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**ICP-1**

**COURSE GUIDEBOOK**

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1. Introduction to First Aid Course

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4. Introduction to Student Research and

Computer Skills

# **1. Introduction to First Aid**



**Departments**

Emergency Medicine

Family Medicine

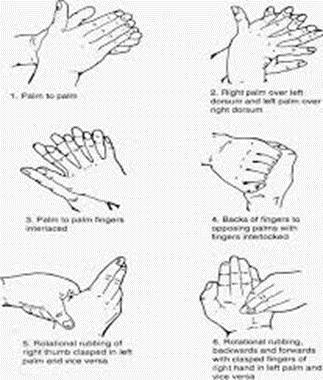
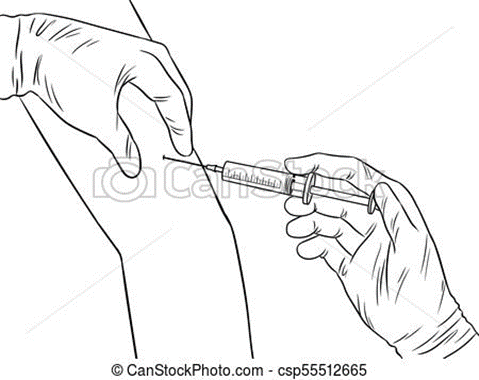
Neurology

Orthopedics

Plastic Surgery

**Coordinated by**: **Asst. Prof. Dr. Çiğdem Özpolat**

**2. Clinical Skills Laboratory**

**Departments**

Family Medicine

Medical Pharmachology

Nursing School

**Coordinated by:Prof. Dr. Serap Cifcili**

**GENERAL INFORMATION**

The **“Clinical Skills Laboratory (CSL)”** activities take place at the second and third year of the ICP program. First Aid Program, which takes place at the first year may also be considered as a part of procedural skills.

During Clinical Skills Activities, you will watch and demonstrate a number of basic procedural skills and physical examination techniques.

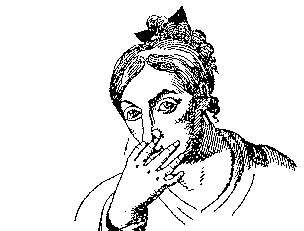
* As teaching methods; video presentations, tutor presentation and especially demonstration and coaching will be used.
* You will be provided many opportunities to demonstrate all skills one by one, under supervision and get individual feed-back which are very valuable for skill improvement.
* If you want to study individually on the models, you can take an appointment from the CSL worker.

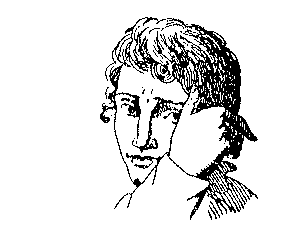
You are expected to wear white coat at the sessions. Also, you may be requested to bring certain materials like sterile gloves or injectors. These requirements will be announced later, so please follow-up the related announcements.

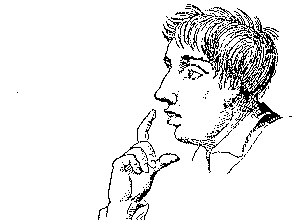
A copy of the course guide which includes all checklists of the skills and brief descriptions about the needs, materials and policies of these skills can be supplied from the Clinical Skills Laboratory.

# **3. Communication Skills &**

# **Introduction to Medical Interview**







**Departments**

Department of Medical Education

Department of Family Medicine

Department of History of Medicine and Ethics

**Lecturers**

Dr. M. Ali Gülpınar

Dr. Sinem Yıldız İnanıcı

Dr. Çiğdem Apaydın Kaya

Özge Emre, PhD candidate

Dr. Orhan Önder

Dr. Ülkü Sur Ünal

Dr. Buğu Usanma Koban

**Coordinated by: Dr. Sinem Yıldız İnanıcı**

**Ten Secrets**

**of**

**Effective Communication**

****

**By Selçuk Erdem**

**1.Rapport**  
Rapport is the ability to be **in sync** with someone. It is the magic of rapport that allows effective communication to take place. A critical part of rapport is attention. Giving your full, undivided attention to another person allows you to really hear what they are saying beyond the words. It allows you to enter their world and see and feel things from their perspective. Rapport includes nonverbal communication such as eye contact, body language, tone and volume of your speaking as well as speed or pacing. When you are **in rapport** you are matching someone. This creates familiarity, comfort and trust.

For example, your body language can invite disclosure or it can let the speaker know you are not interested in what he or she has to say. Sitting with your arms folded and your knees crossed and avoiding eye contact sends a completely different message than showing genuine interest by leaning toward the speaker with direct eye contact.

In short, rapport is the ability to be fully **present** with someone. By being present you are showing that **you are right there with them.** According to Carl Rogers, a well-known humanistic psychologist, people, more than anything else, want to be heard and understood. Rapport is the vehicle that allows this to happen.

Example: James really went out of his way to establish rapport with his boss during his performance review meeting. As a result, both he and his boss felt more relaxed. They were then able to discuss how James could qualify for a much desired promotion.

**2.Authenticity**  
Authenticity means being genuine, real and congruent. In other words, your feelings, thoughts, words and actions match each other. Authentic communication has integrity. It is whole and complete and usually includes an honest expression of feelings. The ability to be authentic means that you are able and willing to communicate your truth as it exists in the moment.

When you speak authentically, people tend to trust you. Conversely, when you hide the truth or pretend to be something you’re not in order to gain approval or to avoid rocking the boat people can usually sense there is something off and your impact is greatly diminished.

Example: Sally was so authentic with her sales team that everyone experienced her commitment to the team’s goals. As a result, each member of the team became deeply motivated to make a similar commitment to their own individual targets.

**3.Reflective Listening**  
Another key communication skill is reflective listening. In a reflective response, the listener feeds back the content and feeling of what has been expressed. This conveys understanding, acceptance and empathy. This becomes especially important when the speaker is conveying strong feelings and has a need to be heard. Reflective listening can go very far in demonstrating a real caring to the speaker which naturally engenders heightened trust and respect.

Example: Judith used her reflective listening skills while listening to John express his frustrations with his job. John had been feeling very unappreciated despite a huge effort. He needed to get a lot off his chest. As their meeting progressed and John really felt heard, he began to relax and discovered on his own how he could make some changes in his work group that would make things work better for everyone involved.

**4. Using "I" Messages**

The use of "I" messages indicates that you are taking responsibility or owning your own experience. You are not resorting to blame. This is perhaps the most important secret of effective communication in the workplace, i.e. that of avoiding blame of others or yourself. Using "I" messages gets you out of the habit of fault finding. It involves giving up the myth called "finding who is at fault will solve the problem". It doesn’t. Fault finding is really about covering yourself so the problem doesn't fall on your shoulders and you don't pay the consequences.

In a heavy top down, authoritative management structure where managers function more as policeman than anything else, the tendency is to blame and seek who is at fault. In an empowering environment or learning organization where people are encouraged to stretch, experiment and learn new things, fault finding becomes unnecessary and is therefore less common. Therefore, the key is to discover how accountability and caring can simultaneously be a part of an effective work environment.

Example: After Susan and Alice’s big argument at the staff meeting most people thought they would never speak to each other again. Then the idea of "I" messages was introduced as a communication strategy. Susan said I became very angry when I was interrupted." Alice said "I was so frustrated when I felt like I was not being heard."

Once Susan and Alice saw that nobody was "at fault" they were able to begin communicating effectively to get to the core of the problems and solve them together. The shift was so dramatic between them that they decided to introduce the "I" message idea to their coworkers which soon resulted in even greater cooperation and profitability for their company.

**5. Self-Awareness**  
In order to communicate effectively you need to be aware of your own feelings, values, needs, desires and motives. Knowing yourself is critical if you expect others to "get" who you are and what you want. Being self-aware also allows you to set appropriate boundaries in your dealings with people.

A common dysfunctional pattern is the situation where people don’t know what they want and yet get angry when they don’t get it from others. This may sound pretty crazy on paper but you’d be amazed how often people function this way.

Example: After reflection and soul searching Dan became aware of his needs and goals. His coworkers had been doing a lot of "guessing" regarding what he wanted but they weren’t really getting anywhere in their efforts. Once he **came clean** with his needs and concerns, his team became focused and highly motivated to produce the desired results.

**6. Communicate Withholds**

A withhold is a consciously or unconsciously held thought or feeling that **needs to be communicated** but which is withheld due to some uncomfortable emotional charge (upset) associated with the item in question. People withhold communication due to some kind of fear embarrassment, loss, rejection, hurt, etc.. They fail to communicate when an issue is uncomfortable. Therefore, withholds are a form of avoidance. Withholds undermine relationships because they destroy trust and they diminish the natural affinity between people.

The best way to eliminate withholds in your workspace is to create an environment where people can have periodic **clearing sessions** in which they can express whatever is on their mind and get things off their chest. Doing this at regular intervals will allow everyone to maintain their relationships to one of respect, cooperation and affinity. In this way, communication can be unencumbered by the cumulated emotional baggage of the past.

Communicating withholds becomes critical in situations where emotions run strong. In situations where people work closely together over long periods of time, it is inevitable that feelings will emerge and that it will be necessary to do some **clearing** sessions which permit people to get things off their chest.

Example: Sam built up tremendous resentment towards his supervisor to the point where it was seriously affecting his job performance and his motivation to do his job. Everyone felt it. Finally, the district manager ordered them to get things worked out. At a dinner meeting away from the office, they were able to communicate all the items they had been withholding. As a result, they overcame their differences and created a renewed commitment to work together and communicate consistently about whatever is going on.

**7.Empathy**  
The common phrase, putting yourself in someone else’s shoes best describes what empathy is all about. Empathy is the ability to feel what someone else is experiencing and to validate their experience. Empathy is seeing the world through the other person’s eyes. Keep in mind that showing empathy does not mean you must give up your own objectivity or that you need to "rescue" or "save" the person from their own circumstances. It is sufficient to show your sincere caring towards the individual.

Example: Jim showed empathy towards Frank when hearing about Frank’s death in the family. Although sensitive to Frank’s loss, Jim was not deterred from having accountabilities completed on time. Jim simply showed appropriate understanding and allowed Frank to get the assistance he needed from others in his work group so he could attend to his personal needs and still get work completed.

**8. Giving and Receiving Feedback**

Feedback is information about past behavior delivered in the present for the purpose of influencing future behavior. If we want to build, maintain, or test our relationships, feedback is our only source of information. Without feedback, how can we test the reality of our perceptions, reactions, observations, or intentions? Feedback in the workplace is fundamental for helping those who wish to improve their performance, reach an objective, or avoid unpleasant reactions to their efforts.

In order to be effective and enthusiastically received, feedback needs to be supportive and empowering. It needs to be delivered without judgment and blame. It needs to be delivered with respect and acknowledgment that the person’s intention and sincere effort that has been put forth even though it may not have met the desired standards.

When people receive feedback in this empowering manner, they are able to **let it in** and really use it. They feel appreciated and validated and as a result, they want to do better. They are also more open to receiving feedback from you in the future so the overall pattern of communication is enhanced.

Example: Teresa gave her journalism students empowering feedback on the school newspaper layout so they could make the needed corrections before the publication deadline. They were not only able to make the needed changes but they learned some important tools for the future. Due to the supportive manner in which Teresa gave her feedback, the students were very open to her ideas and able to apply them effectively.

**9. Synergy**

Synergy is the dividend that is derived from combining people, resources, ideas and energy in new and innovative ways. Synergy is best embodied by the principle **the whole is greater than the sum of all the parts.**

To create an environment where synergy is possible, you will want to have complete honesty, openness, and integrity in your work group. You want to encourage people to express their ideas no matter what they may be. When people feel safe to generate ideas, there is more of a chance that there will be synergistic interaction. One idea sparks another and then another. Creative communication becomes contagious.

Example: There was incredible synergy in the brainstorming session when the workshop leader really made it safe for everyone to say whatever they were thinking or feeling. As a result, the session succeeded in coming up with an innovative marketing strategy for the new product line.

**10. Ask for What You Want or Need**

Most people are much better at giving than receiving. Asking for what you want or need is essential in the workplace. Knowing who to ask, and having a way to ask it so you can get it is just as critical.

Keep in mind that if you don't believe that you deserve something or you are going to get it, chances are good that the communication will come out sounding this way. As a result, it probably won't be forthcoming. The best example is asking for a raise. There has to be a certain amount of willingness to take risks.

Example: Stephanie was new at her office manager job and was feeling a bit tentative with her new coworkers. However, as a result of her willingness to take some risks and ask for the assistance and support she needed, she was able to learn the office procedures in half the time than was expected. In a matter of days, she and her office staff were operating smoothly and there was excellent rapport between all the workers.

**Conclusion**

The above **secrets** are intended as an introduction to some of the most basic tools of effective communication. Despite the fact that these tools are basic and have been known and taught for years, there are actually few companies, groups or individuals that utilize these most basic tools in any consistent manner.

As a result, most companies and work environments have frequent breakdowns in communication resulting in lower morale, reduced employee motivation and creativity, reduced management effectiveness, absenteeism, higher health care costs due to undue stress, loss of the company’s most talented people and ultimately reduced profitability.

Considering the fact that these tools are easy to learn and apply, require minimum cost for training and coaching, and have such far reaching positive consequences, it is surprising that more companies do not integrate them into their culture.

**Guideline**

**for**

**Active Listening**

* 1. listen for content – try to hear exactly what is being said
  2. listen for feelings –try to identify how the source feels about things
  3. respond to feelings– let the source know that his or her feelings are recognized
  4. note all cues – be sensitive to both verbal and nonverbal expressions
  5. reflect back– repeat in your own words what you think you are hearing
  6. keep your position at the same level with the source
  7. maintain eye contact
  8. test your understanding

**10 Communication barriers (examples From Teachers)**

Some barriers for better communication are grouped into ten categories, each of which tends to slow or completely stop existing communication. Examples are from ‘teachers’ world.

**Ordering, Commanding, Directing**

Example: “Stop whining (talking) and get back to work”

**Warning , threatening.**

Example: “you had better get your act together if you expect to pass my class”

**Moralizing, preaching, giving “should to” and “ ought to”**

Example: “you should leave your personal problem out of the classroom”

**Advising, offering solutions or suggestions**

Example: “I think you need to get a daily planner so you can organize your time better to get your homework done.”

**Teaching, lecturing, giving logical arguments**.

Example: “ you better remember you only have four days to complete that project.”

**Judging, criticizing, disagreeing, blaming.**

Example: “you are such a lazy kid. You never do what you say you will.”

**Name-calling, stereotyping, labeling**

Example: “act your age. You are not a kindergartner. “

**Interpreting, analyzing, diagnosing**

Example: “you are avoiding facing this assignment because you missed the directions due to talking.”

**Questioning , probing, interrogating, cross-examining.**

Example: ”Why did you wait so long to ask for assistance? What was so hard about this worksheet?

**Withdrawing, distracting, being sarcastic, humoring, diverting.**

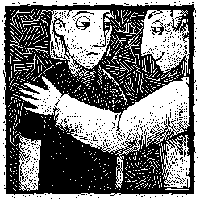
Example: “seem like you got up on the wrong side of the bed today.”

Many of us are unaware that we respond to our friends in one of these ways. It is important that we know alternative ways of responding. Many of the above responses have hidden messages when our friends hear them. They may hear you saying that they are to blame or that they can’t do anything right, when your intention for the message was quite different.

By Damsey, J. (1997) In Family Practice Management

**Are Poor Nonverbal Skills**

**Slowing You Down?**



**W**hy is it that one family physician manages to see only 20 patients a day while another comfortably sees 30? The two trained together, were recruited by the same practice within a year of one another and have similar clinical styles of practice. Both are well organized, have good time management skills and work with a medical assistant. Both average 10 hour days, five days a week, 48 weeks a year. Both are good doctors. Yet Dr. Thirty easily sees 10 more patients each day (and with a productivity-based compensation arrangement, that's a big deal).

What contributes to Dr. Thirty's ability to see more patients is something you probably don't always associate with productivity or the bottom line. Dr. Thirty has mastered nonverbal communication, which makes him more comfortable with his patients, makes his patients more comfortable with him and makes each office visit flow smoothly and efficiently.

Communication experts say we communicate as follows:

7 percent is verbal (the actual words used),

55 percent is nonverbal (or body language),

38 percent is voice (or tone of voice).

Since you communicate 55 percent of the time without ever saying a word, you ought to be paying attention to what your nonverbal signals are saying to patients. If you think you're simply too busy for a lesson in nonverbal communication, take heart: If you can spell "SOFTEN," you can begin to perfect your nonverbal signals right now.

**S is for *smile.*** Who can resist a smile? Your angry patient, you say? Don't be so sure. A smile helps set patients at ease and generates positive feelings about you and your practice. This, in turn, breaks down barriers so you can uncover issues more quickly and openly. When you meet a patient, whether in the exam room, hospital or by chance in a restaurant, you can hardly go wrong by greeting him or her with a smile.

**O is for *open posture.*** Open posture, which means no crossed legs, arms or hands, says you are approachable and willing to interact. Arms drawn together across your chest, on the other hand, can be intimidating or even condescending to patients. It suggests, "I'm closed to what you have to say," which often makes patients feel they must explain themselves extensively just to get past your barrier. Or they might put up their own defensive barrier in return. Either way, it's an obstacle that takes extra visit time.

**F is for *forward lean.*** A slight forward lean toward the speaking party says, "I'm trying to get closer because I really want to hear what you have to say." This forward lean is ever so subtle and easily accomplished whether sitting or standing. This posture helps the patient open up to you and speak more honestly -- and usually in a shorter time frame.

**T is for *touch.*** As you introduce yourself, shake your patient's hand in a warm and friendly manner. In addition to the nonverbal message the handshake sends, you will learn a lot about the patient's psychological state. Is the hand warm, cold, jittery, sweaty? All are clues that may save you time.

**E is for *eye contact.*** Eye contact is probably the most important nonverbal communicator after smiling. If you maintain eye contact with your patients 85 percent of the time, you will be branded as an expert communicator and physician in the patient's view. Eye contact conveys that you are paying attention to the individual, not being distracted by the chart or your notes or something else on your mind. Use caution, though, and do not gaze directly into the patient's pupils but rather within a three- to four-inch orbit of the eyes. The point is to help the patient feel you are connecting with them, not staring them down.

**N is for *nod.*** As your patient speaks, nod occasionally. This simply means that you are listening and understand, not that you necessarily agree. Your nodding helps the patient move forward with complaints, rather than hesitating because he or she feels uncertain whether you are listening.

While much of our nonverbal communication is unconscious, we can be more deliberate and improve the nonverbal cues we send. Dr. Twenty learned the SOFTEN nonverbal signals within a one-hour session. After one month, he was comfortable with 24 patients per day and at last count was up to 27 with ease. He has added his own unique nonverbal signals to enhance the SOFTEN framework, and you can too.

By Lieberman, J. A., Stuart, M. R., Robinson, S. A. (1996) In Family Practice Management &Stuart, M. R., Lieberman, J. A. The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician. Westport, Conn: Praeger Publishers; 1993.

**Enhance the Patient Visit**

**with Counseling**

**and Listening Skills**

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Family physicians have generally recognized the importance of building a strong, trusting relationship with their patients. Spending time with patients, getting to know them over the years and listening to their problems have always been important steps not only to continuity of care but also to solidifying the physician-patient bond.

In this kind of environment, it forces us to enhance the quality of the time that we have with each patient. In particular, family physicians should be sharpening the skills that relate to the psychological and behavioral dimensions of a patient encounter Ä skills involved in counseling and listening. We are learning more and more that the psychological and social background of our patients affects their health, and although we now sometimes see our patients for less than 15-minute increments, we still need to be counseling our patients and listening to them.

**“BATHE”ing your patients**Patient counseling can be done in a number of ways, but we recommend employing the acronym “BATHE” a tool that helps physicians quickly uncover the psychological and behavioral background of the patient and the context for the visit.

The BATHE acronym can be expanded as follows:

**Background.** A simple question, "What is going on in your life?" will elicit the context of the patient's visit.

**Affect**  (the feeling state). Questions such as "How do you feel about that?" or "How does it affect you?" allow the patient to report his or her emotional reaction to the situation.

**Trouble.** The question, "What about the situation troubles you most?" helps both you and your patient focus on the situation's subjective meaning.

**Handling.** The answer to, "How are you handling that?" gives an assessment of functioning.

**Empathy.** The statement, "That must be very difficult for you," legitimizes the patient's reaction.

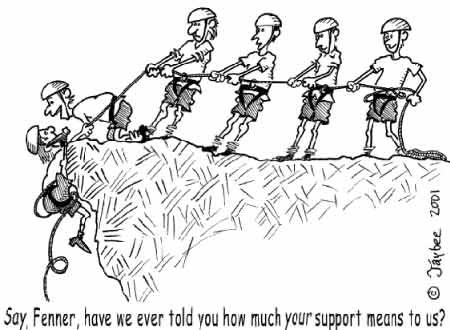
Notice that the first four steps of the acronym are used to gather information about the context of the patient's visit. Once the information is gathered, though, the process is not yet complete; the last letter of the acronym serves to remind you that showing understanding and empathy is a crucial part of the process.

Although the five-step BATHE process is certainly not the only way to achieve this goal, it is particularly efficient. Unlike other counseling techniques, BATHE can fit within the limits of a 15-minute office visit. Additionally, BATHE enhances the SOAP format of record keeping in that it enables you to evaluate the patient's problem in the context of his or her total life situation. We recommend that every patient be BATHE 'd during every office visit in order to screen for depression, anxiety and situational stress disorders and to discover heretofore hidden and unaddressed reasons for the patient's visit. Keep in mind that new patients present us with a special situation: the anxiety of meeting their new physician. Before you begin your round of questions, don't forget to extend a simple handshake and offer a few personal words welcoming them to the practice.

**Making sure everyone is listening**In addition to asking patients the right questions, it's important to make sure everyone involved in the patient encounter is listening. Your listening skills *and* the patients are both vital to solving medical problems. One of the most important rules to remember is to allow patients to complete their description of a presenting problem before interrupting. After the patient has finished his or her description, then summarize the patient's statements and ask if he or she wishes to add anything else before you enter your own line of questioning. In addition, by remaining seated and maintaining eye contact with the patient, you help to assure the patient that you are listening.

But is the patient listening to you? At the end of the examination, don't hesitate to ask the patient to demonstrate that he or she has heard what you have to say: For example, ask the patient to tell you the name of the medication you've just prescribed, its daily dosage, the duration of treatment, desired results and side effects to watch for. This gives the patient an active role in his or her treatment and should help improve compliance.

Successful implementation of these techniques should help you deal with the behavioral aspects of a doctor-patient encounter and strengthen your relationship with the patient. This in turn may help prevent the dire consequences of an undiscovered psychosocial malady.



(In University of Kentucky Student Activities, Leader“Group Dynamics” Booklet)

**What is a group?**

* + No two groups are identical to one another, but a *group,* by definition, is two or more individuals who are connected to one another by social relationships.
  + Groups vary in size from dyads and triads to very large aggregations, such as mobs and audiences.
  + Unlike the members of a *category,* group members are linked together by such interpersonal
  + processes as communication, influence, and identification.
  + Groups come in many varieties.
  + Research suggests that people spontaneously draw distinctions among intimate groups, task-focused groups, loose associations, and more general social categories.

Knowledge about how your group members interact, share common goals and work with one another can help you to integrate newcomers and prepare them or the roles, norms, and cohesiveness of the group:

**Roles;**

Depending on the task, group members will occupy formal and informal roles. With formal

roles, a title is helpful in establishing the member’s specific duties to the group. Formal roles

**Norms**

Norms are the rules of the group. They may be explicit (outwardly stated) or implicit (known

only by observation).They tell the group members how to behave or how not to behave in different situations. Newcomers who do not follow these rules may be excluded from the group.

Examples of norms may include:

• How much socializing occurs at meetings?

• How members dress at meetings.

• Whether meetings start on time or are always 15 minutes late.

Norms may be positive by exerting a sense of order, but they can be negative or cause

uncomfortable exclusion from the group. It is your job as a leader to try and change some of the negative group norms and to help newcomers understand positive ones.

**Cohesiveness**

This refers to all of the forces that cause individuals to remain in groups. High cohesiveness, such as strong liking and close match between individual needs and goals may help the group. It can interfere, however, if the group spends so much time in social interaction that they cannot get any work done. Generally, a sense of esprit de corps helps group performance. A newcomer may have more difficulty fitting in a group that has a very high cohesion level. As leader of the group, you can provide the extra help the newcomer may need in adjusting to the group as well as help established members welcome their newest member. As a group or team forms, it goes through certain predictable and observable stages, progressing from a loose collection of individuals to a cohesive group working together more or less effectively for a common cause. Each stage poses a challenge to group members and their respective leaders causing certain behaviors to appear. Mastering the behaviors that surface in one stage will allow the group or team to progress to the next stage.

**Dysfunctional Behaviors in Groups**

* + Cutting off others
  + Attacking people rather than issues
  + Topic jumping
  + Withholding reactions, feelings or information
  + Dominating
  + Attending to side issues -nitpicking
  + Side grouping –side conversations
  + Avoiding responsibility
  + Operating on assumptions – “not checking it out ”

**Helpful Behaviors in Groups**

* + Seek to make each person welcome
  + Ask or comments from those reacting nonverbally
  + Encourage each to listen to others
  + Request that all state their feelings
  + Give positive feedback or support
  + Involve everyone – ask for everyone’s reactions
  + Keep relationships honest and supportive
  + Maintain a sense of freedom and mutual responsibility
  + Listen to those who speak
  + Encourage group members to state their opinions
  + Avoid direct argument with a group member
  + Ask individuals to try something –never insist
  + Use inclusive language (i.e. “we ”)
  + Exhibit “Sharing Behavior ” (offer rides, bring snacks)

**Duties of a Leader within a Group**

* + As a student leader, it is your job to stimulate and promote goal-oriented thinking and behavior. Make people feel strong (help them eel that have the ability to influence their future and their environment).
* Structure cooperative relationships rather than competitive.
* Build members’ trust in the leader (lack of mutual trust means lack of faith in the

system).

* Resolve conflicts by mutual confrontation of issues rather than avoidance or forcing a particular solution.

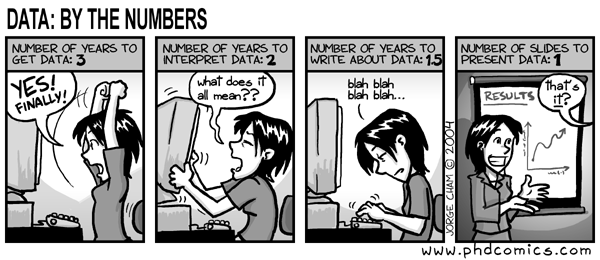
**What to Look for in Groups**

* + Who are the high participators?
  + Who are the low participators?
  + What are the greeting behaviors? Do they serve to bond the group?
  + Who talks to whom?
  + Early arrival and late departure phenomenon –do people want to spend time together?
  + Who keeps the ball rolling? And why?
  + How are the silent people treated? And how is their silence interpreted?

**4. Introduction to Student Research**

**&**

**Computer Skills**



**Lecturers& Research Advisors**

Dr. Can Erzik

Dr. Mustafa Akkiprik

Dr. Cevdet Nacar

Dr. M. Ali Gülpınar

Dr. Sinem Yıldız İnanıcı

Dr. Çiğdem Apaydın Kaya

Özge Emre, MA

Dr. Esra Akdeniz

**Coordinated by: Dr. Esra AKdeniz**

Main purpose of this one-year program (includes two semesters) is students’ introduction to scientific approach and acquisition of basic computer skills in Excel, Word, and PowerPoint and data analysis. Students are required to execute a scientific research about a topic that they are interested.

Students work with their classmates in small groups (approx. 5 people) under the mentoring of their advisors. Student groups are created by the coordinator according to the students’ list (5 consecutive students are brought together i.e.) and announced to the students via 1st Year Hall notice board. Most of the lessons scheduled on Fridays with some exceptions. Generally, international students take the lessons together but there may be some exceptions.

In this year, research sample of the students is restricted to their classmates. During the lessons group members are required to come together and decide on a research topic (you can find some examples below). After the lesson on questionnaire preparation, they should begin to prepare their own questionnaires. Please feel free to get an appointment from your advisors to revise your questionnaires before submitting them to the participants. The instructor in communication skills lessons is also your research group advisor. After the preparation of the questionnaire with advisors, groups submit it to their classmates, gather and analyze the data. Near the end of the academic year groups present their study results to a jury and their presentations evaluated by this jury.

Research group presentations are going to take place on **a further date (will be announced)** and detailed program is going to be announced at that time. All students are required to be in the First Year Hall and the jury will assess research presentations. Research presentation that is going to be the first among the other presentations will have a right to be presented again at MaSCo 2024.

Common Research Topics:

* + Dreams and Their Connections to Our Daily Life
  + Sexuality Among Youths
  + Students’ Perspective about Medical Education in Abroad
  + Medical Education in Foreign Language
  + Why Medical Education?
  + Fears and phobias
  + Harmful addictive behaviors
  + Daily practice and hobbies
  + Studying habits of the medical students
  + Students’ Perspective about Alternative medicine
  + Students’ Perspective about transplantation
  + Culture and sense of life
  + Technological perspective & practice
  + Marriage and Future Life
  + Postgraduate medical education & Career
  + Philosophy and Science
  + Life in Istanbul
  + School life and social life
  + Psychological changes before and after examination
  + Nutritional behaviors
  + Healthy life behaviors
  + Burnout in medical education
  + Violence intended health care providers
  + Effective learning and teaching
  + Football and fanaticism
  + An Ethical Dilemmas: Human trials

**2022-2023 ICP1 RESEARCH GROUPS & ADVISORS**

**Will be announced later !**

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| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME** | **COURSE** | **GR.** | **INSTRUCTOR/**  **DEPARTMENT** | **PLACE** | **GROUPS DETAILS** |
| 06/10/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | A, B | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 06/10/2023 | 08:40-10:30 | Introduction to Student Research and Computer Skills | C, D | Can ERZİK | Computer Lab. (entrance floor) | will be announced |
| 06/10/2023 | 14:40-16:30 | Introduction to Student Research and Computer Skills | A, B | Can ERZİK | Computer Lab. (entrance floor) | will be announced |
| 06/10/2023 | 10:40-12:30 | Communication Skills and Introduction to Medical Interview | C, D | M. Ali GÜLPINAR | 1st year hall | C, D |
| 13/10/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | A, B | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 13/10/2023 | 09:40-12:30 | Communication Skills and Introduction to Medical Interview | C, D | M. Ali GÜLPINAR | 1st year hall | C, D |
| 20/10/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | A, B | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 20/10/2023 | 08:40-12:30 | Communication Skills and Introduction to Medical Interview-PRACTICE | C, D | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 27/10/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | A, B | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 27/10/2023 | 08:40-12:30 | Communication Skills and Introduction to Medical Interview- PRACTICE | C, D | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 03/11/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | A, B | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 03/11/2023 | 10:40-12:30 | Communication Skills and Introduction to Medical Interview | C, D | M. Ali GÜLPINAR | 1st year hall | C, D |
| 03/11/2023 | 14:40-16:30 | Introduction to Student Research and Computer Skills | A, B, C, D | Sinem YILDIZ İNANICI | 1st year hall | A, B, C, D |
| 10/11/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | A, B | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 10/11/2023 | 08:40-12:30 | Communication Skills and Introduction to Medical Interview-PRACTICE | C, D | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 10/11/2023 | 14:40-17:30 | Introduction to Student Research and Computer Skills-Self study/Research consultation | These hours are for group work for research, to make appointments with the group advisor as needed. | | | |
| 17/11/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | C, D | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 17/11/2023 | 10:40-12:30 | Communication Skills and Introduction to Medical Interview | A, B | Sinem YILDIZ İNANICI | 1st year hall | A, B |
| 17/11/2023 | 14:40-17:30 | Introduction to Student Research and Computer Skills-Self study/Research consultation | These hours are for group work for research, to make appointments with the group advisor as needed. | | | |
| 01/12/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | C, D | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 01/12/2023 | 09:40-12:30 | Communication Skills and Introduction to Medical Interview | A, B | Sinem YILDIZ İNANICI | 1st year hall | A, B |
| 01/12/2023 | 14:40-16:30 | Introduction to Student Research and Computer Skills | A, B, C, D | Sinem YILDIZ İNANICI | 1st year hall | A, B, C, D |
| 08/12/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | C, D | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 08/12/2023 | 10:40-12:30 | Communication Skills and Introduction to Medical Interview | A, B | Sinem YILDIZ İNANICI | 1st year hall | A, B |
| 08/12/2023 | 14:40-18:30 | Communication Skills and Introduction to Medical Interview-PRACTICE | A, B | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 15/12/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | C, D | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 15/12/2023 | 08:40-12:30 | Communication Skills and Introduction to Medical Interview- PRACTICE | A, B | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 22/12/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | C, D | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 22/12/2023 | 08:40-12:30 | Communication Skills and Introduction to Medical Interview-PRACTICE | A, B | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 22/12/2023 | 14:40-17:30 | Introduction to Student Research and Computer Skills-Self study/Research consultation | These hours are for group work for research, to make appointments with the group advisor as needed. | | | |
| 29/12/2023 | 08:40-12:30 | Clinical Skills Laboratory (CSL) Activities: First Aid | C, D | Family med./Emergency med. | Clinical Skills Lab./ Small halls | will be announced |
| 29/12/2023 | 08:40-12:30 | Communication Skills and Introduction to Medical Interview-PRACTICE | Review or make up (optional) | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 29/12/2023 | 14:40-17:30 | Communication Skills and Introduction to Medical Interview-PRACTICE | Review or make up (optional) | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 05/01/2024 | 08:40-12:30 | Communication Skills and Introduction to Medical Interview-PRACTICE | Review or make up (optional) | Özlem Tanrıöver, Özge Emre, Merve Saraçoğlu, Ülkü Sur Ünal/Buğu Usanma Koban, Orhan Önder | 3026, 3029, 3031, 3071, 3073 | will be announced |
| 05/01/2024 | 14:40-17:30 | Introduction to Student Research and Computer Skills-Self study/Research consultation | These hours are for group work for research, to make appointments with the group advisor as needed. | | | |

**Detailed Program of First Aid Course (for only groups A & B)**

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|  |  | **Group A-*(Year 1 Hall)*** | **Group B-*(Clinical Skills Lab)*** |
| **06 October**  **2023**  **Başıbüyük Campus** | 09.00-10.30 | Introduction To First Aid  *Saliha Şahin* | Introduction To First Aid  *Pemra C.Unalan* |
| 11.00-12.30 | Primary Survey of the area and assessment of the victim  *Saliha Şahin* | Primary Survey of the area and assessment of the victim  *Pemra C.Unalan* |
| **13 October**  **2023**  **Başıbüyük Campus** | 09.00-10.00 | Assessment of Vital Signs  *Arzu Denizbaşı Altınok* | Assessment of Vital Signs  *Saliha Şahin, ÇiğdemÖzpolat* |
| 10.00-11.15 |  | Practice: Assessment of Vital Signs  *Saliha Şahin, ÇiğdemÖzpolat*  Group A |
| 11.15-12.30 |  | Practice: Assessment of Vital Signs  Saliha Şahin, ÇiğdemÖzpolat  Group B |
| **20 October**  **2023**  **Başıbüyük Campus** | 09.00-10.45 |  | Practice: Asepsis- Antisepsis Rules  Hand Washing and Gloving  Group A |
| 10.45-12.30 |  | Practice: Asepsis- Antisepsis Rules  Hand Washing and Gloving  Group B |
| **27 October**  **2023**  **Başıbüyük Campus** | 09.00-10.00 | CPR; The reason, the procedure and the application.  *Erkman Sanrı* | CPR; The reason, the procedure and the application.  *ÇiğdemÖzpolat* |
| 10.00-11.15 |  | CPR Practice&Assessment  Group A |
| 11.15-12.30 |  | CPR Practice&Assessment  Group B |
| **03 November**  **2023**  **Başıbüyük Campus** | 09.00-09.40 | Soft tissue injuries  *Osman Mert Topkar* | Heat Emergencies, Frostbite & Shock  *Erhan Altunbaş* |
| 09.50-10.30 | Heat Emergencies, Frostbite & Shock  *Erhan Altunbaş* | Soft tissue injuries  *Osman Mert Topkar* |
| 10.40-11.30 |  | Practice: Soft tissue injuries  Group A |
| 11.30-12.30 |  | *Practice:* Soft tissue injuries  Group B |
| **10 November**  **2023**  **Başıbüyük Campus** | 09.00-10.00 | Intoxication, bites, choking  *Melis Efeoğlu* | Burns & Wound Care  *Nihal Durmuş Kocaaslan* |
| 10.15-11.15 | Burns & Wound Care  *Nihal Durmuş Kocaaslan* | *Head, neck traumas, and seizures*  *Berin Gülatar Türkoğlu* |
| 11.25-12.30 | Head, neck traumas, and seizures  *Berin Gülatar Türkoğlu* | *Intoxication, bites, choking*  *Melis Efeoğlu* |