



**MUĞLA SITKI KOÇMAN UNIVERSITY FACULTY of MEDICINE
PHASE 6
ENGLISH MEDICINE PROGRAM**

**COURSE of INTERNAL MEDICINE
COURSE GUIDEBOOK**

PREFACE

Dear Students,

Welcome to the internal medicine course which is an important part of your education.

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

Department of Internal Medicine

GENERAL INFORMATION on COURSE

Course Title	: Internal medicine
Main Department of Course	: Internal Medical Sciences
Department Responsible for Course	: Department of Internal Medicine
Course Code	: MED-6002
Course Topic Code	: MED
Course Type	: Required
Duration of the Course	: 2 months
Teaching Method of the Course	: Formal
ECTS	: 10
Language	: English

TEACHING METHODS-TECHNIQUES

a. Applied training methods

- ✓ Inpatient bedside (service) trainings / Inpatient bedside (service) practical applications
- ✓ Participation in outpatient services / Practical applications at the outpatient clinic
- ✓ Bedside Training / Practical Practices at the Bedside
- ✓ Instructor visits (Story taking, file preparation and presentation, interactive discussion, monitoring)
- ✓ Operating room applications
- ✓ Medical record keeping and evaluation practices
- ✓ Participation in Branch Informatics Applications

b. Interactive learning activities:

- ✓ Meetings, panels, group discussions,
- ✓ Case-based discussion sessions, problem-based training sessions with small groups, critical situation discussions, councils, gamification, structured case discussions,
- ✓ Readings and interpretations of works/articles

c. Vocational Skills applications

- ✓ The minimum number of practices/studies required for reinforcing the proficiency gained in the previous education periods in the defined vocational skills is determined and it is ensured that each intern does it.

d. Teamwork

e. Independent learning

- ✓ Independent working hours

f. Other Educational Events

- ✓ Clinical Case Reports
- ✓ Article Presentations
- ✓ Seminar/Lesson Presentations
- ✓ Literature Presentations
- ✓ Research and Presentation

PHYSICAL SPACES

Teaching Activity	Physical Space	Explanation
Theoretical lessons	Determined classroom will be notified to course group representative by deanery	Morphology Building, Ground floor classrooms
Inpatient bedside practice	Rheumatology, Nephrology, Endocrinology and Metabolic Diseases, Medical Oncology, General Internal Medicine, Gastroenterology and Hepatology, Hematology, Internal Intensive Care Services	Hospital Building inpatient side; 1st floor, 2nd floor and -2nd floor
Policlinic	Rheumatology, Nephrology, Endocrinology and Metabolic Diseases, Medical Oncology, General Internal Medicine, Gastroenterology and Hepatology, Hematology Polyclinics	
Case analysis	Theoretical lessons classroom	
Problem-based teaching	Theoretical lessons classroom	
Special audit applications	Endoscopic procedures, ERCP, hematological examinations, joint fluid sampling procedures	Related sections
Private field applications	Dialysis, chemotherapy, intensive care	Hemodialysis unit, chemotherapy center, intensive care

RELATED LEGISLATION

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

AIM(S) of the COURSE

1	In this course, it is aimed that the students understand the basics of the approach to internal medicine that are common and may require urgent intervention.
2	In this course, it is aimed that the students get to know the patients effectively and make practical application and treatment approaches at the primary care level.
3	In this course, it is aimed that the students have the necessary knowledge and skills to distinguish the patients who need to be referred to a higher level or a different branch.

OBJECTIVE(S) of the COURSE

1	To be able to question the symptoms of internal medicine during history taking and physical examination, to be able to recognize these symptoms in the examination, to be able to request and interpret the necessary tests at the first stage, to be able to treat common diseases in the community, to be able to determine which patients should be evaluated by a specialist.
2	To be able to evaluate the results of complete blood count and peripheral blood smear and make comments about the result.
3	To be able to perform urinalysis, interpret basic laboratory (blood count, biochemistry, serology, blood gas) results.
4	To be able to request basic radiological examinations according to appropriate indications and interpret the results.
5	To be able to recognize electrolyte and acid-base disorders and applying the first approach.
6	To be able to take and interpret ECG.
7	To be able to open vascular access, ability to be able to administer iv, im. and sc treatments.
8	To be able to perform procedures such as blood gas taking, paracentesis and thoracentesis applications, urinary catheterization and nasogastric tube insertion.
9	To be able to prepare the patient's medical file and To be able to monitor the patient.
10	To be able to behave ethically and deontologically to society, patients and their relatives, colleagues.

INTENDED LEARNING OUTCOME(S)

1	Can question the symptoms of internal medicine during history taking and physical examination, can recognize these symptoms in the examination, can request and interpret the necessary tests at the first stage, can treat common diseases in the community, can determine which patients should be evaluated by a specialist.
2	Can evaluate the results of complete blood count and peripheral blood smear and make comments about the result.
3	Can perform urinalysis, interpret basic laboratory (blood count, biochemistry, serology, blood gas) results.
4	Can request basic radiological examinations according to appropriate indications and interpret the results.
5	Can recognize electrolyte and acid-base disorders and applying the first approach.
6	Can take and interpret ECG.
7	Can open vascular access, ability Can administer iv, im and sc treatments.
8	Can perform procedures such as blood gas taking, paracentesis and thoracentesis applications, urinary catheterization, and nasogastric tube insertion.
9	Can prepare the patient's medical file and can monitor the patient.
10	Can behave ethically and deontologically to society, patients and their relatives, colleagues.

DUTIES AND RESPONSIBILITIES OF STUDENTS and OTHER ISSUES

Please read: MSKU Medical Faculty Pre-Graduation Education Rules, Students' Responsibilities and Duties (MSKÜ Tıp Fakültesi Mezuniyet Öncesi Eğitiminde Öğrencilerin Uyması Gereken Kurallar, Öğrencilerin Sorumlulukları ve Görevleri)

Web Site: <https://tip.mu.edu.tr/tr/ilgili-mevzuat-6641>

FIRST DAY:

1. Intern doctors are welcomed collectively, basic information about the Internal Medicine internship and its functioning is given by the head of the department and the intern responsible faculty member, the clinic is introduced and the working principles are explained.
2. Afterwards, the intern doctors are directed to the subbranches they will work in.

BASIC RULES OF WORKING IN CLINICS AND POLYCLINICS IN INTERNAL MEDICINE INTERN DOCTORSHIP:

(*Science-based working principles will be specified in detail)

1. Working hours are between 08:00 in the morning and 17:00 in the evening.
2. Intern doctors are obliged to comply with the working rules of the units they work in, to act in accordance with the regulations on dress and to participate in various practical applications within the control of the assistant physician in this unit.
3. Morning visit is between 08:00-09:00 on weekdays. All intern doctors attend the visit accompanied by the assistant doctors in the unit. On weekends and holidays, morning visits are held at 09:00 with the participation of intern doctors and assistants who have transferred and taken over the duty.
4. Evening visits are held between 16:00 and 17:00 on weekdays with the participation of intern doctors who have transferred and taken over the duty, as well as assistants.
5. Intern doctors cannot leave the service without delivering the patients they follow during the evening duty visit. Delivery between intern doctors is not accepted. Deliveries are made collectively with the on-duty assistant team.
6. Intern doctors first evaluate the patient who is admitted to the service.
7. Intern doctors take the anamnesis of the patients hospitalized in the company of the assistant doctors and the relevant faculty member, perform their physical examination, prepare their files, request the necessary examinations, monitor the patients, and record their daily follow-up notes (progress) in the patient file.
8. Intern doctors take the necessary samples for laboratory examinations such as blood gas, blood sugar, hemogram and biochemical samples of the patients they follow in the clinic. In the clinic, he is primarily responsible for requesting examinations of each intern patient, following up the results and processing the file

9. Intern doctors perform medical procedures such as dressing, ECG recording, urinary catheterization and nasogastric tube insertion in the presence of appropriate indications for the patients they follow in the clinic.
10. Intern doctors present the patients they follow during clinical visits to the clinician and faculty member.
11. When medically necessary, they accompany the patient in consultations and examinations.
12. Intern doctors assist in the preparation of epicrisis and patient discharge documents by the responsible research assistant.
13. Intern doctors working in the polyclinic take the anamnesis of the patients who apply to the polyclinic, conduct their examinations, request their examinations, and prepare their files. In this way, they take an active part in the evaluation of outpatients.
14. Intern doctors working in the polyclinic actively participate in the processes of issuing patient prescriptions, creating a patient treatment schedule and monitoring the course of treatment, under the control of the responsible assistant or specialist doctor.
15. Watches are kept in the assistance of the assistant and they participate in patient follow-up and practices in the assistance of the assistant doctor during the shift.
16. Intern doctors are required to attend academic events where seminars, article presentations or educational videos are watched.

INTERNAL MEDICINE DEPARTMENT

RHEMATOLOGY SUB-BRANCH INTERN WORKING PRINCIPLES

1 DAY:

1. The intern comes to the faculty member of the Rheumatology Department and they are informed about the rules and working order that they have to follow during their work in the department.

KNOWLEDGE ATTITUDES AND SKILLS

1. Taking rheumatological anamnesis, making differential diagnosis
2. Ability to examine the musculoskeletal system
3. Ability to perform tests that are frequently used in rheumatology practice ➤ a- Patergy test ➤ b- M.Schober test, chin- sternum, occiput-wall, hand finger ground distance measurement Measurement of chest expansion
4. Ability to present patients during visits
5. Ability to keep patient files organized
6. Monitoring of minor salivary gland biopsy
7. Monitoring of intraarticular interventions
8. Monitoring of capillaroscopy
9. Monitoring of Joint Ultrasonography

WORKING CONDITIONS

- 1) Intern doctors work between 7.30-17.30 on the condition that they finish their work.
- 2) They take leave for lunch between 12.00-12.30

ONE-DAY WORK PLANS:

1. 7.30-8.30 visit
2. Between 8.30-9.00: Doing the work of the patients in the service, writing their daily notes
3. Seeing patients in the polyclinic together with the faculty member between 9.00-12.00 and requesting their examinations

4. It is obligatory to attend meetings such as joint seminars, articles and Case Reports of the Internal medicine department on Wednesdays and Thursdays between 12.30-13.30.
5. Looking at the results and making the differential diagnosis of the patients together with the lecturer between 13.30-16.30, processing the data into the files
6. Attending the visit with the lecturer and assistant between 16.30-17.30

RULES OF WATCH

1. The watch continues between 17:00 and 08:00 the next day.
2. Along with the specialists and assistants in charge of the watch, intern doctors are responsible for the examination of the patients in the service, their follow-up, the requesting of the tests, the care of the patients coming from the emergency room, and the consultations.

EDUCATIONAL EVENTS

1. Each intern doctor is responsible for presenting one case, article or seminar to one Department of Internal medicine and one Department of Rheumatology at the time determined by the faculty member.

INTERNAL MEDICINE DEPARTMENT

HEMATOLOGY SUB-BRANCH INTERNSHIP WORKING PRINCIPLES

1 DAY:

1. Intern doctors come to the faculty member of the Department of Hematology and they are informed about the rules and working order that they have to follow during the time they work in the department.

KNOWLEDGE ATTITUDES AND SKILLS

1. Taking hematological anamnesis, making differential diagnosis
2. Ability to inspect the system
3. Ability to perform frequently used tests in hematology practice
 - ✓ ➤ a- Should be able to make peripheral smear, check the bleeding time,
 - ✓ ➤ b- Should be able to perform mixing test
 - ✓ ➤ c- Should be able to learn to use a microscope
 - ✓ ➤ d- Recognize cells in peripheral smear and bone marrow aspiration
4. Ability to present patients during visits
5. Ability to keep patient files organized
6. Ability to learn how to do bone marrow aspiration, imprint and biopsy.

WORKING CONDITIONS

1. Intern doctors work between 08:00-17:00 on the condition that they finish their work.
2. They take leave for lunch between 12:00 and 12:30.

One-day Study Plans:

1. Visit between 08:00-09:00
2. Between 09:00-10:00 Doing the work of the patients in the service, writing their daily notes
3. Seeing patients in the polyclinic together with the lecturer between 10:00-12.00 and requesting their examinations
4. It is obligatory to attend meetings such as joint seminars, articles and Case Reports of the Internal medicine department on Wednesdays and Thursdays between 12.30-13.30.

5. Looking at the results and making the differential diagnosis of the patients together with the lecturer between 13.30-16.00, processing the data into the files
6. Attending the visit with the lecturer and assistant between 16.00-17.00

RULES OF WATCH

1. The watch continues between 17:00 and 08:00 the next day.
2. Along with the specialists and assistants in charge of the watch, intern doctors are responsible for the examination of the patients in the service, their follow-up, the requesting of the tests, the care of the patients coming from the emergency room, and the consultations.

EDUCATIONAL EVENTS

1. Each intern is responsible for presenting one case, article or seminar to one Department of Internal medicine and one Department of Hematology at the time determined by the faculty member.

INTERNAL MEDICINE DEPARTMENT MEDICAL ONCOLOGY SUB-BRANCH INTERNSHIP WORKING PRINCIPLES

1. To see the 6th phase students of our Faculty, whose vision will be embarked on their medical career, as candidate physicians, to increase their clinical, polyclinic and emergency experience in the field of Medical Oncology in a way that will protect the professional and social hierarchy between the physicians and health professionals with whom they will work within the framework of the principles and ethical rules of medicine, To improve their knowledge, to support their scientific activities, To emphasize that a cancer patient is a multidisciplinary patient, that communication with cancer patients and their relatives will be necessary in each medical branch and to acquire sufficient basic knowledge and clinical experience in this regard.

Candidate physicians, who are directed by the Internal Medicine Intern doctorship Phase 6 Coordinator with the directive accepted by the academic board, come to the head of the Department and introduce themselves.

2. In the meantime, information is given about the functioning of the Medical Oncology Department, its working areas, working teams, clinic, polyclinic and chemotherapy center. According to the number of candidate physicians, the text prepared on JOB DEFINITIONS and TRAINING/VOCATIONAL SKILLS to be DONE is announced to them and the study team in writing.
3. Job descriptions of candidate physicians in order to ensure their ethical and effective communication with patients, their relatives and all other healthcare professionals

MEDICAL ONCOLOGY KNOWLEDGE ATTITUDES AND SKILLS

1. To be able to make the medical history and physical examination of the cancer patient
2. To be able to manage the mechanism of action and side effects of drugs in the treatment of cancer patients
3. To be able to make differential diagnosis of cancer patients in acute clinical conditions associated with cancer or other causes other than cancer.
4. Developing communication skills with cancer patients and their relatives

5. To understand the importance of palliative care in cancer patients and to improve their knowledge
6. To observe and then individually apply the procedures to be performed in cancer patients such as paracentesis, thoracentesis, bone marrow aspiration and biopsy, peripheral smear, arterial and venous blood gas, wound culture, blood culture, wound care, port care, catheter care
7. To improve the internal medicine knowledge of cancer patients within the scope of their cancer and cancer-related complications and comorbidities (electrolyte disorders, renal disorders, hepatic disorders, myelosuppression, etc.).

WORKING CONDITIONS

1. Prospective physicians are present at the Medical Oncology Clinic at 8.15 at the latest and take place in the places determined according to the number of candidate physicians (clinic, polyclinic, chemotherapy center)
2. It is not within their duties to write patient treatments and epicrisis.
3. There are no job descriptions such as accompanying the patient or carrying a stretcher for examination purposes, except for patients with hemodynamic disorders.
4. It is obligatory to attend the Seminar on Wednesday afternoon and Intern Education Presentations on Thursday afternoon, which are officially determined by the Department of Internal Medicine. They can participate in the training meetings of other disciplines, if they wish, without disrupting their duties in the Medical Oncology Department.
5. The procedures and principles of the seizure are included in the rules of the Department of Internal medicine.
6. Attends lecturer visits, participates in specified tumor councils with or without preparing patients
7. Medical Oncology Department is obliged to conduct 1 seminar and 1 case analysis during the 1-month period he is in charge of within the education program. The department prepares a case determined by the faculty members in the form of "case report" according to the rules of article writing and receives training.
8. It is not included in database entry or archive scanning tasks. They take part in the scientific study team within their wishes.
9. They can leave the Medical Oncology Clinic by 1700.
10. At the end of the intern doctorship, they complete the questionnaire of the Medical Oncology Department.

INTERNAL MEDICINE DEPARTMENT

ENDOCRINOLOGY SUB-BRANCH INTERNSHIP WORKING PRINCIPLES

1 DAY:

1. The intern comes to the faculty member of the Department of Endocrinology, and they are informed about the rules and working order that they have to follow during the time they will work in the department.

KNOWLEDGE ATTITUDES AND SKILLS

1. Taking endocrinological anamnesis, making differential diagnosis
2. To be able to examine the endocrine system
3. To be able to interpret the frequently used tests in endocrinology
 - ✓ OGTT
 - ✓ Thyroid Function Tests
4. Ability to present patients during visits
5. Ability to keep patient files organized
6. Ability to measure blood sugar with a strip
7. Ability to intervene in hypoglycemia
8. Monitoring of thyroid fine needle aspiration biopsy
9. Monitoring of Thyroid Ultrasonography

WORKING CONDITIONS

1. Intern doctors work between 8.00-17.30 on the condition that they finish their work.
2. They take leave for lunch between 12.00-12.30

ONE-DAY WORK PLANS:

1. Visit between 8.00-9.00
2. Between 9.00-9.30 Doing the work of the patients in the service, writing their daily notes
3. Seeing patients in the polyclinic with the faculty member between 9.30-12.00 and requesting their examinations
4. It is obligatory to attend meetings such as joint seminars, articles and Case Reports of the Internal medicine USA on Wednesdays and Thursdays between 12.30-13.30.

5. Looking at the results and making the differential diagnosis of the patients together with the lecturer between 13.30-16.30, processing the data into the files
6. Attending the visit with the lecturer and assistant between 16.30-17.30

RULES OF WATCH

1. The watch continues between 17:00 and 08:00 the next day.
2. Along with the specialists and assistants in charge of the watch, he is responsible for the examination of the patients in the service, their follow-up, the requesting of the tests, the care of the patients coming from the emergency room, and the consultations.
3. Along with the specialists and assistants in charge of the watch, he is responsible for the examination of the patients in the service, their follow-up, the requesting of the tests, the care of the patients coming from the emergency room, and the consultations.

EDUCATIONAL EVENTS

1. Each intern is responsible for presenting one case, article or seminar to one Department of Internal medicine and one Department of Endocrinology at the time determined by the faculty member.

INTERNAL MEDICINE DEPARTMENT GASTROENTEROLOGY SUB-BRANCH INTERNSHIP WORKING PRINCIPLES

GASTROENTEROLOGY DEPARTMENT PHASE 6 EDUCATION CONTENT

PURPOSE;

- ✓ At the end of the gastroenterology intern doctorship, it is aimed that intern doctors will be competent in the diagnosis and treatment of common gastroenterological problems and learn to intervene in gastroenterological emergencies.

FIRST DAY:

1. Intern doctors come to the responsible faculty member of the Gastroenterology Department.
2. In this session, the responsible faculty member explains the aims, program, working conditions and rules of the intern doctorship.
3. Questions about the internship period, if any, are answered.
4. Learning Goals Making daily visits with relevant faculty members, specialists and assistant doctors and patient follow-up, learning the common pathologies in the community such as gastroesophageal reflux, irritable bowel disease, peptic ulcer, and emergency case approaches such as acute hepatitis, upper gastrointestinal bleeding and acute pancreatitis on a case-by-case basis. It is aimed to acquire the skills of nasogastric tube application and paracentesis application.

TEACHING METHODS

1. Patient Visits at least 2 times a day
2. Weekly article hours
3. Daily follow-up of patient clinical follow-ups and writing to the file and Information Management system,
4. It is planned to carry out the procedures to be performed at the bedside in the company of a specialist and assistant doctor.

ASSESSMENT- EVALUATION METHODS:

- ✓ From the day the intern doctors start their intern doctorship, success scores are made by taking into account the work in the clinic, their level of interest and application report cards.

DAILY WORKING CONDITIONS:

1. Working conditions in the clinic; Work will begin at 08:00 every day.
2. The results of the patients should be evaluated, recorded in the files, daily routine tests should be requested, and patient examinations should be done completely, together with the related faculty member and the assistant he/she works with.

RULES OF WORKING IN THE POLYCLINIC;

1. They will perform outpatient clinics in the gastroenterology polyclinic, under the supervision of the faculty member responsible for the polyclinic and his assistant.

RULES OF WATCH;

1. The duty time is between 17.00 - 08.00 on weekdays and between 09.00 - 09.00 on holidays.
2. However, the place of duty cannot be left until the clinic is transferred.
3. At the end of the watch, the shift is done.

SPECIFIC RULES:

1. Intern doctors should take care of their costumes and clothes, and act in accordance with laws and regulations.

INTERNAL MEDICINE DEPARTMENT

NEPHROLOGY SUB-BRANCH INTERNSHIP WORKING PRINCIPLES

Every intern who will do his internship in the Department of Nephrology is included in the adaptation program on the first day of the intern doctorship.

IN THE COMPLIANCE PROGRAM;

1. Clinical presentation (Nephrology Clinic, Hemodialysis Unit and Nephrology Polyclinic),
2. Getting to know the clinic (Nephrology Department and Clinic Faculty Members and Clinic Doctors, Dialysis Physicians,
3. Nephrology Clinic Assistant Health Personnel,
4. Hemodialysis Clinical Assistant Health Personnel)
5. Information about Kar-med computer program,
6. Information is given about the working order.

WORKING ORDER;

1. Intern Doctor Study in the Department of Nephrology starts at 08:00 in the morning and ends at 17:00 except for medical necessity.
2. It is not appropriate for the Intern Doctor to leave the clinic without the permission of the Faculty Members, except for medical requirements.
3. It gives a lunch break at the appropriate time between 12:00 and 13:00 at noon.
4. He/she must attend the Internal Medicine Education program between 12:30-13:30 on Wednesday and Thursday.
5. Must attend the Nephrology Training Program held between 10:00-12:00 on Friday.
6. Helps draw conclusions in the morning and attends visits with Research Assistants. Faculty Members attend clinical visits with Research Assistants.
7. In the Nephrology Polyclinic, he works with the Faculty Members in the patient examination and examination request process and in the evaluation of the result.

KNOWLEDGE, SKILLS AND GAINS

1. Nephrological history taking and questioning of symptoms
2. Ability to perform a nephrological physical examination
3. Being able to interpret the result of the Complete Urine Examination

4. Being able to interpret the results of Kidney Function Tests
5. Ability to interpret electrolyte results
6. Ability to interpret Blood Gas results
7. Ability to insert a Foley catheter
8. Ability to insert a nasogastric tube
9. Ability to open vascular access
10. Ability to take EKG
11. Ability to wear Air-Way
12. Artery and Vein Blood gas acquisition
13. Ability to set indications for acute and chronic hemodialysis
14. Accompanying temporary central catheter kit for hemodialysis
15. Accompanying indwelling catheter kit for hemodialysis
16. To be able to put the indications of peritoneal dialysis
17. Accompanying peritoneal dialysis catheter insertion

EDUCATION;

1. Wednesday 12:30-13:30 Internal medicine Training Hour Thursday 12:30-13:30
Internal medicine Training Hour
2. Friday 10:00-12:00 Nephrology Training Hour

WATCH;

1. Subject to the seizure rules determined by the Internal medicine USA, it does not keep watch in the Nephrology Clinic.

GENERAL INTERNAL MEDICINE INTERNSHIP WORKING PRINCIPLES

WORKING PRINCIPLES FIRST DAY:

1. The intern doctors are welcomed by the head of the General Internal Medicine Department and/or the intern responsible faculty member on the first day of the intern doctorship, the clinic is introduced and the working principles are explained.

LEARNING OBJECTIVES

At the end of the Internal Medicine intern doctorship, semester 6 students;

A. Information

1. Recognize and apply emergency treatments for common internal medicine that are common in the community, and determine which patients should be evaluated by a specialist,
2. Should be able to comprehend the diagnosis, treatment and follow-up processes of chronic diseases such as Hypertension, Diabetes, dyslipidemia, obesity, malnutrition etc. which are common in the society.

B. Skill

1. Should be able to question the symptoms of internal medicine during history taking and physical examination, recognize these symptoms during the examination, request the necessary tests at the first stage and interpret them,
2. Gain the knowledge and skills of preparing the patient's file and patient follow-up,
3. Should be able to interpret PA chest X-ray, abdominal and extremity X-rays appropriately,
4. Should be able to take and interpret EKG,
5. Should be able to take blood gas and interpret it,
6. Recognize electrolyte and acid-base disorders and apply the first approach,
7. In emergencies, the patient should be able to stabilize,
8. Must be able to apply Foley Catheter and orogastric / nasogastric tube,
9. Be able to perform urinalysis and interpret basic laboratory (blood count, biochemistry, serology, blood gas) results.

C. Attitude

1. Be principled and respectful in the light of ethical values in relations with patients and colleagues,
2. Should be able to deal with problems scientifically and use scientific methods in their solutions.

Clinical and polyclinic study rules:

1. Working hours are between 08:00 in the morning and 17:00 in the evening.
2. Intern doctors are obliged to comply with the working rules of the units they work in, to act in accordance with the regulations on dress and to participate in various practical applications within the control of the assistant physician in this unit.
3. Morning visit is between 08:00-09:00 on weekdays. All intern doctors attend the visit accompanied by the assistant doctors in the unit.
4. In the General Internal Medicine intern doctorship, one day a week before noon is determined as a common visit day. On the joint visit day, General Internal Medicine Faculty members, assistant doctors and intern doctors attend the training visit collectively. After the joint visit, they participate in the seminars given by a faculty member for the intern doctors and assistants every week.
5. Intern doctors first evaluate the patient admitted to the service. Intern doctors take the anamnesis of the patients hospitalized in the company of the assistant doctors and the relevant faculty member, do their physical examination, prepare their files, request the necessary examinations, monitor the patients, and record their daily follow-up notes (progress) in the patient file.
6. Intern doctors take the necessary samples for laboratory examinations such as blood gas, blood sugar, hemogram and biochemical samples of the patients they follow in the clinic. In the clinic, he is primarily responsible for requesting examinations of each intern patient, following up the results and processing the file.
7. Intern doctors perform medical procedures such as dressing, ECG recording, urinary catheterization and nasogastric tube insertion in the presence of appropriate indications for the patients they follow in the clinic.
8. Intern doctors present the patients they follow during clinical visits to the clinician and faculty member.
9. Intern doctors assist in the preparation of epicrisis and patient discharge documents by the responsible research assistant.

10. Intern doctors working in the polyclinic take the anamnesis of the patients who apply to the polyclinic, conduct their examinations, request their examinations, and prepare their files. In this way, they take an active part in the evaluation of outpatients.
11. Intern doctors working in the polyclinic actively participate in the processes of issuing patient prescriptions, creating a patient treatment schedule and monitoring the course of treatment, under the control of the responsible assistant or specialist doctor.
12. The procedures and principles of the seizure are included in the rules of the Department of Internal Medicine.
13. Intern doctors are required to attend academic events where seminars, article presentations or educational videos are watched.
14. On Wednesdays and Thursdays, between 12.30-13.30, the joint seminar, article, case report meetings of the Internal medicine Department are held.
15. Wednesday General Internal Medicine joint post-visit training meeting

RECOMMENDED RESOURCE(S)

KEY RESOURCE(S)

KEY RESOURCE(S)	Matched Course Outcome(s)
1. Harrison's Internal Medicine	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
2. Cecil Essential of Medicine	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
3. İç Hastalıkları 2 Cilt 3. Baskı, Gürler İlçin.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
4. Harrison's Rheumatology	8
5.Oxford Textbook Rheumatology	8
6.Uptodate	1, 2, 3, 4, 5, 6, 7, 8, 9, 10
7.Comprehensive Nephrology	5
8. Primer on Kidney diseases	5

ADDITIONAL RESOURCE(S)

ADDITIONAL RESOURCE(S)	Matched Course Outcome(s)
1. National Comprehensive Cancer Network (NCCN) Guidelines. Link: https://www.nccn.org/	9
2.Türk Hematoloji Derneği Kılavuzları. Link: https://www.thd.org.tr/menu/259/kutuphane	10
3.Türkiye Endokrinoloji ve Metabolizma Hastalıkları Derneği Kılavuzları. Link: https://temd.org.tr/yayinlar/kilavuzlar	6
4.Klinik Uygulamada Hematoloji. Robert S. Hillman.	10

ASSESSMENT and EVALUATION

Phase 6 Student Internship Success Criteria: (All criteria must be met)

1. The student must fulfill the internship continuity criteria.
2. Candidate Physician Qualification Certificate scoring of 60 and above is considered successful.
3. Candidate Physician Logbook scoring of 60 and above is considered successful.

Faculty of Medicine
English Medicine Program
Phase 6
Internal Medicine
Course
Competence Matrix

Course	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12	PO13
Internal Medicine	5	5	4	4	1	1	3	2	2	1	4	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>

CANDIDATE PHYSICIAN QUALIFICATION CERTIFICATE

MUGLA SITKI KOCMAN UNIVERSITY MEDICAL SCHOOL INTERNAL MEDICINE INTERNSHIP CANDIDATE PHYSICIAN QUALIFICATION CERTIFICATE		
Student's name and surname: Number:		Beginning:/...../..... End: .../..../.
A	Participation in Internship Training Programs (25 points) ✓ Seminar, article, case report etc. ✓ Report-Homework Preparation etc. ✓ Research etc.	
B*	Internship Logbook Score (50 points) * ✓ Fulfilling the applications specified in the internship logbook in the desired number and level etc.	
C	Fulfilling Intern Physician Work Responsibilities: (25 points) ✓ Learning the seizure system, taking over, and transferring patients, obeying the hours ✓ Service Activities ✓ Polyclinic Activities ✓ Fulfillment of assigned tasks ✓ Adaptation and Participation in Teamwork ✓ Communication with patients and their relatives ✓ Compliance with working hours etc.	
CONTINUITY:		Continuous (....) Discontinuous (.....)
RESULT:		Successful (....) Unsuccessful (.....)
EVALUATION SCORE: (With numbers and text) Score: (out of 100)	INTERNSHIP COORDINATOR ACADEMIC STAFF: Date: Signature:	HEAD OF DEPARTMENT Date: Signature:
Phase 6 Student Internship Success Criteria: (All criteria must be met) 4. The student must fulfill the internship continuity criteria. 5. Candidate Physician Qualification Certificate scoring of 60 and above is considered successful. 6. Candidate Physician Logbook scoring of 60 and above is considered successful.		
* Half of the Candidate Physician Internship Logbook Score must be reflected in the B field.		

CANDIDATE PHYSICIAN INTERNSHIP LOGBOOK

MUGLA SITKI KOCMAN UNIVERSITY MEDICAL SCHOOL INTERNAL MEDICINE CANDIDATE PHYSICIAN INTERNSHIP LOGBOOK			
Student's name and surname:		Number:	
Beginning:/...../.....		End:/...../.....	
		Level	Performed
1. 1	Patient file preparation	4	
2. 2	History taking, physical examination, identifying problems and plan, presentation and follow-up	4	
3. 3	Selecting appropriate laboratory testing and other diagnostic tools	4	
4. 4	Requesting rational laboratory and imaging examination	4	
5. 5	Requesting the planned examinations, filling the request form for laboratory microbiological / pathological / radiological examination	4	
6. 6	Evaluating frequently requested laboratory results (normal and pathological interpretation), planning further investigations if necessary	4	
7. 7	Applying the principles of working with biological material	4	
8. 8	Obtaining a biological sample from the patient	3	
9. 9	Taking the laboratory sample under appropriate conditions and delivering it to the laboratory	4	
10.	Providing decontamination, disinfection, sterilization, antisepsis	4	
11.	Obtaining culture samples for the relevant infection (throat, stool, pus, blood, skin, body fluids)	4	
12.	Preparing dye-free (direct) preparation for microscopic examination and to be able to examine	4	
13.	Bleeding and clotting time measurement	4	
14.	Performing and evaluating full urine analysis (including microscopic examination)	4	
15.	Stool smear preparation and microscopic examination	4	
16.	Measuring, performing and evaluating blood sugar with a glucometer	4	
17.	Measuring and evaluating bleeding time	4	
18.	Performing and evaluating complete blood count and peripheral smear	3	
19.	Catheter care	4	
20.	Peritoneal and hemodialysis follow-up	2	
21.	Transfusing blood	2	
22.	Applying insulin injection techniques	3	
23.	Using a microscope	4	
24.	Wound dressing	4	
25.	Vascular access	3	
26.	Venous, capillary blood sampling	4	
27.	Urine catheter insertion	4	
28.	Serum insertion	4	
29.	Reading and evaluating direct graph	3	
30.	Developing a differential diagnosis approach	4	
31.	Endoscopic procedure	1	
32.	Intubation	3	

33.	Applying intraosseous applications	2	
34.	Inject IM, IV, SC, ID	4	
35.	Applying insulin injection techniques	3	
36.	Calculating the drug doses to be applied correctly, Preparing them correctly. Applying oral, rectal, vaginal and topical drugs.	3	
37.	Diagnosing, grading and planning the treatment of malnutrition and dehydration.	3	
38.	Planning non-drug treatment	3	
39.	Complying with the principles of drug use in special cases (elderly, pregnant, lactating, liver and kidney patients, etc.)	3	
40.	Applying the principles of rational drug use	4	
41.	Treatment planning and prescription	4	
42.	Regulating medication in special cases (elderly pregnant, lactating liver and kidney patients, etc.)	3	
43.	Preparing a treatment refusal document	4	
44.	Taking non-drug therapy	3	
45.	Preparing a health report in accordance with current legislation	3	
46.	Reporting and reporting of legally notifiable diseases and conditions	4	
47.	Issuing death certificate	4	
48.	Prepare epicrisis	4	
49.	Follow-up and periodic health examinations (adolescence, adulthood, old age) at different stages of life	4	
50.	Applying the principles of evidence-based medicine in clinical decision making	3	
51.	Providing sufficient and understandable information to the patient and his/her relatives about the disease	3	
52.	Providing accurate and adequate information to the patient and/or patient relatives about possible interventions/treatment options, obtaining consent for treatment	4	
53.	Communicating effectively with the work team, colleagues and trainers	4	
54.	Internship-specific item*		
55.	Internship-specific item*		
56.	Internship-specific item*		
RESULT:	EVALUATION SCORE:	INTERNSHIP COORDINATOR	HEAD OF DEPARTMENT
Successful (...)	(With numbers and text)	ACADEMIC STAFF:	
	Score: (out of 100)	Date:	Date:
Unsuccessful (.....)		Signature:	Signature:
Phase 6 Student Internship Success Criteria: (All criteria must be met)			
1. The student must fulfill the internship continuity criteria.			
2. Candidate Physician Qualification Certificate scoring of 60 and above is considered successful.			
3. Candidate Physician Logbook scoring of 60 and above is considered successful.			
*The Department can remove the item(s) from the Internship Logbook and/or add the item(s) specific to the internship by specifying the level to the Internship Logbook. It is recommended that the department check that all NCEP-2020 Basic Medicine Practices and levels related to the internship are stated in the Internship Logbook.			

LEARNING LEVEL OF BASIC MEDICAL PRACTICES*	
Level	Explanation
1	Knows how the application is done and explains the results to the patient and / or their relatives
2	Makes the application in accordance with the guide / directive in an emergency
3	Makes the application* in uncomplicated, common, cases/cases
4	Makes the application** including complex situations/phenomenons
*Denotes the minimum level of performance, and therefore learning, that a physician who graduated from the faculty of medicine should exhibit during basic medicine practices. It is determined separately for each skill/application in the minimum level list. The faculties ensure that each student is able to perform the medical practice in question at the minimum level determined during the education period they apply.	
** Makes the preliminary evaluation/evaluation, creates, and implements the necessary plans, and informs the patient and their relatives/society about the process and its results.	
*Source: NCEP 2020	