

MED 5016 –Clerkship III

Course Name	Code	Semester	Type of Course	Theory (hours)	Group Work (hours)	ECTS
Clerkship III	MED 5016	X	Mandatory	0	56	4
Faculty, the educational program and education level	Faculty of Medicine, one-cycle Educational Program “Medicine”					
Author (s)	<p>Neriman Tsintsadze - MD, PhD – Assoc. Professor Mobile phone: 599 17 01 88; E-mail: dr.neriman@mail.ru</p> <p>Tunch Fisgin-BAU University Istanbul- invited teacher Mobile phone: 0541 417 45 55; E-mail: tunc.fisgin@bahcesehir.edu.tr Consulting day - individually</p>					
Educational course format	Group work					
Educational course Loading	<p>Total: 120 hours Contact hours: 60 h</p> <ol style="list-style-type: none"> 1. Group work 56 h (on the base of radiology, oncology, pediatrics, neurology and urology departments) 2. Mid-term exam – 2 h 3. Final exam -2 h <p>Independent work – 60 h</p>					
Prerequisites	MED 4005, MED 4001, MED 5001, MED 5003					
The purpose (s) of tutorial course/modules	<p>The aim of the learning course is to elaborate for the student the ability of communication with the patient, his/her family members and other relatives by means of the work at the clinic and direct contacts with the patient, to give the patient correct information, to have the talks with the colleagues about the clinical case and to discuss on the disease, to make logical conclusions and proper decision, the ability of correct forming of medical documentation, the experience of group work, the protection of subordination principle. The student will elaborate clinical skills.</p> <p>The learning focused on clinical cases according to the patients in the clinic during the practice and nozologies.</p>					
Teaching and learning methods	<p>Practical skills development- on the medical clinic base (radiology, oncology, pediatrics, neurology and urology departments)</p> <p>Clinical rounds up, patient’s examination, objective research, the discussion and interpretation of the results of clinical-laboratory and instrumental investigations, the attendance and participation of different diagnostic and treatment process and manipulations for the different direction of</p>					

	<p>medicine and patients care.</p> <p>Duty on the clinic base;</p> <p>Analyses and interpretation of medical procedures and manipulations for different cases;</p> <p>Work with medical literature: regular issues, manuals and internet information technology sources;</p> <p>Consultation –individual support work with students (weekly)</p>
<p>Assessment criteria</p>	<p>Maximum score- 100:</p> <p>1. Midterm assessment -60:</p> <p>1.1. Medical documentation management – 10 scores;</p> <p>1.2. Clinical skills – 20 scores;</p> <p>1.3. Duty in clinic -10 scores (2 duties in cardiology and paediatric department X 5 scores for each);</p> <p>2. Midterms exam - 20 scores</p> <p>Example of Medical Documentation Management and Assessment– max 10 scores</p> <p>10-9 scores- the task is understood properly, medical history component, clinical picture and diagnostics data, diagnosing and the treatment scheme is adequate and all the steps are described in consequential order; list of drugs is appointed properly with correct name and dozes;</p> <p>8-7 scores - the task is completely understood, medical history component, clinical picture and diagnostics data, diagnosing and the general steps treatment is assembled in consequential order;</p> <p>6-5 scores -the task is completely understood, but medical history component, clinical picture and diagnostics data, diagnosing and the general steps treatment is assembled in no consequential order;</p> <p>4-3 scores – the task is not completely understood, medical history component, clinical picture and diagnostics data, diagnosing and the general steps treatment is assembled in no consequential order;</p> <p>2-1 score – Student demonstrates misunderstanding and no complete skills of medical history taking</p> <p>0 score- Student is not able to complete the task</p> <p>Clinical skills Assessment – 20 scores max.</p> <ul style="list-style-type: none"> • Accordance of theoretical knowledge and clinical skills -2 scores; • Manipulation exact consequence – 2 scores; • Clinical results interpretation skills - 2 scores; • Patients and doctors safety – 2 scores; • Communication skills with patients – 2 scores; • Ethical and deontology principles – 2 score; • Analytical thinking about diagnose – 2 score; • Proper orientation it terms of time-limit – 2 scores; • Emergency situation manage skills – 2 scores; • Patients' agreement signing and preparation for procedure – 2 scores <p>2. Midterm Exam – 20 scores (combined form, medical case analysis, medical history taking) Test -20 question, 0,5 score for each – max. 10; medical case analysis – 5 scores; medical history taking – 5 scores; total: 20)</p>

	<p>Minimal scores of midterm assessment (for final exam) – is 11.</p> <p>3. Final Exam -40 scores Final exam will be held on the base of “Clinical Skills Development Center”. The final exam would accounted as passed in case of maximum 70% or more (40X70 / 100 = 28 scores). Credit will be given to the student if he has collected at minimum 51 scores out of 100. Student’s assessment has to be done in the following way: Positive rate: <ul style="list-style-type: none"> • (A) Excellent- 91 or more scores; • (B) Very Good- 81-90 scores; • (C) Good- 71-80 scores; • (D) Satisfactory- 61-70 scores; • (E) Enough- 51-60 scores; Negative rate: <ul style="list-style-type: none"> • (FX) Failure - 41-50 scores, which means that a student needs to work more and an independent and considerable further work is required to pass the exam once again to be re-awarded; • (F) Fail – 40 scores or less, which means that the student's diligence is not sufficient and student has to learn the subject all over again. Student can pass the additional exam during the same semester. The time interval between the final and the additional exams should be not less than 10 days.</p>
<p>The basic literature</p>	<ol style="list-style-type: none"> 1. Carol D.Berkowitz, MD FAAP. Berkowitz's Pediatrics A Primary Care Approach. American Academy of pediatrics, III ed, 2008; 2. Praveen Khilnani. Practical Approach to Pediatric Intensive care. Jaypee Brothers Medical Publishers (P) LTD, II ed, 2009; 3. Adler Carlton. Introduction to Radiography and Patient Care. Saunders Elsevier, 1994. 4. Dan L. Longo. Harrison's Hematology and Oncology. Mc Graw Hill Education. II ed, 2013; 5. Fiona R.Prabhu & Lynn S.Bickley. Guide to Physical Examination and History of Taking (Case Studies to Accompany), Lippincott Williams&Wilkins. IX ed, 2002. 6. Harrison's Principles of Internal Medicine 16e (Two-Volume Set) - Dennis L. Kasper at all, 2004
<p>The auxiliary literature</p>	<ol style="list-style-type: none"> 1. Fiona R.Prabhu & Lynn S.Bickley Guide to Physical Examination and History of Taking (Case Studies to Accompany) Lippincott Williams&Wilkins, 2007; 2. KV Krishna DasTextbook of Medicine (Volume I) (Volume I) Jaypee. 2004; 3. Eric J.Bieber, Joseph S.Sanfilippo,Ira R.Horowitz Clinical Gynecology Churchill Livingstone Elsevier, 2012;

The tutorial/training course content

Nº	Subjects	Work in group (hour)
1	Medical practice in radiologic department (X-Rays,UZI, CT, MRT)	12
2	Medical practice in oncology department /clinic	6

3	Medical practice in pediatric department /clinic	12
	Mid-term exam	2
4	Medical practice in therapy department	12
5	Medical practice in neurology department	6
6	Medical practice in urologic department	8
	Final Exam	2

Learning Outcomes

Criteria	Competences
Applying knowledge	<p>After completion of medical practice the student will be able to:</p> <ul style="list-style-type: none"> • Collect patients' anamnesis; • carry on correctly the medical documentation – to write down case history, to carry on the protocols of operations, to prepare the form #100, etc • examine the patient objectively • interpret the data of laboratory and instrumental investigation; • state a preliminary and conclusive diagnosis; • assist the doctor/specialist/surgeon as the second assistant during consultation/operations/ manipulations; • manifest the disease and evaluate psychological and social factors influencing on the patient; • communicate with patients and their relatives; • working out the strategy of patients treatment, precise planning of all the steps of it; • treatment results control and monitoring
Making Judgment	<p>Student will be able to collect and interpret properly the anamnesis data of patients and make the valid conclusions.</p> <p>On the base of the theoretical and practical knowledge the scientific thinking and logical reasoning skills has to be formed to allow the student working out the appropriate strategy in the concrete academic and clinical situation.</p>
Communication Skills	<p>The student has elaborated the ability of communication with the patient and his/her relatives, will be able to give explanations about the disease, to discuss the plan of treatment, to talk about complications, to confirm the necessity of the participation in disease management, to protect the rights of patient.</p> <p>He/she will be able to talk with the colleagues, to show his/her ideas and to define his/her position. In the process of work at the clinic the student will keep the principles of</p>

	<p>subordination, will have the experience of group work, will be able to allocate time, to define the priorities in his/her activities, will be responsible for the performed and to estimate it objectively and critically. Student can working in group, has watching, listening, summarizing, asking and answering questions abilities, is able to participate in the discussion. During the education process the professional and friendly relationship has to be formed with the older (professors / teachers) and younger (this and other groups students) colleagues, communication with any person regardless of their social, cultural, religious or ethnic affiliation.</p>
Valuable	<p>Student will be able to be responsible for the work has been done, its objective evaluation and critical view, protects the principles of medical ethics and deontology.</p>