|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MSKU Faculty of Medicine**  **Special Study Module Suggestion Form for Academic Staff (English Program)** | | | | | |
| **Academic year** | **20… - 20…** | | | | |
| **Special Study Module Code:** | **MED-** | | | | |
| **Special Study Module Name:** |  | | | | |
| **Department:** |  | | | | |
| **Responsible Instructor(s):** |  | | | | |
| **E-mail address:** |  | | | | |
| **Phone number:** |  | | | | |
| **Study Module Training Team:** |  | | | | |
| **Accepted Student Phase(s):** |  | | | | |
| **Number of Students to be Accepted:** | **Max:** | |  | **Min:** |  |
| **Special Study Module Subject and Purpose**  *(Module Subject and purpose should be defined, how the module can contribute to student education and the implementation method should be defined. It should not exceed 200 words.)* | **Module Type: ☐ Review ☐ Scientific Research**  **Subject and Purpose:** | | | | |
| **Special Study Module Methods:** |  | | | | |
| **Special Study Module Objectives:**  *(Mark as appropriate for module type)* | ☐ Accessing and Interpreting Information Sources  ☐ Being Able to Make a Research Plan  ☐ Determining the Appropriate Method and Conducting the Necessary Studies  ☐ Processing Data  ☐ Discussing the Findings  ☐ Being Able to Generate New Questions  ☐ Creating Appropriate Educational Material  ☐ Implementing the Education / Program  ☐ Preparing a Report  ☐ Presentation (Oral - Poster) | | | | |
| **Is Ethics Permission Required for Research?**  *(For studies requiring Ethics Committee permission, the relevant Ethics Committees must be contacted, and Ethics Committee permission must be obtained before the study.)* | **☐ Yes**  **☐ No** | If yes, the Ethics Committee permission information and document must be reported to the Special Study Module committee **by the last week of February at the latest.** | | | |

|  |  |
| --- | --- |
|  | |
| **☐** | In the research we will conduct within the scope of the Special Study Module, no study will be conducted without Ethics Committee Approval, and personal information and data will not be collected from patients/volunteers. |
| **☐** | If there is a change in the module subject, it will be notified to the Special Study Module Committee. |
| **Special Study Module Instructor(s) :**  **Date :**  **Signature :** | |