

**T.C.**

**ISTANBUL MEDIPOL UNIVERSITY**

**INTERNATIONAL SCHOOL OF MEDICINE**



**EMERGENCY MEDICINE** **CLERKSHIP GUIDE**

 **2021-2022**

**EMERGENCY MEDICINE CLERKSHIP GUIDE**

**CONTENTS**

Emergency Medicine Clerkship and its place in Istanbul Medipol University International School of Medicine Program

Emergency Medicine Clerkship Qualifications Tasks

Basic Medical Skills

Professional Values and Attitudes

Clerkship Program

Year V Elective Emergency Medicine Clerkship Program

Learning-Teaching Methods in the Courses and Practices in the Clerkship Program

Learning Environments

Clerkship Continuity

Quantification and Consideration

Evaluation of the Clerkship

Recommended Sources and Publications

|  |
| --- |
| **TABLES** |
| **Table 1.** Targeted Levels in Symptoms/Conditions |
| **Table 2.** Core Diseases/Clinical Problems and Performance Level |
| **Table 3.** Learning (Performance) Levels |
| **Table 4.** Expected Learning Levels and Expected Minimum Number of Practices for Basic Medical Skills |
| **Table 5.** Learning Levels for Skills |
| **Table 6.** Theoretical Course List |

**EMERGENCY MEDICINE CLERKSHIP GUIDE**

**CLERKSHIP DESCRIPTION**

 Dear Students, welcome to the Emergency Medicine Clerkship. Emergency Medicine is a specialty that provides training on acute and immediate prevention, diagnosis, treatment and management of undiagnosed, newly developing physical, mental illnesses or injuries 365 days 24 hours. During this internship, it is aimed that you gain knowledge and skills related to the diagnosis and treatment of emergencies that you may always encounter as a physician, regardless of your specialty and field of work that you will determine later. This knowledge and skill acquisition will be reinforced with the Year VI compulsory emergency internship. We wish the Emergency Medicine Clerkship to be fruitful for all of you.

During the clerkship, all faculty members, specialist doctors and assistants in the department are always ready to support you. Do not forget that in order to achieve the aims and learning objectives presented in this booklet, you must actively participate in all applications as well as theoretical lessons and make personal efforts when necessary to get the most out of this training process.

During the clerkship period, a total of 37 hours of theoretical and 36 hours of practical training is provided. Theoretical courses are held jointly with the lecturer of the relevant course. On the other hand, it is planned to carry out training courses in the form of rotation under the supervision of a faculty member in the emergency services of 4 different affiliated hospitals, which were determined beforehand.

|  |  |
| --- | --- |
| **Education Period** | Year V |
| **Clerkship Duration** | 3 weeks |
| **Training Place** | Medipol Mega University Hospital |
| **Instrructors** | Assoc. Prof. Dr. Bedia GülenAssis. Prof. Dr. Halil İsa ÇelikAssis. Prof. Dr. Mehmet ŞamAssis. Prof. Dr. Suphi BahadırlıAssis. Prof. Dr. Erkan TemizkanAssis. Prof. Dr. Serdar Yaşar |
| **The Head Instructor** | Assoc. Prof. Dr. Bedia Gülen |

**EMERGENCY MEDICINE CLERKSHIP AND ITS PLACE IN MEDIPOL UNIVERSITY INTERNATIONAL SCHOOL OF MEDICINE PROGRAM**

Within the medical education program, Emergency Medicine education begins with the compulsory “First aid course” in Year I and II. In these courses, life-saving and injury-preventing approaches are taught to new students in medical education in cases of home, work, traffic accidents and natural disasters. With the compulsory “Emergency Medicine Clerkship” in Year V, it is aimed that the students who have completed their 4th year in medical education acquire the knowledge and skills related to the diagnosis and treatment of emergencies. Knowledge and skills are reinforced with a 2-month compulsory internship period in Year VI. In the Department of Emergency Medicine, research, education and patient services are carried out with 7 faculty members. Emergency Medicine Clerkship is provided in Term V as a 3-week cycle throughout the academic year. The clerkship starts with propaedeutic training. In the following days, problem-based learning and case discussions are conducted and practical applications are performed on the models in the simulation hall. Trainings on basic life support, recognition and treatment of lethal rhythms, defibrillation, airway and ventilation skills are practiced on the models.

**EMERGENCY MEDICINE CLERKSHIP QUALIFICATIONS**

At the end of the Emergency Medicine Clerkship, students

1. Can evaluate the emergency situations of the patients (triage application).

2. Can take accurate history from patients and their relatives when necessary.

3. Can perform a full physical examination of patients.

4. Can Approach the emergency patient holistically.

Can a goal also be set regarding choosing appropriate diagnostic tests?

1. Based on the patient's history, physical examination and appropriate diagnostic tests, he/she can identify life-threatening problems.

2. Can apply basic and advanced life support steps.

3. Will be able to explain the principles of emergency approach to trauma patients (head, thorax, abdomen, pelvis, spinal cord, extremity).

4. Will be able to explain the approach to the patient with a history of poisoning and life-saving procedures.

5. Will be able to explain the principles of approach to acute coronary syndromes, hypertensive and neurological emergencies and environmental emergencies.

6. Can recognize rhythm disorders in ECG.

7. Gains the skills of triage, field and emergency service management and patient referral in emergencies, multiple injuries and disasters.

8. Is aware of the importance of teamwork in emergency health care applications.

9. Be able to work as a team in emergency health care applications.

10. Be able to act in accordance with professional values, ethical principles and legal regulations in the provision of emergency health services.

At the end of this clerkship, the trainees are expected to gain knowledge to perform clinical reasoning processes and patient management in the following symptoms/conditions, and to observe these situations in real patients:

**Table 1. Targeted Levels in Symptoms/Conditions**

|  |  |
| --- | --- |
| **SYMPTOMS/CONDITIONS** | **LEVEL OF LEARNING** |
| Altered mental status | E, PreD, D, DT, P |
| Palpitation | E, PreD, D, DT, P |
| Frostbite | E, PreD, D, DT, P |
| Chest Pain | E, PreD, D, DT, P |
| Hypertension | E, PreD, D, DT, P |
| Insect Bite | E, PreD, D, DT, P |
| Burn | E, PreD, D, DT, P |
| Problems with high altitude and diving | E, PreD, D, DT, P |
| Hypothermia-hyperthermia | E, PreD, D, DT, P |
| Convulsions | E, PreD, D, DT, P |
| Accidents (electric shock, fall, drowning, traffic accidents) | E, PreD, D, DT, P |
| Poisoning | E, PreD, D, DT, P |
| Wounds, injuries | E, PreD, D, DT, P |
| Exposure to corrosive substances | E, PreD, D, DT, P |
| Healthcare services in disasters (earthquake, flood, nuclear, biological, chemical) | E, PreD, D, DT, P |

At the end of this clerkship, the trainees are expected to perform at the level indicated in the table below in the core diseases/clinical problems listed below.

**Table 2. Core diseases/clinical problems and performance level**

|  |  |
| --- | --- |
|  **CORE DISEASES / CLINICAL PROBLEMS** | **LEVEL OF LEARNING** |
| Acute coronary syndrome | PreD, D, E, P |
| Anaphylaxis | PreD, D, E, P |
| Angina pectoris | PreD, D, E, P |
| Aortic dissection | PreD |
| Crush injury | D, E, P |
| Dislocation | D, E |
| Skin injuries | E |
| Freeze injuries | D, E |

|  |  |
| --- | --- |
|  **CORE DISEASES / CLINICAL PROBLEMS** | **LEVEL OF LEERNING** |
| Limb ischemia | D, E |
| Extremity fractures | E |
| Extremity trauma | D, E |
| Epilepsy | PreD, E |
| Essential hypertension | DT, E, P |
| Transient ischemic attack (TIA) | PreD-E-P |
|  **CORE DISEASES / CLINICAL PROBLEMS** | **LEVEL OF LEARNING** |
| Hypoglycemia | PreD, D, E, P |
| Medication side effects | DT, E |
| Stroke | D, E, P |
| Intracranial infections | PreD |
| Raised intracranial pressure syndrome (RICP; acute cerebrovascular events) | E |
| Head Trauma | E |
| Cardiac dysrhythmias | PreD, E |
| Abdominal Trauma | E |
| Accidents (home-work-traffic, electric shock, falling, drowning) | E-P |
| Coma | E |
| Compartment syndrome | D, E, P |
| Coronary artery disease | PreD, E,- P |
| Spine injuries | E |
| Pericardial effusion / tamponade | PreD |
| Pneumothorax | D, E |
| Shock | D, E |
| Thorax trauma | E |
| Urticaria and angioedema | DT, E |
| Foreign body / aspiration | D, E |
| Burns | DT, E |

**Table 3. Learning (Performance) Levels**

|  |  |
| --- | --- |
| **LEARNING LEVEL** | **EXPLANATION** |
| **E** | Should be able to recognize the emergency and perform emergency treatment, and refer him/her to a specialist when necessary. |
| **PreD** | Should be able to make a preliminary diagnosis and make the necessary preliminary actions and direct them to the specialist. |
| **D** | Should be able to make a diagnosis and have knowledge about the treatment, and should direct them to the specialist by making the necessary preliminary procedures. |
| **DT** | He should be able to diagnose, treat. |
| **F** | Should be able to perform long-term follow-up and control in primary care conditions. |
| **P** | Prevention measures (primary, secondary, tertiary prevention as appropriate/ones) should be implemented. |

**BASIC MEDICAL SKILLS**

The basic medical skills levels and minimum number of applications expected from the trainees during this clerkship are given below.

**Table 4. Expected Learning Levels and Expected Minimum Number of Practices for Basic Medical Skills**

|  |  |
| --- | --- |
| **TASKS** | **LEVEL/ MINIMUM EXPECTED APPLICATION** |
| **A. History Taking, Treatment Planning, Record Keeping and Report Preparation** |
| Patient file record keeping | 3 | 3 |
| Taking a history from the patient and relatives | 1 | 3 |
| **B. General and Problem-Oriented Physical Examination** |
| Evaluation of general condition and vital signs | 3 | 3 |
| Respiratory system examination | 3 | 3 |
| Circulatory system examination | 3 | 3 |
| Abdominal examination | 1 | 3 |
| Neurological examination | 1 | 3 |
| Musculoskeletal examination | 4 | 3 |

|  |  |
| --- | --- |
| **TASKS** | **LEVEL/ MINIMUM EXPECTED APPLICATION** |
| **C. Laboratory Tests and Other Related Procedures** |
| Ability to take the laboratory sample under appropriate conditions and deliver it to the laboratory | 1 | 1 |
| Ability to fill in the request form for laboratory examination | 1 | 1 |
| Ability to measure blood sugar with a glucometer | 1 | 1 |
| Ability to take an ECG | 3 | 1 |
| Providing decontamination disinfection sterilization antisepsis | 3 | 1 |
| **D. Interventional and non-interventional medicine practices** |
| Hand washing | 4 | 2 |
| Ability to open vascular access | 1 | 1 |
| Ability to inject IM, IV, SC, ID | 1 | 1 |
| Capillary blood sampling | 1 | 1 |
| Ability to measure blood pressure | 3 | 1 |
| Ability to insert a urinary catheter | 1 | 1 |
| Ability to apply a nasogastric tube | 1 | 1 |
| Ability to applying an enema | 1 | 1 |
| Gastric lavage | 1 | 1 |

|  |  |
| --- | --- |
| **TASKS** | **LEVEL/ MINIMUM EXPECTED APPLICATION** |
| Ability to administer oral, rectal, vaginal and topical drugs | 1 | 1 |
| Ability to care for wounds and burns | 1 | 1 |
| Superficial suturing and retrieving | 1 | 1 |
| Taking measures to stop and limit external bleeding | 1 | 1 |
| To be able to apply and evaluate pulse oximetry | 3 | 1 |
| Provide basic life support | 4 | 1 |
| Airway application | 3 | 1 |
| Ability to remove the foreign body in the airway with the appropriate maneuver | 3 | 1 |
| Ability to endotracheal intubate | 1 | 1 |
| Ability to defibrillate | 2 | 2 |
| Ensuring that the patient is transported appropriately | 1 | 1 |
| Ability to put the patient in a coma position | 3 | 1 |
| Ability to apply oxygen and nebul-inhaler therapy | 1 | 1 |
| Ability to prepare and apply splints | 1 | 1 |
| Ability to apply bandages, tourniquets | 3 | 1 |
| Ability to apply cervical collar | 3 | 1 |
| Ability to remove ticks | 1 | 1 |
| Evaluation of Glasgow Coma Scale (GCS) | 3 | 1 |

 **Table 5. Learning Levels for Skills**

|  |  |
| --- | --- |
| **Learning Level** |  |
| 1 | Knows how the application is done and explains the results to the patient and/or their relatives. |
| 2 | In an emergency situation, makes the application in accordance with the guide / directive. |
| 3 | Makes the application\* in uncomplicated, common, situations / cases |
| 4 | Makes the application\* including complex situations / phenomena. |
| **\*Makes the preliminary evaluation / evaluation, creates and implements the necessary plans, and informs the patient and their relatives / society about the process and its results.** |

**PROFESSIONAL BEHAVIORS AND ATTITUDES**

During this clerkship, you are expected to behave in accordance with professional behaviors and attitudes. In this context, the following principles should be followed during all work:

1. Holistic and sensitive approach to the patient.

2. Establishing an effective communication with the team including the patient, allied health personnel, administrative staff and other colleagues.

3. Acting according to ethical principles.

4. Adopting evidence-based medicine practices.

5. Making a rational approach in the diagnosis and treatment of patients.

6. Obtaining informed consent for each procedure

7. Adopting cooperation in informing and monitoring patients and their relatives.

8. Adopting to make patient referral and referral processes by establishing necessary communications.

9. Knowing and applying responsibilities in preventing hospital infections.

10. Understanding the importance of continuing medical education.

 **YEAR V EMERGENCY MEDICINE CLERKSHIP PROGRAM**

 The clerkship program is given in the table below in general terms. At the beginning of each clerkship, the current program will be distributed to the clerkship group.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 22.11.2021 Monday | 08:30 | 09:20 | Theoric | Triage | Assoc. Prof. Dr. Bedia Gülen |
| 09:30 | 10:20 | Theoric | Cardiopulmonary Resuscitation | Assis. Prof. Dr. Erkan Temizkan |
| 10:30 | 11:20 | Theoric | Cardiopulmonary Resuscitation | Assis. Prof. Dr. Erkan Temizkan |
| 11:30 | 12:20 |  |
|  |  |  |  |  |
| 13:30 | 14:20 | Theoric | Pediatric Cardiopulmonary Resuscitation | Assis. Prof. Dr. Suphi Bahadırlı |
| 14:30 | 15:20 | Quiz |
| 15:30 | 16:20 |
|  |  |  |  |  |
| 23.11.2021 Tuesday   | 08:30 | 09:20 | Application | GROUP A MegaGROUP B EsenlerGROUP C ÇamlıcaGROUP D Pendik |
| 09:30 | 10:20 |
| 10:30 | 11:20 |
| 11:30 | 12:20 |
|  |  |
| 13:30 | 14:20 |
| 14:30 | 15:20 |
| 15:30 | 16:20 |
|  |  |  |  |  |
| 24.11.2021 Wednesday  | 08:30 | 09:20 | Theoric | ECG | Assis. Prof. Dr. Halil İsa Çelik |
| 09:30 | 10:20 | Theoric | ECG | Assis. Prof. Dr. Halil İsa Çelik |
| 10:30 | 11:20 | Quiz |
| 11:30 | 12:20 | Theoric | Approach to the Chest Pain Patient | Assis. Prof. Dr. Mehmet Şam |
|  |  |  |  |  |
| 13:30 | 14:20 | Theoric | Acute Abdominal Syndrome | Assis. Prof. Dr. Suphi Bahadırlı |
| 14:30 | 15:20 | Theoric | Allergy and Anaphylaxis | Assis. Prof. Dr. Serdar Yaşar |
| 15:30 | 16:20 |  |  |  |
| 25.11.2021 Thursday  | 08:30 | 09:20 | Theoric | Emergency Airway Management | Assis. Prof. Dr. Serdar Yaşar |
| 09:30 | 10:20 | Theoric | Rapid Sequential Intubation | Assoc. Prof. Dr. Bedia Gülen |
| 10:30 | 11:20 | Quiz |
| 11:30 | 12:20 | Theoric | Approach to the Patient with Shortness of Breath in the Emergency Department | Assis. Prof. Dr. Serdar Yaşar |
|  |  |  |  |  |
| 13:30 | 14:20 | Theoric | Rhythm Disorders-1 (Approach to the tachycardia patient) | Assoc. Prof. Dr. Bedia Gülen |
| 14:30 | 15:20 | Theoric | Rhythm Disorders-2 (Approach to the bradycardia patient) | Assoc. Prof. Dr. Bedia Gülen |
| 15:30 | 16:20 | Quiz |
|  |
| 26.11.2021 Friday | 08:30 | 09:20 | Application | GROUP A EsenlerGROUP B MegaGROUP C PendikGROUP D Çamlıca |
| 09:30 | 10:20 |
| 10:30 | 11:20 |
| 11:30 | 12:20 |
|  |  |
| 13:30 | 14:20 |
| 14:30 | 15:20 |
| 15:30 | 16:20 |
| 29.11.2021 Monday | 08:30 | 09:20 | Theoric | Acute Wound (Basic Principles and Principles) | Assis. Prof. Dr. Halil İsa Çelik |
| 09:30 | 10:20 | Theoric | Basic and Advanced Wound Care and Closure Methods | Assis. Prof. Dr. Halil İsa Çelik |
| 10:30 | 11:20 | Quiz |
| 11:30 | 12:20 | Theoric | Critical Patient in Emergency (Shock) | Assoc. Prof. Dr. Bedia Gülen |
|  |
| 13:30 | 14:20 | Theoric | Evaluation of Multiple Trauma Patient | Assis. Prof. Dr. Fatih Nazmi Yaman |
| 14:30 | 15:20 | Theoric | Trauma in Special Situations (child, pregnant, elderly)  | Assis. Prof. Dr. Mehmet Şam |
| 15:30 | 16:20 | Quiz |
| 30.11.2021 Tuesday  | 08:30 | 09:20 | Application | GROUP A PendikGROUP B ÇamlıcaGROUP C EsenlerGROUP D Mega  |
| 09:30 | 10:20 |
| 10:30 | 11:20 |
| 11:30 | 12:20 |
| 13:30 | 14:20 |
| 14:30 | 15:20 |
| 15:30 | 16:20 |
|  |
| 01.12.2021 Wednesday   | 08:30 | 09:20 | Quiz |
| 09:30 | 10:20 | Theoric | Head Trauma | Assis. Prof. Dr. Serdar Yaşar |
| 10:30 | 11:20 | Theoric | Abdominal Trauma | Assis. Prof. Dr. Halil İsa Çelik |
| 11:30 | 12:20 | Theoric | Chest Trauma | Assis. Prof. Dr. Fatih Nazmi Yaman |
|  |  |  |  |  |
| 13:30 | 14:20 | Theoric | Patient with Alteration of Consciousness | Assis. Prof. Dr. Suphi Bahadırlı |
| 14:30 | 15:20 | Theoric | Disaster Medicine  | Assis. Prof. Dr. Fatih Nazmi Yaman |
| 15:30 | 16:20 | Quiz |
| 02.12.2021 Thursday | 08:30 | 09:20 | Theoric | Animal Bites and Stings | Assis. Prof. Dr. Suphi Bahadırlı |
| 09:30 | 10:20 | Theoric | Cold emergencies | Assis. Prof. Dr. Fatih Nazmi Yaman |
| 10:30 | 11:20 | Theoric | Electric and Lightning Strikes | Assis. Prof. Dr. Erkan Temizkan |
| 11:30 | 12:20 | Quiz |
|  |  |  |  |  |
| 13:30 | 14:20 | Theoric | Approach to the Poisoned Patient and Decontamination | Assis. Prof. Dr. Mehmet Şam |
| 14:30 | 15:20 | Theoric | Alcohol Intoxication | Assis. Prof. Dr. Serdar Yaşar |
| 15:30 | 16:20 | Quiz |
| 09:30 | 10:20 |  |  |
| 10:30 | 11:20 |
| 11:30 | 12:20 |
| 13:30 | 14:20 |
| 14:30 | 15:20 |
| 15:30 | 16:20 |
| 06.12.2021 Monday | 08:30 | 09:20 | Theoric | Paracetamol and NSAID Excessive Intakes | Assis. Prof. Dr. Erkan Temizkan |
| 09:30 | 10:20 | Theoric | Frequently Used Medicines in the Emergency Department | Assis. Prof. Dr. Halil İsa Çelik |
| 10:30 | 11:20 | Quiz |
| 11:30 | 12:20 |  | Approach to the Seizure Patient in the Emergency Department | Assis. Prof. Dr. Suphi Bahadırlı |
|  |
| 13:30 | 14:20 | Theoric | Oncological emergencies in the emergency department | Assis. Prof. Dr. Mehmet Şam |
| 14:30 | 15:20 | Theoric | Hypoglycemia/hyperglycemia | Assis. Prof. Dr. Fatih Nazmi Yaman |
| 15:30 | 16:20 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 07.12.2021 Tuesday | 08:30 | 09:20 | Practice | GROUP A ÇamlıcaGROUP B PendikGROUP C MegaGROUP D Esenler |
| 09:30 | 10:20 |
| 10:30 | 11:20 |
| 11:30 | 12:20 |
| 13:30 | 14:20 |
| 14:30 | 15:20 |
| 15:30 | 16:20 |
| 08.12.2021 Wednesday | 08:30 | 09:20 | Theoric | Aggressive Patient in the Emergency Department | Assoc. Prof. Dr. Bedia Gülen |
| 09:30 | 10:20 | Theoric | Street drugs | Assis. Prof. Dr. Mehmet Şam |
| 10:30 | 11:20 | Theoric | Consultation | Assoc. Prof. Dr. Bedia Gülen |
| 11:30 | 12:20 |  |  |  |
| Free Time |
| 09.12.2021 Thursday | Free Time |
| 10.12.2021 Friday | 08:30 | 09:20 | Exam – Practice exam |
| 09:30 | 10:20 |
| 10:30 | 11:20 |
| 11:30 | 12:20 |
| 13:30 | 14:20 |
| 14:30 | 15:20 |
| 15:30 | 16:20 |

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| **Learning-Teaching Methods in the Courses and Practices in the Clerkship Program** |
|  |
| In the Emergency Medicine Clerkship program, lectures and practices, propaedeutic studies, service studies, bedside training, consultation and discussions with faculty members and assistants (including assistants) and learning opportunities are provided. The teaching methods applied in the clerkship are briefly explained below. |
|  |
| **1. Lecture:** These are the courses in which theoretical knowledge is shared and discussed in order to compile the necessary information to reach the internship competencies and to be comprehended by the students. |
| **2. Case Discussion:** The approach, diagnosis, differential diagnosis and treatment principles to certain patient groups or admission complaints are discussed with the students in the presence of one or more case reports. As far as possible, these case discussions are held at the bedside with patients in hospital settings. If this is not possible at a specific moment, case discussions are held. |
| **3. Problem-Based Learning:** Students are expected to analyze the case presented to them from symptom to diagnosis and treatment and show an active participation.. |
| **4. Independent Learning in the Clinic:** Independent learning hours are allocated in the program so that students can use their learning opportunities adequately in the learning environments offered to them (library, computer, skills lab, etc.) or in clinical settings such as triage, resuscitation, intervention rooms, emergency care and critical care areas. It is expected that the student will use these hours for activities such as making theoretical preparations in line with the competencies they need to achieve, filling out a patient file, performing a physical examination, taking anamnesis, or monitoring or performing various interventions. |
| **5. Applied Training:** During the internship period, triage is carried out in real clinical settings such as resuscitation, intervention rooms, emergency care and critical care areas. In addition, the approaches to specific patient groups or basic complaints, diagnosis, differential diagnosis and treatment principles, specific examination and treatment procedures, clinical applications, patient interviews are held and discussed with the trainer. |
| **6. Training in the Skills Laboratory:** These are the sessions in which the student has the opportunity to apply the procedure, not on the real patient, but on a manikin, model or peer, using real clinical materials, under the supervision of the trainer, due to ethical rules. Information about the process is presented by first reviewing the learning guide or watching the movie about the process. After the trainer demonstrates the process, each student gains proficiency in the skill by practicing at least once. |
| **7. Skills Training in a Real Clinical Environment**: It is aimed to gain mastery in the skill by giving the student the opportunity to try the skills that he learned in previous years on a mannequin, model or simulated patient in the training laboratories, this time on a real patient or real material. In the real clinical environment, training can be done in the form of students practicing in groups by allocating a special time, as well as in the form of independent practice by the students during independent working hours, and then discussing with the supervisor after the practice. |
| **8. Clinicopathological Discussions:** The process of differential diagnosis through critical cases, patient management is discussed with the trainer in an environment where the students come with preparations beforehand. |
| **9. Case Presentations:** These are the sessions in which students prepare the patients assigned to their responsibility and discuss them with their counselor and groupmates during service work. |
| **10. Task-Based Learning:** Clinical studies are conducted and evaluated on the basis of tasks determined and levels determined by these guides. |

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| **Learning Environments** |
| Learning environments are followed through the clerkship program prepared for each clerkship group: |
|  |
| **1. Classroom:** Theoretical courses are held online/offline (Teams program) or in medical faculty classrooms. |
| **2. Emergency Service:** It is done in the emergency services of Medipol Mega Bağcılar, Esenler, Çamlıca and Pendik hospitals with the faculty members specified in the worksheets given in the program. |
| **3. Simulation Hall:** Training of some skills written in the program (Basic life support practices, intubation, suture techniques, etc.) is done in the skill laboratory. |

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| **Clerkship Continuity** |
| Theoretical courses, bedside training, practical work and attendance at meetings are mandatory during clerkship period. The clerkship day is a whole and the student who cannot be in a part of the daily program is obliged to make up. Students who are absent more than 20% of their internship days are required to repeat the relevant internship. |
|  |
| Students whose absenteeism is less than 20% are required to make up for the absent days at a time determined by the responsible lecturer in order to take the exam. |
| **Assessment and Evaluation** |
| Internship assessment and evaluation methods and their contribution to the internship passing grade are as follows: |
|  |
| **1. Written exam (60%):** It consists of multiple choice questions. At least one question is asked from all theoretical lessons and problem-based learning sessions learned during the internship, covering the learning objectives. |
|  |
| **2. Oral and skill exam (40%):** Oral and skill exams are held in accordance with the learning objectives, covering the theoretical and practical lessons learned throughout the internship, by the juries prepared with at least two faculty members. Each student is asked at least one case scenario. The performance of the student in the oral and skill exam is evaluated with the participation of all faculty members who make up the jury. |
| In order for the student to be considered successful in the Emergency Medicine Internship, he must show sufficient performance (at least 60 points out of 100) in both the written and oral and skill exams. |

**EVALUATION OF THE CLERKSHIP**

At the end of each internship, feedback about the internship is received from the students and shared with the internship managers.

**RECOMMENDED SOURCES END PUBLICATIONS**

1. Lecture notes of lecturers

2. Emedicine.medscape.com

3. UptoDate

4. FOAMED (Free Open Access Meducation – Medical educatio), access https://lifeinthefastlane.com/foam/

5. Emergency.net

6. Journals of Emergency Medicine (Annals of Emergency Medicine, American Journal of Emergency Medicine, European Journal of Emergency Medicine, Turkish Journal of Emergency Mecicine, Anatolian Journal of Emergency Medicine, Eurasian Journal of Emergency Medicine, Journal of Trauma and Emergency Surgery)

7. ACEP Policies

8. EMRA-Emergency Medicine Residents' (and Students') Association. Access www.emra.org

9. www.tatd.org.tr

10. www.atuder.org.tr

11. Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. Tintinalli's Emergency Medicine: A Comprehensive Study Guide 9th edition.

12. David M. CLINE, O. John MA, Rita K. CYDULKA, Garth D. MECKLER, Daniel A. HANDEL, Stephen H. THOMAS, Tintinalli Emergency Medicine Handbook Translation Editor: M.Mahir ÖZMEN.Güneş Kitabevi, ISBN: 9789752774551

13. Rosen's emergency medicine : concepts and clinical practice / [edited by] Ron M. Walls, Robert S. Hockberger, Marianne Gausche-Hill. ninth edition. | Philadelphia, PA : Elsevier, [2018]

14. Eric F. Reichman, ed. Emergency Medicine Procedures.

15. James R. Roberts. Roberts and Hedges' Clinical Procedures in Emergency Medicine.

16. Robert S. Hoffman, Mary Ann Howland, Neal A. Lewin, Lewis S. Nelson, Lewis R. Goldfrank ed. Goldfrank's Toxicologic Emergencies