

REPUBLIC OF TURKEY

ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE



**INTERNAL MEDICINE CLERKSHIP GUIDE**

**2021** **- 2022**

**DEFINITIONS**

**INTERNAL MEDICINE CLERKSHIP**

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| **Education Period** | Year IV |
| **Clerkship Duration** | 10 weeks |
| **Training Place** | Medipol Mega University Hospital  |
| **Instructors** | * Prof.Dr. Mehmet BAYRAM
* Prof.Dr. Özcan YILDIZ
* Prof.Dr.Vedat GÖRAL
* Prof.Dr. Meryem CAN
* Prof.Dr. Sergülen DERVİŞOĞLU
* Assoc.Prof.Dr. Ömür Gökmen SEVİNDİK
* Assoc.Prof.Dr. Özgür Ulaş ÖZCAN
* Asst.Prof.Dr. Esra DEMİR
* Asst.Prof.Dr. Özge ARICI DÜZ
* Asst.Prof.Dr.Hülya BİLGEN
* Asst.Prof.Dr.Beytullah ÇAKAL
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| **The Head Instructor** | Assoc. Prof. Ömür Gökmen SEVİNDİK, MD. |

**AIMS OF THE INTERNAL MEDICINE CLERKSHIP**

The aim of this clerkship is to gain full experience and knowledge among obtaining medical history of an adult patient, to perform a full physical examination, to gain the skills to communicate well with the patients and their relatives. Another aim is to have familiarity with commonly observed symptoms and disorders with an emphasis on general practice regarding the sub-divisions of internal medicine, such as endocrinology, nephrology, gastroenterology, hematology, rheumatology, and oncology. The clerks will also be able to participate commonly applied diagnostic procedures in order to have an idea about the procedure itself and aimed to develop as well as to provide the endocrine, hematologic, immune, metabolic, metabolic which is common in society and for which the general practitioner is responsible in primary medicine. to teach diagnostic approaches in gastroenterological and neoplastic diseases and to give the ability to direct patients to treat these diseases when necessary.

**Learning Methods:**

* Theoretical Course
* Case-based presentation
* Per Patient Service/Outpatient Trainings
* Faculty Practices

**INTERNAL DISEASES** **CLERKSHIP** **LEARNING GOALS**

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Story, Anamnesis, General Physical Examination | He receives detailed anamnesis for the patient's complaint.  | 2 Hour |
| Performs detailed system querying.  |
| He does a detailed physical examination.  |
| Evaluates normal, and abnormal findings in physical examination.  |
| By evaluating the findings of anamnesis and physical examination togetherCreates a pre-diagnosis list in the patient. |
| General Physical Examination | He receives detailed anamnesis for the patient's complaint.  | 2 hour |
| Conducts detailed system inquiry, and physical examination. |
| Evaluates normal and abnormal findings in physical examination.  |
| By evaluating the findings of anamnesis and physical examination togethercreates a pre-diagnosis list in the patient. |
| Head, Neck Examination | Physical examination in the head and neck area, indicating diseasesbecomes aware of the clinical meaning of its findings. | 2 Hour |
| Performs thyroid examination, detects goiter, nodule presence, and thyroid sensitivity.  |
| In which areas of the lymph nodes in the head and neck areaand defines them.  |
| Urogenital Examination | Identifies possible signs of inspection in urinary system examination. | 2 Hour |
| He can sort diseases, and conditions in which the kidney is palpable. |
| Performs costovertebral angle sensitivity examination and counts the diseases that may cause it. |
| Shows urethra points.  |
| She identifies suprapubic sensitivity and ranks the diseases that can lead. |
| Glob identifies the vestile and applies its examination on the patient.  |
| Shows the edema examination on the patient.  |
| Respiratory System | The respiratory system classifies the steps of physical examination. | 2.5 Hour |
| It counts the causes of pathological conditions seen in physical examination.  |
| Abdominal Examination | It tells the topographical anatomy of the abdomen. | 2 Hour |
| She can sort the physical examination steps for the abdominal examination.  |
| In the correct order and direction of the abdominal examination steps, indicates. |
| Distinguishes between normal and pathological findings in abdominal examination. |
| Identifies the emergency patient as a result of abdominal examination.  |
| Explains what kind of diseases can be seen pathologies detected in abdominal examination. |
| Neurological Examination | Defines terminology and symptomatology of the central nervous system.  | 3 Hour |
| Describes and applies the steps of central nervous system examination.  |
| Performs an examination of meningeal irritation findings.  |
| Evaluates the patient in a coma. |
| It uses light source, reflex hammer, ophthalmoscope and tuning fork. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Musculoskeletal System Examination | Defines terminology and symptomatology related to the musculoskeletal system.  | 2 Hour |
| Counts and classifies common signs and symptoms related to the musculoskeletal system. |
| Explains and performs the steps of the extremity examination.  |
| Distinguishes and counts the physical examination findings of arthritis.  |
| Defines and ranks active-passive joint movements. |
| Counts and distinguishes the clinical and physical examination findings of carpal tunnel syndrome. |
| Cardiovascular System | Classifies the cardiovascular system physical examination steps. | 1 Hour |
| Evaluates pathological pulse wave forms.  |
| Defines the listening foci and placement of the heart. |
| Distinguishes between innocent and pathological murmurs. |
| Describes the mechanisms for the formation of normal and additional sounds.  |
| Classes murmurs and counts the diseases associated with them.  |
| Hyperthyroidism- Hypothyroidism | Detects the physical examination findings of hyperthyroidism and hypothyroidism, expresses the symptoms and knows the causes. | 2 Hour |
| Diagnoses, treats and monitors of the hypothyroidism patients. |
| It sorts drugs impairing the absorption of thyroid drugs. |
| Explains the required test to make a diagnosis. |
| Dysphritis, Gastroesophageal reflux disease (GERD) and Other Esophageal DiseasesClinical Approach | Describes the structure of the esophagus and its functional movements. | 2 Hour |
| Tells the structure, function and importance of the cardio-esophageal junction. |
| Counts the diseases causing dysphagia and explains the mechanism by which these diseases cause dysphagia. |
| It identifies esophagus motility disorders, explains its physiopathology.  |
| Explains characteristics of diseases leading to esophagus motility disorder. |
| He wants and evaluates diagnostic tests for esophagus motility disorder.  |
| Expressing the principles of treatment in diseases of esophageal motility disorder |
| Counts the symptoms of GERD and refers to its differential diagnosis.  |
| List the treatment principles and complications of GERD. |
| Laboratory Tests in Rheumatology- I-II | Defines the basic laboratory tests and acute phase reactants used in the diagnosis and follow-up of rheumatological diseases, interprets the results obtained from the tests. | 2 hour |
| Counts the sero-immunological tests used in the diagnosis and follow-up of rheumatological diseases, expresses the indications for which these tests should be requested, and interprets the results to be obtained from the tests correctly. |
| Dyspepsia and Abdominal Pain Differential Diagnosis | Identifies dyspepsia. | 1 Hour |
| He lists the most common causes of dyspepsia and differential diagnosis.  |
| Describes the diagnostic approach to patients with dyspepsia.  |
| Counts the upper gastrointestinal tract alarm symptoms. |
| Distinguishes types of abdominal pain.  |
| It defines the causes of abdominal pain according to anatomical localization.  |
| Plans the necessary tests for diagnosis in the patient with abdominal pain.  |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Patient Approach in Rheumatology | Lists the findings of rheumatological diseases. | 1 hour |
| Sorts rheumatological diseases.  |
| Predicts rheumatological diseases in the light of clinical and laboratory findings.Defines the clinical characteristics of gout and regulates its treatment. |
| Thyroiditis | Counts the causes of acute, subacute and chronic thyroiditis anddistinguishes of their clinical findings. | 1 Hour |
| He sorts the stages of diseases and determines its preliminary diagnosis.  |
| Thyroid Cancers | Counts the causes of thyroid nodules.  | 1 Hour |
| Determines the preliminary diagnosis of thyroid cancer by putting biopsy indication in suitable patients. |
| Counts preventive measures for genetically transmitted thyroid cancers (medullary). |
| Obesity | Identifies and classifies obesity and diseases that can accompany it | 1 Hour |
| He counts the primary and secondary causes of obesity. |
| He sorts obesity prevention measures. |
| She guides for treatment of obesity and follow it in the first step. |
| Metabolic Syndrome | Counts the diagnostic criteria of metabolic syndrome and realizes that it is a complex condition. | 1 Hour |
| He thinks that the treatment of each parameter should be provided. |
| Expresses the importance of losing weight and counts the preventive measures and monitors these patients. |
| Hematology Laboratory 1,2 | Explains the meaning and normal values of the parameters in the hemogram. | 2 hour |
| Counts hemostasis tests and interprets their meaning.  |
| Rheumatoid Arthritis 1,2 | Counts the properties of rheumatoid arthritis.  | 2 Hour |
| He lists the most common complaints and clinical findings of rheumatoid arthritis.  |
| Lists the diagnostic criteria for rheumatoid arthritis.  |
| Explains rheumatoid arthritis etiopathogenesis.  |
| Counts systemic and organ involvement due to rheumatoid arthritis.  |
| Interprets the basic laboratory tests and acute phase reactants used in the diagnosis and follow-up of rheumatoid arthritis. |
| Defines the basic principles and frequently used drugs in the treatment of rheumatoid arthritis and follows the patients using these drugs. |
| Oncologic Emergencies | Names oncological emergencies.  | 1 Hour |
| Predicts and directs oncological emergencies.  |
| Pituitary Disorders | Knows the symptoms of pituitary diseases.  | 1 Hour |
| Among the symptoms, he realizes that there are symptoms such as galactorrhea, short stature, menstrual irregularity, weight gain, weight loss, obesity. |
| Explains the causes of pituitary diseases and refers them to the relevant specialist. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Acute and Chronic Pancreatitis Treatment AndComplications | Describes the definition, physiopathology, etiology and risk factors of acute and chronic pancreatitis. | 1 Hour |
| Explain the types of acute pancreatitis, clinical symptoms and signs of acute and chronic pancreatitis. |
| Declares the laboratory, radiological findings and diagnostic criteria of acute and chronic pancreatitis. |
| Explains clinical scoring systems that show the severity of acute pancreatitis and give an idea about its prognosis. Lists the poor prognostic markers in a patient with acute pancreatitis. |
| Describes emergency resuscitation and treatment approaches in acute pancreatitis.  |
| Describes the medical approaches needed to prevent a recurrence of acute pancreatitis attack. |
| Describes the treatment of chronic pancreatitis.  |
| Describes the complications that may develop in a patient with acute and chronic pancreatitis and their treatment. |
| Diabetes Mellitus 1,2 | Counts the diagnostic criteria for diabetes mellitus.  | 2 Hour |
| He knows the symptoms of diabetes. |
| Explains the pathogenesis of diabetes. |
| He counts the types of diabetes and interprets that it may be secondary diabetes.  |
| Recognizes risky individuals and remembers treatment target values.  |
| Hypoglycemia | Notices the symptoms of hypoglycemia.  | 1 Hour |
| He knows the causes of hypoglycemia.  |
| Urgently regulates the treatment of hypoglycemia and refers it to a specialist physician when it is needed. |
| Polycystic Ovary Syndrome | Counts the diagnostic criteria of polycystic ovary syndrome and knows the exclusion criteria. | 1 Hour |
| She makes a preliminary diagnosis of polycystic ovary syndrome and refers it to the relevant specialist. |
| Follows the patient whose treatment is regulated and has an idea about the drugs used in the treatment. |
| Fluid-Electrolyte Balance: Clinical Approach | He classifies and diagnoses fluid and electrolyte balance disorders.  | 2 Hour |
| Sorts the signs and symptoms of fluid and electrolyte balance disorders. |
| Predicts what kind of fluid and electrolyte disturbance may develop in situations that may cause disturbances in fluid and electrolyte balance, and prevents its development. |
| Interprets fluid electrolyte disorders that need immediate intervention and manages emergency treatment. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Hypertension: Clinical Approach to Diagnosis and Treatment | Explains how to accurately measure blood pressure.  | 2 hour |
| Defines, diagnoses and classifies hypertension. |
| Sorts the signs, and symptoms of hypertension. |
| Sorts the risk factors associated with the development of hypertension and manages risk factors that are fixable. |
| Treats essential hypertension and recognizes the side effects of the drugs used in the treatment of hypertension |
| Recognizes hypertensive urgency and emergencies, also manages emergency treatment and referral of its. |
| Performs long-term follow-up and control of essential hypertension in primary care conditions. |
| Recognizes the causes of secondary hypertension of kidney origin and diagnoses. |
| Performs long-term follow-up and control of renal-derived causes of secondary hypertension. |
| Treatment of Diabetes | He knows the purpose of diabetes treatment.  | 1 Hour |
| Describes the mechanisms of action of oral antidiabetics.  |
| He counts which doses antidiabetics should be used in which conditions. |
| He associates side effects of oral antidiabetics.  |
| Sorts the indications of insulin and shows how insulin is injected.  |
| Describes the storage conditions of insulin. |
| Determines the duration of insulin action.  |
| He becomes aware of the side effects of insulin. |
| Adrenal Failure | Notices symptoms of adrenal insufficiency.  | 1 Hour |
| Gets an idea of the diagnosis and treatment of adrenal insufficiency.  |
| He realizes that the adrenal crisis is an emergency situation |
| Lists the causes of adrenal crisis.  |
| Regulates the emergency treatment of adrenal crisis and refers it to a specialist.  |
| Cushing's Syndrome | Lists the causes of Cushing's syndrome. | 1 hour |
| Becomes aware that Cushing's syndrome can cause symptoms such as obesity, osteoporosis, diabetes, depression. |
| Interprets the results of dexamethasone and ACTH tests required for the diagnosis of Cushing's syndrome and directs patients to a specialist physician. |
| Behçet's Disease | Sorts out diseases that can cause wounds in the mouth. | 1 Hour |
| Predicts that Behçet's disease may be present in the differential diagnosis of the patient presenting with visual impairment and loss. |
| Counts, and distinguishes the skin findings of Behçet's disease.  |
| Predicts that Behçet's disease may be present in the differential diagnosis of genital wound. |
| Makes recommendations about wound treatment in the mouth. |
| Counts diagnostic properties of Behçet's disease which is vascular and organ involvement. |
| Summarizes the immunosuppressive treatments, treatment targets and side effects that should be applied in Behçet's patients with vascular and organ involvement. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Hyperparathyroidism | Counts the causes of hyperparathyroidism.  | 1 Hour |
| Predicts complications and refers the patient to a specialist.  |
| Osteoporosis | Interprets the DEXA results used in the diagnosis of osteoporosis. | 1 Hour |
| Becomes aware that osteoporosis has primary and secondary types |
| Counts the causes of secondary osteoporosis and expresses protection measures. |
| Follow-up of Cirrhosis Patient andn Treatment of Complications | Explains the definition, epidemiology, pathophysiology and etiology of liver cirrhosis. | 1 Hour |
| Counts clinical, and laboratory findings of liver cirrhosis andtells the clinical course of it. |
| Recognizes liver cirrhosis and describes its clinical course.  |
| Makes the differential diagnosis of liver cirrhosis based on symptom, examination, clinical and laboratory findings. |
| Explains the risk factors for liver cirrhosis and lists the necessary precautions to reduce the risk of developing cirrhosis. |
| Defines Child-Pugh classification and MELD score in liver cirrhosis, predicts prognosis with Child-Pugh classification and MELD score. |
| Describes complications due to liver cirrhosis. |
| Tells the treatment methods in liver cirrhosis and its complications. |
| Hematologic Emergencies 1,2 | Determines the emergencies encountered in blood diseases.  | 2 hour |
| Identifies the symptoms and findings of emergency situations.  |
| Counts the diagnostic methods of emergencies in blood diseases.  |
| Describes emergency treatments for hematologic emergencies.  |
| Hirsutism | Tells the score required to diagnose hirsutism and in which regions hirsutism should be evaluated. | 1 Hour |
| Becomes aware of tumors that may cause hirsutism and predicts that this diagnosis should be excluded. |
| Becomes aware of the need to check the hormone profile in the appropriate period and directs the patient to the specialist physician. |
| Dyslipidemia | Identifies and classifies hyperlipidemia.  | 1 hour |
|  Becomes aware that hyperlipidemia may be due to secondary causes. |
| Counts complications of hyperlipidemia |
| Has an idea about the treatment of hyperlipidemia and follows it. |
| Refers to preventive measures regarding hyperlipidemia.  |
| Counts doses of drugs used in treatment, mechanisms of action and side effects. |
| Differential Diagnosis of Jaundice and Liver Test Disorder | Refers to the general names of liver function tests andnormal values  | 1 Hour |
| Explains what liver function tests do and in what case it shows what disease. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Acute DiabetesComplications and Treatment | Describes the pathogenesis of acute complications of diabetes. | 1 Hour |
| Sorts the symptoms of hypoglycemia, distinguishes the causes and does the emergency treatment. |
| Defines diabetic ketoacidosis and hyperosmolar coma, arranges emergency treatment and directs to specialist. |
| Comprehends the principles of fluid, potassium and insulin therapy in diabetic ketoacidosis and hyperosmolar coma. |
| Predicts complications that develop for the patients who are not treated appropriately for acute complications. |
| Chronic DiabetesComplications and Treatment | Counts and classifies chronic complications of diabetes. | 1 hour |
| Predicts that chronic complications such as cardiovascular disease, retinopathy, neuropathy and nephropathy in type 2 diabetes can occur even at the time of diagnosis. |
| Myeloproliferative Diseases | Lists what myeloproliferative diseases are. | 1 Hour |
| Counts the signs and symptoms of myeloproliferative diseases and predicts diagnosis in the presence of. |
| Bone MarrowInsufficiency (Aplastic Anemia, MDS, PNH) | Lists the causes that lead to bone marrow deficiency.  | 2 Hours |
| Identifies aplastic anemia and predicts its diagnosis.  |
| Identifies myelodysplastic syndrome and sorts its clinical symptoms.  |
| Defines paroxysmal nocturnal hemoglobinuria, explains mechanism of formation. |
| List the diagnosis methods and clinical findings of paroxysmal nocturnal hemoglobinuria. |
| Vitamin D Deficiency | Counts the symptoms of vitamin D deficiency and predicts their risky status. | 1 Hour |
| Relates the importance of sunlight in protective measure and expresses protective measures to patients. |
| Regulates vitamin D deficiency.  |
| Bleeding And ClottingDisorders and Platelet Diseases 1,2,3 | Describes the mechanism of bleeding and clotting. | 3 Hour |
| Lists the tests used in bleeding and coagulation disorders, interprets these tests and distinguishes the causes of bleeding-coagulation disorders. |
| Indicates the conditions that require urgent intervention in bleeding and coagulation disorders and manages their emergency treatment. |
| Chronic Constipation and Irritable Bowel SyndromeClinical Approach | Identifies chronic constipation and sorts its causes.  | 1 Hour |
| Sorts drugs associated with chronic constipation.  |
| Refers to the lower gastrointestinal tract alarm symptoms.  |
| Lists diagnostic tests for the causes of chronic constipation.  |
| Outlines the treatment for chronic constipation. |
| Identifies irritable bowel syndrome and sorts its clinical findings.  |
| Makes the differential diagnosis of irritable bowel syndrome. |
| Lists the diagnostic criteria for irritable bowel syndrome.  |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Diagnosis and Treatment Approach in Patients with Non-Alcoholic Liver Fat | Explain the definition of fatty liver, its etiopathogenesis, types of fatty liver. | 1 Hour |
| Explains the causes of microvesicular and macrovesicular adiposity and distinguishes the difference in prognosis between the two. |
| Defines the histopathological, clinical and prognostic differences between steatosis and steatohepatitis. |
| Declares what clinical and laboratory findings may be present in patients with non-alcoholic fatty liver disease and steatohepatitis, which tests should be requested to diagnose, its clinical course, possible complications and its importance in terms of public health. |
| Explains in which disease groups non-alcoholic fatty liver and steatohepatitis are seen more frequently, and that they are associated with insulin resistance, obesity and metabolic syndrome. |
| Refers to the lifestyle changes and treatment approaches that should be made in patients with non-alcoholic fatty liver disease and steatohepatitis. |
| Leukemias 1,2 | Describes the lymphoproliferative system. | 2 Hour |
| Sorts the types of lymphomas.  |
| Describes the clinical symptoms of lymphomas.  |
| Describes the methods used in the pre-diagnosis of lymphomas. |
| Counts the differential diagnostic findings of lymphomas.  |
| Basic Clinical Features of Specific Glomerular Diseases | Defines nephritis syndrome. | 1 hour |
| He can list the causes of nephritis syndrome.  |
| Describes nephrotic syndrome. |
| Defines acute and chronic glomerulonephritis and distinguishes between the two conditions. |
| List the signs and symptoms of acute and chronic glomerulonephritis and explains the mechanisms of occurrence. |
| Defines the emergencies that may develop in the course of acute glomerulonephritis and manages its emergency treatment. |
| Hematuria,Proteinuria And GlomerularClinical Approach to Diseases | Basic terminology and symptomatology in kidney diseasesand distinguishes the causes.  | 1 hour |
| Defines proteinuria, distinguishes its types on the basis of pathogenesis, He sorts the causes of proteinuria types. |
| To be able to identify hematuria, diagnose, renal and non-renaldistinguishes hematuria from each other and sorts the causes.  |
| Inflammatory Bowel DiseasesDifferential Diagnosis and Treatment Approach 1,2 | Identifies the definitions and terminology related to inflammatory bowel diseases | 2 Hour |
| Explains the etiology and pathogenesis of inflammatory bowel diseases.  |
| Counts clinical manifestations of inflammatory bowel diseases.  |
| She makes a differential diagnosis between ulcerative colitis and Crohn's Disease.  |
| According to the prevalence and clinical activity of inflammatory bowel diseasesdetermines treatment strategies. |
| It follows the long-term follow-up of inflammatory bowel diseases and predicts the risks of cancer development.  |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Follow-up and Treatment of Chronic Viral Hepatitis Patients 1,2 | It identifies chronic hepatitis. | 2 Hour |
| Predicts ways of transmission of viral hepatitis. |
| It classifies hepatitis according to etiology and etiopathogenesis.  |
| How to show viral hepatitis serological indicators in patients with chronic hepatitisto be used. |
| Histopathological findings in chronic hepatitis and their importance  |
| Chronic hepatitis predicts its clinical course.  |
| It counts the main principles of treatment in chronic viral hepatitis. |
| Pheochromocytoma | He predicts that pheochromocytoma causes symptoms such as hypertension, hypertensive attack, palpitations and sweating. | 1 Hour |
| He states that pheochromocytoma is one of the causes of uncontrolled hypertension and that patients with this feature should be directs. |
| Secondary Hypertension | He predicts which patients should be investigated for secondary hypertension. | 1 Hour |
| It classifies and counts the causes of secondary hypertension.  |
| Refers patients who are thought to have secondary hypertension to the relevant specialist physician. |
| Potassium Balance And Disorders:Clinical Approach | Describes hypokalemia and hyperkalemia.  | 1 hour |
| Sorts the signs and symptoms of potassium balance disorders.  |
| Manages the emergency treatment of potassium balance disorders and directs to the relevant specialist. |
| Vasculitis 1,2 | Counts the clinical findings seen in vasculitis.  | 2 hour |
| Explains Antineutrophil cytoplasmic autoantibody (ANCA) |
| Evaluates p-ANCA and c-ANCA subgroups and associated vasculitides. |
| Classifies vasculitides according to involved vessel diameter and ANCA positivity. |
| Makes diagnosis and differential diagnosis of vasculitis.  |
| Recognizes and classifies the skin findings of vasculitis.  |
| Counts vasculitis in the differential diagnosis of abdominal pain hemoptysis. |
| Classifies laboratory tests used in the diagnosis and follow-up of vasculitides. |
| Diabetes Insipidus | Predicts that diabetes insipidus may be the underlying cause in conditions such as polyuria and hypernatremia. | 1 Hour |
| When diabetes insipidus is left untreated, he becomes aware of the increase in mortality and morbidity in patients without fluid access and directs these patients to the relevant specialist physician. |
| Inappropriate ADH Release | Infers that inappropriate ADH secretion can cause symptoms such as hyponatremia and clouding of consciousness. | 1 Hour |
| Counts the causes of inappropriate ADH release.  |
| Understands the importance of fluid restriction in the treatment of inappropriate ADH release and ranks the drugs to be used in the treatment.  |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Sjögren's Syndrome | Defines the clinical findings, diagnostic methods and treatment of Sjögren's disease. | 1 Hour |
| Distinguishes and sorts diseases that can dry the mouth. |
| Counts the drugs that can dry the mouth. |
| Distinguishes and sorts diseases that can cause dry eye. |
| Classifies conditions that may cause joint pain, joint swelling and limitation of joint movement; group it. |
| Defines anti-Ro, anti-La, ANA, RF tests and correlates them with clinical findings. |
| Blood and Blood Products and Transfusion Policy 1,2 | Defines blood components and explains the principles of transfusion.  | 2 Hour |
| Sorts transfusion complications and refers to differential diagnoses.  |
| Sorts transfusion indications. |
| Lists situations that require urgent transfusion.  |
| Explain the steps of safe blood transfusions. |
| Spondyloarthropathiesr 1,2 | Explains the clinical findings and systemic involvement of ankylosing spondylitis.  | 2 hour |
| Differentiate joint pain, joint swelling and joint movement limitation complaints of ankylosing spondylitis. |
| Determines neck pain associated with ankylosing spondylitis.  |
| Distinguishes neck stiffness associated with ankylosing spondylitis from other diseases. |
| Evaluates the clinical findings and systemic involvement of enteropathic arthritis. |
| Counts the clinical findings and systemic involvement of reactive arthritis and psoriatic arthritis. |
| Lists the treatment principles and basic effective drugs of seronegative spondylarthritis. |
|  Raynaud's syndrome and Scleroderma | Defines the epidemiology, clinical findings, differentiation of subgroups, treatment and prognosis of systemic sclerosis disease. | 1 hour |
| She can recognize the Raynaud phenomenon, and sort out related diseases.  |
| Defines, classifies and reports skin and nail findings associated with Raynaud's syndrome and scleroderma. |
| Counts scleroderma in a patient with dysphagia. |
| Regulates the treatment of Raynaud's syndrome.  |
| LiverDifferential Diagnosis in Their Audience | Comprehends the terminology related to mass lesions in the liver. | 1 hour |
| Defines liver mass lesions as primary-metastatic, benign-malignant and epithelial-mesenchymal. |
| Makes the distinction between solid and cystic in liver mass lesions and determines the approach in cystic lesions. |
| Lists the lesions with benign character and risk of malignant transformation. |
| Explains the approach to a mass lesion in a cirrhotic liver. |
| Express the general approaches in the diagnosis and follow-up of hepatocellular carcinoma. |
| Explains the approach of investigating primary malignancy in metastatic mass lesions of the liver. |
| Evaluates and monitors benign liver lesions. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Systemic Lupus Erythematosus | Defines epidemiology, etiological factors, clinical findings and serological findings of systemic lupus erythematosus disease. | 2 Hour |
| Makes a differential diagnosis from other rheumatic diseases.  |
| Summarizes the follow-up and treatment and describes the prognosis. |
| Understands which laboratory findings should be emphasized based on the clinical findings when the patient is first encountered. |
| Clinical Approach to Solid Organ Cancers | He classifies solid organ cancers. | 2 Hour |
| Counts the signs and symptoms of solid organ cancers.  |
| Classes the treatment of solid organ cancers.  |
| Tetani and Hypoparathyroidism | Predicts that there may be low calcium in hypoparathyroidism. | 1 hour |
| Detects Chvostek and Trousseau signs in physical examination in hypoparathyroidism. |
| Knows that acute calcium deficiencies can be fatal due to laryngospasm and treats acute hypocalcemia. |
| Anemia 1,2,3 | Identifies anemia. | 3 Hour |
| Lists the symptoms of anemia.  |
| Describes the morphological definition of anemia.  |
| Sorts anemias by etiology.  |
| Lists the causes of hypochromic microcytic anemia, explains the differential diagnosis of hypochromic microcytic anemia. |
| Explain the diagnosis, differential diagnosis and treatment of iron deficiency anemia. |
| Tells the diagnosis, differential diagnosis and treatment of pernicious anemia. |
| List the general clinical signs of hemolytic anemia. |
| Familial Mediterranean Fever | Tells the epidemiological features of familial Mediterranean fever, diagnosis and differential diagnosis of autoinflammatory diseases. | 1 Hour |
| Comprehends the importance of follow-up and colchicine treatment for the complications of familial Mediterranean fever. |
| Considers Familial Mediterranean disease for the patient presenting with abdominal pain. |
| Brings to mind the familial Mediterranean disease in the patient who presents with the complaint of fever. |
| Lists the use of colchicine therapy, its mechanism of action and its side effects. |
| MEFV identifies gene mutations. |
| Polymyositis- Dermatomyositis | Summarizes the clinical and laboratory features of dermatomyositis/polymyositis disease. | 1 hour |
| Sorts and interprets laboratory tests associated with myositis.  |
| Defines muscle weakness, distinguishes diseases included in the differential diagnosis. |
| Among the causes of dyspnea, myositis is considered. |
| Counts the drugs that can make myositis.  |
| Counts and distinguishes the skin findings of dermatomycosis.  |
| Ranks the muscle strength of the patient. |
| Explains about the medications used in treatment and the side effects of the drug.  |
| Acid-Base Balance: Clinical Approach | Defines concepts related to acid-base balance. | 2 Hour |
| By interpreting arterial blood gas analysis, distinguishes types of acid-base imbalance and classifies its causes. |
| Lists the signs and symptoms of acid-base balance disorders. |
| Interprets acid-base balance disorders that require urgent intervention and manages emergency treatment. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Chronic Kidney Disease | Describes chronic renal failure. | 2 Hour |
| Distinguishes from acute renal failure.  |
| Sorts the signs and symptoms of chronic renal failure and explains formation mechanisms. |
| Lists the indications for emergency dialysis in chronic renal failure and manages the treatment until dialysis is started. |
| Describes renal replacement therapies such as hemodialysis, peritoneal dialysis and kidney transplantation used in the treatment of chronic renal failure. |
| Lists the reasons that will further increase the existing kidney damage in chronic kidney failure and proposes solutions to prevent further kidney damage. |
| List the risk factors in the development of chronic kidney damage and apply the measures to protect the kidney against these risk factors. |
| Performs long-term monitoring and control in primary care conditions.  |
| Clinical Approach to Chronic Diarrhea and Malabsorption Syndromes | Describes chronic diarrhea. | 1 Hour |
| List the main causes of chronic diarrhea.  |
| Describes diagnostic tests and algorithms in patients with chronic diarrhea. |
| List the clinical and laboratory findings in malabsorption syndromes. |
| Distinguishes from chronic renal failure.  |
| Classifies the causes of acute renal failure and makes its differential diagnosis. |
| List the signs and symptoms of acute renal failure and explain the mechanisms of occurrence. |
| Predicts the development of acute renal failure in conditions and pathologies that predispose to the development of acute renal failure and offers solutions to prevent its development. |
| Classifies the indications for emergency dialysis in acute renal failure and manages its treatment until dialysis is started. |
| Paraneoplastic syndromes | Defines paraneoplastic syndromes. | 1 hour |
| Can count paraneoplastic syndromes. |
| Can interpret paraneoplastic syndromes. |
| Plasma Cell Diseases | Identifies plasma cell diseases and counts their names. | 1 hour |
| Describes the diagnostic methods of plasma cell diseases.  |
| Counts the clinical manifestations of multiple myeloma.  |
| Describes the differential diagnosis of multiple myeloma.  |
| Sorts the complications of multiple myeloma and mechanisms. |
| List the complications of multiple myeloma requiring emergency treatment and manage their emergency treatment. |
| Peptic Ulcer | Explains what a peptic ulcer is.  | 1 Hour |
| Ranks the most common etiological factors of peptic ulcers.  |
| Lists invasive and non-invasive tests required for diagnosis in peptic ulcer patient. |
| Describes complications of peptic ulcer disease. |
| Explains treatment approaches in peptic ulcer patients.  |
| Performs the necessary tests, treatment and follow-up in the diagnosis of Helicobacter pylori. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Class Time** |
| Gastrointestinal SystemClinical Approach to Bleeding | Explains clinical findings of upper and lower gastrointestinal tract hemorrhages | 1 Hour |
| Identifies critically hemorrhagic patients and performs emergency intervention.  |
| Counts the causes of bleeding of the upper and lower gastrointestinal tract.  |
| Explains the treatment and diagnosis of patients with bleeding upper and lower gastrointestinal tract |
| Hemolytic uremic syndrome | Defines and classifies hemolytic uremic syndrome. | 1 hour |
| He lists clinical and laboratory findings of hemolytic uremic syndrome. |
| Explains the principles of treatment in hemolytic uremic syndrome.  |
| Cancer Screening and Tumor Markers | Identifies cancer screening. | 1 Hour |
| Counts which cancers can be screened.  |
| He interprets tumor markers. |
| Leukemias | He identifies and classifies leukemia. | 2 Hour |
| Leukemia describes etiopathogenesis.  |
| Counts the diagnostic methods of acute and chronic leukemias.  |
| He sorts the signs and symptoms of acute leukemias.  |
| Counts complications of acute leukemia.  |
| Describes the principles of treatment in acute leukemias.  |
| Identifies chronic leukemias and explains clinical signs and symptoms.  |
| Explains the principles of treatment for chronic leukemia.  |

**RELATED LEARNING OBJECTIVES WITH PROGRAM QUALIFICATIONS AND KEY ROLES**

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|  |  | **BASIC ROLE** | **TEPDAD GENERAL** |
|  |  | **MEDICAL SKILLS** |
|  |  | **R1-Medical Doctor****R2-Team Employee****R3-Communicators****R4-Leader****R5-Health****Advocate****R6-Scientist** **R7-Professional** | **MS1-Analytical and Critical** **Thinking****MS2-Clinical Inquiry-Reasoning****MS3-Problem Solving MS4-Accessing Information**   **etc.** **MS5-Lifelong**   **Learning****MS6-Contact and**  **Teamwork**  |
|  | **RELATED PROGRAM** |
| **CLERKSHİP LEARNING GOAL** | **QUALIFICATIONS** |
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| He remembers anatomy, physiology and histology information about the gastrointestinal tract, endocrine system, urogenital system, musculoskeletal system and hematopoietic system.  | PQ1 | R1 |  |
| He creates a differential diagnosis list with anamnesis, physical examination and assays by using effective communication methods. | PQ1, PQ6, PQ11, PQ14 | R1, R3, R7, | MS1, MS2, MS3, MS6 |
| Explains and interprets common symptoms and clinical, laboratory and pathological findings of gastrointestinal system, endocrine system, urogenital system, musculoskeletal system and hematopoietic system diseases. | PQ1, PQ2, PQ14 | R1, R7 | MS1, MS2, MS3 |
| Explains and applies measures to reduce the frequency of diseases such as diabetes, hypertension, obesity, goiter, chronic kidney disease in the society according to national and international diagnosis and treatment guidelines. | PQ1, PQ3, PQ14 | R1, R3, R5 | MS4, MS5 |

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|  |  | **BASIC ROLE** | **TEPDAD GENERAL****MEDICAL SKILLS** |
|  |  | **R1-Medical Doctor****R2-Team Employee****R3-Communicators****R4-Leader****R5-Health****Advocate****R6-Scientist** **R7-Professional** | **MS1-Analytical and Critical Thinking****MS2-Clinical Inquiry-Reasoning****MS3-Problem Solving MS4-Accessing** **and** **Using** Information**MS5-Lifelong Learning****MS6-Contact and Teamwork**  |
| **CLERKSHİP LEARNING** **GOAL** |  **RELATED PROGRAM QUALIFICATIONS** |
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| Familial Mediterranean fever, achalasia, acute pancreatitis, aplastic anemia, Behçet's disease, Cushing's disease, diaphragm hernias, diabetes insipidus, Pheochromocytoma, gastrointestinal motilities disorders, hemochromatosis, hemolytic anemia, hemolytic uremic syndrome / thrombotic thrombocytopenic purpura, hyperparathyroidism, hyperthyroidism, pituitary disorders, hypoparathyroidism, inflammatory bowel disease, blood and products transfusion complications, bleeding diathesis and hemophiles,Chronic glomerulonephritis, chronic hepatitis, chronic pancreatitis, lymphocyte diseases, leukemias, malabsorption, myeloproliferative diseases, paraneoplastic syndromes, pyloric stenosis, polymyositis and dermatomyositis, Reynaud's Disease, rheumatoid arthritis, systemic lupus erythematosus, Sjögren syndrome, scleroderma, spondyloarthropathies (ankylosing spondylitis), thyroiditis, inappropriate ADH release, vasculitis, common intravenous clotting are considered as preliminary diagnosis with physical examination findings and explain the referral criteria to their relevant specialist.  | PQ1, PQ2, PQ5, PQ6, PQ7, PQ14 | R1, R2, R7 | MS1, MS2, MS3, MS6 |

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|  |  | **BASIC ROLE** | **TEPDAD GENERAL****MEDICAL SKILLS** |
|  |  | **R1-Medical Doctor****R2-Team Employee****R3-Communicators****R4-Leader****R5-Health****Advocate****R6-Scientist** **R7-Professional** | **MS1-Analytical and Critical Thinking****MS2-Clinical Inquiry-Reasoning****MS3-Problem Solving MS4-Accessing and Using** Information**MS5-Lifelong Learning****MS6-Communication and TeamWork** |
| **CLERKSHİP LEARNING** **GOAL** | **RELATED PROGRAM QUALIFICATIONS** |
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| He/she diagnoses diseases such as dyslipidemia, metabolic syndrome and obesity (endogenous-exogenous) diseases by interpreting the results of diagnostic tests, provides counseling and monitors by explaining the risk factors, and explains the measures to reduce their frequency. | PQ1, PQ2, PQ3, PQ4, PQ6, PQ7, PQ8, PQ14 | R1, R3, R7 | MS1, MS2, MS3, MS6 |
| Explains the risk factors and measures to reduce the frequency of diseases such as dyslipidemia, diabetes mellitus, essential hypertension, gastro-esophageal reflux, goiter, irritable bowel disease, chronic kidney failure, malnutrition, megaloblastic anemia, obesity, peptic ulcer disease, monitors them at the primary care level, and provides consultancy services. | PQ2, PQ3, PQ4, PQ14 | R1, R5 | MS4, MS6 |
| It adopts the importance of a salt-free diet and that it should be an example to society when it comes to reducing salt in the diet. | PQ3, PQ8, PQ12, PQ14 | R4, R5 | MS4, MS6 |
| It diagnoses diseases such as iron deficiency anemia, diabetes mellitus, essential hypertension, gastro-esophageal reflux, goiter, hypothyroidism, malnutrition, megaloblastic anemia, peptic ulcer disease by performing a physical examination and choosing appropriate diagnostic tests. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14 | R1, R5, R7 | MS1, MS2, MS3, MS6 |

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|  |  | **BASIC ROLE** | **TEPDAD GENERAL****MEDICAL SKILLS** |
|  |  | **R1-Medical Doctor****R2-Team Employee****R3-Communicators****R4-Leader****R5-Health****Advocate****R6-Scientist** **R7-Professional** | **MS1-Analytical and Critical Thinking****MS2-Clinical Inquiry-Reasoning****MS3-Problem Solving MS4-Accessing and** **Using** Information**MS5-Lifelong Learning****MS6-Communication and TeamWork** |
| **CLERKSHİP LEARNING** **GOAL** | **RELATED PROGRAM QUALIFICATIONS** |
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| It plans the treatment of diseases such as iron deficiency anemia, diabetes mellitus, essential hypertension, gastro-esophageal reflux, goiter, hypothyroidism, malnutrition, megaloblastic anemia, peptic ulcer disease within the scope of rational drug use principles and explains the properties and serious side effects of basic drugs. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14, PQ18 | R1, R5 | MS1, MS2, MS3, MS6 |
| Explains the clinical features of diseases such as balance disorders life-threatening acute renal failure, acute glomerulonephritis, lower and upper gastrointestinal bleeding, acid-base balance disorders, acute complications of diabetes, hypertensive emergencies, hepatic coma, hypoglycemia, chronic renal failure, oncological emergencies, fluid and electrolyte (sodium, potassium, calcium). Plans the emergency treatment and explains the referral criteria of them. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14 | R1 | MS1, MS2, MS3, MS6 |
| He advises on the necessary regulations about the working conditions of patients with hypertension, diabetes, kidney failure or kidney transplant, and questions the possible toxic exposure of the patient with Fanconi syndrome. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ8, PQ14, PQ21 | R1, R5 | MS1, MS2, MS3, MS6 |
| Adopts the importance of preventive medicine in internal diseases.  | PQ1, PQ2, PQ3 | R1 | MS1, MS2, MS3, MS6 |

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|  |  | **BASIC ROLE** | **TEPDAD GENERAL** |
|  |  | **MEDICAL SKILLS** |
|  |  | **R1-Medical Doctor****R2-Team Employee****R3-Communicators****R4-Leader****R5-Health****Advocate****R6-Scientist** **R7-Professional** | **MS1-Analytical and Critical Thinking****MS2-Clinical Inquiry-Reasoning****MS3-Problem Solving MS4-Accessing and** **Using** Information**MS5-Lifelong Learning****MS6-Communication and TeamWork** |
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|  | **RELATED PROGRAM** |
| **CLERKSHİP LEARNING GOAL** | **QUALIFICATIONS** |
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| Performs general physical examination including respiratory system, cardiovascular system, urogenital system, musculoskeletal system, lymph node, abdomen, head and neck and neurological examination. | PQ1, PQ6, PQ7 | R1, R3, R7 | MS2, MS6 |
| Gets a general and problem-oriented story. | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| Performs digital rectal examination.  | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| It measures blood sugar with a glucose meter and evaluates its result.  | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| It measures the time of bleeding and evaluates the result.  | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| Peripheral dissemination and evaluate. | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| Evaluates full urine analysis. | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| It measures blood pressure. | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| It applies a nasogastric probe and performs the gastric washing process.  | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| It can apply parasynthesis. | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |

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|  |  | **BASIC ROLE** | **TEPDAD GENERAL** |
|  |  | **MEDICAL SKILLS** |
|  |  | **R1-Medical Doctor** | **MS1-Analytical and Critical Thinking****MS2-Clinical Inquiry-Reasoning****MS3-Problem Solving MS4-Accessing and Using** Information**MS5-Lifelong Learning****MS6-Communication and TeamWork** |
|  |  | **R2-Team Employee** |
|  | **RELATED PROGRAM** | **R3-Communicators** |
| **CLERKSHIP LEARNING GOAL** | **QUALIFICATIONS** | **R4-Leader** |
|  |  | **R5-Health** |
|  |  | **Advocate** |
|  |  | **R6-Scientist**  |
|  |  | **R7-Professional** |
| Understands the importance of multidisciplinary approach in diagnosis, treatment and follow-up of diseases such as cancer and diabetes mellitus. | PQ12, PQ14, PQ20 | R2, R4, R7 | MS6 |
| Patients communicate effectively in writing and verbally with their relatives and colleagues. | PQ14, PQ15 | R1, R3, R7 | MS6 |
| He understands the importance of a good anamnesis and a complete systemic examination for accurate diagnosis.  | PQ1, PQ2, PQ6 | R1, R2, R4, R5, R7 | MS6 |
| He follows the current literature while making medical practices.  | PQ5 | R1, R3, R7 | MS4, MS5 |
| Applies the principles of rational drug use.  | PQ1, PQ2, PQ5, PQ7 | RI, R5, R7 | MS1, MS2, MS3 |

**INTERNAL DISEASES** **CLERKSHİP CEP TABLE**

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES / CLINICAL PROBLEMS** | **TERM 4 COURSE NAME** | **LEVEL OF LEARNING** | **MEASURING - EVALUATING** |
| **ABDOMNAL DISTENSION** | Obesity (Endogenous Exogenous) | Obesity | D P FU | Written-Oral |
| **ABDOMNAL DISTENSION** | Ascites | Follow-up of the Cirrhosis Patient and Treatment of Complications | DT P FU | Written-Oral |
| **ABDOMNAL DISTENSION** | Irritable Bowel Disease | Clinical Approach in Chronic Constipation and Irritable Bowel Syndrome | PreD P FU | Written-Oral |
| **ABDOMNAL DISTENSION** | Gastrointestinal Motility SystemDisorders | Clinical Approach in Chronic Constipation and Irritable Bowel Syndrome | DT P FU | Written-Oral |
| **AGGRAVATION (PRIVACY)** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **DRYNESS OF MOUTH** | Diabetes Mellitus | 1.Diabetes Mellitus 1,2 2.Treatment of Diabetes 3.Acute Complications and Treatment of Diabetes | DT P FU | Written-Oral |
| **DRYNESS OF MOUTH** | Sjögren's Syndrome | Sjögren's Syndrome | PreD D | Written-Oral |
| **DRYNESS OF MOUTH** | Diabetes Insipidus | Diabetes Insipidus | PreD | Written-Oral |
| **SCAR ON THE MOUTH** | Behçet's Disease | Behçet's Disease | PreD D | Written-Oral |
| **SCAR ON THE MOUTH** | Systemic Lupus Erythematosus | Systemic Lupus Erythematosus-Antiphospholipid Syndrome1,2 | PreD D | Written-Oral |
| **AMENOREA** | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **AMENOREA** | Polycystic Ovary Syndrome | Polycystic Ovary Syndrome | PreD FU | Written-Oral |
| **AMENOREA** | Pituitary Disorders | Pituitary Disorders | PreD | Written-Oral |
| **ANEMIA** | Megaloblastic Anemia | Anemia | PreD DT | Written-Oral |
| **ANEMIA** | Iron Deficiency Anemia | Anemia | DT P FU | Written-Oral |
| **ANEMIA** | Upper Gastrointestinal Bleeding | Clinical Approach to Gastrointestinal Bleeding | DT P FU | Written-Oral |
| **ANEMIA** | Hemoglobinopathies | Anemia | PreD | Written-Oral-Application |
| **ANEMIA** | Leukemias | Leukemias 1,2 | PreD | Written-Oral |
| **ANEMIA** | Aplastic Anemia | Bone Marrow Deficiency (Aplastic Anemia, MDS, PNH)  | PreD D | Written-Oral |
| **ANEMIA** | Blood and Products Transfusion Complications | Blood and Blood Products and Transfusion Policy | PreD | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES /** **CLINIC****PROBLEMS** | **TERM 4** **COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ANAEMIA** | Hemolytic Anemia | Anemia | PreD | Written-Oral-Application |
| **ANAEMIA** | Hemolytic Uremic Syndrome/ThromboticThrombocytopenic Purpura | 1. Hematological Emergencies
2. Bleeding and Clotting Disorders and Platelet Diseases
 | D | Written-Oral |
| **ANURIA and OLIGURIA** |  Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **ANURIA and OLIGURIA** | Fluid and Electrolyte Balance Disorders | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance and Disorders: Clinical Approach
 | D E P | Written-Oral |
| **ANURIA and OLIGURIA** | Acute Glomerulonephritis | Basic Clinic of Specific Glomerular DiseasesProperties | D E | Written |
| **FEVER** | Oncological Emergencies | Oncological Emergencies | E | Written |
| **FEVER** | Familial Mediterranean Fever | Familial Mediterranean Fever | PreD | Written-Oral |
| **FEVER** | Lymphoproliferative Diseases | Leukemia1,2 | PreD | Written-Oral |
| **HEADACHE** | Essential Hypertension | Hypertension: Clinical Approach to Diagnosis and Treatment | DT E P FU | Written-Oral |
| **BAŞAĞRISI** | Secondary Hypertension | 1. Pheochromocytoma
2. Secondary Hypertension
 | PreD FU | Written-Oral |
| **HEADACHE** | Fluid and Electrolyte Balance Disorders | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance and Disorders: Clinical Approach
 | D E P | Written-Oral |
| **DISORIENTATION** | Hypoglycemia | Hypoglycemia | E | Written-Oral |
| **DISORIENTATION** | Acid Base Balance Disorders | Acid-Base Balance: Clinical Approach | E | Written |
| **CERVICAL MASSES** | Thyroid Cancer | Thyroid Cancers | PreD P | Written-Oral |
| **CERVICAL MASSES** | Lymphoproliferative Diseases | Leukemia1,2 | PreD | Written-Oral |
| **NEUSEA, VOMITING** | Gastroenteritis | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | DT E P FU | Written-Oral |
| **NEUSEA, VOMITING** | Gastro-Esophageal Reflux | Clinical Approach in Dysphagia, Gastroesophageal Reflux Disease and Other Esophageal Diseases | DT P FU | Written-Oral |
| **NEUSEA, VOMITING** | Upper Gastrointestinal Bleeding | Clinical Approach in Gastrointestinal Bleeding | DT P FU | Written-Oral |
| **NEUSEA, VOMITING** | Achalasia | Clinical Approach in Dysphagia, Gastroesophageal Reflux Disease and Other Esophageal Diseases | PreD DT P FU | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES** **/** **CLINIC****PROBLEMS** | **TERM 4 COURSE** **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **NEUSEA, VOMITING** | Acute pancreatitis | Acute and Chronic Pancreatitis Treatment andComplications | DT P FU | Written-Oral |
| **NOSEBLEEDS** | Essential Hypertension | Hypertension: Clinical Approach to Diagnosis and Treatment | DT E P FU | Written-Oral |
| **NOSEBLEEDS** | Secondary Hypertension | 1. Pheochromocytoma
2. Secondary Hypertension
 | PreD FU | Written-Oral |
| **NOSEBLEEDS** | Bleeding Diathesis and Hemophilia | Bleeding and Clotting Disorders and PlateletsDiseases | PreD | Written-Oral-Application |
| **GROWTH-DEVELOPMENT RETARDATION** | Hypothyroidism | Hyperthyroidism-hypothyroidism | DT FU | Written-Oral |
| **GROWTH-DEVELOPMENT RETARDATION** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **GROWTH-DEVELOPMENT RETARDATION** | Pituitary Disorders | Pituitary Disorders | PreD | Written-Oral |
| **GROWTH-DEVELOPMENT RETARDATION** | Malabsorption | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | PreD | Written-Oral |
| **PALPITATION** | Essential Hypertension | Hypertension: Clinical Approach in Diagnosis and Treatment | DT E P FU | Written-Oral |
| **PALPITATION** | Hypoglycemia | Hypoglycemia | E | Written-Oral |
| **PALPITATION** | Secondary Hypertension | 1. Pheochromocytoma
2. Secondary Hypertension
 | PreD FU | Written-Oral |
| **PALPITATION** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **PALPITATION** | Pheochromocytoma | Pheochromocytoma | PreD | Written-Oral |
| **SKIN RASHES** **/****LESIONS (Maculopapular, Bullous, Vesicular)** | Henoch Schonlein Purpura | Vasculitides 1,2 | D | Written-Oral |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Vasculitis | Vasculitides 1,2 | PreD | Written-Oral |
| **SKIN RASHES /****LESIONS (Maculopapular, Vesicular)** | Systemic Lupus Erythematosus | Systemic Lupus Erythematosus-Antiphospholipid Syndrome 1,2 | D | Written-Oral |
| **SKIN BULLOUS RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Behçet's Disease | Behçet's Disease | D | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES** **/** **CLINIC****PROBLEMS** | **TERM 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **SKIN BULLOUS RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Common Intravenous Coagulation | 1. Hematological Emergencies
2. Bleeding and Clotting Disorders and Platelet Diseases
 | PreD | Written-Oral- Application |
| **SKIN BULLOUS RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Bleeding Diathesis and Hemophilia | Bleeding and Clotting Disorders and Platelet Diseases | PreD | Written-Oral- Application |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Chronic Hepatitis | Follow-up and Treatment of Chronic Viral Hepatitis Patients | PreD | Written-Oral |
| **SKIN AND** **NAIL CHANGES****(Dryness, Discoloring,** **etc.)** | Scleroderma | Raynaud's syndrome and Scleroderma | PreD | Written-Oral |
| **SKIN AND** **NAIL CHANGES****(Dryness, Discoloring, etc.)** | Reynaud's Disease | Raynaud's syndrome and Scleroderma | PreD | Written-Oral |
| **DYSPHAGIA** | Peptic Disease (Ulcer) | Peptic Ulcer | DT P FU | Written-Oral |
| **DYSPHAGIA** | Gastro Esophageal Reflux | Clinical Approach in Dysphagia, Gastroesophageal Reflux Disease and Other Esophageal Diseases | DT P FU | Written-Oral |
| **DYSPHAGIA** | Scleroderma | Raynaud's syndrome and Scleroderma | PreD | Written-Oral |
| **DYSPHAGIA** | Achalasia | Clinical Approach in Dysphagia, Gastroesophageal Reflux Disease and Other Esophageal Diseases | DT P FU | Written-Oral |
| **DYSMENORRHEA** | Polycystic Ovary Syndrome | Polycystic Ovary Syndrome | PreD FU | Written-Oral |
| **DYSPEPSIA** | Peptic Disease (Ulcer) | Peptic Ulcer | DT P FU | Written-Oral |
| **DYSPEPSIA** | Gastro Esophageal Reflux | Clinical Approach in Dysphagia, Gastroesophageal Reflux Disease and Other Esophageal Diseases | DT P FU | Written-Oral |
| **DYSPEPSIA** | Malabsorption | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | PreD | Written-Oral |
| **DYSPNEA** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **DIARRHEA** | Gastroenteritis | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | DT E P FU | Written-Oral |
| **DIARRHEA** | Irritable Bowel Disease | Chronic Constipation and Irritable Bowel SyndromeClinical Approach | PreD P FU | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **DIARRHEA** | Inflammatory Bowel Disease | Inflammatory Bowel Diseases Differential Diagnosis and Treatment Approach 1.2 | DT P FU | Written-Oral |
| **DIARRHEA** | Gastrointestinal Motility SystemDisorders | Clinical Approach in Chronic Constipation and Irritable Bowel Syndrome | DT P FU | Written-Oral |
| **DIARRHEA** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **DIARRHEA** | Chronic Pancreatitis | Acute and Chronic Pancreatitis Treatment andComplications | DT P FU | Written-Oral |
| **DIARRHEA** | Malabsorption | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | PreD | Written-Oral |
| **MOOD CHANGES** | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **JOINT PAIN / SWELLING** | Tenosynovitis | Patient Approach in Rheumatology | DT | Written-Oral |
| **JOINT PAIN / SWELLING** | Arthritis | Patient Approach in Rheumatology | D | Written |
| **JOINT PAIN / SWELLING** | Henoch Schonlein Purpura | Vasculitides 1,2 | D | Written-Oral |
| **JOINT PAIN / SWELLING** | Gout | Patient Approach in Rheumatology | PreD P | Written-Oral |
| **JOINT PAIN** **/ SWELLING** | Spondyloarthropathies (AnkylosingSpondylitis) | Spondyloarthropathies 1,2 | D | Written-Oral |
| **JOINT PAIN** **/ SWELLING** | Systemic Lupus Erythematosus | Systemic Lupus Erythematosus-Antiphospholipid Syndrome 1,2 | D | Written-Oral |
| **JOINT PAIN / SHISH** | Behçet's Disease | Behçet's Disease | D | Written-Oral |
| **JOINT PAIN / SHISH** | Rheumatoid Arthritis | Rheumatoid Arthritis 1,2 | D | Written-Oral |
| **JOINT PAIN / SHISH** | Bleeding Diathesis and Hemophilia | Bleeding and Clotting Disorders and PlateletsDiseases | PreD | Written-Oral-Application |
| **JOINT PAIN / SHISH** | Familial Mediterranean Fever | Familial Mediterranean Fever | PreD | Written-Oral |
| **MOBILITY RESTRICTION IN JOINTS** | Tenosynovitis | Patient Approach in Rheumatology | DT | Written-Oral |
| **MOBILITY RESTRICTION IN JOINTS** | Spondyloarthropathies (AnkylosingSpondylitis) | Spondyloarthropathies 1,2 | D | Written-Oral |
| **MOBILITY RESTRICTION IN JOINTS** | Rheumatoid Arthritis | Rheumatoid Arthritis 1,2 | D | Written-Oral |
| **MOBILITY RESTRICTION IN JOINTS** | Scleroderma | Raynaud's syndrome and Scleroderma | PreD | Written-Oral |
| **NECK STIFFNESS** | Spondyloarthropathies (AnkylosingSpondylitis) | Spondyloarthropathies 1,2 | D | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES /**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ENURESIS** | Diabetes Mellitus | 1.Diabetes Mellitus 1,2 2.Treatment of Diabetes 3.Acute Complications and Treatment of Diabetes | DT P FU | Written-Oral |
| **ENURESIS** | Diabetes Insipidus | Diabetes Insipidus | PreD | Written-Oral |
| **WOUND IN THE WIDER AREA** | Behçet's Disease | Behçet's Disease | D | Written-Oral |
| **CHEST PAIN** | Peptic Disease (Ulcer) | Peptic Ulcer | DT P FU | Written-Oral |
| **CHEST PAIN** | Gastro Esophageal Reflux | Clinical Approach in Dysphagia, Gastroesophageal Reflux Disease and Other Esophageal Diseases | DT P FU | Written-Oral |
| **VISUAL IMPAIRMENT / LOSS** | Behçet's Disease | Behçet's Disease | D | Written-Oral |
| **WEAKNESS** | Anemia Diseases (SeeList of Diseases, Clinical Problems)  | Anemias | DT P FU | Written-Oral |
| **WEAKNESS** | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **WEAKNESS** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **WEAKNESS** | Fluid and Electrolyte Balance Disorders | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance and Disorders: Clinical Approach
 | D E P | Written-Oral |
| **WEAKNESS** | Lower Gastrointestinal Bleeding | Clinical Approach to Gastrointestinal Bleeding | DT P FU | Written-Oral |
| **WEAKNESS** | Hypoglycemia | Hypoglycemia | E | Written-Oral |
| **WEAKNESS** | Leukemias | Leukemias 1,2 | PreD | Written-Oral |
| **HEMATOCHESIA / RECTAL****HEMORRHAGE** | Lower Gastrointestinal Bleeding | Clinical Approach to Gastrointestinal Bleeding | DT P FU | Written-Oral |
| **HEMATOCHESIA / RECTAL****HEMORRHAGE** | Inflammatory Bowel Disease | Inflammatory Bowel Diseases Differential Diagnosis and Treatment Approach 1.2 | DT P FU | Written-Oral |
| **HEMATURIA** | Acute Glomerulonephritis | 1. Basic Clinical Features of Specific Glomerular Diseases
2. Hematuria, Proteinuria and Glomerular Diseases

Clinical Approach | D E | Written |
| **HEMATURIA** | Henoch Schonlein Purpura | Vasculitides 1,2 | D | Written-Oral |
| **HEMATURIA** | Chronic Glomerulonephritis | 1. Basic Clinical Features of Specific Glomerular Diseases
2. Clinical Approach to Hematuria, Proteinuria and Glomerular Diseases
 | PreD | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE**  **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **HEMATURIA** | Bleeding Diathesis and Hemophilia | Bleeding And Clotting Disorders And PlateletsDiseases | PreD | Written-Oral-Application |
| **HEMOPTYSIS** | Vasculitis | Vasculitides 1,2 | PreD | Written-Oral |
| **HEMOPTYSIS** | Bleeding Diathesis and Hemophilia | Bleeding and Clotting Disorders and PlateletsDiseases | PreD | Written-Oral-Application |
| **HEPATOMEGALİ** | Obesity (Endogenous Exogenous) | Obesity | D P FU | Written-Oral |
| **HEPATOMEGALY** | Hepatosteatosis | Diagnosis and Treatment Approach in a Patient with Non-Alcoholic Fatty Liver | PreD FU | Written-Oral |
| **HEPATOMEGALY** | Lymphoproliferative Diseases | Lymphomas 1,2 | PreD | Written-Oral |
| **HEPATOMEGALY** | Leukemias | Leukemias 1,2 | PreD | Written-Oral |
| **HEPATOMEGALY** | Chronic Hepatitis | Follow-up and Treatment of Chronic Viral Hepatitis Patients | PreD | Written-Oral |
| **HYPERACTIVITY** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **HYPERTENSION** | Essential Hypertension | Hypertension: Clinical Approach to Diagnosis and Treatment | DT E P FU | Written-Oral |
| **HYPERTENSION** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **HYPERTENSION** | Acute Glomerulonephritis | 1. Basic Clinical Features of Specific Glomerular Diseases
2. Clinical Approach to Hematuria, Proteinuria and Glomerular Diseases
 | D E | Written |
| **HYPERTENSION** | Metabolic Syndrome | Dyslipidemia | D P FU | Written-Oral |
| **HYPERTENSION** | Obesity (Endogenous Exogenous) | Obesity | D P FU | Written-Oral |
| **HYPERTENSION** | Secondary Hypertension | 1. Pheochromocytoma
2. Secondary Hypertension
 | PreD FU | Written-Oral |
| **HYPERTENSION** | Chronic Glomerulonephritis | 1. Basic Clinical Features of Specific Glomerular Diseases
2. Hematuria, Proteinuria and Glomerular Diseases

Clinical Approach | PreD | Written |
| **HYPERTENSION** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **HYPERTENSION** | Cushing's Disease | Cushing's Syndrome | PreD | Written-Oral |
| **HYPERTENSION** | Pheochromocytoma | Pheochromocytoma | PreD | Written-Oral |
| **HYPOTHERMIA /** **HYSTERIUM** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **HYPOTHERMIA /** **HYSTERIUM** | Hypoglycemia | Hypoglycemia | E | Written-Oral |
| **HYPOTHERMIA /** **HYSTERIUM** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **HIRSUTISM** | Polycystic Ovary Syndrome | Polycystic Ovary Syndrome | PreD FU | Written-Oral |
| **HIRSUTISM** | Cushing's Disease | Cushing's Syndrome | PreD | Written-Oral |
| **HIRSUTISM** | Congenital Adrenal Hyperplasia | Hirsutism | PreD | Written-Oral |
| **SNORING** | Obesity (Endogenous Exogenous) | Obesity | D P FU | Written-Oral |
| **UNWANTED EFFECTS OF** **DRUGS** | Drug Side Effects | Approach to Solid Tumors | D | Written |
| **IMPOTENCE** | Hypertension | Hypertension: Clinical Approach to Diagnosis and Treatment | DT E P FU | Written-Oral |
| **IMPOTENCE** | Diabetes Mellitus | 1.Diabetes Mellitus 1,2 2.Treatment of Diabetes 3.Acute Complications and Treatment of Diabetes | DT P FU | Written-Oral |
| **INFERTILITY (Male,** **Female)** | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **INFERTILITY (Male, Female)** | Polycystic Ovary Syndrome | Polycystic Ovary Syndrome | PreD FU | Written-Oral |
| **INFERTILITY (Male, Female)** | Pituitary Disorders | Pituitary Disorders | PreD | Written-Oral |
| **UNSPED TEST** | Congenital Adrenal Hyperplasia | Hirsutism | PreD | Written-Oral |
| **LOSS OF APETITE** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **LOSS OF APETITE** | Liver Cirrhosis | Follow-up and Compression of Cirrhosis PatientTreatment | PreD P | Written-Oral |
| **CONSTIPATION** | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **CONSTIPATION** | Irritable Bowel Disease | Chronic Constipation and Irritable Bowel SyndromeClinical Approach | DT P FU | Written-Oral |
| **CONSTIPATION** | Gastrointestinal Motility SystemDisorders | Clinical Approach in Chronic Constipation and Irritable Bowel Syndrome | DT P FI | Written-Oral |
| **MURMUR IN THE HEART** | Anemia Diseases (SeeList of Diseases, Clinical Problems)  | Anemias | DT P FU | Written-Application-Oral |
| **BLEEDING TENDENCY** | Liver Cirrhosis | Follow-up and Compression of Cirrhosis PatientTreatment | DT P FU | Written-Oral |
| **BLEEDING TENDENCY** | Bleeding Diathesis and Hemophilia | 1. Hematologic Emergencies
2. Bleeding and Clotting Disorders and Platelets

Diseases | D | Written-Oral- Application |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE**  **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **BLEEDING TENDENCY** | Hemolytic Uremic Syndrome/Thrombotic Thrombocytopenic Purpura | 1. Hematologic Emergencies
2. Bleeding and Clotting Disorders and Platelet Diseases
3. Hemolytic uremic syndrome
 | PreD D | Written-Oral |
| **BLEEDING TENDENCY** | Common Intravenous Coagulation | 1. Hematologic Emergencies
2. Bleeding And Clotting Disorders And Platelets

Diseases | PreD | Written-Oral- Application |
| **BLEEDING TENDENCY** | Aplastic Anemia | Bone Marrow Deficiency (Aplastic Anemia, MDS, PNH)  | D | Written-Oral |
| **BLEEDING TENDENCY** | Leukemias | Leukemias 1,2 | PreD | Written-Oral |
| **ABDOMINAL PAIN** | Gastroenteritis | Clinical in Chronic Diarrhea and Malabsorption Syndromes Approach | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Peptic Disease (Ulcer) | Peptic Ulcer | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Henoch Schonlein Purpura | Vasculitides 1,2 | D | Written-Oral |
| **ABDOMINAL PAIN** | Inflammatory Bowel Disease | Inflammatory Bowel Diseases Differential Diagnosis and Treatment Approach 1.2 | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Irritable Bowel Disease | Chronic Constipation and Irritable Bowel SyndromeClinical Approach | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Familial Mediterranean Fever | Familial Mediterranean Fever | DT | Written-Oral |
| **ABDOMINAL PAIN** | Chronic Pancreatitis | Acute and Chronic Pancreatitis Treatment andComplications | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Malabsorption | Clinical in Chronic Diarrhea and Malabsorption Syndromes Approach | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Acute pancreatitis | Acute and Chronic Pancreatitis Treatment andComplications | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Peritonitis | Follow-up and Compression of Cirrhosis PatientTreatment | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Gastrointestinal Motility SystemDisorders | Clinical in Chronic Constipation and Irritable Bowel SyndromeApproach | DT P FU | Written-Oral |
| **ABDOMINAL PAIN** | Vasculitides | Vasculitides 1,2 | PreD | Written-Oral |
| **MASS IN THE ABDOMEN** | Lymphoproliferative Diseases | Lymphomas 1,2 | PreD | Written-Oral |
| **MASS IN THE ABDOMEN** | Cystic Diseases of the Kidney | Cystic Diseases of the Kidney | PreD | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE**  **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **MUSCLE WEAKNESS** | Hypothyroidism | Hypothyroidism | DT FU | Written-Oral |
| **MUSCLE WEAKNESS** | Cushing's Disease | Cushing's Syndrome | PreD | Written-Oral |
| **MUSCLE WEAKNESS** | Polymyositis and dermatomyositis | Polymyositis - dermatomyositis | PreD | Written-Oral |
| **SKELETON**  **SYSTEM**  **NETWORKS****(Back, Neck, Back, Hip and Extremity**  **Pain)**  | Tenosynovitis | Patient Approach in Rheumatology | DT | Written-Oral |
| **SKELETON**  **SYSTEM**  **NETWORKS****(Back, Neck, Back, Hip and Extremity**  **Pain)**  | Hemoglobinopathies | Anemias | PreD | Written-Oral- Application |
| **SKELETON**  **SYSTEM**  **NETWORKS****(Back, Neck, Back, Hip and Extremity**  **Pain)**  | Reynaud's Disease | Raynaud's syndrome and Scleroderma | D | Written-Oral |
| **SKELETON**  **SYSTEM**  **NETWORKS****(Back, Neck, Back, Hip and Extremity**  **Pain)**  | Polymyositis and dermatomyositis | Polymyositis- dermatomyositis | PreD | Written-Oral |
| **SKELETON**  **SYSTEM**  **NETWORKS****(Waist, Neck, Back,**  **Hips**  **and****Extremity Pain**  **)** | Rheumatoid Arthritis | Rheumatoid Arthritis 1,2 | D | Written-Oral |
| **SKELETON**  **SYSTEM**  **NETWORKS****(Back, Neck, Back, Hip and Extremity**  **Pain)**  | Scleroderma | Raynaud's syndrome and Scleroderma | PreD | Written-Oral |
| **SKELETON**  **SYSTEM**  **NETWORKS****(Back, Neck, Back, Hip and Extremity**  **Pain)**  | Spondyloarthropathies (Ankylosing Spondylitis) | Spondyloarthropathies 1,2 | D | Written-Oral |
| **SKELETON**  **SYSTEM**  **NETWORKS****(Back, Neck, Back, Hip and Extremity**  **Pain)**  | Vasculitis | Vasculitides 1,2 | PreD | Written-Oral |
| **PRURITUS** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **PRURITUS** | Liver Cirrhosis | Follow-up and Compensation of Cirrhosis Patient | DT P FU | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4** **COURSE** **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **RED EYE (Red** **Eye Redness)**  | Fluid and Electrolyte Balance Disorders | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance And Disorders: Clinical Approach
 | D E P | Written-Oral |
| **WEIGHT INCREASE**  | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **WEIGHT INCREASE**  | Obesity (Endogenous Exogenous) | Obesity | D P FU | Written-Oral |
| **WEIGHT INCREASE**  | Metabolic Syndrome | Dyslipidemia | D P FU | Written-Oral |
| **WEIGHT INCREASE**  | Cushing's Disease | Cushing's Syndrome | PreD | Written-Oral |
| **WEIGHT LOSS** | Gastroenteritis | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | DT P FU | Written-Oral |
| **WEIGHT LOSS** | Malnutrition | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | DT P FU | Written-Oral |
| **WEIGHT LOSS** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **COLIC PAIN (Renal,**  **Biliary,****Intestinal )** | Gastroenteritis | Clinical in Chronic Diarrhea and Malabsorption Syndromes Approach | DT P FU | Written-Oral |
| **COLIC PAIN (Renal,**  **Biliary,****Intestinal )** | Gastrointestinal Motility SystemDisorders | Dysphagia, Gastroesophageal Reflux Disease and Other Clinical Approach in Esophageal Diseases | DT P FU | Written-Oral |
| **CONVULSION** | Liquid and Electrolyte (Sodium,Potassium, Calcium, Magnesium, Phosphorus) Balance Disorders | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance and Disorders: Clinical Approach
 | D E P | Written-Oral |
| **CONVULSION** | Hypoglycemia | Hypoglycemia | E | Written-Oral |
| **CONVULSION** | Acid Base Balance Disorders | Acid-Base Balance: Clinical Approach | PreD | Written-Oral |
| **CONVULSION** | Hyperparathyroidism | Hyperparathyroidism | PreD | Written-Oral |
| **CONVULSION** | Inappropriate ADH Release | Inappropriate ADH Release | PreD | Written-Oral |
| **AMBIGUOUS GENITALIA** | Congenital Adrenal Hyperplasia | Hirsutism | PreD | Written-Oral |
| **LYMPHADENOPATHY** | Lymphoproliferative Diseases | Lymphomas 1,2 | PreD | Written-Oral |
| **LYMPHADENOPATHY** | Leukemias | Leukemias 1,2 | PreD | Written-Oral |
| **MELENA /** **HEMATEMESIS** | Peptic Disease (Ulcer) | Peptic Ulcer | DT P FU | Written-Oral |
| **MELENA / HEMATEMESIS** | Lower Gastrointestinal Bleeding | Clinical Approach to Gastrointestinal Bleeding | DT P FU | Written-Oral |
| **MELENA /** **HEMATEMESIS** | Upper Gastrointestinal Bleeding | Clinical Approach to Gastrointestinal Bleeding | DT P FU | Written-Oral |
| **MELENA /** **HEMATEMESIS** | Inflammatory Bowel Disease | Inflammatory Bowel Diseases Differential Diagnosis and Treatment Approach 1.2 | DT P FU | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE**  **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **NIPPLE DISCHARGE** | Pituitary Disorders | Pituitary Disorders | PreD | Written-Oral |
| **OEDEMA** | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **OEDEMA** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **OEDEMA** | Acute Glomerulonephritis | 1. Basic Clinical Features of Specific Glomerular Diseases
2. Hematuria, Proteinuria and Glomerular Diseases

Clinical Approach | D E | Written |
| **OEDEMA** | Nephrotic Syndrome | 1. Basic Clinical Features of Specific Glomerular Diseases
2. Clinical Approach to Hematuria, Proteinuria and Glomerular Diseases
 | D | Written-Oral |
| **OEDEMA** | Liver Cirrhosis | Follow-up and Compression of Cirrhosis PatientTreatment | DT P FU | Written-Oral |
| **OEDEMA** | Chronic Glomerulonephritis | 1. Basic Clinical Features of Specific Glomerular Diseases
2. Hematuria, Proteinuria and Glomerular Diseases

Clinical Approach | PreD | Written |
| **COUMS** | Gastro Esophageal Reflux | Dysphagia, Gastro Esophageal Reflux Disease and Other Clinical Approach in Esophageal Diseases  | DT P FU | Written-Oral |
| **PARESTESIA** | Liquid Electrolyte Equilibrium Disorder | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance and Disorders: Clinical Approach
 | D E P | Written-Oral |
| **PETECHIA, PURPURA, ECCHYMOSIS** | Henoch Schonlein Purpura | Vasculitides 1,2 | D | Written-Oral |
| **PETECHIA, PURPURA, ECCHYMOSIS** | Vasculitis | Vasculitides 1,2 | PreD | Written-Oral |
| **PETECHIA, PURPURA, ECCHYMOSIS** | Common Intravenous Coagulation | 1. Hematologic Emergencies
2. Bleeding and Clotting Disorders and Platelets

Diseases | PreD | Written-Oral- Application |
| **PETECHIA, PURPURA, ECCHYMOSIS** | Leukemias | Leukemias 1,2 | PreD | Written-Oral |
| **PETECHIA, PURPURA, ECCHYMOSIS** | Aplastic Anemia | Bone Marrow Deficiency (Aplastic Anemia, MDS, PNH)  | D | Written-Oral |
| **PETECHIA, PURPURA, ECCHYMOSIS** | Bleeding Diathesis and Hemophilia | Bleeding and Clotting Disorders and Platelet Diseases | PreD | Written-Oral- Application |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE**  **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **POLYDIPSIA** | Diabetes Mellitus | 1.Diabetes Mellitus 1,2 2.Treatment of Diabetes 3.Acute Complications and Treatment of Diabetes | DT P FU | Written-Oral |
| **POLYDIPSIA** | Diabetes Insipidus | Diabetes Insipidus | PreD | Written-Oral |
| **POLYURIA** | Diabetes Mellitus | 1.Diabetes Mellitus 1,2 2.Treatment of Diabetes 3.Acute Complications and Treatment of Diabetes | DT P FU | Written-Oral |
| **POLYURIA** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **POLYURIA** | Tubulointerstitial Diseases | Renal Tubulointerstitial Diseases | PreD | Written-Oral |
| **POLYURIA** | Diabetes Insipidus | Diabetes Insipidus | PreD | Written-Oral |
| **POLLAKURIA /NOCTURIA** | Diabetes Mellitus | 1.Diabetes Mellitus 1,2 2.Treatment of Diabetes 3.Acute Complications and Treatment of Diabetes | DT P FU | Written-Oral |
| **POLLAKURIA /NOCTURIA** | Chronic Renal Failure | Chronic Kidney Disease | D E P FU | Written-Oral |
| **POLLAKURIA /NOCTURIA** | Diabetes Insipidus | Diabetes Insipidus | PreD | Written-Oral |
| **PUBERTAL DISORDERS (Early Late)** | Pituitary Disorders | Pituitary Disorders | PreD | Written-Oral |
| **PUBERTAL DISORDERS** **(Early Late)** | Congenital Adrenal Hyperplasia | Hirsutism | PreD | Written-Oral |
| **HAIR LOSS** | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **HAIR LOSS** | Polycystic Ovary Syndrome | Polycystic Ovary Syndrome | PreD FU | Written-Oral |
| **HAIR LOSS** | Malabsorption | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | DT P FU | Written-Oral |
| **HAIR LOSS** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **JAUNDICE** | Liver Cirrhosis | Follow-up and Compression of Cirrhosis PatientTreatment | DT P FU | Written-Oral |
| **JAUNDICE** | Hemolytic Anemia | Anemias | PreD | Written-Oral-Application |
| **JAUNDICE** | Chronic Hepatitis | Follow-up and Treatment of Chronic Viral Hepatitis Patients | DT P FU | PreD |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE**  **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ICTERUS** | Hemolytic Uremic Syndrome/ThromboticThrombocytopenic Purpura | 1. Hematologic Emergencies
2. Bleeding and Clotting Disorders And Platelet Diseases
 | D | Written-Oral |
| **SYNCOPE** | Hypoglycemia | Hypoglycemia | E | Written-Oral |
| **HOARSENESS** | Gastro Esophageal Reflux | Dysphagia, Gastro Esophageal Reflux Disease and Other Clinical Approach in Esophageal Diseases  | DT P FU | Written-Oral |
| **STINGS (Insect)** **/** **BITES** | Vasculitis | Vasculitides 1,2 | PreD | Written-Oral |
| **SPLENOMEGALY** | Polycythemia | Myeloproliferative Diseases | D | Written-Oral |
| **SPLENOMEGALY** | Hemoglobinopathies | Anemias | PreD | Written-Oral-Application |
| **SPLENOMEGALY** | Liver Cirrhosis | Follow-up and Compression of Cirrhosis PatientTreatment | DT P FU | Written-Oral |
| **SPLENOMEGALY** | Hemolytic Anemia | Anemias | PreD | Written-Oral-Application |
| **SPLENOMEGALY** | Myeloproliferative Diseases | Myeloproliferative Diseases | PreD | Written-Oral |
| **SPLENOMEGALY** | Leukemias | Leukemias 1,2 | PreD | Written-Oral |
| **SPLENOMEGALY** | Rheumatoid Arthritis | Rheumatoid Arthritis 1,2 | D | Written-Oral |
| **SPLENOMEGALY** | Lymphoproliferative Diseases | Lymphomas 1,2 | PreD | Written-Oral |
| **TETANY** | Fluid and Electrolyte Balance Disorders | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance and Disorders: Clinical Approach
 | D E P | Written-Oral |
| **TETANY** | Hypoparathyroidism | Hyperparathyroidism | PreD | Written-Oral |
| **TREMOR** | Hepatic Coma | Follow-up and Compression of Cirrhosis PatientTreatment | DT P FU | Written-Oral |
| **TREMOR** | Hypoglycemia | Hypoglycemia | E | Written-Oral |
| **TREMOR** | Thyroiditis | Thyroiditis | PreD | Written-Oral |
| **TREMOR** | Hyperthyroidism | Hyperthyroidism-Hypothyroidism | PreD | Written-Oral |
| **TOBACCO USE** | Inflammatory Bowel Disease | Inflammatory Bowel Diseases Differential Diagnosis and Treatment Approach 1.2 | DT P FU | Written-Oral |
| **DEMENTIA** | Megaloblastic Anemia | Anemias | DT | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **RICKSHAW DISEASES**  **/**  **CLINIC****PROBLEMS** | **TERM 4**  **COURSE**  **NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **DEMENTIA** | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **SLEEP PROBLEMS**   | Hypothyroidism | Hyperthyroidism-Hypothyroidism | DT FU | Written-Oral |
| **URINARY INCONTINENCE** | Diabetes Mellitus | 1.Diabetes Mellitus 1,2 2.Treatment of Diabetes 3.Acute Complications and Treatment of Diabetes | DT P FU | Written-Oral |
| **URINARY INCONTINENCE** | Obesity (Endogenous Exogenous) | Obesity | D P FU | Written-Oral |
| **URINARY INCONTINENCE** | Diabetes Insipidus | Diabetes Insipidus | PreD | Written-Oral |
| **BURNS** | Fluid and Electrolyte Balance Disorders | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance and Disorders: Clinical Approach
 | D E P | Written-Oral |
| **POISONINGS** | Gastroenteritis | Clinical Approach in Chronic Diarrhea and Malabsorption Syndromes | DT P FU | Written-Oral |
| **POISONINGS** | Liquid and Electrolyte (Sodium, Potassium, Calcium, Magnesium, Phosphorus) Balance Disorders | 1. Fluid-Electrolyte Balance: Clinical Approach
2. Potassium Balance and Disorders: Clinical Approach
 | D E P | Written-Oral |
| **POISONINGS** | Acid Base Balance Disorders | Acid-Base Balance: Clinical Approach | E | Written-Oral |

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| **LEARNING LEVEL** | **EXPLANATION** |
| **E** | He should be able to recognize the emergency and make emergency treatment and refer it to the specialist when it is necessary.  |
| **PreD** | He should be able to make the necessary preliminary procedures by making a preliminary diagnosis and refer them to the specialist.  |
| **D** | They should be able to make a diagnosis and have knowledge about the treatment, and should direct them to the specialist by making the necessary preliminary procedures. |
| **DT** | He should be able to diagnose and treat.  |
| **FU** | She should be able to carry out long-term monitoring and control in primary care conditions.  |
| **P** | Can apply the prevention measures (primary, secondary, tertiary protection appropriate/ ones) |

**INTERNAL DISEASES CLERKSHP BASIC MANAGEMENT** **PRACTICES**

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| --- | --- | --- | --- | --- |
| **APPLICATION** | **APPLICATION NAME** | **TERM 4** **COURSE**  **NAME** | **TERM 6** **COURSE**  **NAME** | **LEVEL OF LEARNING** |
| **GET A** STORY | Taking general and problem-oriented history | Story, Anamnesis Acquisition andGeneral Physical Examination |  | 4 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Head and neck and ENT examination | Story, Anamnesis and General Physical Examination |  | 3 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Sun examination | Abdominal Examination |  | 4 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Skin examination | 1.General Physical Examination 2.Bleeding and ClottingDisorders and Platelet Diseases |  | 3 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICS****EXAMINATION** | Digital rectal examination | Gastroenterology Practice |  | 3 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | General condition and vital findingsEvaluation | Story, Anamnesis and General Physical Examination |  | 4 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Musculoskeletal system examination | Musculoskeletal System Examination |  | 3 |
| **RECORD KEEPING, REPORTING** **AND****NOTIFICATION** | Ability to prepare epicrisis | Internal medicine | Oncology | 4 |
| **RECORD KEEPING, REPORTING AND****NOTIFICATION** | Ability to prepare a patient file | Internal medicine | Oncology | 4 |
| **LABORATORY TESTS AND****RELATED OTHER****PROCESSES** | Ability to perform and evaluate full urine analysis (including microscopic examination) | Endocrinology Practice |  | 4 |
| **LABORATORY TESTS AND****OTHER RELATED TRANSACTIONS** | Being able to fill out the request form for laboratory inspection | Internal Medicine | Internal Medicine Clerkship | 4 |
| **LABORATORY TESTS AND****OTHER RELATED TRANSACTIONS** | Ability to perform and evaluate full urine analysis (including microscopic examination) | Full Urine Examination in Practice |  | 4 |

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| **APPLICATION** | **APPLICATION NAME** | **TERM 4 COURSE NAME** | **TERM 6**  **COURSE**  **NAME** | **LEARNING****LEVEL** |
| **LABORATORY TESTS AND****OTHER RELATED TRANSACTIONS** | To be able to interpret the results of screening and diagnostic examination | 1. Tumor markers and cancer screening,
2. Hematology laboratory 1.2
3. Full Urine Examination
 |  | 3 |
| **ENTREPRENEURIAL AND NON-ENTREPRENEURIAL** **APPLICATIONS** | Ability to open vascular access |  | Internal Medicine Clerkship | 3 |
| **ENTREPRENEURIAL AND ENTREPRENEURIAL****NON-EXISTENT APPLICATIONS** | Hand washing |  | Internal Medicine Clerkship | 4 |
| **ENTREPRENEURIAL AND NON-ENTREPRENEURIAL** **APPLICATIONS** | To be able to measure blood pressure | Urogenital Examination |  | 4 |
| **ENTREPRENEURIAL AND NON-ENTREPRENEURIAL** **APPLICATIONS** | Blood transfusion | Blood and Blood Products and Transfusion Policy |  | 2 |
| **ENTREPRENEURIAL AND NON-ENTREPRENEURIAL** **APPLICATIONS** | Being able to give bad news | Oncology Practice |  | 3 |
| **ENTREPRENEURIAL AND NON-ENTREPRENEURIAL** **APPLICATIONS** | Ability to take samples for culture |  | Oncology | 3 |
| **ENTREPRENEURIAL AND NON-ENTREPRENEURIAL** **APPLICATIONS** | Parasynthesis  | Gastroenterology Practice |  | 1 |

**INTERNAL DISEASES CLERKSHIP MEASUREMENT AND EVALUATION METHODS**

Internal Medicine clerkship lasts 10 weeks.

Interns prepare a patient file, one every week, and deliver it to the faculty member in charge of the intern. At the end of the clerkship, a grade out of 5 is given by the faculty member for the practice of preparing a patient file.

At the end of the second week, a theoretical written exam is conducted in relation to physical examination.

At the end of the clerkship, exam juries are formed which are attended by two faculty members. Students are divided into groups and evaluated by these juries by performing clinical practice and oral exams per patient. Each student is asked 6 "oral exam" questions by 2 faculty members (3 of each faculty member). In addition, each student is asked 2 "physical examination exams" questions by each faculty member (ANNEX 1).

Written exam is held 1 day after this exam. Written exam questions consist of a total of 100 multiple-choice question types and each question consists of a total of 5 options. The exam takes 120 minutes in total, and it is evaluated out of 100 points.

The effect of these 5 assessments made at the end of the exams on the final passing grade is 10% for the midterm exam (quiz), 25% for the structured oral exam, 25% for the physical examination, 35% for the written exam, and 5% for the patient files reported by the students during the internship. At the end of these 5 evaluations, 60 points or more are considered successful. Students who do not succeed must take the make-up exam.

Physical examination written exam is not performed in the make-up exam and patient preparation reports are excluded for the evaluation of the make-up grade. On the other hand, the other 3 exams (physical examination exam, oral exam and written exam) are applied in the make-up exam. The effect of these three exams on the passing grade is equal (1/3). Students who take 60 or more grades in this exam are successful in the clerkship. Students who get a grade below 60 are obliged to repeat the internship the next year.

**CALCULATION OF CLERKSHIP SUCCESS** **RATING**

|  |  |
| --- | --- |
| **Exam Type** | **Percentage** |
| **Midterms** **(Quiz)** | %10 |
| **Structured Oral Exam** | %25 |
| **Physical Examination Exam** | %25 |
| **Multiple Choice Exam** | %35 |
| **Patient Preparation Reports** **(Anamnesis** **and Physical** **Examination)**  | %5 |

**RECOMMENDED RESOURCES FOR INTERNAL DISEASES CLERKSHIP**

* 1. Cecil Medicine (Lee Goldman, Andrew I Schafer) (English Translation: Serhat Ünal)
	2. Lange , Symptom to Diagnosisin Internal Diseases( Scott D.C Stern)(Turkish Translation: Tufan Tükek)
	3. Harrisons Manual of Medicine, Internal Medicine