PHASE III CURRICULUM INFORMATION

INTERNSHIP GUIDE

2012-2013 ACADEMIC YEAR

Address for Correspondence
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Tel: 0 216 336 02 12
PREFACE

Since its foundation, Marmara University School of Medicine took a great leap forward, continuously improving its core objectives and curriculum to meet the demands of the modern era.

Our aim is to graduate our students as medical doctors who is able to question and weigh information as well as assess actual health problems and find their rational solutions, accordingly.

We hope this booklet will be of great help to you all, enabling both students and the faculty to study the all year-program in advance.

Striving towards a modern and top quality medical education has been and will be the principle for our entire faculty.

Cordially,

Prof. Hasan Fevzi BATIREL, M.D.
Dean
HOW TO USE THIS GUIDE

1. DEFINITIONS

A. PHASE

In the educational program of Medical Faculty, educational periods with common characteristics regarding educational goals, content, methods and learning environments are named as “PHASE”.

Phase 1: represents first three years (preclinical training).
Phase 2: represents year 4 and 5 (clinical training).
Phase 3: represents year 6 (internship).

B. SUBJECT COMMITTEE

This program is based on organ-systems. In this program, basic and clinical sciences share parts of an organ-system and topics are taught with coordination of different departments. Subject committees are mainly run by lectures and practicals. Practicals refer to the laboratory applications during Phase 1. Other components of the educational program such as interactive study modules and Introduction to Clinical Program are integrated within the subject committees.

C. INTERACTIVE STUDY MODULE

Interactive Study Modules (ISM) are based on small group work and problem based learning. In this program, students work in small groups under the guidance of a tutor, and they analyze cases in order to reach the learning goals and objectives. One of the main goals of this program is to let the students acquire self-learning skills. During Phase 1 there are 13 modules. Most of the modules are designed, and run with collaboration of several departments (multidisciplinary modules).

D. INTRODUCTION TO CLINICAL PRACTICE

Introduction To Clinical Practice (ICP) is a three-year, longitudinal, and interdisciplinary course with a primary emphasis on preparing students to care for patients and families in a humanistic, competent and professional manner. In the ICP program students work in small groups and prepare many different projects.

The curricular content and sequence of ICP are organized and primarily implemented by Department of Family Medicine and Department of Medical Education in cooperation with related departments such Public Health, Psychiatry, Internal Medicine, General Surgery, Medical Ethics and Deontology, etc.

Components of ICP are Communication Skills, History Taking and Physical Examination, Clinical Skills Laboratory, Human in Medicine, Outpatient Clinics Experience, Student Research Study Assignment, Primary Care Experience and Marmara Medical Student Congress (MasCo).

MasCo creates an opportunity for students to interact with their friends and teachers regarding their projects, which are the culmination of the many months lasting work.
E. EXPECTED PERFORMANCES FOR KNOWLEDGE RELATED OBJECTIVES

TT  Students must be able to diagnose and treat the clinical condition,
T   Students must be able to diagnose clinical condition,
B   Students should be informed about related conditions and able to refer the patient to a specialist
A   Students must give emergency treatment
K   Student must know preventive measures for the clinical condition,
D   Students should know the topic in order to get a better understanding of the course

F. EXPECTED PERFORMANCES FOR SKILLS RELATED OBJECTIVES

B1  Skills which the students must acquire during the program and tests must be learned how to carry out and/or evaluate
B2  Skills and tests which students must learn how perform, evaluate and if possible become skilled
B3  Skills and tests which students should observe and become familiar with (not necessarily skilled)
2. CURRICULUM MODEL OF UNDERGRADUATE MEDICAL EDUCATION
AT MARMARA UNIVERSITY SCHOOL OF MEDICINE

Curriculum model of Marmara University School of Medicine is defined as a *Complementary Program*. This program consists of three main components: *Subject committees, Interactive Study Modules and Introduction to Clinical Program*. All these programs are integrated under the Subject Committees. The distribution of these programs within the curriculum is as follows: 75% subject committee, 10% ISM, 15% ICP.

The first year program of medical education provides an overall picture of structures and functions of human body. In the second and third years, basic and clinical sciences are covered simultaneously in order to provide an understanding of both normal and pathological processes. During these two years, both horizontal and vertical integration are achieved in the curriculum.

Clinical trainings are run by clerkships. The majority of the training is based on bed-side practicals which are enriched with a limited numbers of lectures. During the internship, students work in 6 departments in order to strengthen their professional competence.

In our educational model, the learning process is as important as the learning outcomes. The learning process is considered as one of the criteria for evaluation of medical education.

The main characteristics of the undergraduate medical education of Marmara University School of Medicine are the following:

- Curriculum is designed according to the national and regional health needs (*Core curriculum program*)
- All levels of health services (primary, secondary and tertiary) are used as learning environments during medical education
- Students are encouraged to develop self-learning and life-long learning skills
- Participatory and interactive learning methods are used
- Competency based education is a priority
- Disease prevention and health promotion are the main concerns
- Basic and clinical sciences are integrated
- Rights of patients and patients’ families are respected
- Graduates are aware that this is a basic medical education which should be supported by continuous medical education.
- International standards are observed for medical education.
- Interaction with other professionals involved in health care team work and collaboration are encouraged (*multiprofessional approach*).
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY MEDICINE</td>
<td>6</td>
</tr>
<tr>
<td>INTERNAL MEDICINE</td>
<td>13</td>
</tr>
<tr>
<td>OBSTETRICS AND GYNECOLOGY</td>
<td>18</td>
</tr>
<tr>
<td>PEDIATRICS</td>
<td>23</td>
</tr>
<tr>
<td>PSYCHIATRY</td>
<td>32</td>
</tr>
<tr>
<td>PUBLIC HEALTH</td>
<td>36</td>
</tr>
</tbody>
</table>
EMERGENCY MEDICINE

ACADEMIC FACULTY

FIRST AID AND EMERGENCY DEPARTMENT

Prof. Arzu Denizbaş, M.D., Head of Dept.
Assoc. Prof. Özge Onur, M.D.

DURATION OF CLERKSHIP

8 weeks, 6th year

1. AIM

Emergency Medicine is a fairly new concept in Turkey. Emergency physicians distinguish between normal and emergency cases, and between chronic and acute cases. Specialists in this branch have to diagnose and treat their patients without the help of case histories and clinical investigations. After a certain period of time, specialists develop an intuitive capacity for determining the urgency of a case, and singling out the life-threatening ones.

Every Medical School graduate must be able to treat patients in life-threatening situations. Often, GP’s who do not specialise and start working in health centres, state clinics or private clinics go on duty in Emergency Wards. In view of this, we aim to teach 6th year students how to approach patients in life-threatening situations, use invasive methods, maintain good relations with patients and fellow physicians, and understand the role of a physician in teamwork.

2. LEARNING OBJECTIVES

2.1. KNOWLEDGE OBJECTIVES

a. What is triaj? and how should it be accomplished?
b. What problems arise during rescusitation? Protocol for basic life-support and algorithms for advanced cardiac life-support
c. Cardiovascular emergencies: assessing patients who present with chest pain, diagnosing and treating MI; assessing patients with dyspnea
d. Pulmonary emergencies; diagnosing pneumonia and criteria for hospitalisation
e. Gastrointestinal emergencies: assessing a patient with GIS haemorrhage
f. Genitourinary and renal emergencies; acute kidney failure
g. Neurological emergencies; assessing patients who have had strokes
h. Endocrine emergencies; Hyper- and hypoglycemia
i. Assessing traumatised patients
j. Assessing EKGs
2.2. CLINICAL SKILLS OBJECTIVES

a. Opening an iv line
b. Opening an arterial line
c. Taking blood gas
d. Applying a peritoneal tap
e. Applying a pleural tap
f. Applying a nasogastric catheter
g. Applying a urinary catheter
h. Reading a direct graph
i. Assessing an ECG
j. Applying primary sutures and first aid to wounds

3. GENERAL INFORMATION ABOUT THE INTERNSHIP

All intern groups actively participate in treatment of patients in the ER on 12/36 hour shifts

a. Theoretical Classes
b. Case-study discussion

4. ASSESSMENT

There is no handbook covering the clinical skills the students acquire during their Clerkship. At the end of the Clerkship, students are assessed according to their performance throughout the internship.

The aim of the internship is

- to give final year students theoretical information on how to approach patients in ER and triage
- to teach them invasive skills
- to coach them in physician-patient and physician-physician relations and the physician's role in teamwork

Theoretical Classes

- Triage
- Problems in Resuscitation
- Cardiovascular emergencies
- Pulmonary emergencies
- Gastrointestinal emergencies
- Genitourinary and renal emergencies
- Neurological emergencies
- Endocrine emergencies
- Environmental emergencies
- Assessing traumatised patients
- Assessing an ECG

Practical Training

- Opening an iv line
- Opening an arterial line
- Taking blood gas
- Applying a peritoneal tap
- Applying a pleural tap
- Applying a nasogastric catheter
- Applying a urinary catheter

There is no handbook covering the clinical skills the students acquire during their internship. At the end of the internship students are assessed at the patients' bedside.

INTERNAL MEDICINE SKILLS THE STUDENTS MUST ACQUIRE
(Departments of Internal Medicine, Cardiology and Thoracic Diseases)

A. Skills and attitudes the students must acquire/learn and tests they must be able to assess (B.1)

a. Applied skills

**Principles of general attitude and correct behaviour**
- Behave correctly towards the patient, be understanding, impart the necessary information in the proper manner, make sure the patient understands his problems, gain the patient’s confidence
- Establish suitable communication with the patient’s relatives
- Establish and maintain good relations with the nurses and other health staff
- Endeavour to increase your medical knowledge and show an interest in new fields

**Clinical skills**
- Set up a patient file (including case history, physical examination and progress reports)
- Write correct and legible prescriptions
- Prepare an epicrisis?
- Evaluate the urgency of the case and plan a reasonable course of medical treatment
- Order a course of treatment which is complete and clear and follow it up
- Assess the effect of the treatment, whether it is adequate and its possible side effects
- Recognise pressure to prescribe an irrational course of drugs
- Learn the basic principles of disinfection and anti-sepsis treatment, how to teach these to other health staff and how to check whether these principles are being applied
- Learn how to plan a suitable consultation in situations where your own knowledge/skills/sources is/are inadequate

**Physical examination**
- Perform a relevant and complete physical examination
- Assess the results and if necessary decide on a course of treatment immediately
- Laboratory tests:
- Assess peripheral area
- Measure the hematocrit
- Preparation for urine sediment and waste matter samples and assessment of the results
- Use microscope correctly and learn simple tests eg gram
- Fill out a request form for microbiological, pathological and radiological tests correctly
- Learn correct transport procedure for infectious samples (aerobic/anaerobic) and how to perform inoculations

**Invasive Procedures**
- Take temperature (4)
- Take blood pressure (4)
- Take an ECG
- Take blood samples from veins, capillaries and/or arteries
- Send the blood samples to the laboratory under the correct conditions
- Take cultures relevant to the infection on hand
- Make microbiological preparations
- Take arterial gas samples
- Perform a PPD test
- Apply:
In order to perform these skills, you will need to:

- iv injections
- iv infusions
- im injections
- subcutaneous injections
- drugs locally

- Unblock blood vessels
- Apply a urethral catheter
- Apply a naso-gastric catheter
- Pump the stomach

**Invasive skills necessary for first aid and emergency cases**

- Treat small local lesions caused by minor invasive procedures, eg catheter
- Invasive skills necessary for first aid and emergency cases
- Secure air contact and perform intubation
- Perform emergency cardioversion and defibrillation (only if conditions are satisfactory)
- Perform cardiopulmonary resuscitation
- Give oxygen
- Perform resuscitation on a patient with a gastro-intestinal haemorrhage
- Stop or reduce a dental haemorrhage
- Ensure correct transport procedure for a patient

**b. Intellectual skills**

- Learn correct transport procedure for infectious samples (aerobic/anaerobic) and how to perform inoculations
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- Take blood pressure (4)
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- Stop or reduce a dental haemorrhage
- Ensure correet transport procedure for a patient
- Assess an ECG: differentiate between a normal and pathological rhythm, observe signs of myocardial ischemia and infaret and hypercalcemia
• Request the relevant radiodiagnostic test
• Recognise the area and type of test in a radiologic film
• Assess routine biochemical and hemogram results and if necessary plan a further course of tests
• Assess PA and lateral pulmonary films and films of direct abdomen, lumbar, cervical and peripheral joints areas
• PPD
• Differentiate between transudal and exudal acid/pleural effusions
• Assess direct or dyed preparations
• Assess cultures and antibiograms (differentiate between normal and pathogenic bacteria and choose a relevant antibiotic)
• Serological tests (differentiate between normal and pathological titre, observe acute infections)
• Oral glucose tolerance test
• Blood and blood products
• Indications for use of blood and blood products
• Transfusion skills
• Use of blood bank and its role in a clinic.

B. Skills a medical school graduate most acquire, assess and if possible become expert in; and skills which he/she should be able to practice under the correct conditions (B.2):

**Laboratory Tests**
- Leukocyte and erythrocyte count
- Hemoglobin count
- Determine blood group
- Hidden blood in the faeces
- Make a preparation for analysis of fungus
- Preparing a patient for radiological thesis eg emptying the intestines
- Check the ARB and Ziehl-Nielson

**Diagnostic Skills**
- Take a culture to diagnose skin bacteria
- Pathergy test
- Thoracentesis paracentesis
- Puncture of the joints

**Treatment skills**
- Remove a foreign object
- Perform emergency cardiac defibrillation
- Purge
- Administer insulin injections
- More Laboratory Tests

**Professional skills**
- Read and analyse artides

C. Procedures a medical school graduate should observe and become familiar with throughout his/her studies (B.3):

**Diagnostic methods**
- Bone aspiration and biopsy
- Organ biopsy
- Rectoscopy, Endoscopy, Bronchoscopy
- Aspiration of joint fluid
- Cardiac catheterisation and angiogram
- Pleural puncture, abdominal puncture, pericardiosynthesis
- ERCP, laparoscopy
• Insulin tolerance test, Synachten stimulation test, glucagen stimulation test, deksametasone suppression test
• Transabdominal USa and diagnosis of three month old fetus and assessment of pelvic tumour
• Pericardio-centesis
• Invasive monitorisation ofpatient (intravenous canule, central venous catheter, pulmonary artery catheter, pulmonary capillary “Wedge” pressure guage and cardiac deby guage
• Application of holter ECG
• Application of ABP
• Tilt test ECG
• Laparoscopy
• Percutaneous endoscopic gastroscopy
• Fine needle aspiration biopsy
• 24 hour pH monitorisation
• Ophthalmic examination

• Respiratory function tesis ( assessment of the technique and of some basic abnormalities)

More treatment methods
• Chest tube
• CAPD
• Tracheostomy
• Certain special drug administration. methods:
  • intraarterial, intrapleural, within the joints, intracardiac etc.
• Electrical cardioversion (elective)
• Application of inaaortal balloon pump Electrophysiological
treatment for patients with arythmia Application of temporary and permanent cardiac batteries and ICD Treatment of endoscopic
• varic-ge veins and Gl bleeding
• Non-invasive mechanical respiration aids
• Hemodialysis
INTERNAL MEDICINE

ACADEMIC FACULTY

DEPARTMENT of INTERNAL MEDICINE

Head of Department  Prof. Çetin Özener, M.D,
Prof. Tülin Fıratlı Tuğlular, M.D
Prof. Haner Direshkeneli, M.D
Prof. Neşe İmeryüz, M.D.
Prof. Osman Özdoğan, M.D.
Prof. Emel Demiralp, M.D
Prof. Serhan Tuğlular, M.D.
Prof. Serdar Turhal, M.D.
Prof. Şule Yavuz, M.D.
Prof. Ali Serdar Fak, M.D.
Prof. Hakan Tezcan, M.D.
Prof. Pamir Atagündüz, M.D.
Prof. Dilek Gogas Yavuz, M.D.
Prof. Mehmet Koç, M.D.
Prof. Fulden Yumuk, M.D.
Assoc. Prof. Oğuzhan Deyneli, M.D.
Assoc. Prof. Adnan Giral, M.D.
Assoc. Prof. Deniz Duman Güney, M.D.
Assoc. Prof. Özlen Altuğ, M.D.
Assoc. Prof. Hakkı Ankan, M.D.
DURATION OF INTERNSHIP

2 months in the 6th year.

GENERAL INFORMATION ABOUT THE DEPARTMENT

The Internal Medicine Department has a ward of 50 beds and a 12 bed Intensive Care unit. It encompasses outpatient clinics for Internal Diseases, Endocrinology and Metabolism, Gastroenterology, Hematology, Nephrology, Medical Oncology and Rheumatology.

There are 22 academic staff and 2 specialists in the educational programme. Their offices are on the 8th floor of the inpatient ward.
1. AIM

To teach the interns to take case histories, develop skills in analysing clinical evidence, laboratory results and choosing a course of treatment. Special emphasis is placed on teaching how to approach a patient in an emergency.

2. LEARNING OBJECTIVES

2.1. KNOWLEDGE OBJECTIVES

a. Learn and develop contemporary methods of diagnosing and treating diabetes mellitus
b. Improve knowledge about thyroid, adrenal, pituitary diseases
c. Learn about insulin
d. Learn about fine needle thyroid aspiration biopsy
e. Improve knowledge about diagnosis and treatment of hypertension
f. Improve your knowledge about anaemia (especially iron deficiency), haemorrhages and coagulation disorders, common haematologic malignancies, basic principles of running a blood bank
g. Abdominal pain and the acute abdomen syndrome, acute gastrointestinal haemorrhage, fulminant liver failure and its precipitating factors, toxic megacolon, viral hepatitis, causes of elevated liver enzymes, approach to acute-chronic diarrhea, approach to dyspepsia, colon cancer
h. Acute and chronic kidney failure, approach to glomerulonephritis patients
i. Learn the principles of treatment and follow-up of haemodialysis and chronic peritoneal dialysis patients
j. Learn how to approach and treat patients with common rheumatic diseases (fibromyalgia, osteoarthritis, rheumatoid arthritis)
k. Learn the approach to patients with oncologic emergencies, the principles of chemotherapy and its side effects, and management of cancer patients

2.2. CLINICAL SKILLS OBJECTIVES

A. Taking case histories in the units for Endocrinology, Gastroenterology, Hematology, Nephrology, Medical Oncology and Rheumatology
B. Improve physical examination skills (including rectal examination)
C. Learn to assess diabetic complications (such as examination of the feet)
D. Become skilled in insulin education
E. Become skilled in measuring, assessing and managing blood glucose
F. Learn how to apply a nasogastric catheter
G. Learn how to perform an abdominal tap
H. Observe bone-marrow aspiration and learn its interpretation
I. Perform puncture of the joints (knee) and assess the liquid obtained
J. Perform basic examination of the musculo-skeletal system
K. Read and assess literature, prepare and present seminars.

2.3. AFFECTIVE-ATTITUDINAL OBJECTIVES

a. Learn to take case histories, perform physical examinations, ask for and assess the results of laboratory tests in the correct sequence
b. Acquire the habit of following the literature while taking care of a patient
c. Improve skills in physician-patient, physician-physician/health personnel communication, and ethical values
d. Apply work-discipline

3. GENERAL INFORMATION ABOUT THE INTERNSHIP

The programme takes place in the 6th year over 2 months. One month is spent on the Internal Medicine wards and one in the outpatient clinics. Interns learn how to approach patients, make
diagnoses and assessments and plan a course of treatment. Interns must prepare seminars, join literature clubs participate in general Internal Medicine meetings.

During the internship, interns must acquire the skills of patient management, maintain appropriate physician-patient and physician-physician communication, and adhere to ethical norms.

4. ASSESSMENT

Appointed academic staff test the interns throughout the internship on:

- attendance
- level of competence in diagnosing and treating patients on the wards or in the outpatient clinics
- relations with patients and patients' relatives
- relations with health personnel

INTENSIVE CARE UNIT TRAINING

Prof. Turgay Çelikel, M.D, Head of Department
Prof. Berrin Ceyhan, M.D.
Prof. Sait Karakurt, M.D.

1. AIM

To teach interns the thoracic diseases practicing physicians are likely to come across, and the basic principles of diagnosing and treating patients in emergency situations. Interns are also taught how to approach intensive care patients and patients with sleep disorders, and how to assess laboratory results correctly.

2. LEARNING OBJECTIVES

2.1. KNOWLEDGE OBJECTIVES

<table>
<thead>
<tr>
<th>Diseases / Clinical Conditions</th>
<th>Expected Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pneumonia</td>
<td>TT</td>
</tr>
<tr>
<td>2. Lung abscess</td>
<td>T</td>
</tr>
<tr>
<td>3. Chronic obstructive pulmonary diseases</td>
<td>TT</td>
</tr>
<tr>
<td>4. Brochiectasis</td>
<td>B</td>
</tr>
<tr>
<td>5. Bronchial asthma</td>
<td>TT</td>
</tr>
<tr>
<td>6. Pulmonary embolism</td>
<td>TT</td>
</tr>
<tr>
<td>7. Pleural effusion</td>
<td>T</td>
</tr>
<tr>
<td>8. Lung cancer</td>
<td>B</td>
</tr>
<tr>
<td>9. Sarcoidosis</td>
<td>B</td>
</tr>
<tr>
<td>10. Interstitial pulmonary diseases</td>
<td>B</td>
</tr>
<tr>
<td>11. Diaphragm, thoracic wall, pleural and mediastinum diseases</td>
<td>B</td>
</tr>
<tr>
<td>12. Approach to dyspnea</td>
<td>TT</td>
</tr>
<tr>
<td>13. Approach to hemophysis</td>
<td>TT</td>
</tr>
<tr>
<td>14. Approach to acute and chronic cough</td>
<td>B</td>
</tr>
<tr>
<td>15. Indications for intubation</td>
<td>B</td>
</tr>
<tr>
<td>16. Indications for mechanical ventilation</td>
<td>B</td>
</tr>
<tr>
<td>17. Sleep apnea</td>
<td>B</td>
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<tr>
<td>18. Oxygen treatment</td>
<td>T</td>
</tr>
</tbody>
</table>

3. GENERAL INFORMATION ABOUT THE INTERNSHIP
**Theoretical Classes and Ward training:** Monday morning: literature, Thursday morning radiology meeting, every fortnight on Thursday at 12.00 pathology meeting.

**Practical training:** Daily ward rounds in emergency, regular and intensive care units. Performing or observation of various respiratory function tests such as bronchoscopy, taking pleural effusions, performing a pleural biopsy. In outpatient clinics the interns are taught diagnostic methods and approach to diseases by senior physicians.

3.1. **WHAT WE EXPECT FROM THE INTERNS**

Active participation

4. **ASSESSMENT**

Participation throughout the internship will be assessed

5. **REFERENCES FOR FURTHER STUDY**

- Fishman’s Pulmonary diseases and Disorders
- Murray’s Textbook of Respiratory Medicine
GENERAL INFORMATION ABOUT THE DEPARTMENT

Obstetrics and Gynecology internship includes the following fields: Perinatology, Reproductive Endocrinology and Infertility, and Gynecologic Oncology.

The department and sub-departments are all located at the Marmara University Hospital. The Obstetrics and Gynecology in-patient clinic is situated on the 5th floor of the Marmara University Hospital in-patient service building. Obstetrics and Gynecology, Perinatology, Gynecologic Oncology, and the Reproductive Endocrinology and Infertility outpatient clinics are on the 1st floor of the outpatient building. Our gynecology in-patient clinic has 32 beds, 5 of these beds are in private rooms. Our obstetrics in-patient ward has 10 beds. There are 10 beds in the labor and delivery ward on the 2nd floor.

The Menopause-Osteoporosis and Fetal-Maternal Medicine Units are located on the same floor as our outpatient clinics.

Department of Obstetrics and Gynecology
Secretary: Şule BEKTAŞ
Telephone: 0216 6254545 / 4194
Fax: 0216 6570695
Location: In-patient service building, 5th floor

Division of Perinatology, Fetal-Maternal Medicine
Secretary: Şebnem ATALAR
Telephone: 0216 6254545 / 9098
Fax: 0216 6570695
Location: Outpatient service building, 1st floor

Division of Reproductive Endocrinology and Infertility
Secretary:
Telephone: 0216 625 4545/ 9029
Fax: 0216 6570695
Location: Outpatient service building, 1st floor
Division of Menopause-Osteoporosis
Secretary :
Telephone : 0216 6254545 / 9037
Fax : 0216 6570695
Location : Outpatient service building, 1st floor

Division of Gynecologic Oncology
Secretary :
Telephone : 0216 6254545 / 9038
Fax : 0216 6570695
Location : Outpatient service building 1st. floor
1. AIM

We aim to teach 6th year medical students:

- Take histories, perform gynecologic examinations and learn how to follow-up a patient.
- Be able to make diagnosis, develop skills in planning and applying diagnostic tests and treatment methods.
- Learn diagnostic, treatment and evaluation methods.
- Learn the principles and the importance of maintaining a good patient-physician relationship and develop this skill.

2. LEARNING OBJECTIVES

2.1. KNOWLEDGE OBJECTIVES

<table>
<thead>
<tr>
<th>Diseases / Clinical Conditions</th>
<th>Expected Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perinatology 1</strong></td>
<td></td>
</tr>
<tr>
<td>1 High-risk pregnancy, assessment of fetal well-being</td>
<td>T</td>
</tr>
<tr>
<td>2 Fetoplacental growth</td>
<td>B</td>
</tr>
<tr>
<td>3 Induction of labor ant tocolysis</td>
<td>B</td>
</tr>
<tr>
<td>4 Third trimester hemorrhage</td>
<td>T</td>
</tr>
<tr>
<td>5 Hypertensive states of pregnancy</td>
<td>T</td>
</tr>
<tr>
<td>6 Rh incompatibility</td>
<td>B</td>
</tr>
<tr>
<td>7 Dystocia</td>
<td>B</td>
</tr>
<tr>
<td>8 New expectations in pregnancy</td>
<td>T</td>
</tr>
<tr>
<td><strong>Perinatology 2</strong></td>
<td></td>
</tr>
<tr>
<td>1 Abortions</td>
<td>TT</td>
</tr>
<tr>
<td>2 Preoperative and postoperative care</td>
<td>T</td>
</tr>
<tr>
<td>3 Postpartum hemorrhage</td>
<td>T</td>
</tr>
<tr>
<td>4 Normal-abnormal puerperium</td>
<td>T</td>
</tr>
<tr>
<td>5 Multiple pregnancy</td>
<td>A</td>
</tr>
<tr>
<td>6 Malpresentations and cord accidents</td>
<td>B</td>
</tr>
<tr>
<td>7 Operative delivery</td>
<td>B</td>
</tr>
<tr>
<td><strong>Reproductive Endocrinology and Infertility 1</strong></td>
<td></td>
</tr>
<tr>
<td>1 Pubertal development</td>
<td>B</td>
</tr>
<tr>
<td>2 Infertility induction, approach to infertile couple</td>
<td>T</td>
</tr>
<tr>
<td>3 Ovulation induction and infertility treatment</td>
<td>T</td>
</tr>
<tr>
<td>4 Dysfunctional uterine bleeding</td>
<td>T</td>
</tr>
<tr>
<td>5 Hirsutism</td>
<td>B</td>
</tr>
<tr>
<td>6 Ectopic pregnancy</td>
<td>A</td>
</tr>
<tr>
<td>7 Relaxation of pelvic structures</td>
<td>B</td>
</tr>
<tr>
<td>8 Contraception</td>
<td>TT</td>
</tr>
<tr>
<td>9 Menopause and its management</td>
<td>T</td>
</tr>
<tr>
<td><strong>Reproductive Endocrinology and Infertility 2</strong></td>
<td></td>
</tr>
<tr>
<td>1 Female reproductive system, examination and diagnostic procedures</td>
<td>B</td>
</tr>
<tr>
<td>2 Physiology of reproduction</td>
<td>B</td>
</tr>
<tr>
<td>3 Normal labor and delivery</td>
<td>T</td>
</tr>
<tr>
<td>4 Amenorrhea</td>
<td>T</td>
</tr>
<tr>
<td>5 Endometriosis Pelvic</td>
<td>T</td>
</tr>
<tr>
<td>6 infections Placental</td>
<td>T</td>
</tr>
<tr>
<td>7 hormones IVF related</td>
<td>B</td>
</tr>
<tr>
<td>8 techniques</td>
<td>B</td>
</tr>
</tbody>
</table>
2.2. CLINICAL SKILLS OBJECTIVES

A. Skills which the medical students must learn and/or acquire

a. Set up a file for patients
b. Take the history of a patient
c. Make physical examinations
   • Breast examination
   • Abdominal examination
   • Be able to hear fetal heart beat in a pregnant woman
   • Be able to perform speculum and smear test

B. Interventions which the students must observe and become familiar with:

a. Legal abortion
b. Cesarean section
c. Fractional D&C
d. Obstetric ultrasonography
e. Installing intra uterine device (IUD)

3. GENERAL INFORMATION ABOUT THE INTERNSHIP

The Obstetrics and Gynecology Internship consists of an 8 week theoretical (seminars presented by the Faculty) and practical training course in the sixth year of our medical education programme. One hour theoretical training is given on four days of the week. The rest of the time is for practical training. During this internship, the interns must acquire the following skills:

• Be able to diagnose, treat and follow-up ward patients.
• Be able to know how a pregnant woman, admitted to the hospital for delivery, is followed-up.
• Be able to follow-up a pregnant woman antenatally.
• Be able to perform gynecologic examinations.

All faculty, interns and 4th year students attend to Clinic Meetings held on every friday between 8.30 and 9.30. All faculty, interns and 4th year students attend to Journal Club held on every monday between 12.15 and 13.00.

3.1. WHAT WE EXPECT FROM THE STUDENTS

Students are expected:

• To learn the subjects taught in the theoretical classes
• To learn how to diagnose and treat the most common gynecologic diseases
• To learn how to examine a pregnant woman and what parameters are used
4. ASSESSMENT

The interns must fulfill the skills needed to complete this training. They are assessed according to the parameters on the following Evaluation Form (Attachment-1):

5. REFERENCES FOR FURTHER STUDY

- Current Obstetrics & Gynecologic Diagnosis and Treatment
- Novak's Textbook of Gynecology
- Williams Obstetrics

6. ATTACHMENT

Obstetrics and Gynecology Internship
Practical Training Evaluation Form

Doctor's Name and Surname:

General:
Medical knowledge
Competency in patient physician relations
Awareness of ethical principles
Team work
Problem solving capability
Professional motivation
Full attendance to clinic meetings
Responsibility of patient care and other clinic activities
Punctuation to assigned tasks

Experience in:
History taking (4 obstetric patients)
History taking (4 gynecologic patients)

Observe:
Delivery (4 patients)
Gynecologic operation: (4 patients)
Cesarean Section: (4 patients)

Perform:
Gynecologic examination (4 patients)
Speculum and Smear Tests (4 patients)
DURATION OF INTERNSHIP

8 weeks in the 6th year

GENERAL INFORMATION ABOUT THE DEPARTMENT

The Pediatric Department consists of the following units:

Wards
- Pediatric Ward: Health care is given to neonates infants, children and adolescents. Bed capacity: 60
- Pediatric Emergency Ward: 8
- Neonate and Neonatal Intensive Care Unit. Bed capacity: 26
- Pediatric Intensive Care Unit: 14

Outpatient Units
- General Pediatrics
- Well-Children Clinics
- Pediatric Allergy and Immunology Clinics
- Pediatric Endocrinology Clinics
- Pediatric Infectious Diseases Clinics
- Pediatric Pulmonology Clinics
- Pediatric Gastroenterology Clinics
- Pediatric Hematology and Oncology Clinics
- Pediatric Cardiology Clinics
- Pediatric Nephrology Clinics
- Pediatric Neurology Clinics
- High-risk Infants Clinics
- Outpatient Treatment and Chemotherapy Unit
- Pediatric Emergency Clinics
- Pediatric Genetics Clinics

The staffrooms are on the 6th floor of the casualty wing
1. AIM

To train interns in neonatal care, stages of normal child and adolescent development, malfunctions which may arise during these stages, etiopathogenesis of common pediatric diseases and their symptoms, clinical presentation, diagnoses and treatment methods; how to refer rare diseases and cases requiring specialists, preventive medicine such as vaccination and nutrition and teach them the requisite skills. With this aim in view, we teach interns how to take a good history, perform a physical examination, establish good relations with the patient and his/her family and pediatric treatment.

2. LEARNING OBJECTIVES

2.1. KNOWLEDGE OBJECTIVES

<table>
<thead>
<tr>
<th>Diseases / Clinical Conditions</th>
<th>Expected Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergy-Immunology</strong></td>
<td></td>
</tr>
<tr>
<td>1. Asthma bronchiale</td>
<td>TT,A</td>
</tr>
<tr>
<td>2. Acute Asthma bronchiale attack</td>
<td>A</td>
</tr>
<tr>
<td>3. Urticaria</td>
<td>TT</td>
</tr>
<tr>
<td>4. Angio-edema</td>
<td>A</td>
</tr>
<tr>
<td>5. Anaphylaxis</td>
<td>A</td>
</tr>
<tr>
<td>6. Food allergy</td>
<td>T</td>
</tr>
<tr>
<td>7. Drug allergy</td>
<td>T</td>
</tr>
<tr>
<td>8. Atopic dermatitis</td>
<td>T</td>
</tr>
<tr>
<td>9. Primary immunodeficiency diseases</td>
<td>T,B</td>
</tr>
<tr>
<td>10. Arthritis</td>
<td>T,B</td>
</tr>
<tr>
<td>11. Juvenile rheumatoid arthritis</td>
<td>T,B</td>
</tr>
<tr>
<td>12. Henoch-Schonlein Purpura</td>
<td>T,B</td>
</tr>
<tr>
<td>13. Familial Mediterranean Fever</td>
<td>T,B</td>
</tr>
<tr>
<td><strong>Nephrology</strong></td>
<td></td>
</tr>
<tr>
<td>1. Acute Glomerulonephritis</td>
<td>TT</td>
</tr>
<tr>
<td>2. Nephrotic syndrome</td>
<td>TT</td>
</tr>
<tr>
<td>3. Tumours of the Kidney</td>
<td>B</td>
</tr>
<tr>
<td>4. Chronic glomerulonephritis</td>
<td>B</td>
</tr>
<tr>
<td>5. Hypertension</td>
<td>TT,A</td>
</tr>
<tr>
<td>6. Acute Kidney Injury</td>
<td>T</td>
</tr>
<tr>
<td>7. Fluid-electrolyte disorders</td>
<td>TT, A</td>
</tr>
<tr>
<td>8. Chronic kidney deficiency</td>
<td>T</td>
</tr>
<tr>
<td>9. Urinary infections</td>
<td>TT</td>
</tr>
<tr>
<td>10. Urinary incontinence</td>
<td>T</td>
</tr>
<tr>
<td>11. Hemolytic uremic syndrome</td>
<td>T</td>
</tr>
<tr>
<td>12. Tubulopathies</td>
<td>B</td>
</tr>
<tr>
<td>13. VUR Nephropathies</td>
<td>T</td>
</tr>
<tr>
<td>14. Antenatally diagnosed kidney anomalies</td>
<td>B</td>
</tr>
<tr>
<td>15. Urolithiasis</td>
<td>T</td>
</tr>
<tr>
<td><strong>Cardiology</strong></td>
<td></td>
</tr>
<tr>
<td>1. Hypoxic spell</td>
<td>TT</td>
</tr>
<tr>
<td>2. Congestive heart deficiency</td>
<td>TT</td>
</tr>
<tr>
<td>3. Aute Rheumatic Fever</td>
<td>TT</td>
</tr>
<tr>
<td>4. Kawasaki Disease</td>
<td>T</td>
</tr>
<tr>
<td>5. Myocarditis</td>
<td>T</td>
</tr>
<tr>
<td>6. Pericarditis tamponade</td>
<td>T</td>
</tr>
<tr>
<td>7. Pericarditis</td>
<td>T</td>
</tr>
<tr>
<td>8. Infectious endocarditis</td>
<td>T</td>
</tr>
<tr>
<td>9. Cardiomyopathies</td>
<td>B</td>
</tr>
<tr>
<td>10. Supraventricular tachycardia</td>
<td>A</td>
</tr>
<tr>
<td>No.</td>
<td>Medical Condition</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>11</td>
<td>Ventricular tachycardia</td>
</tr>
<tr>
<td>12</td>
<td>AV block</td>
</tr>
<tr>
<td>13</td>
<td>Extrasystole</td>
</tr>
<tr>
<td>14</td>
<td>Chest pain</td>
</tr>
<tr>
<td>15</td>
<td>Syncope</td>
</tr>
<tr>
<td>16</td>
<td>Congenital heart diseases</td>
</tr>
<tr>
<td>17</td>
<td>Innocent murmur</td>
</tr>
</tbody>
</table>

**Endocrinology**

<table>
<thead>
<tr>
<th>No.</th>
<th>Medical Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hypothyroidism</td>
<td>TT</td>
</tr>
<tr>
<td>2</td>
<td>Diabetic ketoacidosis</td>
<td>A</td>
</tr>
<tr>
<td>3</td>
<td>Acute adrenal deficiency attack</td>
<td>A</td>
</tr>
<tr>
<td>4</td>
<td>Diabetes mellitus</td>
<td>T</td>
</tr>
<tr>
<td>5</td>
<td>Hyperthyroidism</td>
<td>T</td>
</tr>
<tr>
<td>6</td>
<td>Hypocalcemia</td>
<td>A</td>
</tr>
<tr>
<td>7</td>
<td>Hypoglycemia</td>
<td>A</td>
</tr>
<tr>
<td>8</td>
<td>Nutritional rachitis</td>
<td>TT</td>
</tr>
<tr>
<td>9</td>
<td>Refractory rachitis</td>
<td>B</td>
</tr>
<tr>
<td>10</td>
<td>Growth development retardation</td>
<td>T</td>
</tr>
<tr>
<td>11</td>
<td>Early puberty</td>
<td>T</td>
</tr>
<tr>
<td>12</td>
<td>Delayed puberty</td>
<td>T</td>
</tr>
<tr>
<td>13</td>
<td>Ambiguous genitalia</td>
<td>B</td>
</tr>
<tr>
<td>14</td>
<td>Cushing's Syndrome</td>
<td>B</td>
</tr>
<tr>
<td>15</td>
<td>Diabetes insipidus</td>
<td>B</td>
</tr>
<tr>
<td>16</td>
<td>Hypoparathyroidism</td>
<td>B</td>
</tr>
<tr>
<td>17</td>
<td>Endemic goitre/iodine deficiency</td>
<td>T</td>
</tr>
<tr>
<td>18</td>
<td>Obesity</td>
<td>TT</td>
</tr>
<tr>
<td>19</td>
<td>Hypophysial dysfunction</td>
<td>B</td>
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</tbody>
</table>

**Neurology**

<table>
<thead>
<tr>
<th>No.</th>
<th>Medical Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coma, encephalopathy</td>
<td>A</td>
</tr>
<tr>
<td>2</td>
<td>Increased intracranial pressure, KIBAS</td>
<td>A</td>
</tr>
<tr>
<td>3</td>
<td>Status epilepticus, convulsion</td>
<td>A</td>
</tr>
<tr>
<td>4</td>
<td>Acute motor loss</td>
<td>T</td>
</tr>
<tr>
<td>5</td>
<td>Hydrocephaly</td>
<td>T</td>
</tr>
<tr>
<td>6</td>
<td>Microencephaly-Macroencephaly</td>
<td>T</td>
</tr>
<tr>
<td>7</td>
<td>Craniosynostosis</td>
<td>T</td>
</tr>
<tr>
<td>8</td>
<td>Mental Motor retardation</td>
<td>T</td>
</tr>
<tr>
<td>9</td>
<td>Neurodegenerative diseases</td>
<td>B</td>
</tr>
<tr>
<td>10</td>
<td>Neurometabolic diseases</td>
<td>B</td>
</tr>
<tr>
<td>11</td>
<td>Muscle diseases</td>
<td>B</td>
</tr>
<tr>
<td>12</td>
<td>Peripheral neuropathies</td>
<td>T</td>
</tr>
<tr>
<td>13</td>
<td>Cerebral palsy</td>
<td>T</td>
</tr>
<tr>
<td>14</td>
<td>Neural tube defects</td>
<td>T</td>
</tr>
<tr>
<td>15</td>
<td>Neurocutaneous diseases</td>
<td>B</td>
</tr>
<tr>
<td>16</td>
<td>Hypotonic infant</td>
<td>B</td>
</tr>
<tr>
<td>17</td>
<td>Epilepsy</td>
<td>T</td>
</tr>
<tr>
<td>18</td>
<td>Spinal muscular atrophy</td>
<td>B</td>
</tr>
<tr>
<td>19</td>
<td>Migraine</td>
<td>T</td>
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</table>

**Pulmonary Diseases**

<table>
<thead>
<tr>
<th>No.</th>
<th>Medical Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bronchiolitis</td>
<td>A</td>
</tr>
<tr>
<td>2</td>
<td>Bronchiolitis obliterator</td>
<td>B</td>
</tr>
<tr>
<td>3</td>
<td>Bronchiectasis</td>
<td>T</td>
</tr>
<tr>
<td>4</td>
<td>Croup, Epiglottitis</td>
<td>A</td>
</tr>
<tr>
<td>5</td>
<td>Pneumonia</td>
<td>TT</td>
</tr>
<tr>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>6.</td>
<td>Tuberculosis</td>
<td>TT</td>
</tr>
<tr>
<td>7.</td>
<td>Interstitial Lung disease</td>
<td>B</td>
</tr>
<tr>
<td>8.</td>
<td>Bronchopulmonary dysplasia</td>
<td>B</td>
</tr>
<tr>
<td>9.</td>
<td>Foreign body aspiration</td>
<td>B</td>
</tr>
<tr>
<td>10.</td>
<td>Pulmonary edema</td>
<td>A</td>
</tr>
<tr>
<td>11.</td>
<td>Asthma</td>
<td>A</td>
</tr>
<tr>
<td>12.</td>
<td>Pneumothorax</td>
<td>T</td>
</tr>
<tr>
<td>13.</td>
<td>Sleep Disordered Breathing</td>
<td>T</td>
</tr>
<tr>
<td>14.</td>
<td>Cystic fibrosis</td>
<td>T</td>
</tr>
<tr>
<td>15.</td>
<td>Congenital AL and airway anomalies</td>
<td>T</td>
</tr>
<tr>
<td>16.</td>
<td>Pulmonary hemosiderosis</td>
<td>B</td>
</tr>
<tr>
<td>17.</td>
<td>Hydatic cysts</td>
<td>T</td>
</tr>
<tr>
<td>18.</td>
<td>Anomalies of the chest wall</td>
<td>B</td>
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</table>

### Infectious Diseases

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Acute pharyngitis</td>
<td>TT</td>
</tr>
<tr>
<td>2.</td>
<td>Mumps</td>
<td>T</td>
</tr>
<tr>
<td>3.</td>
<td>Diptheria</td>
<td>TT</td>
</tr>
<tr>
<td>4.</td>
<td>Tetanus</td>
<td>TT</td>
</tr>
<tr>
<td>5.</td>
<td>Rabies</td>
<td>TT</td>
</tr>
<tr>
<td>6.</td>
<td>Meningitis</td>
<td>TT</td>
</tr>
<tr>
<td>7.</td>
<td>Bacteremia</td>
<td>TT</td>
</tr>
<tr>
<td>8.</td>
<td>Meningococcemia</td>
<td>A</td>
</tr>
<tr>
<td>9.</td>
<td>Sepsis</td>
<td>TT</td>
</tr>
<tr>
<td>10.</td>
<td>Shock</td>
<td>TT</td>
</tr>
<tr>
<td>11.</td>
<td>Septic arthritis</td>
<td>T</td>
</tr>
<tr>
<td>12.</td>
<td>Toxic synovitis</td>
<td>B</td>
</tr>
<tr>
<td>13.</td>
<td>Cellulitis</td>
<td>TT</td>
</tr>
<tr>
<td>14.</td>
<td>Orbital cellulitis</td>
<td>T</td>
</tr>
<tr>
<td>15.</td>
<td>Lymphadenoma</td>
<td>TT</td>
</tr>
<tr>
<td>16.</td>
<td>Otitis</td>
<td>TT</td>
</tr>
<tr>
<td>17.</td>
<td>Sinusitis</td>
<td>TT</td>
</tr>
<tr>
<td>18.</td>
<td>Tonsillitis</td>
<td>TT</td>
</tr>
<tr>
<td>19.</td>
<td>Hepatitis</td>
<td>T</td>
</tr>
<tr>
<td>20.</td>
<td>Neupenic fever</td>
<td>T</td>
</tr>
<tr>
<td>21.</td>
<td>Antibiotic reaktions</td>
<td>A</td>
</tr>
<tr>
<td>22.</td>
<td>Child with fever</td>
<td>A</td>
</tr>
<tr>
<td>23.</td>
<td>Penicillin allergy</td>
<td>A</td>
</tr>
<tr>
<td>24.</td>
<td>Fever of unknown origin</td>
<td>B</td>
</tr>
<tr>
<td>25.</td>
<td>Poliomyelitis</td>
<td>T</td>
</tr>
<tr>
<td>26.</td>
<td>Nosocomial infections</td>
<td>B</td>
</tr>
<tr>
<td>27.</td>
<td>Childhood diseases with skin rash</td>
<td>TT</td>
</tr>
<tr>
<td>28.</td>
<td>Tuberculosis</td>
<td>T</td>
</tr>
<tr>
<td>29.</td>
<td>Osteomyelitis</td>
<td>B</td>
</tr>
<tr>
<td>30.</td>
<td>TORCH</td>
<td>B</td>
</tr>
<tr>
<td>31.</td>
<td>HIV/AIDS</td>
<td>B</td>
</tr>
<tr>
<td>32.</td>
<td>Parasitosis</td>
<td>TT</td>
</tr>
<tr>
<td>33.</td>
<td>Malaria</td>
<td>B</td>
</tr>
<tr>
<td>34.</td>
<td>Brain abscess</td>
<td>B</td>
</tr>
<tr>
<td>35.</td>
<td>Subdural emphsema</td>
<td>B</td>
</tr>
<tr>
<td>36.</td>
<td>Herpes zoster</td>
<td>TT</td>
</tr>
<tr>
<td>37.</td>
<td>Dysentery</td>
<td>T</td>
</tr>
<tr>
<td>38.</td>
<td>Brucellosis</td>
<td>T</td>
</tr>
<tr>
<td>39.</td>
<td>Typhus</td>
<td>T</td>
</tr>
<tr>
<td>40.</td>
<td>Acute Viral encephalitis</td>
<td>T</td>
</tr>
</tbody>
</table>
### Neonatology
1. Hyperbilirubinemia
2. Resuscitation of the newborn
3. Neonatal sepsis and meningitis
4. Metabolic diseases of the newborn
5. Prematurity
6. Respiratory distress
7. Intrauterine growth retardation
8. Birth trauma
9. Polycythemia
10. Child of the diabetic mother
11. Neonatal convulsion

### Hematology-Oncology
1. Anemia in the neonate
2. Iron deficiency anemia
3. Megaloblastic anemia
4. Chronic disease anemia
5. Bone marrow infiltration
6. Aplastic/hypoplastic anemia
7. Erythrocytic membrane defects
8. Erythrocytic enzyme defects
9. Hemoglobin defects
10. Immune hemolytic anemia
11. DIC
12. Policymenia in child
13. Leucopenia
14. Immune thrombocytopenia
15. Bleeding diathesis
16. Acute leukemia
17. Lymphomas
18. Neuroblastoma
19. Soft tissue tumours
20. Wilms' tumours
21. SSS tumours
22. Bone tumours

### Genetic
1. Common genetic disorders
2. Anomalies in number of chromosomes
3. Genetic counseling
4. Prenatally diagnosed diseases
5. Teratogens

### Gastroenterology
1. Gastroenteritis
2. Gastrointestinal bleeding
3. Hepatitis
4. Malabsorption
5. Gastroesophageal reflux
6. Dyspeptic diseases
7. Malnutrition
8. Hepatic coma
9. Inflammatory bowel disease
10. Chronic diarrhea
11. Constipation
12. Chronic abdominal pain
13. Liver cirrhosis
14. Swallowing foreign body and caustic materials
2.2. CLINICAL SKILLS OBJECTIVES

A. In this internship, the student must learn these skills and how to carry out and/or evaluate these tests (B.1)

a. Take a detailed, relevant history of the child and his/her family
b. Perform a detailed systematic physical examination of the child or neonate correctly, keeping in mind the special features according to the age of the patient
c. Assess the physical-motor-mental development of a healthy child
d. Assess the anthropometric evaluation in proper techniques and use percentile charts.
e. Perform intravenous, intramuscular, subcutaneous injections, obtain blood, vaccinate children.
f. Resuscitation of neonates and children
g. Obtaining pharyngeal swab, faecal, urine cultures,
h. Evaluation of peripheral blood smear
i. Evaluation of urine tests and sediments
j. Assess arterial blood gas
k. Assess complete blood count
l. Evaluation of pediatric ECG
m. Evaluation of serum electrolyte, renal function tests, hepatic function tests and thyroid function tests
n. Assess chest and sinus X-rays
o. Evaluate the gestation age of a neonate
p. Care of the umbilicus in newborn

B. In this Internship, the student must learn how to perform, evaluate and if possible become skilled in carrying out these procedures (B.2)

a. Perform a lumbar puncture
b. Analyse and evaluate the cerebrospinal fluid
c. Otoscopic and ophthalmoscopic evaluation
d. Search occult blood in the stool
e. Microscopic examination of stool
f. Insertion of urethral catheter
g. Insertion of nasogastric catheter
h. Use a nebuliser
i. Apply and evaluate results of pulse oximeter
j. Use a cardiac monitor and obtain an ECG
k. Measure blood sugar with a Glucose meter
l. Apply and follow up phototherapy
m. Preparing a pedigree
C. In this Clerkship, students should observe and become familiar with (not necessarily skilled in) these procedures (B.3)

- Bone marrow aspiration
- Paracentesis
- Thoracentesis
- Exchange transfusion
- Pulmonary function tests
- Intraarticular interventions
- Liver, renal and rectal biopsies
- Diagnostic and therapeutic endoscopy
- Echocardiography
- Cardiac catheterisation
- Electroencephalography
- Flexible bronchoscopy
- Application of Prick test
- Endocrinological provocation and inhibition tests
- Nasal smear
- 24 hour pH monitoring and reflux tests
- GI motility
- Renal biopsy

2.3. AFFECTIVE-ATTITUDINAL OBJECTIVES

By the end of the Internship, interns are expected to have assimilated the principles of the following:

- Respect for patient rights and well-balanced relations with the patients' relatives
- Maintain good relations with colleagues and teaching staff, be analytical and research orientated
- Maintain good relations with other health staff
- How to ask for a consultation
- Use written and on-line sources correctly
- Give information about the patient's condition clearly to patient and family
- Observe infection control regulations when working on the wards and in outpatient clinics

3. GENERAL INFORMATION ABOUT THE INTERNSHIP

Program

The program starts with orientation morning. The interns are given general information concerning the wards, outpatient clinics and specialty units and divided into three groups. They are then told about the working rules in outpatient clinics and wards.

Long term attendance to a patient in the pediatric ward. On their first day each intern is assigned a patient on the ward. They are taught how to take a case history and perform a physical examination and trained in preparing the patient, making a diagnosis, choosing a course of treatment and following up the patient by the consultant on duty and the team of physicians in the ward. The intern joins the ward assistant on his/her ward visits everyday and also attends a training visit led by the consultant.

Education in the Outpatient Clinics: Students are trained in diagnosing and treating outpatient ambulatory patients in the Outpatient General Pediatrics Clinic and the other related outpatient clinics. They are also trained in treating healthy children in the Outpatient Well Children Pediatric Clinic and taught to give vaccinations. In all clinical practical training interns are supervised by senior resident physicians and professors. Each morning, interns attend an outpatient clinic meeting with the consultant in charge and outpatient physicians in order to discuss common diseases and the cases of the previous day.
Seminars: Interns are assigned a seminar topic and expected to hold an interactive seminar at the end of the Internship.

On call: Throughout the Internship, the interns are on call for roughly 6 hours a day in the Pediatric Ward, the Neonate Ward, and the Emergency Ward. They are expected to practice receiving patients, attending ward patients and following their progress.

3.1. WHAT WE EXPECT FROM THE STUDENTS

- Regular attendance and punctuality
- Active participation in the programme
- Prompt handing in of project work and responsible execution of ward duties
- Daily examination and follow up of ward patients and attendance to discussions of patient diagnoses and treatment methods
- Receive patients, make diagnoses, choose a course of treatment and determine the follow up of patients in conjunction with the outpatient clinic team
- Use references provided by the tutors to research assigned topics and prepare for discussions
- Preparation for the end-of Internship seminar and presentation of the seminar

4. ASSESSMENT

At the end of the Internship, interns are assessed by the consultants of the main Outpatient Clinic and Branch Clinics

5. REFERENCES FOR FURTHER STUDY

- Lecture notes
- Çocuk Sağlığı, Propedötik. Tunçbilek E., Güneş Kitapevi
- Nelson's Essentials of Pediatrics
- Pediatri cilt I-II, Neyzi O, Ertuğrul T., Güneş Kitabevi
PSYCHIATRY

ACADEMIC FACULTY

Prof. Yildiz Akvardar, M.D., Head of Department
Prof. Mustafa Kemal Sayar, M.D.
Prof. Kaan Kora, M.D.
Assoc. Prof. Volkan Topçuoğlu, M.D.
Assoc.Prof.Kemal Kuşçu, M.D.
Specialist Ömer Yanartaş, M.D.

DURATION OF INTERNSHIP

4 weeks during the 6th year

GENERAL INFORMATION ABOUT THE DEPARTMENT

In our Department we treat both in- and out-patients. The psychiatric ward has 15 beds. We are also able to follow up patients after they leave the hospital. The ward is run as an open-door policy.

There is one Outpatient-clinic for general psychiatric illnesses and others for specific disorders such as sexual malfunctions, anxiety disorders, obsessive-compulsive disorder, chronic and resistant psychoses and depressive disorders, as well as application of behaviour therapy, family (Couple therapy) and an out-patient clinic for Geriatric Psychiatry.

We provide a 24 hour emergency treatment and consultation service.
1. AIM

To teach the main principles of initial treatment and preventive medicine in psychiatry. In particular, to teach students diagnostic and treatment methods for common psychiatric diseases, enable them to diagnose other (organic) disorders and if necessary make referrals to specialists for more specialized treatment. Great importance is also placed on the diagnoses of acute psychiatric problems and on the basic principles of how to handle psychiatric patients and their families.

2. LEARNING OBJECTIVES

2.1. KNOWLEDGE OBJECTIVES

<table>
<thead>
<tr>
<th>Diseases / Clinical Conditions</th>
<th>Expected Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depression</td>
<td>T</td>
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<tr>
<td>2. Panic Attacks</td>
<td>T</td>
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<tr>
<td>3. Behaviour Disorders</td>
<td>T</td>
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<tr>
<td>4. Free-floating Anxiety</td>
<td>T</td>
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<tr>
<td>5. Obsessive Compulsive Disorder</td>
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<td>6. Phobias</td>
<td>T</td>
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<tr>
<td>7. Post-traumatic Stress</td>
<td>T</td>
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<tr>
<td>8. Bipolarity</td>
<td>T</td>
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<tr>
<td>9. Schizophrenia</td>
<td>T</td>
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<tr>
<td>10. Other Psychotic Disorders</td>
<td>T</td>
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<tr>
<td>11. Cognitive Disorders (Demans, Delirium)</td>
<td>T</td>
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<tr>
<td>12. Somatoform disfunctions</td>
<td>B</td>
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<tr>
<td>13. Eating Disorders</td>
<td>B</td>
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<tr>
<td>14. Disocation</td>
<td>B</td>
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<tr>
<td>15. Alcohol and Drug Abuse and Dependency</td>
<td>B</td>
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<tr>
<td>16. Personality Problems</td>
<td>B</td>
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<tr>
<td>17. Sleep Disorders</td>
<td>B</td>
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<tr>
<td>18. Psychotherapy</td>
<td>B</td>
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<tr>
<td>19. Suicide Attempts</td>
<td>A</td>
</tr>
<tr>
<td>20. Alcohol and Drug Withdrawal Symptoms and Intoxication Syndrome</td>
<td>A</td>
</tr>
<tr>
<td>21. Acute Mental Mood Changes</td>
<td>A</td>
</tr>
<tr>
<td>22. Acute Conversion Reactions</td>
<td>A</td>
</tr>
<tr>
<td>23. Treatment of Intoxication and side-effects of psychotropes</td>
<td>A</td>
</tr>
<tr>
<td>24. Acute Psychosis</td>
<td>A</td>
</tr>
<tr>
<td>25. Aggressive Behaviour</td>
<td>A</td>
</tr>
<tr>
<td>26. Separation Anxiety</td>
<td>A</td>
</tr>
<tr>
<td>27. Sexual disfunctions</td>
<td>B</td>
</tr>
<tr>
<td>28. Marital Problems</td>
<td>B</td>
</tr>
<tr>
<td>29. Child Psychiatric disfunctions</td>
<td>B</td>
</tr>
</tbody>
</table>

2.2. CLINICAL SKILLS OBJECTIVES

A. Skills which the students must learn and/or acquire and test results they must be able to analyse (B.1).

   a. Taking a psychiatric case history
   b. Setting up a psychiatric file
   c. Diagnosing and discussing the possible disorders in the prepared patient file
   d. Carry out a mental examination and assess the following:
      - Appearance
      - Approach to interviewer
      - Speech
• Psychomotor actions
• Emotional reactions
• Emotions Suicidal
• leanings Homicidal
• leanings Thought
• content Flow of
• ideas Response
• Control of impulses
• Orientation
• Consciousness
• Attention
• Insight
• Judgement

• Choosing the relevant diagnostic tests
• Learning different diagnostic methods
• Assessing whether treatment is required
• Knowledge of psychiatric drugs and writing prescriptions for such drugs
• Following up medical treatment
• Assessing effects and side effects of drugs
• Treating Depression
• Handling a patient in a state of Excitation
• Differentiating between Organic and Functional disorders

B. Skills and interventions the students must acquire/practice in the correct conditions during this Clerkship (B.2)

a. Students must learn how to give advice
b. Advise and guide people in sexual matters
c. Guide

c. Interventions the student must observe and learn throughout his graduate medical studies (B.3).

a. Behaviour therapy
b. Electroconvulsive therapy
c. Cognitive therapy Group
d. therapy Psychodynamic
e. approach

3. GENERAL INFORMATION ON THE INTERNSHIP

When the 6th year students first come to us, they will be introduced to Prof. Mehmet Z. Sungur, M.D., who is responsible for the programme and will give them information on clinical practice, their duties and the different units of the Dep. of Psychiatry.

The interns will then be separated into two groups. For one month one group will be on Emergency service, the other on Ward service. In the middle of the month, the groups will change over, so that each group can experience both in and out patient cases. In addition, one intern will attend the Department of Child Psychiatry daily in order to observe treatment methods in the field of Child Psychiatry.

All interns must attend a weekly seminar on Wednesdays at 14.00-15.00. The seminar is on case study presentation and journal club and will be attended by all the Dep. staff. Active participation is required.

Starting from the next academic year, interns will be sent to the new units set up in our Department, such as Sexual Disfunctions, Marriage Consultation, Consultation-Liasons, Anxiety
Syndromes, Bipolar Syndromes, Geriatry, Chronic Psychoses, where they will be trained by senior Academic Staff.

In addition, Prof. Mehmet Sungur will lecture twice a month for two hours on the most common psychiatric disorders, the TUS exam. and Exam. Anxiety.

In order to perfect the interns practical training, case study presentations and discussion meetings with the academic staff will take place regularly.

We aim to train the interns in the following branches during their Clerkship:
- Depression: diagnose, treat and refer patient to the correct psychiatric unit
- Anxiety Disorders: diagnoses, basic principles of treatment
- Sexual disfunctions: Interview techniques, informing and guiding the patient
- Physician-patient relations, consultation techniques
- Approach to a psychotic patient
- Inter-discipline relations, importance of Consultation-Liason
- Differentiate between organic and functional disorders and refer patients to the correct units
- Anti-depression and anti-psychotic drugs: basic characteristics, side effects, choosing pharmacological therapy relevant to the patient.

4. ASSESSMENT

Interns will be assessed by senior Academic staff for their participation in educational activities, patient relations, patient treatment, integration with the rest of the psychiatric treatment team, communication skills and participation in discussions.

5. REFERENCES FOR FURTHER STUDY

- Comprehensive Textbook of Psychiatry, Kaplan and Sadock, Williams and Wilkins
- ABC of Psychiatry, BMJ books
- Synopsis of Psychiatry, Kaplan and Sadock, Williams and Wilkins
PUBLIC HEALTH

ACADEMIC STAFF

DEPARTMENT OF PUBLIC HEALTH
Prof. Melda Karavuş, M.D., Head of the Department
Prof. Şanda Çali, M.D.,
Prof. İslık MARAL, M.D.
Prof. Sibel Kalaça, M.D.
Assoc. Prof. Dilşad Save, M.D.
Assoc. Prof. Pınar Ay, M.D.
Assoc. Prof. Yaşar Keskin, M.D.
Assoc. Prof. Emel Lüleci, M.D
Lecturer Seyhan Ergin Hidiroğlu
Lecturer Nilüfer Özaydın, M.D.

DURATION OF THE INTERNSHIP

8 weeks / year 6

GENERAL INFORMATION ABOUT THE DEPARTMENT OF PUBLIC HEALTH

The Department of Public Health was founded in 1988. In 1999, Ümraniye Research and Training Center was established through a protocol signed between the Ministry of Health and Marmara University. The Department serves as the Head of Ümraniye Research and Training Health Directorate. 48 family health care centers, one community health care center, one family planning and child health clinic and one tuberculosis clinic function in the Research and Training Center. The Department of Public Health carries out pre and postgraduate training as well as national and international founded projects.

Department of Public Health is located in the Haydarpasa campus, on the last floor near the student cafeteria. The department does not have a division in the hospital. Theoretical classes of the Public Health internship program are carried out in classroom 6, which is situated near the student cafeteria.
1. AIM

To bring up physicians who understand the community and who is aware of its health needs; also who have sufficient knowledge as well as skills to carry out preventive along with primary level curative and promotive services successfully in a primary health care center.

2. LEARNING OBJECTIVES

At the end of this course the students will:

a. Gain knowledge about the primary health care services and the approach of public health,

b. Gain knowledge about the organization of health services in Turkey,

c. Gain knowledge about the leading health problems and the their causes in Turkey,

d. Understand and evaluate the biological, social and economic dimensions of health related conditions,

e. Gain skills for assessing and following up persons within their environment,

f. Gain knowledge and skills for managing, follow-up and referral about the most prevalent, the most disabling and fatal conditions.

g. Define risk approach, gain knowledge and skills for assessing risk groups,

h. Gain skills for providing health education to the community, both to individuals and to groups,

i. Develop skills for practicing preventive health care services (as vaccination),

j. Gain knowledge and skill in infection prevention measures at health care facilities

k. Gain skills in family planning consultation and method provision

l. Gain skills in IUD insertion

m. Develop skills in different fields of environmental health as taking food and water samples as well as inspecting pharmacies and private health facilities

n. Gain skills for keeping correct records, notification and referral,

o. Gain skills for identifying health related problems by using epidemiological methods and developing solutions,

p. Gain skills in planning a study, conducting literature review, data collection, analysis and writing reports,

q. Gain skills for using a statistical program (SPSS) efficiently.

3. GENERAL INFORMATION ABOUT THE INTERNSHIP

The program consists of theoretical classes and practical applications in order to achieve knowledge, attitude and skill objectives, which are mentioned above.

Theoretical classes

Theoretical classes are carried out in order to form a basis for the practical applications, to standardize the knowledge of the students and to fulfill the knowledge objectives of the course. Interactive training methods are utilized in these classes.

Practical applications

Students participate in the following practical activities:

- **Field visits**: Occupational diseases hospital, environmental health inspection (bakeries, pharmacies), tuberculosis clinic, municipality health services, Istanbul Health Directorate visit, Istanbul Medical Chamber visit, house visits for the inspection of pregnant women, and babies and other risk groups. Students make observations by standardized checklists, write reports and present them to the tutors as case presentations during the visits.

- **Health education**: Students give health education to women coming to community training center about self-breast examination and family planning and also yo other risk groups in the community.
• **Practical applications of the family planning course**: Students provide family planning services in primary health centers after they complete the theoretical part of the course and gain adequate skills.

• **Practical applications of the immunization course** Students provide immunization services in primary health care centers after they complete the theoretical part of the course and gain adequate skills.

• **Practical applications of the health services in Turkey course**: After students complete the theoretical classes of the course, they visit Istanbul Chamber of Medicine, Ümraniye Health Directorate, Provincial Health Directorate, Family Planning/Mother and Child Health Clinic.

• **Practical applications in primary health care centers**: Many practices are carried out in the primary health care centers to achieve the objectives and goals of the program. All the practices are recorded in the students' personal file after approved by the responsible physician of the health center. Students' file is submitted to the department after completing the course.

**Courses**

Two different courses are conducted within the program. Each course has one-week theoretical classes and one-week practical applications. To take one of these two courses is compulsory in order to complete the program.

• **Health services in Turkey**: The main objective is to gain knowledge about the organization of health services in Turkey, health indicators, the problems in the system and suggested solutions. The students receive a certificate from the department after completing the course.

• **Family planning course**: The objective is to gain knowledge about contraceptive methods, to gain knowledge and skills about counseling, methods use, and intrauterine device insertion. At the end of the course, students who gain adequate knowledge and skills receive a certificate of “Family planning counseling and intrauterine device insertion” which is approved by the Turkish Ministry of Health.

• **Practical applications of the immunization course** Students provide immunization services in primary health care centers after they complete the theoretical part of the course and gain adequate skills.

**Research**

Students conduct a research about a topic in community health within a group of 2-4 persons. They are supervised by one of the academic staff and a research assistant. It is compulsory to participate in the research project, to present and submit the report in order to complete the course. Students can use six computers in the department, which have Internet connections during all the stages of the project.

**4. ASSESSMENT AND EVALUATION**

In the first day of the program, a pretest is administered to the students. The goal of the pretest is to determine the knowledge of the students and to organize the program accordingly.

**Evaluation of the students:**

Students are evaluated by the following methods during the program:

• To participate in all the activities
• To be successful at the written exam at the end.
• To complete successfully the courses
• To participate in the research project, to present and submit the written report.
• To assess an article on public health and present it in class.
• To fulfill the activities written in the personal file of the student.

Evaluation of the program

After each theoretical class and practical application, students evaluate the tutor by completing a standardized form. Also at the end of the program, students evaluate the whole program by completing a standardized form. Verbal evaluation is also taken during and at the end of the course.