

**MARMARA UNIVERSITY FACULTY OF MEDICINE PHASE-3
EDUCATION INTERN DOCTOR WORKING DIRECTIVE**

Senate Decision: 28 July 2015 / 337-4

PART 1

Purpose, Scope, Basis and Definitions

Aim

ARTICLE 1- (1): The purpose of this Directive is; To ensure that the Marmara University Faculty of Medicine (MUTF) Phase 3 (intern doctor) training program is carried out in line with the MUTF Framework Training Program prepared in line with the National Core Education Program-2014 (UCEP) and the objectives and strategies of the Faculty, and to determine the rights and obligations of intern doctors.

Contents

ARTICLE 2 - (1): With this directive, the working principles for the clinical/educational experiences and functioning processes of the interns who are involved in health care service and clinical operations carried out in the clinics to complete their education, are regulated.

Ground

ARTICLE 3 - (1): This directive has been prepared on the basis of MUTF Pre-Graduation Education and Assessment-Evaluation Directive and MUTF Framework Education Program.

ARTICLE 4 - (1): Definitions;

a) Chief Coordinator: Marmara University Faculty of Medicine Chief Coordinator,

b) Board of Coordinators: The board established within the body of the Supreme Council of Education to coordinate the implementation process of the undergraduate education program,

c) Education Coordination Support Unit: The unit of the faculty that provides support in student affairs,

d) Sixth Grade Coordinator: The faculty member(s) responsible for conducting the education of the 6th grade of the Faculty of Medicine on behalf of the clinical term coordinator and working under the head coordinator responsible for the clinical education period and the vice dean responsible for education,

e) Block/ Internship Coordinator: The faculty member responsible for making the annual programs of the block or internship program in which the sixth grade students study, organizing the block/ internship training and clinical processes (lectures, practices, rotations, shifts) and the coordination between the students, departments and the education coordination support unit,

f) Intern Doctor: The “physician candidate” who is in the last period of his six-year medical education and who, in line with the competencies determined by MUTF, reinforces his competence to bring competent solutions to the clinical problems/situations he/she will encounter with the primary health care approach, under the supervision of the instructors,

g) Intern Doctor Development Monitoring File: The training material prepared by considering the minimum basic medical practices that are essential in the sixth grade block/internship programs and evaluated by the trainers, in which the one-year development of the intern doctor in the internship training is planned, monitored and evaluated and approved by the relevant instructors,

h) Intern Doctor Evaluation Form: Intern doctor performance during the block/internship in line with the competencies determined by the Faculty the assessment tool used to evaluate the performance of the instructors by the instructors,

i) Lecturer: Lecturer, specialist doctor, general practitioner, assistant doctor/research assistant.

PART 2

Principles of Education Program and Its Operation

Phase-3 Training Program

ARTICLE 5- (1) Phase-3 training program is an applied training, carried out in outpatient clinics, inpatient and emergency services, secondary health institutions and primary health institutions (Family Health Centers-FHC; Community Health Centers-TSM, etc.) of Marmara University Training and Research Hospitals.

(2) With the suggestions of the departments of faculty of medicine, the approval of the Coordinators Board and the Dean's Office, these applied trainings can also be carried out in other health institutions (primary, secondary and tertiary care) other than the Education and Research Hospitals affiliated to Marmara University.

General compliance program

ARTICLE 6 – (1) The General Integration Program is held on the first day of the academic year, before the block/internship programs. The program is planned and implemented by the sixth grade coordinators.

(2) The content of the General Compliance Program;

- a) Infection control rules,
- b) Radiation safety rules,
- c) Rules regarding employee health,
- d) Rules regarding patient safety,
- e) Sample taking, sending, request writing, consent and similar rules and
- f) It covers basic life support

(3) Interns are obligated to attend this compliance program before starting the Phase-3 training program.

Block/ internship adaptation program

ARTICLE 7 – (1) With the adaptation program given at the beginning of each block/internship program carried out within the scope of Phase-3 training, the interns are informed about the content of the block/internship program and the training and clinical processes to be experienced.

- (2) This program is prepared and planned by the block/internship coordinator and implemented with the participation of the faculty members in charge of the related department's block/internship.
- (3) Interns are required to participate in the integration program

Block/internship programs

ARTICLE 8 - (1) Intern doctors complete the internships determined in the Core Education Program during the 12-month training period.

(2) Lists of groups and intern development monitoring files are sent to the relevant Block/ Internship Coordinator within 5 days at the latest from the start of the internship. At the

end of the internship, the intern doctor development follow-up files and the intern doctor evaluation forms approved by the relevant faculty members are processed into the Information Management System (BYS) by the Block/Internship Coordinators.

Working locations, durations, shifts

ARTICLE 9 - (1) Within the framework of the Phase-3 training program, the clinical processes and activities that interns will take part in are organized on the basis of the scope and framework of the targeted training.

- (2) Considering the targets for the competencies related to health care in the primary care, the rotations to be taken during the internship are determined in such a way that the intern doctor gains sufficient clinical experience in the main outpatient clinics, inpatient services, emergency services and primary health units (FHC, TSM). Intern doctor performs all clinical practices in outpatient clinic, service and shifts under the supervision of at least one lecturer.
- (3) The duration and number of shifts to be held by intern doctors during the block/internship are regulated by the relevant departments and implemented with the approval of the Clinical Coordinators Board.
- (4) While determining the number of shifts and durations of intern doctors, the required training is taken into consideration. Shifts for educational purposes in programs other than the Emergency Medicine program cannot be more frequent than once every 3 days and not more than 8 times a month. The number of shifts cannot be increased to close the service gap.
- (5) Interns participate in shifts in accordance with the working order of the clinic they are in, taking into account the issues specified in the fourth paragraph. Work duties and responsibilities in shifts are carried out similarly to those in daily work.
- (6) The number and duration of shift cycles in the Emergency Medicine internship are regulated by the relevant department and put into practice with the decision of the Clinical Coordinators Committee.
- (7) A room where intern doctors can fulfill their basic needs (undressing, rest, etc.) is allocated by the relevant department in the unit where the shift is held.

Evaluation of success

ARTICLE 10 - (1) The development and success of the intern doctor in internships is evaluated in accordance with the "Marmara University Faculty of Medicine Pre-Graduate Education and Assessment-Evaluation Directive".

- (2) The progress of the intern doctors in the block/internship program is monitored and evaluated with the "development follow-up files" created by the departments.
- (3) The intern doctor's success regarding the block/internship is evaluated by the relevant faculty member/members with the intern doctor evaluation form and the form is sent to the internship/block coordinator at the end of the program.
- (4) Intern doctors who fail to receive a DZ grade due to absenteeism repeat the internship. The complementary program (times, rotations, etc.) required by the intern doctor who does not have absenteeism problems but is evaluated as unsuccessful at the end of the internship/block, is arranged by the relevant department and submitted to the approval of the Coordinators Board.

PART 3

Duties, Responsibilities and Rights

ARTICLE 11 - (1) The 6th grade coordinators appointed on behalf of the coordinators board are responsible for the execution of the Phase-3 education process and the coordination between the intern doctors, departments and the board of coordinators.

The duties of sixth grade coordinators and block/internship coordinators are as follows:

- a) Sixth grade coordinators ensure that the block/internship coordinators make the program calendars for the next year in line with the academic calendar approved by the relevant boards and that the programs they are responsible for carry out in coordination with all relevant departments in accordance with the calendar.
- b) Sixth grade coordinators evaluate the suggestions from intern doctors regarding internships to be held outside the institution and submit them to the coordinators board and ensure that the decisions taken by the board on this subject are implemented. In exceptional cases, the Clinical Term Chief Coordinator and the 6th Grade Coordinator may decide by making an evaluation, but this cannot be made into a continuous practice.
- c) Sixth grade coordinators coordinate the education coordination support units for the preparation of the documents that students need to complete regarding graduation. In cooperation with the Dean, he plans and carries out the graduation process and ceremony with the head coordinator and his assistants.
- d) The block/internship coordinator checks the suitability of the classrooms, break rooms and training materials used by the intern doctors through the training coordination support unit; Follows the solution by conveying the necessary information to the dean's office and the hospital management in order to complete the shortcomings.
- e) The block/internship coordinator gives the necessary information about the program at the beginning of the block/internship program and monitors the execution of the program.
- f) The block/internship coordinator holds meetings for the evaluation of the block/internship program, ensures that the evaluation forms are filled, and reports the results to the Board of Coordinators.
- g) At the end of the internship, the block/internship coordinators collect the intern doctor's evaluation forms and development files from the relevant department through the education coordination support unit and make entries in the Information Management System (BYS) within one week after the end of the internship. In case of failure, it submits proposals to the Coordinators Board to ensure that the internships can be repeated at appropriate times.

Duties and responsibilities of the department

ARTICLE 12 - (1) The departments are responsible for the effective implementation of the internship/block programs in which they work in coordination with the Board of Coordinators.

(2) The duties of the department are as follows:

- a) The head of department or the assigned faculty member monitors the fulfillment of the responsibilities of the department in the internship / block program and makes the necessary arrangements.
- b) All faculty members in the department carry out the theoretical and practical training they are responsible for in a timely and effective manner and provide support and counseling to intern doctors during clinical practice.
- c) All faculty members working in the department monitor the work of intern doctors in the clinic or in the field, examine the files they prepare, participate in the evaluation

activities and approve the intern doctor's development follow-up files regarding the applied training they are responsible for.

d) All faculty members working in the department participate in the development and evaluation processes of the internship/block program; presents its proposals to the relevant committees with the approval of the academic committee of the department.

Rights, duties and responsibilities of intern doctors

ARTICLE 13 - (1) In order to graduate as a qualified physician in line with the qualifications determined by the faculty; Intern doctors, who are required to be provided with adequate training and clinical experience opportunities by the Faculty, are obliged to fulfill the duties and responsibilities that these experiences will bring along and defined below.

a) They demand that arrangements be made to receive the necessary training and clinical experience in order to graduate competently enough to provide qualified health care in primary care.

b) In the Phase-3 education process, under the responsibility and guidance of the relevant instructor, he/she applies the knowledge and competencies gained in the previous education periods; Within the framework of medical ethics, in addition to developing the competencies to produce solutions to health problems in the light of professional values and principles, seminar programs, article hours, conferences, etc. They improve their medical knowledge and critical thinking skills by participating in academic activities.

c) During the block/internship, they are responsible for making the applications specified in the development monitoring files and developing their competencies. Intern doctors can carry out the applications specified in the development follow-up files under the responsibility of the faculty member, under the guidance of the faculty member or staff, by obtaining consent/permission from the patient. The physician of the patient is responsible for all complications and problems that may arise related to this application and interventional procedures.

d) Under the responsibility and guidance of the instructor, the patient looks after the polyclinics; In inpatient units, they monitor the patients under their responsibility, keep watch and perform medical interventions. In these processes, they communicate effectively with the patients and their relatives and work in harmony with the healthcare team.

e) Taking and sending blood samples, measuring blood sugar with glucometer, taking EKG, taking culture samples, etc., in order to learn the details about the functioning of a treatment institution and to gain competence in basic medicine practices, under the supervision of the relevant training officer. They can undertake the tasks determined by the departments. However, intern doctors cannot be assigned to fill the service gap in these jobs and to go beyond educational purpose.

f) Recognizes the system and organization of the health institution and learns the structure; recognize the medical documentation management applied in the institution and assist the procedures.

g) Under the supervision of the instructor, they assist in completing the laboratory request documents of the patients, entering the laboratory results in the patient files, and preparing the epicrisis draft in the clinic where they work.

h) They are not expected to take responsibility alone during the practice of medicine in outpatient clinics or services. Except for emergencies, they cannot be held responsible for transporting the patient and transporting the patient's samples (blood, urine, stool, etc.) to the laboratories

i) They can perform operations and processes such as entering data into the patient file in the database, which is a legal document, requesting a consultation, exiting the patient by writing an epicrisis, writing a prescription to be given to the patient, and entering the automation as recommended by the responsible physician, with his approval and under his responsibility. They do not have legal responsibilities in case of problems that may arise due to the transactions made.

j) To know the rights of patients and their relatives; they have to respect them and comply with the principle of confidentiality of patient information. They cannot share the information and visual materials of the patients in any way without the consent of the responsible physician and the patient, even for alleged scientific purposes.

k) No explanation can be given to the patient and his/her relatives about the disease and the disease process on its own; cannot convey any medical information about the patient. Information in this direction can only be made under the supervision of the responsible physician.

PART 4

General Rules

ARTICLE 14 - (1) The rules that intern doctors are expected to abide by are as follows:

- a) A white doctor's coat or upper/lower uniform must be worn.
- b) Compliance with the ethics and rules of the profession in relations between patients and their relatives and colleagues is required.
- c) Identity cards have to be worn at all times, and in a way that they are visible.
- d) They must present themselves as “intern doctor” to patients and their companions. They must comply with the working rules in clinics and be in harmony with the healthcare staff.

(BU MADDENİN TÜRKÇESİNDE İKİ TANE “d)” ŞIKKI VAR. DİKKATİNİZE)

PART 5

Enforcement and Operation

ARTICLE 15 – (1) This Directive enters into force to be implemented as of the date it is accepted by the Marmara University Senate.

(BU MADDENİN TÜRKÇESİNDE YAZIM HATASI VAR. DİKKATİNİZE)

ARTICLE 16 – (1) The provisions of this Directive are executed by the Rector of Marmara University.