YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE

PHASE VI

ACADEMIC PROGRAM BOOK

2026 - 2027

Student's;
Name : .....
Nr : .....

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE

PHASE VI

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YEDİTEPE UNIVERSITY FACULTY OF MEDICINE
AIM AND OUTCOMES OF MEDICAL EDUCATION PROGRAM

AIM

The aim of medical education program ***is to graduate physicians*** who

- ***are aware of*** the local and global health issues
- ***have acquired competence*** in knowledge, skills and attitudes to manage and provide primary health care service
- ***know***, ***apply*** and ***care*** for ethical principles of the medical profession
- **keep up with** *current knowledge at national and international level*
- ***are capable of*** systematical thinking
- **are** *investigative and questioning*
- continually ***renovate*** and ***improve*** themselves
- ***are capable of*** teamwork
- **use** *technology competently in medicine and related areas*
- **have** *effective communication skills*
- **have** community leadership qualificati

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PROGRAM OUTCOMES OF MEDICAL EDUCATION

YUTF - Undergraduate Medical Education Program was designed to provide our graduates with the competencies that are specified in the National Competencies List of medical graduates (UYYB).

UYYB is a national document that indicates the expected/required competencies of the students who are at the stage of graduating from Medical Schools in Turkey.

You can find UYYB from the link:
https://egitim.yok.gov.tr/documentFiles/17594056261.Mezuniyet%20%C3%96ncesi%20T%C4%B1p%20E%C4%9Fitimi%20-%20Ulusal%20%C3%87ekirdek%20E%C4%9Fitim%20Program%C4%B1%202020.pdf

COMPETENCE AREA-1 / Professional Practices
COMPETENCE 1.1. Health Service Provider
Competency 1.1.1. Integrates knowledge, skills, and attitudes acquired from basic and clinical medical sciences, behavioral sciences, and social sciences to provide health services.
Competency 1.1.2. Demonstrates a biopsychosocial approach that considers the individual's sociodemographic and sociocultural background without discrimination based on language, religion, race, or gender in patient management.
Competency 1.1.3. Prioritizes the protection and improvement of individuals' and community's health in the delivery of healthcare services.
Competency 1.1.4. Performs the necessary actions in the direction of maintaining and improving the state of health as considering the individual, social, social and environmental factors affecting health.
Competency 1.1.5. Provides health education to healthy/ill individuals and their families, as well as to other healthcare professionals, by recognizing the characteristics, needs, and expectations of the target audience.
Competency 1.1.6. Demonstrates a safe, rational, and effective approach in the processes of protection, diagnosis, treatment, follow-up, and rehabilitation in health service delivery.
Competency 1.1.7. Performs interventional and/or non- interventional procedures safely and effectively for the patient in the processes of diagnosis, treatment, follow-up, and rehabilitation.
Competency 1.1.8. Provides healthcare services considering patient and employee health and safety.
Competency 1.1.9. Considers changes related to the physical and socio-economic environment at both regional and global scales that affect health, as well as changes in the individual characteristics and behaviors of those who seek healthcare services.

COMPETENCE AREA-2 / Professional Values and Approaches
COMPETENCE 2.1. Adopting Professional Ethics and Principles
Competency 2.1.1. Considers good medical practices while performing the profession.
Competency 2.1.2. Fulfills duties and obligations within the framework of ethical principles, rights, and legal responsibilities required by the profession.
Competency 2.1.3. Demonstrates determined behavior in providing high-quality healthcare while considering the patient's integrity.
Competency 2.1.4. Evaluates own performance in professional practices by considering own emotions and cognitive characteristics.
COMPETENCE 2.2. Health Advocate
Competency 2.2.1. Advocates for the improvement of healthcare service delivery by considering the concepts of social accountability and social responsibility in the protection and enhancement of community health.
Competency 2.2.2. Plans and implements service delivery, education, and counseling processes related to individual and community health, in collaboration with all stakeholders, for the protection and improvement of health.
Competency 2.2.3. Evaluates the impact of health policies and practices on individual and community health indicators and advocates for the improvement of healthcare quality.
Competency 2.2.4. Gives importance to protecting and improving own physical, mental, and social health and takes necessary actions for it.
COMPETENCE 2.3. Leader-Manager
Competency 2.3.1. Demonstrates exemplary behavior and leadership within the healthcare team during service delivery.
Competency 2.3.2. Utilizes resources in a cost-effective, socially beneficial, and compliant manner with regulations in the planning, implementation, and evaluation processes of healthcare services as the manager in the healthcare institution.
COMPETENCE 2.4. Team Member
Competency 2.4.1. Communicates effectively within the healthcare team and takes on different team roles as necessary.
Competency 2.4.2. Displays appropriate behaviors while being aware of the duties and responsibilities of healthcare workers within the healthcare team.
Competency 2.4.3. Works collaboratively and effectively with colleagues and other professional groups in professional practice.
COMPETENCE 2.5. Communicator

Competency 2.5.1. Communicates effectively with patients, their families, healthcare professionals, and other occupational groups, institutions and organizations.
Competency 2.5.2. Communicates effectively with individuals and groups who require a special approach and have different sociocultural characteristics.
Competency 2.5.3. Demonstrates a patient-centered approach that involves the patient in decision-making mechanisms during the diagnosis, treatment, follow-up, and rehabilitation processes.
COMPETENCE AREA-3 / Professional and Personal Development
COMPETENCE 3.1. Scientific and Analytical Approach
Competency 3.1.1. Plans and implements scientific research, as necessary, for the population it serves, and utilizes the results obtained, as well as those from other research, for the benefit of the community.
Competency 3.1.2. Accesses and critically evaluates current literature related to their profession.
Competency 3.1.3. Applies evidence-based medicine principles in the clinical decision-making process.
Competency 3.1.4. Uses information technologies to enhance the effectiveness of healthcare, research, and education activities.
COMPETENCE 3.2. Lifelong Learner
Competency 3.2.1. Manages effectively individual study processes and career development.
Competency 3.2.2. Demonstrates skills in acquiring, evaluating, integrating new information with existing knowledge, applying to professional situations, and adapting to changing conditions throughout professional career.
Competency 3.2.3. Selects the right learning resources to improve the quality of health care and organizes the learning process.

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PHASE VI COORDINATION COMMITTEE
(TEACHING YEAR 2026– 2027)

Yaşar KÜÇÜKDALI Prof.Dr. (Coordinator)

Rukset ATTAR, MD. Prof.Dr. (Co-coordinator)

Naz Berfu AKBAŞ, MD. Assoc. Prof.Dr. (Co-coordinator)

Mehmet Akif ÖZTÜRK, Assoc. Prof. Dr(Co-coordinator)

Cem ŞİMŞEK, MD. Assist. Prof. Dr. (Co-coordinator)

Büşra NİZAM Assist. Prof. Dr. (Co-coordinator)

Alper KURT Assist. Prof. Dr. (Co-coordinator)

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DESCRIPTION OF PHASE VI

“Internship”; “performance under supervision”, “graduate equivalent competency performance/achievement”

CONTENT OF ACADEMIC YEAR

Internship Programs

EXECUTIVES OF THE ACADEMIC YEAR

Internal Medicine

Child Health and Pediatrics

Obstetrics and Gynecology

General Surgery / Emergency Medicine

Psychiatry

Family Medicine

Public Health

Elective

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AIM AND OBJECTIVES OF PHASE VI

The characteristic of the Phase 6 Program is its nature as a preparation period covering the entire medical faculty goals and objectives. The aim of the Phase 6 Program is to improve skills before medical licensing and under the condition of supervision such as clinical problem solving, evidence based approach in a framework of professional ethical principles and rules, as well as basic medical knowledge and skills.

At the end of this phase the student should be able to,

KNOWLEDGE

- determine medical problems accurately and develop solutions using his/her general medical knowledge

SKILLS

- obtain comprehensive medical history from the patient
- perform comprehensive physical examination
- prepare a seminar in accordance with the evidence based medicine principles and using the current scientific data
- use the presentation skills effectively
- evaluate scientific texts
- design scientific studies which can be conducted in primary care circumstances
- conduct scientific studies which can be carried out in primary care circumstances
- choose appropriate laboratory tests and imaging methods according to clinical condition and appropriate to primary care level
- develop laboratory results report
- interpret the results of the laboratory tests and imaging methods

ATTITUDE

- show effective communication skills in patient doctor relations
- show an attitude respectful to ethical principles
- adopt team work mentality in his/her relations with colleagues and other health staff
- show motivation and interest in profession

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PHASE VI

ACADEMIC CALENDAR
2026 – 2027

July 1, 2026 (Wednesday)	Beginning of Phase VI
July 1, 2026, Wednesday 08.30-09.00	Introduction of Phase VI
July 15, 2026 (Wednesday)	Democracy and National Day
August 30, 2026 (Sunday)	National Holiday
October 27, 2026 (Tuesday 15:00)	Coordination committee meeting
October 28-29, 2026 (Wednesday½ -Thursday)	Republic Day National Holiday
November 10, 2026 (Tuesday 09:00-12:00)	Commemoration of Atatürk
November 24, 2026 (Tuesday)	1st Progress Test (Online)
January 1, 2027 (Friday)	New year
January 11, 2027 (Tuesday 15:00)	Coordination committee meeting (with student participation)
March 8-11, 2027 (Monday½) March 9-11, 2027 (Tuesday -Thursday)	Ramadan Feast Holiday
March 14, 2027 (Sunday)	Physicians' Day
April 23, 2027 (Friday)	National Holiday
May 1, 2027 (Saturday)	Labor's day
May 11, 2027 (Tuesday 15:00)	Coordination committee meeting (with student participation)
May 15, 2027 (Saturday½) May 16-19, 2027 (Sunday -Wednesday)	Religious Holiday
May 19, 2027 (Wednesday)	National Holiday
May 25, 2027 (Tuesday)	2nd Progress Test (Online)
June 30, 2027 (Wednesday)	End of Phase
July 20, 2027 (Tuesday)	Coordination committee meeting

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INTERNSHIP PROGRAMS

INTERNAL MEDICINE	(9 weeks)
CHILD HEALTH AND PEDIATRICS	(9 weeks)
OBSTETRICS AND GYNECOLOGY	(9 weeks)
GENERAL SURGERY / EMERGENCY MEDICINE	(8 weeks)
PSYCHIATRY	(4 weeks)
FAMILY MEDICINE	(4 weeks)
PUBLIC HEALTH	(5 weeks)
ELECTIVE	(4 weeks)
TOTAL	(52 weeks)

YEDİTEPE UNIVERSITY
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PHASE VI
ACADEMIC SCHEDULE

2026-2027

2026-2027	GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5	GROUP 6
01.07. 2026 - 31.07.2026	Internal Medicine (Y.Ü.H.)	General Surgery / Emergency Medicine (Y.Ü.H.)	Obstetrics and Gynecology (Y.Ü.H.) (S.E.A.H)	Child Health and Pediatrics (Y.Ü.H.)	Public Health	Psychiatry (Y.Ü.H.)
01.08.2026- 31.08.2026					Family Medicine	Elective
09.07.2026 23.07.2026 06.08.2026 20.08.2026 08.09.2026 22.09.2026	Symptom Based learning session Conference Hall in Yeditepe University Hospital between 09.00- 16.00					
01.09. 2026 - 30.09.2026	Psychiatry (Y.Ü.H.)	Internal Medicine (Y.Ü.H.)	General Surgery / Emergency Medicine (Y.Ü.H.)	Obstetrics and Gynecology (Y.Ü.H.) (S.E.A.H)	Child Health and Pediatrics (Y.Ü.H.)	Public Health
01.10. 2026 - 31.10.2026	Elective					Family Medicine
01.11.2026- 30.11.2026	Public Health	Psychiatry (Y.Ü.H.)	Internal Medicine (Y.Ü.H.)	General Surgery / Emergency Medicine (Y.Ü.H.)	Obstetrics and Gynecology (Y.Ü.H.) (S.E.A.H)	Child Health and Pediatrics (Y.Ü.H.)
01.12. 2026 - 31.12.2026	Family Medicine	Elective				
01.01.2027- 31.01.2027	Child Health and Pediatrics (Y.Ü.H.)	Public Health	Psychiatry (Y.Ü.H.)	Internal Medicine (Y.Ü.H.)	General Surgery / Emergency Medicine (Y.Ü.H.)	Obstetrics and Gynecology (Y.Ü.H.) (S.E.A.H)
01.02.2027- 28.02.2027		Family Medicine	Elective			
01.03.2027- 31.03.2027	Obstetrics and Gynecology (Y.Ü.H.) (S.E.A.H)	Child Health and Pediatrics (Y.Ü.H.)	Public Health	Psychiatry (Y.Ü.H.)	Internal Medicine (Y.Ü.H.)	General Surgery / Emergency Medicine (Y.Ü.H.)
01.04.2027- 30.04.2027			Family Medicine	Elective		
01.05.2027- 31.05.2027	General Surgery / Emergency Medicine (Y.Ü.H.)	Obstetrics and Gynecology (Y.Ü.H.) (S.E.A.H)	Child Health and Pediatrics (Y.Ü.H.)	Public Health	Psychiatry (Y.Ü.H.)	Internal Medicine (Y.Ü.H.)
01.06.2027- 30.06.2027				Family Medicine	Elective	

S.E.A.H: SANCAKTEPE ŞEHİT PROF. DR. İLHAN VARANK TRAINING AND RESEARCH HOSPITAL
Y.Ü.H: YEDİTEPE UNIVERSITY HOSPITAL

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STUDENT-CENTRED, SYMPTOM-BASED LEARNING SESSIONS

The main aim of these sessions is to **practice an approach to differential diagnosis in a multidisciplinary manner**.

In each sessions a series of real cases presenting with the same symptom (usually 6-7 different cases for each symptom) will be discussed. The cases to be presented in each sessions will be from different departments (Internal Medicine, Surgery, Pediatrics, Obstetrics/Gynecology and others). Thus, the students will be able to see all possible causes/mechanisms for the related symptom in a multidisciplinary format.

The students are expected to find and present cases according to the yearly schedule. Each student will have to prepare and present at least one case during the whole course of the annual programme.

Students are expected to present the case with all relevant data, diagnostic tests, procedures and differential diagnosis. The students will be encouraged to see, take histores from, examine the patients and review the hospital files in preparation of the cases. The management/treatment of the cases will also be presented and discussed, although the main focus will be on differential diagnosis.

Each session will run for 3 hours (9.00-12.00) on the 4th Wednesday of each month .

The sessions will be presented in Kozyatagi Hospital, Conference Hall (2 nd. floor).

Each case will be presented and discussed in 20 minutes. The sesion will be concluded by a general discussion by participation of all students and faculty membrs from related departments.

Coordinator: Assoc.Prof.Dr M.Akif Öztürk

THE SCHEDULE

Symtoms	Time	DISEASES	DEPARTMENT	INTERN DOCTOR	FACULTY MEMBER
	09.00-09.05	Introduction			Assist. Prof. Dr. Cem Şimşek
change in consciousness 09 July, 2026 09.00-12.00	09.05-09.25	Sentral nerveus system infection	Infectious diseases		Assist. Prof. Dr. Cem Şimşek
	09.25-09.45	Hypoglycemia	Emergency department		Assist. Prof. Dr. Cem Şimşek
	09.45-10.05	Metabolic encephalopathie (Hepatic failure)	Emergency department		Assist. Prof. Dr. Cem Şimşek
	10.05-10.25	Hypercapnic respiratory failure	Emergency department		Assist. Prof. Dr. Cem Şimşek
	10.25-10.45	Coffee break			
	10.45-11.05	Intoxication	Emergency department		Assist. Prof. Dr. Cem Şimşek
	11.05-11.25	Serebrovasculary event	Emergency department		Assist. Prof. Dr. Cem Şimşek
	11-25 11.45	Sepsis	Emergency department		Assist. Prof. Dr. Cem Şimşek
	11.45-12.05	Discussion			Assist. Prof. Dr. Cem Şimşek
Acute Abdomen 09 July 2026 13.30- 16.35	13.30-13.35	Introduction			
	13.35-13.55	Acute appendicitis	General surgery		Prof.Dr Kinyas Kartal
	13.55-14.15	Acute Colesystitis	General surgery		Prof.Dr Kinyas Kartal
	14.15-14.35	Acute Pancreatitis	Gastroenterology		Prof.Dr Kinyas Kartal
	14.35-14.55	Acute diverticulitis	Internal Medicine		Prof.Dr Kinyas Kartal
	14.55-15.15	Coffee Break			
	15.15-15.35	Ileus	General surgery		Prof.Dr Kinyas Kartal
	15.35-15.55	Familial mediteranian fever	Internal Medicine		Prof.Dr Yaşar Küçükardalı
	15.55-16.15	Rupture of ovarian cyst	Gynecology		Asist.Prof. Dr. Mert Yeşiladalı
	16.15-16.35	Discussion			

Obstetric Emercencies 23 July 2026 09.00-12.00	09.00-09.05	Introduction			
	09.05-09.25	Ectopic pregnancy	Gynecology		Asist.Prof. Dr. Melis Gökçe Koçer Yazıcı
	09.25-09.45	Preeclampsi / Eclampsia	Gynecology		Asist.Prof. Dr. Melis Gökçe Koçer Yazıcı
	09.45-10.05	Post partum bleedind	Gynecology		Asist.Prof. Dr. Mert Yeşiladalı
	10.05-10.25	Uterin Rupture	Gynecology		Asist.Prof. Dr. Melis Gökçe Koçer Yazıcı
	10.25-10.45	Coffee Break			
	10.45-11.05	Abortus	Gynecology		Assist.Prof Mert Yeşiladalı
	11.05-11.25	Fatty Liver in Pregnant Women	Gastroenterology		Prof.Dr. Meltem Ergün
	11-25 11.45	Endocrynologic emergencies in Pregnant women	Endocriynology		Assoc Prof. Özlem Haliloğlu
	11.45-12.05	Discussion			
Fever (child, adult) 23 July 2026 13.30-16.35	13.30-13.35	Introduction			
	13.35-13.55	Sepsis	Internal Medicine		Prof.Dr. Yaşar Küçükardalı
	13.55-14.15	Urinary System infections	Internal Medicine		Prof.Dr. Yaşar Küçükardalı
	14.15-14.35	Divertikülit	Internal Medicine		Prof Dr Yaşar Küçükardalı
	14.35-14.55	Pneumonia	Internal Medicine		Prof.Dr. Yaşar Küçükardalı
	14.55-15.15	Fever of unknown origin	Internal Medicine		Prof.Dr. Yaşar Küçükardalı
	15.15-15.35	Upper Respiratory system infections	Pediatry		Prof.Dr. Emine Manolya Kara
	15.35-15.55	Lower Respiratory system infections	Pediatry		Prof.Dr. Emine Manolya Kara

	15.55-16.15	Kawasaki Diseases	Pediatry		Prof.Dr. Emine Manolya Kara
	16.15-16.35	Discussion			
GIS bleeding 06 August 2026 09.00-12.00	09.00-09.05	Introduction			
	09.05-09.25	Peptic ulcus	Gastroenterology		Prof.Dr. Meltem Ergün
	09.25-09.45	Diverticulary bleeding	Gastroenterology		Prof.Dr. Meltem Ergün
	09.45-10.05	Angiodisplasia	Gastroenterology		Prof.Dr. Meltem Ergün
	10.05-10.25	Eozinophilic proctocolitis	Gastroenterology		Prof.Dr Meltem Ergün
	10.25-10.45	Coffee Break			
	10.45-11.05	Gastric Malignancy	Gastroenterology		Prof.Dr.Meltem Ergün
	11.05-11.25	Varriseal bleeding	Gastroenterology		Prof.Dr.Meltem Ergün
	11-25 11.45	Colon carcinoma	Gastroenterology		Prof.Dr.Meltem Ergün
	11.45-12.05	Discussion			
Physchiatric Emercencies 06 August 2026 13.30-16.35	13.30-13.35	Introduction	Psychiatry		
	13.35-13.55	Suicide	Psychiatry		Prof.Dr Okan Taycan
	13.55-14.15	Substance İntoxication	Psychiatry		Prof.Dr Okan Taycan
	14.15-14.35	Delirium	Psychiatry		Prof.Dr Okan Taycan
	14.35-14.55	Panic Attack	Psychiatry		Prof.Dr Okan Taycan
	14.55-15.15	Coffee Break			
	15.15-15.35	Manic attack	Psychiatry		Prof.Dr Okan Taycan
	15.35-15.55	Grief Reaction	Psychiatry		Prof.Dr Okan Taycan

	15.55-16.15	Give Bad News	Psychiatry		Prof.Dr Okan Taycan
	16.15-16.35	Discussion			
Palliative Medicine 06 August 2026		Manegement of Sedation	Internal Medicine		Prof.Dr.Yaşar Küçükardalı
		Prophylactic Treatments	Internal Medicine		Prof.Dr.Yaşar Küçükardalı
Hypertension (child, adult) 20 August 2026 09.00-12.00	09.00-09.05	Introduction			
	09.05-09.25	Esential Hypertansion	Internal Medicine		Prof.Dr Yaşar Küçükardalı
	09.25-09.45	Hyperaldosteronizm	Endocrinology		Assoc.Prof Özlem Haliloğlu
	09.45-10.05	Feokromasitoma	Endocrinology		Assoc.Prof Özlem Haliloğlu
	10.05-10.25	Renal artery stenosis	Nephrology		Prof.Dr. Abdullah Özkök
	10.25-10.45	Coffee Break			
	10.45-11.05	Primary hypertension	Pediatry		Prof.Dr. Ruhan Düşünsel
	11.05-11.25	Renal Parancymal diseases related hypertension	Pediatry		Prof.Dr. Ruhan Düşünsel
	11-25 11.45	Renovascular Hypertension	Pediatry		Prof.Dr. Ruhan Düşünsel
	11.45-12.05	Discussion			
Palliative Medicine 20.August 2026		Manegement of comorbidities (Charlston risk index)	Internal Medicine		Assoc.Prof.Dr M.Akif Öztürk
		Manegement Constipation	Internal Medicine		Assoc.Prof.Dr M.Akif Öztürk
Diarrea (child, adult)	13.30-13.35	Introduction			

20 August 2026 13.30-16.35	13.35-13.55	İrritabl bowel syndrome	Internal Medicine		Prof.Dr Yaşar Küçükardalı
	13.55-14.15	İnflamatuar bowel diseases	Gastroenterology		Prof.Dr Meltem Ergün
	14.15-14.35	Salmonellosis	Infectious Diseases		Prof.Dr Özlem A lıcı
	14.35-14.55	Cl.Difficile İnfections	Gastroenterology		Prof.Dr Özlem Alıcı
	14.55-15.15	Coffee Break			
	15.15-15.35	Rota virus associated	Pediatry		Asist.Prof.Dr Burçin Yorgancı Kale
	15.35-15.55	Giardiasis associated	Pediatry		Asist.Prof.Dr Burçin Yorgancı Kale
	15.55-16.15	Toddlers Diarrea	Pediatry		Asist.Prof.Dr Burçin Yorgancı Kale
	16.15-16.35	Discussion			
Comprehensive Geriatric Assessment 20 August 2026		İmmunoprofilaxi of elderly population	Internal Medicine		Prof.Dr.Yaşar Küçükardalı
		Vertigo in elderly patients	Internal Medicine		Prof.Dr.Yaşar Küçükardalı
Dispnea 03 Sept 2026 09.00-12.00	09.00-09.05	Introduction			
	09.05-09.25	Pulmonary emboli	Pulmonology		Prof.Dr.Banu Salepçi
	09.25-09.45	Chronic obstructive Lung Diseases	Pulmonology		Prof.Dr.Banu Salepçi
	09.45-10.05	Pnemonia	Pulmonology		Prof.Dr.Banu Salepçi
	10.05-10.25	Asthma bronciale	Pulmonology		Prof.Dr.Banu Salepçi
	10.25-10.45	Coffee Break			

	10.45-11.05	Pneumothrax	Pulmonology		Prof.Dr.Banu Salepçi
	11.05-11.25	Pulmonary edema	Cardiology		Assoc. Prof. Dr. Ayca Türer Cabbar
	11-25 11.45	ARDS	Intensive care		Prof.Dr Yaşar Küçükardalı
	11.45-12.05	Discussion			
Comprehensive Geriatric Assessment 03 Sept 2026		Atipical presentation of common disorders in elderly patients	Internal Medicine		Assoc.Prof.Dr M.Akif Öztürk
		Evaluation of vision and hearing in the elderly	Internal Medicine		Assoc.Prof.Dr M.Akif Öztürk
Diabetes (child,adult) 03 Sept 2026 13.30-16.35	13.30-13.35	Introduction			
	13.35-13.55	Prediabetic patient	Endocrinology		Assoc.Prof.Dr Özlem Haliloğlu
	13.55-14.15	New diagnosed Type II Diabetic patient	Endocrinology		Assoc.Prof.Dr Özlem Haliloğlu
	14.15-14.35	Type 2 diabetic patient which oral therapy is insufficient	Endocrinology		Assoc.Prof.Dr Özlem Haliloğlu
	14.35-14.55	Gestasionel Diabetic patient	Endocrinology		Assoc.Prof.Dr Özlem Haliloğlu
	14.55-15.15	Coffee Break			
	15.15-15.35	Patient with diabetic ketoasidosis	Endocrinology		Assoc.Prof.Dr Özlem Haliloğlu
	15.35-15.55	Pediatric diabetic ketoasidosis	Pediatry		Assoc.Prof.Dr Elif Sağsak
	15.55-16.15	Type I Diabetes mellitus	Pediatry		Assoc.Prpf.Dr Elif Sağsak

	16.15-16.35				
General approach to neurologic symptoms 17 Sept 2026 09.00-12.00	09.00-09.05	Introduction			Asist.Prof.Dr. Rengin Bilgen Akdeniz
	09.05-09.25	convulsions	Neurology		Asist.Prof.Dr. Rengin Bilgen Akdeniz
	09.25-09.45	Brain Tumor (sec)	Neurology		Asist.Prof.Dr. Rengin Bilgen Akdeniz
	09.45-10.05	Head Trauma (sec)	Neurology		Asist.Prof.Dr. Rengin Bilgen Akdeniz
	10.05-10.25	Neuropathic Pain	Neurology		Asist.Prof.Dr. Rengin Bilgen Akdeniz
	10.25-10.45	Coffee Break			
	10.45-11.05	Demyelisane diseases	Neurology		Asist.Prof.Dr. Rengin Bilgen Akdeniz
	11.05-11.25	Paralysis	Neurology		Asist.Prof.Dr. Rengin Bilgen Akdeniz
	11-25 11.45	Headache	Internal Medicine		Asist.Prof.Dr. Rengin Bilgen Akdeniz
	11.45-12.05	Discussion	Neurology		Asist.Prof.Dr. Rengin Bilgen Akdeniz
Chest pain, Palpitation **17 Sep 2026** **13.30-16.35**	13.30-13.35	Introduction			Assoc.Prof.Dr. Ayça Türer Cabbar
	13.35-13.55	Myocardial infarction	Cardiology		Assoc.Prof.Dr. Ayça Türer Cabbar
	13.55-14.15	Aort dissection	Cardiology		Assoc.Prof.Dr. Ayça Türer Cabbar
	14.15-14.35	Diffuse esophagial spasm	Gastroenterology		Assoc.Prof.Dr. Ayça Türer Cabbar

	14.35-14.55	Reflux diseases	Gastroenterology		Prof.Dr Meltem Ergün
	14.55-15.15	Coffee Break			
	15.15-15.35	Pnemothrox	Pulmonology		Prof.Dr. Banu Salepçi
	15.35-15.55	Pulmonary embolism	Pulmonology		Prof.Dr. Banu Salepçi
	15.55-16.15	Tiets syndrome	Rheumotology		Prof.Dr. Müge Kalaycı
	16.15-16.35	Discussion			

SYMPTOM-BASED LEARNING SESSIONS

Learning Objectives

At the end of each session, the intern will be able to;

Change in consciousness	Describe the Change in consciousness Describe inıtial symptomatology of patient Describe physical findings Describe gold standart and other diagnostic methods Explain X Ray and CT findings Interpret Lab abnormalities Explain risk factors Explain therapeutic aproachment in relation with severity of the diseases Define indications for admission to the hospital
Limitation of joint motion (ROM)	Define Limitation of joint motion Explain physical examinations of patients with ROM List the Causes of ROM Describe how to take the history of a patient with ROM Interpret the physical examination signs in a patient with ROM Explain differential diagnosis to the etiology of ROM Choose necessary follow-up tests Manage the ROM emergencies Evaluate in which patients with ROM are required to refer specialist
Fatique	Define fatique Explain the causes of fatigue Make differential diagnosis Interpret diagnostic studies and tests Explain the first medical intervention in life-threatening fatique Refer the patient in time to a specialist Recognize and take precaution in cases that require emergency treatment
Upper gastrointestinal system bleeding	List the causes of Upper gastrointestinal system bleeding Choose etiology oriented tests that should be performed Evaluate when to ask for further scanning (gastroscopy , kolonoscopy X-ray, CT, MR) Discriminate the cases in which history taking is enough Interpret the Pain Scale Diagnosis and recognizes the life-threatening GIS bleeding Explain the treatment options for GIS bleeding After the first assessment differentiate the patient who needs to be referred to a specialist for further investigation (Surgery, gastroenterology
Anorexia	Define Anorexia Explain the causes of anorexia Define differential diagnosis List diagnostic studies and tests Can make symptomatic and avidence based treatment of puriritis Refer the patient to a specialist when necessary

Constipation	Define criterias of constipation Describe physical examination of constipated patient Explain causes of Constipatio Make differential diagnosis Perform and interpret the case –oriented tests Interpret a Chest X-ray Interpret a lab abnormalities Explain priorities of an emergency treatment Decide when to refer a patient to a specialist
Hemoragic diathesis	Define Hemoragic diathesis Describe physical examination of Hemoragic diathesis List diseases with present Hemoragic diathesis Make differential diagnosis List diagnostic tests Evaluate findings of the X Ray examinations Refer a patient to a specialist
Dispnea	Define criterias of Dispnea Explain the causes of Dispnea Make differential diagnosis Perform diagnostic studies and tests Recognize and manage life-threatening Dispnea Interpret an ECG Perform risk analysis of Dispnea Recognize and takes precaution in cases that require emergency treatment Refer a patient to a specialist in time
Splenomegaly	Define Splenomegaly Explain the causes of Splenomegaly Make differential diagnosis Perform the diagnostic tests and screenings Recognize the life-threatening Splenomegaly Ask for a surgery consultation in time Recognize and take precaution of the cases that require emergency treatment
Cyasosis	Define cyanosis Explain the causes of cyanosis Make differential diagnosis Evaluate the diagnostic tests and screenings Explain the first intervention in a life-threatening cyanosis Define a specific consultation in time Assess the physical examination of a patient
Chest pain	Define Chest pain Distinguish Types of Chest pain Explain causes of Chest pain Make differential diagnosis Perform diagnostic studies and tests Explain the first medical intervention in life-threatening Chest pain Refer the patient in time to a specialist Recognize and take precaution in cases that require emergency treatment

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE

PHASE VI

RECOMMENDED TEXTBOOKS FOR PHASE VI

NO	DEPARTMENT	TEXTBOOK/ SOURCE	EDITOR	PUBLISHER / ACCESS
1	INTERNAL MEDICINE	Harrison's Principles of Internal Medicine		
		Semiyoloji	Yaşar Küçükardalı, MD, Prof.	2013 Nobel Tıp Kitabevleri
		www.uptodate.com		University Knowledge Center
		www.accessmedicine.com		University Knowledge Center
2	PEDIATRICS	Nelson Textbook of Pediatrics		
3		Temel Pediatri		
4		www.uptodate.com		University Knowledge Center
5		ile www.accessmedicine.com		University Knowledge Center
6	GENERAL SURGERY AND EMERGENCY MEDICINE	Schwartz's Principles of Surgery, 10th edition		
		Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice, 19th edition Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8th Edition Rosen's Emergency Medicine: Concepts and Clinical Practice, 9th Edition www.uptodate.com www.clinicalkey.com		
7	OBSTETRICS & GYNECOLOGY	Current Obstetrics and Gynecology, Elsevier Publishing 2015		

PROGRESS TEST

Progress test (PT) is used to assess students on topics from all medical disciplines. As an assessment tool in medical education, the PT offers some distinctive characteristics that set it apart from other types of assessment. It is administered to all students in the medical program at the same time and at regular intervals (usually twice a year) throughout the entire academic program. The test samples the complete knowledge domain expected that a student to have on graduation, regardless of which grade the student is at. The scores provide beginning-to-end and curriculum-independent assessments of the objectives for the entire medical program. The purpose of the PT as a formative or summative test is variably used across institutions.

In YUTF, PT is applied according to the following principles and rules.

Purpose

- In YUTF, PT is used for formative purposes.
- PT is conducted to allow students to see their progress in knowledge levels throughout their medical education.

Obligation

- PT is mandatory for all students.

Frequency and Timing

- PT is performed twice a year.
- Each student will have received a total of 12 PTs by the end of the Phase 6.
- In a year; the first PT is done in the middle and the second PT is done at the end of the term.
- PT dates are announced by the Phase Coordinator.

Implementation

- PT is performed online via EYS.

Content

- PT consists of 200 multiple choice questions.
- 100 of them are related to the preclinical period and the rest 100 are related to the clinical period.
- The ratio of the questions to be asked according to the disciplines is announced to the students before PT.
- All students from 1st to 6th Phase are to answer the same questions.

Feedback

- A report is sent to each student after each PT.
- The report includes how many questions the student answered correctly in each discipline and their progress against the previous PT.
- Students can also view their ranking within their class and within the entire school.

Benefits

- PT gives students the opportunity to see their progress throughout their medical education.
- PT provides opportunities for students to prepare for other exams (Committee, Internship, TUS, USMLE, etc.).
- As questions are often enhanced with a real life problem, PT contributes to students' problem-solving skills. This question type is preferred in TUS, especially USMLE and other similar exams.

***Participation in the Progress Test (PT) is compulsory. Students who do not complete the PT will not be eligible to progress to the next phase.**

SPECIFIC SESSIONS

Introductory Session

Aim of the Session:

The session provides basic information about Yeditepe University Faculty of Medicine Undergraduate Medical Education Program (YUFM/UG-ME) and the educational phase relevant to the students. This session orients the students to the program and the phase.

Objectives of the Session:

1. To provide basic information about the YUFM/UG-ME
2. To provide basic information about the phase.
3. To provide essential information on social programs and facilities.

Rules of the Session:

1. The session will be held in two types, conducted by Phase Coordinator and Internship Coordinators, respectively.
2. The first type will be held once in the first week of the educational phase. The second type will be held at the beginning of each internship.
3. Students should attend the session.

Implementation of the Session:

In the first type, Phase Coordinator will present brief information on the following topics:

- Organizational Chart of Yeditepe University Faculty of Medicine Undergraduate Medical Education Program (YUFM/UG-ME), Work Descriptions and Introduction of Internship Members,
- Directives on YUFM/UG-ME,
- YUFM/UG-ME Program Outcomes
- Learning Objectives of the Phase
- Academic Program of the Phase
- Teaching and Learning Methods
- Learning Environments and Sources/Resources
- Attendance
- Assessment Criteria
- Pass/Fail Conditions
- Feedback of the Previous Years and Program Improvements
- Social Programs and Facilities

In the second type, Internship Coordinator will present brief information on the following topics:

- Learning Objectives of the Internship
- Academic Program of the Internship
- Teaching and Learning Methods
- Learning Environments and Sources/Resources, References
- Attendance
- Assessment Criteria
- Pass/Fail Conditions
- Feedback of the Previous Years and Program Improvements
- Social Programs and Facilities

Program Evaluation Session

Aim of the Session:

The aim of the session is to evaluate the internship educational program, with all its components, by the students and the internship coordinators. This session will contribute to the improvement of the curriculum in general by giving the opportunity to identify the strengths of the internship educational program and revealing the areas which need improvement.

Objectives of the Program Evaluation Session are to;

- establish a platform for oral feedbacks in addition to the systematically written feedback forms
- give the opportunity to the students and the coordinators to discuss the intership period face to face

Rules of the Program Evaluation Session:

1. The program evaluation session will be held on the last day of each internship program.

2. Students are required to attend the session.

3. The Internship coordinator will lead the session.

4. Students must comply with the feedback rules when they are giving verbal feedback and all participants shall abide by rules of professional ethics.

Program Improvement Session

Aim:
The aim of this session is sharing the program improvements based on the evaluation of the educational program data, with the students and the faculty members.

Objectives:
1. To share the improvements within educational program with the students and the faculty members.
2. To inform the students and the faculty members about the processes of the program improvement
3. To encourage student participation in the program improvement processes.

Rules:
1. Program improvements session will be implemented once a year. The implementation will be performed at the begining of the spring semester.
2. Students are required to attend the session.
3. The phase coordinator will monitor the session. If necessary the dean, vice deans and heads of the educational boards will attend to the session.
4. All faculty members will be invited to the session.

Implementation:
Before the Session
1. Phase coordinator will report the results of the improvements of the educational program.
2. The program improvements report has three parts. The first part of the report includes improvements that have been completed, and those that are currently in progress. The second part of the report includes, improvements that are planned in medium term, and the third part of the report includes, improvements that are planned in the long term.
3. The program improvements report also includes the program evaluation data (student feedbacks, faculty feedbacks, results of the educational boards meetings etc.) in use of improvements.

During the Session
4. The phase coordinator will present the program improvements report to the students and the faculty members.
5. Students can ask questions about, and discuss, the results of the program improvement.

Process

The total period of session is 30 minutes and has two parts. The first part (15 minutes) covers, presenting of the program improvement report. The second part (15 minutes) covers, students' questions and discussion.

After the Session
6. The program improvement brief will be published on the website of Yeditepe University Faculty of Medicine (http://med.yeditepe.edu.tr).

INDEPENDENT LEARNING

Description:

"Independent learning" is a process, a method and a philosophy of education in which a student acquires knowledge by his or her own efforts and develops the ability for inquiry and critical evaluation. It includes freedom of choice in determining one's learning objectives, within the limits of a given project or program and with the aid of a faculty adviser. It requires freedom of process to carry out the objectives, and it places increased educational responsibility on the student for the achieving of objectives and for the value of the goals (1).

Aim:

The aim of this instructional strategy is to develop the students' ability, to learn individually, so they are prepared for the classroom lessons, lectures, laboratory experiences and clinical practices, exams, professional life and have the abilities needed for lifelong learning.

Objectives:

With this instructional strategy, students will develop;

- the skills that will help them to learn independently.
- self-discipline in their work habits.
- their evidence based research skills by using reliable resources.
- their teamwork skills by studying together.
- their clinical skills as self-directed working in the clinical skills laboratory.

Rules:

1. All of the students will define independent learning process according to below algorithm.
2. All of the students will be required to fill out a form, which is a self-assessment form for the independent learning (methodology: timing, sources, strategy, etc.).
3. The students' academic performance and independent learning methodology will be analyzed comparatively, and feed-back on further improvements will be provided.

What a student should do for learning independently?

1. **Analyzing:** First you will need to analyze carefully, what your problems and weaknesses are. For example, if you are studying anatomy, is your weak area broadly upper limb, lower limb, or what?
2. **Addressing:** Once you've decided your specific problems, you can list them. Which one needs to be addressed urgently? Work out your priorities. Whatever your subject area is, don't be afraid to return to the basics if necessary. It may give you more confidence in the long run to ensure you have a proper understanding of basic concepts and techniques.
3. **Accessing:** If you need reliable information, or if you need to read about a subject and put it into context, a textbook may be the best place to start. However, the Internet may be helpful if you need very up-to-date information, specific facts, or an image or video etc. If you need an academic research article, reports or case studies for your topic, then a database (Pubmed etc.) would be the best option.
4. **Timing:** In the weekly syllabus you will see, a specific time called "independent learning hour" for your independent work. In addition to these hours, the students should also have their own time schedule for their study time at home.
5. **Planning:** Your next step will be to work out a realistic study-plan for your work. What goals could you literally set for yourself? Don't make them too ambitious but set minor goals or targets that you know you will be able to achieve without having to spend a very long time working on them. How many hours will you need to achieve them? How will you know when you've achieved them?
6. **Recording:** When you work independently, it's a good idea to keep a written record of the work you've done. This can help with further planning and also give a sense of achievement as well as provide something to include in a progress file. As time goes by you may surprise yourself with what you've been able to achieve. This could motivate you to keep going, as could increase your confidence, and even improve your results

7. **Reflecting:** Reflecting on what you've done can help you decide whether the activity was really effective, whether an alternative approach might be better on another occasion, whether you spent the right amount of time and whether you have achieved the target you'd set yourself.
8. **Improving:** Once you've achieved the target, the process of planning can start again. Your needs and priorities may have changed, so think about them and then set yourself to another target.

Reminder: For further information about the independent learning, please contact the Department of Medical Education.

Reference:

1. Candy, P. (1991) Self-direction for lifelong learning: a comprehensive guide to theory and practice. San Francisco: Jossey Bass.

For further reading useful resources to recommend to students:

- Burnapp, D. (2009). Getting Ahead as an International Student. London: Open University Press.
- Marshall, L. & Rowland, F. (1998) A Guide to learning independently. London: Open University Press.
- University of Southampton / UKCISA online resource 'Prepare for Success'

YEDİTEPE UNIVERSITY
FACULTY OF MEDICINE
PHASE VI

INTERNAL MEDICINE

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Elif Birtaş Ateşoğlu MD Prof Dr of Heamatology

Olcay Ozveren, MD. Prof.Dr of Cardiology

Yaşar Küçükardalı, MD. Prof.Dr of Internal Medicine, İntensive care

Meltem Ergün, MD. Prof.Dr of Gastroenterology

Cengiz Pata, Prof.Dr of Gastroenterology

Meral Sönmezoğlu, MD. Prof.Dr of Infectious Diseases

Banu Salepçi, MD. Prof.Dr of Pulmonology

Müge Bıçakçıgil Kalaycı, MD. Prof Dr of Rheumatology

Gülderen Yanıkkaya Demirel MD. Prof.Dr of Internal Medicine,

Immunology Olcay Özveren, MD. Prof.Dr of Cardiology

Bala Başak Öven ,MD ProfDr of Oncology

Figen Atalay MD Prof. Dr Oncology

Ozlem Haliloğlu, MD Assoc.Prof.Dr of Endocrinology

Ozlem Alıcı, MD Prof. Dr of Infectious Diseases

Serkan Çelik MD ,Prof.Dr of Oncology

Seha Akduman MD Asist. Prof Dr. of Pulmonology

Ayça Türer Cabbar MD Assoc Prof.Dr.of Cardiology

Mehmet Akif Özturk Assoc Prof.Dr of Internal Medicine

AIM AND OBJECTIVES OF PHASE VI

INTERNAL MEDICINE INTERNSHIP PROGRAM

AIM

The aim of the phase 6 Internal Medicine Program is to graduate medical doctors who have sufficient knowledge about the branches of internal medicine; cardiology, pulmonology, gastroenterology, infectious diseases, hematology, oncology and rheumatology; can manage internal medicine related health problems and perform the necessary preventive health care implementations in a primary care setting; display good communication skills, practice their profession following ethical principles, using up-to-date and evidence based scientific knowledge.

LEARNING OBJECTIVES

At the end of the Internal Medicine internship program the students should be able to;

KNOWLEDGE

• describe the complete physical examination of all organ systems
• analyze routine laboratory tests
• explain the charactheristics of more specific tests (eg. PET CT, ERCP, Capsule endoscopy..) and their usages
• decide about when to give the patient a sick leave report and the appropriate report duration

SKILLS

• take an adequate patient history
• perform masterly physical examination
• guide the patient for diagnose, treatment and follow up according to history, physical examination and laboratory tests
• perform successfully minimal invasive procedures like venepuncture, taking blood, paracentesis etc. used in diagnosis and treatment
• fill the patient records
• go through procedures of admitting and discharging patients
• reach and use medical literature other than classical textbooks
• treat the diseases that are commonly seen among adult in primary health care
• refer the patients whose diagnosis, treatment and follow-up cannot be managed by primary health care
• ask for consultation from other medical specialties
• manage well adult follow-up and vaccination
• counsel preventive health care issues
• work in accordance with the law and ethics
• communicate effectively with patients, patients relatives, colleagues and other healthcare personnel
• manage adult emergency cases
• perform anthropometric measures
• follow-up patients with chronic diseases
• guide the patients with chronic diseases
• perform resuscitation of adult
• keep records in regard to primary care according the official and legal requirements
• use the data processing system in the patient records
• search the literature
• use at least one foreign language to communicate with both the adult and families that do not speak Turkish

• know at least one foreign language to follow medical literature
• make presentations to his/her colleagues about the patients he/she has followed
• contribute scientific studies on medical literature
• refer the patients that cannot be managed in a primary healthcare unit to an upper healthcare center
• communicate with the patients' parents during examination, laboratory testing, consultation and treatment steps of the sick adult
• take informed consent from patients' parents and/or the patient
• communicate with his/her colleagues, patients and patients' parents

ATTITUDE

• dress and look physically appropriate as a medical doctor
• work in cooperation with other doctors, assisting health personnel in the hospital within certain limits and ethical principles
• display sufficient social skills when forming a patient-doctor relationship
• adopt a symptom-focused approach in history taking
• adopt an organ system focused approach in physical examination

NCC 2020 – Basic Medical Procedures INTERNAL MEDICINE	Performance Level
General and symptom-based history taking	4
Assessing mental status	4
Antropometric measurements	4
Head-Neck and ENT examination	4
Abdominal physical examination	4
Skin examination	3
General condition and vital signs assessment	4
Musculoskeletal system examination	3
Respiratory system examination	4
Cardiovascular system examination	4
Urologic examination	3
Preparing medical reports and notice	3
Preparing forensic report	4
Preparing epicrisis	4
Preparing patient file	4
Taking arterial blood gases	3
Ability to make geriatric evaluation	3
Obtaining informed consent	3
Writing prescription	4
Preparing treatment refusal form	3
Reading and evaluating direct radiographs	3
Taking and evaluating ECG	4
Measuring blood glucose level with glucometry	4
Measuring and assessing of bleeding time	3

Filling laboratory request form	4
Preperation and evaluation of peripheral blood smear	4
Performing full urine analysis (including microscopic examination) and evaluation	3
Interpretation of screening and diagnostic examination results	3
Rational drug use	3
Performing IM, IV, SC, ID injection	4
Urinary catheterization	3
Taking sample for culture	4
Nasogastric catheterization	4
Delivering oxygen and administering nebule-inhaler treatment	4
Performing gastric lavage	3
Enema administration	3
Evaluating pulmonary function tests	3
Establishing IV line	4
Measuring blood pressure	4
Performing paracentesis	1
Perfoming and assessing pulse oxymetry	4
Providing basic life support	4
Providing immunization services	3
Periodical examination, chek-up (Cardiac risc assessment, adolescence counseling, tobacco counselling, cancer screening etc.)	4
Using and evaluating peak-flow meter	3

The 6th year training program begins with morning report between 09.00 and 09.30 a.m. held five days per week, provides an opportunity for residents to discuss challenging cases with the staff. At the end of this meeting, the first attendance of the day is made regularly. Intern medical students will attend outpatient clinics supervised by the psychiatrist in charge (specialists and senior assistant doctors) and are required for having a patient be examined and following patient evaluation to present the case they interviewed and examined by themselves in the teaching conferences. They also will be responsible to attend daily case presentations and daily review meetings, seminars, lectures, teaching rounds and case supervision submitted in the clinic.

At the end of the internship, evaluation of student performance will be based on overall clinical performance both in hospital and outpatient clinics, case papers, the attitudes toward patients, interest in internal medicine, participation in seminars, regular attendence at scientific meetings, lectures and caseconferences, the level of scientific and practical knowledge.

Upon program completion, student evaluation will be determined by assessing their overall clinical performance, consistent attendance at lectures and small group discussions, as well as their degree of scientific and practical knowledge. The overall score of the students will be graded as either; Pass; or; Fail.

Internal Medicine
Phase VI Week I
Introduction to Internal Medicine 1st Group: 01 July 2026, 2nd Group 01 Sep 2026, 3rd Group 01 Nov 2026, 4th Group 01Jan 2027,

5th Group 01 Mar 2027, 6th Group 01 May 2027

	Day 1	Day 2	Day 3	Day 4	Day 5
08.30- 09.00	**Introductory Session Introduction to Phase VI Yaşar Küçükardalı Kozyatağı /Conference Hall**	Clinical Experience (Inpatient)	Multi-disciplinary Case Discussion Conference Hall Kozyatağı	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
09.30-10.00	**Introductory Session** (Introduction to Internal Medicine) *Mehmet Akif Ozturk*	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
10.00-12.00	Clinical Experience (Outpatient)				
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-13.15	**Journal Club 2**	**Independent Learning**	**Independent Learning**	**Seminar Presentations (Student)**	**Independent Learning**
13.15- 16.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00-17.50					

Internal Medicine
Phase VI Week II and IV

	Day 1	Day 2	Day 3	Day 4	Day 5
08.30- 09.00	Ward Round	Ward Round	Multi-disciplinary Case Discussion Conference Hall Kozyatağı	Ward Round	Ward Round
09.00-12.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI) II.WEEK	Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI) (Between July and October)	Clinical Experience (Outpatient)
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-13.15	**Week II Case Report** **Week III Seminary**			Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI) (Between July and October)	
13.15- 16.00-	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI) (Between July and October)	Clinical Experience (Outpatient)
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00-17.50					

Internal Medicine
Phase V Week III,IV

	Day 1	Day 2	Day 3	Day 4	Day 5
08.30- 09.00	Ward Round	Ward Round	Multi-disciplinary Case Discussion Conference Hall Kozyatağı	Ward Round	Ward Round
09.00-12.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-13.15	**Journal Club**			**Seminar Presentations (Student)**	
13.15- 16.00-	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00-17.50					

Internal Medicine
Phase VI Week VI, VIII

	Day 1	Day 2	Day 3	Day 4	Day 5
08.30- 09.00	Ward Round	Ward Round	Multi-disciplinary Case Discussion Conference Hall Kozyatağı	Ward Round	Ward Round
09.00-12.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI) VI. week	Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI) (Between July and October)	Clinical Experience (Outpatient)
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-13.15	**Week V Case Report** **Week VI Seminary** **Week VII Jounal Club**			Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI) (Between July and October)	
13.15- 16.00-	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI) (Between July and October)	Clinical Experience (Outpatient)
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00-17.50					

Internal Medicine
Phase VI Week VII

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	Ward Round	Ward round	Multi-disciplinary Case Discussion Conference Hall Kozyatağı	Ward Round	Ward Round
09.00-12.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
12.00-12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-13.15	**Journal Club**			**Seminar Presentations student**	
13.15-16.00-	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	**Program Evaluation Session** Review of the learning aims, Evaluation of the Course Program *Head of Internal Medicine*
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**

1 General seminar (all groups: All phase VI groups will attend Kozyatağı Hospital 2. Floor, conference hall. It is mandatory
2 Journal club: to attend literature discussion which will be presented by internal medicine residents working in internal medicine department Hospital 2. Floor, conference hall
3 Case report: to attend discussion which will present by asistant doctor working internal medicine department Hospital 2. Floor, conference hall
4 Seminary: to attend seminary which will present by asistant doctor working internal medicine department Hospital 2. Floor, conference hall
5 Lecture: to attend lectures given by the academician working at internal medicine, Hospital 2. Floor meeting room
6 Presentations Students will make a presentation which given them by academician on 20 minute duration. Kozyatağı Hospital 2nd Floor, conference hall, All internship groups should follow these presentations. It is Mandatory.

INTERNAL MEDICINE INTERNSHIP PROGRAM FOR 2026 - 2027

	KZ Da1	KZ Da2	KZ End	KZ Gst	KZ Rom	KZ Göğ	KZ İnf	KZ Ser	KŞ Onk1	KŞ Onk2	KŞ Hem	KŞ İnf	KŞ Nef	KŞ Da	KŞ Gst	KŞ Ser	KZ Kar
01.07. 2026 - 31.08. 2026																	
1-4 week	A1	A2	A3	A4	A5	A6	A7	A8	A9	A11	A10	A12	A13	A14	A15	A16	A17
09.7.2026 23.7.2026	Symtom based learning session Conference Hall in Yeditepe University Hospital between 09.00- 16.00																
5-8 week	A17	A16	A15	A14	A13	A12	A11	A9	A10	A8	A7	A6	A5	A4	A3	A2	A1
06.8.2026 20.8.2026	Symtom based learning session Conference Hall in Yeditepe University Hospital between 09.00- 16.00																
01.09. 2026- 31.10.2026																	
1-4 week	B1	B2	B3	B4	B5	B6	B7	B8	B9	B11	B10	B12	B13	B14	B15	B16	A17
03.9.2026 17.9.2026	Symtom based learning session Conference Hall in Yeditepe University Hospital between 09.00- 16.00																
5-8 week	B17	B16	B15	B14	B13	B12	B11	B9	B10	B8	B7	B6	B5	B4	B3	B2	B1
01.11.2026- 31.12.2026																	
1-4 week	C1	C2	C3	C4	C5	C6	C7	C8	C9	C11	C10	C12	C13	C14	C15	C16	C17
5-8 week	C17	C16	C15	C14	C13	C12	C11	C9	C10	C8	C7	C6	C5	C4	C3	C2	C1
01.01.2027 – 28.2.2027																	
1-4 week	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	D15		D16
5-8 week	D16	D15	D14	D13	D12	D11	D10	D9	D8	D7	D6	D5	D4	D3	D2		D1
01.03. 2027- 30.4.2027																	
1-4 week	E1	E2	E3	E4	E5	E6	E7	E8	E9	E10	E11	E12	E13	E14	E		E16
5-8 week	E16	E15	E14	E13	E12	E11	E10	E9	E8	E7	E6	E5	E4	E3	E2		E1
01.05. 2027 – 30.06.2027																	
1-4 week	F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	F13	F14	F15		F16
5-8 week	F16	F15	F14	F13	F12	F11	F10	F9	F8	F7	F6	F5	F4	F3	F2		F1

Group members with more than 17 numbers will be assigned before the internship.

Da1	KZ Kozyatağı Internal Medicine 1
Da2	KZ Kozyatağı Internal Medicine 2
End	KZ Kozyatağı Endocrinology
Gst	KZ Kozyatağı Gastroenterology
Rom	KZ Kozyatağı Romatology
Göğ	KZ Kozyatağı Pulmonology
İnf	KZ Kozyatağı Infectious Diseases
ser	KZ Kozyatağı inpatient / clinic
Onk1	KŞ Koşuyolu Oncology 1

Onk2	**KŞ Koşuyolu Oncology 2**
Hem	**KŞ Koşuyolu Hematology**
İnf	**KŞ Koşuyolu Infectious Diseases**
Nef	**KŞ Koşuyolu Nephrology**
Da	**KŞ Koşuyolu Internal Medicine**
Gst	**KŞ Koşuyolu Gastroenterology**
Ser	**KŞ Koşuyolu Inpatient / clinic**
Kar	**KZ Kozyatağı cardiology**

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE

PHASE VI

CHILD HEALTH and PEDIATRICS

Head of the Department of Child Health and Pediatrics:

Hülya Ercan Sarıçoban, MD. Prof. Of Pediatric Allergy and Immunology

Responsible of Course of Training: Elif Sağsak, MD Assoc. Prof.

Responsible of Course of Training: Çetin Timur, MD. Assist. Prof

Faculty:

Hülya Ercan Sarıçoban, MD, Prof.

Filiz Bakar, MD, Prof.

Ruhan Düşünsel, MD Prof, Lecturer

Haluk Topaloğlu, MD, Prof.

Emine Manolya Kara, MD, Prof.

İbrahim Bayram, MD, Prof, Lecturer

Elif Sağsak, MD Assoc. Prof.

Çetin Timur, MD. Assist. Prof

Mustafa Berber, MD. Assist. Prof.

Burçin Yorgancı, MD, Assist. Prof

Çiğdem Yanar Ayanoğlu, MD, Lecturer

Tülin Şimşek MD, Lecturer

Tuba Giray, MD, Lecturer

AIM AND OBJECTIVES OF PHASE VI

CHILD HEALTH AND PEDIATRICS INTERNSHIP PROGRAM

AIM

The aim of the phase 6 Pediatrics Program is to graduate medical doctors who are aware of the pediatric health priorities; can manage pediatric health problems and perform the necessary preventive health care implementations in a primary care setting; practice their profession following ethical principles, using up-to-date and evidence based scientific knowledge.

LEARNING OBJECTIVES

At the end of the pediatric internship program the students should be able to,

- plan the diagnostic process and treatment for childhood diseases
- treat the diseases that are commonly seen among children in primary health care
- refer the patients whose diagnosis, treatment and follow-up cannot be managed by primary health care
- ask for consultation from other medical specialties
- manage well child follow-up and vaccination
- counsel preventive health care issues
- keep up-to-date about the improvements in the field of Pediatrics
- work in accordance with the law and ethics
- communicate effectively with patients, patients relatives, colleagues and other healthcare personnel
- manage pediatric emergency cases
- take history from healthy and sick children
- perform physical examination
- make tests when necessary
- evaluate the results of laboratory and imaging tests make differential diagnosis and therapeutic approach
- follow-up growth and development in all age groups of pediatric patients
- perform anthropometric measures
- evaluate the results of the measurements comparing with the percentiles on growth charts
- counsel the family about nutrition and vaccination
- follow-up patients with chronic diseases
- guide the patients with chronic diseases
- perform resuscitation of newborn, infant and children
- keep records in regard to primary care according the official and legal requirements
- use the data processing system in the patient records
- follow up-to-date knowledge on Pediatrics
- search the literature

- use at least one foreign language to communicate with both the child and families that do not speak Turkish
- know at least one foreign language to follow medical literature
- make presentations to his/her colleagues about the patients he/she has followed
- contribute scientific studies on medical literature
- refer the patients that cannot be managed in a primary healthcare unit to an upper healthcare center
- communicate with the patients' parents during examination, laboratory testing, consultation and treatment steps of the sick child
- take informed consent from patients' parents and/or the patient
- communicate with his/her colleagues, patients and patients' parents
- counsel about all the preventive health services about children vaccination and nutrition being the utmost importance among them

ATTITUDE

- be conscious about importance of multidisciplinary working
- price the ethical and legal principles

The department defines the internship as an 2 months intensive clinical experience under the supervision and responsibility of a specialist. During the active clinical tasks, all interns will be working under the responsibility and supervision of the head of the department and the medical staff in charge. The head of the department is responsible for the attendance of the interns.

NCC 2020 – Basic Medical Procedures CHILD HEALTH and PEDIATRICS	Performance Level
General and symptom-based history taking	4
Antropometric measurements	4
Head-Neck and ENT examination	3
Abdominal physical examination	4
Consciousness assessment and mood state examination	4
Child and newborn examination	4
Skin examination	4
General condition and vital signs assessment	4
Cardiovascular system examination	4
Musculoskeletal system examination	3
Neurological examination	3
Respiratory system examination	4
Obtaining informed consent	3
Preparing epicrisis	4
Preparing patient file	4
Referring patient appropriately	3
Preparing death report	3
Preparing medical reports and notice	3

Writing prescription	4
Preparing treatment rejection paper	3
Application of principles of working with biologic material	4
Preparing stool smear and microscopic examination	3
Reading direct radiographs and assessment	4
Ability to take ECG and assessment	3
Fecal occult blood examination	2
Measuring blood glucose level with glucometry	4
Performing bleeding time measurement assessment	2
Filling laboratory request paper	4
Obtaining and transfer laboratory specimens in appropriate conditions	4
Using microscope	4
Health at different stages of life (pregnancy, birth,puerperium, newborn, childhood, adolescence, adulthood, puberty)	4
Performing peripheral smear and assessment	4
Performing full urine analysis (including microscopic examination) and assessment	3
Rational drug use	3
Following child growth and development (Percentile graphics, Tanner classification)	4
Establishing IV line	3
Hand washing	4
Obtaining biological samples from patient	4
Performing IM, IV, SC, ID injection	4
Urinary catheterization	3
Measuring blood pressure	4
Performing blood transfusion	3
Capillary blood sampling	4
Obtaining sample for culture	4
Performing lomber puncture	1
Nasogastric catheterization	2
Delivering oxygen and administering nebule-inhaler treatment	2
Administering oral, rectal, vaginal and topical medicines	4
Performing paracentesis	1
Performing PPD test	4
Perfoming and assessing pulse oxymetry	2
Providing appropriate cold chain protection and transportation	4
Assesing respiratory function tests	3
Drawing a family tree and referring the patient for genetic counseling when necessary	1
Performing suprapubic bladder aspiration	2
Providing basic life support	3
Taking heel blood sample	4

The 6th year training program begins with morning report between 09.00 and 09.30 a.m. held five days per week, provides an opportunity for residents to discuss challenging cases with the staff. At the end of this meeting, the first attendance of the day is made regularly. Intern medical students will attend outpatient clinics supervised by the psychiatrist in charge (specialists and senior assistant doctors) and are required for having a patient be examined and following patient evaluation to present the case they interviewed and examined by themselves in the teaching conferences. They also will be responsible to attend daily case presentations and daily review meetings, seminars, lectures, teaching rounds and case supervision submitted in the clinic.

At the end of the internship, evaluation of student performance will be based on overall clinical performance both in hospital and outpatient clinics, case papers, the attitudes toward patients, interest in child health and pediatrics participation in seminars, regular attendence at scientific meetings, lectures and caseconferences, the level of scientific and practical knowledge.

Practical and Theoretical Education

Working hours are from 08.30 to 16.30. Training of interns is carried out as shown in the schedule. Every intern is responsible to take part in each task of 3 or 5 of patients assigned to him/her. Obtaining an accurate history of the patient (anamnesis), physical examination, preparing the patient's file, organization of the laboratory and radiological examinations, preparing the schedule of treatment, presentation of the patients during case studies and lectures, and to summarize the important aspects of the history, physical exam and supporting lab tests and formulate a differential diagnosis as well as a plan of action that addresses both the diagnostic and therapeutic approach to the patient's problems are the important mile-stones of the daily tasks. Intern students of the pediatrics have to be on duty in clinics and/or emergency 3-days a week. The interns on duty, which are working under the responsibility and supervision of the physicians and specialist, are the first person in providing the medical aid and personal wishes of the inpatients. Intern medical students on duty are free in the following afternoon. The interns working in the outpatient clinics have clinical responsibilities, including medication and follow-up the patients.

Each student should prepare and present at least one seminar during his/her internship.

Following the internship period, evaluation of the performance will be based on overall clinical performance both in outpatient clinics and in hospital, sharing clinical responsibilities, laboratory and field-work skills, the attitudes toward patients, interaction with other interns and physicians, regular attendance at medical meetings, lectures and case studies, performance of the basic administrative and organizational skills involved in day-to-day medical care. Rating of students recorded with required projects and will be performed as "passed" or "failed" with an overall evaluation score of 100.

Upon program completion, student evaluation will be determined by assessing their overall clinical performance, consistent attendance at lectures and small group discussions, as well as their degree of scientific and practical knowledge. The overall score of the students will be graded as either; Pass; or; Fail.

CHILD HEALTH AND PEDIATRICS (CHP)

Phase VI Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.50	**Morning round** *Clinic visit* *F. Bakar,* *H.Topaloğlu,* *R.Düşünsel ,* *H. Sarıçoban,* *E.Kara,* *İ.Bayram,* *E.Sağsak,* *Ç. Timur,* *M. Berber,* *B.Yorgancı* *Ç. Ayanoğlu,* *T. Şimşek,T.Giray*	**Morning round** **Grand visit 09-10:00** *Clinic visit* *F. Bakar,* *H.Topaloğlu,* *R.Düşünsel ,* *H. Sarıçoban,* *E.Kara,* *İ.Bayram,* *E.Sağsak,* *Ç. Timur,* *M. Berber,* *B.Yorgancı* *Ç. Ayanoğlu,* *T. Şimşek,T.Giray*	**Morning round** *Clinic visit* *F. Bakar,* *H.Topaloğlu,* *R.Düşünsel ,* *H. Sarıçoban,* *E.Kara,* *İ.Bayram,* *E.Sağsak,* *Ç. Timur,* *M. Berber,* *B.Yorgancı* *Ç. Ayanoğlu,* *T. Şimşek,T.Giray*	**Morning round** *Clinic visit* *F. Bakar,* *H.Topaloğlu,* *R.Düşünsel ,* *H. Sarıçoban,* *E.Kara,* *İ.Bayram,* *E.Sağsak,* *Ç. Timur,* *M. Berber,* *B.Yorgancı* *Ç. Ayanoğlu,* *T. Şimşek,T.Giray*	**Morning round** **Grand visit 09-10:00** *Clinic visit* *F. Bakar,* *H.Topaloğlu,* *R.Düşünsel ,* *H. Sarıçoban,* *E.Kara,* *İ.Bayram,* *E.Sağsak,* *Ç. Timur,* *M. Berber,* *B.Yorgancı* *Ç. Ayanoğlu,* *T. Şimşek,T.Giray*
10.00- 10.50	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Weekly Lecture**	**10-12.00** **Case Discussion**
11.00- 11.50	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	
12.00- 12.50	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
13.00-15.00	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Journal Club** Discussion of an Update Fulltext Article *Interns* **Lecture and Discussion** Update of Clinical Pediatrics Kozyatağı:13-14:00 Koşuyolu 14:00-15:00	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation	**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation
15-17.00		**Clinical Experience** Policlinics in Rotation Pediatrics Ward in Rotation			
17-18:00	**Inpatient Visit**	**Inpatient Visit**	**Inpatient Visit**	**Inpatient Visit**	**Inpatient Visit**
18.00-24.00	**Night shift**	**Night shift**	**Night shift**	**Night shift**	**Night shift**

	Koşuyolu Hospital				Kozyatağı Hospital			
	GP-R	NE	HO	IE-N	GP	NE	AI	IE
1st Week	General Pediatrics- Rheumatology				Allergy-Immunology			
2nd Week	General Pediatrics- Rheumatology				Allergy-Immunology			
3rd Week	Hemato-Oncology,				Neonatology			
4th Week	Hemato-Oncology,				Neonatology			
5th Week	Infectious Diseases, Endocrinology-Neurology				General Pediatrics			
6th Week	Infectious Diseases, Endocrinology-Neurology				General Pediatrics			
7th Week	Neonatology				Infectious Diseases			
8th Week	Neonatology				Infectious Diseases			

Groups; AI; Allergy-Immunology, GP; General Pediatrics, GP-R; General Pediatrics-Rheumatology, HO; Hemato-Oncology, IE; Infectious Diseases, Endocrinology, IE-N; Infectious Diseases, Endocrinology-Neurology, NE; Neonatology,

2026 - 2027 Intern Working Schedule in Pediatrics

Weeks	Group 4	Group 5	Group 6	Group 1	Group 2	Group 3
1st - 2nd	01.07.2026-15.07.2026	01.09.2026-15.09.2026	01.11.2026-15.11.2026	01.01.2027-15.01.2027	01.03.2027-15.03.2027	01.05.2027-15.05.2027
3rd - 4th	16.07.2026-30.07.2026	16.09.2026-30.09.2026	16.11.2026-30.11.2026	16.01.2027-31.01.2027	16.03.2027-31.03.2027	16.05.2027-31.05.2027
5th - 6th	31.07.2026-17.08.2026	01.10.2026-15.10.2026	01.12.2026-15.12.2026	01.02.2027-15.02.2027	01.04.2027-15.04.2027	01.06.2027-15.06.2027
7th - 8th	18.08.2026-31.08.2026	16.10.2026-31.10.2026	16.12.2026-31.12.2026	16.02.2027-28.02.2027	16.04.2027-30.04.2027	16.06.2027-30.06.2027

- Intern doctors should be on time at 09:00 a.m in the morning in clinics and should prepare their own patients to present to those who are in charge of it.
- In the morning from 10:00 to 12:00 the Pediatric Trainers will organise a training inpatient visit or case-based learning session that is organised weekly.
- During the internship every evening one intern student will stay from 17.00 to 24.00 on duty.

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE

PHASE VI

OBSTETRICS and GYNECOLOGY

Head of the Obstetrics and Gynecology Department: Erkut Attar, MD., PhD, Prof.

Responsible of Course of Training: Rukset Attar, MD., PhD, Prof.

Faculty:

Erkut Attar, MD., PhD, Prof.

Orhan Ünal, MD. Prof.

Rukset Attar, MD., PhD, Prof.

Mustafa Başbuğ, MD. Prof.

Mert Yeşiladalı, MD.

Melis Gökçe Koçer Yazicı, MD.

Zeki Salar, MD

Zeynep Ece Utkan Korun, MD

SANCAKTEPE ŞEHİT PROFESÖR İLHAN VARANK TRAINING AND RESEARCH HOSPITAL
Head of Department of Obstetrics and Gynecology:

Ahmet Kale, MD. Prof.

Responsible of Course of Training: Ahmet Kale, MD. Prof.

AIM AND OBJECTIVES OF PHASE VI
OBSTETRICS AND GYNECOLOGY INTERNSHIP PROGRAM

AIM

The aim of the phase 6 Obstetrics and Gynecology Program is to graduate doctors who are aware of the obstetric and gynecological health priorities; can manage obstetric and gynecological health problems and perform the necessary preventive health care implementations in a primary care setting; practice their profession following ethical principles, using up-to-date and evidence based scientific knowledge, show good communication skills.

LEARNING OBJECTIVES

At the end of this program the student should be able to;

- list contraceptive methods, help the patient for appropriate method selection
- perform the right method in the direction of patient's will and necessity
- diagnose pregnancy, follow-up until birth; in routine pregnancy controls order the right tests and evaluate the results
- perform Non-stress test (NST) and evaluate the result
- do differential diagnosis of Hyperemesis Gravidarum and diagnose
- diagnose the high-risk situations during pregnancy like gestational diabetes, multiple pregnancy, ectopic pregnancy; explain the emergency and importance of the situation to patients' relatives; organize and refer the patient
- list the risk factors of obstetric emergencies like pre-eclampsia, eclampsia, antenatal bleeding, postpartum bleeding; in these situations he/she should be able to perform the first aid and transport the patient
- diagnose, list the causes and lead the patient for gynecological situations like amenorrhea, menopause, abnormal uterine bleeding, postmenopausal bleeding
- list the causes of sexually transmitted diseases (STD)
- inform the patient about protection and prophylaxis methods for STD's, order diagnostic tests and perform the appropriate treatment
- list the risk factors of gynecological cancers
- perform cervical smear, evaluate the result and lead the patient for treatment
- communicate effectively with patients, patients' relatives, colleagues and other health staff
- obtain informed consent when necessary

NCC 2020 – Essential Medical Procedures (Obstetrics and Gynecology)	Performance Level
Examination of pregnant woman	3
Gynecologic examination	3
Obtaining informed consent	4
Preparing epicrisis	4
Preparing patient file	4
Writing prescription	4
Preparing treatment refusal form	4
Providing care to mother after delivery	3
Performing episiotomy and suturing	2
Following pregnant and puerperant woman	3
Managing spontaneous delivery	2
Obtaining servical and vaginal smear sample	3

ROTATIONS

One Month Yeditepe University Hospital, Department of Obstetrics and Gynecology

One Month Sancaktepe Şehit Profesör İlhan Varank Training And Research Hospital, Department of Obstetrics and Gynecology

The students will build upon knowledge and abilities for the following skills acquired during the rotation; in addition to the general medical history, the student will demonstrate an ability to obtain and understand the basic elements of reproductive history taking, in addition to the general medical physical examination, the student will demonstrate the appropriate sensitivity and skills necessary to perform a physical examination in pregnant or non-pregnant patients. At the end of the program the students should be able to; coordinate normal delivery situation, and perform episiotomy, pre-, peri-, and post-natal care. Because of the importance of the sensitivity and intim nature of the gynecologic patient's history and physical examination, the students should gain specific skills at the end of the rotation.

Each student should attend to the weekly performed scientific seminars.

Daily work schedule of the students starts at 08:30. In this shift work, students should work with their designated supervisor during all the time. Students should evaluate pre-natal and post-natal patients by taking their anamnesis, medical histories and performing physical examinations, along with laboratory investigations, and consultations. During the training period each student is required to deliver at least 15 babies.

The attendance to the work time is strictly required for both in faculty and related hospitals.

Every student should obey the working conditions and rules of each related hospital. Students who do not obey these requirements and resist against the routine disciplinary order will be expelled from the program along with a report to the Dean of the Medical Faculty.

For each student "An Intern Evaluation Form" will be designed.

At the end of the training program students will be also evaluated as "successful / unsucecessful" according to their attendance.

At the end of their training the students will be evaluated and graded according to their antenatal, prenatal, delivery numbers, laboratory, and patient-care skills along with their theoretical knowledge. The grading will be done as "passed" or "failed" with an overall evaluation score of 100.

ROTATIONS:

(for every groups)

One month (YUH) Yeditepe University Hospital, Department of Obstetrics and Gynecology

One month (SSPIVTRH) Sancaktepe Şehit Profesör İlhan Varank Training and Research Hospital

Obstetrics and Gynecology
Phase VI Week I

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	Introductory Session (Introduction Obstetrics and Gynecology	Clinical Experience (Inpatient)	Multi-disciplinary Case Discussion All Groups (I-VI) Conference Hall, Kozyatağı	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
09.00-12.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
12.00-13.15	Lunch	Lunch	Lunch	Lunch	Lunch
13.15-16.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
16.00- 16.50	Independent Learning	Independent Learning	Independent Learning	Independent Learning	Independent Learning
17.00-17.50					

Obstetrics and Gynecology
Phase VI Week II - III

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Multi-Disciplinary Case Discussion All Groups (I-VI) Conference Hall, Kozyatağı	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
09.00-12.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
12.00- 13.15	Lunch	Lunch	Lunch	Lunch	Lunch
13.15- 16.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
16.00- 16.50	Independent Learning	Independent Learning	Independent Learning	Independent Learning	Independent Learning
17.00-17.50					

Obstetrics and Gynecology
Phase VI Week IV

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	**Multi-Disciplinary Case Discussion All Groups (I-VI) Conference Hall, Kozyatağı**	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
09.00- 12.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Student-Centred, Symptom-Based Learning Session Conference Hall All Groups (I-VI)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
12.00- 13.15	Lunch	Lunch	Lunch	Lunch	Lunch
13.15- 16.00	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	**Program Evaluation Session** Review of the learning aims , Evaluation of the Course Program ***Head of* Obstetrics and Gynecology**
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00- 17.50					

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE
PHASE VI

GENERAL SURGERY / EMERGENCY MEDICINE

Head of the Department of General Surgery: Özcan Gökçe, MD. Prof.

Responsible of Course of Training : Alper Kurt, MD. Assist.Prof.

Faculty:

Özcan Gökçe MD. Prof

Neşet Köksal MD. Prof

Erhan Ayşan MD. Prof

Kinyas Kartal MD. Assoc. Prof

Veysel Umman MD. Assoc. Prof

Alper Kurt MD. Assist. Prof

Ali Ediz Kıvanç MD. General Surgery Sepcialist

İnan Yılmaz MD. General Surgery Specialist

Head of the Department of Emergency Medicine: Sezgin Sarıkaya, MD. Prof.

Feridun Çelikmen, MD. Assist. Prof.

Mustafa Yazıcıoğlu, MD. Assist. Prof.

Cem Şimşek, MD. Assist. Prof.

Emin Gökhan Gencer, MD. Assist. Prof.

Merve Ekşioğlu, MD. Assist. Prof.

Deniz Algedik Gürsoy, MD, Emergency Med. Specialist

Eren Gökdağ, MD. Emergency Med. Specialist

AIM AND OBJECTIVES OF PHASE VI

GENERAL SURGERY /EMERGENCY MEDICINE INTERNSHIP PROGRAM

AIM

The aim of the General Surgery and Emergency Medicine internship is to graduate doctors who can manage the diseases of digestive system, endocrine system, mammary and emergency surgery as well as wound care and organ transport cases in primary health care settings, when necessary can also consult the patient with other branches and organize the theraphy and/or follow-up, can refer the patient to upper healthcare facilities providing appropriate transporting conditions.And also who can manage with all types of critical patients including arrest patients and who have chest pain, shortness of breath , any kind of trauma and hypotension .

LEARNING OBJECTIVES

In the end of the General Surgery and Emergency Medicine internship program the students should be able to;

KNOWLEDGE

- consider the expectations of those who provide or receive care in the ED and use communication methods that minimize the potential for stress, conflict, and miscommunication
- synthesize chief complaint, history, physical examination, and available medical information to develop a differential diagnosis
- based on all of the available data, narrow and prioritize the list of weighted differential diagnoses to determine appropriate management
- demonstrate clear and concise documentation that describes medical decision- making, ED course, and supports the development of the clinical impression and management plan
- use diagnostic testing based on the pre-test probability of disease and the likelihood of test results altering management

SKILLS

- perform basic and advanced airway procedures, basic life support
- perform advanced cardiac and trauma life support for adults and children
- approach to a patient with chest pain/ abdominal pain /shortness of breath
- manage with a polytrauma patient
- differentiate the reasons of chest pain and treat acute coronary syndromes
- explain the types of shock, manage with a shock patient, define the differentials, select the proper treatment
- define the rythm on ECG, approach to a patint with tachycardia/bradycardia
- explain the toxidromes and approach to an intoxicated patient
- explain the basic principles of disaster management
- arrange necessary consultation with physicians and other professionals when needed

ATTITUDE

- consider the expectations of those who provide or receive care in the ED and use communication methods that minimize the potential for stress, conflict, and miscommunication
- establish rapport with and demonstrate empathy toward patients and their families
- recognize and resolve interpersonal conflict in the emergency department including conflicts with patients and family
- rommunicate information to patients and families using verbal, nonverbal, written, and technological skills, and confirm understanding
- communicate risks, benefits, and alternatives to therapeutic interventions to patients and/or appropriate surrogates, and obtain consent when indicated

DESCRIPTION OF THE PROGRAM

The students who have been sent for 2 months rotation, work in outpatient, impatient clinics. Operation room and in other related services under the responsibilitiy of a surgeon. They also take responsibility of patient care and work actively like the residents of the related clinic.

A training program has been given to the students at the beginning of each week and they are expected to work with and assist the residents. During the rotation the students should have performed the following skills; taking history from the patient, analyzing laboratory tests, pre- and postoperative patient care, patient hospitalization/discharge, follow up. Each student should follow a definite number of beds. They are obligated to take care of their patients during the rotation.

Each intern doctor is expected to be on ward duty over night periodically. It is aimed to teach the student how to approach to the poly-traumatized patient and to the patient with acute surgical problems.

The students should attend to case presentations, seminars which are held in clinic.

At the end of the internship, evaluation of student performance will be based on overall clinical preformance both in hospital and outpatient clinics, case papers, the attitudes toward patients, interest in psychiatry, participation in seminars and overnight calls, regular attendance at scientific meetings, lectures and case conferences, the level of scientific and practical knowledge and consulting skills. Ratings of students recorded with required projects and will be performed as passed or failed with an overall evaluation score of 100.

NCC 2020 – Basic Medical Procedures (General Surgery)	**Performance Level**
General and symptom-based patient interview	4
Assessing mental status	4
Abdominal physical examination	4
Digital rectal examination	3
General condition and vital signs assessment	4
Breast and axillar region examination	3
Urological examination	3

Preparing forensic report	3
Obtaining informed consent	4
Preparing epicrisis	4
Preparing patient file	4
Preparing death certificate	3
Preparing medical reports and notice	3
Writing prescription	4
Preparing treatment refusal form	4
Reading direct radiographs and assessment	3
Measuring and assessing bleeding time	3
Filling laboratory request form	4
Interpretation of screening and diagnostic examination results	3
Definition and management of forensic cases	3
Bandaging and tourniquet application	4
Establishing IV line	3
Incision and drainage of skin and soft tissue abscess	4
Restriction and stopping external bleeding	3
Hand washing	4
Appropriate patient transportation	4
Performing IM, IV, SC, ID injection	3
Urinary catheterization	3
Assessing disease / trauma severity score	4
Measuring blood pressure	4
Performing blood transfusion	2
Obtaing sample for cultre	3
Enema administration	3
Nasogastric catheterization	3
Oral, rectal, vaginal and topical drug administration	3
Providing basic life support	4
Transfering amputated limb appropriate	4
Care for burns	3
Superficial suturing and removal of sutures	3

General Surgery
Phase VI Week I

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	**Introductory Session** Introduction to General Surgery	Clinical Experience (Inpatient)	Multi-disciplinary Case Discussion Conference Hall Kozyatağı	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
09.00-12.00	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Clinical Experience (Out patient)
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-13.15	Clinical Experience (Out patient)	Clinical Experience (Out patient)	**Independent Learning**	Clinical Experience (Out patient)	**Independent Learning**
13.15- 16.00-	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00-17.50					

General Surgery
Phase VI Week II-III

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Multi-disciplinary Case Discussion Conference Hall Kozyatağ	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
09.00-12.00	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Clinical Experience (Out patient)
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-13.15	Clinical Experience (Out patient)	Clinical Experience (Out patient)	**Independent Learning**	Clinical Experience (Out patient)	**Independent Learning**
13.15- 16.00-	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)	Clinical Experience (Outpatient)
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00-17.50					

General Surgery
Phase VI Week IV

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Multi-disciplinary Case Discussion Conference Hall Kozyatağı	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
09.00-12.00	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Student-Centred, Symptom-Based Learning Session Conferens Hall All Groups (I-VI)	Clinical Experience (Out patient)	Clinical Experience (Out patient)
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-13.15	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)			
13.15- 16.00-	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Clinical Experience (Out patient)	Clinical Experience (Out patient)	**Program Evaluation Session** Review of the learning aims, Evaluation of the Course Program *Head of General Surgery*
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00- 17.00					

1 Seminar (all groups: All phase VI groups will attend Hospital 2nd Floor, Conference Hall
2. During Clinical experience all interns may attend to the operations (scrubbed, as a first assistant). And they must obey the all of the rules of operating theatre.
3. All interns may attend the patient visits of surgeons.

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE
PHASE VI

EMERGENCY MEDICINE

Head of the Department of Emergency Medicine: Sezgin Sarıkaya, MD. Prof.

Faculty:

Mustafa Feridun Çelikmen, MD. Assoc. Prof.

Mustafa Yazıcıoğlu, MD. Assist. Prof.

Emin Gökhan Gencer, MD. Assist. Prof.

Cem Şimşek, MD. Assist. Prof.

Hande Candemir Ercan, MD. Assist. Prof.

Erman Uygun, MD. Lecturer

Özkan Erarslan, MD. Lecturer

Alev Eceviz, MD. Lecturer

Dijan Tav Şimşek, MD. Lecturer

AIM AND OBJECTIVES OF PHASE VI

GENERAL SURGERY / EMERGENCY MEDICINE INTERNSHIP PROGRAM

AIM

The aim of the General Surgery and Emergency Medicine internship is to graduate doctors who can manage the diseases of digestive system, endocrine system, mammary and emergency surgery as well as wound care and organ transport cases in primary health care settings, when necessary can also consult the patient with other branches and organize the theraphy and/or follow-up, can refer the patient to upper healthcare facilities providing appropriate transporting conditions.And also who can manage with all types of critical patients including arrest patients and who have chest pain, shortness of breath , any kind of trauma and hypotension .

LEARNING OBJECTIVES

In the end of the General Surgery and Emergency Medicine internship program the students should be able to;

KNOWLEDGE

- consider the expectations of those who provide or receive care in the ED and use communication methods that minimize the potential for stress, conflict, and miscommunication
- synthesize chief complaint, history, physical examination, and available medical information to develop a differential diagnosis
- based on all of the available data, narrow and prioritize the list of weighted differential diagnoses to determine appropriate management
- demonstrate clear and concise documentation that describes medical decision- making, ED course, and supports the development of the clinical impression and management plan
- use diagnostic testing based on the pre-test probability of disease and the likelihood of test results altering management

SKILLS

- perform basic and advanced airway procedures, basic life support
- perform advanced cardiac and trauma life support for adults and children
- approach to a patient with chest pain/ abdominal pain /shortness of breath
- manage with a polytrauma patient
- differentiate the reasons of chest pain and treat acute coronary syndromes
- explain the types of shock, manage with a shock patient, define the differentials, select the proper treatment
- define the rythm on ECG, approach to a patint with tachycardia/bradycardia
- explain the toxidromes and approach to an intoxicated patient
- explain the basic principles of disaster management
- arrange necessary consultation with physicians and other professionals when needed

ATTITUDE

- consider the expectations of those who provide or receive care in the ED and use communication methods that minimize the potential for stress, conflict, and miscommunication
- establish rapport with and demonstrate empathy toward patients and their families
- recognize and resolve interpersonal conflict in the emergency department including conflicts with patients and family
- rommunicate information to patients and families using verbal, nonverbal, written, and technological skills, and confirm understanding
- communicate risks, benefits, and alternatives to therapeutic interventions to patients and/or appropriate surrogates, and obtain consent when indicated

DESCRIPTION OF THE PROGRAM

During the two-month General Surgery/Emergency Medicine internship, students will spend one month working in the emergency department. In emergency medicine intornship program intorn is expected to participate in periodic overnight shifts in the emergency department. The primary goal of the emergency medicine internship is to equip students with the skills necessary to assess and manage patients with polytrauma and acute medical or surgical emergencies. Interns are required to attend all clinical case presentations, departmental seminars, and educational sessions organized within the emergency medicine department.

At the end of the rotation, students will be evaluated based on their overall clinical performance in the emergency department, the quality and completeness of case reports, professional attitude toward patients and colleagues, level of engagement in emergency medicine, participation in seminars and night shifts, regular attendance at scientific meetings, lectures, and case discussions, as well as their clinical reasoning, decision-making, and consulting skills. Final evaluation will be based on a 100-point scale and recorded as “Pass” or “Fail,” taking into account completion of all required assignments and projects.

NCC-2020 BASIC MEDICAL PROCEDURES (Emergency Medicine)	Performance Level
General and symptom-based history taking	3
Mental status evaluation	4
Abdominal physical examination	4
Consciousness assessment and mood state examination	4
General condition and vital signs assessment	4
Cardiovascular system examination	3
Musculoskeletal system examination	2
Respiratory system examination	2
Taking and assessing ECG	4
‘’Airway’’ manipulation	4
Bandaging and tourniquet application	2
Defibrillation	4
Restriction and stopping external bleeding	3
Intubation	4
Glascow-coma-scale assessment	4
Appropriate patient transportation	2
Giving patient recovery position	4
Removal of foreign body with appropriate maneuver	3
Providing advanced life support	4
Cervical collar application	2
Providing basic life support	4
Transporting detached limb after trauma	3

Appendix 1: Weekly Rotation Schedule

Emergency Department
Phase VI Week I

	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**
08.30- 09.00	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing
09.00- 12.00	BLS/ACLS Lecture and simulation-based practical training	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Common Life-Threatening Emergencies in the ED
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30- 17.00	ECG Interpretation and Cardiac Dysrhythmia Management	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning
From 17:00 onwards	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift

*The days and times of the classes may be subject to change depending on the instructor's schedule

Emergency Department
Phase VI Week II

Emergency Department
Phase VI Week II

	Day 1	Day 2	Day 3	Day 4	Day 5
08.30- 09.00	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing
09.00- 12.00	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30- 17.00	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning
From 17:00 onwards	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift

*The days and times of the classes may be subject to change depending on the instructor's schedule

Emergency Department
Phase VI Week III

	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**
08.30- 09.00	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing
9.00-12.00	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning
12.00- 12.30	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
12.30-17.00	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning
From 17:00 onwards	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift

*The days and times of the classes may be subject to change depending on the instructor's schedule

Emergency Department
Phase VI Week IV

	Day 1	**Day 2**	**Day 3**	**Day 4**	**Day 5**
08.30- 09.00	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing	Morning Clinical Briefing
09.00-12.00	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning
12.00- 13.15	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
13.15- 17.00	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	Clinical Experience, Bedside Teaching and Case-Based Learning	**Program Evaluation Session** Review of the learning aims, Evaluation of the Course Program Head of Emergency Departmant
From 17:00 onwards	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift	Supervised Night Shift

*The days and times of the classes may be subject to change depending on the instructor's schedule

Appendix 2: Emergency Medicine Internship Logbook

YEDITEPE UNIVERSITY FACULTY OF MEDICINE **EMERGENCY 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/Case Report Presentation	**Topic**		**Date and Approval**
***Required Number: 1**			
	**Explanations: Each intern doctor must present either a patient case they have followed or deliver a seminar on an assigned topic determined by faculty member.		
1.2. Attendance to Faculty Member Seminars	**Topic**	**Presenting Faculty Member**	**Date and Approval**
***Required Number:2**			
	**Explanations: Each intern doctor must attend the training sessions and seminars provided by the faculty members.		
1.3. Case Discussions	**Topic**	**Supervising Faculty Member**	**Date and Approval**
***Required Number:5**			
	**Explanations: Case discussions will be conducted with a faculty member, either at the bedside or using patient data.		

**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. General and problem-oriented history taking** ****Required Number: 5** *****Learning Level:4**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
	****Explanations: Each intern doctor will perform patient triage independently, take a general medical history, and inquire about symptom-specific details.		

2.2. General and Problem-Oriented Physical Examination

***2.2.1. Evaluate general physical examination and vital findings, and plans necessary examinations** ****Required Number: 5** *****Learning Level:4**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval

2.3. Record Keeping, Reporting and Notification

***2.3.1. Prepare a patient file** ****Required Number: 5** *****Learning Level:4**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval

***2.3.2. Orders patient's medical treatment** ****Required Number: 5** *****Learning Level:4**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.3.3. Prepares the patient's prescription** ****Required Number: 5** *****Learning Level:4**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.3.4. Prepares a medico-legal/occupational accident report.** ****Required Number: 2** *****Learning Level:3**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
	****Explanations: Each intern doctor is required to prepare a medico-legal or occupational accident report		

	under the supervision of a faculty member. If necessary, the intern is expected to complete the report based on a simulated case provided under supervision.		
***2.3.5. Performs a death notification via the official reporting system.** ****Required Number: 2** *****Learning Level:3**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
	****Explanations: Death notification is carried out under the supervision of a faculty member. If necessary, death notification is also practiced through simulation using cases created by the faculty member.		
2.4. Laboratory Tests and Related Procedures			
***2.4.1. Analyze hemogram and biochemistry results** ****Required Number: 3** *****Learning Level: 3**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.4.2. Evaluate arterial blood gases** ****Required Number: 3** *****Learning Level: 3**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.4.3. Perform and evaluate ECG** ****Required Number: 10** *****Learning Level:3**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval

***2.4.4. Ability to read and evaluate plain radiographs, interpret chest X-rays** ****Required Number: 3** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
2.5. Invasive and Non-invasive Procedures			
***2.5.1. Insert a urinary catheter** ****Required Number: 2** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.5.2. Perform arterial blood gas sampling** ****Required Number: 2** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.5.3. Applies splint** ****Required Number: 1** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.5.4. Establishing peripheral venous access** ****Required Number: 2** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval

***2.5.5. Provides wound care and closure** ****Required Number: 2** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.5.6. Apply cervical collar and spinal board** ****Required Number: 1** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.5.7. Performing cardiopulmonary resuscitation (CPR)** **The required number may be achieved through supervised clinical participation and/or simulation-based training.** ****Required Number: 2** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***2.5.8. Use a defibrillator** **The required number may be achieved through supervised clinical participation and/or simulation-based training.** ****Required Number: 2** *****Learning Level:2**	Patient Name Surname / Protocol No	Chief Complaint / Preliminary Diagnosis / Diagnosis / Procedure Description	Date and Approval
***Intern Doctor's participation in Educational Activities cannot be below the specified minimum numbers.*			

YEDİTEPE UNIVERSITY
FACULTY OF MEDICINE PHASE VI

PSYCHIATRY

YEDİTEPE UNIVERSITY HOSPITAL

Head of the Department of Psychiatry : Okan Taycan, MD. Prof.

Responsible of Course of Training : Okan Taycan MD. Prof.

Faculty:

Okan Taycan, MD. Prof.

Naz Berfu Akbaş, MD. Assoc. Prof.

MOODİST PSYCHIATRY TRAINING AND RESEARCH HOSPITAL

AIM AND OBJECTIVES OF PHASE VI

PSYCHIATRY INTERNSHIP PROGRAM

AIM

The aim of the Phase 6 Psychiatry Program is to graduate doctors who have knowledge about psychiatric disorders; can make diagnosis and differential diagnosis, initiate the treatment of diseases he/she is competent about and follow them up in primary health care settings; can inform the patients and their relatives about the disorder and refer them to the specialist in cases where he/she is not competent.

LEARNING OBJECTIVES

At the end of the Psychiatry internship program the students should be able to;

KNOWLEDGE

- have information on the neuroscientific and psychological bases of major psychiatric disorders, including schizophrenia, mood disorders, and anxiety disorders
- have information sufficient to make differential diagnoses between psychiatric and medical problems, and
- have a basic information on the psychopharmacology and psychotherapies

SKILLS

- evaluate psychiatric patients by assessing mental status, taking psychiatric history and performing psychiatric examination
- request the appropriate laboratory tests and consultations, when necessary
- stabilize the psychiatric emergency cases
- protect him/herself from a violent patient
- distinguish the symptoms, make diagnosis, and differential diagnosis, initiate the appropriate treatment and perform follow-ups of the diseases like depression, anxiety and panic attacks.
- distinguish the symptoms, make diagnosis, make the preliminary interventions and refer to the specialist in psychiatric diseases like schizophrenia, bipolar disorder, phobias, substance use disorders, psychosomatic disorders, attention deficit hyperactivity disorder
- give the necessary information and refer to the specialist in personality disorders
- make the necessary interventions in emergency conditions like suicide, conversion disorder, manic episode, and substance-related emergencies
- communicate effectively with the patients' relatives

ATTITUDE

- approach the patient in a neutral, extra-judicial and indiscriminate manner
- care about the privacy of patients, gives patients confidence
- establish empathy with the patients

DESCRIPTION OF THE PROGRAM

Students at their 6th year of medical schools are nearly considered as physicians, and they are expected to evaluate the patients based on the highest levels of personal skills and the most updated medical knowledge available worldwide. They should also be expected to make (differential) diagnose(s) among individuals with many different disorders, disturbances, as well as healthy ones. To do this, students should learn to view each of the patients as a whole person along with psychological, social and biological aspects. One-month internship training in psychiatry department is aimed at getting the interns these qualities together with a comprehensive approach toward not only psychiatric patients, but also all of the patients evaluated. In addition, the main goal of the psychiatry internship in practice is essentially to familiarize the student with the fundamentals of the psychiatric assessment and the diagnosis and treatment of psychiatric illnesses, including the common medical and neurological disorders related to the practice of psychiatry.

During Psychiatry Rotation students will have the opportunity to interact with and care for patients with a variety of psychiatric problems and in a variety of settings (inpatient units, outpatient clinics, emergency department and substance use disorders). In the outpatient clinic medical students will be expected to learn to assess ambulatory patients with new onset, as well as, chronic psychotic, substance use, mood and anxiety disorders, PTSD, somatoform disorders, and personality disorders. To gain the ability to make a differential diagnosis between psychiatric disorders proper and those disorders with psychiatric symptoms due to the various medical conditions such as trauma, substance use, medical diseases, etc. is of prime importance throughout their clinical practice.

The psychiatry internship is a 1 month rotation for the 6th year medical students with a goal of preparing intern doctors to enable to become interacting with a wide variety of patients with mental diseases in pscyhiatry ward and be able to respond appropriately to the pscyhiatric patients' problems.The rotation is mainly held in Moodist Psychiatric and Training Hospital.

The 6th year training program begins with morning report between 09.00 and 09.30 a.m. held five days per week, provides an opportunity for residents to discuss challenging cases with the staff. At the end of this meeting, the first attendance of the day is made regularly. Intern medical students will attend outpatient clinics supervised by the psychiatrist in charge (specialists and senior assistant doctors) and are required for having a patient be examined and following patient evaluation to present the case they interviewed and examined by themselves in the teaching conferences. They also will be responsible to attend daily case presentations and daily review meetings, seminars, lectures, teaching rounds and case supervision submitted in the clinic.

At the end of the internship, evaluation of student performance will be based on overall clinical performance both in hospital and outpatient clinics, case papers, the attitudes toward patients, interest in psychiatry, participation in seminars, regular attendence at scientific meetings, lectures and case conferences, the level of scientific and practical knowledge.

Upon program completion, student evaluation will be determined by assessing their overall clinical performance, consistent attendance at lectures and small group discussions, as well as their degree of scientific and practical knowledge. The overall score of the students will be graded as either; Pass; or; Fail.

NCC 2020 – Essential Medical Procedures (Psychiatry)	Performance Level
General and symptom-based patient interview	4
Assessing mental status	3
Psychiatric history taking	3
Consciousness assessment and mood state examination	3
General condition and vital signs assessment	4
Preparing forensic report	3
Obtaining informed consent	4
Preparing epicrisis	3
Preparing patient file	3
Referring patient appropriately	3
Preparing medical reports and notice	3
Writing prescription	3
Preparing treatment refusal form	3
Filling laboratory recuse form	4
Interpretation of screening and diagnostic examination results	3
Stabilization of psychiatric emergency patient	3
Suicide intervention	2
Minimental state examination	3
Defining concent capacity	3

Psychiatry
Phase VI Week I

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	**Introductory Session** (Introduction to Psychiatry)	Discussions (small groups)	Discussions (small groups)	Discussions (small groups)	Discussions (small groups)
09.00-12.00	Ward Round	Clinical Experience (History taking)	Clinical Experience (History taking)	Clinical Experience (Out patient)	Grand Round
12.00- 13.00	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
13.00- 15.00-	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
15.00- 17.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**

Psychiatry
Phase VI Week II-III

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	Discussions (small groups)	Discussions (small groups)	Discussions (small groups)	Discussions (small groups)	Discussions (small groups)
09.00-12.00	Ward Round	Clinical Experience (History taking)	Clinical Experience (History taking)	Clinical Experience (Out patient)	Grand Round
12.00- 13.00	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
13.00- 15.00-	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)
15.00- 17.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**

Psychiatry
Phase VI Week IV

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30- 09.00	Discussions (small groups)	Discussions (small groups)	Multi-disciplinary Case Discussion Conference Hall Kozyatağı	Discussions (small groups)	Discussions (small groups)
09.00-12.00	Ward Round	Clinical Experience (History taking)	**Student-Centred, Symptom-Based Learning Session All Groups Conference Hall**	Clinical Experience (Out patient)	Clinical Experience (Out patient)
12.00- 13.00	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
13.00- 15.00-	Clinical Experience (Inpatient)	Clinical Experience (Inpatient)	Clinical Experience) (Inpatient)	Clinical Experience (Inpatient)	**Program Evaluation Session** Review of the learning aims, Evaluation of the Course Program ***Head of* Psychiatry**
15.00- 16.30	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**

A Typical Weekly Program for Phase 6 Student During Their Training Period in Moodist RSH

YEDİTEPE UNIVERSITY
FACULTY OF MEDICINE PHASE VI
FAMILY MEDICINE

Head of the Department of Family Medicine

Tümay SADIKOĞLU, MD, Asst. Prof.

Faculty:

Tümay SADIKOĞLU, MD, Asst. Prof.

Duygu ALTIPARMAK, MD, Specialist of Family Medicine

Barış ERMAN, J.D., Asst. Prof. of Law

FAMILY HEALTH CENTERS

Ataşehir Region

Kadıköy Region

STUDENT HEALTH CENTER

Yeditepe University Campus Student Health Center: Duygu ALTIPARMAK, MD

AIM AND LEARNING OBJECTIVES OF PHASE VI

FAMILY MEDICINE INTERNSHIP PROGRAM

AIM

To enhance the competency of medical students in primary care and to provide an exceptional learning experience.

LEARNING OBJECTIVES

At the end of the family medicine internship, the student will be able to;

KNOWLEDGE

- discuss the principles of family medicine

- explain the structure of primary health care delivery systems and facilities

- discuss the critical role and legal responsibilities of family physicians in primary care

- collect data, develop potential diagnoses, and suggest strategies for the first assessment and treatment of individuals with typical symptoms

- develop evidence-based disease prevention and screening plans for patients of any age or gender

- identify risks for specific illnesses that affect screening and treatment strategies

- apply the current guidelines for adult and child immunizations

- explain the legal responsibilities of a family physcian

SKILLS

- manage follow-up visits with patients having chronic diseases

- demonstrate competency in patient-centered communication, history taking, physical examination, and critical thinking skills

- gain expertise in the delivery and management of primary healthcare services

- demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and their families.

ATTITUDE

- describe the value of teamwork in the care of patients

- participate as an effective member of a clinical care team

- discuss the the value of primary care and compare medical outcomes between countries with and without a primary care base

NCC-2020 BASIC MEDICAL PROCEDURES (FAMILY MEDICINE)	PERFORMANCE LEVEL
Taking general and symptom-based history	4
Assessment of mental status	4
Assessment of general condition and vital signs	4
Child and newborn examination	4
Pregnancy examination	3
Gynecological examination	3
Cardiovascular system examination	4
Abdominal examination	4
Musculoskeletal system examination	3
Ear - nose - throat and head - neck examination	3
Breast examination	3
Neurological and psychological examination	3
Respiratory system examination	4
Ability to prepare health reports in accordance with current legislation	3
Ability to prepare prescriptions	4
Reporting the diseases and conditions legally required to be reported	4
ECG recording and evaluation	3
Measuring blood sugar with a glucometer	4
Ordering lab tests	4
Ability to interprit the screening and diagnostic test results	3
Taking vaginal discharge sample	3
Ability to apply the principles of rational drug use	4
Ability to request rational laboratory and imaging tests	4
Ability to apply bandages and tourniquets	4
Ability to manage nose bleeding	2
Ability to monitor growth and development in children	3
IV cannulation	3
Postpartum maternal care	3
Hand washing	4
Follow-up during pregnancy and postpartum	3
IM, IV, SC, ID injection ability	4
Ability to insert a urinary catheter	3
Suicide intervention	2
Ability to measure blood pressure	4
Mini-mental status examination	3
Ability to apply nasogastric tube	3
Ability to apply oxygen and nebul-inhaler therapy	4
Ability to administer oral, rectal, vaginal and topical medications	3
Ability to apply and evaluate pulse oximetry	4

Ability to provide protection and transportation suitable for the cold chain	**4**
Ability to care for wounds and burns	**3**
Ability to place and remove superficial sutures	**4**
Ability to provide family planning counseling	**4**
Providing immunization counseling	**4**
Ability to teach correct breastfeeding methods	**4**
Geriatric assessment	**3**
Ability to teach breast self-examination	**4**
Ability to apply contraception methods	**3**
Periodic health examination	**4**
Providing health education to the society	**3**
Premarital screening program	**4**
Newborn metabolic and endocrine disease screening program	**4**

DESCRIPTION OF THE PROGRAM

The Family Medicine Internship is a 4-week program that consists of seminars and rotations at the Student Health Center during the first and fourth weeks, as well as rotations at the Family Health Center during the second and third weeks. Upon program completion, student evaluation will be determined by assessing their overall clinical performance, consistent attendance at lectures and small group discussions, as well as their degree of scientific and practical knowledge. The overall score of the students will be graded as either "Pass" or "Fail."

Yeditepe University Faculty of Medicine

Student Duties and Responsibilities within the Scope of Community-Based Education (CBE) in Family Medicine

The Community-Based Education (CBE) program, conducted by the **Yeditepe University Faculty of Medicine, Department of Family Medicine**, aims to enable students to reinforce their clinical skills in real-world conditions and observe community health dynamics on-site.

1. Clinical Practice and Patient Management

As an active participant in primary health care rather than a mere observer, the student fulfills the following duties:

- **Comprehensive Anamnesis:** Evaluating the patient not only through their symptoms but also through their family structure, genetic history, occupation, and habits (**biopsychosocial approach).**
- **Prescription and Treatment Analysis:** Under the supervision of a trainer, checking drug interactions for chronic patients and performing analysis according to the principles of **rational drug use**.
- **Periodic Health Examinations:** Observing and learning periodic health examinations, age-specific screening programs such as cancer screenings and obesity monitoring, and pregnancy follow-up, newborn examination, monitoring child development.

2. Field and Community-Based Tasks

The "on-site learning" process, the essence of community-based education, includes these specific tasks:

- **Community Mapping:** Observing on-site risk factors (nearby factories, air pollution, and socio-economic levels) in the neighborhood served by the Family Health Center (FHC) is recommended.
- **Health Screenings:** Active participation in screening programs in the region, if available in them, is encouraged.
- **Cold Chain Management:** Accompanying the health officer/nurse in the processes of vaccine storage, temperature monitoring, and logistics and recording the process.

3. Home Visit* and Social Responsibility

The student's responsibilities during home visits are as follows:

- **Home Environment Assessment:** Analyzing the effects of the patient’s living environment (hygiene, heating, safety, and storage conditions of medications) on their illness.
- **Caregiver Support:** Screening family members providing home care for "burnout" and providing guidance on basic care techniques (wound care, nutrition).

*If available and there is an existing home visit plan by the FHC during the period of the rotation.

4. Administrative Obligations

- **Use of E-Nabız and AHBS:** Observing/learning how the **Family Medicine Information Systems (AHBS)** work, the importance of data entry, and how statistical reporting is conducted.
- **Epidemiological Perspective:** Observing the prevalence of chronic diseases (DM, HT, etc.) in the assigned region and comparing them with national data.

5. Professional Ethics and Attitude

- **Teamwork:** Adapting to a multidisciplinary work culture by collaborating not only with physicians but also with nurses, midwives, medical secretaries, and social workers.
- **Patient Rights:** Respecting the patient's right to refuse examination; not participating in any intervention (blood collection, dressing, etc.) without obtaining informed consent.
- **Self-Regulation:** Being aware of one's own knowledge limits and consulting the field trainer in situations that exceed their authority.

6. Student Health Center (SHC) Rotation

In this section covering health services provided within the university campus, the student learns to manage the health dynamics of their own peer group:

- **Young Adult Health and Counseling:** Analyzing specific health problems of university students (eating disorders, sleep hygiene, exam stress) and providing preventive counseling.
- **Psychosocial Support Network:** Working in coordination with the mental health unit to follow the referral processes of students showing signs of depression or anxiety to appropriate units.

Performance Evaluation Criteria

Category	**Expected Competency**
Clinical Skills	Accurate application of primary care examination methods.
Communication	Establishing an empathetic and trust-based bond with the patient.
Analysis	Identifying community health problems through their root causes.
Peer Counseling	Managing health risks specific to the university population (psychosocial, infectious, etc.) using professional terminology.
Responsibility	Completing all assigned field tasks on time and in full.

Family Medicine (FM) Phase VI Internship Program (1 month)

2026-2027 FAMILY MEDICINE INTERNSHIP PROGRAM			
Groups	**Orientation & Seminars** **+ Student Health Center Rotation at Campus** **(1st week)**	**Family Health Center Rotation (ASM)** **(2nd and 3rd week)**	**Seminars& Program Evaluation Sessions** **+ Student Health Center Rotation** **(4th week)**
Group 5 1-31 August 2026	3-7 August 2026 SHC	**10-21 August 2026** FHC	24-31 August 2026 SHC
Group 6 1-31 October 2026	1-9 October 2026 SHC	**12-23 October 2026** FHC	26-30 October 2026 SHC
Group 1 1-31 December 2026	1-11 December 2026 SHC	**14-25 December 2026** FHC	28-31 December 2026 SHC
Group 2 1-28 February 2027	1-5 February 2027 SHC	**8-19 February 2027** FHC	22-26 February 2027 SHC
Group 3 1-30 April 2027	1-9 April 2027 SHC	**12-26 April 2027** **FHC**	27-30 April 2027 SHC
Group 4 1-30 June 2027	1-4 June 2027 SHC	**7-18 June 2027** **FHC**	21-30 June 2027 SHC

FHC: Family Health Center, **SHC**: Student Health Center

Family Medicine (FM)- Week I Seminars

WEEK I	Day 1	Day 2	Day 3	Day 4	Day 5
09.00- 09.50					
10.00- 11.50	Orientation and program improvement session Tumay Sadıkoglu/ Duygu Altıparmak	**Independent Learning/ SHC rotation for small groups**	**Independent Learning/ SHC rotation for small groups**	**Independent Learning/ SHC rotation for small groups**	**Independent Learning/ SHC rotation for small groups**
11.00- 11.50	**Lecture** The principles of family medicine Duygu Altıparmak		**Lecture** Preventive care in family medicine Duygu Altıparmak		
12.00- 12.50	**Lunch Break**	**Lunch Break**	**Lunch Break**	**Lunch Break**	**Lunch Break**
13.00- 13.50	**Lecture** Primary healthcare organization in Turkey Duygu Altıparmak	**Independent Learning/ SHC rotation for small groups**	**Lecture** Chronic disease management by family physician Tumay Sadıkoglu	**Independent Learning/ SHC rotation for small groups**	**Independent Learning/ SHC rotation for small groups**
14.00- 14.50	**Independent Learning**		**Case Discussion** Patient-centered communication skills Tumay Sadıkoglu		
15.00- 15.50					
16.00- 16.50					

Family Medicine (FM)- Week IV

WEEK IV	Day 1	Day 2	Day 3	Day 4	Day 5
09.00- 09.50					
10.00- 11.50	**Lecture** Legal responsibilities in primary care Barış Erman	**Independent Learning/ SHC rotation for small groups**	**Independent Learning/ SHC rotation for small groups**	**Independent Learning/ SHC rotation for small groups**	**Small group discussion** Tumay Sadıkoglu/ Duygu Altıparmak
11.00- 11.50	**Lecture** Legal responsibilities in primary care Barış Erman				**Program evaluation session** Tumay Sadıkoglu
12.00- 12.50	**Lunch Break**	**Lunch Break**	**Lunch Break**	**Lunch Break**	**Lunch Break**
13.00- 13.50	**Lecture** Violence against healthcare workers Barış Erman	**Independent Learning/ SHC rotation for small groups**	**Independent Learning/ SHC rotation for small groups**	**Independent Learning/ SHC rotation for small groups**	
14.00- 14.50	**Independent Learning/ SHC rotation for small groups**				
15.00- 15.50					
16.00- 16.50					

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE

PHASE VI

PUBLIC HEALTH

Sebahat Dilek TORUN MD, PhD, Prof. of Public Health
Head of the Department of Public Health

Faculty :

Sebahat Dilek TORUN MD, PhD, Prof. of Public Health
M.Ferudun Çelikmen, MD, Assoc. Prof of Emergency Medicine

COMMUNITY HEALTH CENTERS
Ataşehir CHC - Kadıköy CHC

TUBERCULOSIS CENTERS
Kartal TC - Üsküdar TC

AIM AND OBJECTIVES OF PHASE VI

PUBLIC HEALTH INTERNSHIP PROGRAM

AIM

The aim of the Public Health Internship is to equip medical students with the knowledge, skills, and professional attitudes necessary to understand and apply public health approaches in the prevention, diagnosis, treatment, and management of community health problems. The program also aims to help students comprehend the nature of preventive, curative, and promotive health care services within the primary health care system of the country and to observe how health and disease are managed within individuals' natural living environments. Through active engagement in the organization, implementation, and evaluation of community-based health services, students are expected to gain practical experience and contribute to the promotion of individual and population health.

LEARNING OBJECTIVES

By the end of the internship, the student will be able to:

KNOWLEDGE

1. Explain the fundamental principles, aims, and scope of public health.

2. Explain the organizational structure and functions of the Turkish health system, including the District Health Directorate (DHD), Community Health Centers (CHCs), and Tuberculosis Dispensaries (TBD).

3. Describe the roles of different professionals within public health institutions.

4. Identify key social determinants of health and their impact on individual and population health.

5. Summarize the epidemiology, control measures, and health system responses to major public health problems, including tuberculosis and non-communicable diseases.

6. Understand the structure and content of national programs such as immunization, maternal and child health, chronic disease control, and school health.

7. Explain the principles of disaster preparedness and the role of health systems in emergencies.

8. Review and interpret epidemiological data and evidence-based strategies related to public health topics.

SKILLS

1. Conduct field observations and interpret data at DHDs, CHCs, and TBDs.

2. Participate in preventive and promotive health services, including contact tracing, case notifications, school screenings, and DOT (Directly Observed Therapy).

3. Collaborate effectively within a multidisciplinary health team.

4. Analyze and synthesize scientific literature to prepare and present a seminar.on main public health issues.

5. Communicate complex health topics clearly and effectively in both written and oral formats.

6. Use evidence-based approaches to assess, plan, and discuss public health interventions.

7. Demonstrate appropriate use of visual aids and presentation tools in academic settings.

8. Engage in academic discussion and respond to peer and mentor feedback during seminars.

ATTITUDES

1. Show responsibility and professionalism during all components of the internship.

2. Exhibit a proactive attitude towards learning, including asking questions, seeking feedback, and contributing to team tasks.

3. Respect the roles of other health professionals and promote collaborative practice.

4. Demonstrate empathy and sensitivity when engaging with vulnerable groups or discussing health inequities.

5. Uphold ethical standards in field observations, data handling, and reporting.

6. Value the physician's role in public health advocacy and the promotion of preventive medicine.

7. Develop a holistic view of community health that integrates clinical, social, and environmental perspectives.

NCC 2020 – Essential Medical Procedures (Public Health)	NCC 2020 Performance Level
C. Record keeping, reporting and notification	
Reporting and reporting legally notifiable diseases and conditions	4
To be able to explain communicable disease surveillance and notification systems	3
D. Laboratory tests and other related procedures	
Ability to take water sample	3
To be able to determine and evaluate chlorine level in water	3
F. Preventive medicine and community medicine practices	
To be able to make the organization of emergency aid	3
To be able to provide family planning counseling	4
To be able to provide immunization counseling	4
To be able to conduct immunization services	4
Ability to provide healthcare services during extraordinary situations	2
To be able to take precautions related to the protection of the health of health workers	4
To be able to take preventive measures against healthcare-associated infections	3
To be able to provide health education to the community	3
To be able to fight against infectious diseases in society	3

To be able to identify health problems in the community by using epidemiological methods and to be able to put forward solutions	3
To be able to describe tuberculosis control services, including contact investigation, treatment follow-up, and directly observed treatment.	3
To be able to describe the organization and functions of Community Health Centers in public health services	3
To be able to identify basic environmental health risks in the community and recommend preventive measures.	3
G. Principles and practices of scientific research	
To be able to compile scientific data and summarize them in tables and graphs	3
To be able to analyze scientific data with appropriate methods and interpret the results	2
To be able to access current literature and read it critically	3
To be able to interpret the health level of the service area by using health level indicators	3
H. Healthiness	
Immunization in childhood and adults	4
Infant Health Monitoring	4
Healthy nutrition	4
I. Screening	
Pre-marital screening program	4
To be able to explain population-based cancer screening programs	3

DISASTER PREPAREDNESS AND DISASTER MEDICINE BASICS

I-PRINCIPLES

A- Surge Capacity
B- Definitions
C- Potential Injury-Creating Event Nomenclature
D- Critical Substrates for Hospital Operations
  1. Physical plant
  2. Personnel
  3. Supplies and equipment
  4. Communication
  5. Transportation
  6. Supervisory managerial support
E- Hazard Vulnerability Analysis

II-SPECIFIC ISSUES IN DISASTER MANAGEMENT

A- TRIAGE
1. Routine Multiple-Casualty Triage
2. Catastrophic Casualty Management
3. Vulnerable Triage Populations
4. Special Triage Categories
B- CARE OF POPULATIONS WITH FUNCTIONAL OR ACCESS NEEDS
C- OUT-OF-HOSPITAL RESPONSE
1. Emergency Medical Services System Protocols
2. Incident Command System
a. Incident Command
b. Operations Section
c. Planning Section
ç. Logistics Section
d. Finance Section
3. Organization of the Out-of-Hospital Disaster Scene
D- PLANNING AND HOSPITAL RESPONSE
1. Comprehensive Emergency Management
2. Hospital Disaster Response Plan
3. Basic Components of a Hospital Comprehensive Disaster Response Planning Process
a. Interdepartmental Planning Group
b. Resource Management
c. Command Structure
ç. Media
d. Communication
e. Personnel
f. Patient Management
g. Training Exercises
E- REVIEW OF HOSPITAL AND COMMUNITY DISASTER RESPONSE EXPERIENCE
1. Focal Disasters
2. Catastrophic Disasters
3. Toxic Disasters (Hazardous Material)

F- CHEMICAL, BIOLOGIC, RADIOLOGIC, NUCLEAR AND EXPLOSIVE TERRORISM
G- DISASTER STRESS MANAGEMENT
I- DISASTER MANAGE. AND RESPONSE ORGS. WITHIN GOVERNMENT
J- FUTURE DIRECTIONS

III-FUNDEMENTALS OF DISASTER MEDICINE

A- THREATS

1. Earthquake

Medical issues;

a. Crush syndrome
b. Multi trauma management
c. Compartment syndrome / Fasciotomy
ç. Hemodialysis principles

2. Landslides
3. Floods
4. CBRNE
5. Terror attacks
6. Tornados
7. Volcanic eruptions

B- BEING A PART OF A TEAM

C- BASICS OF SAR

D- ETHICS, END OF LIFE

E- DVI DEFINITIONS

Group Seminar Presentation

TWENTY-MINUTE PRESENTATION – TEAMWORK

As part of the Public Health Internship Program, students are required to prepare and deliver a 20-minute group seminar on a selected topic related to public health. Each group will consist of 3–4 students and will work under the guidance of an assigned mentor. Seminar topics are determined at the beginning of the internship, and mentors are introduced during the orientation meeting.

The primary aim of the group seminar is to strengthen students' abilities in teamwork, literature review, analytical thinking, public speaking, and health education. Presentations must be grounded in up-to-date scientific evidence and demonstrate a comprehensive understanding of the topic's significance for individual, community, and population health.

Structure of The Presentatıon

Each seminar should be organized around the following structure:

- **Introduction**: Define the topic and explain its relevance in the field of public health.
- **Background and Epidemiology**: Provide context for the issue, supported by key statistics and trends.
- **Current Strategies and Practices**: Describe existing public health interventions, policies, or programs addressing the topic.
- **Challenges and Gaps**: Identify areas in need of improvement, gaps in current practice, or research needs.
- **Conclusion and Recommendations**: Summarize main insights and propose evidence-based actions or solutions.

Each group should ensure **balanced/equal participation** among members during both preparation and delivery. Use of visual materials—such as slides, infographics, or short videos—is highly encouraged to improve engagement and clarity.

Assessment Criteria

Seminar presentations will be evaluated based on the following criteria:

1. Accuracy, depth, and relevance of content
2. Use of current scientific literature and evidence
3. Logical structure and clarity of presentation
4. Quality of teamwork and balanced participation
5. Presentation skills (tone, body language, timing)
6. Creativity and effective use of visual aids
7. Ability to respond to questions and engage with the audience

Expectations From Students

- Attend all seminar sessions and actively contribute to group work and preparation
- Submit the finalized presentation slides by the announced deadline
- Be prepared to participate in the discussion and answer questions following the presentation

Additional Guidelines:

- Each student is expected to speak for a maximum of 5-7 minutes, supported by relevant visual aids
- Presentations must be thematically cohesive and delivered collaboratively as a team
- All group members should be well-versed in the entire presentation content and contribute to the Q&A session
- The seminar should be submitted as a well-organized, computer-typed document compiled by the group

To successfully complete the Public Health internship, students must present their assigned seminar topic in accordance with the current literature, actively participate in seminars, departmental lectures, and field practices at the Community Health Center (TSM) and the Tuberculosis Dispensary (VSD). All tasks must be thoroughly completed.

The evaluation criteria outlined above reflect the key components of assessment.

Yeditepe University Faculty of Medicine
Department of Publıc Health
Group Seminar Presentations Assessment Sheet

Seminar Title: _____ **Date :** ___/___/ ___

Presenting Student Name-Surname: _____

EVALUATION CRITERIA	**Scoring Scale (points)**
Visual Design of the Presentation	**10**
Color Use: Are background and text colors appropriate for visibility? Is the background clean and non-distracting?	2.5
Text Use: Is the text concise and easy to read? Is font size large enough for the audience?	2.5
Visuals : Are visuals (charts, tables, images) relevant, clear, properly sized, not distorted, and labeled with sources?	2.5
Text–Visual Balance & Number of Slides: Is there a balanced use of text and visuals across slides, and is the number of slides appropriate for the presentation time?	2.5
Content of the Presentation	**45**
Title Slide: Is the title clear, concise, and attention-grabbing? Does it reflect the topic and include the presenter's name(s)?	5
Introduction: Does the presentation begin with a clear and engaging opening that presents the topic's purpose, goals, and relevance, helping the audience understand why it matters?	8

Presentation Flow: Is the overall structure logical and easy to follow, with smooth transitions between sections and a clear conclusion that ties everything together?	8
Key Messages : Are the main points effectively communicated and easy for the audience to recall afterward?	8
Originality: Does the presentation show creativity and original thinking beyond standard content?	8
References : Are statements and data supported by relevant, recent, and clearly cited sources?	8
Presentation Delivery & Preparedness	**30**
Knowledge & Preparation: Does the presenter demonstrate a strong understanding of the topic, respond confidently to questions, validate students' comments, present without relying on notes, and show clear effort in preparation?	15
Delivery & Expression : Does the presenter speak clearly and expressively, engage the audience, and deliver the content in an effective and dynamic manner?	10
Time management: Is the allotted time used efficiently, without going over or finishing too early?	5
Teamwork	**15**
Collaborative Preparation: Is it evident that the group worked together during preparation, with clear coordination and shared responsibility?	5
Role Distribution & Transitions: Did all group members contribute meaningfully, and were speaker transitions smooth and well-organized?	5
Message & Style Consistency: Did the group maintain a unified tone, message, and presentation style throughout?	5
Total Score (out of 100)	

Faculty Member

Name and signature

Guideline on Student Duties and Responsibilities During Field Practice

Purpose and Scope

This guideline defines the duties, professional standards, and learning responsibilities of medical students during community-based field practice, including rotations and visits at Community Health Centers, District Health Directorates, Tuberculosis Dispensaries, and related public health units.

General Principles

Active Observation:
Students are expected to act as active observers by questioning workflows, analyzing health data, and engaging appropriately with the field team.

Educational Boundaries:
All field activities are primarily educational. Students are not authorized to make independent clinical decisions, prescribe treatment, sign official documents, or perform procedures without appropriate supervision.

Professional Representation:
Students represent Yeditepe University Faculty of Medicine during all field activities and are expected to adhere to high standards of ethics, professionalism, and respectful communication.

Core Responsibilities in the Field

Academic and Operational Awareness
Students are expected to:

- Understand the demographic structure, morbidity and mortality patterns, and priority health problems of the region.
- Observe key public health services, including immunization, surveillance, screening programs, communicable disease control, tuberculosis control, and environmental health activities.
- Recognize the role of digital health systems, such as HSYS and AHBS, in public health service delivery, monitoring, and reporting.

Multidisciplinary Collaboration
Students are expected to:

- Respect the roles and responsibilities of all members of the healthcare team.
- Communicate effectively, respectfully, and empathetically with healthcare professionals, patients, and community members.
- Contribute to a collaborative learning environment during field visits and departmental activities.

Ethics and Confidentiality
Students must:

- Maintain strict confidentiality of patient, community, and institutional data.
- Avoid recording images, videos, or audio without explicit permission.
- Follow professional and ethical standards in all forms of communication, including social media.

Occupational Safety
Students must:

- Follow infection prevention and control measures.
- Use appropriate personal protective equipment when required, including N95/FFP2 masks in tuberculosis-related settings.

- Report any occupational exposure, accident, or safety incident immediately to the responsible supervisor.

Limitations

Students must not:

- Perform medical procedures without supervision.
- Make independent clinical or administrative decisions.
- Prescribe medication or treatment.
- Sign official documents or reports.
- Disrupt institutional workflow during field visits.

Professional Conduct During Fieldwork

During field visits, students must adhere to professional standards of dress, behavior, and communication. Students should remember that they represent Yeditepe University Faculty of Medicine in all public and institutional settings.

Although there are no night shifts in the Public Health Internship, students may occasionally be invited or required to participate in educational or field-based activities outside regular working hours, depending on departmental planning and public health service needs. Participation in such activities, when applicable, is considered part of the student's professional development and field learning experience.

Logbook Requirements

Students are responsible for completing their logbooks accurately, regularly, and on time. Logbook entries should not be left until the last day of the internship. The logbook is a critical tool for both student learning and internship evaluation.

Students should ensure that all required field visits, activities, observations, and reflections are documented appropriately in the logbook.

Internship Evaluation Criteria

Student performance in the Public Health Internship will be assessed based on attendance, active participation, professional conduct, seminar performance, timely completion of assigned tasks, and compliance with internship rules and standards.

To successfully complete the internship, students are expected to:

- Attend all seminars, departmental lectures, field visits, and assigned activities regularly.
- Actively participate in field practices at the Community Health Center (TSM), the Tuberculosis Dispensary (VSD), and other relevant public health settings.
- Present their assigned seminar topic in accordance with current scientific literature.
- Participate actively in seminar discussions and educational activities.
- Submit seminar documents and other required assignments on time.
- Complete the logbook accurately, regularly, and thoroughly.
- Demonstrate appropriate professional conduct during field visits, seminars, and departmental activities.
- Comply with all internship rules, ethical principles, and professional standards.

The criteria above represent the key components of student assessment and must be fulfilled for successful completion of the Public Health Internship.

Upon program completion, student evaluation will be determined by assessing their overall performance, consistent attendance at lectures and small group discussions, as well as their degree of scientific and practical knowledge. The overall score of the students will be graded as either Pass or Fail.

PHASE VI PUBLIC HEALTH INTERNSHIP PROGRAM ROTATIONS 2026 – 2027

Groups	Public Health Department Dates	Istanbul Tuberculosis Association – TB School	Public Health Center Rotation	Tuberculosis Center Rotation Dates	Public Health Department Student Seminar Presentations
5	July, 01- 03, 2026	06.07.2026	July, 06 -17, 2026	July, 20-24, 2026	July, 27 - 31, 2026
6	September, 01- 04, 2026	02.09.2026	September, 07 - 18, 2026	September, 21 - 25, 2026	September, 28-30, 2026
1	November, 02 - 06, 2026	04.11.2026	November, 09-20, 2026	November, 23 - 25, 2026	November, 26-27- 30 , 2026
2	January, 04 - 08, 2027	06.01.2027	January, 11 - 22, 2027	January, 25 - 27 , 2027	January, 28-29, 2027
3	March, 01 - 05, 2027	03.03.2027	March, 15 - 26, 2027	March, 29 - 30, 2027	March, 31, 2027
4	May, 03 - 07, 2027	05.05.2027	May, 10 - 21, 2027	May, 24-26, 2027	May, 27-28,31, 2027

Public Health
Phase VI Week I

	Day 1	Day 2	Day 3	Day 4	Day 5
09.00- 09.50	**Introductory Session** (Introduction Public Health Internship Program) Sebahat Dilek TORUN	**Interactive Case Discussions** Social Determinants of Health Case Discussion Sebahat Dilek TORUN	**Istanbul Tuberculosis Association – TB School** Interactive Case Discussions Tuberculosis Cases	**Independent Learning** Literature search and preparation for seminar presentation	**Lecture** Disaster Preparedness and Disaster Medicine Basics* Ferudun Çelikmen
10.00- 10.50	**Lecture** What is Public Health? Who works for Public Health Sebahat Dilek TORUN				
11.00- 11.50					
12.00- 12.50	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
13.00- 13.50	**Lecture** Social Determinants of Health Sebahat Dilek TORUN	**Independent Learning** Literature search for seminar presentation	**Istanbul Tuberculosis Association – TB School** Interactive Case Discussions Tuberculosis Cases	**Independent Learning** Literature search and preparation for seminar presentation	**Independent Learning** Literature search and preparation for seminar presentation
14.00- 14.50			**Independent Learning** Literature search for seminar presentation		
15.00- 15.50	**Independent Learning**				

Public Health
Phase VI Week II

	Day 1		Day 2		Day 3		Day 4		Day 5	
09.00-09.50	**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**	
10.00-10.50	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center
11.00-11.50										
12.00-12.50	**Lunch**		**Lunch**		**Lunch**		**Lunch**		**Lunch**	
13.00-13.50	**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Independent Learning**	
14.00-14.50	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center		
15.00-15.50										
16.00-16.50	**Independent Learning**		**Independent Learning**		**Independent Learning**		**Independent Learning**			
17.00-17:50										

Public Health
Phase VI Week III

	Day 1		Day 2		Day 3		Day 4		Day 5
09.00- 09.50	**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Reflection Session** Moderator: Sebahat Dilek TORUN
10.00- 10.50	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	
11.00- 11.50									
12.00- 12.50	**Lunch**		**Lunch**		**Lunch**		**Lunch**		**Lunch**
13.00- 13.50	**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Field-Based Public Health Rotations**		**Independent Learning**
14.00- 14.50	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	**Groups A** Public Health Center	**Groups B** Public Health Center	
15.00- 15.50									
16.00- 16.50	**Independent Learning**		**Independent Learning**		**Independent Learning**		**Independent Learning**		
17.00-17:50									

Public Health
Phase VI Week IV

	Day 1	Day 2	Day 3	Day 4	Day 5
09.00- 11.50	**Clinical Experience (Ambulatory)** *Tuberculosis Centers Whole Group*	**Clinical Experience (Ambulatory)** *Tuberculosis Centers Whole Group*	**Clinical Experience (Ambulatory)** *Tuberculosis Centers Whole Group*	**Clinical Experience (Ambulatory)** *Tuberculosis Centers Whole Group*	**Independent Learning**
12.00- 12.50	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
13.00- 15.50	**Clinical Experience (Ambulatory)** *Tuberculosis Centers Whole Group*	**Clinical Experience (Ambulatory)** *Tuberculosis Centers Whole Group*	**Clinical Experience (Ambulatory)** *Tuberculosis Centers Whole Group*	**Clinical Experience (Ambulatory)** *Tuberculosis Centers Whole Group*	**Independent Learning**
16.00- 16.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Independent Learning**
17.00-17:50					

Public Health
Phase VI Week V

	Day 1	Day 2	Day 3	Day 4	Day 5
09.00- 11.50	**Independent Learning** Seminar presentation working with consultant Sebahat Dilek TORUN	**Independent Learning** Seminar presentation working with consultant Sebahat Dilek TORUN	***Student-Centred, Symptom-Based Learning Session*** ***All Groups*** ***Conference Hall***	**Presentations (students)** Group Seminars Sebahat Dilek TORUN	**Presentations (students)** Group Seminars Sebahat Dilek TORUN
12.00- 12.50	**Lunch**	**Lunch**	**Lunch**	**Lunch**	**Lunch**
13.00- 17.50	**Independent Learning**	**Independent Learning**	**Independent Learning**	**Presentations (students)** Group Seminars Sebahat Dilek TORUN	**Program Evaluation Session** Review of the rotations, Evaluation of the Public Health İnternship Program Sebahat Dilek TORUN

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE

PHASE VI

ELECTIVE

The elective internship is a 1 month rotation for the 6th year medical students which has been choosen by the students from the internship programs list of phase IV, V and VI.

Like the other rotations, evaluation of student performance will be based on overall clinical performance both in hospital and outpatient clinics, case papers, the attitudes toward patients, participation in seminars and overnight calls**,** regular attendance at scientific meetings, lectures and case conferences, the level of scientific and practical knowledge and consulting skills. Ratings of students recorded with required projects and will be performed as “passed “or “failed” with an overall evaluation score of 100.

YEDİTEPE UNIVERSITY

FACULTY OF MEDICINE
PHASE VI

STUDENT COUNSELING

Student counseling is a structured development process established between the student and the consultant that aims to maximize student success by focusing the student to her/his target. Although the major component of this relationship is the student, the faculties also take part by bringing the requirements of this interaction to their systems. The targeted outcomes of the consultant-student interaction are success in the exams, success in the program, and preparation for the professional life.

The aim of counseling is to help students to solve their problems, to give professional guidance, to provide coaching, to contribute to adopting the habit of lifelong learning, to provide information about the University and Faculty, to follow their success and failure and to help them select courses.

The consultants selected among Basic Medical Sciences instructors for the first three years transfer the students to Clinical Sciences instructors for the following three years.

The topics that will be addressed by the consultants are as follows:

a) Inform students about the university, faculty and surrounding facilities

b) Inform students about the courses and help them select courses

c) Inform students about the education and assessment regulations

d) Follow students attendance to lectures and success

e) In case of failure, investigate the causes and cooperate with the students to overcome them f) Help students in career planning

f) Contribute to students adapting the habit of lifelong learning

g) Guide students to counseling services of the university

h) Set a role model as long as the professional susceptibility, professional guidance, intellectual responsibility, interaction with peers, ethics, physician awareness are concerned

i) Contribute to cultivation of professional and intellectual development in a rapidly changing world

j) Acknowledge the coordinator when there are unsolved problems of the students

Consultant -student relationship is a dynamic and mutual process carried out in the campus and the hospital. It is recommended that the consultant and the student meet at least twice during a semester.

The expectations from the student are as follows:

a) Contribute to improvement of atisfaction level in the problem areas

b) Report the social and economic conditions that require consultant's help

c) Specify expectations from the education and the department from which this training is taken

d) Give feedback on the counseling services regarding their satisfaction level

**** Student counseling is conducted through the Yeditepe University Faculty of Medicine Education Management System (EYS). The names of the assigned advisors can be accessed via the EMS platform."***

YEDİTEPE UNIVERSITY FACULTY OF MEDICINE **INTERN PHYSICIAN EVALUATION FORM** *This form includes evaluation components for intern physicians and is the basis of the passing grade for internship.*	
Intern's name and surname:	
Intern number:	
Internship program name:	
Dates of start and end for ınternship program:	

1. Evaluation of Cognitive Competencies **** The level of competency*** should be determined based on ***participation in educational activities*** (Title 1 on the ***Intern Logbook***) and the observations of the Faculty Member / Internship Training Supervisor / Head of the Department for the intern.	
	*Competency Level
1.1. Clinical reasoning and decision making The stages of decision making process in an evidence based manner; to determine preliminary / differential diagnosis/diagnoses, to order appropriate diagnostic tests, to achieve an appropriate definitive diagnosis and treatment (interventional or not).	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
1.2. Professional knowledge During the educational activities (case discussions, educational visits, faculty member seminars, intern physician seminars, etc.) to answer the questions, to ask the questions, to start a discussion, to contribute to the discussion, to display an understanding of the subject.	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
1.3. Literature review and seminar presentation Preparation based on evidence of higher scientific strength, presenting the subject in a solid logical reasoning with in a reference to essential check points, mastering the subject, answering the questions asked.	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
Explanations, opinions and recommendations based on the observations of the Faculty Member / Internship Training Supervisor / Head of the Department	

2. Evaluation of Competencies for Basic Medical Practice **** The level of competency*** should be determined based on ***basic medical practice*** (Title 2 on the ***Intern Logbook***) and the observations of the Faculty Member / Internship Training Supervisor / Head of Department for the intern.	
	* Competency Level

Basic medicine practices based on ***Intern Logbook***	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
Explanations, opinions and recommendations based on the observations of the Faculty Member / Internship Training Supervisor / Head of the Department	

3. Evaluation of Professional Competencies for Medicine	
	* Competency Level
3.1. Communicating with patients and relatives	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
3.2. Compliance in hospital rules (i.e. standard operating procedures, SOPs)	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
3.3. Working in a team and collaborating and communicating with team members	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
3.4. Performing given tasks	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
3.5. Diligence on attendance and participation in scientific activities	Does not meet expectations ☐ Meets expectations ☐ Above expectations ☐ Well above expectations ☐
Explanations, opinions and recommendations based on the observations of the Faculty Member / Internship Training Supervisor / Head of the Department	

Evaluated Competencies	Total Score (Over 100) (For each section below, the score below 70 obtained by the Intern is a reason for inadequacy.)	Impact on Internship End Score
Cognitive Competencies	Score:….	20%

Competencies for Basic Medical Practice	Score:….	60%
Professional Competencies for Medicine	Score:….	20%

*If the competency level for the intern is determined as "does not meet the expectations" in any part of the evaluation form, the intern is considered to be ***unqualified***. In this condition, ***FF*** is given as a letter grade.

If the intern physician is deemed inadequate due to ***absenteeism*, ***FA*** is given as a letter grade.

Internship Evaluation End Score: ……..
Letter Grade:……..

Score Range	Letter Grade	Credit Rating
90 – 100	AA	4.0
80 – 89	BA	3.5
70 – 79	BB	3.0
65 – 69	CB	2.5
60 – 64	CC	2.0
0 – 59	FF	
Absent	FA	

**Attendance	Absence ≤ 20% ☐	Absence > 20% ☐
Decision	Qualified ☐	Unqualified ☐

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

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

1. Participation in Educational Activities

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

****** à 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

***** àBasic medical practices selected by the Deparment Internship Committee in accordance with the National Core Education Program (UCEP) 2020 and Internship Learning Objectives

****** àMinimum number of practices determined by the Department Internship Committee within the facilities of the clinic

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

******** à 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.*	

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