

**T.C.**

**ISTANBUL MEDIPOL UNIVERSITY**

**INTERNATIONAL SCHOOL OF MEDICINE**



**RESPIRATORY AND CIRCULATORY BLOCK CLERKSHIP GUIDE**

**2021 - 2022**

**CLERKSHIP DESCRIPTION**

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| **Education Period** | Year IV |
| **Clerkship Duration** | 8 weeks |
| **Training Place** | Medipol Mega University Hospital |
| **Instructors** | * Prof. Dr. Erdogan KUNTER
* Prof. Dr. Kürşat ÖZVARAN
* Prof. Dr. Mehmet Zeki GÜNLÜOĞLU
* Prof. Dr. Mehmet BAYRAM
* Prof. Dr. Mohammed Emin AKKOYUNLU
* Prof. Dr. Bilal BOZTOSUN
* Prof. Dr. İrfan BARUTÇU
* Prof. Dr. Dursun DUMAN
* Prof. Dr. Fethi KILIÇASLAN
* Prof. Dr. Zekeriya NURKALEM
* Prof. Dr. Aydın YILDIRIM
* Assoc. Professor Ozgur Ulaş ÖZCAN
* Assoc. Professor Ekrem GÜLER
* Assoc. Professor Ibrahim Oguz KARACA
* Assoc. Professor Filiz Kizilirmak
* Assoc. Professor Haci Murat GÜNEŞ
* Assoc. Professor Beytullah ÇAKAL
* Assoc. Professor Günhan Gültekin Demir
* Dr. Lecturer Member Abdullah KANSU
* Dr. Lecturer Member Mustafa DÜGER
* Dr. Lecturer Member Arzu Yildirim
* Dr. Lecturer Member Fatih Erkam Olgun
* Dr. Lecturer Member Hanife Memet Genç
* Dr. Lecturer Member Yeliz Guler
* Dr. Lecturer Member Zeynep Kansu Eğri
 |
| **The Head Instructor** | * Prof. Dr. Mehmet Bayram
* Assoc. Professor Ozgur Ulaş ÖZCAN
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**The aim of the Clerkship**

The goal of the block is to have an understanding of clinical findings, laboratory parameters, diagnosis, differential diagnosis, and treatment of diseases of the respiratory and circulatory systems, to manage emergencies, and to organize protective strategies. Similarly, we aimed to provide students with knowledge of respiratory tract pathologies and cardiovascular system diseases, which are common and significant causes of morbidity and mortality, and to train them to diagnose and treat these diseases at the primary health care level, perform emergency intervention, refer them to a hiMSer-level institution when necessary, and provide advice on prevention methods and risk factors. We also aimed to train students to become scientific thinkers in the field of medicine

**Learning Methods**

* Theoretical Course (Online – Face-to-Face Training)
* Model Application
* Per Patient Service/ Outpatient/ Sleep Laboratory/ Respiratory Function Tests/ BronchoscoPQ/ Non-Invasive Ventilation/Allergy Laboratory Trainings/Catheter Laboratory/Coronary Intensive Care Trainings/ Electrocardiography/Echocardiography/Defibrillator Use

• Case-based learning/Interactive Group Study/Literature Review

**Brief of the Block**

In the internship block of 8 weeks, after 60 hours of theoretical training in the departments of chest diseases and cardiology, outpatient, skill training, case-based training, interactive group work, and per-patient trainings are given.

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| **2 weeks** | **2.5 Weeks** | **2.5 Weeks** | **1 Week** |
| **Theoretical training****ALL GROUPS** | **Group A Cardiology****Practical Training** | **Group B Cardiology****Practical Training** | * **Theoretical exam**
* **OSCE**
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| **Group B Cardiology****Practical Training** | **Group A Cardiology****Practical Training** |

**RESPIRATORY CIRCULATION BLOCK CLERKSHIP LEARNING GOALS**

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| **Physical Examination in Chest Diseases** | Information: Understands how to conduct an accurate and orderly physical examination in cases of chest diseases. Recognizes disease physical examination findings and distinguishes between normal and pathological findings. | 2 hours |
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| Skill: can perform physical examination (Level 2). Thoracic inspection, palpation, percussion, osculation and distinguishes pathological findings. Establishes a link to lung pathology that causes physical examination findings (Level 3). |
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| **Diagnostic Methods in Chest Diseases** | counts and identifies the diagnostics methods in chest diseases | 2 hours |
| **Diagnosis and Treatment of Asthma** | It defines asthma, explains its basic elements. | 1 hours |
| It counts the risk factors and asthma attack triggers that play a role in the development of asthma. |
| Recognizes asthma symptoms. |
| Describes the clinical and laboratory parameters used in the diagnosis of asthma. |
| It counts diseases that can be misdiagnosed as with asthma and accompany asthma. |
| Describes the principles of chronic asthma treatment. |
| Counts the groups of controlling and symptom-relieving drugs used to treat asthma. |
| Arranges theraPQ according to step treatment in asthma |
| knows the techniques of inhaler drugs used in asthma. |
| **COPD Diagnosis Treatment**  | Information: Counts the factors that contribute to COPD. It refers to the symptoms and signs of COPD. Understands the methods used to diagnose COPD. Understands COPD treatment methods  | 2 Hours |
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| Attitude: Describes the relationship of tobacco products with COPD, knows the effect of moving away from tobacco products in the prevention of COPD, and is eager to advise all the patients he will encounter about avoiding tobacco products. |
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| Skill: Performs and interprets the respiratory function test (Level 2). |
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| **Respiratory Function Test**  | Classifies spirometry tests. | 2 Hours |
| knows indications of spirometry. |
| distinguishes obstructive and restrictive disorders according to spirometry results. |
| Interprets spirometry results. |
| Knows how to perform Peak flow measures. |
| Does a spirometry test. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| **Respiratory Failure**  | Info: Classifies respiratory failure. Explains the physiopathology of respiratory failure. He diagnoses respiratory failure. knows how to treat respiratory failure. | 1 Hours |
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| Skill: Provides emergency therapy to a patient with respiratory failure. |
| **Pulmonary Hypertension**  | Knows the classification of pulmonary hypertension. Explains the etiopathogenesis of pulmonary hypertension. Explains how to diagnose pulmonary hypertension. Knows how to treat patient with pulmonary hypertension. | 1 Hours |
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| Skill: Performs a 6-minute walking test. (Level 3) |
| **Vasculitis and Respiratory System**  | Information: Classifies vasculitis. Makes a differential diagnosis of vasculitis. Knows how to diagnose vasculitis. Knows how to treat vasculitis. | 1 Hours |
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| **Acid and Base Metabolism Disorders** | Understands the normal and abnormal levels of gases in the blood, the meanings of these levels. | 2 Hours |
| Understands how acid-base balance disorders are diagnosed, learns how to obtain samples for blood gases analysis. |
| **Sarcoidosis** | Info: Knows the definition of sarcoidosis. Defines and recognizes physical examination findings. Stages the patient diagnosed with sarcoidosis. Learns about the treatment of sarcoidosis. Knows the management of complications of sarcoidosis and directs them to the necessary branches. | 1 Hours |
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| Skill: recognizes, stages, sarcoidosis disease, necessary treatment; (Level 1). Knows the management of complications of the disease and refers to the necessary clinics (Level 1). |
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| **Lung Cancers**  | Knows the causes of lung cancer  | 2 hours |
| Describes the techniques used in the diagnosis and treatment of lung cancer. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| **Diagnosis and Treatment of Pneumonia** | Info: knows the risk factors of pneumonia. Classifies pneumonia, refers to the symptoms and symptoms caused by pneumonia. Knows the methods used for the diagnosis of pneumonia. Knows the treatment methods of pneumonia  | 2 Hours |
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| Attitude: Describes the relationship of health care workers and the hospital environment with pneumonia, knows the methods to be applied in the prevention of pneumonia, and is eager to advise all patients at risk of pneumonia on prevention and vaccination and hygiene. |
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| **Sleep Breathing Disorders**  | It makes a preliminary diagnosis, performs the necessary preliminary procedures and directs it to the specialist. | 1 Hours |
| **Pulmonary Embolism Diagnosis and Treatment** | Knowledge: It counts what the factors that cause pulmonary embolism are. It refers to the symptoms and symptoms caused by pulmonary embolism. Pulmonary embolism knows the methods used for diagnosis. Pulmonary embolism knows the treatment methods and in which cases which method is suitable.  | 2 Hours |
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| Attitude: Describes the relationship of acquired or hereditary thrombosis factors with pulmonary embolism, knows themethods to be applied in the prevention of pulmonary embolism,  |
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| **Bronchiectasis** | Defines bronchiectasis. | 1 Hours |
| Counts the reasons. |
| Recognizes its symptoms and symptoms. |
| Recognizes radiological findings. |
| Knows the methods of treatment. |
| Defines abscesses. |
| Counts the predisposed factors. |
| Recognizes its symptoms and symptoms. |
| Recognizes radiological findings. |
| **Pneumothorax** | Describes the possibility of mortality of pneumothorax, symptoms and symptoms, emergency treatment methods. | 1 Hours |
| recognizes pneumothorax on chest X-ray. |
| Explains how to perform thoracentesis in case of emergency and, if necessary, to insert a chest tube in case of emergency. |
| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| **Diffuse parenchymal lung diseases** | Counts what conditions cause diffuse parenchymal lung diseases. describes the symptoms and symptoms related with diffuse parenchymal lung diseases. Knows the methods used to diagnose diffuse parenchymal lung diseases. Knows the methods of treatment of lung diseases  | 2 Hours |
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| Attitude: Describes the relationship of occupations, various diseases, environmental factors and drugs with diffuse parenchymal lung diseases, knows the effect of moving away from the environmental factors that cause this disease in the prevention of lung diseases, and is eager to advise the patients he will encounter about avoiding various environmental factors that cause diffused lung disease. |
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| Skill: Performs a 6-minute walking test (Level 2), interprets the diffusion test. (Level 2) |
| **Chest Traumas** | Describes the most common thoracic traumas, their risks, treatment methods, and how to perform emergency treatments in primary care. | 1 Hours |
| **Chest Diseases Emergencies**  | Information: Counts what chest emergencies are, refers to the condition's symptoms and symptoms. Knows the methods used for diagnosis in chest emergencies, as well as the treatment methods and which methods are appropriate in which cases. refers the patient to the appropriate clinic | 1 Hours |
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| Skill: Recognizes chest disease emergencies (Level 1). Knows how to respond to an emergency and intervenes and/or seeks assistance from the necessary branch (Level 2). |
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| **Tuberculosis** | Information: Recognizes tuberculosis symptoms and radiological laboratory findings. Starts and continues the treatment (Level 1). | 2 Hours |
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| Skill: Diagnoses tuberculosis, knows how to treat it, and initiates treatment (Level 1). |
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| **Pleura Diseases**  | Defines pleurisy. | 2 Hours |
| Classifies the pleurisy. |
| Recognizes the symptoms of pleurisy. |
| Describes the clinical and laboratory parameters used in pleurisy diagnosis. |
| Organizes and monitors treatment in accordance with the pleurisy diagnosis. |
| **Pulmonary Edema** | Treats ARDS and pulmonary edema in an emergency. | 1 Hours |
| Treats ARDS and pulmonary edema and, where necessary, refers patients to the appropriate specialist. |
| **Occupational Diseases** | Information: understands the definition of occupational diseases and can differentiate them from other illnesses. is aware of the treatment Knows how to protect oneself from occupational diseases. | 1 Hours |
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| Skill: Recognizes occupational diseases (Level 1) and refers them to a hiMSer level of care. |
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| **Lung Radiology** | Information: Recognizes abnormal radiological pictures and recognizes that the lung film is taken in the inspirium, symmetrically and in appropriate doses. | 2 Hours |
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| **Sleep Apnea Syndrome** | Knows the factors that cause sleep apnea syndrome. Knows the signs and symptoms of apnea syndrome. Understands the procedures for diagnosing sleep apnea syndrome. understands the various treatment options for sleep apnea condition and when each is appropriate. | 1 Hours |
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| Skill: knows the polysomnography instrument (Level 1) |
| **Respiratory Function Tests** | Categorizes the results of pulmonary function testing. Is aware of the indications for spirometry. Based on the results of spirometry, he distinguishes between obstructive and restrictive diseases. Interprets the findings of spirometry tests. | 1 Hours |
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| Skill: Measures Peak flow. (Level 3) He can perform a spirometry test. (Level 3) |
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| **Symptoms in Chest Diseases** | Information: Recognizes and describes the symptoms of major pathologies of chest diseases. Distinguishes from other system symptoms. | 2 Hours |
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| Skill: Recognizes and describes lung-related symptoms (Level 2). |
| **Noninvasive Mechanical Ventilation in Chest Diseases** | It defines the NMV, understands the differences from imp. | 1 Hours |
| Learns at what stage of respiratory failure it is used and what kind of masks it is applied with. |
| Learns about indications and contraindications, learns that there is a treatment process that prevents the path to it, not an alternative to IMV. |
| Distinguishes BPAP and CPAP devices, understands which diseases and with which pressure settings are most commonly applied, and the importance of ABG in monitoring and titration. |
| **Pulmonary Interventional Diagnostic Methods** | Counts and explains the different types of interventional diagnostic procedures. | 1 Hours |
| Understands the indications and contraindications for thoracentesis and pleura biopsy, as well as how the patient is prepared for all interventional procedures  |
| Knows that bronchoscopy is the most widely used interventional diagnostic method in chest diseases and counts bronchoscopic procedures, understands the distinctions and application sites of bronchoscopy, such as rigid or flexible bronchoscopy |
| He becomes aware of other diagnostic methods such as TTNAB and Tru-cut biopsy and learns their qualities in peripheral lesions that cannot be addressed by bronchoscopy. |
| **Respiratory System Examination** | In chest diseases patients, the approach to the patient receives anamnesis and explains the principles of physical examination. | 2 Hours |
| In terms of lungs, each patient knows the findings of normal and abnormal physical examination. |
| Performs a physical examination of the lung systematically. |
| Does lung inspection, palpation, percussion and osculation correctly; learns the findings of normal and pathological examination. |
| **Pulse oximeter-6 Minute Walking Test** | Knows the purpose for which the oximeter device is used.  | 2 Hours |
| Knows how to use an oximeter device. Notices the values it considers abnormal in device use. |
| Knows situations where the use of the device will not be inadequate or convenient. |
| Knows the purpose of the 6-minute walking test.  |
| Explains how to do the 6-minute walking test.  |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Introduction to Cardiovascular System Diseases and Epidemiological Data | Can describe the incidence of important cardiovascular diseases such as atherosclerotic disease, heart failure, hypertension in our country and in the world, the rate of increase, the general measures taken for prevention. | 1 hours |
| Anamnesis and Physical Examination in Cardiovascular System Diseases | Can name the symptoms and symptoms of diseases of the basic cardiovascular system. | 2 hours |
| Can count the basic diseases related to the symptom given to them as an example and explain which symptoms and symptoms will lead to the differential diagnosis. |
| By combining several symptoms, can obtain a preliminary diagnosis of diseases of the basic cardiovascular system. |
| Tell about arterial pulse examination and venous system evaluation and show it to someone else. |
| Classify and describe the findings of cardiovascular inspection, palpation and osculation. Can perform an examination of the cardiovascular system alone. |
| Anamnesis and Physical Examination in Cardiac Patient(bedside training) | Patients in coronary intensive care unit receive anamnesis on their own and he can explain their questioning together with their purpose. | 1.5 hours \* 2 group |
| Can perform cardiovascular system examination and hemodynamic evaluation with all their elements and can list the physiological and pathological findings they find.  |
| Peripheral Vascular Diseases | Can explain the mechanisms and risk factors of the formation of peripheral vascular diseases. | 2 hours |
| Identifies common causes of obstruction in the arteries of the brain, lower extremities, kidney and other organs; in order of examinations performed for them. |
| Can explain the clinical findings of acute artery obstruction, the principles of urgent examination and treatment. |
| Atherosclerosis Risk Factors, Definition, Process, and Formation | Can identify normal artery structure and functions. | 1 hours |
| Can count the steps related to the onset of atherosclerosis. |
| Can list the risk factors that cause atherosclerosis. |
| Can describe the risk factors of atherosclerosis. |
| Atherosclerosis Process Chronic Ischemic Heart Disease Diagnosis and Treatment Approaches | Can identify clinical manifestations of stable ischemic heart disease. | 1 hours |
| May explain the pathophysiology of stable ischemic heart disease.  |
| Can count the non-invasive and invasive tests for stable ischemic heart disease.  |
| Discuss medical and percutaneous treatment options for stable ischemic heart disease. |
| Catheter Laboratory Visit and Patient Preparation(bedside training) | Can count the preparation and process steps for coronary angiography and explain the logic of multiplanar examination and contrast imaging. | 1.5 hours \*2 group |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Acute Coronary Syndromes | Can classify acute coronary syndromes according to their formation mechanisms. | 2 hours |
| By combining basic examinations with clinical findings, can go to diagnosis and count the diseases that should be considered in differential diagnosis. |
| Can explain the clinical approach to the patient who presents to the emergency room with possible acute coronary syndrome and plan examination. |
| Can offer advice on secondary protection for patients who have had an acute coronary syndrome and are in the process of getting back to normal life. |
| Can explain the theraPQ that will be used during the first intervention in acute coronary syndromes, the principles of follow-up, and which of the interventional, thrombolytic, or other treatment options will be used for the ultimate treatment, as well as the time constraints. |
| Basic ECG Information | Can tell basic principles about how ECG waves are formed and what they indicate | 2 hours |
| Can specify technical aspect of obtaining a proper ECG |
| Can simply calculate electrical axis |
| Can identify normal sinus rhythm and distinguish abnormal rhythms |
| Can solve and name frequently observed tachycardia and bradycardia on ECG recordings |
| Can explain the mechanisms of ischemic ECG changes including ST segment alterations |
| Can identify and classify STEMI according to the localization of ST segment elevation |
| Approach to The Patient with Chest Pain and ECG Evaluation in Acute Coronary Syndrome | Can classify chest pain according to its characteristics. | 2 hours |
| Can refer to the concepts of rapid anamnesis and physical examination for the target. |
| Can count the basic laboratory tests that should be requested in the diagnosis. |
| can link laboratory data to the results of simple tests like ECGs and X-rays to diseases in the differential diagnosis |
| Can arrange for the immediate treatment of cardiac problems such pulmonary embolism and aortic dissection, particularly ACS. |
| Can communicate how to interact with patients and their families, as well as information approaches. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Chronic Heart Failure | Can count the main symptoms and symptoms of heart failure. | 1 hours |
| Can list the basic clinical conditions that pave the way for heart failure. |
| Can describe the pathophysiology, stages of development and compensation mechanisms of heart failure. |
| Can classify heart failure clinically and functionally. |
| Can identify clinical concepts other than the aforementioned classifications associated with heart failure (such as acute and chronic heart failure, riMSt and left heart failure, heart failure in which systolic functions are maintained or impaired). |
| Can provide advice on lifestyle changes, possible drug side effects, awareness of clinical deterioration in heart failure. |
| Can list clinical conditions that lead to decompression in a heart failure patient and configure the examination process for them. |
| Can count the main symptoms and symptoms of heart failure. |
| Acute Heart Failure and Cardiogenic Shock | Can classify acute heart failure according to hemodynamic data. | 1 hours |
| Can list which processes can cause acute heart failure. |
| According to hemodynamic data, it may explain which steps to follow in the emergency treatment of acute heart failure. |
| Identifies cardiogenic shock and can distinguish from other shock tables. |
| Can list the cardiac emergencies that cause cardiogenic shock most often. |
|  may explain the principles of treatment and support theraPQ for the underlying disease in cardiogenic shock. |
| Syncope | Can count the common causes of syncope and list malignant/benign causes. | 1 hours |
| Can express which examinations it will use when necessary to investigate syncope etiology. |
| Can list which core diseases or clinical conditions are associated with sudden cardiac death and count the risk markers of sudden death in some special diseases. |
| Pharmacological Agents Used in Cardiovascular Diseases | Can count the types of blood thinning treatments, their use, parameters that should be followed under treatment, significant side effects and drug interactions. | 1 hours |
| Can regulate the first treatment in chronic ischemic heart disease and acute coronary syndromes. |
| Can count the elements of regular treatment in chronic heart failure and regulate the first treatment in acute decompression. |
| Can count basic antiarrhythmic drugs, areas of use, parameters that should be followed under treatment, significant side effects and drug interactions. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Atrial Fibrillation |  may explain why atrial fibrillation is an important health problem that increases mortality and morbidity rates. | 1 hours |
| In atrial fibrillation, Can define speed control, rhythm control and anticoagulation strategies. |
| The new diagnosis defines the concepts of paroxysmal, persistent, permanent AF and can explain the differences between treatment strategies |
| Can describe the conditions under which medical or electrical cardioversion will be performed. |
| Interpretation of Chest X-ray and Echocardiographic Evaluation | Identifies the technical difference in tele cardiography and normal graphene | 1 hours |
| Can distinguish between teleradiograph findings of organic heart disease. |
| Defines the working mechanism and usage purposes of echocardiography. |
| Myocarditis and Cardiomyopathies | Cardiomyopathies classes | 1 hours |
| Can explain in what cases a family screening is required. |
| Can recognize cardiomyopathy by combining clinical and physical examination findings and simple examinations. |
| Can interpret cardiomyopathies in terms of risk of sudden death. |
| Can describe the definition of myocarditis and diagnostic methods. |
| In which clinical scenarios can it table that myocarditis is suspected. |
| Can classify myocarditis based on his clinical progress. |
| Blood Pressure Measurement and Diagnosis Process in Hypertensive Patient | Can describe the appropriate ambient conditions for blood pressure and how to prepare the patient and make the appropriate sleeve selection. | 2 hours |
| Can describe the blood pressure measurement steps and show them by applying them to each other or on the patient. |
| For patients with essential hypertension at different stages, Can give examples of appropriate lifestyle changes and arrange drug treatment. |
| Can explain the steps of examination and emergency treatment in the sample case that comes with hypertensive emergency.  |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Hypertension | Can identify hypertension and count their stages. | 2 hours |
| Can list the risk factors that cause hypertension and lifestyle changes that need to be made to protect against it. |
| Can explain concepts such as white coat hypertension, masked hypertension, dipper / non-dipper hypertension. |
| Can show by applying the blood pressure measurement technique. |
| Can explain concepts such as office measurement, home measurement, ambulatory blood pressure measurement and their contribution to the diagnostic process. |
| Recognize hypertensive emergencies, can describe the initial examinations that need to be performed, the strategy of gradual reduction and the pharmacological treatment steps used for this purpose. |
| Can convey what needs to be done in secondary protection. |
| Can count the basic principles of treatment, especially multi-benefit, and the main drug groups, important side effects and drug interactions. |
| Can list the basic diseases that have been diagnosed as secondary hypertension differentials and the first step examinations that need to be done to investigate them. |
| Plan monotherapy or combination therapy for hypertensive patient; Can evaluate the patient in terms of efficacy, possible side effects and drug interaction. |
| Pericardial Diseases | Can classify pericardial diseases. | 1 hours |
| Can identify acute pericarditis, count the laboratory tests to be requested and explain how to pre-diagnose with simple examinations in uncomplicated cases. |
| Can count possible tables that may cause chronic constrictive pericarditis and describe the clinical presentation of the patient. |
| Can list the clinical, physical examination and basic laboratory and imaging findings of pericardial tamponade. |
| The clinic recognizes buffering and can anticipate the urgent need for 1 pericardiocentesis. |
| Can count the obvious clinical characteristics of the most common primary cardiac tumors. |
| May explain the role of factors other than the characteristics of possible malignant/benign in the planning of surgical treatment. |
| Approach to The Patient with Shortness of Breath and Other Symptoms of Heart Failure | In the patient presenting with shortness of breath, he can count the diseases that enter the differential diagnosis in cardiovascular system diseases. | 2 hours |
| Can combine the different symptoms and symptoms necessary to make a different diagnosis. |
| Can explain the steps of targeted physical examination in accordance with the scenario. |
| Can explain how to approach acute heart failure in diagnosis and treatment according to hemodynamic data. |
| Counts the symptoms and symptoms of cardiac buffering, and pericardiocentesis can list the process steps. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Approach to a patient with Arrhythmia with ECG Samples | Patients who come to the emergency room with a rhythm disorder table in different scenarios can go to the preliminary diagnosis and count the first things to do in emergency treatment. | 2 hours |
| Can explain how and with what energy cardioversion / defibrillation should be applied in different tachyarrhythmia. |
| Can count temporary pacemaker indications and transcutaneous and transvenous temporary pacemaker placement steps. |
| Peri-arrest can refer to when cardiopulmonary resuscitation protocols should be introduced in arrhythmia. |
| Pulmonary Hypertension | Can make hemodynamic definition and classification of pulmonary hypertension. | 1 hours |
| They know the factors that prepare the ground and can tell the patient when to refer the patient to the specialist based on clinical findings in cases they suspect. |
| Tachyarrhythmia | classify tachycardia as supraventricular and ventricular tachycardia. | 1 hours |
| Atrial fibrillation can distinguish tachyarrhythmia such as atrial flutter from other SVTs. |
| Can count benign and malignant arrythmia. |
| Can recognize emergency tachyarrhythmia that require electrical treatment. |
| Can indicate the first treatment to be applied in the patient who arrives in the emergency room with tachyarrhythmia. |
| Bradyarrhythmia | Sinus bradycardia defines AV blocks, nodal and ventricular escape rhythms and sinusal pause. | 1 hours |
| Can count the characteristics of life-threatening compulsive AV block and escape rhythms and plan emergency treatment for them (including determining the need to insert a temporary transcutaneous or transvenous pacemaker when necessary). |
| Deep Vein Thrombosis and Pulmonary Embolism | Can list the factors that pave the way for deep vein thrombosis and pulmonary embolism. | 1 hours |
| Based on their clinical findings, Can predict the disease and draw the framework of the examinations to be requested. |
| Can recognize hiMS-risk patients for deep vein thrombosis and pulmonary embolism and determine the need for prophylaxis. |
| Can explain how long and with which drugs or interventions secondary protection will be performed in the individual diagnosed with deep vein thrombosis and pulmonary embolism. |
| Percutaneous Treatment Options in Structural Heart Diseases | Can list which parameters are used in the conformity assessment of the mitral balloon and the appropriate indications and contraindications. | 1 hours |
| Can count the indication and possible complications of transcutaneous Aortic Valve Replacement. |
| ASD, VSD, PDA can list which parameters can be evaluated in the decision of surgical /percutaneous treatment or follow-up in closure and possible complications. |

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| **Course Name** | **Learning Objective of the Course / Application** | **Course Time / Application Time** |
| Heart Valve Diseases | Can explain the anatomy and functional properties of the lid. | 2 hours |
| Can chart the epidemiology of valve disease and the most common causes of lesions in developed and developing countries.  |
| May explain the causes of symptom formation and progression of the scurness and inadequacies of mitral, tricuspids, aortic and pulmonary valves, basic physical examination findings and link them to abnormal findings in basic tests such as ECG and lung X-rays.  |
| Can refer to what characteristics are questioned in the follow-up of patients and how the frequency of follow-up is determined. |
| Can count which tokens are taken into account when determining the timing of the intervention and the special treatment alternatives for each lesion.  |
| Acute Rheumatic Fever and Infectious Endocarditis | Ara definition defines the prevalence and major and minor criteria used in diagnosis. | 1 hours |
| Defines ARF prophylaxis, explains to whom and for how long. |
| can explain IE findings, microorganisms and risk factors in etiology.  |
| Can count the abnormal laboratory – imaging findings detected in the diagnosis of IE. |
| can explain to whom, when and how prophylaxis will be performed.  |
| Identifies IE complications and can tell indications of surgical treatment. |
| defines the definition of ARF, the prevalence, and the major and minor diagnostic criteria |
| Aortic Dissection and Aortic Aneurysms | Can tell aortic anatomy. | 1 hours |
| Can identify and classify aortic diseases. |
| Can list the genetic and acquired factors that cause aortic diseases. |
| Can recognize aortic aneurysm and aortic dissection in line with targeted anamnesis and physical examination information. |
| Aortic aneurysm and aortic dissection can count treatment indications and surgical or percutaneous treatment alternatives according to anatomical placement.  |

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

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| **CLERKSHIP LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MANAGEMENT SKILLS** |
| **R1- Medical DoctorR2-Team EmployeeR3-CommunicaterR4-LiderR5-Health AdvocateR6-Scientist7-Professional** | **MS1- Analytical and Critical ThinkingMS2-Clinical Inquiry-ReasoningMS3-Problem SolvingMS4-Accessing and Using InformationMS5-Lifelong LearningMS6-Communication And Team Work** |
| He remembers the knowledge of anatomy, physiology, histology related to the respiratory system. | PQ1 | R1 |   |
| Explains the physiology, causes and relationships of respiratory system-related symptoms with other systems. | PQ1, PQ2 | RI, R7 | MS1, MS2, MS3 |
| Explains and interprets the common clinical, laboratory and pathological findings of Respiratory System Diseases. | PQ1, PQ2, PQ14 | RI, R7 | MS1, MS2, MS3, |
| Explains and implements measures to reduce the prevalence of lung cancer, asthma, COPD, tuberculosis diseases in society. | PQ1, PQ3, PQ4, PQ14 | R1, R3, R5 | MS4, MS5 |
| Lung cancer, bronchiectasis, pulmonary embolism, pleural effusion, diffused lung diseases, bone tumors, mediasten diseases, sleep disorders, vasculitis and allergic rhinitis are prediagnosed and diseases are prediagnosed with anamnesis, physical examination findings. | PQ1, PQ2, PQ5, PQ6 | R1 | MS1, MS2, MS3 |
| Respiratory System Explains the criteria for further examination and referral of diseases. | PQ1, PQ2, PQ5, PQ7, PQ12, PQ14 | R1,R7 | MS6 |

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| **CLERKSHIP LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MEDICAL SKILLS** |
| **R1- Medical DoctorR2-Team EmployeeR3-CommunicaterR4-LiderR5-Health AdvocateR6-Scientist7-Professional** | **MS1- Analytical and Critical ThinkingMS2-Clinical Inquiry-ReasoningMS3-Problem SolvingMS4-Accessing and Using InformationMS5-Lifelong LearningMS6-Communication And TeamWork** |
| Interpreting the results of diagnostic tests for COPD, asthma, tuberculosis, pneumonia, Myasthene and pneumothorax diseases, explains the risk factors, counseling and monitoring, and explains measures to reduce their frequency. | PQ, PQ3, PQ4, PQ5, PQ6, PQ7, PQ8, PQ9, PQ10, PQ14 | R1, R3, R7 | MS1, MS2, MS3, MS6 |
| Performs primary level monitoring of respiratory system diseases (asthma, COPD, embolism, pneumonia). | PQ1, PQ2, PQ3, PQ4, PQ14 | R1, R2 | MS4, MS6 |
| Should be a role model for society in terms of not smoking and embracing the necessity of smoking prevention. | PQ3, PQ8, PQ12, PQ14, PQ18, PQ19 | R4, R5 | MS4, MS6 |
| It selectively evaluates the diagnosis of asthma, COPD, pneumonia, tuberculosis diseases and plans its treatment within the scope of rational drug use principles. | PQ1, PQ2, PQ3, PQ6, PQ7, PQ11, PQ14, PQ18 | R1, R5, R7 | MS1, MS2, MS3, MS6 |
| Explains COPD, Pneumonia, tuberculosis diseases, treatment methods, properties of basic drugs and serious side effects. | PQ1, PQ2, PQ3, PQ7, PQ11, PQ14 | R1, R5 | MS1, MS2, MS3, MS6 |
| Explains properties of diseases such as asthma, COPD, ARDS, respiratory failure, thoracial traumas, pneumothorax, laryngial obstruction, asfixia, myasthene-graves, acid-base balance disorder diseases, pulmonary edema and plans emergency treatment. | PQ1, PQ2, PQ6, PQ7, PQ11, PQ14 | R1 | MS1, MS2, MS3, MS6 |
| **CLERKSHIP LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MANAGEMENT SKILLS** |
| **R1- Medical Doctor****R2-Team Employee****R3-Communicater****R4-Lider****R5-Health Advocate****R6-Scientist****7-Professional** | **MS1- Analytical and Critical ThinkingMS2-Clinical Inquiry-ReasoningMS3-Problem SolvingMS4-Accessing and Using InformationMS5-Lifelong LearningMS6-Communication And Team Work** |
| Advises on the necessary regulations about the working conditions of occupational diseases patients and questions the possible toxic exposure of a patient with respiratory occupational exposure.  | PQ3, PQ4, PQ8, PQ9, PQ10, PQ14, PQ21 | R1, R5 | MS1, MS2, MS3, MS6 |
| It performs the examination of the respiratory system in full and detail and associates it with the findings of systemic physical examination. | PQ1, PQ2, PQ6, PQ7 | R1, R3, R7 | MS2, MS6 |
| Applies and measures the pulse oximeter device, closes the open pneumothorax, performs Heimlich maneuver, performs pleural puncture, sail chest fixes, performs and evaluates the walking test for a 6 minute, applies the nebulizer tool to the patient, blood gas, respiratory function test and skin prick test. | PQ1, PQ6, PQ7 | R1, R7 | MS2, MS6 |
| It uses diagnostic methods in simple to complex steps. | PQ2, PQ4, PQ7 | R1, R5, R7 | MS1, MS2, MS3 |
| Communicate with patients effectively in writing and verbally with their relatives and colleagues. | PQ12, PQ14 | R1, R3, R7 | MS6 |
| Explains the principles to be considered when providing community counseling services. | PQ4, PQ17, PQ18 | R1, R2, R4, R5, R7 | MS6 |
| It takes care of human and patient riMSts when providing medical services and adopts the principles of protection of personal data. | PQ3, PQ18, PQ19 | R1, R3, R7 | MS6 |
| **CLERKSHIP LEARNING GOAL** | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MEDICAL SKILLS** |
| **R1- Medical DoctorR2-Team EmployeeR3-CommunicaterR4-LiderR5-Health AdvocateR6-Scientist7-Professional** | **MS1- Analytical and Critical ThinkingMS2-Clinical Inquiry-ReasoningMS3-Problem SolvingMS4-Accessing and Using InformationMS5-Lifelong LearningMS6-Communication And Team Work** |
| Understands the importance of multidisciplinary approach in diagnosis and treatment monitoring of lung cancer, asthma, pulmonary embolism, respiratory failure and tuberculosis diseases. | PQ11, PQ13, PQ19 | R2, R4, R7 | MS6 |
| Explains its legal responsibilities in cases such as invasive treatment for emergency respiratory diseases. | PQ10, PQ14, PQ18 | R1, R7 | MS6 |
| When carrying out the family medicine service, the notification recognizes and declares the mandatory disease of tuberculosis at the primary level. | PQ9, PQ10, PQ14, PQ18 | R1, R2, R7  | MS6 |

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| **CLERKSHIP LEARNING GOAL**  | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MEDICAL SKILLS** |
| **R1- Medical DoctorR2-Team EmployeeR3-CommunicaterR4-LiderR5-Health AdvocateR6-Scientist7-Professional** | **MS1- Analytical and Critical ThinkingMS2-Clinical Inquiry-ReasoningMS3-Problem SolvingMS4-Accessing and Using InformationMS5-Lifelong LearningMS6-Communication And Team Work** |
| Remembers anatomy, physiology, histology information about coronary arteries, large veins, heart valves. | PQ1 | R1 |   |
| Anamnesis, which is taken by using effective communication routes, creates a list of physical examinations and examinations and differential diagnosis. | PQ1, PQ2, PQ6, PQ7 | R1, R3, R7,  | MS1, MS2, MS3, MS6 |
| Explains the physiology, causes and relationships of symptoms related to the cardiovascular system with other systems. | PQ1, PQ3, PQ5 | R1, R7 | MS1, MS2, MS3 |
| Explains and interprets the common clinical, laboratory and pathological findings of coronary artery disease, heart failure, hypertension, atrial fibrillation diseases. | PQ1, PQ2, PQ7, PQ13 | R1, R7 | MS1, MS2, MS3, |
| General epidemiological features related to coronary artery disease, heart failure, hypertension, atrial fibrillation, acute rheumatic fever, venous embolism and thrombosis and preventive medicine explain the need for practice. | PQ1, PQ3, PQ8, PQ14, PQ18 | R1, R5 | MS4, MS5 |
| Heart valve diseases, arRhythmias, endocarditis, myocarditis, cardiomyopathies, pulmonary embolism, pulmonary hypertension, pericardial effusion and aortic aneurysm and dissection diseases are considered as an anemia, physical examination findings and pre-diagnosis and refer to the specialist for further examination and treatment if necessary. | PQ1, PQ12 | R1 | MS1, MS2, MS3 |

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| **CLERKSHIP LEARNING GOAL**  | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MEDICAL SKILLS** |
| **R1- Medical DoctorR2-Team EmployeeR3-CommunicaterR4-LiderR5-Health AdvocateR6-Scientist7-Professional** | **MS1- Analytical and Critical ThinkingMS2-Clinical Inquiry-ReasoningMS3-Problem SolvingMS4-Accessing and Using InformationMS5-Lifelong LearningMS6-Communication And Team Work** |
| Describes the criteria for further examination and referral of diseases such as acute coronary syndromes, acute heart failure, ventricular malign arrhythmias, aortic dissection, pulmonary embolism. | PQ1, PQ2, PQ6, PQ7, PQ12 | R1,R7 | MS6 |
| Interprets the results of heart failure, coronary artery disease and hypertension diagnostic tests, explains the risk factors, counsels and follow-ups, and explains measures to reduce their frequency. | PQ, PQ2, PQ3, PQ4, PQ7, PQ8, PQ13, PQ18 | R1, R3, R7 | MS1, MS2, MS3, MS6 |
| After selecting the appropriate diagnostic tests for heart failure and hypertension diseases, it plans its treatment in line with the principles of rational drug use; explains the properties and serious side effects of basic drugs; performs follow-up at the primary level. | PQ1, PQ2, PQ4, PQ7, PQ8, PQ11, PQ13, PQ14 | R1, R2 | MS4, MS6 |
| Describes the clinical characteristics of diseases such as life-threatening acute coronary syndrome, acute heart failure, hypertensive emergency, pulmonary embolism, ventricular malignant arrhythmias, av full block, aortic dissection; plans emergency treatment; sorts the criteria for further examination and referral. | PQ1, PQ2, PQ6, PQ7, PQ11, PQ12 | R1 | MS1, MS2, MS3, MS6 |
| Pericardiocentesis counts the process steps. | PQ1, PQ2 | R1, R2 | MS4, MS6 |
| Performs an examination of the cardiovascular system. | PQ1, PQ2, PQ6 | R1, R3, R7 | MS2, MS6 |
| It measures blood pressure. | PQ1, PQ2, PQ6 | R1, R3, R7 | MS2, MS6 |
| ECG pulls and comments | PQ2, PQ7, PQ7 | R1, R3, R7 | MS2, MS6 |
| Applies electrical rhythm corrective therapies (cardioversion/defibrillation). | PQ1, PQ3, PQ11 | R1, R3, R7 | MS2, MS6 |
| It uses diagnostic methods in simple to complex steps. | PQ2, PQ5, PQ7, PQ11, PQ13 | RI, R5, R7 | MS1, MS2, MS3 |
| **CLERKSHIP LEARNING GOAL**  | **RELATED PROGRAM QUALIFICATIONS** | **BASIC ROLE** | **TEPDAD GENERAL MEDICAL SKILLS** |
| **R1- Medical DoctorR2-Team EmployeeR3-CommunicaterR4-LiderR5-Health AdvocateR6-Scientist7-Professional** | **MS1- Analytical and Critical ThinkingMS2-Clinical Inquiry-ReasoningMS3-Problem SolvingMS4-Accessing and Using InformationMS5-Lifelong LearningMS6-Communication And Team Work** |
| Applies the principles of rational drug use. | PQ2, PQ11, PQ13 | RI, R5, R7 | MS1, MS2, MS3 |
| Patients communicate effectively in writing and verbally with their relatives and colleagues. | PQ12, PQ14, PQ15 | R1, R3, R7 | MS6 |
| Explains the principles to be considered when providing community counseling services. | PQ3, PQ8, PQ14, PQ18 | R1, R2, R4, R5, R7 | MS6 |
| It effectively uses floor-based medical practices and self-learning methods when providing family medicine services. | PQ4, PQ5, PQ9, PQ13, PQ18, PQ20 | R1, R3, R6 | MS4, MS5 |
| We make medical applications and follow the most up-to-date literature. | PQ4, PQ5, PQ12, PQ13 | R1, R3, R7 | MS4, MS5 |
| It observes human and patient riMSts and adopts the principles of protection of personal data when providing medical services. | PQ15, PQ18 | R1, R3, R7 | MS6 |
| Understands the importance of multidisciplinary approach in diagnosis and treatment monitoring of hypertension, aortic diseases and coronary artery disease. | PQ1, PQ2, PQ12 | R2, R4, R7 | MS6 |

**RESPIRATORY CIRCULATION BLOCK CLERKSHIP TABLE CHEST DISEASE**

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| **SYMPTOMS/****STATES** | **CORE DISEASES / CLINICAL PROBLEMS** | **DEPARTEMENT** | **4 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT -EVALUATION** |
| **ACCIDENTS (Home, Work, Traffic, Electric Shock, Fall, Drownings)** | Trauma-Titled Diseases (See List of Diseases, Clinical Problems) | Thoracic Surgery | Thorax traumas  | E | Theorical-Practical |
| **APNEA** | Sleep Apnea Syndrome | Chest Diseases | Sleep Breathing Disorders | PrD | Theorical  |
| **ASPHYXIA** | Drowning/Drowning | Thoracic Surgery | Tracheobronchial Foreign Body Aspirations | E | Theorical-Practical |
| **CHANGES IN CONSCIOUSNESS** | Respiratory Failure | Chest Diseases | Respiratory Failure | E | Theorical |
| **CHEST PAIN** | Pneumonia | Chest Diseases | Diagnosis and Treatment of Pneumonia | DT P | Theorical |
| **CHEST PAIN** | Pneumothorax | Thoracic Surgery | Pneumothorax | D E  | Theorical-Practical |
| **CHEST PAIN** | Thorax Trauma  | Chest Diseases | Chest Diseases Emergencies | E | Theorical  |
| **CHEST PAIN** | Lung Cancer | Thoracic Surgery | Lung Cancer | PrDT P | Theorical-Practical |
| **CHEST PAIN** | Pulmonary Emboli | Chest Diseases | Pulmonary Embolism Diagnosis and Treatment | PrDT P | Theorical |
| **CHEST PAIN** | Pleural Effusion, EmPQema | Thoracic Surgery | Pleural Effusion, EmPQema | PrD | Theorical-Practical |
| **CHEST PAIN** | Pleural Effusion, EmPQema | Chest Diseases | Pleural Diseases | PrD | Theorical |
| **CHEST WALL DEFORMATIONS** | Innate Structural Anomalies | Thoracic Surgery | Chest Wall Congenital Deformities  | TP  | Theorical-Practical |
| **CIYANOSIS** | Asthma | Chest Diseases | Diagnosis and Treatment of Asthma | DT E P M | Theorical |
| **CIYANOSIS** | Chronic Obstructive Pulmonary Disease | Chest Diseases | COPD Tan and Treatment | DT E P M | Theorical |
| **CIYANOSIS** | Foreign Body / Aspiration | Chest Diseases | Chest Diseases Emergencies | D E  | Theorical |
| **CIYANOSIS** | Respiratory Failure | Chest Diseases | Respiratory Failure | E | Theorical |
| **CIYANOSIS** | Interstitial Lung Diseases | Chest Diseases | Diffuse Lung Diseases | PrD | Theorical |
| **CLUBBING** | Chronic Obstructive Pulmonary Disease | Chest Diseases | 1.COPD Diagnosis and Treatment2.Symptoms3.Physical Examination | DT E P M | Theorical |
| **COUMS** | Asthma | Chest Diseases | Diagnosis and Treatment of Asthma | DT E P M  | Theorical |
| **COUMS** | Chronic Obstructive Pulmonary Disease | Chest Diseases | DIAGNOSIS and Treatment of COPD | DT E P M | Theorical |
| **COUMS** | Drug Side Effects | Chest Diseases | Drug Allergy | DT E P M | Theorical |
| **COUMS** | Tuberculosis | Chest Diseases | Diagnosis and Treatment of Tuberculosis | DT P M  | Theorical |
| **COUMS** | Pneumonia | Chest Diseases | Diagnosis and Treatment of Pneumonia | DT P | Theorical |
| **COUMS** | Foreign Body / Aspiration | Thoracic Surgery | Tracheobronchial Foreign Body Aspirations | PrDE | Theorical-Practical |
| **COUMS** | Foreign Body / Aspiration | Chest Diseases | Chest Diseases Emergencies | D E | Theorical |
| **COUMS** | Pulmonary Edema | Chest Diseases | Pulmonary Edema | E | Theorical |
| **COUMS** | Occupational Lung Diseases | Chest Diseases | Occupational Diseases | PrDT P M | Theorical |
| **COUMS** | Bronchiectasis | Chest Diseases | Bronchiectasis and Lung Abscess | PrDT P M | Theorical |
| **COUMS** | Lung Cancer | Thoracic Surgery | Lung Cancer | PrDT P | Theorical-Practical |
| **COUMS** | Pulmonary Emboli | Chest Diseases | Pulmonary Embolism Diagnosis and Treatment | PrDT P | Theorical |
| **COUMS** | Interstitial Lung Diseases | Chest Diseases | Diffuse Lung Diseases | PrD | Theorical |
| **COUMS** | Pleural effusion, EmPQema | Thoracic Surgery | Pleural effusion/EmPQema | PrD | Theorical-Practical |
| **COUMS** | Pleural effusion, EmPQema | Chest Diseases | Pleura Diseases | PrD | Theorical |
| **DYSPHAGIA** | Foreign Body / Aspiration | Chest Diseases | Chest Diseases Emergencies | D E | Theorical |
| **DYSPNEA** | Chronic Obstructive Pulmonary Disease | Thoracic Surgery | Blood Gases Evaluation | DT E P M | Theorical-Practical |
| **DYSPNEA** | Chronic Obstructive Pulmonary Disease | Chest Diseases | Diagnosis and Treatment of COPD | DT E P M | Theorical |
| **DYSPNEA** | Asthma | Chest Diseases | Diagnosis and Treatment of Asthma | DT E P M | Theorical |
| **DYSPNEA** | Pneumonia | Chest Diseases | Diagnosis and Treatment of Pneumonia | DT P | Theorical |
| **DYSPNEA** | Foreign Body / Aspiration | Thoracic Surgery | Tracheobronchial Foreign Body Aspirations | D E | Theorical-Practical |
| **DYSPNEA** | Foreign Body / Aspiration | Chest Diseases | Chest Diseases Emergencies | D E | Theorical |
| **DYSPNEA** | Pneumothorax | Thoracic Surgery | 1.Pneumothorax 2.Thoramatic Trauma  | D E | Theorical-Practical |
| **DYSPNEA** | Pulmonary Edema | Thoracic Surgery | Blood Gases Evaluation | E | Theorical-Practical |
| **DYSPNEA** | Pulmonary Edema | Chest Diseases | Pulmonary Edema | E | Theorical |
| **DYSPNEA** | ARDS | Thoracic Surgery | Blood Gases Reviews | E | Theorical-Practical |
| **DYSPNEA** | ARDS | Chest Diseases | Respiratory Failure | E | Theorical |
| **DYSPNEA** | Respiratory Failure | Thoracic Surgery | Blood Gases Reviews | E | Theorical-Practical |
| **DYSPNEA** | Respiratory Failure | Chest Diseases | Respiratory Failure | E | Theorical |
| **DYSPNEA** | Occupational Lung Diseases | Chest Diseases | Occupational Diseases | PrDT P M | Theorical |
| **DYSPNEA** | Pulmonary Emboli | Chest Diseases | Pulmonary Embolism Diagnosis and Treatment | PrDT P | Theorical  |
| **DYSPNEA** | Lung Cancer | Thoracic Surgery | Lung Cancer | PrDT P | Theorical-Practical |
| **DYSPNEA** | Interstitial Lung Diseases | Thoracic Surgery | Blood Gases Reviews | PrD | Theorical-Practical |
| **DYSPNEA** | Interstitial Lung Diseases | Chest Diseases | Diffuse Lung Diseases | PrD | Theorical |
| **DYSPNEA** | Pleural Effusion, EmPQema | Thoracic Surgery | Pleural Effusion, EmPQema | PrD | Theorical-Practical |
| **DYSPNEA** | Pulmonary Hypertension | Chest Diseases | Pulmonary Hypertension | PrD | Theorical |
| **FATIGUE** | Chronic Obstructive Pulmonary Disease | Chest Diseases | Diagnosis and Treatment of COPD | DTEPM | Theorical |
| **FATIGUE** | Tuberculosis | Chest Diseases | Diagnosis and Treatment of Tuberculosis | DTP M  | Theorical |
| **FEVER** | Tuberculosis | Chest Diseases | Diagnosis and Treatment of Tuberculosis | DT P M  | Theorical |
| **FEVER** | Pneumonia | Chest Diseases | Diagnosis and Treatment of Pneumonia | DT P | Theorical |
| **FOREIGN BODY (Swallowing /Aspiration / Ear / Nose)** | Foreign Body / Aspiration | Chest Diseases | Chest Diseases Emergencies | D E | Theorical |
| **FOREIGN BODY (Swallowing /Aspiration / Ear / Nose)** | Laryngeal obstruction | Thoracic Surgery | Tracheobronchial Foreign Body Aspirations | E | Theorical-Practical |
| **FOREIGN BODY (Swallowing /Aspiration / Ear / Nose)** | Laryngeal obstruction | Chest Diseases | Chest Diseases Emergencies | E | Theorical |
| **FOREIGN BODY (Swallowing /Aspiration /Ear/ Nose)** | Foreign Body / Aspiration | Thoracic Surgery | Tracheobronchial Foreign Body Aspirations | HE | Theorical-Practical |
| **GROWTH-DEVELOPMENT FAILURE** | Cystic Fibrosis | Chest Diseases | Bronchiectasis and Lung Abscess | PrD | Theorical |
| **HEMOPTYSIS** | Tuberculosis | Chest Diseases | Diagnosis and Treatment of Tuberculosis | DTP M  | Theorical |
| **HEMOPTYSIS** | Bronchiectasis | Chest Diseases | Bronchiectasis and Lung Abscess | PrDTP M | Theorical |
| **HEMOPTYSIS** | Lung Cancer | Thoracic Surgery | Lung Cancer | PrDT P | Theorical-Practical |
| **HEMOPTYSIS** | Pulmonary Emboli | Chest Diseases | Pulmonary Embolism Diagnosis and Treatment | PrDT P | Theorical |
| **HEMOPTYSIS** | Vasculitis | Chest Diseases | Vasculitis and Respiratory System | PrD | Theorical |
| **HOARSENESS** | Laryngeal obstruction | Thoracic Surgery | Tracheobronchial Foreign Body Aspirations | E | Theorical-Practical |
| **HOARSENESS** | Lung Cancer | Thoracic Surgery | Lung Cancer | PrDT P | Theorical-Practical |
| [**LACK OF ATTENTION**](https://tureng.com/tr/turkce-ingilizce/lack%20of%20attention) | Sleep Disorders | Chest Diseases | Sleep Breathing Disorders | PrD | Theorical |
| [**LYMPHADENOPATHY**](https://tureng.com/tr/turkce-ingilizce/lymphadenopathy) | Tuberculosis | Chest Diseases | Diagnosis and Treatment of Tuberculosis | DT P M  | Theorical |
| **MUSCLE-SKELETAL SYSTEM PAIN (Back, Neck, Back, Hip and Extremity Pain)** | Bone Tumors | Thoracic Surgery | Tumors of the Chest Wall | PrD | Theorical-Practical |
| [**NASAL OBSTRUCTION**](https://tureng.com/tr/turkce-ingilizce/nasal%20obstruction) |   |   |   |   |   |
| **OEDEMA** | Urticaria and Angioedema | Chest Diseases | Anaphylaxis | TD E | Theorical |
| [**ORAL APHTHAE**](https://tureng.com/tr/turkce-ingilizce/oral%20aphthae) | Behçet's Disease | Chest Diseases | Vasculitis and Respiration System | PrD | Theorical |
| **RHINORRHEA/ NASAL OBSTRUCTION** | Allergic Rhinitis | Chest Diseases | 1.Symptoms2.Physical Examination | DT P | Theorical |
| **SKIN AND NAIL CHANGES (Dryness, Discoloring, etc.)** | Chronic Obstructive Pulmonary Disease | Chest Diseases | DIAGNOSIS and Treatment of COPD | DT E P M  | Theorical |
| **SKIN AND NAIL CHANGES (Dryness, Discoloring, etc.)** | Allergic Reaction | Chest Diseases | 1.Drug Allergy2.Symptoms3.Physical Examination | PrDE  | Theorical |
| [**SKIN RASH /LESIONS (maculopapular, Bullous, Vesicular**](https://tureng.com/tr/turkce-ingilizce/maculopapular) | Allergic Reaction | Chest Diseases | 1.       Anaphylaxis 2.Drug Allergy3.Allergen Specific ImmunotheraPQ4. Symptoms5.Physical Examination | D E | Theorical |
| [**SKIN RASH /LESIONS (maculopapular, Bullous, Vesicular**](https://tureng.com/tr/turkce-ingilizce/maculopapular) | Vasculitis | Chest Diseases | Vasculitis and Respiratory System | PrD | Theorical |
| [**SKIN RASH /LESIONS (maculopapular, Bullous, Vesicular)**](https://tureng.com/tr/turkce-ingilizce/maculopapular) | Urticarial and Angioedema | Chest Diseases | 1.Anaphylaxis2.Drug Allergy3.Symptoms4.Physical Examination | DT E | Theorical |
| [**SKIN RASH /LESIONS (maculopapular, Bullous, Vesicular**](https://tureng.com/tr/turkce-ingilizce/maculopapular) | Behçet's Disease | Chest Diseases | Vasculitis and Respiratory System | PrD | Theorical |
| **SLEEP PROBLEMS** | Sleep Disorders | Chest Diseases | Sleep Breathing Disorders | PrD | Theorical |
| **SLEEP PROBLEMS** | Sleep Apnea Syndrome | Chest Diseases | Sleep Breathing Disorders | PrD | Theorical |
| **SNORING** | Sleep Apnea Syndrome | Chest Diseases | Sleep Breathing Disorders | PrD | Theorical |
| **SNORING** | Upper Respiratory Tract Infections | Chest Diseases | Sleep Breathing Disorders | DT P | Theorical |
| **SNORING** | Foreign Body / Aspiration | Chest Diseases | Sleep Breathing Disorders | D E | Theorical |
| **SNORING** | Septum deviation | Chest Diseases | Sleep Breathing Disorders | T | Theorical |
| **SPLENOMEGALY** | Tuberculosis | Chest Diseases | Diagnosis and Treatment of Tuberculosis | DT P M  | Theorical |
| **SPLENOMEGALY** | Sarcoidosis | Chest Diseases | Sarcoidosis | PrD | Theorical |
| **STRIDOR** | Urticaria and Angioedema | Chest Diseases | Anaphylaxis | DT E | Theorical |
| **STRIDOR** | Laryngeal obstruction | Thoracic Surgery | Tracheobronchial Foreign Body Aspirations | E | Theorical-Practical |
| **STRIDOR** | Allergic Reaction | Chest Diseases | Anaphylaxis | D E | Theorical |
| **TOBACCO USE** | Chronic Obstructive Pulmonary Disease | Chest Diseases | COPD Tan and Treatment | DT E P M | Theorical |
| **TOBACCO USE** | Lung Cancer | Thoracic Surgery | Lung Cancer | PrDT P | Theorical-Practical |
| **TOBACCO USE** | Interstitial Lung Diseases | Chest Diseases | Diffuse Lung Diseases | PrD | Theorical |
| **VISUAL IMPAIRMENT/LOSS** | Behçet's Disease | Chest Diseases | Vasculitis and Respiratory System | PrD | Theorical |
| **WEIMST LOSS** | Tuberculosis | Chest Diseases | Diagnosis and Treatment of Tuberculosis | DT P M  | Theorical |
| **WHEEZING** | Asthma | Chest Diseases | Diagnosis and Treatment of Asthma | DT E P M | Theorical |
| **WHEEZING** | Chronic Obstructive Pulmonary Disease | Chest Diseases | Diagnosis and Treatment of COPD | DT E P M | Theorical |
| **WHEEZING** | Foreign Body / Aspiration | Thoracic Surgery | Tracheobronchial Foreign Body Aspirations | D E  | Theorical-Practical |
| **WHEEZING** | Foreign Body / Aspiration | Chest Diseases | Chest Diseases Emergencies | D E  | Theorical |
| **WHEEZING** | Pulmonary Edema | Chest Diseases | Pulmonary Edema | E | Theorical |
| **WHEEZING** | Cystic Fibrosis | Chest Diseases | Bronchiectasis and Lung Abscess | PrD | Theorical |

**CARDIOLOGY**

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| **SYMPTOMS/****STATES** | **CORE DISEASES / CLINICAL PROBLEMS** | **DEPARTEMENT** | **4 COURSE NAME** | **LEVEL OF LEARNING** | **MEASUREMENT -EVALUATION** |
| **ANURIA-OLIGURIA** | Shock | Cardiology | 1.Acute Heart Rate and Cardiogenic Shock 2. Case-based training | E | Theorical-Practical |
| **ABDOMINAL MASS** | Aortic Aneurysm  | Cardiology | Aortic Dissection and aortic aneurysms | PrD | Theorical-Practical |
| **ABDOMINAL PAIN** | Aortic Dissection | Cardiology | Aortic Dissection and aortic aneurysms | E | Theorical-Practical |
| **ABDOMINAL PAIN** | Aortic Aneurysm | Cardiology | Aortic Dissection and aortic aneurysms | PrD | Theorical-Practical |
| **APPETITE DISORDERS** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2. Acute Heart Failure and Cardiogenic Shock 3.Case-based training | DEPM | Theorical-Practical |
| **CHANGES IN CONSCIOUSNESS** | Cardio-Pulmonary arrest | Cardiology | 1.Acute Heart Rate and Cardiogenic Shock 2.Case-based training | E | Theorical-Practical |
| **CHEST PAIN** | Angina pectoris | Cardiology | 1.Chronic coronary artery disease 2. Approach to the Patient Who Comes With Chest Pain3. Case-based education | PrDT-P-M | Theorical-Practical |
| **CHEST PAIN** | Acute Coronary Syndrome | Cardiology | 1.Acute coronary syndromes 2.Approach to chest pain 3.Case-based education | D E P | Theorical-Practical |
| **CHEST PAIN** | Pulmonary Emboli | Cardiology | 1.Deep Vein Thrombosis and Pulmonary Embolism 2.Approach to The Patient With Shortness of Breath and Other Symptoms of Heart Failure  | E P M | Theorical-Practical |
| **CHEST PAIN** | Pericarditis diseases | Cardiology | Pericardial Diseases  | PrD | Theorical |
| **CHEST PAIN** | Aortic Dissection | Cardiology | Aortic Dissection and aortic aneurysms | E | Theorical-Practical |
| **CIYANOSIS** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2. Acute Heart Failure and Cardiogenic Shock 3.Case-based training | DEPM | Theorical-Practical |
| **CIYANOSIS** | Heart Valve Diseases | Cardiology | 1.Heart valve 2.Case-based training | PrDT P | Theorical |
| **CIYANOSIS** | Cardio-pulmonary arrest | Cardiology | 1.Acute Heart Rate and Cardiogenic Shock 2.Case-based training | E | Theorical-Practical |
| **CLADICATIO INTERMITTENS** | Peripheral Artery Disease | Cardiology | Peripheral vascular diseases | PrD E | Theorical |
| **COUMS** | Pulmonary Edema | Cardiology | 1.Acute Heart Failure and Cardiogenic Shock 2. Approach to the Patient with Shortness of Breath and Other Symptoms of Heart Failure 3.Case-based training | E | Theorical-Practical |
| **DYSPNEA** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2.Acute Heart Failure and Cardiogenic Shock 3.case-based training | DEPM | Theorical-Practical |
| **DYSPNEA** | Acute Coronary Syndrome | Cardiology | Acute coronary syndromes Approach to chest pain Case-based training | DEP | Theorical-Practical Team-based learning |
| **DYSPNEA** | Pulmonary Edema | Cardiology | Acute Heart Failure and Cardiogenic Shock Approach to The Patient With Shortness of Breath and Other Symptoms of Heart Failure Case-based training | E | Theorical-Practical |
| **DYSPNEA** | Pulmonary Emboli | Cardiology | 1.Deep Vein Thrombosis and Pulmonary Embolism2.Approach to The Patient With Shortness of Breath and Other Symptoms of Heart Failure  | E P M | Theorical-Practical |
| **DYSPNEA** | Heart Valve Diseases | Cardiology | Valve Diseases | PrDTP | Theorical-Practical |
| **DYSPNEA** | Pericarditis diseases | Cardiology | Pericardial Diseases  | PrD | Theorical |
| **DYSPNEA** | Pulmonary Hypertension | Cardiology | Pulmonary Hypertension | PrD | Theorical |
| **EPISTAXIS** | Essential Hypertension | Cardiology | 1.Hypertension2.Blood pressure measurement and diagnosis process in hypertensive patient -interactive study 3. Case-based training | DT E P M | Theorical-Practical |
| **EPISTAXIS** | Secondary hypertension | Cardiology  | 1.Hipertansiyon | PrD | Theorical-Practical |
| **FATIGUE** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2.Acute Heart competence and Cardiogenic Shock 3.Case-based training | DEPM | Theorical-Practical |
| **FEVER** | Acute Rheumatic Fever | Cardiology | Acute Rheumatic Fever and Infectious Endocarditis | D- P | Theorical-Practical |
| **FEVER** | Endocarditis | Cardiology | Acute Rheumatic Fever and Infectious Endocarditis | PrD T- P | Theorical-Practical |
| **HEADACHE** | Essential Hypertension | Cardiology | 1.Hypertension2.Blood pressure measurement and diagnosis process in hypertensive patient -interactive study 3. Case-based training | DT E P M | Theorical-Practical |
| **HEADACHE** | Secondary hypertension | Cardiology  | 1.Hipertansiyon | PrD | Theorical-Practical |
| **HEMOPTYSIS** | Heart Valve Diseases | Cardiology | 1.Valve Diseases 2.Case-based training | PrDT P | Theorical-Practical |
| **HEMOPTYSIS** | Pulmonary Emboli | Cardiology | 1.Deep Vein Thrombosis and Pulmonary Embolism 2.Approach to The Patient With Shortness of Breath and Other Symptoms of Heart Failure  | E P M | Theorical-Practical |
| **HEPATOMEGALY** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2.Acute Heart Failure and Cardiogenic Shock 3.Case-based training | DEPM | Theorical-Practical |
| **HYPERTENSION** | Essential Hypertension | Cardiology | 1.Hypertension2.Blood pressure measurement and diagnosis process in hypertensive patient -interactive study 3.case-based training | DT E P M | Theorical-Practical |
| **HYPERTENSION** | Secondary hypertension | Cardiology  | 1.Hipertansiyon | PrD | Theorical-Practical |
| **HYPOTENSION** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2.Acute Heart Failure and Cardiogenic Shock3.Case-based training | DEPM | Theorical-Practical |
| **HYPOTENSION** | Shock | Cardiology | Acute Heart competence and Cardiogenic Shock | E | Theorical-Practical |
| **HYPOTENSION** | Pericardial Diseases | Cardiology | Pericardial Diseases  | PrD | Theorical |
| **HYPOTENSION** | Heart Rhythm Disorders | Cardiology | 1. Tachyarrhythmia 2.Bradyarrhytmia3. Atrial Fibrillation 4.Case-based training | D E M | Theorical-Practical |
| **JOINT PAIN / SWELLING** | Acute Rheumatic Fever | Cardiology | Acute Rheumatic Fever and Infectious Endocarditis | D P | Theorical-Practical |
| **MURMUR**  | Heart Failure | Cardiology | 1.Chronic Heart Failure 2. Acute Heart Failure and Cardiogenic Shock 3.Case-based training | DEPM | Theorical-Practical |
| **MURMUR**  | Acute Rheumatic Fever | Cardiology | Acute Rheumatic Fever and Infectious Endocarditis | D P | Theorical-Practical |
| **MURMUR**  | Heart Valve Diseases | Cardiology | 1.Heartapak Diseases 2.Case-based training | PrDT- P | Theorical |
| **MURMUR**  | Endocarditis | Cardiology | Acute Rheumatic Fever and Infectious Endocarditis | PrDT P | Theorical |
| **MURMUR**  | Aortic Aneurism | Cardiology | Aortic Dissection and aortic aneurysms | PrD | Theorical-Practical |
| **MURMUR**  | Aortic Dissection | Cardiology | Aortic Dissection and aortic aneurysms | E | Theorical-Practical |
| **MURMUR**  | Myocarditis / Cardiomyopathy | Cardiology | Myocarditis and Cardiomyopathies | PrD | Theorical |
| **OEDEMA** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2. Acute Heart competence and Cardiogenic Shock 3.Case-based training | DEPM | Theorical-Practical |
| **OEDEMA** | Deep Vein Thrombosis | Cardiology | 1.Deep Vein Thrombosis and Pulmonary Embolism 2. Approach to The Patient with Shortness of Breath and Other Symptoms of Heart Failure | PrDT P | Theorical |
| **PALPITATION** | Essential Hypertension | Cardiology | 1.Hypertension2.Blood pressure measurement and diagnosis process in hypertensive patient -interactive study 3. Case-based training | TD E P M | Theorical-Practical |
| **PALPITATION** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2.Acute Heart Failure and Cardiogenic Shock 3.Case-based training | DEPM | Theorical-Practical |
| **PALPITATION** | Heart Valve Diseases | Cardiology | 1.Heartapak Diseases 2. Case-based training | PrDT P | Theorical |
| **PALPITATION** | Endocarditis | Cardiology | Acute Rheumatic Fever and Infectious Endocarditis | PrDT P | Theorical |
| **PALPITATION** | Heart Rhythm Disorders | Cardiology | 1.Tachyarrhythmia 2.Bradyarrhytmia Atrial Fibrillation 3. Case-based training | DEM | Theorical-Practical |
| **PALPITATION** | Myocarditis / Cardiomyopathy | Cardiology | Myocarditis and Cardiomyopathies | PrD | Theorical |
| **PALPITATION** | Secondary hypertension | Cardiology  | 1.Hipertansiyon | PrD | Theorical-Practical |
| **PARESTHAESIA/PARALYSIS** | Acute Artery Obstruction | Cardiology | Peripheral vascular diseases | PrD | Theorical |
| **POLLAKIURIA/ NOCTURIA** | Heart Failure | Cardiology | 1.Chronic Heart Failure 2. Acute Heart failure and Cardiogenic Shock3.Case-based training | DEPM | Theorical-Practical |
| **SHOULDER PAIN** | Acute Coronary Syndrome | Cardiology | 1.Acute coronary syndromes 2.Approach to chest pain 3.Case-based education | D E P | Theorical-Practical |
| **SKIN AND NAIL CHANGES (Dryness, Discoloring, etc.)** | Peripheral Artery Disease | Cardiology | Peripheral vascular diseases | PrDT-E  | Theorical |
| **SKIN AND NAIL CHANGES (Dryness, Discoloring, etc.)** | Endocarditis | Cardiology | Acute Rheumatic Fever and Infectious Endocarditis | PrDT P | Theorical |
| **SYNCOPE** | Heart Valve Diseases | Cardiology | 1.Heart valve diseases 2.Case-based training | PrDT P | Theorical |
| **SYNCOPE** | Heart Rhythm Disorders | Cardiology | 1. Tachyarrhythmia 2.Bradyarrhytmia 3.Atrial Fibrillation4 SYNCOPE5 Case-based training | D E M | Theorical-Practical |
| **SYNCOPE** | Pulmonary Emboli | Cardiology | 1.Deep Vein Thrombosis and Pulmonary Embolism 2. Approach to The Patient With Shortness of Breath and Other Symptoms of Heart Failure  | E P M | Theorical-Practical |
| **SYNCOPE** | Vasovagal Syncope | Cardiology | Vasovagal SYNCOPE | PrDT P | Theorical |
| **TOBACCO USE** | Acute Coronary Syndrome | Cardiology | 1.Acute coronary syndromes 2.Approach to chest pain 3.Case-based education | D E P | Theorical-Practical |
| **TOBACCO USE** | Peripheral Artery Disease | Cardiology | Peripheral artery disease | PrDE | Theorical |
| **WHEEZING** | Pulmonary Edema | Cardiology | 1.Acute Heart Failure and Cardiogenic Shock2.Approach to the Patient With Shortness of Breath and Other Symptoms of Heart Failure3.Case-based training | E | Theorical-Practical |

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| **Level of Learning** | **Description** |
| **E (Emergency)** | Shall recognize any emergency and administer emergency treatment; refer to the specialist if necessary |
| **PrD (PreDiagnosis)** | Shall establish a working diagnosis and implement essential initial procedures & refer to the specialist |
| **D (Diagnosis)** | Shall establish the diagnosis and have knowledge about the treatment; implement essential initial procedures & refer to the specialist |
| **T (Treatment)** | Shall establish the diagnosis and treat the disease/condition |
| **F (Follow-up)** | Shall provide a long-term follow-up and management of the disease/condition in primary care setting  |
| **P (Prevention)** | Shall apply preventive (appropriate one(s) of primary, secondary, and tertiary) measures |

**RESPIRATORY CIRCULATION BLOCK CLERKSHIP** **BASIC MANAGEMENT PRACTICES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICATION** | **APPLICATION NAME** | **DEPARTEMENT** |  **COURSE NAME** |  **LEVEL** |
| **HISTORY TAKING** | Getting a general and problem-oriented story | Chest Diseases | Symptoms in Chest Diseases Physical Examination in Chest Diseases |  |
| **HISTORY TAKING** | Assessing mental state | Chest Diseases | Symptoms in Chest Diseases Physical Examination in Chest Diseases |  |
| **GENERAL AND PROBLEM-ORIENTED PHYSICAL EXAMINATION** | Evaluation of general condition and vital findings | Chest Diseases | Symptoms in Chest Diseases Physical Examination in Chest Diseases |  |
| **GENERAL AND PROBLEM-ORIENTED PHYSICAL EXAMINATION** | Respiratory examination | Chest Diseases | Physical Examination in Chest Diseases Essential Medicine Practices |  |
| **LABORATORY TESTS AND OTHER RELATED PROCEDURES** | Reading and evaluating radiography directly | Chest Diseases | Radiology in Chest Diseases Radiology in Chest Surgery |  |
| **LABORATORY TESTS AND OTHER RELATED PROCEDURES** | Ability to use and evaluate peak-flow meters | Chest Diseases | Basic Medicine Practices |  |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Ability to remove the foreign object from the airway with proper maneuvering | Chest Diseases | Basic Medicine Practices |  |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Ability to apply oxygen and nebule-inhaler theraPQ | Chest Diseases | Basic Medicine Practices |  |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Pleural puncture | Chest Diseases | Basic Medicine Practices |  |
| **APPLICATION** | **APPLICATION NAME** | **DEPARTEMENT** |  **COURSE NAME** | **LEVEL** |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Ability to apply PPD | Chest Diseases | Basic Medicine Practices |  |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Ability to use and evaluate Pulse  | Chest Diseases | Basic Medicine Practices |  |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Ability to evaluate respiratory function tests | Chest Diseases | Professional Skills - Basic Medicine Practices |  |
| **HISTORY TAKING** | Getting a general and problem-oriented story | Cardiology | Anamnesis and Physical Examination in Cardiovascular System Diseases | 4 |
| **HISTORY TAKING** | Assessing mental state | Cardiology | Anamnesis and Physical Examination in Cardiovascular System Diseases | 3 |
| **GENERAL AND PROBLEM-ORIENTED PHYSICAL EXAMINATION** | Cardiovascular system examination | Cardiology | Anamnesis and Physical Examination in Cardiovascular System Diseases | 4 |
| **RECORD KEEPING, REPORTING AND REPORTING** | Ability to edit prescriptions | Cardiology | 1. Pharmacological Agents Used in Cardiovascular Diseases2. Blood Pressure Measurement and Diagnosis Process in Hypertensive Patient | 4 |
| **LABORATORY TESTS AND OTHER RELATED PROCEDURES** | Ability to take and evaluate ECG | Cardiology | Approach to a patient with Arrhythmia with ECG Samples | 3 |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Rational drug use | Cardiology | Pharmacological Agents Used in Cardiovascular Diseases | 4 |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Ability to perform Defibrillation  | Cardiology | Approach to The Patient with Arrhythmia with [tachyarrhythmia](https://tureng.com/tr/turkce-ingilizce/tachyarrhythmia)ECG Samples | 4 |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | To be able to measure blood pressure | Cardiology | Blood pressure measurement and diagnosis process in patient with hypertension  | 4 |
| **INTERVENTIONAL AND NON-INTERVENTIONAL APPLICATIONS** | Pericardiocentesis | Cardiology | Approach to The Patient With Shortness of Breath and Other Symptoms of Heart Failure  | 1 |

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| --- | --- |
| **Educational Learning** | **Explanation** |
| **1** | Knows how to apply and explains the results to patients and/or their relatives. |
| **2** | Performs the application in accordance with the manual / instruction in an emergency. |
| **3** | It performs the application\* in uncomplicated, common, cases/cases\*. |
| **4** | Performs the application\*, including complex situations/cases. |

**MEASUREMENT-EVALUATION METHODS IN RESPIRATORY CIRCULATION BLOCK**

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| --- | --- |
| **Theoretical exam at the end** | Theorical exam questions consist of a total of 50 multiple choice question  |
| **Quiz Exam:** | Mini-exams to be held at the end of theoretical courses and during Clerkship in clinics |
| **Case-Based evaluation** | Core exams" in which the process is evaluated throuMS the patient scenario, especially during Clerkship in clinics, from the main symptoms to the diagnosis of the disease and treatment monitoring according to the situation. |
| **Skills exams:** | Exams evaluating the fundamental medical practices that should be learned during the block |
| **OSCE** | In this exam, the student will evaluate the history of a patient from a simulated person, as well as the physical examination, laboratory images, and diagnostic and treatment processes from a computer environment. |

Students who receive 60 or more of the final average score after calculating these exams with coefficients are successful in the Clerkship. The average of the exams taken from the Departments of Chest Diseases and Cardiology, on the other hand, should be greater than 50.

Students who do not receive a score of 60 or hiMSer on the make-up exam must retake the Clerkship the following year.

**CALCULATION OF CLERKSHIP SUCCESS RATING**

Exam Type

* Multiple Choice Exam %40
* OSCE %35
* OTD 8% (Practice week)
* Skills exam:8% (During practice week)
* Quiz %8
* 360°review 1%

**Absence**

In order to participate in the internship exam, students are required to show at least 80% attendance in practical courses.

**RECOMMENDED RESOURCES FOR RESPIRATORY CIRCULATION BLOCK CLERKSHIP**

1. Turkish Thorax Association, Thoracic Surgery Intern Book

Available for free download from the electronic address below

(<http://www.toraks.org.tr/uploadFiles/book/file/112201616223-Tamami.pdf>)

1. Respiratory Diseases:Editors: Akin KAYA-Lutfü TRASHED (Poyraz Medical Publishing)
2. Department of Respiratory Diseases of Clincal Medicine (Kumar-Clark: Editors) (Authors. Ekrem Cengiz SEYHAN. Zeki GÜNLÜOĞLU)
3. Chest Diseases Handbook. Editors Tefik ÖZLÜ. Victorious TEXT
4. R. Hampton, Pratik EKG
5. Harrison, Cardiovascular Diseases
6. Topol, manual of cardiovascular medicine, lippincott williams & wilkins
7. Uptodate (relatedtopics)