

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

*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

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

2.2. General and Problem-Oriented Physical Examination

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

2.3. Record Keeping, Reporting and Notification

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

2.4. Laboratory Tests and Related Procedures

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

2.5. Invasive and Non-invasive Procedures

*2.5.1. : **Required Number: ***Learning Level:	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.*