

T.C.

ISTANBUL MEDIPOL UNIVERSITY

INTERNATIONAL SCHOOL OF MEDICINE



**PEDIATRICS CLERKSHIP GUIDE**

**2021-2022**

**PEDIATRICS CLERKSHIP**

**CLERKSHIP DESCRIPTION**

The clerkship program is learner-centered and students are expected to complete the theoretical knowledge and skills required by the national core education program (UÇEP-2020) (<https://www.yok.gov.tr/Documents/Kurumsal/egitim_ogretim_dairesi/Ulusal-cekirdek-egitimi-programlari/mezuniyet-oncesi-tip-egitimi-cekirdek-egitimi-programi.pdf>). The program consists of theoretical hours (recorded PowerPoint presentations by faculty members and suggested textbooks and electronic resources) in three days of the week (Thursday, Friday and Saturday), online-synchronized real case discussions using PUSULA (hospital information system), practical skills trainings and Case Based Learning (CBL) studies in the hospital on every Wednesday, and clinicial studies at outpatient clinics (Monday and Tuesday). Each students gives a lecture about an important symptom (definition, pathophysiology, diseases cause the symptom and differential diagnosis) in the pediatrics. Participation in all hands-on training activities (practical skills, CBL and outpatient clinic) is mandatory and clerkship repetition is required in the case of more than 20% absence.

Formative exam grades (quiz and CORE exams), which are held every two weeks and evaluate the previous 2 weeks, and the course presentation performance scores of the students, together with the written and structured oral exam held at the end of the internship, affect the passing grade.

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| **Education Phase** | Year IV |
| **Clerkship Duration** | 10 Weeks |
| **Training Place** | Medipol Mega University Hospital |
| **Instructors** | * Prof. Dr. Ayhan TAŞTEKİN
* Prof. Dr. Sema ANAK
* Prof. Dr. Gökhan BAYSOY
* Prof. Dr. Kürşad AYDIN
* Prof. Dr. Celal AKDENIZ
* Prof. Dr. Sedat ÖKTEM
* Prof. Dr. Ilke ÖZAHİ İPEK
* Prof. Dr. Abdullah ERDEM
* Prof. Dr. Önder YAVAŞCAN
* Prof. Dr. Fatma Gamze DEMİREL
* Prof. Dr. Nalan KARABAYIR
* Prof. Dr. Zeynep ATAY
* Associated Professor. Yasemin TOPÇU
* Assistant Professor Leyla TELHAN
* Assistant Professor Yontem YAMAN
* Assistant Professor Serdar NEPESOV
* Assistant Professor Mustafa ÇİFTÇİ
* Assistant Professor Haşim GENCER
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| **The Head Instructor** | * Prof. Dr. Nalan KARABAYIR
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# The Aim of the Clerkship

To be able to discriminate sick and healthy children, to be able to follow-up of healthy children and to gain competencies in clinical knowledge and skills for to recognize and treat the common childhood diseases.

# Learning Methods:

* Theoretical lectures
* Real case discussions
* Case-Based Learning sessions
* Student lectures
* Outpatient clinics
* Medical skills training

# PEDIATRICS CLERCKSHIP LEARNING AIM

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Head Neck examination | Measures head circumference and evaluates the head circumference percentiles | 1 hour |
| Explains the size and closure time of fontanelles for age |
| Shows pupillary response to liMSt and red reflex |
| Evaluates the tympanic membrane (eardrum) with autoscope |
| Evaluates lips, buccal mucosa, teeth, soft palate, tonsils |
| Explain the definition and etiology of torticollis |
| Recognizes lymph nodes and abnormalities in the head and neck |
| Performs nuchal rigidity examination |
| Abdominal Examination | Performs abdominal and anal/perianal region examination | 1 hour |
| Pediatric Cardiology Anamnesis and Physical Examination | Performs cardiac examination | 1 hour |
| Describes the major syndromes that are frequently associated with congenital heart diseases, the most distinctive phenotypic features of these syndromes, and the most common congenital heart diseases in these syndromes. |
| Lists major complaints and symptoms of congenital heart diseases |
| Explain the types and distinction of cyanosis |
| Respiratory System Examination | Performs a complete respiratory system examination in children. | 1 hour |
| Makes distinctions between normal respiratory sounds and pathological respiratory sounds. |
| Vaccinations | Describes the vaccinations in the National Vaccination program  | 1 hour |
| Lists the side effects of vaccines |
| Lists the contraindications of vaccines |
| Explains the situations where vaccinations should be done carefully |
| Lists false vaccine contraindications |
| Explains the properties and PROCEDURE features of the vaccines being used. |
| Genitourinary System Examination | Explains the abnormal physical examination findings of the urinary system | 1 hour |
| Describes the abnormalities of the male and female genital system |
| Performs urinary system examination |
| Performs genital system examination |
| Explains the characteristics of adolescence period and adolescent examination |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Neurological Examination | Explains the assessment of consciousness level in children | 1 hour |
| Defines signs of meningeal irritation |
| Explains the functions of cranial nerves and analyzes the clinical pictures that may occur in cranial nerve pathologies |
| Explains the motor system examination in detail, evaluayes muscle strength |
| Explain the definition of hypotonia and describe the hypotonic infant, peripheral or central hypotonia |
| Performs cerebellar system examination in detail  |
| Describes the localization of deep tendon reflexes and compares upper or lower motor neuron involvement  |
| Evaluates superficial skin reflexes |
| Defines pathological reflexes and explains how to exam pathological reflexes |
| Skin, Lymph Node, Extremity Examination | Defines the types of skin rash | 1 hour |
| Defines disease-specific skin rashes |
| Adresses the localizations of lymphadenopathy |
| Lists the causes of lymphadenopathy |
| Describes common extremity anomalies in children |
| Performs hip dysplasia examination |
| Describes absolute ultrasonography indications for congenital hip dislocation |
| NewbornExamination | Explians the normal values of vital signs in the neonatal period | 1 hour |
| Measures the anthropometric measurements of normal newborns  |
| Calculates the estimated due date based on the last menstrual period |
| According to the gestational week, describes whether the baby is premature or term |
| Explains the pathological examination findings of the newborn |
| Neonatal Resuscitation 1,2 | Explains the goal and achievements of newborn resuscitation | 2 hour |
|  Lists the starting steps |
|  Lists positive pressure ventilation indication |
| Lists ventilation corrective maneuvers |
| Explains advantage and disadvantages of T-piece resuscitator and self-inflating bag |
| Explains chest compression technique |
| Makes dilution of adrenaline, describe indication and how adrenalin is performed |
| Describes When and at what concentration of oxygen is used in resuscitation |
| Explain the differences during resuscitation in special cases (premature, diaphragmatic hernia, Pierre Robin syndrome, choanal atresia) |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Perinatal asphyxia | Defines perinatal asphyxia | 1 Hour |
| Lists the reasons that may lead to perinatal asphyxia |
| Explains the pathophysiology of perinatal asphyxia |
| Lists the diagnostic criteria of perinatal asphyxia |
| Describes the treatment of perinatal asphyxia |
| Explains the short and long term results of perinatal asphyxia |
| Mechanichal Birth Traumas | Explains birth traumas in newborns | 1 Hour |
| List the risk factors that facilitate birth trauma |
| Explains the clinical features and management of birth traumas |
| Metabolic Disorders in the Newborn | Explain the risk group that should be investigated for hypoglycemia in newborns | 1 Hour |
| Explains the diagnosis and treatment of hypoglycemia |
| Lists the patient groups that needs electrolyte monitoring in newborns |
| Explains the diagnosis of electrolyte disorder, its causes and treatments |
| Explains the diagnosis and treatment of hypernatremic dehydration |
| Sepsis and Meningitis in the Newborn | Explains the definition of sepsis, risk factors, clinical findings, types and factors | 1 Hour |
| List the supportive laboratory findings in sepsis |
| Describes normal and pathological CSF findings |
| Explain the diagnosis and treatment of meningitis |
| Explain the importance of rational antibiotic use in sepsis |
| Newbornconvulsions | Describes the types of neonatal convulsions | 1 Hour |
| List the causes of neonatal convulsions |
| Explains how to diagnose neonatal convulsion |
| Dscribes the situations that are confused with neonatal convulsions |
| List the indications of medication in neonatal convulsions |
| Diabetic Mother's Baby | Lists the complications of the baby of a diabetic mother | 1 Hour |
| Explain the pathophysiology of complications in infants of diabetic mothers |
| Explains how the baby of diabetic mother is managed |
| Pediatric Chest X-ray and Differences from Adult patients | Defines the appropriate technique for chest radiography in children | 1 Hour |
| Explain the differences of pediatric chest x-ray lung from adult |
| Defines the structure and radiological appearances of the thymus |
| Evaluates the chest X-ray systematically. |
| Defines chest radiography in diseases. |
| Defines congenital anomalies of the lung on the graph |
| Malnutrition1,2 | Defines malnutrition | 2 hours |
| Defines the importance and negative consequences of childhood malnutrition. |
| Explain the main causes of malnutrition. |
| Interprets malnutrition severity |
| Defines the etiology of malnutrition. |
| Discuss the evaluation of the malnourished patient. |
| Explain about refeeding syndrome in the treatment of malnourished patient, how to prevent/follow up. |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| IntrauterineInfections | Names TORCH group infections. | 1 Hour |
| Recites the transmission routes of intrauterine infections. |
| List the situations in which intrauterine infection should be suspected in the newborn. |
| Explains the clinical conditions caused by intrauterine infections. |
| Describes the treatment of intrauterine infections. |
| List the long-term consequences of intrauterine infections. |
| Premature and Intrauterine Growth Retardation, Problems 1,2 |  Defines the preventive treatment to reduce the problems of prematurity in the baby who is expected to be born prematurely. | 1 Hour |
| Define premature and Intrauterine growth retardation and lists its causes. |
| List the short and long term problems of the premature baby. |
| Explains the clinical features and prevention methods of short and long term problems of premature baby. |
| Lists the problems of the baby with intrauterine growth retardation. |
| Child Follow-up Principles | Recites the steps of healthy child follow-up. | 1 Hour |
| Lists the screening tests that should be done. |
| Explains the examinations to be done in the follow-up. |
| Lists the tests that need to be done. |
| Explains the things to be done in the follow-up by months. |
| Puberty | Defines physiological puberty. | 1 Hour |
| Recites mechanism that initiates puberty  |
| Evaluates the puberty stage of the patient. |
|  Defines precocious puberty (early puberty) and details its etiology. |
| Defines puberty tarda (delayed puberty) and details its etiology. |
| Neonatal hyperbilirubinemia 1,2 | Distinguishes physiological and pathological jaundice. | 2 Hour |
| Defines indirect and direct hyperbilirubinemia. |
| Enumerates the causes of indirect hyperbilirubinemia. |
| List the most common and important causes of direct hyperbilirubinemia. |
| Evaluates a baby with neonatal jaundice in terms of etiology and treatment need. |
| Defines bilirubin encephalopathy. |
| Explain the phototheraPQ |
| Vitamins in Childhood | Defines the necessity of vitamins and minerals for various enzymes, hormones, biochemical mediators, DNA and RNA synthesis, physical growth and development, Strengthening cellular and humoral immunity, production red blood cells and ensuring circulatory integrity, Bone mineralization. | 1 Hour |
| Explain the use of vitamin D in the newborn period and the importance of sunliMSt in vitamin D synthesis.  |
| Explains the necessity and importance of fat-soluble and B group vitamins. |
| Describes the necessity of vitamin K in newborns. |
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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Pertussis, Mumps, Diphtheria | Explains the diagnosis and treatment of diphtheria. | 1 Hour |
| Explains the diagnosis and treatment of pertussis. |
| Chronic Diarrhea | Lists the signs and symptoms of malabsorption. | 1 Hour |
| Explain the distinction between osmotic and secretory diarrhea |
| Explain the basic absorption mechanisms of carbohydrates, proteins and fats. |
| Discusses how to clinically evaluate the patient with malabsorption. |
| Gastrointestinal Bleedings | Explains the definitions and clinical distinction of upper and lower gastrointestinal bleeding. | 1 Hour |
| Explains what should be considered in the history of the patient who applied with the complaint of gastrointestinal bleeding. |
| Explains what should be considered in the first (urgent) evaluation of the bleeding patient. |
| Discuss the diagnosis and treatment of the bleeding patient. |
| Discuss the differential diagnosis of bleeding according to age. |
| Constipation | Defines the etiology of constipation. | 1 Hour |
| Discusses the diagnosis and treatment of constipation. |
| Describes the psychological changes that occur in the child and family associated with constipation. |
| Antibiotics 1,2 | Explain the History, Definition and Classification of Antibiotics. | 2 Hour |
| Explain the Effect Mechanisms of Antibiotics. |
|  Explains which antibiotic group should be chosen in which bacterial infections. |
|  Lists the antibiotics that can be used in the Childhood Age Group. |
| Explains the Side Effects of Antibiotics. |
| Explains the importance of rational antibiotic use and resistance development. |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Basic and Advanced Life Support 1,2 | List the most common causes of arrest in children. | 2 Hour |
| List the stages of the life-saving chain. |
| Indicates where the pulse exam be done in cardiac arrest |
| Performs airway clearance maneuvers  |
| Illustrates how to perform effective chest compression and ventilation  |
| Explains what needs during stabilization of trauma patients. |
| Describes the name, dose and route of administration of the drugs used in cardiac arrest |
| Recognizes the materials needed to open an advanced airway |
| Defines advanced airway opening methods. |
| Coordinates chest compression and breathing in the arrested patient with advanced airway patency. |
| Provides emergency defibrillator supply in resuscitation |
| Childhood Meningitis and Encephalitis 1,2 | Defines meningitis and encephalitis. | 2 Hour |
| Lists lumbar puncture contraindications. |
| Describes the normal and abnormal properties of cerebrospinal fluid. |
| Explains the clinical and laboratory features of meningitis. |
| Explains the clinical and laboratory features of encephalitis. |
| Explains the principles of emergency and first-line treatment of central nervous system infections. |
| List the prognosis and complications of central nervous system infections. |
| ChildhoodNutrition | Explain the importance of breastfeeding. | 1 Hour |
| Understands the importance of encouraging feeding with breast milk. |
| Explains characteristics of nutrition in infant, toddler, play-school childhood and adolescence  |
| Describes complementary feeding. |
| Approach to the Critical Child Patient | Defines critical illness. | 1 Hour |
| List the pediatric patient evaluation system. |
| Defines the signs of respiratory distress or insufficiency |
| List the signs of circulatory failure and explains how to treat it. |
| List the situations that may lead to a change in consciousness and the tests to be requested urgently. |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Poisoining | Enumerates the signs and symptoms of poisoning. | 1 Hour |
| Explains When To Suspect Poisoning. |
| Explain the Antidotes of Toxic and Toxic Substances and the Concept of Antidote. |
| Explains the methods of protection in poisoning. |
| Explains the Management of Paracetamol and Organophosphate Poisoning. |
| Antiviral and Antiparasitic Drugs | Explain the Effect Mechanisms of Antiviral Drugs. | 1 Hour |
| Lists the Antivirals most commonly used in Pediatrics. |
| Explains the treatment and prevention of influenza. |
| Explains the antivirals used in herpes and cytomegalovirus. |
| Lists Frequently Used Antiparasitic Drugs. |
| Explains Practical Antiparasitic Treatment Examples. |
| Upper Respiratory Infections | Distinguish viral and bacterial URTI. | 1 Hour |
| Describes clinical findings (tonsillopharyngitis, otitis media and sinusitis). |
| List the diagnostic methods. |
| Explains its complications. |
| Describes the treatment |
| Describes methods of protection |
| Brucella | Explains the agent of Brucellosis and its mode of transmission. | 1 Hour |
| Lists the clinical findings. |
| Explains the diagnostic methods. |
| Explains the principles of treatment. |
| Explains the methods of protection. |
| Abuse | Defines abuse. | 1 Hour |
| Knows abuse types. |
| Defines risk groups. |
| Explain the physical examination findings. |
| Knows the diagnostic methods. |
| Knows the methods of protection |
| Knows the methods of protection. |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Rash Diseases of Childhood | Distinguish pathological and non-pathological rashes. | 1 Hour |
|  Describes the symptoms and signs accompanying the rash. |
| Explains the required laboratory tests. |
| Injury prevention | Defines the accident. | 1 Hour |
| Lists the causes of accidents. |
| Explain the accident risks of children by age. |
| Explains the methods of preventing accidents. |
|  Recites the precautions to prevent accidents |
| Tetanus | Defines the tetanus agent and the mode of transmission. | 1 Hour |
| List the clinical findings. |
| Explains the diagnostic methods. |
| Exlains the treatment. |
| Describes immunization and prophylaxis. |
| Lower Respiratory Tract Infections 1,2 | Explain the findings of pneumonia in children. | 2 Hour |
| Explains the physical examination findings. |
| Classifies the agents of pneumonia by age. |
| Explains the diagnostic criteria for pneumonia in children. |
| Lists the complications of pneumonia. |
| Distinguishes between pneumonia that develops in the hospital and pneumonia that develops in the community. |
| Lists the risk factors for pneumonia developing in the hospital. |
| Lists the pneumonia findings developing in the hospital. |
| Treats pneumonia. |
| Explain the signs of bronchiolitis in children. |
| List the physical examination findings. |
| List the factors of bronchiolitis. |
| Diagnoses bronchiolitis in children. |
| Plans the treatment of bronchiolitis. |
| Distinguish parapneumonic effusion and emPQema. |
| Explain the physical examination findings of parapneumonic effusion. |
| Approach to fever | Describes fever, fever types, body temperature measurement and normal values. | 1 Hour |
| Lists the causes of fever (infectious and non-infectious). |
| Defines the risky child. |
| Plans antiPQretic treatment in the ED and at home |
| Defines life-threatening conditions in infection-induced fevers (meningitis,such as respiratory failure). |
| Describes the diagnosis and treatment of complications, especially febrile convulsions. |
| Recites the types and doses of drugs used in the treatment of fever. |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Acute diarrhea | Defines acute diarrhea. | 1 Hour |
| Lists the necessary laboratory tests. |
| Plans appropriate treatment by distinguishing between infectious and non-infectious causes. |
| Defines the measures to prevent contamination  |
| Approach to Liver Enzyme Elevation 1,2 | Explain the distinctions between liver enzyme and function tests. | 2 Hour |
| Explain the importance of liver enzyme elevation. |
| Explain the approach to the patient with liver enzyme elevation. |
| Discusses the differential diagnosis of diseases that cause liver enzyme elevation. |
| Allergic Rhinitis, Atopic Dermatitis 1,2 | Defines the clinical findings and diagnosis of anaphylaxis. | 2 Hour |
| Explains anaphylaxis treatment. |
| Defines diseases that should be considered in the differential diagnosis of anaphylaxis. |
| List the risk factors in the development of atopic dermatitis and allergic rhinitis in children. |
| Explains the etiopathogenesis of atopic dermatitis and allergic rhinitis in children. |
| Explains clinical findings and diagnosis of atopic dermatitis and allergic rhinitis in children |
| Explains the treatment of atopic dermatitis and allergic rhinitis in children. |
| Chronic Childhood Lung Diseases 1,2 | Lists the symptoms of cystic fibrosis disease. | 2 Hour |
| Lists the symptoms of bronchiectasis. |
| Explains the differential diagnosis of cystic fibrosis. |
| Explains the differential diagnosis of bronchiectasis. |
| List the diseases that cause bronchiectasis. |
| Lists the signs of primary ciliary dyskinesia. |
| Tuberculosis | Recite the ways of tuberculosis transmission in children. | 1 Hour |
| Distinguish latent tuberculosis and tuberculosis disease. |
| Lists the symptoms of tuberculosis disease. |
| Explain the physical examination findings of Pulmonary Tuberculosis. |
| Defines chest radiography findings of Pulmonary Tuberculosis. |
| Explains how the diagnosis of tuberculosis is made |
| Approach to Childhood Anemias | Defines common anemia in childhood according to age groups. | 1 Hour |
| Classifies anemia according to erythrocyte size. |
|  Evaluates anemia as hemolytic or nonhemolytic according to proliferation. |
| Evaluates whether anemia is congenital by looking at the findings  |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Congenital and Acquired Bone Marrow Failure | Lists the symptoms and signs of the patient with pancytopenia. | 1 Hour |
| Explain the diagnosis and laboratory findings of the patient with aplastic anemia. |
| Recites the differential diagnosis of the patient with aplastic anemia |
| Recites the indications for transplantation in aplastic anemia. |
| Explains the treatment and follow-up of aplastic anemia |
| Lists the causes of congenital aplastic anemia |
| Explains clinical and laboratory findings of hemolytic anemia |
| List the causes of hemolytic anemia |
| Describes laboratory tests used in diagnosis |
| Approach to Wheezing Child | Lists risk factors for the development of childhood wheezing | 1 Hour |
| Explains the etiopathogenesis of childhood wheezing |
| Lists the clinical signs of childhood wheezing |
| Explains the differential diagnosis of childhood wheezing |
| Explains acute and long-term treatment of childhood wheezing |
| Nutritional Anemias | Recites the functions of iron element and its distribution in the body. | 1 Hour |
| Recites the functions of vitamin B12 and folic acid and their distribution in the body. |
| Recites how the iron, vitamin B12 and folic acid cycle is regulated in the body |
| Explains the effects of iron, vitamin B12 and folic acid deficiency in the body. |
| Explains diagnosis and treatment of iron, vitamin B12 and folic acid anemia |
| Asthma and treatment 1,2 | Lists risk factors for the development of childhood asthma | 2 Hour |
| Describe the etiopathogenesis of childhood asthma |
| Defines the clinical signs and diagnosis of childhood asthma |
| Explains treatment of asthma attack  |
| Explains long-term preventive treatment of asthma |
| Defines diseases that should be considered in the differential diagnosis of asthma. |
| Parasites | Defines and classifies parasitic diseases. | 1 Hour |
| Lists common causes of helminth infections in daily practice and explains the treatment |
| Explains diagnosis and treatment of Enterobius vermicularis (pinworm) infections |
| Explains diagnosis, treatment and prevention of hydatid disease. |
| Explains clinical and laboratory diagnosis and treatment of amoebic dysentery |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Hemoglobinoids (Thalassemia, Sickle Cell Anemia) | Explains the epidemiology, types and differences of thalassemias. | 1 Hour |
| Lists clinical and laboratory findings of thalassemia |
| Lists the laboratory tests used in diagnosis. |
| Explains the treatment |
| Explans epidemiology and types of Sickle Cell Anemia. |
| Lists the clinical and laboratory findings of Sickle Cell Anemia. |
| Lists laboratory tests used in diagnosis |
| Hematological Findings of Systemic Diseases | Explains the pathophysiology of hematological findings in systemic diseases. | 1 Hour |
| Lists the hematological problems that may occur in infections. |
| Lists the diseases that involve the bone marrow and cause hematological problems. |
| Childhood Oncological Diseases 1,2 | Explains the differential diagnosis in a child with a solid mass | 2 Hour |
| Lists common solid tumors |
| Describes the approach to bone/soft tissue tumors, Neuroblastoma, Wilms Tumor, Germ cell tumors, Liver tumors |
| Summarizes the pathological classification, frequency, clinical-laboratory findings, diagnosis and treatment of CNS tumors |
| Explains the frequency, clinical-laboratory findings, diagnosis and treatment of retinoblastoma. |
| Explains the clinical, diagnosis, staging and treatment of NHL |
| Explains the clinical diagnosis, staging and treatment of HL in children. |
| Primary Immundeficiency | Lists the findings suggestive of primary immunodeficiency. | 1 Hour |
| Lists the first-line tests in suspected primary immunodeficiency |
| Explains the rules of vaccination in case of primary immunodeficiency. |
| Lists the findings suggestive of primary immunodeficiency. |
| Leukemias 1,2 (ALL) | Explains the basic physiopathology in leukemias. | 2 Hour |
| Classifies leukemias. |
| Lists prognostic factors in the prognosis of leukemias. |
| Explains the differential diagnosis of leukemias. |
| Lists the clinical and laboratory findings of acute myeloid leukemia. |
|  Explains the diagnosis and treatment of acute myeloid leukemia. |
|  Explains the physiopathology, diagnosis and treatment of Chronic Myeloid Leukemia |
| Explains the definitions, diagnosis and treatment of myelodysplastic syndrome. |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Bleeding-Clotting Disorders 1,2 | Lists clinical findings suggestive of hemorrhagic diathesis | 2 Hours |
| Defines signs of significant mucocutaneous bleeding |
| Explains the functions of the factors involved in coagulation |
| Recites the tests used in coagulation disorders |
| Summarizes the mechanism and treatment of Hemophilia A, Hemophilia B and Hemophilia C diseases. |
| Defines von Willebrand deficiency |
| Summarizes the necessary tests to evaluate platelet functions |
| Describes the diagnosis and treatment of immune thrombocytopenic purpura |
| Bone Marrow Transplantation | Lists the indications for stem cell transplantation in childhood. | 1 Hour |
| List the types of stem cell transplantation in childhood. |
| Lists the early and late complications of stem cell transplantation in childhood. |
| Antibody Deficiency And Combined Immunodeficiencies | Defines primary immunodeficiency. | 1 Hour |
| Explains the rules of vaccination in case of primary immunodeficiency. |
| Hypothyroidism | Lists the causes of hypothyroidism | 1 Hour |
| Lists the signs and clinical findings of hypothyroidism in infants and children |
| Explains the diagnostic methods of hypothyroidism. |
| Defines the importance of early diagnosis and screening tests in hypothyroidism |
| Describes the treatment of hypothyroidism |
| Diabetes | Defines diabetes its types. | 1 Hour |
| Distinguishes Type 1 and Type 2 diabetes |
| Explains the acute and chronic complications of Type 1 Diabetes. |
| Summarizes Insulin theraPQ, nutrition and exercise rules in type 1 diabetes |
| Diabetic Ketoacidosis | Diagnoses diabetic ketoacidosis  | 1 Hour |
| Explains acute treatment of diabetic ketoacidosis |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Febrile Neutropenia and Oncological Emergencies | Summarizes diagnosis and treatment of tumor lysis syndrome | 1 Hour |
| Defines Increased Intracranial Pressure (ICP). |
| Summarizes diagnosis and treatment of superior vena cava syndrome. |
| Summarizes diagnosis and treatment of spinal cord compression |
| Defines neutropenic fever. |
| Defines inappropriate ADH syndrome. |
| Sexual Development Disorders | Recognizes an infant with ambiguous genitalia | 1 Hour |
| Congenital Adrenal Hyperplasia | Knows the pathophysiology of CAD and the enzymes that cause CAD | 1 Hour |
| List the symptoms and examination findings in infants with CAD. |
| Knows the definition and causes of virilization in infants |
| Knows signs of salt loss |
| Plans the treatment of salt loss |
| Adrenal Diseases 1,2 | Knows the importance of the adrenal gland for the body and the hormone groups made in the adrenal gland. | 2 Hours |
| Explain the effects of adrenal hormones |
| Knows the causes of adrenal insufficiency |
| List the signs and symptoms of adrenal insufficiency. |
| Regulates the diagnosis and treatment of an infant with adrenal insufficiency or Salt Loss crisis |
| List the effects and side effects of glucocorticoids. |
| Plans to continue or discontinue glucocorticoid theraPQ |
| Explains Cushing's disease causes, signs, diagnostic methods  |
| Knows the signs of Hypo and Hyperaldosteronism |
| Epilepsy | Defines convulsion | 1 Hour |
| Lists most common causes of convulsions |
| Distinguish convulsion and convulsion like condition |
| Explains acute treatment of convulsion |
| Hypoglycemia | Explains the metabolic and hormonal mechanisms involved in glucose balance in the body. | 1 Hour |
| Defines hypoglycemia |
| List the signs and symptoms of hypoglycemia  |
| List the causes of hypoglycemia in newborns, infants and older children |
| Explains acute treatment of hypoglycemia |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Short Stature | Defines normal growth in healthy children | 1 Hour |
| Performs anthropometric measurements accurately |
| Defines short stature. |
| Recognize clinical problems that may cause short stature and make differential diagnosis. |
| Hyperthyroidism | Defines hyperthyroidism | 1 Hour |
| Lists the causes of hyperthyroidism |
| Lists clinical findings of Hyperthyroidism |
| Describes diagnosis of hyperthyroidism. |
| Describes the treatment of hyperthyroidism |
| Epilepsy and Classification of Convulsions | Describes different types of seizures and epilepsy | 1 Hour |
| Defines focal epilepsy types |
| Defines generalized epilepsy types |
| Lists the diagnostic methods of epilepsy |
| Outlines the treatment in epilepsy |
| NeurodegenerativeAnd Neurometabolic Diseases | Defines neurometabolic-degenerative disease | 1 Hour |
| Lists the main neurometabolic-degenerative diseases |
| Puberty Development, Early and Delayed Puberty 1,2 | Defines puberty and pubertal changes | 2 Hours |
| Explains normal pubertal physiology and regulation mechanism |
| Summarizes pubertal staging in boys and girls |
|  Describes Early and Delayed Puberty |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Neurocutaneous Disease | Lists skin and neurological findings in neurocutaneous disease | 1 Hour |
| Lists the diagnostic criteria of neurofibromatosis. |
| Lists the diagnostic criteria of tuberous sclerosis |
| Defines Sturge–Weber Syndrome |
| Congenital Metabolic Diseases 1,2 | Describes the importance of congenital metabolic diseases in Turkey | 2 Hours |
| Summarizes mechanisms and symptoms of congenital metabolic diseases |
| Explains when congenital metabolic diseases should be considered |
| Lists symptoms of congenital metabolic diseases |
| Acute Poststreptococcal Glomerulonephritis (APSGN) | Defines the pathophysiology of APSGN | 1 Hour |
| Defines clinical findings in APSGN |
| Describes APSGN theraPQ |
| Nephrotic syndrome | Defines nephrotic proteinuria | 1 Hour |
|  Lists common childhood nephrotic syndrome types. |
|  Defines clinical findings in Nephrotic Syndrome |
| Summarizes treatment of nephrotic syndrome. |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Nephrolithiasis | Defines the causes of and types of childhood urinary system stone disease | 1 Hour |
| Describes treatment of urinary system stone disease |
| Acute Conscious Disorders | Defines unconsciousness and coma | 1 Hour |
| Evaluates the Glasgow coma scale |
| Lists the causes of unconsciousness |
| Cerabral Palsy | Defines cerebral palsy | 1 Hour |
| List the causes of cerebral palsy |
| Makes the differential diagnosis of cerebral palsy. |
| ParathyroidDiseases | Describes the effects of parathyroid hormone and vitamin D on calcium, phosphorus | 1 Hour |
| Lists the causes of hypoparathyroidism and hyperparathyroidism. |
| Describes Clinical and laboratory findings of hypoparathyroidism and hyperparathyroidism |
| Recites treatment of hypocalcemia and hypercalcemia. |
| Rickets | Recites the synthesis of vitamin D and its effects in the body. | 1 Hour |
| Explain calcium, phosphorus metabolism in the body  |
| Defines rickets and its causes. |
| Describes the treatment of rickets |
| Newborn Screening Tests | Recites which diseases are screened in the world and in Turkey | 1 Hour |
| Explains logic of screening tests |
| Explain the importance of screening programs for Turkey  |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Neuromuscular Diseases | Explain the signs and symptoms of neuromuscular diseases in children. | 1 Hour |
| Interprets the differential diagnosis of muscle, peripheral nerve and anterior horn motor neuron |
| Explain the diagnostic methods used in neuromuscular diseases. |
| Defines Duchenne muscular dystrophy and Spinal muscular atrophy  |
| Evaluates the clinical signs and physical examination findings of neuromuscular diseases in newborns. |
| Cardiac Murmurs and Extra sounds | Shows heart foci | 1 Hour |
| Describes how normal heart sounds are formed |
| Explains physiological and pathological splitting of the second heart sound |
| Distinguish systolic and diastolic heart murmurs |
| Defines Frotman types and causes |
| Describes the innocent murmur |
| Acute Rheumatic Fever (ARF) | Defines the physiopathology of ARF | 1 Hour |
| Lists major and minor findings |
| Explains the features of arthritis |
| Explains the features of cardit |
| Explains erythema marginatum |
| Explains the latent period and general characteristics of Korea. |
| Describes the course of acute phase reactants with antistreptolysin O and other antibody tests |
| Summarizes prophylaxis of ARF |
| Connective Tissue Diseases | Lists diagnostic criteria of juvenile idiopathic arthritis (JIA) | 1 Hour |
| Explains the differential diagnosis of JIA. |
|  Lists drugs used in the treatment of JIA |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Myocarditis- Endocarditis- Pericarditis | Defines terms Endocarditis – Myocarditis – Pericarditis | 1 Hour |
| Lists possible viral agents that cause myocarditis and pericarditis |
| Lists the most common bacterial agents in infective endocarditis |
| Explains the relationship between myocarditis and dilated cardiomyopathy |
| Describes risk factors and prophylaxis for infective endocarditis |
| Summarizes clinical and electrocardiographic findings of acute pericarditis |
| Lists the indications for pericardiocentesis |
| Explains emergency treatment of pericardial tamponade |
| asculitis and HUS | Defines Hemolytic Uremic Syndrome | 1 Hour |
| Identify the causes of Hemolytic Uremic Syndrome |
| Diagnoses the physiopathology of Hemolytic Uremic Syndrome |
| Central Nervous System Infections | Defines meningitis and encephalitis | 1 Hour |
| Describes lumbar puncture contraindications |
| Describes the normal and abnormal properties of cerebrospinal fluid |
| Describes clinical and laboratory features of meningitis |
| Explain the clinical and laboratory features of encephalitis |
| Describes the emergency and first-line treatment of central nervous system infections. |
| Summarizes prognosis and complications of central nervous system infections |
| Salmonella andShigellaInfections | Defines the clinical pictures that occur with Salmonella and Shigella | 1 Hour |
| Explains the clinical signs of typhoid fever |
| Describes the clinical features of diarrhea caused by shigella |
| StaphylococcusInfections | Explain skin diseases related to staphylococcal infections | 1 Hour |
| Explains staphylococcal pneumonia |
| Defines scalded skin syndrome and toxic shock syndrome. |
| Fluids, Electrolyte, Acid BaseDisorders1,2,3 | Defines shock | 3 Hours |
| Describes shock types |
| Explains the principles of emergent treatmentof shock |
| Defines the degrees of dehydration  |
| Explains treatment of dehydration |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Arrhythmia 1,2 | Defines normal (sinus) rhythm and variations of normal rhythm | 2 Hours |
| Identifies extra beats (atrial or ventricular) |
| Defines Supraventricular tachycardia (SVT) and Ventricular tachycardia (VT) and ECG findings |
| Describes SVT and VT emergency treatment |
| Lists the causes of bradycardia |
| Evaluates ECG in bradycardia |
| Describes emergency treatment in symptomatic bradycardia |
| Cardiomyopathies | Classifies the main types of cardiomyopathy | 1 Hour |
| Explains the physiopathology of dilated CMP |
| Explains the agents that can be used in the treatment of dilated CMP and the heart transplantation option. |
| Explains the physiopathology of hypertrophic CMP |
| Explains the necessity of intracardiac defibrillator in hypertrophic CMP |
| Explains the pathophysiology of hypertrophic obstructive CMP |
| Explains the pathophysiology of restrictive CMP |
| Describes the physiopathology of arrhythmogenic riMSt ventricular dysplasia (ARVD) |
| Defines ECG findings of ARVD |
| Defines the pathophysiology of non-compaction type CMP |
| Acyanotic HeartDiseases 1,2 | Differentiates acyanotic and cyanotic heart diseases | 2 Hours |
| Classifies acyanotic heart diseases |
| Explains the treatment of heart failure |
| Cyanotic HeartDiseases 1,2 | Defines cyanosis | 2 Hours |
| Distinguishes Central and Peripheral cyanosis |
| Lists the causes of cyanosis in newborns |
| Distinguishes respiratory and cardiac cyanosis. |
| Lists cyanotic heart diseases |
| Defines the most common cyanotic heart disease in the neonatal period |
| Lists ductus dependent critical congenital heart diseases |
| Explains the treatment of cyanotic attack  |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Hypertension | Defines hypertension in infants and children | 1 Hour |
| Lists the etiologies of hypertension according to age |
| Describes the symptoms and signs in childhood hypertension, defines end-organ damage |
| Explains the emergent treatment of hypertensive crisis |
| Defines drug and non-drug theraPQ in childhood hypertension. |
| Syncope and SuddenDeaths | Defines syncope | 1 Hour |
| Lists the causes of syncope in the childhood  |
| Describes common benign (vasovagal syncope) syncope |
| Explains the recommendations to prevent vasovagal syncope |
| Describes syncopes that are life-threatening and have the potential to cause sudden death |
| Evaluates common WPW and Long QT syndrome ECGs that cause dangerous syncope |
| Systemic Lupus Erythematosus | Defines Systemic Lupus Erythematosus | 1 Hour |
| Lists the diagnostic criteria of SLE |
| Approach to the Newborn with Respiratory Distress | Defines apnea and tachypnea | 1 Hour |
| Lists the causes of apnea |
| Explains the treatment of apnea |
| Classifies diseases that cause respiratory distress  |
| Explains the basic clinical and radiological features and differential diagnosis of diseases that cause respiratory distress. |
| Describes the emergency treatment of respiratory distress or insufficiency |
| Approach to Childhood Lymphadenopathy and Ebv Infections | Performs lymphadenopathy examination | 1 Hour |

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| **Course name** | **Learning Objective of the Course / Practice** | **Class Hours / practice****Time** |
| Hemolytic Uremic Syndrome | Defines Hemolytic Uremic Syndrome | 1 Hour |
| Lists the causes of Hemolytic Uremic Syndrome |
| Explains the physiopathology of Hemolytic Uremic Syndrome |
| Lists the clinical findings of Hemolytic Uremic Syndrome |

# RELATED LEARNING OBJECTIVES WITH PROGRAM QUALIFICATIONS AND KEY ROLES

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| **LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MANAGEMENT SKILLS** |
| **R1- TYPE DOCTOR R2-TEAM EMPLOYEE R3-COMMUNICATIVE****R4-LEADER R5-HEALTH****DEFENDER R6-SCIENCE HUMANITARIAN****R7-PROFESSIONAL** | **GENERAL MANAGEMENT SKILLS MS1- ANALIC AND CRITICAL THINKING****MS2-CLINIC INQUIRY-SMART EXECUTION****MS3-PROBLEM SOLVING MS4-ACCESSING AND USING INFORMATION****MS5-LIFELONG LEARNING****MS6-CONTACT AND TEAM WORK** |
| Defines the relationship of child and infant mortality rates with the country's level of development, recognizes the importance of neonatal Phase in child mortality, explains the protective effect of healthy eating and vaccination on child mortality rates, and discusses health policies related to the reduction of child mortality. | PQ3, PQ8, PQ10, PQ12, PQ14, PQ15, PQ18, PQ19, PQ20 | R1, R7 |  |
| Takes pediatric history and performs physical examination, identifies abnormal vital signs and emergencies, and performs emergency intervention. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ6, PQ7, PQ11,PQ12, PQ13 | RI, R3, R7 | MS1, MS2, MS3, MS6 |
| Describes the importance of breast milk, applies correct breastfeeding methods, promotes breastfeeding. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13,PQ14, PQ15, PQ18, PQ19, PQ20 | RI, R3, R5, R7 | MS3, MS6 |
| Describes infant nutrition, complementary nutrition, child and adolescent nutrition. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18,PQ19, PQ20 | RI, R3, R5, R7 | MS3 |
| Makes anthropometric measurements in the child, monitors normal child growth on persantiles, detects abnormal deviations, solves the problem or refers it to the appropriate department, diagnoses short stature and refers it to its specialist. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18,PQ19, PQ20 | RI, R3, R5, R7 | MS1, MS2, MS3 |

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| **LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MANAGEMENT SKILLS** |
| **R1- TYPE DOCTOR R2-TEAM EMPLOYEE R3-COMMUNICATIVE****R4-LEADER R5-HEALTH****DEFENDER R6-SCIENCE HUMANITARIAN****R7-PROFESSIONAL** | **GENERAL MANAGEMENT SKILLS MS1- ANALIC AND CRITICAL THINKING****MS2-CLINIC INQUIRY-SMART EXECUTION****MS3-PROBLEM SOLVING MS4-ACCESSING AND USING INFORMATION****MS5-LIFELONG LEARNING****MS6-CONTACT AND TEAM WORK** |
| Performs immunization according to the National Vaccination Program, knows the side effects and contraindications of vaccines. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18,PQ19, PQ20 | R5 |  |
| Describes healthy child monitoring, explains the importance of screenings, educates parents about precautions to be taken for accident prevention, recognizes child abuse and applies prevention methods. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18,PQ19, PQ20, PQ21 | R1, R5, R7 | MS1, MS2, MS3, MS6 |
| Recognizes and treats common causes of fever (upper and lower respiratory tract infection, otitis, acute diarrhea, etc.). | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18,PQ19, PQ20 | R1, R5, R7 | MS1, MS2, MS3, MS6 |
| Recognizes meningitis and encephalitis, neonatal sepsis, respiratory distress in newborns, respiratory failure, anaphylactic shock, dehydration and shock, hypocalcemia-hypercalcemia, hypoglycemia diabetic ketoacidosis, neonatal and child convulsion, intoxication (mainly paracetamol and organophosphate poisoning) and oncological emergencies, emergency and refers it to the specialist. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18, PQ19, PQ20 | R1 | MS1, MS2, MS3, MS6 |
| Diagnoses and treats allergic diseases, febrile convulsions, diseases such as pneumonia, asthma, heart failure and anemia that can lead to respiratory failure. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18,PQ19, PQ20 | R1, R5, R7 | MS1, MS2, MS3, MS6 |

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| **LEARNING ONJECTIVE** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MANAGEMENT SKILLS** |
| **R1- TYPE DOCTOR R2-TEAM EMPLOYEE R3-COMMUNICATIVE****R4-LEADER R5-HEALTH****DEFENDER R6-SCIENCE HUMANITARIAN****R7-PROFESSIONAL** | **GENERAL MANAGEMENT SKILLS MS1- ANALIC AND CRITICAL THINKING****MS2-CLINIC INQUIRY-SMART EXECUTION****MS3-PROBLEM SOLVING MS4-ACCESSING AND USING INFORMATION****MS5-LIFELONG LEARNING****MS6-CONTACT AND TEAM WORK** |
| Suspects bleeding disorders, congenital metabolic diseases, common kidney diseases (such as nephritis, nephrotic syndrome, hemolytic uremic syndrome) and rheumatological diseases (such as systemic lupus erythematosus, idiopathic rheumatoid arthritis), congenital or acquired heart disease, tuberculosis , leukemia and lymphoma, hypothyroidism-hyperthyroidism, diabetes, hypoparathyroidism-hyperparathyroidism, epilepsy, neurocutaneous diseases, muscle diseases and immunodeficiency and referres to a specialist. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18, PQ19, PQ20 | R1, R2,R7 | MS1, MS2, MS3, MS6 |
| Diagnoses the neonatal jaundice, Interprets the results of the diagnostic tests in neonatal jaundice and explains how secreen the neonatal jaundice | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18,PQ19, PQ20 | R1, R3, R7 | MS1, MS2, MS3, MS6 |
| Explains the importance of early hypothermia treatment in infant with perinatal asphyxia, defines normal, early and delayed puberte, normal sinus rhythm, supraventricular and separates it from ventricular tachycardia. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18,PQ19, PQ20 | R1 | MS1 |
| Provides basic life support in children and performs neonatal resuscitation. Describes Glasgow coma scales. Provides breastfeeding counselling. Evaluates ECG. Shows the use of defibrillator. Evaluates the peripheral blood smear. Performs blood pressure measurement and inhaled drug use. | PQ1, PQ2, PQ3, PQ4, PQ5, PQ8, PQ10, PQ13, PQ14, PQ15, PQ18, PQ19, PQ20 | R1, R7 | MS2, MS6 |
| Explains diagnostic steps from simple to complex. | PQ1, PQ2, PQ8, PQ9,PQ18 | RI, R5, R7 | MS1, MS2, MS3 |

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| **LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MEDICAL SKILLS** |
| **R1- TYPE DOCTOR** **R2-TEAM EMPLOYEE R3-COMMUNICATIVE****R4-LEADER** **R5-HEALTH****DEFENDER** **R6-SCIENCE HUMANITARIAN****R7-PROFESSIONAL** | **GENERAL MANAGEMENT SKILLS MS1- ANALIC AND CRITICAL THINKING****MS2-CLINIC INQUIRY-SMART EXECUTION****MS3-PROBLEM SOLVING MS4-ACCESSING AND USING INFORMATION****MS5-LIFELONG LEARNING****MS6-CONTACT AND TEAM WORK** |
| Applies the principles of rational drug use. | PQ1, PQ2, PQ3, PQ8, PQ9, PQ18 | R1, R5, R7 | MS1, MS2, MS3 |
| Communicates with patients, relatives and colleagues | PQ14 | R1, R3, R7 | MS6 |
| Explains the principles when providing counseling for the community (immunization, nutrition, growth, development, importance of breast milk). | PQ4, PQ12, PQ13, PQ14, PQ15 | R1, R2, R4, R5, R7 | MS6 |
| Uses evidence-based medical practices and self-learning methods when providing family medicine service | PQ4, PQ13, PQ14, PQ15 | R1, R3, R6 | MS4, MS5 |
| Follows the current literature when making medical practices. | PQ4, PQ12, PQ13,PQ14, PQ15 | R1, R3, R7 | MS4, MS5 |
| Recognizes and reports mandatory diseases  | PQ4, PQ8 | R1, R2, R7 | MS6 |
| Explains the importance of taking a good history (including family history) and a complete systemic examination for correct diagnosis in children. | PQ6 | R1, R2, R7 | MS6 |
| Describes that hand hygiene is the most important and absolute necessity for the prevention of infections in the practice of pediatrics, applies it and becomes a role model in this regard. | PQ3, PQ12 | R1, R2, R7 | MS6 |

**NATIONAL CORE EDUCATION PROGRAMME**

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEVEL OF LEARNING** | **MEASURING - EVALUATING** |
| **ABDOMINAL DISTENSION** | Acute Abdomen | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and ChildrenSystem Obstructive Diseases | DE | Written |
| **ABDOMINAL DISTENSION** | Acid | Gastrointestinal | 1. Approach to liver enzyme elevation
2. Abdominal Examination
 | PreD | Written-Oral |
| **ABDOMINAL DISTENSION** | Irritable Bowel Disease | Gastrointestinal | Stomachache | PreD | Student presentation |
| **ABDOMINAL DISTENSION** | Necrotizing Enterocolitis in the Newborn | Gastrointestinal | Premature and Intrauterine growth retardation,problems and maintenance-1,2 | DT | Written-Oral |
| **MOUTH DRYNESS** | Dehydration | Multisystem | 1. Fluid, Electrolyte, Acid Base Disorders
2. Critical Patient Approach
 | DT | Written-Oral |
| **MOUTH DRYNESS** | Diabetes Mellitus | Endocrine | 1. Diabetes Mellitus
2. Ketoasidosis
 | DT P F | Written-Oral |
| **SCAR ON THE MOUTH** | Head and Neck Cancers | Multisystem | 1. Swelling in the neck
2. Childhood oncological diseases-1,2
 | PreD | 1. Student presentation
2. Written-Oral
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| **SCAR ON THE MOUTH** | Avitaminosis | Multisystem | Vitamin requirements in childhood | PreD P | Written-Oral |
| **SCAR ON THE MOUTH** | Primary Immun Deficiency | Multisystem | 1. Phagocyte And Complement Deficiencies
2. Approach and Treatment of Immunodeficiency
3. Antibody Deficiency And Combined Immunodeficiency
 | PreD | Written-Oral |
| **SCAR ON THE MOUTH** | Systemic LupusErythemaus | Multisystem | SLE | PreD | Written-Oral |
| **AMENORE** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **AMENORE** | Adrenocortical Insufficiency | Endocrine | Congenital adrenal hyperplasiaAdrenal diseases-1,2 | DT | Written-Oral |
| **ANAEMIA** | Malnutrition | Multisystem | Malnutrition-1,2 | DT PF | Written-Oral |
| **ANAEMIA** | Megaloblastic Anemia | Hematopoietic | 1. Nutritional Anemia (Iron deficiency anemia,

Megaloblastic anemia)1. Approach to childhood anemia
2. Congenital and Acquired Bone Marrow Failure and Autoimmune Hemolytic Anemia
 | DT PF | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ANAEMIA** | Iron Deficiency Anemia | Hematopoietic | 1. Nutritional Anemia (Iron deficiency anemia,

Megaloblastic anemia)1. Approach to childhood anemia
 | DT P | Written-Oral Student presentation |
| **ANAEMIA** | Alt GastrointestinalHemorrhage | Gastrointestinal | Gastrointestinal Hemorrhages | D E | Written-Oral |
| **ANAEMIA** | Upper GastrointestinalHemorrhage | Gastrointestinal | Gastrointestinal Hemorrhages | D E | Written-Oral |
| **ANAEMIA** | Hemoglobinopathies | Hematopoietic | Hemoglobinopathies (Thalassemia, Sickle cellanemia) | PreD P | Written-Oral |
| **ANAEMIA** | Leukemias | Hematopoietic | Leukemias-1 (ALL)Leukemias-2 (AML VE MDS) | DT | Written-Oral |
| **ANAEMIA** | Aplastic Anemia | Hematopoietic | Congenital and Acquired Bone Marrow Failure andAutoimmune Hemolytic Anemia | E | Written-Oral |
| **ANAEMIA** | Hemolytic Anemia | Hematopoietic | 1. Congenital and Acquired Bone Marrow Failure and

Autoimmune Hemolytic Anemia1. Hemoglobinopathies (Thalassemia, Sickle cell

anemia)1. Jaundice in newborn
2. Neonatal jaundice-1,2
 | PreD | Written-OralStudent presentation -Jaundice in newborn |
| **ANAEMIA** | Hemolytic Uremic Syndrome/Thrombotic ThrombocytopenicPurpura | Multisystem | Hemolytic Uremic Syndrome | PreD | Written-Oral |
| **ANORECTAL PAIN** | Anal Fissure | Gastrointestinal | Constipation | DT | Written-Oral |
| **ANURIA-OLIGURIA** | Dehydration | Multisystem | 1. Fluid, Electrolyte, Acid Base Disorders
2. Critical Patient Approach
 | DT E P | Written-Oral |
| **ANURIA-OLIGURIA** | Heart Failure | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **ANURIA-OLIGURIA** | Fluid and Electrolyte BalanceDisorders | Multisystem | Fluid, Electrolyte, Acid Base Disorders 1,2,3 | DEP | Written-Oral |
| **ANURIA-OLIGURIA** | Acute Renal Failure | Genitourinary | Critical Patient Approach | DEP | Written-Oral |
| **ANURIA-OLIGURIA** | Shock | Multisystem | Critical Patient Approach | DT E | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ANURIA-OLIGURIA** | Acute Glomerulonephritis | Genitourinary | Acute Glomerulonephritis | D E | Written-Oral |
| **APNE** | Respiration in NewbornDifficulty | Respiration | Respiratory distress in the newborn | E | Written-Oral |
| **FEVER** | Dehydration | Multisystem | 1. Fluid, Electrolyte, Acid Base Disorders
2. Critical Patient Approach
3. Fever and Frequently Infected Child

Approach | DT | Written-Oral |
| **FEVER** | Pertussis | Respiration | 1. Pertussis, diphtheria, mumps
2. Fever and Frequently Infected Child

Approach | DT EP | Written-Oral |
| **FEVER** | Tuberculosis | Multisystem | 1. Tuberculosis
2. Fever and Frequently Infected Child

Approach | DT P F | Written-Oral |
| **FEVER** | Bruselloz | Multisystem | 1. Brucella
2. Fever and Frequently Infected Child

Approach | DT P | Written-Oral |
| **FEVER** | Rash Diseases | Multisystem | 1. Rash Diseases-1,2
2. Approach to a Fever And Frequently Infected Child
 | DT P | Written-Oral |
| **FEVER** | Urinary SystemInfections | Genitourinary | Diseases of the Urinary System Requiring Surgical Correction in Children | DP | Written |
| **FEVER** | Urinary Tract Infections | Genitourinary | 1. Antibiotics-1,2
2. Approach to a Fever And Frequently Infected Child
 | DT P | Written-Oral |
| **FEVER** | Pneumonia | Respiration | 1. Respiratory Distress in Newborn
2. Antibiotics-1,2

3: Lower Respiratory Tract Infections 1,21. Critical Patient Approach
2. Approach to a Fever And Frequently Infected Child
 | DT P | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **FEVER** | SalmonellaInfections | Multisystem | 1. Salmonella and shigella infections
2. Approach to a Fever And Frequently Infected Child
 | DT P | Written-Oral |
| **FEVER** | Diphtheria | Multisystem | Approach to a Fever And Frequently Infected Child | DT P | Written-Oral |
| **FEVER** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
4. Fever and Frequently Infected Child

Approach | DT P | Written-Oral |
| **FEVER** | İnfluenza | Multisystem | Approach to a Fever And Frequently Infected Child | DEF | Written-Oral |
| **FEVER** | Heat Stroke | Multisystem | Approach to a Fever And Frequently Infected Child | DEF | Written-Oral |
| **FEVER** | Sepsis | Multisystem | 1. Neonatal Sepsis
2. Critical Patient Approach
3. Approach to a Fever And Frequently Infected Child
 | DE | Written-Oral |
| **FEVER** | Thrombophlebitis | Cardiovascular | Approach to a Fever And Frequently Infected Child | D | Written-Oral |
| **FEVER** | Crimean Congo HemorrhagicFEVER | Multisystem | Approach to a Fever And Frequently Infected Child | EP | Written-Oral |
| **FEVER** | Acute Rheumatic Fever | Multisystem | 1. Acute Rheumatic Fever
2. Approach to a Fever And Frequently Infected Child
 | DT P | Written-Oral |
| **FEVER** | Meningococcemia | Multisystem | 1. Childhood Meningitis And Encephalitis-1
2. Critical Patient Approach
3. Approach to a Fever And Frequently Infected Child
 | **E** | Written-Oral |
| **FEVER** | Oncological Emergencies | Multisystem | Approach to a Fever And Frequently Infected Child | E | Written-Oral |
| **FEVER** | Neonatal Sepsis andMenengitis | Multisystem | 1. Neonatal sepsis
2. Approach to a Fever And Frequently Infected Child
 | E | Written-Oral |
| **FEVER** | IntracranialInfections | Neural Behavior | 1. Antibiotics-1,2
2. Approach to a Fever And Frequently Infected Child
 | DT P | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **FEVER** | Health Care RelatedInfections | Multisystem | Approach to a Fever And Frequently Infected Child | P | Written-Oral |
| **FEVER** | Leishmaniasis | Multisystem | Approach to a Fever And Frequently Infected Child | PreD P | Written-Oral |
| **FEVER** | Familial Mediterranean Fever | Multisystem | Approach to a Fever And Frequently Infected Child | PreD | Written-Oral |
| **FEVER** | Lymphoproliferative Diseases | Hematopoietic | 1. Childhood oncological diseases-1,2
2. Swelling in the neck
3. Approach to a Fever And Frequently Infected Child
 | PreD | Written-OralStudent presentation - Swelling in the neck |
| **HEADACHE** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
 | DT P | Written-Oral |
| **HEADACHE** | Brain Edema | Neural Behavior | 1. Headache
2. Critical Patient Approach
 | D E | Student presentation |
| **HEADACHE** | Intracranial Pressure Increase Syndrome (Acute Cerebrovascular Events) | Neural Behavior | Critical Patient Approach | D E | Written-Oral |
| **DIZZINESS** | Dehydration | Multisystem | 1. Fluid, Electrolyte, Acid Base Disorders
2. Critical Patient Approach
 | DT | Written-Oral |
| **ALTERED STATE OF CONSCİOUSNESS** | Paralysis | Neural Behavior | Change in Consciousness | D E P F | Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Problems with Alcohol and Substance Use | Neural Behavior | Change in Consciousness | D E P | Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Fluid and Electrolyte BalanceDisorders | Multisystem | Change in Consciousness | D E P | Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Eclampsia, Preeclampsia,HELLP Syndrome | Genitourinary | Change in Consciousness | D E | Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Acute DiabetesComplications | Endocrine | Change in Consciousness | D E  | Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Shock | Multisystem | 1. Critical Patient Approach
2. Change in Consciousness
 | DT E | 1. Written-Oral
2. Student Presentation
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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ALTERED STATE OF CONSCIOUSNESS** | Cardiopulmonary Arrest | CardiovascularRespiration | 1. Basic and Advanced Life Support 1,2
2. Neonatal Resuscitation-1,2
3. Change in Consciousness
 | DT E | 1st and 2nd. Written-Oral3. Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Come | Multisystem | 1. Change in Consciousness
2. Neurodegenerative and Neurometabolic Diseases
 | E | Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Head Trauma | Neural Behavior | Change in Consciousness | E | Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Intracranial Pressure Increase Syndrome  | Neural Behavior | 1. Critical Patient Approach
2. Change in Consciousness
3. Neurodegenerative and Neurometabolic Diseases
 | DE | 1. Written-Oral
2. Student Presentation
 |
| **ALTERED STATE OF CONSCIOUSNESS** | Respiratory Failure | Respiration | 1. Respiratory Distress in Newborn
2. Critical Patient Approach
3. Change in Consciousness
 | DT | 1. ,2. Written-Oral3. Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Hypoglycemia | Endocrine | 1. Metabolic Disorders in Newborns
2. Diabetic Mother Baby
3. Hypoglycemia
4. Critical Patient Approach
5. Change in Consciousness
 | D E | Written-OralStudent Presentation - Change in Consciousness |
| **ALTERED STATE OF CONSCIOUSNESS** | IntracranialInfections | Neural Behavior | Change in Consciousness | E | Student Presentation |
| **ALTERED STATE OF CONSCIOUSNESS** | Acid Base BalanceDisorders | Multisystem | 1. Critical Patient Approach
2. Change in Consciousness
 | E | 1. Written-Oral
2. Student Presentation
 |
| **SORE THROAT** | Diphtheria | Multisystem | Sore throat | DT P | Student Presentation |
| **SORE THROAT** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
4. Sore throat
 | DT P | Written-Oral |
| **SORE THROAT** | Head and Neck Cancers | Multisystem | 1. Swelling in the neck (DS)
2. Childhood oncological diseases-1,2
3. Sore throat
 | PreD | 1. Student presentation
2. Written-Oral
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| **NECK MASS** | Torticollis | Musculoskeletal | Head and Neck and Respiratory Tract in ChildrenPathologies Requiring Surgery | D | Written |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **NECK MASS** | Head and Neck Cancers | Multisystem | 1. Swelling in the neck (DS)
2. Childhood oncological diseases-1,2
 | PreD | 1. Student presentation
2. Written-Oral
 |
| **NECK MASS** | LymphoproliferativeDiseases | Hematopoietic | 1. Childhood oncological diseases-1,2
2. Swelling in the neck
 | PreD | Written-OralStudent presentation- Skewered in the neck |
| **NAUSEA, VOMITING** | Gastro Esophageal Reflux | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and ChildrenSystem Obstructive Diseases | DT | Written |
| **NAUSEA, VOMITING** | Gastro Esophageal Reflux | Gastrointestinal | 1. Stomachache
2. Respiratory Distress in Newborn
 | PreD | Student Presentation |
| **NAUSEA, VOMITING** | Upper GastrointestinalHemorrhage | Gastrointestinal | Gastrointestinal Hemorrhages | D E | Written-Oral |
| **NAUSEA, VOMITING** | Urinary System StoneDisease | Genitourinary | Urinary System Stone Disease | D E | Written-Oral |
| **NAUSEA, VOMITING** | Acute Abdomen | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and Children | D E | Written |
| **NAUSEA, VOMITING** | Acute Hepatitis | Gastrointestinal | Approach to liver enzyme elevation | DT | Written-Oral |
| **NAUSEA, VOMITING** | Intracranial Pressure Increase Syndrome  | Neural Behavior | Critical Patient Approach | D E | Written-Oral |
| **NAUSEA, VOMITING** | Intussusception | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and Children | E | Written |
| **NAUSEA, VOMITING** | Necrotizing Enterocolitis in the Newborn | Gastrointestinal | Premature and Intrauterine growth retardation,problems and maintenance-1,2 | DT | Written-Oral |
| **RUNNY NOSE/OBSTRUCTION** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
 | DT P | Written-Oral |
| **RUNNY NOSE/OBSTRUCTION** | Allergic Rhinitis | Respiratory/ Sensation | 1. Allergic Reaction
2. Allergic Rhinitis, Atopic Dermatitis, Anaphylaxis-1,2
 | DT P | 1. Written-Oral
2. Student presentation
 |
| **RUNNY NOSE/OBSTRUCTION** | Allergic Reaction | Multisystem | 1. Allergic Reaction
2. Allergic Rhinitis, Atopic Dermatitis, Anaphylaxis-1,2
 | D | 1. Student Presentation
2. Written-Oral
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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **RUNNY NOSE/OBSTRUCTION** | Head and Neck Cancers | Multisystem | 1. Swelling in the neck (DS)
2. Childhood oncological diseases-1,2
 | PreD | 1. Student presentation
2. Written-Oral
 |
| **RUNNY NOSE/OBSTRUCTION** | Adenoid Hypertrophy | Respiration | Allergic rhinitis, Atopic dermatitis, Anaphylaxis 1,2 | PreD | Written-Oral |
| **NOSE BLEEDING** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
 | DT P | Written-Oral |
| **NOSE BLEEDING** | Bleeding Diathesis and Hemophilia | Hematopoietic | 1. Bleeding-clotting disorders-1,2
2. Nose bleeding
 | E | Written-OralStudent presentation -Nose bleeding |
| **FAILURE TO THRIVE** | Malnutrition | Multisystem | Malnutrition-1,2 | DT P Fİ | Written-Oral |
| **FAILURE TO THRIVE** | Rickets, Nutritional | Endocrine | Rickets | DT P | Written-Oral |
| **FAILURE TO THRIVE** | Gastrointestinal SystemParasites | Gastrointestinal | Parasite infections | DT P | Written-Oral |
| **FAILURE TO THRIVE** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **FAILURE TO THRIVE** | Congenital Hypothyroidism | Endocrine | Hypothyroidism | DT | Written-Oral |
| **FAILURE TO THRIVE** | Intrauterine GrowthRetardation | Multisystem | Premature and Intrauterine Growth Retardation,Problems and Care-1,2 | DP | Written-Oral |
| **FAILURE TO THRIVE** | Mental Retardation | Neural Behavior | Mental And Motor Development Retardation | Pre D P F | Written-Oral |
| **FAILURE TO THRIVE** | Negligence, Abuse | Multisystem | Child Abuse | Pre D P F | Written-Oral |
| **FAILURE TO THRIVE** | Avitaminosis | Multisystem | Vitamin requirements in childhood | PreD P | Written-Oral |
| **FAILURE TO THRİVE** | Congenital MetabolicDiseases | Multisystem | 1. Congenital Metabolic Diseases-1,2
2. Neurodegenerative and Neurometabolic Diseases
 | PreD P | Written-Oral |
| **FAILURE TO THRIVE** | Primary Immune Deficiency | Multisystem | 1. Phagocyte And Complement Deficiencies
2. Approach and Treatment of Immunodeficiency
3. Antibody Deficiency And Combined Immuno-Immune deficiency
 | PreD | Written-Oral |
| **FAILURE TO THRIVE** | Congenital HeartDiseases | Cardiovascular | 1. Cyanotic Heart Disease-1,2
2. Asyanotic Heart Diseases
3. Cardiac Murmurs And Extra Sounds
 | DT E F | Written-Oral |
| **FAILURE TO THRIVE** | Malabsorption | Gastrointestinal | Chronic Diarrhea | PreD | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **FAILURE TO THRIVE** | Primary ImmuneDeficiency | Multisystem | 1. Phagocyte And Complement Deficiencies
2. Approach and Treatment of Immunodeficiency
3. Antibody Deficiency And Combined Immuno-Immune deficiency
 | PreD | Written-Oral |
| **FAILURE TO THRIVE** | Cystic Fibrosis | Multisystem | Chronic lung diseases in childhood-1,2 | PreD | Written-Oral |
| **PALPITATION** | Heart Failure | Cardiovascular | 1. Palpitation
2. Cardiac Murmurs And Extra Sounds
 | D E PF | Written-Oral |
| **PALPITATION** | Hypoglycemia | Endocrine | 1. Metabolic Disorders in Newborns
2. Diabetic Mother Baby
3. Hypoglycemia
4. Critical Patient Approach
 | DE | Written-Oral |
| **PALPITATION** | Heart Valve Diseases | Cardiovascular | 1. Palpitation
2. Cardiac Murmurs And Extra Sounds
 | PreD P | Written-Oral |
| **PALPITATION** | Endocarditis | Cardiovascular | Myocarditis-Endocarditis- Pericarditis | PreD P | Written-Oral |
| **PALPITATION** | Phobic Disorders | Neural Behavior | Palpitation | D | Written-Oral |
| **PALPITATION** | Heart Rhythm Disorders | Cardiovascular | 1. Palpitation
2. Arrhythmia-1.2
3. Cardiac Murmurs And Extra Sounds
 | PreD | Written-Oral |
| **PALPITATION** | Congenital HeartDiseases | Cardiovascular | 1. Asyanotic Heart Diseases
2. Cardiac Murmurs And Extra Sounds
 | DT E F | Written-Oral |
| **PALPITATION** | Hyperthyroidism | Endocrine | 1. Palpitation
2. Hyperthyroidism
 | PreD | Written-Oral |
| **PALPITATION** | Myocarditis /Cardiomyopathy | Cardiovascular | 1. Cardiomyopathies
2. Myocarditis-Endocarditis- Pericarditis
 | DT | Written-Oral |
| **PALPITATION** | Anemia  |  | Palpitation | PreD | Written-Oral |
| **DOUBLE VISION** | Intracranial Pressure Increase Syndrome (KIBAS; AcuteCerebrovascular Events) | Neural Behavior | Critical Patient Approach | D E | Written-Oral |
| **CLUB FINGER** | Congenital HeartDiseases | Cardiovascular | 1. Asyanotic Heart Diseases
2. Cardiac Murmurs And Extra Sounds
 | DT E F | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **BALANCE/MOVEMENT PROBLEMS** | Cerebral Palsy | Neural Behavior | Cerebral Palsy | D | Written-Oral |
| **BALANCE/MOVEMENT PROBLEMS** | Guillain Barré Syndrome | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **BALANCE/MOVEMENT PROBLEMS** | Muscle Diseases (Myopathies) | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **BALANCE/MOVEMENT PROBLEMS** | Ataxic Disorders | Multisystem | Ataxia | PreD | Student presentation-Ataksik |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Urticaria and Angioedema | Multisystem | Rash Diseases in Children-1,2 | DT E | Student Presentation |
| **SKIN RASHES /** **LESIONS (Maculopapular, Bullous, Vesicular)** | Allergic Reaction | Multisystem | 1. Allergic Reaction
2. Rash Diseases in Children-1,2
 | D | 1. Student Presentation
2. Written-Oral
 |
| **SKIN RASHES /** **LESIONS (Maculopapular, Bullous, Vesicular)** | Dermatitis ( Atopic, Contact, seborrheic) | Skin and soft Tissue | Rash Diseases in Children-1,2 | D F | Student Presentation |
| **SKIN RASHES /** **LESIONS (Maculopapular, Bullous, Vesicular)** | Reactive dermatosis (Erythema Nodosum,Erythema Multiforme ) | Skin and soft Tissue | Rash Diseases in Children-1,2 | D | Student Presentation |
| **SKIN RASHES /** **LESIONS (Maculopapular, Bullous, Vesicular)** | Henoch SchönleinPurpura | Multisystem | Rash Diseases in Children-1,2 | D | Student Presentation |
| **SKIN RASHES /** **LESIONS (Maculopapular, Bullous, Vesicular)** | Psoriasis, Lichen Planus, Pityriasis Rosea | Skin and soft Tissue | Rash Diseases in Children-1,2 | D | Student Presentation |
| **SKIN RASHES /** **LESIONS (Maculopapular, Bullous, Vesicular)** | Meningococcemia | Multisystem | 1. Childhood Meningitis And Encephalitis-1
2. Critical Patient Approach
3. Rash Diseases in Children-1,2
 | E | 1.,2. Written-Oral3. Student Presentation |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **SKIN RASHES /****LESIONS (Maculopapular, Bullous, Vesicular)** | Vasculitis | Multisystem | Rash Diseases in Children-1,2 | PreD | Student Presentation |
| **SKIN RASHES /****LESIONS(Maculopapular, Bullous, Vesicular)** | Systemic Lupus Erythematosus | Multisystem | 1. SLE
2. Rash Diseases in Children-1,2
 | PreD | 1. Written-Oral
2. Student Presentation
 |
| **SKIN RASHES /****LESIONS(Maculopapular,****Bullous, Vesicular)** | Behçet's Disease | Multisystem | Rash Diseases in Children-1,2 | PreD | Student Presentation |
| **SKIN RASHES /****LESIONS(Maculopapular, Bullous, Vesicular)** | Neurocutaneous Diseases | Multisystem | 1. Neurocutanalyst Diseases
2. Neuromuscular Diseases
3. Rash Diseases in Children-1,2
 | PreD | 1.,2. Written-Oral3. Student Presentation |
| **SKIN RASHES /****LESIONS(Maculopapular, Bullous, Vesicular)** | Disseminated Intravascular Coagulation | Multisystem | Rash Diseases in Children-1,2 | PreD | Student Presentation |
| **SKIN RASHES /****LESIONS(Maculopapular, Bullous, Vesicular)** | Bleeding Diathesis and Hemophilia | Hematopoietic | 1. Bleeding-clotting disorders-1,2
2. Nose bleeding
3. Rash Diseases in Children-1,2
 | E | Written-Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Malnutrition | Multisystem | Malnutrition-1,2 | DT P F | Written-Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Diaper Dermatitis | Skin and soft tissue | 1. Skin, Lymph Nozzly, Extremity Examination
2. Allergic rhinitis, atopic dermatitis, Anaphylaxis-1,2
 | DT P | Written-Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Skin and Soft Tissue Diseases | Skin and soft tissue | Salmonella and shigella infections | DT | Written-Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Avitaminosis | Multisystem | Vitamin requirements in childhood | PreD P | Written-Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Endocarditis | Cardiovascular | Myocarditis-Endocarditis- Pericarditis | PreD P | Written-Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Congenital HeartDiseases | Cardiovascular | 1. Asyanotic Heart Diseases
2. Cardiac Murmurs and Extra Sounds
 | DT E F | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Neurocutaneous Diseases | Multisystem | 1. Neurocutanalyst Diseases
2. Neuromuscular Diseases
 | PreD | Written-Oral |
| **SKIN AND NAIL CHANGES****(Dryness, Discoloring, etc.)** | Chronic Hepatitis | Gastrointestinal | Approach to elevated liver enzyme  | PreD | Written-Oral |
| **ATTENTION DEFICIT** | Mental Retardation | Neural Behavior | Mental and Motor Development Retardation | PreD P F | Written-Oral |
| **DYSPHAGIA** | Peptic Disease (Ulcer) | Gastrointestinal | Stomachache | PreD | Student presentation |
| **DYSPHAGIA** | Gastro Esophageal Reflux | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and ChildrenSystem Obstructive Diseases | DT | Written |
| **DYSPHAGIA** | Gastro Esophageal Reflux | Gastrointestinal | Stomachache | PreD | Student Presentation |
| **DYSPHAGIA** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
 | DT P | Written-Oral |
| **DYSPHAGIA** | Head and Neck Cancers | Multisystem | 1. Swelling in the neck (DS)
2. Childhood oncological diseases-1,2
 | PreD | 1. Student presentation
2. Written-Oral
 |
| **DYSPEPSY** | Peptic Disease (Ulcer) | Gastrointestinal | Stomachache | PreD | Student presentation |
| **DYSPEPSY** | Gastroesophageal Reflux | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and ChildrenSystem Obstructive Diseases | DT | Written |
| **DYSPEPSY** | Gastroesophageal Reflux | Gastrointestinal | Stomachache | PreD | Student Presentation |
| **DYSPEPSY** | Malabsorption | Gastrointestinal | Chronic Diarrhea | PreD | Written-Oral |
| **DYSPNEA** | Asthma | Respiration | Asthma and treatment-1,2 | DT E P K F | Written-Oral |
| **DYSPNEA** | Pertussis | Respiration | Pertussis, diphtheria, mumps | DT E P | Written-Oral |
| **DYSPNEA** | Pneumonia | Respiration | 1. Lower Respiratory Tract Infections 1,2
2. Critical Patient Approach
 | DT P | Written-Oral |
| **DYSPNEA** | Heart Failure | Cardiovascular | 1. Palpitation
2. Cardiac Murmurs And Extra Sounds
 | D EP F | Written-Oral |
| **DYSPNEA** | Bronchiolitis | Respiration | Lower Respiratory Tract Infections 1,2 | D E | Written-Oral |
| **DYSPNEA** | Foreign Body /Aspiration | Multisystem | Approach to wheezing child | D E | Written-Oral |
| **DYSPNEA** | Pneumothorax | Respiration | 1. Respiratory Distress in Newborn
2. Lower respiratory tract infections 1,2
 | D E | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **DYSPNEA** | asphyxia at Birth | Cardiovascular | Prenatal asphyxia | E P | Written-Oral |
| **DYSPNEA** | Pulmonary Edema | RespirationCardiovascular | Acyanotic Heart Diseases | D | Written-Oral |
| **DYSPNEA** | Respiration in NewbornDifficulty | Respiration | Head and Neck and Respiratory Tract in ChildrenPathologies Requiring Surgery | E | Written |
| **DYSPNEA** | Respiration in NewbornDifficulty | Respiration | Respiratory distress in the newborn | E | Written-Oral |
| **DYSPNEA** | Respiratory Failure | Respiration | Critical Patient Approach | DT | Written-Oral |
| **DYSPNEA** | Heart Valve Diseases | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **DYSPNEA** | Diaphragmatic Hernia | Gastrointestinal | The Predominator of the West seen in the newborn andDefects Diaphragm | PreD | Written |
| **DYSPNEA** | Diaphragmatic Hernia | Gastrointestinal | 1. Respiratory Distress in Newborn
2. Lower respiratory tract infections 1,2
 | PreD | Written-Oral |
| **DYSPNEA** | Pericardial effusion /Tamponade | Cardiovascular | Myocarditis-Endocarditis- Pericarditis | PreD | Written-Oral |
| **DYSPNEA** | Interstitial LungDiseases | Respiration | Lower respiratory tract infections 1,2 | PreD | Written-Oral |
| **DYSPNEA** | Pleural EffusionEmPQema | Respiration | Lower respiratory tract infections 1,2 | D | Written-Oral |
| **DYSPNEA** | Pulmonary Hypertension | Cardiovascular | Acyanotic Heart Diseases | DT | Written-Oral |
| **DYSPNEA** | Muscle Diseases (myopathies) | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **DYSPNEA** | Congenital HeartDiseases | Cardiovascular | 1. Acyanotic Heart Diseases
2. Cardiac Murmurs And Extra Sounds
 | DT E F | Written-Oral |
| **DIARRHEA** | Gastrointestinal Systemparasite infestation | Gastrointestinal | Parasite infestation | DT P | Written-Oral |
| **DIARRHEA** | SalmonellaInfections | Multisystem | Salmonella and shigella infections | DT P | Written-Oral |
| **DIARRHEA** | Food Poisoning | Multisystem | Acute Diarrhea | DT | Written-Oral |
| **DIARRHEA** | Irritable Bowel Disease | Gastrointestinal | Stomachache | PreD | Student presentation |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **DIARRHEA** | Inflammatory BowelDisease | Gastrointestinal | Chronic Diarrhea | PreD F | Student presentation |
| **DIARRHEA** | Hyperthyroidism | Endocrine | Hyperthyroid | PreD | Written-Oral |
| **DIARRHEA** | Chronic Pancreatitis | Gastrointestinal | Stomachache | PreD | Student Presentation |
| **DIARRHEA** | Malabsorption | Gastrointestinal | Chronic Diarrhea | PreD | Written-Oral |
| **DYSURIA** | Urinary SystemInfections | Genitourinary | Diseases of the Urinary System Requiring Surgical Correction in Children | D P | Written |
| **DYSURIA** | Urinary System StoneDisease | Genitourinary | Urinary System Stone Disease | D E | Written-Oral |
| **MOOD CHANGES** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **JOINT PAIN / SWELLING** | Osteoarthritis | Musculoskeletal | Joint Swelling/Pain | DT P F | Student presentation |
| **JOINT PAIN / SWELLING** | Brucellosis | Multisystem | 1. Brucella
2. Joint Swelling/Pain
 | DT P | 1. Written-Oral
2. Student presentation
 |
| **JOINT PAIN / SWELLING** | Tenosynovitis | Musculoskeletal | Joint Swelling/Pain | DT | Student presentation |
| **JOINT PAIN / SWELLING** | Extremity Trauma | Musculoskeletal | Joint Swelling/Pain | D E | Student presentation |
| **JOINT PAIN / SWELLING** | Acute Rheumatic Fever | Multisystem | 1. Acute Rheumatic Fever
2. Joint Swelling/Pain
 | DT P | 1. Written-Oral
2. Student presentation
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| **JOINT PAIN / SWELLING** | Arthritis | Musculoskeletal | 1. Acute Rheumatic Fever
2. Connective Tissue Diseases
3. SLE
4. Vasculitis And HUS
5. Joint Swelling/Pain
 | D | 1. ,2. Written-Oral3. Student Presentation |
| **JOINT PAIN / SWELLING** | Henoch SchönleinPurpura | Multisystem | Joint Swelling/Pain | D | Student presentation |
| **JOINT PAIN / SWELLING** | Gout | Musculoskeletal | Joint Swelling/Pain | Pre D P | Student presentation |
| **JOINT PAIN / SWELLING** | Spondyloarthropathies(Ankylosing spondylitis ) | Musculoskeletal | Joint Swelling/Pain | PreD | Student presentation |
| **JOINT PAIN / SWELLING** | Systemic LupusErythematous | Multisystem | 1. SLE
2. Joint Swelling/Pain
 | PreD | 1. Written-Oral
2. Student presentation
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| **JOINT PAIN / SWELLING** | Behçet's Disease | Multisystem | Joint Swelling/Pain | PreD | Student presentation |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **JOINT PAIN / SWELLING** | Rheumatoid Arthritis | Musculoskeletal | Joint Swelling/Pain | PreD | Student presentation |
| **JOINT PAIN / SWELLING** | Bleeding Diathesis and Hemophilia | Hematopoietic | 1. Bleeding-clotting disorders-1,2
2. Nose bleeding
3. Joint Swelling/Pain
 | E | 1. Written-Oral
2. and 3. Student

Served |
| **JOINT PAIN / SWELLING** | Familial Mediterranean Fever | Multisystem | Joint Swelling/Pain | PreD | Student presentation |
| **LIMITATION OF MOVEMENT IN JOINTS**  | Dislocation | Musculoskeletal | Joint Swelling/Pain | D E P | Student presentation |
| **SUCTION DIFFICULTY** | Sepsis | Multisystem | Critical Patient Approach | D E | Written-Oral |
| **SUCTION DIFFICULTY** | Asphyxia at Birth | Cardiovascular | Perinatal asphyxia | E P | Written-Oral |
| **SUCTION DIFFICULTY** | Sepsis and Meningitis in newborn | Multisystem | Neonatal sepsis | E | Written-Oral |
| **SUCTION DIFFICULTY** | Intestinal Obstruction in newborn | Gastro Intestinal | Intestinal Obstructive Diseases Seen in Newborns and Children | E | Written |
| **SUCTION DIFFICULTY** | Respiration in NewbornDifficulty | Respiration | Respiratory distress in the newborn | E | Written-Oral |
| **SUCTION DIFFICULTY** | Congenital MetabolicDiseases | Multisystem | 1. Congenital Metabolic Diseases-1,2
2. Neurodegenerative and Neurometabolic Diseases
 | PreD P | Written-Oral |
| **SUCTION DIFFICULTY** | Muscle Diseases (myopathies | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **SUCTION DIFFICULTY** | Congenital HeartDiseases | Cardiovascular | 1. Acyanotic Heart Diseases
2. Cardiac Murmurs And Extra Sounds
 | DT E F | Written-Oral |
| **NECK STIFFNESS** | Tetanus | Multisystem | Tetanus | D E P | Written-Oral |
| **NECK STIFFNESS** | Intracranial Pressure Increase Syndrome (KIBAS; AcuteCerebrovascular Events) | Neural Behavior | Critical Patient Approach | DE | Written-Oral |
| **ENURESIS** | Diabetes Mellitus | Endocrine | 1. Diabetes Mellitus
2. Ketoacidosis
 | DT P F | Written-Oral |
| **ENURESIS** | Urinary Tract Infections | Genitourinary | Diseases of the Urinary System That Require Surgical Correction in Children | D P | Written |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ENURESIS** | Neglect, Abuse | Multisystem | Child Abuse | PreD P F | Written-Oral |
| **ENURESIS** | Excretion Disorders(enuresis, Encopresis) | Multisystem | Constipation | PreD | Written-Oral |
| **FECAL INCONTINENCE** | Neglect, Abuse | Multisystem | Child Abuse | PreD P F | Written-Oral |
| **FECAL INCONTINENCE** | Excretion Disorders (enuresis, Encopresis) | Multisystem | Constipation | PreD | Written-Oral |
| **WOUND IN THE GENITAL AREA** |  Abuse | Multisystem | Child Abuse | PreD P F | Written-Oral |
| **CHEST PAIN** | Gastro Esophageal Reflux | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and Children | DT | Written |
| **CHEST PAIN** | Gastro Esophageal Reflux | Gastrointestinal | 1. Stomachache
2. Chest Pain
 | PreD | Student Presentation |
| **CHEST PAIN** | Pneumonia | Respiration | 1. Lower Respiratory Tract Infections 1,2
2. Chest Pain
 | DT P | Written-Oral |
| **CHEST PAIN** | Skin and Soft Tissue Infections | Skin and soft tissue | 1. Salmonella and shigella infections
2. Chest Pain
 | DT | Written-Oral |
| **CHEST PAIN** | Angina Pectoris | Cardiovascular | Chest Pain | D E P | Written-Oral |
| **CHEST PAIN** | Acute Coronary Syndrome | Cardiovascular | Chest Pain | D E P | Written-Oral |
| **CHEST PAIN** | Pneumothorax | Respiration | 1. Lower Respiratory Tract Infections 1,2
2. Chest Pain
 | DT P | Written-Oral |
| **CHEST PAIN** | Panic Disorder | Neural Behavior | Chest Pain | D E | Written-Oral |
| **CHEST PAIN** | Thorax Traumas | Multisystem | Chest Pain | E | Written-Oral |
| **CHEST PAIN** | Fibromyalgia | Musculoskeletal | Chest Pain | D | Written-Oral |
| **CHEST PAIN** | Lung Cancer | Respiration | Chest Pain | PreD P | Written-Oral |
| **CHEST PAIN** | Pulmonary Emboli | CardiovascularRespiration | Chest Pain | PreD P | Written-Oral |
| **CHEST PAIN** | Pericardial Effusion /tamponade | Cardiovascular | 1. Chest Pain
2. Myocarditis-Endocarditis- Pericarditis
 | PreD | Written-Oral |
| **CHEST PAIN** | Aortic Dissection | Cardiovascular | Chest Pain | PreD | Written-Oral |
| **CHEST PAIN** | Pleural Effusion,EmPQema | Respiration | 1. Lower Respiratory Tract Infections 1,2
2. Chest Pain
 | D | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **CHEST WALL****DEFORMITIES** | Rickets, Nutritional | Endocrine | Rickets | DT P  | Written-Oral |
| **VISUAL IMPAIRMENT / LOSS** | Retinopathy of prematurity | Sensation | Premature and Intrauterine growth retardation,problems and maintenance-1,2 | PreD P | Written-Oral |
| **VISUAL IMPAIRMENT / LOSS** | Intrauterine Infections | Multisystem | Intrauterine Infections | PreD P | Written-Oral |
| **WEAKNESS** | Anemia Diseases (See List of Diseases, Clinical Problems) |  | 1. Approach to childhood anemia
2. Congenital and Acquired Bone Marrow Failure and

Autoimmune Hemolytic Anemia1. Nutritional Anemia (Iron deficiency anemia,

Megaloblastic anemia)1. Hemoglobinopathies (Thalassemia, Sickle cell

anemia)1. Hematological Findings of Systemic Diseases
 | DT P F E | CBL-Anemia |
| **WEAKNESS** | Dehydration | Multisystem | 1. Fluid, Electrolyte, Acid Base Disorders
2. Critical Patient Approach
 | DT | Written-Oral |
| **WEAKNESS** | Tuberculosis | Multisystem | Tuberculosis | DT P F | Written-Oral |
| **WEAKNESS** | Hypothyroidism | Endocrine | Hypothyroidism | DTF | Written-Oral |
| **WEAKNESS** | Heart Failure | Cardiovascular | 1. Palpitation
2. Cardiac Murmurs And Extra Sounds
 | D E P F | Written-Oral |
| **WEAKNESS** | Alt GastrointestinalHemorrhage | Gastrointestinal | Gastrointestinal Hemorrhages | D E | Written-Oral |
| **WEAKNESS** | Adrenocortical Insufficiency | Endocrine | Congenital adrenal hyperplasiaAdrenal diseases-1,2 | DT | Written-Oral |
| **WEAKNESS** | Acute Hepatitis | Gastrointestinal | Approach to liver enzyme elevation | DT | Written-Oral |
| **WEAKNESS** | Hypoglycemia | Endocrine | 1. Metabolic Disorders in Newborns
2. Diabetic Mother Baby
3. Hypoglycemia
4. Critical Patient Approach
 | D E | Written-Oral |
| **WEAKNESS** | Leukemias | Hematopoietic | Leukemias-1 (ALL)Leukemias-2 (AML VE MDS) | DT | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **HEMATOCHESIA / RECTAL****HEMORRHAGE** | Anal Fissure | Gastrointestinal | 1. Constipation
2. Gastrointestinal Hemorrhages
 | DT | Written-Oral |
| **HEMATOCHESIA / RECTAL****HEMORRHAGE** | GastrointestinalHemorrhage | Gastrointestinal | Gastrointestinal Hemorrhages | D E | Written-Oral |
| **HEMATOCHESIA / RECTAL****HEMORRHAGE** | Intussusception | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and ChildrenSystem Obstructive Diseases | E | Written |
| **HEMATOCHESIA / RECTAL****HEMORRHAGE** | Inflammatory BowelDisease | Gastrointestinal | Gastrointestinal Hemorrhages | PreD F | Student presentation |
| **HEMATOCHESIA / RECTAL****HEMORRHAGE** | İntestinal Polyposis | Gastrointestinal | 1. Gastrointestinal Hemorrhages
2. Abdominal Examination
 | PreD | Written-Oral |
| **HEMATURIA** | Urinary SystemInfections | Genitourinary | Diseases of the Urinary System Requiring Surgical Correction in Children | D P | Written |
| **HEMATURIA** | Bleeding Diathesis and Hemophilia | Hematopoietic | 1. Bleeding-clotting disorders-1,2
2. Nose bleeding
 | E | Written-OralStudent presentation -Nose bleeding |
| **HEMOPTYSIS** | Tuberculosis | Multisystem | Tuberculosis | DT P F | Written-Oral |
| **HEMOPTYSIS** | Bronchiectasis | Respiration | Chronic lung diseases in childhood-1,2 | D P F | Written-Oral |
| **HEMOPTYSIS** | Heart Valve Diseases | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **HEMOPTYSIS** | Bleeding Diathesis and Hemophilia | Hematopoietic | 1. Bleeding-clotting disorders-1,2
2. Nose bleeding
 | E | Written-OralStudent presentation -Nose bleeding |
| **HEPATOMEGALY** | SalmonellaInfections | Multisystem | 1. Salmonella and shigella infections
2. Hepatomegaly
 | DT P | Written-Oral |
| **HEPATOMEGALY** | Heart Failure | Cardiovascular | 1. H Hepatomegaly
2. Cardiac Murmurs And Extra Sounds
 | D E P F | Written-Oral |
| **HEPATOMEGALY** | Obesity (Endogenous exogenous) | Multisystem | Hepatomegaly | D P F | Written-Oral |
| **HEPATOMEGALY** | Acute Hepatitis | Gastrointestinal | 1. Approach to liver enzyme elevation
2. Hepatomegaly
 | DT | Written-Oral |
| **HEPATOMEGALY** | Malaria | Multisystem | Hepatomegaly | D P | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **HEPATOMEGALY** | Gastrointestinal SystemCancers | Gastrointestinal | Hepatomegaly | PreD P | Written-Oral |
| **HEPATOMEGALY** | Cyst Hydatid Disease | Multisystem | Hepatomegaly | PreD P | Written-Oral |
| **HEPATOMEGALY** |  Hepatosteatosis | Gastrointestinal | 1. Hepatomegaly
 | PreD F | Written-Oral |
| **HEPATOMEGALY** | Wilson's Disease | Multisystem | 1. Approach to liver enzyme elevation
2. Hepatomegaly
 | D | Written-Oral |
| **HEPATOMEGALY** | LymphoproliferativeDiseases | Hematopoietic | 1. Childhood oncological diseases-1,2
2. Swelling in the neck
3. Hepatomegaly
 | PreD | Written-OralStudent presentation - Swelling in the neck |
| **HEPATOMEGALY** | Hemochromatosis | Multisystem | Hepatomegaly | PreD | Written-Oral |
| **HEPATOMEGALY** | Leukemias | Hematopoietic | 1. Leukemias-1 (ALL)
2. Leukemias-2 (AML VE MDS)
3. Hepatomegaly
 | DT | Written-Oral |
| **HEPATOMEGALY** | Chronic Hepatitis | Gastrointestinal | 1. Approach to elevated liver enzyme
2. Hepatomegaly
 | PreD | Written-Oral |
| **WHEEZING** | Asthma | Respiration | 1. Asthma and treatment-1,2
2. Approach to wheezing Child
 | DT E P F | Written-Oral |
| **WHEEZING** | Chronic Obstructive PulmonaryDisease | Respiration | Approach to wheezing Child | PreD | Written-Oral |
| **WHEEZING** | Foreign Body /Aspiration | Multisystem | Approach to wheezing child | D E | Written-Oral |
| **WHEEZING** | Bronchiolitis | Respiration | 1. Lower Respiratory Tract Infections 1,2
2. Approach to wheezing Child
 | D E | Written-Oral |
| **WHEEZING** | Pulmonary Edema | RespirationCardiovascular | Approach to wheezing child | E | Written-Oral |
| **WHEEZING** | Cystic Fibrosis | Multisystem | 1. Chronic lung diseases in childhood- 1,2
2. Approach to wheezing child
 | PreD | Written-Oral |
| **HYPERACTIVITY** | Hyperthyroidism | Endocrine | Hyperthyroidism | PreD | Written-Oral |
| **HYPERTENSION** | Acute Renal Failure | Genitourinary | Critical Patient Approach | D E P | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **HYPERTENSION** | Hyperthyroidism | Endocrine | Hyperthyroidism | PreD | Written-Oral |
| **HYPERTENSION** | Cushing's Disease | Endocrine | Adrenal Diseases-1,2 | PreD | Written-Oral |
| **HYPOTENSION** | Dehydration | Multisystem | 1. Fluid, Electrolyte, Acid Base Disorders
2. Critical Patient Approach
 | DT E P | Written-Oral |
| **HYPOTENSION** | Heart Failure | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **HYPOTENSION** | Adrenocortical Insufficiency | Endocrine | Congenital adrenal hyperplasiaAdrenal diseases-1,2 | DT | Written-Oral |
| **HYPOTENSION** | Shock | Multisystem | Critical Patient Approach | DT E | Written-Oral |
| **HYPOTENSION** | pericardial Effusion /Tamponade | Cardiovascular | Myocarditis-Endocarditis- Pericarditis | PreD | Written-Oral |
| **HYPOTENSION** | Heart Rhythm Disorders | Cardiovascular | 1. Arrhythmia-1.2
2. Cardiac Murmurs And Extra Sounds
 | PreD | Written-Oral |
| **HYPOTHERMIA / HYPERTHERMIA** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **HYPOTHERMIA / HYPERTHERMIA** | Sepsis | Multisystem | Critical Patient Approach | D E | Written-Oral |
| **HYPOTHERMIA / HYPERTHERMIA** | Hyperthyroidism | Endocrine | Hyperthyroidism | PreD | Written-Oral |
| **HIRSUTISM** | Cushing's Disease | Endocrine | Adrenal Diseases-1,2 | PreD | Written-Oral |
| **SNORING** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
 | DT P | Written-Oral |
| **SNORING** | Adenoid Hypertrophy | Respiration | Allergic rhinitis, Atopic dermatitis, Anaphylaxis 1,2 | PreD | Written-Oral |
| **URINE RETENTION** | Urinary System StoneDisease | Genitourinary | Urinary System Stone Disease | D E | Written-Oral |
| **IMPOTANCE** | Diabetes Mellitus | Endocrine | 1. Diabetes Mellitus
2. Ketoacidosis
 | DT P F | Written-Oral |
| **INFERTILITY (Male, Female)** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **INFERTILITY (Male, Female)** | Cystic Fibrosis | Multisystem | Chronic lung diseases in childhood-1,2 | PreD | Written-Oral |
| **HEARING DISORDER** | Intrauterine Infections | Multisystem | Intrauterine Infections | PreD P | Written-Oral |
| **HEARING DISORDER** | Congenital MetabolicDiseases | Multisystem | 1. Congenital Metabolic Diseases-1,2
2. Neurodegenerative and Neurometabolic Diseases
 | PreD P | Written-Oral |
| **ANOREXIA** | Malnutrition | Multisystem | Malnutrition-1,2 | DT P F | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ANOREXIA** | Heart Failure | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **ANOREXIA** | Liver Cirrhosis | Gastrointestinal | Approach to elevated liver enzyme  | PreD | Written-Oral |
| **CONSTIPATION** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **CONSTIPATION** | Congenital Hypothyroidism | Endocrine | Hypothyroidism | DT | Written-Oral |
| **CONSTIPATION** | Irritable Bowel Disease | Gastrointestinal | Stomachache | PreD | Student presentation |
| **MURMUR IN THE HEART** | Anemia Diseases (See List of Diseases, Clinical Problems) |  | 1. Approach to childhood anemia
2. Congenital and Acquired Bone Marrow Failure and

Autoimmune Hemolytic Anemia1. Nutritional Anemia (Iron deficiency anemia,

Megaloblastic anemia)1. Hemoglobinopathies (Thalassemia, Sickle cell

anemia)1. Hematological Findings of Systemic Diseases
 | DT P F E | CBL-Anemia |
| **MURMUR IN THE HEART** | Heart Failure | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **MURMUR IN THE HEART** | Acute Rheumatic Fever | Multisystem | Acute Rheumatic Fever | DT P | Written-Oral |
| **MURMUR IN THE HEART** | Heart Valve Diseases | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **MURMUR IN THE HEART** | Endocarditis | Cardiovascular | Myocarditis-Endocarditis- Pericarditis | PreD P  | Written-Oral |
| **MURMUR IN THE HEART** | Congenital HeartDiseases | Cardiovascular | 1. Acyanotic Heart Diseases
2. Cardiac Murmurs And Extra Sounds
 | DT E F | Written-Oral |
| **MURMUR IN THE HEART** | Myocarditis /Cardiomyopathies | Cardiovascular | 1. Cardiomyopathies
2. Myocarditis-Endocarditis- Pericarditis
 | DT | Written-Oral |
| **HEMORRHAGIC DIATHESIS** | Vitamin K Deficiency | Multisystem | 1. Bleeding- Clotting Disorders-1,2
2. Vitamin Requirements in Childhood
 | DT E P | Written-Oral |
| **HEMORRHAGIC DIATHESIS** | Liver Cirrhosis | Gastrointestinal | Approach to liver enzyme elevation | PreD | Written-Oral |
| **HEMORRHAGIC DIATHESIS** | Bleeding Diathesis and Hemophilia | Hematopoietic | 1. Bleeding-clotting disorders-1,2
2. Nose bleeding
 | E | Written-OralStudent presentation - Nose bleeding |
| **HEMORRHAGIC DIATHESIS** | Hemolytic Uremic Syndrome/Thrombotic ThrombocytopenicPurpura | Multisystem | Hemolytic Uremic Syndrome | PreD | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **HEMORRHAGIC DIATHESIS** | Aplastic Anemia | Hematopoietic | Congenital and Acquired Bone Marrow Failure andAutoimmune Hemolytic Anemia | E | Written-Oral |
| **HEMORRHAGIC DIATHESIS** | Leukemias | Hematopoietic | Leukemias-1 (ALL)Leukemias-2 (AML VE MDS) | DT | Written-Oral |
| **ABDOMINAL PAIN** | Peptic Disease (Ulcer) | Gastrointestinal | Stomachache | PreD | Student presentation |
| **ABDOMINAL PAIN** | Urinary SystemInfections | Genitourinary | Surgical Correction of urinary system in childrenDiseases That Require | D E | Written |
| **ABDOMINAL PAIN** | Urinary SystemInfections | Genitourinary |  | DT P | Written-Oral |
| **ABDOMINAL PAIN** | SalmonellaInfections | Multisystem | Salmonella and shigella infections | DT P | Written-Oral |
| **ABDOMINAL PAIN** | Gastrointestinal SystemParasite Infestations | Gastrointestinal | Parasite Infestations | DT P | Written-Oral |
| **ABDOMINAL PAIN** | Urinary System StoneDisease | Genitourinary | Urinary System Stone Disease | D E | Written-Oral |
| **ABDOMINAL PAIN** | Acute Abdomen | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and Children | D E | Written |
| **ABDOMINAL PAIN** | Henoch SchönleinPurpura | Multisystem | Intestinal System Obstructive Diseases in Newborns and Children | PreD | Written |
| **ABDOMINAL PAIN** | Food Poisoning | Multisystem | Acute Diarrhea | DT | Written-Oral |
| **ABDOMINAL PAIN** | Intussusception | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and Children | E | Written |
| **ABDOMINAL PAIN** | Testicular Torsion | Genitourinary | Inguinoscrotal Region Pathologies in Children | E | Written |
| **ABDOMINAL PAIN** | Inflammatory BowelDisease | Gastrointestinal | Chronic Diarrhea | PreD F | Student presentation |
| **ABDOMINAL PAIN** | Irritable Bowel Disease | Gastrointestinal | Stomachache | PreD | Student presentation |
| **ABDOMINAL PAIN** | Chronic Pancreatitis | Gastrointestinal | Stomachache | PreD | Student Presentation |
| **ABDOMINAL PAIN** | Malabsorption | Gastrointestinal | Chronic Diarrhea | PreD | Written-Oral |
| **ABDOMINAL PAIN** | Appendicitis | Gastrointestinal | Stomachache | PreD | Student presentation |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ABDOMINAL MASS** | Intussusception | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and ChildrenSystem Obstructive Diseases | E | Written |
| **ABDOMINAL MASS** | LymphoproliferativeDiseases | Hematopoietic | 1. Childhood oncological diseases-1,2
2. Swelling in the neck
 | PreD | Written-OralStudent presentation - Swelling in the neck |
| **MUSCLE WEAKNESS** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **MUSCLE WEAKNESS** | Adrenocortical Insufficiency | Endocrine | Congenital adrenal hyperplasiaAdrenal diseases-1,2 | DT | Written-Oral |
| **MUSCLE WEAKNESS** | Cushing's Disease | Endocrine | Adrenal Diseases-1,2 | PreD | Written-Oral |
| **MUSCLE WEAKNESS** | Muscle Diseases (Myopathies) | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **MUSCLE WEAKNESS** | Guillain Barré Syndrome | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **MUSCULOSKELETAL PAINS****(Waist, Neck, Back, Hip and Extremity Pain)** | Brucellosis | Multisystem | Brucella | DT P | Written-Oral |
| **MUSCULOSKELETAL PAINS****(Waist, Neck, Back, Hip and Extremity Pain)** | Hemoglobinopathies | Hematopoietic | Hemoglobinopathies (Thalassemia, Sickle cellanemia) | PreD P | Written-Oral |
| **MUSCULOSKELETAL PAINS****(Waist, Neck, Back, Hip and Extremity Pain)** | Muscle Diseases (Myopathies) | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **MASS IN THE GROIN / SCROTUM** | Hydrocele | Genitourinary | Inguinoscrotal Region Seen in ChildrenPathologies | D | Written |
| **MASS IN THE GROIN / SCROTUM** | Testicular torsion | Genitourinary | Inguinoscrotal Region Seen in ChildrenPathologies | E | Written |
| **PRURITUS** | Gastrointestinal SystemParasite infestation | Gastrointestinal | Parasite infestation | DT P | Written-Oral |
| **PRURITUS** | Skin and soft tissueInfections | Skin and soft tissue | Salmonella and shigella infections | DTt | Written-Oral |
| **PRURITUS** | Allergic Reaction | Multisystem |  | D | Student Presentation |
| **PRURITUS** | Liver Cirrhosis | Gastrointestinal | Approach to elevated liver enzyme  | PreD | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **ACCIDENTS (Home, Work, Traffic, Electric Shock, Fall, Drownings)** | Trauma-Titled Diseases ( See Diseases, ClinicalList of Problems ) |  | Protection from Accidents and Injuries | DT E | Written-Oral |
| **ACCIDENTS (Home, Work, Traffic, Electricity****Impact, Fall, Drownings )** | Burns | Skin and soft tissue | Protection from Accidents and Injuries | DT E | Written-Oral |
| **ACCIDENTS (Home, Work, Traffic, Electricity****Impact, Fall, Drownings )** | Foreign Body /Aspiration | Multisystem | Protection from Accidents and Injuries | D E | Written-Oral |
| **ACCIDENTS (Home, Work, Traffic, Electricity****Impact, Fall, Drownings )** | Artery and VenInjuries | Cardiovascular | Protection from Accidents and Injuries | E | Written-Oral |
| **WEIMST GAIN / EXCESS** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **WEIMST GAIN / EXCESS** | Cushing's Disease | Endocrine | Adrenal Diseases-1,2 | PreD | Written-Oral |
| **WEIMST LOSS** | Tuberculosis | Multisystem | Tuberculosis | DT P F | Written-Oral |
| **WEIMST LOSS** | Malnutrition | Multisystem | Malnutrition-1,2 | DT P F | Written-Oral |
| **WEIMST LOSS** | Gastrointestinal SystemParasite infestation | Gastrointestinal | Parasite infestation | DT P | Written-Oral |
| **WEIMST LOSS** | Adrenocortical Insufficiency | Endocrine | Congenital adrenal hyperplasiaAdrenal diseases-1,2 | DT | Written-Oral |
| **WEIMST LOSS** | Malabsorption | Gastrointestinal | Chronic Diarrhea | PreD | Written-Oral |
| **WEIMST LOSS** | Hyperthyroidism | Endocrine | Hyperthyroidism | PreD | Written-Oral |
| **COLIC PAIN(Renal, Biliary,****Intestinal )** | Urinary System StoneDisease | Genitourinary | Urinary System Stone Disease | D E | Written-Oral |
| **COLIC PAIN(Renal, Biliary,****İntestinal )** | Food Poisoning | Multisystem | Acute Diarrhea | DT | Written-Oral |
| **COLIC PAIN(Renal, Biliary,****İntestinal )** | Intussusception | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and Children | E | Written |
| **CONVULSIONS** | Febrile Convulsions | Neural Behavior | Acute Febrile And Afebrile Convulsion | DT E P | Written-Oral |
| **CONVULSIONS** | Fluid and Electrolyte (Sodium, Potassium, Calcium, Magnesium, Posphorus) BalanceDisorders | Multisystem | 1. Fluid, Electrolyte, Acid Base Disorders-1,2,3
2. Critical Patient Approach
3. Acute Febrile And Afebrile Convulsion
 | DE | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **CONVULSIONS** | Metabolic in NewbornDisorders | Multisystem | 1. Metabolic disorders in newborns
2. Acute Febrile And Afebrile Convulsion
 | D E P | Written-Oral |
| **CONVULSIONS** | Eclampsia, Preeclampsia,HELLP Syndrome | Genitourinary | Acute Febrile And Afebrile Convulsion | D E | Written-Oral |
| **CONVULSIONS** | Brain Edema | Neural Behavior | 1. Headache
2. Critical Patient Approach
3. Acute Febrile And Afebrile Convulsion
 | D E | 1st and 2nd. StudentServed3. Written-Oral |
| **CONVULSIONS** | Hypoglycemia | Endocrine | 1. Metabolic Disorders in Newborns
2. Diabetic Mother Baby
3. Hypoglycemia
4. Critical Patient Approach
5. Acute Febrile And Afebrile Convulsion
 | D E | Written-Oral |
| **CONVULSIONS** | Head Trauma | Neural Behavior | Acute Febrile And Afebrile Convulsion | E | Written-Oral |
| **CONVULSIONS** | IntracranialInfections | Neural Behavior | Acute Febrile And Afebrile Convulsion | E | Written-Oral |
| **CONVULSIONS** | Intracranial Pressure Increase Syndrome (KIBAS; AcuteCerebrovascular Events) | Neural Behavior | 1. Critical Patient Approach
2. Acute Febrile And Afebrile Convulsion
 | D E | Written-Oral |
| **CONVULSIONS** | NeonatalConvulsion | Neural Behavior | 1. Neonatal convulsions
2. Acute Febrile And Afebrile Convulsion
 | E | Written-Oral |
| **CONVULSIONS** | Acid Base BalanceDisorders | Multisystem | 1. Critical Patient Approach
2. Acute Febrile And Afebrile Convulsion
 | E | Written-Oral |
| **CONVULSIONS** | Epilepsy | Neural Behavior | 1. Classification of Epilepsy and Epileptic Syndromes
2. Acute Febrile And Afebrile Convulsion
 | Pre D F  | Written-Oral |
| **CONVULSIONS** | Hipoparatiroidizm | Endocrine | 1. Parathyroid Diseases
2. Acute Febrile And Afebrile Convulsion
 | PreD | Written-Oral |
| **CONVULSIONS** | Inappropriate ADH Release | Multisystem | Acute Febrile And Afebrile Convulsion | PreD | Written-Oral |
| **CONVULSIONS** | Neurocutaneous Diseases | Multisystem | 1. Neurocutaneous Diseases
2. Neuromuscular Diseases
3. Acute Febrile And Afebrile Convulsion
 | PreD | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **CONVULSIONS** | In-Head SpaceLesions | Neural Behavior | Acute Febrile And Afebrile Convulsion | PreD | Written-Oral |
| **AMBIGUOUS GENITALIA** | Congenital AdrenalHyperplasia | Endocrine | 1. Sexual Differentiation Disorders
2. Congenital Adrenal Hyperplasia
 | PreD | Written-Oral |
| **AMBIGUOUS GENITALIA** | Chromosome Diseases(Common) | Multisystem | 1. Sexual Differentiation Disorders
2. Congenital Adrenal Hyperplasia
 | PreD | Written-Oral |
| **LYMPHADENOPATHY** | Tuberculosis | Multisystem | Tuberculosis | DT P F | Written-Oral |
| **LYMPHADENOPATHY** | LymphoproliferativeDiseases | Hematopoietic | 1. Childhood oncological diseases-1,2
2. Swelling in the neck
 | PreD | Written-OralStudent presentation - Swelling in the neck |
| **LYMPHADENOPATHY** | Leukemias | Hematopoietic | Leukemias-1 (ALL)Leukemias-2 (AML VE MDS) | DT | Written-Oral |
| **MELENA / HEMATEMES** | Peptic Disease (Ulcer) | Gastrointestinal | Gastrointestinal Hemorrhages | PreD | Student presentation |
| **MELENA / HEMATEMES** | GastrointestinalHemorrhage | Gastrointestinal | Gastrointestinal Hemorrhages | D E | Written-Oral |
| **MELENA / HEMATEMES** | Upper GastrointestinalHemorrhage | Gastrointestinal | Gastrointestinal Hemorrhages | D E  | Written-Oral |
| **MELENA / HEMATEMES** | Intussusception | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and Children | E | Written |
| **MELENA / HEMATEMES** | Inflammatory BowelDisease | Gastrointestinal | Gastrointestinal Hemorrhages | Pre D F  | Student presentation |
| **MICRO-MACROPHALY** | Rickets, Nutritional | Endocrine | Rickets | DT P K | Written-Oral |
| **MICRO-MACROPHALY** | Intrauterine Infections | Multisystem | Intrauterine Infections | PreD P | Written-Oral |
| **MICRO-MACROPHALY** | Congenital MetabolicDiseases | Multisystem | 1. Congenital Metabolic Diseases-1,2
2. Neurodegenerative and Neurometabolic Diseases
 | PreD P | Written-Oral |
| **MICRO-MACROPHALY** | Neurocutaneous Diseases | Multisystem | 1. Neurocutaneous Diseases
2. Neuromuscular Diseases
 | PreD | Written-Oral |
| **OEDEMA** | Urticaria and Angioedema | Multisystem | Oedema | DT E | Student Presentation |
| **OEDEMA** | Malnutrition | Multisystem | 1. Malnutrition-1,2
2. Oedema
 | DT P F  | 1. Written-Oral
2. Student Presentation
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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **OEDEMA** | Hypothyroidism | Endocrine | 1. Oedema
2. Hypothyroidism
 | DT F  | 1. Student Presentation
2. Written-Oral
 |
| **OEDEMA** | Chronic Renal Failure | Genitourinary | Oedema | D E P F | Student Presentation |
| **OEDEMA** | Heart Failure | Cardiovascular | 1. Oedema
2. Cardiac Murmurs And Extra Sounds
 | D E P F | 1. Student Presentation
2. Written-Oral
 |
| **OEDEMA** | Eclampsia, Preeclampsia,HELLP Syndrome | Genitourinary | Oedema | D E | Student Presentation |
| **OEDEMA** | Acute Glomerulonephritis | Genitourinary | Oedema | DE | Student Presentation |
| **OEDEMA** | Nephrotic Syndrome | Genitourinary | 1. Nephrotic Syndrome
2. Oedema
 | D | 1. Written-Oral
2. Student Presentation
 |
| **OEDEMA** | Liver Cirrhosis | Gastrointestinal | 1. Approach to liver enzyme elevation
2. Oedema
 | PreD | 1. Written-Oral
2. Student Presentation
 |
| **OEDEMA** | Deep Vein Thrombosis | Cardiovascular | Oedema | PreD P  | Student Presentation |
| **OEDEMA** | Amyloidosis | Multisystem | Oedema | PreD P | Student Presentation |
| **OEDEMA** | Chronic Glomerulonephritis | Genitourinary | Oedema | PreD | Student Presentation |
| **OEDEMA** | Lymphedema | Cardiovascular | Oedema | PreD | Student Presentation |
| **OEDEMA** | Chronic Venous Insufficiency | Cardiovascular | Oedema | PreD | Student Presentation |
| **LEARNING DISABILITIES** | Mental Retardation | Neural Behavior | Mental And Motor Development Retardation | Pre D P Fİ | Written-Oral |
| **COUMS** | Asthma | Respiration | Asthma and treatment-1,2 | DT E P F | Written-Oral |
| **COUMS** | Pertussis | Respiration | Pertussis, diphtheria, mumps | DT E P | Written-Oral |
| **COUMS** | Tuberculosis | Multisystem | Tuberculosis | DT P F | Written-Oral |
| **COUMS** | Gastro Esophageal Reflux | Gastrointestinal | Intestinal System Obstructive Diseases in Newborns and Children | DT | Written |
| **COUMS** | Gastro Esophageal Reflux | Gastrointestinal | Stomachache | PreD | Student Presentation |
| **COUMS** | Pneumonia | Respiration | Lower Respiratory Tract Infections 1,2 | DT P | Written-Oral |
| **COUMS** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
 | DT P | Written-Oral |
| **COUMS** | Bronchiolitis | Respiration | Lower Respiratory Tract Infections 1,2 | D E | Written-Oral |
| **COUMS** | Foreign Body /Aspiration | Multisystem | Approach to wheezing child | D E | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **COUMS** | Bronchiectasis | Respiration | Chronic lung diseases in childhood-1,2 | D P F | Written-Oral |
| **COUMS** | Interstitial LungDiseases | Respiration | Lower respiratory tract infections 1,2 | PreD | Written-Oral |
| **COUMS** | Pleural effusion,EmPQema | Respiration | Lower respiratory tract infections 1,2 | D | Written-Oral |
| **PARESTHESIA** | Guillain Barré Syndrome | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **PARESİS / PARALYSIS** | Cerebral Palsy | Neural Behavior | Cerebral Palsy | D | Written-Oral |
| **PARESİS / PARALYSIS** | Guillain Barré Syndrome | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **PELVIC PAIN** | Urinary System StoneDisease | Genitourinary | Urinary System Stone Disease | D E | Written-Oral |
| **PETECHIA, PURPURA, ECHIMOSIS** | Sepsis andMeningitis in newborn | Multisystem | Neonatal sepsis | E | Written-Oral |
| **PETECHIA, PURPURA, ECHIMOSIS** | Abuse | Multisystem | Child Abuse | PreD P F | Written-Oral |
| **PETECHIA, PURPURA, ECHIMOSIS** | Leukemias | Hematopoietic | Leukemias-1 (ALL)Leukemias-2 (AML VE MDS) | DT | Written-Oral |
| **PETECHIA, PURPURA, ECHIMOSIS** | Aplastic Anemia | Hematopoietic | Congenital and Acquired Bone Marrow Failure andAutoimmune Hemolytic Anemia | E | Written-Oral |
| **PETECHIA, PURPURA, ECHIMOSIS** | Bleeding Diathesis and Hemophilia | Hematopoietic | 1. Bleeding-clotting disorders-1,2
2. Nose bleeding
 | E | Written-OralStudent presentation -Nose bleeding |
| **POLYDIPSY** | Diabetes Mellitus | Endocrine | 1. Diabetes Mellitus
2. Ketoacidosis
 | DT P F | Written-Oral |
| **POLYURIA** | Diabetes Mellitus | Endocrine | 1. Diabetes Mellitus
2. Ketoacidosis
 | DT P F | Written-Oral |
| **POLLACURIA / NOCTURIA** | Diabetes Mellitus | Endocrine | 1. Diabetes Mellitus
2. Ketoacidosis
 | DT P F | Written-Oral |
| **POLLACURIA/ NOCTURIA** | Heart Failure | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **PUBERTY DISORDERS****(Early Late)** | Pituitary Disorders | Endocrine | Adolescence Development, Early and Delayed Adolescence-1,2 | PreD | Written-Oral |
| **PUBERTY DISORDERS****(Early Late)** | Chromosome Diseases(Common) | Multisystem | Adolescence Development, Early and Delayed Adolescence-1,2 | PreD | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **PUBERTY DISORDERS****(Early Late)** | Congenital AdrenalHyperplasia | Endocrine | Adolescence Development, Early and Delayed Adolescence-1,2 | PreD | Written-Oral |
| **PUPIL CHANGES** | Cardiopulmonary arrest | CardiovascularRespiration | 1. Basic and Advanced Life Support 1,2
2. Neonatal Resuscitation-1,
 | DT E | Written-Oral |
| **HAIR LOSS** | Malnutrition | Multisystem | Malnutrition-1,2 | DT P F | Written-Oral |
| **HAIR LOSS** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **HAIR LOSS** | Sijin and soft tissue infections | Skin and soft tissue | Salmonella and shigella infections | DT | Written-Oral |
| **HAIR LOSS** | Malabsorption | Gastrointestinal | Chronic Diarrhea | PreD | Written-Oral |
| **HAIR LOSS** | Hyperthyroidism | Endocrine | Hyperthyroidism | PreD | Written-Oral |
| **JAUNDICE** | Acute Hepatitis | Gastrointestinal | Approach to liver enzyme elevation | DT | Written-Oral |
| **JAUNDICE** | Jaundice in newborns | Multisystem | Neonatal jaundice-1,2 | D P | Written-Oral |
| **JAUNDICE** | Liver Cirrhosis | Gastrointestinal | Approach to liver enzyme elevation | PreD | Written-Oral |
| **JAUNDICE** | Portal Hypertension | Gastrointestinal | Approach to liver enzyme elevation | PreD | Written-Oral |
| **JAUNDICE** | Hemolytic Anemia | Hematopoietic | 1. Congenital and Acquired Bone Marrow Failure and

Autoimmune Hemolytic Anemia1. Hemoglobinopathies (Thalassemia, Sickle cell

anemia)1. Jaundice in newborn
2. Neonatal jaundice-1,2
 | PreD | Written-OralStudent presentation -Jaundice in newborn |
| **JAUNDICE** | Chronic Hepatitis | Gastrointestinal | Approach to liver enzyme elevation | PreD | Written-Oral |
| **JAUNDICE** | Hemolytic Uremic Syndrome/Thrombotic ThrombocytopenicPurpura | Multisystem | Hemolytic Uremic Syndrome | PreD | Written-Oral |
| **SYNCOPE** | Paralysis | Neural Behavior | Syncope And Sudden Deaths | D E P F | Written-Oral |
| **SYNCOPE** | Cardiopulmonary arrest | CardiovascularRespiration | 1. Basic and Advanced Life Support 1,2
2. Neonatal Resuscitation-1,2
3. Syncope And Sudden Deaths
 | DT E | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **SYNCOPE** | Hypoglycemia | Endocrine | 1. Metabolic Disorders in Newborns
2. Diabetic Mother Baby
3. Hypoglycemia
4. Critical Patient Approach
5. Syncope And Sudden Deaths
 | D E | Written-Oral |
| **SYNCOPE** | Heart Valve Diseases | Cardiovascular | 1. Cardiac Murmurs And Extra Sounds
2. Syncope And Sudden Deaths
 | PreD | Written-Oral |
| **SYNCOPE** | Conversation Disorder | Neural Behavior | Syncope And Sudden Deaths | PreD | Written-Oral |
| **SYNCOPE** | Heart Rhythm Disorders | Cardiovascular | 1. Arrhythmia-1.2
2. Cardiac Murmurs And Extra Sounds
3. Syncope And Sudden Deaths
 | PreD | Written-Oral |
| **SYNCOPE** | Temporary Ischemic Attack | Neural Behavior | Syncope And Sudden Deaths | PreD | Written-Oral |
| **HOARSENESS** | Gastro Esophageal Reflux | Gastrointestinal | Stomachache | PreD | Student Presentation |
| **HOARSENESS** | Upper Respiratory Tract Infections | Respiration | 1. Antibiotics-1,2
2. Upper Respiratory Tract Infections
3. Antiviral and Antiparasitic Drugs
 | DT P | Written-Oral |
| **HOARSENESS** | Head and Neck Cancers | Multisystem | 1. Swelling in the neck
2. Childhood oncological diseases-1,2
 | PreD | 1. Student presentation
2. Written-Oral
 |
| **CYANOSIS** | Asthma | Respiration | Asthma and treatment-1,2 | DT E P F | Written-Oral |
| **CYANOSIS** | Pertussis | Respiration | Pertussis, diphtheria, mumps | DT E P | Written-Oral |
| **CYANOSIS** | Heart Failure | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **CYANOSIS** | Foreign Body /Aspiration | Multisystem | Approach to wheezing child | D E | Written-Oral |
| **CYANOSIS** | Cardiopulmonary arrest | CardiovascularRespiration | 1. Basic and Advanced Life Support 1,2
2. Neonatal Resuscitation-1,2
 | DT E | Written-Oral |
| **CYANOSIS** | Asphyxia at Birth | Cardiovascular | Perinatal asphyxia | E P | Written-Oral |
| **CYANOSIS** | Respiratory Failure | Respiration | Critical Patient Approach | DT | Written-Oral |
| **CYANOSIS** | Heart Valve Diseases | Cardiovascular | Cardiac Murmurs And Extra Sounds | PreD | Written-Oral |
| **CYANOSIS** | Hemoglobinopathies | Hematopoietic | Hemoglobinopathies (Thalassemia, Sickle cellanemia) | PreD P | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **CYANOSIS** | Congenital HeartDiseases | Cardiovascular | 1. Asyanotic Heart Diseases
2. Cardiac Murmurs And Extra Sounds
 | DT E F | Written-Oral |
| **CYANOSIS** | Interstitial LungDiseases | Respiration | Lower respiratory tract infections 1,2 | PreD | Written-Oral |
| **STINGS (Insect) / BITES** | Anaphylaxis | Multisystem | Allergic Rhinitis, Atopic Dermatitis, Anaphylaxis-1,2 | DT | Written-Oral |
| **SPLENOMEGALY** | Tuberculosis | Multisystem | Tuberculosis | DT P F | Written-Oral |
| **SPLENOMEGALY** | SalmonellaInfections | Multisystem | Salmonella and shigella infections | DT P | Written-Oral |
| **SPLENOMEGALY** | Brusellosis | Multisystem | Brucella | DT P | Written-Oral |
| **SPLENOMEGALY** | Gastrointestinal SystemParasite infestation | Gastrointestinal | Parasite infestation | DT P | Written-Oral |
| **SPLENOMEGALY** | Hemoglobinopathies | Hematopoietic | Hemoglobinopathies (Thalassemia, Sickle cellanemia) | PreD P | Written-Oral |
| **SPLENOMEGALY** | Liver Cirrhosis | Gastrointestinal | Approach to liver enzyme elevation | PreD | Written-Oral |
| **SPLENOMEGALY** | Endocarditis | Cardiovascular | Myocarditis-Endocarditis- Pericarditis | PreD P | Written-Oral |
| **SPLENOMEGALY** | Portal Hypertension | Gastrointestinal | Approach to liver enzyme elevation | PreD | Written-Oral |
| **SPLENOMEGALY** | Hemolytic Anemia | Hematopoietic | 1. Congenital and Acquired Bone Marrow Failure and

Autoimmune Hemolytic Anemia1. Hemoglobinopathies (Thalassemia, Sickle cell

anemia)1. Jaundice in newborn
2. Neonatal jaundice-1,2
 | PreD | Written-OralStudent presentation -Jaundice in newborn |
| **SPLENOMEGALY** | MyeloproliferativeDiseases | Hematopoietic | Splenomegaly | PreD | Student presentation -Splenomegaly |
| **SPLENOMEGALY** | Leukemias | Hematopoietic | Leukemias-1 (ALL)Leukemias-2 (AML VE MDS) | DT | Written-Oral |
| **SPLENOMEGALY** | LymphoproliferativeDiseases | Hematopoietic | 1. Childhood oncological diseases-1,2
2. Swelling in the neck
 | PreD | Written-OralStudent presentation-Swelling in the neck |
| **STRIDOR** | Respiration in NewbornDifficulty | Respiration | Pathologies Requiring Surgery in the Head, Neck and Respiratory Tracts in Children | E | Written |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **STRIDOR** | Respiration in NewbornDifficulty | Respiration | Respiratory distress in the newborn | E | Written-Oral |
| **STRIDOR** | Allergic Reaction | Multisystem | Allergic Reaction | D | Student Presentation |
| **TETANY** | Rickets, Nutritional | Endocrine | Rickets | DT P | Written-Oral |
| **TETANY** | Metabolic in NewbornDisorders | Multisystem | Metabolic disorders in newborns | D E P | Written-Oral |
| **TETANY** | Tetanus | Multisystem | Tetanus | D E P | Written-Oral |
| **TETANY** | hypoparathyroidism | Endocrine | Parathyroid Diseases | PreD | Written-Oral |
| **TREMOR** | Hyperthyroidism | Endocrine | Hyperthyroidism | PreD | Written-Oral |
| **TREMOR** | Guillain Barré Syndrome | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **FORGETFULNESS** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **SLEEP PROBLEMS** | Hypothyroidism | Endocrine | Hypothyroidism | DT F | Written-Oral |
| **URINARY INCONTİNENCE** | Diabetes Mellitus | Endocrine | 1. Diabetes Mellitus
2. Ketoacidosis
 | DT P F | Written-Oral |
| **URINARY INCONTINENCE** | Urinary SystemInfections | Genitourinary | Diseases That Require Surgical Correction of urinary system in children  | D P | Written |
| **URINARY INCONTINENCE** | Guillain Barré Syndrome | Neural Behavior | Neuromuscular Diseases | PreD | Written-Oral |
| **BURN** | Dehydration | Multisystem | Critical Patient Approach | DT | Written-Oral |
| **BURN** | Shock | Multisystem | Critical Patient Approach | DT E | Written-Oral |
| **BURN** | Sepsis | Multisystem | Critical Patient Approach | D E | Written-Oral |
| **POISONINGS** | Gastroenteritis | Gastrointestinal | Poisonings | D E | Written-Oral |
| **POISONINGS** | Cognitive Disorders(Dementia, Delirium) | Neural Behavior | Poisonings | D E | Written-Oral |
| **POISONINGS** | Fluid and Electrolyte (Sodium, Potassium, Calcium, Magnesium, Phosphorus) BalanceDisorders | Multisystem | 1. Fluid, Electrolyte, Acid Base Disorders-1,2,3
2. Critical Patient Approach
3. Poisonings
 | D E | Written-Oral |
| **POISONINGS** | Acute Renal Failure | Genitourinary | Poisonings | D E P | Written-Oral |

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| **SYMPTOMS/CONDITIONS** | **CORE DISEASES****/ CLINICAL PROBLEMS** | **ORGAN SYSTEM** | **PHASE 4 COURSE NAME** | **LEARNING****LEVEL** | **MEASURING-****ASSESSMENT** |
| **POISONINGS** | Acute Hepatitis | Gastrointestinal | 1. Approach to liver enzyme elevation
2. Poisonings
 | DT | Written-Oral |
| **POISONINGS** | Sudden Death | Multisystem | Poisonings | D E | Written-Oral |
| **POISONINGS** | Food Poisoning | Multisystem | 1. Acute Diarrhea
2. Poisonings
 | DT | Written-Oral |
| **POISONINGS** | ARDS | Respiration | Poisonings | E | Written-Oral |
| **POISONINGS** | Coma | Multisystem | Poisonings | E | Written-OrEl |
| **POISONINGS** | hemolytic anemia | Hematopoietic | Poisonings | PreD | Written-OrEl |

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| **LEERNING****LEVEL** |  |
| **E** | Shall recognize the emergency and be able to make emergency treatment, if necessary, to refer to the specialist. |
| **PreD** | Shall establish a working diagnosis and implement essential inital procedures refer to the specialist. |
| **D** | Shall establish the diagnosis and have knowledge about the treatment and should refer to the specialist by making the necessary preliminary procedures. |
| **DT** | Shall establish the diagnosis and treat the disease/condition. |
| **F** | Shall provide a long-term follow-up and management of the disease /condition. |
| **P** | Shall apply preventive measures (appropriate one (s) of primary, secondary, tertiary protection) |

**CHILD HEALTH AND DISEASES CLERCKSHİP BASIC MANAGEMENT PRACTICES**

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| **PROCEDURE** | **PROCEDURE NAME** | **PHASE 4 COURSE NAME** |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Anthropometric measurements | **Skills Lesson**Physical Measurement and Evaluation of Growth on Percentiles |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Head and neck and ENT examination | Head and Neck Examination |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Abdominal examination | Intestinal Seen in Newborns and ChildrenSystem Obstructive Diseases |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Abdominal examination | Survival Principles in Children and Children in SocietyHealth Criteria |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Assessment of consciousness andmental state examination | 1. Critical Patient Approach
2. Basic and Advanced Life Support 1,2
 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Child and newbornExamination | Childhood Tumors |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Skin examination | Blood transfusion |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | General condition and vitalevaluation of findings | Vital findings (fever, pulse, number of breathing),Heel blood removal, Autoscopic examination |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Eye, fundus examination | Motor-mental development in children,approach to convulsion patient, approach to coma patient, Hypotonic baby, Fundus examination |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Cardiovascular systemExamination | 1. Circulatory System Inspection
2. Critical Patient Approach
3. Basic and Advanced Life Support 1,2
4. ECG Assessment in Children
 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Musculoskeletal system examination | Skin, Lymph Nozzly, Extremity Examination |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Respiratory examination | 1. Respiratory Examination
2. Critical Patient Approach
3. Basic and Advanced Life Support 1,2
 |
| **GENERAL AND PROBLEM****ORIENTED PHYSICAL EXAMINATION** | Urological examination | Genitourinary System Examination |
| **LABORATORY TESTS AND OTHER RELATED PROCEDURES** | ECG withdrawal andability to evaluate | ECG shooting, reading ECG |
| **LABORATORY TESTS AND OTHER RELATED PROCEDURES** | To be able to measure blood sugar with glucose andevaluation | Physics Measurement and PercentilesEvaluation of Growth, Blood Sugar Measurement |
| **LABORATORY TESTS****AND OTHER RELATED TRANSACTIONS** | For laboratory inspectionbe able to fill out the request form | Critical Patient Approach |
| **LABORATORY TESTS AND OTHER RELATED PROCEDURES** | Peripheral propagationand the ability to evaluate | Hemogram evaluation, Peripheral disseminationpreparing and evaluating |
| **LABORATORY TESTS AND OTHER RELATED PROCEDURES** | Evaluation of results of screening and diagnostic examination | Neonatal Screenings |
| **INVASIVE AND NONINVASIVE PROCEDURES** | "Airway" app | 1. Critical Patient Approach
2. Basic and Advanced Life Support 1,2
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| **PROCEDURES** | **PROCEDURES NAME** | **PHASE 4 COURSE NAME** |
| **INVASİVE AND NONINVASİVE PROCEDURES** | Ability to monitor growth and development in children (percentile curves, Tannerstaging) | Physics Measurement and PercentilesEvaluation of Growth, Blood Sugar Measurement |
| **INVASİVE AND NONINVASİVE PROCEDURES** | ability to defibrillate | 1. Basic and Advanced Life Support 2
2. Pediatric Cardiology Practice
 |
| **INVASİVE AND NONINVASİVE PROCEDURES** | Intubation | Basic and Advanced Life Support 1,2 |
| **INVASİVE AND NONINVASİVE PROCEDURES** | Evaluation of Glasgow coma scale | Critical Patient Approach |
| **INVASİVE AND NONINVASİVE PROCEDURES** | The patient isbe able to move | Basic and Advanced Life Support 1,2 |
| **INVASIVE AND NONINVASIVE PROCEDURES** | To be able to give the patient a coma position | Basic and Advanced Life Support 1,2 |
| **INVASIVE AND NONINVASIVE PROCEDURES** | Ability to remove foreign body in the airwaywith proper manoeuvre | Basic and Advanced Life Support 1,2 |
| **INVASIVE AND NONINVASIVE PROCEDURES** | Ability to insert a urine catheter | 1. Lumbar puncture, NGS fitted, gastric lavage, urine probe fitted
2. Urine Culture Acquisition and Evaluation
 |
| **INVASIVE AND NONINVASIVE PROCEDURES** | Ability to provide advanced life support | Basic and Advanced Life Support 1,2 |
| **INVASIVE AND NONINVASİVE PROCEDURES** | Able to measure blood pressure  | Introduction of blood pressure meter, Urine culturereceiving and evaluating, Blood gasAssessment |
| **INVASIVE AND NONINVASİVE PROCEDURES** | Ability to take capillaries blood sample | Vital findings (fever, pulse, number of breathing), Heel blood removal, Autoscopic examination |
| **INVASIVE AND NONINVASIVE PROCEDURES** | Gastric lavage | Lumbar puncture, NGS fitted, gastric lavage, urine probe fitted |
| **INVASIVE AND NONINVASIVE PROCEDURES** | Ability to apply oxygen and inhaler theraPQ | 1. Critical Patient Approach
2. Basic and Advanced Life Support 1,2
 |
| **INVASIVE AND NONINVASIVE PROCEDURES** | Ability to apply pulse oximetry andability to evaluate | 1. Critical Patient Approach
2. Basic and Advanced Life Support 1,2
 |
| **INVASIVE AND NONINVASIVE PROCEDURES** | Suprapubic bladder puncture | Urine Culture Acquisition and Evaluation |
| **INVASIVE AND NONINVASİVE PROCEDURES** | Providing basic life support | Basic and Advanced Life Support 1,2 |

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| **PROCEDURE** | **PROCEDURE NAME** | **PHASE 4 COURSE NAME** |
| **INVASIVE AND NONINVASİVE PROCEDURES** | Ability to take heel blood | Vital findings (Fever, Pulse, Respiratory Count), Heel Blood Removal, Autoscopic Examination |
| **INVASIVE AND NONINVASİVE PROCEDURES** | Neonatal resuscitation | Neonatal Revival |
| **PROTECTIVE GOVERNMENT AND COMMUNITY** **PROCEDURES** | Emergency aidorganize | Basic and Advanced Life Support 1 |
| **PROTECTIVE GOVERNMENT AND COMMUNITY** **PROCEDURES** | To be able to carry out immunization services | Vaccine procedures and Storage |
| **PROTECTIVE GOVERNMENT AND COMMUNITY** **PROCEDURES** | To be able to teach the correct breastfeeding methods | Breast pumping, Breastfeeding Counseling |

**CHILD HEALTH AND DISEASES CLERCKSHİP MEASUREMENT AND EVALUATION METHODS**

10% of the quiz exam, 10% of the Core exam, 5% of the student presentations, 35% of the written exam and

40% of the oral exams are taken and the total score of the students is calculated.

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| **Exam Type** |  **Percentage** |
| **Quiz Exam** | 10% |
| **Core Exam** | 10% |
| **Student Presentation** | 5% |
| **Multiple Choice Exam** | 35% |
| **Structured Oral Exam** | 40% |

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| **Lesson** | **Subject** |
| **Case-Based Learning** | NEWBORN JAUNDİCE |
| COUMS |
| WHEEZING |
| FEVER |
| ANEMIA |
| NOSE BLEEDİNGS |
| SHORT STATURE |
| PUBERTY DISORDER |
| SORE THROAT |
| VOMITING |
| ABDOMINAL PAIN |
| ARTHRITIS |
| FAILURE TO THRIVE |
| EXCESSIVE CRYING |
| ALTERED STATE OF CONSCIOUSNESS |
| CONVULSIONS |

**RECOMMENDED RESOURCES FOR CHILD HEELTH END DISEASES CLERCKSHİP**

1. Neslon Textbook of Pediatrics, 20th edition, 2016.
2. Principles of PediEtrics, Ed: Prof. Dr. Tulay Erkan, Prof. Dr. Tufan Kutlu, Prof. Dr. Mehmet

Satar, Prof. Dr. Emin Ünüvar 2017.

1. Uptodate.com