:			

*\*Intern Doctor's participation in Educational Activities cannot be below the specified minimum numbers.*

## 2. Performance of Basic Medical Practices

\* → Basic medical practices selected by the Department Internship Committee in accordance with the National Core Education Program (UCEP) 2020 and Internship Learning Objectives

\*\* → Minimum number of practices determined by the Department Internship Committee within the facilities of the clinic

\*\*\* → Learning level determined by the Department Internship Committee according to the Basic Medical Practices Learning Levels Table (included at the end of the logbook)

\*\*\*\* → Guidelines indicating in which clinical settings, for which cases, and at which difficulty levels the Basic Medical Practices should be performed

### 2.1. History Taking

<b>*2.1.1. :</b> <b>**Required Number:</b> <b>***Learning Level:</b>	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
****Explanations:			

### 2.2. General and Problem-Oriented Physical Examination

<b>*2.2.1. :</b> <b>**Required Number:</b> <b>***Learning Level:</b>	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
****Explanations:			

**2.3. Record Keeping, Reporting and Notification**

<b>*2.3.1. :</b> <b>**Required Number:</b> <b>***Learning Level:</b>	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
	****Explanations:		

**2.4. Laboratory Tests and Related Procedures**

<b>*2.4.1. :</b> <b>**Required Number:</b> <b>***Learning Level:</b>	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
	****Explanations:		

**2.5. Invasive and Non-invasive Procedures**

<b>*2.5.1. :</b> <b>**Required Number:</b> <b>***Learning Level:</b>	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
	****Explanations:		

*\*\*Intern Doctor's participation in Educational Activities cannot be below the specified minimum numbers.*

Basic Medical Practice Learning Levels	
Level	Description
1	Knows how the procedure is performed and explains the results to the patient and/or relatives
2	Performs the procedure according to guidelines/instructions in emergency situations
3	Performs the procedure* in uncomplicated, common situations/cases
4	Performs the procedure* including complex situations/cases
* Performs preliminary assessment/evaluation, creates necessary plans, implements, and informs patients and relatives/community about the process and results.	