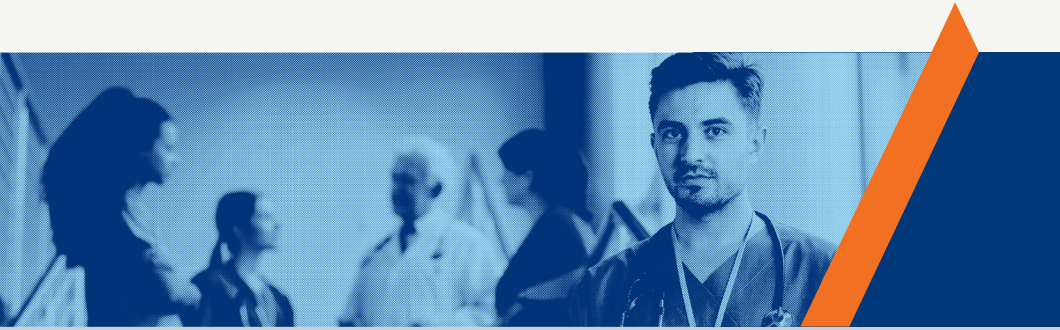




ACIBADEM
UNIVERSITY



SCHOOL OF MEDICINE
INTERNSHIP LOGBOOK

2026-2027





ACIBADEM

MEHMET ALİ AYDINLAR
UNIVERSITY

Name & Surname

: _____

Student Number

: _____

Internship Period

: _____ / _____ / 20____ - _____ / _____ / 20____

You should fulfill this logbook during
Internship Program.

At the end of the program it should be submitted
to Medical Education Coordination Office
at the University.

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Dear Interns,

First of all, we would like to congratulate you on reaching the final year of your medical education and beginning your internship. This stage represents a critical transition in your professional journey—from medical student to physician—and marks the first time you will actively engage in hands-on clinical practice, building upon your prior theoretical knowledge and foundational training.

During this period, you will be expected to develop and consolidate the competencies required for the practice of general medicine, including clinical reasoning, procedural skills, communication, professionalism, and ethical decision-making.

At Acıbadem Mehmet Ali Aydınlar University School of Medicine, our mission is to educate future physicians who practice evidence-based medicine, value scientific inquiry, demonstrate integrity, and are committed to improving human health and well-being. Throughout your internship, you will continue to strengthen your clinical knowledge and communication skills under the supervision of experienced faculty members. You will also have the opportunity to apply your knowledge in outpatient and inpatient settings, gain hands-on experience, and perform essential clinical procedures.

The internship program is conducted at Acıbadem Mehmet Ali Aydınlar University Kerem Aydınlar Campus, as well as in affiliated hospitals and other healthcare institutions. The program is aligned with the National Core Curriculum (UÇEP – Ulusal Çekirdek Eğitim Programı). In line with curricular requirements, interns may be assigned to primary, secondary, or tertiary healthcare settings upon recommendation of the Curriculum Development Committee and Program Coordinators, and with the approval of the Faculty Board and the Dean. In such cases, training programs are structured in accordance with departmental workflows and learning objectives. Clinical training may take place in inpatient and outpatient clinics, operating rooms, laboratories, primary care facilities, and community settings.

During the one-year internship, you will complete the following rotations:

- Internal Medicine (8 weeks)
- Community Health and Primary Care (8 weeks)
- Pediatrics (8 weeks)

- Emergency Medicine (8 weeks)
- General Surgery (4 weeks)
- Obstetrics and Gynecology (4 weeks)
- Psychiatry (3 weeks)
- Simulated Clinical Practice (1 week)
- Elective Rotation (8 weeks), based on your individual interests

Your rotations will include night shifts, reflecting the realities of clinical practice. You are required to complete your Logbook regularly during each rotation. At the end of each rotation, the completed Logbook must be submitted to the Medical Education Coordination Office (TEK Office) for review. Following verification, the Logbook will be returned to you for use in the subsequent rotation. Upon completion of all rotations at the end of the internship year, the Logbook must be submitted in full to the TEK Office and formally handed over with a signature confirmation prior to graduation.

Detailed guidance regarding expectations and responsibilities will be provided by the supervising faculty members in each rotation.

As interns, you are regarded as junior colleagues and active members of the healthcare team. Therefore, attendance in all rotations is mandatory. Attendance and absenteeism are regulated in accordance with the provisions of the Acibadem Mehmet Ali Aydınlar University School of Medicine Undergraduate Medical Education Directive.

The internship year offers a unique opportunity for professional growth, experiential learning, and the development of clinical competence. We encourage you to approach this period with dedication, responsibility, and a commitment to lifelong learning.

We wish you a productive, rewarding, and successful internship year.

YEAR VI INTERNSHIP PROGRAMS 2026-2027					
CODE	CLERKSHIP	DEPARTMENTS	Duration (Weeks)	National Credits	ECTS
MED 601	Internal Medicine	Internal Medicine	8	8	9
MED 602	General Surgery	General Surgery	4	4	4
MED 603	Pediatrics	Pediatrics	8	8	9
MED 604	Obstetrics & Gynecology	Obstetrics & Gynecology	4	4	4
MED 605	Psychiatry	Psychiatry	3	3	3
MED 606	Community Health & Primary Care	Public Health Family Medicine	8	8	10
MED 607	Emergency Medicine	Emergency Medicine	8	8	10
MED 608	Simulated Clinical Practice		1	1	1
MED 6001 MED 6002	Elective Internship Program	All Departments	8	8	10
TOTAL			52	52	60

2026 -2027 ACADEMIC CALENDAR YEAR VI

Group A		Dates
MED 604	Obstetrics and Gynecology	29.06.2026- 26.07.2026
MED 608	Simulated Clinical Practice	27.07.2026 - 02.08.2026
MED 603	Pediatrics	03.08.2026 - 27.09.2026
MED 606	Community Health and Primary Care	28.09.2026 - 22.11.2026
MED 607	Emergency Medicine	23.11.2026 - 17.01.2027
MED 605	Psychiatry	18.01.2027 - 07.02.2027
MED 602	General Surgery	08.02.2027 - 07.03.2027
MED 601	Internal Medicine	08.03.2027 - 02.05.2027
MED 6001	Elective Internship-1	03.05.2027 - 30.05.2027
MED 6002	Elective Internship -2	31.05.2027- 27.06.2027
Group B		Dates
MED 605	Psychiatry	29.06.2026 - 19.07.2026
MED 608	Simulated Clinical Practice	20.07.2026- 26.07.2026
MED 606	Community Health and Primary Care	27.07.2026 - 20.09.2026
MED 604	Obstetrics and Gynecology	21.09.2026 - 18.10.2026
MED 603	Pediatrics	19.10.2026 - 13.12.2026
MED 601	Internal Medicine	14.12.2026 - 07.02.2027
MED 607	Emergency Medicine	08.02.2027 - 04.04.2027
MED 602	General Surgery	05.04.2027 - 02.05.2027
MED 6001	Elective Internship-1	03.05.2027 - 30.05.2027
MED 6002	Elective Internship -2	31.05.2027- 27.06.2027

Group C		Dates
MED 608	Simulated Clinical Practice	29.06.2026 - 05.07.2026
MED 607	Emergency Medicine	06.07.2026 - 30.08.2026
MED 602	General Surgery	31.08.2026 - 27.09.2026
MED 601	Internal Medicine	28.09.2026 - 22.11.2026
MED 604	Obstetrics and Gynecology	23.11.2026 - 20.12.2026
MED 605	Psychiatry	21.12.2026 - 10.01.2027
MED 603	Pediatrics	11.01.2027 - 07.03.2027
MED 606	Community Health and Primary Care	08.03.2027 - 02.05.2027
MED 6001	Elective Internship-1	03.05.2027 - 30.05.2027
MED 6002	Elective Internship -2	31.05.2027- 27.06.2027
Group D		Dates
MED 601	Internal Medicine	29.06.2026 - 23.08.2026
MED 604	Obstetrics and Gynecology	24.08.2026 - 20.09.2026
MED 608	Simulated Clinical Practice	21.09.2026 - 27.09.2026
MED 607	Emergency Medicine	28.09.2026 - 22.11.2026
MED 602	General Surgery	23.11.2026 - 20.12.2026
MED 606	Community Health and Primary Care	21.12.2026 - 14.02.2027
MED 605	Psychiatry	15.02.2027 - 07.03.2027
MED 603	Pediatrics	08.03.2027 - 02.05.2027
MED 6001	Elective Internship-1	03.05.2027 - 30.05.2027
MED 6002	Elective Internship -2	31.05.2027- 27.06.2027

A digital human figure composed of blue and red dots, standing against a background of binary code and glowing lines. The figure is shown from the waist up, with its arms slightly away from its body. The background is a dark blue space filled with glowing lines and binary code (0s and 1s) in white and red. The text "INTERNAL MEDICINE" is centered in the middle of the image in a white, sans-serif font.

INTERNAL MEDICINE

Clerkship	Year	Code	Duration Weeks	Credit	ECTS
Internal Medicine	6	MED 601	8	8	9

Educational Language	English (Practical sessions will be conducted in Turkish)
Course Type	Compulsory
Course Level	Undergraduate
Coordinators of the Clinical Period	Demet DİNÇ MD. Instructor Işıl PAKIŞ, MD. Prof.
Hospital Clinical Education Coordinators	Sevgi ŞAHİN, MD. Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.
Program Coordinators	Sevgi ŞAHİN, MD. Prof. Fatih Oğuz Önder, MD. Prof.
Academic Units	INTERNAL MEDICINE PULMONARY DISEASES INFECTIOUS DISEASES CARDIOLOGY HISTORY OF MEDICINE AND ETHICS SIMULATED CLINICAL PRACTICE

Course Duration	8 Weeks
Educational Methods	• Seminars (Presented by interns and faculty staff), • Journal Clubs, • Case Discussions during ward rounds and out patients' clinics, • Clinical Skills Training, • Ward rounds, • Bed Side Training, • Outpatient clinics, • On-call duties and Night Shifts • Multimodal internal medicine-ethics booth camp.

Assessment Methods	Direct observation and evaluation of intern-patient relationships, patients' case files recorded by interns, completing the defined duties, scheduled tasks, medical interventions performed by interns.
Course Aims	This hospital based medical education program aims to deliver training in environment of wards and out-patient clinics of the tertiary healthcare facility.
Learning Outcomes	At the end of this program, interns will be able to: • Gather data for patients' case history, perform physical examination and develop a management plan. • Establish contact with patients and with patients' relatives. • Coordinate patient care, laboratory and radiologic tests under supervision of relevant primary doctor of the patient. • Keep medical case file records and fill and organize them when required. • Explain the legal issues regarding patients' case files. • Observe and interpret the changes in the patients' clinical and laboratory findings. • Facilitate interactions between various hospital staff. • Observe basic principles for management of an internal medicine ward. • Perform interventions for care of the patient. • Participate in the interplay of various disciplines required for the management of the patients who need multidisciplinary approach. • Deliver informing speeches to the patients and relatives when required. • Observe patient management in out-patient clinics. • Demonstrate ethical sensitivity and professional motivation during the internship period, • Apply professional and ethical values in clinical and ethical decision-making in daily but simulated practice, • Prepare for real time critical, medical cases during their professional life beforehand, • Integrate ethical and clinical decision-making in light of ethics principles and evidence-based medicine. • Collaborate with clinicians, medical students & ethicists in interdisciplinarity and plurality.

COMPULSORY TASKS DURING THE INTERNSHIP

Ward Rounds

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

Out-patient clinics

- All interns will attend out-patient clinics and observe patient management with faculty staff.
- All interns will attend out-patient clinics for the 8 weeks of education. Rotations will be at weekly basis.
- Duty in the out-patient clinics will start after the daily ward- rounds and daily duration of the out-patient clinic will be determined by the relevant faculty member.

Seminars

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

Interventions

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

Night Shifts

- Intern doctors will have night shifts during week days.
- Night shift duty will begin at 17:00 and will finish at 8.30 next day.
- Interns on duty are obliged to visit hospitalized patients of internal medicine department at least once during the night shift.
- Night shift interns have the duty to inform other doctors about the events happened during the night shift, laboratory tests or radiologic examination to be followed-up.
- Interns with absenteeism without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absenteeism more than legal limit will cause the renewal of the course program.
- The interns should comply with the terms and rules of the department, consulting staff, and the special requirements asked by the clinical wards. Maximum care should be performed in order to keep the patient records and privacy unexposed.

Training Sites

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

Training Rotation Program

- Each intern attends the ward rounds, out-patient clinics according to the following durations:
- Hematology or oncology – 2 weeks (mainly ward rounds)
- Gastroenterology – 1 week
- Endocrinology – 1 week
- Nephrology – 1 week
- Cardiology – 1 week
- Infectious disease – 1 week
- Pulmonology – 1 week
- CASE - last day of the program.

Suggested Reading

- Cecil Essentials of Medicine 9th Ed.
- Harrisons Principles of Internal Medicine 19th ed
- Current Diagnosis and Treatment 2016

- UptoDate (<http://www.uptodate.com/home>)
- Medscape (<http://www.medscape.com/>)
- Aronowitz R. and Greene JA. Contingent Knowledge and Looping Effects- A 66- Year-Old Man with PSA-Detected Prostate Cancer and Regrets, NEJM, 2019;381(12):1093-1096
- Ong YT, Kow CS, Teo YH, et al. Nurturing professionalism in medical schools. A systematic scoping review of training curricula between 1990-2019. Med Teach. 2020; 42:636-649.
- Sulmasy LS, Bledsoe TA: ACP Ethics, Professionalism and Human Rights Committee. American College of Physicians Ethics Manual: Seventh Edition. Ann Intern Med. 2019 Jan 15;170(2_Suppl):S1-S32. Doi: 10.7326/M18-2160. PMID: 30641552.
- Case History and Commentary by Sherly Mitnick, MPH, RN and Lois Snyder Sulmasy, When the Family Caregiver Is a Physician: Negotiating the Ethical Boundaries CME / ABIM MOC, Released 21.02.2020.
- Sheffield V, Fraley L, Warriar G. Addressing Biased Patient Behavior A Teachable Moment, JAMA Internal Medicine, 2021; 181 (21): 1631-1632.
- Yaylaci, S., Ulman, Y.I., Vatansever, K. et al. Integrating patient management, reflective practice, and ethical decision-making in an emergency medicine intern boot camp. BMC Med Educ 2021;21,536.

<https://doi.org/10.1186/s12909-021-02970-8>

Patients Case Files

Please add the case-files of the discharged patients to this log book. Please consider the privacy of the patients and keep the files anonymous. Patients will be identified by protocol number.

[illegible]

Intervention

Seminar	
Topic	
Date	
Supervisor	

Intervention	Protocol Number / Date	Supervising Doctor / Signature

At least 5 interventions required to successfully finish the internal medicine internship.

Night Shifts

Date	Signature of Consulting Doctor

Compensation night shifts done after absenteeism should be designated.

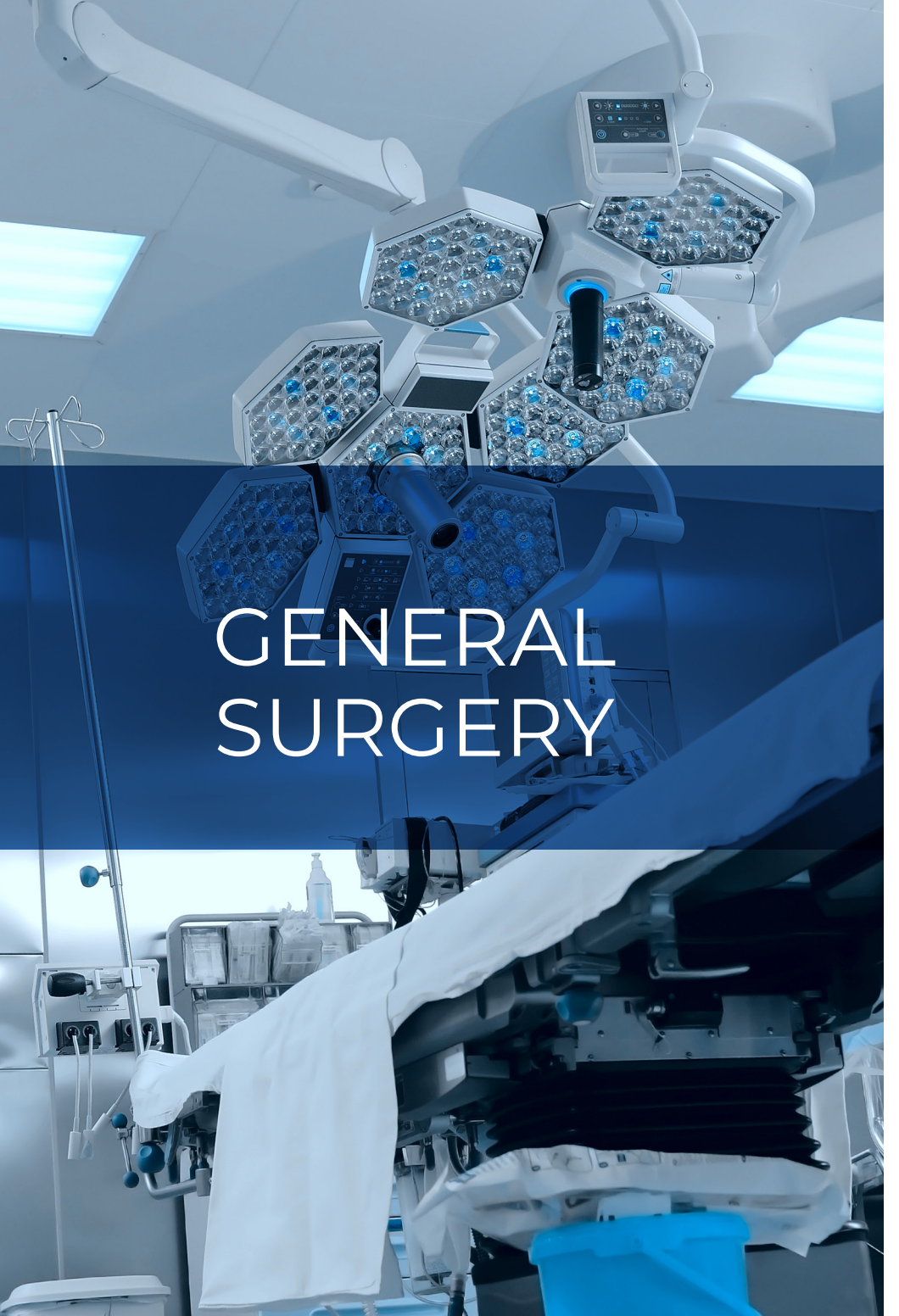
TIMETABLE					
Week / Day	Monday	Tuesday	Wednesday	Thursday	Friday
1	Hematology	Hematology	Hematology	Hematology	Hematology
2	Infectious Diseases	Infectious Diseases	Infectious Diseases	Infectious Diseases	Infectious Diseases
3	Pulmonary Diseases	Pulmonary Diseases	Pulmonary Diseases	Pulmonary Diseases	Pulmonary Diseases
4	Nephrology	Nephrology	Nephrology	Nephrology	Nephrology
5	Cardiology	Cardiology	Cardiology	Cardiology	Cardiology
6	Gastroenterology	Gastroenterology	Gastroenterology	Gastroenterology	Gastroenterology
7	Endocrinology	Endocrinology	Endocrinology	Endocrinology	Endocrinology
8	Medical Oncology	Medical Oncology	Medical Oncology	Medical Oncology	Medical Oncology / Ethics Boot Camp

INTERNSHIP ATTENDANCE CHART					
Week / Day	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
4					
5					
6					
7					
8					

Out-patient Clinics

TASK TABLE			
Name/Surname:		Start Date:	End Date:
Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature

Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature

A photograph of an operating room. In the center, a large, multi-panel surgical light fixture is suspended from the ceiling, emitting a bright blue light. The fixture has several hexagonal panels, each containing many small, circular light elements. Below the lights, a patient is lying on an operating table, covered with a white surgical drape. The background shows various medical equipment, including a stand with a blue bag and other instruments. The overall color scheme is dominated by the blue light from the surgical lamps.

GENERAL SURGERY

Clerkship	Year	Code	Duration Weeks	Credit	ECTS
General Surgery	6	MED 602	4	4	4

Educational Language	English (Practical sessions will be conducted in Turkish)
Course Type	Compulsory
Course Level	Undergraduate
Phase II/III Coordinators	Demet DİNÇ, MD. Instructor Işıl PAKİŞ, MD. Prof.
Phase II/III Clinical Education Coordinators	Sevgi ŞAHİN, MD. Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.
Program Coordinators	Volkan ÖZBEN, MD. Prof. Onur DÜLGEROĞLU, MD. Assoc. Prof.
Academic Units	GENERAL SURGERY

Educational Methods	• Bedside training • Outpatient clinics, ward rounds, inpatient clinics • Incorporation to surgical procedures • Case discussions • Paper / lecture presentations and discussions • Attendance to multidisciplinary and Morbidity & Mortality meetings
Assessment Methods	• Failure to sign will be interpreted as absence • Full attendance is required to be successful • They are expected to fulfill the requirements including case presentations, lecture/paper presentations. • Clinical skills and professional attitude will be assessed. • Assessment will be interpreted as sufficient or insufficient.
Course Aims	• The aim is to teach basic surgical topics and principles to sixth-year medical students with bedside training, case discussions and paper presentations. They will learn to be a part of a surgical team and will take direct responsibility for the patient care. • The students will have opportunities to join in the both inpatient and out-patient settings with medical teachers and other health professionals in the relevant hospitals of Acibadem Health Care Group. • Each student is expected to: • Incorporate basic knowledge and clinical experience to obtain modern patient-oriented clinical care and • Participate the care of patients in the various stages (preoperative area, inpatient and outpatient clinics, operative procedures, recovery and follow-up) of evaluation and treatment by surgeons.

Learning Outcomes	At the end of this internship program the students will be able to evaluate the patient and analyze the symptoms and examination findings related with the following topics. • Acute abdomen • Acute mastitis, nipple discharge and symptoms of breast mass, axillary lymph node examination • Anorectal disorders (anal abscess, hemorrhoidal disease, anal fissure, etc) and differential diagnosis such as rectal cancer. • Acute cholecystitis • Abdominal wall hernia • Thyroid disorders and approach to thyroid nodules • Define minimally invasive surgery and robotics • Apply the following skills under observation • Suturing and suture removal • Abscess drainage • Placement of urinary catheter • Placement of nasogastric tube • Wound care • Prepare a medical report of a patient and fill out daily follow-up notes of the patient
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Internship Detailed Program and Information

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

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

Maturity, attentiveness, flexibility, and the ability to follow written and verbal directions are qualities that are absolutely imperative to prevent hindrance of patient care. Professionalism is essential. Please be respectful to the surgical staff and nurses at all times.

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

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

- Gastrointestinal Surgery
- Hepatopancreatobiliary Surgery
- Breast and Endocrine Surgery
- Transplant Surgery

Working plan and Responsibilities

1- The responsibilities during the 6th year involve total care of all patients under the supervision of the faculty and resident staff.

2- The general surgery internship program lasts 4 weeks. In the beginning of the internship, the working schedule is declared to the intern doctors and this schedule is reported to the faculty and resident staff.

3- The general surgery internship program takes place in the Acibadem Atakent, Maslak and Altunizade Hospitals.

4- Within this program, intern doctors are expected to work in the inpatient and outpatient clinics as well as in the operating rooms.

5- Absence from the clinic without reporting an excuse is not allowed. Interns who will be absent must report, in advance, their excuse to the clinical coordinator. Absence with approved excuses will be made up by the intern. Otherwise, the internship program will be subject to repetition.

6- The faculty members and/or surgeons/or residents conduct ward rounds. All the interns must be present during the rounds.

7- During ward rounds, interns who are in charge with the inpatient clinic will present their patients. Interns are obliged to know all the clinical data of the patients they are responsible for.

8- Interns who are responsible for the inpatient clinic will accompany their patients during consultations, and they are supposed to be in direct contact with the consultants and prepare the treatment plan under the guidance of surgeons.

9- In the inpatient clinic, interns are supposed to take patient history, change wound dressings, and insert nasogastric tube and urinary catheters under the supervision of the surgical staff.

10- In the outpatient clinics, interns are supposed to participate actively to the clinical examination of patients.

11- Interns working in the operating room are supposed to be present in the operating room. They are expected to scrub up and participate to the surgical procedures.

12- Rooms available for intern doctors are located in the inpatient clinics and/or in the departmental area. Interns can use these rooms during their free times in the clinic.

13- During the general surgery internship, each intern must be on duty (nightshift) 4 times. The schedule will be announced to the interns in the beginning of the internship. Interns are supposed to start their duty at 6:00 pm during the week and finish on the next day after the morning round is completed. After the morning round interns in the duty must take signature from the committee chair of hospital. Interns are allowed to take one-day leave after the completion of duty.

14- During the internship program, all the interns are supposed to participate to the multidisciplinary meetings carried out in the clinic. These meetings are;

- 1)** Gastrointestinal oncology meeting (every Monday, 7:30-8:30 am)
- 2)** Breast multi-disciplinary meeting (every Friday, 7:00-8:30 am)

15- In the 4th week of the internship program, a morbidity and mortality meeting is carried out and the head of the department will declare the exact date of this meeting. Each intern is supposed to present a case in this meeting.

16- In the clinic, every Thursday at 7:00 am educational session, including morbidity and mortality discussions, literature presentations, and case- based thematic subjects, is carried out by video conferencing. The program will be given to you by the education coordinator in the beginning of your internship program. Each intern is expected to participate to these sessions.

17- Each intern will have a faculty or resident staff responsible for. In the middle of the internship program (at the end of the 2nd week), the staff will evaluate intern's working condition and any deficiencies will be reported to the intern. The same evaluation will be performed at the end of the internship and this will be graded and marked as success or fail.

18- Within the working hours, intern doctors must be in good relationship with the residents, surgical staff, faculty members, nurses, and auxiliary staff and must obey code of conduct.

19- In addition to clean and tidy outfit/dress, intern doctors must wear white coat or uniforms at all times in the inpatient and outpatient clinic (male interns should shave daily).

20- All interns shall attend the weekly multidisciplinary tumor board meetings held within the unit in which they are assigned.

TIMETABLE					
WEEK/DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	Gastrointestinal System Surgery	Gastrointestinal System Surgery	Gastrointestinal System Surgery	Gastrointestinal System Surgery	Gastrointestinal System Surgery
2	Breast and Endocrine Surgery	Breast and Endocrine Surgery	Breast and Endocrine Surgery	Breast and Endocrine Surgery	Breast and Endocrine Surgery
3	Hepatopancreatobiliary Surgery	Hepatopancreatobiliary Surgery	Hepatopancreatobiliary Surgery	Hepatopancreatobiliary Surgery	Hepatopancreatobiliary Surgery
4	Organ Transplantation Units	Organ Transplantation Units	Organ Transplantation Units	Organ Transplantation Units	Organ Transplantation Units

INTERNSHIP ATTENDANCE CHART

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

Each intern must get signature for their daily attendance and permission of leave after duty (nightshift) from subdivision responsible.

Logbook Task Table:

	DATE	SIGNATURE
History taking (n=5)		
Aseptic dressing (n=5)		
Stitch removal (n=5)		

	DATE	SIGNATURE
Removal of drain (n=5)		
Writing epicrisis (n=5)		
Taking informed consent (n=2)		
Assisting operation note writing (n=5)		

	DATE	SIGNATURE
Assisting pre-/ post-operative order writing (n=10)		

Operative Skills

Scrubbing, gowning, gloving (n=5)		
Skin stitching (n=5)		
Assisting laparoscopic surgery (appendectomy, cholecystectomy, etc.) (n=1)		
No of operations assisted (n=5)		

A photograph of a pediatrician in a white lab coat examining a young child. The doctor is using a stethoscope on the child's chest. The child is smiling and holding the stethoscope's chest piece. The background shows a clinical setting with white cabinets and blue folders. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the word "PEDIATRICS" in white capital letters.

PEDIATRICS

Clerkship	Year	Code	Duration Weeks	Credit	ECTS
Pediatrics	6	MED 603	8	8	9
Educational Language	English (Practical sessions will be conducted in Turkish)				
Course Type	Compulsory				
Course Level	Undergraduate				
Phase II/III Coordinators	Demet DİNÇ, MD. Instructor İşıl PAKİŞ, M.D. Prof.				
Phase II/III Clinical Education Coordinators	Sevgi ŞAHİN, M.D., Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.				
Program Coordinators	Baran Cengiz ARCAGÖK, MD. Assoc. Prof Tarkan İKİZOĞLU, MD. Assist. Prof.				
Academic Units	PEDIATRIC ALLERGY AND IMMUNOLOGY PEDIATRIC CARDIOLOGY PEDIATRIC ENDOCRINOLOGY AND METABOLISM PEDIATRIC GASTROENTEROLOGY AND NUTRITION PEDIATRIC GENETICS PEDIATRIC HEMATOLOGY AND ONCOLOGY PEDIATRIC INFECTIOUS DISEASE PEDIATRIC INTENSIVE CARE AND EMERGENCY MEDICINE NEONATOLOGY PEDIATRIC NEPHROLOGY PEDIATRIC NEUROLOGY SOCIAL PEDIATRICS GENERAL PEDIATRICS AFFILIATED FACULTY				

Course Duration	8 Weeks
Educational Methods	• Practice in outpatient clinics • Practice in Clinical Wards and Intensive Care Units • Weekly Academic Meetings • Academic Staff Lectures • Journal Club • Intern Presentations
Assessment Methods	• Performance assessment, • Active and on-time attendance, • Patient evaluation and physical examination, • Seminar/article preparation and presentation, • Clinical skills assessment, • Personal Professional Attitude
Course Aims	The purpose of Pediatrics Internship is to integrate knowledge, attitudes and skills already acquired in the first 5 years of medical school into the clinical discipline, follow-up of healthy children and practice current diagnostic and therapeutic approaches in common medical situations. Interns at Acişadem University School of Medicine will graduate equipped with interest and understanding of health issues regarding children in our country and the world with extensive knowledge in preventive and routine pediatric care. Interns will actively participate in care of hospitalized children and outpatients, practicing disease prevention, (differential) diagnosis, treatment and follow-up strategies and providing support for patient and family
Learning Outcomes	At the end of this program, interns will be able to: • Demonstrate effective communication skills, both oral and written, with peers on their medical team, parents, attending physicians as well as deliver oral presentations in various settings such as work rounds, patient consultations, family meetings, etc. • Obtain an extensive pediatric history from the parent and from the child.

Learning Outcomes

- Perform a complete physical examination on patients from the neonatal period through adolescence,
- Promptly assess mental status, cooperation quality and develop the ability to use Glasgow Coma Scale,
- Measure age-appropriate anthropometric parameters and evaluate growth parameters effectively
- Formulate a clinical assessment and management plan, by integrating basic science and clinical knowledge, and demonstrate critical thinking skills in the management of pediatric problems.
- Design an appropriate plan for immunization practices, nutrition in well-babies, and oral rehydration therapy
- Provide adequate information and support for encouraging Breastfeeding
- Fully evaluate a patient with common morbidities in childhood, such as infectious, cardiac, endocrine, hematologic, neoplastic, immunologic, nephrological, neuromuscular and genetic diseases.
- Perform certain minor procedures in accordance with National Core Curriculum Guideline; venous puncture, establishment of peripheral/central venous line, establishment of urinary catheters, suturing, intubation, various site injections, basic life support, performing lumbar puncture and etc.
- Experience on certain techniques; evaluation of peripheral smears, evaluating urine and stool analysis, obtaining various cultures with appropriate techniques, and etc.
- Measure and evaluate vital signs ie. blood pressure, heart rate and respiratory rate, body temperature.
- Perform and evaluate certain tests like electrocardiogram, pulmonary function tests, clotting time and etc.
- Prescribe common pediatric drugs and experience on weight based drug dose and parenteral medication calculations
- Interpret common pediatric biochemical, hematological, microbiological and radiological tests
- Prepare patient files and document follow-up notes and medical reports accurately.

COMPULSORY TASKS DURING THE INTERNSHIP

Outpatient Clinics

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

Inpatient Clinics

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

Journal Clubs and Academic Meetings:

All interns should attend weekly Academic Meetings, Wednesdays at noon. Clinical discussions and lecture presentations are provided by Academic Staff. All consulting staff and specialists are expected to attend the meeting. Each intern is required to perform an oral presentation during the Pediatric Internship programme. The subjects and/or articles will be provided by the consultant staff of the month. The Internship Director will announce the presentation schedule at the beginning of the course.

On-Call Duties in Emergency Out-patient Clinic:

All interns should be available during On-call duties and night shifts. They should perform all clinical skills under supervision of consulting staff. In the next morning, interns are expected to verbally report their On-call duty experience to a staff physician.

Useful Information:

Programme Sites:

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

Pediatrics Internship Sites:

General Pediatrics and Well-baby out-patient clinics in Atakent Altunizade and Maslak Hospitals,

Neonatal ICUs in Acibadem Atakent, Acibadem Altunizade and Acibadem Maslak Hospitals,

Pediatric ICU in Acibadem Atakent and Acibadem Altunizade Hospitals,

Pediatric Emergency Unit in Acibadem Atakent Hospital.

Subspecialty out-patient Clinics:

Pediatric Allergy and Immunology in Acibadem Atakent, Acibadem Altunizade and Acibadem Maslak Hospitals,

Pediatric Cardiology in Acibadem Altunizade Hospital,

Pediatric Endocrinology in Acibadem Atakent and Acibadem Maslak Hospitals,

Pediatric Gastroenterology in Acibadem Atakent and Acibadem Maslak Hospitals,

Pediatric Genetics in Acibadem Maslak and Acibadem Altunizade Hospitals,

Pediatric Hematology and Oncology in Acibadem Altunizade Hospital,

Pediatric Infectious Disease in Acibadem Atakent Hospital,

Pediatric Nephrology in Acibadem Altunizade Hospital,

Pediatric Neurology in Acibadem Altunizade and Acibadem Maslak Hospitals.

PEDIATRIC INTERNSHIP OVERVIEW

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

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

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

INTERNSHIP ATTENDANCE CHART

Week / Day	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
4					
5					
6					
7					
8					

Seminar	
Topic	
Date	
Supervisor	

Intervention	Protocol Number / Date	Supervising Doctor

At least 3 interventions required to successfully finish the pediatrics internship

48

[illegible]

TASK TABLE			
Name/Surname:		Start Date:	End Date:
Task/Procedure	Patient Protocol No	Date	Instructor Signature

Responsibilities

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

Suggested Readings and Internet Resources

- Nelson Textbook of Pediatrics, 2-Volume Set, 21th Edition (2016).
- Report of the Committee on Infectious Disease. Red Book, 30th Edition (2015).
- <http://redbook.solutions.aap.org/redbook.aspx>.
- <http://www.cdc.gov/vaccines/schedules/index.html>
- <http://learnpediatrics.com/>
- <http://www.pedscases.com/>
- <http://pediatriceducation.org/>
- <http://www.medutv.uio.no/jbgttest/elaring/fag/barnesykdommer/index.shtml>
- <http://pediatriccare.solutions.aap.org/Pediatric-Care.aspx>
- <http://pedclerk.bsd.uchicago.edu/page/genetic>

OBSTETRICS &
GYNECOLOGY

Clerkship	Year	Code	Duration Weeks	Credit	ECTS
Obstetrics & Gynecology	6	MED 604	4	4	4

Educational Language	English (Practical sessions will be conducted in Turkish)
Course Type	Compulsory
Course Level	Undergraduate
Phase II / III Coordinators	Demet DİNÇ MD. Instructor Işıl PAKİŞ, M.D. Prof.
Phase II / III Clinical Education Coordinators	Sevgi ŞAHİN, M.D., Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.
Program Coordinators	Serkan ERKANLI, MD. Prof. Suat DEDE, MD. Prof. Emine KARABÜK, MD. Assist. Prof.
Academic Units & Staff	OBSTETRICS AND GYNECOLOGY

Course Duration	4 Weeks
Educational Methods	Lectures, Clinical Skills Training, Ward rounds- outpatient clinics, On-call duties
Assessment Methods	Clinical Skills Assessment
Course Aims	The purpose of this course is; to provide sixth year medical students necessary knowledge about etiology, clinical signs-symptoms, differential diagnosis and treatment of common obstetric and gynecologic problems and, emergencies. Interns are expected to; Actively participate in maternal and fetal monitoring during labor and learn dynamics of vaginal delivery. Realize how OB/GYN merges surgery, medicine, and primary preventive care into a single practice. Discuss how overall mental and physical health interacts with reproductive function. Gain comfort in taking an appropriate OB/GYN history and performing pelvic examination. Introduce the principles of surgery related to women's health.
Learning Outcomes	At the end of this internship program students will be able to; • Demonstrate the ability to take a thorough Ob/ Gyn history, including menstrual history, obstetric history, gynecologic history, contraceptive history and sexual history. • Demonstrate the ability to perform a gynecologic examination (Speculum/bimanual) • Demonstrate the ability to perform an obstetric exam • Demonstrate the ability to perform Pap smear. • Demonstrate the ability to interpret electronic fetal monitoring. • Demonstrate the ability to provide contraceptive counseling • Demonstrate the ability to communicate the results of the OB/ GYN history and physical examination by well-organized written notes and oral reports. • Demonstrate the ability to formulate a differential diagnosis of the acute abdomen including ectopic pregnancy. • Demonstrate the ability to describe the etiology and work up for infertility.

Learning Outcomes	• Demonstrate the ability to describe gynecologic malignancies including risk factors, signs and symptoms and initial evaluation of abnormal Pap smear, Postmenopausal bleeding, and adnexal mass/cyst • Explain the principles of antenatal and postpartum follow-up, determination of obstetric risk factors, and management of obstetric hemorrhage. • Demonstrate the ability to develop hypotheses, diagnostic strategies and management plans in the evaluation of antepartum, intrapartum and postpartum patients. • Demonstrate the ability to develop hypotheses, diagnostic strategies and management plans in the evaluation of patients with gynecologic problems, including routine postoperative care following gynecologic surgery. • Follow and assist 5 vaginal deliveries and appreciate dynamics of delivery.
Educational Methods	Case Discussions, Paper presentation and discussion, Bed side training, Assisting deliveries, Gowning for surgeries, Labor and delivery 24 hour calls (5 calls/month), Practice in operating and delivery room, Shadowing an attending for daily activities (outpatient clinic, surgeries and postoperative visits).
Assessment Methods	Failure to sign in will be interpreted as absence; 20 % absence requires repeating the course, Attendance to clinics and compliance, Competency in Patient care, Case Presentations Paper/Lecture presentations, Attitude during rounds is measured.

COMPULSORY TASKS DURING THE INTERNSHIP

Journal Clubs and seminars:

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

Inpatient Clinics:

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

Outpatient clinics etc.

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

Useful information

Training Sites:

Acibadem Atakent Hospital (ATAK)

Acibadem Maslak Hospital (MAS)

Responsibilities:

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

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

TIMETABLE					
WEEK/DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	Operating Room	Operating Room	Operating Room	Operating Room	Operating Room
2	Outpatient Clinics	Outpatient Clinics	Outpatient Clinics	Outpatient Clinics	Outpatient Clinics
3	Ward	Ward	Ward	Ward	Ward
4	Night Shift	Night Shift	Night Shift	Night Shift	Night Shift

TASK TABLE			
Name/Surname:		Start Date:	End Date:
Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature

Task/Procedure	Patient Protocol No	Date	Responsible Instructor Signature

INTERNSHIP ATTENDANCE CHART

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



PSYCHIATRY

Clerkship	Year	Code	Duration Weeks	Credit	ECTS
Psychiatry	6	MED 605	3	3	3

Educational Language	English (Practical sessions will be conducted in Turkish)
Course Type	Compulsory
Course Level	Undergraduate
Phase II / III Coordinators	Demet DİNÇ MD. Instructor Işıl PAKİŞ, MD. Prof.
Phase II / III Clinical Education Coordinators	Sevgi ŞAHİN, MD. Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.
Program Coordinators	Ceren MERİÇ ÖZGÜNDÜZ, MD. Assist. Prof.
Academic Units	PSYCHIATRY
Course Duration	3 Weeks This period will be spent as an observer in the psychiatry outpatient clinic of the hospital. Each student will work actively in the outpatient clinic for at least 2 days. Other days, they will accompany the consultation and evaluation of emergency cases.

Educational Methods	• Case presentations and discussions • Thematic meetings • Attendance at Outpatient clinics and observation Taking History and performing Mental State Examination of patients seen at the Outpatient clinics and Emergency Department • Clinic or on medical/surgical wards as part of the concept of Liaison Psychiatry
Assessment Methods	• Present a case which should include description of symptoms and mental state features, etiological factors, • medical/legal/family/substance use history, differential diagnoses, a plan of management, assessment of prognosis and risk assessment. • Present a recently published research article in the field of Psychiatry improving the knowledge of statistics and methodology in medical research (voluntarily).
Course Aims	The interns should aim to improve their skills of actively incorporating any mental health issues that they will come across in their clinical practice. They should be able to diagnose and treat simple psychiatric cases (such as depressive disorder, anxiety disorders) at a primary care level and make referrals to secondary care accordingly. Furthermore, they should be able to make a risk assessment for each patient (including psychiatric emergencies such as risk of suicide/homicide).
Learning Outcomes	• Describe the clinical presentation of common psychiatric disorders and summarize the major categories of psychiatric disorders, using ICD-10/ DSM 5. • Describe the pharmacological, psychological and other (e.g. ECT) treatment options for psychiatric patients, including the indications, method of actions and side effects. • Describe what may constitute risk to suicide, homicide, self-harm, high risk behavior and risk to and from others and can conduct a risk assessment. • Take a full psychiatric history and carry out a mental state examination. • Understand principles of immediate care in psychiatric emergencies which may occur in A&E and general medical settings.

COMPULSORY TASKS DURING THE INTERNSHIP

Students will attend the "Psychiatric interview techniques and psychiatric emergencies" presentation at the beginning of the internship.

Each student will spend at least 2 full days in the psychiatry outpatient clinic as an observer with a professor. Students will express their opinions about the examination, diagnosis process and treatment of these cases and the discussion will take place.

Students will take an active role in the psychiatric consultations of inpatients and in the evaluation of emergency psychiatric cases.

Each student will prepare a presentation on the diagnosis and treatment of one of the primary psychiatric disorders from DSM-5 (mood disorders, psychotic disorders, anxiety disorders) and present it to his/her professor and conduct a discussion.

At the end of the internship, each student will prepare a report on one of the patients. In this report, the student will discuss the patient's complaints, anamnesis details, differential diagnosis, and current treatment with reference to the literature (between 3 to 5 articles)..

Useful Information

Training Sites

Acibadem Atakent Hospital (ATAK)

Acibadem Maslak Hospital (MAS)

Responsibilities

- Working hours in the attended departments usually are between 08:30 and 17:00 during the weekdays.
- The supervisor will complete the internship assessment form after the course based on evaluation of Clinical case management, Interaction with patient and community, Professionalism, Personal Professional attitude.
- Interns will deliver their assessment forms completed by their field trainer to the Internship Coordinator at the end of the internship period.
- The interns who cannot obtain sufficient evaluation will fail and repeat the course.
- The interns should comply with the terms and rules of the visited departments / units, consulting staff, and the special requirements asked for by the clinicians-field trainers. Maximum care should be performed in order to keep the patient records unexposed.

- Interns with absence without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absence more than legal limit will lead to repetition of the course program.

Timetable

TIMETABLE					
WEEK/ DAY	Monday	Tuesday	Wednesday	Thursday	Friday
1	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS
2	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS
3	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS	Outpatient Clinic ATAK/MAS

Watch out for Following:

Behave according to ethical and legal principles.

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

Task Table

Date	Unit/Task	Signature of consulting doctor
	ATAK/MAS Observership	
	DSM-5 Diagnosis Presentation	
	Case Presentation	

INTERNSHIP ATTENDANCE CHART

Week / Day	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					

The image features a close-up of two hands, one above the other, cupping a central graphic. The graphic is a blue silhouette of a community, including a woman, a man, a child, and a person on a bicycle, all holding hands. The text 'COMMUNITY HEALTH & PRIMARY CARE' is overlaid in white on the blue silhouette.

COMMUNITY HEALTH & PRIMARY CARE

Clerkship	Year	Code	Duration Weeks	Credit	ECTS
Community Health and Primary Care	6	MED 606	8	8	10
Educational Language	English (Practical sessions will be conducted in Turkish)				
Course Type	Compulsory				
Course Level	Undergraduate				
Phase II/III Coordinators	Işıl PAKİŞ, MD. Prof. Demet DİNÇ, MD. Instructor				
Phase II/III Clinical Education Coordinators	Sevgi ŞAHİN, MD. Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.				
Program Coordinators	Pınar TOPSEVER, MD. Prof. Yeşim YASİN, PhD, Assoc. Prof.				
Academic Units & Staff	PUBLIC HEALTH Figen DEMİR, MD, Assoc. Prof. Yeşim YASİN, PhD, Assoc. Prof. FAMILY MEDICINE Pınar TOPSEVER, MD, Prof. Demet DİNÇ, MD, Instructor FORENSIC MEDICINE Işıl PAKİŞ, MD, Prof. Merve BAKIRTAŞ* *Master Program, Acıbadem University, Forensic Sciences				

Course Duration	8 Weeks
Educational Methods	• Practice in Family Health Centers (Aile Sağlığı Merkezleri) and District Health Directorates (İlçe Sağlık Müdürlükleri) and as well as other community-based primary care institutions, e.g. hospice and home-care institutions, migrant health clinics (Göçmen Sağlığı Merkezleri), anti-TB clinics (Verem Savaş Dispanserleri), elderly homes. • Observation of patient journey and care trajectories by case analyses and discussions, critical event analyses • Structured tutor feed-back sessions • Reflection sessions, peer education • Site visits • Seminars • Journal clubs • Health promotion project presentations
Assessment Methods	• Performance assessment via; • Assessment of student presentations (journal club, seminar and health promotion projects) • Active attendance as outlined in the log book.
Course Aims	This community-based medical education program aims to provide an experiential learning and training environment for practice in the primary health care institutions mentioned above. The overall goal is to consolidate knowledge and skills* regarding basic principles of community health and primary and preventive care, as well as the practice of family medicine.
Learning Outcomes	At the end of this program, interns will be able to: • Manage first contacts with patients, dealing with unselected problems, • Coordinate care with other healthcare professionals, • Act as an advocate for the patient within the social security and health care system, • Understand the financial and legal frameworks in which health care is given at the primary care level, • Adopt a person-centered approach in dealing with patients and problems in the context of the patient's circumstances, • Communicate, set priorities and act in partnership,

Learning Outcomes

- Value the benefit of continuity of care as determined by the needs of the patient
- Accept and manage complexity in clinical and ethical decision-making,
- Relate specific decision-making processes to the prevalence and incidence of illness in the community,
- Selectively gather and interpret information from history-taking, physical examination, and investigations and apply it to an appropriate management plan in collaboration with the patient,
- Observe the effectiveness of certain clinical working principles. e.g. incremental investigation, using time as a tool (watchful waiting-WW) and tolerating uncertainty,
- Intervene urgently when necessary,
- Manage conditions that may present early and in an undifferentiated way,
- Manage simultaneously multiple complaints and pathologies, both acute and chronic health problems in the individual,
- Promote health and well-being by applying health promotion and disease prevention strategies appropriately,
- Reconcile the health needs of individual patients and the health needs of the community in which they live in balance with available resources,
- Analyze and discuss the impact of the local community, including socio-economic factors, geography and culture on health, the workplace and patient care,
- Use a bio-psycho-social model taking into account cultural and existential dimensions,
- Investigate and design a strategy to control outbreaks-epidemics,
- Calculate, interpret and use health indicators,
- Observe and discuss services delivered by district health directorates (ilçe sağlık müdürlükleri-ism),
- Appraise the impact of policies, laws, and legislation on both, individual and population health,
- Explain and practice the expanded program on immunization (epi),

Learning Outcomes	• Define target groups of the epi and also adulthood vaccination, • Calculate immunization rates, vaccination coverage and vaccine needs, • Discuss cold chain and its importance, • Apply the basic principles of communicable disease control in community settings, • Name health promotion and prevention programs implemented by the ministry of health, • Evaluate the characteristics of the current health system at primary level health services, • Identify the environmental and occupational hazards, discuss their role in health and name control strategies, • Explain the effects of migration on health, • Explain how to take a water sample and interpret analysis results, • Explain how to plan health care services in disaster conditions/ health emergencies, • Name and explain the mode of action of modern family planning methods, • Counsel individuals for an informed choice regarding their reproductive health, • Educate communities to adopt a healthy lifestyle, • Value the importance of recognizing vulnerable groups (e.G. Homeless people, migrants, lgbtq+ community), identify barriers to access to healthcare and proactively manage their special health care needs, • Understand the functioning of 112 emergency medicine system by observing the emergency call response processes, triage protocols, and the coordination of healthcare teams in the field. • Manage forensic cases in primary health care.
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** Patient-centered clinical consultation skills, clinical, scientific and ethical reasoning, application of appropriate scientific methodology to conduct research in the community-primary care, critical appraisal of the literature, presentation skills, effective communication with colleagues and the community, professional conduct.*

COMPULSORY TASKS DURING THE PROGRAM

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

Attendance to all training activities is a main performance criterion of the internship. Attendance to all seminars and journal clubs, as well as to the practice rotations, site visits and the District Health Directorate and Family Health Center clinical clerkships is mandatory.

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

Beginning in the 3rd week of the internship, interns will start consulting at a family health unit outpatient clinic under the supervision of a family physician (field trainer), on average 4 days a week. This part of the internship will primarily focus on clinical experience in general practice out-patient care. Interns have to comply with local working regulations as outlined by the responsible field trainer and are responsible for returning their attendance sheets signed daily by the field trainer to the faculty in charge.

3) Site Visits:

Daily site visits to the institutions mentioned below are organized. Interns are required to present at the visited venue, detailed information on the program is provided in due course.

- a. District Health Directorate (İlçe Sağlık Müdürlüğü)
- b. Istanbul Medical Chamber (İstanbul Tabip Odası, İTO)

4) Practice Rotations:

To observe and experience the practice of community-based health services for vulnerable groups, the interns visit various primary health care institutions mentioned below in small groups.

- a. Hospice, Chronic and Home Care Facility (ALife)
- b. Anti-Tuberculosis Clinic (Verem Savaş Dispanseri)
- c. Migrant Health Center (Göçmen Sağlığı Merkezi)

5) Health Promotion Project for the Community; Aim and Infrastructure:

The aim of this task is to identify and investigate a significant problem within the community, based on observations during the internship. When planning the health promotion project, the interns shall experience the benefit of scientific and analytical thinking to define, better understand, and possibly resolve significant health/health care infrastructure problems in the community.

Subject:

The subject of the health promotion projects should arise from a significant problem within the local community where the interns conduct their practices in primary care.

Tasks and timetable:

Interns are required to form their working groups (WGs) of 3-4 interns each. The final project proposals are to be presented by the WGs at the end of the internship.

The project proposals are required to be;

- shared by oral presentations by the WGs to the whole group and the faculty,
- turned in as written reports to the faculty if asked for.

6) Journal Clubs and Seminars:

Journal clubs and seminars are run by the interns each week. In the first week, interns are assigned seminar topics and/or research study designs. Interns who are assigned to run a journal club have to choose an article from a selection of relevant primary care journals, the list of which is provided in the first week. Journal clubs are critical appraisal sessions of articles, presented by an intern followed by group discussion.

7) Attendance:

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

Useful Information: Training

Sites:

Family Health Units- Centers and District Health Directorates:

All Family Health Centers and District Health Directorates attended by the interns are based in the districts of **Ümraniye** or **Küçükçekmece** in Istanbul, which are the primary health care research and training regions of ACU SoM as per protocol between Acıbadem University and the Local Authorities. Interns will be asked to choose one of the assigned protocol regions and will be informed about their training sites in due course.

Journal Club and Seminar Topics:

Subjects for discussion during lectures, seminars and practice are provided to all students in the first week.

Responsibilities:

- 1) Working hours in the attended health institutions usually are between 08:30 and 17:00 during the weekdays.
- 2) Working hours in the Family Health Units-Family Health Centers will be communicated by field trainers- faculty in charge.
- 3) The consulting family physicians (field trainers) will complete the internship assessment form at the end of the internship based on evaluation of clinical case management, interaction with patients and community, professionalism and attitude.
- 4) Interns will deliver their assessment forms completed by their field trainer to the Intern Clerkship Coordinator at the end of the internship period.
- 5) The interns who cannot obtain sufficient evaluation will fail and repeat the course.
- 6) The interns should comply with the terms and rules of the visited departments-units, consulting staff and the special requirements asked for by the clinicians-field trainers. Maximum care should be performed in order to keep the patient records unexposed.
- 7) Interns with absenteeism without a valid excuse as defined by regulations, without documentation and/or permission of consulting staff will have

compensation on-call duties. Absenteeism over the legal limit will cause a necessity to repeat the internship.

- 8)** Maximum care should be performed to comply with hygienic procedures.

TIMETABLE

WEEK/ DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1	Orientation Seminars (faculty)	Seminars	Seminars	Seminars	Seminar Journal Club
Week 2	Seminar Journal Club	Seminars	Seminars	Seminars	Seminars
Week 3	Seminar Journal Club	Site visit: District Health Directorate	Site visit: Istanbul Medical Chamber	Clinical Practice Rotations	Clinical Practice Rotations
Week 4	Seminar Journal Club	Clinical Practice Rotations	Clinical Practice Rotations	Clinical Practice Rotations	Clinical Practice Rotations
Week 5	Seminar Journal Club	Clinical Practice Rotations	Anti-TB Clinic	Clinical Practice Rotations	Clinical Practice Rotations
Week 6	Seminar Journal Club	Clinical Practice Rotations	ALife	Clinical Practice Rotations	Clinical Practice Rotations
Week 7	Seminar Journal Club	Clinical Practice Rotations	Clinical Practice Rotations	Clinical Practice Rotations	Clinical Practice Rotations
Week 8	WGs Project Proposal Preparation	WGs Project Proposal Preparation	WGs Project Proposal Preparation	Project Presentations	Project Presentations

Abbreviations:

ASM: Aile Sağlığı Merkezi

İSM: İlçe Sağlık Müdürlüğü

FHC: Family Health Center

İTO: İstanbul Tabip Odası

PHC: Primary Health Care

VSD: Verem Savaş Dispanseri

GSM: Göçmen Sağlığı Merkezi

TASK TABLE

Name/Surname:	Start Date:	End Date:
Task/Procedure	Date	Responsible Instructor Signature
Health education and counseling (e.g. for breastfeeding, safe motherhood, healthy lifestyle)		
Patient-centered clinical consultation (incl. history taking and physical examination)		
Managing a clinical case in primary care (e.g. unselected patients, watchful waiting, rational use of screening or diagnostic tests, rational prescribing)		
Drawing and interpreting a population pyramid		

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

Critical appraisal of an article or seminar		
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Plan and present a health promotion project (group task)		
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Suggested Reading:

1. Halk Sağlığı Temel Bilgiler. Prof. Dr. Çağatay Güler, Prof Dr. Levent Akın. Hacettepe Üniversitesi Yayınları, 2012.
2. Türkiye Nüfus ve Sağlık Araştırması Raporu, 2018. Hacettepe Nüfus Etütleri Enstitüsü
3. <https://hsgm.saglik.gov.tr/tr/>
4. <http://sbu.saglik.gov.tr/Ekutuphane/YayinTur/Kitap>
5. WONCA Avrupa Aile Hekimliği-Genel Pratisyenlik Tanımı [http:// www.tahud.org.tr/medya/kitaplar/aile-hekimligi-avrupa-tanimi/9](http://www.tahud.org.tr/medya/kitaplar/aile-hekimligi-avrupa-tanimi/9)
6. Aile Hekimliği Uygulama Yönetmeliği 2015. <http://ailehekimligi.gov.tr/genel-mevzuat/yoenetmelikler/4058-aile-hekimlii-uygulama-yoenetmelii.html>
7. T.C. S.B. Aile Hekimliği Uygulamasında Önerilen Periyodik Sağlık Muayeneleri Ve Tarama Testleri 2015. https://hsgm.saglik.gov.tr/depo/birimler/Toplum_Sagligi_Hizmetleri_ve_Egitim_Db/Dokumanlar/rehberler/psm_2019.pdf
8. T.C. S.B. Birinci Basamağa Yönelik Tanı Tedavi Rehberleri 2012. http://gaheder.org/upload/dosyalar/tani_tedavi_rehberi_2.pdf
9. Green L.A. et al. The Ecology of Medical Care revisited. N Engl J Med, Vol. 344, No. 26 June 28, 2001. <http://historical.hsl.virginia.edu/kerr/pdf/Ecology%20of%20Med%20Care%20Revisited.pdf>
10. Starfield B. Primary Care and Equity in Health the Importance to Effectiveness and Equity of Responsiveness to Peoples's Needs. Humanity&Society, 2009, Vol. 33. http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/Publications_PDFs/A243.pdf
11. Starfield B. et al. Contribution of Primary Care to Health Systems and Health. The Milbank Quarterly, 2003, Volume 83. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/pdf/milq0083-0457.pdf>

- 12.** RCGP. Medical Generalism: Impact Report. May 2013 <http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/Medical-Generalism-Impact-Report-March-2013.ashx>
- 13.** RCGP. Medical Generalism: Why expertise in whole person medicine matters. June 2012 http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/Medical-Generalism-Why_expertise_in_whole_person_medicine_matters.ashx
- 14.** Hummers-Pradier E, et al., Research Agenda for General Practice /Family Medicine and Primary Health Care in Europe, EGPRN, Maastricht 2009. http://www.egprn.org/files/userfiles/file/research_agenda_for_general_practice_family_medicine.pdf
- 15.** Kringos D. et al. Building Primary Care in a changing Europe. European Observatory on Health Care Systems. http://www.euro.who.int/__data/assets/pdf_file/0011/277940/Building-primary-care-changing-Europe-case-studies.pdf?ua=1

A photograph of a hospital hallway with a blue semi-transparent overlay. In the background, medical staff are moving a patient on a gurney. A female nurse in blue scrubs is on the left, and a male doctor in a white lab coat is on the right. The image has a motion blur effect, suggesting a fast-paced emergency response.

EMERGENCY MEDICINE

Clerkship	Year	Code	Duration Weeks	Credit	ECTS
Emergency Medicine	6	MED 607	8	8	10

Educational Language	English (Practical sessions will be conducted in Turkish)
Course Type	Compulsory
Course Level	Undergraduate
Phase II/III Coordinators	Demet DİNÇ MD. Instructor Işıl PAKİŞ, MD. Prof.
Phase II/III Clinical Education Coordinators	Sevgi ŞAHİN, MD. Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.
Program Coordinators	Cem GÜN, MD. Assist Prof . Hasan ALDİNÇ, MD. Assist Prof. Kamil KAYAYURT MD. Instructor
Academic Units	EMERGENCY MEDICINE
Course Duration	8 Weeks

Educational Methods

Clinical Skills Training.

- CASE Simulation boot camp
- Program content
- 1st day; Altered Mental Status Management
- 2nd day; Multiple Trauma Management
- Focused Assessment with Sonography for Trauma (FAST)
Lecture and practice with simulator
- 3rd day; Chest Pain Management, Dyspnea Management
- 4th day; Abdominal Pain Management
- 5th day; Busy Day in the ED

Chaos of the ED is created by standardized patients and simulators.

In the first 3 days of theme-based simulation sessions, instructors play the role of patient's relatives to increase the stress factor of the situation. In the last 2 days, standardized patients are created by real actors and instructors and high- fidelity simulators are used together to improve communication skills and for crisis resource management training.

To enhance the realism, real hospital documentation and laboratory tests are used, such as electrocardiogram, computed tomography and ultrasonography. For crisis resource management training, breaking bad news to agitated patient's relatives added to the scenarios at busy ED. Attend of the each simulation session, debriefings are performed by watching the recorded videos. According to their technical and nontechnical skills, participants are evaluated.

Case Discussions (ECG, X-ray reading)

Blended learning

Flipped classroom

Online meetings <https://iem-student.org/2018-edition/download-2018-book/>

Bed Side Training

Department Lecture Day on Tuesdays Student presentations

Assessment Methods	Performance assessment via; • Portfolio; comprehensive case presentations and reports assessment of student presentations (journal club, seminar and bed side visit) active attendance as outlined in the log book. • Patient reports recorded by students (Approach to clinical management for cardinal symptoms (Chest pain, abdominal pain, shortness of breath, trauma, vaginal bleeding, orthopedic injuries) • Attendance to clinics and compliance, • Midrotation meeting practice-based tutor feed-back to identify strengths and opportunities. Students are evaluated by staff attending emergency physicians with whom they have worked during the period. Criteria utilized to evaluate a student's performance include the following: Patient care, medical knowledge, interpersonal and communication skills, professionalism
Course Aims	• To provide the student with the opportunity to gain experience in assessing a wide range of clinical problems seen in a teaching hospital emergency department (ED); • To improve student's; • Ability to take an accurate and concise history and physical exam in the undifferentiated patient; Undifferentiated emergency patients present with symptoms, not diagnoses. • Ability to generate a comprehensive differential diagnosis ability to consider the worst possible (life- threatening) conditions first. • Ability to develop a differential diagnosis, investigation plan, treatment, and disposition of the undifferentiated patient; technical skills in providing patient care in the ED. communication, collaboration, and Professional skills required for patient care in the ED.

Learning Outcomes	At the end of this program, interns will be able to: • Prioritize life-threatening conditions when evaluating patients. • Obtain a focused and accurate medical history and perform a concise physical examination in undifferentiated patients. • Develop a comprehensive differential diagnosis appropriate to the emergency department setting. • Perform essential emergency procedures (e.g., CPR, endotracheal intubation, defibrillation) safely and effectively. • Demonstrate effective communication, teamwork, and professional behaviors in the delivery of emergency care. • Make appropriate clinical decisions regarding patient discharge and prepare safe and rational prescriptions
Assessment Methods	Failure to sign in will be interpreted as absence; 20 % absence requires repeating the course, Attendance to clinics and compliance, Competency in Patient care, Case Presentations Paper/Lecture presentations, Attitude during rounds is measured

COMPULSORY TASKS DURING THE INTERNSHIP

1. Attendance to CASE Boot Camp in Emergency Medicine:

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

2. Emergency Department supervised by an Attending Emergency Physician:

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

3. Journal Clubs and Seminars:

Journal clubs and seminars are run by interns and faculty on Tuesdays, each week. Journal clubs are critical appraisal sessions of articles, presented by a student or faculty member followed by group discussion.

4. Attendance:

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

Useful information:

Training Sites:

- Acıbadem Atakent Hospital, (ATAK)
- Acıbadem Mehmet Ali Aydınlar University – CASE
- Acıbadem Maslak Hospital, (MAS)
- Acıbadem Altunizade Hospital, (ATZ)

Responsibilities:

- Working with two shifts in Emergency Department are 08:00am – 17:00pm and 17:00 pm – 08:00am during the weekdays.
- Boot camp days start at 09:00 am in CASE.
- The signature sheet will be available for interns between 08:00am - 08:30am and 17:00pm-17:30 pm during weekdays.
- The internship program for Emergency Department consists of 8 weeks in 4 different periods.
- The interns will work under the supervision of an academic staff and will primarily focus on clinical experience in emergency department.
- The consulting physicians will complete the internship assessment form after 4-weeks course based on evaluation of Clinical case management, Interaction with patient and community, professionalism, personal professional attitude.
- Interns will provide their assessment forms fulfilled by their consultants and deliver to Intern Internship Director at the end of each 4-weeks course.
- The interns who cannot obtain sufficient marks from assessing consultants will fail and repeat the course. Sufficient means that he/she performed at least 60% of the above-mentioned performance.
- The interns should comply with the terms and rules of the Emergency Department, consulting staff, and the special requirements asked by the clinical wards. Maximum care should be performed in order to keep the patient records unexposed.
- Interns with absenteeism without a solid excuse, particularly documented, and/or permission of consulting staff will have compensation on-call duties. Absenteeism more than legal limit will cause the renewal of the course program.
- Maximum care should be performed to comply with hygienic procedures to keep the patients germ-free not only in intensive care units but also in outpatient clinics.

TIMETABLE

WEEK/	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	CASE	CASE	CASE	CASE	CASE
2	E. DEPARTMENT	J. CLUB / SEMINAR	E. DEPARTMENT	E. DEPARTMENT	E. DEPARTMENT
3	E. DEPARTMENT	J. CLUB / SEMINAR	E. DEPARTMENT	E. DEPARTMENT	E. DEPARTMENT
4	E. DEPARTMENT	J. CLUB / SEMINAR	E. DEPARTMENT	E. DEPARTMENT	MIDROTATION MEETING
5	E. DEPARTMENT	J. CLUB / SEMINAR	E. DEPARTMENT	E. DEPARTMENT	E. DEPARTMENT
6	E. DEPARTMENT	J. CLUB / SEMINAR	E. DEPARTMENT	E. DEPARTMENT	E. DEPARTMENT
7	E. DEPARTMENT	J. CLUB / SEMINAR	E. DEPARTMENT	E. DEPARTMENT	E. DEPARTMENT
8	E. DEPARTMENT	J. CLUB / SEMINAR	E. DEPARTMENT	E. DEPARTMENT	E. DEPARTMENT

TASK TABLE

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

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

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

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

INTERNSHIP ATTENDANCE CHART

Week / Day	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					
4					
5					
6					
7					
8					

Suggested Reading:

You will have online books and sources in ACU Learning Medical Space MED 607

- **Tintinalli's Emergency Medicine: A Comprehensive Study Guide**, 9th edition 2020.

- <https://emergencymedicinecases.com/>
- <http://www.ebooksz.com/2015/09/03/download-rosens-emergency-medicine-concepts-and-clinical-practicev-8th-edition/>
- <http://www.acilci.net/category/teknik-kategori/yazi-serisi/litfi-ekg-kutuphanesi/>
- <http://www.torrentmobz.com/ebooks/43526-goldfranks-toxicologic-emergencies-10-e-goldfranks-toxicologic-emergencies.html>
- http://emedicine.medscape.com/emergency_medicine
- <http://www.acilci.net/category/teknik-kategori/akademik/kilavuzlar/>
- <http://tarascon-emergency-medicine.soft112.com/>
- <http://www.aciltip.org/Hbrk-1-Girisimse-40.html>
- **Textbook of Pediatric Emergency Medicine:** https://books.google.com.tr/books/about/Textbook_of_Pediatric_Emergency_Medicine.html?id=a7CqcE1ZrFkC&redir_esc=y
- <http://www.aazea.com/book/trauma-a-comprehensive-emergency-medicine-approach/>
- <http://accessemergencymedicine.mhmedical.com/book.aspx?book-ID=385>
- <https://iem-student.org/2018-edition/download-2018-book/>

A person with reddish-brown hair is wearing a white VR headset. They are holding a baby doll with a red and white striped shirt. A semi-transparent blue banner is overlaid across the center of the image, containing the text "SIMULATED CLINICAL PRACTICE" in white, bold, sans-serif capital letters. The background is a blurred clinical setting with blue lighting.

SIMULATED CLINICAL PRACTICE

Clerkship	Year	Code	Duration Weeks	Credit	ECTS
Simulated Clinical Practice	6	MED 608	1	1	1

Educational Language	English (Practical sessions will be conducted in Turkish)
Course Type	Compulsory
Course Level	Undergraduate
Phase II/III Coordinators	Işıl PAKIŞ, MD. Prof. Demet DİNÇ, MD. Instructor
Phase II/III Clinical Education Coordinators	Sevgi ŞAHİN, MD. Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.
Program Coordinators	Dilek KİTAPÇIOĞLU, MD. Assist. Prof.
Academic Units	CASE (Center of Advanced Medical Simulation and Education)
Course Duration	1 Weeks
Educational Methods	E- Learning modules for theoretic sessions Clinical Skills Practice on task trainers Simulation sessions with high-fidelity manikins and virtual patients in virtual hospital set-up Debriefing

Assessment Methods	• Tutorial feed-back to students about their performances on simulated difficult clinical situations • Reflection and formative assessment.
Course Aims	This program aims to; • Improve clinical skills for the management of unstable patients, multi-trauma patients and cardiopulmonary arrest in a safe environment, • Improve non-technical skills for teamwork and crisis resource management bring in experience by practicing on high fidelity manikins in real -like hospital set -up for management of clinical problems they will encounter frequently in real clinical conditions.
Learning Outcomes	At the end of this program, interns will be able to: <i>State Diagnostic And Therapeutic Approach To;</i> • Cardiopulmonary arrest (adult & pediatric), • Multi-trauma patients, • Unstable patients (ABCDE approach), <i>Manage Crisis Situations:</i> • Teamwork, • Collaboration, • Communication, • Leadership, <i>Perform Technical Skills For Providing Unstable Patient Care:</i> • Advanced airway management, • Defibrillation, • Needle decompression, • Cricothyrotomy, • Collar placement, • Control of active bleeding, • Iv and IO catheterization.

COMPULSORY TASKS DURING THE PROGRAM

Attendance to:

Skills Lab:

Students have to perform the skills under the supervision of educators

Simulation Sessions:

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

Debriefing:

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

Attendance:

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

Responsibilities:

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

INTERNSHIP ATTENDANCE CHART

Week / Day	Monday	Tuesday	Wednesday	Thursday	Friday
1					

ELECTIVES

ELECTIVES

1

A



B



C



D



2

A



B



C



D



3

A



B



C



D



4

A



B



C



D



Clerkship	Year	Code	Duration (Weeks)	Credit	ECTS
Elective Clerkship-1	6	MED 6001	4	4	5
Elective Clerkship-2		MED 6002	4	4	5

Educational Language	English (Practical sessions will be conducted in Turkish)
Course Type	Compulsory
Course Level	Undergraduate
Phase II / III Coordinators	Işıl PAKIŞ, MD. Prof. Demet Dinç MD. Instructor
Hospital Clinical Education Coordinators	Sevgi ŞAHİN, MD. Prof. Özlem AKGÜN DOĞAN, MD. Assoc. Prof. Saygın ABALI, MD. Assoc. Prof.
Course Duration	8 Weeks
Course Aims	A sixth-year medical student in Acıbadem University Medical Faculty selects an elective internship where he or she will act as an intern of first year graduate under the supervision of senior house staff and attending physicians.
Learning Outcomes	The clerkship is almost all the time selected by the student upon his/her professional interest and career plan. Thus, the student can experience a glimpse of his/her future career without the burden of full responsibility.

Assessment Methods	• At the end of the elective rotation, an Elective Assessment Report must be completed by the Elective Supervisor and returned as soon as possible to Medical School Office of Acibadem University. • If an Elective Assessment Report is not received the student is deemed to have failed the elective rotation.
Requirements	• All Acibadem University Medical students must complete a total of eight-week clinical elective prior to graduating the faculty. • An Elective Approval Form must be submitted to School of Medicine with details of the elective that the student is applying for • The interns may complete their Electives in training hospitals or universities in or outside Turkey. For this option, they should previously apply to Dean's Office, request permission at the time period stated by Dean's Office. If the approval is not received, the student must complete the selected Elective in Acibadem University. <i>Further information can be found in the electives guide (Seçmeli Staj Rehberi)</i>

AL CARD

Annex I

UÇEP Temel Hekimlik Uygulamaları Listesi

Time

Reason

Comments

Time

Reason

Comments

Temel Hekimlik Uygulamaları Öğrenme Düzeyleri:

Tıp fakültesinden mezun olan hekimin, temel hekimlik uygulamaları sırasında sergilemesi gereken performansın, dolayısıyla öğrenmenin asgari düzeyini belirtir (Tablo 2.4.1.). Asgari düzey listesindeki her bir beceri/ uygulama için ayrı ayrı belirlenir. Fakülteler uyguladıkları eğitim süresi içinde, her bir öğrencinin söz konusu hekimlik uygulamasını belirlenen asgari düzeyde yapabilir duruma gelmesini sağlarlar.

Tablo 2.4.1. Temel Hekimlik Uygulamaları Öğrenme Düzeyi

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

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

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Tablo 2.4. Temel Hekimlik Uygulamaları

Düzeyler

A. Öykü Alma

1. Genel ve soruna yönelik öykü alabilme	4
2. Mental durumu değerlendirebilme	3
3. Psikiyatrik öykü alabilme	3

B. Genel ve Soruna Yönelik Fizik Muayene

1. Adli olgu muayenesi	3
2. Antropometrik ölçümler	3
3. Batın muayenesi	4

Tablo 2.4. Temel Hekimlik Uygulamaları

Düzeyler

devam

4. Bilinç değerlendirme	4
5. Çocuk ve yenidoğan muayenesi	4
6. Deri muayenesi	4
7. Digital rektal muayene	3
8. Gebe muayenesi	3
9. Genel durum ve vital bulguların değerlendirilmesi	4
10. Göz dibi muayenesi	2
11. Göz muayenesi	3
12. Jinekolojik muayene	3
13. Kardiyovasküler sistem muayenesi	4
14. Kas İskelet sistem muayenesi	3
15. Kulak-burun-boğaz ve baş boyun muayenesi	3
16. Meme ve aksiller bölge muayenesi	3
17. Nörolojik muayene	3
18. Olay yeri incelemesi	2
19. Ölü muayenesi	3
20. Ruhsal durum muayenesi	3
21. Solunum sistemi muayenesi	4
22. Ürolojik muayene	3
C. Kayıt Tutma, Raporlama ve Bildirim	
1. Adli rapor hazırlayabilme	3
2. Adli vaka bildirimi düzenleyebilme	4

Tablo 2.4. Temel Hekimlik Uygulamaları	Düzeyler
3. Aydınlatma ve onam alabilme	4
4. Engellilik raporu konusunda danışmanlık yapabilme	3
5. Epikriz hazırlayabilme	4
6. Güncel mevzuata uygun sağlık raporlarını hazırlayabilme	3
7. Hasta dosyası hazırlayabilme	4
8. Ölüm belgesi düzenleyebilme	3
9. Reçete düzenleyebilme	4
10. Tedaviyi red belgesi hazırlayabilme	4
11. Yasal olarak bildirimi zorunlu hastalıkları ve durumları bildirme ve raporlama	4
D. Laboratuvar Testleri ve İlgili Diğer İşlemler	
1. Biyolojik materyalle çalışma ilkelerini uygulayabilme	4
2. Dekontaminasyon, dezenfeksiyon, sterilizasyon, antisepsi sağlayabilme	4
3. Dışkı yayması hazırlayabilme ve mikroskopik inceleme yapabilme	3
4. Direkt radyografileri değerlendirebilme	3
5. EKG çekebilme ve değerlendirebilme	3
6. Gaitada gizli kan incelemesi yapabilme	4
7. Glukometre ile kan şekeri ölçümü yapabilme ve değerlendirebilme	4
8. Kanama zamanı ölçümü yapabilme ve değerlendirebilme	2
9. Laboratuvar inceleme için istek formunu doldurabilme	4
10. Laboratuvar örneğini uygun koşullarda alabilme ve laboratuvara ulaştırabilme	4
11. Mikroskop kullanabilme	4
12. Peak-flow metre kullanabilme ve değerlendirebilme	3
13. Periferik yayma yapabilme ve değerlendirebilme	3

Tablo 2.4. Temel Hekimlik Uygulamaları		Düzeyler
14. Su dezenfeksiyonuyapabilme		3
15. Su numunesi alabilme		3
16. Sularda klor düzeyini belirleyebilme ve değerlendirebilme		3
17. Tam idrar analizi (mikroskopik inceleme dahil) yapabilme ve değerlendirebilme		3
18. Tarama ve tanısal amaçlı inceleme sonuçlarını yorumlayabilme		3
19. Vaginal akıntı örneği hazırlayabilme		3
E. Girişimsel ve Girişimsel Olmayan Uygulamalar		
1. Acil psikiyatrik hastanın stabilizasyonunu yapabilme		3
2. Adli olguların yönetilebilmesi		3
3. Airway uygulama		3
4. Akılcı ilaç kullanımı ilkelerini uygulayabilme		4
5. Akılcı laboratuvar ve görüntüleme inceleme istemi yapabilme		4
6. Arteryal kan gazı alma		3
7. Atel hazırlayabilme ve uygulayabilme		3
8. Balon maske (ambu) kullanımı		4
9. Bandaj, turnike uygulayabilme		4
10. Burun kanamasına müdahale edebilme		2
11. Çocuklarda büyüme ve gelişmeyi izleyebilme (persentil eğrileri, tanner derecelendirmesi)		3
12. Çoklu travma hastasının değerlendirilmesi		3
13. Damar yolu açabilme		3
14. Defibrilasyon uygulayabilme		4
15. Delil tanıyabilme/koruma/nakil		2
16. Deri-yumuşak doku apsesi açabilme		3

Tablo 2.4. Temel Hekimlik Uygulamaları	Düzeyler
17. Dış kanamayı durduracak/sınırlayacak önlemleri alabilme	3
18. Dix Hallpike testive Epleymanevrası uygulayabilme	3
19. Doğum sonrası anne bakımını yapabilme	3
20. Doğum sonrası bebek bakımı yapabilme	3
21. El yıkama	4
22. Endoskopik işlem	1
23. Entübasyon yapabilme	3
24. Epizyotomi açılabilme ve dikişbilme	2
25. Gebe ve loğusa izlemi yapabilme	3
26. Genogram çıkarabilme (soy ağacı çıkarabilme)	1
27. Glasgow/AVPU koma skalasının değerlendirilebilme	4
28. Gözden yabancı cisim çıkarılması	2
29. Hastadan biyolojik örnek alabilme	3
30. Hastanın uygun olarak taşınmasını sağlayabilme	4
31. Hastaya koma pozisyonu verebilme	4
32. Hastayı uygun biçimde sevk edebilme	4
33. Hava yolundaki yabancı cismi çıkarmaya yönelik ilk yardım yapabilme	3
34. Hukuki ehliyeti belirleyebilme	2
35. IM, IV, SC, ID enjeksiyon yapabilme	4
36. İdrar sondası takabilme	3
37. İleri yaşam desteği sağlayabilme	3
38. İntihara müdahale	2
39. İntraosseos uygulama yapabilmesi	2

Tablo 2.4. Temel Hekimlik Uygulamaları	Düzeyler
40. Kan basıncı ölçümü yapabilme	4
41. Kan transfüzyonu yapabilme	3
42. Kapiller kan örneği alabilme	4
43. Kene çıkartabilme	3
44. Kültür için örnek alabilme	3
45. Lavman yapabilme	3
46. Lomber Ponksiyonyapabilme	1
47. Minimental durum muayenesi	3
48. Nazogastrik sonda uygulayabilme	3
49. Normal spontan doğum yaptırabilme	2
50. Oksijen ve nebul inhaler tedavisi uygulayabilme	4
51. Oral, rektal, vajinal ve topikal ilaç uygulamaları yapabilme	3
52. Otopsi yapabilme	2
53. Parasentez yapabilme	1
54. Perikardiyosentez uygulayabilme	1
55. Plevral ponksiyon/torasentez yapabilme	2
56. PPD testi uygulayabilme ve değerlendirme	3
57. Puls oksimetre uygulayabilme ve değerlendirebilme	4
58. Rinne Weber testleri uygulayabilme	3
59. Servikal collar (boyunluk) uygulayabilme	4
60. Soğuk zincire uygun koruma ve taşıma sağlayabilme	4
61. Solunum fonksiyon testlerini değerlendirebilme	3
62. Suprapubik mesane ponksiyonu yapabilme	2

Tablo 2.4. Temel Hekimlik Uygulamaları	Düzeyler
63. Temel yaşam desteği uygulayabilme	4
64. Topuk kanı alabilme	4
65. Travma sonrası kopan uzvun uygun olarak taşınmasını sağlayabilme	4
66. Uygulanacak ilaçları doğru şekilde hazırlayabilme	3
67. Vajinal ve servikal örnek alabilme	3
68. Yara yanık bakımı yapabilme	3
69. Yenidoğan canlandırması	2
70. Yüzeyel sütür atabilme ve alabilme	4
71. Zehirlenmelerde akut dekontaminasyon ilkelerini sağlama	2
F. Korumucu Hekimlik ve Toplum Hekimliği Uygulamaları	
1. Acil yardımların organizasyonunu yapabilme	3
2. Aile planlaması danışmanlığı yapabilme	4
3. Bağışıklama danışmanlığı verebilme	4
4. Bağışıklama hizmetlerini yürütebilme	4
5. Doğru emzirme yöntemlerini öğretebilme	4
6. Geriyatrik değerlendirme yapabilme	3
7. Kendi kendine meme muayenesini öğretebilme	4
8. Kontrasepsiyon yöntemlerini doğru uygulayabilme ve kullanıcıları izleyebilme	3
9. Maluliyet değerlendirme	1
10. Olağan dışı durumlarda sağlık hizmeti sunabilme	2
11. Periyodik sağlık muayenesi (görme, işitme, metabolik hastalıklar, riskli grupların aşılama, kansertaramaları)	4
12. Sağlık çalışanlarının sağlığının korunması ile ilişkili önlemleri alabilme	4
13. Sağlık hizmeti ilişkili enfeksiyonları engelleyici önlemleri alabilme	3

Tablo 2.4. Temel Hekimlik Uygulamaları		Düzeyler
14. Toplu yaşam alanlarında enfeksiyonları engelleyici önlemleri alma		4
15. Topluma sağlık eğitimi verebilme		3
16. Toplumda bulaşıcı hastalıklarla mücadele edebilme		3
17. Toplumda sağlıkla ilgili sorunları epidemiyolojik yöntemler kullanarak saptayabilme ve çözüm yollarını ortaya koyabilme		3
18. Toplumdaki risk gruplarını belirleyebilme		3
G. Bilimsel Araştırma İlke ve Uygulamaları		
1. Bilimsel verileri derleyebilme, tablo ve grafiklerle özetleyebilme,		3
2. Bilimsel verileri uygun yöntemlerle analiz edebilme ve sonuçları yorumlayabilme		2
3. Bir araştırmayı bilimsel ilke ve yöntemleri kullanarak planlayabilme		2
4. Güncel literatür bilgisine ulaşabilme ve eleştirel gözle okuyabilme		3
5. Klinik karar verme sürecinde, kanıta dayalı tıp ilkelerini uygulayabilme		3
6. Sağlık düzeyi göstergelerini kullanarak hizmet bölgesinin sağlık düzeyini yorumlayabilme		3
H. Sağlıklılık		
1. Bağışıklama-çocukluk çağı ve erişkinlerde		4
2. Bebek Sağlığı İzlemi		4
3. Egzersiz ve fiziksel aktivite		4
4. Hayatın farklı evrelerinde izlem ve periyodik sağlık muayeneleri (gebelik, doğum, lohusalık, yenidoğan, çocukluk, ergenlik, yetişkinlik, yaşlılık)		4
5. Sağlıklı beslenme		4
I. Taramalar		
1. Evlilik öncesi tarama programı		4
2. Gelişimsel kalça displazisi tarama programı		4
3. Görme tarama programları		4
4. İşitme tarama programları		4
5. Yenidoğan metabolik ve endokrin hastalık tarama programı		4



Annex II İntörnlük Dönemi Rehberi

ACIBADEM MEHMET ALİ AYDINLAR ÜNİVERSİTESİ

TIP FAKÜLTESİ MEZUNİYET ÖNCESİ

TIP EĞİTİMİ YÖNERGESİ

<https://www.acibadem.edu.tr/akademik/lisans/tip-fakultesi/yonerge>

İntörnlerin Görev, Yetki ve Sorumlulukları

MADDE 45- (1) İntörnler ilgili öğretim üyesinin sorumluluğunda önceki eğitim dönemlerinde edindiği bilgi ve beceriyi uygular.

(2) Çalıştığı klinik birimin poliklinik hizmetlerinde öğretim üyelerinin gözetiminde görev alır.

(3) Eğitim hastanelerinin yataklı birimlerde, yine eğitim için birden fazla hastanın takibi için görevlendirilebilir.

(4) Hasta ve hasta yakınlarıyla etkin iletişim kurar ve tıp etiği ilkeleriyle hareket ederler.

(5) Eğitim aldığı anabilim dalının kurallarına ve kendisine verilen intörlük rehberine göre nöbet tutar ve öğretim üyesi sorumluluğunda tıbbi uygulamalara katılırlar.

(6) Eğitimi süresince tıbbi kayıt tutma ve değerlendirme becerisini geliştirir ve elektronik ortamda hasta yönetim programlarını kullanabilir.

(7) İntörlük rehberinde yazılı klinik uygulamaları (girişimleri) takip eder ve uygulamaları sorumlu öğretim üyesinin gözetiminde uygular.

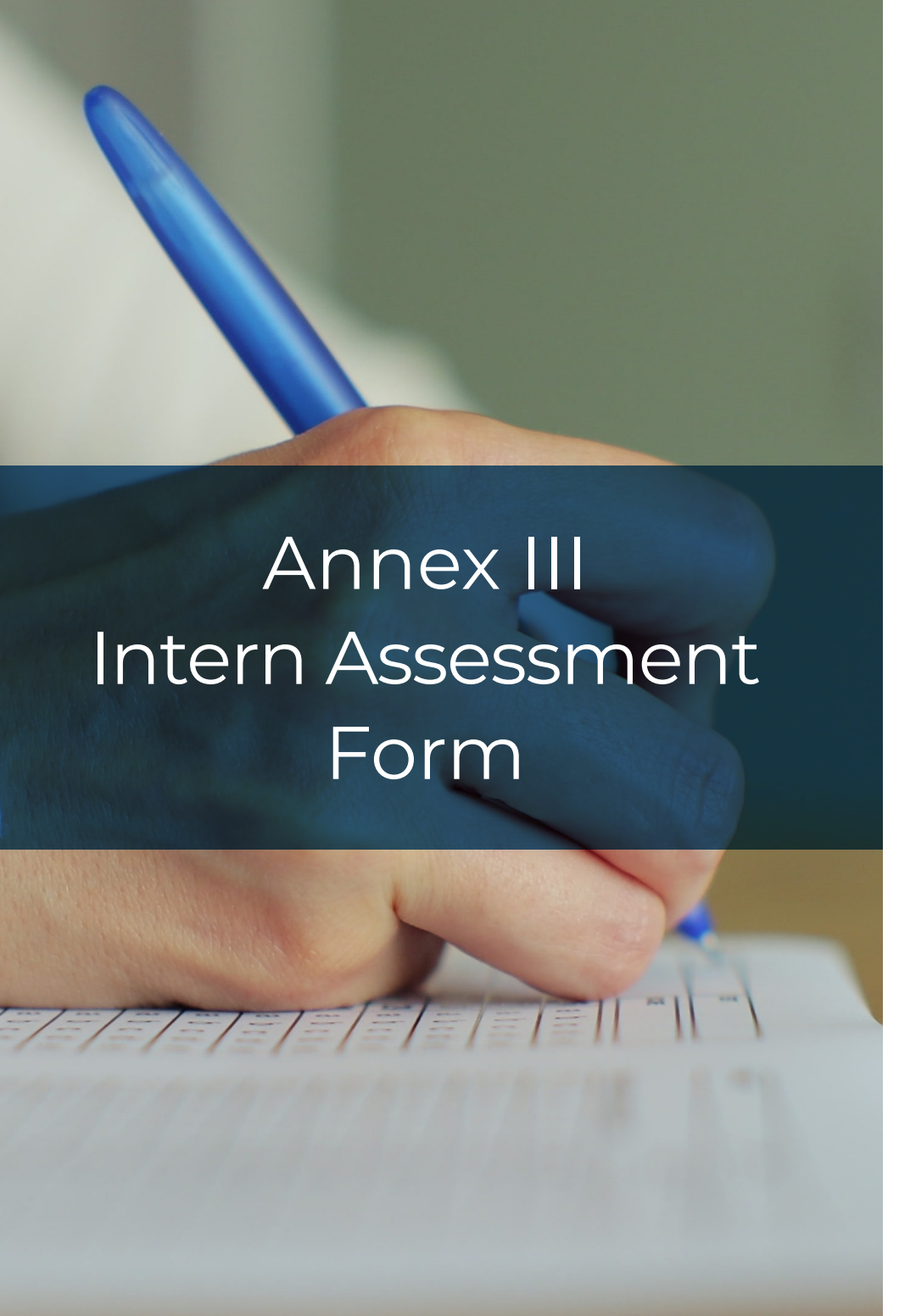
(8) İntörlük programı rehberlerinde belirtilen sorumlu oldukları hekimlik uygulamaları dışında kurumun hizmet açığını kapatmak için veya eğitim amacının dışına çıkacak biçimde görevlendirilemezler.

(9) Çalışma ortamında bir hekime yakışır özende giyinir ve görünür.

(10) Kimlik kartlarını görevli oldukları zamanlarda görünür biçimde takarlar.

(11) Hastane dışında yürütülen programlarda ilgili Anabilim Dalı veya

dallarının ve programın yürütüleceđi kurumun belirlediđi sınırlar içinde hizmetlere katılmak (aşılama, okul taramaları, periyodik muayene, işe giriş muayenesi, fiyasyon çalışması, işyeri denetimleri vb.) ve ilgili kurumun çalışma saatlerine uymakla yükümlüdür.

A close-up photograph of a hand holding a blue pen, poised to write on a form. The form has a grid-like structure with many small boxes. A dark blue semi-transparent rectangle is overlaid on the center of the image, containing the title text in white. The background is a soft, out-of-focus green and white.

Annex III Intern Assessment Form

ACIBADEM MEHMET ALI AYDINLAR UNIVERSITY
SCHOOL of MEDICINE
INTERNSHIP ASSESSMENT FORM*

Department:	
Name Surname:	ID number:
Start date :	End date :

ASSESSMENT BY THE SUPERVISOR**

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

	Assessment scale***			
	1st Observation Date: .../.../.....		2nd Observation Date: .../.../.....	
	Insufficient	Sufficient ↓	Insufficient	Sufficient ↓
A. Clinical case management (History taking, physical examination, clinical skills, analysis and testing diagnostic hypotheses, critical attitude towards further investigation and careful consideration of treatment, selection of pharmacotherapy, writing prescription, writing a letter of discharge, oral summary and presentation of case report, knowledge of medical issues, diagnostics and therapy, etc.)				
B. Interaction with patient and community (Patient-centered approach, explanation of illness, testing and treatment to the patient, attention for patient's feelings, values, norms and expectations, attention for nursing care aspects, attention for life experiences of the patient, etc.)				

	Assessment scale***			
	1st Observation Date: .../.../.....		2nd Observation Date: .../.../.....	
	Insufficient	Sufficient ‡	Insufficient	Sufficient ‡
C. Professionality (Respect patient rights; their dignity, autonomy, integrity and confidentiality, Adhere strictly to ethical principles and legal rules in his/her clinical practice, etc.)				
D. Personal professional attitude (General conduct, personal appearance, relation with supervisor/ staff- members, nursing staff, fellow students, coping with own limits and uncertainty, taking responsibility, etc.)				

E. COMMENTS

1st Observation

Positive characteristics of the student	Skills that should be improved

2nd Observation

Positive characteristics of the student	Skills that should be improved

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

SUCCESSFUL (Başarılı)

UNSUCCESSFUL (Başarısız)

Program Coordinator

Name

Signature

Date / / 20.....

Head of Department

Name

Signature

Date / / 20.....

* Student is requested to hand in the form to secretariat at the end of each internship program

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

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

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

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Maslak Hospital	0212 304 44 44
Bakırköy Hospital	0212 414 44 44
Fulya Hospital	0212 306 44 44
Kozyatağı Hospital	0216 571 44 44
International Hospital	0212 468 44 44
Kadıköy Hospital	0216 544 44 44
Altunizade Hospital	0216 649 44 44

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