



**INTERNATIONAL
SCHOOL OF MEDICINE
YEAR VI
INTERNSHIP REPORT**



Name Surname

Number

Education Period

Dear Colleague;

You have come to the end of your medical education and you have stepped into active medicine practices. As an intern doctor, this year you will work as a physician rather than a student in the field, protect health, solve patient problems by using basic medical information, laboratory tests, basic medical practices and accessing medical information, gain skills about communication with patients and their relatives and you will be prepared for your life as a physician by observing or practicing many skills such as the management and solving problems encountered in practice. In order for this preparation process to be complete and at the desired level, it is of great importance to comply with the daily working order, to get used to difficult working conditions such as shifts, to attend training meetings, to be willing and diligent. Loving and striving are the keys to success. Together with preventive medicine and treatment services, we will work together in a master-apprentice relationship in order to grow up as physicians who recreate and further develop human health. A doctor who does not empathize cannot be a real doctor, every patient we care for is our own child, brother, aunt, or father. With these feelings, I hope this year will be efficient, successful and satisfying for all of you.

**Istanbul Medipol University International School of Medicine
Internship Coordinator**

Prof. Dr. Özgür Ulaş ÖZCAN, MD

ISTANBUL MEDİPOL UNIVERSITY
INTERNATIONAL SCHOOL OF MEDICINE
INTERN WORKING PROCEDURES AND PRINCIPLES
PART ONE

Purpose, Scope, Basis, Definitions

Purpose

ITEM 1- To ensure that the education program of Istanbul Medipol University International School of Medicine Year VI students (intern doctor) is carried out in accordance with the National Core Education Program (NCEP) and the Faculty's goals and strategies, and to determine the rights and responsibilities of intern doctors

Scope

ITEM 2- These procedures and principles cover the form of education, task descriptions, authorities and responsibilities to be given to intern doctors in their departments.

Basis

ITEM 3- These procedures and principles have been prepared in accordance with the Education, Training and Examination Directive of Istanbul Medipol University International School of Medicine.

Definitions

ITEM 4- In these procedures and principles;

1. University: Istanbul Medipol University
2. Senate: Istanbul Medipol University Senate
3. Faculty: Istanbul Medipol University International School of Medicine ,
4. Dean: Dean of Istanbul Medipol University International School of Medicine
5. Faculty Board: Faculty Board of Istanbul Medipol University International School of Medicine,
6. Faculty Administrative Board: Faculty Administrative Board of Istanbul Medipol University International School of Medicine,
7. Chief Coordinator: 1 (one) faculty member assigned by the Dean's Office
8. Year VI Coordinator: The faculty member responsible for the planning and coordination of the regular conduct of education and training in Year VI in accordance with the Education-Training and Examination Directive of International School of Medicine
9. Year VI Assistant Coordinator: Assistant Faculty Member of Year VI Coordinator
10. Intern Doctor: The 'Physician Candidate' who completed the first five years of Istanbul Medipol University International School of Medicine, successfully completed all the compulsory, program-specific elective, joint compulsory, and free elective courses, and completed at least 300 ECTS, documented that he passed the Year VI, developed the behavior of solution to clinical problems by using medical knowledge, communication skills and professional values
11. Internship Responsible: The faculty member assigned by the relevant department to ensure and evaluate the interns to acquire the targeted knowledge, skills, attitudes, and behaviors during their internship at the department.
12. Internship Report: It defines the document prepared by the departments in accordance with the educational objectives and curriculum of Istanbul Medipol University International School of Medicine, which includes the attitudes and behaviors expected to be gained in internship, patient files or a breakdown of field studies, and where opinions are processed, and an evaluation is made over 100 full points.

PART TWO

Training Program, Rotations of Internship, Working Periods, Duty

Training Program

ITEM 5- To achieve the objectives of Medical Education, intern doctors spend their last years to receive practical training in various health institutions determined by the recommendations of the departments and the decision of the Coordinators Board and the Executive Board, especially in the Istanbul Medipol University International School of Medicine Medipol Mega Hospital and Health Application and Research Centers.

Education program of the Year VI is planned for a doctor who has graduated from school of medicine based on the possession of competencies to teach and inform the society about diagnosis, treatment, and prevention of diseases.

Rotations

ITEM 6- a. Rotations in the Medical Education Program and their duration are shown in the table below.

Table 1. The Elements of Rotations

| Rotation | DURATION (minimum-maximum) | ECTS |
|---------------------------|-------------------------------|------|
| Internal Medicine | 2 months (320-352 hours) | 10 |
| Pediatrics | 2 months (320-352 hours) | 10 |
| Obstetrics and Gynecology | 1.5 months (240-280 hours) | 6 |
| General Surgery | 1.5 months (240-280 hours) | 6 |
| Emergency Department | 2 months (320-352 hours) | 10 |
| Public Health | 2 months (320-352 hours) | 10 |
| Elective | 2 weeks (80-96 hours) | 4 |
| Forensic Medicine | 2 weeks (80-96 hours) | 4 |

- b. At the end of the Year VI, the internship groups and their dates are determined and announced by the Head Coordinator/Year Coordinator While determining the internship groups, a balanced distribution in terms of number is ensured. The lists of the groups are sent to the internship supervisor of the Department. The report cards are delivered to the students by the Dean's Office on the day when the rotations start. At the end of each rotation, intern doctors get their report cards approved by the Head of the Department and the Dean.
- c. Internship is done primarily in the departments/divisions of the faculty. This training is related to the Department's permission and approval of the Faculty Administrative Board. It can be done at the universities abroad, provided that it does not exceed half of the 12-month internship period. The validity of the education to be taken from abroad is decided by the Board of Directors, considering the preliminary permission of the relevant Department.

Duration of duty and night shifts

ITEM 7- a. In the Year VI of education program, each rotation of internship starts at 08:00 and ends at 17:00. Duration of working in the units is arranged by the department according to the morning and evening periods.

- b. Night shifts are the compulsory part of Year VI training. These shifts are for educational purposes and must not be more often than 1 in 3 days and cannot be in consequential days. The frequency of the shifts is determined by the training officer of the internship, provided that it does not exceed the specified upper limit.

PART THREE

Evaluation of Success

Success

ITEM 8- The Year VI is evaluated with the criteria of “proficiency” for each unit. The relevant departments determine the proficiency criteria and evaluation methods for their rotations and report them to the Year VI Coordinator. The work of the intern doctors is monitored regularly through the internship report cards within the framework of the prepared program, and whether they are successful or not is determined by the Department. Success grade is 60 (sixty) points over 100 (hundred) full points.

Absenteeism

ITEM 9- a. Attendance to rotations during internship is compulsory

- b. Absenteeism due to health problem or a valid excuse cannot exceed 15% of the internship period, provided that it is documented and definitely compensated.
- c. The compensation method is determined by the relevant Department.

Failure and Repeat of the Internship

ITEM 10- a. Intern doctors who exceed the absenteeism limit and/or whose internship passing grade is below than 60 out of 100 points are considered unsuccessful in the internship. The department notifies the “Failure” decision with its reasons to the Year VI Coordinatorship. These reasons are; It must be in line with the pre-determined proficiency criteria in the intern doctor's report card and documented. A “failure” decision taken without a justification is not accepted. The “Failure” decision is announced to the relevant student by the Year VI Coordinator at the end of the internship.

- b. Unsuccessful intern doctors repeat the internship. Repetition time is equal to the total duration of the internship.
- c. Internship repetitions are applied in the next period following the completion of all rotations during internship.

PART FOUR

Responsibilities and Duties of the Year VI Coordinator

Responsibilities

ITEM 11- The Year VI coordinator and assistant coordinator are responsible for the execution of the education process in accordance with the educational objectives and curriculum of the Istanbul Medipol University International School of Medicine, and for the coordination between the interns, the Coordinators Board, the Departments, and the Dean's Office.

Duties

ITEM 12- Duties of the Year VI coordinator and assistant coordinator:

- a. To ensure that the education program of Istanbul Medipol University International School of Medicine Year VI students is carried out regularly within the framework of the National Core Education Program
- b. To notify the Head Coordinator for the regulations, problems encountered and solution suggestions in the training program
- c. To supervise the compliance and participation of the instructors in the education-training programs
- d. To supervise the suitability of the physical and equipment conditions of the theoretical and practical working environments used in education and training
- e. To organize communication meetings attended by lecturers and students, supervising the organization of all activities within internship
- f. To ensure that all feedback surveys, especially the internship evaluation surveys, related to education and training are made.
- g. To ensure that the intern report cards are filled regularly and that the Intern Working Principles and Procedures are applied, and to inform the Head Coordinator of any problems that may occur in these matters.

PART FIVE

Responsibilities of the Department

Determination of Internship Supervisors

ITEM 13- All departments in the Year VI education program determine the internship supervisors of the Department and notify the Year Coordinator and the Dean's Office one month before the new rotation starts

Conducting Education

ITEM 14- Intern report cards, covering the objectives and clearly defined methods are used for each rotation of the internship. The Education supervisor is responsible for ensuring, monitoring, and evaluating the conduct of the education in accordance with the objectives during the internship. For this purpose, the Department monitors the work of intern doctors in the clinic or in the field and evaluates and approves the files and report the cards prepared.

a. Every year, before the start of the new year, the departments present their internship goals and objectives, tools and methods, qualification, and evaluation criteria to the Dean's Office through the internship supervisor, on the dates determined by the Dean's Office.

Duties of Internship Responsible

ITEM 15- a. Organizing the training and rotation programs of the intern doctors in the unit, preparing the shift schedules

b. Participating in the evaluation meeting held with the Year VI coordinator and intern representatives following week after end of the internship

c. At the end of the academic year, to prepare a report including evaluation and recommendations of the internship together with the Head of the Department, and to submit it to the Year VI coordinator.

PART SIX

Rules to be followed by Intern Doctors

ITEM 16- a. Intern doctors should improve their medical knowledge and critical thinking skills by participating in seminar programs, the hours for critical appraisals of articles, conferences and similar academic activities as well as improve their skills to produce solutions to the health problems in the light of professional values and principles during the education process in Year VI

b. Intern doctors are required to wear a white coat or uniform and carry a badge with photo during their working hours.

c. Intern doctors are responsible for the preservation of their personal report cards, their approval by the Heads of the Departments, and their submissions to the Year Coordinator at the end of all rotations.

d. The intern doctors should introduce themselves as "intern doctors" to their patients.

e. The intern doctor takes the medical history of the patient whose responsibility is given to her, under the supervision of the faculty members, for educational purposes, and performs the physical examinations.

f. The intern doctor must obey the rules and internal guidelines of the institution in Istanbul Medipol University International School of Medicine Hospital and other health institutions.

g. The intern doctor works under the supervision and control of the internship supervisor or the faculty member assigned by the supervisor. Operations and processes such as entering data into the patient file in the database, which is a legal document, making a consultation request, discharging the patient by writing an epicrisis, writing a prescription to be given to the patient, can only be performed under the supervision of the faculty member.

h. It is expected from the intern doctor to learn about the interventions determined in the internship report cards and to develop their skills. The intern doctor can perform the interventions specified in the report cards under the responsibility of the faculty member, accompanied by the permission of the patient. The relevant faculty member is responsible for all complications and problems that may arise related to the interventional procedure.

- i. Intern doctors must know the rights of patients and their relatives, respect these and ethical rules, and comply with the principle of confidentiality of patient information
- j. The intern doctor cannot give any information about the patient's medical condition and course to the patient and patient relatives, except for the knowledge and supervision of the faculty member
- k. Intern doctors can inform patients and their relatives under the supervision of a faculty member.

PART SEVEN

Situations Without Provisions, Effective and Execution

ITEM 17- In cases not specified in these procedures and principles, the provisions of the Istanbul Medipol University International School of Medicine Education-Training and Examination Directive and Faculty Board Decisions are applied.

Force

ITEM 18- These procedures and principles enter into force on the date they are accepted by the Istanbul Medipol University Senate, to be valid from the 2020-2021 academic year

Effective



ITEM 19- The provisions of these procedures and principles are executed by the Dean of Istanbul Medipol University International School of Medicine.

ATTACHMENTS:

INTERNSHIP REPORTS

FUNDAMENTAL PRINCIPLES OF INTERNSHIP EDUCATION



1. The purpose of the Year VI education program is to enable the student to practice clinical applications of the theoretical and practical knowledge gained in previous years, to gain experience and skills in the practical application of the art of medicine, and to bring the physician candidate to the best level in the practice of medicine.
2. Interns work under the responsibility of the relevant physician in areas of the clinics and polyclinics. In these works, at a minimum, they must fulfill the issues specified in the "intern report card". Theoretical and the practical parts of their education are carried out under the control of the internship supervisor, with the contribution of all faculty members of the relevant department. The Head of the Department is responsible for the execution of the education program.
3. The intern must comply with the conditions of the institution where he / she is educated, to provide all kinds of health and educational services, and to participate in all clinical activities.
4. According to the activities to be implemented in the program, the student is directly responsible to the relevant physician in the clinic and polyclinic. The number of shifts is arranged according to the working conditions of the departments. It is compulsory for the student to comply with the shift schedule.
5. At the end of the relevant internship, the intern supervisor evaluates and signs the intern report card in terms of competence, practices, and observations. When the theoretical and practical knowledge acquired by the student in that internship is deemed as sufficient, the Head of the Department approves the report card and sends it to the Dean's Office.

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|--|------------|---|------------|
|   | | DUTIES, AUTHORITIES AND RESPONSIBILITIES OF INTERN DOCTOR | |
| Document Number | MDR-GYSI9 | Revision Number | 5 |
| Effective as of | 13.08.2012 | Revision Date | 02.10.2020 |

| REVISION STATUS | | |
|-----------------|-----------------|---|
| Revision Date | Revision Number | Explanation |
| - | 0 | New released |
| 01.01.2016 | 1 | A 3-year review was carried out. Changes were made to the Transfer of Duty clause |
| 01.06.2016 | 2 | Changes have been made in the Training Required SECTION |
| 03.04.2017 | 3 | Transition to QDMS |
| 25.09.2020 | 4 | A 3-year review has been made and the 4.1 item on the document has been amended |
| 02.10.2020 | 5 | Ethical Principles for Health Professions article has been added |

| | NAME / SURNAME | SIGNATURE |
|-------------|--|-----------|
| Prepared by | Prof. Dr. Ayhan Taştekin Dean | |
| Controller | Ayşegül Ergin Quality Controller | |
| Approver | Prof. Dr. Gazi YİĞİTBAŞI Medical Director | |

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|---|------------|---|------------|
|   | | ISM INTERN DUTIES, AUTHORITIES AND RESPONSIBILITIES | |
| Document Number | MDR GYS19 | Revision Number | 5 |
| Effective as of | 13.08.2012 | Revision Date | 02.10.2020 |

ASSIGNMENT: Intern

1. UNIT: Medical Director

2. SUMMARY OF THE TASK

Participating in all theoretical and interventional practices in order to apply and develop the theoretical and practical knowledge acquired during the first 5 years of medical education in accordance with the Education-Training and Examination Directive of Istanbul Medipol University International School of Medicine, under the supervision of the responsible assistant, faculty member / specialist

3. MAIN RESPONSIBILITIES



In accordance with the Education-Training and Examination Directive of Istanbul Medipol University International School of Medicine, the responsible assistant performs the following duties under the supervision of a faculty member/specialist

- Participating in all examination, treatment, clinical practice, care, and management of the patient in the service in which he/she is assigned, from the admission to the hospital, accompanied by and under the supervision of an assistant, specialist, or faculty member
- Putting information related the course of the patient's disease in the file, making the request for the drugs that the patient should take, participating in the discharge procedures, accompanied by and under the supervision of the assistant, specialist doctor or faculty member
- Presenting the patient to the faculty member for whom he/she is responsible, in the company of the patient's responsible assistant, to attend all the visits at the service
- Fulfilling the given tasks related to preparing the patient file
- Fulfilling the duties given in the patient's referral and transfer procedures
- Protecting tools, equipment, materials, patient files and documents belonging to the hospital
- To carry out various medical procedures assigned to him/her.
- Actively participating in scheduled activities of education and research
- Arriving on time to the shifts and leaving the hospital by shift handover.
- Participating in lectures, seminars, courses, conferences, literature studies, councils, case reports and clinical conferences held every academic year by the departments and by the Dean.
- To carry out medical services by complying with patient rights and to make an effort to increase the quality of service
- To act in accordance with ethical rules and in an attitude that facilitates cooperation in relations with colleagues.
- To be meticulous about the attire determined by the institution and attendance
- To comply with the legal regulations and the procedures and instructions related to the Quality Management System.

4. ETHICAL PRINCIPLES OF HEALTH PROFESSIONALS

- Considers the health of individuals and society as its priority
- First, it complies with the principle of doing no harm (primum non nocere).
- While providing health services, he/she makes planning and implementation in the best and most beneficial way by using all the knowledge, skills, and opportunities he/she has with the education and experience he/she has acquired.
- He/she always strives to serve at the highest level.
- Respects the personal rights and privacy of the individuals he/she serves.
- Respects the patient's right to make the decision about her/his own health. For this reason, he/she provides accurate and sufficient information to the patient about his/her health status by paying attention to the cultural, social, and mental status of the patient.
- He/she does not discriminate based on race, ethnicity, culture, political opinion, religion, belief, occupation, social status, marital status, gender, age, health status, place of birth, lifestyle, mental or physical ability, economic position, or other attitudes of the patients.
- Considers the distribution of available resources with respect to the needs of individuals, groups, or communities, within the framework of the principles of fairness, justice, equality, and objectivity.

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|   | | ISM INTERN DUTIES, AUTHORITIES AND RESPONSIBILITIES | |
| Document Number | MDR-GYSI9 | Revision Number | 5 |
| Effective as of | 13.08.2012 | Revision Date | 02.10.2020 |

- Keeps all identifiable information and all other personal information about the patient's health status, diagnosis, course, and treatment of the disease confidential, even after death. At the same time, he/she respects the privacy of information, body, and thoughts of health care recipients
- She/he practices her/his profession within the framework of legitimacy and honesty.
- She/he carries out health services by considering socio-cultural values in line with the education she/he has received, the knowledge, experience, and scientific opinions she/he has acquired.
- Acts honest towards the individual and society, not deceptive.
- In health services, does not use the individual and society as a means of interest by directing a certain application to a person or institution through scientific research or educational activities.

5. PLACE IN THE ORGANIZATION

Senior: Head of Department

Subordinate: -

DUTY TRANSFER: Another intern

6. TRAINING TO BE TAKEN

6.1. Orientation training

- Quality management system
- Department-specific orientation
- Patient safety goals
- Infection control
- Drug safety
- Fire security
- Basic life support

6.2. In-service trainings

- Trainings determined in the internship program

I have read and understood the duties, authorities and responsibilities written above.

Intern

Name-Surname:

Signature:

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**ISTANBUL MEDIPOL UNIVERSITY
INTERNATIONAL SCHOOL OF MEDICINE
OBSTETRICS & GYNAECOLOGY DEPARTMENT**

Date:

Rotation Group:

| | |
|--------------------------|--|
| Rotation Duration | 1.5 months |
| Rotation Type | Compulsory |
| Rotation Responsible | Prof. Dr. Gökhan YILDIRIM |
| Purpose | To train intern doctors as physicians who know gynecological diseases and pregnancy problems, care about protective and preventive medicine, recognize gynecological emergencies and obstetric diseases and who are able to refer them to Gynaecology and Obstetrics specialists when it's necessary. |
| Teaching Methods | Seminar, bedside interactive discussion with faculty members (taking medical history, preparing, and presenting files, discussion, monitoring) and regular meetings of relevant branches of science (clinical case discussions, etc.), outpatient patients, active participation in outpatient practices |
| Evaluation Methods | Intern report card applications and outpatient and clinical studies will be evaluated by their attitude towards patients' relatives and staff, and their success and attendance in seminars and clinical meetings. |
| Working Conditions/Rules | <p>Working Conditions</p> <ol style="list-style-type: none"> 1. Works at clinic and polyclinic are done in two-week periods. 2. Weekday and weekend shifts will be held within the order determined during the rotation. Intern doctors are expected to be where they are assigned to during the shift. A person with a special disability should report this as soon as they have a problem or disability. 3. During ALL service and polyclinic applications, intern doctors should pay attention to their attire, attitude and patient privacy. 4. INTERVIEWS should NOT be interrupted and should begin on time. <p>Working Rules in the Clinic:</p> <ol style="list-style-type: none"> 1. Intern doctors in the service will be at least one patient's second-degree responsible doctor with one of the assistants. 2. The intern doctor will INTERVIEW and examine the patients and their relatives, present the patient during the visits like other assistants, give information about the disease history, examination findings, treatment plan and PROCESS, and review the results of the discussions with the assistant and/or the relevant faculty member. <p>Working Rules in the Polyclinic:</p> <p>The intern doctors of the outpatient clinic will first participate in the INTERVIEWS as observers, provided that the patient's permission is obtained, and then they will carry out the interviews themselves according to the program determined under the supervision of the relevant faculty member and assistant.</p> <p>Note:</p> <p>Interns are required to give at least one seminar presentation and participate in other educational activities of the department during the internship.</p> |

| GENERAL SKILLS | | | |
|---|------|------|----------|
| INTERVENTION | Type | Date | APPROVAL |
| Taking anamnesis | P | | |
| Physical examination | P | | |
| Recording examination findings | P | | |
| Obtaining informed consent | P | | |
| Ability to monitor patients | P | | |
| Presenting the patient at the faculty visit | P | | |
| Writing epicrisis | P | | |
| Preparation of patient file | P | | |
| Being able to make the preliminary diagnosis / the diagnosis | P | | |
| To request the basic laboratory tests required for diagnosis in the appropriate order, to be able to evaluate the results | P | | |
| Planning the treatment, evaluating, and monitoring the benefit of the treatment | P | | |
| Presenting a case | P | | |
| Intern seminar | P | | |
| Ability to communicate sensitively with the patient | P | | |
| PRACTICAL SKILLS | | | |
| INTERVENTION | Type | Date | APPROVAL |
| Wound care and dressing | P | | |
| Taking blood sample from the patient | P | | |
| Vascular access | P | | |
| Urinary catheter application | P | | |
| Intramuscular, intravenous injections | O | | |
| Observation during Colposcopy | O | | |
| Endometrial biopsy observation | O | | |
| Sterilization and participation in operation | P | | |
| Night shift (4 times totally until morning) | P | | |
| Taking and interpreting cardiocography | P | | |
| Interpreting a transvaginal or abdominal ultrasound | O | | |
| Observation during Amniocentesis, CVS or cordocentesis | O | | |
| Making an enema | O | | |
| Suture removal | O | | |
| Taking cervical smear from the patient of gynecology | O | | |
| Attending labor at least twice | O | | |

| PRACTICAL SKILLS | | | |
|---|------|------|----------|
| INTERVENTION | Type | Date | APPROVAL |
| Labor follow-up | O | | |
| Suturing and attending episiotomy repair | O | | |
| Speculum insertion | O | | |
| Accompanying IUD* insertion | O | | |
| Taking vaginal culture sample and wet preps | P | | |
| Application and evaluation of Non-stress test | O | | |
| Assisting to the labor | O | | |
| Delivery of the placenta | P | | |
| Assisting to cesarean section | P | | |
| Assisting to gynecological operations | P | | |

***IUD:** Intra uterine device

P: Should be practiced

O: Should be observed

CLINICAL SKILLS NEED TO BE ACHIEVED

1. Counseling during pregnancy preparation
2. Being able to follow up pregnant patient
3. To know the approach to prenatal and postpartum hemorrhage of pregnancy
4. Approach to family planning
5. Knowing general gynecological diseases

PATIENTS FOLLOWED BY THE INTERN DOCTOR UNDER THE PRIMARY
PATIENT RESPONSIBILITY

| PATIENT NAME-SURNAME | PROTOCOL NO | DIAGNOSIS | APPROVAL |
|----------------------|-------------|-----------|----------|
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[illegible]

* The subject which will be presented by the intern is notified to the intern at the beginning of the internship.

| ATTENDANCE OF OB/GYN ROTATION | | | | | |
|----------------------------------|--|--|--|--|--|
| DATE | | | | | |
| APPROVAL STAMP / SIGNATURE | | | | | |
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| ATTENDANCE OF OB/GYN ROTATION | | | | | |
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**ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF
MEDICINE OBSTETRICS & GYNAECOLOGY DEPARTMENT**

| Intern Doctor's | ASSESSMENT | | | |
|---|------------|------|------|--------------|
| | Very Good | Good | Fair | Insufficient |
| 1. General Medical Background | | | | |
| 2. Duty Responsibility | | | | |
| 3. Approach to the Patient | | | | |
| 4. Psycho-social State | | | | |
| a- Responsibility to himself/herself | | | | |
| b- Attitudes towards the Patient | | | | |
| c- Attitudes towards the seniors | | | | |
| d- Attitudes towards the colleagues/friends | | | | |
| e- Attitudes towards the staff | | | | |
| 5. Attendance | | | | |

RESULT:

The studies of the Year VI intern, whose general evaluation is summarized above, and whose name is written, were evaluated according to the relevant article of OUR FACULTY's Education and Training Regulations, and at the end of the internship, the student was found to be **SUFFICIENT** or **INSUFFICIENT**.

Passing Grade is (in numbers) (in writing)

Head of Department

Signature

ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE DEPARTMENT OF INTERNAL MEDICINE

Date:

Internship Group:

| | |
|--------------------------|---|
| Internship Duration | 2 months |
| Internship Type | Compulsory |
| Internship Responsible | Prof. Dr. Ali MERT |
| Purpose | Our aim is to educate the interns' as doctors who can diagnose and treat common diseases in our country, related with Internal Medicine. |
| Teaching Methods | Seminars, interactive bedside debating (medical history, prepare and present a patient file, debate, observe), Department of Internal Medicine meetings (case presentations), polyclinic visits |
| Assessment Methods | Intern report card, polyclinic and clinic performance, seminars, attitude towards patient and patient relatives and attendance to meetings are important for this internship. |
| Recommended Sources | 1. Cecil Medicine (Lee Goldman, Andrew I Schafer) 2. Lange, Symptom to Diagnosis (Scott D.C Stern) 3. Harrisons Manual of Medicine, Internal Medicine |
| Working Conditions/Rules | <p>Working Conditions: Intern doctors will rotate in the related polyclinic and services for total of 2 months, one month each in two divisions. There will be weekday and weekend shifts during the internship. Intern doctors are expected to be where they need to be during working hours on duty. If intern doctor has a special excuse to attend, they must report this as soon as the problem occurs, to the person who is in charge. During the internship, interns should pay attention to their attitudes and outfits.</p> <p>Working Rules in the Clinic: In the clinic, all Intern doctors are secondarily responsible of at least one patient with one of the assistant in collaboration. Intern doctor will communicate with the patients and their relatives, make physical examination, and present the patients at visits, give information about the disease, make treatment plan and review the results with the senior assistants and/or the faculty member.</p> <p>Working Rules in the Polyclinic: In the polyclinic Intern doctors will first participate as an observer and then start to examine patients under responsibility of a faculty member.</p> <p>Note: During the internship; interns are required to give at least 1 seminar presentation and participate in other educational activities of the department. It is compulsory to perform the practical skills and general competencies signed with asterix (*). Competencies and skills without an asterix must be at least 50% completed. Competence of the interns under the supervision of the relevant faculty member must be approved by the same faculty member immediately after each procedure.</p> |

| GENERAL SKILLS | | | |
|--|------|------|----------|
| INTERVENTION | TYPE | DATE | APPROVAL |
| Taking anamnesis (*) | P | | |
| Physical examination (*) | P | | |
| Documentation of the examination notes | P | | |
| Obtaining informed consent | P | | |
| Making patient observation (*) | P | | |
| Writing an epicrisis | P | | |
| Preparing patient's medical file | P | | |
| Being able to make a prediagnosis / diagnose | P | | |
| Requesting the basic laboratory tests and evaluating the results (*) | P | | |
| Planning treatment and interpreting patients' response | P | | |
| Being able to present a case (*) | P | | |
| Giving an intern seminar (*) | P | | |
| PRACTICAL SKILLS | | | |
| INTERVENTION | TYPE | DATE | APPROVAL |
| Blood gas sampling (*) | P | | |
| Blood pressure measurement and analysis (*) | P | | |
| Artery blood gas sampling (*) | P | | |
| Nasogastric tube insertion | O | | |
| Complete urinary sample analysis | P | | |
| Paracentesis | O | | |
| Peripheral smear analysis | O | | |
| Record and analyze ECG (*) | P | | |
| Taking blood sample from a patient | P | | |
| Inserting urinary catheterization (*) | O | | |
| Insulin Injection (*) | P | | |
| Thoracentesis | O | | |
| Upper GI tract endoscopy | O | | |
| Noninvasive mechanical ventilation practice | O | | |
| Kidney and liver biopsy | O | | |

| PRACTICAL SKILLS | | | |
|--|------|------|----------|
| INTERVENTION | TYPE | DATE | APPROVAL |
| Bone marrow biopsy | O | | |
| Bone marrow aspiration | O | | |
| Thyroid fine needle aspiration biopsy | O | | |
| Endocrinological testing | O | | |
| Lumbar puncture | O | | |
| Cardiopulmonary Resuscitation | O | | |
| Measurement of blood glucose with a glucometer (*) | O | | |
| Ability to explain and assist the medical intervention to the patient | O | | |
| Removing a non-tunneled hemodialysis catheter (subclavian, internal jugular) | O | | |
| Culture sampling (blood, urine, catheter etc.) | O | | |
| Medical handwashing (*) | O | | |

*Compulsory

50% of the non-compulsory practices and observations must be completed.

P: Should be PRACTICED

O: Should be OBSERVED

[illegible]

| INTERN DOCTOR TRAINING MEETINGS | | | |
|---------------------------------|------|-------------------|----------|
| SUBJECT | DATE | PRESENTATION TYPE | APPROVAL |
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*Subject of the presentation will be given to interns in the begging of the internship.

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| ATTENDANCE (SEMINAR) (Signature and approval from the internal medicine assistant) | () ATTENDED () ABSENT |
| ATTENDANCE (1 st FACULTY MEMBER) (Signature and approval from the faculty member during first month rotation) | () ATTENDED () ABSENT |
| ATTENDANCE (2 nd FACULTY MEMBER) (Signature and approval from the faculty member during second month rotation) | () ATTENDED () ABSENT |
| SCORE (... / 100) For interns who does not have any absenteeism; internship grade will be given by the internship manager according to; seminar presentations, followed patients, practical skills, and general skills. | |
| SUCCESS | () SUCCESSFUL () UNSUCCESSFUL |
| INTERNSHIP COORDINATOR | |
| APPROVAL DATE | |
| SIGNATURE | |

ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE

DEPARTMENT OF PEDIATRICS

Date:

Rotation Group:

| | |
|-------------------------------|---|
| Internship Duration | 2 months |
| Internship Type | Compulsory |
| Internship Responsible | Assist. Prof. Dr. Remzi ERKESİM |
| Purpose | The purpose of the Pediatrics internship: To train intern doctors as physicians who prioritize preventive medicine in the field of Pediatrics, appropriately treat common childhood diseases, and who can recognize and treat childhood emergencies. |
| Teaching Methods | Seminars, bedside interactive discussion with faculty members (history taking, file preparation and presentation, discussion, monitoring), regular meetings of the Department of Pediatrics and related divisions (clinical case discussions, etc.), outpatient patients, active participation in the practices in the outpatient clinic |
| Evaluation Method | Intern report card applications and outpatient and clinical studies will be evaluated by their attitude towards patient relatives and staff, and their participation in seminars and clinical meetings. |
| Recommended Sources | 1. Nelson Textbook of Pediatrics, 20th edition, 2016 2. Pediatrinin Esasları, Ed: Prof. Dr. TÜLAY Erkan, Prof. Dr. Tufan Kutlu, Prof. Dr. Mehmet Satar, Prof. Dr. Emin ÜNÜVAR. 2017 3. Uptodate.com |
| Working Conditions/Rules | 1. Intern doctor training in the Department of Pediatrics covers a period of 2 months. During this period, intern doctors work alternatively in the Clinic of Pediatrics, the Pediatrics polyclinics, and the delivery-baby room. 2. Shifts are kept in the clinic of pediatrics, outpatient clinic and emergency room. 3. Intern doctors who work under the responsibility of the on-duty assistant, and the on-duty assistant can make changes to the station when he/she deems it necessary. 4. The shift list is arranged by the responsible assistant. 5. Changes to the shift list must be notified to the assistant who is in charge at least one day in advance. 6. Without a reasonable excuse for arriving late or not arriving at all will be required to repeat the internship. 7. On-duty interns are responsible for participating in shift handover with the assistants. 8. The intern doctor on duty is responsible to inform the assistant on duty in cases where it is necessary to leave the shift. |
| Working Conditions of Clinics | 1. Intern doctors working in services work under the supervision of assistants. 2. They are present at the clinic at 08:00 in the morning at the latest, examine the patients they are responsible for, and participate in the assistant's visit. 3. Intern doctors are responsible to know the diagnosis, treatment, and problems of patients other than the patients they are responsible for. 4. Interns present their patients at faculty visits. 5. Intern doctors are obliged to attend the training meetings of the Department, unless the patients they follow in the clinic have an emergency. 6. Intern doctors cannot leave the clinic until shift handover the patients they follow during the evening visit. Shift handovers are made collectively with the on-duty assistant team, intern doctors cannot do shift handover among themselves. 7. Intern doctors write the epicrisis of the patients they will discharge on the computer under the supervision and responsibility of the assistant and have it signed by the faculty member responsible of the clinic. Patients whose epicrisis have not been written or signed will not be discharged. |

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| Intern Education Meetings | 1. Tuesday (12.00-13.00, every Tuesday during the internship): Case presentation or article hour attended by faculty members, specialists, and assistants under the supervision of the faculty member responsible for the subject 2. Wednesday (12.00-13.00): Drug launch meetings 3. Thursday (12.00-13.00, every Thursday during the Internship): Lecturer seminar 4. Practice-oriented trainings for intern doctors (history information will be given at the beginning of the internship). |
|---------------------------|---|

| GENERAL SKILLS | | |
|--|------------------------|----------|
| INTERVENTION | Number of Applications | Approval |
| Preparation of patient's file | | |
| Patient monitoring | | |
| Writing an epicrisis | | |
| Taking history | | |
| Physical examination | | |
| Record history and physical examination findings | | |
| Patient presentation at visits | | |
| Follow up the patient | | |
| Ability to approach the problem of the patient | | |
| Pre diagnose and diagnose | | |
| Ability to request laboratory tests required for diagnosis and treatment in the appropriate order and to evaluate the results. | | |
| Treatment planning, evaluating and monitoring the benefit of treatment | | |
| Literature review and article presentation and interpretation skills | | |
| PRACTICAL SKILLS | | |
| Medical Procedure | Number of Applications | Approval |
| Blood draw | | |
| Venous blood draw | | |
| Open the venous line | | |
| Take culture | | |
| Attend night shift | | |
| Vaccination plan | | |

| PRACTICAL SKILLS | | |
|---|------------------------|----------|
| INTERVENTION | Number of Applications | Approval |
| Nutrition planning | | |
| Vaccinate | | |
| Evaluation of complete blood count | | |
| Evaluation of peripheral blood smear | | |
| Evaluation of urinary analysis | | |
| Taking a blood sample for Phenylketonuria (PKU) | | |
| Apply nasogastric tube | | |
| Gastric lavage | | |
| Measure capillary glucose | | |
| Insulin Injection | | |
| Observe bone marrow aspiration | | |
| Observe bone marrow biopsy | | |
| Intrathecal therapy monitoring | | |
| Port insertion and catheter care | | |
| Observe skin prick test | | |
| Seminar presentation | | |
| Article presentation | | |
| Intramuscular injection | | |
| Evaluate chest x ray | | |
| Transcutaneous bilirubin measurement and evaluation | | |
| Placement of urinary catheter | | |
| Oxygen and inhalation therapy application | | |
| Take and evaluate ECG | | |

PRACTICE-ORIENTED INTERN TRAINING PROGRAM

| Date | Course Name | Approval |
|------|---|----------|
| | Diabetic Ketoacidosis | |
| | Anaphylaxis and Urticaria | |
| | Fever Child | |
| | Pediatric resuscitation and foreign body aspiration | |
| | Child with respiratory distress | |
| | Newborn resuscitation | |
| | Emergency approach to pediatric arrhythmias | |
| | Prescribing and prescription examples | |
| | Convulsion in a child | |
| | Fluid electrolyte treatment | |
| | Breastfeeding education | |

PRO-CON PRESENTATIONS

| Date | Presentation Name | Approval |
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| INTERN DOCTOR TRAINING MEETINGS | | | |
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**ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF
MEDICINE DEPARTMENT OF PEDIATRICS**

| Intern Doctor's: | ASSESSMENT | | | | | | | |
|--|---|------|------|--------------|---|------|------|--------------|
| | 1. Rotation | | | | 2. Rotation | | | |
| | Department | | | | Department | | | |
| | Very Good | Good | Fair | Insufficient | Very Good | Good | Fair | Insufficient |
| 1. General Medical Knowledge | | | | | | | | |
| 2. Duty Responsibility | | | | | | | | |
| 3. Approach to the Patient | | | | | | | | |
| 4. Psycho-Social Status | | | | | | | | |
| a- Self Responsibility | | | | | | | | |
| b- Attitude towards the Patient | | | | | | | | |
| c- Behavior towards their superiors | | | | | | | | |
| d- Behavior towards friends | | | | | | | | |
| e- Behavior towards Other Staff | | | | | | | | |
| 5- Engagement to the shifts | | | | | | | | |
| 6- Attendance Status | | | | | | | | |
| 7- Grade given by faculty member (out of 100) | | | | | | | | |
| Approval Signature of Faculty Member | Approval Signature of Faculty Member | | | | Approval Signature of Faculty Member | | | |
| Grade: | Grade: | | | | Grade: | | | |
| Approval Signature of Faculty Member | Approval Signature of Faculty Member | | | | Approval Signature of Faculty Member | | | |
| Grade: | Grade: | | | | Grade: | | | |

CONCLUSION:

The studies of the Year VI intern student, whose general evaluation is summarized above, and whose name is written, have been evaluated according to the relevant article of our faculty's Education and Training Regulations, and at the end of the internship, the student has been found to be **SUFFICIENT** or **INSUFFICIENT**.

Passing Grade (in numbers) (in writing)

**Head of Department
Signature**

**ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE
DEPARTMENT OF GENERAL SURGERY**

History:

Internship Group:

| | |
|------------------------|--|
| Internship Duration | 1.5 month |
| Internship type | Compulsory |
| Internship Responsible | Prof. Dr. Mustafa ÖNCEL |
| Purpose | The purpose of this internship is to provide good work with patients and their relatives, who care about preventive medicine in the field of general Surgery, and to provide care for their patients and minimal surgery attempt (opening of abscess, suturing, etc.) physicians who can apply and gain knowledge, skills, attitudes, and attitudes towards primary care physicians. |
| Teaching Methods | Seminar bedside interactive discussion with the consultant (receiving history, preparing, and presenting files, follow up, monitoring) and attending meetings of the general surgery and related departments (clinical case studies etc.), outpatient patients clinics applications. |
| Assessment Method | Intern report card applications and outpatient and clinical studies, attitude towards patient relatives and staff, seminars, continued success in clinical meetings will be evaluated. |
| Suggested Resources | 1. Principles of Schwartz Surgery – 10th Edition – 2016 2. Schwartz's Principles of Surgery – 10th Edition – 2016 3. Sayek Basic Surgery – 4th Edition – 2012 4. UpToDate – www.uptodate.com 5. Medscape – www.medscape.com |

Working Conditions/Rules

First DAY: At 08 am, they should be present at The Department of General Surgery outpatient clinics.

The responsible faculty member introduces himself, and explains the rules and works to be done during the general surgery internship program.

Daily working rules: working hours are determined by the directory. Intern doctors sign the form and these signatures are regarded as attendance.

Working rules in clinic: Interns spend a MAJOR PART OF THE DAY with the relevant faculty member / assistant physicians under the supervision of the responsible faculty member.

It is compulsory to wear the white coat when working in the clinics. They are RESPONSIBLE for attending morning and evening visits, presenting the patients assigned to them, patient examination, obtaining consent, performing/recording DAILY follow-ups, monitoring/performing minor surgical interventions, monitoring/making examination requests, monitoring/making patient admission/exit procedures.

Any procedures that would be "performed" other than the follow-ups should be accompanied by the assistant physician and within the knowledge of the responsible member of the staff.

Working rules at the outpatient clinic: THEY ARE RESPONSIBLE to observe the physician's approach to the patient, to take anamnesis and monitor it while being taken, to follow/make the examination requests, to monitor the analysis of the examination results, to monitor/perform the physical examination, to recognize the prescribed drugs and to learn their indications. They also assist MINOR surgical procedures, biopsies, and dressings at the outpatient clinic.

Working rules in the operating room: The operating room is entered together with the responsible faculty member or assistant physician. He/she monitors and assists the patient's preparation for the surgery and if deemed necessary by the responsible, can be taken as an assistant when the surgery starts, or he/she follows the surgery from the outside as an observer. While the patient wakes up, he/she follows the awakening PROCESS. If necessary, he/she follows the video recordings and photo shoots related to the surgery, observes the writing of the surgery notes/writes them in a controlled manner.

Shift rules: Shifts begin at 9 am on holidays. During these hours, interns must be present at the clinic while wearing a white coat. During the Shift, he/she works together with the assistant on duty, under the supervision and knowledge of the expert. He/she becomes an observer to the initiatives, the works to be done, surgical procedures and a participant if deemed necessary by the responsible. Interns must leave the clinic only after shift handover to the next day's on-duty INTERN. Patient transfers are made collectively with the on-duty team. The number of duties are specified in the directory.

Feedback: At the end of the rotation at clinic, ORAL AND written feedback is received from intern doctors. It takes place at the last week of clinical rotation with compulsory participation of The Head of the Department/Division, responsible faculty member and preferably with other faculty members of the DEPARTMENT and a report is prepared.

Each intern doctor's report card is filled by The Head of the Department/Division and the responsible faculty member. At the end of each internship group, the internship report and report cards are sent to the dean's office with the decision of the academic board.

| GENERAL SKILLS | | | |
|---|------|------|----------|
| INTERVENTION | TYPE | Date | APPROVAL |
| Ability to take anamnesis | P | | |
| Physical examination | P | | |
| Recording of the examination findings | P | | |
| Obtaining informed consent | P | | |
| Ability to monitor patients | P | | |
| Writing epicrisis | P | | |
| Prepare a patient file | P | | |
| Being able to make pre-diagnosis / diagnosis | P | | |
| Requesting the basic laboratory examinations required for the diagnosis in the appropriate order and evaluating the results | P | | |
| Planning treatment, evaluating and monitoring the treatment | P | | |
| Presenting case | P | | |
| Intern seminar | P | | |
| Ensuring and improving physician-patient communication | P | | |
| Presenting Visit | P | | |
| Ability of problem-oriented approach | P | | |
| Recognizing, analyzing, and documenting the problems | P | | |
| Knowing the doses, effects, and side effects of commonly used drugs | P | | |
| Being able to communicate patients and their relatives and to receive the required consents | O | | |
| Teamwork, compliance with ethical rules | P | | |
| Knowing the scientific approach, being a researcher | P | | |
| PRACTICAL SKILLS | | | |
| PROCESS | TYPE | Date | APPROVAL |
| Blood pressure measurement and evaluation | P | | |
| Evaluation of chest x-ray | P | | |
| Duty in clinic | P | | |
| Wound care and dressing | P | | |
| Assessing the patient's volume status | P | | |
| Taking a blood sample from a patient | P | | |
| Nasogastric tube insertion | P | | |
| Being able to make vascular access | P | | |

| PRACTICAL SKILLS | | | |
|--|------|------|----------|
| INTERVENTION | TYPE | DATE | APPROVAL |
| Urinary catheter insertion | P | | |
| Intramuscular injection | P | | |
| Intravenous injection | P | | |
| Urine test evaluation | P | | |
| Evaluation of the result of stool microscopy | P | | |
| Surgical handwashing | P | | |
| Patient evaluation at the outpatient clinic | P | | |
| Breast examination | P | | |
| Suturing/removing skin sutures | P | | |
| Central catheterization | O | | |
| Observing the operation | O | | |
| Open wound care | O | | |
| Perianal and rectal examination | O | | |
| Tracheal Intubation | O | | |
| Inpatient order observation | O | | |
| Nutritional (TPN/Enteral) evaluation | O | | |
| Drain management in surgical patient | O | | |
| Paracentesis | O | | |
| Direct abdominal x-ray | P | | |
| Abscess drainage | O | | |
| Local anesthesia injection | P | | |
| Hernia examination | P | | |
| To be able to explain fluid and electrolyte balance and treat the imbalances | O | | |

| PATIENTS FOLLOWED BY THE INTERN DOCTOR UNDER THE PRIMARY PATIENT RESPONSIBILITY | |
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| INTERN DOCTOR TRAINING MEETINGS | | | |
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| ATTENDANCE OF GENERAL SURGERY ROTATION | | | | | |
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| ATTENDANCE OF GENERAL SURGERY ROTATION | | | | | |
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**ISTANBUL MEDIPOL UNIVERSITY
INTERNATIONAL SCHOOL OF MEDICINE
GENERAL SURGERY**

| INTERN DOCTOR'S: | ASSESSMENT | | | |
|-------------------------------------|------------|------|------|--------------|
| | Very Good | Good | Fair | Insufficient |
| 1. General Medical Knowledge | | | | |
| 2. Duty Responsibility | | | | |
| 3. Approach to the patient | | | | |
| 4. Psycho-Social Situation | | | | |
| a- Self-Responsibility | | | | |
| b- Attitude towards to the Patient | | | | |
| c-Behaviors Towards to Superiors | | | | |
| d- Behaviors Towards Friends | | | | |
| e - Behavior towards Other Staff | | | | |
| 5. Attendance Status | | | | |

CONCLUSION:

The works made in our department of the Year VI intern doctor, whose general evaluation is summarized above, and whose name is written, have been evaluated according to the relevant article of the Education and Training Regulation of our Faculty, the student has been found as **SUFFICIENT / INSUFFICIENT** at the end of the rotation.

Passing Grade (in numbers) (in writing)

Head of Department

Signature

ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE EMERGENCY MEDICINE DEPARTMENT

Date:

Internship Group:

| | |
|------------------------|---|
| Internship | 2 months |
| Internship Type | Compulsory |
| Internship Responsible | Assoc. Prof. Dr. Bedia GÜLEN |
| Purpose | Intern doctors in emergency department will develop and apply the basic knowledge, skills and attitudes gained in pre-clinical and clinical periods. They will learn the principles of general approach to patients of the department of internal medicine and surgery, or injured patients admitted to the emergency department, and learn the emergency department management process including pre-diagnosis/diagnosis and emergency treatment/intervention. In addition, they will be able to make the general evaluation and report writing process of forensic cases applying to the emergency department. |
| Learning Outcomes | Explains the principles and classification of emergency patient approach and triage. Takes anamnesis and performs a full physical examination by applying the principles of taking anamnesis from the emergency patient. Establishes a pre-diagnosis by evaluating the anamnesis and physical examination findings of the patient with emergency complaints. Selects appropriate diagnostic tests for pre-diagnosis. Evaluates the anamnesis, physical examination, and diagnostic test findings of the patient with emergent complaints, determines life-threatening situations and creates a problem list. Applies the necessary first interventions to the patient with urgent complaints, prescribe and refers them appropriately. Applies basic airway techniques in appropriate indications. Applies the steps of basic and advanced life support. Applies the necessary emergency interventions to the traumatized patient (such as external bleeding control, bandage, tourniquet, cervical collar) and appropriate dispatches. Applies the necessary emergency treatment to the poisoned patient. It adopts a holistic (multidisciplinary, biopsychosocial) approach to the emergency patient. Adopts the importance of teamwork in the delivery of emergency health services. |
| Teaching Methods | Critical appraisal of the articles, case presentation, bedside interactive discussion with the relevant faculty member (taking medical history, preparing and presenting a file, discussion, monitoring). Active participation to the regular meetings of the Department of Emergency Medicine (clinical case discussions, etc.) in the emergency outpatient clinic. |
| Evaluation Method | Intern report card applications and outpatient and clinical studies will be evaluated by their attitude towards patient relatives and staff, and their success in seminars and clinical meetings. |
| Suggested Resources | 1. Emergency Medicine: A Comprehensive Study Guide J.E. Tintinalli, R.L. Krome, F. Ruiz 2. Cecil Essentials of Medicine 9. Oppression. In the 2015 World Ed: Prof. Dr. Serhat ÜNAL. Solar Medical Bookstores Ltd. 2016 3. Rosen's Emergency Medicine Concepts and Clinical Practice John Marx, Ron Walls, Robert Hockberger 4. Trauma: A Comprehensive Emergency Medicine Approach Eric Legome, Lee W. Shockleyter |

| GENERAL SKILLS | | | |
|---|------|------|----------|
| INTERVENTION | TYPE | DATE | APPROVAL |
| Obtaining consent from an emergency patient | P | | |
| Medical history taking from an emergency patient | P | | |
| Physical examination in emergency patient | P | | |
| Filling out an emergency patient evaluation form | P | | |
| Pre-diagnosis / diagnosis | P | | |
| Requesting the basic laboratory examinations required for diagnosis in the appropriate order and evaluating the results | P | | |
| Planning treatment, evaluating, and monitoring the benefit of treatment | P | | |
| Presenting Cases | P | | |
| Intern seminar | P | | |
| What is emergency medicine? Emergency service working principles | P | | |
| Ability to write epicrisis report | P | | |
| Ability to write a forensic report | P | | |
| Ability to write prescriptions | P | | |
| To know the indications and criteria for referring emergency patients to another institution when necessary | O | | |
| Gain the ability to quickly make and implement the necessary interventions in the emergency management of critically ill patients | O | | |
| Gaining skills on death notification | O | | |
| Gaining knowledge and skills about patient-physician, physician-physician relations | O | | |
| Knowing the scientific approach, Being a researcher | P | | |
| Ability to work in a team and to follow ethical rules | P | | |
| PRACTICAL SKILLS | | | |
| INTERVENTION | TYPE | DATE | APPROVAL |
| Blood pressure measurement and evaluation | P | | |
| Performing and evaluation of ECG | P | | |
| Taking an arterial blood gas sample | P | | |
| Evaluation of chest x-ray in the patient | P | | |
| Approach to multiple trauma patient | P | | |
| Burn dressing | P | | |
| Triage of emergency patient, listing triage criteria | P | | |
| Taking a blood sample from a patient | P | | |

| PRACTICAL SKILLS | | | |
|--|-------|------|----------|
| INTERVENTION | TYPES | DATE | APPROVER |
| Nasogastric tube insertion | P | | |
| Placing an intravenous access | O | | |
| Urinary catheter insertion | P | | |
| Intramuscular, intravenous injection ability | O | | |
| Learning and performing skin suturing techniques | P | | |
| Interpreting an arterial blood gas | P | | |
| Basic life support (Evaluation of the patient's airway, breathing and circulation, learning effective rescue breath and CPR) | P | | |
| Advanced cardiac life support (Recognition and effective management of cardiac arrest rhythms) | P | | |
| Monitorization | P | | |
| Incision Suturing | P | | |
| Approach to the poisoned patient (Patient stabilization in case of poisoning, taking a specific history of poisoning, physical examination and learning specific treatments) | P | | |
| Performing gastric lavage | P | | |
| Activated charcoal application from a nasogastric tube | P | | |
| Cervical collar application | P | | |
| Central venous catheter insertion | O | | |
| Airway plug-in | O | | |
| Endotracheal intubation | O | | |
| Application of alternative airway such as LMA/ Cricothyrotomy | O | | |
| Carotid sinus massage | O | | |
| Automated External Defibrillation (AED) | O | | |
| Needle thoracostomy | O | | |
| Sengstaken – Blakemore tube insertion | O | | |
| Plaster / Splint application | O | | |
| Closed reduction of a fracture | O | | |
| Nail repair /pulling | O | | |
| Performing a Velpeau bandage | O | | |
| Performing figure of eight bandage | O | | |
| Abscess drainage | O | | |
| Removal of foreign bodies from soft tissues | O | | |
| Interventional sedation and analgesia | O | | |
| Taking a blood sample from a patient | O | | |

P: Should be practiced

O: Should be observed

TARGETED CLINICAL COMPETENCIES

- 1.** Approach to the traumatized patient at the emergency department
- 2.** Approach to the patient with chest pain at the emergency department
- 3.** Approach to the patient with dyspnea at the emergency department
- 4.** Approach to the patient with abdominal pain at the emergency department
- 5.** Approach to the patient with headache at the emergency department
- 6.** Approach to the unconscious patient at the emergency department
- 7.** Approach to heat-related emergencies
- 8.** Approach to diving emergencies
- 9.** General approach to the emergencies associated with high altitude
- 10.** General approach to drowning
- 11.** General approach to electric and lightning strikes

| PATIENTS FOLLOWED BY THE INTERN DOCTOR UNDER THE PRIMARY PATIENT RESPONSIBILITY | |
|--|-----|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |
| 7 | 8 |
| 9 | 10 |
| 11 | 12 |
| 13 | 14 |
| 15 | 16 |
| 17 | 18 |
| 19 | 20 |
| 21 | 22 |
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| 91 | 92 |
| 93 | 94 |
| 95 | 96 |
| 97 | 98 |
| 99 | 100 |

[illegible]

| INTERN DOCTOR TRAINING MEETINGS | | | |
|---------------------------------|------|-------------------|----------|
| SUBJECT | DATE | PRESENTATION TYPE | APPROVAL |
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*The subject to be covered by the intern is communicated to the intern at the beginning of the internship.

| INTERNSHIP ATTENDANCE OF EMERGENCY DEPARTMENT ROTATION | | | | | |
|--|--|--|--|--|--|
| DATE | | | | | |
| APPROVAL STAMP / SIGNATURE | | | | | |
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| INTERNSHIP ATTENDANCE OF EMERGENCY DEPARTMENT ROTATION | | | | | |
|--|--|--|--|--|--|
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**ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE
EMERGENCY DEPARTMENT**

| Intern Doctor's | ASSESSMENT | | | |
|-------------------------------------|------------|------|------|--------------|
| | Very Good | Good | Fair | Insufficient |
| 1. General Medical Knowledge | | | | |
| 2. Duty Responsibility | | | | |
| 3. Patient Approach | | | | |
| 4. Psycho-Social Status | | | | |
| a- Self-Responsibility | | | | |
| b- Behaviors towards patients | | | | |
| c- Behaviors towards Superiors | | | | |
| d- Behavior towards colleagues | | | | |
| e- Behavior towards other Staff | | | | |
| 5. Attendance Status | | | | |

RESULT:

The studies of the Year VI intern doctor, whose general evaluation is summarized above, and whose name is written, have been evaluated according to the relevant article of the Education and Training Regulations of our faculty, and at the end of the internship, the student has been found as **SUFFICIENT** or **INSUFFICIENT**.

Passing Grade (in numbers)..... (in writing)

Head of Department

Signature

ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE

DEPARTMENT OF PUBLIC HEALTH

Date:

Course Group:

| | |
|------------------------|--|
| Internship Duration | 2 months |
| Internship Type | Compulsory |
| Internship Responsible | Assist. Prof. Dr. Ömer Ataç |
| Purpose | <p>To provide physician candidates with the ability to evaluate patients and healthy individuals holistically with their environment, the knowledge, and skills to work within primary care organizations, and to introduce the primary healthcare services in our country.</p> <p>During the public health course, each student should be able to; define the priority health problems of the community served, within the duties, authorities and responsibilities of both family medicine and district health directorate, provide diagnosis and treatment services to this group, learn what preventive health services are and how they should be provided, cooperate with other health institutions and organizations.</p> |
| Learning outcomes | <p>At the end of this program, each student;</p> <ol style="list-style-type: none"> 1. Have information about the organization related to the health system of Turkey. Knows the duties, authorities and responsibilities of the personnel working in the health system. 2. Plans and carries out services aimed at the prevention and promotion of the health status. 3. Defines, calculates, interprets, and uses the essential indicators showing the health status of the population, during the planning and execution of health services. 4. Will be able to determine the priorities of health services. Obtain knowledge of the practices that prevent waste of resources. 5. Plans, implements, and evaluates the results of immunization services. 6. Plans, implements, and evaluates the results of prevention and control measures related to communicable and non-communicable diseases. 7. Plans reproductive health services and evaluates the outcomes. 8. Organizes health communication and education activities for promoting health status of the population and be ensure community participation. 9. Communicates effectively with health personnel and trains them when necessary. 10. Takes part in literature search, data collection, data evaluation and publication process in a scientific research project. 11. Carries out health services within the framework of evidence-based perspective, considers ethical rules and social benefit. 12. Knows and obeys current health legislation. 13. Knows the principles of struggle against vectors. 14. Knows the effects of environmental factors on health. 15. Determines the environmental risks in terms of occupational safety and occupational diseases and takes precautions in a workplace. |
| Education Methods | Theoretical lectures, seminars interactive training, discussions, workplace visits, epidemiological research planning and carrying out, practical training in family health centers. |
| Evaluation Methods | Participating in seminars and discussions, attendance, conducting and presenting research, evaluating progress in skills. |
| Resources | <ol style="list-style-type: none"> 1. "Oxford Textbook of Global Public Health 6th Edition" Rogers Detels, Martin Gulliford, Quarraisha Abdool Karim, Chorh Chuan Tan, Oxford University Press, 2015. 2. "Applied Demography and Public Health" Nazrul Hoque, Mary A. McGehee, Benjamin S. Bradshaw (Eds.), Springer, 2013. 3. "Epidemiology: Principles and Practical Guidelines" Jan Van den Broeck, Jonathan R. Brestoff, Eds., 2013, Springer. 4. "Epidemiology and Demography in Public Health" Japhet Killewo, H. Kristian Heggenhougen, Stella R. Quah (Eds.), 2010, Elsevier. 5. "Modern Methods for Epidemiology" Yu-Kang Tu, Darren C. Greenwood. Springer, 2012. 6. "Sağlık Bilimlerinde Araştırma ve İstatistik Yöntemler (SPSS Uygulama Örnekleriyle Genişletilmiş Baskı)" Osman Hayran, Hanefi Özbek. Nobel Tip Kitabevleri, 2017. 7. "Halk Sağlığı- Temel Bilgiler", Çağatay Güler, Levent Akın. Hacettepe Üniversitesi Yayınları, 2015 |

EVALUATION CRITERIA OF RESEARCH PRESENTATION

| Criteria | Total Score | Student's score |
|--|-------------|-----------------|
| Cover Slide | | |
| Is it created the shortest title that best describes the research topic? | 2 | |
| Is introductory information written for the group members? | 2 | |
| Is there a slide at the beginning of the presentation that describes the presentation flow plan? | 1 | |
| Introduction | | |
| Has the research topic been explained based on relevant references? | 5 | |
| Has the importance and originality of the research been explained? | 5 | |
| Is the purpose clearly stated? | 5 | |
| Materials and Methods | | |
| Is the type of research specified? | 2 | |
| Is the place and time of the research specified? | 2 | |
| Is the research population, if any, sampling method and sample size specified? | 5 | |
| Are the variables (dependent and independent) suitable for the research purpose specified? | 5 | |
| Have the methods for examining the research variables been explained? | 10 | |
| Are data collection methods explained in detail? | 10 | |
| Have ethical issues been discussed (approval of ethical committee, etc.)? | 5 | |
| Are the methods of statistical analysis which are proper for data indicated? | 5 | |
| Presentation of the findings, reference and visualization | | |
| Is it appropriate and understandable to present and summarize the findings with tables and graphs? | 10 | |
| Are appropriate and up-to-date resources cited where necessary? | 4 | |
| Is there any slide listing the resources at the end of the presentation? | 2 | |
| Is the font and size appropriate, clear to follow? | 2 | |
| Presentation skills | | |
| Is there any impression that they've noticed importance of the subject and made a detailed study? | 10 | |
| Did they use their time effectively? | 2 | |
| Did they communicate effectively with the audience? | 2 | |
| Did they receive and answer questions from the audience? | 2 | |
| Did they talk about task sharing of the research was? | 2 | |
| Total Score | 100 | |

ISTANBUL MEDIPOL UNIVERSITY

INTERNATIONAL SCHOOL OF MEDICINE DEPARTMENT OF PUBLIC HEALTH STUDENT EVALUATION FORM

NAME AND SURNAME:

DATE:

HEALTH CENTER:

Dear Sir/Madam

To evaluate the 6th year internship student at the International School of Medicine, give the student a score between 1 (worst) and 10 (best) for each of the 5 evaluation criteria below (Rating is 50 points totally).

| Evaluation Criteria | Score |
|----------------------------------|-------|
| Engagement to duties | |
| Compliance to Working Hours | |
| Work Discipline | |
| Communication with employees | |
| Communication with the community | |
| Total score | |

| | |
|------------------|-----------|
| EVALUATOR | SIGNATURE |
| NAME AND SURNAME | |
| TITLE: | |

REQUIREMENTS LIST FOR FAMILY HEALTH CENTER

Please state what you have done from the list below and indicate how many times you have done it.

Date:

Center:

Name-Surname:

Signature:

| GENERAL COMPETENCIES | | | | |
|---|------|------------------------|------|----------|
| Intervention | Type | Number of applications | Date | Approval |
| Informed consent, medical history, physical examination | P | | | |
| Home-based healthcare service | P | | | |
| Follow-up of women aged 15-49 | P | | | |
| Family planning, counseling | P | | | |
| Adult examination | P | | | |
| Pregnancy/Postpartum follow-up | P | | | |
| Neonatal screening | P | | | |
| Infant/Child monitoring | P | | | |
| Vaccination | P | | | |
| Cancer screening | P | | | |
| Control of communicable diseases | P | | | |
| Control of non-communicable diseases | P | | | |
| Tobacco Control | P | | | |
| School health services | P | | | |
| Implementation in MCHFP centers | P | | | |
| Health education | P | | | |
| Statistics-registry | P | | | |
| Cancer registration | P | | | |
| Filiation | P | | | |

| GENERAL COMPETENCIES | | | | |
|--|------|------------------------|------|----------|
| Intervention | Type | Number of applications | Date | Approval |
| Making official correspondence, reporting | P | | | |
| Measuring Hemoglobin, Hematocrit and Sedimentation | P | | | |
| In-service training | P | | | |
| Taking water samples, determining residual chlorine in water | P | | | |
| Ability to disinfect water in emergencies | P | | | |
| Emergency aid and organization | P | | | |
| To be able to provide health services in emergencies, to be able to fight against communicable diseases. | P | | | |
| Audits to workplaces | O | | | |
| Pap smear | O | | | |
| IUD application | O | | | |
| Auscultation of fetal heart sound during pregnancy | P | | | |
| Blood pressure | P | | | |
| Fever measurement | P | | | |
| ECG recording | P | | | |
| Dressing | O | | | |
| Taking a blood sample | P | | | |
| Injection | P | | | |

P: Practice

O: Observation

Conclusion:

The studies of the Year VI intern doctor, whose general evaluation is summarized above, and whose name is written, have been evaluated according to the relevant article of the Education and Training Regulations of our faculty, and at the end of the internship, the student has been found as **SUFFICIENT** or **INSUFFICIENT**.

Passing Grade (in numbers) (in writing)

Head of Department

Signature

ISTANBUL MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE

DEPARTMENT OF FORENSIC MEDICINE

Date:

Internship Group:

| | |
|------------------------|--|
| Training | 2 weeks |
| Internship Type | Compulsory |
| Internship Responsible | Assist. Prof. Dr. Nicel YILDIZ SİLAHLI |
| Purpose | In this period, it is aimed to ensure that students have knowledge and skills at the level of general practitioners in forensic medical practices. |
| Learning output | <p>1. They will have knowledge about; Definitions and Concepts in Forensic Medicine and Forensic Sciences, Postmortem Identification Procedures of The Deceased, Forensic and Medical Identification, Crime Scene Investigation, Postmortem Medicolegal Examination and Sampling of Biological Evidence, Definitions and Concepts Related to Death, Early and Late Postmortem Changes, Mechanisms of Wound Formation, Identification and Legal Classification of Wounds, Wound Healing and Determination of The Time of Injury, The Procedures During Documentation of The Injury, Etiology, Clinical and Autopsy Findings of Sudden Natural Death, Legal Responsibilities of Healthcare Professionals, Forensic Autopsy (Definitions, Concepts and Methods), Basic Concepts in Forensic Toxicology, Poisonings, Definition of Medical Malpractice, Definition, Classification, General Findings, Mechanisms and Autopsy Findings of Asphyxia Death, Violence, Violence Against Children and Women, Concepts, Findings and Examination Methods of Victims of Sexual Violence, Findings, Examination Procedure and Documentation of Human Rights Violations.</p> <p>2. They will have ability to perform medicolegal identification and examination of the deceased, by alone.</p> <p>3. They will have the experience to observe examination and forensic autopsy practices of the deceased.</p> |
| Methods of Teaching | 15-day visit to Council of Forensic Medicine in Yenibosna, to get information about countrywide organization chart of Council of Forensic Medicine and its working order. |
| Methods of Evaluation | It is evaluated according to professional attitudes and behaviors. |

| GENERAL SKILLS | | | |
|---|------|------|----------|
| INTERVENTION | TYPE | DATE | APPROVAL |
| Ability to identify the early and late findings of death and to distinguish them in complicated cases | O | | |
| Ability to define autopsy procedures by observing | O | | |
| Ability to predict the cause of death and to define samples need to get from deceased | O | | |
| Ability to distinguish a forensic case | O | | |
| Ability to evaluate beaten, trauma, torture, ill-treatment, and all kinds of wounds on body in terms of forensic medicine | O | | |
| Knowledge of the forensic medical approach to human rights violations and victims of human rights violations | O | | |
| Knowledge of forensic psychiatric concepts | O | | |
| Forensic evaluation of poisoning | O | | |
| Ability to distinguish birth injuries (mother or baby) | O | | |
| Ability to define medicolegal procedures after a sexual assault or pregnancy under 18 years of age | O | | |
| Ability to describe medicolegal procedures in an unconscious patient | O | | |
| Ability to define medicolegal procedures in sexual dysfunctions and sexual identity problems | O | | |
| Ability to carry out examination about legal proficiency and to define the medicolegal procedures | O | | |
| Ability to define the medicolegal procedures in substance abuse | O | | |

P: Should be practiced

O: Should be observed

PATIENTS FOLLOWED BY THE INTERN DOCTOR UNDER THE PRIMARY PATIENT RESPONSIBILITY

[illegible]

[illegible]

*The subject to be covered by the intern is communicated to the intern at the beginning of the internship.

Passing Grade (in numbers) (in writing)

Head of Department
Signature