

**MUĞLA SITKI KOÇMAN UNIVERSITY FACULTY of MEDICINE**

**PHASE 3**

**ENGLISH MEDICINE PROGRAM**

**2024/2025 Academic Year**

**Committee 6 GUIDEBOOK**

**Prepared By:**

**PHASE 3 COORDINATOR AND VICE-COORDINATORS**

**PREFACE**

**Dear Students,**

Welcome to the phase 3 committee 6 which is an important part of your education.

This guide describes what you will learn and perform during your committee program, the rules you must follow in the committee, and the working conditions. We wish you all success with the belief that this guide will guide you through the committee.

 **Phase 3 Coordinatorship**

**GENERAL INFORMATION on COURSE**

|  |  |
| --- | --- |
| **Year** | Phase 3 |
| **Level of Course** | First Cycle |
| **Required/Elective** | Required |
| **Language** | English |
| **Course Code(s)** | MED 3600 |
| **Course Title** | Public Health, Family Medicine, And Ethics  |
| **Duration of the course** | 7 weeks |
| **ECTS:** | 11 |

**TEACHING STAFF**

|  |  |
| --- | --- |
| **Phase Coordinator** | Assoc.Prof.Dr. Ercan SARUHAN |
| **Vice -Coordinators** | Assoc.Prof.Dr. Yelda DERE Assoc.Prof.Dr. Edip Güvenç ÇEKİÇAsst. Prof. Dr. Gülçin ÖZKAN ONUR |
| **Committee Organizer** | Asst.Prof.Dr. Gülçin Özkan Onur |
| **Teaching staff of the Committee Program****(Disciplines and special interests should be noted)** | **Medical Pharmacology** Assoc.Prof.Dr. Edip Güvenç ÇEKİÇ **Clinical Microbiology**Asst.Prof.Dr. Alper AKSÖZEKAsst.Prof.Dr. Burak Ekrem ÇİTİL **Medical Genetics**Assoc.Prof.Dr. Evren GÜMÜŞ**Public Health**Asst.Prof.Dr. Bahadır DEDEAsst.Prof.Dr. Şehbal YEŞILBAŞ**Family Medicine**Prof. Dr. E. Neşe YENİÇERİAsst.Prof.Dr. Betül BATTALOĞLU İNANÇAsst. Prof. Dr. Gülçin ÖZKAN ONUR**Clinical Ethics**Asst.Prof.Dr. Hatice DEMİR KÜRECİ  |

**TEACHING METHODS-TECHNIQUES**

|  |  |
| --- | --- |
| **Theoretical** |  |
|  | Classroom Lesson |
| **Practice** |  |
|  | Laboratory Studies |
| **Structured Free Study Hours** | **+** |
| **Problem Based Learning**  | - |

**PHYSICAL SPACES**

|  |  |
| --- | --- |
| **Classrooms and Study Areas** | 1. Faculty of Medicine Classroom-III
 |

**RELATED LEGISLATION**

<http://www.tip.mu.edu.tr/tr/ilgili-mevzuat-6641>

**COMMITTEE CLASS HOURS DISTRIBUTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Lessons** | **Theoretical** | **Practical** | **Total** |
| Medical Pharmacology | 9 | - | 9 |
| Clinical Microbiology | 6 | - | 6 |
| Public Health | 60 | 4 | 64 |
| Family Medicine | 25 | 2 | 27 |
| Clinical Ethics | 16 | 20 | 36 |
| Medical Genetics | 2 | - | 2 |
| Introduction to Clinical Sciences | - | 12 | - |
| **Total** | 118 | 38 | 156 |

**AIM(S) of the COMMITTEE**

|  |  |
| --- | --- |
|  | In this committee, it is aimed that the students have information about the protection of public health, health promotion, primary health care services and health organization, family medicine and public health, and learn epidemiological methods. |
|  | In this committee, it is aimed that students have knowledge about toxicology and rational drug use principles and prescribing rules. |
|  | In this committee, it is aimed that the students understand the screening methods in genetic diseases. |
|  | In this committee, it is aimed that the students have knowledge about the solution of ethical problems encountered in the clinic. |
|  | In this committee, it is aimed that students learn microbiological methods for the diagnosis of epidemic diseases. |

 **OBJECTIVE(S) of the COMMITTEE**

|  |  |
| --- | --- |
|  | To be able to explain the basic features of family medicine, its origin and development, the definition of primary health care and preventive medicine |
|  | To be able to gain knowledge and skills in the protection of public health such as adult vaccination and chronic disease management |
|  | To be able to explain health promoting practices such as smoking and tobacco use, smoking cessation counseling |
|  | To be able to discuss diagnostic microbiological methods in zoonotic, food and waterborne infections, to be able to define sample processing processes such as appropriate sample selection, collection and transport, and to be able to gain knowledge and skills |
|  | To be able to explain and apply the basic principles of prescription writing rules and rational drug use |
|  | To be able to discuss evidence-based medicine practices |
|  | To be able to explain the basic concepts of toxicology |
|  | To be able to explain the principles of traditional herbal medicinal products, pharmacogenetics, and pharmacovigilance |
|  | To be able to recognize ethical dilemmas in related fields and to be able to suggest solutions for solving ethical problems |
|  | To be able to manage the diagnosis-treatment process in accordance with human dignity and rights and to be able to make ethical evaluations |
|  | To be able to understand the contribution of early diagnosis of genetic diseases to treatment, to be able to interpret test results and to be able to inform patients |
|  | To be able to explain Turkey's health problems, to be able to explain the health organization model |
|  | To be able to explain financing and management of health systems |
|  | To be able to explain epidemiological concepts, research types, criteria used |
|  | To be able to explain epidemic investigation, control, and protection methods |
|  | To be able to discuss the effects of demographic and environmental changes on public health |
|  | To be able to discuss the concept of occupational health, prevention policies and practices, occupational diseases, prevention methods and measures |
|  | To be able to explain the general problems of the elderly population and comprehensive geriatric evaluation |
|  | To be able to comprehend the concepts, theories, teachings that form the basis of medical ethics and the ethical dimension of the patient-physician relationship |

**INTENDED LEARNING OUTCOME(S)**

|  |  |
| --- | --- |
|  | Can explain the basic features of family medicine, its origin and development, the definition of primary health care and preventive medicine. |
|  | Can gain knowledge and skills in the protection of public health such as adult vaccination and chronic disease management. |
|  | Can explain health promoting practices such as smoking and tobacco use, smoking cessation counseling. |
|  | Can discuss diagnostic microbiological methods in zoonotic, food and waterborne infections, can define sample processing processes such as appropriate sample selection, collection and transport, and can gain knowledge and skills. |
|  | Can explain and apply the basic principles of prescription writing rules and rational drug use. |
|  | Can discuss evidence-based medicine practices. |
|  | Can explain the basic concepts of toxicology. |
|  | Can explain the principles of traditional herbal medicinal products, pharmacogenetics and pharmacovigilance. |
|  | Can recognize ethical dilemmas in related fields and can suggest solutions for solving ethical problems. |
|  | Can manage the diagnosis-treatment process in accordance with human dignity and rights and can make ethical evaluations. |
|  | Can understand the contribution of early diagnosis of genetic diseases to treatment, can interpret test results and can inform patients. |
|  | Can explain Turkey's health problems, can explain the health organization model |
|  | Can explain financing and management of health systems. |
|  | Can explain epidemiological concepts, research types, criteria used. |
|  | Can explain epidemic investigation, control and protection methods. |
|  | Can discuss the effects of demographic and environmental changes on public health. |
|  | Can discuss the concept of occupational health, prevention policies and practices, occupational diseases, prevention methods and measures. |
|  | Can explain the general problems of the elderly population and comprehensive geriatric evaluation. |
|  | Can comprehend the concepts, theories, teachings that form the basis of medical ethics and the ethical dimension of the patient-physician relationship. |

**RECOMMENDED RESOURCE(S)**

|  |  |
| --- | --- |
| **Recommended****Reading/****Studying** **materials**  | 1-McWhinney'in Aile Hekimliği Thomas R. Freeman2- Current Aile Hekimliği-Tanı ve Tedavi Yazar: Kolektif Yayınevi: Güneş Tıp Kitabevleri 3-Lange Aile Hekimliği Mark B. MENGEL, L. Peter SCHWIEBERT 4-Halk Sağlığı - Temel Bilgiler. Çağatay Güler , Levent Akın. 3 Cilt. 3.Baskı. Hacettepe Üniversitesi Yayınları, Ankara, 2015. 5-Oxford Textbook of Global Public Health. Roger Detels. Sixth edition. Oxford University Press 2015. 6-Principles of Epidemiology in Public Health Practice. Third Edition. Centers for Disease Control and Prevention (CDC) Office of Workforce and Career Development Atlanta, GA 30333, Updated May 2012. |

**ASSESMENT and EVALUATION**

|  |
| --- |
| **Phase 3 Committee 6 Exam Schedule**  |
| **Theoratical Exam : 3rd Committee Theoratical Exam 12 June 2025 Thursday** |

|  |
| --- |
| **Phase 3 Committee 6 Question Distribution** |

|  |  |
| --- | --- |
| **Board Lessons** | **Number of questions** |
| Medical Pharmacology  | 7 |
| Clinical Microbiology | 5 |
| Public Health  | 47 |
| Family Medicine  | 19 |
| Introduction to Clinical Ethics  | 20 |
| Medical Genetics  | 2 |
| **TOTAL SCORE** | **100** |

**ASSESSMENT AND EVALUATION IN COMMITTEE EVALUATION EXAM**

|  |  |  |
| --- | --- | --- |
| **Activities** | **Number** | **Value (%)** |
| **Practice exam**  | - | - |
| **Oral exam** | - | - |
| **Problem Based Learning Session Evaluation** | - | - |
| **Professional Skills Practice Exam** | - | - |
| **Written exam** | 1 | 100 |
| **Total** | **1** | **100** |

**COMMITTEE EXAM SPECIFICATION TABLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective**  | **Training method** | **Assessment method** | **Exam score distribution** |
| To be able to explain the basic features of family medicine, its origin and development, the definition of primary health care and preventive medicine | T, P | MCE, PE | 28 |
| To be able to gain knowledge and skills in the protection of public health such as adult vaccination and chronic disease management | T, P | MCE, PE | 3 |
| To be able to explain health promoting practices such as smoking and tobacco use, smoking cessation counseling | T, P | MCE, PE | 3 |
| To be able to discuss diagnostic microbiological methods in zoonotic, food and waterborne infections, to be able to define sample processing processes such as appropriate sample selection, collection and transport, and to be able to gain knowledge and skills | T, P | MCE, PE | 3 |
| To be able to explain and apply the basic principles of prescription writing rules and rational drug use | T, P | MCE | 3 |
| To be able to discuss evidence-based medicine practices | T, P | MCE | 3 |
| To be able to explain the basic concepts of toxicology | T, P | MCE | 3 |
| To be able to explain the principles of traditional herbal medicinal products, pharmacogenetics, and pharmacovigilance | T, P | MCE | 3 |
| To be able to recognize ethical dilemmas in related fields and to be able to suggest solutions for solving ethical problems | T, P | MCE | 3 |
| To be able to manage the diagnosis-treatment process in accordance with human dignity and rights and to be able to make ethical evaluations | T | MCE | 2 |
| To be able to understand the contribution of early diagnosis of genetic diseases to treatment, to be able to interpret test results and to be able to inform patients | T | MCE | 2 |
| To be able to explain Turkey's health problems, to be able to explain the health organization model | T | MCE | 2 |
| To be able to explain financing and management of health systems | T | MCE | 2 |
| To be able to explain epidemiological concepts, research types, criteria used | T | MCE | 2 |
| To be able to explain epidemic investigation, control, and protection methods | T | MCE | 1 |
| To be able to discuss the effects of demographic and environmental changes on public health | T | MCE | 1 |
| To be able to discuss the concept of occupational health, prevention policies and practices, occupational diseases, prevention methods and measures | T, P | MCE, PE | 23 |
| To be able to explain the general problems of the elderly population and comprehensive geriatric evaluation | T, P | MCE, PE | 23 |
| To be able to comprehend the concepts, theories, teachings that form the basis of medical ethics and the ethical dimension of the patient-physician relationship | T, P | MCE, PE | 23 |

T: Theoretical education, P: Practical education, SSM: Special Study Module, MC: Multiple choice exam, PE: Practical Exam.

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| **Faculty of Medicine** **English Medicine Program** **Phase 3****Committee 6****Competence Matrix** |
| **Course**  | **PO1** | **P02** | **PO3** | **PO4** | **PO5** | **P06** | **P07** | **P08** | **P09** | **PO10** | **PO11** | **PO12** | **PO13** |
| **Phase 3****Committee 6** | 5 | 5 | 2 | 3 | 1 | 1 | 3 | 1 | 2 | 1 | 1 | 4 | 4 |
| **\* Completed according to the following program outcomes. (Score from 0 to 5.)** **PO: Program Outcomes of Faculty of Medicine****PO Link:** https://muweb.mu.edu.tr/tr/program-yeterlilikleri-6598?site=tip.mu.edu.tr |

**COURSE CONTENT OF THE COMMITTEE**

|  |  |
| --- | --- |
| **Course content** | **Medical Pharmacology**Drug treatment selection and application techniques in evidence-based medicineTraditional Herbal Medicinal Products and other over-the-counter productsIntroduction to toxicology: Environmental Pollutants and Heavy metal poisoningPrescribing rules**Clinical Microbiology**Food and water hygiene, laboratory tests and evaluation of resultsLaboratory tests of zoonotic infections and evaluation of resultsBioterrorism Agents**Family Medicine**Clinical method in family medicine, undifferentiated patientFamily Dynamics and Family Life CycleDomestic ViolenceFamily Planning CounselingChronic Disease ManagementThe roots and development of family medicinePregnancy Follow-up in Primary CarePostpartum Follow-up in Primary CareTraditional and Complementary MedicineHealthy Diet and Exercise RecommendationsPeriodic health examinationsBasic principles of family medicine and biopsychosocial approachVitamin D deficiencyAdult Vaccination-I -InfluenzaAdult Vaccination-II -PneumococcusChronic Disease ManagementElderly Health OverviewGeriatric Syndromes -IGeriatric Syndromes -IIComprehensive Geriatric EvaluationPolypharmacy and drug interaction in the elderly patientNutrition in the ElderlyHome Health-Palliative CareDelivering Bad NewsTobacco Truth Smoking Cessation Counseling**Public Health**Health services and health management -1Health services and health management-2Health care during extraordinary situationsPrimary health care services Behavioral Addiction and preventionSubstance abuse and preventionFamily health and health relationshipSocial medicine and its principlesMother-child health-1Mother-child health-2Community health centersJob descriptions and responsibilities of employees in the community health centerIntroduction to epidemiology; concept, history, methodsAreas of use of epidemiological methodsDescriptive epidemiology; person, place, time characteristicsCriteria used in epidemiologyTypes of epidemiological researchCross-sectional studiesCase-control studiesFuture research (cohort)Reproductive health-1Reproductive health-2Health level measures-1Health level measures-2Infectious diseases epidemiology-1Infectious diseases epidemiology-2Notification systems for communicable diseasesBasic tools-control programs for the prevention of communicable diseasesThe investigation of outbreaksOutbreak control and protectionCommunity nutrition-1Community nutrition-2Population and healthPopulation structure, change and policies in our countryGlobal warming and healthThe housing health and safetyAir pollution and health security-1Air pollution and health security-2Food safetyWater and sanitation-1Water and sanitation-2Introduction to occupational health; concept, history, fields of studyOccupational health and safety protection policies and application principlesWork accidents-1Work accidents-2Introduction to occupational diseasesLegal arrangements, risks, protection and precaution in occupational diseasesOccupational risks of healthcare workersControl and prevention in occupational diseasesSchool healthMigration and healthChronic diseases-1Chronic diseases-2Health educationHealth promotionChronic disease control programs-1Chronic disease control programs-2Elders, aging, community agingHealth and social problems of the elderly**Medical History and Ethics**Clinical ethics: Ethical dilemma, ethical problem, ethical decision and decision maker, Ethical decision making modelsEthical Issues in Beginning of Life: Family Planning, Abortion, Artificial Insemination - New Reproductive TechniquesEthical Issues Regarding End of Life: Withholding/Termination of Treatment, Right to Die; Assisted Suicide, euthanasiaJustice in Medicine: Fair sharing of scarce resourcesEthical Issues in Advanced Medical TechnologiesVulnerable groups (children, elderly, disabled, detainees, etc.)**Medical Genetics**The importance of screening and early diagnosis in genetic diseasesPopulation genetics |

**THE RELATIONSHIP WITH THE LEARNING OBJECTIVES AND THE ACTIVITY IN THE TRAINING PROGRAM**

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| --- |
| **COMMITTEE PROGRAM RELATION MATRIX WITH OBJECTIVES**  |
| **COURSE CONTENT** | **RELATED AIMS, OBJECTIVES AND ACHIEVEMENTS** |
| **Medical Pharmacology** |  |
| Drug treatment selection and application techniques in evidence-based medicine | 1 |
| Traditional Herbal Medicinal Products and other over-the-counter products | 1 |
| Introduction to toxicology: Environmental Pollutants and Heavy metal poisoning | 1 |
| Prescribing rules | 1 |
|  |  |
| **Clinical Microbiology** | 1 |
| Food and water hygiene, laboratory tests and evaluation of results | 1 |
| Laboratory tests of zoonotic infections and evaluation of results | 1 |
| Bioterrorism Agents | 2 |
|  |  |
| **Family Medicine** |  |
| Clinical method in family medicine, undifferentiated patient | 2 |
| Family Dynamics and Family Life Cycle | 11 |
| Domestic Violence | 14 |
| Family Planning Counseling | 16 |
| Chronic Disease Management | 15 |
| Periodic health examinations | 7 |
| Pregnant Follow-up in Primary Care | 5 |
| Postpartum Follow-up in Primary Care | 5 |
| Traditional and Complementary Medicine | 6 |
| Healthy Diet and Exercise Recommendations | 6 |
| The roots and development of family medicine | 6 |
| Basic principles of family medicine and biopsychosocial approach | 6 |
| Adult Vaccination-I -Influenza | 7 |
| Adult Vaccination-II -Pneumococcus | 7 |
| Chronic Disease Management | 5 |
| Elderly Health  | 5 |
| Geriatric Syndromes -I | 6 |
| Geriatric Syndromes -II | 6 |
| Comprehensive Geriatric Assessment | 6 |
| Polypharmacy and drug interaction in the elderly patient | 7 |
| Nutrition in the Elderly | 8 |
| Home Care-Palliative Care | 9 |
| Delivering Bad News | 9 |
| Tobacco Truth | 9 |
| Smoking Cessation Counseling | 9 |
| Vitamin D Deficiency | 5 |
| **Public Health** |  |
| Management in health services-1 | 9 |
| Management in health services-2 | 2 |
| Health care during extraordinary situations | 3 |
| Substance abuse and prevention | 3 |
| Primary health care services | 2 |
| Behavioral Addiction and Prevention | 2 |
| Family health and health relationship | 3 |
| Social medicine and its principles | 2 |
| Mother-child health-1 | 2, 3 |
| Mother-child health-2 | 2, 3 |
| Community health centers | 14 |
| Job descriptions and responsibilities of employees in the community health center | 17 |
| Introduction to epidemiology; concept, history, methods | 17 |
| Areas of use of epidemiological methods | 17 |
| Descriptive epidemiology; person, place, time characteristics | 17 |
| Criteria used in epidemiology | 17 |
| Types of epidemiological research | 17 |
| Cross-sectional studies | 17 |
| Case-control studies | 17 |
| Prospective studies (cohort) | 17 |
| Reproductive health-1 | 17 |
| Reproductive health-2 | 17 |
| Health level measures-1 | 17 |
| Health level measures-2 | 17 |
| Infectious diseases epidemiology-1 | 17 |
| Infectious diseases epidemiology-2 | 17 |
| Notification systems of infectious diseases | 17 |
| Basic tools-control programs for the prevention of communicable diseases | 17 |
| The investigation of outbreaks | 17 |
| Outbreak control and prevention | 17 |
| Community nutrition-1 | 17 |
| Community nutrition-2 | 11 |
| Population and health | 12 |
| Population structure, change and policies in our country | 10 |
| Global warming and health | 10 |
| The housing health and safety | 10 |
| Air pollution and health safety-1 | 11 |
| Air pollution and health security-2 | 11 |
| Food and safety | 11 |
| Water and sanitation-1 | 11 |
| Water and sanitation-2 | 12 |
| Introduction to occupational health; concept, history, fields of study | 12 |
| Occupational health and safety protection policies and application principles | 12 |
| Work accidents-1 | 11 |
| Work accidents-2 | 11 |
| Introduction to occupational diseases | 15 |
| Legal arrangements, risks, protection and precaution in occupational diseases | 15 |
| Protection and prevention | 15 |
| Occupational risks of healthcare workers | 15 |
| Control and prevention of health care workers | 15 |
| School health | 13 |
| Migration and health | 13 |
| Chronic diseases-1 | 13 |
| Chronic diseases-2 | 13 |
| Health education | 10 |
| Health promotion | 10 |
| Chronic diseaes control programs-1 | 8 |
| Chronic diseases control programs-2 | 8 |
| Elders, aging, community aging | 8 |
| Health and social problems of the elderly | 8 |
|  |  |
| **Clinical Ethics** |  |
| Clinical ethics: Ethical dilemma, ethical problem, ethical decision and decision maker, Ethical decision making models | 19 |
| Ethical Issues in Beginning of Life: Family Planning, Abortion, Artificial Insemination - New Reproductive Techniques | 19 |
| Ethical Issues Regarding End of Life: Withholding/Termination of Treatment, Right to Die; Assisted Suicide, euthanasia | 19 |
| Justice in Medicine: Fair sharing of scarce resources | 19 |
| Ethical Issues in Advanced Medical Technologies | 19 |
| Vulnerable groups (children, elderly, disabled, detainees, etc.) | 19 |
| **Medical Genetics** |  |
| The importance of screening and early diagnosis in genetic diseases | 19 |
| Population genetics | 19 |

**DUTIES and RESPONSIBILITIES OF STUDENTS and OTHER ISSUES**

**EDUCATIONAL PROGRAM**

1. Education in the faculty is carried out with an integrated system, the subjects and hours of which are arranged on the basis of coordination.

2. Education; In Phase I, Phase II and Phase III, it consists of common compulsory and elective courses with course committees conducted in an integrated system. In Phase I, Phase II and Phase III, one year is a whole and is considered as a single course, excluding common compulsory and elective courses.

**LESSONS**

1. Each semester in the faculty's education program is a prerequisite for the next semester. Except for the common compulsory courses and elective courses, it is not possible to proceed to the next semester without completing all the courses, practices and courses of a semester.

2. Students who fail common compulsory and elective courses in Phase I, Phase II and Phase III continue to the next semester. However, students must be successful in these courses before starting Phase IV.

**ECTS:**

1. The sum of course credits for an academic year is 60 ECTS.

2. In order to graduate from the Faculty of Medicine at the end of 6 years of education, the minimum graduation credit must be 360 ​​ECTS and the overall grade point average must be at least 2.00.

**OBLIGATION TO CONTINUE**

1. The principles regarding the attendance of students in Phase I, Phase II and Phase III are as follows:

2. Attendance at the faculty is compulsory. The follow-up method of attendance at the faculty is determined by the Dean's Office.

3. Each of the committees in Phase I, Phase II and Phase III are evaluated within itself. A student who does not attend more than 30% of the theoretical courses in these course committees, with or without an excuse, receives a zero grade from that course committee and cannot take the exam.

4. In Phase I, Phase II and Phase III, students who exceed 30% in all theoretical courses in a phase, whether or not they have an excuse for absenteeism, are not entitled to take the final and make-up exams. These students are given a TT grade.

5. With or without an excuse, a student who does not attend more than 20% of the total practical course hours of the department with 10 or more practical lessons is not taken to the practical exam of that department and the practice grade is evaluated as zero. In this case, the student is treated as having a score under the threshold from the practical exam separately.

6. With or without an excuse, a student who does not attend two hours of the practical courses of the department with less than 10 hours of practical lessons in a course committee is not taken to the practical exam of that department and the practice grade is evaluated as zero. In this case, the student is treated as having a score under the threshold from the practical exam separately.

7. Professional (vocational) skills practices are evaluated as a whole. If the total professional skills practices in a course committee are less than 10 hours, the student who does not participate in the 2 course hours, and if the total professional skills practices in the course committee are more than 10 hours, the student who does not attend more than 20% of the total course hours, the professional skills practice / application grade in that course committee is evaluated as zero. In this case, the student will be below the threshold in addition to the professional skills practice/practice exam.

**RECOGNITION OF PRIOR EDUCATION**

1. Students apply to the Dean's Office with a petition **within the first week of the academic year** in order to have the courses they have taken and succeeded from other higher education institutions recognized and adapted.

2. In the petition, the courses they want to be exempted from and the grades they get from these courses are clearly stated. In the annex of the petition, documents approved by the official authorities regarding their previous education, the grades of the courses they have previously completed, and their content are submitted.

**EVALUATION OF SUCCESS IN PHASE I, PHASE II, PHASE III EXAMS**

1. The following principles are followed in calculating the exam grades of the course committees:

2. Board exams are made as written exams and/or by using alternative methods such as homework/project. Exams can be conducted face-to-face and/or using digital facilities. In addition to the written exams, practical-practice and/or oral exams can be made by using face-to-face and/or digital facilities in the committees with practice. Different assessment methods can be determined for problem-based teaching, vocational skills training and other similar training practices.

3. The total grade of practical courses and their distribution according to the courses, the grade weight of the vocational skills practices, problem-based teaching (PBL) and other similar education and examination practices and the distribution according to the boards are determined by the Phase coordinators in line with the content of the education-training program.

4. In a course committee exam, each course and practice/practice exam has its own threshold. The threshold limit is 50%. If the student gets a grade below 50% in one or more of the courses that make up the board in the course committee exam, the score difference between the score obtained in that branch and 50% of the total score of that branch is deducted from the total score of the exam, and the exam grade of that course committee is determined. For the courses whose number of questions is less than 5% of the total number of questions in that exam, the relevant phase coordinator may decide to combine the dam application. Theoretical and practical points of the courses that make up the course committee are added together, and the course board exam score is found.

5. If the result is negative in the calculation of the total score of the course committee, this score is evaluated as zero.

6. Phase committees average grade: To calculate the phase committees average grade point; The ECTS value of each committee in that period is multiplied by the coefficient of the letter grade received from that committee. The values ​​found as a result of the multiplication are added together and the total value obtained is divided by the total ECTS value of these committees. The resulting average is displayed as two decimal places.

7. Course committees are made by using alternative methods such as end-of-Phase (final) and make-up exams, written exams and/or homework/projects. Exams can be conducted face-to-face and/or using digital facilities. In addition to the written exams, a practical (practice) and/or oral exam can also be conducted using face-to-face and/or digital facilities.

8. In order to be considered successful, it is obligatory to get at least 50 points from the course committees end-of- Phase exam or the course committees make-up exam.

9. The final grade of the course committees is the grade obtained by adding 60% of the average grade of the course committees and 40% of the grade received from the final exam. In the calculation of the final grade of the students who fails, the grade taken from the make-up exam is taken as a basis instead of the grade from the final exam. In order for the student to move up to the next grade, he/she must get at least 50 from the course committees end-of- Phase exam or make-up exam, and The final grade of the course committees must be at least 60 out of 100.

10. The provisions of Muğla Sıtkı Koçman University Associate and Undergraduate Education Regulations published in the Official Gazette dated 27/8/2011 and numbered 28038 are applied in the conduct of common compulsory courses and non-TIP/MED coded elective/compulsory courses and in the evaluation of their exams.

**RIGHT TO EXEMPTION FROM THE END OF PHASE (FINAL) EXAM**

1. Students with an average grade of 85 and above in the course committees and a score of at least 60 and above from each course committee are not required to take the end-of- Phase exam. The average grade of the course committees of the students who have the right to be exempted from the end-of- Phase exam is accepted as the end-of- Phase success grade of the course committees.

2. Students who want to take the the end-of- Phase exam, although they have obtained the right to be exempted from the end-of- Phase exam, must notify the Dean's Office in writing at least 7 days before the exam date. For students who take the end-of- Phase exam in order to raise their grades, the end-of- Phase exam score is taken into consideration when calculating the final grade of the course committees.

**PHASE REPEAT**

1. A student whose end-of- Phase exam grade or make-up exam grade and course committees end-of-semester success grade is below the scores specified in this regulation is considered unsuccessful and failed in the class. These students repeat that semester one more time and retake the exams. In these repetitions, students are obligated to attend classes.

**RESPONSIBILITIES**

1. They strive to make the classroom atmosphere nurturing to learning.

2. They are fair in their judgments about their friends and respectful of the existence of all people in the resolution of conflicts.

3. They respect cultural differences.

4. They are intolerant of all kinds of discrimination.

5. They maintain academic integrity and act accordingly.

6. They take an impartial attitude towards research, explain the results accurately, and state the studies and ideas that have been made or developed by others.

7. They act in a respectful and cooperative manner in interaction with all members of the healthcare team.

8. Take care of their appearance, be present in a professional and clean manner, and do not wear clothing and jewelry (jewelry, tattoos, or other symbols) that may interfere with the physical care of patients or communication with them.

9. They behave professionally in 9th grade classes, in clinical settings, in the way of speaking before the patient, reliability and appearance.

10. In their clinical practice, they always carry the university's identity or name badges on their aprons.

11. They introduce themselves to patients and their relatives as **"medical students".**

12. They participate in all clinical practices they are assigned to and inform the relevant people about their excuses in advance.

13. Respect the privacy of patients when interacting with them.

14. They consider confidentiality a fundamental obligation in patient care.

15. In their interaction with patients, instructors cannot act without their supervision or knowledge.

16. They keep all medical records related to patient care confidential and ensure that educational discussions about these records are held in accordance with the principles of confidentiality.

17. They report any illegal and unprofessional practices they observe to the authorities.

18. They make discussions about hospital staff and patients in a way that no one can hear except in common areas.

19. They treat patients and their relatives, as well as other members of the healthcare team, with respect and seriousness in their dialogue and discussion.

20. They know their limitations and seek help when their experience is insufficient.

21. During training and practice studies and exams, they do not make any unauthorized video, audio and similar recordings and do not share these recordings with third parties (including in social media, internet and similar environments), do not use or collect them for other purposes.

22. They act in accordance with the principles regarding attendance and other matters of Phase I, II and III students in the MSKU Faculty of Medicine Education-Training and Examination Regulations.

23. Students know the rules to be followed by students in MSKU Faculty of Medicine Pre-Graduation Education, students' responsibilities and duties and act accordingly.

24. Students know the issues in the Student Guides for MSKU Faculty of Medicine Student Laboratory Practices and act in accordance with these issues.

**Please read:**

1. The Rules to be Followed by Students in MSKU Faculty of Medicine Pre-Graduation Education, Students' Responsibilities and Duties

2. Student Guides for MSKU Faculty of Medicine Student Laboratory Practices

**ENGLISH MEDICINE PROGRAM**

**Common Compulsory Courses English Medicine Program:** Foreign Language (English-German-French 1-2-3-4), Principles of Atatürk and Revolutionary History 1-2 (International Student: ATBY2801, ATBY2802), Turkish Language 1-2 (International Student: TDBY1801, TDBY1802), Introduction to Information & Communication Technologies (Names and codes of the lessons may differ slightly from year to year)

**MSKU Faculty of Medicine Education and Examination Regulations:** Students who fail common compulsory and elective courses in Phase I, Phase II and Phase III continue to the next semester. However, students must be successful in these courses before starting Phase IV.

**Compulsory Observation Training 1-2:** Students who successfully complete the Phase 1 do their compulsory observation training in a primary healthcare institution for ten working days during the summer or half year vacation period; Students who successfully complete Phase 2 do their compulsory observation training in a secondary or tertiary healthcare institution for ten working days during the summer or half year vacation period. Completing the observation trainings is a prerequisite for starting Phase 4. It is a prerequisite to pass the Occupational Health and Safety course in order to do the Compulsory Observation Training. Compulsory Observation Training Course is planned to come into effect in the 2023-2024 academic year.

**International students enrolled in the English Medicine Program:** Until Phase 4, the original document proving that they can speak Turkish at the B2 level, taken from the centers providing Turkish education (Turkish and Foreign Language Application and Research Center-TÖMER, etc.) accepted by YÖK, has to be submitted to the Dean's Office. Students who cannot meet the Turkish proficiency requirement cannot continue to Phase 4 until they have the prerequisite Turkish proficiency certificate.

**Courses Required Before Passing to Phase 4 of the English Medicine Program:** Foreign Language (English-German-French) 1-2-3-4, Principles of Atatürk and Revolutionary History 1-2 (Foreign Student: ATBY2801, ATBY2802), Turkish Language 1-2 (Foreign Student: TDBY1801, TDBY1802), Introduction to Information & Communication Technologies, Phase 1 Elective Course, Compulsory Observation Training 1-2, Turkish Proficiency Certificate specified in the regulation for international students (Names and codes of the lessons may differ slightly from year to year) (Register from the Student Information System and check your success at regular intervals.)

**Registration for Common Compulsory Courses and Elective Courses:** Students have to register for these courses themselves through the student information system and follow up all the courses that you have to achieve regularly through the student information system by entering the student information system at least once a week.

**Disclaimer:**

The information given in the guide above is for informing students only and does not have any legal status. Keep in mind that there may be changes over time due to the names of the courses, their codes, legal regulations, the decisions of board of coordinators, the decisions of the term coordinator and similar reasons.