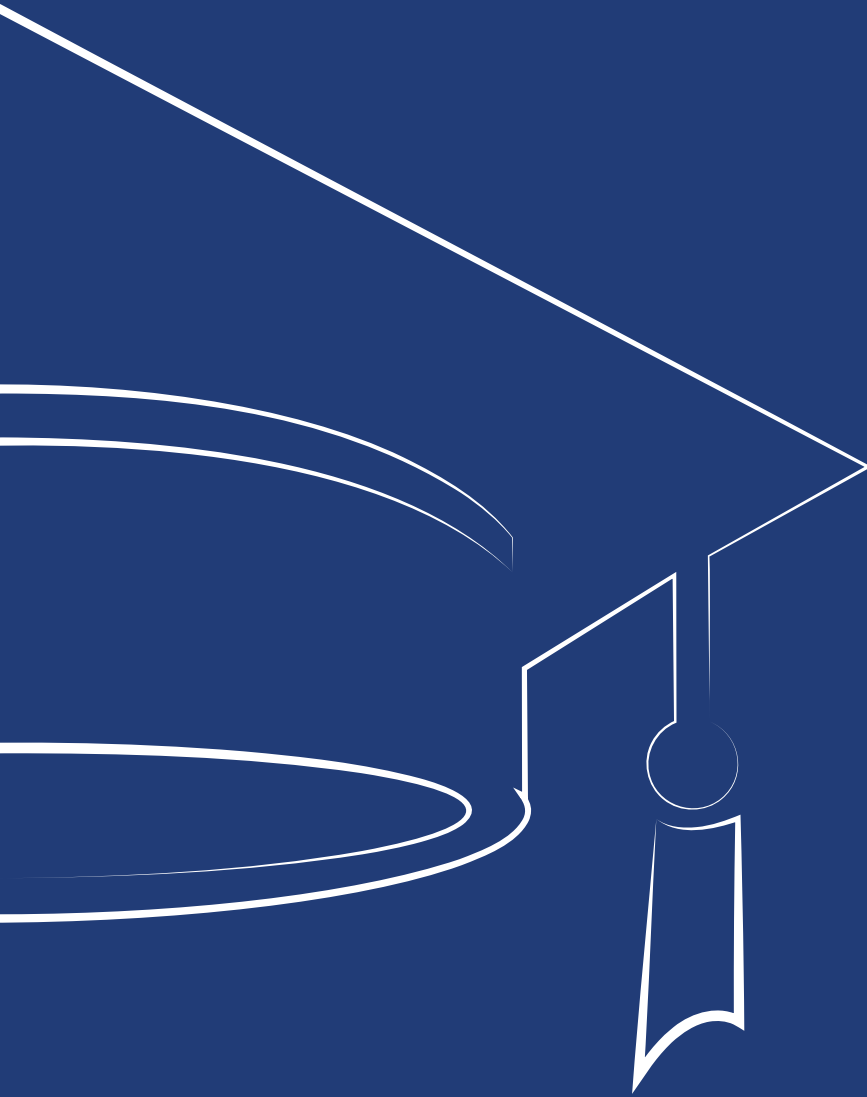




ACIBADEM  
UNIVERSITY



**SCHOOL OF MEDICINE**  
Medical Education  
Curriculum Overview

## HISTORY

Acıbadem University was founded in 2007 dedicated to the field of health sciences.

By using dynamic and contemporary educational programs, a strong academic teaching team trains healthcare students to be future healthcare professionals who continually research innovations in all fields of medical science. With the mission of being a strongly research oriented university, the research laboratories are fitted out with the latest state of the art equipment, designed to complement the life sciences and biotechnology fields.

The Clinical Simulation and Advanced Endoscopic- Robotic Surgery Training Center- CASE is one of the most comprehensive medical training centers in the world with its accommodation of multiple departments and advanced technological infrastructure. CASE received the “Center of Excellence” certificate awarded by the CAE Academy to only two medical training centers worldwide. The Center is accredited by the Network of Accredited Clinical Skills Centers of Europe (NASCE) and the Society for Simulation in Healthcare (SSH), providing pre- and post-graduate training.

Acıbadem University offers its students the opportunity to study abroad at esteemed partner universities under the Erasmus Programme having bilateral agreements with Europe’s most notable universities.

With 100,000 square meters of in-closed area centrally located on the Asian side of Istanbul, the Kerem Aydınlar Campus is replete with high-technology equipment and offers students a privileged university life.

## INTRODUCTION TO PROGRAM

The School of Medicine (ACUSoM), is recognized by the International Medical Education Directory. ACUSoM, is listed in FAIMER and ECFMG-EMSWP. The undergraduate medical education curriculum at ACUSoM is a six-years program. The medium of instruction is ENGLISH. ACUSoM Medical Education Program is accredited by TEPDAD (Association for Evaluation and Accreditation of Medical Education Programs) licensed by World Federation of Medical Education.

# ACIBADEM



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Students who are admitted to medical school must pass the English Language Proficiency Examination or present equivalent proof of exam scores (TOEFL, etc.). Students who fail the exam should attend English preparatory program.

The medical education program features three phases:

√ Phase I: Basic and Clinical Sciences (Years 1-3)

√ Phase II: Clinical Clerkship (Years 4 and 5)

√ Phase III: Internship (Family Medicine) (Year 6)

The education is based on an integrated curriculum. In this program, systems within the human body are described from the simplest unit, the cell, to more complex systems including pathologies, in biomedical subject committees (BSC), which means that topics of a given subject like “cell” or “organ systems” are described in a coordinated manner by different departments.

The program contains not only theoretical or laboratory lectures, but also panels many student-centered learning activities such as flipped classrooms, problem-based learning and team based learning sessions, case based learning sessions.

There are two types of credit systems: Local Credits and European Credit Transfer System credits (ECTS). One theoretical hour or two practical hours per week account for one local credit. For each course, every 14 theoretical hours or 28 practical hours are assigned to one credit.

The medical education in Acibadem Mehmet Ali Aydinlar University is based on an integrated curriculum. Below you may find the some of the important subjects integrated to the courses and clerkships.

In Phase I, groups of BSC form a whole curriculum for a given year. Integrated programs within the BSC provide participation of basic and clinical sciences to teach a particular organ system. For example, all aspects of gastrointestinal system are presented with the contributions of both basic sciences (such as anatomy, physiology, biochemistry and microbiology) and clinical sciences (pathology, radiology and internal medicine) during the BSC on gastrointestinal system. Thus, BSC provide information about the normal structure and function of the organ systems, the pathological changes within these systems and clinical knowledge necessary to



explain the physio-pathological processes that lead to development of selected index diseases. In Phase I, the curriculum consists of a total of 11 BSCs; distributed equally to Years 1, 2 and 3.

A unique BSC is added to the Curriculum of Year 3: “Transition to Clinical Clerkships” (TCC). It starts after the end of the Final Exam and success in TCC will be required to start Phase II clerkships.

Clinical Medicine and Professional Skills (CMPS) Program is a three-year long interdisciplinary program in Phase I. This program is organized by various disciplines and comprised of four main tracks: Clinical and Communicational Skills, Health and Society, Research in Health, and Medical Ethics and Humanities. The CMPS program has been designed as an initial introduction to medical professionalism, providing a tool box of both knowledge and skills. The objectives of this program are to present basic professional skills and competencies of medical students, which are essential for good medical practice, and to enhance their personal and social development through fostering their intellectual skills and humanistic values. A more detailed description of the CMPS Program can be found on the following pages.

Phase I also includes Complementary Medical Courses (CMCs), which are Biostatistics, Bioinformatics, Medical English and Electives in Medicine. Success in these courses is obligatory to pass to Phase II clerkships and full attendance to sessions is required.

Phase II year 4 and year 5 are the periods of clinical clerkships in medical school and include trainings inside the hospitals and primary care settings. Teaching staff of clinical departments supervise the students to work on a fulltime basis. This clerkship period focuses mainly on history taking, physical examinations and follow-up of patients as well as bedside practices, lectures and seminars.

Phase III year 6 is the “Internship”, or in other words “Family Medicine Period”, and lasts for twelve months. Here, the students take the responsibility of patient care under the supervision of teaching staff. Clinical rotations are conducted in Internal Medicine, Surgery and Emergency Care, Paediatrics, Gynaecology and Obstetrics, Psychiatry and Public Health. The primary health care and community medicine perspective is incorporated in the training through clinical rotations in family health centers, community health centers and the outpatient clinics of the Department of Family Medicine.

The students are not authorized to take any clinical and therapeutic decisions of any kind (pharmacologic, interventional) without supervision of the attending physician.

Each BSC in Phase I features at least one multiple choice type written examination during and/or at the end of the course. Practical examinations, assessments in PBL and TBL sessions also contribute to the BSC grade. The assessment methods for a given BSC, including the participation ratio of each method to the BSC grade, are described in detail in the introduction lectures of each BSC.

All students attend the Final Examination at the end of the Curriculum Year. Final Examination consists of questions from all BSCs presented during the year. Year grade of each student is calculated by adding 60% of the average of their BSC grades to 40% of their Final Grade. If this total is 60 or more, the student is proficient to pass to the next grade; however, if the sum is below 60, the student should attend the Make-Up Examination, which also contains questions from the lectures of the present year. Again, the sum of the 60% of the average of their BSC grades and 40% of the Make-Up exam should reach 60 for the student to pass.

CMPS courses have separate assessment plans and grading systems, according to their learning outcomes. At the end of each year, a final exam is held featuring all subjects given throughout the year. CMPS grade of each student is calculated by adding 70% of the average of their CMPS grades throughout the year to 30% of their Final Grade. Year Students with the grades below 60 should attend Make-Up Examination of CMPS.

Getting an average grade of 60 or more from both the BSC and CMPS courses is a must. Failure in one or the both requires the repetition of the same year. For exemption from the final exam for BSC and CMPS the weighted average should be 80 and over at the end of the year.

For TCC in year 3, students are evaluated according to their performances during the program and will be graded either as “successful” or “unsuccessful”. Success in TCC is obligatory to pass to Phase II clerkships and full attendance to sessions is required.

For years 4 and 5, students are graded according to their performances in written and/oral examinations as well as their professional skills gained during the clerkship. Assessment plans vary according to departments and declared in the introduction lecture of each clerkship period. Students could take the clerkships of the 5<sup>th</sup> and 6<sup>th</sup> years after successfully completing the clerkships of 4<sup>th</sup> and 5<sup>th</sup> years, respectively. In the internship year, there is no examination.

Students do not take grades, only pass-fail record is given.

Internship students attend all clinical trainings, patient visits, seminars, and night shifts according to the program of the department.

The exams are performed by ASOS (Acibadem Online Exam Automation).

During the pandemic, online education were held by LMS (Learning Management System) Asynchronous videos and lecture notes were uploaded to the system; and the students discussed the lectures with the lecturer on Zoom platform. As a blended education model, the synchronous discussions were also supported with formative assessment sessions to answer the questions related with learning outcomes.

The CMPS program has been designed as an initial introduction to medical professionalism, providing a knowledge and skills-mix tool box for students during the first three years of medical education. It aims to facilitate basic professional skills and competencies necessary for good me-dical practice as well as, to enhance personal and social development, fostering intellectual skills and humanistic values. Combined with evidence based bio-medical knowledge, the CMPS program provides the students with all “sine-qua-non”\* universal features of a contemporary physician, who is able to blend in with- and work in the benefit of any society and any health care system.

The CMPS program consists of four basic courses (Communication and Clinical Skills, Health and Society, Medical Ethics and Humanities, Research in Health) which will continue throughout the first three years of undergraduate medical education, with a logical follow-up of themes building competencies to complement corresponding curricular topics of the accompanying subject committees. Furthermore, the program features an officially approved certificate course of “First Aid” in year I.

Facilitating effective communication along with scientific and creative thinking, paired with a humanistic approach, the CMPS program creates a solid fundament for a competent and compassionate physician who is aware of the professional responsibilities towards society (community orientation), the patient as a suffering person (communication skills and patient centeredness) and at the same time can attend effectively to the disease as a set of disordered biological processes (clinical problem solving skills paired with a holistic approach).



The “Basic Communication Skills” course in the first year aims to present an overview about the concept and tools of communication in general and their particular importance in the practice of the medical profession. In the “Clinical and Communication Skills” course within the second year, students are required to develop competencies for effective, culture- and case-sensitive, person-centered physician-patient communication fostering their personal and professional growth and complementing the practice based clinical curriculum. Furthermore, this course will provide the students with opportunities to develop competency in history taking via simulated patient encounters. In the third year, the “Advanced Communication Skills” course will foster the students’ ability to master challenging situations requiring specific communication skills like difficult patient encounters, initiating behaviour change with brief intervention/motivational interviewing and breaking bad news.

Medical Ethics and Humanities course includes the activities within this interdisciplinary course will widen the students’ scope to perceive health as a human right and to develop a proactive responsibility for equity in health respecting bioethical principles. Implementing the range of traditional humanities disciplines—philosophy, history, literature, the arts-paired with ethics, sociology, law and behavioural sciences into this track, the CMPS Medical Ethics and Humanities courses will provide a creative learning environment which will enhance the development of intellectual skills along with the ability to recognize and solve medical and social problems. This course also highlights the evolution of modern medicine from a historical point of view and provides a practice oriented learning environment to develop and incorporate ethical decision making skills into the process of clinical reasoning.

Health and Society Course provides the students with opportunities to observe the relationship between health, ill health and political, environmental, societal and cultural factors in a community-based setting via early contact with patients and healthy individuals. The students will have the chance to observe and attend primary health care services within the Turkish health care system. Furthermore, they are required to get an overview on health policy and health systems in different countries enabling them for comparisons.

Research in Health Courses encompass planning and conducting a research project and presentation-publication of the results. Also, the students will gain an overview on evidence based medicine techniques and experience in critical appraisal by peer reviewing each others’ papers with the aim to complete scientific curiosity with an analytic approach and research know-how.



The CMPS program adopts a studentcentred, practice and community - based and experience based learning approach where the students will be required to actively involve in the learning process at all times. Blended teaching methodology with task based and problem-based learning, team-based learning, practical skills laboratory and simulated patient exercises, drama and role play, site visits, group assignments with presentations and discussions, reflective and peer group learning experiences, focus group sessions, literature analyses, and selfdirected learning sessions will be used.

Evaluation methodology is in accordance with the aims and learning outcomes, as well as, with applied teaching and learning methodologies. Log-books, standardized evaluation of group presentations of assignments and projects or performances, OSCEs (Objective Structured Clinical Examinations) oral and written examinations, structured observation reports, presentation of research projects-results at symposia and/or conferences, individual and Group/Team Readiness Assessment Test, published papers, essays, structured feed-back forms will be used for assessment purposes.

**Qualification requirements for graduation are classified in five categories;**

- Healthcare Services
- Professionalism
- Scientific information advocacy
- Health Advocacy
- Collaboration and leadership

## **Program Learning Outcomes:**

With the successful completion of this program, students will be able to;

1. Carry out diagnosis, treatment, rehabilitation and prevention processes in a reliable, effective, evidence-based and person-society oriented manner
2. Take care of patient safety and clinical outcomes while providing health care and reflecting on their practices
3. Use the principles, scientific knowledge and methods of basic and clinical medical sciences in combination.
4. Use the principles, scientific knowledge and methods of social and behavioral sciences in combination.
5. Preserve and improve the health of society and individuals by using the principles and methods of public health.
6. Communicate effectively in written and oral form with patients, relatives and healthcare professionals and other professional groups.
7. Use current medical technologies rationally and effectively.
8. Adhere to ethical and professional principles in medical practice and research.
9. Respect patient rights, dignity, autonomy, integrity and confidentiality.
10. Have an equitable, respectful and non-discriminatory attitude towards patients and society.
11. Recognize ethical dilemmas and manages with professional ethical principles.
12. Be aware of the national and international legislation related to the profession and supervises the implementation.
13. Be aware of self qualifications and limitations, acts accordingly and asks for help when necessary.
14. Be aware of the areas in need of improvement and develops professional activities through lifelong learning.
15. Take care of self physical and spiritual well-being, works to protect and improve.
16. Be aware of the rights of work and personal rights and colleagues and takes responsibility and advocates for self development.
17. Possess scientific knowledge; advocate scientific approaches and evidence-based practices and use them for the benefit of people and society.

18. Make critical evaluation of medical literature in order to use scientific evidence in applications.
19. Plan, apply and share the results of a scientific research.
20. Recognize the right of individuals to be healthy and have access to health services, recognizes the rights violations and the conditions that create them and works to eliminate them.
21. Evaluate the social determinants of health, environmental, social, economic and cultural factors that may affect health and produces applicable solutions for the benefit of people and society.
22. Be aware of the expectations and priority needs of the society it serves and works with social responsibility and advocates.
23. Care, prioritize and protect vulnerable groups in health care.
24. Work effectively and in collaboration with other physicians and people from different disciplines and professions.
25. Take responsibility for the management of health care processes, pioneers, identifies an equitable, honest and consistent approach that respects the differences between individuals and communities.
26. Effectively manage crises and uncertainties during health practices.