

FORM 1

| MSKU Faculty of Medicine<br>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<br><i>(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.)</i> | <b>Module Type:</b> <input type="checkbox"/> Review <input type="checkbox"/> Scientific Research<br><b>Subject and Purpose:</b>   |  |      |
| Special Study Module Methods:  |   |  |      |
| Special Study Module Objectives:<br><i>(Mark as appropriate for module type)</i>   | <input type="checkbox"/> Accessing and Interpreting Information Sources<br><input type="checkbox"/> Being Able to Make a Research Plan<br><input type="checkbox"/> Determining the Appropriate Method and Conducting the Necessary Studies<br><input type="checkbox"/> Processing Data<br><input type="checkbox"/> Discussing the Findings<br><input type="checkbox"/> Being Able to Generate New Questions<br><input type="checkbox"/> Creating Appropriate Educational Material<br><input type="checkbox"/> Implementing the Education / Program<br><input type="checkbox"/> Preparing a Report<br><input type="checkbox"/> Presentation ( <b>Oral - Poster</b> ) |  |      |

**FORM 1**

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| <p><b>Is Ethics Permission Required for Research?</b></p> <p><i>(For studies requiring Ethics Committee permission, the relevant Ethics Committees must be contacted, and Ethics Committee permission must be obtained before the study.)</i></p> | <p><input type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p> | <p>If yes, the Ethics Committee permission information and document must be reported to the Special Study Module committee <b><u>by the last week of February at the latest.</u></b></p> |
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| <input type="checkbox"/>  | 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. |
| <input type="checkbox"/>  | If there is a change in the module subject, it will be notified to the Special Study Module Committee.  |
| <p><b>Special Study Module Instructor(s) :</b></p> <p><b>Date :</b></p> <p><b>Signature :</b></p> |   |