

 — ISTANBUL — OKAN ÜNİVERSİTESİ	ISTANBUL OKAN UNIVERSITY Faculty of Medicine, Fourth and Fifth Year CLINICAL INTERNSHIP TRAINING GUIDELINES	Document No.	YG. OKN.083	
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CHAPTER ONE

Purpose, Scope, Legal Basis, and Definitions

Purpose

Article 1 – The purpose of this Directive is to regulate the principles of education, training, practice, and assessment related to clinical internships conducted within the scope of undergraduate medical education at the Istanbul Okan University Faculty of Medicine.

Scope

Article 2 – These procedures and principles cover the rules regarding all clinical internship courses and applications in the fourth and fifth years of the Faculty of Medicine.

Legal Basis

Article 3 – This Directive has been prepared in accordance with the Istanbul Okan University Faculty of Medicine Education, Teaching and Examination Regulations.

Definitions

Article 4 – For the purposes of this Directive:

- a) **Chief Coordinator:** Faculty member responsible for supervising processes related to planning and implementing pre-graduation medical education carried out by class coordinators and committee heads.
- b) **Dean's Office:** The Dean's Office of Istanbul Okan University, Faculty of Medicine.
- c) **Integrated System:** A holistic structure in which educational content is prepared collaboratively by relevant departments and presented jointly.
- d) **Formative Assessment:** Evaluations conducted during a course or internship to guide and support student development.
- e) **Rectorate:** The Rectorate of Istanbul Okan University.
- f) **Senate:** The Senate of Istanbul Okan University.
- g) **Class Coordinator:** Faculty member assigned to oversee the educational program of a specific academic year.
- h) **Internship Supervisor:** The head of the relevant department responsible for each internship.
- i) **Summative (Decision-Making) Examination:** Evaluations conducted at the end of a course or internship to measure achievement of educational objectives.
- j) **Faculty of Medicine:** Istanbul Okan University, Faculty of Medicine.
- k) **University:** Istanbul Okan University.

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CHAPTER TWO

Education Model, Plan, and Requirements

Education Model

Article 5 – The education program consists of theoretical courses, practical clinical applications, and elective courses. Each component is discipline-based, outcome-oriented, and independent, while some are integrated and multidisciplinary. Students complete internships in rotation groups defined by the academic calendar.

Education Plan

Article 6 – Fourth and fifth-year programs include the clinical rotations listed in the annexes. The Dean's Office may revise the duration or distribution of internships (ANNEX 1, ANNEX 2).

Operation of Internships

Article 7 –

1. Daily internship hours are 08:30–16:20, extendable to 17:20 if needed.
2. At the start of each internship, an orientation session introduces internship objectives, outcomes, core clinical topics, learning methods, schedule, and assessment procedures.
3. A feedback meeting is held on the final day of each internship.
4. The schedule announced on the first day is mandatory except for extraordinary conditions.
5. Students must wear clean, well-maintained white coats during clinical training.

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Internship Programme and Learning Methods

Article 8 –

Each clinic develops its own internship program in alignment with national core curricula and Faculty competencies. Programs are announced after approval by the Clinical Education Coordinators Committee and the Program Evaluation and Development Committee.

Article 9 – Internship Outside the Institution

Students may request internships in equivalent domestic or international institutions.

Procedures:

- A petition with the educational program, internship dates, and acceptance letter must be submitted to the Dean's Office.
- Requests are evaluated by the Faculty Board.
- The Faculty Board determines validity and grade equivalence.
- Internships deemed invalid must be repeated within the Faculty.

ARTICLE 10 — Learning Methods and Structure of the Internship Programme

1. The internship programme must include appropriate learning methods and tools that address the three fundamental domains of medical education: **knowledge**, **clinical practice**, and **professional attitude/behaviour**.
2. When designing the course schedule, the learning levels of diseases and clinical problems defined in the Clinical Education Programme (CEP) must be considered. Topics classified as “TT – able to diagnose, able to treat” should be given greater emphasis and supported through multiple instructional activities, such as theoretical lectures, case/clinical scenario discussions, treatment and prescription exercises, and bedside teaching.
3. For topics requiring only preliminary diagnosis, course content should focus on diagnostic approaches and appropriate referral criteria, while providing basic information on diseases and health problems—excluding emergency conditions.
4. Courses requiring preliminary diagnosis should be included to a limited extent within the programme.
5. For topics marked with “K”, preventive measures should be emphasised; for topics marked with “İ”, approaches suitable for primary care should be prioritised.
6. Emergency conditions relevant to the specialty should, where possible, be taught under a separate heading, accompanied by structured emergency management algorithms.

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7. Educator-centred and student-centred activities, as well as knowledge-oriented and skills/performance-oriented learning activities, must be balanced and integrated to support one another throughout the programme.
8. Sufficient attention must be given to ensure that teacher-centred theoretical lectures are balanced with other forms of learning activities within the programme.
9. The internship programme must include clearly allocated independent study hours for students.

Assessment and Evaluation Process

ARTICLE 11 — General Principles

1. Each clinic shall determine assessment and evaluation methods aligned with the internship's objectives, learning goals, and intended outcomes. Assessments must include both formative evaluations (conducted during the internship) and summative evaluations (conducted at the end of the internship).
2. The following general principles must be observed in all assessment and evaluation procedures:
 - a. Assessments must be consistent with the internship's learning outcomes and must address critical competencies.
 - b. Assessments must evaluate all three key domains of medical education: knowledge, clinical practice, and professional attitude/behaviour.
 - c. At least 50% of the assessment content must cover topics included in the National Core Curriculum.
 - d. Examination questions should reflect diversity in subject and theme and must adequately represent the full scope of the internship.
 - e. Questions should not solely test recall or explanation of basic concepts, but must also assess clinical reasoning, synthesis, and decision-making.
 - f. Questions must be appropriate for the intended learning level of the core disease or clinical problem being assessed.
 - g. All examination questions must undergo review by the Examination Board or Academic Council, both before and after the examination.

ARTICLE 12 — Assessment Methods Used in Clinical Internships

The following assessment methods are applied:

- a. **Internship Record**
- b. **Final Written Examination**
- c. **End-of-Internship Oral Examination**

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Internship Record

ARTICLE 13

1. The Intern Record Card is designed to observe and evaluate students' medical practices and professionalism-related attitudes/behaviours throughout the internship. Mini-clinical evaluations, case-based assessments, and professionalism-focused evaluation methods must be used.
2. Based on these evaluations, a grade is assigned using the Internship Record Card.

End-of-Internship Oral Examination

ARTICLE 14

1. The oral examination aims to evaluate students' clinical knowledge, clinical reasoning and decision-making ability, treatment and follow-up planning, clinical skills, and professionalism through case- or patient-based assessment. Question and assessment pools must be created in advance, aligned with internship learning outcomes and learning levels of diseases/clinical problems.
2. Oral examinations are conducted by a jury composed of faculty members from the relevant department. If the department lacks sufficient faculty members, the Dean's Office may appoint faculty from nearby clinics.
3. After the juries are formed, the student list is divided into groups according to the number of examiners. Juries for each group are assigned by lottery.
4. Unless they have a valid excuse, all faculty members assigned to the internship must participate in the examination.
5. Students must attend the examination at the designated time and location wearing a clean, well-maintained white coat.
6. Students are examined individually and must present valid identification documents.

End-of-Internship Written Examination

ARTICLE 15

1. The written examination assesses students' clinical knowledge, reasoning, and decision-making. Multiple-choice, matching, and/or short-answer case-based questions must be used to measure clinical reasoning and decision-making skills.

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Calculation of Internship Success Grade

ARTICLE 16

1. The Internship Success Grade is calculated by considering the combined contribution of all assessments performed during the internship, including knowledge, skill, and performance evaluations.
2. A minimum grade of 60 (sixty) is required to be considered successful.

Make-up Examinations

ARTICLE 17

1. Students who meet attendance requirements but fail an internship must take make-up examinations at the end of the academic year.
2. The make-up exam schedule is announced by the Dean's Office at the beginning of each academic year.
3. Make-up exams follow the same written and oral assessment procedures used in the regular internship examinations.
4. Students who fail again based on the make-up examination results must repeat the failed internship(s) at the beginning of the following academic year, provided they meet attendance requirements.
5. Students cannot progress to the next academic level until they pass all required internships after the make-up examinations.

Excused Examination

ARTICLE 18

1. Students must notify the Faculty Secretary's Office of any valid excuse preventing them from taking the exam within five (5) working days, submitting a written request. The Faculty Management Board reviews and decides on each application. Approved students are granted the right to take a make-up exam.
2. Make-up exams for excused students are conducted using the same assessment methods as the end-of-internship examinations.
3. Excused examinations are not counted as regular make-up examinations.

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Attendance Status

ARTICLE 19

1. Attendance of at least 80% of the clinical internship is mandatory.
2. If a student's absence exceeds 20%, the student is deemed "absent" and is not allowed to take end-of-internship examinations. The internship must be repeated in the following term.

Feedback

ARTICLE 20

1. In each clinical internship group, verbal and electronic feedback is collected from students to improve internship programmes.
2. During oral feedback sessions held on the final day of each internship, students and faculty discuss achievement of learning outcomes and any issues encountered. These sessions are documented by the internship supervisor and submitted in writing to the Dean.
3. Electronic feedback is collected via online feedback questionnaires completed by students.
4. The Dean's Office evaluates all feedback and forwards relevant information to committees, departments, and teaching staff for quality improvement.

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THIRD SECTION

Duties

Chief Coordinator and Responsibilities

ARTICLE 21 —

1. The duties of the Chief Coordinator shall be performed by a faculty member appointed by the Vice Dean or the Dean who is responsible for pre-graduation medical education.
2. The Chief Coordinator is responsible for ensuring coordination among class coordinators, maintaining vertical integration during the preparation of educational programmes, and organising subject distribution within course committees and clinical internships.

Class Coordinator and Responsibilities

ARTICLE 22 —

The Class Coordinator is responsible for the following duties to ensure the effective operation of the Education and Training programmes:

1. Ensuring the smooth and uninterrupted execution of the education and training programmes for their respective academic year.
2. Reporting to the Coordinators' Committee any arrangements relating to their own academic term that are to be included in the Education and Training Guide.
3. Monitoring and ensuring the participation and compliance of teaching staff with the education and training programmes.
4. Reporting any disruptions encountered during programme implementation and submitting proposed solutions to the Coordinators' Board.
5. Ensuring that the physical and technical infrastructure required for teaching activities is appropriate and adequate.
6. Preparing examination question booklets and optical answer forms, conducting technical checks before printing, and ensuring secure reproduction and safeguarding of exam materials.
7. Ensuring that examinations are conducted in accordance with the Faculty of Medicine Education, Teaching and Examination Regulations, including preparing examination venues, creating answer keys, and ensuring that the examination process is carried out in a disciplined and orderly manner.
8. Ensuring that examination results are evaluated and announced to students in a timely manner.

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9. Reviewing students' written appeals related to assessment and evaluation matters and reaching a decision together with the relevant faculty member and/or the academic committees of the relevant Department or Scientific Board; when no final decision can be reached, referring the matter to the Coordinators' Board.
10. Organising communication meetings attended by student representatives.
11. Ensuring that all feedback surveys related to education and teaching are administered, evaluating the overall effectiveness of education and teaching at the end of the academic year, and presenting the results to the Coordinators' Board.
12. Ensuring that internship forms and internship record documents are completed regularly during the 4th, 5th, and 6th semesters, and reporting any issues arising in these matters to the Coordinators' Committee when necessary.

Academic Advisor and Responsibilities

ARTICLE 23 —

1. Provides academic guidance and support to the student throughout the entirety of their educational life.
2. At the beginning of each academic year, during the course registration and add/drop periods, the advisor informs and assists students regarding compulsory undergraduate courses, additional courses required during the pre-clinical period, elective courses, other elective options suitable for students' interests, and course credit requirements.
3. Informs and guides students about domestic and international exchange programmes, horizontal and vertical transfer opportunities, and directs students to various centres and support services within the University when necessary.
4. Communicates student feedback to relevant units and informs the student about the outcomes and processes related to their feedback.

Duties and Responsibilities of Intern Students

ARTICLE 24 —

1. Monitors educational programmes using printed and electronic resources and actively participates in all scheduled educational activities.
2. Takes responsibility for self-directed learning in relevant clinical units during times outside scheduled lectures and practical training sessions.
3. Obtains information from patient files regarding medical history, physical examination findings, diagnostic and treatment algorithms, and treatment processes, and prepares patient files when assigned.
4. Presents the patients or patient files they are responsible for during bedside teaching sessions.
5. Actively participates in medical services related to patient care.

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6. Adheres to professional principles, including ethics, effective communication, and a biopsychosocial approach to patient care.
7. Improves their medical skills through the guidance of trainers, participation in educational processes, and collaboration with other members of the healthcare team.
8. Obtains information regarding internship programmes from the class student representative and the faculty member responsible for internships.
9. Provides feedback at the end of each internship using the specified evaluation methods and procedures, contributing to the improvement of the educational programme.
10. Complies with all procedures and principles outlined in the Istanbul Okan University Faculty of Medicine Education, Teaching, and Examination Regulations.

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FOURTH SECTION

Other Provisions, Enforcement and Implementation

Cases Not Covered by the Provisions

ARTICLE 25 —

1. In matters not expressly regulated by this Directive, the provisions of the Istanbul Okan University Faculty of Medicine Education, Teaching and Examination Regulations, as well as decisions of the Faculty Management Board, shall apply.

Entry into Force

ARTICLE 26 —

1. This Directive shall enter into force on the date of its approval by the Senate.

Implementation

ARTICLE 27 —

1. The provisions of this Directive shall be implemented by the Dean of the Faculty of Medicine on behalf of the Rectorate of Istanbul Okan University.

ANNEXES

- ANNEX 1 — FR.EOG.018 — Istanbul Okan University Faculty of Medicine 4th Year Internship Programme
- ANNEX 2 — FR.EOG.019 — Istanbul Okan University Faculty of Medicine 5th Year Internship Programme

REVISIONS

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