Introduction to Clinical Practice-Year Three/ICP-3
2022-2023

ICP-3
COURSE GUIDEBOOK

Semester I-II

Contents of Semester 1-2

icp.marmara@gmail.com

INTRODUCTION TO CLINICAL PRACTICE-YEAR 3

ICP-3 / 2022-2023

Course Guidebook
Semester I-II

Picture on the cover:
T. Chartran's drawing, 1816, showing Laënnec during the chest auscultation of a patient using ears himself.
National Library of Medicine, Bethesda

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Course Administration

2022-2023 Academic Year
ICP Course Coordinators

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Instructors of Department of Public Health
Instructors of Department of Cardiology
Instructors of Department of Neurology
Instructors of Department of Gastroenterology
Instructors of Department of Obstetrics & Gynecology
Instructors of Department of Urology
Pınar Ekşi - Nurse (Invited lecturer)
Gülşah Atak - Nurse (Invited lecturer)
Yasemin Doğan Kaya – Family Physician (Invited lecturer)
Buğu Usanma Koban- Family Physician (Invited lecturer)
Nazire Öncül Börekçi - Family Physician (Invited lecturer)
Semanur Şahin - Family Physician (Invited lecturer)

Research Counsellors

Family Health Centers' Physicians in Maltepe and Kartal

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CONTENTS

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LETTER FROM ICP COURSE COORDINATOR

Welcome to "Introduction to Clinical Practice–Year Three" (ICP-3) Program. We hope you are excited about beginning to develop the skills you will need to be a successful physician.

While knowledge of disease mechanisms and the scientific basis of medicine are important and essential, traditionally these efforts have dominated the first few years of medical instruction. We believe that exposure to clinical skills is important, from the first day of medical school, and ICP is designed to provide that exposure.

In **Clinical Skills Laboratory** you will enjoy to study general physical examination.

"Primary Care Experience (PCE)" is a program whose main philosophy is based on the "Community-Based learning". In this approach, medical students do not work only at hospitals as secondary or tertiary level of health facilities; but they also work at primary care level to deal with the health problems of the community. During this program you will have chance to work with a Family Physician/General Practitioner and you will have opportunities both in practicing medical skills and obtaining data from a specific population.

In **Advanced Communication Skills Course** you will encounter with difficult communication issues such as breaking the bad news is inevitable in medical practice. Through the course you will get clues how to cope with difficult communication issues arising during the medical practice.

In close relationship with an instructor you will have the opportunity to do a **research** about "the patient and the disease". Data analysis skills will be hold to support you in the researches of year 3.

The results of the researches will be presented in **Marmara School Congress (MASCO)** and published in Marmara Medical Journal as abstract. The best presentations will be awarded during MASCO.

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At the end of the third year of the ICP program we also aimed you to practice to combine knowledge and skills you acquired through the program. Therefore, you will be provided a real life case and will be asked to deal with it through your own experiences in **Combining Medical Practice Skills Course.**

We hope you will enjoy and get benefit from these programs.

All the issues will be taught in small group sessions, mostly as courses. You will have study times available for you to pursue learning on your own schedule or in group work, especially about your research projects.

ICP-3 course guide book (syllabus) will help you to follow the program and besides, you may find the essential reading list below about the curriculum content of this year.

Please do not hesitate to get in contact with any of the tutors of the course for any reason.

Prof. Dr. Pemra C. Ünalan

Prof.Dr. S. Serap Çifçili

(Family Medicine)

Abbreviations

CSL	**Clinical Skills Laboratory**
ACS	**Advanced Communication skills**
PCE	**Primary Care Experience**
CMPS	**Combining Medical Practice Skills**
BMP	**Basic Medical Practice**
SRA	**Student Research Activity**
OSCE	**Objectively Structured Clinical Examination**

Important Dates		
September	**08, 2022**	Introduction to ICP-3 & group formation
April	**11, 2023**	Panel and MASCO Bazaar
May	**05, 2023**	**Deadline for Research Abstracts**
May	**18, 2023**	**Deadline of PCE reports**
June	**02, 2023**	**Deadline of Research reports**
May	**25-26-28, 2023**	**MaSCo^{2023}**
June	**07, 09, 2023**	**OSCE**

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ASSIGNMENTS*

FOLLOW ICP-3 SYLLABUS ON WEB PAGE

http://tip.marmara.edu.tr/

- Research Reports*
- Primary Care Experience diary (p 45, 46)**
- Student assessment form filled by Research Counsellors (P49) ***
- Research Feedback Form filled by students (P 50)****

* The documents required to be delivered to department of Public Health till June 02 2023

**Should be completed by each student and submitted with "patient evaluation file" till May 18, 2023 to keyps.com PCE Rapor 2022-2023

***Should be filled by the research counsellors for each group student

**** Research Feedback Form should filled by each student.

GENERAL INFORMATION

The curriculum of ICP has five components. Objectives, content and training activities of ICP-3 are organized by Department of Family Medicine, Department of Medical Education and Department of Public Health.

1. *General Physical Examination (Clinical Skills Laboratory-CSL)*
2. *Student Research Activity-SRA*
3. *Advanced Communication Skills-ACS*
4. *Primary Care Experience-PCE*
5. *Combining Medical Practice Skills Course-CMPS*

PROGRAM GOALS AND OBJECTIVES

The goals and objectives of this course are to develop clinical and reasoning skills by exposing students early in their medical career to the skills and knowledge necessary to practice medicine. This takes place within the small group settings.

Goals:

- To acquire and demonstrate attitudes necessary for the achievement of high standards of medical practice in service of individuals and community.
- To acquire basic procedural skills with a competency-based approach and in conformity with humanistic medical education principles.
- To recognize health problems of the community.
- To recognize medical practice at primary care level.
- To acquire knowledge and skill in dealing with difficult patients, sensitive issues and difficult topics regarding communication skills.

Objectives:

- *Demonstrate competence in performing the basic physical examination on models.*
- *Demonstrate proficiency in the performance of the history taking and physical examination as a whole on real patient.*

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- *Demonstrate competence in the performance of a limited number of basic procedural skills.*

- *Demonstrate understanding in cause-effect relationship and causality*

CURRICULUM CONTENT

1. Advanced Communication Skills Course (ACS) includes:

Difficult topics, sensitive issues and difficult patients. *Breaking the bad news* is one of the main topics which is going to be discussed. Please note that these advanced skills are all attached on the basic communication skills that you learned during previous years of ICP program.

2. Clinical Skills Laboratory *(CSL III)* includes:

- Physical examination of the systems such as respiratory, cardiovascular systems, neurologic and gynecologic examinations, etc.
- Clinical skills such as blood pressure measurement, nasogastric tube insertion.

3. "Student Research Activity" *(SRA III) and* ***MaSCo***

Within ICP program, we intend to contribute to the formation of a tradition for student researches. In the 3rd year the main theme is about **"The Patient and the Disease: Explanations and Causality"**.

Students will form their own group of four in the first week of the education year, by preferring the research subject that they are interested in, among many others. These subjects will be declared with the list of supervisors. During your research studies you will be guided through **analytic studies, explanations and causality program.** Public health trainers will support you when assistance with data analysis is required, at a later date which is to be announced.

These activities are supported by lectures and workshops about related topics which were performed in ICP-2 and should go on in ICP-3. ICP program also provides "study time" for students to study on their projects along with the standard curriculum. This sessions' aim is to plan and promote students' researches with their counselors

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Under the supervision of teachers, students are working on their projects, which are excellent chances;

- To understand the basics of research,
- To experience in searching, critical reading and reviewing medical literature,
- To improve communication skills in small groups (task groups),
- To learn and practice different ways of scientific presentation, and its evaluation
- To gain experience in presentation skills and public speaking

MaSCo (Marmara Medical Student Congress); 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. Instructors and upper class students will assess the presentations and contribute in judgment about the awards. Oral and poster presentation evaluation forms are attached.

We hope that students will be inspired by this scientific and friendly occasion, *MaSCo,* which they have created and contributed.

4. Primary Care Experience;

Structured visits to primary care settings will provide opportunity to the students to utilize the skills and knowledge offered to them through ICP program for 3 years. They will perform; history taking and general physical examination of real patients, basic procedural skills on real patients, obtaining data about primary health care services and health problems of the community during four full half days.

The aim of Primary Care Experience Module is;

- To offer an opportunity to every medical student that they could develop some understanding of population health and clinical decision making procedure.
- To develop a more appropriate knowledge, skills and attitudes necessary for a medical student.
- To motivate learning through early clinical exposure in primary care.

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The Objectives are;

- To appreciate the wider determinants of health and to understand the impact of socioeconomic, cultural, environmental and individual context on disease and illness.
- To understand the whole picture of disease.
- To experience an early patient contact leading to participation in patient care including team work.
- To acquire and practice communication and interpersonal skills with patients, their families and clinical colleagues.
- To adapt the behavioral, social and ethical concepts, skills and attitudes necessary for effective communication and demonstrate an understanding of human relationship.
- To obtain and record an appropriate patient history.
- To place the patient at the center of care.
- To increase awareness about patient autonomy.
- To observe and develop the clinical skills which are fundamental to practice medicine.
    - Physical examination.
    - Measuring general health status.
    - Medical asepsis and wound dressing.
    - Medication administration
- To observe and adopt clinical skills and values which are fundamental for patient management and clinical problem solving.
- To understand professional partnership/roles.
- To observe the roles of a primary care setting as a basic unit for ;
    - Disease prevention and health promotion
    - Patient, family, community health care perspective
    - The equity and effective delivery of primary health care service on national range

6. Combining Medical Practice Skills Course:

These sessions' primary aim is to combine all the skills and knowledge; communication skills, history taking and physical examination, ethical issues, social concepts etc…, that took place through the ICP program.

Real life cases and common health problems will be discussed comprehensively in small groups.

EDUCATIONAL METHODS

Educational methods will include:

- short lectures on the core content
- case-based sessions
- role plays
- simulated/standardized patient exercises
- practicing on manikins and simulators
- reflection
- exercises with real patients under supervision
- videotaping
- data analysis and inferences
- MaSCo activities
- An experiential component in primary care setting
- The students will be guided in their experience by the course books which contain reading materials and session outlines.

SMALL GROUPS OF ICP: STUDENT STUDY GROUPS

ICP program primarily takes place in small group setting. The students will be divided in three major groups composed of small Student Research Study Groups. The program of each group is given in this Course Book.

An important characteristic of physician behavior is to be present where and when others expect you for professional tasks. **Attendance at small group meetings is mandatory.**

The amount that students learn will be directly proportional to the amount that he/she puts into the course. However, because the practice of medicine takes place in a social setting, and because clinical problem-solving so often requires collaboration with colleagues it is necessary to help you develop and assess your group skills.

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ATTENDANCE

Attendance in particular at small group sessions is mandatory. Attendance will be monitored by a sign-in sheet. In all cases of absence, it is the student's responsibility to inform his/her absence prior to the scheduled small group session. Unexcused absences will be grounds for a reduced grade. Minimum 80% of attendance is a prerequisite for final assessment of each course.

DRESS

Within Clinical Skill Laboratory or History Taking and Physical Examination, Primary Care Experience sessions, students are expected to dress professionally with a white coat and name tag that states "medical student". This is especially important ANY time that they are with patients (including simulated/standardized patient exercises or manikin practice).

- If considered inappropriately dressed by the supervisor, the student will not be allowed to participate in the activity.

EVALUATION AND ASSESSMENT

Whole ICP program is accepted as a committee in the Faculty Curriculum. So, being successful has the same principles with each committee. Final ICP score of each year is calculated depending on the grades of each component.

Evaluation of the components:

- CSL program will be evaluated by an OSCE.
- Your research activity note will be given depending on your research report and counselors' assessment on your team performance, on research planning, activity, procedure, end product and its presentation). For the research report evaluation a standard guide is used.

"Combining Medical Practice Skills Course (CMPS)" will be evaluated by student presentations and written medical report. This medical report will reflect your history taking and general physical examination skills with understanding in communication skills, ethics and social concepts, as a combination of your studies from all ICP program.

- Assessment of ACS will be included in CMPS assessment as a part of communication skills assessment.
- At the end of the program, students will write a "diary" include Primary Health Care Center observations and experiences. The diary should also include "a patient evaluation file" containing the medical information of a patient they have evaluated or witnessed (with the patient's consent and without using named). It is expected that the history taking and physical examination findings and diagnosis and follow-up plans will be included in this file. In addition, ethical and social issues with physican-patient communication will be discussed. All of them should be put in a closed envelope and send to the course administration.

ICP-3 2022-2023 Program

	A	B	C	D
September 8 Thursday	Introduction to ICP-3 (in class 3 hall) and Formation of the groups			
09.40-10.30	Meeting with Research Counsellers			
13.40-17.30				
September 22 Thursday	ICP-CSL Card	Self study/ Research Activity	Self study/ Research Activity	Self study/ Research Activity
13.40-17.30				
September 29 Thursday	Self study/ Research Activity	ICP-CSL Card	Self study/ Research Activity	Self study/ Research Activity
08.40-12.30				
13.40-17.30	Self study/ Research Activity	Self study/ Research Activity	ICP-CSL Card	Self study/ Research Activity
October 6 Thursday	Self study/ Research Activity	Self study/ Research Activity	Self study/ Research Activity	ICP-CSL Card
13.40-17.30				
October 7 Friday	Study with simulated patients/models*			
14.40-17.30				
October 10 Monday	Study with simulated patients/models*			
14.40-17.30				
October 12 Wednesday	Study with simulated patients/models*			
13.40-17.30				
	*: by appointment			
November 03 Thursday	ICP-CSL Abd	Self study/ Research Activity	Self study/ Research Activity	Self study/ Research Activity
08.40-12.30				
13.40-17.30	Practice with simulated patients	Self study/ Research Activity	Self study/ Research Activity	Self study/ Research Activity
November 10 Thursday	Self study/ Research Activity	Self study/ Research Activity	Self study/ Research Activity	Self study/ Research Activity
10.40-12.30				
13.40-17.30	Self study/ Research Activity	ICP-CSL Abd	Self study/ Research Activity	Self study/ Research Activity
November 17 Thursday	Self study/ Research Activity	Practice with simulated patients	PCE-1	ICP-CSL Abd
08.40-12.30				
13.40-17.30	Self study/ Research Activity	Self study/ Research Activity	Self study/ Research Activity	Practice with simulated patients
November 24 Thursday	PCE-1	Self study/ Research Activity	ICP-CSL Abd	Self study/ Research Activity
08.40-12.30				
13.40-17.30	Self study/ Research Activity	Self study/ Research Activity	Practice with simulated patients	PCE-1
December 1	Self study/ Research Activity	PCE-1	Self study/ Research Activity	- Self study/ Research Activity
08.40-12.30/13.40-17.30				
December 7	Practice with simulated patients (by appointment)			
13.40-17.30				
December 8	Practice with simulated patients (by appointment)			
08.40-12.30				
Jan 12 Thursday	Self study/ Research Activity	PCE-2	Self study/ Research Activity	CSL-Neuro
08.40-12.30				
13.40-17.30	PCE-2	Self study/ Research Activity	CSL-Neuro	Practice with simulated patients
19 Jan Thursday	PCE-3	CSL-Neuro	Practice with simulated patients	Self study/ Research Activity
08.40-12.30				
13.40-17.30	CSL-Neuro	Practice with simulated patients	PCE-2	Self study/ Research Activity
26 Jan Thursday	Practice with simulated patients	PCE-3	**BMP (CMPS-1) Hall 3**	**BMP (CMPS-1) Hall 3**
08.40-12.30				
13.40-17.30	**BMP (CMPS-1) Hall 3**	**BMP (CMPS-1) Hall 3**	Self study/ Research Activity	PCE-2

Feb 23 **08.40-12.30**	ACS	ACS	PCE-3	PCE-3
13.40-17.30	ACS	ACS	Self study/ Research Activity	Self study/ Research Activity
March 9 Thursday **08.40-12.30** **13.40-17.30**	**BMP (CMPS-2)** Interviews with patients in Groups			
16 March Thursday **08.40-12.30**	**BMP (CMPS-3)** Case presentation	**BMP (CMPS-3)** Case presentation	CSLBreast-Thyroid- Diabetic foot	PCE-4
13.40-17.30	**BMP (CMPS-4)** Case presentation	**BMP (CMPS-4)** Case presentation	PCE-4	CSLBreast-Thyroid- Diabetic foot
23 March Thursday **08.40-12.30**	CSLBreast-Thyroid- Diabetic foot	PCE-4	ACS	ACS
13.40-17.30	PCE-4	CSLBreast-Thyroid- Diabetic foot	ACS	ACS
30 March Thursday **08.40-12.30**	CSL Genital System	Self study/ Research Activity	**BMP (CMPS-3)** Case presentation	**BMP (CMPS-3)** Case presentation
13.40-12.30	Self study/ Research Activity	CSL Genital System	**BMP (CMPS-4)** Case presentation	**BMP (CMPS-4)** Case presentation
06 April Thursday **08.40-12.30**	Self study/ Research Activity	PCE-5	CSL Genital System	PCE-5
13.40-17.30	PCE-5	Self study/ Research Activity	Self study/ Research Activity	CSL Genital System
11 April Tuesday **10.40-11.30 panel**	Panel **(10-40-11.30)**			
27 April Thursday **08.40-12.30**	CSL GPE	Self study/ Research Activity	PCE-5	Self study/ Research Activity
13.40-17.30	Hospital visit	CSL GPE	Self study/ Research Activity	PCE-6
4 May Thursday **08.40-12.30**	Self study/ Research Activity	Hospital visit	PCE-6	Self study/ Research Activity
13.40-17.30	**Data analysis***			
11 May Thursday **08.40-12.30**	PCE-6	Self study/ Research Activity	CSL GPE	Self study Research Activity
13.40-17.30	Self study/ Research Activity	PCE-6	Hospital visit	CSL GPE
18 May Thursday **08.40-17.30**	Self study/ Research Activity	Self study/ Research Activity	Self study/ Research Activity	Hospital visit
13.40-17.30	Preparation and submission of PCE assignments			
25 May Thursday **08.40-12.30** **13.40-17.30**	Preperation for MaSCo			
26-27-28 May	**MASCO**			
7 June Thursday **08.40-17.30**	OSCE			
9 June Thursday **08.40-17.30**	OSCE			

CSL: Clinical Skills Laboratory CMPS: Combining Medical Practice Skills MASCO: Marmara Student Congress PCE: Primary Care Experience OSCE: Objective Structured Clinical Examination ACS: Advanced Communication Skills GPE: General Physical Examination

*: You can consult to Department of Public Health to analyze your data

OBJECTIVES / TEACHING METHODS / TIME

SESSION 1: Cardiovascular System *(Educational methods may be changed due to the covid-19 pandemic)*		
Session Objectives	**Teaching Methods**	**Time**
Discuss fundamental skills required for physical examination of the cardiovascular system.	• Tutor Presentation: with wall sheets and manikins or simulated patients • *"The essentials of cardiovascular system examination."* • The mechanism of the physiologic heart sounds.	50 min
BREAK		10 min
PRACTICE: • Demonstrate the cardiovascular system examination; • Listen to the normal and some of the most commonly encountered pathologic heart sounds.	Practice in small groups with the tutor • Cardiovascular examination on simulated patients • Auscultation: normal and pathologic heart sounds with the simulator and video record • Arterial blood pressure measurement: check-list.	120 min
BREAK		10 min
Summary: Case presentation/ Video presentation: Bates		40 min
Feedback and signature		10 min

Collaborating departments: Family Medicine, Cardiology

OBJECTIVES / TEACHING METHODS / TIME

SESSION 2: Abdomen *(Educational methods may be changed due to the covid-19 pandemic)*		
Session Objectives	**Teaching Methods**	**Time**
Discuss fundamental skills required for physical examination of the abdomen: • Auscultation and assessment of bowel functions • Percussion and palpation: pain, mass, ascites • Evaluation of the liver and the spleen: *hepatomegaly, splenomegaly* • Special examination techniques: *costovertebral angle tenderness*	• Tutor Presentation: with wall sheets and manikins or simulated patients • *"The essentials of the abdominal examination"*	50 min
BREAK		10 min
PRACTICE: • Demonstrate the palpation and percussion techniques for the abdominal examination.	Practice in small groups with the tutor • Palpation and percussion: assessment of hepatomegaly and splenomegaly; determination of a mass or ascites • Nasogastric tube insertion	120 min
BREAK		10 min
Summary: Case presentation/ Video presentation: Bates		40 min
Feedback and signature		10 min

Collaborating departments: Family Medicine, Gastroenterology, Nursing

OBJECTIVES / TEACHING METHODS / TIME

SESSION 3: Neurologic examination *(Educational methods may be changed due to the covid-19 pandemic)*		
Session Objectives	**Teaching Methods**	**Time**
Discuss the essential skills required for the physical examination of the neurologic system.	Tutor demonstration on simulated patients -1 *"The essentials of the neurologic examination"*	45 min
BREAK		10 min
Discuss the essential skills required for the physical examination of the neurologic system.	Tutor demonstration on simulated patients-2 *"The essentials of the neurologic examination"*	45 min
BREAK		10 min
PRACTICE: • Demonstrate the examination of the… cranial nerves motor system sensory system cerebellar examination deep tendon reflexes mental examination • Examination of optic nerve: Fundoscopy, pupillary reaction to light-accommodation, visual acuity, visual fields	Practice in small groups with the tutor Tutor demonstration for each group with wall sheets and voluntary students as patients Individual practice with group members Students practice with ophtalmoscopes, each with other	120 min
Feedback and signature		10 min

Collaborating departments: Family Medicine, Neurology

OBJECTIVES / TEACHING METHODS / TIME

SESSION 4: Breast, thyroid examination, Diabetic foot examination *(Educational methods may be changed due to the covid-19 pandemic)*		
Session Objectives	**Teaching Methods**	**Time**
• Demonstrate the breast, thyroid gland and diabetic foot examination	• Video presentation: Bates	30 min
• Demonstrate the breast, thyroid gland and diabetic foot examination	• Tutor demonstration on simulated patients	30 min
BREAK		10 min
PRACTICE: • Discuss the essential skills required for the physical examination of the breast, thyroid gland and diabetic foot • List the characters of a mass or organ that are defined by palpation • Demonstrate the techniques for their examination.	Practice in small groups with the tutor Students form three groups: breast, thyroid and diabetic foot groups • Tutor Presentation for each group: with wall sheets and maquettes, and manuals • Individual practice with maquettes and checklists Tutors are observers and they give feedback according to check-lists.	120 min
BREAK		10 min
Summary: Case discussion		30 min
Feedback and signature		10 min

Collaborating departments: Family Medicine, Internal medicine, Nursing

OBJECTIVES / TEACHING METHODS / TIME

SESSION 5: Genitourinary System *(Educational methods may be changed due to the covid-19 pandemic)*		
Session Objectives	**Teaching Methods**	**Time**
• Discuss fundamental skills required for physical examination of the genitourinary system, prostate examination	• Tutor Presentation: with wall sheets and manikins • *"The essentials of genitourinary system examination."* •	50 min
BREAK		10 min
• Demonstrate the pelvic examination: bimanual and with speculum	Video presentation: Bates	40 min
BREAK		10 min
PRACTICE: • Discuss the skills required for the physical examination of the pelvis • Demonstrate the examination techniques for the pelvic examination: bimanual and with speculum • Demonstrate cervical smear sampling skill. • Demonstrate prostate examinaiton • Demonstrate urinary catheterization	Students form three groups: • Tutor demonstration for each group with check-lists, pelvic models and wall sheets. • Individual practice of √ Female pelvic examination √ Prostate examination √ Cervical smear sampling • Urinary catheterization with models, checklists and having per review and tutor feedback after each application.	120 min
Feedback and signature		10 min

Collaborating departments: Family Medicine, Obstetrics and Gynecology, Urology, Nursing

ICP-3 Clinical Skills Laboratory (CSL/3)

Objectives / Teaching Methods / Time

SESSION 6: General Physical Examination *(Educational methods may be changed due to the covid-19 pandemic)*		
Session Objectives	**Teaching Methods**	**Time**
• Demonstrate the total physical examination of an adult patient.	• Tutor presentation, with the simulated/standardized patient and wall sheets.	50 min
BREAK		10 min
PRACTICE: • Make a review of the examination techniques • Put in correct order the systems to be examined • Measurement of vital signs • • Review of the heart and respiratory sounds • Make a review hole systemic examination	• Examination of a simulated patients using check-lists • Assessment of vital signs • Review of inspection findings • Performing general physical examination in the correct order on the simulated patient • Auscultation review with respiratory and cardiovascular systems' examinations with sound simulator and manikins • Individual practice with models, check-lists and sound simulators. • Coaching and tutor feedback to every student after each application.	170 min
Feedback and signature		10 min

Collaborating departments: Family Medicine, Nursing

Objectives / Teaching Methods / Time

Advanced Communication Skills: SESSION		
Session Objectives		**Time**
1. To acquire the skills needed to deal with difficult patients 2. Discuss and learn the skills needed to break bad news 3. Discuss and learn the skills needed to cope with difficult patients and sensitive issues.	• Video presentation • Interactive discussion • Role-play	280 min
Feedback and signature		10 min

Collaborating departments: Medical Education, Family Medicine, Radiation Oncology, Medical Oncology

Objectives / Teaching Methods / Time

Combining Medical Practice Skills: SESSION 1-2		
Session Objectives	**Teaching Methods**	**Time**
• To define the data necessary to understand a patient and its problem comprehensively. • To find out the social, biological and ethical problems in the case story. • To discuss the physician skills in order to evaluate these problems. • To understand the parameters of clinical decision making. • To be aware of the needs of a physician in terms of continuous education.	All meetings will be held as multi-disciplinary, case discussion based sessions in small group practice. A real patient/simulated patient will be evaluated by the students and feedback will be given by the tutors.	4 x 200 min
Feedback and examination		10 min

Collaborating departments: Family Medicine

CHECK-LIST 1/ MEASURING BLOOD PRESSURE

1	The patient should avoid eating, smoking, caffeine, exercise, and drinking alcohol one-half to one hour before blood pressure measurement.	
2	Have the patient sit quietly for at least 5 min. period of rest with both feet flat on the floor and back supported prior to measurement.	
3	Use mercury manometer or a recently calibrated aneroid manometer with the center of the mecury column or aneroid diall at eye level.	
4	Select appropriate cuff size: The width of the bladder should be 40 % of the arm circumference and the length of the bladder should encircle at least 80% of the arm.	
5	The bell of the stethoscope should be placed above the medial epicondyle and medial to the biceps tendon.	
6	No clothing should be between the blood pressure cuff and the arm.	
7	Place the center of the cuff's bladder over the brachial artery on the upper arm. Secure the blood pressure cuff evenly and snugly around the arm, 1 to ½ inches above the antecubital space (at the elbow).	
8	Use the patient's same arm for blood pressure readings and record arm and cuff size used.	
9	The patient's arm should be supported or allowed to rest on a solid surface so the inner aspect of the bend of the elbow is level with the heart.	
10	Initially perform a palpatory estimate of systolic pressure. Wait 15-30 seconds before taking the auscultatory reading.	
11	Inflate the cuff quickly to 30 mmHg above the palpatory blood pressure.	
12	Deflate bladder at 2-3 mmHg per second.	
13	Record the first of at least two consecutive sounds as the systolic. Diastolic is identified by the last sound heard.	
14	If blood pressure is elevated and the patient had initially waited quietly for five minutes, repeat blood pressure in 1-2 minutes.	
14	Record both measurements, and inform the patient.	
15	If blood pressure is elevated but the patient had not initially waited for five minutes, now allow for a five minute rest. Re-measure blood pressure and record it as the first reading. If this blood pressure is still elevated, repeat the measurement in 1-2 minutes, record it as the second measurement, and inform the patient.	
Institute for Clinical Systems Improvement (ICSI) www.ICSI.org Hypertension diagnosis and treatment		

Check-list 2/ Nasogastric Tube Insertion

1	Explain the procedure; secure patient's privacy; prepare equipment; wash hands.	
2	Elevate head of bed to highest position; place pillow behind shoulders; work on right side if right-handed, and vice versa.	
3	Examine tubing for rough or sharp edges.	
4	Measure tubing and mark with tape or ink.	
5	Remove patient's eye-glasses or dentures.	
6	Place a towel over chest, have emesis basin available.	
7	Check patency of nostrils with flashlight, select most patent nostril.	
8	Lubricate the distal 10-15 cm of the tube with water-soluble lubricant; avoid filling the holes by lubricant.	
9	Arrange with patient for a signal to indicate a need for a rest during procedure. Give patient tissues and a glass of water.	
10	Have patient hyperextended neck slightly. With curved end pointing downward, slowly and gently insert tube into nostril, directing it downward and toward ear. Do not force; try other nostril if there is resistance. Rotate tube 180 degrees while advancing it to the pharynx.	
11	Allow patient to rest briefly after tube reaches oropharynx.	
12	Have patient flex neck and take big swallows of water, with each swallow advance tube until previously marked point is reached.	
13	Check tube placement; observe for cyanosis, choking, coughing	
14	Verify that tube is correctly insertion. Withdraw a small amount of fluid from the tube and check the pH of the fluid. If the pH ≤5 the tube is very likely in the stomach. If the pH≥6 confirm tube replacement with an X-ray.	
15	Clamp or plump tube	
16	Anchor tubing in place, avoiding pressure on external naris.	
17	Return client to position of comfort; explain expected sensations in throat, fluid restrictions, and use of ice or other palliative measures; wash hands.	

CHECK-LIST 3/EXAMINATION OF ABDOMEN

1	Explain the procedure; relax the patient	
2	Exposure full abdomen from above the xyphoid process to the symphysis pubis under good light	
3	Patient should not have a full bladder.	
4	Make the patient comfortable in a supine position.	
5	Have the patient keep arms at the sides or folded across the chest.	
6	Before palpation, ask the patient to point to any areas of pain, and examine painful or tender areas last	
7	Monitor your examination by watching the patient's face for signs of discomfort.	
8	Have warm hands, a warm stethoscope, and short fingernails.	
9	Approach slowly and avoid quick, unexpected movements.	
10	From the patient right side, proceed in an orderly fashion: inspection, auscultation, percussion, and palpation of the abdomen.	
11	Assessment of the liver, spleen, kidneys, and aorta.	
12	**Inspection:** the skin (scars, striae, dilated veins, rashes and lesions), umbilicus (location, inflammation, hernia), contour, intestinal peristalsis, aortic pulsation	
13	**Auscultation:** place the diaphragm of your stethoscope gently on the abdomen and listen for bowel sounds, for renal artery stenosis, for bruits over the aorta, iliac arteries and the femoral arteries.	
14	**Percussion:** percuss lightly in all four quadrants to assess the distribution of tympany and dullness.	
15	**Light palpation:** Keeping your hand and forearm on a horizontal plane, with fingers together and flat on the abdominal surface, palpate all quadrants with a gentle motion.	
16	Identify any superficial masses, area of tenderness or increased resistance	
17	**Deep palpation:** Using the palmar surfaces of your fingers, feel in all four quadrants to identify any masses (location, size, shape, consistency, tenderness, pulsations, and mobility)	

CHECK-LIST 4/EXAMINATION OF LIVER

1	**Percussion:** Starting at a level below the umbilicus (in an area of tympany, not dullness) lightly percuss upward toward the liver.	
2	Ascertain the lower border of liver dullness in the midclavicular line.	
3	To identify the upper border of liver dullness in the midclavicular line, lightly percuss from lung resonance down toward liver dullness.	
4	Measure in centimetres the distance between your two points - the vertical span of liver dullness.(6-12 cm in right midclavicular line)	
5	**Palpation:** place your left hand behind the patient, parallel to and supporting the right 11^{th} and 12^{th} ribs and adjacent soft tissues below.	
6	Place your right hand on the patient's right abdomen lateral to the rectus muscle, with your fingertips well below the lower border of liver dullness.	
7	Ask the patient to take a deep breath, try to feel the liver edge as it comes down to meet your fingertips.	
8	When you feel it, lighten the pressure of your palpating hand slightly so that the liver can slip under your finger pads and you can feel its anterior surface.	
9	Try to trace the liver edge both laterally and medially, describe the liver edge, and measure its distance from the right costal margin in the midclavicular line.	
10	To assess tenderness of a non palpable liver, place your left hand flat on the lower right rib cage and then gently strike your hand with the ulnar surface of your right fist.	

(Bates' Guide to Physical Examination and History Taking. 7^{th} ed. 1999)

CHECK-LIST 5/EXAMINATION OF SPLEEN-DETERMINATION OF SPLENOMEGALY

1	**Percussion:** Spleen enlarges anteriorly, downward and medially replacing the tympany of stomach and colon with the dullness of a solid organ.	
2	Percuss the left lower anterior chest wall between lung resonance above and the costal margin below (area termed Traube's space)	
3	If tympany is prominent especially laterally splenomegaly is not likely.	
4	Percuss the lowest interspace in the left anterior axillary line. This area is usually tympanitic (splenic percussion sign)	
5	Ask the patient to take a deep breath and percuss again. If spleen size is normal, the percussion note usually remains tympanitic.	
6	If either or both of these tests is positive, pay extra attention to palpating the spleen.	
7	**Palpation:** With your left hand, reach over and around the patient to support and press forward the lower left rib cage and adjacent soft tissue.	
8	With your right hand below the left costal margin, press in toward the spleen.	
9	Begin palpation low enough so that you are below a possibly enlarged spleen.	
10	Ask the patient to take a deep breath.	
11	Try to feel the tip or edge of the spleen as it comes down to meet your fingertips.	
12	Note any tenderness, assess the splenic contour, and measure the distance between the spleen's lowest point and the left costal margin.	
13	Repeat the patient lying on the right side with legs flexed at hips and knees.	
14	In this position, gravity may bring the spleen forward and to the right into a palpable location.	

(Bates' Guide to Physical Examination and History Taking. 7th ed. 1999)

CHECK-LIST 6/NEUROLOGIC EXAMINATION

I		Meningeal irritation, neck stiffness	
II		Mental examination, Glaskow Coma Skale	
III		Aphasia assessment	
IV		Auscultation of the head and neck	
V		Cranial nerves	
	1	Olfactory nerve	
	2	Optic nerve: Fundoscopy, pupillary reaction to light-accommodation, visual acuity, visual fields	
	3	Oculomotor nerve	
	4	Trochlear nerve	
	5	Trigeminal nerve	
	6	Abducens nerve	
	7	Facial nerve	
	8	Vestibulocochlear nerve	
	9	Glossopharyngeal nerve	
	10	Vagus nerve	
	11	Accessory nerve	
	12	Hypoglossal nerve	
VI		Motor functions	
		Strength, Tone, Trophy	
		Deep tendon reflexes	
		Abdominal superficial reflex	
		Pathologic reflexes	
		Primitive reflexes	
VII		Sensory Function	
		Superficial sense	
		Pain-heat	
		Deep sense - (joint position, vibration, Romberg)	
VIII		Cerebellar Function	
		Nistagmus	
		Ataxia	
		Dysartri	
IX		Extrapyramidal system examination	
		Rigidity	
		Bradykinezia	
		Tremor	
X		Posture and gait	

CHECK-LIST 7/BREAST EXAMINATION-*INSPECTION*

1	The woman should be seated facing the examiner. The examiner should ask the woman to remove her gown to her waist.	
2	Inspection is first accomplished with the patient's arm at her side.	
3	The breasts are inspected for size, shape, symmetry, contour, color and oedema.	
4	The skin of the breast is observed for oedema and erythema.	
5	Inspect the for the presence of dimpling, sign of retraction phenomena	
6	Ask the woman to press her arms against her hips; to bring out dimpling caused by fixation of the breast to the underlying tissues.	
7	Ask her to bend at the waist and allow her breasts to hang free from the chest wall; to bring out any change in the contour of that breast.	
8	Inspect for nipple retraction, fissures and scaling.	

CHECK-LIST 8/BREAST EXAMINATION-*PALPATION*

1	The axillary examination is performed with the patient seated facing the examiner.	
2	To examine the right axilla, the patient's right forearm is supported by the examiner's right hand.	
3	The tips of the fingers of the examiner's left hand start low in the axilla, and, as the patient's right arm is drawn medially, the examiner advances the left hand higher into the axilla.	
4	The technique of using small, circular motions of the fingers riding over the ribs is used for detecting adenopathy.	
5	After one axilla is examined, the other is evaluated by the examiner's opposite hand.	
6	Ask the patient to lie down and is told that palpation of the breast is next.	
7	The examiner stands at the right side of the patient's bed.	
8	Instruct the patient to place their hands behind their head. A pillow placed beneath the shoulder on the side being examined will facilitate the examination.	
9	The examiner should use both the flat of the hand and the fingertips.	
10	Palpation should be performed methodically by either the "spokes of a wheel" or the "concentric circles" approach.	
11	The spokes of a wheel" method starts at the nipple.	
12	The examiner should start the palpation by moving from the nipple to the 12 o'clock position, then should return to the nipple and move along the 1 o'clock position and continue the palpation around the breasts	
13	The "concentric circles approach" also starts at the nipple, but the examiner moves from the nipple in a continuous circular manner around the breast.	
14	Any lesion or mass found is described according its size, shape, delimitation, consistency and mobility, and as being a certain distance from the nipple in clock time.	
15	The sub-areolar area should be palpated while the patient is lying supine.	
16	Inspect for nipple retraction, fissures, and scaling and palpate for tenderness and discharge.	

CHECK-LIST 9/PROSTATE GLAND EXAMINATION

1	The patient is told that a rectal examination will now be performed.	
2	The examiner lubricates the right gloved index finger and places the left hand on the patient buttocks	
3	As the left hand spreads the patient's buttocks, the examiner's right index finger is gently placed on the anal verge.	
4	The sphincter should be relaxed by gentle pressure with the palmar surface of the finger.	
5	The patient is instructed to take a deep breath, at which time the right index finger is inserted into the anal canal as the anal sphincter relaxes.	
6	The sphincter should close completely around the examining digit.	
7	The finger should be inserted as far as possible into the rectum, although 10 cm is the probable limit of digital exploration	
8	The left hand can now be moved to the patient's left buttock, while the right index finger examines the rectum	
9	The prostate gland lies anterior to the wall of the rectum. Only the lower apex portion of the gland is palpable.	
10	The size, surface, consistency, sensitivity, and shape of the prostate gland should be assessed.	
11	Inform the patient that you are now going to withdraw your finger.	
12	Gently remove the examining finger and give the patient tissues to wipe himself.	

CHECK-LIST 10/THYROID GLAND EXAMINATION

1.	Inspect the thyroid gland	
2.	Stand behind the patient & ask them to slightly flex their neck (to relax the sternocleidomastoids)	
3.	Place your hands either side of the neck	
4.	Ask if the patient has any pain in the neck before palpating	
5.	Place the 3 middle fingers of each hand along the midline of the neck below the chin	
6.	Locate the upper edge of the thyroid cartilage ("Adam's apple")	
7.	Move inferiorly until you reach the cricoid cartilage / ring	
8.	Palpate the thyroid isthmus using the pads of your fingers (not the tips)	
9.	Palpate each lobe of the thyroid in turn by moving your fingers out laterally from the isthmus	
10.	Ask the patient to swallow some water, whilst you feel for symmetrical elevation of the thyroid lobes (asymmetrical elevation may suggest a unilateral thyroid mass)	
11.	Ask the patient to protrude their tongue once more (if a mass is a thyroglossal cyst, it will rise during tongue protrusion)	

CHECK-LIST 11/PELVIC EXAMINATION WITH SPECULUM AND SMEAR SAMPLING

1	Drape the patient appropriately and then assist her into the lithotomic position	
2	Inspect the patient's external genitalia	
3	Select a speculum of appropriate size and shape	
4	Tell the patient the procedure	
5	Insert two fingers of the other hand just inside the vaginal introitus	
6	Apply pressure downward	
7	With fingers still in place insert the closed speculum at an oblique angle over the fingers and directed at a 45 degree angle downward	
8	Remove fingers rotate the speculum into a horizontal position, maintaining the pressure to the posterior.	
9	Insert it in the length of the vaginal canal	
10	Open the speculum and adjust it until it cups the cervix and brings it into full view	
11	Lock the speculum blades into place.	
12	Place cervical smear brush into the orificium externum of the cervical canal	
13	Rotate the brush 360 degree clockwise to sample cells from squamo-columnar junction	
14	Take off the brush and lay the smear on the slide	
15	To withdraw the speculum; first release the thumb screw while the speculum clears the cervix, and maintain the open position of the speculum with the thumb	
16	Withdraw the speculum slowly by observing the vagina	

CHECK-LIST 12/BIMANUAL PELVIC EXAMINATION

1	Lubricate the index and middle fingers of one of your gloved hands.	
2	Gradually insert them into the vagina exerting pressure primarily posteriorly.	
3	Palpate the vaginal walls as you insert your fingers	
4	Palpate the cervix	
5	Feel the fornices around the cervix	
6	Place the other hand on the abdomen about midway between the umbilicus and the symphis pubis	
7	While elevating the cervix and uterus with the pelvic hand, press the abdominal hand in and down, trying to grasp the uterus between the two hands	
8	Slides both fingers of the pelvic hand into the anterior fornix to feel the anterior surface of the uterus	
9	If you can not feel the uterus, slide your pelvic fingers into the posterior fornix to feel the anterior surface of the uterus	
10	Place the abdominal hand on the right or left lower quadrant, your pelvic hand in the ipsilateral fornix	
11	Press the abdominal hand in and down, trying to push the adnexal structures toward pelvic hand, palpate each ovary	
12	Repeat the procedure on the left side	
13	Withdraw your two fingers slightly	

Check-list 13/Urinary catheterization (female)

1	Explain procedure	
2	Place a female in a dorsal recumbent position	
3	Drape the patient with a bath blanket for privacy and warmth	
4	Position external light source to focus on perineum and meatus	
5	Work from the side of the bed that puts your dominant hand toward the foot of the bed	
6	Have your assistant stand on the opposite side	
7	Wash perineal area with soap and water	
8	Place the catheterization material between the patient's legs about 45cm from the perineal area	
9	Material bundle should contain a pens, sterile lubricant, antiseptic solution, sterile gas, a tray and a sterile drap to lye under the patient, and should provide a sterile area once opened.	
10	Position collection bag and tubing connector safely either connecting one to the other safely or putting the end part of the tube in a tray.	
11	Place a drap under the patient's buttocks	
12	Use a clean glove to separate the labia and check the visibility of the meatus	
13	Put on sterile gloves	
14	Pour the antiseptic on the sterile absorbent gas	
15	Test the balloon inflation	
16	Lubricate the catheter	
17	Separate the labia with the non dominant hand	
18	Use forceps to cleanse labia and meatus with absorbent gas	
19	Cleanse from anterior to posterior with one stroke per gas ending with meatus	
20	Once the labia have been cleansed, they must be hold apart with the help of a sterile absorbent gas, until the catheter is inserted	
21	Insert the catheter with dominant hand slowly and gently, slightly downward to follow the natural curve of the urethra until urine flows (total depth 5 to 7.5 cm)	
22	Release labia and hold catheter in place firmly	
23	Inflate the balloon by inserting <10ml fluid with a prefilled syringe	
24	Tug gently on the catheter to be sure it is in place securely	
25	Secure the catheter to the leg or abdomen	
26	Remove the equipment, clean and dry the perineum and return the patient to a comfortable position	
27	Position drainage bag and tubing correctly	

ICP-3 CSL/CHECK-LISTS

CHECK-LIST 14/URINARY CATHETERIZATION (MALE)

1	Explain procedure	
2	Place a male in in a supine position with the legs together or slightly apart.	
3	Fold the top linen down to the middle of his tighs and drape him for privacy and warmth.	
4	Work from side of bed that places your dominant hand toward the patient's feet.	
5	Have your assistant stand on the opposite side.	
6	Wash perineal area with soap and water.	
7	Place the catheterization material on the bed beside his knees or on the overbed table positioned across his knees.	
8	Material bundle should include a pens, sterile lubricant, antiseptic solution, sterile gas, a tray and a sterile drap to lye under the patient, and should provide a sterile area once opened.	
9	Position collection bag and tubing connector safely either connecting one to the other safely or putting the end part of the tube in a tray.	
10	Place a sterile drap over the patient's legs just below the penis.	
11	Put on sterile gloves	
12	Pour the antiseptic on the sterile absorbent gas	
13	Test the balloon inflation	
14	Lubricate the catheter	
15	Hold the absorbent gas with the forceps and cleanse the head of penis and meatus with circular strokes from meatus outward.	
16	Once the non dominant hand holds the penis it is contaminated and must not be returned to the sterile area, all sterile equipment must be handled only with the other hand.	
17	Once the penis has been cleansed, the foreskin must be hold apart with the help of a sterile absorbent gas, until the catheter is inserted	
18	Stretch the penis upright, at a right angle to the abdomen, and direct the catheter straight downward.	
19	If you encounter resistance do not force the catheter, rotate it, wait briefly and ask the patient to take a deep breath, which usually relaxes the urethral sphincters.	
20	Insert the catheter until urine flows (total depth of 18 to 20 cm.)	
21	Inflate the balloon by inserting <10ml fluid with a prefilled syringe.	
22	Tug gently on the catheter to be sure it is in place securely.	
23	Secure the catheter to the leg or abdomen.	
24	Remove the equipment, clean and dry the perineum and return the patient to a comfortable position.	
25	Position drainage bag and tubing correctly.	

CHECK-LIST 15/ GENERAL PHYSICAL EXAMINATION/PUTTING ALL TOGETHER

1	**GENERAL APPEARANCE** (includes general mental status)							
2	**VITALS**							
	Temperature		Blood Pressure		Radial pulse rate		Respiration rate	
3	**HEAD**							
	Hair				**Scalp**			
	Eyes		Sclera		Conjunctiva			
	Ears		External ear		Auditory canal		Eardrum	
	Nose		Inferior Middle Turbinates				Septum	
	Throat & Mouth		Tongue		Teeth		Pharynx Gums **&** Mucosa	
			Openings of Steven's&Wharton's Ducts					
4	**NECK**							
	Thyroid		Trachea		Suprasternal notch		Acticve ROM	
5	**BREAST AND NIPPLES**							
	Inspection				Palpation			
6	**HEART**							
	Neck veins							
	Carotid arteries							
	Palpation		Amplitude		Contours		Auscultation	
	Precordium							
	Inspection		Palpation		PMI			
	Auscultation		S1 S2		Extrasounds		Murmurs	
7	**THORAX & BACK**							
	Inspection				Percussion			
8	**LUNGS**							
	Percussion		Palpation		Auscultation			
9	**ABDOMEN**							
	Inspection				Auscultation		Percussion	
	Palpation		Superficial		Deep			
	Spleen							
	Percussion				Palpation			
	Liver							
	Percussion				Palpation			
	Kidneys							
	Right				Left			
	Femoral Pulses							
	Palpation							
10	**EXTREMITIES**							
	Upper							
	Nails		Palms		Muscles			
	Joints (including ROM)							
	Interphalengeal		Wrist		Elbows		Radial Pulse	
	Lower		Nails		Muscles			
	Joints (including ROM)							
	Hip		Knee		Ankle			
	Pulses							
	Posterior Tibial				Dorsalis Pedis			
11	**SKIN**							

12	**LYMPH NODES**							
	Neck							
	Submental		Subandibular		Suboccipital		Supraclavicular	
	Anterior and Posterior Cervical				Anterior and Posterior Auricular			
	Axillary							
	Central axillary				Lateral axillary			
	Subscapular				Pectoral			
	Epitrochlear				**Femoral and Inguinal**			
13	**NEUROLOGIC**							
	Mental Status							
	Cranial Nerves							
	II: Visual acuity-Visual fields				II&III:Pupillary reaction to light accomodation			
	III, IV, VI: EOM				V: Light Touch Face			
	VII:Wrinkle Forehead,Close eyes,Show Teeth				VIII: Hearing			
	IX: Uvula				X: Cough			
	XI: Abduct Shoulders				XII: Protrude Tounge			
	Motor System							
	Thumb & index finger: Median N				Thumb & Little finger: Median & Ulnar N			
	Extension of Thumb: Radial N				Biceps muscle: Musculocutaneous N			
	Gastrocnemius&Soleus Muscles:Post Tibial N				Tibialis Anterior Muscle : Peroneal N			
	Quadriceps Femoral Musce: Femoral N							
	Sensory							
	Light Touch				Position Sense			
	Reflexes							
	Deep Tendon							
	Biceps (C5-6)		Knee (L 2-4)		Ankle			
	Pathological (Plantar reflex)							
	Gait and Balance							
	Finger to finger				Tandem walking			
14	**GENITAL EXAMINATION (MALE)**							
	Penis							
	Inspection		Meatus		Glans		Shaft	
	Palpation		Meatus		Glans		Shaft	
	Scrotum							
	Inspection		Testes		Epididymis		Spermatic cord	
	Palpation		Testes		Epididymis		Spermatic cord	
15	**RECTAL ANDPROSTATE EXAMINATION**							
	Inspect anus				Digital exam of rectum			
	Digital exam of prodstate				Stool for occult blood (if needed)			
16	**GYNECOLOGICAL EXAM (FEMEALE)**							
	External Genitalia		Inspection of Vagina and Cervix				Bianual Exam	
	Rectovaginal Exam		Stool for occult blood (if needed)					

ICP-3

PRIMARY CARE EXPERIENCE (PCE)

(BİRİNCİ BASAMAK DENEYİMİ)

Programın Temel Amacı

Klinik Uygulamaya Giriş Programı temel olarak öğrenciyi klinik öncesinde gerek bilgi ve beceriler, gerekse davranış ve tutumlar açısından kliniğe hazırlamayı amaçlamaktadır.

Birinci basamak uygulamasının amacı:

- öğrencinin birinci basamak sağlık ortamını tanıması,
- birinci basamak sağlık hizmetlerini tanıması,
- sık görülen sağlık sorunları, nedenleri ve risk altındaki gruplar
- konusunda bilgi sahibi olması,
- ICP programı içinde şimdiye dek öğrendiği hasta ve hasta yakınları ile iletişim, öykü alma, fizik muayene gibi becerileri gerçek ortamda uygulayabilmesidir

"Birinci Basamak Deneyimi "adlı programın temel felsefesi "Topluma Dayalı Eğitim" yaklaşımına dayanır. Bu yaklaşımın temel ilkelerinden birisi, öğrencilerin yalnızca ikinci ve üçüncü basamak düzeyindeki sağlık kuruluşları olan hastanelerde değil, aynı zamanda birinci basamak sağlık kuruluşlarında çalışmalarını öngörür. Bu, hekim adaylarının toplumda sık görülen sağlık sorunlarını tanıması, bu sorunların kaynağını araştırmaya yönelmesi için son derece önemlidir.

Temel Hedefler

Bu uygulama sonunda öğrencilerin aşağıdaki temel hedeflere ulaşması beklenmektedir.

Temel Bilgi Hedefleri

1. Sağlam çocuk aşı takvimini sayabilmek
2. Soğuk zincirin tanımını yapabilmek ve denetiminin nasıl yapılacağını bilmek
3. Birinci basamak sağlık kuruluşunda tutulan temel kayıtların neler olduğunu ve hangi amaçla kullanıldığını bilmek.
4. Başvuran kişiyi ve kendisini enfeksiyonlardan nasıl koruyabileceğini bilmek

ICP-3 /PCE

Temel Beceri Hedefleri

1. Tüm yaş gruplarında tam ve ayrıntılı öykü alabilmek.
2. Sağlam çocuk izlemi yapabilmek.
3. Erişkin yaş grubunda aşağıdaki becerilerle birlikte fizik muayene yapabilmek
   - TA ölçümü
   - Nabız ölçümü yapmak
   - Ateş ölçümü yapmak.
   - Solunumu sayabilmek.
   - Baş-boyun inspeksiyonu yapabilmek.
   - Baş-boyun palpasyonu yapabilmek.
   - Kosta-diafagmatik açı muayenesi yapabilmek.
   - Solunum sistemi oskültasyonu yapabilmek.
   - Kalp oskültasyonu yapabilmek.
   - Periferik ödem değerlendirilmesi yapabilmek.
   - Batın perküsyonu yapabilmek.
   - Dalak üst sınırı perküsyonu yapabilmek.
   - Dalak alt sınırı palpasyonu yapabilmek.
   - Karaciğer üst sınırı perküsyonu yapabilmek.
   - Karaciğer alt sınırı palpasyonu yapabilmek.
   - Orofarenks muayenesi yapabilmek.
4. İntramüsküler enjeksiyon yapabilmek.
5. Pansuman yapabilmek.
6. Çocuklara oral ve intramüskuler yolla aşı yapabilmek
7. Tıbbi uygulamalar sırasında başvuran kişiyi ve kendisini enfeksiyonlardan koruyabilmek

Temel Davranış Hedefleri

1. Ekip arkadaşlarıyla, sahadaki ve üniversitedeki sorumlu eğitmenlerle ve sağlık ekibinin bütün üyeleriyle uyumlu bir çalışma yürütebilmek
2. Başvuran kişilerle her türlü iletişiminde temel ilkelere uygun davranmak
3. Hasta ve yakınlarının haklarına saygı göstermek
4. Birinci basamak etkinliklerine tam olarak ve zamanında katılmak.
5. Verilen görev ve ödevleri zamanında ve tam olarak yapmak.
6. Süreçte yaşanacak sorunları uygun zamanda, uygun kişilerle paylaşıp çözüm arayabilmek.

Birinci Basamak Deneyimi
Öğrenci Günlüğü

Etkinlik

Öğrencilerin "Birinci Basamak Deneyimi" programında, katıldıkları eğitim etkinliklerinin bitiminde bir rapor/günlük hazırlaması beklenmektedir. Öğrencinin raporunda isim, soy isim, ziyaret ettiği Aile Sağlığı Merkezinin adı, ziyaret tarihleri ve e-mail adresi yer alacaktır. Rapor geri bildirimleri elden teslim edilecektir. (Mazeret nedeniyle gidilemeyen günler belgelenmelidir)

Raporda birinci basamak sağlık kuruluş deneyimine yönelik aşağıdaki soruların yanıtlanması beklenmektedir:
Önceki deneyimlerinizden farklı olarak, birinci basamak sağlık kuruluşunda yaşadığınız bu deneyimin size ne öğrettiğini düşünüyorsunuz?
Birinci basamak sağlık kuruluşu deneyiminden neler bekliyordunuz?
Öğrenmenize yardım eden/kolaylaştıran faktörler nelerdi?

Yukarıdaki belirtilen refleksiyonlar temelinde şekillenecek raporun içeriğinde yer alabilecek bazı örnekler aşağıda sunulmuştur:

- Sizi etkileyen olay/olaylar (başvuran kişi/hasta, doktorun, hekimin ve/veya hasta yakınının tutumu, sağlık sisteminin bir yönü, hiç bilmediğiniz bir hastalık/semptom /yakınma, içinden çıkamadığınız, eve dönünce sizi okumaya teşvik eden bir sağlık sorunu ve/veya yakınma-bulgu..)
  - Kendinizle ilgili olarak güçlü olduğunuzu ve eksik olduğunuzu düşündüğünüz durumlar (bu bir bilgi, beceri veya tutum olabilir)
  - Belirlediğiniz bir soruna sizin bulduğunuz bir çözüm veya getirdiğiniz bir öneri
  - Çevreye ilişkin bir gözleminiz
  - Yaşadıklarınızla ilgili olarak hissettikleriniz
  - Topluma dayalı, birinci basamak ortamında tıbbi pratik ile ilgili daha önceki beklentileriniz ve deneyimlerinizden farklı olan yaşadıklarınız
  - Başıbüyük Kampüsünde KBL'deki çekirdek eğitim programınızdan farklı olarak öğrendikleriniz
  - Birinci basamak ortamında öğrenmenizi kolaylaştıran faktörler, vb.

Amaç

Öğrencilerin kendi öğrenme sürecini sistematik olarak gözden geçirmelerini, kendi bilgi ve becerileri açısından iyi ve zayıf oldukları alanları değerlendirebilmelerini sağlamak, ayrıca öğrenmelerine aracılık eden eğitim etkinliğini değerlendirebilmek.

Uygulama Sonrası Teslim Edilecek Ödevler

Her bir öğrenci kendi deneyimini yansıttığı ve bilgisayarda hazırladığı gerçek bir hastayı değerlendirmesini ya da tanık oldukları ayrıntılı bir hasta değerlendirmesini içeren "Öğrenci Günlüğü, keyps.com sayfasında yer alan PCE Rapor 2022-2023 üzerinden yüklenecektir. Raporlar yalnızca ICP'den sorumlu üniversite öğretim üyeleri tarafından değerlendirilecektir.

At the end of the program, students will write a "diary" include Primary Health Care Center observations and experiences. The diary should also include "a patient evaluation file" containing the medical information of a patient they have evaluated or witnessed (with the patient's consent and without using named). It is expected that the history taking and physical examination findings and diagnosis and follow-up plans will be included in this file. In addition, ethical and social issues with physican-patient communication will be discussed.

The diary including patient evaluation report should be submitted to keyps.com till 18th May 2023.

ICP-3 /PCE

Gözleme Dayalı Yeterlik Değerlendirmesi

(Bu form, öğrenci tarafından doldurulacak, eğitimden sorumlu hekim tarafından kontrol edilerek imzalanacak ve öğrenci tarafından Klinik Beceri Laboratuarı'na ulaştırılacaktır.

Öğrenci ad, soyad:
No:

Beceri	Uygulama Sayısı	Yeterlik Değerlendirme Ölçeği		Onay
		Yeterli	Yeterli değil	
1. Öykü Alma				
2. Kan basıncı ölçümü				
3. Nabız ve solunum sayımı				
4. Ateş ölçümü				
5. Baş-boyun muayenesi				
6. Diafram açıklığı muayenesi				
7. Akciğer oskültasyonu				
8. Kalp oskültasyonu				
9. Periferik ödem muayenesi				
10. Batın perküsyonu				
11. Dalak perküsyonu				
12. Karaciğer perküsyonu				
13. Karaciğer palpasyonu				
14. Orofarenks muayenesi				
15. Meme muayenesi				
16. İntramüsküler enjeksiyon				
17. Kan alma				
18. Pansuman				
19. Aşı uygulama				
20. Sağlam çocuk muayenesi				
21. Yaşlı hasta değerlendirmesi				
22. Spekulum uygulama				
23. Pap smear alma				
24. Diyabetik ayak muayenesi				
25.				
26.				

Eğitim Sorumlusu (ASM Hekimi) (İsim, İmza)

ICP-3 /PCE

MÜ. TIP FAKÜLTESİ DÖNEM III ÖĞRENCİLERİ İÇİN

Birinci Basamak Deneyimi

Öğrenci Değerlendirme Formu

ÖNEMLİ NOT

(Bu form, eğitimden sorumlu uzman/öğretim üyesi/hekim tarafından doldurulacak ve kapalı bir zarf içinde Klinik Beceri Laboratuarı'na ulaştırılacaktır.

Öğrenci ad, soyad:

No:

Gözlenmedi 0
Geliştirilmeli 1
Yeterli 2

Kriterler	Değerlendirme		
1. Genel tıbbi bilgi düzeyi	0	1	2
2. Tıbbi becerilerini uygulayabilme	0	1	2
3. Verilen görevleri zamanında ve tam olarak yapma	0	1	2
4. Ekip çalışması içinde tutum	0	1	2
5. Hasta ve yakınları ile iletişim	0	1	2

Diğer görüş ve öneriler

_____

_____

_____

_____

_____

Değerlendirmeyi yapan :_____

ARAŞTIRMA SONU DEĞERLENDİRME FORMU (ICP-III)

(DANIŞMAN ÖĞRETİM ÜYESİ TARAFINDAN DOLDURULACAKTIR)

*Bu değerlendirme araştırma etkinliği tamamlandıktan sonra yapılacak ve öğrencinin ICP notunun hesaplanmasında kullanılacaktır. Değerlendirmenin aşağıdaki kriterlere göre, araştırma grubundaki her öğrenci için ayrı ayrı yapılmasını ve kapalı bir zarf içinde en geç **05 Haziran 2023'de** ulaştırılmış olmalıdır.*

Performans Değerlendirme:
0= Gözlem yapılamadı/ değerlendirilemedi 1= Yetersiz 2= Geliştirilmesi gerekli 3= Yeterli

Öğrencinin ismi																
	Değerlendirme Sonuçları															
Performans Değerlendirme Kriterleri																
Araştırma etkinliği ile ilgili beceriler: hipotezlerin belirlenmesi, literatür tarama, veri toplama gereçlerinin hazırlanması	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Araştırmanın yürütülmesi sürecindeki beceriler: veri toplama, veri girişi, analiz, raporlandırma	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Ekip çalışmasına ve ekip içindeki tutuma katkısı	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Eğitmenin rehberliğinden yararlanma	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Araştırmaya katılan kişi ya da deneklere etik kurallara uygun yaklaşım (ya da hastalara ait bilgilerin korunması)	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Devamlılık	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

Diğer görüş ve önerileriniz:

Danışman Öğretim Üyesinin Adı Soyadı:

ICP-3 /RESEARCH

ARAŞTIRMA SONU DEĞERLENDİRME FORMU (ICP-III)
(HER ÖĞRENCİ TARAFINDAN AYRI AYRI DOLDURULACAKTIR)

Bu değerlendirme araştırma etkinliği tamamlandıktan sonra yapılacak ve eğitmene geri bildirim verilmesinde kullanılacaktır.
Değerlendirmenin aşağıdaki kriterlere göre, araştırma grubundaki her öğrenci tarafından ayrı ayrı yapılmasını ve kapalı bir zarf içinde Tıp Eğitimi veya Klinik Beceri Laboratuvarına ulaştırılmasını rica ederiz.

Performans Değerlendirme:
0 Yetersiz
1 Geliştirilmesi gerekli
2 Yeterli
3 Mükemmel

Öğrenci Adı: Numarası:

Performans Değerlendirme Kriterleri	Değerlendirme Sonuçları			
1. Öğretim üyesinin çalışmaya etkin katılımı	0	1	2	3
2. Ekip çalışmasına ve ekip içindeki tutuma katkısı	0	1	2	3
3. Araştırmaya katılanlarla iletişim	0	1	2	3
4. Öğretim üyesinin çalışmaya ayırdığı zaman	0	1	2	3

Diğer görüş ve önerileriniz:

Öğrencinin adı soyadı:

Danışman Öğretim Üyesinin Adı Soyadı:

ICP-3 /RESEARCH

ICP ARAŞTIRMA RAPORU DEĞERLENDİRME FORMU

(Her bir rapor ICP eğiticileri tarafından aşağıdaki kriterlere göre değerlendirilecektir)

DEĞERLENDİRME ÖLÇÜTLERİ	Evet
Literatür bilgisine dayanan, konuya-araştırmaya özel güncel bilgileri de içeren ve araştırmanın önemini ortaya koyan bir arka plan bilgisi sunulmuş mu?	2.5
Araştırmanın amacı açık olarak belirtilmiş mi? Amaç araştırmanın başlığı ile uyumlu mu?	2.5
Araştırmanın yöntemi • *Yöntem, araştırmanın amacına uygun mu?* • *Yöntemin adı doğru belirlenmiş mi?* • *Evren, örneklem, örnek seçimi, veri toplama araç-gereci vb ile ilgili ayrıntılı bilgi verilmiş mi?*	5
Bulgular bölümünde tablo ve/veya grafikler doğru mu? özenli mi?, başlıkta vb yeterli açıklama var mı? her bir (veya birkaç) tablo/grafikle ilgili açıklama yazılmış mı?	5
Araştırmada sonuçların kendi içinde tartışıldığı ve/veya başka çalışmalarla karşılaştırıldığı (yani "tartışma" niteliğine uygun) bir tartışma bölümü var mı? Tartışma literatür bilgisine dayandırılıyor mu? ***(2. sınıf araştırmalarının tartışma bölümü 3. sınıflara göre daha "zayıf" olabilir; bunu dikkate alınız)***	5
Araştırmada öneriler bölümü var mı? varsa araştırma sonuçlarına özgü mü?	5
Kaynakların değerlendirilmesi : • *konuyu dikkate alarak- yeterli mi?* • *güncel mi?* • *yazım kurallarına uygun yazılmış mı?*	5
TOPLAM	**30**

ICP-3 /RESEARCH

MaSCo^{2023} SÖZLÜ SUNUM DEĞERLENDİRME REHBERİ

Araştırmanın Adı:
Salon: **Tarih:**

A. SUNUMUN İÇERİĞİ (ARAŞTIRMANIN TASARIMI, SONUÇLAR VE YORUM) İLE İLGİLİ:	
GİRİŞ VE GENEL BİLGİLER (10 puan)	Araştırmanın konusu özgün mü? (5 puan) Araştırma konusunun önemi belirtildi mi? (2,5 puan) Araştırmanın amaçları net olarak belirtildi mi? (2,5 puan)
YÖNTEM **(20 puan)**	Araştırmanın yöntemi: a. Araştırmanın tipi (tanımlayıcı, vaka-kontrol, kohort vs) belirtildi mi ve doğru mu? (2 puan) b. Örneklem büyüklüğü ve seçim kriterleri /yöntemi açıklandı mı? (2 puan) c. Araştırmanın bağımlı ve bağımsız değişkenleri doğru olarak belirtildi mi? (2 puan) d. Araştırmada hangi araçlarla ve hangi standartlarda ölçüm (hemoglobin, depresyon, tutum, vb) yapıldığı açıklandı mı? Ölçüm yönteminin geçerlilik ve güvenilirliği tartışıldı mı? (2 puan) e. Veri toplama/görüşme süreci açıklandı mı? (2 puan) Kullanılan istatistiksel yöntemler açıklandı mı/uygun mu ? (4 puan) Kullanılan yöntem, genel olarak araştırmanın amaçlarına uygun mu? (6 puan)
BULGULAR (10 puan)	Tablo ve/veya grafikler uygun yapılmış mı? (doğruluk ve anlaşılırlık açısından) İstatistiksel analizler doğru yorumlanmış mı? *(Kalitatif/Niteliksel araştırma ise bulguların sunumunda tablo grafik yer alması, istatistik analiz yapılması beklenmemelidir).*
TARTIŞMA (25 puan)	Sonuçlar başka verilerle (literatürle) karşılaştırılmış mı? (5 puan) Araştırmanın kısıtlılıkları belirtilmiş/tartışılmış mı? (10 puan) Araştırmanın amacını ve elde edilen sonuçları aşan zorlama çıkarımlardan kaçınılmış mı? (5 puan) Araştırmanın yol açtığı yeni sorular, yapıcı öneriler veya planlanan eylemler belirtilmiş mi? (5 puan)
Referanslar (5 puan)	Çalışmanın giriş ve tartışma bölümlerinde konu ile ilgili yapılmış çalışmalara atıfta bulunulmuş mu? Referanslar uygun biçimde (yazar, başlık, tarih, yayınlandığı dergi) belirtilmiş mi?
BÖLÜM A. Genel değerlendirme: /70	

B. SUNUMUN BİÇİMİ İLE İLGİLİ:	
	Araştırma konusunun önemini ve amacını etkili biçimde açıkladı (6 puan)
	İzleyici ile etkili bir iletişim kurdu. Herkesin duyabileceği şekilde konuştu (6 puan)
	Slaytlardaki içeriğin miktarı, yazıların okunurluğu uygundu (6 puan)
	Sunum verilen sürede tamamlandı (6 puan)
	Çalışma ile ilgili soruları uygun biçimde yanıtladı (6 puan)
BÖLÜM B. Genel değerlendirme: /30	

SONUÇ: **100 puan)**	/ 100	Değerlendiren isim ve imza:

ICP-3 /RESEARCH

MaSCo2023 POSTER DEĞERLENDİRME REHBERİ

Araştırmanın Adı:

Poster No:

A. POSTERİN İÇERİĞİ (ARAŞTIRMANIN TASARIMI, SONUÇLAR VE YORUM) İLE İLGİLİ:	
GİRİŞ **(10 puan)**	Araştırmanın konusu özgün mü? (5 puan) Araştırma konusunun önemi belirtilmiş mi? (2,5 puan) Araştırmanın amaçları net olarak belirtilmiş mi? (2,5 puan)
YÖNTEM **(20 puan)**	Araştırmanın yöntemi: a. Araştırmanın tipi (tanımlayıcı, vaka-kontrol, kohort vs) belirtilmiş mi ve doğru mu? (2 puan) Örneklem büyüklüğü ve seçim kriterleri /yöntemi açıklanmış mı? (2 puan) Araştırmada hangi araçlarla ve hangi standartlarda ölçüm (hemoglobin, depresyon, tutum, vb) yapıldığı açıklanmış mı? Ölçüm yönteminin geçerlilik ve güvenilirliği tartışılmış mı? (2 puan) Veri toplama/görüşme süreci açıklanmış mı? (4 puan) Kullanılan istatistiksel yöntemler açıklanmış mı/uygun mu ? (4 puan) Kullanılan yöntem, genel olarak araştırmanın amaçlarına uygun mu? (6 puan)
BULGULAR (10 puan)	Tablo ve/veya grafikler uygun yapılmış mı? (doğruluk ve anlaşılırlık açısından) İstatistiksel analizler doğru yorumlanmış mı? *(Kalitatif/Niteliksel araştırma ise bulguların sunumunda tablo grafik yer alması, istatistik analiz yapılması beklenmemelidir).*
TARTIŞMA **(25 puan)**	Sonuçlar başka verilerle (literatürle) karşılaştırılmış mı? (5 puan) Araştırmanın kısıtlılıkları belirtilmiş/tartışılmış mı? (10 puan) Araştırmanın amacını ve elde edilen sonuçları aşan zorlama çıkarımlardan kaçınılmış mı? (5 puan) Araştırmanın yol açtığı yeni sorular, yapıcı öneriler veya planlanan eylemler belirtilmiş mi? (5 puan)
Referanslar **(5 puan)**	Çalışmanın giriş ve tartışma bölümlerinde konu ile ilgili yapılmış çalışmalara atıfta bulunulmuş mu? Referanslar uygun biçimde (yazar, başlık, tarih, yayınlandığı dergi) belirtilmiş mi?
BÖLÜM A. Genel değerlendirme: /70	

B. POSTERİN BİÇİMİ İLE İLGİLİ: (30 puan)	
	11. Posterin boyutları verilen talimata uygun mu/ Poster rahatlıkla okunabiliyor mu? (10 puan)
	12. Metin ile diğer gösterimler (şekil, grafik, tablo) arasında dengeli bir dağılım var mı? Posterde metin, şekil, grafik vb ler arasında yeterince boşluk bırakılmış mı? (10 puan)
	13. Yaratıcı/dikkat çekici bir poster mi? (renk, şekil, resim vb) (10 puan)
BÖLÜM B. Genel Değerlendirme: / 30	

SONUÇ:	/100	Değerlendiren isim ve imza