

TERM VI EDUCATION - TRAINING PROGRAM

AIM

The aim of clinical internships during Term VI Education-Training is to provide pre-physicians with practical applications in clinical diagnosis and treatment of diseases included in the National Core Education Program (CEP)-2020 and in situations requiring emergency intervention, to gain experience and to increase their skills in clinical practice by reinforcing the theoretical knowledge they acquired in previous periods with practical applications, and to teach the applications of the art of medicine with professional knowledge and skills, while taking ethical values into consideration.

Clinical Internships	Duration (Week)	ACT / ECTS
Emergency Medicine	8	9,5
Family Medicine	4	5
Child Health and Diseases	8	9,5
General Surgery	4	5
Chest Diseases	2	3
Public Health	4	5
Internal Medicine	8	9,5
Obstetrics and Gynecology	4	5
Cardiology	2	3
Mental Health and Illnesses	2	3
Elective Internship*	2	2,5
Total	48	60

ELECTIVE INTERNSHIP*: It will be given as a Compulsory Elective by the Department of Cardiovascular Surgery, Department of Thoracic Surgery, Department of Neurology, Department of Orthopedics, Department of Radiology for 2 (two) weeks.

1. GRUP		2. GRUP				3. GRUP				4. GRUP				5. GRUP				6. GRUP										
01-14 Temmuz 2025	ACIL TIP				ÇOCUK SAĞLIĞI VE HASTALIKLARI				KADIN HASTALIKLARI VE DOĞUM		GENEL CERRAHI		HALK SAĞLIĞI				İÇ HASTALIKLARI				RUH SAĞLIĞI VE HST.	GÖĞÜS HASTALIKLARI	SEÇMELİ	KARDİYOLOJİ				
15-31 Temmuz 2025									KARDİYOLOJİ	RUH SAĞLIĞI VE HST.	GÖĞÜS HASTALIKLARI	SEÇMELİ	KARDİYOLOJİ	GENEL CERRAHI	KADIN HASTALIKLARI VE DOĞUM	AİLE HEKİMLİĞİ					KARDİYOLOJİ	RUH SAĞLIĞI VE HST.	GÖĞÜS HASTALIKLARI	SEÇMELİ				
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15-31 Mayıs 2026					KARDİYOLOJİ	RUH SAĞLIĞI VE HST.	GÖĞÜS HASTALIKLARI	SEÇMELİ	KADIN HASTALIKLARI VE DOĞUM		GENEL CERRAHI						KADIN HASTALIKLARI VE DOĞUM											
01-14 Haziran 2026					SEÇMELİ	KARDİYOLOJİ	RUH SAĞLIĞI VE HST.	GÖĞÜS HASTALIKLARI	AİLE HEKİMLİĞİ								SEÇMELİ	KARDİYOLOJİ	RUH SAĞLIĞI VE HST.	GÖĞÜS HASTALIKLARI								
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Emergency Medicine Pre-Physician Internship

EDUCATION PERIOD	Term VI
INTERNSHIP PERIOD	8 weeks
EDUCATIONAL UNITS	Emergency Medicine Department Emergency Department Triage, Rapid Checkup, Child Trauma, Adult Trauma, Yellow Zone, Red Zone, Resuscitation Room, Observation Units and Emergency Medicine Department Classroom

EDUCATORS

Assoc. Prof. Dr. Turgut DOLANBAY
Assist. Prof. Bilgehan DEMİR Assist. Prof.
Süleyman NOGAY

EDUCATION OFFICER

Assoc. Prof. Dr. Süleyman NOGAY

COMMUNICATION

ADDRESS	Malatya Turgut Ozal University Faculty of Medicine, Department of Emergency Medicine
TELEPHONE	0422 8461255

Emergency Medicine Pre-Physician Internship

AIM

At the end of this training program, interns will;

*Providing knowledge and skills in emergency medical approaches within the scope of the National Core Education Program (CEP).

* Evaluating the symptoms and signs of patients presenting to the emergency department and providing adequate knowledge, skills and attitudes regarding the general principles of approaching emergency patients.

* Ability to perform basic practices in the management of emergency cases on their own

* It is aimed for them to be able to perform clinical practices in accordance with human and ethical values.

Emergency Medicine Pre-Physician Internship

GENERAL RULES

Intern physicians in the emergency department receive training in two separate work schedules: a morning shift from 8:30 am to 5:00 pm and an evening shift from 5:00 pm to 8:30 am. Intern physicians are briefed on the internship process before starting their internship. During their internship, they complete theoretical and practical training in their assigned areas, alongside emergency medicine residents, under the supervision of their faculty members. Intern physicians conduct the initial evaluation of patients presenting to the emergency department. The patient's history and detailed examination are also initially completed by the intern physician, and the patient is presented to the responsible research assistant and faculty member. They are also provided with the opportunity to actively participate in the Emergency Medicine Department's training program, including practical and skill-building training.

1. Introduction/introduction meeting:

- a. On the first day of the internship, the internship introduction and subsequent distribution of students to the designated duty stations are made by the faculty member responsible for the Term VI internship.
- b. Intern doctors are informed about the purpose of the internship, learning objectives, competence/objective objectives, training program, training content, rules to be followed, basic medical practices, forms and competence.
- c. The process of filling out, signing and submitting the report cards will be explained and the report cards will be submitted.
- d. Individual attendance is taken by the faculty member responsible for the week or the senior assistant of the relevant shift.

2. Fields of study:

- a. Intern doctors in Emergency Medicine internship triage, quick checkup, child and adult trauma, yellow zone, red zone, resuscitation room and observation units are studied in different sections.
- b. Depending on the number of intern doctors and their field of education, work may not be available in all departments.
- c. The names and departments of the intern doctors who will work will be announced before the internship begins.
- d. Duty places cannot be changed without the knowledge and permission of the faculty member responsible for the Term VI internship.

3. Clothing rules:

- a. Intern doctor, with a photograph on the collar of the white coat and/or shirt and "Intern" / Term VI student during the work period must carry an official identification document issued by the institution showing that he/she is a citizen.
- b. They will attend clinics, outpatient clinics and meetings clean and well-groomed, wearing white coats and name badges.
- c. Surgical underwear, tops, and caps may be worn as appropriate for the work area. Color selection is free.
- d. Political, ideological tendencies or affiliations in education-training areas (classrooms, laboratories, polyclinics, clinics, etc.) cannot use badges, symbols, signs or the like that would reflect
- e. No clothing other than a white coat or a top and bottom uniform will be accepted.
- f. Clothing appropriate to isolation conditions is provided when necessary.

4. Contact:

- a. The intern doctor must introduce himself as an "intern doctor" to his patients and other people he comes into contact with.
- b. Complies with the principle of confidentiality of patient information.
- c. The intern doctor shall not make any statements or transfer medical information to the patient or the patient's relatives without the knowledge and supervision of the responsible physician.
- d. Intern doctors must know the rights of patients and their relatives and must respect them.
- e. Comply with the standards of mutual love, respect and professionalism in your dialogues with all personnel working in the unit.
- f. Please convey any problems you may have to the faculty member responsible for the Term VI Internship.
- g. The intern doctor must comply with the rules and guidelines of the institution.

5. Curriculum-Compliant Education and Learning

Intern doctors will fulfill the following educational responsibilities in accordance with the UÇEP Curriculum:

- a. **Fundamental Medical Skills:** Interns must achieve curriculum-appropriate skill levels in patient assessment, medical procedures, and clinical skills. This includes patient examination, diagnosis, medication administration, surgical skills, etc.

- b. **Patient-Centered Care:** Interns should adopt a patient-centered approach, respecting individual patient needs and values. This encourages active patient participation in decision-making.
- c. **Clinical Problem Solving:** Interns must develop skills in solving clinical problems. This includes case presentations, establishing differential diagnoses, evaluating treatment options, and applying evidence-based medicine.
- d. **Medical Research and Evidence-Based Medicine:** Intern physicians must research the scientific literature, learn the principles of evidence-based medicine, and apply this knowledge in patient care.
- e. **Multidisciplinary Collaboration:** Intern physicians must work effectively with healthcare teams and adopt a multidisciplinary approach. They must also develop the skills necessary to ensure collaboration and coordination in healthcare delivery.

6. Responsibilities:

- a. Emergency Medicine training is offered 24/7. Patient preparation and follow-up are performed by intern doctors.
It varies depending on morning or night shift.
- b. Intern doctors present their patients themselves during visits with the faculty member.
- c. The intern prepares the patient for whom he or she is responsible, under the supervision of the relevant faculty member for training purposes. He or she performs the assigned duties throughout the treatment process. He or she takes the medical history and performs the physical examination.
- d. Intern doctors undertake all patient-related procedures under the supervision of the relevant training staff, such as collecting and sending blood samples, measuring blood sugar with glucometry, establishing vascular access, obtaining ECGs, inserting urine or nasogastric tubes, obtaining culture samples, or undertaking tasks required by patient-specific emergency patient care, in order to learn the details of the operation of a treatment facility.
- e. He/she does not have the authority to sign a prescription directly. However, he/she is an educator within the scope of Basic Medical Practices.
can issue a prescription accompanied by.
- f. They comply with working and meal hours in a way that does not disrupt the operation of the area where they work.
- g. Intern doctors should perform Basic Medical Practices in the services they work in and participate in training meetings.
they must participate.
- h. Intern doctors are doctors who are not on the list of Basic Medical Practices in the field of education in which they work, but are assistant doctors.
They can perform the practices performed by doctors under the knowledge and responsibility of the faculty member.
- i. Intern doctors cannot leave without a valid reason from the Term VI internship supervisor and the department head.
can't take.
- j. They must comply with patient safety rules.
- k. They must comply with the isolation rules.
- l. Intern doctors cannot be assigned to jobs that do not involve patient care, which goes beyond the purpose of their training.
- m. They must comply with additional rules determined regarding the field of education.

7. Rights of Intern Doctors

- a. Intern doctors have the right to receive qualified and adequate training.
- b. Intern doctors cannot be assigned to work outside the purpose of their training.
- c. Even if it is within the scope of his/her duty, he/she cannot be employed to fill a service gap.
- d. Medical procedures not included in this guideline or the Intern Guide, outside of their job descriptions or for which they are not authorized.
cannot be made.
- e. No one can be assigned or their place of duty can be changed without the knowledge and supervision of the intern.
- f. Has the right to benefit from food, transportation and accommodation facilities.
- g. Has the right to obtain personal protective equipment.
- h. Has the right to be protected from occupational risks and to take necessary precautions.
- i. Has the right to provide feedback as defined in the directive.

8. Attendance Requirement and Excuses

- a. Intern doctors may not be absent from their internship without a valid excuse and without permission from the internship supervisor.
they can't.
- b. Students who do not attend more than 20% of the internships, even for an excuse, are considered to have failed that internship and will not be able to complete the internship.
repeats.
- c. Up to 20% of absences will be compensated by the department during non-working hours.
Approval is made by the Faculty Board of Directors.
- d. Students who participate in scientific/cultural events requiring university or country representation are considered to be on leave, but cannot be absent for more than 20% of the total internship period.

9. Disciplinary Rules

- a. Intern doctors Higher Education Legislation (YÖK), Ministry of Health Legislation, Medical Deontology (Medical Ethics)
They are evaluated within the scope of legislation and Occupational Health and Safety legislation.

PRELIMINARY MEDICAL INTERNSHIP WORKING RULES**Seizures:**

- a. The dates and locations of the shifts are announced before the internship begins.
- b. Duty duty is between 8:30-17:00 for morning shift and 17:00-8:30 for evening shift.
- c. Intern physicians on night duty cannot participate in the provision of healthcare services the day after their shift. However, they may attend training meetings.
- d. The shifts are recorded on the "Duty Watch Form" and signed with a stamp by the assistant with whom the shift is on duty. All shifts
When kept, the form is signed by the Term VI Internship Coordinator (Table 6).
- e. The duty cannot be left without transferring the duty to the next day and signing the duty form.
- f. Every other day or block duty is not allowed.
- g. He/she cannot leave the guard post during the watch, and cannot leave at night.
- h. No one can be on duty in place of someone else.
- i. Shift changes cannot be made.
- j. In case of compulsory circumstances, a shift change can only be made by notifying the Term VI Internship Manager and obtaining his/her approval.
can be done in case of.
- k. Intern doctors are responsible to the doctor in charge during their shifts.

Table 6. Seizure Form

SHIFT FORM		
Name and surname:		Number:
History	Post	Approved by (Stamp, Signature)
Emergency Medicine Department Term VI Internship Coordinator:		

EMERGENCY MEDICINE PRELIMINARY MEDICINE

INTERNSHIP LEARNING OBJECTIVES

Intern doctors will reach the Competence/Competencies in accordance with the National Competence and Competencies Certificate (UYYB) in Table 3 at the end of the Emergency Medicine Term VI Internship.

Table 3. Emergency Medicine Term VI Internship, UYYB Compatible Competency/Competency Areas

Competencies / Healthcare Provider

1. Will integrate the knowledge, skills and attitudes acquired from basic and clinical medical sciences, behavioral sciences and social sciences and use them in the provision of health services.
2. In patient management, the sociodemographic and sociocultural background of the individual is taken into account, regardless of language, religion, race and gender. will also demonstrate a biopsychosocial approach that takes into account.
3. Safe, rational and effective health service provision, prevention, diagnosis, treatment, follow-up and rehabilitation processes. will show the approach.
4. Performs interventional and/or non-interventional procedures safely and effectively for the patient during diagnosis, treatment, follow-up and rehabilitation processes.
5. Provide health services by taking into account the health and safety of patients and employees.

Adopting Professional Ethics and Professional Principles

1. He/she will take into account good medical practices while performing his/her profession.
2. Fulfilling duties and obligations within the framework of ethical principles, rights and legal responsibilities required by the profession. will bring.
3. Committed behavior in providing high-quality health care, taking into account the patient's integrity will show.

Leader-Manager

1. Will demonstrate exemplary behavior and leadership within the healthcare team during service delivery.

Team Member

1. Will establish positive communication within the healthcare team with whom he/she serves and will be able to take on different team roles when necessary. will undertake.
2. Healthcare workers within the healthcare team will be aware of their duties and responsibilities and behave accordingly. will show.
3. Will work harmoniously and effectively with colleagues and other professional groups in their professional practices.

Communicator

1. Will communicate effectively with patients, their relatives, healthcare professionals and other professional groups, institutions and organizations.
2. Will be able to communicate effectively with individuals and groups that require a special approach and have different sociocultural characteristics.

Professional and Personal Development/Scientific and Analytical Approach

1. Access current literature related to the profession and evaluate it critically.
2. Will apply the principles of evidence-based medicine in the clinical decision-making process.
3. Information technologies to increase the effectiveness of their work in health services, research and education will use.

Lifelong Learner

1. Acquiring new information, evaluating it, integrating it with existing knowledge, applying it to professional situations and professional will demonstrate their ability to adapt to changing conditions throughout their life.
2. Will choose the right learning resources and manage their own learning process to improve the quality of the health service they provide. will organize.

Emergency Medicine Pre-Physician Internship BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES

The Emergency Medicine Term VI internship is a process in which the theoretical knowledge acquired in Term III and Term IV is reinforced through practical applications. The basic medical practices, learning levels, and minimum number of practices to be performed by intern physicians during the Emergency Medicine Term VI internship are presented in Table 4, and the UCEP learning level is presented in Table 5.

Table 4. Emergency Medicine Term VI Internship, UCEP-Compatible Basic Medical Practices

UCEP BASIC MEDICAL PRACTICES	FLIGHT NO.	UCEP LEARNING LEVEL	MINIMUM REQUIRED APPLICATION NUMBER*
A. History taking			
Ability to take general and problem-oriented history	A1	4	5
Ability to evaluate mental status	A2	3	5
B. General and problem-oriented physical examination			
Forensic case examination	B1	3	2
Abdominal examination	B3	4	5
Consciousness assessment	B4	4	5
Rectal examination	B7	3	3
Evaluation of general condition and vital signs	B9	4	5
Cardiovascular system examination	B13	4	5
Musculoskeletal system examination	B14	3	5
Neurological examination	B17	3	5
Respiratory system examination	B21	4	5
Urological examination	B22	3	1
C. Record keeping, reporting and notification			
Ability to prepare a judicial case report	C2	4	1
Ability to obtain information and consent	C3	4	1
Ability to issue a prescription	C9	4	5
D. Laboratory tests and other related procedures			
Ability to evaluate direct radiographs	D4	3	5
Ability to take and evaluate ECG	D5	3	5
Ability to measure and evaluate blood sugar with a glucometer	D7	4	5
Ability to interpret screening and diagnostic examination results	D18	3	5
E. Interventional and non-interventional procedures			
Airline application	E3	3	5
Ability to apply the principles of rational drug use	E4	4	5
Ability to request rational laboratory and imaging examinations	E5	4	5
Arterial blood gas collection	E6	3	5
Ability to prepare and apply a splint	E7	3	5
Use of a balloon mask (ambu)	E8	4	3
Ability to apply bandages and tourniquets	E9	4	3
Ability to manage nosebleeds	E10	2	2
Evaluation of the multiple trauma patient	E12	3	5

Ability to establish vascular access	E13	3	5
Ability to perform defibrillation Ability to perform	E14	4	5
intubation Evaluation of the Glasgow/	E23	3	2
AVPU coma scale Ability to ensure appropriate patient transport Ability to position	E27	4	5
the patient in a coma Ability to refer the patient appropriately Ability to perform	E30	4	3
IM, IV, SC, ID injections Ability to insert a urinary catheter	E31	4	1
Ability to provide advanced life support Ability to measure	E32	4	3
blood pressure Ability to apply a nasogastric tube Ability to	E35	4	5
administer oxygen and nebulizer	E36	3	3
therapy Ability to apply and evaluate pulse oximetry	E37	3	5
Ability to apply a cervical collar Ability to perform	E40	4	5
basic life support Ability to perform wound and burn	E48	3	2
care Ability to apply and remove superficial sutures Ability to provide acute	E50	4	2
decontamination principles in poisonings	E57	4	5
	E59	4	2
	E63	4	5
	E68	3	1
	E70	4	5
	E71	2	1

*The minimum number of required procedures does not represent the total number of procedures performed during the internship. The intern is responsible for performing all necessary procedures on patients admitted to the emergency department as long as he/she is on duty in accordance with the normal functioning of emergency health services.

**Any other necessary medical procedures not listed and required during the provision of emergency health services are performed by the intern doctor.

Table 5. UCEP Learning Level

UCEP Learning Level 1 2 3	Explanation
	Knows how the application is done and explains the results to the patient and/or their relatives.
	In an emergency, performs the application in accordance with the guide/directive.
	Performs the application in uncomplicated, common situations/cases*
4	Performs the application* including complex situations/phenomena

* Conducts preliminary assessment/evaluation, creates and implements the necessary plans and informs the patient, their relatives/society about the process and results.

Emergency Medicine Pre-Physician Internship BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES

During the Emergency Medicine Term VI internship, intern physicians work in triage, pediatric trauma, yellow zone, resuscitation room, and observation units, performing basic medical practices. In the clinic, rounds and practical sessions are conducted alongside consultant faculty members and resident physicians. The Emergency Medicine Clinic is designed to accommodate both adult and pediatric trauma patients. Educational meetings are held in the Emergency Medicine Clinic's seminar room or at another location and time designated by the department. In emergencies (earthquakes, etc.) where face-to-face instruction is not feasible, hybrid education may be planned. Training is conducted under the coordination of the faculty member responsible for the training. Training topics are prepared monthly and include both theoretical and practical lectures from the faculty member.

- a. Intern doctors participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
- b. Article presentation, case presentation, mortality or faculty lecture is held in educational meetings.
- c. The content of the training meetings is prepared by the faculty member responsible for the training, taking into account the requests of the assistant and intern doctors.
- d. Intern doctors can prepare and present case reports, articles or literature.
- e. Participation in training meetings is mandatory.
- f. Participation in training activities is documented with the "Training Activities Evaluation Form" (Table 7).

Table 7. Educational Studies Evaluation Form

EDUCATIONAL STUDIES EVALUATION FORM			
Name and surname:		Number:	
History	Subject of Education	Madam	Approval (Stamp, Signature)
Emergency Medicine Department Term VI Internship Coordinator (Stamp and Signature):		Total Grade: % Success:	

Emergency Medicine Pre-Physician Internship

LEARNING AND ASSESSMENT-EVALUATION METHODS

- Learning the interventions specified for his/her training from the intern doctor and developing his/her skills in these is expected.
- For this purpose, the practices that can be performed in Emergency Medicine training areas among the Basic Medical Practices defined in the National Core Education Program (UCEP) are carried out by intern doctors.
- Basic Medical Practices to be performed in the Emergency Medicine Term VI Internship, the learning level and the minimum number of practices to be performed have been determined.
- The intern doctor may perform the specified interventions under the responsibility of the faculty member, in the presence of the faculty member, teaching staff or assistant physician, and only after the responsible physician obtains permission from the patient.
- "Basic Medicine Practices Evaluation Form" where Basic Medicine Practices are performed
It is documented in (Table 8).

Table 8. Basic Medical Practices Evaluation Form

UCEP BASIC MEDICINE APPLICATIONS	UCEP NO	UCEP LEVEL	MINIMUM REQUIRED APPLICATION NUMBER*	BUY	APPLICATION DATE	APPROVAL (STAMP, SIGNATURE)
A. History taking						
Ability to take general and problem-oriented history	A1	4	5	1		
				2		
				3		
				4		
				5		
Ability to assess mental status A2		3	5	1		

				2		
				3		
				4		
				5		
B. General and problem-oriented physical examination						
Forensic case examination	B1	3	2	1		
				2		
Abdominal examination	B3	4	5	1		
				2		
				3		
				4		
				5		
Consciousness Assessment	B4	4	5	1		
				2		
				3		
				4		
				5		
Rectal examination	B7	3	3	1		
				2		
				3		
Evaluation of general condition and vital signs	B9	4	5	1		
				2		
				3		
				4		
				5		

Cardiovascular system examination	B13	4	5	1		
				2		
				3		
				4		
				5		
Musculoskeletal system examination B14		3	5	1		
				2		
				3		
				4		
				5		
Neurological examination	B17	3	5	1		
				2		
				3		
				4		
				5		
Respiratory system examination	B21	4	5	1		
				2		
				3		
				4		
				5		
Urological examination	B22	3	1	1		
C. Record keeping, reporting and notification						
Ability to issue a judicial case notification	C2	4	1	1		
Ability to obtain information and consent	C3	4	1	1		
Ability to issue prescriptions	C9	4	5	1		

				2		
				3		
				4		
				5		
D. Laboratory tests and other related procedures						
				1		
				2		
Ability to evaluate direct radiographs	D4	3	5	3		
				4		
				5		
				1		
				2		
Ability to take and evaluate ECG	D5	3	5	3		
				4		
				5		
				1		
				2		
Ability to measure and evaluate blood sugar with a glucometer	D7	4	5	3		
				4		
				5		
				1		
				2		
Ability to interpret screening and diagnostic examination results	D18	3	5	3		
				4		
				5		

E. Interventional and non-interventional procedures						
Airline application	E3	3	2	1		
				1		
Ability to apply the principles of rational drug use	E4	4	5	1		
				2		
				3		
				4		
				5		
Ability to request rational laboratory and imaging examinations	E5	4	5	1		
				2		
				3		
				4		
				5		
Arterial blood gas collection	E6	3	5	1		
				2		
				3		
				4		
				5		
Ability to prepare and apply splints	E7	3	5	1		
				2		
				3		
				4		
				5		
Use of balloon mask (AMBU)	E8	4	3	1		
				2		

				3		
				1		
Ability to apply bandages and tourniquets	E9	4	3	2		
				3		
Ability to intervene in nosebleeds	E10	2	2	1		
				2		
				1		
Evaluation of the multiple trauma patient	E12	3	5	2		
				3		
				4		
				5		
Ability to open vascular access	E13	3	3	1		
				2		
				3		
Ability to perform defibrillation	E14	4	2	1		
				2		
Evaluation of the multiple trauma patient	E17	3	2	1		
				2		
				3		
Ability to perform intubation	E23	3	2	1		
				2		
Evaluation of the Glasgow/AVPU coma scale	E27	4	5	1		
				2		
				3		
				4		

				5		
Ability to ensure appropriate patient transport	E30	4	1	1		
Ability to give the patient a coma position	E31	4	1	1		
Ability to refer the patient appropriately	E32	4	1	1		
Ability to inject IM, IV, SC, ID	E35	4	5	1		
				2		
				3		
				4		
				5		
Ability to insert a urinary catheter	E36	3	2	1		
				2		
Ability to provide advanced life support	E37	3	2	1		
Ability to measure blood pressure	E40	4	5	1		
				2		
				3		
				4		
				5		
Ability to apply a nasogastric tube	E48	3	2	1		
Ability to apply oxygen and nebul-inhaler therapy	E50	4	2	1		
				2		
Ability to apply and evaluate pulse oximetry	E57	4	5	1		
				2		
				3		
				4		

				5		
Ability to apply basic life support	E63	4	2	1		
				2		
				3		
				4		
				5		
Ability to care for wounds and burns	E68	3	1	1		
Ability to place and remove superficial sutures	E70	4	5	1		
				2		
				3		
				4		
				5		
Principles of acute decontamination in poisoning providing	E71	2	1	1		
Emergency Medicine Department Term VI Internship Coordinator (Stamp and Signature):						% Success:

*The minimum number of procedures required does not reflect the total number of procedures performed during the internship. The intern is responsible for performing all necessary procedures on patients admitted to the emergency department as long as he/she is on duty in accordance with the normal functioning of emergency health services.

**An intern doctor performs other necessary medical practices not listed during the provision of emergency health services.

PROVIDING COMPETENCE/QUALIFICATIONS

- a. The competence/qualifications that Intern Doctors are required to achieve in the Emergency Medicine Term VI Internship have been determined in accordance with the National Competence and Competencies Certificate (UYYB) within the scope of the National Core Education Program (UCEP).
- b. Faculty members contribute to competence/qualifications by using Structured Training Activities (presentation, seminar, case discussion, article discussion, file discussion, council, course, etc.); Applied Training Activities (basic medical practices, visits, shifts, necessary interventions, outpatient care, etc.) and Independent and Discovery Learning Activities (inpatient follow-up, outpatient/material follow-up, literature reading, research).
- c. Competency/competency levels of intern doctors are evaluated with the "Competency/Competency Assessment Form" (Table 9).
- d. At the end of the internship, the "Competency/Competency Evaluation Form" is evaluated and signed by the Term VI Internship Coordinator.

Table 9. Competency/Competency Evaluation Form

COMPETENCE/COMPETENCE EVALUATION FORM		
Name and Surname:		Number:
MATURITY ORANGE-1	Professional Practices	Madam
COMPETENCE 1.1. Health Service Provider		
Competence 1.1.1.	Integrates the knowledge, skills and attitudes acquired from basic and clinical medical sciences, behavioral sciences and social sciences and uses them in the delivery of health services.	
Competence 1.1.2.	It demonstrates a biopsychosocial approach in patient management, taking into account the sociodemographic and sociocultural background of the individual, regardless of language, religion, race and gender.	
Qualification 1.1.6.	Demonstrates a safe, rational and effective approach in the provision of health services, prevention, diagnosis, treatment, follow-up and rehabilitation processes.	
Qualification 1.1.7.	Performs interventional and/or non-interventional procedures safely and effectively for the patient during diagnosis, treatment, follow-up and rehabilitation processes.	
Qualification 1.1.8.	Provides health services by taking into consideration the health and safety of patients and employees.	
AREA OF COMPETENCE-2	Professional Values and Approaches	
COMPETENCE 2.1. Adopting Professional Ethics and Professional Principles		
Qualification 2.1.1.	Takes into account good medical practices while performing his/her profession.	
Qualification 2.1.2.	Fulfills duties and obligations within the framework of ethical principles, rights and legal responsibilities required by the profession.	
Qualification 2.1.3.	Demonstrates commitment to providing high-quality healthcare, taking into account the patient's integrity.	
COMPETENCE 2.3. Leader-Manager		
Qualification 2.3.1.	Demonstrates exemplary behavior and leadership within the healthcare team during service delivery.	
COMPETENCE 2.4. Team Member		
Qualification 2.4.1.	Within the healthcare team he/she serves, he/she will establish positive communication and assume different team roles when necessary.	
Competence 2.4.2.	Be aware of the duties and responsibilities of healthcare professionals within the healthcare team and behave accordingly.	
Competence 2.4.3.	Works harmoniously and effectively with colleagues and other professional groups in professional practices.	
MATURITY 2.5.	Communicator	
Qualification 2.5.1.	Communicates effectively with patients, their relatives, healthcare professionals, other professional groups, institutions and organizations.	
Competence 2.5.2.	Communicates effectively with individuals and groups that require a special approach and have different sociocultural characteristics.	
MATURITY ORANGE-3	Professional and Personal Development	
COMPETENCE 3.1. Demonstrating a Scientific and Analytical Approach		
Competence 3.1.2.	Accesses current literature related to the profession and evaluates it critically.	
Competence 3.1.3.	Applies evidence-based medical principles in clinical decision-making.	
Competence 3.1.4.	It uses information technologies to increase the effectiveness of its work in health care, research and education.	
COMPETENCE 3.2. Lifelong Learner		
Competence 3.2.2.	Acquiring new information, evaluating it, integrating it with existing information, professional Demonstrates the ability to apply knowledge to specific situations and adapt to changing circumstances throughout the career.	
Competence 3.2.3.	Selects the right learning resources and organizes his/her own learning process to improve the quality of the health service he/she provides.	
Emergency Medicine Department Term VI Internship Coordinator (Stamp and Signature):		Total points:
		% Success:

EMERGENCY MEDICINE 2025-2026 ACADEMIC YEAR PRELIMINARY PHYSICIAN INTERNSHIP PROGRAM							
HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY
		08.30-09.15	<p>Bedside visit, patient evaluation</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Bedside visit, patient evaluation</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Bedside visit, patient evaluation,</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Bedside visit, patient evaluation,</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Bedside visit, patient evaluation,</p> <p>Under the supervision of faculty members and research assistants</p>
		09.25-10.10	<p>Emergency treatment and follow-up monitoring, active patient interventions within the indication, writing in the forensic report, involvement in interventional practical applications</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Theoretical lectures and seminar presentations</p>	<p>Emergency treatment and follow-up monitoring, active patient interventions within the indication, writing in the forensic report, involvement in interventional practical applications</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Theoretical lectures and seminar presentations</p>	<p>Emergency treatment and follow-up monitoring, active patient interventions within the indication, writing in judicial reports, involvement in interventional practice</p> <p>Under the supervision of faculty members and research assistants</p>
		10.20-12.00		<p>Emergency treatment and follow-up monitoring, active patient interventions within the indication, writing in judicial reports, involvement in interventional practice</p> <p>Under the supervision of faculty members and research assistants</p>		<p>Emergency treatment and follow-up monitoring, active patient interventions within the indication, writing in the forensic report, involvement in interventional practical applications</p> <p>Under the supervision of faculty members and research assistants</p>	
		12.00-13.10	LUNCH BREAK				
	WEEKLY	13.10-17:00	<p>Emergency treatment and follow-up monitoring, active patient interventions within the indication, writing in the forensic report, involvement in interventional practical applications</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Bedside rounds, patient file preparation, epicrisis writing</p> <p>Polyclinic practices</p> <p>ICU practices</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Bedside rounds, patient file preparation, epicrisis writing</p> <p>Outpatient clinic applications ICU applications</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Emergency treatment and follow-up monitoring, active patient interventions within the indication, writing in the forensic report, involvement in interventional practical applications</p> <p>Under the supervision of faculty members and research assistants</p>	<p>Emergency treatment and follow-up monitoring, active patient interventions within the indication, writing in judicial reports, involvement in interventional practice</p> <p>Under the supervision of faculty members and research assistants</p>

Emergency Medicine Associate Doctor Working Card

- a. At the end of the internship period, your success is evaluated using "competence" criteria.
- b. For the qualification criteria, the Basic Medical Practices Evaluation Form, the Educational Studies Evaluation Form, the Professionalism Evaluation Form, the On-Call Form and absence information are used.
- c. In order for an intern doctor to be successful in the Emergency Medicine Term VI internship;
 - i. 80% success in the content of the Basic Medical Practices Evaluation Form (Table 8) and,
 - ii. 60% success in the content of the Educational Studies Evaluation Form (Table 7) and,
 - iii. 80% success in the content of the Competency/Competency Evaluation Form (Table 9) and,
- iv. Having kept all his shifts or having been compensated (Table 6) and,
- v. There must be no absences or absences must be compensated.
- d. Intern doctors who meet all the criteria are considered "sufficient", while those who do not meet even one of the criteria are considered "insufficient".
are accepted.
- e. The results are recorded on the "Qualification Form" and signed and sent to the Dean's Office (Table 10).
- f. Interns who are deemed inadequate must repeat the internship. Internship repetitions are limited to the duration of the unit in which the internship was performed.
- g. The reasons for the failure of the intern doctor who is considered "unsuccessful" are documented and prepared in a report. The training officer, the internship
It is added to the Qualification Form with the approval of the department head and the department head and forwarded to the Dean's Office.
- h. Interns who fail must repeat the internship. Repeat internships are limited to the duration of the unit in which they were intern. The repeat duration
It is applied in the period following the completion of all internships of the intern doctor.

Table 10. Term VI Internship Qualification Form

TERM VI INTERNSHIP STUDENT COMPETENCE CERTIFICATE	
INTERNSHIP NAME:	
Name and surname:	Number:
Internship start date:	Internship end date:
EVALUATION AREA:	
Basic Medical Practices	<input type="checkbox"/> Enough <input type="checkbox"/> Insufficient
Educational Studies	<input type="checkbox"/> Enough <input type="checkbox"/> Insufficient
Competence/Competence	<input type="checkbox"/> Enough <input type="checkbox"/> Insufficient
Watch Practice	<input type="checkbox"/> Enough <input type="checkbox"/> Insufficient
Discontinuity	<input type="checkbox"/> None <input type="checkbox"/> Was
CONCLUSION:	<input type="checkbox"/> Enough <input type="checkbox"/> Insufficient
Term VI Internship Training Officer (Name, Surname, Date, Stamp, Signature)	Head of Department (Name, Surname, Date, Stamp, Signature)

EVALUATION OF THE INTERNSHIP

a. "Term VI Survey" prepared for the evaluation of Emergency Medicine Term VI Internship by intern doctors

The survey will be conducted using the "Form" (Table 11).

b. An evaluation meeting will be held on the final day of the internship, and intern doctors will be asked to fill out the survey form.

c. Survey results will be evaluated for correction, renewal and improvement purposes.

d. The training process and achievements are evaluated to contribute to the development of the internship.

Table 11. Term VI Survey Form

TERM VI INTERNSHIP EVALUATION SURVEY						
INTERNSHIP:	GROUP:	HISTORY:				
1: Strongly disagree. 2: Disagree. 3: Undecided. 4: Agree. 5: Strongly agree.						
1	An introductory meeting was held at the beginning of the internship.					
2	At the beginning of the internship, the areas to be worked on and shifts were determined.	1	2	3	4	5
3	Our responsibilities were explained at the beginning of the internship	1	2	3	4	5
4	We were not given any tasks other than our responsibilities.	1	2	3	4	5
5	Educational environments were physically adequate.	1	2	3	4	5
6	The training program was followed	1	2	3	4	5
7	I have gained competence/qualifications	1	2	3	4	5
8	Basic Medical Practices were performed	1	2	3	4	5
9	I gained by doing 9 Basic Medical Practices	1	2	3	4	5
10	Training meetings were held in accordance with the Intern Guide	1	2	3	4	5
11	The content of the training sessions was appropriate	1	2	3	4	5
12	I have received sufficient training in the field of triage.	1	2	3	4	5
13	I have received sufficient training in the field of Yellow 14 I have	1	2	3	4	5
14	received sufficient training in the field of Child Trauma	1	2	3	4	5
15	I have received sufficient training in Clinical Toxicology	1	2	3	4	5
16	I have received sufficient training in the field of 16 Intervention and Resuscitation	1	2	3	4	5
17	Physical facilities were sufficient during the shifts	1	2	3	4	5
18	Compliance with the dress code was monitored	1	2	3	4	5
19	Communication with staff was good	1	2	3	4	5
20	Communication with nurses was good	1	2	3	4	5
21	Communication with the assistants was good. 22	1	2	3	4	5
22	Communication with the faculty members was good. 23 I could reach the	1	2	3	4	5
23	faculty members whenever I wanted.	1	2	3	4	5
24	I felt like I was part of the team	1	2	3	4	5
25	I achieved gains in line with the purpose of the internship	1	2	3	4	5
26	My absence status was monitored	1	2	3	4	5
27	I was not assigned to go outside the training	1	2	3	4	5
28	I was able to easily reach the Term VI officer responsible for the 28 internships.	1	2	3	4	5
29	I am leaving the internship satisfied	1	2	3	4	5

Write your suggestions and opinions on each topic regarding the questions you gave 1 or 2 points to:

FAMILY MEDICINE PRELIMINARY MEDICINE INTERNSHIP

EDUCATION PERIOD	Term VI
INTERNSHIP PERIOD	4 weeks
EDUCATION UNITS	Department of Family Medicine Polyclinic, Smoking Cessation Polyclinic, Rational Medication Polyclinic, Family Health Centers
CLASSROOM	Malatya Training and Research Hospital Classrooms

EDUCATORS

Dr. Lecturer Yavuz KORKMAZ

EDUCATION OFFICER

Dr. Lecturer Yavuz KORKMAZ

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FAMILY MEDICINE PRELIMINARY MEDICINE INTERNSHIP PURPOSE

To contribute to the training of physicians equipped to provide qualified primary health care services by strengthening the practice by making the knowledge, skills and attitudes acquired during the Family Medicine internship functional. is to be found.

FAMILY MEDICINE PRELIMINARY MEDICINE INTERNSHIP GENERAL RULES

1. Pre-physicians are active in polyclinics and Family Health Centers during their Family Medicine internship.
will work responsibly, taking part in patient care.
2. Associate physicians will attend the internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction includes the purpose of the internship and skill learning.
objectives, professionalism objectives, curriculum, measurement and evaluation methods and internship
Pre-medical physicians will be informed about the rules to be followed.
4. In the Family Medicine internship, working days start at 08:00 in the morning and end at 17:00.
5. Keeping the "Malatya Turgut Ozal University Faculty of Medicine Pre-Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies of Family Medicine, and must complete
6. Associate physicians can attend scientific meetings and seminars organized by the Dean's Office and the Department.
will attend practical and theoretical classes.
7. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the primary physician is deemed absent.
and repeats the internship the next semester.
8. At the end of the internship, verbal and written feedback will be received from all primary physicians.
9. At the end of their internship, pre-medical students will be evaluated based on their performance in the departments they work in and their pre-medical practice report. Those who fail this evaluation will repeat the internship.

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FAMILY MEDICINE PRELIMINARY MEDICINE INTERNSHIP WORKING RULES

FIRST DAY

Associate physicians must be present at the Department of Family Medicine at 8:00 a.m. on the first day of their internship.

In the presidency, a brief definition of the family medicine discipline is made and the objectives of the Family Medicine internship, learning outcomes,

The activities and program are explained and the Family Health Centers (FHC) they will go to are determined and the work in the FHCs program is explained.

DAILY WORKING CONDITIONS

1. All faculty members are responsible for all preliminary medical training.
2. All junior physicians will attend outpatient clinic services in the Family Medicine Department's in-hospital outpatient clinic and designated family health centers. All junior physicians will attend theoretical courses in the Family Medicine Department's in-hospital outpatient clinic and training hall.
3. They will gain clinical experience and skills according to the program given to them, in accordance with the general rules of the ASMs where they will receive training they will increase.

POLYCLINIC AND FAMILY HEALTH CLINIC WORKING RULES

1. In addition to the practices of primary physicians in ASM and Family Medicine Polyclinics, theoretical lecture hours of training are required to participate in their work.
2. Full attendance is essential.
3. Among the patients they see in the Family Medicine clinic or among the cases given to them by selecting and preparing, or by making preparations on appropriate seminar topics, faculty members and staff will make a presentation with participation.
4. It is essential to comply with the rules in the places where they work.

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<p style="text-align: center;">FAMILY MEDICINE PRELIMINARY MEDICINE INTERNSHIP</p> <p style="text-align: center;">LEARNING OBJECTIVES</p>	<p style="text-align: center;">Measurement and evaluation</p>
<p>Knowledge-Skills</p>	
<p>LO 1. Lists the basic features of family medicine.</p>	
<p>ÖH 2. Explains the scope and duties of Family Health Centers.</p>	
<p>ÖH 3. Explains the legislation regarding Family Medicine.</p>	
<p>ÖH 4. It attaches importance to holistic health services at the individual, family and community levels and carries out primary health services aimed at protecting and improving health.</p>	
<p>LO 5. Explains the importance of effective communication in the implementation of primary health care services.</p>	<p>Pre-medical report card</p>
<p>LO 6. Obtains a history from a patient who applies to a primary health care facility using effective communication and patient-doctor interview skills.</p>	
<p>ÖH 7. Performs a complete physical examination.</p>	
<p>ÖH 8. Evaluates the history and physical examination findings and makes a preliminary diagnosis/diagnosis.</p>	
<p>LO 9. Selects primary level tests in the appropriate order for diagnosis and interprets their results.</p>	
<p>LO 10. It plans the diseases commonly encountered in society in all age groups in accordance with the coding in the national core education program, issues prescriptions in line with the principles of rational drug use, monitors them, implements protective measures, provides counseling and health education, and refers them appropriately when necessary.</p>	
<p>ÖH 11. Implement the necessary interventional procedures in the national core education program at the primary level in accordance with their level.</p>	
<p>ÖH 12. In the primary care setting, it carries out baby and child monitoring, pregnant and postpartum monitoring, periodic health examinations, immunization, family planning, smoking cessation services and provides consultancy on these issues.</p>	
<p>ÖH 13. Maintains appropriate written and electronic records at the first stage and makes necessary reports and notifications.</p>	

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FAMILY MEDICINE PRELIMINARY MEDICINE INTERNSHIP EDUCATION GOALS	Measurement and evaluation
ÖH 14. Manages the primary health care facility and leads the health team.	
LO 15. Evaluates individual and professional competencies and improves professional performance through continuous learning.	
LO 16. Reads, critically evaluates, and presents primary care-oriented literature.	
ÖH 17. Respects personal rights and decisions.	
ÖH 18. Conducts primary health care services in accordance with ethical rules and evidence-based approaches.	
Attitude-Professionalism	
LO 19. Communicates professionally with patients and their relatives.	Faculty observation
LO 20. Encourages the participation of patients and their families in the development of health care plans.	
LO 21. Communicates effectively with colleagues and other healthcare personnel.	
LO 22. Works effectively with colleagues and other healthcare professionals in the delivery of healthcare.	
ÖH 23. Contributes to the improvement of health service delivery by taking an active role within the health team.	Pre-medical report card
ÖH 24. Prioritizes the approach of protecting and improving health and preventing diseases in all health care processes and takes an active role.	
LO 25. Improves professional performance through continuous learning.	
ÖH 26. Evaluates the accuracy, reliability, and applicability of health-related research and literature.	
ÖH 27. Applies professional practices adhering to ethical principles and values.	
ÖH 28. Acts in accordance with professional and ethical principles, standards of practice and relevant legislation and reacts to unethical behavior.	

FAMILY MEDICINE PRELIMINARY MEDICINE INTERNSHIP

BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES

APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Taking a history of the problem and performing a full systemic physical examination (Adult)	10	4	Preliminary physician report card Faculty observation
2.	Taking a history of the problem and performing a full systemic physical examination (Child)	10	3	
3.	Evaluation of General Condition and Vital Signs (Adult)	10	4	
4.	Evaluation of General Condition and Vital Signs (Child)	10	3	
5.	Patient preparation (Adult)	5	4	
6.	Patient preparation (Child)	5	3	
7.	Presenting patients in outpatient clinics	5	4	
8.	Choosing laboratory tests appropriately	5	3	
9.	Ability to evaluate laboratory tests appropriately	5	3	
10.	Ability to evaluate/prescribe outpatient medication	10	4	
11.	Ability to refer appropriately	12	4	
	Chronic patient follow-up	3	3	
		5	3	
13.	Smoking Cessation Counseling	2	4	
14.	Infant Nutrition Counseling	1	3	
15.	Pregnant and Postpartum Nutrition Counseling	1	3	
16.	Family Planning Counseling Patient Education	1	3	
17.	Immunization Counseling	1	3	
		2	3	
19.	Healthy Nutrition Consulting	1	3	

ACADEMIC AND EDUCATIONAL ACTIVITIES

1. All primary care physicians are provided with outpatient clinic services at the Family Medicine Department's in-hospital polyclinic and designated ASMs. They will participate in practical lessons.

2. All pre-physicians will attend theoretical courses in the hospital outpatient clinic and training hall of the Department of Family Medicine.

3. Assessment to be made by the responsible faculty members when they complete their rotations in the relevant branches of science. and evaluation determines whether they are successful. In case of failure, they are required to repeat the internship.

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FAMILY MEDICINE PRELIMINARY MEDICINE INTERNSHIP LEARNING AND MEASUREMENT- EVALUATION METHODS

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none">- Bedside training, practice- Polyclinic and ASM experiences- Independent learning applications
PROFESSIONAL EDUCATION	<ul style="list-style-type: none">- Interdisciplinary learning events (meetings, training seminars)- Case presentation, case discussion and literature hour meetings- Bedside training, practice
FOR DECISION MAKING	Faculty observation, bedside evaluation Preliminary physician report card
INTERNSHIP SUCCESS GRADE	Preliminary physician report card

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FAMILY MEDICINE 2025-2026 ACADEMIC YEAR PRELIMINARY PHYSICIAN INTERNSHIP PROGRAM

FAMILY MEDICINE PRELIMINARY PHYSICIAN INTERNSHIP PROGRAM Week 1

	08:00-08:45	09:00-09:45	10:00-10:45	11:00 -11:45	13:00 -13:45	14:00-14:45	15:00-15:45	16:00-17:00	Class hours	
Monday	Orientation meeting	Family Medicine Polyclinic Practices			FAMILY HEALTH CENTER Family Medicine Practices			8 practices	Dr. Lecturer: Yavuz Korkmaz	
Tuesday	FAMILY HEALTH CENTER Family Medicine Practices			FAMILY HEALTH CENTER Family Medicine Practices			8 practices	Dr. Lecturer: Yavuz Korkmaz		
Wednesday	Family Medicine Polyclinic Practices			Definition, History and Functioning of Family Medicine			4 practices 4 theoretical	Dr. Lecturer: Yavuz Korkmaz		
Thursday	Family Health Center Scope Duties and Related Legislation			Primary Health Care Service Delivery			8 theoretical	Dr. Lecturer: Yavuz Korkmaz		
Only	Patient-Physician Interview and Patient Management			Rational Laboratory Selection Practices			8 theoretical	Dr. Lecturer: Yavuz Korkmaz		

FAMILY MEDICINE PRELIMINARY PHYSICIAN INTERNSHIP PROGRAM 2nd Week										
	08:00-08:45	09:00-09:45	10:00-10:45	11:00-11:45	13:00-13:45	14:00-14:45	15:00-15:45	16:00-17:00	Class hours	
Monday	FAMILY HEALTH CENTER Family Medicine Practices				FAMILY HEALTH CENTER Family Medicine Practices			8 practices	Dr. Lecturer: Yavuz Fearless	
Tuesday	FAMILY HEALTH CENTER Family Medicine Practices				FAMILY HEALTH CENTER Family Medicine Practices			8 practices	Dr. Lecturer: Yavuz Fearless	
Wednesday	Family Medicine Polyclinic Practices				Rational Drug Practices			4 practices 4 theoretical	Dr. Lecturer: Yavuz Fearless	
Thursday	Tobacco and Tobacco Products Quitting Consultancy				Health Reports			8 theoretical	Dr. Lecturer: Yavuz Fearless	
Only	Chronic Disease Screenings/Monitoring and Cancer Screenings Disease Management Platform (Hyp)				Healthy and Patient Follow-ups			8 theoretical	Dr. Lecturer: Yavuz Fearless	

(*) The same program is applied to each intern group. Faculty members' lecture hours and practical applications may vary weekly/monthly.

FAMILY MEDICINE PRELIMINARY MEDICAL INTERNSHIP PROGRAM Week 3										
	08:00-08:45	09:00-09:45	10:00-10:45	11:00-11:45	13:00-13:45	14:00-14:45	15:00-15:45	16:00-17:00	Class hours	
Monday	FAMILY HEALTH CENTER Family Medicine Practices				FAMILY HEALTH CENTER Family Medicine Practices				8 practices	Dr. Lecturer: Yavuz Fearless
Tuesday	FAMILY HEALTH CENTER Family Medicine Practices				FAMILY HEALTH CENTER Family Medicine Practices				8 practices	Dr. Lecturer: Yavuz Fearless
Wednesday	Family Medicine Polyclinic Practices				Scanning Programs				4 practices 4 theoretical	Dr. Lecturer: Yavuz Fearless
Thursday	Breastfeeding Consultancy				Patient-Related Records and Notifications				8 theoretical	Dr. Lecturer: Yavuz Fearless
Only	Family planning				Diagnosis, Treatment and Follow-up of Common Diseases in Primary Care				8 theoretical	Dr. Lecturer: Yavuz Fearless

(*) The same program is applied to each intern group. Faculty members' lecture hours and practical applications may vary weekly/monthly.

FAMILY MEDICINE PRELIMINARY PHYSICIAN INTERNSHIP PROGRAM Week IV										
	08:00-08:45	09:00-09:45	10:00-10:45	11:00-11:45	13:00-13:45	14:00-14:45	15:00-15:45	16:00-17:00	Class hours	
Monday	FAMILY HEALTH CENTER Family Medicine Practices				FAMILY HEALTH CENTER Family Medicine Practices			8 practices	Dr. Lecturer: Yavuz Korkmaz	
Tuesday	FAMILY HEALTH CENTER Family Medicine Practices				FAMILY HEALTH CENTER Family Medicine Practices			8 practices	Dr. Lecturer: Yavuz Fearless	
Wednesday	Family Medicine Polyclinic Practices				Diagnosis, treatment and follow-up of common diseases in primary care			4 practices 4 theoretical	Dr. Lecturer: Yavuz Korkmaz	
Thursday	Diagnosis, treatment and follow-up of common diseases in primary care				Diagnosis, treatment and follow-up of common diseases in primary care			8 theoretical	Dr. Lecturer: Yavuz Korkmaz	
Only	Immunization				Diagnosis, treatment and follow-up of common diseases in primary care			8 theoretical	Dr. Lecturer: Yavuz Korkmaz	

T.C.

Malatya Turgut Ozal University Faculty of Medicine, Department of Family Medicine
2025-2026 Academic Year Pre-Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE: INTERNSHIP END DATE:

	History	Doctor His own signature	Family Physician Doctor's Stamp and Signature	Faculty Member's Stamp and Signature
EVENTS				
Family Medicine Polyclinic	.../20.../20..			
Family Health Center	.../20.../20..			
District Health Directorate	.../20.../20..			
Lessons	.../20.../20..			
	.../20.../20..			
	.../20.../20..			
	.../20.../20..			

2018

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL		EVALUATION			
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZ TO DO REQUIRED BUY	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Taking a history of the problem and performing a complete systemic physical examination (Adult)	10			
2	Taking a history of the problem and performing a full systemic physical examination (Child)	10			
3	Evaluation of General Condition and Vital Signs (Adult)	10			
4	Evaluation of General Condition and Vital Signs (Child)	10			
5	Patient preparation (Adult)	5			
6	Patient preparation (Child)	5			
7	Presenting patients in outpatient clinics	5			
8	Choosing laboratory tests appropriately	5			
9	Ability to evaluate laboratory tests appropriately	5			
10	Ability to evaluate/prescribe outpatient medication	10			
11	Proper dispatch	3			
12	Chronic patient follow-up	5			
13	Smoking Cessation Counseling	2			
14	Baby Nutrition Consultation	1			
15	Pregnant and Postpartum Nutrition Consultation	1			
16	Family Planning Counseling	1			
17	Patient Education	2			
18	Immunization Counseling	2			
19	Healthy Nutrition Consulting	1			

CHILD HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP

EDUCATION PERIOD	DönemVI
INTERNSHIP PERIOD	8 weeks
EDUCATIONAL UNITS	Department of Child Health and Diseases Clinic, Polyclinics and Laboratories
CLASSROOM	Department of Child Health and Diseases Classroom

EDUCATORS

Assoc. Prof. Dr. N. Aslı MELEKOYLU

Dr. Lecturer M. Selçuk SİNANOYLU Dr.

Lecturer Erhan BERK

Dr. Lecturer Abdulgani GÜLYÜZ

EDUCATION OFFICER

Dr. Lecturer Abdulgani GÜLYÜZ

COMMUNICATION

ADDRESS	Boran Neighborhood, Kırgöz Street, No: 82B, Address Code: 3712025703, Battalgazi/MALATYA
TELEPHONE	0 422 846 12 55 - 0 422 846 12 65

CHILD HEALTH AND DISEASES PRELIMINARY

MEDICINE INTERNSHIP PURPOSE

The aim is to provide the competence to manage common diseases related to the field of Child Health and Diseases at the primary care level, in line with the knowledge, skills, and attitudes acquired during preclinical and clinical internships. These competencies are diagnosis, treatment, detection of emergency situations, determination of patients who need to be referred and appropriate referral.

CHILD HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP GENERAL RULES

1. Pre-physicians are active and responsible in the service during the Child Health and Diseases internship, and they take part in patient care. will work by taking.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction covers the purpose of the internship, skill learning objectives, professionalism goals, curriculum, measurement and evaluation methods, and the rules to be followed during the internship. Information will be given to primary physicians about the
4. In the Child Health and Diseases internship, working days start at 08:00 in the morning and end at 17:00.
5. Associate physicians receive training in the scientific branches of Child Health and Diseases for a specified period of time.
6. Each branch of science is assigned patients in their rotation. Associate physicians will take patient history and perform physical examinations. will carry out examinations, monitor the necessary laboratory examinations and consultations, and all these They will record their findings and daily observations of the patients. The records must include their name and surname. will be specified.
7. Must keep and complete the "Malatya Turgut Ozal University Faculty of Medicine Preliminary Physician Practice Report" which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies of Child Health and Diseases.
8. Associate physicians will present their patients during visits with the faculty member. Associate physicians They will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch. Seminars It will be between 13.00-14.00.
9. Associate physicians work a number of monthly shifts determined by the Department.
10. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the pre-medical physician is considered absent and the internship is terminated. repeats next term.
11. At the end of the internship, verbal and written feedback will be received from all physicians.
12. At the end of their internship, pre-med students will be evaluated based on their performance in the departments they worked in and their pre-med students' practice report. Those who are not successful in this evaluation will repeat the internship.

CHILD HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP WORKING RULES

FIRST DAY

Pre-physicians termVI by the responsible faculty member regarding the Child Health and Diseases internship they are informed.

DAILY WORKING CONDITIONS

1. During the Pediatrics internship, 15 days of training in polyclinics or related services in at least 4 different branches of science
They work in rotations.
2. They are present at the clinic or polyclinic where they work at 08.30 every weekday at the latest.

POLYCLINIC DEPUTY CLINIC WORKING RULES

1. Pre-physicians periodVI by the responsible faculty member regarding the Child Health and Diseases internship they are informed.
2. During the Pediatrics internship, 15 days each in polyclinics or related services in at least 4 different branches of science
They work in rotations.
3. They are present at the clinic or polyclinic where they work at 08.30 every weekday at the latest.
4. Under the supervision of research assistants, primary physicians take the anamnesis of patients admitted to inpatient services and perform physical examinations.
they do their examination.
5. Associate physicians are responsible for the follow-up of at least 3 research assistant patients in the clinic where they work.
6. Research assistants, specialist doctors and faculty members attend all their visits.
7. They plan and perform laboratory examinations of patients together with research assistants and specialist doctors.
8. Pre-physicians should participate in in-clinic and out-of-clinic consultations with research assistants or faculty members.
they participate together.
9. Evaluates patients together with research assistants in outpatient clinics and assists research assistants in all procedures.
They help.
10. Problems encountered should first be conveyed to the education officers or the primary physician officer.
11. Shifts are determined by the responsible faculty member and the chief assistant at the beginning of the internship.
12. Pre-physicians keep a rotating shift in the clinic and emergency clinic, and the on-call research assistant and are accountable to the responsible faculty member.
13. Associate physicians are required to attend seminars, article hours or assistant courses.
14. Assessment and evaluation to be carried out by the responsible faculty members when they complete their rotations in the relevant branches of science.
Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship.
are responsible.

CHILD HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP WORKING RULES

GUARD RULES

1. Rosters are determined by the responsible faculty member and chief assistant at the beginning of the internship.
2. Primary physicians keep a rotating shift in the clinic and emergency clinic, and the on-call research assistant and are accountable to the responsible faculty member.

CHILD HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP LEARNING OBJECTIVES

Measurement
and evaluation

Knowledge-Skills

- ÖH 1.** Evaluates the growth and development of a healthy child.
- ÖH 2.** Obtains a detailed history from the child and family using communication skills. **ÖH 3.** Performs a systemic physical examination and assesses vital signs on the child. **ÖH 4.** Makes a preliminary diagnosis using the history and physical examination findings on the child. **ÖH 5.** Uses appropriate diagnostic tools to confirm the diagnosis.
- LO 6.** Interpret the results of basic laboratory and radiological examinations frequently performed in children.
- LO 7.** Performs basic interventional procedures in childhood.
- ÖH 8.** Treatment and monitoring of common childhood illnesses at the primary care level implements protective measures, informs the family about the treatment and follow-up plan and provides education. When necessary, it ships under appropriate conditions.
- ÖH 9.** Implements childhood immunization programs.
- LO 10.** Knows and manages breastfeeding and childhood nutrition.
- ÖH 11.** Keeps patients' medical records appropriately in written and electronic format, epicrisis organizes, prepares necessary reports and makes notifications.
- LO 12.** Identifies life-threatening illnesses and emergencies in children. Implements the emergency approach in primary care and, when necessary, refers the patient under appropriate conditions.

Physician

report card

faculty member

observation

Attitude-Professionalism

- ÖH 13.** Communicates effectively with the child and his/her family and works as a team.
- ÖH 14.** Communicates effectively with colleagues and other healthcare professionals and engages in teamwork. **ÖH 15.** Follows evidence-based scientific approaches in the diagnosis and treatment of childhood illnesses. **ÖH 16.** Follows scientific developments in the field of child health and illnesses.
- ÖH 17.** Improves professional competencies through post-graduation and in-service training programs.
- ÖH 18.** Practices his profession within the framework of ethical rules and laws.

Physician

report card

faculty member

observation

CHILD HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP BASIC MEDICAL PRACTICES and ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Ability to triage in the emergency room	Physician report card faculty member observation
2.	Cardiopulmonary resuscitation in children	
3.	Approach to the dehydrated child	
4.	Approach to the hypertensive child	
5.	Approach to the patient with arthritis	
6.	Approach to the patient with edema	
7.	Approach to the patient with hematuria	
8.	Approach to the cyanotic patient	
9.	Ability to plan baby nutrition	
10.	Planning vaccinations in children	
11.	Approach to a child complaining of vomiting	
12.	Approach to a child presenting with diarrhea	
13.	Management of constipation	
14.	Approach to the cyanotic baby	
15.	Approach to a child presenting with palpitations	
16.	Approach to a child presenting with chest pain	
17.	Approach to a child presenting with syncope	
18.	Defibrillation and cardioversion application	
19.	Approach to a child with hypoglycemia	
20.	Approach to a child with short stature	
21.	Approach to the baby with febrile convulsions	
22.	Approach to epileptic seizures	
23.	Approach to anaphylaxis	
24.	Approach to oncological emergencies	
25.	Approach to the patient with bleeding diathesis	
26.	Performing neonatal resuscitation	
27.	Approach to neonatal jaundice	
28.	Approach to a newborn baby presenting with respiratory distress	
29.	Approach to the child presenting with diabetic ketoacidosis	

2018

**CHILD HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP
BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES**

APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Ability to take medical history, perform physical examination on children,	20	4	Physician report card faculty member observation
2.	prepare epicrisis, perform anthropometric measurements, write prescriptions, and	20	4	
3.	take and interpret ECGs.	20	4	
4.		25	4	
5.		10	4	
		10	4	
7.	Evaluation of hematological parameters	15		
8.	Knows what to look for in a newborn baby	10	4	
9.	APGAR scoring. First care of the newborn baby in the	10	4	
10.	delivery room and afterwards.	5	4	
11.	Evaluate growth and development in children. 12. Proper transport of newborn babies . 13.	10	4	
	Measure and evaluate blood pressure. 14. Approach to anemia . 15. Approach to a patient	5	4	
	with acute asthma. 16. Teach correct breastfeeding techniques .	20	4	
		5	4	
		5	4	
		5	4	
17.	Ability to perform peripheral smear and stain	5	4	
18.	Ability to apply a nasogastric tube 19. Ability to take heel	5	4	
	blood from a newborn	5	4	
20.	Ability to measure capillary blood sugar Ability	10	4	
21.	to perform endotracheal intubation 22.	5	4	
	Ability to perform pediatric patient resuscitation 23.	5	4	
	Intravenous blood collection	10	4	
24.	27. Ability to open intravenous vascular	10	4	
25.	access. Ability to perform intradermal injection. Ability	5	4	
26.	to apply autoinjector. Ability to perform	5	4	
	intramuscular injection into the thigh.	5	4	
28.	Ability to apply intramuscular injection to the deltoid muscle	5	4	
29.	Ability to perform subcutaneous injection	5	4	

ACADEMIC AND EDUCATIONAL ACTIVITIES

Associate physicians attend seminars, case presentations, article hours or resident classes,

They make their own presentations at meetings.

2. Measurements and evaluations to be made by the responsible faculty members when they complete their rotations in the relevant branches of science.

Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship.

are responsible.

CHILD HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP LEARNING AND MEASUREMENT-EVALUATION METHODS

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Intensive care and outpatient clinic experiences -Independent learning applications
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

TO THE DEVELOPMENT PROCESS	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
FOR DECISION MAKING	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
INTERN SUCCESS GRADE	<p>Preliminary physician report card</p>

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CHILD HEALTH AND DISEASES 2025-2026 ACADEMIC YEAR PRE-MEDICINE INTERNSHIP PROGRAM										
	HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY		
			08.30-09.15	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants		
			09.25-10.10	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3		
			10.20-11.05	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants		
			11.15-12.00	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3		
			12.00-13.10	LUNCH BREAK						
			13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS						
			14.05-14.50	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Independent work Associate Doctor SEMINARS	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Pediatric laboratory practices under the supervision of faculty members and research assistants		
			15.00-15.45	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3	Associate Doctor SEMINARS	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3		
			15.55-16.40	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3	Associate Doctor SEMINARS	Group 1, Group 2, Group 3	Group 1, Group 2, Group 3		

T.C.

Malatya Turgut Ozal University Faculty of Medicine, Department of Child Health and Diseases

2025-2026 Academic Year

Preliminary Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE:

INTERNSHIP END DATE:

	History	Doctor His own signature	Family Physician Doctor's Stamp and Signature	Faculty Member's Stamp and Signature
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POLYCLINICS

C.Gastroenterology and Nutrition	.../20.../20..			
C. Hepatology	.../20.../20..			
C. Allergy	.../20.../20..			
C.Nephrology	.../20.../20..			
C. Rheumatology	.../20.../20..			
C.Neurology	.../20.../20..			
General Pediatrics	.../20.../20..			
Newborn	.../20.../20..			
C. Hematology	.../20.../20..			
C.Cardiology	.../20.../20..			
Developmental Pediatrics	.../20.../20..			
C. Endocrinology	.../20.../20..			

	History	Doctor Own Signature	Assistant Doctor's Stamp and Signature	Academic Member's Stamp and Signature
SERVICES				
C.Gastroenterology and Nutrition	././20..-./20...			
C.Cardiology	././20..-./20...			
C. Allergy	././20..-./20...			
C.Neurology	././20..-./20...			
C.Nephrology	././20..-./20...			
C. Endocrinology	././20..-./20...			
General Pediatrics	././20..-./20...			
C. Hematology and Oncology	././20..-./20...			
Intensive care	././20..-./20...			
Newborn	././20..-./20...			
Urgent	././20..-./20...			
Seizures				
	././20..-./20...			
	././20..-./20...			
	././20..-./20...			
	././20..-./20...			
	././20..-./20...			
	././20..-./20...			
	././20..-./20...			
	././20..-./20...			
	././20..-./20...			

2018

PROCESS AND SKILLS TO BE CARRIED OUT				
PROCESS AND SKILL		EVALUATION		
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN				
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	ENOUGH INSUFFICIENT
1	Ability to take a history	20		
2	Performing a physical examination in a child	20		
3	Ability to prepare epicrisis	20		
4	Ability to make anthropometric measurements	25		
5	Ability to write prescriptions	10		
	Ability to take and interpret 6 ECGs	10		
7	Evaluation of hematological parameters	15		
8	Knows the screenings that should be done on newborn babies	10		
9	APGAR scoring capability	10		
10	The first care of the newborn baby in the delivery room and afterwards ability to do	5		
11	Growth and development assessment in children	10		
12	Proper transport of the newborn baby	5		
13	Measures and evaluates blood pressure	20		
14	Approach to anemia	5		
15	Approach to the patient with acute asthma	5		
16	Can teach proper breastfeeding technique	5		
17	Ability to perform and stain peripheral smears	5		
18	Ability to apply a nasogastric tube	5		

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL		EVALUATION			
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
19	Ability to take heel blood from newborns	5			
20	Capillary blood sugar measurement	10			
21	Ability to perform endotracheal intubation	5			
22	Pediatric patient resuscitation practice	5			
23	Intravenous blood collection	10			
24	Establishing intravenous access	10			
25	Intradermal injection capabilities	5			
26	Autoinjector application	5			
27	Ability to apply intramuscular injection to the thigh	5			
28	Ability to apply intramuscular injection to the deltoid muscle	5			
29	Ability to perform subcutaneous injections	5			

2018

GENERAL SURGERY PRELIMINARY MEDICINE INTERNSHIP

EDUCATION PERIOD

DönemVI

INTERNSHIP PERIOD

4 weeks

EDUCATIONAL UNITS

General Surgery Department Clinic, Polyclinic, Operating Room, Intervention Room and Department of General Surgery Classroom

EDUCATORS

Prof. Dr. Gökhan SÖYÜTLÜ (Head of Department - Clinical Administrative Officer)

Prof. Dr. Burhan Hakan KANAT (Clinical Education Manager)

Dr. Lecturer Bahadır ÖNDEY

Dr. Lecturer Osman Gökhan GÖKDERE Dr. Lecturer

Erhan KIZILKAYA

EDUCATION OFFICER

Dr. Lecturer Osman Gökhan GÖKDERE (Clinical Education Manager)

2018

COMMUNICATION

ADDRESS

Malatya Turgut Ozal University Faculty of Medicine, Department of General Surgery

TELEPHONE

0422 8461255

GENERAL SURGERY PRELIMINARY MEDICINE INTERNSHIP

PURPOSE

Common diseases/problems requiring surgical or interventional treatment related to the gastrointestinal system, endocrine system, vascular system, abdomen and breast in adult patients, knowledge, skills and attitudes acquired in preclinical and clinical periods To provide competence in managing at the primary level (making a preliminary diagnosis/diagnosis, treating/initial intervention, referring appropriately, monitoring, implementing protective measures).

GENERAL SURGERY PRELIMINARY MEDICINE INTERNSHIP

GENERAL RULES

1. During the General Surgery internship, associate physicians will work actively and responsibly within the service, taking part in patient care.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction will inform pre-physicians about the purpose of the internship, skill learning objectives, professionalism goals, curriculum, measurement and evaluation methods, and the rules to be followed during the internship.
4. During the General Surgery internship, workdays start at 08:00 in the morning and end at 17:00.
5. Associate physicians receive training in the branches of General Surgery for specified periods of time.
6. Each branch of science rotation assigns patients. Associate physicians will take patient history, conduct physical examinations, oversee the necessary laboratory tests and consultations, and document all these findings and their daily observations of the patients. The records must include their names and surnames.
7. Must keep and complete the "Malatya Turgut Ozal University Faculty of Medicine Associate Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies of General Surgery.
8. Associate physicians will present their patients during visits with faculty members. Associate physicians will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
9. Associate physicians work a number of monthly shifts determined by the Department.
10. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the associate physician is considered absent and repeats the internship the following semester.
11. At the end of the internship, verbal and written feedback will be received from all primary physicians.
12. At the end of their internship, pre-med students will be evaluated based on their performance in the departments they worked in and their pre-med students' report card. Those who are not successful in this evaluation will repeat the internship.
13. During the General Surgery internship, associate physicians will work actively and responsibly within the service, taking part in patient care.
14. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
15. The first lesson of each internship is designed as an internship introduction. The introduction will inform pre-physicians about the purpose of the internship, skill learning objectives, professionalism goals, curriculum, measurement and evaluation methods, and the rules to be followed during the internship.
16. During the General Surgery internship, workdays start at 08:00 in the morning and end at 17:00.
17. Associate physicians receive training in the branches of General Surgery for specified periods of time.
18. Each branch of science rotation assigns patients. Associate physicians will take patient history, conduct physical examinations, oversee the necessary laboratory examinations and consultations, and document all these findings and their daily observations of the patients. The records must include their names and surnames.
19. Must keep and complete the "Malatya Turgut Ozal University Faculty of Medicine Associate Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies of General Surgery.
20. Associate physicians will present their patients during visits with faculty members. Associate physicians will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
21. Associate physicians work a number of monthly shifts determined by the Department.
22. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the associate physician is considered absent and repeats the internship the following semester.
23. At the end of the internship, verbal and written feedback will be received from all primary physicians.
24. At the end of their internship, pre-med students will be evaluated based on their performance in the departments they worked in and their pre-med students' practice report. Those who are not successful in this evaluation will repeat the internship.

GENERAL SURGERY PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

FIRST DAY

The intern doctor's work schedule is announced by the General Surgery Student Affairs Secretariat. On the first day, intern doctors:

According to this program, they go to the department where they will work at 08:00. After completing the introduction session with the faculty member responsible for them at 08:30 in the General Surgery Department on the 6th floor of Malatya Training and Research Hospital, the responsible faculty member informs the junior physicians about the objectives of the internship, learning outcomes, program, working conditions and

The rules are explained, distributed to advisor faculty members, and questions about the pre-medical period are answered.

DAILY WORKING CONDITIONS

1. Pre-medical staff must be present in the unit where they work at 08:00 at the latest.
2. Associate physicians take an active role as first-year residents in the General Surgery internship.
3. During working hours, the intern groups working in the general surgery polyclinic and the general surgery service will be separate.
and will remain constant throughout the internship.

POLYCLINIC AND CLINIC WORKING RULES

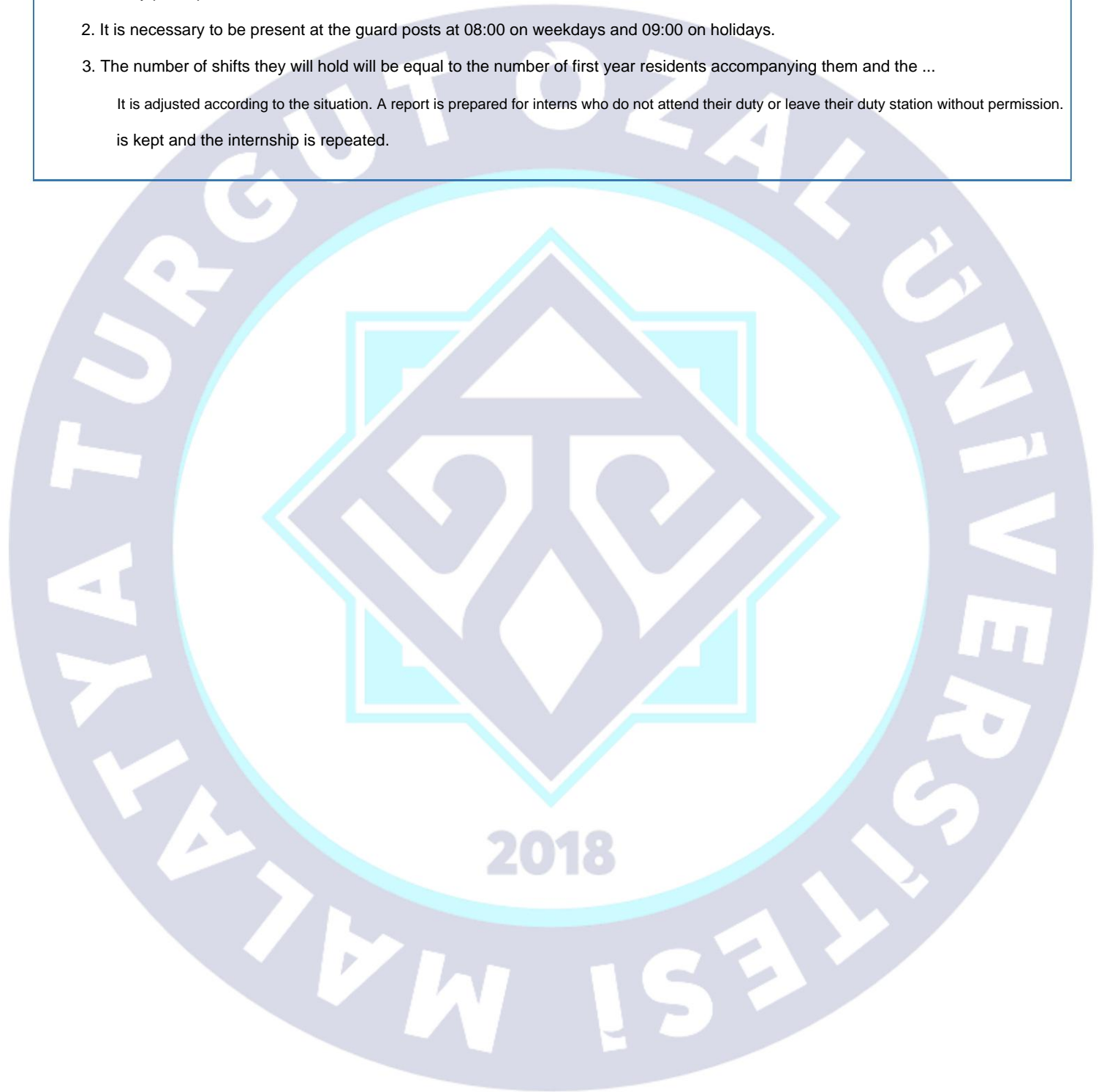
1. They participate in surgeries alongside the surgical team, acting as second and third assistants as needed during the surgery. In appropriate cases, they assist with surgical procedures such as abdominal closure. Incision stitches.
they routinely throw.
2. Pre-physicians examine patients in the clinic, assist in writing admission notes, and assist assistants
writing daily observations in consultation, assisting with patient dressings, removing stitches, minor surgery
Performing procedures, monitoring patient order writing and assisting when necessary, with the approval of assistants
requesting consultations/examinations from patients and preparing patient discharge notes together with research assistants
are responsible.
3. Each primary care physician team works in the outpatient clinic the day before their on-call day. They examine patients in the outpatient clinic.
They are responsible for monitoring and consulting with residents. They also assist with surgical procedures in the outpatient clinic.

GENERAL SURGERY PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

GUARD RULES

1. Interns are on duty throughout the General Surgery Internship and participate in all procedures together with the on-duty assistant during the duty. they participate.
2. It is necessary to be present at the guard posts at 08:00 on weekdays and 09:00 on holidays.
3. The number of shifts they will hold will be equal to the number of first year residents accompanying them and the ...
It is adjusted according to the situation. A report is prepared for interns who do not attend their duty or leave their duty station without permission. is kept and the internship is repeated.



<p align="center">GENERAL SURGERY PRELIMINARY MEDICINE INTERNSHIP LEARNING OBJECTIVES</p>	<p align="center">Measurement and evaluation</p>
<p>Knowledge-Skills</p> <ol style="list-style-type: none"> 1. A complete diagnosis of a patient in an outpatient clinic or ward - according to the principles of semiology - Reaches the capacity to take anamnesis and perform the necessary physical examination of the patient. 2. Using their knowledge of biochemical and radiological instruments, Selects diagnostic tests in the appropriate order for the purpose and interprets their results. 3. Evaluating the patient's anamnesis, physical examination and diagnostic test results, makes a diagnosis and makes a preliminary diagnosis/diagnosis. 4. Plans treatment, prepares prescriptions and monitors according to diagnosis at the primary care level. implements protective measures, shares the care plan with the patient and their relatives shares and refers the patient appropriately when necessary. 5. Recognizes emergency surgical conditions/diseases, performs first aid and treats appropriately dispatches. 6. At the end of the internship, you will be able to perform local anesthesia, superficial suturing and removal, abscess opening, wound Performs basic surgical procedures such as burn care without assistance. 7. For the prevention and early diagnosis of cancers that are common in our country implements approaches and informs individuals. 8. Maintains appropriate written and electronic patient medical records and prepares epicrisis reports. arrangements. 	<p align="center">Physician report card faculty member observation</p>

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<p>Attitude-Professionalism</p> <p>9. Communicates effectively with patients and their relatives.</p> <p>10. Communicates effectively with colleagues and other healthcare personnel.</p> <p>11. Works effectively as a team with colleagues and other healthcare personnel.</p> <p>12. Evaluates personal and professional competencies and improves through continuous learning. improves occupational performance.</p> <p>13. Conducts literature searches in line with the defined purpose and analyzes the information obtained. evaluates, organizes and presents critically.</p> <p>14. Acts in accordance with ethical principles in patient management and is evidence-based. approaches</p>	<p>Physician report card</p> <p>faculty member observation</p>
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<p>GENERAL SURGERY PRELIMINARY MEDICINE INTERNSHIP</p> <p>BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL</p> <p>ACTIVITIES</p>		<p>Measurement and evaluation method</p>
1.	Acute Cholecystitis, Acute Appendicitis and Ileus	<p>Preliminary physician report card</p> <p>faculty member observation</p>
2.	Anorectal Benign Diseases (Hemorrhoids, Fistula, Fissure)	
3.	Abdominal Wall Hernias (Inguinal, Incisional, Epigastric, Umbilical Hernias)	
4.	Approach to Thyroid Nodules and Goiter	
5.	Skin, Soft Tissue and Wound Infections	
6.	DerinVenThrombosis	
7.	Fluid-Electrolyte Balance and Imbalance	
8.	Post-Liver Transplant Immunosuppressive Treatment Protocol Discussion	
9.	Conventional imaging methods and interpretation in general surgery	
11.	Basic surgical research and research methods	

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GENERAL SURGERY PRELIMINARY MEDICINE INTERNSHIP

BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES

APPLICATION		Minimum Number	My Element Level	Measurement and evaluation method
1.	Ability to take general and problem-oriented history Abdominal examination	10	4	Preliminary physician report card faculty member observation
2.	Rectal examination	10	4	
3.	Evaluation of general condition	5	4	
4.	and vital signs 5. Breast and axillary region examination	10	4	
		5	4	
6.	Ability to obtain information and consent. Ability to	5	4	
7.	prepare an epicrisis. Ability to prepare a	5		
8.	patient file. Ability to issue a prescription. Ability to	5	4	
9.	read and evaluate direct radiographs. 11.	5	4	
10.	Ability to fill out the request form for laboratory examination . Ability to interpret the results	5	4	
	of screening and diagnostic examinations . Ability to establish vascular access. Simple surgical interventions	5	4	
	(such as abscess drainage).	5	4	
		5	4	
14.		5	4	
15.	Ability to take precautions to stop/limit external bleeding. Hand washing (washing and dressing before entering	2	4	
16.	surgery)	5	4	
17.	Ability to perform IM, IV, SC, ID injections. 18. Ability to teach breast self-	10	4	
	examination.	3	4	
19.	Ability to apply nasogastric / urinary catheter (Irrigation / Aspiration)	5	4	
20.	Ability to perform enemas. 21. Ability to	2	4	
	apply and remove superficial sutures. Ability to perform wound and burn	5	4	
22.	care.	5	4	

ACADEMIC AND EDUCATIONAL ACTIVITIES

- Intern doctors are obliged to participate in the education and training activities of the Department of General Surgery.
- Associate physicians attend seminars, case presentations, article hours or assistant courses, as determined for associate physicians. They make their own presentations at meetings.
- Measurements and evaluations to be made by the responsible faculty members when they complete their rotations in the relevant branches of science. Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.

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GENERAL SURGERY PRELIMINARY MEDICINE

INTERNSHIP LEARNING AND MEASUREMENT-EVALUATION METHODS

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Intensive care and outpatient clinic experiences -Specific case discussions
PROFESSIONAL EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

FOR THE DEVELOPMENT PROCESS	Faculty observation, bedside evaluation Preliminary physician report card
FOR DECISION MAKING	Faculty observation, bedside evaluation Preliminary physician report card
INTERNSHIP SUCCESS GRADE	Preliminary physician report card

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GENERAL SURGERY 2025-2026 ACADEMIC YEAR PRELIMINARY MEDICINE INTERNSHIP PROGRAM						
WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY
WEEK	08.30-09.10	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and
	09.20-10.00	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants
	10.30-11.10	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and
	11.20-12.00	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants
	12.00-13.30	LUNCH BREAK				
	13.30-14.10	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and
	14.20-15.00	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants
	15.10-15.50	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	Bedside visit, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, General Surgery operating room practices, Faculty members and	SEMINAR-LITERATURE
	16.00-16.40	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants	under the supervision of research assistants	

T.C.

Malatya Turgut Ozal University Faculty of Medicine, General Surgery

2025-2026 Academic Year Pre-

Physician Work Report

ADISOYADI:**NUMBER:****BAKE YOUR PHONE:****E-MAIL:****INTERNSHIP START DATE:****INTERNSHIP END DATE:**

	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Academic Member's Stamp and Signature
Service	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
Seizures	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			

PROCEDURES AND SKILLS TO BE PERFORMED					
PROCESS AND SKILL		EVALUATION			
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZYPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Ability to take general and problem-oriented history	10			
2.	Abdominal examination	10			
3	Rectal Examination	5			
4	Evaluation of general condition and vital signs	10			
5.	Breast and axillary region examination	5			
6.	Information and consent	5			
7.	Ability to prepare an epicrisis	5			
8.	Ability to prepare patient files	5			
9.	Ability to issue prescriptions	5			
10	Ability to read and evaluate direct radiographs	5			
11	Ability to fill out the request form for laboratory examination	5			
12	Ability to interpret screening and diagnostic examination results	5			
13	Ability to open vascular access	5			
14	Simple Surgical Procedures (such as abscess drainage)	5			
15	Ability to take measures to stop/limit external bleeding	2			
16	Hand washing (washing and dressing before entering the surgery)	5			
17	Ability to perform IM, IV, SC, IDEjection	10			
18.	Teaching breast self-examination	3			
19	Ability to apply nasogastric / urinary catheter (Irrigation / Aspiration)	5			
20	Enemas	2			
21	Ability to place and remove superficial sutures	5			
22.	Ability to care for wounds and burns	5			

Thoracic Surgery Pre-Physician Internship (Compulsory Elective)

EDUCATION PERIOD

DönemVI

INTERNSHIP PERIOD

2 weeks

EDUCATIONAL UNITS

Department of Thoracic Surgery Clinic, Polyclinic, Operating Room and Bronchoscopy Clinic, Thoracic Surgery Classroom

EDUCATORS

Prof. Dr. Özgür KATRANCIOYLU

EDUCATION OFFICER

Prof. Dr. Özgür KATRANCIOYLU

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THORACIC SURGERY PRELIMINARY MEDICINE INTERNSHIP

PURPOSE

The knowledge, skills and treatments acquired during preclinical and clinical internships regarding common diseases related to the field of Thoracic Surgery To provide management competence at the first-level level in line with attitudes. These competencies are preliminary diagnosis / diagnosis diagnosis, treatment, detection of emergency situations, determination of patients who need to be referred and appropriate referral.

Thoracic Surgery Pre-Physician Internship

GENERAL RULES

1. Associate physicians are active and responsible in the service during the Thoracic Surgery internship, taking part in patient care.
will work.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction covers the purpose of the internship, skill learning objectives, professionalism goals, curriculum, measurement and evaluation methods, and the rules to be followed during the internship.
Information will be given to primary physicians about the
4. During the Thoracic Surgery internship, working days start at 08:00 in the morning and end at 17:00.
5. During the Thoracic Surgery internship, they will be assigned patients. Associate physicians will take patient medical histories, conduct physical examinations, oversee the necessary laboratory examinations and consultations, and document all these findings and their daily observations of the patients. The records must include their names and surnames.
will be specified.
6. During the Thoracic Surgery internship, the student must keep and complete the "Malatya Turgut Özal Faculty of Medicine Pre-Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies.
7. Associate physicians will present their patients during visits with the faculty member. Associate physicians
They will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
8. Associate physicians keep a number of shifts determined by the Department.
9. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the pre-service physician is considered absent and the internship is terminated.
repeats next term.
10. At the end of the internship, verbal and written feedback will be received from all physicians.
11. Pre-medical students' performance in the departments they work in at the end of their internship and their pre-medical practice report.
Those who are not successful in this evaluation will repeat the internship.

Thoracic Surgery Pre-Physician Internship

WORKING RULES

FIRST DAY

Associate physicians are informed about their internship in Thoracic Surgery by the responsible faculty member of Term VI.

DAILY WORKING CONDITIONS

3. During the Thoracic Surgery internship, they work in rotations in the outpatient clinic, operating room, and ward.

Pre-physicians will also practice in the bronchoscopy clinic.

4. They must be present at the clinic or polyclinic where they work at 08:00 every weekday at the latest.

POLYCLINIC DEPUTY CLINIC WORKING RULES

15. Regarding the Thoracic Surgery internship by the responsible faculty member of the pre-physician period VI they are informed.

5. During their internship in Thoracic Surgery, they work in rotations in the outpatient clinic and ward. Associate physicians working in the ward They will also practice in the bronchoscopy clinic.

16. They must be present at the clinic or polyclinic where they work at 08:00 every weekday at the latest.

17. Under the supervision of research assistants, primary physicians take the anamnesis of patients admitted to inpatient services and they do physical examinations.

18. Associate physicians are responsible for the follow-up of the patient in the clinic where they work.

19. Research assistants, specialist doctors and faculty members attend all their visits.

20. They plan and perform laboratory examinations of patients together with research assistants and specialist doctors.

21. Pre-physicians may participate in in-clinic and out-of-clinic consultations of patients with research assistants or teaching staff. participate with its members.

22. Evaluates patients in outpatient clinics together with research assistants and conducts research in all procedures. they assist their staff.

23. Problems encountered are first conveyed to the education officers or the primary physician officer.

24. Shifts are determined by the responsible faculty member and the chief assistant at the beginning of the internship.

25. Pre-physicians keep watch in the clinic and are responsible to the on-duty research assistant and the responsible faculty member. they are responsible.

26. Associate physicians are required to attend seminars, article hours or assistant courses.

27. Assessment and evaluation to be carried out by the responsible faculty members when they complete their rotations in the relevant branches of science. Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.

Thoracic Surgery Pre-Physician Internship

WORKING RULES

GUARD RULES

3. Rosters are determined by the responsible faculty member and chief assistant at the beginning of the internship.

4. Pre-physicians keep watch in the clinic and are responsible to the on-duty research assistant and the responsible faculty member. they are responsible.

Thoracic Surgery Pre-Physician Internship Learning Objectives	Measurement and evaluation
<p>Knowledge-Skills</p> <p>ÖH 1. Introduces himself/herself to the patient and his/her relatives.</p> <p>LO 2. Using communication skills, ask the patient and/or their relatives about the respiratory system.</p> <p>Takes a detailed anamnesis from the patient with complaints.</p> <p>ÖH 3. Performs a systemic and respiratory physical examination of the patient and evaluates vital signs.</p> <p>ÖH 4. Makes a preliminary diagnosis using the patient's anamnesis and physical examination findings.</p> <p>LO 5. Uses appropriate diagnostic tools to confirm the diagnosis.</p> <p>ÖH 6. Diagnostic laboratory tests related to the respiratory system (respiratory function tests, arterial blood gases), basic laboratory and radiological examination results, especially chest radiography comments.</p> <p>ÖH 7. Performs basic interventional procedures related to Thoracic Surgery.</p> <p>ÖH 8. Provides treatment and monitoring of common thoracic surgery at the primary care level, and provides protection. implements precautions, informs about the treatment and monitoring plan and provides training. When necessary Ships under appropriate conditions.</p> <p>ÖH 9. Treatment-related training for patients receiving inhalation therapy and long-term oxygen therapy gives.</p> <p>LO 10. Keeps patients' medical records appropriately in written and electronic format, epicrisis organizes, prepares necessary reports and makes notifications.</p> <p>ÖH 11. Identifies life-threatening thoracic surgery and emergencies. Emergency in primary care Applies the approach and refers the patient under appropriate conditions when necessary.</p>	<p>Physician report card</p> <p>faculty member observation</p>
<p>Attitude-Professionalism</p> <p>LO 12. Communicates effectively with the patient and their family when necessary and works as a team.</p> <p>LO 13. Communicates effectively with colleagues and other healthcare professionals and works as a team.</p> <p>ÖH 14. Follows evidence-based scientific approaches in the diagnosis and treatment of thoracic surgery diseases.</p> <p>ÖH 15. Follows scientific developments in the field of Thoracic Surgery.</p> <p>ÖH 16. Improves professional competencies through post-graduation and in-service training programs.</p> <p>ÖH 17. Practices his profession within the framework of ethical rules and laws.</p> <p>LO 18. Knows and implements preventive health measures against infection for patients, their relatives and other healthcare professionals.</p>	<p>Physician report card</p> <p>faculty member observation</p>

Thoracic Surgery Pre-Physician Internship BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Management of the patient presenting with chest trauma	Physician report card faculty member observation
2.	Approach to the multi-trauma patient	
3.	Approach to the patient presenting with rib fracture	
4.	Management of the patient with flail chest	
5.	Pneumothorax-tension pneumothorax	
6.	Approach to the patient presenting with hemo-pneumothorax	
7.	Approach to the patient presenting with chest pain	
8.	Patient monitoring in mechanical ventilation	
9.	Approach to the patient presenting with hemoptysis	
10.	Approach to a patient presenting with respiratory distress	
11.	Approach to a patient presenting with a cough	
12.	Approach to a patient presenting with pulmonary edema	
13.	Approach to a patient presenting with shock	
14.	Cardiopulmonary resuscitation in adults	
15.	Approach to the patient presenting with pleural effusion	
16.	Empyema follow-up	
17.	Pleural fibrinolytic applications	
18.	Foreign body aspirations	
19.	Bronchoscopy applications	
20.	Pleural lavage methods	
21.	Approach to the patient with chest wall deformity	
22.	Approach to a patient diagnosed with lung cancer	
23.	Approach to oncological patients in thoracic surgery	
24.	Lung hydatid cyst	

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Thoracic Surgery Pre-Physician Internship				
BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES				
APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Ability to take history	10	4	Physician report card faculty member observation
2.	Evaluation of general condition and vital signs	10	4	
3.	Ability to perform physical examination	20	4	
4.	Ability to prepare patient files	10	4	
5.	Ability to write prescriptions	10	4	
6.	Ability to prepare epicrisis	10	4	
7.	Evaluation of hematological parameters	10		
8.	Ability to perform peripheral smear	5	4	
9.	Ability to apply a nasogastric tube Ability to insert a	5	4	
10.	urinary catheter	3	4	
11.	Capillary blood sugar measurement. Reading	10	4	
12.	and evaluating direct chest radiography. 13. Ability to	20	4	
	obtain arterial blood gas and interpret the results . 14. Ability to obtain	10	4	
	samples from the patient for culture and staining. Intravenous	5	4	
15.	blood collection.	5	4	
16.	Intravenous (IV), Intradermal (ID), Subcutaneous (SC), Intramuscular (IM) injection capability	10	4	
17.	Applying oxygen, nebulizer-inhaler therapy.	5	4	
18.	Performing endotracheal intubation . 19.	3	4	
	Providing basic life support. Taking isolation	5	4	
	precautions against transmission routes . 20.	5	4	
21.	Ability to use personal protective equipment correctly	5	4	
ACADEMIC AND EDUCATIONAL ACTIVITIES				
<p>1. Associate physicians attend seminars, case presentations, article hours or assistant courses, They make their own presentations at meetings.</p> <p>2. Measurements and evaluations to be made by the responsible faculty members when they complete their rotations in the relevant branches of science. Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.</p>				

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Thoracic Surgery Pre-Physician Internship LEARNING AND ASSESSMENT-EVALUATION METHODS

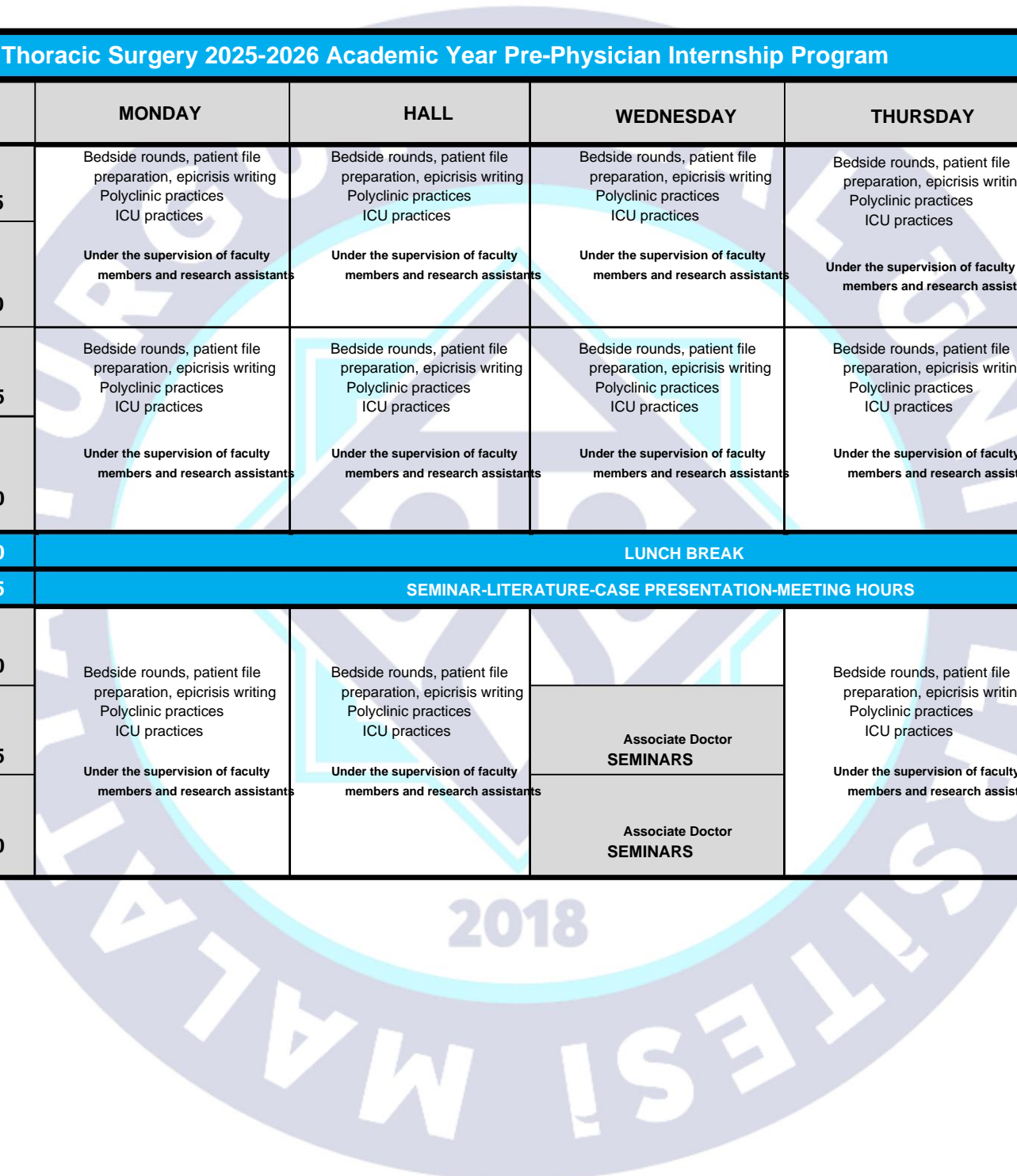
Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Intensive care and outpatient clinic experiences -Independent learning applications
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

TO THE DEVELOPMENT PROCESS	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
FOR DECISION MAKING	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
INTERN SUCCESS GRADE	<p>Preliminary physician report card</p>

2018

Thoracic Surgery 2025-2026 Academic Year Pre-Physician Internship Program

	HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY	
			08.30-09.15	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
			09.25-10.10	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
			10.20-11.05	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
			11.15-12.00	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
			12.00-13.10	LUNCH BREAK					
			13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS					
			14.05-14.50	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices		Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
			15.00-15.45	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Associate Doctor SEMINARS	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
			15.55-16.40			Associate Doctor SEMINARS			



T.C.

Malatya Turgut Ozal University Faculty of Medicine, Department of Thoracic Surgery

2025-2026 Academic Year Pre-

Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

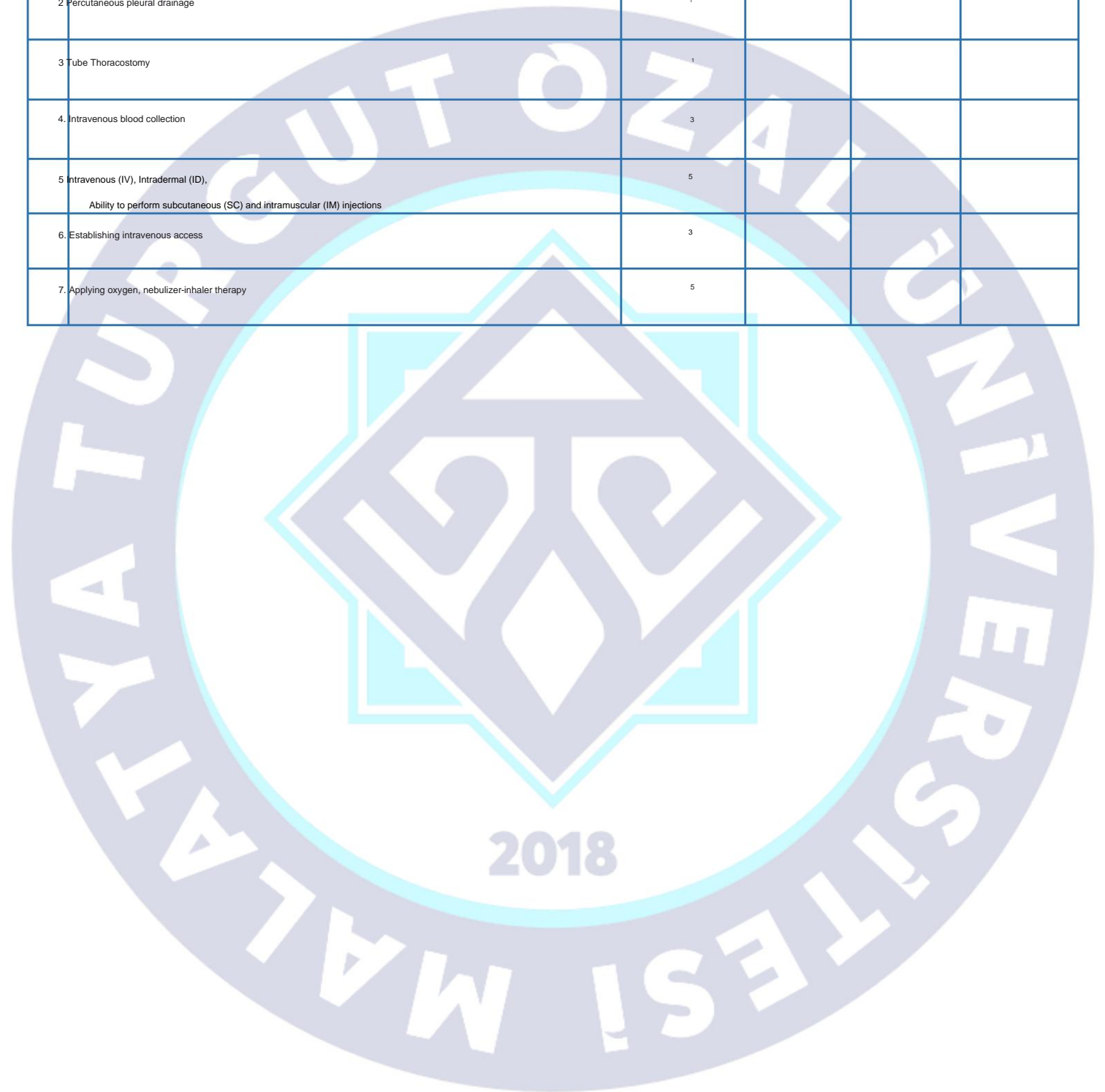
INTERNSHIP START DATE: INTERNSHIP END DATE:

	History	Pre-Physician's Own Signature	Assistant Doctor's Stamp and Signature	Faculty Member's Stamp and Signature
Service	.../20...-.../20...			
Polyclinic	.../20...-.../20...			
Intensive care	.../20...-.../20...			
Bronchoscopy Clinic	.../20...-.../20...			
Seizures	.../20...-.../20...			
	.../20...-.../20...			
	.../20...-.../20...			
	.../20...-.../20... 2018			

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCEDURE AND			EVALUATION		
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Taking a history of the problem and performing a full systemic physical examination	10			
2	Preparing the patient file	5			
3	Presenting a patient during a visit	5			
4	Inpatient follow-up	5			
5	Outpatient evaluation	10			
6	Chest X-ray evaluation	10			
7	Ability to select and evaluate laboratory tests appropriately.	15			
8	Pulmonary function test evaluation	10			
9	Arterial blood gas sampling/evaluation	10			
10	Ability to monitor patients	5			
11	Performing oxygen therapy	10			
12	Ability to write epicrisis	5			
13	Evaluation of vital signs	20			
14	Ability to write inpatient prescriptions	5			
15	Ability to write outpatient prescriptions	5			

2018

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL		EVALUATION			
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Torasentez	5			
2	Percutaneous pleural drainage	1			
3	Tube Thoracostomy	1			
4	Intravenous blood collection	3			
5	Intravenous (IV), Intradermal (ID), Ability to perform subcutaneous (SC) and intramuscular (IM) injections	5			
6	Establishing intravenous access	3			
7	Applying oxygen, nebulizer-inhaler therapy	5			



INFORMATION OF PATIENTS FOR WHICH THE PRIMARY PHYSICIAN IS PRIMARILY RESPONSIBLE AND FOLLOWS UP

Patient Name and Surname	File Number	Diagnosis	Approval (Faculty Member)

Evaluation Note:

Successful

Failed

Faculty Member Responsible for Pre-Physician Studies

Head of Department

Signature:

Signature:

History:

History:

2018

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP

EDUCATION PERIOD

DönemVI

INTERNSHIP PERIOD

2 weeks

EDUCATIONAL UNITS

Department of Chest Diseases, Chest Diseases Polyclinic, Respiratory Function Testing Laboratory, Bronchoscopy Unit, Chest Diseases Clinical Meeting Hall

CLASSROOM

Chest Diseases Clinic Meeting Hall

EDUCATORS

Assistant Professor Nurcan KIRICI BERBER (Head of Department)

Dr. Lecturer Lale yAHyN GÜR

EDUCATION OFFICER

Assistant Professor Nurcan KIRICI BERBER

2018

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP

AIM

The goal is to provide competence in managing common diseases related to the field of Chest Diseases at the primary care level, in line with the knowledge, skills, and attitudes acquired during preclinical and clinical internships. These competencies include preliminary diagnosis/diagnosis, diagnosis, treatment, detection of emergency situations, determination of patients who need to be referred and appropriate referral.

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP

GENERAL RULES

1. During the Chest Diseases internship, pre-physicians are active and responsible in the wards, intensive care units and polyclinics, will work in the maintenance of the .
2. Associate physicians will attend their internships clean, well-groomed, and wearing white coats/watch clothes.
3. The first lesson of each internship is designed as an internship introduction. The introduction covers the purpose of the internship, skills learning objectives, and professionalism. to pre-physicians about the objectives, curriculum, measurement and evaluation methods and the rules to be followed during the internship information will be given.
4. During the Chest Diseases internship, working days start at 08:30 in the morning and end at 17:00.
5. Associate physicians receive training for a specified period of time during the Chest Diseases internship.
6. Patients will be assigned to primary physicians to monitor. Primary physicians will take patient history and perform physical examinations. will monitor the necessary laboratory examinations and consultations, and report all these findings to patients. They will record their daily observations regarding the incident. Their name and surname must be stated below the records.
7. Associate physicians are required to keep and complete the "Malatya Turgut Ozal University Faculty of Medicine Associate Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in accordance with the Chest Diseases education objectives and competencies.
8. Pre-physicians will present their patients themselves during visits with the faculty member. (Patient history taking, performing physical examination, performing practical applications, evaluating laboratory results, etc.).
9. Associate physicians will participate in scientific meetings and seminars organized by the Dean's Office and the Department.
10. Associate physicians work a number of monthly shifts determined by the Department.
11. Attendance is essential, and any absences due to excuses will be compensated for. If the attendance period is exceeded, The pre-physician is considered absent and repeats the internship in the next semester.
12. At the end of the internship, verbal and written feedback will be received from all primary physicians.
13. Pre-medical students' performance in the departments they work in at the end of their internship and their pre-medical practice report. Those who are not successful in this evaluation will repeat the internship.

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

FIRST DAY

Associate physicians are informed about the Chest Diseases internship by the responsible faculty member in term VI.

DAILY WORKING CONDITIONS

6. During the Chest Diseases internship, they work in the service, bronchoscopy unit and polyclinic.
7. They are present in their unit at 08.30 every weekday at the latest.

POLYCLINIC DEPUTY CLINIC WORKING RULES

1. Associate physicians are informed about the Chest Diseases internship by the responsible faculty member in Term VI.
2. They work in the Department of Chest Diseases during their internship.
3. They are present in their unit at 08.30 every weekday at the latest.
4. Under the supervision of research assistants, primary physicians take the anamnesis of patients admitted to the inpatient ward and perform physical examinations. they do their examination.
5. Pre-physicians are responsible for the presentation of the patients whose files they prepared during the visit, the consultations and examinations to be requested. is responsible.
6. Research assistants, specialist doctors and faculty members attend all their visits.
7. They plan and perform laboratory examinations of patients together with research assistants and specialist doctors.
8. Pre-physicians should participate in patient consultations in and out of the clinic with research assistants or faculty members. they participate together.
8. Problems encountered during training are first resolved by conveying them to the Department Associate Physician Manager.
9. Problems encountered and solutions taken are conveyed to the Department Academic Council.
10. Associate physicians work on duty in clinical rotations and are accountable to the on-duty research assistant, on-duty specialist physician, and the relevant faculty member.
11. Associate physicians are required to attend seminars, article hours or assistant classes.
12. Upon completion of the internship, they will be assessed and evaluated by the relevant faculty members to determine whether they are successful. It is determined that they are not. In case of failure in the internship, they are obliged to repeat the relevant internship.

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

GUARD RULES

5. Rosters are determined by the responsible faculty member at the beginning of the internship.
6. Pre-physicians work in the clinic and emergency clinic on a rotating basis and conduct on-call research. are accountable to the relevant staff and faculty member.

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP LEARNING OBJECTIVES	Measurement and evaluation metho
<p>Knowledge-Skills</p> <p>OH 1. Introduces himself/herself to the patient and his/her relatives.</p> <p>LO 2. Using communication skills, ask the patient and/or their relatives for breathing takes a detailed history from the patient with system complaints.</p> <p>ÖH 3. Performs a physical examination of the patient's systemic and respiratory systems and records vital signs. evaluates.</p> <p>ÖH 4. Makes a preliminary diagnosis using the patient's history and physical examination findings. ÖH 5. Uses appropriate diagnostic tools to confirm the diagnosis.</p> <p>ÖH 6. Diagnostic laboratory tests related to the respiratory system (respiratory function tests, arterial blood gases), basic laboratory and radiological examination, especially chest radiography interprets the results.</p> <p>ÖH 7. Performs basic interventional procedures related to chest diseases.</p> <p>ÖH 8. Treatment and monitoring of common chest diseases at the primary care level performs, implements protection measures, informs about the treatment and monitoring plan and provides training When necessary, it ships under appropriate conditions.</p> <p>ÖH 9. Treatment-oriented patients receiving inhalation therapy and long-term oxygen therapy provides education.</p> <p>LO 10. Keeps patients' medical records appropriately in written and electronic format, epicrisis organizes, prepares necessary reports and makes notifications.</p> <p>ÖH 11. Identifies life-threatening chest diseases and emergencies. In primary care applies the emergency approach and, when necessary, refers the patient under appropriate conditions.</p>	<p>Physician</p> <p>report card</p> <p>faculty member</p> <p>observation</p>
<p>Attitude-Professionalism</p> <p>LO 12. Communicates effectively with the patient and their family when necessary and works as a team.</p> <p>ÖH 13. Communicates effectively with colleagues and other healthcare professionals, works in teams does.</p> <p>ÖH 14. Follows evidence-based scientific approaches in the diagnosis and treatment of chest diseases. ÖH 15. Follows scientific developments in the field of chest diseases.</p> <p>ÖH 16. Improves professional competencies through post-graduation and in-service training programs.</p> <p>ÖH 17. Practices his profession within the framework of ethical rules and laws.</p> <p>LO 18. Knows and implements preventive health measures against infection for patients, their relatives and other healthcare professionals.</p>	<p>Physician</p> <p>report card</p> <p>faculty member</p> <p>observation</p>

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Approach to a patient presenting with a cough	Physician report card faculty member observation
2.	Approach to the patient presenting with sputum	
3.	Approach to the patient presenting with hemoptysis	
4.	Approach to the patient with dyspnea	
5.	Approach to the patient diagnosed with COPD	
6.	Approach to the patient diagnosed with asthma	
7.	Approach to a patient diagnosed with pneumonia	
8.	Approach to the patient diagnosed with bronchiectasis	
9.	Approach to the patient diagnosed with tuberculosis	
10.	Approach to the patient diagnosed with lung cancer	
11.	Approach to the patient presenting with pleural effusion	
12.	Approach to the patient presenting with pulmonary embolism	
13.	Approach to the patient presenting with Sleep Apnea Syndrome	
14.	Approach to patients presenting with environmental and occupational lung diseases	
15.	Approach to the patient presenting with pulmonary edema	
16.	Approach to the patient presenting with respiratory failure	
17.	Fluid-electrolyte balance disorders	
18.	Approach to the patient presenting with shock	
19.	Approach to the patient presenting with cardiopulmonary arrest	

2018

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP				
BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES				
APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Ability to take history	10	4	Physician report card faculty member observation
2.	Evaluation of general condition and vital signs	10	4	
3.	Ability to perform physical examination	5	4	
4.	Ability to prepare patient files	10	4	
5.	Ability to write prescriptions	10	4	
6.	Ability to prepare epicrisis	10	4	
7.	Evaluation of hematological parameters	10	4	
8.	Ability to perform peripheral smear	3	4	
9.	Ability to apply nasogastric tube Ability to insert a urinary catheter	1	4	
10.		3	4	
11.	Capillary blood sugar measurement. Reading	10	4	
12.	and evaluating direct chest radiography. 13. Ability to obtain arterial blood gas and interpret the results . 14. Ability to obtain samples from the patient for culture and staining. Intravenous	5	4	
15.	blood collection.	2	4	
16.	Intravenous (IV), Intradermal (ID), Subcutaneous (SC), Intramuscular (IM) ability to inject	2	4	
17.	Applying oxygen, nebulizer-inhaler therapy.	10	4	
18.	Performing endotracheal intubation . 19.	5	4	
	Providing basic life support. Taking isolation precautions against transmission routes . 20.	3	4	
21.	Ability to use personal protective equipment correctly	5	4	
ACADEMIC AND EDUCATIONAL ACTIVITIES				
<p>1. Associate physicians participate in seminars, case presentations, article hours or assistant courses, and make presentations themselves at meetings designated for associate physicians.</p> <p>2. Upon completion of their rotations in relevant disciplines, their success will be determined through assessment and evaluation by the responsible faculty member. In the event of failure, they are required to repeat the relevant internship.</p>				

2018

CHEST DISEASES PRELIMINARY MEDICINE INTERNSHIP LEARNING AND MEASUREMENT EVALUATION METHODS

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Experiences in Chest Diseases outpatient clinics -Respiratory Function Testing Laboratory, Bronchoscopy Unit, -Independent learning applications
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

TO THE DEVELOPMENT PROCESS	<ul style="list-style-type: none"> Faculty observation, bedside evaluation Preliminary physician report card
FOR DECISION MAKING	<ul style="list-style-type: none"> Faculty observation, bedside evaluation Preliminary physician report card
INTERN SUCCESS GRADE	<ul style="list-style-type: none"> Preliminary physician report card

2018

CHEST DISEASES 2025-2026 ACADEMIC YEAR PRELIMINARY MEDICINE INTERNSHIP PROGRAM								
HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY	
		08.30-09.15	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	
		09.25-10.10						
		10.20-11.05	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Under the supervision of faculty members and research assistants	
		11.15-12.00						
		12.00-13.10	LUNCH BREAK					
		13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS					
	WEEKLY	14.05-14.50	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Under the supervision of faculty members and research assistants		Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices Under the supervision of faculty members and research assistants	
		15.00-15.45			Associate Doctor SEMINARS			
		15.55-16.40			Associate Doctor SEMINARS			



T.C.

Malatya Turgut Ozal University Faculty of Medicine Chest Diseases

2025-2026 Academic Year Pre-

Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

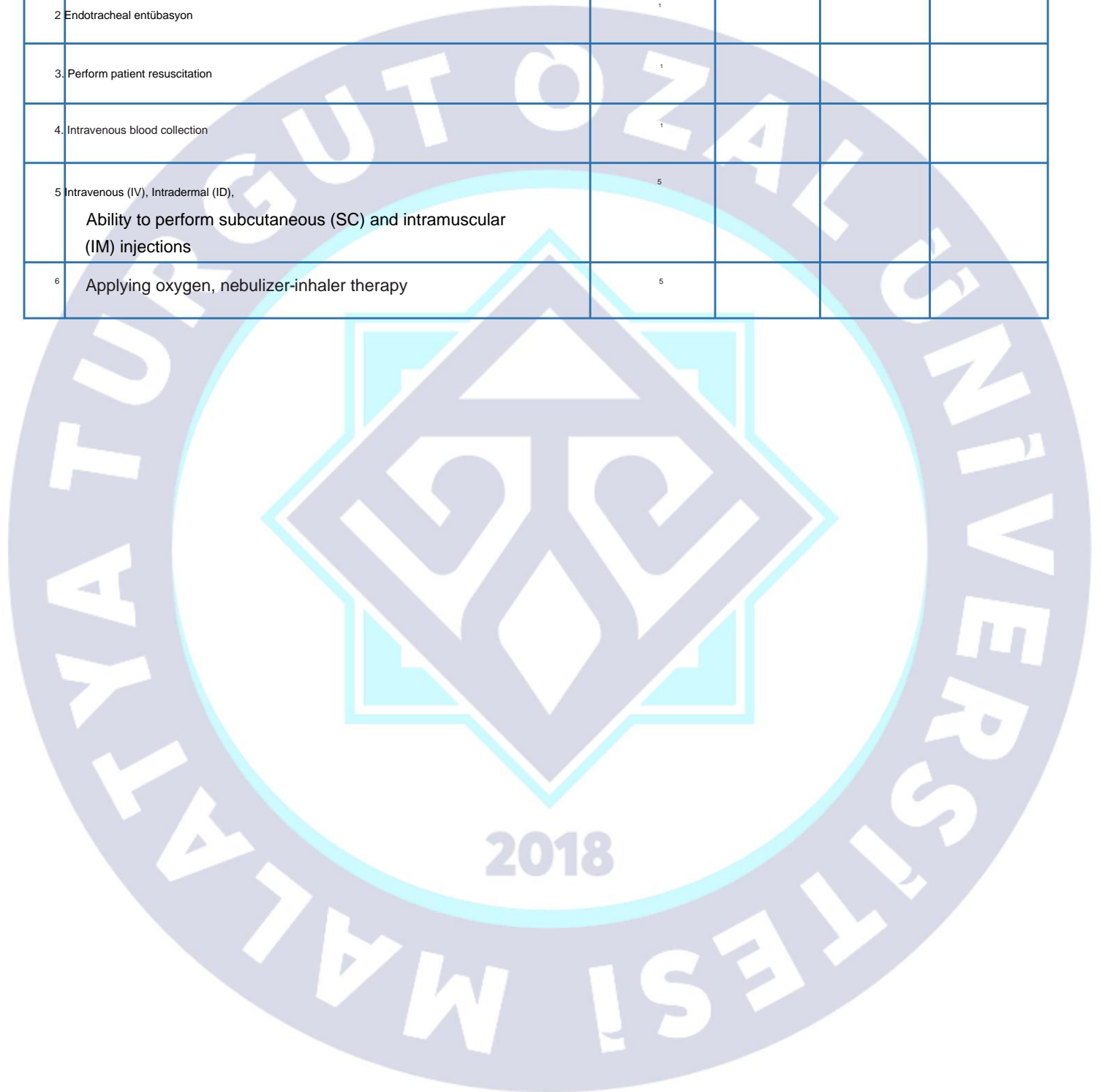
INTERNSHIP START DATE: INTERNSHIP END DATE:

	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Faculty Member's Stamp and Signature
Service	.../20.../20..			
Polyclinic	.../20.../20..			
Bronchoscopy Clinic	.../20.../20..			
Seizures	.../20.../20..			
	.../20.../20..			
	.../20.../20..			
	.../20.../20..			

2018

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCEDURE AND		EVALUATION			
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Taking a problem-oriented history and performing a full systemic physical examination.	10			
2	Preparing the patient file	5			
3	Presenting a patient during a visit	5			
4	Inpatient follow-up	5			
5	Outpatient evaluation	30			
6	Chest X-ray evaluation	30			
7	Ability to select and evaluate laboratory tests appropriately.	10			
8	Pulmonary function test evaluation	10			
9	Arterial blood gas sampling/evaluation	10			
10	Ability to monitor patients	5			
11	Performing oxygen therapy	10			
12	Ability to write epicrisis	5			
13	Evaluation of vital signs	20			
14	Ability to write inpatient prescriptions	10			
15	Ability to write outpatient prescriptions	30			
16	Nebulization and inhaler techniques ability to apply	10			

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL		EVALUATION			
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Torasentez	1			
2	Endotracheal entübasyon	1			
3	Perform patient resuscitation	1			
4	Intravenous blood collection	1			
5	Intravenous (IV), Intradermal (ID), Ability to perform subcutaneous (SC) and intramuscular (IM) injections	5			
6	Applying oxygen, nebulizer-inhaler therapy	5			



PUBLIC HEALTH PRELIMINARY MEDICINE INTERNSHIP

EDUCATION PERIOD

DönemVI

INTERNSHIP PERIOD

4 Weeks

EDUCATIONAL UNITS

Department of Public Health, Provincial-District Health Directorate and Affiliated Units and Department of Public Health Private school

EDUCATORS

Assoc. Prof. Dr. Serdar Deniz

Assoc. Prof. Dr. Neýe Mehmetoýlu

EDUCATION OFFICER

Assoc. Prof. Dr. Serdar Deniz

2018

PUBLIC HEALTH PRELIMINARY MEDICINE INTERNSHIP

AIM

It is aimed to increase theoretical and practical knowledge and skills regarding preventive health services, to gain competence and proficiency in field practices related to the field of Public Health, and to acquire knowledge, skills and attitudes regarding activities that improve public health.

PUBLIC HEALTH PRELIMINARY MEDICINE INTERNSHIP GENERAL RULES

1. Participating in the meeting to be held in the department at 09:30 on the first day of each pre-doctoral Public Health internship. and must comply with the work schedule given to them.
2. Every pre-medical intern is obliged to comply with working hours (08:30-17:00) during the internship. During this period, full attendance is required. should be.
3. Each pre-physician will participate in academic activities, training, seminars and field studies in the Department of Public Health. must participate.
4. Every primary physician must participate in the practices carried out in the District Health Directorate and affiliated units.
5. Associate physicians are obliged to comply with the rules of the unit they work in and occupational health and safety issues.
6. Associate physicians are required to participate in the correspondence, community-oriented and in-service practices and training of the institution they work in.
7. Pre-physicians must pay attention to ethical rules in their work and cooperate with the staff of the institution/unit where they are located. should be in.
8. Each pre-physician will be under the responsibility of a faculty member.
9. Pre-doctors will be given presentations on topics determined for them by the responsible faculty member. they need to prepare.
10. At the end of the internship, the pre-doctors will be assessed and evaluated by the responsible faculty members. decision will be made.
11. Those who exceed the absence limits and/or are found unsuccessful are obliged to repeat the internship.

2018

PUBLIC HEALTH PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

FIRST DAY

Associate physicians are informed about the Public Health internship by their responsible faculty members.

DAILY WORKING CONDITIONS

1. Associate physicians are required to participate in the practices to be carried out in the Department, District Health Directorate and its affiliated units.
2. Associate physicians must carry out the training, supervision, practice and similar activities expected from them and submit them on the relevant forms.
3. They must abide by the rules of the relevant institution in which they stay and visit during their internship and must not be absent. should not do.
4. They are required to participate in field studies, education-research, etc. academic activities directed by their advisors, during or outside working hours.
5. Associate physicians are required to attend training, practice, and seminars organized by the department or directed by their advisors.
6. Pre-physicians are required to prepare and present presentations on seminar topics determined for them, using field experience gained during their internships, research, and literature review.
7. Decisions about whether they are successful or not will be made as a result of the assessment and evaluation carried out by the responsible faculty members. Those who are unsuccessful must repeat the internship.

POLYCLINIC DEPUTY CLINIC WORKING RULES

28. Associate physicians are informed about the Public Health internship by the responsible faculty member.
29. During the Public Health internship, within the framework of the program given to them by the responsible faculty members participate in theoretical and practical applications.
30. During the Public Health internship, the Department of Public Health, Provincial-District Health They participate in activities such as training, practice, etc. in their directorates and affiliated units.
31. They must be at the unit specified in their program at 08:30 every weekday.
32. Any problems encountered should first be reported to the faculty member or education officer responsible for them. they need to convey.
33. Associate physicians are required to attend training, seminars and practice classes.

PUBLIC HEALTH PRELIMINARY MEDICINE INTERNSHIP

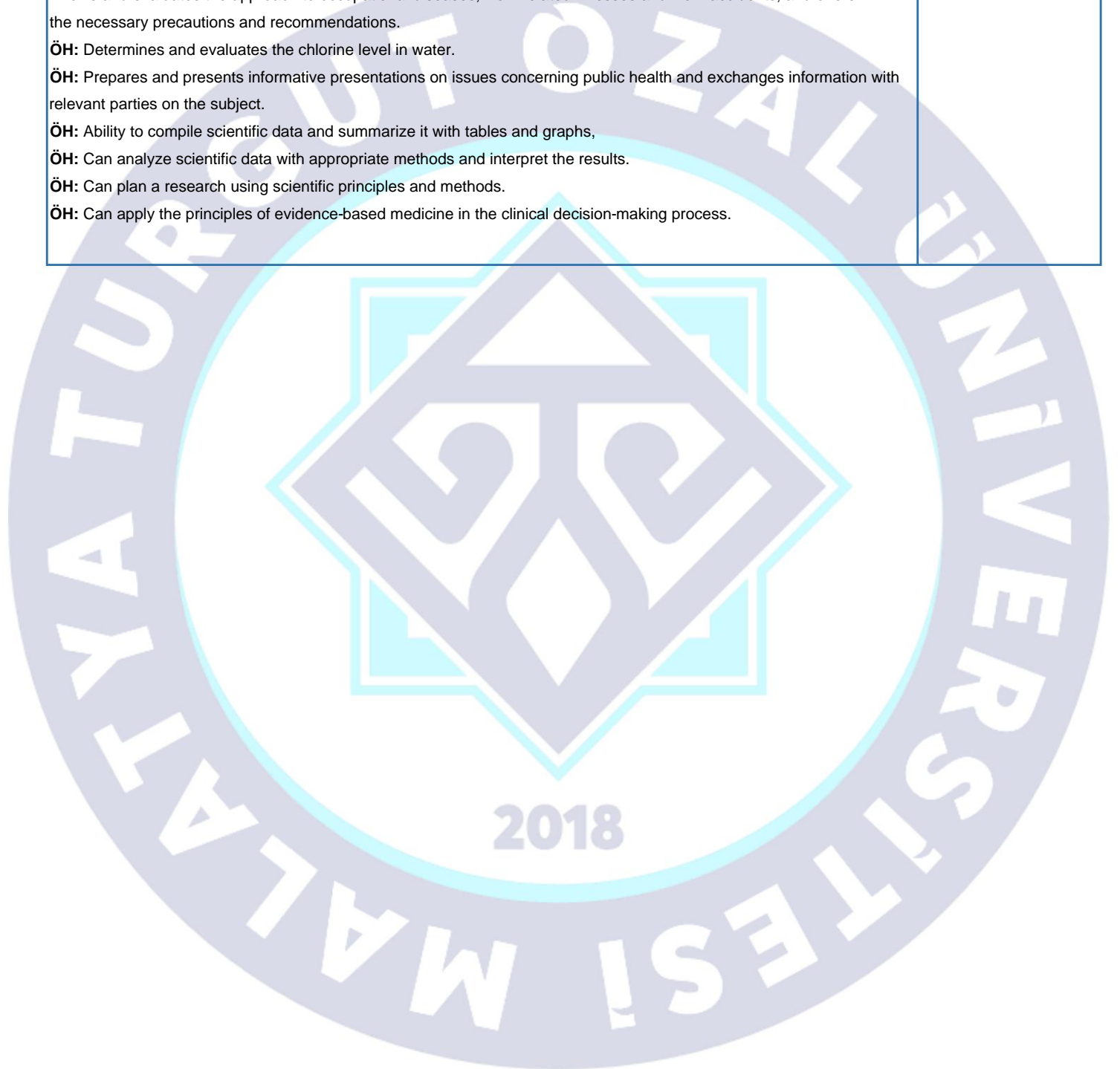
WORKING RULES

GUARD RULES

There is no shift work during the Public Health internship.

PUBLIC HEALTH PRELIMINARY MEDICINE INTERNSHIP LEARNING OBJECTIVES	Measurement and evaluation
<p>Knowledge-Skills</p> <p>ÖH: Knows the concepts of health service, Public Health, Primary Health Services and sustainability in health services.</p> <p>ÖH: Knows and applies the concepts of health protection and promotion.</p> <p>ÖH: It can provide health education to the society.</p> <p>ÖH: Calculates basic health indicators, plans, executes and interprets the monitoring and evaluation of health services.</p> <p>ÖH: Can interpret the health level of the service area using health level indicators.</p> <p>ÖH: Uses the information systems of primary health care institutions.</p> <p>ÖH: Knows how to use health records in decision making.</p> <p>ÖH: Evaluates and defines the rights and legal responsibilities of physicians and patients.</p> <p>ÖH: Monitors the baby's health.</p> <p>ÖH: Plans and implements child and adolescent monitoring.</p> <p>ÖH: Takes part as a team member in preventive oral and dental health and school health activities, plans and executes.</p> <p>ÖH: Knows the immunization program and practices in adults and children,</p> <p>ÖH: It plays an active role in the fight against vaccine rejection.</p> <p>ÖH: It provides appropriate protection for the cold chain and ensures its transportation.</p> <p>ÖH: Knows and applies methods to combat infectious diseases in society.</p> <p>ÖH: Can provide immunization counseling.</p> <p>ÖH: It can carry out immunization services.</p> <p>ÖH: Knows, applies and evaluates the methods of prevention and control of non-communicable diseases.</p> <p>ÖH: Can perform periodic health screenings.</p> <p>ÖH: Can interpret the results of screening and diagnostic examinations.</p> <p>ÖH: Can teach breast self-examination.</p> <p>ÖH: Can take precautions related to the protection of the health of healthcare workers. ÖH: Calculates indicators related to women's health and plans the necessary follow-ups. ÖH: Can provide family planning counseling.</p> <p>ÖH: Explains the effects of environmental factors on health, evaluates and applies protection methods.</p> <p>ÖH: He can take water samples.</p> <p>ÖH: It can disinfect water.</p> <p>ÖH: Classify epidemiological studies and define data sources.</p> <p>ÖH: Can identify health-related problems in society using epidemiological methods and present solutions.</p> <p>ÖH: It can identify risk groups in society.</p> <p>ÖH: Plans, implements, evaluates and reports research to determine the health problems and causes of society.</p> <p>ÖH: Ability to access current literature and read it with a critical eye.</p> <p>ÖH: Identifies health problems related to malnutrition or refers them to the relevant health professional.</p> <p>ÖH: Defines, detects and reports food hygiene and safety problems that threaten public health.</p> <p>ÖH: Knows the elements of healthy nutrition and can provide training on this subject.</p>	<p>Physician</p> <p>report card</p> <p>faculty member</p> <p>observation</p>

<p>Attitude-Professionalism</p> <p>ÖH: Uses correct methods when communicating with colleagues and patients.</p> <p>ÖH: Identifies groups that require a special approach and uses the necessary communication methods.</p> <p>ÖH: Becomes a team member when working with healthcare professionals and establishes and manages teams.</p> <p>ÖH: Determines the health status and needs of the society.</p> <p>ÖH: Knows the organization of health care and takes part in the planning and execution of services. ÖH: Knows the hierarchy of norms and the legislation related to the institution in which he works and acts in accordance with the legislation.</p> <p>ÖH: Knows occupational health and safety legislation, recommends and implements necessary measures. ÖH: Knows and evaluates the approach to occupational diseases, work-related illnesses and work accidents, and offers the necessary precautions and recommendations.</p> <p>ÖH: Determines and evaluates the chlorine level in water.</p> <p>ÖH: Prepares and presents informative presentations on issues concerning public health and exchanges information with relevant parties on the subject.</p> <p>ÖH: Ability to compile scientific data and summarize it with tables and graphs,</p> <p>ÖH: Can analyze scientific data with appropriate methods and interpret the results.</p> <p>ÖH: Can plan a research using scientific principles and methods.</p> <p>ÖH: Can apply the principles of evidence-based medicine in the clinical decision-making process.</p>	<p>Physician report card</p> <p>faculty member observation</p>
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PUBLIC HEALTH PRELIMINARY MEDICINE INTERNSHIP			
BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES			
APPLICATION	Minimum Number	Education Level	Measurement and evaluation method
1. Providing health education to the community		3	Physician report card faculty member observation
2. and combating infectious diseases in the community.		3	
3. Proper protection and transportation of the cold chain		4	
4. Water sampling		3	
5. Determining and evaluating the chlorine level in water		3	
6. Performing water disinfection		3	
7. Interpreting the health level of the service area using health level indicators		3	
8. Implementing the immunization program in adults and children Teaching breast		4	
9. self-examination		4	
10. Conducting periodic health screenings 11.		4	
Precautions related to the protection of the health of healthcare workers alma		4	
12. Taking measures to prevent healthcare-associated infections. 13. Using health level		3	
indicators to assess the health of the service area. interpreting the level		3	
14. Monitoring infant health 15. Planning and		4	
implementing child and adolescent monitoring 16. Providing family		4	
planning counseling 17. Interpreting screening and		4	
diagnostic examination results 18. Epidemiological methods for health-related		4	
problems in society to be able to identify and present solutions using		3	
19. Identifying risk groups in society 20. Compiling		3	
scientific data and summarizing it with tables and graphs 21. Analyzing scientific		3	
data with appropriate methods and presenting the results interpretation		2	
22. Planning a study using scientific principles and methods. 23. Applying the principles of		2	
evidence-based medicine in the clinical decision-making process. APPLICATION		3	
24. Accessing current literature knowledge and reading critically ACADEMIC		3	
AND EDUCATIONAL ACTIVITIES			
<p>1. Associate physicians are required to attend training, practice, and seminars organized by the department or directed by their advisors.</p> <p>2. Research on the seminar topics determined for the pre-doctors, using the field experience they gained during their internships. and prepare and present presentations by conducting a literature review.</p> <p>3. Success will be determined based on assessment and evaluation by the responsible faculty members. Those who are found unsuccessful must repeat the internship.</p>			

**PUBLIC HEALTH PRELIMINARY MEDICINE
INTERNSHIP LEARNING AND MEASUREMENT-EVALUATION METHODS**

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Faculty member observation -Field applications -Preliminary physician report card
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Faculty member observation -Field applications -Preliminary physician report card
TO THE DEVELOPMENT PROCESS	<ul style="list-style-type: none"> -Faculty member observation -Field applications -Preliminary physician report card
FOR DECISION MAKING	<ul style="list-style-type: none"> -Faculty member observation -Field applications -Preliminary physician report card
INTERN SUCCESS GRADE	<ul style="list-style-type: none"> -Faculty member observation -Preliminary physician report card

2018

PUBLIC HEALTH 2025-2026 ACADEMIC YEAR PRE-MEDICAL INTERNSHIP PROGRAM								
HISTORY	WEEK	MOMENT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY ONLY	
		08.30-09.15	In the Department Theoretical Training-Seminars	Province-District Health Province-District Health Directorate and Subordinate Applied in Units Education	Province-District Health Province-District Health Directorate and Subordinate Applied in Units Education	Province-District Health Directorate and Subordinate Applied in Units Education	In the Department Theoretical Training-Seminars	
		09.25-10.10	Faculty members	Faculty members and unit under the supervision of those responsible	Faculty members and unit under the supervision of those responsible	Faculty members and unit under the supervision of those responsible	Faculty members	
		10.20-11.05	In the Department Theoretical Training-Seminars	Province-District Health Province-District Health Directorate and Subordinate Applied in Units Education	Province-District Health Province-District Health Directorate and Subordinate Applied in Units Education	Province-District Health Directorate and Subordinate Applied in Units Education	In the Department Theoretical Training-Seminars	
		11.15-12.00	Faculty members	Faculty members and unit under the supervision of those responsible	Faculty members and unit under the supervision of those responsible	Faculty members and unit under the supervision of those responsible	Faculty members	
		12.00-13.10	LUNCH BREAK					
		13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS					
		14.05-14.50	Province-District Health	Province-District Health	Province-District Health	Province-District Health Directorate and Subordinate	In the Department	
		15.00-15.45	Directorate and Subordinate Applied in Units Education	Directorate and Subordinate Applied in Units Education	Directorate and Subordinate Applied in Units Education	Applied in Units Education	Theoretical Training-Seminars	
		15.55-16.40	Faculty members and unit under the supervision of those responsible	Faculty members and unit under the supervision of those responsible	Faculty members and unit under the supervision of those responsible	Faculty members and unit under the supervision of those responsible	Faculty members and unit under the supervision of those responsible	
		WEEKLY						

T.C.

Malatya Turgut Ozal University Faculty of Medicine Public Health

2025-2026 Academic Year

Preliminary Physician Work Report

NAME SURNAME: NUMBER:**BAKE YOUR PHONE:****E-MAIL:****INTERNSHIP START DATE: INTERNSHIP END DATE:**

Unit	History	Doctor His own signature	Unit Manager or Assistant Dr. Kashe and Signature	Faculty Member Kashe and Signature
Department	The days and hours specified in the Course- Practice Schedule			
District Health Directorate	The days and hours specified in the Course- Practice Schedule			
District Health Directorate Affiliated Unit-1	The days and hours specified in the Course- Practice Schedule			
District Health Directorate Affiliated Unit-2	The days and hours specified in the Course- Practice Schedule			
District Health Directorate Affiliated Unit-3	The days and hours specified in the Course- Practice Schedule			
District Health Directorate Affiliated Unit-4	The days and hours specified in the Course- Practice Schedule			
District Health Directorate Affiliated Unit-5	The days and hours specified in the Course- Practice Schedule			

PROCEDURES AND SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN

		MRS.
INFORMATION		
1	Knows Basic Health Services	
2	Knows Health Organization in Türkiye	
3	Knows Health-Related Legislation and Legal Responsibilities	
4	Know and Interpret Morbidity and Mortality Measures	
5	Know School Health Services	
6	Know the Expanded Program on Immunization	
7	Know 7 Periodic Health Screenings	
8	Knows the 8 Occupational Health Practice Principles	
9	Knows the Pregnancy and Postpartum Monitoring and Their Durations	
10	Know 10 Effective Communication Methods	
SKILLS-ATTITUDES		
11	Can Teach You Breast Self-Exams	
12	Knows and applies 12 contraceptive methods and provides family planning counseling.	
13	Takes Water Samples and Interprets Analysis Results	
14	Detects Health Problems Using Epidemiological Methods	
15	Prepares and Presents Informative Presentations on Health-Related Topics	
16	Provides Healthy Nutrition Education	
17	Knows Deontology and Acts Ethically	
18	Prioritizes Preventive Health Services	
19	Monitors Pregnant Women, Postpartum Women, Babies, Children and Adolescents	
20	Compatible with Teamwork	
TOTAL SCORE		

Each item is graded out of 5. To be considered successful, a minimum of 2 points must be received from each item, for a total score of at least 60 .

Success Status: Successful [] Failed []

Responsible Faculty Member:

APPROVAL
Head of Department

2018

INTERNAL MEDICINE PRELIMINARY MEDICINE INTERNSHIP

EDUCATION PERIOD

DönemVI

INTERNSHIP PERIOD

8 weeks

EDUCATIONAL UNITS

Internal Medicine Department Clinic, Nephrology Clinic, Endocrinology Clinic, Internal Medicine Polyclinic, Nephrology Polyclinic, Endocrinology Polyclinic, Gastroenterology Polyclinic, Hematology Polyclinic, Dialysis Unit, Thyroid Biopsy Intervention Room and Interior Diseases Department Classroom

CLASSROOM**EDUCATORS**

Prof. Dr. İrem Pembegül DökülyTAy (Head of Department - Clinical Administrative Officer, Clinical Education Officer)

Assoc. Prof. Dr. Lezan KESKÿN

Assistant Professor Fatih UZANULU

EDUCATION OFFICER

Assoc. Prof. Dr. Lezan KESKÿN

2018

COMMUNICATION**ADDRESS**

Malatya Turgut Ozal University Faculty of Medicine, Department of Internal Medicine

TELEPHONE

0422 8461255

INTERNAL MEDICINE PRELIMINARY MEDICINE INTERNSHIP

PURPOSE

Ability to manage common diseases/problems related to kidney and related systems, gastrointestinal system, endocrine system, vascular system, hematological system, rheumatological system in adult patients at the primary care level in line with the knowledge, skills and attitudes acquired in the preclinical and clinical periods (preliminary diagnosis/diagnosis, treatment/initial intervention, to do, to refer appropriately, to monitor, to apply protective measures).

INTERNAL MEDICINE PRELIMINARY MEDICINE INTERNSHIP

GENERAL RULES

1. Associate physicians are active and responsible in the service during the internal medicine internship, taking part in patient care.
will work.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction includes the purpose of the internship, skills learning objectives, professionalism goals, curriculum, measurement and evaluation methods and rules to be followed during the internship
Pre-medical staff will be informed about the rules.
4. In the internal medicine internship, working days start at 08:00 in the morning and end at 17:00.
5. Associate physicians receive training in the branches of internal medicine for a specified period of time.
6. Each branch of science is assigned patients in their rotation. Associate physicians will take patient history and perform physical examinations.
will conduct examinations, monitor the necessary laboratory examinations and consultations,
They will record all these findings and their daily observations of the patients. Be sure to include the following in the records:
name and surname will be specified.
7. Must keep and complete the "Malatya Turgut Ozal University Faculty of Medicine Associate Physician Practice Report" which includes the knowledge, skills and attitudes of the internship in accordance with the internal medicine education objectives and competencies.
8. Associate physicians will present their patients during visits with the faculty member. Associate physicians
They will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
9. Associate physicians work a number of monthly shifts determined by the Department.
10. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the primary physician is considered absent.
and repeats the internship the next semester.
11. At the end of the internship, verbal and written feedback will be received from all primary physicians.
12. Pre-medical students' performance in the departments they worked in at the end of their internship and pre-medical practice
They will be evaluated based on their report card. Those who are not successful in this evaluation will repeat the internship.
they do.

INTERNAL MEDICINE PRELIMINARY MEDICINE INTERNSHIP WORKING RULES

FIRST DAY

Intern Doctor work schedule is announced by the Internal Medicine Student Affairs Secretariat. Intern Doctors will be on the first day of this According to the program, they go to the department they will work in at 08:00. At 08:30, they go to Malatya Training and Research Hospital 5. The faculty member responsible for the Internal Medicine and Nephrology department located on the 2nd floor and the Endocrinology department located on the 7th floor After the introduction phase is completed, the responsible faculty member informs the pre-doctors about the objectives of the internship, learning outcomes, program, working conditions and rules are explained and distributed to the advisor faculty members and pre-medical Questions regarding the period are answered.

DAILY WORKING RULES

4. Pre-medical staff must be present in the unit where they work at 08:00 at the latest.
5. Associate physicians take an active role as first-year residents in the Internal Medicine internship.
6. During working hours, the intern groups working in the general surgery polyclinic and the general surgery service will be separate.
and will remain constant throughout the internship.

POLYCLINIC AND CLINIC WORKING RULES

4. They attend morning rounds with the relevant faculty member during their shifts, in accordance with the workload, in the polyclinic.
are assigned.
5. Pre-physicians examine patients in the clinic, assist in writing admission notes, and assist assistants
Writing daily observations in consultation, monitoring the writing of patient orders and assisting when necessary,
Requesting consultations/examinations from patients with the approval of the assistants and sharing patient discharge notes with research assistants
are responsible for preparing it together.
6. Each primary care physician team works in the outpatient clinic the day before their on-call day. They examine patients in the outpatient clinic.
They are responsible for monitoring and consulting with assistants.
7. Pre-physicians, together with the relevant faculty member of the dialysis unit, follow up the patients, write the admission notes and assist the assistant.
must assist with approval.

INTERNAL MEDICINE PRELIMINARY MEDICINE INTERNSHIP WORKING RULES

GUARD RULES

1. Interns are on duty throughout the Internal Medicine Internship and participate in all procedures together with the on-duty assistant during the duty.
they participate.
2. It is necessary to be present at the guard posts at 08:00 on weekdays and 09:00 on holidays.
3. The number of shifts they will hold will be equal to the number of first-year residents accompanying them and the situation of the clinic.
A report is kept about the interns who do not come to their shift or leave their shift place without permission and the internship
repetition is applied.

INTERNAL MEDICINE PRELIMINARY MEDICINE INTERNSHIP LEARNING OBJECTIVES	Measurement and evaluation methods
<p>Knowledge-Skills</p> <ol style="list-style-type: none"> 1. A complete diagnosis of a patient in an outpatient clinic or ward - according to the principles of semiology Reaches the capacity to take anamnesis and perform the necessary physical examination of the patient. 2. Using their knowledge of biochemical and radiological instruments, Selects diagnostic tests in the appropriate order for the purpose and interprets their results. 3. Evaluating the patient's anamnesis, physical examination and diagnostic test results, makes a diagnosis and makes a preliminary diagnosis/diagnosis. 4. Plans treatment, prepares prescriptions and monitors according to diagnosis at the primary care level. implements protective measures, shares the care plan with the patient and their relatives shares and refers the patient appropriately when necessary. 5. Recognizes the internal complaints and conditions/diseases of the patient who applied to the emergency room, performs the intervention and refers appropriately. 6. During the internship, dialysis working principles, catheter insertion and gain knowledge and skills in organizing treatment. 7. Monitoring and taking biopsies for thyroid nodules, which are common in our country To be informed about malignancy criteria and inform individuals. 8. Maintains appropriate written and electronic patient medical records and prepares epicrisis reports. arrangements. 	<p>Physician report card faculty member observation</p>
<p>Attitude-Professionalism</p> <ol style="list-style-type: none"> 9. Communicates effectively with patients and their relatives. 10. Communicates effectively with colleagues and other healthcare personnel. 11. Works effectively as a team with colleagues and other healthcare personnel. 12. Evaluates personal and professional competencies and improves through continuous learning. improves occupational performance. 13. Conducts literature searches in line with the defined purpose and analyzes the information obtained. evaluates, organizes and presents critically. 14. Acts in accordance with ethical principles in patient management and is evidence-based. approaches 	<p>Physician report card faculty member observation</p>

INTERNAL MEDICINE PRELIMINARY MEDICINE INTERNSHIP BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Kidney diseases and glomerulonephritis	Preliminary physician report card faculty member observation
2.	Diabetes mellitus and treatment	
3.	Approach to the dyspeptic patient	
4.	Anemia diagnosis, treatment and follow-up	
5.	Approach to oncological emergencies	
6.	Systemic Lupus Erythematosus	
7.	Fluid-Electrolyte Balance and Imbalance	
8.	Post-Kidney Transplant Immunosuppressive Treatment Protocol	
9.	The role and importance of FNAB in thyroid diseases	
11.	Diagnosis and treatment of pancreatitis	

INTERNAL MEDICINE PRELIMINARY MEDICINE INTERNSHIP BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES				Measurement and evaluation method
APPLICATION	Minimum Number	My Element Level		
1.	Ability to take general and problem-specific history Abdominal	10	4	Preliminary physician report card faculty member observation
2.	examination Head and neck	10	4	
3.	examination Evaluation of general	5	4	
4.	condition and vital signs 5. Breast and axillary region examination	10	4	
		5	4	
6.	Ability to obtain information and consent Ability to	5	4	
7.	prepare an epicrisis Ability to prepare	5		
8.	a patient file Ability to issue a prescription Ability	5	4	
9.	to read and evaluate direct radiographs	5	4	
10.	11. Ability to fill out the request form for laboratory examination 12. Ability to interpret	5	4	
	the results of screening and diagnostic examinations 13. Ability to establish vascular access Ability to	5	4	
	perform paracentesis	5	4	
		5	4	
14.		5	4	
15.	Ability to take measures to stop/limit external bleeding. Ability to provide insulin training. 17. Ability to	2	4	
16.	perform IM, IV, and SC injections. Ability to	5	4	
	learn dialysis catheter care. Ability to apply a nasogastric/urinary	10	4	
18.	catheter (Irrigation/Aspiration).	3	4	
19.		5	4	
20.	Ability to perform enemas. Peripheral	2	4	
21.	smear evaluation. 22. Ability to perform wound care.	5	4	
		5	4	
ACADEMIC AND EDUCATIONAL ACTIVITIES				
1. Intern Doctors are obliged to participate in the education and training activities of the Department of Internal Medicine.				

**INTERNAL MEDICINE PRELIMINARY MEDICINE
INTERNSHIP LEARNING AND MEASUREMENT-EVALUATION METHODS**

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Intensive care and outpatient clinic experiences -Specific case discussions
PROFESSIONAL EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

FOR THE DEVELOPMENT PROCESS	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
FOR DECISION MAKING	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
INTERNSHIP SUCCESS GRADE	<p>Preliminary physician report card</p>

2018

INTERNAL MEDICINE 2025-2026 ACADEMIC YEAR PRELIMINARY MEDICINE INTERNSHIP PROGRAM						
WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY
WEEK	08.30-09.10	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices, Teaching	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,
	09.20-10.00	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	under the supervision of members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants
	10.30-11.10	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,
	11.20-12.00	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants
	12.00-13.30	LUNCH BREAK				
	13.30-14.10	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,
	14.20-15.00	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants
	15.10-15.50	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic practices, ICU practices,	SEMINAR-LITERATURE
	16.00-16.40	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	

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Malatya Turgut Ozal University Faculty of Medicine Internal Medicine

2025-2026 Academic Year Pre-

Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE: INTERNSHIP

END DATE:

	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Academic Member's Stamp and Signature
Service	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
Seizures	.../.../20..- .../.../20..	2018		
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			
	.../.../20..- .../.../20..			

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL		EVALUATION			
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZ TO DO REQUIRED BUY	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Ability to take general and problem-oriented history	10			
2	Abdominal examination	10			
3	Head and neck examination	5			
4	Evaluation of general condition and vital signs	10			
5	Breast and axillary region examination	5			
6	Information and consent	5			
7	Ability to prepare an epicrisis	5			
8	Ability to prepare patient files	5			
9	Ability to issue prescriptions	5			
10	Ability to read and evaluate direct radiographs	5			
11	Ability to fill out the request form for laboratory examination	5			
12	Ability to interpret screening and diagnostic examination results	5			
13	Ability to open vascular access	5			
14	Ability to perform paracentesis	5			
15	Ability to take measures to stop/limit external bleeding	2			
16	Ability to provide insulin training	5			
17	Ability to perform IM, IV, and SC injections	10			
18	Learning dialysis catheter maintenance	3			
19	Ability to apply nasogastric / urinary catheter (Irrigation / Aspiration)	5			
20	Enemas	2			
21	Peripheral smear evaluation	5			
22	Ability to perform wound care	5			

GYNECOLOGY AND OBSTETRICS PRE-MEDICINE INTERNSHIP

EDUCATION PERIOD

DönemVI

INTERNSHIP PERIOD

4 weeks

EDUCATIONAL UNITS

Gynecology and Obstetrics Clinic-Polyclinic, Postpartum-Surgery-Caesarean-Septic services, Delivery Room, Gynecology and Obstetrics Emergency Clinic, Gynecology and Obstetrics Classroom

EDUCATORS

Assoc. Prof. Dr. Engin YILDIRIM (Department Head)

Assoc. Prof. Dr. Pınar KIRICI

Assistant Professor Nurdan YURT

Assistant Professor Nihal MAVRAL

EDUCATION OFFICER

Assistant Professor Nihal MAVRAL

2018

GYNECOLOGY AND OBSTETRICS PRE-MEDICINE INTERNSHIP

AIM

The goal is to provide competence in managing common diseases related to the field of Obstetrics and Gynecology at the primary care level, drawing on the knowledge, skills, and attitudes acquired during preclinical and clinical internships. These competencies include preliminary diagnosis, treatment, detection of emergencies, and identification and appropriate referral of patients.

GYNECOLOGY AND OBSTETRICS PRE-MEDICINE INTERNSHIP GENERAL RULES

1. Pre-physicians are active and responsible in the service during the Gynecology and Obstetrics internship, taking part in patient care. will work.
2. Associate physicians will attend their internships clean, well-groomed, and wearing a white coat or surgical uniform.
3. The first lesson of each internship is designed as an internship introduction. The introduction will inform pre-physicians about the purpose of the internship, skill learning objectives, professionalism goals, curriculum, measurement and evaluation methods, and the rules to be followed during the internship.
4. In the Gynecology and Obstetrics internship, working days start at 08:00 in the morning and end at 17:00.
5. During the Gynecology and Obstetrics internship, they are assigned patients. Primary physicians will take the patient's medical history, perform physical examinations, They will conduct examinations, monitor the necessary laboratory examinations and consultations, and record all findings and daily observations of the patients. Their names and surnames must be included in the records.
6. Obstetrics and Gynecology internship must keep and complete the "Malatya Turgut Özal Faculty of Medicine Preliminary Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies.
7. Associate physicians will present their patients during visits with faculty members. Associate physicians will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
8. Associate physicians keep a number of shifts determined by the Department.
9. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the junior physician is considered absent and must repeat the internship the following semester.
10. At the end of the internship, verbal and written feedback will be received from all physicians.
11. At the end of their internship, associate degree students will be evaluated based on their performance in the departments they work in and their associate degree practice report. Those who are not successful in this evaluation will repeat the internship.
12. They should be able to take a complete history of patients regarding gynecological and obstetric diseases, manage this period rationally and perform clinical examination of patients on their own.
13. They should have an idea about common gynecological diseases (uterine myoma, endometriosis, pelvic mass, pelvic inflammatory disease, ectopic pregnancy, gynecological malignancies, etc.) and obstetric diseases (imminent abortion, preterm labor, premature rupture of membranes, vaginal bleeding, gestational hypertension, preeclampsia, placenta previa, placenta accreta, gestational diabetes, follow-up of the first stage of labor, etc.).
14. It is necessary to learn the skills of establishing vascular access, monitoring the patient, taking blood samples, performing NST, assisting spontaneous labor, dressing, suturing, removing sutures and performing emergency interventions in postpartum bleeding.
15. It is necessary to learn the initial approach, prevention and treatment of obstetric and gynecological emergency patients.
16. It is necessary to learn the diagnosis and treatment of preeclampsia, ectopic pregnancy and postpartum bleeding.
17. It is necessary to learn the diagnosis of fetal distress, NST interpretation and the approach to these patients.
18. Must be able to perform dressing wound care, and learn how to diagnose and treat patients presenting with surgical site infection.
19. It is necessary to learn how to use suture tools such as needle holders and surgical scissors.
20. In cases of shock, it is necessary to be able to provide emergency intervention to the patient and learn cardiopulmonary resuscitation.

GYNECOLOGY AND OBSTETRICS PRELIMINARY MEDICINE

INTERNSHIP WORKING RULES

FIRST DAY

Pre-physicians are informed about the Obstetrics and Gynaecology internship by the responsible faculty member of the term VI.

DAILY WORKING CONDITIONS

1. During the internship in Obstetrics and Gynaecology, you will work in polyclinics, operating rooms, delivery rooms, gynaecology and obstetrics emergency departments and They work in rotations in other services. They arrive at the clinic or polyclinic where they work at 08:00 every weekday at the latest. are present.

POLYCLINIC, INTENSIVE CARE AND CLINIC WORKING RULES

1. Pre-physicians, by the responsible faculty member in the sixth term, regarding the Obstetrics and Gynaecology internship they are informed.
2. During the internship in Obstetrics and Gynaecology, you will work in polyclinics, operating rooms, delivery rooms and gynaecology emergency departments. They work in rotations.
3. They are present at the clinic or polyclinic where they work at 08:00 every weekday at the latest.
4. Under the supervision of research assistants, primary physicians take the anamnesis of patients admitted to inpatient services and perform physical examinations. they do their examination.
5. Associate physicians are responsible for the follow-up of the patient in the clinic where they work.
6. Research assistants, specialist doctors and faculty members attend all their visits.
7. They plan and perform laboratory examinations of patients together with research assistants and specialist doctors.
8. Pre-physicians should participate in in-clinic and out-of-clinic consultations with research assistants or faculty members. they participate together.
9. Evaluates patients together with research assistants in outpatient clinics and supports research assistants in all procedures. They help.
10. Any problems encountered will first be conveyed to the education officers or the primary physician officer.
11. Shifts are determined by the responsible faculty member and the chief assistant at the beginning of the internship.
12. Associate physicians are on duty at the clinic and are accountable to the on-duty research assistant and the responsible faculty member.
13. Associate physicians are required to attend seminars, article hours or assistant courses.
14. Assessment and evaluation to be carried out by the responsible faculty members when they complete their rotations in the relevant branches of science. Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.
15. Pregnant patients should be connected to non-stress test (NST) devices as frequently as necessary, NST monitoring should be done and the NST output should be monitored. by identifying abnormal changes and, if necessary, by the responsible faculty member or service before the NST process is completed. is expected to notify the responsible assistant.
16. Learning detailed anamnesis, learning appropriate physical examination, learning to measure blood pressure, birth Learning how to approach a patient with pain, learning how to approach a patient with abnormal uterine bleeding, Shock-syncope Learning the approach to the patient presenting with fetal distress, performing a NON-STRESS Test (NST), interpreting NST with examples, to recognize distress, to be informed about gynecological and obstetric screening tests and to be directed to advanced centers To learn, to identify risk factors for gynecological malignancies and to diagnose patients at high risk for malignancy

Learning to direct to the center, recognizing atony and postpartum bleeding and being able to manage in the 1st step or emergency room

Learning the issues to be considered when faced with, the issues to be considered in patients using medication during pregnancy

Learning the issues, learning the diagnosis and emergency treatment of ectopic pregnancy, gestational diabetes and hypertension

protection, learning correct blood pressure measurement and non-pharmacological treatments, drug selection and follow-up during pregnancy

learning, knowing the drug categories, routine follow-up of pregnant patients and folic acid-iron preparations-vitamin preparations

recommending screening tests at the appropriate time, informing pregnant patients about screening tests at the appropriate time and directing them to the appropriate place,

Learning the issues to be considered in pregnant women, 3rd trimester bleeding (placenta previa, placental abruption, uterine

rupture) and to be able to recognize and intervene immediately, to inform the responsible physician immediately, to monitor the blood pressure of preeclampsia patients

monitoring and adjusting drug doses and learning the issues to be considered, premature labor, dystocia, cord prolapse,

shoulder attachment . Recognizing obstetric emergencies such as uterine inversion, performing first aid and reporting to the responsible physician

to be given,

Learning basic information and points to be considered about Intrauterine Device (IUD), being able to recognize sexual assault and

Notifying the necessary units, evaluating basic laboratory parameters related to gynecology and obstetrics,

Give

Issues such as learning the basic follow-up of patients are what primary physicians should acquire during outpatient and clinical work.

are the achievements.

GYNECOLOGY AND OBSTETRICS PRELIMINARY MEDICINE INTERNSHIP WORKING RULES

1. Shifts are determined by the chief resident at the beginning of the internship under the supervision of the responsible physician faculty member.
2. While on duty, one must wear a white coat or uniform (with or without a white coat) over civilian clothes.
No guard duty will be allowed in completely civilian clothing.
3. Each intern physician will be assigned at least three weekday shifts and one weekend shift per month. This number may be increased or decreased at the discretion of the Department Head.
4. Intern physicians who are unable to work a shift are required to provide a reasonable excuse. The final decision will be made by the faculty member in charge.
5. The shift begins at 16:00 on weekdays and ends at 08:00 the next morning. The shift will be a day off.
Routine daytime work will be performed on the duty day.
6. The shift begins at 9:00 a.m. on the weekend and ends at 9:00 a.m. the next day. The shift will be followed by a day off.
7. He/she must be present when starting and transferring the shift with the research assistants after the shift.
8. Intern physicians on duty, together with on-duty research assistants, will evaluate patients in emergency consultations, follow up patients in the delivery room, and participate in the follow-up of emergency patients in the gynecology and obstetrics emergency clinic.
9. Intern physicians cannot administer, order, or change treatment alone. They may administer, order, or change treatment under the physical supervision of on-call physicians.
10. Any changes to the duty roster made by the intern physician must be notified to the responsible faculty member at least 72 hours in advance; the responsible faculty member will make the final decision.
11. An intern physician must provide an excuse if he/she cannot attend daytime work or on duty.
otherwise, the internship will be considered unsuccessful.

If the on-duty intern physician leaves his/her duty station, he/she is obliged to inform the senior on-duty research assistant.

GYNECOLOGY AND OBSTETRICS PREMEDICINE INTERNSHIP LEARNING OBJECTIVES		Measurement and evaluation method
<p>Knowledge-Skills</p> <p>OH 1. Introduces himself/herself to the patient and his/her relatives.</p> <p>LO 2. Using communication skills, ask the patient and/or their relatives about the respiratory system.</p> <p>Takes a detailed anamnesis from the patient with complaints.</p> <p>ÖH 3. Performs a systemic and gynecological physical examination of the patient and evaluates vital signs.</p> <p>ÖH 4. Makes a preliminary diagnosis using the patient's anamnesis and physical examination findings.</p> <p>LO 5. Uses appropriate diagnostic tools to confirm the diagnosis.</p> <p>ÖH 6. Results of diagnostic laboratory tests, basic laboratory tests and NST related to the urogynecological system</p> <p>comments.</p> <p>ÖH 7. Performs basic interventional procedures related to gynecology and obstetrics.</p> <p>ÖH 8. Treatment and management of common gynecological and obstetric diseases at the primary care level</p> <p>monitors, implements protective measures, informs about the treatment and monitoring plan and provides training.</p> <p>When necessary, it ships under appropriate conditions.</p> <p>LO 9. Acquires the ability to perform NST and interpret basic fetal well-being.</p> <p>LO 10. Keeps patients' medical records appropriately in written and electronic format, organizes epicrisis, prepares necessary reports and makes notifications.</p> <p>ÖH 11. Ability to decide on the treatment of birth and postpartum hemorrhage in emergency situations</p> <p>acquires.</p>	<p>Physician</p> <p>report card</p> <p>faculty member</p> <p>observation</p>	
<p>Attitude-Professionalism</p> <p>LO 12. Communicates effectively with the patient and their family when necessary and works as a team.</p> <p>LO 13. Communicates effectively with colleagues and other healthcare professionals and works as a team.</p> <p>ÖH 14. Follows evidence-based scientific approaches in the diagnosis and treatment of gynec-obstetric diseases.</p> <p>ÖH 15. Follows scientific developments in the field of Obstetrics and Gynecology.</p> <p>ÖH 16. Improves professional competencies through post-graduation and in-service training programs.</p> <p>ÖH 17. Practices his profession within the framework of ethical rules and laws.</p> <p>LO 18. Knows and implements preventive health measures against infection for patients, their relatives and other healthcare professionals.</p>	<p>Physician</p> <p>report card</p> <p>faculty member</p> <p>observation</p>	

GYNECOLOGY AND OBSTETRICS PRE-MEDICINE INTERNSHIP BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Anamnesis and physical examination in the obstetric patient	
2.	Anamnesis and physical examination of the obstetric patient in labor	
3.	Pregnancy and drugs, teratology	
4.	Recognition of abnormal findings in the obstetrics outpatient clinic	
5.	Differentiating premature labor from false labor	
6.	Recognition of premature membrane rupture	
7.	Approach to multiple pregnancies and distinctions in follow-up (monochorionic-dichorionic)	
8.	Approach to obstetric diseases and emergencies	
9.	Differentiation and follow-up of preeclampsia and severe preeclampsia	

10. Differentiation and management of causes of second and third trimester vaginal bleeding	
11. Approach to cord prolapse	
12. Approach to rapid birth	
13. Causes and approach to vaginal bleeding in non-pregnant gynecological patients	Physician
14. Awareness of peripartum depression	report card
15. NST interpretation	
16. Anamnesis and physical examination methods in the gynecology clinic	
17. Speculum ve Bimanual muayene	faculty member
18. Taking a smear, Colposcopy follow-up	observation
19. Recognition and guidance of patients with cystocele and rectocele	
20. Differentiating between patients with stress urinary incontinence and overflow incontinence	
21. Recognition and guidance of patients with uterine prolapse	
22. Screening methods for gynecological cancers	
23. Approach to gynecological diseases and emergencies	
24. Patient follow-up and treatment monitoring outside the polyclinic, in the clinic	
25. Learning a detailed history, learning the appropriate physical examination, learning how to measure blood pressure, learning how to approach a patient in labor, learning how to approach a patient presenting with abnormal uterine bleeding, learning how to approach a patient presenting with shock-syncope, performing a NST and interpreting it with examples, recognizing fetal distress, learning about gynecological and obstetric screening tests and referring them to a higher-risk center, learning to identify risk factors for gynecological malignancies and referring high-risk patients for malignancy to a higher-risk center, learning to recognize atony and postpartum hemorrhage, and learning what to consider when encountered in primary care or the emergency room, learning what to consider in patients taking medications during pregnancy, learning the diagnosis and emergency treatment of ectopic pregnancy, protection from gestational diabetes and hypertension, learning accurate blood pressure measurement and nonpharmacological treatments, learning about medication selection and follow-up during pregnancy, and learning about medication use. Knowing the pregnancy categories, routine follow-up of pregnant patients and recommending folic acid-iron preparations-vitamin preparations at the appropriate time, informing pregnant patients about screening tests at the appropriate time and directing them to the appropriate place, learning the points to be taken into consideration in risky pregnancies, 3.	
Recognizing and immediately intervening in trimester bleeding (placenta previa, placental abruption, uterine rupture) and informing the responsible physician immediately; monitoring blood pressure and adjusting medication doses of preeclampsia patients and learning the points to be considered; recognizing obstetric emergencies such as premature labor, dystocia, cord prolapse, shoulder impingement, uterine inversion, and providing the first intervention and informing the responsible physician; learning basic information about Intrauterine Devices (IUDs) and the points to be considered; recognizing sexual assault and informing the necessary units; evaluating basic laboratory parameters related to gynecology and obstetrics; basic follow-up of pregnant patients.	
Issues such as learning are the gains that pre-physicians must acquire during outpatient and clinical work.	

**GYNECOLOGY AND OBSTETRICS PRE-MEDICINE INTERNSHIP
BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES**

APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Taking detailed history and performing physical examination for patient complaints	10	4	Physician report card faculty member observation
2.	Creating a monitoring file in hospital automation	10	4	
3.	Presenting patients during clinical visits	10	4	
4.	Conducting regular daily follow-up of the inpatient	10	4	
5.	Evaluation of outpatient patients and prescription preparation	30	4	
6.	Ability to perform NST and basic rhythm interpretation	20	4	
7.	Selecting necessary laboratory tests and interpreting their results	10	4	
8.	Performing a vaginal examination. Being	20	4	
9.	able to establish intravenous access.	10	4	
10.	Participation in vaginal birth intervention in emergency situations	2	4	
11.	Monitoring the patient and interpreting the data	5	4	
12.	According to the indication of oxygen and intravenous fluid therapy implementation	10	4	
13.	Ability to write an appropriate treatment prescription for an inpatient clinic.	10	4	
14.	Ability to organize an appropriate treatment for an outpatient clinic patient .	10	4	
15.	Ability to prepare an epicrisis (discharge summary) for a discharged patient .	5	4	
16.	Ability to apply the initial stabilization approach in gyneco-obstetric emergencies.	5	4	
17.	Ability to perform endotracheal intubation (observation or	5	4	
18.	APPLICATION)	1	4	
19.	Ability to perform emergency interventions for postpartum hemorrhage and uterine atony.	1	4	
20.	Ability to perform obstetric and gynecological surgeries under clinical observation. participation	1	4	
20.	Observation of invasive procedures in the field of Gynecology and Obstetrics	10	4	
ACADEMIC AND EDUCATIONAL				
ACTIVITIES				
<p>1. Associate physicians attend seminars, case presentations, article hours or assistant courses, They make their own presentations at meetings.</p> <p>2. Measurements and evaluations to be made by the responsible faculty members when they complete their rotations in the relevant branches of science. Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.</p>				

2018

**GYNECOLOGY AND OBSTETRICS PRELIMINARY MEDICINE
INTERNSHIP LEARNING AND MEASUREMENT-EVALUATION METHODS**

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Service and polyclinic experiences -Independent learning applications
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

TO THE DEVELOPMENT PROCESS	Faculty observation, bedside evaluation Preliminary physician report card
FOR DECISION MAKING	Faculty observation, bedside evaluation Preliminary physician report card
INTERN SUCCESS GRADE	Preliminary physician report card

2018

GYNECOLOGY AND OBSTETRICS 2025-2026 ACADEMIC YEAR PRELIMINARY MEDICINE INTERNSHIP PROGRAM								
HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY	
		08.30-09.15	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating room, delivery room and service practices under the supervision of teaching staff and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Ameliyathane Delivery room and ward applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	
		09.25-10.10						
		10.20-11.05	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Ameliyathane Delivery room and ward applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	
		11.15-12.00						
		12.00-13.10	LUNCH BREAK					
		13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS					
	WEEKLY	14.05-14.50	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Ameliyathane Delivery room and ward applications Under the supervision of faculty members and research assistants		Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices Operating Room, Delivery Room and service applications Under the supervision of faculty members and research assistants	
		15.00-15.45			Associate Doctor SEMINARS			
		15.55-16.40			Associate Doctor SEMINARS			

T.C.

Malatya Turgut Ozal University Faculty of Medicine, Obstetrics and Gynecology

2025-2026 Academic Year Pre-

Physician Work Report Card

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE: INTERNSHIP END DATE:

	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Faculty Member's Stamp and Signature
Service	.../20...-.../20...			
Polyclinic	.../20...-.../20...			
Delivery room	.../20...-.../20...			
Gynecology and Obstetrics Emergency	.../20...-.../20...			
Seizures	.../20...-.../20...			
	.../20...-.../20...			
	.../20...-.../20...			
	.../20...-.../20... 2018			

PROCESS AND SKILLS TO BE CARRIED OUT				
PROCESS AND SKILL		EVALUATION		
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN				
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	ENOUGH INSUFFICIENT
1	Taking a history of the problem and performing a full systemic physical examination	10		
2	Preparing the patient file	10		
3	Presenting a patient during a visit	10		
4	Inpatient follow-up	10		
5	Outpatient evaluation	20		
6	Active participation in labor	10		
7	Ability to select and evaluate laboratory tests appropriately.	15		
8	NST evaluation	30		
9	Pregnant patient evaluation	5		
10	Ability to monitor patients	5		
11	Performing oxygen therapy	10		
12	Ability to write epicrisis	5		
13	Evaluation of vital signs	20		
14	Ability to write inpatient prescriptions	5		
15	Acquiring suture skills / episiotomy repair	10		
16	Postoperative incision dressing and wound care	100		

PROCESS AND SKILLS TO BE CARRIED OUT

PROCESS AND SKILL		EVALUATION			
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Blood Pressure Measurement	10			
2	Hemodynamic Evaluation	10			
3	NST pull, evaluation	10			
4	Intravenous blood collection	5			
5	Intravenous (IV), Intradermal (ID), Ability to perform subcutaneous (SC) and intramuscular (IM) injections	3			
6	Establishing intravenous access	5			
7	Applying oxygen, nebulizer-inhaler therapy	10			
8	Performing a speculum examination and taking a smear	10			
9	Cervical dilatation assessment during labor	5			
10	Inserting and removing a bladder catheter	10			
11					

2018

CARDIOVASCULAR SURGERY PRELIMINARY MEDICINE INTERNSHIP (COMPULSORY ELECTIVE)

EDUCATION PERIOD

DönemVI

INTERNSHIP PERIOD

2 weeks

EDUCATIONAL ENVIRONMENTS

Cardiovascular Surgery Department Clinic, Polyclinic, Operating Room and Intensive Care, Cardiovascular Surgery Department Classroom

EDUCATORS

Prof. Dr. Nurkay KATRANCIOÖLU

EDUCATION OFFICER

Prof. Dr. Nurkay KATRANCIOÖLU

2018

CARDIOVASCULAR SURGERY PRELIMINARY MEDICINE INTERNSHIP PURPOSE

The aim of this program is to provide competence in managing common diseases related to the field of Cardiovascular Surgery at the primary care level, in line with the knowledge, skills, and attitudes acquired during preclinical and clinical internships. These competencies include preliminary diagnosis/diagnosis, diagnosis, treatment, detection of emergency situations, determination of patients who need to be referred and appropriate referral.

Cardiovascular Surgery Pre-Physician Internship GENERAL RULES

1. Associate physicians are active and responsible in the service during the Cardiovascular Surgery internship, and they take part in patient care.
will work by taking.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction will inform pre-physicians about the purpose of the internship, skill learning objectives, professionalism goals, curriculum, measurement and evaluation methods, and the rules to be followed during the internship.
4. During the Cardiovascular Surgery internship, workdays start at 08:00 in the morning and end at 17:00.
5. During the Cardiovascular Surgery internship, they are assigned patients. Associate physicians will take patient medical history, conduct physical examinations, oversee the necessary laboratory tests and consultations, and all of these
They will record their findings and daily observations of the patients. The records must include their name and surname.
will be specified.
6. Cardiovascular Surgery internship must keep and complete the "Malatya Turgut Özal Faculty of Medicine Preliminary Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies.
7. Associate physicians will present their patients during visits with the faculty member. Associate physicians
They will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
8. Associate physicians keep a number of shifts determined by the Department.
9. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the pre-service physician is considered absent and the internship is terminated.
repeats next term.
10. At the end of the internship, verbal and written feedback will be received from all physicians.
11. Pre-medical students' performance in the departments they work in at the end of their internship and their pre-medical practice report.
Those who are not successful in this evaluation will repeat the internship.

Cardiovascular Surgery Pre-Physician Internship

WORKING RULES

FIRST DAY

Associate physicians are informed about their Cardiovascular Surgery internship by the responsible faculty member of the term VI.

DAILY WORKING CONDITIONS

8. During the Cardiovascular Surgery internship, rotations are made in outpatient clinics, intensive care units, operating rooms and wards.

They are working.

9. They must be present at the clinic/intensive care unit, operating room or polyclinic where they work at 08:00 every weekday at the latest.

POLYCLINIC DEPUTY CLINIC WORKING RULES

34. Pre-physicians period VI with the internship in Cardiovascular Surgery by the responsible faculty member are informed accordingly.

10. During the Cardiovascular Surgery internship, rotations are made in outpatient clinics, intensive care units, operating rooms and wards.

They are working.

35. They are present at the clinic/intensive care unit or polyclinic where they work at 08:00 every weekday at the latest.

36. Under the supervision of research assistants, primary physicians take the anamnesis and perform physical examinations of patients admitted to inpatient services.

37. Associate physicians are responsible for the follow-up of at least 3 patients in the clinic they work in.

38. Research assistants, specialist doctors and faculty members attend all their visits.

39. They plan and perform laboratory examinations of patients together with research assistants and specialist doctors.

40. Pre-physicians may participate in in-clinic and out-of-clinic consultations with patients, as research assistants or teaching staff. participate with its members.

41. Evaluates patients in outpatient clinics together with research assistants and conducts research in all procedures. they assist their staff.

42. Problems encountered should first be conveyed to the education officers or the primary physician officer.

43. Shifts are determined by the responsible faculty member and the chief assistant at the beginning of the internship.

44. Pre-physicians keep watch in the clinic and are responsible for the research assistant and the faculty member on duty. they are responsible.

45. Associate physicians are required to attend seminars, article hours or assistant courses.

46. Assessment and evaluation to be carried out by the responsible faculty members when they complete their rotations in the relevant branches of science.

Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.

Cardiovascular Surgery Pre-Physician Internship

WORKING RULES

GUARD RULES

1. Shifts are determined by the responsible faculty member and the chief assistant at the beginning of the internship.

2. Pre-physicians keep watch in the clinic and are responsible to the on-duty research assistant and the responsible faculty member. they are responsible.

CARDIOVASCULAR SURGERY PRELIMINARY MEDICINE INTERNSHIP LEARNING OBJECTIVES	Measurement and evaluation
<p>Knowledge-Skills</p> <p>OH 1. Introduces himself/herself to the patient and his/her relatives.</p> <p>LO 2. Using communication skills, ask the patient and/or their relatives about the circulatory system</p> <p>Takes a detailed anamnesis from the patient with complaints.</p> <p>ÖH 3. Performs a systemic and circulatory system physical examination of the patient and evaluates vital signs.</p> <p>ÖH 4. Makes a preliminary diagnosis using the patient's anamnesis and physical examination findings.</p> <p>LO 5. Uses appropriate diagnostic tools to confirm the diagnosis.</p> <p>ÖH 6. Diagnostic laboratory tests related to the circulatory system, especially basic laboratory and chest radiography</p> <p>Interprets the results of radiological examinations, including:</p> <p>ÖH 7. Performs basic interventional procedures related to Cardiovascular Surgery.</p> <p>ÖH 8. Treatment and follow-up of common cardiovascular surgery at the primary care level</p> <p>performs, implements protection measures, informs and trains about the treatment and monitoring plan.</p> <p>When necessary, it ships under appropriate conditions.</p> <p>ÖH 9. Keeps patients' medical records appropriately in written and electronic format, epicrisis</p> <p>organizes, prepares necessary reports and makes notifications.</p> <p>ÖH 10. Identifies life-threatening cardiovascular surgery and emergencies. In primary care</p> <p>applies the emergency approach and, when necessary, refers the patient under appropriate conditions.</p>	<p>Physician report card</p> <p>faculty member observation</p>
<p>Attitude-Professionalism</p> <p>LO 11. Communicates effectively with the patient and their family when necessary and works as a team.</p> <p>LO 12. Communicates effectively with colleagues and other healthcare professionals and works as a team.</p> <p>ÖH 13. Cardiovascular Surgery follows evidence-based scientific approaches in the diagnosis and treatment of diseases.</p> <p>ÖH 14. Follows scientific developments in the field of Cardiovascular Surgery.</p> <p>ÖH 15. Improves professional competencies through post-graduation and in-service training programs.</p> <p>ÖH 16. Practices his profession within the framework of ethical rules and laws.</p> <p>LO 17. Knows and implements preventive health measures against infection for patients, their relatives and other healthcare professionals.</p>	<p>Physician report card</p> <p>faculty member observation</p>

Cardiovascular Surgery Pre-Physician Internship				
BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES				
APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Ability to take	10	4	Physician report card faculty member observation
2.	history Evaluate general condition and vital signs	10	4	
3.	Perform physical examination	20	4	
4.	Prepare patient file Write	10	4	
5.	prescription Prepare	10	4	
6.	epicrisis Evaluate	10	4	
7.	hematological parameters	10	4	
8.	ECG recording and	5	4	
9.	evaluation	5	4	
	Ability to apply a nasogastric tube Ability to insert a	5	4	
10.	urinary catheter	3	4	
11.	Capillary blood sugar measurement. Reading	10	4	
12.	and evaluating direct chest radiography.	20	4	
13.	Ability to obtain arterial blood gas and interpret the results	10	4	
14.	Ability to obtain samples from the patient for culture and staining. Intravenous	5	4	
15.	blood collection.	5	4	
16.	Intravenous (IV), Intradermal (ID), Subcutaneous (SC), Intramuscular (IM) injection capability	10	4	
17.	Ability to perform endotracheal intubation	5	4	
18.	Ability to provide basic life support. Ability to	3	4	
19.	take isolation precautions against transmission routes	5	4	
20.	Ability to use personal protective equipment correctly	5	4	
ACADEMIC AND EDUCATIONAL ACTIVITIES				
<p>1. Associate physicians attend seminars, case presentations, article hours or assistant courses, They make their own presentations at meetings.</p> <p>2. Upon completion of their rotations in relevant disciplines, their success is determined through assessment and evaluation by the responsible faculty members. In case of failure, they are required to repeat the relevant internship.</p> <p>are responsible.</p>				

2018

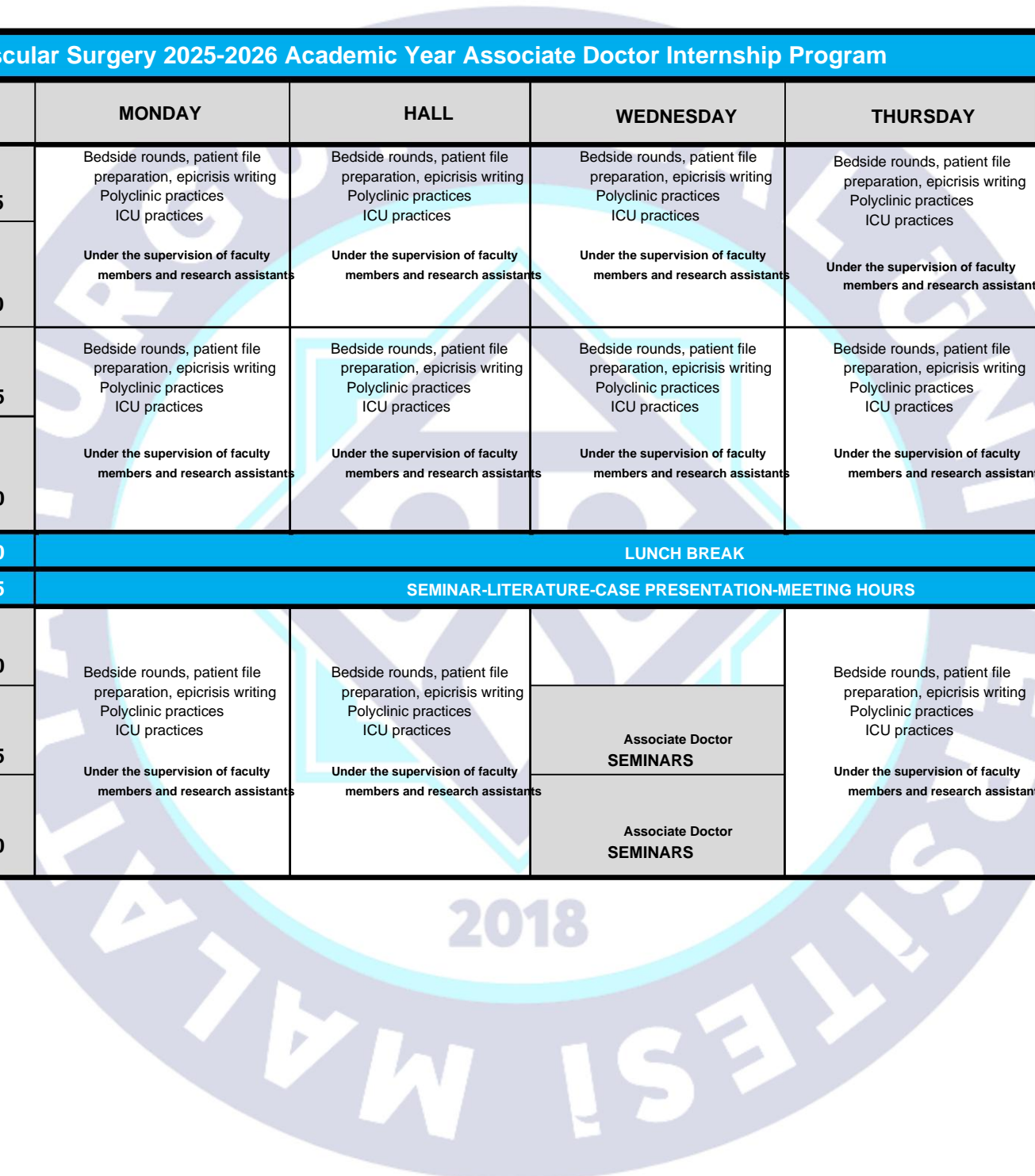
Cardiovascular Surgery Pre-Physician Internship LEARNING AND ASSESSMENT-EVALUATION METHODS

MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Intensive care and outpatient clinic experiences -Independent learning applications
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

MEASUREMENT AND ANALYSIS OF THE DEVELOPMENT PROCESS EVALUATION	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
MEASUREMENT AND DECISION MAKING EVALUATION	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
INTERNSHIP SUCCESS GRADE	<p>Preliminary physician report card</p>

2018

Cardiovascular Surgery 2025-2026 Academic Year Associate Doctor Internship Program								
HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY	
		08.30-09.15	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
		09.25-10.10	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
		10.20-11.05	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
		11.15-12.00	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
		12.00-13.10	LUNCH BREAK					
		13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS					
	WEEKLY	14.05-14.50	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices		Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
		15.00-15.45	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Associate Doctor SEMINARS	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
		15.55-16.40			Associate Doctor SEMINARS			



T.C.

Malatya Turgut Ozal University Faculty of Medicine, Department of Cardiovascular Surgery

2025-2026 Academic Year Pre-

Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE: INTERNSHIP END DATE:

	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Faculty Member's Stamp and Signature
Service	.../.../20...-.../.../20..			
Polyclinic	.../.../20...-.../.../20..			
Intensive care	.../.../20...-.../.../20..			
Seizures	.../.../20...-.../.../20..			
	.../.../20...-.../.../20..			
	.../.../20...-.../.../20..			
	.../.../20...-.../.../20..			

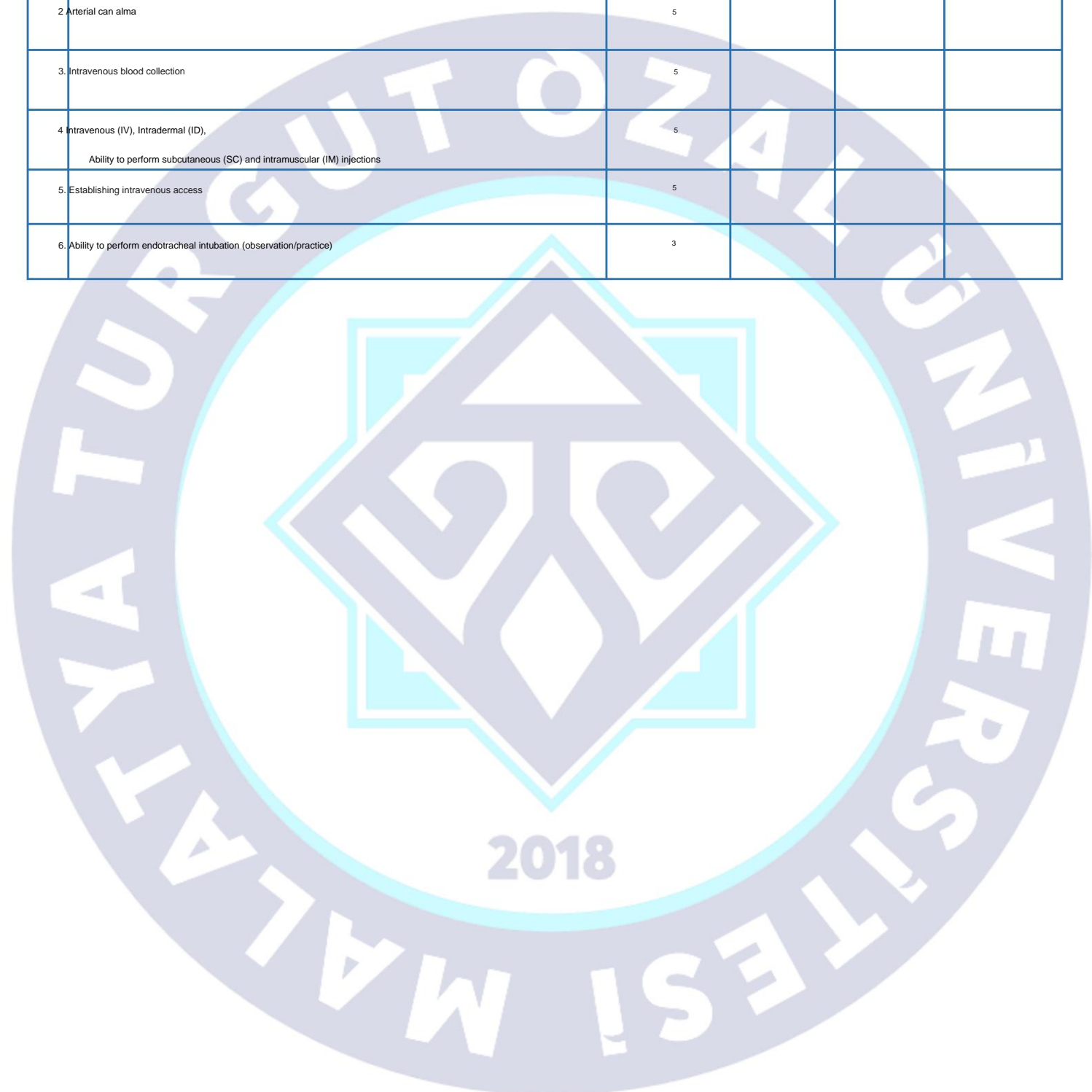
2018

PROCESS AND SKILLS LIST					
PROCESS AND SKILL			EVALUATION		
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Taking a history of the problem and performing a full systemic physical examination	10			
2	Preparing the patient file	5			
3	Presenting a patient during a visit	5			
4	Inpatient follow-up	5			
5	Outpatient evaluation	10			
6	Chest X-ray evaluation	10			
7	Ability to select and evaluate laboratory tests appropriately.	15			
8	CT angiography evaluation	10			
9	Arterial blood gas sampling/evaluation	10			
10	Ability to monitor patients	5			
11	Arterial-venous Doppler result evaluation	10			
12	Ability to write epicrisis	5			
13	Evaluation of vital signs	20			
14	Ability to write inpatient prescriptions	5			
15	Ability to write outpatient prescriptions	5			

2018

PROCESS AND SKILLS LIST

PROCESS AND SKILL		EVALUATION			
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Central venous catheterization monitoring	5			
2	Arterial can alma	5			
3	Intravenous blood collection	5			
4	Intravenous (IV), Intradermal (ID), Ability to perform subcutaneous (SC) and intramuscular (IM) injections	5			
5	Establishing intravenous access	5			
6	Ability to perform endotracheal intubation (observation/practice)	3			



FOLLOW-UP PATIENT INFORMATION

Patient Name and Surname	File Number	Diagnosis	Approval (Faculty Member)

Evaluation Note: () Successful () Failed

Faculty Member Responsible for Pre-Physician Studies Head of Department

Signature: Signature:

History: History:

2018

Cardiology Pre-Physician Internship

EDUCATION PERIOD

DönemVI

TRAINING DURATION

2 weeks

EDUCATIONAL UNITS

Cardiology Department Clinic, Polyclinic, Coronary Intensive Care Angiography Unit, Cardiology Emergency Consultations and Cardiology Department Classroom

EDUCATORS

Prof. Dr. Ertuğrul KURTOĞLU (Head of Department)
Assoc. Prof. Dr. Abdulmecit AFYİN
Assistant Professor İbrahim AKTAŞ

EDUCATION OFFICER

Dr. Lecturer İbrahim AKTAŞ

2018

Cardiology Pre-Physician Internship

AIM

Common diseases related to the field of cardiology, knowledge, skills and attitudes acquired during preclinical and clinical internships

The aim is to provide the competence to manage at the primary care level. These competencies include preliminary diagnosis, treatment, detection of emergency situations, identification of patients who need to be referred, and appropriate referral.

Cardiology Pre-Physician Internship GENERAL RULES

1. During the cardiology internship, associate physicians will work actively and responsibly within the service, taking part in patient care.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction will inform pre-physicians about the purpose of the internship, skill learning objectives, professionalism goals, curriculum, measurement and evaluation methods, and the rules to be followed during the internship.
4. Working days in the Cardiology internship start at 08:00 in the morning and end at 17:00.
5. During the cardiology internship, they are assigned patients. Associate physicians will take patient medical histories, conduct physical examinations, oversee the necessary laboratory tests and consultations, and document all these findings and their daily observations of the patients. The records must include their names and surnames.
6. Cardiology internship must keep and complete the "Malatya Turgut Özal Faculty of Medicine Preliminary Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies.
7. Associate physicians will present their patients during visits with faculty members. Associate physicians will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
8. Associate physicians keep a number of shifts determined by the Department.
9. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the junior physician is considered absent and must repeat the internship the following semester.
10. At the end of the internship, verbal and written feedback will be received from all physicians.
11. At the end of their internship, pre-med students will be evaluated based on their performance in the departments they worked in and their pre-med students' practice report. Those who are not successful in this evaluation will repeat the internship.
12. It is necessary to learn how to establish vascular access, monitor the patient, take blood samples, perform ECG, perform intubation, cardioversion and defibrillation.
13. The initial approach to patients with acute coronary syndrome, their treatments, and detailed ECG should be learned.
14. It is necessary to learn the diagnosis and treatment of hypertensive emergency treatment.
15. It is necessary to learn ECG interpretation and approach to patients with bradycardia and AV block.
16. It is necessary to learn the approach to diagnosis and treatment of patients presenting with acute heart failure or pulmonary edema.
17. It is necessary to learn how to use a defibrillator.
18. Cardiopulmonary resuscitation needs to be learned.

Cardiology Pre-Physician Internship

WORKING RULES

FIRST DAY

Associate physicians are informed about the Cardiology internship by the faculty member responsible for Term VI.

DAILY WORKING CONDITIONS

1. During their cardiology internship, they work in rotations in outpatient clinics, angiography, intensive care, and wards. Every weekday.

They must be present at the clinic or polyclinic where they work by 08:00 at the latest.

POLYCLINIC, INTENSIVE CARE AND CLINIC WORKING RULES

1. Associate physicians are informed about the Cardiology internship by the responsible faculty member of the term VI.
2. During their cardiology internship, they work in outpatient clinic, emergency consultation, and intensive care rotations.
3. They are present at the clinic or polyclinic where they work at 08:00 every weekday at the latest.
4. Under the supervision of research assistants, primary physicians take the anamnesis and perform physical examinations of patients admitted to inpatient services.
5. Associate physicians are responsible for the follow-up of the patient in the clinic where they work.
6. Research assistants, specialist doctors and faculty members attend all their visits.
7. They plan and perform laboratory examinations of patients together with research assistants and specialist doctors.
8. Pre-physicians participate in in-clinic and out-of-clinic consultations with patients together with research assistants or faculty members.
They evaluate patients together with research assistants in outpatient clinics and assist research **assistants** in all procedures.
10. Any problems encountered will first be conveyed to the education officers or the primary physician officer.
11. Shifts are determined by the responsible faculty member and the chief assistant at the beginning of the internship.
12. Associate physicians are on duty at the clinic and are accountable to the on-duty research assistant and the responsible faculty member.
13. Associate physicians are required to attend seminars, article hours or assistant courses.
14. Upon completion of their rotations in relevant disciplines, their success will be determined through assessment and evaluation by the responsible faculty member. In the event of failure, they are required to repeat the relevant internship.
15. Learning a detailed history, learning the appropriate physical examination, learning how to measure blood pressure. Learning how to approach a patient with chest pain, learning how to approach a patient presenting with palpitations, learning how to approach a patient presenting with syncope. Learning detailed ECGs with electrocardiography (ECG) examples. Learning to identify coronary artery disease (CAD) risk factors and direct high-risk patients for CAD to advanced care centers. Learning to recognize atrial fibrillation and what to consider when encountered in primary care or the emergency department. Learning what to consider in patients using anticoagulant medications. Learning the diagnosis and treatment of narrow QRS tachycardias. Learning how to protect against hypertension, learning how to measure blood pressure accurately and using nonpharmacological treatments. Learning how to choose and follow antihypertensive medications. Learning how to monitor patients with chronic coronary syndromes, adjusting medication doses, and taking precautions. Learning how to monitor patients with compensated heart failure, adjusting medication doses, and taking precautions. pacemakers
Learning the basic information and the points to be considered, as well as learning the basic follow-up of patients with prosthetic valves, are the acquisitions that primary physicians should acquire during outpatient and clinical work.

CARDIOLOGY PRE-MEDICINE INTERNSHIP WORKING RULES

1. Shifts are determined by the chief resident at the beginning of the internship under the supervision of the responsible physician faculty member.
2. During the watch, you must wear a white coat or uniform (with or without a white coat) over civilian clothes. Completely civilian.
No clothing will be allowed on duty.
3. Each intern physician will be assigned at least three weekday shifts and at least one weekend shift per month. Number Main Science
It may be increased or decreased according to the decision of the Branch Presidency.
4. An intern physician who is unable to be on duty is responsible for providing a suitable excuse. The final decision rests with the responsible faculty member.
will give.
5. The shift begins at 16:00 on weekdays and ends at 08:00 the next morning. The shift will be a day off.
Routine daytime work will be performed on the duty day.
6. The shift begins at 8:00 a.m. on the weekend and ends at 8:00 a.m. the next day. The shift will be followed by a day off.
7. He/she must be present when starting and transferring the shift with the research assistants after the shift.
8. Intern physicians on duty, together with on-call research assistants, will evaluate patients in emergency consultations, monitor patients in coronary intensive care, and participate in the follow-up of emergency patients in the coronary angiography unit.
9. The intern physician cannot administer treatment, issue orders, or change them alone. Physical supervision of on-call physicians is mandatory.
may apply, order or change treatment under the
10. Any changes to the duty roster made by the intern physician must be notified to the responsible faculty member at least 72 hours in advance.
The final decision will be made by the responsible faculty member.
11. Intern physicians must provide an excuse when they cannot attend daytime work or on duty; otherwise, they will be considered unsuccessful
in their internship.
12. In case the on-duty intern physician leaves his/her duty station, he/she is responsible for informing the senior on-duty research assistant.
is liable.

2018

CARDIOLOGY PRE-MEDICINE INTERNSHIP LEARNING OBJECTIVES	Measurement and evaluation
<p>Knowledge-Skills</p> <p>OH 1. Introduces himself/herself to the patient and his/her relatives.</p> <p>LO 2. Using communication skills, ask the patient and/or their relatives about the respiratory system. Takes a detailed anamnesis from the patient with complaints.</p> <p>ÖH 3. Performs a physical examination of the patient's systemic and cardiovascular systems and records vital signs. evaluates.</p> <p>ÖH 4. Makes a preliminary diagnosis using the patient's anamnesis and physical examination findings.</p> <p>LO 5. Uses appropriate diagnostic tools to confirm the diagnosis.</p> <p>LO 6. Interpret the results of diagnostic laboratory tests, basic laboratory tests, and ECGs related to the cardiovascular system.</p> <p>LO 7. Performs basic interventional procedures related to cardiology.</p> <p>ÖH 8. Treats and monitors common cardiac diseases at the primary care level, implements protection measures, informs and trains about the treatment and monitoring plan. When necessary, it ships under appropriate conditions.</p> <p>LO 9. Acquires the ability to perform ECG recording and basic rhythm interpretation.</p> <p>LO 10. Keeps patients' medical records appropriately in written and electronic format, epicrisis organizes, prepares necessary reports and makes notifications.</p> <p>LO 11. Acquires the ability to decide on defibrillation and cardioversion in emergency situations.</p>	<p>Physician report card</p> <p>faculty member observation</p>
<p>Attitude-Professionalism</p> <p>LO 12. Communicates effectively with the patient and their family when necessary and works as a team.</p> <p>ÖH 13. Communicates effectively with colleagues and other healthcare professionals and engages in teamwork. ÖH 14. Follows evidence-based scientific approaches in the diagnosis and treatment of cardiology diseases. ÖH 15. Follows scientific developments in the field of cardiology.</p> <p>ÖH 16. Improves professional competencies through post-graduation and in-service training programs.</p> <p>ÖH 17. Practices his profession within the framework of ethical rules and laws.</p> <p>LO 18. Knows and implements preventive health measures against infection for patients, their relatives and other healthcare professionals.</p>	<p>Physician report card</p> <p>faculty member observation</p>

Cardiology Pre-Physician Internship BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Management of the patient presenting with acute coronary syndrome	Physician report card faculty member observation
2.	Approach to the patient with supraventricular arrhythmia	
3.	Approach to the patient presenting with hypertension	
4.	Management of the patient with atrial fibrillation	
5.	Approach to the heart failure patient	
6.	Approach to the patient presenting with shortness of breath	
7.	Approach to the patient presenting with chest pain	
8.	Patient monitoring in mechanical ventilation	
9.	Approach to the patient presenting with exertional dyspnea	
10.	Approach to a patient presenting with respiratory distress	
11.	Approach to a patient presenting with palpitations	
12.	Approach to a patient presenting with pulmonary edema	
13.	Approach to a patient presenting with shock	
14.	Cardiopulmonary resuscitation in adults	
15.	Approach to the patient presenting with pericardial fluid	
16.	Pleural effusion monitoring	
17.	ECG recording practices	
18.	Patient monitoring	
19.	Pericardiocentesis applications	
20.	Evaluation of Cardiac Imaging Methods	
21.	Learning the diagnosis and treatment of narrow QRS tachycardias	
22.	Learning the points to be considered in patients using anticoagulant drugs	
23.	Learning how to approach a patient presenting with syncope	
24.	Learning the basic follow-up of patients with prosthetic valves	

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Cardiology Pre-Physician Internship

BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES

APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Taking detailed history and performing physical examination for patient complaints	10	4	Physician report card faculty member observation
2.	Creating a monitoring file in hospital automation	10	4	
3.	Presenting patients during clinical visits	10	4	
4.	Conducting regular daily follow-up of the inpatient	10	4	
5.	Evaluation of outpatient patients and prescription preparation	30	4	
6. Ability to perform ECG recording and basic rhythm interpretation 7.		20	4	
	Selecting necessary laboratory tests and interpreting their results	10		
8.	Blood pressure measurement with correct technique	20	4	
9.	Ability to open intravenous access	10	4	
10.	Defibrillation and cardioversion in emergency situations participation	2	4	
11.	Monitoring the patient and interpreting the data 12. Administering oxygen therapy according to its	5	4	
indication 13. Writing an appropriate treatment prescription for an inpatient 14. Arranging an appropriate		10	4	
treatment for an outpatient 15. Preparing an epicrisis (discharge summary) for a discharged patient 16.		10	4	
Applying the initial stabilization approach in cardiac emergencies 17. Performing endotracheal		10	4	
intubation (observation or		5	4	
		5	4	
APPLICATION)		1	4	
18. Application of basic life support and advanced resuscitation in adult patients 19. Participation in pericardiocentesis procedures		1	4	
under clinical observation 20. Observation of invasive procedures in the field of cardiology		1	4	
		10	4	

ACADEMIC AND EDUCATIONAL ACTIVITIES

1. Associate physicians attend seminars, case presentations, article hours or assistant courses,

They make their own presentations at meetings.

2. Measurements and evaluations to be made by the responsible faculty members when they complete their rotations in the relevant branches of science.

Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.

2018

**CARDIOLOGY PRELIMINARY MEDICINE
INTERNSHIP LEARNING AND MEASUREMENT-EVALUATION METHODS**

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Intensive care and outpatient clinic experiences -Independent learning applications
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

TO THE DEVELOPMENT PROCESS	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
FOR DECISION MAKING	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
INTERN SUCCESS GRADE	<p>Preliminary physician report card</p>

2018

CARDIOLOGY 2025-2026 ACADEMIC YEAR PRELIMINARY MEDICINE INTERNSHIP PROGRAM								
HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY	
		08.30-09.15	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
		09.25-10.10	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
		10.20-11.05	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
		11.15-12.00	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
		12.00-13.10	LUNCH BREAK					
		13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS					
	WEEKLY	14.05-14.50	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices		Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices ICU practices	
15.00-15.45		Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Associate Doctor SEMINARS	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants		
15.55-16.40				Associate Doctor SEMINARS				

2018

T.C.

Malatya Turgut Ozal University Faculty of Medicine Cardiology

2025-2026 Academic Year Pre-

Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE: INTERNSHIP END DATE:

	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Faculty Member's Stamp and Signature
Service	.../20.../20..			
Polyclinic	.../20.../20..			
Intensive care	.../20.../20..			
Emergency Consultation	.../20.../20..			
Seizures	.../20.../20..			
	.../20.../20..			
	.../20.../20..			
	.../20.../20..			

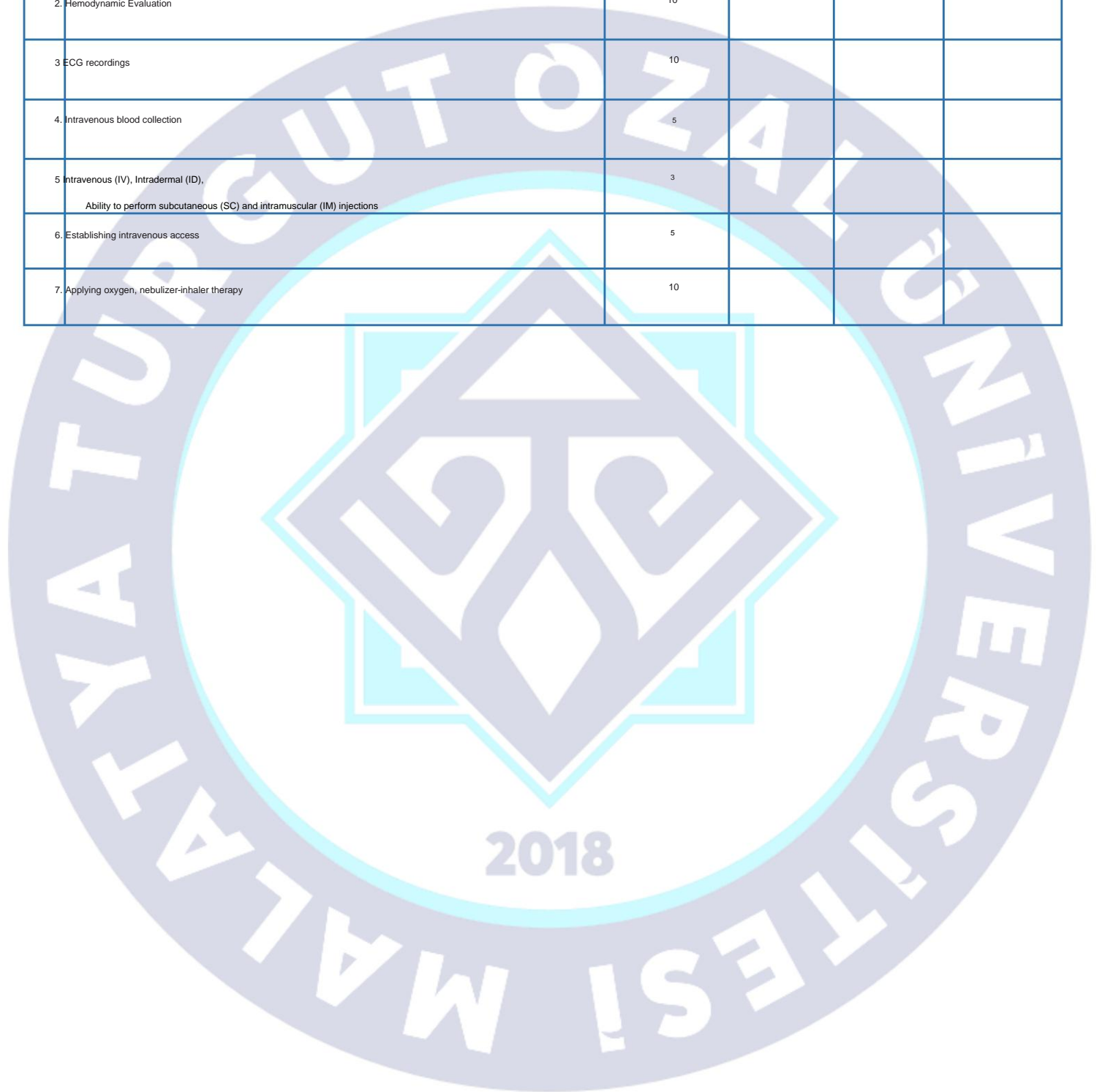
2018

PROCESS AND SKILLS TO BE CARRIED OUT

PROCESS AND SKILL		EVALUATION			
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Taking a history of the problem and performing a full systemic physical examination	10			
2	Preparing the patient file	10			
3	Presenting a patient during a visit	10			
4	Inpatient follow-up	10			
5	Outpatient evaluation	20			
6	Chest X-ray evaluation	10			
7	Ability to select and evaluate laboratory tests appropriately.	15			
8	ECG evaluation	30			
9	Arterial blood gas sampling/evaluation	5			
10	Ability to monitor patients	5			
11	Performing oxygen therapy	10			
12	Ability to write epicrisis	5			
13	Evaluation of vital signs	20			
14	Ability to write inpatient prescriptions	5			
15	Blood Pressure Measurement	10			

2018

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL			EVALUATION		
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Blood Pressure Measurement	10			
2	Hemodynamic Evaluation	10			
3	ECG recordings	10			
4	Intravenous blood collection	5			
5	Intravenous (IV), Intradermal (ID), Ability to perform subcutaneous (SC) and intramuscular (IM) injections	3			
6	Establishing intravenous access	5			
7	Applying oxygen, nebulizer-inhaler therapy	10			



NEUROLOGY PRE-MEDICINE INTERNSHIP (MANDATORY ELECTIVE)

EDUCATION PERIOD

Term VI

INTERNSHIP PERIOD

2 weeks

EDUCATIONAL UNITS

Neurology Department Clinic, Polyclinic, Stroke Intensive Care Unit, Neurology Preparatory School

EDUCATORS

Prof. Dr. Aslı BOLAYIR

Dr. Lecturer Yahya AKALIN Dr.

Lecturer Sibel ÇIPLAK Dr. Lecturer

Yusuf Ziya DENİZ

EDUCATION OFFICER

Dr. Lecturer Yusuf Ziya DENİZ

2018

NEUROLOGY PRE-MEDICINE INTERNSHIP

AIM

At the end of the "Neurology" internship, term VI students will be able to take adequate anamnesis from neurological patients, perform the necessary neurological examination and keep appropriate records about patients, evaluate the necessary medical tests and reports on the patient, and learn appropriate approaches to diagnosis and treatment in neurological patients as well as recognize emergency neurological diseases and learn emergency treatment approaches.

NEUROLOGY PRE-MEDICINE INTERNSHIP GENERAL RULES

1. During the Neurology internship, associate physicians will work actively and responsibly within the service, taking part in patient care.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction will inform pre-physicians about the purpose of the internship, skill learning objectives, professionalism goals, curriculum, assessment and evaluation methods, and the rules to be followed during the internship.
4. Working days in the neurology internship start at 8:00 am and end at 5:00 pm.
5. During neurology internships, they are assigned patients. Associate physicians will take patient medical histories, conduct neurological examinations, oversee the necessary laboratory tests and consultations, and document all these findings and their daily observations of the patients. The records must include their names and surnames.
6. During the neurology internship, the student must keep and complete the "Malatya Turgut Özal Faculty of Medicine Pre-Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies.
7. Associate physicians will present their patients personally during visits with faculty members. Associate physicians will present their patients to the Dean's Office, They will participate in scientific meetings and seminars organized by the Department/Science Branch.
8. Associate physicians work a number of shifts determined by the Department.
9. Attendance is essential, and excuses are made up. If the attendance period is exceeded, the junior physician is considered absent and must repeat the internship the following semester.
10. At the end of the internship, verbal and written feedback will be received from all primary physicians.
11. At the end of their internship, pre-med students will be evaluated based on their performance in the departments they worked in and their pre-med students' practice report. Those who are not successful in this evaluation will repeat the internship.

NEUROLOGY PRE-MEDICINE INTERNSHIP

WORKING RULES

FIRST DAY

Associate physicians are informed about their Neurology internship by the responsible faculty member in term VI.

DAILY WORKING CONDITIONS

1. During their neurology internship, they work in rotations in the outpatient clinic, stroke unit, and ward.
2. They are present at the clinic or polyclinic where they work at 08:00 every weekday at the latest.

POLYCLINIC, INTENSIVE CARE AND CLINIC WORKING RULES

Associate physicians are informed about the Neurology internship by the faculty member responsible for Term VI.

1. During their neurology internship, they work in rotations in the outpatient clinic and ward.
2. They must be present at the clinic or polyclinic where they work at 08:00 every weekday at the latest.
3. Under the supervision of research assistants, primary physicians take the anamnesis and conduct neurological examinations of patients admitted to inpatient services.
4. Associate physicians are responsible for the follow-up of the patient in the clinic where they work.
5. They attend all visits of research assistants, specialist doctors and faculty members.
6. They plan and conduct laboratory examinations of patients together with research assistants and specialist doctors.
7. Pre-physicians participate in patient consultations in and out of clinics together with research assistants or faculty members.
8. They evaluate patients together with research assistants in outpatient clinics and assist research assistants in all procedures.
9. Problems encountered are first resolved by conveying them to the training officers or the primary physician.

NEUROLOGY PRE-MEDICINE

INTERNSHIP WORKING RULES

GUARD RULES

Roaming hours are determined at the beginning of the internship by the responsible faculty member and chief resident. Associate physicians are on duty in the clinic and are accountable to the on-call research assistant and the responsible faculty member.

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NEUROLOGY PRE-MEDICINE INTERNSHIP LEARNING OBJECTIVES

At the end of the "Neurology" internship, term VI students;

1. Understands the degree of relationship between patient complaints and neurological diseases, 2. Takes the first step by evaluating neurological diseases,
3. Obtains information about the necessary laboratory methods by performing anamnesis and neurological examination about neurological diseases that are common in the society,
4. Performs the necessary first aid in case of emergency neurological diseases by taking anamnesis and neurological examination,
5. Recognizes neurological diseases commonly encountered in society and applies the necessary algometry.

The internship period will be spent in the outpatient clinic, ward and neurology intensive care unit.

Term VI students will keep watch according to the prepared lists and will also actively participate in seminar and article hours.

NEUROLOGY PRE-MEDICINE INTERNSHIP

BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES

APPLICATION		Minimum Number of	Education Level	Measuring evaluation method
1.	Ability to take history	10	4	Pre-medical report card Faculty observation
2.	Evaluation of general condition and vital signs	10	4	
3.	Ability to perform neurological examination	20	4	
4.	Ability to prepare patient files	10	4	
5.	Ability to write prescriptions	10	4	
6.	Ability to prepare epicrisis	10	4	
7.	Evaluation of hematological parameters	10	4	
8.	Ability to perform peripheral smear	5	4	
9.	Ability to apply a nasogastric tube Ability to insert a	5	4	
10.	urinary catheter	3	4	
11.	Capillary blood sugar measurement	10	4	
12.	Reading and evaluating direct chest radiographs	20	4	
13.	Ability to take arterial blood gas and its results ability to interpret	10	4	
14.	Ability to take samples from the patient for culture and staining	5	4	
15.	Intravenous blood collection	5	4	
16.	Intravenous (IV), Intradermal (ID), Subcutaneous (SC), Intramuscular (IM) injection capability	10	4	
17.	Applying oxygen, nebulizer-inhaler therapy	5	4	
18.	Ability to perform endotracheal intubation	3	4	
19.	Ability to provide basic life support	5	4	
20.	Ability to take isolation precautions against transmission routes	5	4	
21.	Ability to use personal protective equipment correctly	5	4	

ACADEMIC AND EDUCATIONAL ACTIVITIES

1. Associate physicians are required to attend seminars, article hours or assistant classes.
2. Measurements and evaluations to be made by the responsible faculty members when they complete their rotations in the relevant branches of science.

Success is determined through an evaluation. In the event of failure, students are required to repeat the internship.

NEUROLOGY PRE-MEDICINE INTERNSHIP LEARNING AND

MEASUREMENT-EVALUATION METHODS

Learning methods	Learning applications
MEDICINE APPLICATIONS DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Intensive care and outpatient clinic experiences -Independent learning applications
PROFESSIONALISM DIRECTED EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit
TO THE DEVELOPMENT PROCESS	<ul style="list-style-type: none"> Faculty observation Bedside evaluation Preliminary physician report card
FOR DECISION MAKING	<ul style="list-style-type: none"> Faculty observation, bedside evaluation Preliminary physician report card
INTERNSHIP SUCCESS GRADE	<ul style="list-style-type: none"> Preliminary physician report card

2018

NEUROLOGY 2025-2026 ACADEMIC YEAR PRELIMINARY MEDICAL INTERNSHIP PROGRAM						
	COURSE HOURS	INSTRUCTORS		LESSON TIME	THEORETICAL COURSES	Faculty Member
WEEK 1						
DAY 1	09:00-09:50	Practical Application	Dr. Aslı BOLAYIR	13:00-13:50	Neuroanatomy	Dr. Aslı BOLAYIR
	10:00-10:50	Practical Application	Dr. Aslı BOLAYIR	14:00-14:50	Neurological Examination	Dr. Aslı BOLAYIR
	11:00-11:50	Practical Application	Dr. Aslı BOLAYIR	15:00-15:50	Neurological Examination	Dr. Aslı BOLAYIR
DAY 2	09:00-09:50	Practical Application	Dr. Yahya AKALIN	13:00-13:50	Cerebrovascular Diseases	Dr. Yahya AKALIN
	10:00-10:50	Practical Application	Dr. Yahya AKALIN	14:00-14:50	Cerebrovascular Diseases	Dr. Yahya AKALIN
	11:00-11:50	Practical Application	Dr. Yahya AKALIN	15:00-15:50	Neuroradiology	Dr. Yahya AKALIN
DAY 3	09:00-09:50	Practical Application	Dr. Yusuf Ziya Deniz	13:00-13:50	Neuroradiology	Dr. Yusuf Ziya Deniz
	10:00-10:50	Practical Application	Dr. Yusuf Ziya Deniz	14:00-14:50	Epilepsy	Dr. Yusuf Ziya Deniz
	11:00-11:50	Practical Application	Dr. Sibel ÇIPLAK	15:00-15:50	Epilepsy	Dr. Sibel ÇIPLAK
DAY 4	09:00-09:50	Practical Application	Dr. Sibel ÇIPLAK	13:00-13:50	Demielian Diseases	Dr. Sibel ÇIPLAK
	10:00-10:50	Practical Application	Dr. Aslı BOLAYIR	14:00-14:50	Demielian Diseases	Dr. Aslı BOLAYIR
	11:00-11:50	Practical Application	Dr. Aslı BOLAYIR	15:00-15:50	Vertigo	Dr. Aslı BOLAYIR
DAY 5	09:00-09:50	Practical Application	Dr. Aslı BOLAYIR	13:00-13:50	Vertigo	Dr. Aslı BOLAYIR
	10:00-10:50	Practical Application	Dr. Aslı BOLAYIR	14:00-14:50	Localization in neurology	Dr. Aslı BOLAYIR
	11:00-11:50	Practical Application	Dr. Aslı BOLAYIR	15:00-15:50	Localization in neurology	Dr. Aslı BOLAYIR

	LESSON TIME	COURSES	Faculty Member	LESSON TIME	THEORETICAL COURSES	Faculty Member
WEEK 2						
DAY 1	09:00-09:50	Practice APPLICATION	Dr. Aslıy BOLAYIR	13:00-13:50	Dementia	Dr. Aslıy BOLAYIR
	10:00-10:50	Practical Application	Dr. Aslıy BOLAYIR	14:00-14:50	Dementia	Dr. Aslıy BOLAYIR
	11:00-11:50	Practical Application	Dr. Yahya AKALIN	15:00-15:50	Movement Diseases	Dr. Aslıy BOLAYIR
DAY 2	09:00-09:50	Practice APPLICATION	Dr. Yahya AKALIN	13:00-13:50	Movement Diseases	Dr. Yahya AKALIN
	10:00-10:50	Practice APPLICATION	Dr. Sibel ÇIPLAK	14:00-14:50	Neuropathy	Dr. Yahya AKALIN
	11:00-11:50	Practical Application	Dr. Sibel ÇIPLAK	15:00-15:50	EMG ve EEG	Dr. Yahya AKALIN
DAY 3	09:00-09:50	Practice APPLICATION	Dr. Yusuf Ziya Deniz	13:00-13:50	Spinal cord Diseases	Dr. Sibel ÇIPLAK
	10:00-10:50	Practice APPLICATION	Dr. Yusuf Ziya Deniz 14:00-14:50		Metabolic Diseases	Dr. Sibel ÇIPLAK
	11:00-11:50	Practice APPLICATION	Dr. Yusuf Ziya Deniz 15:00-15:50		What Diseases	Dr. Sibel ÇIPLAK
DAY 4	09:00-09:50	Practice APPLICATION	Dr. Yusuf Ziya Deniz 13:00-13:50		What Diseases	Dr. Yusuf Ziya Deniz
	10:00-10:50	Practical Application	Dr. Sibel ÇIPLAK	14:00-14:50	Nerve-muscle junction disease	Dr. Sibel ÇIPLAK
	11:00-11:50	Practice APPLICATION	Dr. Sibel ÇIPLAK	15:00-15:50	Nerve-muscle junction disease	Dr. Sibel ÇIPLAK
DAY 5	09:00-09:50	Practice APPLICATION	Dr. Yusuf Ziya Deniz	13:00-13:50	Neurological Emergencies	Dr. Sibel ÇIPLAK
	10:00-10:50	Practical Application	Dr. Yusuf Ziya Deniz	14:00-14:50	Neurological Emergencies	Dr. Sibel ÇIPLAK
	11:00-11:50	Practice APPLICATION	Dr. Sibel ÇIPLAK	15:00-15:50	Headaches	Dr. Sibel ÇIPLAK

T.C.

Malatya Turgut Ozal University Faculty of Medicine Neurology

2025-2026 Academic Year Pre-

Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE: INTERNSHIP END DATE:

	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Faculty Member Stamp and Signature
Service	.../.../20..-.../.../20..			
Polyclinic	.../.../20..-.../.../20..			
Intensive care	.../.../20..-.../.../20..			
Seizures	.../.../20..-.../.../20..			
	.../.../20..-.../.../20..			
	.../.../20..-.../.../20..			
	.../.../20..-.../.../20..			

2018

PROCEDURES AND SKILLS TO BE PERFORMED				
PROCESS AND SKILL		EVALUATION		
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN				
		ENAZ TO DO REQUIRED BUY	WHAT HE DID BUY	ENOUGH INSUFFICIENT
1.	Taking a problem-oriented history and performing a full systemic neurological examination.	10		
2.	Preparing the patient file	5		
	Presenting patients in 3 visits	5		
4.	Inpatient follow-up	5		
5.	Outpatient evaluation	10		
6.	Chest X-ray evaluation	10		
7.	Ability to select and evaluate laboratory tests appropriately.	15		
8.	Arterial blood gas sampling/evaluation	10		
9.	Ability to monitor patients	5		
10.	Performing oxygen therapy	10		
11.	Ability to write epicrisis	5		
12.	Evaluation of vital signs	20		
13.	Ability to write inpatient prescriptions	5		
14.	Ability to write outpatient prescriptions	5		

ORTHOPEDICS AND TRAUMATOLOGY PRELIMINARY MEDICINE INTERNSHIP (MANDATORY ELECTIVE)

EDUCATION PERIOD

DönemVI

INTERNSHIP PERIOD

2 weeks

EDUCATIONAL UNITS

Orthopedics and Traumatology Department Clinic, Polyclinic, Operating Room and Emergency Service Plaster Room, Orthopedics and Traumatology Department Classroom

INTERNSHIP MANAGER

Assistant Professor Mehmet Boz

EDUCATORS

Assoc. Prof. Dr. Tarık Altınkılıç

Assoc. Prof. Dr. Bünyamin

Arş., Dr. Lecturer İsmail Güzel,

Dr. Lecturer Mehmet Boz

EDUCATION OFFICER

Assistant Professor Mehmet Boz

2018

ORTHOPEDICS AND TRAUMATOLOGY PRELIMINARY MEDICINE INTERNSHIP

AIM

Knowledge of common diseases related to the field of Orthopedics and Traumatology, acquired during preclinical and clinical internships, to provide management competence at the first level in line with the skills and attitudes. These competencies are diagnosis, treatment, detection of emergency situations, determination of patients who need to be referred and appropriate referral.

ORTHOPEDICS AND TRAUMATOLOGY PRELIMINARY MEDICINE INTERNSHIP

GENERAL RULES

1. Pre-physicians are active and responsible in the service during the Orthopedics and Traumatology internship, and they are responsible for patient care. will work by taking.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed as an internship introduction. The introduction includes the purpose of the internship, skills learning objectives, about professional goals, curriculum, measurement and evaluation methods and rules to be followed during the internship. Information will be given to primary physicians.
4. In the Orthopedics and Traumatology internship, workdays start at 08:00 in the morning and end at 17:00.
5. During the Orthopedics and Traumatology internship, they are assigned patients. Pre-physicians will take patients' medical histories, perform physical examinations, They will conduct examinations, monitor the necessary laboratory examinations and consultations, and record all these findings and their daily observations of the patients. The records must include their name and surname. will be specified.
6. In Orthopedics and Traumatology internship, the knowledge, skills and attitudes of the internship that are appropriate to the learning objectives and competencies. Must keep and complete the "Malatya Turgut Özal Faculty of Medicine Preliminary Physician Practice Report"
7. Associate physicians will present their patients during visits with faculty members. Associate physicians will participate in scientific meetings and seminars organized by the Dean's Office and the Department/Science Branch.
8. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the pre-service physician is considered absent and the internship is completed. repeats in the next period.
9. At the end of the internship, verbal and written feedback will be received from all physicians.
10. Pre-medical students' performance in the departments they work in at the end of their internship and their pre-medical practice report. Those who are not successful in this evaluation will repeat the internship.

ORTHOPEDICS AND TRAUMATOLOGY PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

FIRST DAY

Regarding the Orthopedics and Traumatology internship by the responsible faculty member of the pre-physician term VI they are informed.

DAILY WORKING CONDITIONS

11. During the Orthopedics and Traumatology internship, they work in rotations in the outpatient clinic, operating room and ward.
12. They are present at the clinic or polyclinic where they work at 08:00 every weekday at the latest.

POLYCLINIC DEPUTY CLINIC WORKING RULES

47. Pre-physicians period VI with the Orthopedics and Traumatology internship by the responsible faculty member are informed accordingly.
48. During the Orthopedics and Traumatology internship, they work in rotations in the outpatient clinic and ward.
49. They must be present at the clinic or polyclinic where they work at 08:00 every weekday at the latest.
50. Under the supervision of research assistants, primary physicians take the anamnesis of patients admitted to inpatient services and they do physical examinations.
51. Associate physicians are responsible for the follow-up of the patient in the clinic they work in.
52. Research assistants, specialist doctors and faculty members attend all their visits.
53. They plan and conduct laboratory examinations of patients together with research assistants and specialist doctors.
54. Pre-physicians may participate in in-clinic and out-of-clinic consultations with patients as research assistants or teaching staff. participate with its members.
55. Evaluates patients in outpatient clinics together with research assistants and conducts research in all procedures. they assist their staff.
56. Problems encountered should first be conveyed to the education officers or the primary physician officer.
57. Associate physicians are required to attend seminars, article hours or assistant courses.
58. Assessment and evaluation to be carried out by the responsible faculty members when they complete their rotations in the relevant branches of science. Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.

2018

ORTHOPEDICS AND TRAUMATOLOGY PREMEDICINE INTERNSHIP LEARNING OBJECTIVES	Measurement and evaluation
<p>Knowledge-Skills</p> <p>OH 1. Introduces himself/herself to the patient and his/her relatives.</p> <p>LO 2. Using communication skills, ask the patient and/or their relatives about the musculoskeletal system.</p> <p>Takes detailed anamnesis of the patient with complaints.</p> <p>ÖH 3. Performs a systemic and skeletal physical examination of the patient and evaluates vital signs.</p> <p>ÖH 4. Makes a preliminary diagnosis using the patient's anamnesis and physical examination findings.</p> <p>LO 5. Uses appropriate diagnostic tools to confirm the diagnosis.</p> <p>ÖH 6. Diagnostic laboratory tests related to the musculoskeletal system, especially bi-directional extremity radiography</p> <p>Interprets radiological examination results, such as:</p> <p>LO 7. Performs basic interventional procedures related to Orthopedics and Traumatology .</p> <p>ÖH 8. Frequently encountered Orthopedics and Traumatology primary care level treatment and follow-up performs, implements protection measures, informs and trains about the treatment and monitoring plan.</p> <p>When necessary, it ships under appropriate conditions.</p> <p>ÖH 9. Keeps patients' medical records appropriately in written and electronic format, epicrisis organizes, prepares necessary reports and makes notifications.</p> <p>ÖH 10. Identifies life-threatening orthopedics and traumatology emergencies. First</p> <p>Applies the emergency approach at each step and refers the patient under appropriate conditions when necessary.</p>	<p>Physician report card</p> <p>faculty member observation</p>
<p>Attitude-Professionalism</p> <p>LO 11. Communicates effectively with the patient and their family when necessary and works as a team.</p> <p>LO 12. Communicates effectively with colleagues and other healthcare professionals and works as a team.</p> <p>ÖH 13. Follows evidence-based scientific approaches in the diagnosis and treatment of Orthopedic and Traumatology diseases.</p> <p>ÖH 14. Follows scientific developments in the field of Orthopedics and Traumatology.</p> <p>ÖH 15. Improves professional competencies through post-graduation and in-service training programs.</p> <p>ÖH 16. Practices his profession within the framework of ethical rules and laws.</p> <p>LO 17. Knows and implements preventive health measures against infection for patients, their relatives and other healthcare professionals.</p>	<p>Physician report card</p> <p>faculty member observation</p>

ORTHOPEDICS AND TRAUMATOLOGY PRELIMINARY MEDICINE INTERNSHIP BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Management of the patient presenting with extremity (musculoskeletal) trauma	Physician report card faculty member observation
2.	Approach to the multitrauma patient	
3.	Management of patients presenting with torus fractures	
4.	Management of the patient with proximal radius dislocation (annular ligament = nunny dislocation)	
5.	Management of the patient with gleno-humeral (shoulder) joint dislocation	
6.	Management of the patient presenting with compartment syndrome	
7.	Approach to the patient presenting with septic arthritis	
8.	Sterile dressing applications	
9.	Sterile intra-articular fluid aspiration applications	
10.	Operating room patient painting practices	
11.	Operating room patient preparation and draping practices	
12.	Short arm – leg splint applications	
13.	Long arm-leg splint applications 14.	
	Pelvic pedal cast – splint applications	

2018

ORTHOPEDICS AND TRAUMATOLOGY PRELIMINARY MEDICINE INTERNSHIP
BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES

APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Ability to take history	10	4	Physician report card faculty member observation
2.	Evaluation of general condition and vital signs	10	4	
3.	Ability to perform physical examination	20	4	
4.	Ability to prepare patient files	10	4	
5.	Ability to write prescriptions	10	4	
6.	Ability to prepare epicrisis	10	4	
7.	Evaluation of hematological parameters Ability to insert a urinary catheter	10	4	
8.		3	4	
9.	Capillary blood sugar measurement	10	4	
10.	Reading and evaluating extremity radiographs	20	4	
11.	Ability to obtain arterial blood gas and interpret the results	10	4	
12.	Ability to obtain samples from the patient for culture and staining	5	4	
	Intravenous blood collection	5	4	
14.	Intravenous (IV), Intradermal (ID), Subcutaneous (SC), Intramuscular (IM) injection capability	10	4	
15.	Ability to apply sterile dressings	5	4	
16.	Ability to perform intra-articular injections	3	4	
17.	Ability to provide basic life support. Ability to use personal protective equipment correctly.	5	4	
18.		5	4	

ACADEMIC AND EDUCATIONAL ACTIVITIES

1. Associate physicians attend seminars, case presentations, article hours or assistant courses,

They make their own presentations at meetings.

2. Measurements and evaluations to be made by the responsible faculty members when they complete their rotations in the relevant branches of science.

Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship. are responsible.

2018

**ORTHOPEDICS AND TRAUMATOLOGY PRELIMINARY MEDICAL
INTERNSHIP LEARNING AND MEASUREMENT-EVALUATION METHODS**

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Intensive care and outpatient clinic experiences -Independent learning applications
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

TO THE DEVELOPMENT PROCESS	Faculty observation, bedside evaluation Preliminary physician report card
FOR DECISION MAKING	Faculty observation, bedside evaluation Preliminary physician report card
INTERN SUCCESS GRADE	Preliminary physician report card

2018

ORTHOPEDICS AND TRAUMATOLOGY 2025-2026 ACADEMIC YEAR PRE-MEDICINE INTERNSHIP PROGRAM								
HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY	
		08.30-09.15	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	
		09.25-10.10	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
		10.20-11.05	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	
		11.15-12.00	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
		12.00-13.10	LUNCH BREAK					
		13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS					
		14.05-14.50	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Associate Doctor SEMINARS	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	Bedside visits, patient file preparation, epicrisis writing, outpatient clinic applications, ICU applications	
		15.00-15.45	Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants		Under the supervision of faculty members and research assistants	Under the supervision of faculty members and research assistants	
		15.55-16.40						

T.C.

Malatya Turgut Ozal University Faculty of Medicine Orthopedics and Traumatology

2025-2026 Academic Year Pre-

Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE:

INTERNSHIP END DATE:

	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Faculty Member's Stamp and Signature
Service	.../20..-.../20..			
Polyclinic	.../20..-.../20..			
Intensive care	.../20..-.../20..			
Bronchoscopy Clinic	.../20..-.../20..			
Seizures	.../20..-.../20..			
	.../20..-.../20..			
	.../20..-.../20..			
	.../20..-.../20..			

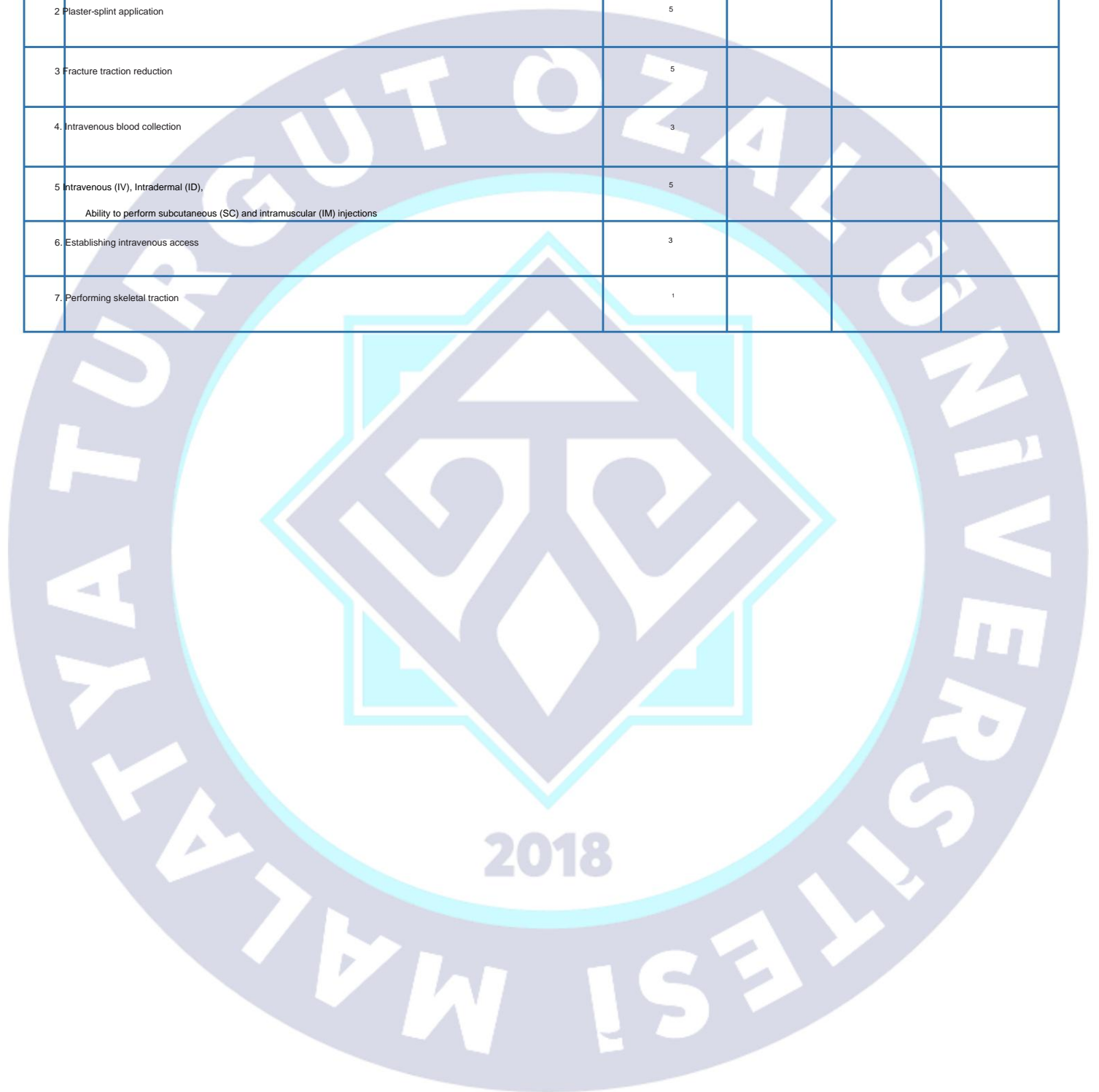
2018

PROCESS AND SKILLS TO BE CARRIED OUT

PROCEDURE AND		EVALUATION			
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Taking a history of the problem and performing a full systemic physical examination	10			
2	Preparing the patient file	5			
3	Presenting a patient during a visit	5			
4	Inpatient follow-up	5			
5	Outpatient evaluation	10			
6	Musculoskeletal system radiograph evaluation	10			
7	Ability to select and evaluate laboratory tests appropriately.	15			
8	Ability to make sterile dressings	10			
9	Ability to write epicrisis	5			
10	Evaluation of vital signs	20			
11	Ability to write inpatient prescriptions	5			
12	Ability to write outpatient prescriptions	5			

2018

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL		EVALUATION			
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1.	Intra-articular injection	3			
2.	Plaster-splint application	5			
3.	Fracture traction reduction	5			
4.	Intravenous blood collection	3			
5.	Intravenous (IV), Intradermal (ID), Ability to perform subcutaneous (SC) and intramuscular (IM) injections	5			
6.	Establishing intravenous access	3			
7.	Performing skeletal traction	1			



RADIOLOGY PRELIMINARY MEDICINE INTERNSHIP (MANDATORY ELECTIVE)

EDUCATION PERIOD

TERM VI

INTERNSHIP PERIOD

2 weeks

EDUCATIONAL UNITS

Department of Radiology, Department of Radiology Classroom

CLASSROOM

EDUCATORS

Assoc. Prof. Dr. Bülent Petik

Assoc. Prof. Dr. Serkan Ünlü

Dr. Lecturer Mehmet Akçiçek

EDUCATION OFFICER

Assoc. Prof. Dr. Bülent Petik

2018

RADIOLOGY PRELIMINARY MEDICINE INTERNSHIP

AIM

By the end of the "Radiology" internship, students in Year 6 will have learned the radiological modalities that may be requested in patients, which modality should be preferred in which situations, how certain examinations and procedures are performed, and what preparation is required. Furthermore, our students will have become familiar with the interpretation of emergency radiographs and the ability to recognize major bleeding and fractures in trauma cases.

RADIOLOGY PRELIMINARY MEDICINE INTERNSHIP

GENERAL RULES

1. Associate physicians are active and responsible in all our work areas during the Radiology internship, taking part in patient care.
will work.
2. Associate physicians will attend their internships clean, well-groomed, and wearing white coats/watch clothes.
3. The first lesson of each internship is designed as an internship introduction. The introduction covers the purpose of the internship, skills learning objectives, and professionalism.
to pre-physicians about the objectives, curriculum, measurement and evaluation methods and the rules to be followed during the internship
information will be given.
4. During the radiology internship, workdays start at 08:30 in the morning and end at 17:00.
5. Associate physicians receive training for a specified period of time during the Radiology internship.
6. Associate physicians are required to keep and complete the "Malatya Turgut Ozal University Faculty of Medicine Associate Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the Radiology education objectives and competencies.
7. Associate physicians will participate in scientific meetings and seminars organized by the Dean's Office and the Department.
8. Associate physicians may work a number of monthly shifts determined by the Department, if they wish.
9. Attendance is essential, and any missed periods due to excuses must be made up. If the required attendance periods are exceeded, the junior physician is considered absent and must repeat the internship the following semester.
10. At the end of the internship, verbal and written feedback will be received from all primary physicians.
11. At the end of their internship, associate degree students will be evaluated based on their performance in the departments they work in and their associate degree practice report. Those who are not successful in this evaluation will repeat the internship.

2018

RADIOLOGY PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

FIRST DAY

Associate physicians are informed about the Radiology internship by the responsible faculty member in term VI.

DAILY WORKING CONDITIONS

13. During their radiology internship, they work in the service, Radiology Unit and polyclinic.
14. They must be present in their unit at 08.30 every weekday at the latest.

POLYCLINIC DEPUTY CLINIC WORKING RULES

1. They must be present in their unit at 08.30 every weekday at the latest.
2. Pre-physicians should participate in in-clinic and out-of-clinic consultations of patients with research assistants or faculty members. they participate together.
3. Problems encountered during training are first resolved by conveying them to the Department Associate Physician Manager.
4. Problems encountered and solutions taken are conveyed to the Department Academic Council.
5. Pre-physicians keep a rotating duty in the clinic and are assigned to the duty research assistant, duty specialist doctor and the relevant are accountable to the faculty member.
6. Associate physicians are required to attend seminars, article hours or assistant classes.
7. Upon completion of the internship, they will be assessed and evaluated by the relevant faculty members to determine whether they are successful. It is determined that they are not. In case of failure in the internship, they are obliged to repeat the relevant internship.

RADIOLOGY PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

GUARD RULES

1. The intern will be on duty voluntarily. The intern will be on duty at the beginning of the internship by the responsible faculty member and the chief assistant. is determined.
2. Primary physicians keep a rotating shift in the emergency clinic, and the on-duty research assistant and the relevant are accountable to the faculty member.

<p style="text-align: center;">RADIOLOGY PRELIMINARY MEDICINE INTERNSHIP LEARNING OBJECTIVES</p>	<p style="text-align: center;">Measurement and evaluation r</p>
<p>1. Knows the tests performed in the radiodiagnostic department, 2. Learn which modality should be preferred in which situations, 3. Learn what preparations are necessary for examinations, 4. Learn the radiological approach to emergency cases, 5. Recognize major fractures and bleeding in trauma cases, 6. Have knowledge about the devices in the radiodiagnostic department</p> <p>Attitude-Professionalism</p> <p>7. Communicates effectively with the patient and their family when necessary and works as a team. 8. Communicates effectively with colleagues and other healthcare professionals and works as a team. 9. Follows evidence-based scientific approaches in radiology science. 10. Improves professional competencies through post-graduation and in-service training programs. 11. Practices his profession within the framework of ethical rules and laws. 12. Knows and implements preventive health measures against infection for patients, their relatives and other healthcare professionals.</p>	<p style="text-align: center;">Physician report card</p> <p style="text-align: center;">faculty member observation</p>

2018

RADIOLOGY PRELIMINARY MEDICINE INTERNSHIP BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Thoracic examination and evaluation	Pre-medical report card faculty member observation
2.	MSS review and evaluation	
3.	Abdominal examination and evaluation	
4.	GÜS review and evaluation	
5.	Musculoskeletal examination and evaluation	



RADIOLOGY PRELIMINARY MEDICINE INTERNSHIP

BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES

APPLICATION		Minimum Number	Learning Level	assessment method
1.	Pa ac radiography interpretation	50	4	Pre-medical report
2.	Cranial CT interpretation Simple	50	1	faculty member observation
3.	MRI interpretation Learning the	10	1	
4.	modalities 5. USG preparation	10	1	
	and patient care	50	1	

ACADEMIC AND EDUCATIONAL ACTIVITIES

1. Associate physicians attend seminars, case presentations, article hours or assistant courses,

They make their own presentations at meetings.

2. Measurements and evaluations to be made by the responsible faculty members when they complete their rotations in the relevant branches of science.

Whether they are successful or not is determined through an evaluation. In case of failure in the internship, they are required to repeat the relevant internship.

are responsible.

2018

**RADIOLOGY PRELIMINARY MEDICINE
INTERNSHIP LEARNING AND MEASUREMENT-EVALUATION METHODS**

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	CT and MRI scans On-screen movie reading evaluation DG shootings and evaluation USG patient preparation and care
PROFESSIONALISM EDUCATION	-Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -On-screen training, practice

TO THE DEVELOPMENT PROCESS	Faculty observation, on-screen evaluation preliminary physician report
FOR DECISION MAKING	Faculty observation, on-screen patient assessment Preliminary physician report card
INTERN SUCCESS GRADE	Preliminary physician report card

2018

RADIOLOGY 2025-2026 ACADEMIC YEAR PRE-MEDICINE INTERNSHIP PROGRAM

		MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY	
HISTORY	WEEK	08.30-09.15	Introduction of the radiology department and definition of modalities Under the supervision of faculty members and research assistants	DG shots and especially Pa lung film Interpretation of DG films Under the supervision of faculty members and research assistants	Planning of computed tomography scans and on-screen evaluation Under the supervision of faculty members and research assistants	Planning and on-screen evaluation of magnetic resonance imaging scans Under the supervision of faculty members and research assistants	Teaching the details of patient preparation and care for USG Under the supervision of faculty members and research assistants	
		09.25-10.10						
		10.20-11.05	Radiology department introduction and definition of modalities Under the supervision of faculty members and research assistants	DG shots and especially Pa lung film Interpretation of DG films Under the supervision of faculty members and research assistants	Planning of computed tomography scans and on-screen evaluation Under the supervision of faculty members and research assistants	Planning and on-screen evaluation of magnetic resonance imaging scans Under the supervision of faculty members and research assistants	Teaching the details of patient preparation and care for USG Under the supervision of faculty members and research assistants	
		11.15-12.00						
		12.00-13.10	LUNCH BREAK					
		13.10-13.55	SEMINAR-LITERATURE-CASE PRESENTATION-MEETING HOURS					
		14.05-14.50	Introduction of the radiology department and definition of modalities Under the supervision of faculty members and research assistants	DG shots and especially Pa lung film Interpretation of DG films Under the supervision of faculty members and research assistants		Planning and on-screen evaluation of magnetic resonance imaging scans Under the supervision of faculty members and research assistants	Teaching the details of patient preparation and care for USG Under the supervision of faculty members and research assistants	
		15.00-15.45			Associate Doctor SEMINARS			
		15.55-16.40			Associate Doctor SEMINARS			

T.C.

Malatya Turgut Ozal University Faculty of Medicine Radiology

2025-2026 Academic Year Pre-

Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

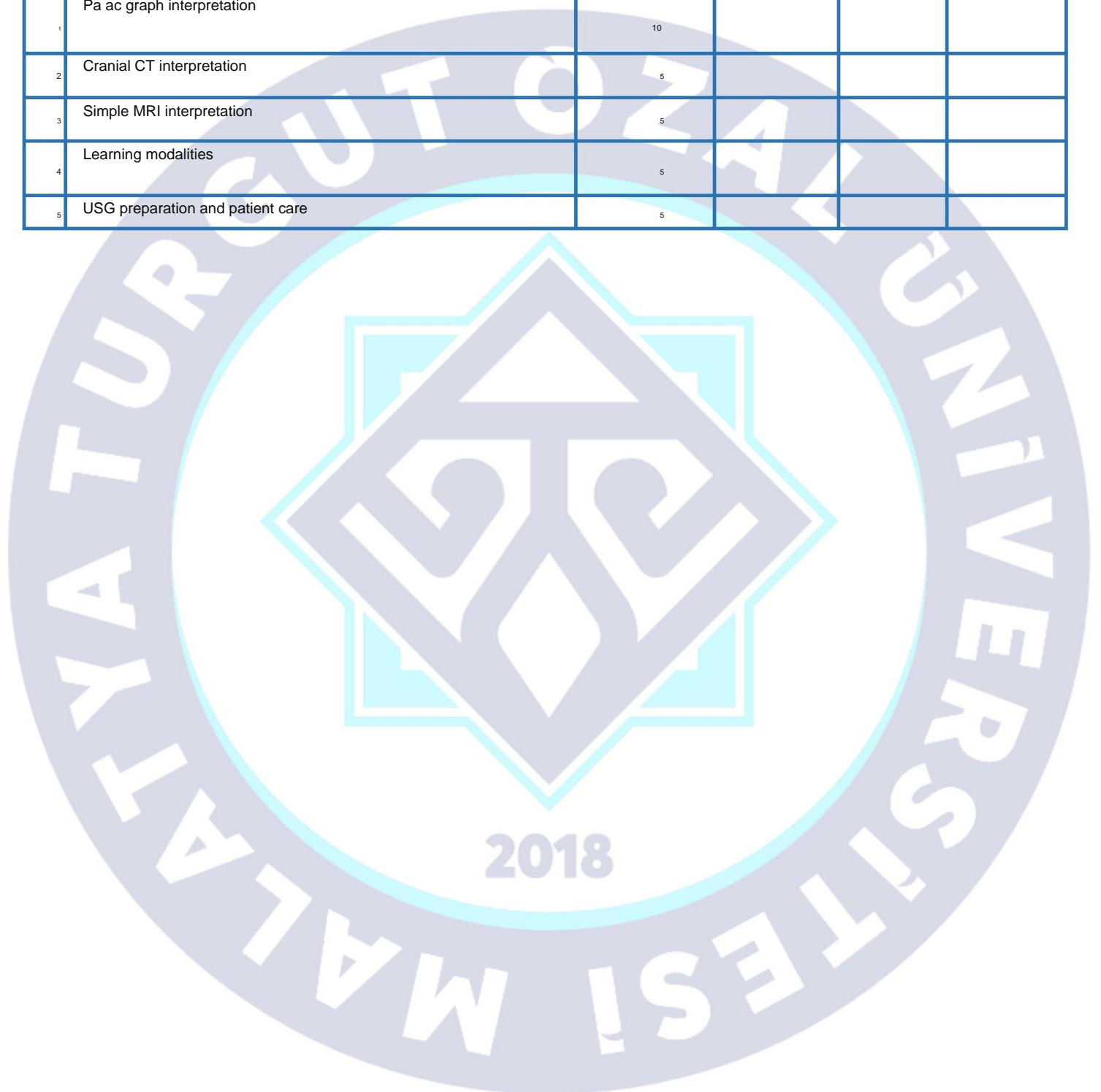
INTERNSHIP START DATE:

INTERNSHIP END DATE:

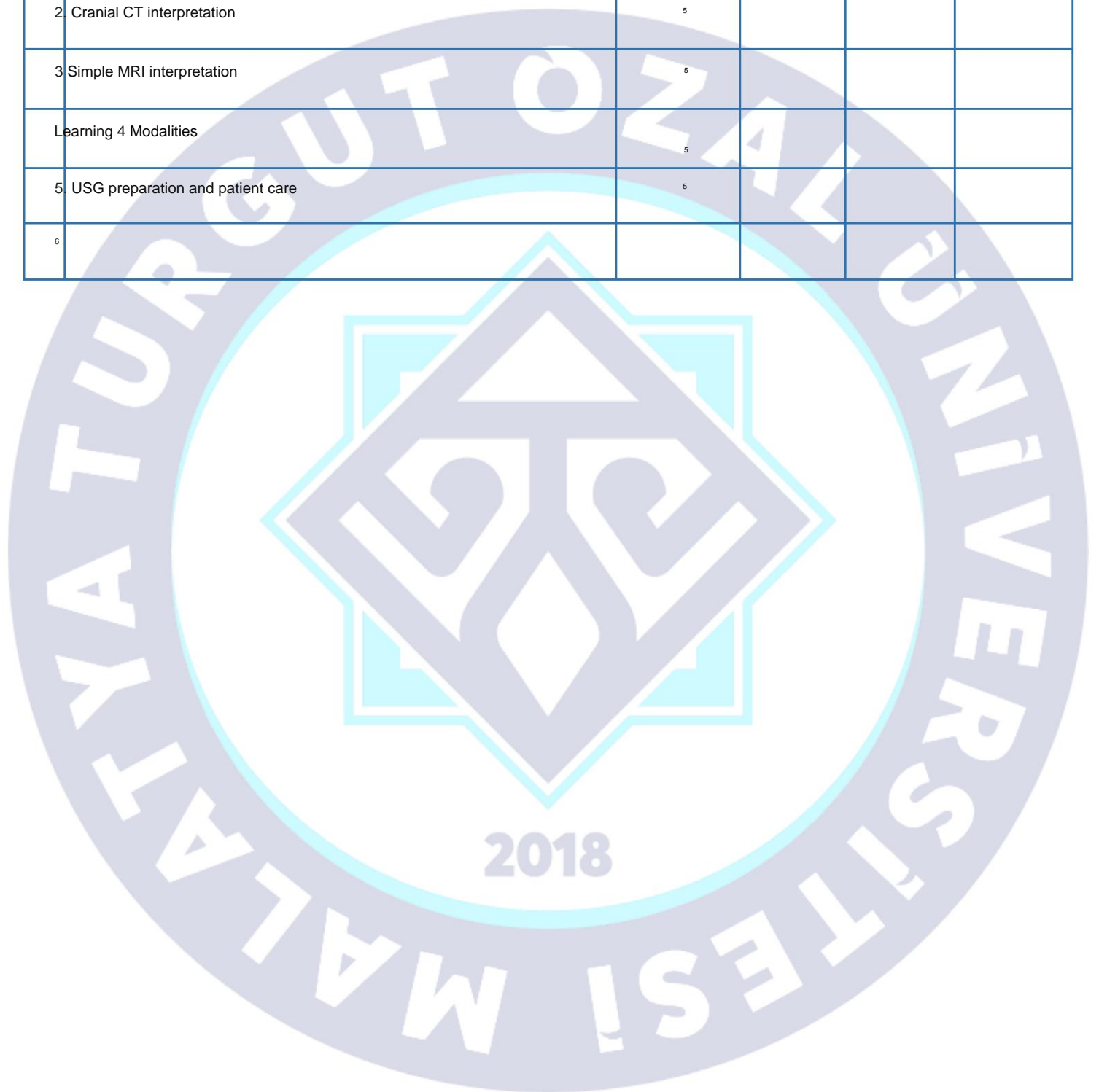
	History	Doctor His own signature	Assistant Doctor's Stamp and Signature	Faculty Member Stamp and Signature
Service	.../20.../20...			
Polyclinic	.../20.../20...			
.....Clinic	.../20.../20...			
Seizures	.../20.../20...			
	.../20.../20...			
	.../20.../20...			
	.../20.../20...			

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PROCESS AND SKILLS TO BE CARRIED OUT					
PROCEDURE AND		EVALUATION			
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Pa ac graph interpretation	10			
2	Cranial CT interpretation	5			
3	Simple MRI interpretation	5			
4	Learning modalities	5			
5	USG preparation and patient care	5			



PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL		EVALUATION			
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Pa ac graph interpretation	10			
2	Cranial CT interpretation	5			
3	Simple MRI interpretation	5			
	Learning 4 Modalities	5			
5	USG preparation and patient care	5			
6					



MENTAL HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP

EDUCATION PERIOD	Term VI
INTERNSHIP PERIOD	2 weeks
EDUCATION UNITS	Department of Mental Health and Diseases Clinic, Polyclinics
CLASSROOM	Department of Mental Health and Diseases Classroom

EDUCATORS

Assoc. Prof. Dr. Kerim UYUR (Head of Department)

Assistant Professor KÜBRA ORMAN

Assistant Professor MERVE ZEREN

EDUCATION OFFICER

Dr. Lecturer MERVE ZEREN

COMMUNICATION

ADDRESS

Ozalper Neighborhood, Turgut Ozal Boulevard, No: 4

44330 MalatyaYeşilyurt, Malatya

TELEPHONE

4445634-2223

SECRETARY Ayşegül Kırtke İnci

MENTAL HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP

AIM

Ability to manage common diseases/problems related to mental health and illnesses at the primary care level in line with the knowledge, skills and attitudes acquired in the pre-clinical and clinical periods (preliminary diagnosis/diagnosis, treatment/ (to provide first aid, to refer appropriately, to monitor, to implement protective measures) competence is to gain.

MENTAL HEALTH AND DISEASES PREMEDICINE INTERNSHIP GENERAL RULES

1. Pre-physicians are active and responsible in the service during the Mental Health and Diseases internship, taking part in patient care. will work.
2. Associate physicians will attend their internships clean, well-groomed and wearing white coats.
3. The first lesson of each internship is designed to be an internship introduction. An introductory and internship information meeting is held with the participation of the responsible faculty member. This meeting will discuss the internship objectives, learning outcomes, program, working conditions, and The rules are explained, the distribution of the pre- physicians to the advisor faculty members is made, duty lists are prepared and the internship-related questions are answered.
4. In the Mental Health and Diseases internship, working days start at 08:00 in the morning and end at 17:00.
5. Weekday and weekend shifts will be held according to the established schedule during the internship. During the shift, the primary physicians They are expected to be where they are supposed to be.
6. Primary physicians will take the anamnesis of the patients they are responsible for, perform physical and mental status examinations, and make necessary will monitor the laboratory tests and consultations, and will record all these findings and daily information about the patients. They will record their observations. Their name and surname must be stated below the records.
7. They are required to keep and complete the "Yönü University Faculty of Medicine Pre-Physician Practice Report", which includes the knowledge, skills and attitudes of the internship in line with the educational objectives and competencies of Mental Health and Diseases.
8. Associate physicians will present their patients during visits with the faculty member. Associate physicians They will participate in scientific meetings and seminars organized by the department/branch. Department seminars 3 days a week between 8:30-9:30 in the morning.
9. Attendance is essential, and excuses are compensated. If the attendance period is exceeded, the pre-service physician is considered absent and the internship is completed. repeats in the next period.
10. At the end of the internship, verbal and written feedback will be received from all physicians.
11. Pre-medical students' performance in the departments they work in at the end of their internship and their pre-medical practice report. Those who are not successful in this evaluation will repeat the internship.

MENTAL HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP

WORKING RULES

FIRST DAY

An introductory and internship information meeting is held with the participation of the responsible faculty member. In this meeting, the internship objectives, learning outcomes, program, working conditions and rules are explained, consultant training of pre-physicians are distributed to the members, they are asked to prepare their duty rosters and their questions about the internship are answered.

DAILY WORKING CONDITIONS

1. Pre-medical staff must be present at their workplaces at 8:30 in the morning and must not leave the office before 17:00 without the permission of the floor manager. they cannot leave their place of duty.
2. If they experience any problems during the training process, they should contact the pre-medical faculty member or the head of the department. they can convey their problems.
3. Weekday and weekend shifts will be held according to the established schedule during the internship. During shifts, physicians are expected to be present at their designated locations. Individuals with a specific disability may not consider this a problem or obstacle. should be reported as soon as possible. During all service and outpatient clinic applications, primary physicians should be careful about their attire and attitudes. they should pay attention.

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POLYCLINIC AND CLINIC WORKING RULES

1. Primary physicians take patients' anamnesis in clinics and polyclinics, prepare their files, request examinations and they follow the examination results.
They present the patients whose medical history they took during the 2nd visit.
3. Pre-physicians working in inpatient services are supervised by the responsible faculty member for two full days during their internship.
They see patients together with a research assistant in the general psychiatry outpatient clinic on the announced dates.
4. They participate in the activities that require accompanying patients according to the department they work in, on time (psychosocial rehabilitation activities, morning-evening sports, excursions, etc.).
5. Participating in activities such as good morning meetings, tea time, group therapies, family therapy, etc. with the floor team in the departments they work in. they participate together.
6. They accompany the patient when necessary (in consultations, examinations and non-clinical procedures).
7. Make observations in the treatment program, in their relationships with patients, and share these observations with other members of the treatment team. they should share.
8. During the internship, pre-physicians must pay attention to their attire in the unit where they work.
9. Appropriate addressing in relations with patients is necessary to maintain a certain distance in the patient-doctor relationship.
They should use formats and ensure that patients comply with them.

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**MENTAL HEALTH AND DISEASES PRELIMINARY MEDICAL
INTERNSHIP WORKING RULES**

GUARD RULES

1. The duty list is prepared by the front group of physicians, paying attention to equal distribution, and is approved by the responsible faculty member.

After approval, it is submitted to the Student Affairs Secretariat.

2. Primary physicians take over the patients for duty at 17:00 in inpatient wards.

3. If there is any problem during the shift, they consult the on-duty doctor.

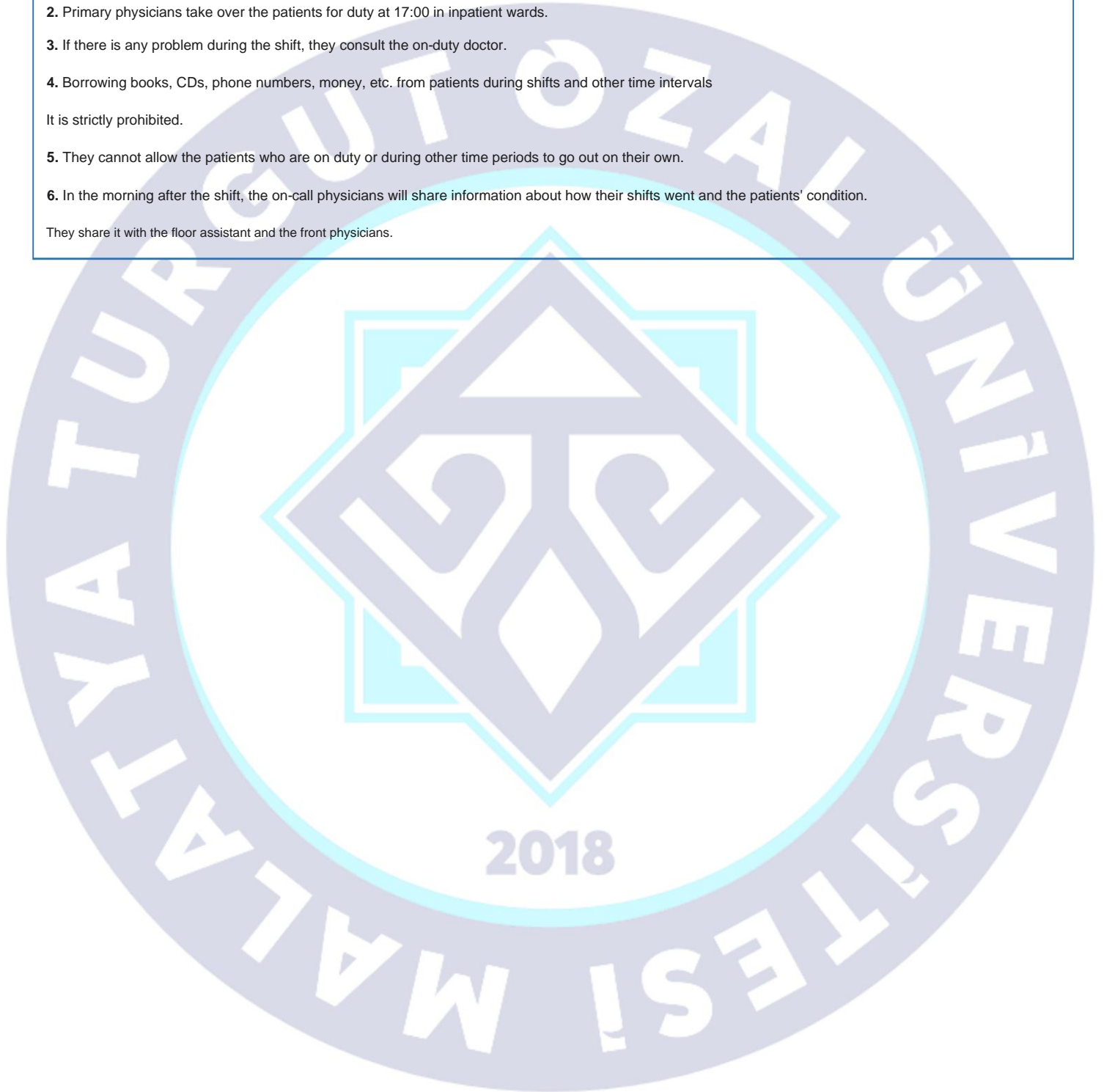
4. Borrowing books, CDs, phone numbers, money, etc. from patients during shifts and other time intervals

It is strictly prohibited.

5. They cannot allow the patients who are on duty or during other time periods to go out on their own.

6. In the morning after the shift, the on-call physicians will share information about how their shifts went and the patients' condition.

They share it with the floor assistant and the front physicians.



MENTAL HEALTH AND DISEASES PRELIMINARY MEDICAL INTERNSHIP EDUCATION GOALS	Measurement and evaluation
<p>Knowledge-Skills</p> <p>LO 1. Explains the concept of mental health and considers the patient holistically from a biopsychosocial perspective. takes.</p> <p>LO 2. Using effective communication skills, the patient's main complaint, history, family history and takes a psychiatric history consisting of medical illnesses.</p> <p>ÖH 3. Performs psychiatric examination of the patient, recognizes psychiatric signs and symptoms, establishes the relationship with disorders, makes preliminary diagnoses with anamnesis and mental status examination findings creates.</p> <p>ÖH 4. Diagnoses depression, plans its treatment and prepares prescriptions, monitoring and prevention implements the principles, informs patients and their relatives about the treatment and follow-up plan, and Refers to higher level health institutions when necessary.</p> <p>ÖH 5. Common psychiatric diseases (schizophrenia, bipolar disorder, anxiety disorders, somatoform disorders, eating disorders, substance use disorders, dementia, sexual function disorders, personality disorders, etc.), at the primary care level implements protective measures and dispatches appropriately.</p> <p>ÖH 6. Recognizes and evaluates emergency psychiatric clinics and provides emergency psychiatric intervention when necessary. and ships it appropriately.</p> <p>ÖH 7. Assess suicide risk, intervene in suicide, and refer as appropriate.</p> <p>ÖH 8. Explains the concepts of forensic psychiatry.</p> <p>ÖH 9. Keeps patients' medical records appropriately in written and electronic form, can give, organizes daily follow-up and epicrisis.</p>	<p>Physician report card</p> <p>faculty member observation</p>
<p>Attitude-Professionalism</p> <p>LO 10. Communicates effectively with patients, their relatives, colleagues, and other healthcare personnel.</p> <p>ÖH 11. Respects personal rights, decisions and differences, and approaches patients with empathy.</p> <p>LO 12. Works effectively as a team with colleagues and other healthcare personnel.</p> <p>ÖH 13. Knows the current health system and legislation and acts in accordance with the legislation.</p> <p>ÖH 14. Follows scientific developments in the field of mental health and illnesses. ÖH 15. Evaluates individual and professional competencies and improves professional skills through continuous learning. improves performance.</p> <p>ÖH16. Acts in line with ethical principles and evidence-based approaches in patient management. adopts.</p>	<p>Physician report card</p> <p>faculty member observation</p>

MENTAL HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES		Measurement and evaluation method
1.	Depression, grief, and bipolar disorder	Physician report card
2.	Schizophrenia and other psychotic disorders	
3.	Impairment in consciousness and cognitive functions	
4.	Suicide	
5.	Anxiety disorders	faculty member observation
6.	Somatic symptoms in psychiatric conditions and psychiatric diseases in general medicine	
7.	Alcohol and substance use problems	
8.	Patient evaluation in forensic psychiatry	



**MENTAL HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP
BASIC MEDICAL PRACTICES AND ACADEMIC-EDUCATIONAL ACTIVITIES**

APPLICATION		Minimum Number	Education Level	Measurement and evaluation method
1.	Ability to take general and problem-oriented history Ability to evaluate	5	4	Physician report card faculty member observation
2.	mental status Ability to take psychiatric history Consciousness	5	4	
3.	assessment and mental status examination	2	4	
4.	Evaluation of general condition and vital signs Ability to prepare epicrisis Ability to prepare	5	4	
5.	patient files Ability to issue prescriptions Ability to fill out the request form for laboratory	10	4	
6.	examination Results of screening and	1	4	
7.	diagnostic examinations	2	4	
8.		10	4	
9.		10	4	
10.	ability to interpret	5	4	
11.	Ability to stabilize emergency psychiatric patients Rational use of medication Determining the	1	4	
12.	risk of suicide 14. Mini mental state	5	4	
13.	examination	2	4	
		5	4	

ACADEMIC AND EDUCATIONAL ACTIVITIES

Pre-physicians can participate in training activities and seminars in the units they work in, and case presentations.

they participate in their programs.

2. If determined by the faculty member, they are required to make at least one seminar presentation during the internship.

2018

**MENTAL HEALTH AND DISEASES PRELIMINARY MEDICINE INTERNSHIP
LEARNING AND ASSESSMENT METHODS**

Learning methods	Learning applications
MEDICAL PRACTICES DIRECTED EDUCATION	<ul style="list-style-type: none"> -Besides education, practice/visit -Polyclinic experiences -Independent learning applications
PROFESSIONALISM EDUCATION	<ul style="list-style-type: none"> -Interdisciplinary learning events (meetings, training seminars) -Case presentation, case discussion and literature hour meetings -Besides education, practice/visit

TO THE DEVELOPMENT PROCESS	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
FOR DECISION MAKING	<p>Faculty observation, bedside evaluation</p> <p>Preliminary physician report card</p>
INTERN SUCCESS GRADE	<p>Preliminary physician report card</p>

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MENTAL HEALTH AND DISEASES 2025-2026 ACADEMIC YEAR PRE-MEDICAL INTERNSHIP PROGRAM							
HISTORY	WEEK	MOMENT	MONDAY	HALL	WEDNESDAY	THURSDAY	ONLY
		08.30-09.15	LITERATURE HOUR	LET'S GO	SEMINAR TIME	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices under the supervision of faculty members	Bedside rounds, patient file preparation, epicrisis writing Polyclinic practices under the supervision of faculty members
		09.25-10.10	Bedside rounds, patient file preparation, epicrisis writing under the supervision of faculty members	Bedside rounds, patient file preparation, epicrisis writing under the supervision of faculty members	Bedside rounds, patient file preparation, epicrisis writing under the supervision of faculty members		
		10.20-11.05	Bedside rounds, patient file preparation, epicrisis writing under the supervision of faculty members	Bedside rounds, patient file preparation, epicrisis writing under the supervision of faculty members	Bedside rounds, patient file preparation, epicrisis writing under the supervision of faculty members	Bedside rounds, patient file preparation, epicrisis writing under the supervision of faculty members	Bedside rounds, patient file preparation, epicrisis writing under the supervision of faculty members
		11.15-12.00					
		12.00-13.10	LUNCH BREAK				
		13.10-13.55	Preparing patient files, writing epicrisis Polyclinic practices under the supervision of faculty members	Preparing patient files, writing epicrisis Polyclinic practices under the supervision of faculty members	Independent work	Preparing patient files, writing epicrisis Polyclinic practices under the supervision of faculty members	Preparing patient files, writing epicrisis Polyclinic practices under the supervision of faculty members
	WEEKLY	14.05-14.50			Associate Doctor SEMINARS		
		15.00-15.45			Associate Doctor SEMINARS		

T.C.

Malatya Turgut Ozal University Faculty of Medicine Mental Health and Diseases

2025-2026 Academic Year

Preliminary Physician Work Report

NAME SURNAME: NUMBER:

BAKE YOUR PHONE:

E-MAIL:

INTERNSHIP START DATE:

INTERNSHIP END DATE:

	History	Primary Physician's Own Signature	Academic Member's Stamp and Signature
Service	.../.../20..- .../.../20..		
Polyclinic	.../.../20..- .../.../20..		
Intensive care	.../.../20..- .../.../20..		
Seizures	.../.../20..- .../.../20..		
	.../.../20..- .../.../20..		
	.../.../20..- .../.../20..		
	.../.../20..- .../.../20..		
	.../.../20..- .../.../20..		
	.../.../20..- .../.../20..		

2018

PROCESS AND SKILLS TO BE CARRIED OUT					
PROCESS AND SKILL		EVALUATION			
SKILLS THAT A PRELIMINARY PHYSICIAN MUST LEARN					
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Psychiatric history taking	5			
2	Ability to perform a psychological examination	5			
3	Ability to establish appropriate communication with patients and their relatives	5			
4	Preparing the patient file	5			
5	Presenting a patient during a visit	5			
6	Inpatient follow-up	5			
7	Ability to order	5			
8	Ability to record daily follow-up notes of patients	10			
9	Outpatient evaluation/prescription being able to write	10			
10	Ability to select and evaluate laboratory tests appropriately	5			
11	Ability to write epicrisis	5			
12	Ability to write inpatient prescriptions	5			
13	Ability to write outpatient prescriptions	10			
14	Ability to perform mini mental status examination	5			
15	Ability to stabilize emergency psychiatric patients	2			
16	Ability to benefit from other frequently used psychological tests and scales	3			
17	Ability to Open Vascular Access	10			
18	Ability to write an epicrisis	5			

PROCESS AND SKILL		EVALUATION			
OBSERVATION BY THE PRELIMINARY PHYSICIAN WHEN NECESSARY FACILITIES ARE PROVIDED REQUIRED SKILLS					
		ENAZYAPMA NUMBER REQUIRED	WHAT HE DID BUY	SUFFICIENT	INSUFFICIENT
1	Ability to adopt and apply the principles of psychiatric interviewing	5			
2	Collaborative treatment arrangement	5			
3	Ability to evaluate and find solutions to difficult situations in patient-physician relationships ability to produce	5			
4	Understanding the importance of patient privacy	5			
5	Ability to actively participate in patient care activities	5			
5	Ability to take part in the ECT implementation team	5			

