



**LOKMAN HEKİM UNIVERSITY**  
**FACULTY OF MEDICINE**  
**PHASE VI EDUCATION AND TRAINING GUIDE**

## Table of Contents

Abbreviations .....	3
Introduction and Objective .....	4
Intern orientation trainings .....	5
1- Institution Orientation Training .....	5
2- Intern Simulation Days .....	5
Clinical Internships .....	7
Clinical Internship Procedure .....	9
Duties, Authorities and Responsibilities of the Interns: .....	11
Tasks that intern doctors can do independently; .....	11
Tasks that intern doctors can do under supervision .....	11
Other duties of intern doctors .....	12
Intern Doctor Training Program- .....	13
Group flowchart .....	14
Basic Medical Practice Learning Levels .....	15
N-CEP -2020 LIST OF BASIC MEDICAL PRACTICES .....	15
Annexes .....	21
Annex 1- Institution Orientation Training Program .....	21
Annex 2: Intern Simulation Days Program .....	23

## Abbreviations

CEP	Core Education Program
CH&D-E	Child Health and Diseases Compulsory Internship
CH&D-C	Child Health and Diseases Elective Internship
D/DS	Department/Division of Science
EM	Emergency Medicine Internship
G&O	Gynecology and Obstetrics Internship
GS	General Surgery Internship
IM-C	Internal Medicine Compulsory Internship
IM-E	Internal Medicine Elective Internship
MH&D	Mental Health and Disorders Internship
N-CEP	National Core Education Program for Pre- Graduation Medical Education
PH-C	Public Health Compulsory Internship
PH-E	Public Health Elective Internship

## Introduction and Objective

In the Faculty of Medicine, Semester VI is defined as the "internship" period. In this period, intern doctors continue to receive training that will prepare them for their professional life. Internship is a period consisting of compulsory and elective practical trainings carried out in different Departments.

In order to realize the objectives of medical education, intern doctors spend their last years by receiving practical training in various health institutions, especially Lokman Hekim University Training Hospital. Semester IV education program has been prepared based on the skill levels that the candidate physician who will graduate should have, the National Core Education Program for Pre-Graduation Medical Education (N-CEP) guide and in line with the opinions of the faculty members of the departments. In accordance with the N-CEP, it is planned for primary care medicine practice based on the competencies that a physician graduated from the Faculty of Medicine should have in steps such as diagnosis, treatment, disease prevention, informing the society, etc. For this purpose, outpatient clinic practices and bedside trainings are emphasized.

The aim of the internship training is to enable the student to gain, integrate and consolidate all the knowledge and skills that a primary care physician should have, to put into practice the theoretical and practical knowledge acquired in the previous classes and to take responsibility for the patient and to practice good medicine under the supervision of a faculty member / specialist physician. In this training period, it is also aimed that students reinforce the competencies they have gained in previous semesters, perform clinical practices in accordance with these competencies and exhibit behaviors in accordance with humanitarian and professional values. The main goal of internship education is to ensure that students graduate as physicians who are equipped with the competencies defined for general practitioner medicine and who can perform basic medical practices alone within the framework of these competencies.

It is also aimed to train the student as a researcher who can make career planning, who is aware of social sensitivities, who can actively contribute to the development of the health of the society in which he / she lives, who has a critical perspective and who is an internationally successful scientist.

## Intern orientation trainings

Every intern doctor must receive orientation trainings on the dates announced by the Term VI Coordinatorship before starting to work in our hospitals.

Orientation trainings are given in two parts in July before the interns start working in their departments.

1- Institution Orientation Training

2- Intern Simulation Days

### 1- Institution Orientation Training

The institutional orientation training is conducted for two days at Sincan Ankara Hospital. The details of the training program are presented in Annex 1 and include the following main topics:

- Quality standards in health
- Effective communication techniques
- Human resources practices/basic rights
- Patient experience
- Information security
- Information management systems
- Infection control prevention program
- Emergency management
- Sample security
- Laboratory process
- Other (Baby-friendly hospital, organ donation)

### 2- Intern Simulation Days

Intern simulation days are conducted at Lokman Hekim University Simulation Center for three days. The details of the training program are presented in Annex 2 and include the following main topics:

- Part Skills: Skill trainings are designed to last 40 minutes at the same time on 8 different tables
  - Pulse-Respiration Counting, Saturation Monitoring, Blood Pressure Measurement, Blood Glucose Measurement
  - Primary Suturing
  - Injecting (IV, IM, SC), Opening a vascular access, Blood collection
  - Nasogastric Catheter Insertion, Foley Catheter Insertion
  - Fatal Rhythms, defibrillation

- Creating a safety circle, Monitoring, ECG
- Splint, Bandage, Bandage
- Basic Life Support

-Communication Skills: Four topics will be covered in the theoretical section.

- Taking anamnesis
- Consultation
- Communication with patients and relatives
- Hierarchy in Medicine

-Simulation Scenario Topics: Emergency Department, Outpatient Clinic and Patient Room simulations will be applied through the scenario.

Emergency Service Scenarios

- Approach to the arrest patient
- Trauma Management
- Anaphylactic Shock Management

Outpatient Clinic Scenarios:

- Anamnesis taking, Physical Examination
- Consultation
- Prescription Writing

Patient Room Simulations

- Nasogastric Catheter Insertion
- Foley Catheter Insertion
- Post Operative Complications

## Clinical Internships

In our faculty, Semester VI Internship education lasts 12 months. The internships to be performed during the this period and the learning objectives are determined by taking into account the requirements of contemporary medical education and national disease burden data. In line with this goal; students actively take part in patient services under the guidance, supervision and supervision of faculty members, specialists and assistants during the Semester VI education period.

Semester VI education consists of 12 internships:

### INTERNAL MEDICINE SCIENCES

- Emergency Medicine (2 months compulsory),
- Internal Medicine (1 month compulsory, 1 month elective),
- Mental Health and Diseases (1 month compulsory),
- Pediatrics (1 month compulsory, 1 month elective),
- Public Health (1 month compulsory, 1 month elective)

### SURGICAL SCIENCES

- General Surgery (1 month compulsory),
- Obstetrics and Gynecology (1 month compulsory),

### BASIC MEDICAL SCIENCES, INTERNAL MEDICAL SCIENCES AND SURGICAL MEDICAL SCIENCES

- Internship selected by the student from the faculty departments determined from Basic Medical Sciences, Internal Medical Sciences and Surgical Medical Sciences (1 month)

As mentioned above, four of the 12 internships are elective internships (Pediatrics Internship, Internal Medicine Internship, Public Health (Family Medicine) Elective Internship and Elective Internship in a department to be determined by the student). The number of students in each department for each elective internship is determined by considering the recommendations of the relevant Departments.

The training period starts on July 01 and ends on June 30. Students are divided into 12 groups for Semester VI education. They are divided into the internship groups mentioned above. Maximum care is taken to have a similar number of students in the groups, but the number of students in each internship group may vary depending on the total number of students, the number of students who start with a delay and the nature of the internship.

Apart from the general rules to be followed, learning objectives, responsibilities, competencies, physical conditions differ in each internship, so interns are informed at the beginning of each internship period about the work program and rules specific to that internship period. The learning outcomes (knowledge, skills and attitudes) of each clinical internship are determined by the academic board of the department/sciences. In clinical internship, it is ensured that all interns encounter the subjects and diseases included in the core education program (CEP) in a standardized manner and perform clinical practices. An intern work program is created in line with the learning outcomes of the clinical internship. An intern report card is prepared in which the number of observations and

practices regarding patient care, diagnostic and therapeutic interventions and other professional skill practices in outpatient clinic and clinic are recorded.

Intern working hours in departments are 08:30-17:30. The number of shifts of students is defined within legal limits and homogeneously for each semester. The number of hours on duty per week for intern doctors cannot exceed 40 hours, excluding working hours. As a requirement of the tradition of the medical profession and respect for the right to life, it is an important part of the internship training that the physician candidates experience working with dedication and develop this attitude.

Students who successfully complete Semester VI education graduate and gain the right to practice medicine independently.



## Clinical Internship Procedure

1. At the beginning of the semester, all personnel (specialist doctors, research assistants, nurses, technicians, secretaries, etc.) are informed about the duties and responsibilities of intern doctors by the Department/ Division of Science (D/DS ).

2. Intern doctors come to the clinic in a clean and well-groomed white coat in accordance with their physician identity.

3. Each D/DS provides the necessary physical conditions for intern doctors.

4. Responsible faculty member: Each D/DS academic board determines a faculty member responsible for intern education.

Faculty member in charge of the intern;

a) Prepares the intern work program in line with the learning outcomes of the clinical internship, monitors the implementation of the program, identifies problems and helps to solve them.

b) At the beginning of each clinical internship, interns are informed in writing and verbally about clinical internship learning outcomes, intern work program, duties and responsibilities of interns, department/clinic, necessary contact information and faculty members who will take part in intern education.

5. Under the responsibility of faculty members, intern doctors participate in the activities described below.

a) Polyclinic practices:

During the outpatient clinic training, intern doctors are expected to see the diseases within the scope of the relevant clinical internship's ÇEP; to reinforce their knowledge, skills and attitudes on prevention and risk identification, differential diagnosis, correct use of diagnostic methods, prescribing and referral criteria in line with the principles of rational drug use.

b) Inpatient practices:

Intern doctors follow patients in the clinic under the responsibility of faculty members and under the supervision of specialist doctors or research assistants and present their patients in rounds.

c) Vocational skill practices:

Vocational skills training is structured in line with internship learning outcomes. In the defined occupational skills (urinary catheterization, etc.), the minimum number of practices/studies required to reinforce the competence acquired in previous education periods is determined and each intern is ensured to perform.

d) Other educational activities:

Other educational activities to be planned for interns are determined by the departments.

6. At the end of the clinical internship, oral and written feedback is received from the intern doctors.

- In the last week of the clinical internship, a meeting is organized with the participation of the head of the department, the faculty member in charge of the internship, other faculty members in the department and the interns, where the interns' feedback on the clinical internship practice is received.
- The report of this feedback meeting is sent to the dean's office with the decision of the academic board at the end of each internship group.
- The report card of each intern doctor is evaluated by the head of the D/DS and the responsible faculty member.
- Intern doctors give their written feedback on the clinical internship program at the beginning of their next clinical internship.

7. Internship evaluation:

At the end of each month at the end of the internship, the student is evaluated by the responsible faculty member according to defined and objective criteria. In order for the student to be considered successful, it is mandatory to get at least C1 grade from the studies in each department. In Semester VI, the student's success status is reported as points and grades.

Each intern is obliged to follow the program of the internship period determined by the departments without interruption. According to the "Faculty of Medicine Education and Examination Regulations", students who do not attend more than 20% of each internship period in Semester VI internship internships without an excuse will receive a grade of F1 and fail the class. Students who do not attend more than 20% of each internship period in Semester VI internships and whose excuse is accepted by the Faculty Administrative Board will receive an E grade and fail. Students can submit their objections about their internship grades to the Dean's Office in writing within 7 working days at the latest after the results are announced. These objections are reviewed by the relevant faculty members and only if there is a material error, the necessary grade correction is made. The grade is not changed for any other reason.

## Duties, Authorities and Responsibilities of the Interns:

While intern doctors can perform a small number of procedures on their own (independently), they can only observe or perform all other procedures under the supervision and supervision of the responsible faculty member. The procedures they can and cannot perform are specified in the duties, authorities and responsibilities (DAR) document and in the competency lists of each Department. Each intern doctor is obliged to know the GYS and the procedures that they can and cannot do alone (i.e. the limits of their duties), to comply with the general rules of our hospitals and the rules specific to the Department, Division, service and polyclinic in which they work, to know the International Patient Safety Goals and to provide patient care in accordance with these rules.

Intern doctors are required to carry the identity of the institution on their person at all times, introduce themselves to patients and team members, recognize the outpatient clinic/unit/service they work in, know the precautions regarding fire safety, patient and employee safety and emergency codes. In each ward they work in during their rotation, the head nurse in charge of the ward provides department-specific orientation training for intern doctors. This training is repeated every time the ward team changes. In addition, the Semester IV Coordinatorship may plan trainings on various patient and employee safety issues that are on the agenda during the year, and all intern doctors are required to participate in these trainings.

### Tasks that intern doctors can do independently;

Intern doctors should be able to perform the following tasks alone (independently);

- Taking history from the patient,
- Perform a physical examination,
- Applying basic life support,
- Capillary and venous blood collection,
- Peripheral vascular access,
- To make nutritional assessment,
- Conduct a pain assessment,
- Making a fall assessment,
- Must comply with hand hygiene rules before intervention.

### Tasks that intern doctors can do under supervision

Intern doctors can perform the following tasks under the supervision of the relevant department lecturers and research assistants. Although these tasks are similar in essence, they may vary according to the department and the details can be found in the competency lists of the department);

- Making a differential diagnosis, requesting the necessary examinations and following the results,
- Requesting a consultation,
- Apply advanced life support to adult and pediatric patients

- To suture,
- Placing a nasogastric catheter / feeding tube,
- Making an enema
- To perform ureteral catheterization,
- Culture sample collection,
- Tracheal aspiration
- Writing daily follow-up notes and epicrisis in the patient file,
- Ventilate with an ambu-mask.

### Other duties of intern doctors

Apart from the above-mentioned, other duties that intern doctors are obliged to perform are listed below

- Attending rounds, assisting research assistants in the diagnosis/treatment processes and follow-up of patients,
- Assisting the team in advanced diagnostic and interventional procedures for patients (bone marrow biopsy and aspiration, thoracentesis, paracentesis, lumbar puncture, central catheter insertion, endoscopic examinations, biopsy, etc.),
- Assisting the treatment team in making patient medication orders,
- Assisting with surgical procedures in the operating room,
- To keep watch within the intern training program of the relevant department,
- To comply with service, polyclinic and hospital rules,
- To respect patient rights and privacy (patient information or pictures cannot be shared in any area),
- To inform the responsible doctor and nurse when witnessing an event that threatens patient safety,
- Know the emergency codes (code blue, code pink, code white) and notify immediately,
- Always wear the identity card issued by the hospital,
- Introduce themselves to the doctor, nurse, ward/clinic staff and the patient,
- To comply with the internship program and course hours determined by the Dean's Office and Department Heads, to attend training meetings,
- To perform the procedures and training activities defined in the Intern Training Program in sufficient quantity and to record them regularly.

## Intern Doctor Training Program-

The internship training program lasts for 12 months and the student earns a total of 60 ECTS credits during this period. The departments of the internships, internship durations and ECTS values are presented below.

Department	Credit ECTS	Duration
Department of Child Health and Diseases (Compulsary)	5	1 month
Department of Child Health and Diseases (Elective 1)	5	1 month
Department of Internal Medicine (Compulsary)	5	1 month
Elective 2- Department of Internal Medicine (Elective 2)	5	1 month
Department of Emergency Medicine	10	2 months
Department of Public Health (Compulsary)	5	1 month
Elective 3- Department of Public Health (Elective 3)	5	1 month
Department of Gynecology and Obstetrics	5	1 month
Department of General Surgery	5	1 month
Department of Mental Health and Disorders	5	1 month
Elective 4*	5	1 month

\* For the "Elective 4" above, one of the following departments will be selected.

<b><i>Surgical Sciences</i></b>	<b><i>Internal Sciences</i></b>
Department of Anesthesiology and Reanimation	Department of Dermatology and Venereology
Department of Neurosurgery	Department of Infectious Diseases and Clinical Microbiology
Department of Pediatric Surgery	Department of Physical Medicine and Rehabilitation
Department of Ophthalmology	Department of Chest Diseases
Department of Cardiovascular Surgery	Department of Cardiology
Department of Otorhinolaryngology	Department of Nuclear Medicine
Department of Orthopedics	Department of Neurology
Department of Urology	Department of Radiology
Department of Plastic, Reconstructive and Aesthetic Surgery	Department of Medical Genetics
Department of Medical Pathology	Department of Medical Pharmacology
Department of Medical Education	

Group flowchart

	Group A		Group B		Group C		Group D		Group E		Group F	
	Subgroup 1	Subgroup 2	Subgroup 3	Subgroup 4	Subgroup 5	Subgroup 6	Subgroup 7	Subgroup 8	Subgroup 9	Subgroup 10	Subgroup 11	Subgroup 12
July	PH-C	PH-E	CH&D-C	CH&D-E	MH&D	E_4	IM-C	IM-E	G&O	GS	EM	EM
August	PH-E	PH-C	CH&D-E	CH&D-C	E_4	MH&D	IM-E	IM-C	GS	G&O	EM	EM
September	EM	EM	PH-C	PH-E	CH&D-C	CH&D-E	MH&D	E_4	IM-C	IM-E	G&O	GS
October	EM	EM	PH-E	PH-C	CH&D-E	CH&D-C	E_4	MH&D	IM-E	IM-C	GS	G&O
November	G&O	GS	EM	EM	PH-C	PH-E	CH&D-C	CH&D-E	MH&D	E_4	IM-C	IM-E
December	GS	G&O	EM	EM	PH-E	PH-C	CH&D-E	CH&D-C	E_4	MH&D	IM-E	IM-C
January	IM-C	IM-E	G&O	GS	EM	EM	PH-C	PH-E	CH&D-C	CH&D-E	MH&D	E_4
February	IM-E	IM-C	GS	G&O	EM	EM	PH-E	PH-C	CH&D-E	CH&D-C	E_4	MH&D
March	MH&D	E_4	IM-C	IM-E	G&O	GS	EM	EM	PH-C	PH-E	CH&D-C	CH&D-E
April	E_4	MH&D	IM-E	IM-C	GS	G&O	EM	EM	PH-E	PH-C	CH&D-E	CH&D-C
May	CH&D-C	CH&D-E	MH&D	E_4	IM-C	IM-E	G&O	GS	EM	EM	PH-C	PH-E
June	CH&D-E	CH&D-C	E_4	MH&D	IM-E	IM-C	GS	G&O	EM	EM	PH-E	PH-C

## Basic Medical Practice Learning Levels

Indicates the minimum level of performance, hence the minimum level of learning, that a physician graduating from medical school should demonstrate during basic medical practice. The minimum level is determined separately for each skill/practice in the list. Faculties ensure that each student is able to perform the minimum level of physician practice in question within the education period they implement.

Learning Level	Description
<b>1</b>	Knows how the application is performed and explains the results to the patient and/or his/her relatives
<b>2</b>	In case of an emergency, performs the application in accordance with the guideline/directive
<b>3</b>	Performs the application* in non-complex, common, situations/cases
<b>4</b>	Performs the application*, including complex situations/cases
* Conducts pre-assessment/evaluation, creates and implements the necessary plans and informs patients and their relatives/community about the process and results.	

Source: N-ESAP 2020

## N-CEP -2020 LIST OF BASIC MEDICAL PRACTICES

Basic Medical Practice	Level
<b>A. History taking</b>	
1. To be able to take general and problem-oriented history	4
2. Ability to assess mental status	3
3. Ability to take psychiatric history	3
<b>B. General and problem-oriented physical examination</b>	
1. Forensic case examination	3
2. Anthropometric measurements	3
3. Abdominal examination	4
4. Consciousness assessment	4
5. Child and newborn examination	4
6. Skin examination	4
7. Digital rectal examination	3
8. Pregnancy examination	3
9. Evaluation of general condition and vital signs	4
10. Ophthalmologic examination	2
11. Eye examination	3
12. Gynecological examination	3

13. Cardiovascular system examination	4
14. Musculoskeletal system examination	3
15. Ear-nose-throat and head and neck examination	3
16. Examination of the breast and axillary region	3
17. Neurological examination	3
18. Crime scene investigation	2
19. Examination of the dead	3
20. Mental state examination	3
21. Respiratory system examination	4
22. Urological examination	3
<b>C. Record keeping, reporting and notification</b>	
1. To be able to prepare a forensic report	3
2. To be able to organize a forensic case report	4
3. Clarification and obtaining consent	4
4. To be able to provide counseling on disability report	3
5. To be able to prepare an epicrisis	4
6. To be able to prepare health reports in accordance with current legislation	3
<b>C. Record keeping, reporting and notification</b>	
7. To be able to prepare a patient file	4
8. Ability to issue a death certificate	3
9. To be able to prescribe	4
10. To be able to prepare a refusal of treatment document	4
11. Reporting and reporting legally notifiable diseases and conditions	4
<b>D. Laboratory tests and other related procedures</b>	
1. To be able to apply the principles of working with biological material	4
2. To be able to provide decontamination, disinfection, sterilization, antisepsis	4
3. To be able to prepare fecal smear and make microscopic examination	3
4. To be able to evaluate direct radiographs	3
5. To be able to take and evaluate ECG	3
6. To be able to perform fecal occult blood examination	4
7. To be able to measure and evaluate blood glucose with glucometer	4
8. To be able to measure and evaluate bleeding time	2
9. To be able to fill the request form for laboratory examination	4
10. To be able to take the laboratory sample under appropriate conditions and deliver it to the laboratory	4
11. To be able to use a microscope	4



12. To be able to use and evaluate a peak-flow meter	3
13. To be able to make and evaluate peripheral smear	3
14. To be able to make water disinfection	3
15. Ability to take water samples	3
16. To be able to determine and evaluate the level of chlorine in water	3
17. To be able to perform and evaluate complete urine analysis (including microscopic examination)	3
18. To be able to interpret the results of screening and diagnostic examinations	3
19. To be able to prepare vaginal discharge sample	3
<b>E. Interventional and non-interventional applications</b>	
1. To be able to stabilize the emergency psychiatric patient	3
2. Manage forensic cases	3
3. Airway application	3
4. To be able to apply the principles of rational drug use	4
5. To be able to order rational laboratory and imaging examinations	4
6. Arterial blood gas collection	3
7. To be able to prepare and apply splint	3
8. Use of a balloon mask (ambu)	4
9. Ability to apply bandage, tourniquet	4
10. Intervene in nosebleeds	2
11. To be able to monitor growth and development in children (percentile curves, tanner grading)	3
12. Evaluation of the multiple trauma patient	3
13. Ability to open an intravenous line	3
14. To be able to apply defibrillation	4
15. Recognize/protect/produce evidence	2
16. To be able to open skin-soft tissue abscess	3
17. To be able to take measures to stop/limit external bleeding	3
18. To be able to apply Dix Hallpike test and Epley maneuver	3
19. To be able to care for the mother after birth	3
20. To be able to care for the baby after birth	3
21. Hand washing	4
22. Endoscopic procedure	1
23. Ability to intubate	3
24. Ability to open and suture episiotomy	2
25. To be able to monitor pregnant women and newborns	3

26. To be able to make a genogram (to be able to make a family tree)	1
27. Ability to evaluate Glasgow/AVPU coma scale	4
28. Extraction of foreign body from the eye	2
29. To be able to take biological samples from the patient	3
30. To ensure that the patient is transported appropriately	4
31. To be able to give coma position to the patient	4
<b>E. Interventional and non-interventional applications</b>	
32. To be able to refer the patient appropriately	4
33. To be able to provide first aid to remove the foreign body in the airway	3
34. To be able to determine legal capacity	2
35. Ability to make IM, IV, SC, ID injection	4
36. Ability to insert a urinary catheter	3
37. To provide advanced life support	3
38. Suicide intervention	2
39. Ability to perform intraosseous application	2
40. Ability to measure blood pressure	4
41. To be able to transfuse blood	3
42. Capillary blood sampling	4
43. Removing ticks	3
44. Sample for culture	3
45. Ability to make enema	3
46. Ability to perform Lumbar Puncture	1
47. Minimental status examination	3
48. To be able to apply nasogastric catheter	3
49. Ability to have a normal spontaneous birth	2
50. To be able to apply oxygen and nebul-inhaler therapy	4
51. Ability to perform oral, rectal, vaginal and topical drug applications	3
52. Ability to perform autopsy	2
53. Ability to perform paracentesis	1
54. To be able to apply pericardiocentesis	1
55. To be able to perform pleural puncture / thoracentesis	2
56. Ability to apply and evaluate PPD test	3
57. To be able to apply and evaluate pulse oximetry	4
58. Ability to apply Rinne-Weber tests	3
59. To be able to apply cervical collar (neck collar)	4
60. To be able to provide protection and transportation in accordance with the cold chain	4

61. To be able to evaluate pulmonary function tests	3
62. Ability to perform suprapubic bladder puncture	2
<b>E. Interventional and non-interventional applications</b>	
63. To be able to apply basic life support	4
64. Ability to take heel blood	4
65. To be able to ensure appropriate transportation of the severed limb after trauma	4
66. To be able to prepare the drugs to be administered correctly	3
67. Ability to take vaginal and cervical samples	3
68. To be able to do wound-burn care	3
69. Neonatal resuscitation	2
70. Ability to suture and remove superficial sutures	4
71. Providing acute decontamination principles in poisoning	2
<b>F. Preventive medicine and community medicine practices</b>	
1. To be able to make the organization of emergency aid	3
2. To be able to provide family planning counseling	4
3. To be able to provide immunization counseling	4
4. To be able to carry out immunization services	4
5. To be able to teach correct breastfeeding methods	4
6. To be able to make geriatric evaluation	3
7. To be able to teach breast self-examination	4
8. To be able to apply contraception methods correctly and monitor users	3
9. Disability assessment	1
10. To be able to provide health services in extraordinary situations	2
11. Periodic health examinations (vision, hearing, metabolic diseases, vaccination of risk groups, cancer screenings)	4
12. To be able to take precautions related to the protection of the health of health workers	4
13. To be able to take preventive measures against healthcare-associated infections	3
14. Taking measures to prevent infections in collective living spaces	4
15. To be able to provide health education to the community	3
16. To be able to fight against infectious diseases in society	3
<b>F. Preventive medicine and community medicine practices</b>	
17. To be able to identify health-related problems in the community by using epidemiological methods and to be able to put forward solutions	3
18. Identify risk groups in the community	3
<b>G. Principles and practices of scientific research</b>	
1. To be able to compile scientific data and summarize them in tables and graphs,	3

2. To be able to analyze scientific data with appropriate methods and interpret the results	2
3. To be able to plan a research using scientific principles and methods	2
4. To be able to access current literature and read it critically	3
5. To be able to apply the principles of evidence-based medicine in clinical decision making	3
6. To be able to interpret the health level of the service area using health level indicators	3
<b>H. Healthiness</b>	
1. Immunization in childhood and adults	4
2. Infant Health Monitoring	4
3. Exercise and physical activity	4
4. Follow-up and periodic health examinations at different stages of life (pregnancy, childbirth, puerperium, newborn, childhood, adolescence, adulthood, old age)	4
5. Healthy eating	4
<b>I. Scans</b>	
1. Pre-marital screening program	4
2. Developmental dysplasia of the hip screening program	4
3. Vision screening programs	4
4. Hearing screening programs	4
5. Newborn metabolic and endocrine disease screening program	4

## Annexes

### Annex 1- Institution Orientation Training Program

	Subject	Content
<b>DAY 1</b>		
08.30- 09.20	Quality Standards in Health	Basic concepts of quality Health Quality System Self-assessment Improvement activities Unwanted event notification system Indicator management Quality committees and teams
09.30-10.20	Effective Communication Techniques	What is communication? What are its types? Factors affecting communication and rules of effective communication One-way communication, two-way communication Body language, I-Thou language The importance of communication and teamwork in business life Types of difficult people and dealing with difficult people Stress and anxiety disorders at work
10.30-11.20	Human Resources Practices/Basic Rights	Job descriptions Dress code Disciplinary regulations and processes Personnel overtime practices Physician rights Patient rights
11.30-12.20	Patient Experience	Communication with patients and their relatives Communication between the healthcare team Interdisciplinary work and communication
13:30-14.20	Information Security	Information security Types of data and information

		Privacy of personal and corporate data Information crimes Cyber threats Factors that jeopardize safety Malware and how it infects and harms Our duties regarding information security Protection measures and general rules of information security
14.30-15.20	Information Management Systems	Hospital information management system application training
15.30-17.20	Infection control prevention program	Theory and Practice
<b>DAY 2</b>		
08.30- 09.20	Emergency management	Disaster identification Pre-disaster preparation Correct behavior during and after a disaster First aid after a disaster Our hospitals emergency codes Epidemic? Does the hospital have a plan?
09.30-10.20	Sample security	Microbiology, laboratory and pathology processes Rules for sample collection, storage and processing
10.30-11.20	Laboratory process	What is biosafety? Biosafety grades Laboratory standards Calibration Rules to be followed in the laboratory
11.30-12.20	Other trainings	Baby-friendly hospital Training on organ donation
13:30-17.30	Orientation to hospital units and meeting in departments	

## Annex 2: Intern Simulation Days Program

		GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5	GROUP 6	GROUP 7	GROUP 8
<b>DAY 1</b>									
08:30	09:10	Topic 1	Topic 2	Topic 3	Topic 4	Topic 5	Topic 6	Topic 7	Topic 8
09:30	10:10	Topic 2	Topic 3	Topic 4	Topic 5	Topic 6	Topic 7	Topic 8	Topic 1
10:30	11:10	Topic 3	Topic 4	Topic 5	Topic 6	Topic 7	Topic 8	Topic 1	Topic 2
11:30	12:10	Topic 4	Topic 5	Topic 6	Topic 7	Topic 8	Topic 1	Topic 2	Topic 3
13:30	14:10	Topic 5	Topic 6	Topic 7	Topic 8	Topic 1	Topic 2	Topic 3	Topic 4
14:30	15:10	Topic 6	Topic 7	Topic 8	Topic 1	Topic 2	Topic 3	Topic 4	Topic 5
15:30	16:10	Topic 7	Topic 8	Topic 1	Topic 2	Topic 3	Topic 4	Topic 5	Topic 6
16:30	17:10	Topic 8	Topic 1	Topic 2	Topic 3	Topic 4	Topic 5	Topic 6	Topic 7
<b>DAY 2</b>									
		<b>ALL GROUPS TOGETHER</b>							
08:30	09:10	Taking anamnesis							
09:30	10:10	Consultation							
10:30	11:10	Communication with patients and relatives							
11:30	12:10	Hierarchy in Medicine							
13:00	14:30	ASS	PS	HOS					
14:45	16:00		ASS	PS	HOS				
16:15	17:30			ASS	PS	HOS			
<b>DAY 3</b>									
08:30	10:00				ASS	PS	HOS		
10:15	11:45					ASS	PS	HOS	
13:00	14:30						ASS	PS	HOS
14:45	16:00	HOS						ASS	PS
16:15	17:30	PS	HOS						ASS

Topic 1: Counting Pulse-Respiration, Checking Saturation, Measuring Blood Pressure, Measuring Blood Sugar

Topic 2: Primary Suturing

Topic 3: Injecting (IV, IM, SC), Opening a vascular access, Blood collection

Topic 4: Nasogastric Catheter Insertion, Foley Catheter Insertion

Topic 5: Deadly Rhythms, defibrillation

Topic 6: Creating a safety circle, Monitoring, ECG

Topic 7: Splint, Bandage, Bandage

Topic 8: Basic Life Support

ACS: Emergency Service Scenarios (Approach to Arrest Patient, Trauma Management, Anaphylactic Shock Management)

Outpatient Scenarios (Anamnesis Taking, Physical Examination, Consultation, Prescription Writing)

Patient Room Simulations (Nasogastric Catheter Insertion, Foley Catheter Insertion, Post Operative Complications)