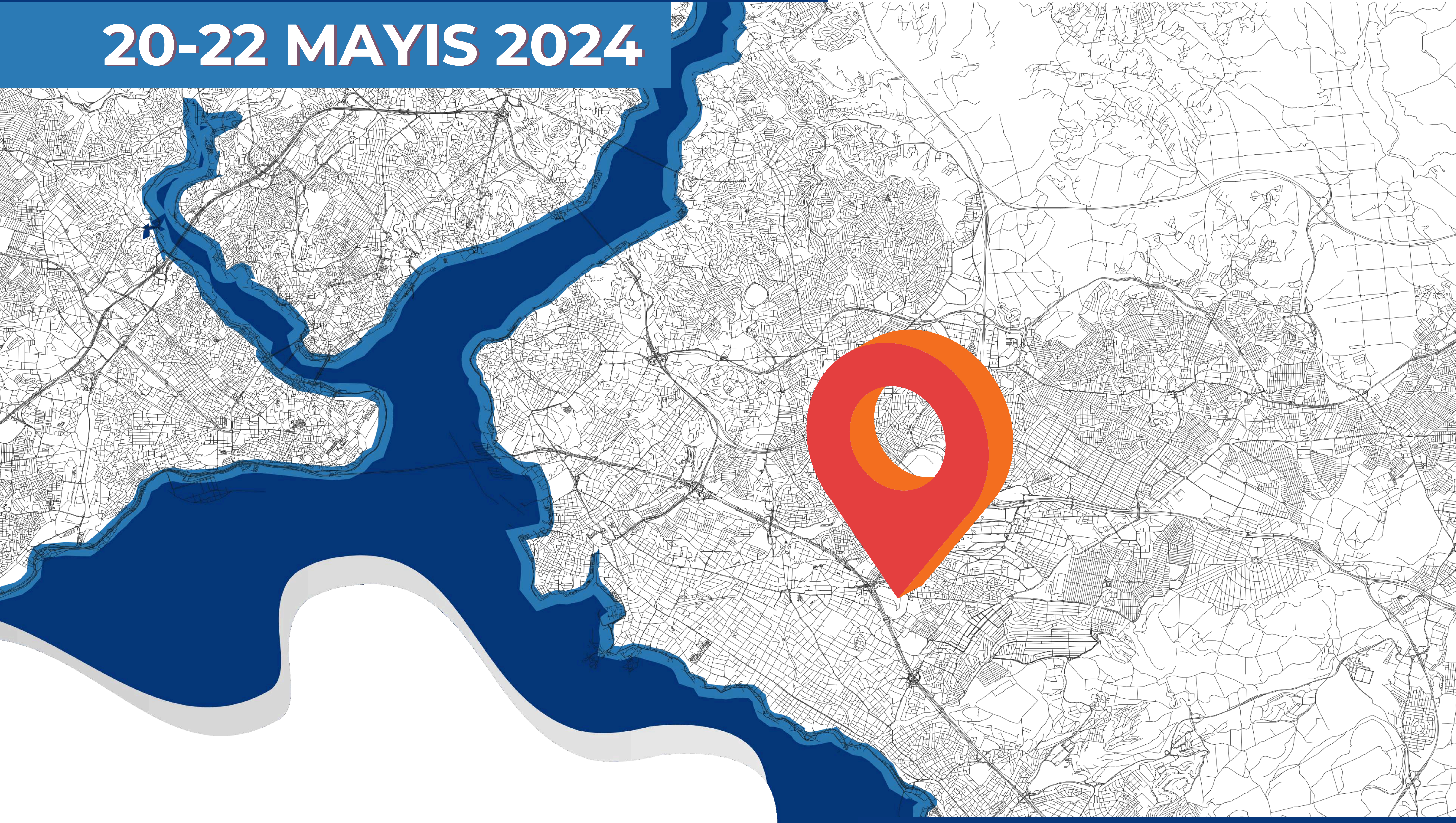


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**BAŞKENT  
UNIVERSITY**



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**BAŞKENT UNIVERSITY**

**FACULTY OF MEDICINE**

**STUDY GROUPS RESEARCH ACTIVITIES COURSE**

Since 1998, when under-graduate medical education began in our faculty, "Study Groups (SG)" has been implemented as an interactive method in which the student acts as a researcher and takes an active role. The aim of this education is to train pioneer physicians who have universal scientific qualifications, prioritize scientific research and make it a professional life-style. SG is an educational activity that takes place in the first three years of medical education and aims to help students develop independent learning skills in the fields they are interested in, learn and apply the basic principles of scientific methods, develop their analytical and critical thinking, and develop their skills in presenting scientific studies in written and oral form. Our SG Training Model consists of a scientific report in Term I, an experimental research or survey study in Term II, and a clinical study in Term III, mostly in the form of retrospective surveys. The studies are presented verbally and as posters at the "Student Symposium Study Group Presentations" at the end of the year.

This special study module is carried out by the Study Groups and Evidence-Based Medical Practices Coordination Office.

Keywords: Study group, student, medical school

Under the supervision of 1011 faculty members in 24 "SG research years" carried out in our faculty between 1998-2023; A total of 1075 research studies were conducted, including 388 scientific reports, which are 683 experimental or clinical, and 4 hybrid (started in the 2022-2023 academic year). 64 SG groups have been created for the 2023-2024 academic year and our students will present their researches on 21-24 May 2024.

SG evaluation is reflected in the students' final exam grade as 4 points. At the end of the year, feedback about the semester is received from faculty members and students.

The studies prepared by the students were presented as oral presentations and posters at national and international student or medical congresses, and some of them were published as scientific articles in national/international scientific journals.

The symposium, which was held face to face until 1998-2020, was held online in 2019-2020 due to the pandemic and Kahramanmaraş earthquake.

During the symposium, presentations and posters are evaluated by 5 juries using an objective form, and certificates are given to the top three groups.





**Merih Öztoprak\*, Meral Demirören\*\***

\*Res. Assist.; Hacettepe University Faculty of Medicine, Department of Medical Education and Informatics

\*\*Prof. Dr.; University of Health Sciences Gülhane Faculty of Medicine, Department of Medical Education

## INTRODUCTION

An important aim of medical education is to help develop physicians who are equipped with high awareness of professional and ethical values. It aims to cultivate doctors who are intrinsically committed to these values, prioritize them in patient-physician communication, and uphold them in patient care. Narrative medicine is an intriguing educational method that plays a role in the acquisition these values, attitudes, and skills.

The guide "The Fundamental Role of Arts and Humanities in Medical Education (FRAHME)," published by the Association of American Medical Colleges (AAMC), exemplifies Narrative Medicine method among various programmes that bridge the humanities, arts, and medicine.

Empathy is regarded as a crucial communication skill for holistic and humane patient care. However, its conceptual dimensions, perception by individuals, behavioral manifestation, and influence by cultural differences remain under investigation. It has been suggested that empathy can be enhanced through Narrative Medicine practices.

## AIM

The aim of this research is to bring out the perceptions of medical students regarding empathy through narrative medicine applications, and to explore how they engage in empathic interactions in their daily professional practices. In this context, training programme named as "Narrative Medicine and Empathy Training" were conducted to uncover perception of concept, individual differences, and influencing factors. This paper will present the training programme implemented as part of a doctoral thesis study.

## DESCRIPTION OF PROGRAMME

Participants were volunteer students from the 4th and 5th years of the Hacettepe University Faculty of Medicine. Collaboration was made with the Hacettepe University Scientific Research Community (HÜTBAT) in the participant determination process.

Narrative Medicine and Empathy Training programme spanned 13 sessions. Learning outcomes, content, teaching methods, and materials to be used were shared with the students at the beginning of the program (Table-1). During the conduction of the program, in the initial sessions, a literary text, visual (photograph, painting) or film previously studied and/or shared during the session was analyzed (Table-2). A writing activity related to the theme discussed in the previous session was organized in the following session. Sessions were conducted with a regular group of five participants. Main language of the session discussions was Turkish. At the end of the training program, written and verbal feedback on the acquisitions was obtained from the students.

**Table 2. Texts and Visual Materials of the Programme**

Literary Texts	
1. Audre Lorde – The Cancer Journals	Memoir
2. Susan Sontag – Illness as Metaphor	Essays
3. Roz Chast- Can't We Talk About Something More Pleasant	Graphic Memoir
Articles and Books	
4. Jean Decety, William Ickes – The Social Neuroscience of Empathy	
5. Misdiagnosis, Mistreatment, and Harm — When Medical Care Ignores Social Forces	
6. The Power and Limits of Classification — A 32-Year Old Man with Abdominal Pain	
7. Structural Racism — A 60-Year-Old Black Woman with Breast Cancer	
8. The Right and Left Hands of the State — Two Patients at Risk of Deportation	
Visual Art	
9. David Eagleman – The Creative Brain	Documentary
10. Ahmet Polat - Refugee Camp in Ventimiglia	Photography
11. Frida Kahlo - Broken Column and Illness	Paintings

**Table 1. Overall Training Programme**

Session	Learning Outcomes and Content	Teaching Method	Materials
1	Definition of Narrative Medicine, and its practical tools. Definition of creativity, and its relationship with neurosystem of human.	Presentation Watching Documentary Small Group Discussion	Pre-Session: 5 In Session: 9
2	Writing Session: Former Perception of Empathy as a concept. Theme: Who are 'I', 'you' and 'we'?	Reflective Writing Small Group Discussion	Students' texts
3	Reader-text interaction in the context of empathy. Analyzing reflective components in texts.	Close Reading Small Group Discussion	Pre-Session: 1, 4
4	Writing Session: Perception of Empathy as identity. Theme: Who are 'I', 'you' and 'we'?	Reflective Writing Small Group Discussion	Students' texts
5	Analyzing autobiographical narratives: First person narration, multiple identities	Close Reading Visual Interpretation Small Group Discussion	Pre-Session: 1 In Session: 11
6	Writing Session: Writing in First Person, perspective taking in empathy Theme: Write a patients' story from both your perspective and his/her perspective	Reflective Writing Small Group Discussion	Students' texts
7	Analyzing narratives in the context of terminal/chronic disease. Analyzing narratives in the context of gender and its construction. Agency in autobiographical narratives.	Close Reading Small Group Discussion	Pre-session: 1, 2 In Session: 6
8	Writing Session: Pain in Terminal/Chronic Illnesses Theme: Write about your most intensive pain experience.	Reflective Writing Small Group Discussion	Students' texts
9	Analyzing narratives in the context of aging. Experience in different genres of first person narratives.	Close Reading Small Group Discussion	In Session: 3
10	Writing Session: Aging Theme: Write about yourself at the age of 90.	Reflective Writing Small Group Discussion	Students' texts
11	Analyzing narratives and visuals about the concepts of nation, race and being immigrant.	Close Reading Visual Interpretation Small Group Discussion	Pre-Session: 1 In Session: 7, 8, 10
12	Writing Session: Writing about the concepts of nation, race and being immigrant. Theme: What's the color of your heart?	Reflective Writing (Poetry exercise in open air) Small Group Discussion	Students' texts
13	Feedback Session Students define their own acquisitions throughout the programme Students explain their perceptions about Narrative Medicine and its effect on empathy. Application of Feedback Survey.		



# Adaptation Support Programme for International Medical Students

**Bahar OBA, Adile Berna DURSUN**  
Lokman Hekim University, Faculty of Medicine, Ankara, Turkey

## "Turkish Language Teaching for Foreigners" course

- An elective course
- International students
- Faculty of Medicine (English Programme) **year 1**

### Course aims to

- Teach basic phonetic and grammatical structures of Turkish
- Meet basic communication needs
- Introduce Turkish culture

### Content

- Theoretical lessons
- Interactive sessions
- Movie & series hours
- "Tea parties" for small talk

### It was observed that

- Students felt more comfortable in communication in daily life
- Course helped them understand the language and culture of the host country

This course **increased their sense of belonging** to the country and the faculty.

## "Turkish Health Communication" course

- An elective course
- International students
- Faculty of Medicine (English Programme) **year 3**

### Course aims to

- Improve students' oral communication skills
- Help them apply these skills in their profession

### Content

- Theoretical and interactive sessions
- Night shift practices with residents
- Role - playing
- "Happy hour" for small talk

### Students

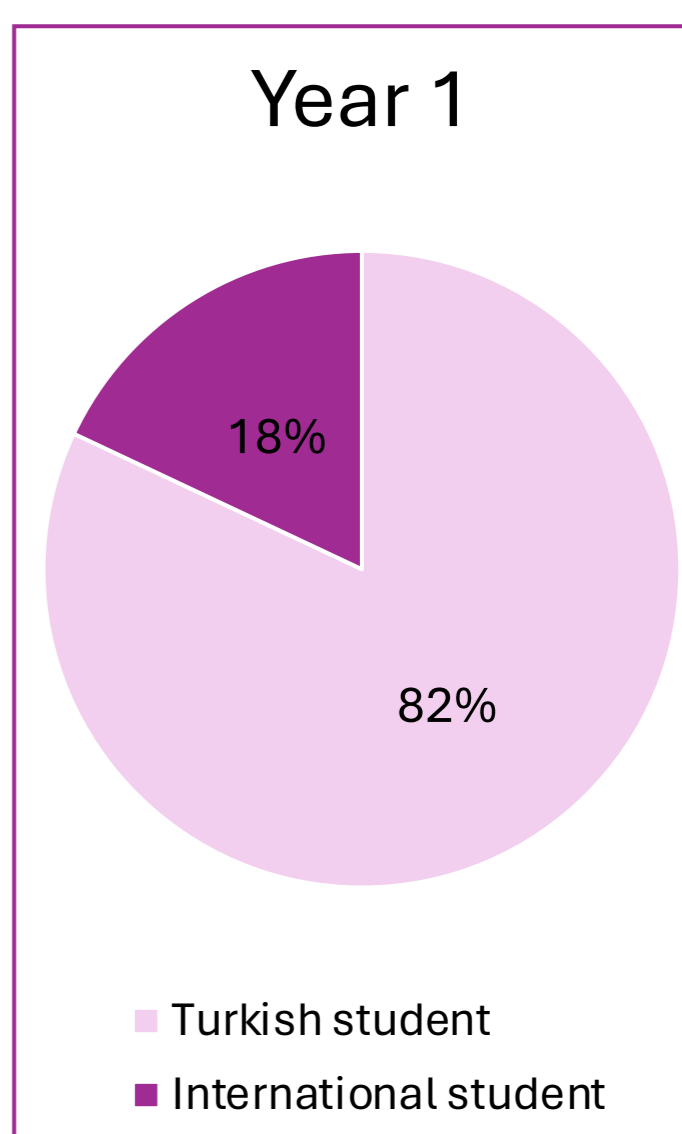
- Practiced the language through live performances at the hospital
- Naturalized their reading and speaking habits through exercises
- Improved their ability to express ideas fluently and naturally

This course **enhanced the communicative skills before the clinical clerkships**.

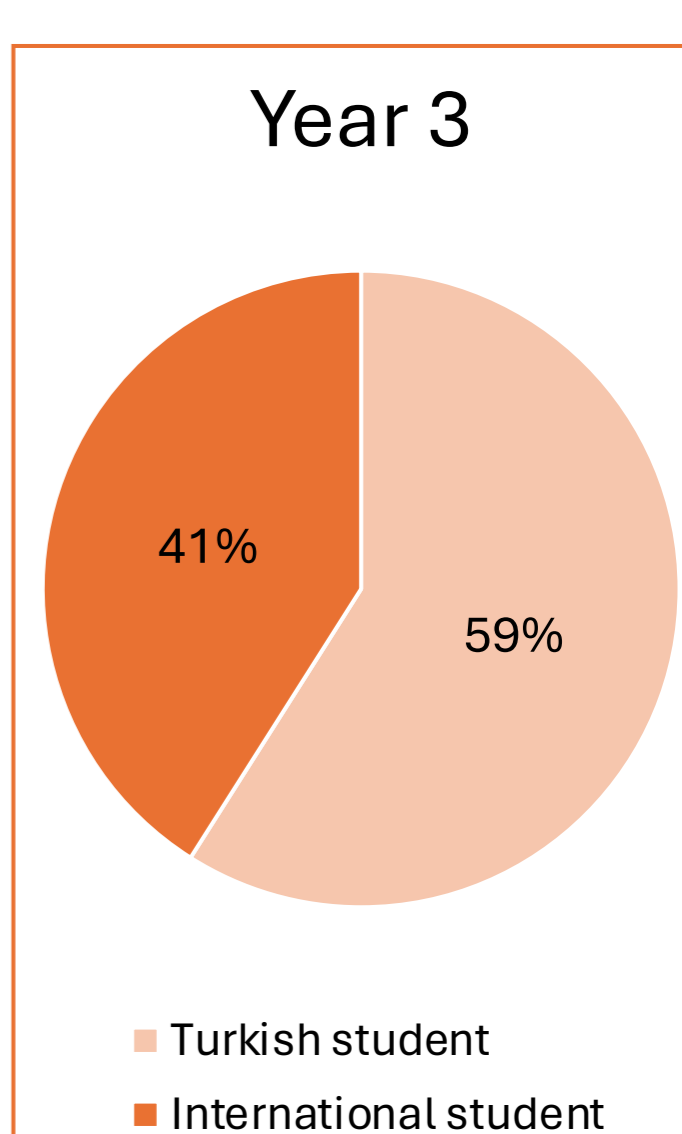
CONTEXT	Strongly disagree	Disagree	Partially agree	Agree	Strongly Agree	Strongly disagree	Disagree	Partially agree	Agree	Strongly Agree
The relationship and scope of the subjects in the committee were clear and understandable.	-	%4.2	%20.8	<b>%54.2</b>	%20.8	-	-	%12.5	%25	<b>%62.5</b>
The topics in the committee were placed in the right relationship with other topics.	-	%4.2	%25	<b>%50</b>	%20.8	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>
The subjects in the committee were mutually supportive and arranged in a way that facilitated learning.	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>
The subjects has been taught in previous years has supported my learning of the topics within this committee.	<b>%54.2</b>	%25	%20.8	-	-	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>
The relationship between the knowledge and skills taught in the committee and the subjects to be taught in the following years was clear and understandable.	-	%12.5	<b>%62.5</b>	%20.8	%4.2	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>
The learning objectives of the subjects included in the committee were shared by the lecturers.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>

These international medical students had no -prior experience in Turkish  
-Turkish member in family

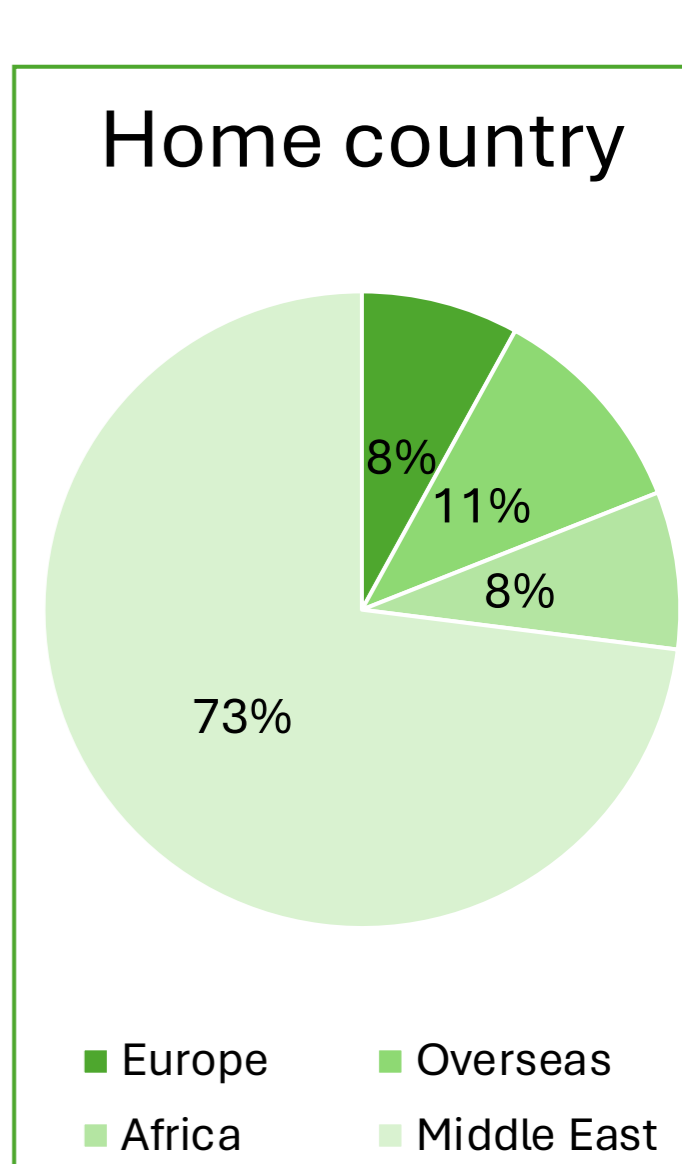
INPUT	Strongly disagree	Disagree	Partially agree	Agree	Strongly Agree	Strongly disagree	Disagree	Partially agree	Agree	Strongly Agree
Committee duration was sufficient.	-	%4.2	%20.8	<b>%54.2</b>	%20.8	-	-	-	%16.7	<b>%83.3</b>
The space in the classrooms was suitable and sufficient to support learning	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>
The space in the laboratories was suitable and sufficient to support learning.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>
The equipment in the classrooms was suitable and sufficient to support learning.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>
The equipment in the laboratories was suitable and sufficient to support learning.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>
Trainers suggested electronic resources/books to learn the subjects more deeply.	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>	-	-	%12.5	%25	<b>%62.5</b>
Topics in this committee were easily learned.	-	%12.5	<b>%62.5</b>	%20.8	%4.2	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>



PROCESS	Strongly disagree	Disagree	Partially agree	Agree	Strongly Agree	Strongly disagree	Disagree	Partially agree	Agree	Strongly Agree
The learning-teaching methods used by the trainers in the committee were appropriate for the learning objectives.	-	-	%12.5	%25	<b>%62.5</b>	-	-	%12.5	%25	<b>%62.5</b>
The training methods used in the committee increased my motivation to learn.	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>	-	%8.3	%16.7	<b>%25</b>	<b>%25</b>
Lecturers communicated with the students in accordance with the education method they used.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>
Training methods were applied correctly and adequately by the lecturers.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>
The relationship between the knowledge/skills taught by the lecturers and the practice in the clinic was clear and understandable.	-	%4.2	%20.8	<b>%54.2</b>	%20.8	-	%4.2	%20.8	<b>%54.2</b>	%20.8
The knowledge and skills taught within the scope of the committee were in an amount that could be easily learned.	-	%4.2	%20.8	<b>%54.2</b>	%20.8	-	%4.2	%20.8	<b>%54.2</b>	%20.8
The lecturers supported us by getting feedback on whether we learned the content they taught.	-	-	%12.5	%25	<b>%62.5</b>	-	-	%12.5	%25	<b>%62.5</b>
Committee exam covered the learning objectives has been described.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>
The questions asked in the evaluations of the committee were in the nature of measuring the knowledge/skill that was intended to be measured.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>
Examinations in the Committee were fair.	-	-	%12.5	%25	<b>%62.5</b>	-	-	-	%16.7	<b>%83.3</b>



PRODUCT	Comments
<ul style="list-style-type: none"> <li>• I thoroughly enjoyed the Turkish class course.</li> <li>• It was incredibly helpful, and I learned a lot during the lectures.</li> <li>• Making it very engaging and interactive making it a fun way to learn.</li> <li>• The course was a nice introduction to both the culture and the language.</li> </ul>	<ul style="list-style-type: none"> <li>• Timing was perfect, it was just before the clinical clerkships</li> <li>• I had the chance to practice in Turkish thanks to live performances</li> <li>• After the course I have felt more comfortable in communicating with Turkish people</li> <li>• I feel less anxious for the practical sessions of the clinical years.</li> </ul>



- ✓ It has been observed that adaptation programs implemented to minimise the social isolation of international medical students due to language barriers and cultural differences are effective.
- ✓ Furthermore, it has been concluded that the participation of Turkish students would make the process more efficient and engaging.



Şükrü Nail Güner

Necmettin Erbakan Faculty of Medicine

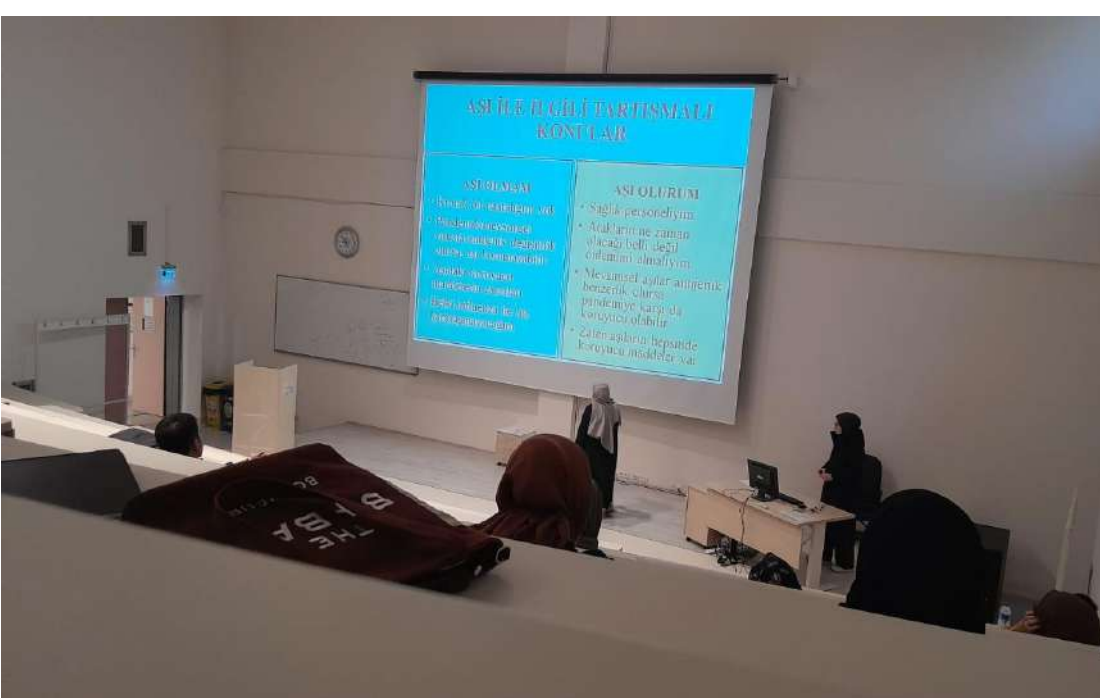
Konya

## AİM

Social Responsibility Lessons (SSPD) are practices aimed at increasing the sense of belonging of Medical Faculty Students to the University and society and to enable students to be in different social environments. We would like to present examples from our SSPD application, which we planned for the 2023-2024 academic period, in order to ensure that the Term 4 students of our Faculty of Medicine mature personally and socially, and grow up as individuals who are sensitive to social problems, able to produce solutions, able to work in teams, and useful to the society they live in.



Healthy Teeth, Shining Smiles



Investigation of Anti-Vaccination



We remove barriers in dyslexia



100 Breaths in 100th Years, Tree Planting Activity



Do you have D? (Theater Group)



Superheroes Preventive Health Services

## METHOD AND FINDINGS

An introductory lecture about SSPD content and possible projects was held at the beginning of the semester. SSPD student groups consisting of 10-12 students and 21 faculty advisors were determined. Students were asked to gather for SSPD studies for 2 hours one day a week in the afternoon, distribute tasks among themselves (group spokesperson, secretary, photographer, members, etc.) and determine the project topics together with the advisor faculty members.

It was planned to include preliminary training, project preparations, determination of the project, writing of the project, implementation of the project, preparation of the project report, presentation of the projects in a Student Workshop, presentation of the projects at an appropriate congress (METKO 2024), and publication of the abstract or article text of the projects in Mevlana Medical Journal in a 28-week period.

Forms (Project application form, individual student form, event evaluation form, project report form, student and faculty member feedback form) were prepared to facilitate the implementation of the projects. Our students, who determined their SSPD projects with the advisor faculty members, are still continuing their projects.

## CONCLUSION

We are presenting our first experiences of the outcomes of these courses, which will contribute to our students growing up as self-confident individuals, at an international congress.



# GRADUATE COMPETENCIES WORKSHOP

\*Beyza ARPACI SAYLAR, \*\*Dilek Sema ARICI

\*Biruni University Faculty of Medicine Department of Family Medicine

\*\* Biruni University Faculty of Medicine Department of Medical Education

## AIM

All courses in the curriculum at Faculties of Medicine are expected to serve Graduate Competencies. These competencies are stated in NCEP2020. It is also necessary to increase student awareness about which competency the course or practice will serve. For this purpose, Biruni University Faculty of Medicine organized a workshop titled 'Graduate competencies' on the first day of the 2021-2022 Academic Year. The aim is to raise awareness about the competencies they will gain with the education they will receive from the first day of school and to use the data obtained in program evaluation.

## MATERIAL and METHOD

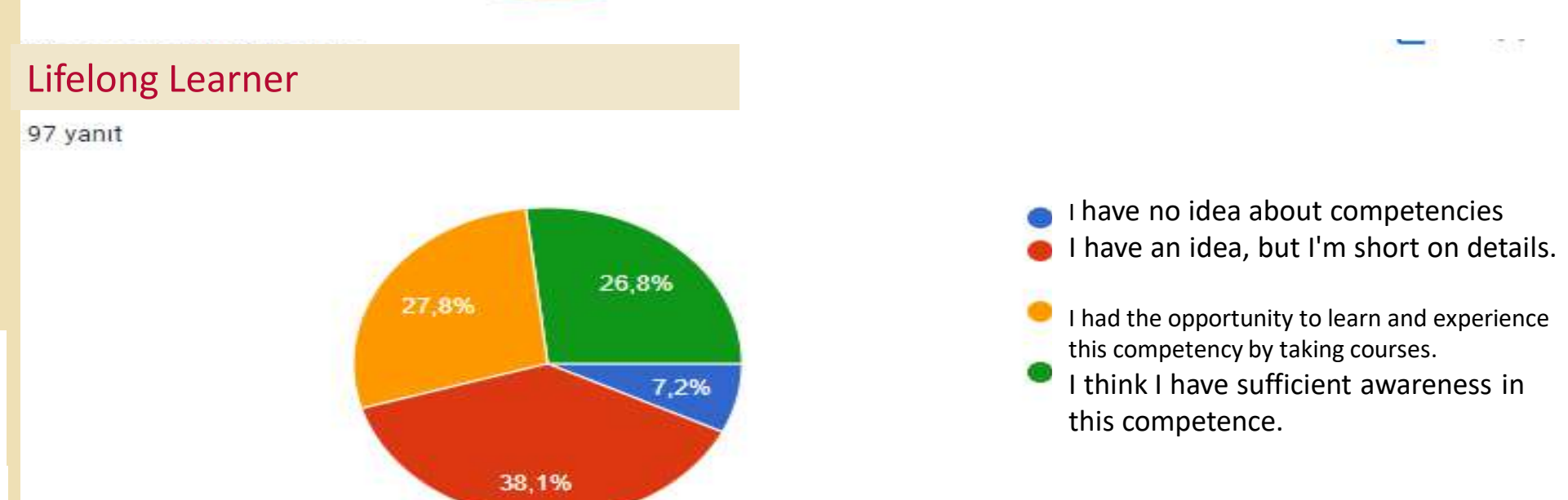
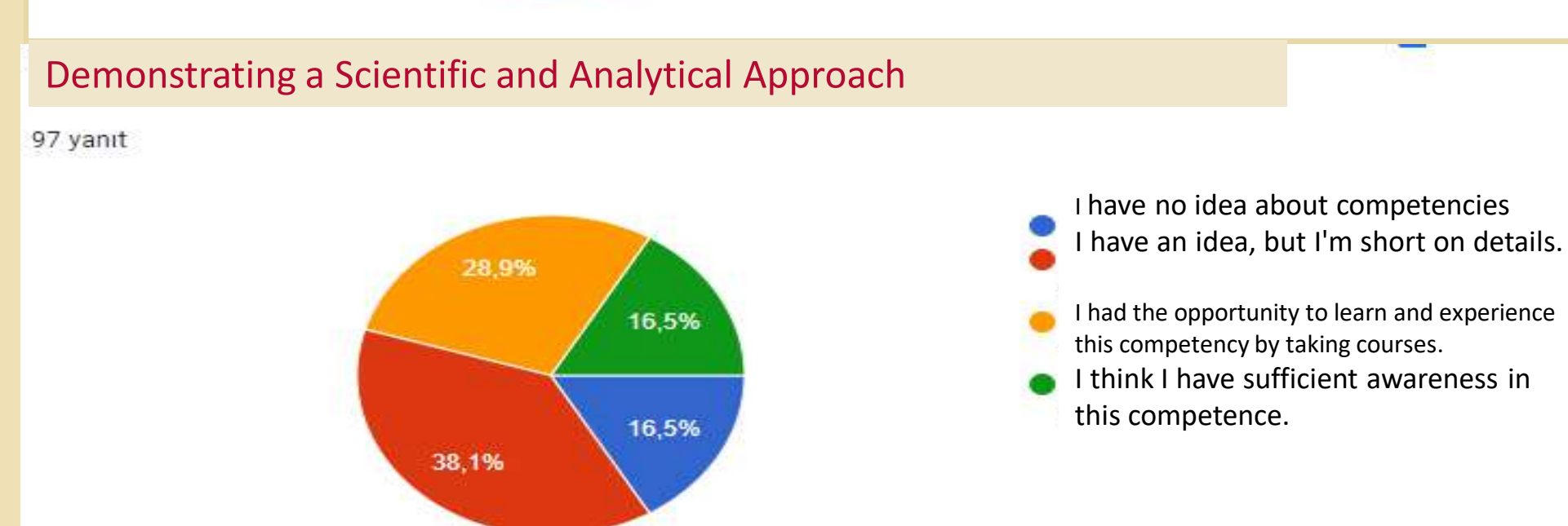
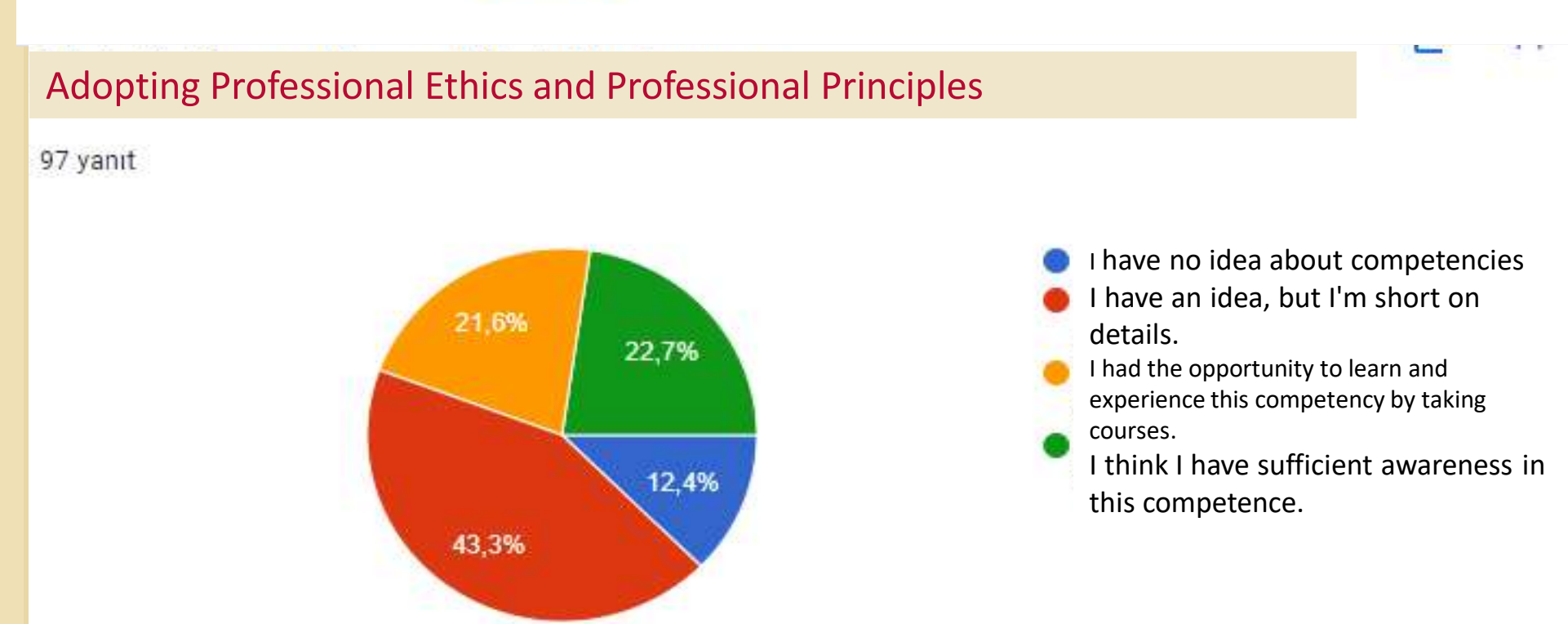
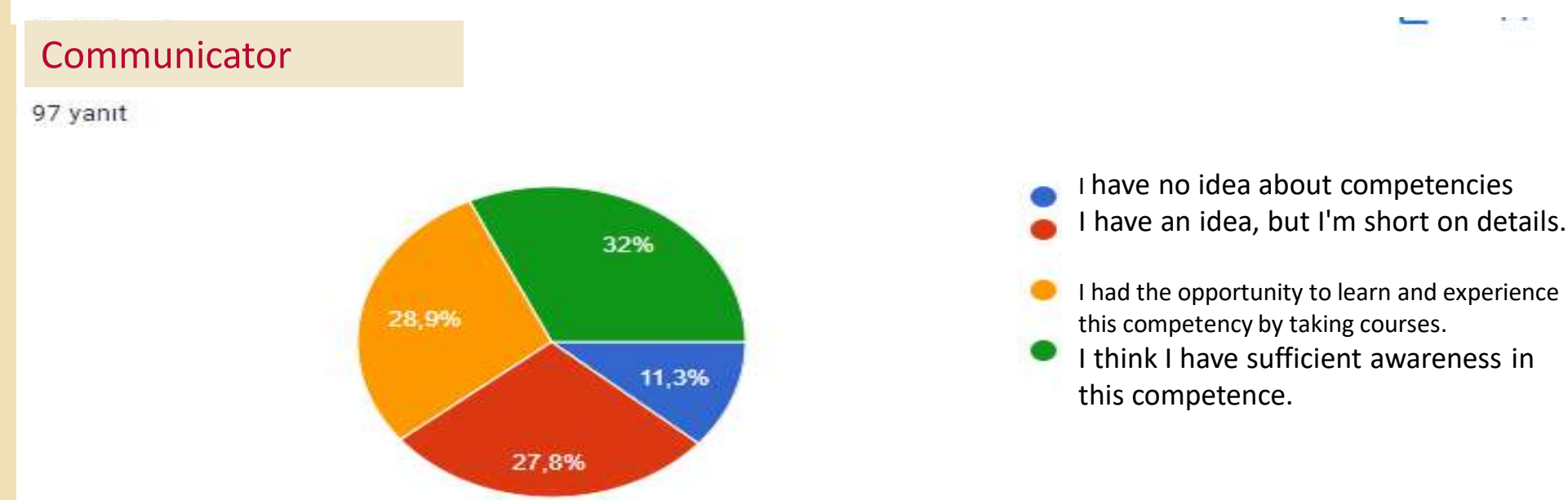
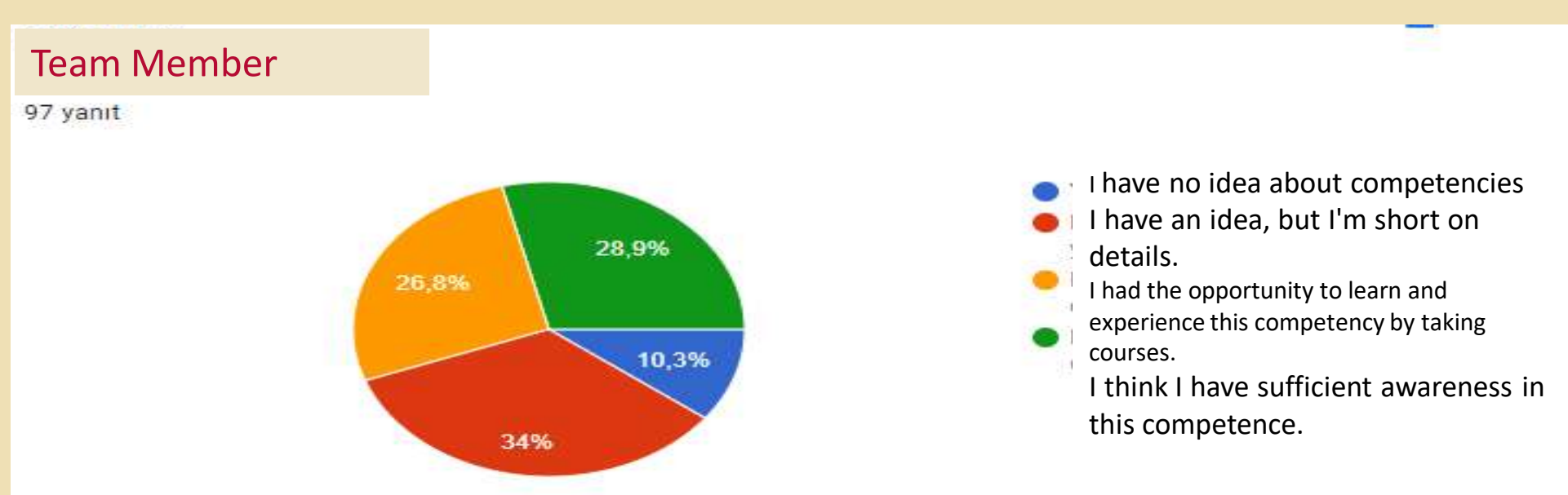
In the workshop, all students were divided into 8 groups according to the number of competencies, each group worked on a single competency with the brainstorming method for 2 hours with resources, prepared presentations expressing what they understood from the competency and shared them with their friends. In the second stage, a meeting was held with the same students in the third year spring semester. A questionnaire consisting of 4 questions including the topics of graduate competencies was applied to the students and their responses to the questionnaire were discussed in the focus group interview. At the end of their 3-year education, students' awareness levels about competencies as well as their perceptions about their ability to harmonize what they have learned with the 8 competency titles were evaluated. The third phase, which is the last part of the application, will be conducted before starting internship.

## RESULTS

In the first 3 years, it was observed that students' awareness of the competency acquisition of the course topics taught in the first 3 years was at the level of 15-30%, and the titles of 'Communicator, Team member, Lifelong learner, Leading manager' were in the first place.

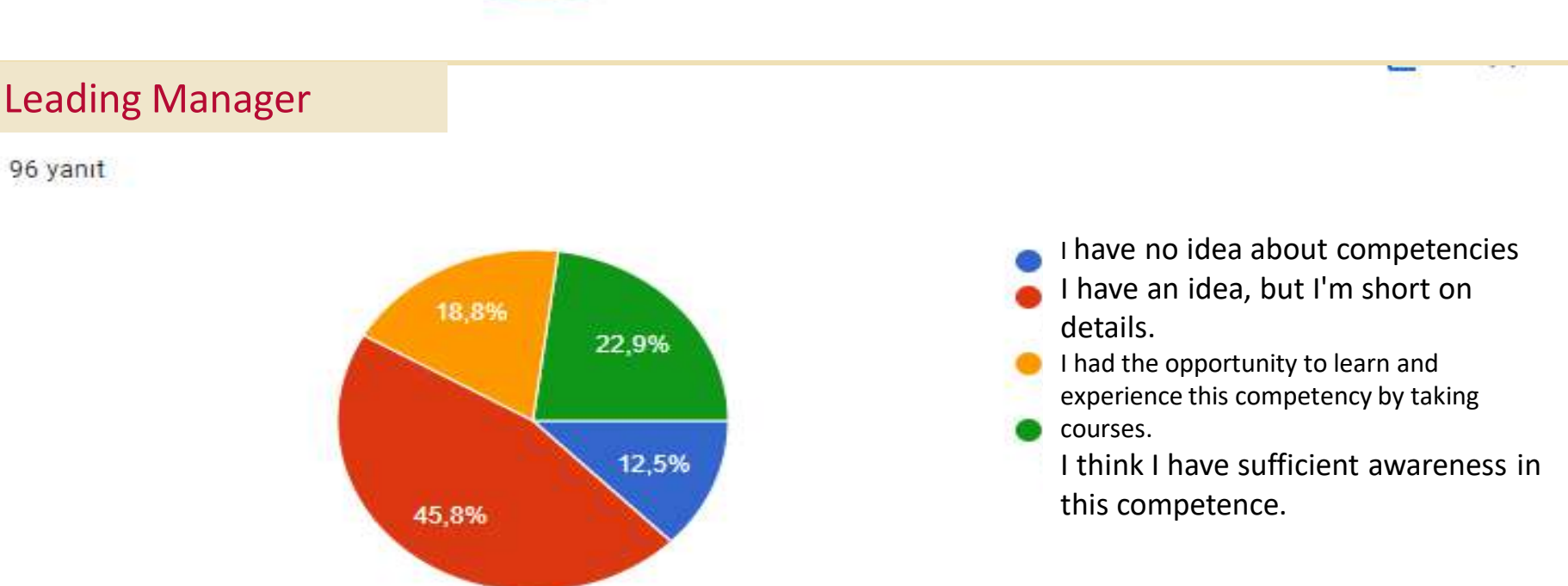
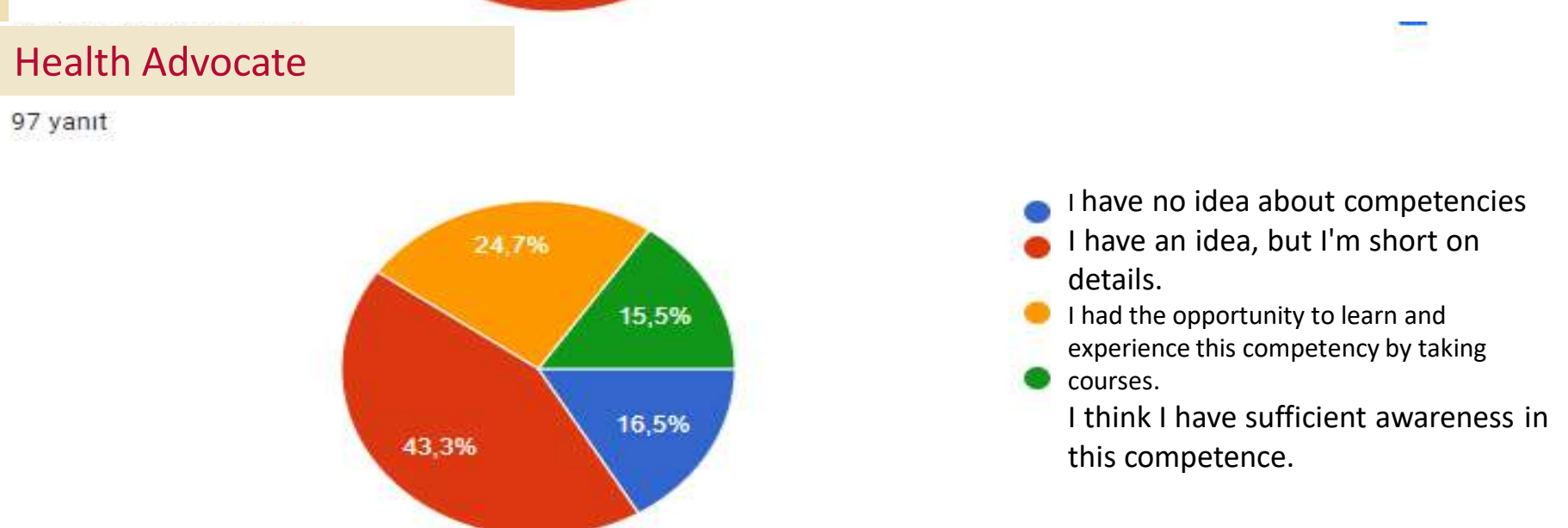
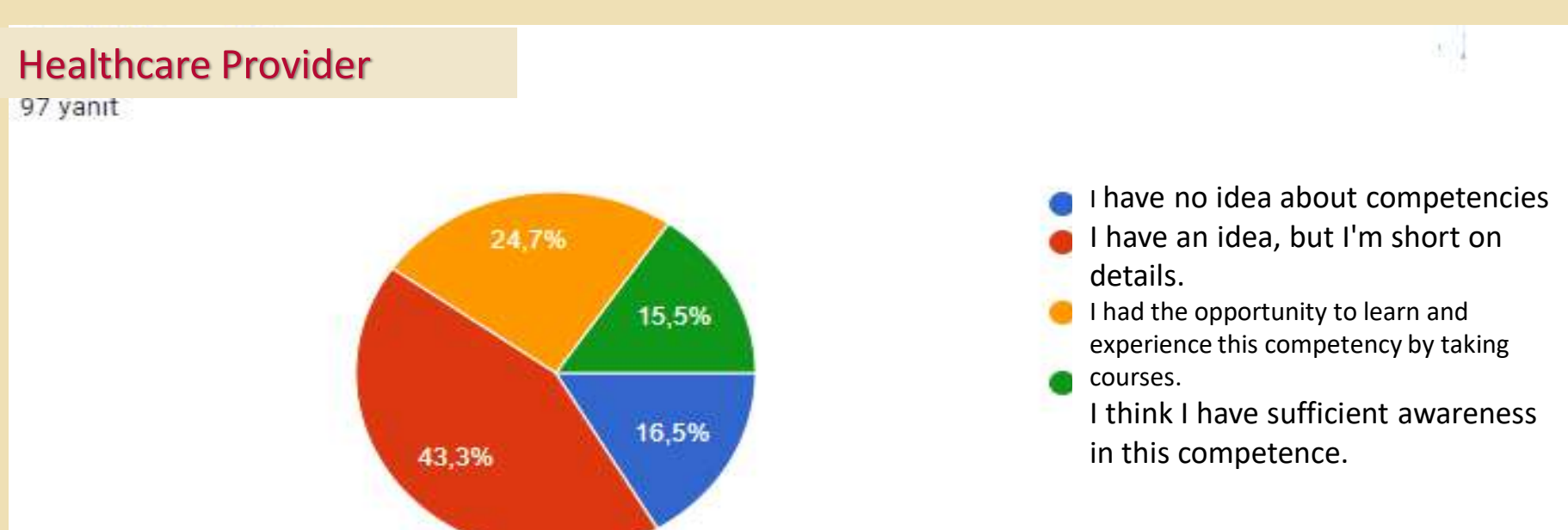
The most striking result in the questionnaire was that the awareness and importance of the title of scientificity was very low and all students agreed on the inefficiency of the course during the focus interviews.

They also expressed that they felt inadequate about ethics during the focus interviews. It was observed that they were able to make associations with competencies by giving examples in the topics with high awareness. The inefficiency of scientificity courses due to faculty members and the low number of courses on ethics were identified as problems. Suggestions were made to the commission for both courses to make necessary arrangements in the curriculum.



## CONCLUSION

We think that it is important to raise awareness of Faculty of Medicine students about their graduate competencies from the first day, to follow their developments, to discuss the current situation with the students with qualitative or quantitative data, and to use the results in program evaluation to train competent physicians who are aware of their achievements.







# A Good Medical Education Model for the Island Country with a Small Population: International Joint Medical Program



Doç.Dr. Amber Eker Bakkaloğlu  
Doğu Akdeniz Üniversitesi Dr. Fazıl Küçük Tıp Fakültesi

## Introduction

The Bologna process, which is taken as a guide in European Higher Education, points out the importance of joint programs in higher education. Joint programs can offer students the opportunity to meet experts and qualified infrastructure. Joint programs in the medical field are limited in number.

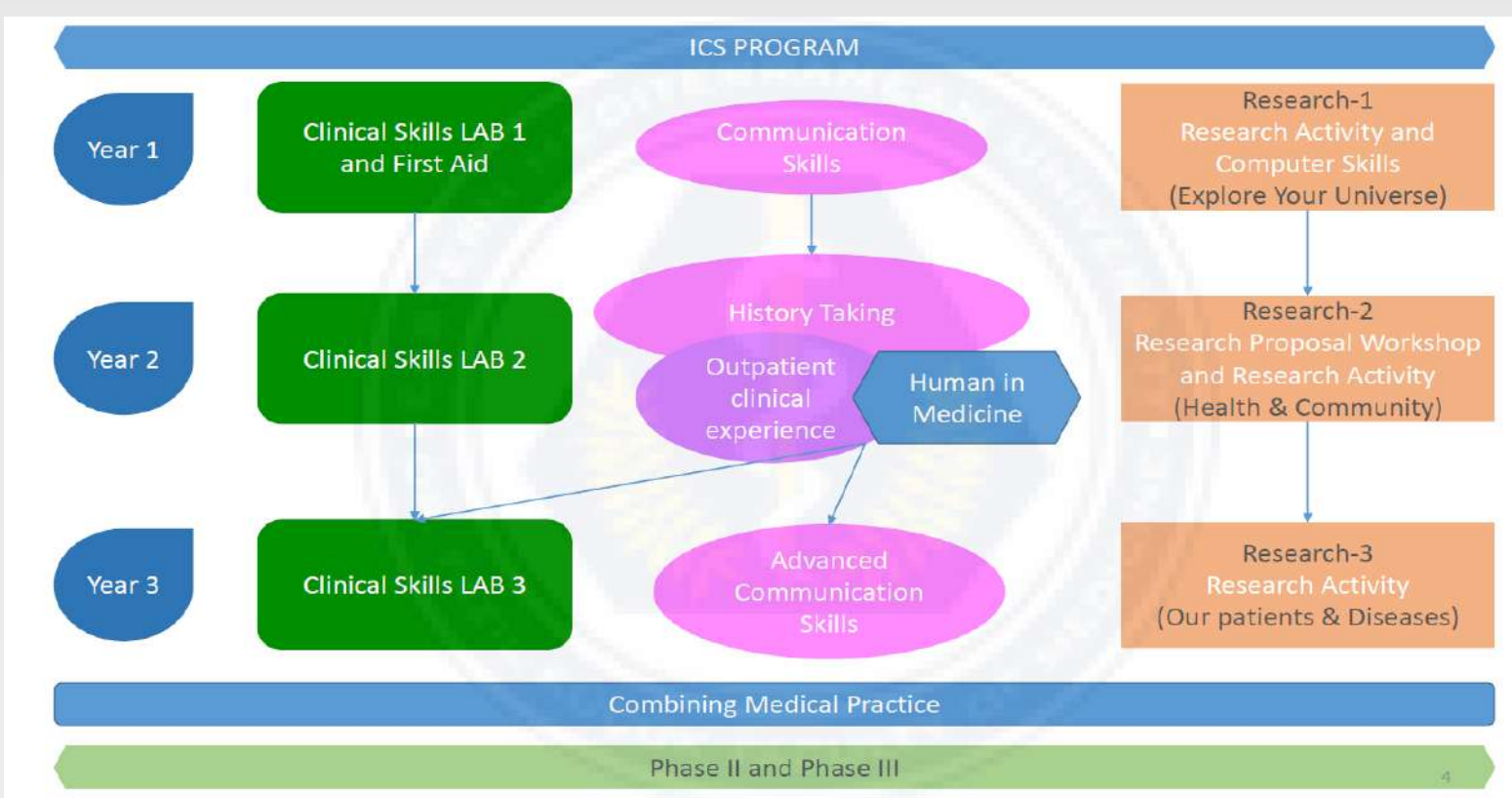
## Marmara University – Eastern Mediterranean University International Joint Medical Program

A decision was made to plan the new medical education program to be opened as a "joint program" in cooperation with a well-established and accredited medical faculty in 2012, to create a medical program that complies with higher education standards and meets the requirements of the national core education program. The manpower and infrastructure opportunities of the Marmara University (MU) and Eastern Mediterranean University (EMU) were brought together and the "International Joint Medical Education Program" was created. A medical education model, recommended to ensure compliance with standards in medical education in countries with a population of less than 3 million, was implemented in the Turkish Republic of North Cyprus (TRNC) with the cooperation of two faculties with this solution.

## Education

The Pre-clinical education period is carried out by faculty members of EMU and MU Faculty of Medicine in TRNC. The clinical training period is carried out in MU in Istanbul, integrated with MU Faculty of Medicine students.

PRE-CLINICAL PERIOD (Year 1-3)	CLINICAL PERIOD (Year 4-6)	
<p>PHASE 1</p> <p>-- Committees --</p> <p>-- Introduction to Clinical Skills --</p> <p>-- Electives --</p> <p>-- Turkish Lectures --</p>	<p>PHASE 2 (Year 4-5)</p> <p>-- Block/Clerkship Programs --</p> <p>-- Professionalism Program --</p> <p>-- Electives --</p>	<p>PHASE 3 (Year 6)</p> <p>-- Block/Internship Programs --</p> <p>-- Professionalism Program --</p> <p>-- Electives --</p>

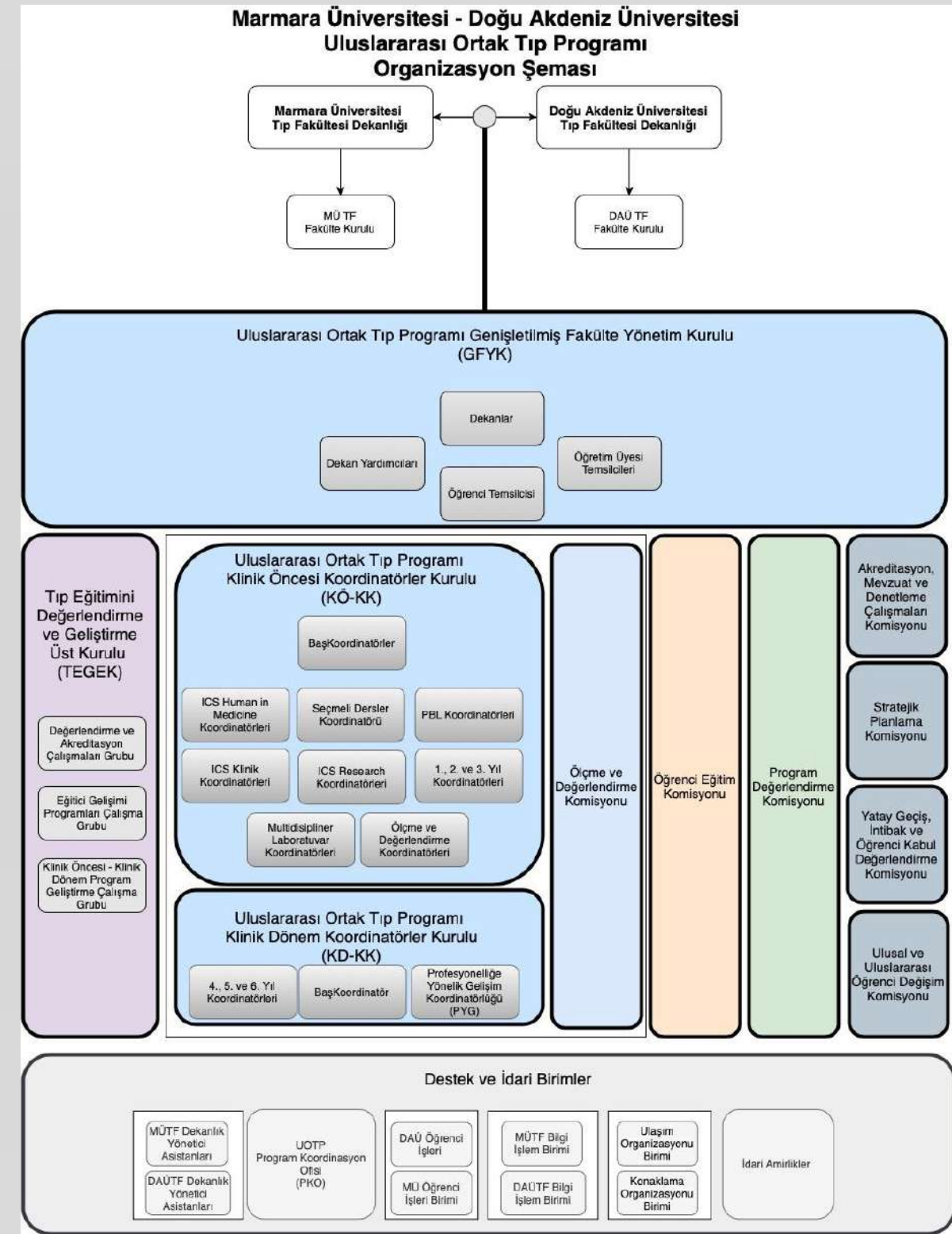


Phase 1 training program was created in parallel with the MU Faculty of Medicine program. A Total of 20 faculty members from EMU Faculty of Medicine and a total of 140 faculty members from MU Faculty of Medicine contribute to the Phase 1 education. EMU Faculty of Medicine covers approximately 60% of the Phase 1 course load, and MU Faculty of Medicine covers approximately 40%. The Problem Based Learning (PBL) sessions and laboratories in the committees and the Introduction to Clinical Skills (ICS) program are mainly carried out by EMU Faculty of Medicine instructors. For theoretical courses, a joint course distribution plan is made with the relevant department. Phase 2 training is carried out by MU and EMU monitors joint program students.

## Diploma

Graduates are given a diploma with the joint signature of two university rectorates and medical faculty deans.

## Administrative Organisation



## Evaluation of the International Joint Medical Program

International Joint Medical Program offers a program to TRNC, Turkey and other international students mostly in the nearby geography, without exceeding a certain number of students, which can compete with the rapidly increasing medical faculties all over the world and complies with global medical education standards.

The student opinions received within the scope of the program evaluation system also reflect satisfaction with this structure. It was stated that, Joint Medical Program students will be given the opportunity to receive an education where interaction with the trainer is at a higher level in small groups for pre-clinical education, and to see a large number and a wide range of patients accompanied by professionals for clinical education, and to get to know both geographies.

### Joint Medical Education Programs: Examples from around the world

- University of Newcastle/University of New England Joint Medical Program
- St George's University of London/University of Nicosia Medical School
- University of California (UC), Berkeley/UC, San Francisco Joint Medical Program
- Charles Sturt University/Western Sydney University Joint Program in Medicine
- St George's University, Grenada Medical Program in the partnership with hospitals in United States, United Kingdom, Canada and Grenada

## Conclusion

Joint medical programs do not have a standard structure. There are joint programs in the same country. There are programs carried out in two different countries.

There are some models who have been training and resource partners since the first year with two separate programs. (eg. Joint Medical Program in Australia)

There are some models who continue the pre-clinical period with their own resources and program and only partner for the clinical period or internship. (eg. Joint programs other than MU-EMU Program in TRNC)

It is noteworthy that other joint programs that have become widespread in TRNC need to be inspected to ensure the necessary basic standards in medical education.

Our program structure was created in parallel with the MU Faculty of Medicine program and updated with the development and evaluation results of the program and in accordance with the national core education program.

Educational and infrastructure facilities are brought together with the aim of ensuring the continuity of standards.



## **Accreditation Application Process within the Framework of "Good Practices"**

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The concept of accreditation, which is borrowed from French, is defined as "equivalence" in the Dictionary of the Turkish Language Association. In the case of Faculties of Medicine, the accreditation process can be summarised as ensuring compliance with international standards for training "good physicians" and keeping institution-specific continuous improvement mechanisms in place in this context. In our country, accreditation of pre-graduation medical education programmes is carried out by the Association for Evaluation and Accreditation of Medical Education Programmes (TEPDAD). Within the scope of the application, in addition to TEPDAD trainings, the self-evaluation report prepared with detailed explanatory guides reveals the strengths of the faculties and provides guidance on what needs to be improved.

Accreditation shows the way for our institution to meet the standards set in our country and the world and to be equivalent to other institutions that train "good physicians". In this respect, we aim to discuss our studies and experiences gained during the accreditation application process of the pre-graduate medical education programme of our institution as a comprehensive "good practice example".

The accreditation application process has paved the way for many "good practices" in our institution and shaped the recommendations to be put into use.

Our good practice examples are listed below.

1. Faculty goals and objectives and pre-graduate medical education programme goals and objectives were established with internal and external stakeholders and it was aimed to review them every year. In the workshops we organised in line with TEPDAD recommendations, stakeholders had the opportunity to see and discuss the strengths and weaknesses of the institution and to create common goals and objectives.

2. Integration problems in the pre-graduate medical education programme were tried to be solved through horizontal and vertical integration studies. In this sense, it was ensured that the students started to shape their physician identity at an early stage, especially with the



professional skills training on simulation in the preclinical period and the clinical course sessions added to the programme.

3. Effective use of our comprehensive simulation laboratory was ensured with the trainer trainings held in the simulation centre.

4. Learning objectives in the curriculum have been updated, small group trainings given by the Department of Medical Education on measurement and evaluation and the results of the construct validity tests after the board / internship exams have been shared with the lecturers to improve the quality of the exam.





# Creating a Behavioral, Social, and Human Alignment Table and Report Compatible with Our Course Programs and the National Core Curriculum Program 2020

## Zonguldak Bülent Ecevit Üniversitesi Tıp Fakültesi



**Introduction:** The NCCP-2020 guide encompasses core conditions and sub-conditions pertinent to behavioral, social, and human sciences, which a graduating physician from the Faculty of Medicine may routinely encounter at the primary care level and must be proficient in managing. This guide presents the Behavioral, Social, and Human Sciences core list, comprising a total of 35 primary statuses, along with their corresponding sub-situations. Our objective was to assess the alignment of our faculty's educational program with the Core List of Behavioral, Social, and Human Sciences, identify any missing main and sub-headings through a report, and subsequently update our course programs accordingly.

**Materials And Methods:** During the 2022-2023 Academic Year, a team consisting of members from the Undergraduate Education Committee was formed under the moderation of the Vice Deans. Informative meetings were held with all departments regarding the main and sub-conditions of Behavioral, Social, and Human Sciences. The departments worked on aligning their educational programs with NCCP-2020. To ensure standardization, all departments were required to enter data. Educational coordinators were asked to mark the correspondence of each condition in the educational program. Interim briefing meetings and reminders were conducted throughout this process. As a result, all departments completed their data entry, and the Behavioral, Social, and Human Sciences report of our Faculty was compiled.

**Results:** Upon examination of the main and sub-headings, courses that were not included in our curriculum were identified. Suggestions from relevant departments regarding missing subheadings were received. Some main and sub-headings have been integrated into the curriculum as new course titles (Table 1). Additionally, it is planned to present some main and sub-headings that cannot be integrated as a course title to our students through seminars. Seminar requests have been communicated to the relevant faculties and institutions, and the planning has been completed.

**Conclusion:** It is crucial to update the main and subheadings within the NCCP-2020 Behavioral, Social, and Human Sciences Table to align with the needs of society and integrate them into the curriculum. This integration will empower graduates to effectively address these situations by acquiring the essential competencies. By holding regular meetings with all internal stakeholders and collaborating with an experienced team within our faculty, we have developed an updated Behavioral, Social, and Human Sciences Matching Table and Report in line with the current NCCP standards. This initiative has resulted in enhancements to our program.

Table 1: Main and Sub-Condition Headings Integrated into the Course Program

YEAR	DEPARTMENT	COURSE TITLE	MAIN AND SUB-HEADINGS IN NCCP-2020
3	Public Health	Migration and Healthcare	1.Discrimination, Bias, Stigmatization: a.immigrants 7.Migration: a) War/Terrorism and Migration, b) Refugees, c) Internal Migration, d) Economic Migration, e) Climate-Induced Migration, f) Migration of Healthcare Workers
3	Public Health	Sensitive Groups in the Workforce	6.Child Neglect and Abuse: c. Child Labor 12. Unemployment and poverty: b. child labor
3/6	Public Health	Health of Healthcare Professionals	9.Physician Well-being: a) Intimidation, b) Excessive Workload and Burnout, c) Professional Alienation, d) Sense of Belonging, g) Job Satisfaction, h) Economic Well-being, i) Managerial Processes, Occupational Health and Safety, j) Loss of Benefits 21.Violence against healthcare professionals: b) Disruption/Obstruction of Healthcare Services, c) Violence Against Interns and Trainee Students





# Executing Case Discussion Lessons with Interactive Presentation Tools: Sample of Ege University Faculty of Medicine



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## Introduction

Mentimeter Interactive Presentation Software allows students to ask and answer interactive questions during presentations. This study aims to share the results of the pilot application of Mentimeter with Ege University Faculty of Medicine 3rd year case discussion courses in which learners directly participate in the course using mobile devices and the effect of this interaction on the learning motivation of the learners.

The importance of the study is to develop methods that enable medical students to actively participate in case discussions and receive instant responses about their answers and thus receive feedback, which is the most important reinforcement of learning, in a mass and rapid manner. Participation and instant feedback via mobile devices can increase the motivation of learners and, according to the achievement goal theory, motivate them and lead them to success. Furthermore, the use of Mentimeter can facilitate the assessment of various competencies in medical education and overcome the limitations of traditional case presentations.

## Execution Method

The key points about the execution of the method are as follows;

1. The educators submit the slides and case questions prepared in accordance with the drafts to the instructional technologist 15 days before their session in the form of a presentation.
2. The number of cases and related questions is left to the educator's initiative according to the course content and duration.
3. After the presentations are integrated into Menti by the instructional technologist, a link is sent to the educators for revision and the Menti presentations are finalized.
4. During the session, the discussion of the students' answers to the case questions is done in a correct order from wrong answers to correct answers.
5. The rule of faster response more points is applied to the questions. And at the end of the session, it is suggested to give symbolic rewards to successful students across the course questions using the leadership podium feature.
6. Access to the Menti application and technical support during the session is done by the 3rd year student representative.

## Snapshots



Figure 1. Enter the interaction



Figure 2. Case questions and responses

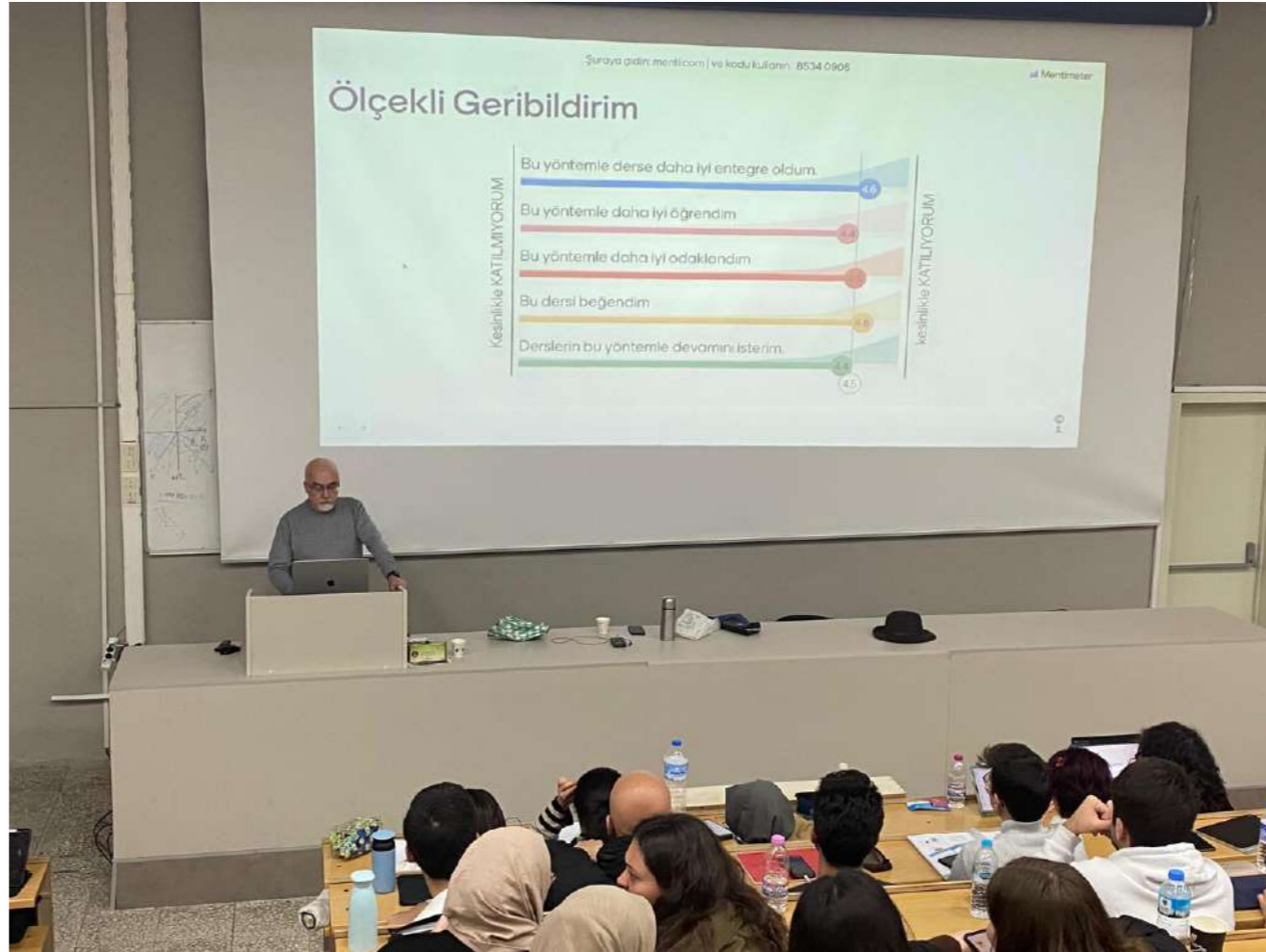


Figure 3. Session feedback from learners



Figure 4. Leadership Podium



Figure 5. Clinical Examination with Educator (Award)

## Results

The pilot implementation of this method was carried out on December 11, 2023, for the entire execution process in the Dyspepsia course. In this pilot implementation, it was observed that 159 out of 165 students (350 students in total) answered all the fact questions and 66% of the answers were correct. In addition, 72% of the students reported that they were better integrated into the course with this method, 63% reported that they learned better with this method, 72% reported that they focused better with this method, 78% reported that they liked this course and 74% reported that they wanted this method to continue.

## Conclusion

Menti provides students with the opportunity to ask and answer interactive questions and ensures their active participation in the learning process.

It is thought that the implementation of this practice, especially by integrating it with case discussion lessons, is a good practice example in the context of Medical Education and is expected to have a positive impact on students' learning motivation and clinical decision-making skills.

## Additional Videos





Begüm ŞAHİN<sup>1</sup>, İlknur KESKİN<sup>1</sup>

<sup>1</sup> Istanbul Medipol University, Department of Histology and Embryology Istanbul, Turkey

## Introduction

Studies have shown that game-based learning is beneficial compared to traditional methods. This type of learning increases students' motivation and participation. Game-based learning applications such as Kahoot!, Quizziz, Quizlet, and Socrative are frequently used in medical education.

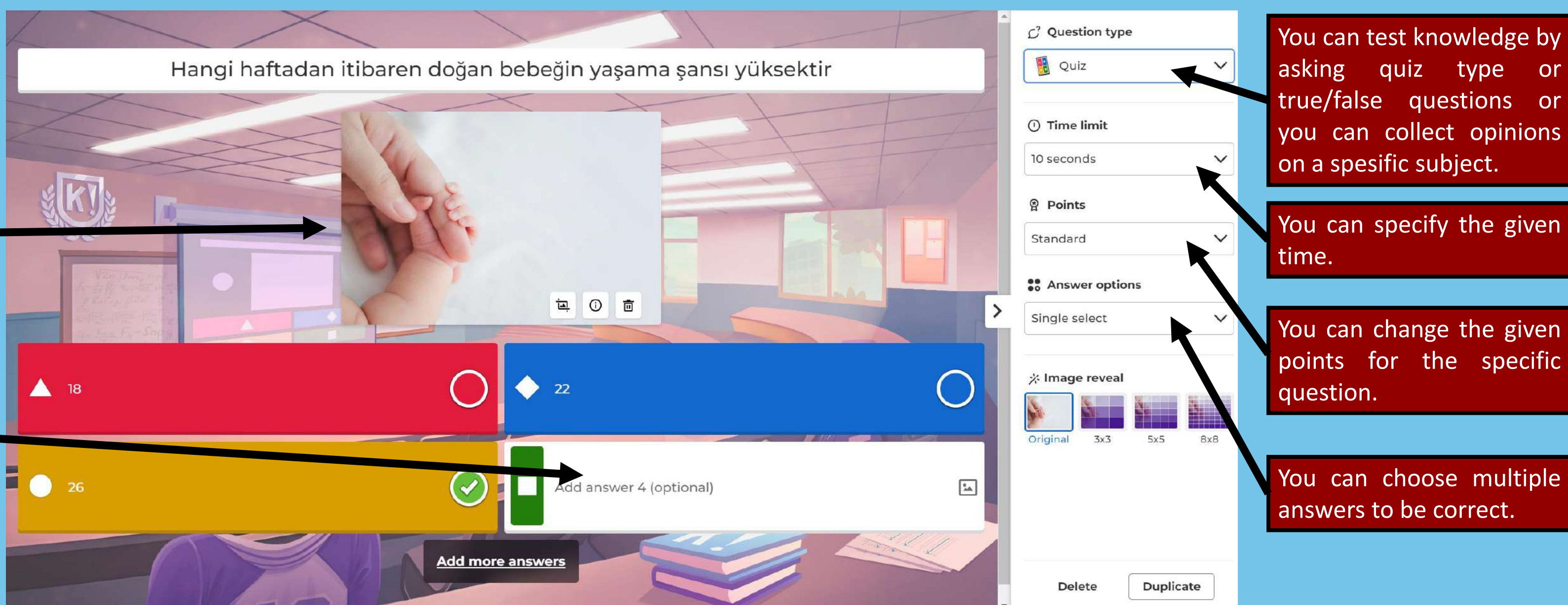
Kahoot is a learning-based quiz game used as educational technology in educational institutions. Kahoot is a game and entertainment-based learning portal that can be accessed via any smart device with an internet connection. In other words, Kahoot is a platform that facilitates learning by gamifying it.

Since March 2013, the Kahoot application has been a part of our lives and is an online platform that provides a fun and interactive learning experience that attracts the attention of students in medical education.

Teachers create various tests, quizzes, or surveys to support academic achievement by providing a game-based interactive learning method. The competition and scoring elements create a competitive environment among students, motivating them. The Kahoot! application provides a comprehensive perspective to students by combining the content of various courses in terms of medical education. It facilitates real-time performance evaluation by educators, providing feedback. This allows students to quickly identify their deficiencies before exams. The Kahoot! application used in histology lessons allows the effective and permanent learning of the names and morphological features of the tissues, organs, and cells covered at the end of each lesson.

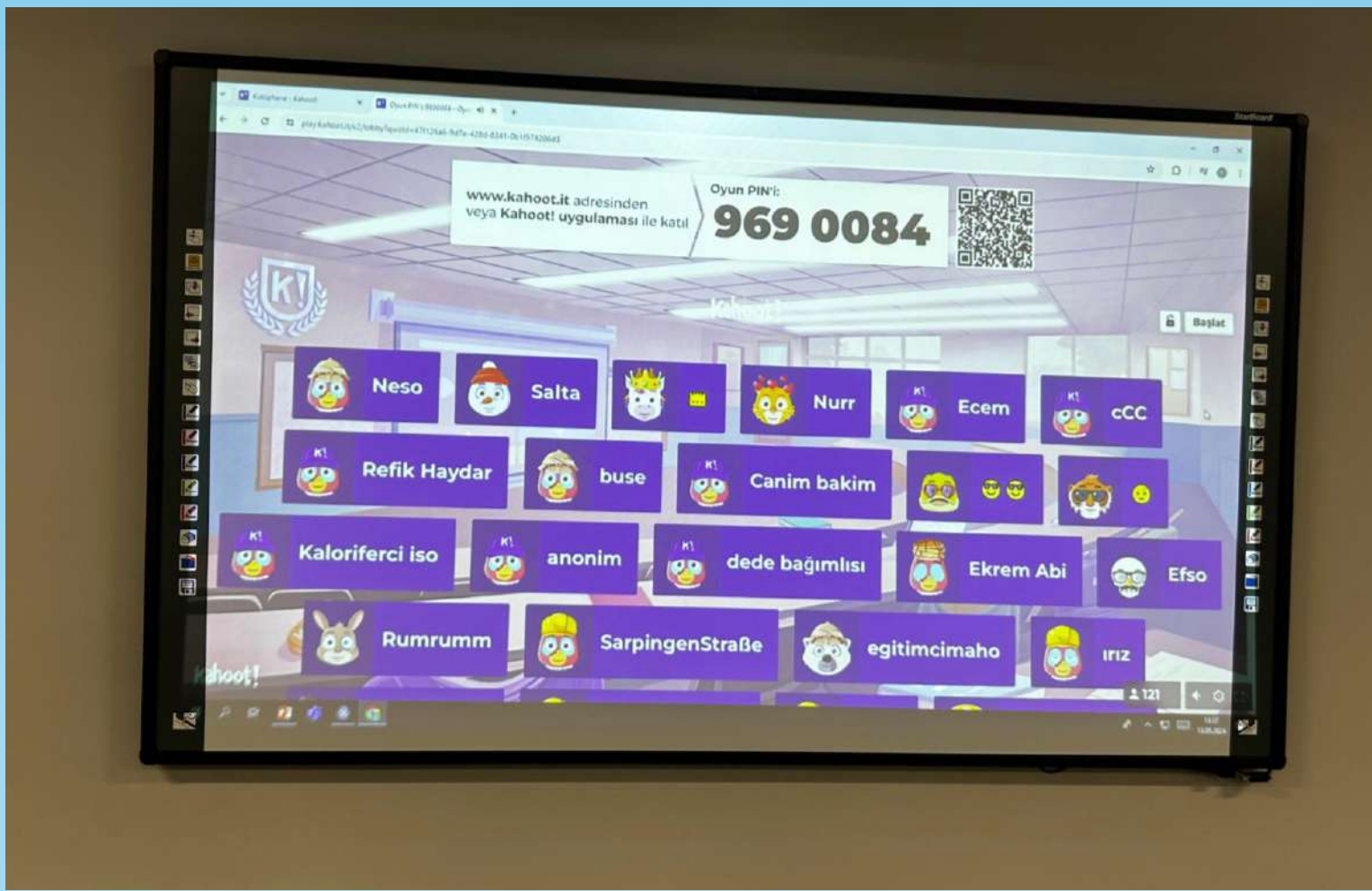
We can use it for free, but we can create an annual paid subscription to reach more users. After creating an account, we can prepare questions in the category we want or mixed, add visuals to the questions, and set the response times ourselves.

## Method

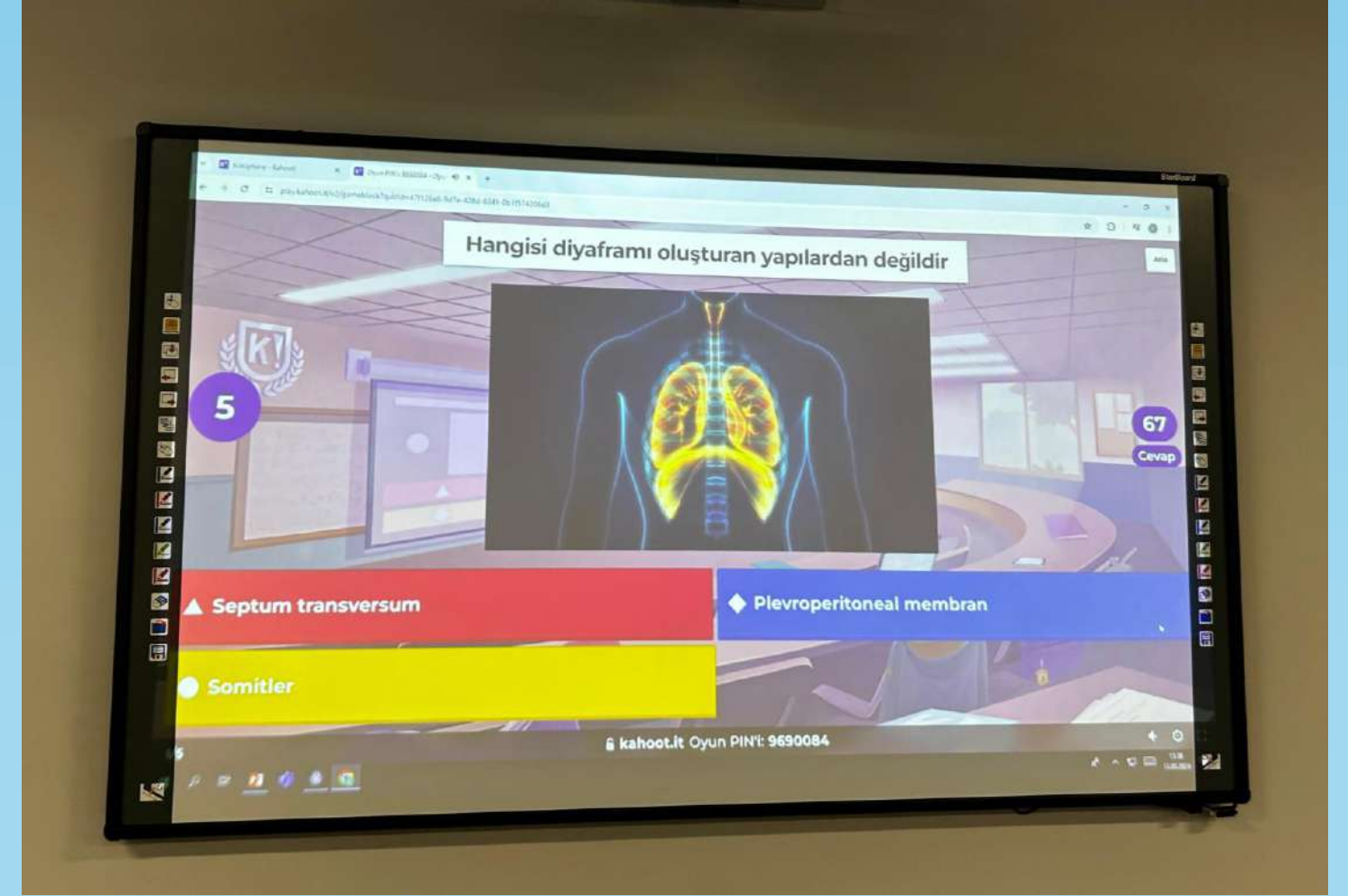


**Figure 1.** Question Creation Screen

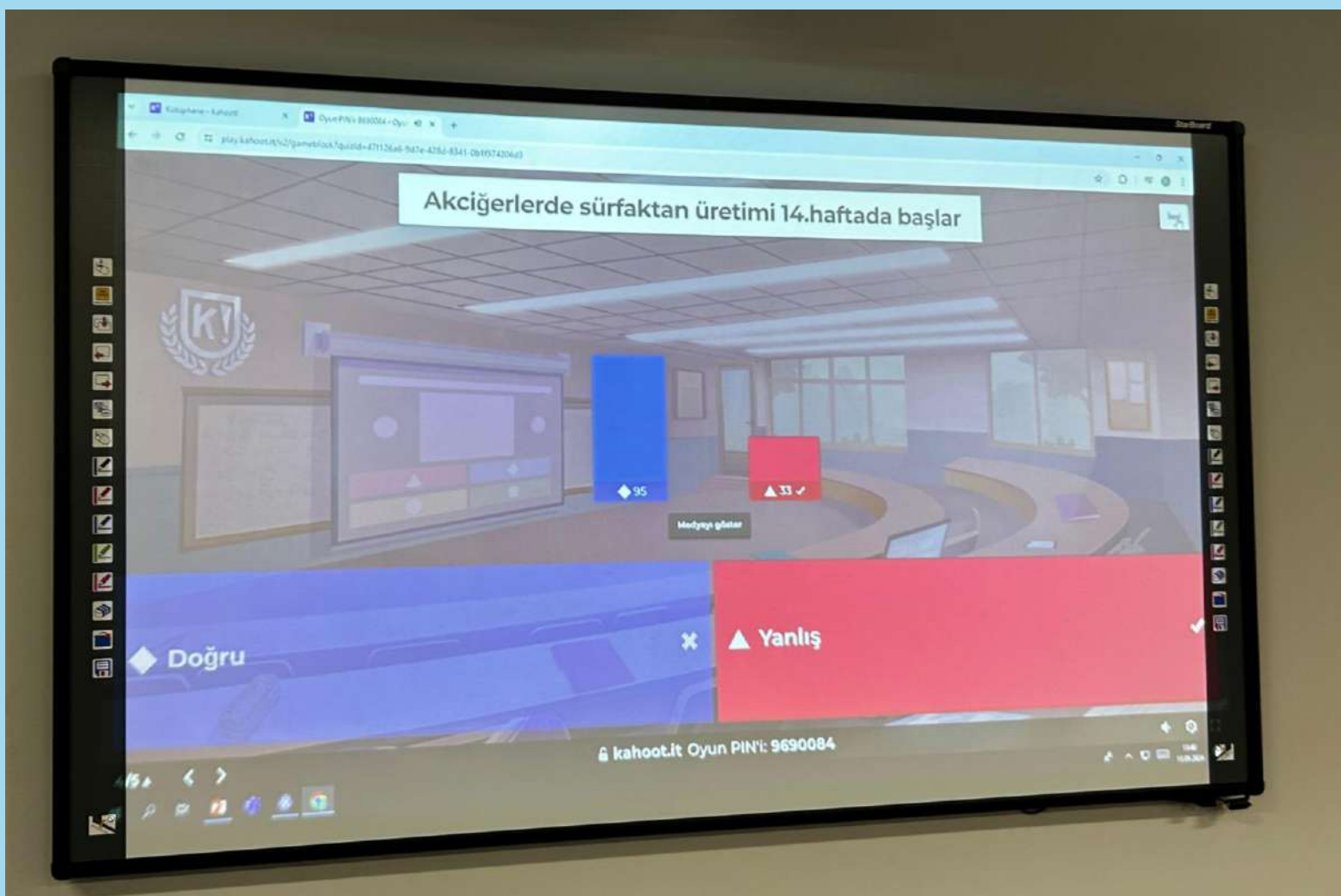
In our Histology and Embryology courses for Medicine 1 and Medicine 2, we connect to the Kahoot application from our own account following the completion of 2-3 topics depending on the intensity of the topic. Students who enter the Kahoot application with their mobile phones can connect instantly with PIN or QR code and use the application. The primary expectation is to mark the correct answer, and among the correct answers, it is important to mark quickly. After the questions are over, the system automatically evaluates and reflects the top 3 degrees on the screen. We appreciate the success by giving small rewards to the students who rank.



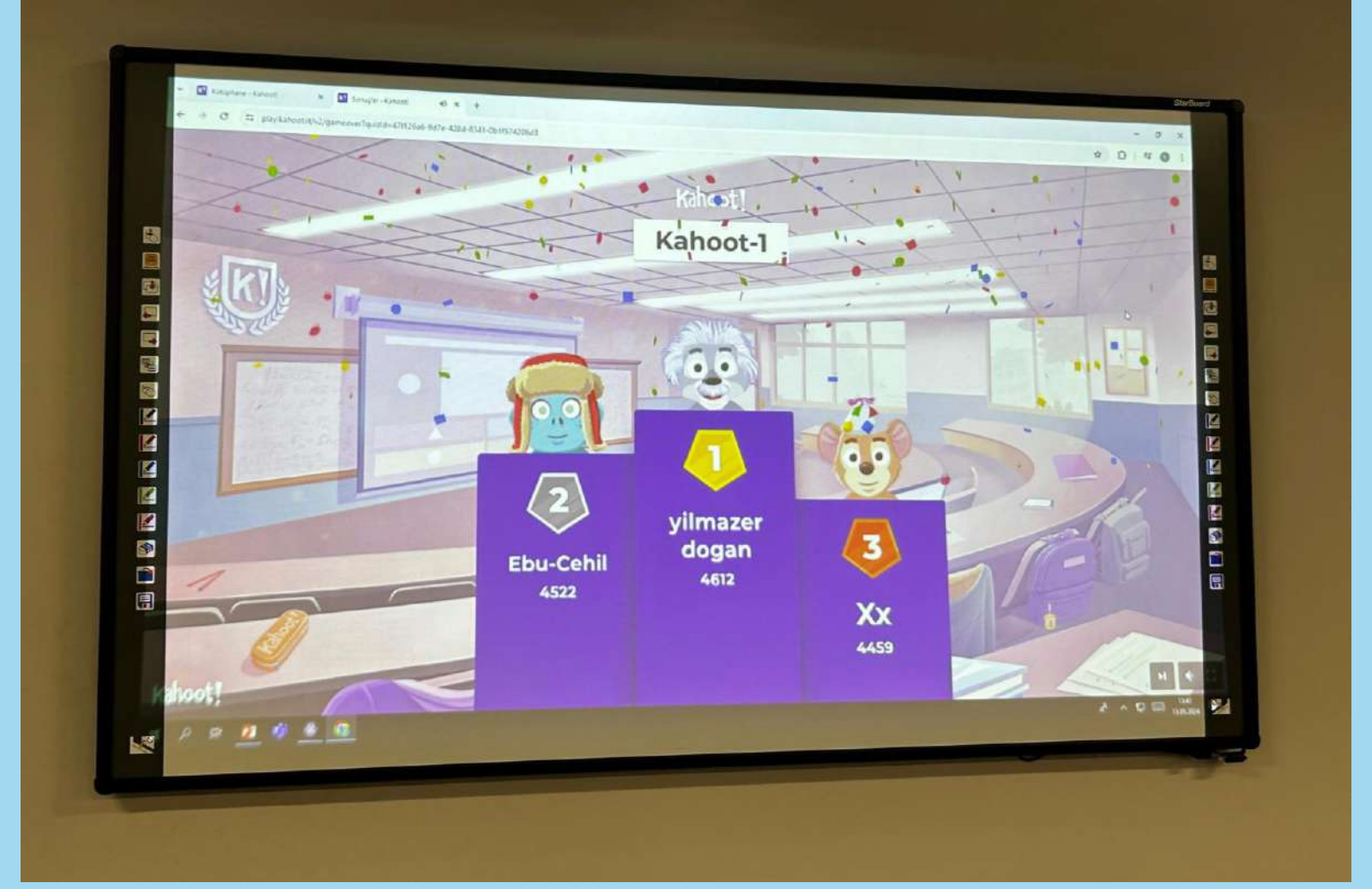
**Figure 2.** Participation Screen



**Figure 3.** Multiple Choice Question Example



**Figure 4.** True-False Question Result Screen



**Figure 5.** Final Screen (Top 3 Students)

## Conclusion

One of the most important issues for an educator is to make our educational content understandable and rich. Students review their information and have the chance to see the types of questions that can come up on the topic.

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## ELECTRONIC INTERN LOGBOOK USE IN UNDERGRADUATE MEDICAL EDUCATION

**INTRODUCTION:** THE ELECTRONIC INTERN LOGBOOK DEFINES THE EVALUATION DOCUMENT THAT INCLUDES THE ATTITUDES AND BEHAVIORS THAT INTERNS ARE EXPECTED TO ACQUIRE. IT IS PREPARED BY THE RELEVANT DEPARTMENTS IN LINE WITH THE EDUCATIONAL OBJECTIVES OF THE FACULTY. ELECTRONIC INTERN LOGBOOK HAS BEEN ACTIVELY USED IN OUR FACULTY SINCE THE 2021-2022 ACADEMIC YEAR. IN OUR STUDY, WE AIMED TO DETERMINE THE REALIZATION RATE AND DISTRIBUTION OF BASIC MEDICINE PRACTICES DETERMINED IN INTERNSHIP EDUCATION USING THE ELECTRONIC INTERN LOGBOOK.

**METHOD:** OUR STUDY IS A RETROSPECTIVE OBSERVATIONAL STUDY. ELECTRONIC INTERN LOGBOOK DATA OF A TOTAL OF 296 INTERN STUDENTS (143 FEMALE AND 153 MALE) WERE ANALYZED. INTERNSHIP TRAININGS WITH A COMPLETION RATE OF 100% OR MORE OF THE DEFINED BASIC MEDICAL PRACTICES WERE CATEGORIZED AS 100%. THE CATEGORIES OF COMPLETION OF INTERNSHIP TRAINING WITH THE DEFINED BASIC MEDICAL PRACTICES WERE COMPARED WITH ONE-WAY ANOVA AND SINCE THERE WAS A SIGNIFICANT DIFFERENCE, THE CATEGORIES WERE COMPARED IN PAIRS WITH TUKEY TEST.

### RESULTS:

Defined, actual and realization rate averages of basic medicine practices in internship education	$\bar{x} \pm SSx \pm SS$	Comparisons between the number and realization rate of basic medicine practices in internship education	Basic medicine practices $\bar{x} \pm SSSx \pm SSS$	p	Difference
Defined	96,32 $\pm$ 141,94	<%60 (A)	54,57 $\pm$ 90,41	<0,001*	A<B,C,E<D
Actual	108,07 $\pm$ 187,78	%60-%70 (B)	92,84 $\pm$ 120,76		
Realization Rate (%)	85,42 $\pm$ 21,25	%70-%80 (C)	106,46 $\pm$ 132,1		
		%80-%90 (D)	141,51 $\pm$ 180,09		
		%90-%100 (E)	100 $\pm$ 147,07		

**CONCLUSION:** IN OUR STUDY, IT WAS FOUND THAT THE REALIZATION RATES OF INTERNSHIP TRAININGS WITH A LOW NUMBER OF DEFINED BASIC MEDICINE PRACTICES WERE LOW, WHILE THE REALIZATION RATES OF INTERNSHIP TRAININGS WITH A HIGH NUMBER OF DEFINED BASIC MEDICINE PRACTICES WERE HIGH. IT IS THOUGHT THAT THE REASON FOR THE HIGH FREQUENCY OF BASIC MEDICINE PRACTICES PERFORMED BY THE INTERNS IS DUE TO THE SITUATIONS FREQUENTLY ENCOUNTERED IN THE CLINICS.

Prof. Dr. Erdoğan ÇETİNKAYA  
University of Health Sciences  
Dean of Hamidiye Medical Faculty



**TEPDAD & WFME**  
GOOD PRACTICE IN MEDICAL  
EDUCATION SYMPOSIUM  
2024



# OPEN DOOR PRACTICES

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## BACKGROUND AND AIM:

National Core Education Program 2020 (NCEP 2020) includes basic clinical skills and every medical school should make their curriculum based on this program. According to this program each clinical skills have different competency level from 1 to 4 and students should perform the skills many times according to the accepted levels until graduation. So the physicians graduating from medical school are expected to be competent and proficient in basic clinical skills. For this purpose, students should perform more basic clinical skills during their training at the skills laboratory. However, with the increasing number of students, it is uncertain whether students do indeed perform the listed basic skills individually during their education. Not only increasing number of students but also after Covid 19 pandemia, online education caused insufficient practices at the medical schools. In the spring semester of 2023, Biruni University Faculty of Medicine initiated an application called 'Open Door', which enables students to perform clinical skills at the skills laboratory individually with the educators until being competent. Our purpose for this practice was to perform basic clinical skills with undergraduate medical students many times that are of vital importance for daily clinical work after graduation and feel themselves competent.

## MATERIAL METHOD

Curricula of the open door is based on basic clinical skills which is described at the 3-4 level in NCEP 2020. In NCEP 2020 especially level 3 and 4 basic clinical skills are described as uppermost level that can be done by themselves without trainer. All classes from first to 6th year students can participate in, and given the opportunity to participate in the program by appointment. Since the skills will be performed individually by the students, the number of participants is limited to 15. Students are also given the opportunity to participate in the skills again until they feel competent. The faculty member demonstrates the skill and then the students perform it. During the performance of the clinical skills, students are assessed as incompetent, partially competent or fully competent. If the students, especially 4-5-6th grade, perform the skill competently, they support the education in the role of peer educator. If they are partially competent or incompetent they are invited to make skills again and again. Some basic clinical skills level 3-4 according to NCEP 2020 are shown in Table I. Attendance for skills is supported by software and students were notified about the application by sending a message when the application was opened. Also the new developed software shows the number of activities, the number of student participation, identifies those who do not participate, and provides opportunities such as excluding them from the next practice and determining their level of competence in the skill. Feedbacks about clinical skills and students satisfactions also were taken.

TABLE-1: Basic Clinical Practice List Included in Open Door (NCEP-2020)

IVM, SC, ID Injection	Abdominal Examination
Superficial Suture and Removal	First Aid
Ability to measure blood pressure	Child Examination
Ability to Apply Basic Life Support	Ability to take arterial blood gas
Adult Physical Examination	Emergency Airway Management
Intravenous Cannulation	Ability to Interpret ECG
Blood Collection	Ability to Insert a Urinary Catheter
Ability to make and prepare splints	Gynecological Examination and Pap-Smear Obtaining
Ability to insert a nasogastric catheter	Ability to teach breast self-examination
Matrix and Subcuticular Suture	Neonatal Examination
Prepare the drugs correctly	Pregnancy Examination
To be able to access current literature information and to read critically	Ability to Issue Prescriptions
First Intervention to Trauma Patient	Neurological Examination
Ability to Issue Forensic Case Notification	Ability to Provide Advanced Cardiac Life Support
To be able to apply the principles of evidence-based medicine in the clinical decision-making process	Ability to Perform Dix Hallpike Test and Epley Maneuver

## RESULTS

Nearly 600 of 1200 students have participated in the 'Open Door Practices' since its inception. Mostly preferred clinical skills were blood sampling, ability to superficial suturing, ability to insert nasogastric catheter, intramuscular, subcutaneous and intradermal injection, blood pressure measurement, cardiopulmonary resuscitation, physical examination, blood sampling and ability to insert urinary catheter. After training 46% were found to be proficient, 53% were found to be partially proficient, and 1% students was found to be at a level where they could be a peer educator. Students love the opportunity to practice on their own, and if the practice is something that will be frequently encountered in life or has a cool name like suturing, there is a lot of demand.

Feedbacks of students were as follows;

- ❖ *We were very satisfied with the application and that they felt more competent due to the opportunity to practice the skills individually.*
- ❖ *I liked every aspect of the training, but most of all I liked the way the teacher took care of us one by one.*
- ❖ *The best thing about the university is the open door practices.*
- ❖ *We tried what we learned in the training on each other and we loved it.*
- ❖ *These lessons contribute a lot to our education. Since the number of participants is limited, we all have a chance to try. All of our teachers are very sweet and wonderful teachers. Thank you very much to the teachers who made this system.*
- ❖ *It's a great practices for us to improve ourselves. Thank you to those who made the system.*



## DISCUSSION

Recently since inevitably increasing students number of students in medical schools, graduates' performance of basic skills below the expected level. Since it becomes problem for education, medical schools should take some precautions. Discrepancy between expectations and experience can be reduced by providing opportunities for students to master basic procedural skills during their formal undergraduate curriculum.. Also there are studies showing that only curriculum content is not enough to improve their skills and that additional practices are needed.

## CONCLUSION

As a result our 'Open door' practice, which has very high level of student satisfaction, is a good practice in reaching the desired level of skill competencies in basic clinical practices Therefore, the basic medical practice skills in medical faculties should be reinforced through alternative educational methods beyond the regular curriculum.»

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# Gaziantep Üniversitesi Tıp Fakültesi İntörn Uyum Programı

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<sup>2</sup>Gaziantep Üniversitesi Tıp Fakültesi, Tıp Fakültesi Dekan Yardımcısı

<sup>3</sup>Gaziantep Üniversitesi Tıp Fakültesi, Tıp Eğitimi ve Bilişimi Anabilim Dalı

**Giriş ve Amaç:** Ulusal Tıp Eğitimi Akreditasyon Kurulu (UTEAK) tarafından oluşturulmuş olan, "Mezuniyet Öncesi Tıp Eğitimi Ulusal Standartları" belgelerinde de belirtildiği gibi: - "İntörlük dönemindeki eğitim programı hekimlik yaşamına transfer edilecek bilgi, tutum ve becerileri pekiştirecek şekilde uygulanmalıdır." - "Tıp fakültesinde klinik eğitim ortamlarında çalışan stajyer ve intörlerin görevleri, sorumlulukları ve ummaları gereken kurallar net bir şekilde yönergelerle tanımlanmış olmalıdır. Çalışılan birimlerin özellikleri doğrultusunda gereklilikler ayrıntılandırılmalıdır." (1)

Fakültemiz intörn uyum programının amacı: İntörlük eğitimi süresince öğrencinin eğitim ortamının değiştiği ve yeni gelişmelere açık her durumda uyum eğitimi vermeyi, görevleri ve sorumlulukları tanımlanmayı amaçlamaktadır.

İntörn uyum programının içerisinde El Yıkama, İzolasyon Önlemleri ve Atık Yönetimi, Acil Durum Kodları, Çalışan Sağlığı, Çalışan Güvenliği Birimi ve Risk Yönetimi, Hekimin Görev, Yetki ve Sorumlulukları, Tıpta İletişimin Önemi ve İletişim Yolları, Doktor Hasta İletişiminde Temel Noktalar ve Zor Hasta ile İletişimi konu başlıkları bulunmaktadır. Bu eğitimi tamamlayan öğrencilerimize onaylı katılım belgesi verilmektedir.

Anlatılan Ders Konu Başlıkları
El yıkama, İzolasyon önlemleri ve Atık yönetimi
Acil Durum Kodları
Çalışan Sağlığı ve Çalışan Güvenliği Birimi
Hekimin Görev ve Sorumlulukları
Tıpta İletişimin Önemi ve İletişim Yolları
Doktor Hasta İletişiminde Temel Noktalar ve Zor Hasta ile İletişim
Film ve Tartışma (The Doctor)



**Method:** Fakültemiz Türkçe Tıp Programı akreditasyon çalışmaları kapsamında 2018-2019 eğitim öğretim yılından geçerli olmak üzere Dönem 1 ve 2 müfredatı içerik, işleyiş ve kapsam açısından tıp fakültesi müfredat geliştirme kurulu tarafından ilgili anabilim dalları ile yapılan toplantılar sonucunda yeniden şekillendirilmiştir.

Ayrıca eğitim öğretim programımız iletişim becerileri modülü, temel yaşam destek modülü, Bilim modülü, klinikle ilk tanışma programı, intörn uyum programı gibi modül ve programlarla zenginleştirilmiştir. Bu yazı Fakültemiz Türkçe Tıp Programı akreditasyon çalışmaları kapsamında müfredatımıza eklenen "İntörn Uyum programı" tanımlamaktadır. Fakültemiz Dönem 6 Aile Hekimliği döneminde intörlümüz Acil Tıp, Çocuk Sağlığı ve Hastalıkları, Genel Cerrahi, Halk Sağlığı, İç Hastalıkları, Kadın Hastalıkları ve Doğum, Kardiyoloji, Aile Hekimliği, Cerrahi Bilimleri Seçmeli ve Dahili Bilimler Seçmeli olmak üzere toplam 10 adet staj almaktadır.

Fakültemiz Türkçe ve İngilizce tıp programı Dönem 5'te başarılı olan öğrencilerin İntörn Uyum programına katılım zorunludur.

**Sonuç:** İntörn uyum programı belgelendirilmiş bir program olup farklı disiplinlerden pek çok öğretim üyesinin katılımı ile yürütülmektedir, öğrencilerin İntörn Hekimlik dönemi boyunca karşılaşacakları bir çok sorun ve problemde öğretim üyelerimizin anlatmış oldukları bilgi ve tecrübelerden faydalanmaktadır. 2023-2024 eğitim öğretim dönemi itibari ile toplamda 1400 intörlümüz bu programa katılımış ve belgelerini almışlardır.

**Kaynaklar**

(YOK-Tıp eğitiminde İntörlük çalışması - 2018. [https://www.yok.gov.tr/Documents/Yayinlar/Yayinlarimiz/Tip\\_eg\\_ilieminde\\_intornluk\\_calistavi.pdf](https://www.yok.gov.tr/Documents/Yayinlar/Yayinlarimiz/Tip_eg_ilieminde_intornluk_calistavi.pdf))





# PEER-SUPPORTED DOCTOR-PATIENT CONSULTATION SIMULATION

## İKÇÜ Medical Faculty Example

Doç. Dr. Funda İ. TENGİZ  
İzmir Kâtip Çelebi University Faculty of Medicine / Medical Education Department

Simulation-based education bridges the gap between students' theoretical knowledge and practical applications, enhancing communication skills and teamwork abilities.

In Izmir Katip Celebi University (IKCU) Faculty of Medicine, within the integrated course framework, a structured vertical corridor named "Basic Professional Skills (BPS)" has been established, denoted as BPS101, BPS201, and BPS301.

The Basic Professional Skills corridor has been structured in line with the program competencies and aligned with UCEP 2020 requirements.

### FOR MEDICINE AND HEALTH STUDENTS

### DIRECTORY OF BASIC PROFESSIONAL SKILLS

Educational training for faculty members involved in conducting these sessions, including "small group training and coaching skills," is organized annually. Specific guidelines tailored to the faculty have been created for the skills to be included in the program. Videos demonstrating the skills have been produced, and they are accessible on the University Information Management System (UIMS) page for all registered students. Additionally, reports on whether students have viewed these videos are made available to the relevant faculty members.



The education sessions are organized to utilize mannequins, models, and simulated environments. In this course, students are aimed at being able to apply the necessary basic skills and procedures for medical practice competently and effectively communicate with patients, colleagues, and other healthcare professionals. The curriculum includes both theoretical and practical applications, covering fundamental communication skills as well as clinical communication skills.

During practical exercises, students actively participate in small group activities, applying the knowledge acquired in theoretical sessions. The medical faculty has five fully equipped outpatient clinic rooms. Students use these clinics in groups of five to six individuals, assuming the roles of patient, doctor, and observer, to experience doctor-patient consultations. The student in the patient role applies the patient's role according to the patient directive shared beforehand.



The student in the doctor role starts with welcoming the patient to the clinic, takes the patient's history, and informs the patient. After concluding the consultation, the student in the doctor role receives feedback from the student in the patient role and fellow observer colleagues. This entire process is recorded via camera and shared with the student.



The student in the doctor role reflects by watching the camera recording and fills out a self-assessment form to participate in the feedback session the following week. During this session, the strengths and areas for improvement in the consultations are discussed, the practice is evaluated, and individual learning objectives are determined for the students.





# Use Of Objective Structured Clinical Exams In Medical Education



Zeynep Seda Uyan, Gökhan Gönenli, Mehtap Bekhan, Tuğba Gürsoy  
Koç University School of Medicine



## Introduction

- Objective structured clinical exams (OSCE) help us to objectively evaluate the performance of medical school students in various clinical practice skills such as approach to the patient, communication skills with the patient, taking a history, performing physical examination, making decisions about the patient, making diagnostic comments, and planning the treatment.
- In the fourth and fifth years of clinical education at our university, OSCE is conducted along with written and oral exams to evaluate students.
- In 'OSCE', scenarios appropriate to the learning objectives are prepared by faculty members, and standardized patients (persons who take on the role of 'patient' or 'patient's relative' who are specially trained for the exam) take part in these scenarios.
- After reading the document containing preliminary information about the clinical scenario and what is expected from him/her, the students try to understand the problems that the standardized patient explains to him/her within the specified period of time and try to find solutions to these problems.
- The student-standardized patient relationship is scored by faculty members who watch it live from a different room or later via camera recording, by filling in documents prepared before the exam.

- Feedback is given to students after each evaluation, and if there are any missing points, the student is ensured to correct these deficiencies throughout the internship. Thus, it contributes to our students' learning during the exam.
- Feedback is received from students for OSCEs at the end of each internship.
- A total of 870 feedbacks were received between September 2022 and March 2023.

Table: Feedback received from students

Feedback	Number of students	%
The time given for the exam was sufficient	724	83.2
The questions asked were compatible with the objectives given at the beginning of the internship	835	95.9
The exam helped them understand their shortcomings	794	91.3
The exam was fair	784	90.1
These exams not only improved their history-taking and physical examination skills, but also had positive effects on their communication skills	784	90.1

## Results

- A total of 55 OSCEs are performed during the clinical years of our faculty.

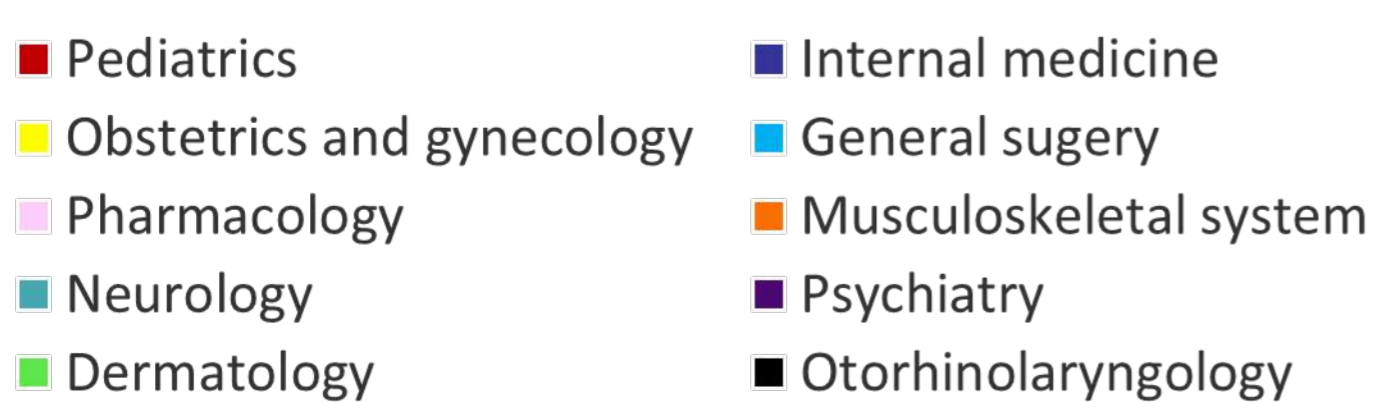
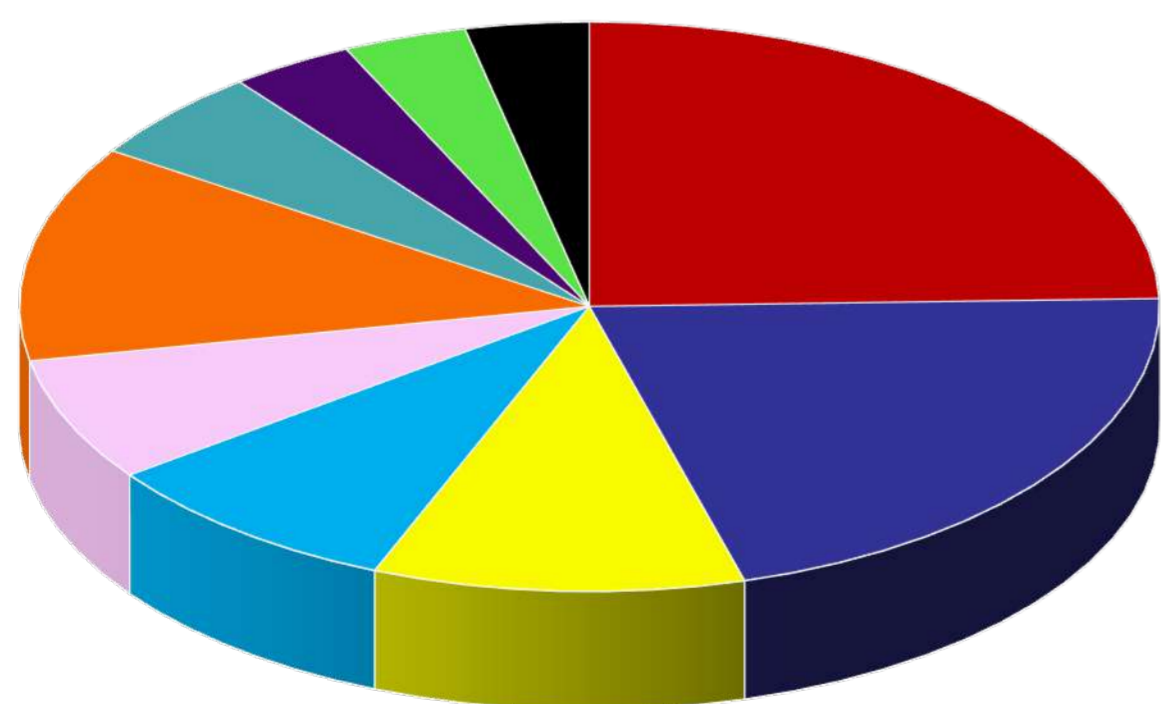


Figure: Number of OSCE Stations According to Blocks

- The most common negative feedback was that there could be differences between evaluators or standardized patients.

## Conclusion

- While OSCEs increase the skills of students, the examinations that continue throughout the internship and the feedback given afterwards give students the opportunity to understand their shortcomings and correct them during the internship.
- In order to minimize the differences between the evaluators and the standardized patients, which is among the negative feedback of the students, it would be useful to provide very good training on the scenarios before the exam and prepare the evaluation scales in detail.



## Clinical Preparation Program for Preclinical Years : The Koç University School of Medicine Example



Gökhan Gönenli, Zeynep Seda Uyan, Mehtap Bekhan, Ümit Dilber Mutlu  
Koç University School of Medicine



### What problem was addressed?

- Early clinical skills acquisition is crucial for effective learning and real-world practice preparation. Many medical schools offer courses teaching fundamental clinical skills to preclinical students.
- At Koç University School of Medicine, we developed a comprehensive program for 2nd and 3rd-year students to integrate basic and clinical sciences, foster professional identity, and promote self-directed learning.

### What was tried?

- The clinical preparation program includes activities on medical professionalism, ethics, patient confidentiality, diversity, clinical communication, patient safety, hand hygiene, basic life support, and suturing techniques. Activities were conducted in hospitals and simulation centers using real and simulated patients. The program aims to develop students' professional identity and patient-centered communication skills. Practical skills are assessed through OSCE, OSPE, Mini-CEX, and DOPS.

**Table1:** Year 2 Program

Topics	Duration
Medical Ethics and Professionalism	1 hour
Informed Consent	1 hour
Confidentiality and Privacy	1 hour
Diversity, Inclusion, and Equality	3 hours
Clinical Communication	3 hours
Patient Safety	3 hours
Hand Hygiene and PPE	1 hour
IV Blood Sampling	1 hour
IM Injection	1 hour
Vital Measurements (Temp, Pulse, Resp, BP)	3 hours
Basic Life Support	3 hours
Surgical Instrument Recognition and Suture	3 hours
Clinical Immersion Days and DOPS	1 day
OSCE and OSPE Assessments	1 day - 2 stations

**Table2:** Year 3 Program

Topics	Duration
Taking Anamnesis	3 hours
Communicating During History Taking	3 hours
Physician Shadowing	3 hours
Giving and Receiving Feedback	3 hours
Empathy Workshop	3 hours
Mock OSCE for History Taking	3 hours
Communicating with Patients	3 hours
History Taking in Different Chief Complaints	3 hours
History Taking from Real Patients	3 hours
Physical Examination and Features	3 hours
Physical Examination on Real Patients	3 hours
Introduction to Radiology	3 hours
Informed Consent Workshop	3 hours
Basic Life Support II	3 hours
Suture and Wound Care	3 hours
Clinical Laboratory Workshop	3 hours
OSCE – OSPE and Mini-CEX Assessments	2 days

### What lessons were learned?

- Student feedback highlighted the importance of communication skills and hospital visits, which were seen as the most valuable parts of the program. While the hands-on opportunities were effective, students suggested increasing these opportunities and improving coordination with nursing staff.
- Lectures on medical history and ethics were well-received, but students recommended teaching medical history in the first year and making lectures more interactive with case studies.
- Regarding OSCE assessments, students appreciated their instructive nature but recommended better timing, organization, and more stations for a comprehensive evaluation.

### Student Feedbacks

"Communication skills and hospital visits were rated as the most valuable parts of the program. Students found the opportunity to apply what they learned in a real hospital environment very effective."

"Medical history and ethics lectures were found enjoyable and engaging, but students suggested that medical history should be taught in the first year for better relevance."

"Students emphasized the need to increase hands-on opportunities and better inform the nurses. They reported they need more real time practice opportunities."

"Students suggested that the timing of the OSCE exam could be better and expected more stations. They found the exam very instructive and the feedback received extremely useful."

### Conclusion

- The comprehensive clinical preparation program at Koç University School of Medicine successfully enhanced students' professional development and practical skills.
- The integration of early clinical experiences and basic science education improved students' understanding and application of medical knowledge in real-world settings.
- Key outcomes include effective communication, practical application, interactive learning, and improved OSCE assessments.
- Based on feedback, the program will continue to evolve, focusing on increasing practical experiences, enhancing interactive learning, and improving assessment methods to better prepare students for clinical practice.



# Our Learner-Centered Education Method in Clinical Education

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Necmettin Erbakan Üniversitesi Tıp Fakültesi, Konya, Türkiye

## INTRODUCTION AND OBJECTIVE

Learner-centered education is a program design approach that takes the student into account and prioritizes his/her active participation and is designed in different ways. In the Pediatrics clinical education of our Faculty of Medicine, we aimed for our students to prepare case presentations and make presentations to other students in the last week of clinical education.

## METHODS AND RESULTS


Our fourth-grade students received one-hour training from a faculty member on preparing and presenting a case report. While our students were continuing their theoretical and practical training in our clinic, they were asked to prepare a patient in the form of a presentation including the theoretical information about the case and the disease of the case within two weeks. Each student, under the direction of the same faculty member, presented their cases to their classmates consisting of 60 people (35 females, 25 males) within 10 minutes. After the in-class presentation, students were asked to discuss their cases and their diseases. Thus, each student presented and discussed one case and one disease, and 50 diseases were reviewed over 60 different cases.

When the diseases of the cases were evaluated, it was determined that 80.5% of the diseases were the diseases described in the theoretical courses, the rest (19.5%) were diseases that were not described in the courses and thus our students prepared their presentations by referring to the literature. In the presented cases, 78% of the diseases were core diseases.

In the student feedback received, our students stated that it was the first time they prepared and presented a case and that they were satisfied (92%) with this training. 95% of our students stated that they were able to prepare the presentation on their own, but 10% (3 F, 3 M) stated that they did not want the case presentation training to continue.

## Diseases discussed in the case presentation

IRON DEFICIENT ANEMIA	FEBRILE CONVULSION	MILER TBC
EPILEPSY	FOOD ALLERGY	VSD
GULLIAN BARRE SYND.	DRUG ALLERGY	POTTER SYNDROME
DIABETIC KETOACIDOS	HYPOTHYROID	UTRI
THYROID AGENESIS	PUBERTY PRECOX	CELIAC DISEASE
OSTEOGENESIS IMPERFECTA	TYPE 1 DIABETES	WILSON'S DISEASE
ITP	THALASSEMIA INTERMEDIA	PANCREATITIS
LEUKEMIA	FOREIGN BODY ASPIRATION	VIRAL PNEUMONIA
ATAXIA TELENGIECTASIA	HSP	FMF
WIDERMANN-STEINER SYND.	ASPIRATION PNEUMONIA	ASTHMA
MYOCARDITIS	CONGENITAL CMV	ADEM
PDA	ACUTE BRONCHIOLITIS	BRONCHIECTASIA
ATELECTASIA	MENINGOCOCCEMIA	BRUTON DISEASE
PRIMARY IMMUNE DEFICIENCY	NEUROBRUCCELLOSIS	HEART FAILURE
NEWBORN RESPIRATORY FAILURE	HIE	ATOPIC DERMATITIS
DOWN SYNDROME	ANAPHYLAXIS	CYSTIC FIBROSIS
ARF		



NECMETTİN ERBAKAN ÜNİVERSİTESİ  
TIP FAKÜLTESİ  
ÇOCUK SAĞLIĞI VE HASTALIKLARI  
ANABİLİM DALI

**ÇOCUK SAĞLIĞI ve HASTALIKLARI AD  
DÖNEM IV OLGU SUNUMU GERİ BİLDİRİM FORMU**

**Başlama Tarihi:** \_\_\_\_\_ **Bitirme Tarihi:** \_\_\_\_\_

**Cinsiyet:** 1-Kadın  
2-Erkek

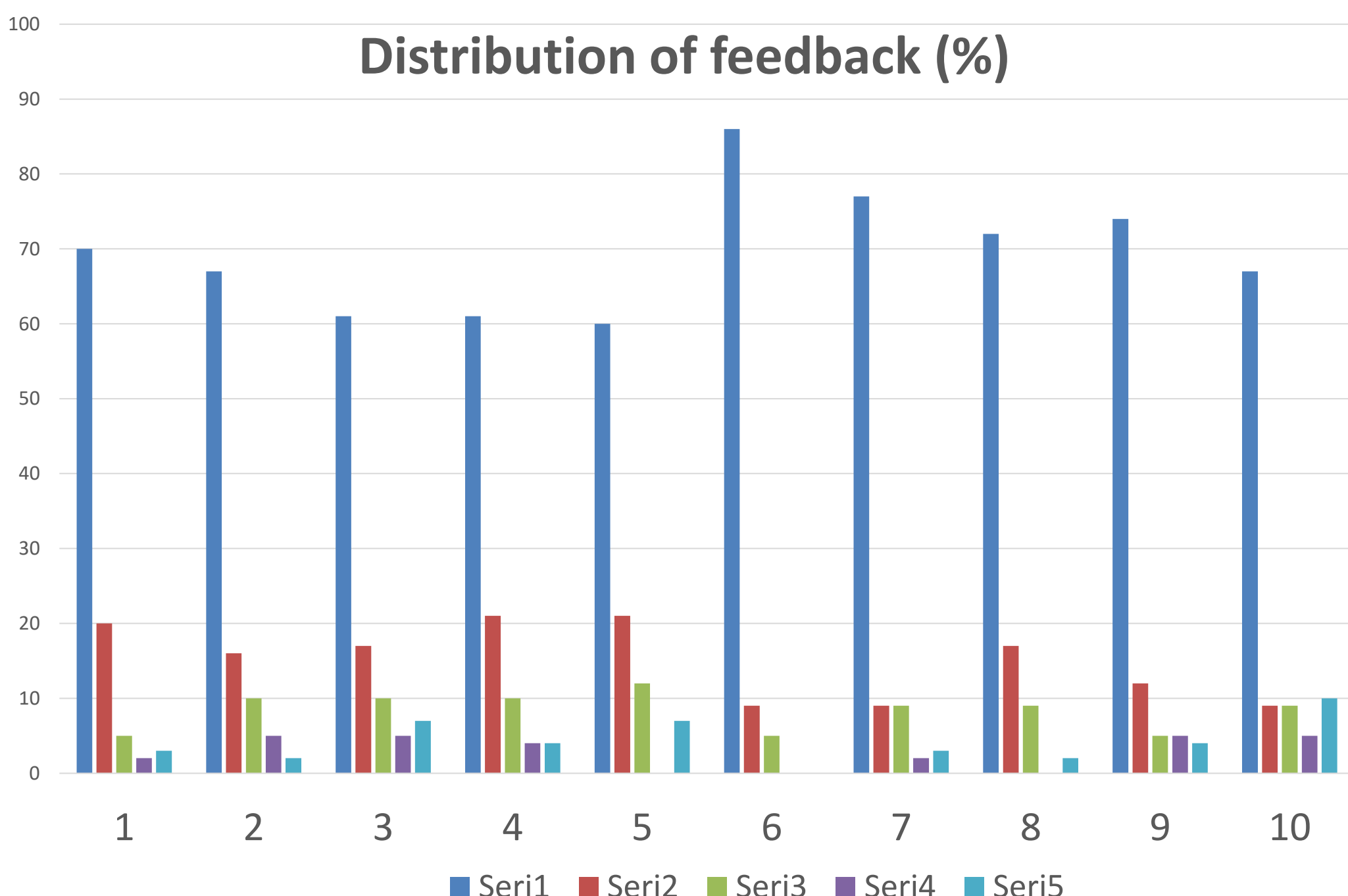
**Açıklama:**

Lütfen bir sütünü işaretleyiniz  
Ayrıca ilave etmek istedikleriniz için formun arka yüzünü kullanabilirsiniz.

	Kesinlikle Katılıyorum	Çok Katılıyorum	Orta derecede Katılıyorum	Az Katılıyorum	Hiç Katılmıyorum
Olgu sunumu eğitimimiz için fiziksel ortam ve süre yeterliydi.					
Olgu sunumu eğitim programımız uygun şekilde planlanmıştı.					
Olgu sunumları klinik eğitimimize olumlu yönde katkı sağladı.					
Olgu sunumları Akademik gelişimimize olumlu yönde katkı sağladı.					
Olgu sunumları teorik eğitimimize olumlu yönde katkı sağladı.					
Olgu sunumumu kendi başıma hazırlayabildim.					
Yaptığım olgu sunumum, mesleki becerime olumlu yönde katkı sağladı.					
Olgu sunumu eğitimi, bir bilimsel sunu yapmak adına olumlu katkı sağladı.					
Olgu sunumu eğitimi almaktan memnunum.					
Olgu sunumu eğitiminin devam etmesinin uygun olacağı kanaatindeyim.					

Geribildirim verdiğiniz için teşekkür ederiz

## Distribution of feedback (%)



## CONCLUSION

We believe that learner-centered case presentations and learner-centered training will substantially contribute to preclinical and clinical training of the medical education.





# KARADENİZ TECHNICAL UNIVERSITY FACULTY OF MEDICINE

Ayşenur Duman Dilbaz- Presenter

## PATIENT SAFETY MODULE

**Aim:** To enable students to explain definitions and concepts that will support patient safety in clinical settings, and to demonstrate skills and related attitudes in safe environments.

The curriculum lacks structure, providing information about patient safety in a piecemeal fashion. This makes it challenging for students to understand the concept of patient safety and apply it effectively in practice.



### Methods

- The programme is led by five trainers, including physicians, nurses and a drama leader. Peer educators have been taking on a number of responsibilities.
- The programme includes theoretical lectures, role-plays, simulations, the standardised patient method, small group studies and drama workshops, with formative OSCE applications.
- On the ninth day of the programme, in cooperation with the Department of Medical Education and Copenhagen Academy for Medical Education and Simulation (CAMES), simulation applications designed by CAMES and adapted to our context are carried out.
- Reflection and feedback sessions are held on the last day of the clerkship.

**Importance for our faculty:** The module, which involves peer educators, has been included as an elective clerkship at 5. grade. However, plans are in place to transform it into a sustainable and embedded module in the main curriculum by increasing the number of experienced peer educators.

This module presents students with concepts such as '**being new in a team,**' '**human-device interaction,**' '**second victim,**' and '**alarm fatigue,**' which are not addressed in the curriculum but are crucial to patient safety.



**Feedbacks:** The majority of students who participated in the feedback sessions stated that the programme increased their **awareness** of patient safety and helped them **understand** patient safety measures in clinical practice. They also identified the role of peer educators as a **key factor in supporting learning processes** through effective communication and experience sharing.





## Karadeniz Technical University Faculty of Medicine

# KARDENİZ TECHNICAL UNIVERSITY DEPARTMENT OF MEDICAL EDUCATION PEER EDUCATOR ORGANIZATION

SELÇUK AKTURAN



### Peer Educator Organisation Members\*

Selçuk AKTURAN;	Head,
Yasemin TÜRK;	Co-head,
Elif Kılıç GÜNER;	Member,
Zeynep Sude CİNEMRE;	Member,
Yicıt Can GÜLMEZ;	Member,

\*From left to right

## AIM

The aims of the Peer Educator Organization are: to identify peer students who will take part as educators in the educational activities in the pre-graduate medical education curriculum, to carry out educational activities for peer education, to evaluate the demands of units and educators in need of peer educators, to design research that will reveal the effects of the peer education method on education, to carry out peer education activities, to evaluate and improve the method.



Our traditional selfie taken after one of our Peer Educator Course.

## THE ROLES OF ORGANISATION

- To carry out promotional activities to encourage KTU Faculty of Medicine students and other health professionals for being and using peer educator.
- To design and carry out the training for students who want to become peer educators,
- To design and carry out presentations, trainings and announcements that will increase the awareness of trainers working in the institution regarding the peer educator method,
- To organize the design of peer educator awareness and training activities for interdisciplinary training activities,
- To determine the educational activities in which peer educators can take part and to share them as suggestions to the relevant units of the Dean's Office,
- Designing and carrying out trainings for peer trainers in units that apply different training methods, with the support of trainers from the relevant unit when necessary,
- To conduct research to reveal the effects of peer educator method on education and to share the research results with relevant stakeholders,
- At the end of the academic year, to present the 'End of Year Report' to the Deanary.

## ACTIVITIES

- The peer educator organization has so far carried out three 5-day 'Basic Peer Educator Courses'
- The aim of those courses were to ensure that undergraduate students, who want to take part in the training activities carried out in the undergraduate education of health professionals, the necessary competencies.
- Now, organization has a total of 37 peer educator.
- Peer educators took part in more than 20 activities in 3 different training programs.
- Peer educators are currently involved in 3 ongoing education projects.

## REFLECTIONS

- medical students expressed themselves better,
- students felt more comfortable,
- no any difference from other educators at the theoretical level,



A photo from a training in which peer educators took part.





# Izmir University of Economics

## Faculty of Medicine

### Academic Research Track (ART) Program

Ayşe Banu DEMİR<sup>1</sup>, Gul AKDOĞAN<sup>2</sup>, Incim BEZİRCİOĞLU<sup>3</sup>, İlgi SEMİN<sup>4</sup>  
and Hakan ABACIOĞLU<sup>5</sup>

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<sup>2</sup> Izmir University of Economics, Faculty of Medicine, Department of Medical Biochemistry

<sup>3</sup> Izmir University of Economics, Faculty of Medicine, Department of Obstetrics and Gynecology

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#### INTRODUCTION:

Advancements in science and technology necessitate a distinct paradigm in healthcare provision and medical pedagogy. The continual acquisition of novel insights enhances medical methodologies and the field of medical science in a constructive manner. "Research," pivotal in this context, engenders a perpetually evolving landscape in medicine, constituting an indispensable element for the advancement of contemporary medical practices.

Research contributes to the development of values crucial in clinical settings, such as an individual's internal discipline, commitment to objectives, and ability to collaborate effectively with colleagues. Commencing in the early years of education, research not only instills students with a systematic mode of thinking but also acquaints them with the concept of "ethics," a significant component of medical research, at an early stage. For students aspiring to advance in this field, our **Academic Research Track (ART)** program has been structured.

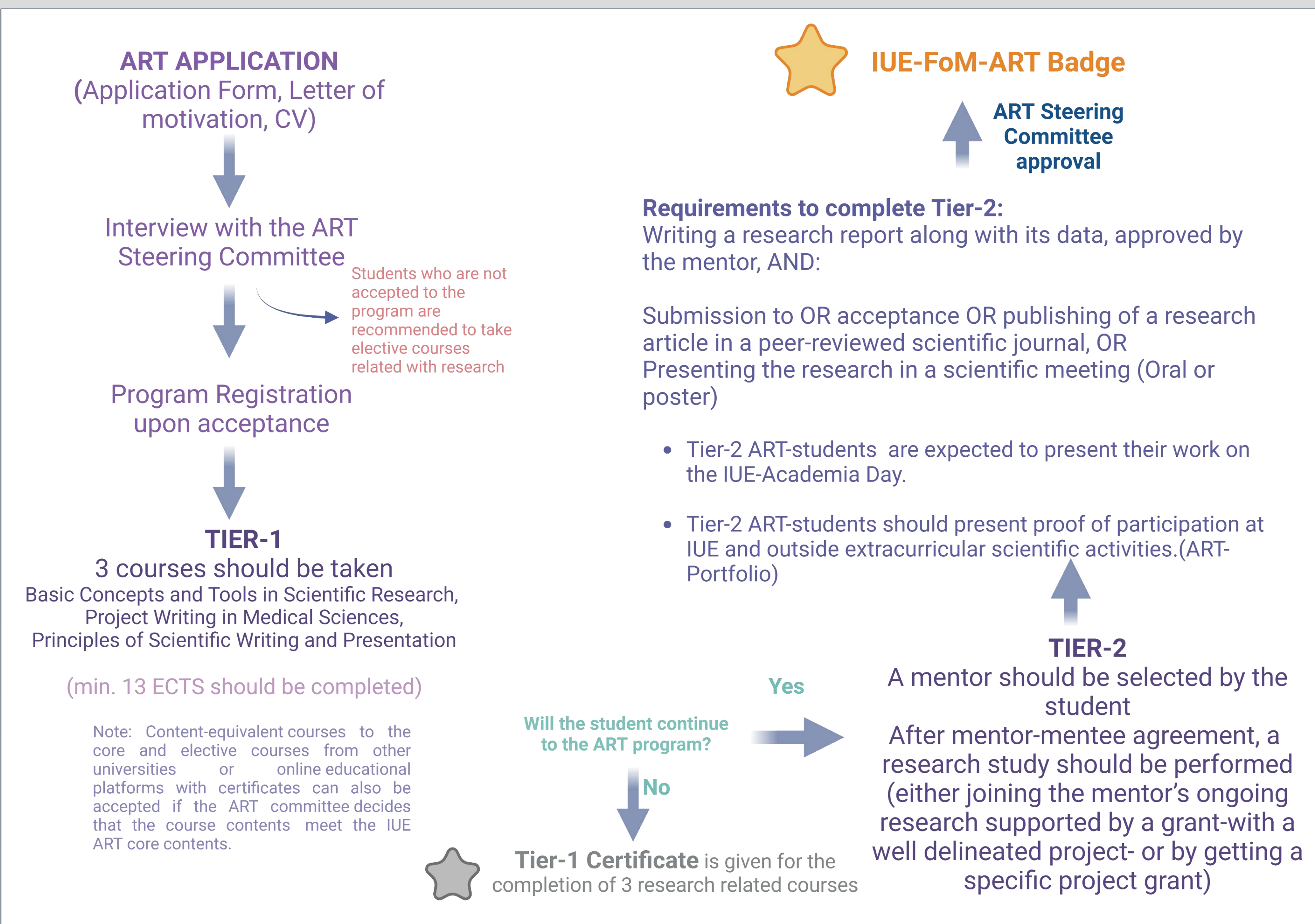
#### ABOUT THE ART PROGRAM:

The ART program was started at Izmir University of Economics, Faculty of Medicine in the 2022-23 academic year. The aim of the program is to provide students interested in conducting research in various medical fields with a multidisciplinary research environment and a structured research program offering the opportunity to acquire the knowledge, skills, and abilities necessary for medical research.

The program is designed as two consecutive stages; **Tier-1** and **Tier-2**, in which the students take research skills courses and trained in a research project, respectively. Students can either be trained in scientific research activities conducted by faculty members (mentors) at our university or externally. They also have the opportunity to receive training in international settings. Tier-2 training activities of the students are monitored by a 'Mentor Check List Form' given to the mentors. Regular meetings are performed to follow the progression of students and to take feedbacks about the program.

As of today, 39 medical students (ranging from 2<sup>nd</sup> to 5<sup>th</sup> grades) are enrolled in this program.

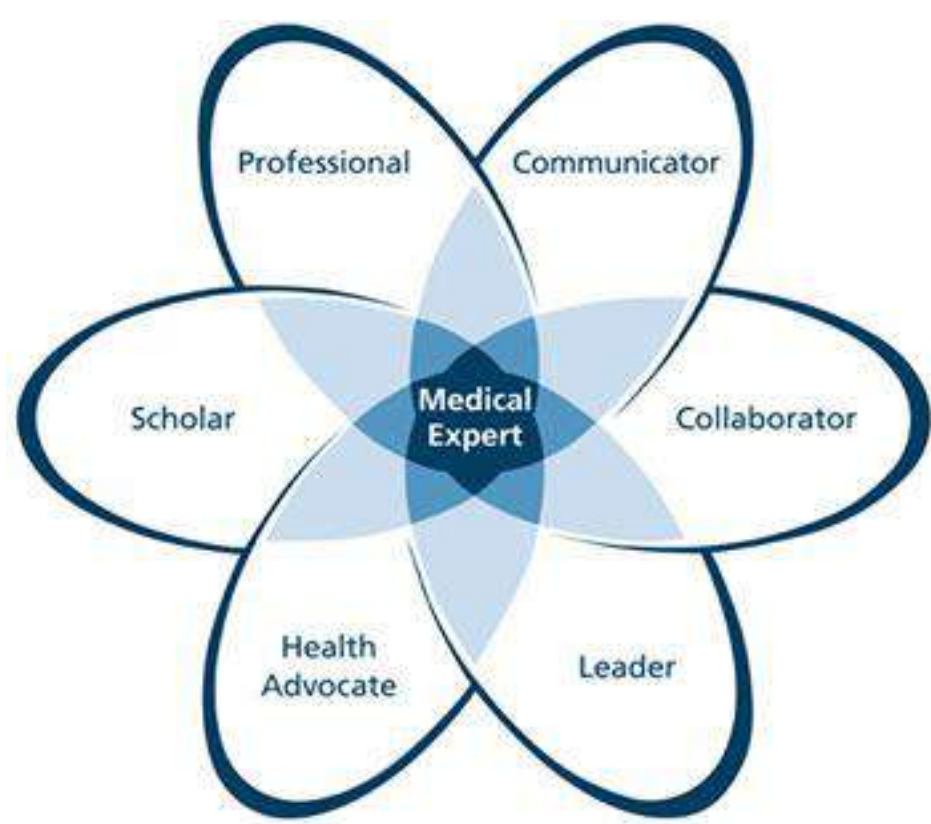
#### ART PROGRAM STRUCTURE





### INTRODUCTION

A good physician should also have collaborator, leader, communicator, professional, health advocate and scholar competencies besides clinical skills (Figure 1) (1).



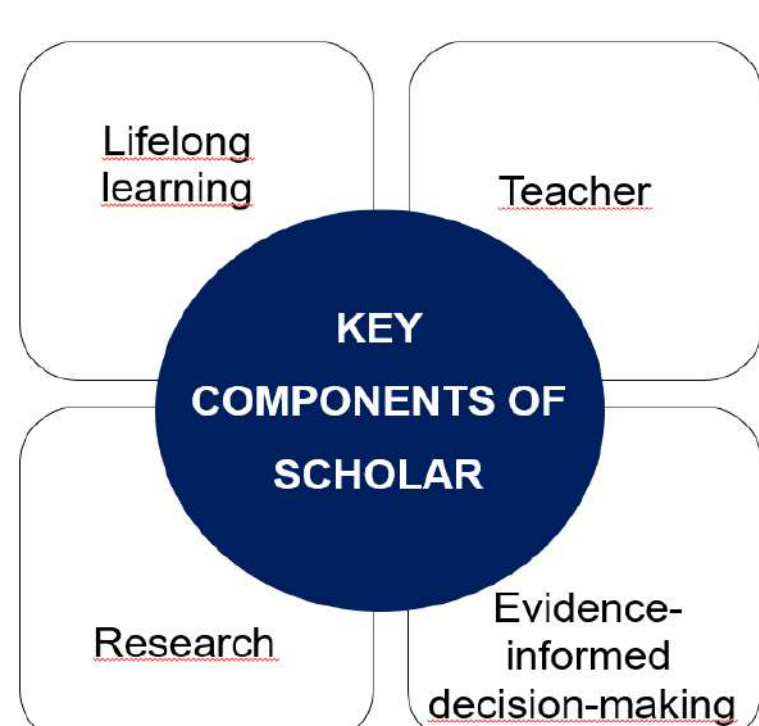
**Figure 1.** Physician competencies (from CanMEDS).

The clinical problem-solving role of the physician requires a deep-rooted education and research awareness in evidence-based practice (2). The medical education curriculum should equip the physician with the knowledge, skills and attitudes that will support his/her scholar competency (1,3).

The aim of the Scientific Literacy Course is to contribute to the development of our students' scholar competency.

### METHODS

In the process of structuring an education program that will meet national standards for undergraduate medical education, a course that would meet the key components of scholar competency was created (4) (Figure 2). Scientific Literacy Course is in the vertical corridor program of the first five years since the 2017-2018 academic year (5).



**Figure 2.** Key components of scholar.

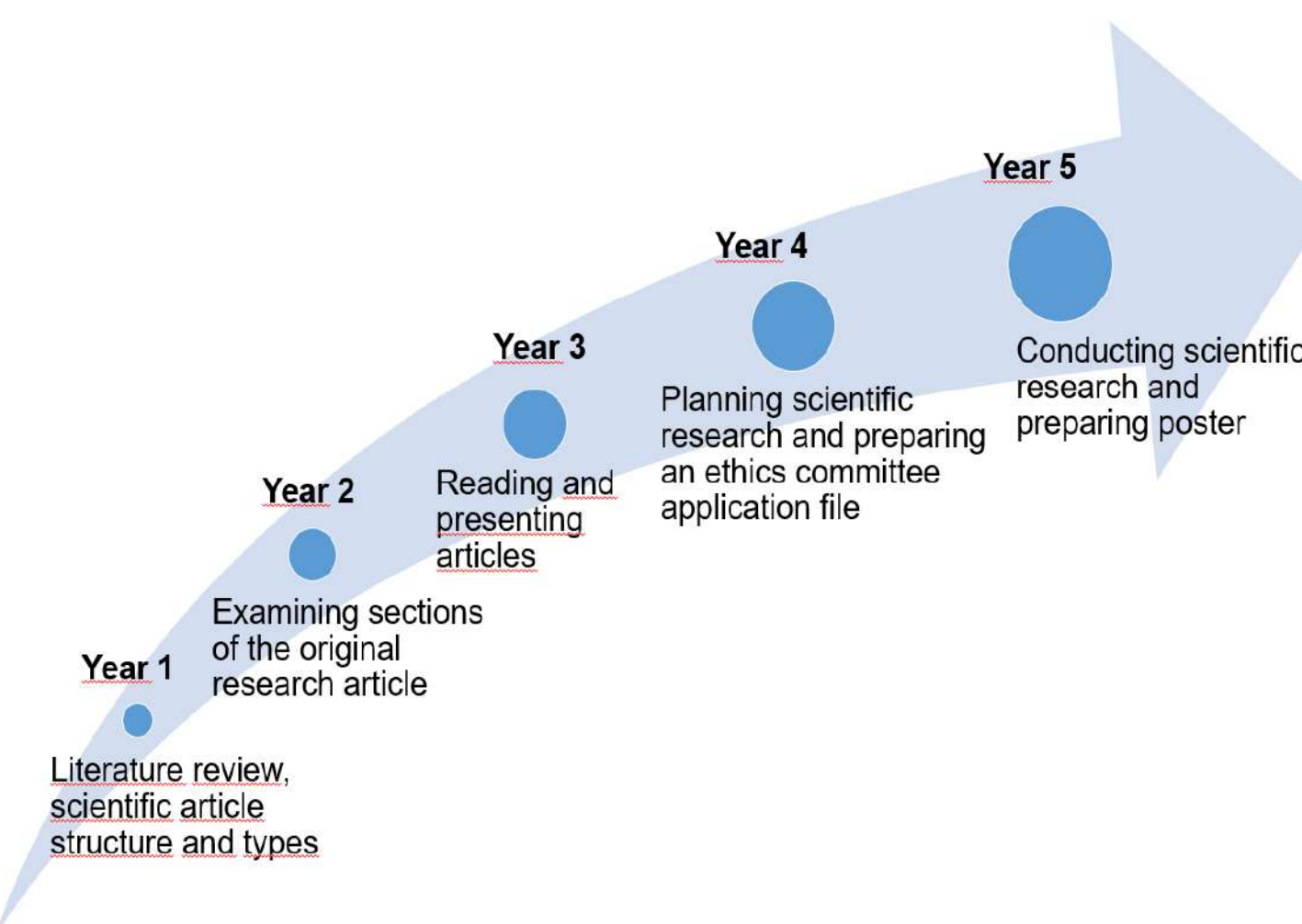
### RESULTS AND CONCLUSION

Scientific Literacy Course is held once a month for two hours in the advisor's room, with a group of 7-10 students from the same class and the faculty member advising the group (Figure 3).



**Figure 3.** A student making a presentation to her peers in the advisor's room.

Goals of Scientific Literacy Course, which is a learner-centered application, by year are presented in Figure 4 (6).



**Figure 4.** Goals of Scientific Literacy Course by year.

Scientific Literacy Course consists of different programmes determined for each year (Figure 5).

#### YEAR 1 SCIENTIFIC LITERACY COURSE

- LESSON 1: [PubMed and ULAKBIM Use](#)
- LESSON 2: [Scientific Article Structure \(IMRAD\) and Types](#)
- LESSON 3: [Original Research Article](#)
- LESSON 4: [Review](#)
- LESSON 5: [Case Report](#)
- LESSON 6: [Letters to the Editor](#)
- LESSON 7: [Technical Report](#)
- LESSON 8: [Comments](#)
- LESSON 9: [Meta-analysis](#)

**Figure 5.** Course programme for the first year.

Students are responsible for preparing homework (presentation in the first three years, ethics committee application file in the fourth year, poster in the fifth year) in line with the year goal. Fifth grade students make also poster presentations at BOY Science Festival (Figure 6).



**Figure 6.** BOY Science Festival.

Attendance to class is mandatory and assessment and evaluation are carried out. At the end of the academic year, feedback is received from students and faculty members through surveys specific to each grade. The course, which prioritizes peer learning, also contributes to the development of our students' communicator, leader and collaborator competencies (Figure 7).



**Figure 7.** Group at the BOY Science Festival with their advisor.

The Scientific Literacy Course is unique in the following ways:

- It is a compact five-year programme,
- It is integrated with course boards,
- It is continuous, and
- All faculty members serve as advisors.

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**Integration of Scientific Literacy Course into the Curriculum has been published as an article.**

Süer Gökmen S, Eskiocak M. Integration of Scientific Literacy Course into the Curriculum: Trakya University Medical School Experience. *Tıp Eğitimi Dünyası* 2021;20(62):5-15.





**BAŞKENT**  
**UNIVERSITY**



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**BAŞKENT UNIVERSITY**  
**FACULTY OF MEDICINE**  
**CASE-BASED LEARNING (CBL)**  
**TRAINING ACTIVITY**

## Introduction

In our under-graduate medical education, an activity based on small groups is carried out under the name of CBL. CBL is a case discussion process, in a single session, with a group of students who already have required theoretical knowledge of the subject and are familiar with the learning objectives of the activity. It is accompanied by an instructor. CBL is performed starting from the 1st grade until the 5th grade.

**Aim** Its aim, is to ensure that basic knowledge is put into use in clinical decision processes by supporting horizontal and vertical integration.

**1st In the phase of normal mechanisms of organ systems (OS)** training is given in modules; for example, in the "Nerve-Sensory" committee, we have modules such as "hearing" and "balance/movement". CBL session is held at the end of almost every module. CBL cases in this phase are focused on pathophysiological mechanisms, not clinical knowledge of diseases and their symptoms.

**3rd In the clinical phases of OS (4th and 5th grade),** there are Clinical Practice Committees (CPC) where more than one department teaches together the clinics of diseases affecting the same organ system/s. In CPCs, CBL is used to help students apply their theoretical knowledge after it has been didactically reviewed. The aim of CBL sessions in this phase is to support the effective and rapid use of theoretical information learned by students in previous phases in clinical decision processes.

**In program evaluation,** students give positive feedback about CBL. It is seen that CBL increases students' self-direction and self-efficacy, and positively improves the components of professionalism such as team, leadership, communication, clinical decision, problem solving and literature review. There is a form typically used in CBL applications, consisting of 5-7 pages (Figure 1). This form has an educator and student version. New data is given on each page, new data is also added by giving the missing data on the previous page, and the diagnosis is expected to be narrowed down.

<b>CASE BASED LEARNING (CBL)</b> BRANCH: TEACHER: DATE:	<b>GROUP MEMBERS:</b> 1. 5. 2. 6. 3. 7. 4. 8.	<b>ADDITIONAL INFORMATION ABOUT DEMOGRAPHIC INFORMATION, HISTORY</b> She stated that her complaint of bloating increased after she gained weight, and that she gained approximately 10 kg during this period. She stated that she used to walk to work, but after gaining weight, she had difficulty walking because her knees hurt. She said that painkillers did not help either. <b>NEW INFORMATION: SYMPTOMS AND CHARACTERISTICS</b> In addition to bloating, she also stated that she had gas and the urge to burp. She said she had no difficulty swallowing, no weight loss, and no loss of appetite. <b>Soru: If you have an additional mechanism suggestion based on these symptoms and features, add them to the list and delete those you have ruled out from what you wrote on the previous page..</b>	<b>SYMPTOMS AND ADDITIONAL INFO</b> Mrs. Ayge said that even though she ate a little something during the meal, she felt uncomfortable, as if she was full, and that her stomach was swollen like a drum after the meal. She stated that when she woke up in the morning, she had a bitter feeling in her mouth and that she coughed in the morning. She said there was no difference in bowel habits or abdominal pain other than a slight burning sensation. She said that there was no color change in the stool, diarrhea or constipation was not constant but diarrhea occurred occasionally. <b>INFO: PHYSICAL EXAMINATION FINDINGS AND FEATURES</b> On physical examination, the patient was oriented and cooperative. Vital signs were normal. <b>Question: If you have a suggestion for an additional mechanism based on PE findings and additional symptoms, add it to the list and delete the ones you ruled out on the previous page.</b>												
<b>INFO: DEMOGRAPHIC INFORMATION, HISTORY AND MAIN SYMPTOM</b> Mrs. Ayge is 48 years old, a bank officer, married and has 1 child. She came to his family doctor with a complaint of bloating. <b>Question: Within the scope of the above information, what could be the mechanisms causing this patient's main symptom?</b>	<table border="1"><thead><tr><th>MECHANISM</th><th>EXPLANATION</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	MECHANISM	EXPLANATION			<table border="1"><thead><tr><th>MECHANISM</th><th>EXPLANATION</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	MECHANISM	EXPLANATION			<table border="1"><thead><tr><th>MECHANISM</th><th>EXPLANATION</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	MECHANISM	EXPLANATION		
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<b>PE SIGNS AND ADDITIONAL INFO</b> On abdominal examination, there was mild tenderness in the epigastric region. Other system findings were normal. No lymphadenopathy was detected. No mass was detected in the abdomen. Oral mucosa and gums appeared normal. Cheilitis was not detected at the edges of the lips. <b>INFO: LAB FINDINGS</b> In laboratory tests, Hb was 10.5 g/dl and no other problems were detected in the complete blood count, and thyroid functions were found to be normal. <b>Question: If you have a suggestion for an additional mechanism based on PE findings and laboratory results, add it to the list and delete the ones you ruled out on the previous page.</b>	<table border="1"><thead><tr><th>MECHANISM</th><th>EXPLANATION</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	MECHANISM	EXPLANATION			<b>ADDITIONAL INFORMATION ABOUT LABORATORY FINDINGS</b> Stool occult blood was found negative, Urea breath test and stool H.Pylori antigen test were negative. <b>INFORMATION: IMAGING/SPECIAL TEST FINDINGS</b> Abdominal USG and gastric endoscopy were normal. <b>Question: If you have a suggestion for an additional mechanism based on laboratory, ECG and lung results, add it to the list and delete the ones you ruled out on the previous page.</b>	<table border="1"><thead><tr><th>MECHANISM</th><th>EXPLANATION</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	MECHANISM	EXPLANATION						
MECHANISM	EXPLANATION														
MECHANISM	EXPLANATION														

**2nd The OS diseases/pathological processes phase** is in the 3rd grade, and the course committees consist of symptom-based modules. First of all, the symptom/s are given, then theoretical information about the diseases that presents with these symptoms is given, in each module. At the end of each module a series of CBL sessions takes place. In this phase, OTDs are designed to start from the symptom and ends up with the diagnosis of a specific disease through a detailed differential diagnosis discussion.

## Conclusion

As a result, we think that CBL activity supports not only clinical decision processes in the cognitive field but also professionalism.

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# Reflections of the Flipped Learning Model Supported on Layered Curriculum on Medical Anatomy Education: A Mixed-Methods Study

TEPDAD & WFME  
GOOD PRACTICES IN  
MEDICAL EDUCATION

SYMPOSIUM

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Since the COVID-19 pandemic, it has become clear that it is important to create flexible educational environments and that preparations must be made for online education environments as well as face-to-face education environments.

Medical anatomy course, which affects the success of other courses in the curriculum, forms the basis of the field of health sciences. Traditionally conducting the anatomy course, which is a difficult course to learn and remember because it contains many details, can be seen as an obstacle to understanding anatomy subjects.

It is stated by both clinicians and anatomists that one of the main reasons for unsuccessful cases in clinical practice is lack of anatomy knowledge. The majority of clinicians consider medical trainees to have insufficient anatomical knowledge, which is below the minimum level required for safe clinical practice.

Both anatomists and clinicians agree that accurate knowledge of anatomy and variations is vital for safe and effective clinical practice in general and in surgical specialties in particular. It has been reported that a significant portion of the 80,000 preventable deaths each year in the USA are due to anatomical ignorance and/or lack of doctors. At this point, transformation in medical anatomy education is necessary.

When the literature is examined, it is seen that the use of digital technologies in anatomy education can be used in anatomy courses, but the use of such technologies is not sufficient and widespread. It is also stated that it may be effective to conduct the theoretical subjects of the anatomy course online in addition to face-to-face courses. At this point, it is thought that anatomy teaching can be increased to the desired level with flipped learning, which appears as a good alternative.

In the flipped learning model, where face-to-face learning is flexibly combined with the online learning environment, where interest has increased in recent years and various studies have been conducted from different fields, the format of in-class lessons and subsequent homework is changing. Although there are many positive studies, the efficiency of online courses in flipped learning and the lack of clarity in the process steps of the flipped learning model emerge as a problem.

In this context, it is thought that the layered teaching model, which includes steps C, B and A, can increase the quality of online courses and allow face-to-face courses to be more efficient. In addition, it is thought that with the flipped learning model supported by the layered curriculum, online and face-to-face courses will follow each other more regularly and the operation will be in a sequential order.

In this context, it is thought that the layered teaching model, which includes steps C, B and A, can increase the quality of online courses and allow face-to-face courses to be more efficient. In addition, it is thought that with the flipped learning model supported by the layered curriculum, online and face-to-face courses will follow each other more regularly and the operation will be in a sequential order.

The purpose of this research, which is anticipated to take 18 months, is to integrate the flipped learning model with the layered teaching model in the context of medical anatomy education. It also aims to ascertain the effects of using the flipped learning model, which is supported by the layered curriculum, on medical faculty students' academic success, self-regulated learning, understanding of reflective learning, attitudes toward the anatomy course, and permanence.

As a result of the results of this project and more comprehensive studies, if anatomy education becomes more efficient and anatomy knowledge becomes more permanent, thousands of preventable deaths and/or sequelae will be prevented, and a contribution to survival and quality of life will be made. Moreover, economic satisfaction will be indirectly achieved in the health sector by establishing good doctor, good anatomy knowledge, good intervention and satisfied patient relations.

## ACKNOWLEDGEMENTS

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## Keywords

Academic Achievement, Attitude Towards Anatomy, Flipped Learning, Layered Flipped Learning, Medical Anatomy Education, Reflective Learning Approach, Self-Regulation.





# BECOMING PHYSICIAN & SOCIAL RESPONSIBILITY PROGRAM

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## INTRODUCTION

Social responsibility is individual and institutional actions in order to provide social benefit in society. Universities are not only responsible for scientific research and education but also for contributing to the development of society. Their second responsibility is to enable students to graduate by improving their social responsibility awareness and sensitivity. The social responsibility training programs that universities will implement in order to fulfill these responsibilities will provide students with social responsibility awareness, social competencies, communication and cooperation with schools and other institutions/organizations, knowing and communicating with individuals and groups with different socioeconomic-cultural characteristics. With this awareness of responsibility, the Medicine and Social Responsibility program has been carried out with Term 1 students at Hacettepe University Faculty of Medicine since 2018 - 2019.

## OBJECTIVE OF THE PROGRAM

The main purpose of this program is to develop social responsibility awareness and sensitivity of Term 1 medical faculty students. The learning outcomes that students are expected to achieve at the end of this program include showing sensitivity to human rights and social problems, discussing the responsibilities of physicians towards the society and environment in which they live, researching ways to contribute to the society and environment with a social responsibility approach, etc. In addition, students can gain the ability to reflect on the perspectives and social responsibilities of different groups in society.

## PROCESS

### Project Preparation

- Formation of the Coordination Committee.
- Establishment of Student/Advisor guides.
- Selection of volunteer project advisors.
- Gathering project theme suggestions from advisors.
- Students choose the project themes they want to participate in

### Project Development

- Small project groups are formed based on students' preference priority.
- Each small project group creates project proposals with the guidance of advisors.
- Project proposals are evaluated by the Coordination Committee, and feedback is provided to each group.

### Project Implementation

- Groups establish connections with external institutions as required by the project.
- Field implementations of the projects are carried out.
- At the end of the year, all projects are exhibited during the "Social Responsibility Festival," which is attended by supporting institutions as well.

## LEARNING OUTCOMES

- To be sensitive to human rights and social problems.
- To discuss the responsibilities of the physician to the society and environment.
- To investigate the ways in which he / she contributes to the society and the environment with his social responsibility approach.
- To reflect towards different groups in society and reflects on their social responsibilities.
- To conduct a social responsibility project open to collaborative, participatory processes and team work.
- To compliance with ethical principles and values in all processes of social responsibility project management.

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Program Booklet



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#### Introduction

Clinical reasoning is a complex cognitive process required to evaluate and manage a patient's medical problem and is a core competency that should be acquired in undergraduate medical education. Izmir University of Economics (IEU) Faculty of Medicine (FoM) has structured the Clinical Reasoning Program in the 3rd year curriculum. The Clinical Reasoning Program was planned based on 'Disease Script Theory' and 'Pattern Recognition Model'.

IUE FoM's Medical Education Program is structured within the framework of the qualifications defined by the National Medical Education Accreditation Board (UTEAK), within the context of an expanded curriculum that includes the content of the National Core Education Program (UCEP). At the 3rd year, understanding the scripts of diseases within organ/system blocks is prioritized. Students attend clinical reasoning sessions which are structured at the end of each block. During the sessions, students can demonstrate their performances both individually and in group work.

#### Clinical Reasoning Session Process

Case scenario		Marks	
What additional data/information would you like to know about this patient's history? Write down five specific questions to help you for your clinical reasoning.			
1.	Criteria	Novice	Competent
2.	Q1	50.00 %	75.00 %
	Weight	20.00%	
	Novice	General non-specific history taking questions	Possible non-specific questions that may help diagnosis
	Competent		Proficient
	100.00 %		Inquiry of possible diagnosis specific features

### 1st

The session starts with a short scenario introduction. Students are expected to ask specific questions focused on diagnosis. Afterwards, individual performance of students are evaluated and feedback is provided during the session.

Full Case scenario		Marks	
Physical Examination:			
1. Make a SIMPLE PROBLEM LIST according to this case scenario. (Individual study)		2. Create PROCESSED PROBLEM LIST Using your simple problem list. (Group study) Include only information relevant to this patient's problem(s).	
3. Write down this PATIENT'S ILLNESS SCRIPT			
1. Epidemiology 2. Time course 3. Syndrome statement 4. Other Past Medical History (PMHs)			
[name] is a [age] [gender] with a [relevant PMH, PSH, FH, SH, Meds] who represent with [key symptoms with semantic qualifiers], [signs] and [data].			

### 2nd

The full scenario and physical examination findings are given. Students, studying as a group, are asked to process the problems of the case and create a disease script. Afterwards each group presents it to the whole group, discusses and receives feedback.

4. Create a DIFFERENTIAL DIAGNOSIS LIST (mechanism or I VINDICATE)	
List diagnoses for this patient, supporting each diagnosis with relevant clinical data.	
Disease	Relevant clinical data

#### Compare and contrast thinking

Disease / Condition	Mechanism	Epidemiology	Time Course	Symptoms	Signs	Dx Tests	Treatment/ Prognosis

### 3rd

At this step, students are asked to create a broad differential diagnosis list based on the information obtained from the history and physical examination, and then narrow down according to the compare and contrast features of the patient's findings and disease scripts. After determining the most likely diagnosis, emergent diagnosis and less likely diagnosis, test are asked to rule in the most likely diagnosis and to rule out the emergent diagnosis. All groups share their decisions on the whiteboard and discuss together with the educator.

5. PRIORITIZED DIFFERENTIAL DIAGNOSIS Use compare & contrast thinking worksheet	
Tier I	
Tier II	
Tier III	
6. Which diagnostic tests would you like order? Why?	
Diagnostic test	Reason to apply

### 4rd

Finally, the diagnostic test results predetermined in the scenario are given to the students. The groups evaluate the test results and plan patient management. Treatment planning is also expected to include the need for further testing and lifestyle recommendations.

#### Diagnostic test results for Clinical Reasoning Case -

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9. What is your updated tier list? Write a brief explanation regarding diagnostic test results and consider updating your tier list.	
Tier I	
Other Tiers	
10. What is your management plan fo	
Treatment:	
Further Testing:	
Lifestyle Intervention:	

#### Conclusion

The Clinical Reasoning sessions enable consolidation of information in theoretical lessons given in organ/system blocks, accessing information and learning from peers, and recognizing and discussing cognitive errors. Group discussions are held under the guidance of the educator at every stage of the session. Within the scope of the model, the sessions are used both in structuring the clinical reasoning training and evaluating this skill. Both individual and group performance is evaluated with the related rubric.

Longitudinal integration areas in the created model stands out as the **Basic Communication Skills Course** with teamwork, the **Clinical Communication Skills Course** with a diagnostic-focused questioning component, and the **Lifestyle Medicine Curriculum** with treatment planning that includes lifestyle recommendations. The Clinical Reasoning training has also been integrated longitudinally into clinical education.

Clinical reasoning training is an educational model we recommend to develop systematic and evidence-based diagnosis and patient management skills in students.

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