Tıp Fakültesi

Marmara University - Eastern Mediterranean University

International Joint Medical Program

Year One

Introduction to Clinical Skills

Course Guidebook

Contents

2025-2026 Academic Year

General information about the 'Introduction to Clinical Skills (ICS)' course program within the MU-EMU International Joint Medical Program curriculum

ICS courses, which take an important part in our curriculum, are given in the pre-clinical phase. The basic contents of these multi-component courses are given in the table below.

ICS-1			**ICS-2**			**ICS-3**		
MDN1707 3 credits	MDN1705 3 credits	MDN1706 3 credits	MDN2705 3 credits	MDN2706 3 credits	MDN2607 3 credits	MDN3705 3 credits	MDN3706 3 credits	MDN3707 2 credits
Clinical Skills Laboratory & Introduction to First Aid	Communication Skills & Introduction to Medical Interview	Introduction to Student Research and Computer Skills	Basic Clinical Skills	Human in Medicine	Evidence Based Medicine	Basic Medical Practice	Clinical Skills Laboratory	Student Research Activity
First aid, hand washing, glove wearing, CPR	Effective communication, active listening, group dynamics	Theme: "Explore your universe"	History taking, aspiration, injection, suturing, physical examination	Social concepts, ethics, art and humanities	Theme: "Health and community"	Advanced communication skills, Hospital visit	Physical examination of systems	Theme: "Patients and diseases"

1. Clinical Skills Laboratory & Introduction to First Aid (ICS-1 CSL-FA)

Introduction to First Aid (FA)

Course Outcomes	Teaching Methods
• Explains how to recognize and respond to life-threatening emergencies. • Teach choking (Heimlich maneuver) and CPR for infants and adults. • Teach bleeding control, shock management, burn management, wound care, and fracture and dislocation management.	• Video presentation. • Tutor presentations. • Manikin demonstration of tutors and student practice sessions.

This course provides a comprehensive introduction to first aid principles and techniques. It is designed for medical students and aims to equip them with the essential skills to respond effectively to various medical emergencies and injuries. The course will cover a wide range of topics, including:

- Basic Life Support (BLS): Learn how to recognize and respond to life-threatening emergencies.
- Cardiopulmonary Resuscitation (CPR): Master the techniques of chest compression and artificial ventilation to restore circulation and breathing.
- Bleeding Control: Learn effective methods to stop bleeding from various types of wounds.

- Shock Management: Recognize the signs and symptoms of shock and implement appropriate interventions.
- Wound Care: Understand how to properly clean, dress, and bandage wounds to prevent infection and promote healing.
- Burn Management: Learn how to assess and treat burns of varying degrees.
- Fracture and Dislocation Management: Understand how to immobilize and support fractures and dislocations.

The First-Aid course will provide you with the knowledge and skills to confidently respond to medical emergencies.

Clinical Skills Laboratory (CSL)

Course Outcomes	Teaching Methods
• Explains the importance of hand hygiene for healthcare. • Demonstrates how to wash hands and wear medical gloves.	• Video presentation. • Tutor presentations. • Demonstration of tutors and student practice sessions.

Introduction to Hand Hygiene and Sterile Glove Wearing

Hand hygiene and sterile glove wearing are fundamental practices in healthcare settings to prevent the transmission of infections. This course will provide you with the knowledge and skills necessary to perform these techniques correctly and consistently.

Key topics covered in this course include:

- Importance of Hand Hygiene: Understanding the role of hand hygiene in preventing healthcare-associated infections.
- Proper Handwashing Technique: Learning the correct steps for effective handwashing, including the duration and specific handwashing motions.
- Alcohol-Based Hand Rubs: Exploring the use of alcohol-based hand rubs as an alternative to handwashing in certain situations.
- Sterile Glove Wearing: Mastering the technique of donning and doffing sterile gloves to maintain a sterile field during procedures.
- Maintaining Aseptic Technique: Understanding the principles of aseptic technique to prevent contamination during procedures.

By the end of this course, you will be able to:

- Demonstrate proper handwashing technique.
- Use alcohol-based hand rubs effectively.
- Don and doff sterile gloves aseptically.
- Apply aseptic principles to maintain a sterile field.

Effective hand hygiene and sterile glove wearing are essential for patient safety and preventing the spread of infections.

During Clinical Skills Laboratories, you will watch and demonstrate a number of basic procedural skills and physical examination techniques.

- As teaching methods; video presentations, tutor presentation and especially demonstration and coaching will be used.
- You will be provided with many opportunities to demonstrate all skills one by one, under supervision and get individual feedback which is very valuable for skill improvement.
- If you want to study individually on the models, you can take an appointment from the CSL worker.

You are expected to wear a white coat at the sessions. Also, you may be requested to bring certain materials like sterile gloves or injectors. These requirements will be announced later, so please follow the related announcements.

A copy of the course guide which includes all checklists of the skills and brief descriptions about the needs, materials and policies of these skills will be supplied from the Clinical Skills Laboratory.

The checklists used in practical laboratories are attached to this guidebook.

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Hand Washing

Skill sequence		
1) Removes jewelry. Turns on water and adjusts force		
2) Wets the hands and wrist area. Keep hands lower than elbows to allow water flow towards fingertips.		
3) Uses about 1 teaspoon liquid soap and dispenser and lathers thoroughly covers all area of hands with the soap product.		
4) With firm rubbing and circular motions, washes the palms and backs of the hands, each finger, the areas between the fingers, and knuckles and wrists.		
5) Continues this friction motion for at least 15 seconds.		
6) Uses fingernails of the opposite hand or clean orange wood sticks to clean under fingernails.		
7) Rinses thoroughly with water flowing towards fingertips.		
8) Pats hands dry with a paper towel, beginning with the fingers and moving downwards toward forearms, and discard it immediately.		
9) Uses another clean towel off the faucet. Discards towel immediately without touching other clean hand.		
Total		

Figure 1. Hand washing procedure.

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Wearing Gloves

Skills sequences		
1) Removes outer glove package wrapper by carefully separating and peeling apart sides		
2) Lays inner package on clean, flat surface. Opens package, keeping gloves on wrapper's inside surface		
3) Identifies right and left gloves. Gloves dominant hand first		
4) With thumb and first two fingers of non-dominant hand, grasp edge of cuff of glove for dominant hand		
5) Carefully pulls glove over dominant hand, leaving cuff. Make sure thumb of fingers are in proper spaces		
6) With gloved dominant hand, slip fingers underneath second glove's cuff		
7) Carefully pulls second gloves over non-dominant hand. Does not allow fingers and thumb of gloved dominant hand to touch any part of exposed non-dominant hand		
Total		

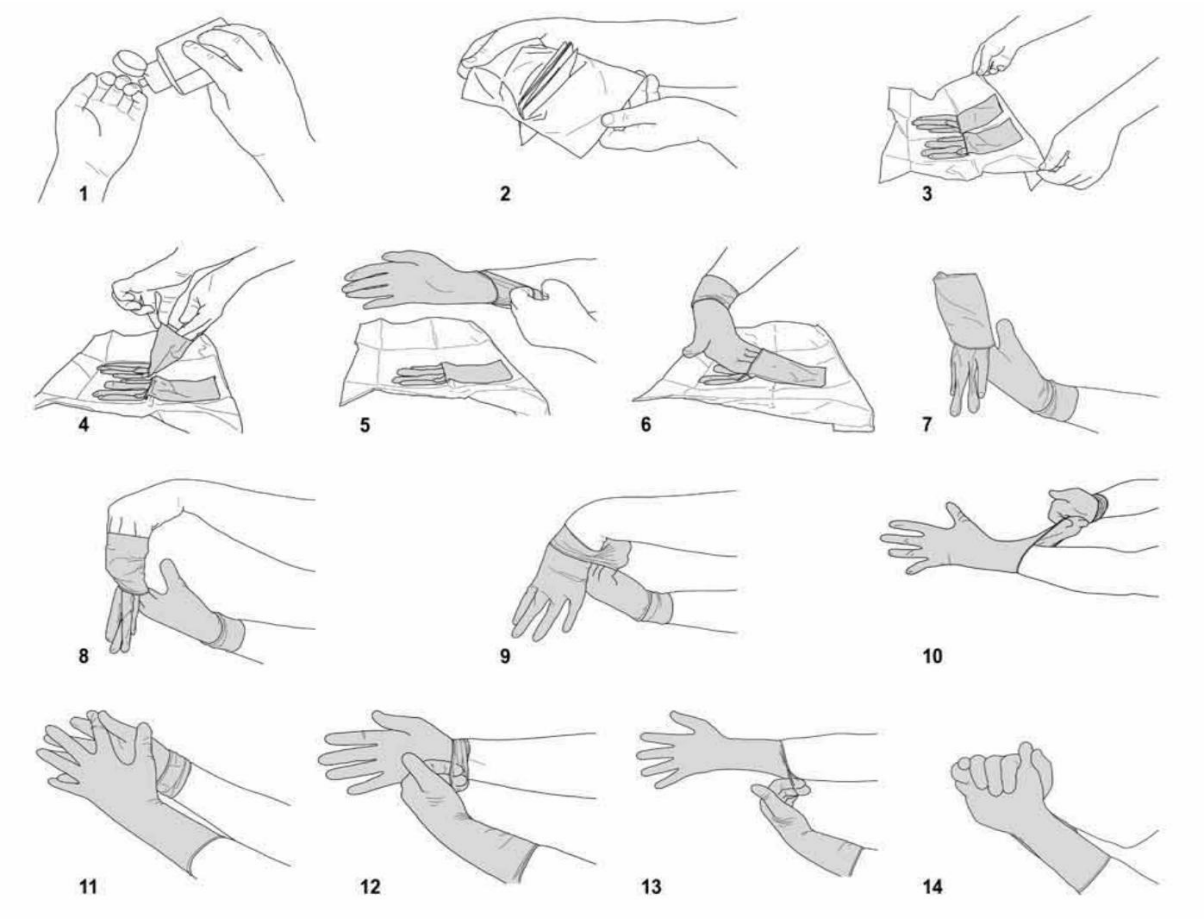


Figure 2. Wearing sterile gloves procedure.

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Log Roll

Skills sequences		
1. Ensure scene safety.		
2. Explain the procedure to the team and casualty (if conscious).		
3. Assign a team leader to give commands.		
4. Minimum of 3/4 trained rescuers (head, chest, hips, legs).		
5. Prepare spinal board / stretcher.		
6. Head rescuer: Controls cervical spine, gives all verbal commands.		
7. Rescuer 2: At shoulders/chest. Rescuer 3: At pelvis/hips. Rescuer 4: At legs.		
8. Additional rescuer: Places board under casualty when rolled.		
9. Head rescuer maintains C-spine immobilization (manual in-line stabilization).		
10. Head rescuer instructs: “On my count, prepare to roll.”		
11. Rescuers position hands on casualty: Rescuer 2: shoulder and upper torso. Rescuer 3: pelvis and hip. Rescuer 4: thigh and leg.		
12. On leader’s count: “Ready, roll.” — casualty rolled in one motion toward rescuers, maintaining alignment (head, neck, spine, legs in one axis).		
13. Inspect and palpate back for: wounds, bleeding, deformities.		
14. Insert spinal board under casualty.		
15. On leader’s count: “Ready, return.” — casualty rolled back onto board as one unit.		
16. Adjust and secure casualty on board (straps, head blocks).		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Cervical Collar Application Checklist

Preparation		
1. Ensure scene safety and body substance isolation (gloves, mask if needed).		
2. Explain the procedure to the patient.		
3. Assign one rescuer to maintain manual in-line stabilization of the head and neck.		
4. Select correct collar size.		
5. Prepare collar (open, adjust to measured size).		
Application		
1. Rescuers always maintain in-line stabilization.		
2. Place the collar's back portion behind the patient's neck.		
3. Gently slide front portion under the chin, supporting the jaw.		
4. Secure Velcro/fastener firmly but not too tight.		
5. Confirm that chin is well supported and collar is centered.		
Post-Application Checks		
1. Assess airway, breathing, and circulation after collar placement.		
2. Check skin integrity under collar contact points.		
3. Ensure collars do not obstruct airways or cause difficulty swallowing.		
4. Verify that the patient's head and neck remain immobilized.		
5. Reassess circulation, sensation, and motor function in extremities.		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Sling and Swathe

Preparation		
1. Explain procedure to patient.		
2. Gather triangular bandage and wide bandage (or folded sheet).		
3. Seat the patient comfortably, keeping the injured arm supported.		
Applying the Sling		
1. Place the injured arm across the chest with the elbow bent at ~90°.		
2. Position triangular bandage under the arm.		
3. Bring ends up around the neck and tie at the side of the neck.		
4. Make sure that the fingers are visible.		
Apply the Swathe		
1. Use a broad bandage (folded triangular bandage or sheet).		
2. Wrap it around the chest and over the slinged arm.		
3. Tie securely at the back, keeping arm snug against the chest.		
4. Ensure no excessive tightness		
After application		
1. Recheck and Reassess the P/M/S		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Splinting

Preparation		
1. Ensure scene safety and use PPE (gloves, mask if needed).		
2. Explain the procedure to the patient.		
3. Select the appropriate splint (rigid, soft, vacuum, SAM, improvised).		
4. Gather materials: splint, padding, bandages/tape, scissors.		
5. Expose the injured area (cut clothing, if necessary, and avoid unnecessary movement).		
Assessment Before Splinting		
1. Control bleeding before splinting (direct pressure, dressing, tourniquet if needed).		
2. Assess distal circulation (pulse, capillary refill).		
3. Assess motor function (movement of fingers/toes).		
4. Assess sensation (ask about numbness, tingling).		
5. Treat open wounds with sterile dressings before splinting.		
Splint Application		
1. Support the injured limb above and below the injury site.		
2. Apply splint without moving the extremity unnecessarily.		
3. Pad all bony prominences to prevent pressure sores.		
4. Immobilize joints above and below the fracture site.		
5. Secure splint snugly with bandages/tape — not too tight.		
6. Re-check alignment; do not attempt to realign unless there is no pulse and you are trained.		
Post-Splint Assessment		
1. Reassess circulation, sensation, movement (CSM) distal to the injury.		
2. Ensure limb is not cold, pale, or pulseless after splinting.		
3. Check splint security and comfort.		
Transport		
1. Elevate injured extremity if possible.		
2. Apply cold pack (ice, wrapped in cloth) if indicated.		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Wound Care

Wound Care		
1. Ensure scene and provider safety (gloves, eye protection, sterile field).		
2. Inspect wound: location, size, depth, edges, foreign body, devitalized tissue.		
3. Direct pressure with sterile gauze for hemostasis		
4. Elevation of the limb if appropriate.		
5. Use hemostatic agents or tourniquet only if uncontrolled bleeding.		
6. Remove gross debris from the wound.		
7. Copious irrigation with normal saline or sterile water (≥ 50–100 mL per cm of wound).		
8. Use high-pressure syringe irrigation (18–19-gauge catheter with 30–60 mL syringe).		
9. Avoid antiseptics inside wound (cytotoxic).		
10. Remove foreign material (gravel, glass, dirt).		
11. Closure techniques (staples-suture-tissue adhesives)		
12. Apply sterile dressing (non-adherent).		
13. Tell to keep clean and change the dressing daily.		
14. Tetanus immunisation or antibiotics if needed.		
Wound Care in Burns		
1. Ensure scene safety (remove patient from source: flame, chemical, electrical).		
2. Stop the burning process (remove hot/contaminated clothing, irrigate chemicals).		
3. Cool the burn with cool running water for 20 minutes.		
4. Assess ABC (Airway, Breathing, Circulation).		
5. Gently cleanse with sterile saline.		
6. Debride loose blisters/necrotic tissue (controversial – follow local protocol).		
7. Apply topical antimicrobial (silver sulfadiazine, bacitracin, or modern dressings		
8. Cover with sterile non-adherent dressing.		
9. Elevate burned extremities to reduce edema.		
10. Tetanus prophylaxis.		
11. Clean daily, apply topical antimicrobial and sterile dressing.		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Introduction to the Physical Exam: General Observation and Measuring Vital Signs

1.	**Preparation**	
	Wash hands thoroughly and ensure hand hygiene (wear gloves when necessary)	
	Prepare and check all necessary equipment: • Thermometer • Sphygmomanometer (appropriate cuff size) • Stethoscope • Watch or timer • Pulse oximeter	
	✓ Ensure a quiet, comfortable, and private environment.	
	✓ Identify the patient and explain the procedure.	
	✓ Obtain consent before proceeding.	
	✓ Ensure the patient is at rest before taking measurements.	
2.	**General Appearance**	
	✓ Describe the general appearance of your patient. ✓ Indicate whether they appear to be in distress. ✓ If not, "No acute distress"	
3.	**Body Temperature**	
	Take an oral temperature using a digital thermometer: ✓ Oral temperature (avoid immediately after eating, drinking, or smoking).	
	Clean thermometer before and after use. ✓ Disinfect the probe tip with alcohol swab or use disposable probe covers. ✓ For glass thermometers, rinse with cool water, wipe with alcohol, and ensure no cracks.	
	Body Temperature Measurement (oral): ✓ Correct placement of the thermometer – ask patient to please open their mouth and lift tongue, place thermometer under tongue, ask patient to close their mouth ✓ Ensure close contact with the measurement site and avoid movement during reading. ✓ Wait the recommended duration, read and record the temperature reading.	
	Indicate whether the temperature is normal or abnormal. ✓ Normal range: 36.5–37.5°C (97.7–99.5°F). ✓ Febrile: >38.0°C (100.4°F).	
4.	**Pulse**	
	Ensure the patient's arm is relaxed and supported: ✓ Position the patient in a comfortable seated position. ✓ Extend the arm with the palm facing upward and rest it at heart level. ✓ Make sure the patient is calm (recent physical activity or anxiety may transiently increase pulse rate).	
	Use the correct technique and site: ✓ Place the pads of your index and middle fingers lightly over the radial artery ✓ Assess the Rate, Rhythm and Strength of the Pulse ✓ Check both radial pulses simultaneously to assess symmetry	
	Pulse Rate: ✓ Use a watch with a second hand or a timer.	

	✓ Count the number of beats for a full minute	
	Rate (bpm): ✓ Note the rate as normal or abnormal. Normal adult range: 60–100 beats per minute (bpm) Tachycardia: >100 bpm Bradycardia: <60 bpm Rhythm: ✓ Note the rhythm as regular or irregular. ✓ If irregular, note if regularly irregular or irregularly irregular. Regular: Constant interval between beats. Irreguler (regularly or irregularly) Strength (Amplitude): ✓ Grade the pulse. ✓ Check for symmetry of the radial pulses. (0: Absent/ 1+: Weak or thready/ 2+: Normal/ 3+: Full / 4+ Bounding)	
	Record your findings: • Document rate, rhythm, strength, and site used • Note any irregularities, pulse deficit or asymmetry.	
5.	**Respiratory Rate**	
	Observe and count the breaths per minute. ✓ After checking the pulse, use this opportunity to observe your patient's breathing. ✓ Observe the rise and fall of the chest or abdomen without informing the patient that breathing is being counted—this prevents alteration of the breathing pattern. ✓ One respiration equals one inspiration and one expiration. ✓ Count for a full minute using a timer or watch with second hand.	
	Record the respiratory rate and indicate whether it is normal or abnormal. • Rate (breaths per minute): o Normal: 12–20 breaths/min o Tachypnea: >20 breaths/min o Bradypnea: <12 breaths/min	
6.	**Oxygen Saturation**	
	✓ Explain the procedure to the patient to reduce anxiety and movement. ✓ Remove nail polish, artificial nails, or dirt from the measurement site. ✓ Make sure the extremity is warm and well-perfused—cold or cyanotic fingers can give false readings. ✓ Place the pulse oximeter securely on the patient's finger. ✓ Allow several seconds for the waveform and numerical display to stabilize. ✓ Record % oxygen saturation	
7.	**Blood Pressure**	
	Confirm patient positioning and preparation: ✓ Ensure the patient is seated comfortably, relaxed, and has rested for at least 5 minutes before measurement. ✓ The environment should be quiet, and the patient should avoid talking, caffeine, exercise, or smoking for 30 minutes prior. ✓ Support the patient's arm so it is at heart level—rested on a table or armrest, palm facing upward. ✓ Feet should be flat on the floor, legs uncrossed, and back supported to prevent falsely elevated readings. ✓ Make sure the selected arm is free of clothing. ✓ Palpate the brachial artery	
	Choose the correct cuff size:	

	✓ The width of the cuff bladder should cover about 2/3 of the upper arm's length, and the bladder should encircle at least 80% of the arm's circumference. ✓ Using a cuff that is too small can overestimate blood pressure; a too large cuff can underestimate it. ✓ Position the cuff snugly around the upper arm with the lower edge 2–3 cm above the antecubital fossa. ✓ Align the artery marker on the cuff with the brachial artery (medial aspect of the arm).	
	Palpatory Method (Estimate Systolic) ✓ Palpate the brachial pulse while inflating the cuff. ✓ Note the pressure where the pulse disappears (estimated systolic). ✓ Place the stethoscope diaphragm over the brachial artery below the cuff. ✓ Ensure good skin contact—avoid touching clothing or the cuff. ✓ Deflate slowly at 2–3 mmHg per second. ✓ Listen for Korotkoff sounds: Record the first of at least two consecutive sounds as the systolic. Diastolic is identified by the last sound heard. ✓ Systolic Pressure (first clear tapping)/ Diastolic Pressure (disappearance of sound). ✓ Measure blood pressure in both arms for comparison.	
	Record the blood pressure and indicate whether it is normal or abnormal. ✓ Note the arm used and patient in seated position ✓ Identify classification: o Normal < 120/80 mmHg o Elevated 120–129/<80 mmHg o Hypertension ≥ 130/80 mmHg	

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Recovery Position

Instructions		
1. Ensure scene is safe.		
2. Arm placement ☐ Place the nearest arm out at a right angle to the body, elbow bent, palm facing up ☐ Place the other arm across the chest, with the hand against the cheek closest to you		
3. Leg positioning ☐ Lift the leg furthest away from you ☐ Bend it until the foot is flat on the ground		
4. Rolling the person ☐ Use the bent leg to roll the person toward you ☐ Keep the hand pressed against the cheek as you roll		
5. Final position check ☐ Head is tilted back to keep the airway open ☐ Mouth is facing downward to allow fluids to drain ☐ Bent knee prevents the body from rolling onto the stomach ☐ Hand continues to support the head.		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Choking

Instructions		
1. Ensure scene safety.		
2. ASSESS FOR SEVERE AIRWAY OBSTRUCTION Signs of severe FBAO: ✓ Weak or absent cough ✓ Unable to speak ✓ Cyanosis (blue lips/skin) ✓ Altered mental status ✓ Apnea (not breathing)		
3. IF SEVERE FBAO IS ABSENT Encourage the adult to keep coughing. Continue to monitor for worsening signs.		
4. IF SEVERE FBAO IS PRESENT Activate emergency response system		
5. IS THE ADULT RESPONSIVE? YES – RESPONSIVE ADULT Start repeated cycles of: • 5 back blows (between shoulder blades) • 5 abdominal thrusts Repeat cycles until: • Object is expelled OR • Adult becomes unresponsive If object is expelled: • Continue to monitor until advanced care arrives NO – UNRESPONSIVE ADULT Start CPR immediately • Begin with chest compressions • Before giving breaths, look for visible object • Remove object only if seen • Do not perform blind finger sweeps Continue CPR until: • Object is removed • Victim resumes breathing • Advanced care takes over		

6. SPECIAL CONSIDERATIONS For late pregnancy or if abdominal thrusts are not possible, therefore use 5 chest thrusts instead of abdominal thrusts		
7. IMPORTANT NOTES ☐ Encourage coughing if airway is only partially blocked ☐ Do not delay emergency activation with severe obstruction ☐ Transition to BLS/CPR algorithm if the victim becomes unresponsive		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Adult Basic Life Support (CPR & AED) Checklist (*ERC Guidelines 2025*)

Instructions		
1. SAFETY Ensure you, the victim, and bystanders are safe.		
2. RESPONSE ✓ Gently shake the shoulders ✓ Ask loudly: "Are you all right?"		
3. ALERT EMERGENCY SERVICES ✓ If unresponsive, call emergency services (or ask someone else) ✓ Stay with the victim if possible ✓ Use speaker / hands-free mode so you can start CPR while talking		
4. AIRWAY ✓ If no response, place the victim on their back ✓ Open airway using head tilt & chin lift		
5. BREATHING (≤ 10 seconds) ✓ Look for chest movement ✓ Listen for breathing sounds ✓ Feel for breath on your cheek ✓ Abnormal breathing (gasping, slow, noisy) = NOT normal		
6. SEND FOR AED ✓ Send someone to get an AED if available ✓ If alone:Get AED only if you can return and apply it within 1 minute Otherwise, start CPR immediately		
7. CIRCULATION – CHEST COMPRESSIONS ✓ Kneel beside the victim ✓ Place heel of one hand in the centre of the chest ✓ Place other hand on top and interlock fingers ✓ Keep arms straight ✓ Position shoulders vertically above chest ✓ Compress 5–6 cm ✓ Allow full chest recoil ✓ Do not lose hand contact ✓ Rate: 100–120 compressions/min		
8. COMPRESSION-ONLY CPR (If Untrained / Unable to Give Breaths) ✓ Give continuous chest compressions ✓ Rate: 100–120/min ✓ Do not stop unless: o AED arrives o Victim shows signs of recovery o You are exhausted o Help takes over		
9. COMBINE BREATHS WITH COMPRESSIONS (If Trained) ✓ After 30 compressions, open airway again ✓ Pinch nose closed ✓ Maintain chin lift ✓ Take a normal breath ✓ Seal lips around victim's mouth		

✓ Blow for 1 second, watch chest rise ✓ Allow chest to fall ✓ Give second breath ✓ Total breaths = 2 ✓ Resume compressions immediately ✓ Do not pause compressions > 10 seconds ✓ Continue 30:2 ratio		
10. WHEN AED ARRIVES ✓ Switch AED ON ✓ Expose chest ✓ Attach electrode pads ✓ Continue CPR while pads are applied (if more than one rescuer)		
11. FOLLOW AED INSTRUCTIONS ✓ Follow spoken and visual prompts ✓ If shock advised: Ensure no one is touching the victim Press shock button when told Resume CPR immediately ✓ If no shock advised: Resume CPR immediately		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Infant Resuscitation (CPR) and Recovery Position

Instructions		
1. **Scene Assessment:** Ensure the environment is secure and free of hazards before approaching the infant.		
2. **Assessment of Responsiveness**: Evaluate the infant for a response. Gently stimulate the infant by tapping the shoulders or flicking the soles of the feet. State loudly, "Are you okay?"		
3. **Activation of Emergency Medical Services (EMS)** If the infant is unresponsive: • With assistance: Direct a specific bystander to call local emergency services immediately. • Alone: Perform two minutes of resuscitative care before pausing to call emergency services.		
4. **Positioning** Place the infant in a supine position (face up) on a firm, flat surface. Maintain a **neutral "sniffing" position** by slightly tilting the head back and lifting the chin; avoid overextending the neck.		
5. **Respiratory Assessment** Observe the infant for breathing for no more than 10 seconds. Use the **"Look, Listen, and Feel"** method to check for chest rise, breath sounds, or air movement against your cheek.		
6. **Initial Rescue Breaths** If the infant is not breathing, deliver two rescue breaths. Cover both the infant's nose and mouth with your mouth, creating a complete seal. Deliver each breath over one second, ensuring visible chest rise. **Note:** If the infant collapsed suddenly (witnessed cardiac arrest), bypass initial breaths and begin chest compressions immediately.		
7. **Chest Compressions** Position two fingers in the center of the chest, just below the nipple line. • **Depth:** Compress to approximately one-third the depth of the chest (about 1.5 inches). • **Rate:** Perform compressions at a rate of 100–120 beats per minute.		
8. **Ventilation Technique** Maintain the airway using the head-tilt/chin-lift maneuver. Provide two breaths after every set of compressions, ensuring the chest rises with each ventilation. **Step 9: Compression-to-Ventilation Ratio** • **Single Rescuer:** 30 compressions to 2 breaths. • **Two Rescuers:** 15 compressions to 2 breaths.		
9. **Compression-to-Ventilation Ratio** • **Single Rescuer: 30 compressions to 2 breaths.** • **Two Rescuers: 15 compressions to 2 breaths.**		
10. **Continuation of Care** Continue cycles of CPR until one of the following occurs: • The infant exhibits signs of life (spontaneous movement or breathing). • EMS personnel arrive and assume care. • The rescuer becomes physically unable to continue. • The scene becomes unsafe.		
11. **Recovery Position** If the infant regains consciousness and resumes normal breathing, place them in the recovery position (on their side) while monitoring their condition until medical help arrives.		
Total		

CLINICAL SKILLS LABORATORY / CHECKLIST

NAME & SURNAME: NUMBER:

Infant Airway Obstruction (Choking)

Instructions		
1. **Assessment of Airway Obstruction** Determine if the infant can cough or cry. • **Partial Obstruction:** If the infant is coughing forcefully and showing no signs of respiratory distress, encourage continued coughing. Do not interfere with their attempts to clear the object. • **Complete Obstruction:** If the infant is unable to breathe, cry, or cough, or if the cough is silent and ineffective, proceed immediately to the following intervention.		
2. **Back Slaps (Back Blows)** 1. Position the infant face-down (prone) along your forearm, supporting the head and jaw with your hand. 2. Rest your forearm on your thigh for stability, ensuring the infant's head is lower than their chest. 3. Deliver **five distinct back slaps** firmly between the shoulder blades using the heel of your hand.		
3. **Chest Thrusts** 1. Support the back of the infant's head and turn them face-up (supine) onto your other forearm. 2. Maintain the infant's head lower than their torso. 3. Deliver **five quick chest thrusts** in the center of the chest (same location as CPR compressions), using two fingers. Each thrust should be delivered at a rate of approximately one per second.		
4. **Repetition and Monitoring** Repeat the cycle of five back slaps and five chest thrusts until the object is expelled or the infant becomes unresponsive. **Note:** If the infant becomes unresponsive, begin **Infant CPR** immediately, starting with chest compressions.		
5. **Post-Intervention Care (Recovery Position)** Once the airway is clear and the infant is responsive/breathing normally: 1. Place the infant in the **recovery position** (on their side) to maintain an open airway. 2. Monitor breathing closely. 3. Seek immediate medical evaluation to ensure there is no internal injury or remaining debris.		
Total		

Academic Staff

Dr. Nilüfer Güzoğlu

Dr. Amber Eker Bakkaloğlu

Dr. Zehra Gültekin

Dr. Barış Sarı

Dr. Osman Ebeler

Table 1. 2025-2026 MDN1707 Clinical Skills Laboratory & Introduction to First Aid (ICS-1 CSL-FA) Course Plan for the Academic Year.

Committee	Date	Lecture	Duration	Type*	Duration per student	Instructor
Y1C1	WEEK 3	ICS-1 CSL: Hand washing and sterile glove wearing	4	P	2	Dr. Zehra Gültekin, Dr. Amber Eker Bakkaloğlu
	WEEK 4	ICS-1 CSL: Aims of First Aid, Primary Survey of the area and assessment of the victim	2	T	2	Dr. Zehra Gültekin
	WEEK 5	ICS-1 CSL: Bleeding	1	T	1	Dr. Zehra Gültekin
		ICS-1 CSL: Burns, Poisoning, Bites	2	T	2	Dr. Zehra Gültekin
		ICS-1 CSL: Seizures and Stroke	1	T	1	Dr. Amber Eker Bakkaloğlu
	WEEK 6	ICS-1 CSL: Musculoskeletal Injuries	2	T	2	Dr. Zehra Gültekin
		ICS-1 CSL: Head and Neck injuries	1	T	1	Dr. Zehra Gültekin
		ICS-1 CSL: Safe transport	1	T	1	Dr. Zehra Gültekin
Y1C2	WEEK 2	ICS-1 CLS: Measuring Vital Signs and Evaluating General Appearance	4	T	4	Dr. Ayse Atasoylu
	WEEK 3	ICS-1 CSL: Measuring vital signs, wound care, transport of patient	4	P	2	Dr. Zehra Gültekin, Dr. Amber Eker Bakkaloğlu
Y1C3	WEEK 3	ICS-1 CSL: CPR (Cardiopulmonary Resuscitation) and Choking (adult)	2	T	2	Dr. Zehra Gültekin
	WEEK 3	ICS-1 CSL: Cardiopulmonary Resuscitation and Choking (infant)	1	T	1	Dr. Nilüfer Güzoğlu
	WEEK 4	ICS-1 CSL: CPR Cardiopulmonary Resuscitation and Choking (adult-infant)	8	P	4	Dr. Zehra Gültekin, Dr. Amber Eker Bakkaloğlu
Y1C4	WEEK 1	ICS-1 CSL: Written Exam	1	E	-	-
	WEEK 1	ICS-1 CSL: OSCE** Exam (Vital, hand wash, glove, CPR and choking adult-infant)	7	E	-	Dr. Zehra Gültekin, Dr. Amber Eker Bakkaloğlu

* T is theoretical lecture; P is practice lecture; and E is exam.
** OSCE: Objective Structured Clinical Examination.

MDN1707 Assessment

- 50% Written exam
- 50% Practical exam
    - 10% Washing hands
    - 20% Wearing medical gloves
    - 35% Infant first-aid
        - 50% CPR
        - 50% Choking
    - 35% Adult first-aid
        - 60% CPR
        - 10% Recovery position
        - 30% Choking

2. Communication Skills & Introduction to Medical Interview (CS-MI)

Ten Secrets of Effective Communication

1. Rapport

Rapport is the ability to be in sync with someone. It is the magic of rapport that allows effective communication to take place. A critical part of rapport is attention. Giving your full, undivided attention to another person allows you to really hear what they are saying beyond words. It allows you to enter their world and see and feel things from their perspective. Rapport includes nonverbal communication such as eye contact, body language, tone and volume of your speaking as well as speed or pacing. When you are in rapport you are matching someone. This creates familiarity, comfort and trust.

For example, your body language can invite disclosure, or it can let the speaker know you are not interested in what he or she has to say. Sitting with your arms folded and your knees crossed and avoiding eye contact sends a completely different message than showing genuine interest by leaning toward the speaker with direct eye contact.

In short, rapport is the ability to be fully present with someone. By being present you are showing that you are right there with them. According to Carl Rogers, a well-known humanistic psychologist, people, more than anything else, want to be heard and understood. Rapport is the vehicle that allows this to happen.

Example: James really went out of his way to establish rapport with his boss during his performance review meeting. As a result, both he and his boss felt more relaxed. They were then able to discuss how James could qualify for a much-desired promotion.

2. Authenticity

Authenticity means being genuine, real and congruent. In other words, your feelings, thoughts, words and actions match each other. Authentic communication has integrity. It is whole and complete and

usually includes an honest expression of feelings. The ability to be authentic means that you are able and willing to communicate your truth as it exists in the moment.

When you speak authentically, people tend to trust you. Conversely, when you hide the truth or pretend to be something you're not in order to gain approval or to avoid rocking the boat people can usually sense there is something off and your impact is greatly diminished.

Example: Sally was so authentic with her sales team that everyone experienced her commitment to the team's goals. As a result, each member of the team became deeply motivated to make a similar commitment to their own individual targets.

3. Reflective Listening

Another key communication skill is reflective listening. In a reflective response, the listener feeds back the content and feeling of what has been expressed. This conveys understanding, acceptance and empathy. This becomes especially important when the speaker is conveying strong feelings and has a need to be heard. Reflective listening can go very far in demonstrating a real caring to the speaker which naturally engenders heightened trust and respect.

Example: Judith used her reflective listening skills while listening to John express his frustrations with his job. John had been feeling very unappreciated despite a huge effort. He needed to get a lot off his chest. As their meeting progressed and John really felt heard, he began to relax and discovered on his own how he could make some changes in his work group that would make things work better for everyone involved.

4. Using "I" Messages

The use of "I" messages indicates that you are taking responsibility or owning your own experience. You are not resorting to blame. This is perhaps the most important secret of effective communication in the workplace, i.e. that of avoiding blame of others or yourself. Using "I" messages gets you out of the habit of fault finding. It involves giving up the myth called "finding who is at fault will solve the problem". It doesn't. Fault finding is really about covering yourself, so the problem doesn't fall on your shoulders, and you don't pay the consequences.

In a heavy top down, authoritative management structure where managers function more as policeman than anything else, the tendency is to blame and seek who is at fault. In an empowering environment or learning organization where people are encouraged to stretch, experiment and learn new things, fault finding becomes unnecessary and is therefore less common. Therefore, the key is to discover how accountability and caring can simultaneously be a part of an effective work environment.

Example: After Susan and Alice's big argument at the staff meeting most people thought they would never speak to each other again. Then the idea of "I" messages was introduced as a communication

strategy. Susan said I became very angry when I was interrupted." Alice said "I was so frustrated when I felt like I was not being heard."

Once Susan and Alice saw that nobody was "at fault" they were able to begin communicating effectively to get to the core of the problems and solve them together. The shift was so dramatic between them that they decided to introduce the "I" message idea to their coworkers which soon resulted in even greater cooperation and profitability for their company.

5. Self-Awareness

In order to communicate effectively you need to be aware of your own feelings, values, needs, desires and motives. Knowing yourself is critical if you expect others to "get" who you are and what you want. Being self-aware also allows you to set appropriate boundaries in your dealings with people.

A common dysfunctional pattern is the situation where people don't know what they want and yet get angry when they don't get it from others. This may sound pretty crazy on paper but you'd be amazed how often people function this way.

Example: After reflection and soul searching Dan became aware of his needs and goals. His coworkers had been doing a lot of "guessing" regarding what he wanted but they weren't really getting anywhere in their efforts. Once he came clean with his needs and concerns, his team became focused and highly motivated to produce the desired results.

6. Communicate Withholds

A withhold is a consciously or unconsciously held thought or feeling that needs to be communicated but which is withheld due to some uncomfortable emotional charge (upset) associated with the item in question. People withhold communication due to some kind of fear embarrassment, loss, rejection, hurt, etc.. They fail to communicate when an issue is uncomfortable. Therefore, withholds are a form of avoidance. Withholds undermine relationships because they destroy trust and they diminish the natural affinity between people.

The best way to eliminate withholds in your workspace is to create an environment where people can have periodic clearing sessions in which they can express whatever is on their mind and get things off their chest. Doing this at regular intervals will allow everyone to maintain their relationships to one of respect, cooperation and affinity. In this way, communication can be unencumbered by the cumulated emotional baggage of the past.

7. Empathy

The common phrase, putting yourself in someone else's shoes best describes what empathy is all about. Empathy is the ability to feel what someone else is experiencing and to validate their experience. Empathy is seeing the world through the other person's eyes. Keep in mind that showing empathy does

not mean you must give up your own objectivity or that you need to "rescue" or "save" the person from their own circumstances. It is sufficient to show your sincere caring towards the individual.

Example: Jim showed empathy towards Frank when hearing about Frank's death in the family. Although sensitive to Frank's loss, Jim was not deterred from having accountabilities completed on time. Jim simply showed appropriate understanding and allowed Frank to get the assistance he needed from others in his work group so he could attend to his personal needs and still get work completed.

8. Giving and Receiving Feedback

Feedback is information about past behavior delivered in the present for the purpose of influencing future behavior. If we want to build, maintain, or test our relationships, feedback is our only source of information. Without feedback, how can we test the reality of our perceptions, reactions, observations, or intentions? Feedback in the workplace is fundamental for helping those who wish to improve their performance, reach an objective, or avoid unpleasant reactions to their efforts.

In order to be effective and enthusiastically received, feedback needs to be supportive and empowering. It needs to be delivered without judgment and blame. It needs to be delivered with respect and acknowledgment that the person's intention and sincere effort that has been put forth even though it may not have met the desired standards.

When people receive feedback in this empowering manner, they are able to let it in and really use it. They feel appreciated and validated and as a result, they want to do better. They are also more open to receiving feedback from you in the future so the overall pattern of communication is enhanced.

Example: Teresa gave her journalism students empowering feedback on the school newspaper layout so they could make the needed corrections before the publication deadline. They were not only able to make the needed changes but they learned some important tools for the future. Due to the supportive manner in which Teresa gave her feedback, the students were very open to her ideas and able to apply them effectively.

9. Synergy

Synergy is the dividend that is derived from combining people, resources, ideas and energy in new and innovative ways. Synergy is best embodied by the principle the whole is greater than the sum of all the parts.

To create an environment where synergy is possible, you will want to have complete honesty, openness, and integrity in your work group. You want to encourage people to express their ideas no matter what they may be. When people feel safe to generate ideas, there is more of a chance that there will be synergistic interaction. One idea sparks another and then another. Creative communication becomes contagious.

Example: There was incredible synergy in the brainstorming session when the workshop leader really made it safe for everyone to say whatever they were thinking or feeling. As a result, the session succeeded in coming up with an innovative marketing strategy for the new product line.

10. Ask for What You Want or Need

Most people are much better at giving than receiving. Asking for what you want or need is essential in the workplace. Knowing who to ask, and having a way to ask it so you can get it is just as critical.

Keep in mind that if you don't believe that you deserve something or you are going to get it, chances are good that the communication will come out sounding this way. As a result, it probably won't be forthcoming. The best example is asking for a raise. There has to be a certain amount of willingness to take risks.

Example: Stephanie was new at her office manager job and was feeling a bit tentative with her new coworkers. However, as a result of her willingness to take some risks and ask for the assistance and support she needed, she was able to learn the office procedures in half the time than was expected. In a matter of days, she and her office staff were operating smoothly and there was excellent rapport between all the workers.

Conclusion

The above secrets are intended as an introduction to some of the most basic tools of effective communication. Despite the fact that these tools are basic and have been known and taught for years, there are actually few companies, groups or individuals that utilize these most basic tools in any consistent manner.

As a result, most companies and work environments have frequent breakdowns in communication resulting in lower morale, reduced employee motivation and creativity, reduced management effectiveness, absenteeism, higher health care costs due to undue stress, loss of the company’s most talented people and ultimately reduced profitability.

Considering the fact that these tools are easy to learn and apply, require minimum cost for training and coaching, and have such far reaching positive consequences, it is surprising that more companies do not integrate them into their culture.

Guideline for Active Listening

1. listen for content – try to hear exactly what is being said
2. listen for feelings –try to identify how the source feels about things
3. respond to feelings– let the source know that his or her feelings are recognized
4. note all cues – be sensitive to both verbal and nonverbal expressions
5. reflect back– repeat in your own words what you think you are hearing
6. keep your position at the same level with the source
7. maintain eye contact
8. test your understanding

Communication barriers (examples From Teachers)

Some barriers for better communication are grouped into ten categories, each of which tends to slow or completely stop existing communication. Examples are from 'teachers' world.

Ordering, Commanding, Directing

Example: "Stop whining (talking) and get back to work"

Warning, threatening.

Example: "you had better get your act together if you expect to pass my class"

Moralizing, preaching, giving "should to" and "ought to"

Example: "you should leave your personal problem out of the classroom"

Advising, offering solutions or suggestions

Example: "I think you need to get a daily planner so you can organize your time better to get your homework done."

Teaching, lecturing, giving logical arguments.

Example: "you better remember you only have four days to complete that project."

Judging, criticizing, disagreeing, blaming.

Example: "you are such a lazy kid. You never do what you say you will."

Name-calling, stereotyping, labeling

Example: “act your age. You are not a kindergartner. “

Interpreting, analyzing, diagnosing

Example: “you are avoiding facing this assignment because you missed the directions due to talking.”

Questioning, probing, interrogating, cross-examining.

Example: ”Why did you wait so long to ask for assistance? What was so hard about this worksheet?

Withdrawing, distracting, being sarcastic, humoring, diverting.

Example: “seem like you got up on the wrong side of the bed today.”

Many of us are unaware that we respond to our friends in one of these ways. It is important that we know alternative ways of responding. Many of the above responses have hidden messages when our friends hear them. They may hear you saying that they are to blame or that they can’t do anything right, when your intention for the message was quite different.

By Damsey, J. (1997) In Family Practice Management

Are Poor Nonverbal Skills
Slowing You Down?

Why is it that one family physician manages to see only 20 patients a day while another comfortably sees 30? The two trained together, were recruited by the same practice within a year of one another and have similar clinical styles of practice. Both are well organized, have good time management skills and work with a medical assistant. Both average 10-hour/day, five days a week, 48 weeks a year. Both are good doctors. Yet Dr. Thirty easily sees 10 more patients each day (and with a productivity-based compensation arrangement, that's a big deal).

What contributes to Dr. Thirty's ability to see more patients is something you probably don't always associate with productivity or the bottom line. Dr. Thirty has mastered nonverbal communication, which makes him more comfortable with his patients, makes his patients more comfortable with him and makes each office visit flow smoothly and efficiently.

Communication experts say we communicate as follows:

7 percent is verbal (the actual words used),

55 percent is nonverbal (or body language),

38 percent is voice (or tone of voice).

Since you communicate 55 percent of the time without ever saying a word, you ought to be paying attention to what your nonverbal signals are saying to patients. If you think you're simply too busy for a lesson in nonverbal communication, take heart: If you can spell "SOFTEN," you can begin to perfect your nonverbal signals right now.

S is for *smile.* Who can resist a smile? Your angry patient, you say? Don't be so sure. A smile helps set patients at ease and generates positive feelings about you and your practice. This, in turn, breaks down barriers so you can uncover issues more quickly and openly. When you meet a patient, whether in the exam room, hospital or by chance in a restaurant, you can hardly go wrong by greeting him or her with a smile.

O is for *open posture.* Open posture, which means no crossed legs, arms or hands, says you are approachable and willing to interact. Arms drawn together across your chest, on the other hand, can be intimidating or even condescending to patients. It suggests, "I'm closed to what you have to say," which often makes patients feel they must explain themselves extensively just to get past your barrier. Or they might put up their own defensive barrier in return. Either way, it's an obstacle that takes extra visit time.

F is for *forward lean.* A slight forward lean toward the speaking party says, "I'm trying to get closer because I really want to hear what you have to say." This forward lean is ever so subtle and easily accomplished whether sitting or standing. This posture helps the patient open up to you and speak more honestly -- and usually in a shorter time frame.

T is for *touch.* As you introduce yourself, shake your patient's hand in a warm and friendly manner. In addition to the nonverbal message the handshake sends, you will learn a lot about the patient's psychological state. Is the hand warm, cold, jittery, sweaty? All are clues that may save you time.

E is for *eye contact.* Eye contact is probably the most important nonverbal communicator after smiling. If you maintain eye contact with your patient 85 percent of the time, you will be branded as an expert communicator and physician in the patient's view. Eye contact conveys that you are paying attention to the individual, not being distracted by the chart or your notes or something else on your mind. Use caution, though, and do not gaze directly into the patient's pupils but rather within a three- to four-inch orbit of the eyes. The point is to help the patient feel you are connecting with them, not staring them down.

N is for *nod.* As your patient speaks, nod occasionally. This simply means that you are listening and understanding, not that you necessarily agree. Your nodding helps the patient move forward with complaints, rather than hesitating because he or she feels uncertain whether you are listening.

While much of our nonverbal communication is unconscious, we can be more deliberate and improve the nonverbal cues we send. Dr. Twenty learned the SOFTEN nonverbal signals within a one-hour session. After one month, he was comfortable with 24 patients per day and at last count was up to 27 with ease. He has added his own unique nonverbal signals to enhance the SOFTEN framework, and you can too.

By Lieberman, J. A., Stuart, M. R., Robinson, S. A. (1996) In Family Practice Management &Stuart, M. R., Lieberman, J. A. The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician. Westport, Conn: Praeger Publishers; 1993.

Enhance the Patient Visit with Counseling and Listening Skills

Family physicians have generally recognized the importance of building a strong, trusting relationship with their patients. Spending time with patients, getting to know them over the years and listening to their problems have always been important steps not only to continuity of care but also to solidifying the physician-patient bond.

In this kind of environment, it forces us to enhance the quality of the time that we have with each patient. In particular, family physicians should be sharpening the skills that relate to the psychological and behavioral dimensions of a patient encounter Ä skills involved in counseling and listening. We are learning more and more that the psychological and social background of our patients affects their health, and although we now sometimes see our patients for less than 15-minute increments, we still need to be counseling our patients and listening to them.

“BATHE”ing your patients

Patient counseling can be done in a number of ways, but we recommend employing the acronym “BATHE” a tool that helps physicians quickly uncover the psychological and behavioral background of the patient and the context for the visit.

The BATHE acronym can be expanded as follows:

Background. A simple question, "What is going on in your life?" will elicit the context of the patient's visit.

Affect (the feeling state). Questions such as "How do you feel about that?" or "How does it affect you?" allow the patient to report his or her emotional reaction to the situation.

Trouble. The question, "What about the situation troubles you most?" helps both you and your patient focus on the situation's subjective meaning.

Handling. The answer to, "How are you managing that?" gives an assessment of functioning.

Empathy. The statement, "That must be very difficult for you," legitimizes the patient's reaction.

Notice that the first four steps of the acronym are used to gather information about the context of the patient's visit. Once the information is gathered, though, the process is not yet complete; the last letter of the acronym serves to remind you that showing understanding and empathy is a crucial part of the process.

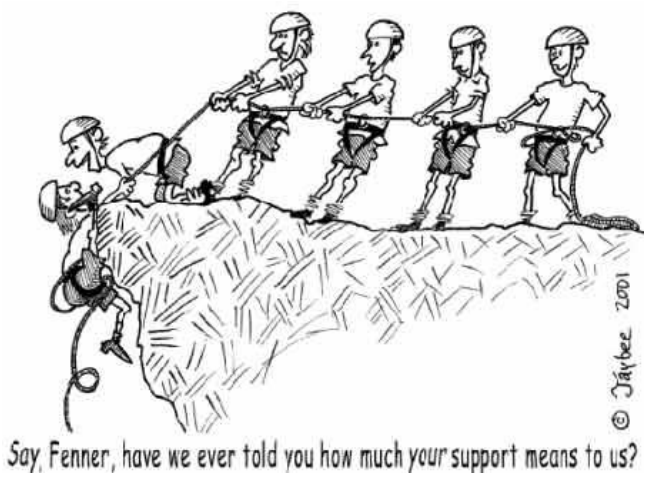
Although the five-step BATHE process is certainly not the only way to achieve this goal, it is particularly efficient. Unlike other counseling techniques, BATHE can fit within the limits of a 15-minute office visit. Additionally, BATHE enhances the SOAP format of record keeping in that it enables you to evaluate the patient's problem in the context of his or her total life situation. We recommend that every patient be BATHE 'd during every office visit in order to screen for depression, anxiety and situational stress disorders and to discover heretofore hidden and unaddressed reasons for the patient's visit. Keep in mind that new patients present us with a special situation: the anxiety of meeting their new physician. Before you begin your round of questions, don't forget to extend a simple handshake and offer a few personal words welcoming them to the practice.

Making sure everyone is listening

In addition to asking patients the right questions, it's important to make sure everyone involved in the patient encounter is listening. Your listening skills *and* the patients are both vital to solving medical problems. One of the most important rules to remember is to allow patients to complete their description of a presenting problem before interrupting. After the patient has finished his or her description, then summarize the patient's statements and ask if he or she wishes to add anything else before you enter your own line of questioning. In addition, by remaining seated and maintaining eye contact with the patient, you help to assure the patient that you are listening.

But is the patient listening to you? At the end of the examination, don't hesitate to ask the patient to demonstrate that he or she has heard what you have to say: For example, ask the patient to tell you the name of the medication you've just prescribed, its daily dosage, the duration of treatment, desired results and side effects to watch for. This gives the patient an active role in his or her treatment and should help improve compliance.

Successful implementation of these techniques should help you deal with the behavioral aspects of a doctor-patient encounter and strengthen your relationship with the patient. This in turn may help prevent the dire consequences of an undiscovered psychosocial malady.



(In University of Kentucky Student Activities, Leader"Group Dynamics" Booklet)

What is a group?

- No two groups are identical to one another, but a *group,* by definition, is two or more individuals who are connected to one another by social relationships.
- Groups vary in size from dyads and triads to very large aggregations, such as mobs and audiences.
- Unlike the members of a *category,* group members are linked together by such interpersonal
- processes as communication, influence, and identification.
- Groups come in many varieties.
- Research suggests that people spontaneously draw distinctions among intimate groups, task-focused groups, loose associations, and more general social categories.

Knowledge about how your group members interact, share common goals and work with one another can help you to integrate newcomers and prepare them or the roles, norms, and cohesiveness of the group:

Roles;

Depending on the task, group members will occupy formal and informal roles. With formal

roles, a title is helpful in establishing the member's specific duties to the group. Formal roles

Norms

Norms are the rules of the group. They may be explicit (outwardly stated) or implicit (known

only by observation). They tell the group members how to behave or how not to behave in different situations. Newcomers who do not follow these rules may be excluded from the group.

Examples of norms may include:

• How much socializing occurs at meetings?

• How members dress at meetings.

• Whether meetings start on time or are always 15 minutes late.

Norms may be positive by exerting a sense of order, but they can be negative or cause

uncomfortable exclusion from the group. It is your job as a leader to try and change some of the negative group norms and to help newcomers understand positive ones.

Cohesiveness

This refers to all of the forces that cause individuals to remain in groups. High cohesiveness, such as strong liking and close match between individual needs and goals may help the group. It can interfere, however, if the group spends so much time in social interaction that they cannot get any work done. Generally, a sense of esprit de corps helps group performance. A newcomer may have more difficulty fitting in with a group that has a very high cohesion level. As leader of the group, you can provide the extra help the newcomer may need in adjusting to the group as well as help established members welcome their newest member. As a group or team forms, it goes through certain predictable and observable stages, progressing from a loose collection of individuals to a cohesive group working together more or less effectively for a common cause. Each stage poses a challenge to group members and their respective leaders causing certain behaviors to appear. Mastering the behaviors that surface in one stage will allow the group or team to progress to the next stage.

Dysfunctional Behaviors in Groups

- Cutting off others
- Attacking people rather than issues
- Topic jumping
- Withholding reactions, feelings or information
- Dominating
- Attending to side issues -nitpicking
- Side grouping –side conversations
- Avoiding responsibility
- Operating on assumptions – “not checking it out ”

Helpful Behaviors in Groups

- Seek to make each person welcome

- Ask or comments from those reacting nonverbally
- Encourage each to listen to others
- Request that all state their feelings
- Give positive feedback or support
- Involve everyone – ask for everyone's reactions
- Keep relationships honest and supportive
- Maintain a sense of freedom and mutual responsibility
- Listen to those who speak
- Encourage group members to state their opinions
- Avoid direct argument with a group member
- Ask individuals to try something –never insist
- Use inclusive language (i.e. "we")
- Exhibit "Sharing Behavior" (offer rides, bring snacks)

Duties of a Leader within a Group

- As a student leader, it is your job to stimulate and promote goal-oriented thinking and behavior. Make people feel strong (help them feel that have the ability to influence their future and their environment).
- Structure cooperative relationships rather than competitive.
- Build members' trust in the leader (lack of mutual trust means lack of faith in the system).
- Resolve conflicts by mutual confrontation of issues rather than avoidance or forcing a particular solution.

What to Look for in Groups

- Who are the highest participants?
- Who are the lowest participants?
- What are greeting behaviors? Do they serve to bond the group?
- Who talks to whom?
- Early arrival and late departure phenomenon –do people want to spend time together?
- Who keeps the ball rolling? And why?
- How are silent people treated? And how is their silence interpreted?

Academic Staff

Dr. Sinem Yıldız İnanıcı

Dr. Nilüfer Güzoğlu

Dr. Amber Eker Bakkaloğlu

Dr. Ayşe Atasoylu

Instr. Hazal Dinçyürek

Table 2. 2025-2026 MDN1705 Communication Skills and Introduction to Medical Interview (ICS-1 CS-MI) Course Plan for the Academic Year

Committee	Date	Lecture name	Duration	Type*	Instructor
Y1C2	WEEK 4/5/6	ICS-1 CS-MI: Communication Skills	4	T	Dr. Sinem Yıldız İnanıcı
	WEEK 4/5/6	ICS-1 CS-MI: Communication Skills	3	T	Dr. Sinem Yıldız İnanıcı
	WEEK 4/5/6	ICS-1 CS-MI: Medical Interview (Welcoming, chief complaint, evaluating health, lifestyle habits)	2	T	Dr. Ayse Atasoylu
Y1C3	WEEK 2	ICS 1 CS-MI: Communication Skills	3	T	Dr. Sinem Yıldız İnanıcı
		ICS 1 CS-MI: Communication Skills and Professionalism	2	T	Dr. Ayse Atasoylu
		ICS 1 CS-MI: Communication Skills and Professionalism	3	P	Dr. Sinem Yıldız İnanıcı, Dr. Nilüfer Güzoğlu, Dr. Amber Eker Bakkaloğlu, Dr. Ayse Atasoylu Inst. Hazal Dinçyürek
		ICS 1 CS-MI: Communication Skills and Professionalism	3	P	Dr. Sinem Yıldız İnanıcı, Dr. Nilüfer Güzoğlu, Dr. Amber Eker Bakkaloğlu, Dr. Ayse Atasoylu Inst. Hazal Dinçyürek
	WEEK 4/5	ICS 1 CS-MI: Communication Skills Exam	2	E	-

* T is theoretical lecture; P is practice lecture; and E is exam.

MDN1705 Assessment

Written theoretical examination (100%)

3. Introduction to Student Research and Computer Skills (SR-CS)

Within the scope of the ICS-Research component, students are given courses throughout the academic year, and each student carries out a research project in a research group with an advisor throughout the academic year (October-May). The aims of this program are:

- Mastering the steps of scientific research
- Literature review
- Managing group work and working with an advisor
- Being able to create a scientific study methodology
- Being able to prepare a research proposal and apply to the ethics committee
- Being able to collect and analyze data
- Preparing and making presentations
- Being able to review and write articles
- Active participation in national and international congresses

1st Year projects (ICS-1 Research)

THEME: Explore your universe

The basic rule within the scope of this theme is that the study population is 'EMU Faculty of Medicine Students'. Students collect data using a survey or scale that they have prepared themselves or that has been applied before on any subject.

Key learning outcomes of the class:

- Understanding what scientific research is
- Learning how to access scientific information (literature review)
- Learning how to communicate correctly and work in harmony with group members and advisor
- Introduction to preparing research methodology; learning how to create a sample and create a survey
    - Calculating sample size, creating a random sample, getting permission if a validated survey will be used, etc.
- Being able to collect data and analyze it using correct statistical methods
- Being able to make presentations (oral & poster) and prepare a research report
- Being able to give correct references

Some sample titles from previous years:

- Caffeine consumption of Medical students in Eastern Mediterranean University
- Learning preferences of EMU Medical students
- Prevalence of Personality Types among EMU Medical students
- Sleeping disorders among EMU Medical Students

MDN1706 Assessment

40% Reports (Including assignments and End-of-year Report)

30% Presentations (Including Oral and Poster presentations)

30% Personal Evaluation (Including Research Mentor's, Coordinator's, Groupmates' and Self Evaluations)

Presentation, Student and Report evaluation forms can be found below.

DOĞU AKDENİZ ÜNİVERSİTESİ - MARMARA ÜNİVERSİTESİ
ULUSLARARASI ORTAK TIP PROGRAMI

KLİNİSYEN BECERİLERİNE GİRİŞ EĞİTİM PROGRAMI
"MDN1706 - Introduction to Student Research and Computer Skills" Dersi

1. Sınıf Öğrenci Araştırmaları Bildiri Sunumu Değerlendirme Rehberi

2023-2024 Akademik Yılı Araştırma Proje Sunumları

DEĞERLENDİRME ÖLÇÜTLERİ	**DEĞERLENDİRME ARALIĞI**				
ARAŞTIRMA İÇERİĞİ	**Çok yetersiz**	**yetersiz**	**orta**	**iyi**	**Çok iyi**
Başlık, grup numarası, danışman ismi ve grup üyeleri isimlerini içeren **Giriş Slaytı**	1	2	3	4	5
Giriş bölümünde Konu hakkında genel bilgi ve tanımların açıklanması	1	2	3	4	5
Giriş bölümünde konuyla ilgili güncel literatür bilgisi kullanımı, ve benzer çalışmala gösterilmesi	1	2	3	4	5
Giriş bölümünde araştırma sorusu VEYA temel amacın belirtilmiş olması • Research question(s) VEYA Main aim -> Belirtilmesi zorunludur. • Hypotheses OR Specific objectives -> Var ise belirtilmelidir.	1	2	3	4	5
Yöntem bölümünde araştırma türü, zaman-mekan bilgilerinin belirtilmesi	1	2	3	4	5
Yöntem bölümünde; Çalışma popülasyonu bilgisi VE örneklemin oluşturulma şeklinin açıklanması (study population, sampling method, sample size)	1	2	3	4	5
Yöntem bölümünde; Veri toplama aracının (Anket, vb.) özelliklerinin açıklanması (soru sayısı, kim tarafından hazırlandığı, başka çalışmadan alındıysa referans verilm izin emailinin gösterilmesi, skorlama, vb)	1	2	3	4	5
Yöntem bölümünde; katılımcılara ne şekilde ulaşıldığının belirtilmesi (veri toplama kullanılan araçlar; google forms, Teams vb)	1	2	3	4	5
Yöntem bölümünde; Veri analizi için kullanılan araçların (SPSS vb) ve analiz metodlarının açık bir şekilde belirtilmiş olması	1	2	3	4	5
Bulguların tablo ve grafiklerle açıklanmış olması, tablo ve grafiklerin değişken tiple uygun olması, ham SPSS tablosu değil Excel veya uygun bir yazılım ile amaca uygu olarak hazırlanmış olması.	1	2	3	4	5
Bulgularda tanımlayıcı istatistik sonuçlarının verilmesi	1	2	3	4	5
Bulgularda değişkenler arasındaki ilişkilerin istatistik testlerle değerlendirilmiş olm (Çalışmada hipotez ya da spesifik amaç yok ise şart değildir)	1	2	3	4	5
Tartışma bölümünde bulguların yorumlanması ve/veya benzer araştırmalarla karşılaştırılması	1	2	3	4	5
Tartışma bölümünde, (eğer varsa) limitasyonların belirtilmiş olması	1	2	3	4	5
Sonuçlar bölümünde; amaç kısmında verilmiş olan Araştırma sorusu ve amaç ifadelerinin özet şeklinde yanıtlanması	1	2	3	4	5
Kaynaklar bölümünün (herhangi bir yazım stiline uygun olarak) uygun yazılması, ilgili ve güncel kaynaklar kullanılması, metin içlerinde atıf yapılması.	1	2	3	4	5
BİLDİRİ HAZIRLAMA VE SUNMA					
Kullanılan slayt sayısının içeriğin aktarılması için yeterli oluşu	1	2	3	4	5

Slayt sayısının sunum süresi ile uyumluluğu	1	2	3	4	5
Slayt şablonu ve arka plan rengi uygunluğu	1	2	3	4	5
Slaytlardaki harf büyüklüğü, satır sayıları vs. Uygunluğu (max 8-10 satır, 24-30 pu	1	2	3	4	5
Sunum sonrası sorulardaki başarı durumu ve genel olarak çalışmaya hakim olması	1	2	3	4	5
DEĞERLENDİREN ÖĞRETİM ELEMANI					
TOPLAM PUAN (Toplam puan koordinasyon tarafından hesaplanacaktır.)					

EKLEMEK İSTEDİĞİNİZ YORUMLAR (varsa):

Marmara University - Eastern Mediterranean University International Joint Medical Program
ICS Research course
2023-2024

Form - 2 ARAŞTIRMA SONU ÖĞRENCİ DEĞERLENDİRME FORMU
(DANIŞMAN ÖĞRETİM ÜYESİ TARAFINDAN DOLDURULACAKTIR)

Bu değerlendirme, araştırma etkinliği tamamlandıktan sonra danışman öğretim üyesi tarafından yapılacak ve öğrencinin MEDN163 ders notunu hesaplanmasında kullanılacaktır. Değerlendirmenin aşağıdaki ölçütlere göre, araştırma grubundaki her öğrenci için yapılması gerekmektedir.

Performans Değerlendirme Dereceleri şu şekildedir: 0 = Çok Yetersiz; 1= Yetersiz; 2= Orta; 3= İyi; 4=Çok iyi

Danışman Öğretim üyesinin Adı-Soyadı:

Lütfen, aşağıda listelenmiş olan kriterlere göre danışmanlık yaptığınız grup üyelerinin isimlerini belirterek 0-4 skalasında değerlendiriniz.

Type names here:	Team member 1	Team member 2	Team member 3	Team member 4	Team member 5
Attendance to all online and face-to-face meetings					
Contribution to the determination of topic, literature review, and forming study objectives/research questions/hypotheses					
Contribution to preparation of data collection tools and methods					
Contribution to data collection					
Contribution to data entry and statistical analysis					
Contribution to preparations of presentation and poster					
Contribution to preparation of the research report					
Contribution to teamwork and attitude within the team					
General interest to the study, and feeling responsible about the research project					

	Marmara University - Eastern Mediterranean University **International Medical School** **Introduction to the Clinical Skills Course** **Form 1 - ARAŞTIRMA RAPORU DEĞERLENDİRME FORMU**	**Y1G1**
	Danışman Öğretim üyesinin Adı-Soyadı:	
DEĞERLENDİRME ÖLÇÜTLERİ	**Genel Format Kuralları (15 puan)**	0
	Rapor formatına uygun kapak ve içindekiler sayfaları var mı? (5 puan)	
	Font tipi, başlık ve metin font boyutları, satır aralığı, marjin özellikleri doğru mu? Sayfa numaralandırma yapıldı mı? (5 puan)	
	Kısaltmalar ve grafik-tablo açıklamaları (legend) formata uygun mu? (5 puan)	
	Abstract (10 puan)	0
	Çalışmayı temsil ediyor mu? (2 puan)	
	Kısa bir genel bilgiler kısmı, çalışmanın hedefi/amacı açıkça belirtildi mi? (2 puan)	
	Materyal-Metod anlaşılır şekilde özetlendi mi? (2 puan)	
	Araştırma soruları ya da hipotezlere dair bulgular özetlendi mi? (2 puan)	
	Sonuçlar anlaşılır bir şekilde özetlendi mi? (2 puan)	
	Introduction (15 puan)	0
	Literatür bilgisine dayanan, konuya özel güncel bilgileri de içeren ve araştırmanın önemini ortaya koyan bir arka plan bilgisi sunulmuş mu? (5 puan)	
	Araştırmanın amaçları, Araştırma soruları ve/veya hipotezler net olarak belirtilmiş mi? (5 puan)	
	Araştırmanın başlığı yapılmış olan çalışmayla uygun mu? (5 puan)	
	Material and Methods (20 puan)	0
	Araştırmanın tipi (tanımlayıcı, vaka-kontrol, kohort vs) belirtildi mi ve araştırmanın amacına uygun mu? (5 puan)	
	Evren ve örneklem seçimi ayrıntılı bir şekilde açıklanmış mı? (6 puan)	
	Araştırmada hangi araçlarla ve hangi standartlarda ölçüm yapıldığı ayrıntılı bir şekilde açıklanmış mı? (6 puan)	
	Kullanılan istatistiksel yöntemler açıklanmış mı? (3 puan)	

Results (15 puan)	0
Sonuçlar uygun istatistiksel yöntemlerle analiz edilmiş mi? (4 puan)	
Gerekli tanımlayıcı veya karşılaştırma analiz sonuçları doğru ve anlaşılır şekilde aktarıldı mı? (6 puan)	
Tablo ve/veya grafiklerin başlıkları ve düzenlenme biçimleri açıklayıcı ve anlaşılır mı? (3 puan)	
Tablo ve/veya grafiklerden yazı içinde bahsedilerek açıklamaları yazılmış mı? (2 puan)	
Discussion and Conclusion (15 puan)	0
Bulguların kendi içinde tartışıldığı ve/veya başka çalışmalarla karşılaştırıldığı (yani 'tartışma' niteliğine uygun) bir tartışma bölümü var mı? Tartışma literatür bilgisine dayandırılıyor mu? (5 puan)	
Limitasyonlar belirtilmiş mi? (5 puan)	
Sonuçları özetleyen bir conclusion paragrafı verilmiş mi? (5 puan)	
References (7 puan)	0
Metin içinde referanslara atıf yapılmış mı? (3 puan)	
Konuyu dikkate alarak; kaynaklar yeterli ve güncel mi? (2 puan)	
Referanslar yazım kurallarına uygun yazılmış mı? (2 puan)	
Appendices (3 puan)	0
Ölçüm araçlarının tümü (anket ise, onam formu, valide anketler için kullanım izni; anket değil ise veri toplama aracının detayları) Appendix kısmında verilmiş mi? (3 puan)	
TOPLAM (100 Puan)	0

EMU DR. FAZIL KÜÇÜK FACULTY OF MEDICINE

ICS-1 RESEARCH COURSE 2024-2025

STUDENT GROUP CONTRACT

Participation

· I will attend all group meetings.
· I agree to come meetings on time.
· Should an emergency arise that prevents from attending a group meeting, I will notify my group members immediately.

Communication

· Members agree to treat one another with respect. Respect include no name-calling. If we don't like an idea, we will address the idea, not the person (for example: "I dont think that idea will work because…", not "That's stupid"). In the case that I treat someone inappropriately, I am aware that I will get warning by my supervisor and also my grade will be negatively affected.
· I will communicate with my group members and our supervisor about any concerns.
· If I do not understand a concept or solution, I will not hesitate to ask my group members for help.

Decision making

· Each member will agree on the answer for each group problem before it is turned in. In circumstances where agreement is not achieved, each member shall explain how they arrived their particular solution until a common solution is decided. If no agreement can be reached, a vote will be taken on how to act and which result to submit.

Responsibility

· I will be an active member of this group in all aspects.
· I will do everything in my capabilities to help my group members understand each and every concept and problem.
· I will do my share of group work, there will never be an occasion where one group member does all of the work nor will there will be a time when a group member does none of the work.
· Under any circumstances, I wil get what work I am alloted to do and turn in on time.
· If a member submit plagiarized material and/or cheats, the group agrees to bring this to the supervisor's attention immediately.

I certify that I have throughly read this contract and that I will respect and obey it. I am signing this contract at my own free will and have initialed each of the above statements because I agree with it and I am willling to adhere to each clause. I understand that breach of this contract will result in verbal reprimand on the first two instances, followed by immediate dismissal on the third instance.

GROUP #
GROUP MEMBERS:

Name-Surname	e-mail	Phone number	Signature

Committee	Date	Lecture	Duration	Type*	Instructor
Y1C1	WEEK 2	ICS-1: Introduction to ICS-Research	1	T	Dr. İlke Akçay
		ICS-1: Philosophy of Research and Scientific Approach	1	T	Dr. İlke Akçay
		ICS-1: Global look to different research designs	1	T	Dr. İlke Akçay
	WEEK 4	ICS-1 Research: Literature Review	1	T	Dr. İlke Akçay
		ICS-1 Research: Literature Review	1	P	Dr. İlke Akçay
	WEEK 6	ICS-1 Research: Announcement of Research Groups and mentors	1	P	Dr. İlke Akçay
		ICS-1 Research: Group Warm-up activities	1	P	Dr. İlke Akçay
		ICS-1 Research: Group Warm-up activities	1	P	Dr. İlke Akçay
Y1C2	WEEK 1	ICS-1 Research: Theme of ICS-1 Research projects	1	P	Dr. İlke Akçay
	WEEK 2	ICS-1 Research: Contents in the Introduction part of a research study	1	T	Dr. İlke Akçay
		ICS-1 Research: Topic & Title	1	T	Dr. İlke Akçay
		ICS-1 Research: General and Specific objectives	1	T	Dr. İlke Akçay
		ICS-1 Research: Writing a research question	1	T	Dr. İlke Akçay
	WEEK 3	ICS-1 Research: Contents in the Material and Methods part of a research study	1	T	Dr. İlke Akçay
		ICS-1 Research: Questionnaire as a data collection tool	1	T	Dr. İlke Akçay
		ICS-1 Research: Questionnaire design	1	T	Dr. İlke Akçay
		ICS-1 Research: Questionnaire design	1	T	Dr. İlke Akçay
	WEEK 4	ICS-1 Research: Critics with groups (Gr1 & Gr2)	1	P	Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr3 & Gr4)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr5 & Gr6)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr7 & Gr8)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr9 & Gr10)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr11 & Gr12)			Dr. İlke Akçay
	WEEK 5	ICS-1 Research: Study population and Sample Size Calculation	1	P	Dr. İlke Akçay
		ICS-1 Research: Choosing appropriate Sampling method	1	T	Dr. İlke Akçay
		ICS-1 Research: Choosing appropriate Sampling method	1	T	Dr. İlke Akçay
		ICS-1 Research: Putting all together, Design of a Research study	1	P	Dr. İlke Akçay
	WEEK 7	ICS-1 Research: Critics with groups (Gr1 & Gr2)	1		Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr3 & Gr4)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr5 & Gr6)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr7 & Gr8)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups (Gr9 & Gr10)			Dr. İlke Akçay

		ICS-1 Research: Critics with groups (Gr11 & Gr12)			Dr. İlke Akçay
Y1C3	WEEK 2	ICS-1 Research: Review of questionnaires and Material and Methods sections (Gr1 & Gr2)	1	P	Dr. İlke Akçay
		ICS-1 Research: Review of questionnaires and Material and Methods sections (Gr3 & Gr4)			Dr. İlke Akçay
		ICS-1 Research: Review of questionnaires and Material and Methods sections (Gr5 & Gr6)			Dr. İlke Akçay
		ICS-1 Research: Review of questionnaires and Material and Methods sections (Gr7 & Gr8)			Dr. İlke Akçay
		ICS-1 Research: Review of questionnaires and Material and Methods sections (Gr9 & Gr10)			Dr. İlke Akçay
		ICS-1 Research: Review of questionnaires and Material and Methods sections (Gr11 & Gr12)			Dr. İlke Akçay
	WEEK 2	ICS-1 Research: Planning of data gathering	1	T	Dr. İlke Akçay
	WEEK 4	ICS-1 Research: Types of variables, graphics and tables for different variable types	1	T	Dr. İlke Akçay
		ICS-1 Research: Excel practicum – tables and functions	1	P	Dr. İlke Akçay
		ICS-1 Research: Excel practicum – graphics/charts	1	P	Dr. İlke Akçay
	WEEK 4	ICS-1 Research: Assigning variable types to questionnaire items	1	P	Dr. İlke Akçay
		ICS-1 Research: Designing tables and graphics	1	P	Dr. İlke Akçay
	WEEK 7	ICS-1 Research: Data input in SPSS	1	P	Dr. İlke Akçay
		ICS-1 Research: Data input in SPSS	1	P	Dr. İlke Akçay
		ICS-1 Research: Practice – Data input in SPSS (Gr1 & Gr2 & Gr3 & Gr4)	1	P	Dr. İlke Akçay
		ICS-1 Research: Practice – Data input in SPSS (Gr1 & Gr2 & Gr3 & Gr4)	1	P	Dr. İlke Akçay
		ICS-1 Research: Practice – Data input in SPSS (Gr5 & Gr6 & Gr7 & Gr8)			Dr. İlke Akçay
		ICS-1 Research: Practice – Data input in SPSS (Gr5 & Gr6 & Gr7 & Gr8)			Dr. İlke Akçay
		ICS-1 Research: Practice – Data input in SPSS (Gr9 & Gr10 & Gr11 & Gr12)			Dr. İlke Akçay
		ICS-1 Research: Practice – Data input in SPSS (Gr9 & Gr10 & Gr11 & Gr12)			Dr. İlke Akçay
Y1C4	WEEK 1	ICS-1 Research: Determination of appropriate data analysis methods	1	P	Dr. İlke Akçay
		ICS-1 Research: Determination of appropriate data analysis methods	1	P	Dr. İlke Akçay
	WEEK 2	ICS-1 Research: Data analysis in SPSS (Gr1 & Gr2 & Gr3 & Gr4)	1	P	Dr. İlke Akçay
		ICS-1 Research: Data analysis in SPSS (Gr1 & Gr2 & Gr3 & Gr4)	1	P	Dr. İlke Akçay
		ICS-1 Research: Data analysis in SPSS (Gr5 & Gr6 & Gr7 & Gr8)			Dr. İlke Akçay

		ICS-1 Research: Data analysis in SPSS (Gr5 & Gr6 & Gr7 & Gr8)			Dr. İlke Akçay
		ICS-1 Research: Data analysis in SPSS (Gr9 & Gr10 & Gr11 & Gr12)			Dr. İlke Akçay
		ICS-1 Research: Data analysis in SPSS (Gr9 & Gr10 & Gr11 & Gr12)			Dr. İlke Akçay
	WEEK 3	ICS-1 Research: Critics with groups about data analysis (Gr1 & Gr2)	1	P	Dr. İlke Akçay
		ICS-1 Research: Critics with groups about data analysis (Gr3 & Gr4)	1	P	Dr. İlke Akçay
		ICS-1 Research: Critics with groups about data analysis (Gr5 & Gr6)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups about data analysis (Gr7 & Gr8)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups about data analysis (Gr9 & Gr10)			Dr. İlke Akçay
		ICS-1 Research: Critics with groups about data analysis (Gr11 & Gr12)			Dr. İlke Akçay
	WEEK 4	ICS-1 Research: Rules for Oral Presentations	1	T	Dr. İlke Akçay
		ICS-1 Research: Rules for Oral Presentations	1	T	Dr. İlke Akçay
	WEEK 4	ICS-1 Research: Rules for Poster Presentations	1	T	Dr. İlke Akçay
		ICS-1 Research: Rules for Poster Presentations	1	T	Dr. İlke Akçay
	WEEK 5	ICS-1 Research: Abstract Writing	1	T	Dr. İlke Akçay
		ICS-1 Research: Abstract Writing	1	T	Dr. İlke Akçay
	WEEK 5	ICS-1 Research: Rules for Research Report Writing	1	T	Dr. İlke Akçay
		ICS-1 Research: Rules for Research Report Writing	1	T	Dr. İlke Akçay
	WEEK 7	ICS-1 Research: Student Research Project Presentations	1	P	Dr. İlke Akçay
		ICS-1 Research: Student Research Project Presentations	1	P	Dr. İlke Akçay
		ICS-1 Research: Student Research Project Presentations	1	P	Dr. İlke Akçay
		ICS-1 Research: Student Research Project Presentations	1	P	Dr. İlke Akçay
		ICS-1 Research: Student Research Project Presentations	1	P	Dr. İlke Akçay
		ICS-1 Research: Student Research Project Presentations	1	P	Dr. İlke Akçay
		ICS-1 Research: Student Research Project Presentations	1	P	Dr. İlke Akçay
		ICS-1 Research: Student Research Project Presentations	1	P	Dr. İlke Akçay
	WEEK 10	ICS-1 Research: Feedback session	1	P	Dr. İlke Akçay

* T is theoretical lecture; P is practice lecture; and E is exam.