Tıp Fakültesi

Marmara University - Eastern Mediterranean University

International Joint Medical Program

Year Three

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 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	MDN2707 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"

Introduction to Clinical Skills–Year Three (ICS-3) program is a comprehensive curriculum designed to advance the clinical skills and reasoning abilities of third-year medical students. This program is designed to provide early exposure to the knowledge and competencies necessary for effective medical practice. In ICS-3, students will deepen their skills in clinical evaluation, procedural techniques, and patient communication within small group settings, facilitating a more personalized and hands-on learning experience.

A key component of ICS-3 is the Clinical Skills Laboratory (CSL), where students practice a range of essential medical procedures, including physical examinations of the respiratory, cardiovascular, neurologic, and gynecologic systems. Training also covers clinical techniques such as blood pressure measurement and nasogastric tube insertion, building confidence and precision in procedural skills. The ICS-3 curriculum emphasizes both practical expertise and professional demeanor, requiring students to develop ethical attitudes and humanistic values central to medical practice.

Additionally, the program offers an Advanced Communication Skills (ACS) course, equipping students to handle sensitive interactions with patients and families. ACS sessions focus on managing difficult conversations, such as delivering bad news and addressing complex or sensitive issues, preparing students for challenging scenarios they may face in their future medical careers.

The Combining Medical Practice Skills (CMPS) course further enables students to apply their knowledge and skills holistically. Through multidisciplinary case discussions, students learn to synthesize information, consider ethical and social factors, and refine their clinical decision-making. This capstone course integrates communication, examination, and analytical skills, allowing students to approach real-world medical cases with a comprehensive perspective.

The ICS-3 program aims to empower students to develop the competencies, empathy, and collaborative skills that form the foundation of a successful medical career.

1. Basic Medical Practice (ICS-3 BMP)

Advanced Communication Skills (ACS)

In the Advanced Communication Skills Course, you will encounter challenging communication issues, such as delivering bad news, which is inevitable in medical practice. Throughout the course, you will gain insights on how to cope with difficult communication situations that may arise in your medical practice.

This course includes difficult topics, sensitive issues, and challenging patients will be covered, with breaking bad news as one of the main topics of discussion. Please note that these advanced skills build on the basic communication skills you developed during previous years in the ICS program.

Outcomes	Teaching Methods
1. Gives necessary information to acquire the skills needed to deal with difficult patients. 2. Discusses and teaches the skills needed to break bad news. 3. Discusses and teaches the skills needed to cope with difficult patients and sensitive issues.	• Video presentation. • Interactive discussion. • Role-play.

Assessment of ACS

Advanced Communication Skills Course assessment is conducted through the evaluation of a simulated patient video based on a case scenario about delivering bad news.

Combining Medical Practice Skills (CMPS)

Goals

The goal of the combining medical practice course is to take 3rd year medical students to the next developmental level of learning when evaluating patients. The course is designed to guide a more comprehensive approach to patient evaluations as students transition from their preclinical years to clinical work. This will include integrating all that they have learned in their introduction to clinical skills courses (history taking, physical examination, ethics, social concepts, communication skills, and appraisal of the literature) with their knowledge of anatomy, pathophysiology, and mechanisms of disease.

Learning Objectives

At the end of this course, students will be able to:

1. Apply a systematic approach to thinking about a patient's presenting complaint and history of present illness.
2. Integrate the medical history with the physical examination
3. Apply critical thinking skills in developing an impression and plan

4. List a prioritized differential diagnosis based on the information gathered
5. Perform a clinical case presentation

Learning method

-Interactive case-based discussion using educational videos and cases developed based on the course outcomes

- Lecture about critical thinking

-Presentation and discussion of the patient observed during hospital rounds

Evaluation of Presentation and Critical Thinking

The focus of the CMP course evaluation is to assess how well students are able integrate all the information they gather from a patient encounter in developing an impression and plan while incorporating knowledge of anatomy, pathophysiology and mechanism of disease.

Third year medical student clinical experiences include observing a physician - patient encounter at the Famagusta Government Hospital. Using these observations, students will be expected to develop a clinical case presentation. We recognize that these clinical encounters will vary in focus and detail. Many students will not have the opportunity to observe a comprehensive history and physical examination.

Therefore, the evaluation of the clinical case presentation will not depend so much on the comprehensive aspect of the presentation but the thinking that is displayed in processing the case. Students will not be negatively impacted by the absence of detail. They will be expected to list the additional questions they might have asked relevant to the CC in developing an HPI, including relevant positive and negative ROS. And, in each section of the comprehensive history and physical exam – what they would like to know to further understand what is going on with the patient.

Instructions for student preparing for the evaluation:

You are being evaluated on your ability to perform a presentation and develop an impression and plan.

You will be asked to present a comprehensive history and physical exam within the limits of your observed physician-patient encounters.

Present in the standard order of a comprehensive evaluation including: CC, HPI, PMHx, PSurgHx, Prevention, Healthy Habits, Medications, Allergies, ROS, SHx, FHx, PE, Studies, Impression and Plan.

If the information you gathered from your observation is missing (wasn't done in the encounter observed) – in preparing your presentation – think of the information you would want to know and ask the patient – during your presentation share what would have been important to ask or perform on the physical examination and why.

Presenting the Comprehensive History and Physical Exam.

CC – identify a chief complaint. One or two words – in the person's own words.

HPI – expand on the CC to develop a history of present illness.

PMHx, PsurgHx, GynHx, Prevention, Medications, Allergies, ROS, SHx, Healthy Habits, FHx

PE – think of what would be relevant to examine based on the HPI – state why this would be important.

Studies – results of any relevant studies that were done

Impression

- State what you think is going on with this patient including a prioritized differential diagnosis

Critical Thinking

- Integrate the facts gathered from the history and physical examination to develop an impression of what you think is going on with this patient. Incorporate your knowledge of anatomy, pathophysiology and mechanisms of disease.
- Develop a differential diagnosis. Prioritize your differential diagnosis with the evidence gathered – what is at the top of your list and what is further down and why.
- State the evidence that supports your thinking and the evidence that doesn't support your thinking.
- Make a comment about systems 1 and systems 2 thinking.
- Comment about bias and how that might affect your medical decision.

Plan – State the next steps for your patient to rule in or out some of the top diagnoses you are considering.

CMPS Guide and Patient form and Hospital Polyclinic Visit Experience form are as follows.

Comprehensive Medical Practice Evaluation					
Student Name: Student ID# Date: Faculty Name:					
Identifies a CC – one or two words in the patient's own words	Yes= 1/No=0				
Expands on the CC with the HPI HPI Rubric 1 = inadequate – short and without detail 2 = reports what patient said without asking additional questions relevant to the CC 3 = adds CC related questions that they might have asked to expand on the CC (= expanded HPI) 4 = expanded HPI including positive and negative ROS relevant to the CC 5 = fluent sequence and presentation of HPI, including expanded HPI, including ROS	1	2	3	4	5
History informs the physical exam – given the history, identifies which components of the physical exam would need to be performed and why, presents fluently. History informs PE Rubric 1 = inadequate – does not identify any key elements of the history that inform the physical 2 = identifies some key elements of the history but is unable to identify which aspects of the physical would be examined 3 = identifies all key elements of the history and which aspects of the physical exam would be performed 4 = identifies all key elements of the history and which aspects of the physical exam would be performed and explains why 5 = identifies all key elements of the history that inform the physical exam and explains why and presents fluently	1	2	3	4	5

Physical examination includes (where relevant) General appearance, Vitals, HEENT, Neck, Lungs, CV, ABD, EXT, Neurologic PE Rubric 1 = presentation short and without detail 2 = presents some relevant components of physical 3 = presents PE and adds which components they would have wanted to examine 4 = presents PE and adds all relevant components of and explains why these are important 5 = presentation of PE in proper sequence and fluent, including all relevant elements or what student would have examined	1	2	3	4	5
Impression Critical Thinking – demonstrates critical thinking by integrating findings of the of the history and physical exam, incorporating knowledge of anatomy, pathophysiology and mechanism of disease Critical Thinking Rubric 1 = does not demonstrate integration of history, physical exam 2 = presentation demonstrates some integration of history and physical exam 3 = presentation integrates history, physical exam and includes knowledge of anatomy, pathophysiology or mechanism of disease 4 = presentation includes integration of history, physical examination, knowledge of anatomy, pathophysiology, mechanism of disease and adds comments about systems 1 and systems 2 thinking 5 = presentation includes integration of history, physical examination, knowledge of anatomy, pathophysiology, mechanism of disease, systems 1 and systems 2 thinking and bias	1	2	3	4	5

Impression Differential Diagnosis – present the likely diagnoses and your reasoning. Prioritize your DDx based on the evidence (key elements of the history and physical exam). DDx Rubric 1 = does not include a differential diagnosis 2 = includes a DDx with limited reasoning 3 = includes a DDx and demonstrates reasoning, the evidence/case facts that supports their diagnosis 4 = includes a prioritized DDx including evidence/case facts that supports and the facts that don't support diagnosis 5 = includes a prioritized DDx including evidence/case facts that supports and the facts that don't support diagnosis and presents fluently	1	2	3	4	5
Develops a plan based on the prioritized DDx to rule in or out top diagnoses. Plan Rubric 1 = plan without clear connection to case 2 = plan with clear connection to case, without reasoning 3 = plan with clear connection to case, including limited reasoning, only includes referral to another service 4 = plan is well thought out, relevant and includes at least 2 diagnostics studies and reasoning for ordering these studies 5 = plan is well thought out, relevant and includes at least 2 diagnostics studies and reasoning for ordering these studies, presented fluently	1	2	3	4	5
Clinical presentation in the following sequence: CC, HPI, PMHx, PSurgHx, GynHx, Prevention, Healthy Habits, Medications, Allergies, ROS, SHx, FHx, PE, Studies, Impression and Plan	1	2	3	4	5
Total Score					
Comments and Feedback:					

Academic Staff

Dr. Nilüfer Güzoğlu

Dr. Amber Eker

Dr. Ayşe Atasoylu

Dr. Zehra Gültekin

MDN3705 Basic Medical Practice (ICS-3 BMP) Course Plan for the academic year is as follows.

Committee	Date	Lecture	Duration	Type*	Duration per student	Instructor
Y3C3	WEEK 3	Advance Communication Skills and Profesionalism	8	P	8	Dr. Ayse Atasoylu, Dr. Nilufer Guzoglu, Dr Amber Eker Dr.Zehra Boracı
	WEEK 4	CMPS 1	4	P	4	Dr. Ayse Atasoylu, Dr. Nilufer Guzoglu, Dr Amber Eker Dr.Zehra Boracı
Y3C4	WEEK 1	CMPS 2 and Hospital visits reflection session	12	P	12	Dr. Ayse Atasoylu, Dr. Nilufer Guzoglu, Dr Amber Eker Dr.Zehra Boracı
Y3C5	WEEK 2	Deadline for uploading the ACS video				Dr. Ayse Atasoylu, Dr. Nilufer Guzoglu, Dr Amber Eker Dr.Zehra Boracı

*T: theoretical lecture, P: practical lecture.

MDN3705 Assessment

- 80% CMPS
  - 50% Presentation
  - 50% Patient File
- 10% ACS (Simulated patient video evaluation)
- 10% PV (Hospital Policlinic Visit Experience forms for 2 visits)

Patient form and Hospital Polyclinic Visit Experience form are as follows.

MU-EMU International Joint Medical Program ICS-3
Hospital Visit Patient File

Patient Name: (Initials)……..…
Date:……

Age: …… Gender: ……

Chief Complain:

History of Complains:

Past Medical History:

Medications: **Habits:**

Social History: **Allergies:**

Family History:

Examination Findings:

Plan:

Student Name:	Doctor Name:
Number:	Signature:

Problem Statement:

Evidence Based Approach to This Patient: (If you think that different questions should be added to the history taking section, please indicate this in this section. Then discuss evidence based approach to this patient- investigations, recommendations and treatment)

Student Name:	Number:

2. Clinical Skills Laboratory (CSL)

The objectives and aims of the Clinical Skills Laboratory (CSL) course within the ICS-3 program are to equip students with essential clinical skills and foster the professional attitudes necessary for patient-centered care. By focusing on the development of core competencies, CSL aims to enable students to conduct thorough physical examinations, perform basic clinical procedures with precision, and apply clinical reasoning effectively. Students will be trained to observe and understand the physical signs associated with different body systems, including respiratory, cardiovascular, neurologic, and gynecologic systems, and to integrate this knowledge within the context of medical practice. Additionally, it provides training in clinical procedures, such as measuring blood pressure and inserting nasogastric tubes. After all theoretical and practical lectures students will be equipped with the knowledge of how to perform physical, respiratory, cardiovascular, neurologic gynecologic, breast, prostate, thyroid examination, and additionally will be able to perform urinary catheterization (male and female), nasogastric tube insertion and PAP smear sampling. At the end of the program students will be evaluated by an OSCE (Objective Structured Clinical Examination).

Academic Staff

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Dr. Amber Eker Bakkaloğlu

Dr. Ayşe Atasoylu

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Dr. Zehra Gültekin

Dr. Osman Ebeler

MDN3706 Clinical Skills Laboratory (ICS-3 CSL) Course Plan for the academic year is as follows.

Committee	Date	Lecture	Duration	Type*	Duration per student	Instructor
Y3C1	WEEK 3	Respiratory and Cardiovascular System Physical Examination	4	T	4	Dr. Zehra Gültekin
	WEEK 5	Respiratory - Cardiovascular System Physical Examination	8	P	4	Dr. Zehra Gültekin, Dr. Amber Eker
Y3C2	WEEK 1	Abdomen examination	4	T	4	Dr. Zehra Gültekin
	WEEK 1	Abdomen examination and NG tube insertion practice	4	P	2	Dr. Zehra Gültekin, Dr. Amber Eker
Y3C3	WEEK 5	Neurological Exam	4	T	4	Dr. Amber Eker
	WEEK 6	Neurological Exam	4	P	2	Dr. Zehra Gültekin, Dr. Amber Eker
Y3C4	WEEK 2	Breast Examination	1	T	1	Dr. Zehra Gültekin
	WEEK 2	Thyroid Examination	1	T	1	Dr. Zehra Gültekin
	WEEK 3	Breast-Thyroid-Examination	4	P	2	Dr. Zehra Gültekin, Dr. Amber Eker
	WEEK 4	Put it all together: Review of whole general physical exam	8	P	2	Dr. Zehra Gültekin, Dr. Ayse Atasoylu, Dr. Amber Eker
Y3C5	WEEK 3	Prostate Examination	1	T	1	Dr. Zehra Gültekin
	WEEK 3	Pelvic Examination	1	T	1	Dr. Ayse Atasoylu
	WEEK 3	Pelvic Examination-PAP smear sampling, Prostate Examination	4	P	2	Dr. Zehra Gültekin, Dr. Ayse Atasoylu, Dr. Amber Eker
	WEEK 4	Urinary Catheterization (Female & Male)	4	P	2	Dr. Zehra Gültekin, Dr. Amber Eker
	WEEK 8	OSCE (general physical exam, sounds, NG, pelvic, prostate, breast)	8	E	-	Dr. Zehra Gültekin, Dr. Ayse Atasoylu, Dr. Amber Eker

*T: theoretical lecture; P: practical lecture; E: exam.
** OSCE: Objective Structured Clinical Examination.

MDN3706 (OSCE) Assessment

- 55% Physical examination and measuring vital signs
- 7.5% Pelvic examination
- 7.5% Breast examination

- 7.5% Prostate examination
- 7.5% Heart & Breath sounds
- 7.5% Urinary catheterization
- 7.5% NG tube insertion

The checklists for Clinical Skills Laboratory are attached to the following pages.

Respiratory System Examination

Theoretical Lecture	
Session Outcomes	**Teaching Methods**
• Audio visualizes the complete physical examination of the respiratory system. • Discusses fundamental skills required for physical examination of the respiratory system.	• Video presentation. • Tutor Presentation: with wall sheets and manikins. • The essentials of respiratory system examination. • The mechanism of the physiologic breath sounds.

Practical Lecture	
Session Outcomes	**Teaching Methods**
• Demonstrates the respiratory system examination. • Demonstrates the normal and the most encountered pathologic breath sounds.	• Normal and pathologic breath sounds with the simulator. • Examination of respiratory system.

Check-list / Examination of Respiratory System

1	Explain the procedure; relax the patient in a quiet examination room	
2	Have warm hands, a warm stethoscope, and short fingernails	
3	Make the patient comfortable in a sitting position or supine position • With the patient sitting, examine the posterior thorax and lungs. The patient's arms should be folded across the chest with hands resting, if possible, on the opposite shoulders. • With the patient supine, examine the anterior thorax and lungs. The supine position makes it easier to examine women because the breasts can be gently displaced	
4	Vital signs should be noted (esp.Respiration Rate)	
5	Inspection,Palpation,percussion and auscultation should be proceed sequentially.	
6	**Inspection (both ant and posterior of thorax)** • Note any sign of respiratory difficulty • Breathing pattern, depth, rythm of respiration • Use of accessory muscles • Skeletal chest abnormalities ,asymmetry deformity • Tracheal position (midline or deviated?) • Sign of cyanosis	
7	**Palpation** of thorax (both anterior and posterior thorax)	
8	Palpate for tender area,masses,any observed abnormalities	
9	Palpation includes Tactile Fremitus and Chest Expansion	
10	Feel for Tactile Fremitus: • use either the ball (the bony part of the palm at the base of the fingers) or the ulnar surface of your hand to optimize the vibratory sensitivity of the bones in your hand. Ask the patient to repeat the words "ninety-nine" or "one-one-one." • Palpate and compare symmetric areas of the lungs • Identify and locate any areas of İncreased, decreased, or absent fremitus	
11	Chest Expansion: (ant and postly can be measured) • Place your thumbs at about the level of the 10th ribs, with your fingers loosely grasping and parallel to the lateral rib cage. As you position your hands, slide them medially just enough to raise a loose fold of skin on each side between your thumb and the spine. • Ask the patient to inhale deeply. Watch the distance between your thumbs as they move apart during inspiration, and feel for the range and symmetry of the rib cage as it expands and contracts.	

12	**Percussion: (in a ladder pattern)** • Hyperextend the middle finger of your left hand, known as the pleximeter finger. Press its distal interphalangeal joint firmly on the surface to be percussed. Avoid surface contact by any other part of the hand, because this dampens out vibrations. Note that the thumb and 2nd, 4th, and 5th fingers are not touching the chest. • Position your right forearm quite close to the surface, with the hand cocked upward. The middle finger should be partially flexed, relaxed, and poised to strike. • With a quick, sharp but relaxed wrist motion, strike the pleximeter finger with the right middle finger, or plexor finger. • In a normal healthy lung….resonance **Diaphragmatic Excursion** • determining the distance between the level of dullness on full expiration and the level of dullness on full inspiration, normally about 5 or 6 cm	
13	**Auscultation: (in a ladder pattern)** • Listen to the breath sounds with the diaphragm of a stethoscope after instructing the patient to breathe deeply through an open mouth • Use the pattern suggested for percussion, moving from one side to the other and comparing symmetric areas of the lungs. • Listen to at least one full breath in each location. • Note the intensity of the breath sounds. • Breath sounds are usually louder in the lower posterior lung fields and may also vary from area to area. • If the breath sounds faint, ask the patient to breathe more deeply. You may then hear them easily. • Normal breath sounds are tracheal, bronchial, vesicular and bronchovesicular (tracheal and bronchial sounds may be heard over the trachea and mainstem bronchi; vesicular breath sounds predominate throughout most of the lungs)	
14	**Special Maneuvers:** • Pectoriloquy: Ask the patient to whisper 1-2-3 or 99 and listen with a stethoscope. Typically, words are heard faintly. • Egophony: This test can be elicited by asking the patient to say Ee, which sounds like an A.	

Cardiovascular System Examination

Theoretical Lecture	
Session Outcomes	**Teaching Methods**
• Audio visualizes the complete physical examination of the cardiovascular system. • Discusses the fundamental skills required for physical examination of the cardiovascular system.	• Video presentation. • Tutor Presentation: with wall sheets and manikins. • "The essentials of cardiovascular system examination" • The mechanism of the physiologic heart sounds.

Practical Lecture	
Session Outcomes	**Teaching Methods**
• Identify normal breath sounds, murmurs and pathologic breath sounds including crackles, wheezes, gurgles, and stridor. • Demonstrates how to measure JVP (jugular venous pressure).	• Auscultation: normal and pathologic heart sounds with the simulator and video. • Peripheral arterial pulse examination. • Arterial blood pressure measurement: checklist.

Check-list / Examination of Cardiovascular System

1	Introduce yourself and explain the procedure in order to gain consent.	
2	Have warm hands, a warm stethoscope,short fingernails,ruler	
3	Make the patient comfortable in a supine position, stand at patient's side and elevate bed	
4	Vital signs should be checked and noted • Blood Pressure (bilateral) • Pulse	
5	Inspection,Palpation,percussion and auscultation should be proceed sequentially.	
6	**General Inspection (from head to toe)** • Restlessness • Signs of dyspnea • Pallor • Edema • Scars (surgery) • Sign of cyanosis	
7	• **Inspection of Eye:** Arcus senilis, Xanthelasma,Corneal arcus,conjunctival pallor • **Inspection of Hands:**Janeway lesions,tar staining,osler's node**,**xanthomata • **Inspection of Skin:** Signs of cyanosis ,pallor color of skin • **Inspection of Nails:** capillary refill test (n :2 seconds)/clubbing of finger (n :160 degrees)(schamroth's window test) ,splinter hemorhages • **Inspect the chest :**Deformities ,sternotomy or thoracotomy scars, presence of pacemaker at clavicular region	
8	Neck Examination: • Measurement of JVP , Normal ≤ 3–4 cm above sternal angle) • Carotid Pulse: Contour, amplitude, symmetry Palpate one side at a time / Note for Bruits using the diaphragm of the stethoscope	
9	**Palpation** Pulse Assessment (bilateral)----assess rate and rhythm&note the absence/weakness/asymmetry PMI (Point of Maximal Impulse) put your finger at 5th ICS &MCL • Size and amplitude should be assessed • 2 Fingerbreadths below the nipple or 2-3 cm • Should be Single tapping quality, regular Palpate all cardiac auscultatory region (heaves or thrills) • Parasternal heave----RVH (HEAVE:*VISIBLE VIBRATIONS*) • Thrills:palpable murmurs,(THRILLSPALPABLE VIBRATIONS) Assess and Compare Limb temperature (sweaty or cool)	

10	**Auscultation** ➢ Aortic- second intercostals space Right of the sternum ➢ Pulmonic area- second intercostals space Left of the sternum ➢ Erb's Point- 3rd intercostals space Left of the sternum ➢ Tricuspid area- 5th intercostal space on the left side of the sternum ➢ Mitral area- 5th intercostals space MCL left side ➢ Auscultate with the diaphragm of the stethoscope every site and then via bell of the stethoscope • Always • the loudness, location, pitch-(high or low,) Place and duration • Quality- crescendo, decrescendo or plateau ➢ Dynamic maneuvers :(Standing vs squattingValsalva Left lateral decubitus Leaning forward) ➢ Note the presence of murmurs &Radiation (carotid and axilla) ➢ Auscultate lung for presence of crackles ➢ Check presence of a distended abdominal cavity (ascites),sacral edema ,pitting edema in extremities ➢ Norl cardiac examination PMI: 5th ICS MCL S1, S2 normal No murmurs or extra sounds	
Total		

Check-list / Measuring Blood Pressure

1	The patient should avoid eating, smoking, caffeine, exercise, and drinking alcohol one-half to one hour before blood pressure measurement.	
2	Have the patient sit quietly for at least 5 min. period of rest with both feet flat on the floor and back supported prior to measurement.	
3	Use mercury manometer or a recently calibrated aneroid manometer with the center of the mecury column or aneroid diall at eye level.	
4	Select appropriate cuff size: The width of the bladder should be 40 % of the arm circumference and the length of the bladder should encircle at least 80% of the arm.	
5	The bell of the stethoscope should be placed above the medial epicondyle and medial to the biceps tendon.	
6	No clothing should be between the blood pressure cuff and the arm.	
7	Place the center of the cuff's bladder over the brachial artery on the upper arm. Secure the blood pressure cuff evenly and snugly around the arm, 1 to ½ inches above the antecubital space (at the elbow).	
8	Use the patient's same arm for blood pressure readings and record arm and cuff size used.	
9	The patient's arm should be supported or allowed to rest on a solid surface so the inner aspect of the bend of the elbow is level with the heart.	
10	Initially perform a palpatory estimate of systolic pressure. Wait 15-30 seconds before taking the auscultatory reading.	
11	Inflate the cuff quickly to 30 mmHg above the palpatory blood pressure.	
12	Deflate bladder at 2-3 mmHg per second.	
13	Record the first of at least two consecutive sounds as the systolic. Diastolic is identified by the last sound heard.	
14	If blood pressure is elevated and the patient had initially waited quietly for five minutes, repeat blood pressure in 1-2 minutes.	
14	Record both measurements and inform the patient.	
15	If blood pressure is elevated but the patient had not initially waited for five minutes, now allow for a five-minute rest. Re-measure blood pressure and record it as the first reading. If this blood pressure is still elevated, repeat the measurement in 1-2 minutes, record it as the second measurement, and inform the patient.	
Institute for Clinical Systems Improvement (ICSI) www.ICSI.org Hypertension diagnosis and treatment		

Abdomen Examination

Theoretical Lecture	
Session Outcomes	**Teaching Methods**
• Audio visualizes the complete physical examination of the abdomen. • Discusses fundamental skills required for physical examination of the abdomen. o Auscultation and assessment of bowel functions o Percussion and palpation: pain, mass, ascites o Evaluation of the liver and the spleen: *hepatomegaly, splenomegaly* o Special examination techniques: *costovertebral angle tenderness*	• Video presentation. • Tutor Presentation: with wall sheets and manikins. • The essentials of abdomen examination.

Practical Lecture	
Session Outcomes	**Teaching Methods**
• Demonstrates the palpation and percussion techniques for the abdominal examination. • Demonstrates how to asses span of liver, how to palpate spleen and kidney and how to examine abdominal ascites.	• Palpation and percussion: assessment of hepatomegaly and splenomegaly; determination of a mass or ascites • Nasogastric tube insertion.

CHECK-LIST / EXAMINATION OF ABDOMEN

1	Explain the procedure; relax the patient	
2	Exposure full abdomen from above the xyphoid process to the symphysis pubis under good light	
3	Patient should not have a full bladder.	
4	Make the patient comfortable in a supine position.	
5	Have the patient keep arms at the sides or folded across the chest.	
6	Before palpation, ask the patient to point to any areas of pain, and examine painful or tender areas last	
7	Monitor your examination by watching the patient's face for signs of discomfort.	
8	Have warm hands, a warm stethoscope, and short fingernails.	
9	Approach slowly and avoid quick, unexpected movements.	
10	From the patient right side, proceed in an orderly fashion: inspection, auscultation, percussion, and palpation of the abdomen.	
11	Assessment of the liver, spleen, kidneys, and aorta.	
12	**Inspection:** the skin (scars, striae, dilated veins, rashes and lesions), umbilicus (location, inflammation, hernia), contour, intestinal peristalsis, aortic pulsation	
13	**Auscultation:** place the diaphragm of your stethoscope gently on the abdomen and listen for bowel sounds, for renal artery stenosis, for bruits over the aorta, iliac arteries and the femoral arteries.	
14	**Percussion:** percuss lightly in all four quadrants to assess the distribution of tympany and dullness.	
15	**Light palpation:** Keeping your hand and forearm on a horizontal plane, with fingers together and flat on the abdominal surface, palpate all quadrants with a gentle motion.	
16	Identify any superficial masses, area of tenderness or increased resistance	
17	**Deep palpation:** Using the palmar surfaces of your fingers, feel in all four quadrants to identify any masses (location, size, shape, consistency, tenderness, pulsations, and mobility)	

CHECK-LIST / EXAMINATION OF LIVER

1	**Percussion:** Starting at a level below the umbilicus (in an area of tympany, not dullness) lightly percuss upward toward the liver.	
2	Ascertain the lower border of liver dullness in the midclavicular line.	
3	To identify the upper border of liver dullness in the midclavicular line, lightly percuss from lung resonance down toward liver dullness.	
4	Measure in centimeters the distance between your two points - the vertical span of liver dullness. (6-12 cm in right midclavicular line)	
5	**Palpation:** place your left hand behind the patient, parallel to and supporting the right 11^{th} and 12^{th} ribs and adjacent soft tissues below.	
6	Place your right hand on the patient's right abdomen lateral to the rectus muscle, with your fingertips well below the lower border of liver dullness.	
7	Ask the patient to take a deep breath, try to feel the liver edge as it comes down to meet your fingertips.	
8	When you feel it, lighten the pressure of your palpating hand slightly so that the liver can slip under your finger pads, and you can feel its anterior surface.	
9	Try to trace the liver edge both laterally and medially, describe the liver edge, and measure its distance from the right costal margin in the midclavicular line.	
10	To assess tenderness of a non-palpable liver, place your left hand flat on the lower right rib cage and then gently strike your hand with the ulnar surface of your right fist.	

(Bates' Guide to Physical Examination and History Taking. 7^{th} ed. 1999)

CHECK-LIST / EXAMINATION OF SPLEEN-DETERMINATION OF SPLENOMEGALY

1	**Percussion:** Spleen enlarges anteriorly, downward and medially replacing the tympany of stomach and colon with the dullness of a solid organ.	
2	Percuss the left lower anterior chest wall between lung resonance above and the costal margin below (area termed Traube's space)	
3	If tympany is prominent especially laterally splenomegaly is not likely.	
4	Percuss the lowest interspace in the left anterior axillary line. This area is usually tympanitic (splenic percussion sign)	
5	Ask the patient to take a deep breath and percuss again. If spleen size is normal, the percussion note usually remains tympanitic.	
6	If either or both of these tests is positive, pay extra attention to palpating the spleen.	
7	**Palpation:** With your left hand, reach over and around the patient to support and press forward the lower left rib cage and adjacent soft tissue.	
8	With your right hand below the left costal margin, press in toward the spleen.	
9	Begin palpation low enough so that you are below a possibly enlarged spleen.	
10	Ask the patient to take a deep breath.	
11	Try to feel the tip or edge of the spleen as it comes down to meet your fingertips.	
12	Note any tenderness, assess the splenic contour, and measure the distance between the spleen's lowest point and the left costal margin.	
13	Repeat the patient lying on the right side with legs flexed at hips and knees.	
14	In this position, gravity may bring the spleen forward and to the right into a palpable location.	

(Bates' Guide to Physical Examination and History Taking. 7th ed. 1999)

CHECK-LIST / NASOGASTRIC TUBE INSERTION

1	Explain the procedure; secure patient's privacy; prepare equipment; wash hands.	
2	Elevate head of bed to highest position; place pillow behind shoulders; work on right side if right-handed, and vice versa.	
3	Examine tubing for rough or sharp edges.	
4	Measure tubing and mark with tape or ink.	
5	Remove patient's eyeglasses or dentures.	
6	Place a towel over chest, have emesis basin available.	
7	Check patency of nostrils with flashlight, select most patent nostril.	
8	Lubricate the distal 10-15 cm of the tube with water-soluble lubricant; avoid filling the holes by lubricant.	
9	Arrange with patient for a signal to indicate a need for a rest during procedure. Give patient tissues and a glass of water.	
10	Have patient hyperextended neck slightly. With curved end pointing downward, slowly and gently insert tube into nostril, directing it downward and toward ear. Do not force; try other nostril if there is resistance. Rotate tube 180 degrees while advancing it to the pharynx.	
11	Allow patient to rest briefly after tube reaches oropharynx.	
12	Have patient flex neck and take big swallows of water, with each swallow advance tube until previously marked point is reached.	
13	Check tube placement; observe for cyanosis, choking, coughing	
14	Verify that tube is correctly insertion. Withdraw a small amount of fluid from the tube and check the pH of the fluid. If the pH $\leq$5 the tube is very likely in the stomach. If the pH$\geq$6 confirm tube replacement with an X-ray.	
15	Clamp or plump tube	
16	Anchor tubing in place, avoiding pressure on external naris.	
17	Return client to position of comfort; explain expected sensations in throat, fluid restrictions, and use of ice or other palliative measures; wash hands.	

Neurological Examination

Theoretical Lecture	
Session Outcomes	**Teaching Methods**
Discusses the essential skills required for the physical examination of the neurologic system.	• Tutor presentation. • The essentials of neurologic examination.

Practical Lecture	
Session Outcomes	**Teaching Methods**
• Demonstrates the examination of; o mental status o cranial nerves o motor system o reflexes o sensory system o coordination o Gait and balance	• Tutor demonstration for each group with wall sheets and voluntary students as patients • Individual practice with group members

MARMARA UNIVERSITY-EASTERN MEDITERRANEAN UNIVERSITY INTERNATIONAL JOINT MEDICINE PROGRAM

ICS 3-NEUROLOGIC EXAMINATION

Inspection: Helps to identify mask face, ptosis, nystagmus, strabismus, fluency of speech, involuntary movements (e.g. Tremor), atrophy, fasciculations, gait pattern, and posture.

Mental Status Exam:

- Orientation: Ask about the time, place, and person
- Short-term memory: Three-word recall test (Registration and recall; give three words 'apple, flag, dress'- ask to repeat-do an attention test- then ask three words)
- Attention: Backward spelling or counting (ask to spell the word 'WORLD' or serial 7's backwardly)
- Language: Check naming (show an object and ask the name), comprehension (give commands), and repetition (ask to repeat 'No, ifs, ands or buts'.

Cranial Nerves:

- Visual acuity (each eye separately, use Snellen chart)
- Visual fields (each eye separately, finger counting in four quadrants, or confrontation test)
- Light reflex (check direct and indirect light reflex)
- Eye movements (Both eyes together. Draw HH)
- Fundoscopy
- Facial sensation (Light touch in three areas of the face bilaterally)
- Facial muscles strength (eyebrow-raising, eye closing, smile-show your teeth)
- Hearing to finger rub
- Uvula, palatal arc symmetry, ask to say 'aaa' –observe palate elevation, Gag reflex
- Trapezius and sternocleidomastoid muscle strength
- Touque inspection and strength

Motor System:

- Check tone and strength and give a score out of 5
- Upper Extremity
    - Proximal (deltoid muscle)
    - Distal (hand grip)
- Lower extremity
    - Proximal (iliopsoas muscle)
    - Distal (foot dorsiflexion and plantar flexion)
- Check if there is any rigidity

Reflexes:

- Biceps
- Brachioradialis
- Triceps
- Patellar
- Achilles
- Plantar responses (report as flexor or extensor)

Sensory System:

- Pinprich or light touch
    - Compare sides in both upper and lower extremities

      (Compare distal proximal in the same extremity in the suspicion of polyneuropathy)

- Proprioception (move extremity from distal joint and ask position)
- Vibration

Coordination:

- Rapid alternating movements
- Coordination in the limbs (finger to nose, heel to shin)

Gait and Balance:

- Casual gait
- Tandem gait (heel and toe walking)
- Romberg test

*Don’t forget to check meningeal irritation signs in a patient with confusion and/or fever

Breast-Thyroid-Prostate Examination

Theoretical Lecture	
Session Outcomes	**Teaching Methods**
Demonstrates the breast, thyroid gland and prostate.	Video presentation.

Practical Lecture	
Session Outcomes	**Teaching Methods**
• Discusses the essential skills required for the physical examination of the breast, thyroid gland and prostate gland. • Lists the characters of a mass or organ that are defined by palpation. • Demonstrates the techniques for their examination.	• Tutor Presentation for each group: with wall sheets and maquettes, and manuals. • Individual practice with maquettes and checklists. • Tutors are observers, and they give feedback according to checklists.

CHECK-LIST /BREAST EXAMINATION-*INSPECTION*

1	The woman should be seated facing the examiner. The examiner should ask the woman to remove her gown to her waist.	
2	Inspection is first accomplished with the patient's arm at her side.	
3	The breasts are inspected for size, shape, symmetry, contour, color and oedema.	
4	The skin of the breast is observed for oedema and erythema.	
5	Inspect the for the presence of dimpling, sign of retraction phenomena	
6	Ask the woman to press her arms against her hips; to bring out dimpling caused by fixation of the breast to the underlying tissues.	
7	Ask her to bend at the waist and allow her breasts to hang free from the chest wall; to bring out any change in the contour of that breast.	
8	Inspect for nipple retraction, fissures and scaling.	

CHECK-LIST /BREAST EXAMINATION-*PALPATION*

1	The axillary examination is performed with the patient seated facing the examiner.	
2	To examine the right axilla, the patient's right forearm is supported by the examiner's right hand.	
3	The tips of the fingers of the examiner's left hand start low in the axilla, and, as the patient's right arm is drawn medially, the examiner advances the left hand higher into the axilla.	
4	The technique of using small, circular motions of the fingers riding over the ribs is used for detecting adenopathy.	
5	After one axilla is examined, the other is evaluated by the examiner's opposite hand.	
6	Ask the patient to lie down and is told that palpation of the breast is next.	
7	The examiner stands at the right side of the patient's bed.	
8	Instruct the patient to place their hands behind their head. A pillow placed beneath the shoulder on the side being examined will facilitate the examination.	
9	The examiner should use both the flat of the hand and the fingertips.	
10	Palpation should be performed methodically by either the "spokes of a wheel" or the "concentric circles" approach.	
11	The spokes of a wheel" method starts at the nipple.	
12	The examiner should start the palpation by moving from the nipple to the 12 o'clock position, then should return to the nipple and move along the 1 o'clock position and continue the palpation around the breasts	
13	The "concentric circles approach" also starts at the nipple, but the examiner moves from the nipple in a continuous circular manner around the breast.	
14	Any lesion or mass found is described according its size, shape, delimitation, consistency and mobility, and as being a certain distance from the nipple in clock time.	
15	The sub-areolar area should be palpated while the patient is lying supine.	
16	Inspect for nipple retraction, fissures, and scaling and palpate for tenderness and discharge.	

CHECK-LIST /PROSTATE GLAND EXAMINATION

1	The patient is told that a rectal examination will now be performed.	
2	The examiner lubricates the right gloved index finger and places the left hand on the patient buttocks	
3	As the left hand spreads the patient's buttocks, the examiner's right index finger is gently placed on the anal verge.	
4	The sphincter should be relaxed by gentle pressure with the palmar surface of the finger.	
5	The patient is instructed to take a deep breath, at which time the right index finger is inserted into the anal canal as the anal sphincter relaxes.	
6	The sphincter should close completely around the examining digit.	
7	The finger should be inserted as far as possible into the rectum, although 10 cm is the probable limit of digital exploration	
8	The left hand can now be moved to the patient's left buttock, while the right index finger examines the rectum	
9	The prostate gland lies anterior to the wall of the rectum. Only the lower apex portion of the gland is palpable.	
10	The size, surface, consistency, sensitivity, and shape of the prostate gland should be assessed.	
11	Inform the patient that you are now going to withdraw your finger.	
12	Gently remove the examining finger and give the patient tissues to wipe himself.	

CHECK-LIST / NECK AND THYROID EXAMINATION

1.	**Preparation and Introduction:** • Wash hands • Introduce yourself • Explain the procedure • Get informed consent	
2.	**Position**: • Patient in a sitting position	
3.	**Inspection** : *Inspect the patient generally before touching. Look for signs of thyroid disease:* **1. General appearance** • Anxious, restless → hyperthyroidism • Slow, puffy, tired-looking → hypothyroidism **2. Face** • Puffy face → hypothyroidism • Thin face with stare → hyperthyroidism **3. Eyes:** • Exophthalmos (bulging eyes) → Graves disease • Lid lag or lid retraction → hyperthyroidism **4. Skin:** • Warm, sweaty skin → hyperthyroidism • Dry, coarse skin → hypothyroidism **5. Hands:** • Palmar erythema → hyperthyroidism • Tremor → thyrotoxicosis • Cold hands → hypothyroidism **6. Legs:** • Pretibial myxedema (thickened skin over shins) → Graves disease	
4.	**Inspection of neck region:** **Inspect for:** • Neck symmetry ,Visible swelling or masses,Scars (thyroid surgery) • Ask patient to swallow water → observe movement Swelling moving upward = thyroid origin	
5.	**Palpation** • Stand behind patient • Neck slightly flexed → fingers below cricoid cartilage • Patient swallows → feel **isthmus rise** • Displace trachea → palpate each **lobe separately** • Lobes = **rubbery, thumb-tip size** (normal) • Assess **size, nodules, tenderness, consistency**	
6.	**Percussion** • Percuss sternum if goiter suspected → Dullness = retrosternal extension	
7.	**Auscultation** • Listen over thyroid with bell • Thyroid bruit → hyperthyroidism	
	Total	

Genitourinary System Examination

Theoretical Lecture	
Session Outcomes	**Teaching Methods**
• Demonstrates the pelvic examination: bimanual and with speculum. • Discusses fundamental skills required for physical examination of the genitourinary system.	• Video presentation. • Tutor Presentation: with wall sheets and manikins. • "The essentials of genitourinary system examination."

Practical Lecture	
Session Outcomes	**Teaching Methods**
• Discusses the skills required for the physical examination of the pelvis. • Demonstrates the examination techniques for the pelvic examination: bimanual and with speculum. • Demonstrates cervical smear sampling skill. • Demonstrates urinary catheterization.	• Tutor demonstration for each group with checklists, pelvic models and labsheets. • Individual practice of; o Female pelvic examination o Cervical smear sampling o Urinary catheterization with models, checklists and having per review and tutor feedback after each application.

CHECK-LIST / PELVIC EXAMINATION WITH SPECULUM AND SMEAR SAMPLING

1	Drape the patient appropriately and then assist her into the lithotomic position	
2	Inspect the patient's external genitalia	
3	Select a speculum of appropriate size and shape	
4	Tell the patient the procedure	
5	Insert two fingers of the other hand just inside the vaginal introitus	
6	Apply pressure downward	
7	With fingers still in place insert the closed speculum at an oblique angle over the fingers and directed at a 45-degree angle downward	
8	Remove fingers rotate the speculum into a horizontal position, maintaining the pressure to the posterior.	
9	Insert it in the length of the vaginal canal	
10	Open the speculum and adjust it until it cups the cervix and brings it into full view	
11	Lock the speculum blades into place.	
12	Place cervical smear brush into the orificium externum of the cervical canal	
13	Rotate the brush 360 degree clockwise to sample cells from squamo-columnar junction	
14	Take off the brush and lay the smear on the slide	
15	To withdraw the speculum; first release the thumb screw while the speculum clears the cervix, and maintain the open position of the speculum with the thumb	
16	Withdraw the speculum slowly by observing the vagina	

CHECK-LIST / BIMANUAL PELVIC EXAMINATION

1	Lubricate the index and middle fingers of one of your gloved hands.	
2	Gradually insert them into the vagina exerting pressure primarily posteriorly.	
3	Palpate the vaginal walls as you insert your fingers	
4	Palpate the cervix	
5	Feel the fornices around the cervix	
6	Place the other hand on the abdomen about midway between the umbilicus and the symphis pubis	
7	While elevating the cervix and uterus with the pelvic hand, press the abdominal hand in and down, trying to grasp the uterus between the two hands	
8	Slides both fingers of the pelvic hand into the anterior fornix to feel the anterior surface of the uterus	
9	If you cannot feel the uterus, slide your pelvic fingers into the posterior fornix to feel the anterior surface of the uterus	
10	Place the abdominal hand on the right or left lower quadrant, your pelvic hand in the ipsilateral fornix	
11	Press the abdominal hand in and down, trying to push the adnexal structures toward pelvic hand, palpate each ovary	
12	Repeat the procedure on the left side	
13	Withdraw your two fingers slightly	

CHECK-LIST / URINARY CATHETERIZATION (FEMALE)

1	Explain procedure	
2	Place a female in a dorsal recumbent position	
3	Drape the patient with a bath blanket for privacy and warmth	
4	Position external light source to focus on perineum and meatus	
5	Work from the side of the bed that puts your dominant hand toward the foot of the bed	
6	Have your assistant stand on the opposite side	
7	Wash perineal area with soap and water	
8	Place the catheterization material between the patient's legs about 45cm from the perineal area	
9	Material bundle should contain a pens, sterile lubricant, antiseptic solution, sterile gas, a tray and a sterile drap to lye under the patient, and should provide a sterile area once opened.	
10	Position collection bag and tubing connector safely either connecting one to the other safely or putting the end part of the tube in a tray.	
11	Place a drap under the patient's buttocks	
12	Use a clean glove to separate the labia and check the visibility of the meatus	
13	Put on sterile gloves	
14	Pour the antiseptic on the sterile absorbent gas	
15	Test the balloon inflation	
16	Lubricate the catheter	
17	Separate the labia with the non-dominant hand	
18	Use forceps to cleanse labia and meatus with absorbent gas	
19	Cleanse from anterior to posterior with one stroke per gas ending with meatus	
20	Once the labia have been cleansed, they must be hold apart with the help of a sterile absorbent gas, until the catheter is inserted	
21	Insert the catheter with dominant hand slowly and gently, slightly downward to follow the natural curve of the urethra until urine flows (total depth 5 to 7.5 cm)	
22	Release labia and hold catheter in place firmly	
23	Inflate the balloon by inserting <10ml fluid with a prefilled syringe	
24	Tug gently on the catheter to be sure it is in place securely	
25	Secure the catheter to the leg or abdomen	
26	Remove the equipment, clean and dry the perineum and return the patient to a comfortable position	
27	Position drainage bag and tubing correctly	

CHECK-LIST / URINARY CATHETERIZATION (MALE)

1	Explain procedure	
2	Place a male in in a supine position with the legs together or slightly apart.	
3	Fold the top linen down to the middle of his tighs and drape him for privacy and warmth.	
4	Work from side of bed that places your dominant hand toward the patient's feet.	
5	Have your assistant stand on the opposite side.	
6	Wash perineal area with soap and water.	
7	Place the catheterization material on the bed beside his knees or on the overbed table positioned across his knees.	
8	Material bundle should include a pens, sterile lubricant, antiseptic solution, sterile gas, a tray and a sterile drap to lye under the patient, and should provide a sterile area once opened.	
9	Position collection bag and tubing connector safely either connecting one to the other safely or putting the end part of the tube in a tray.	
10	Place a sterile drap over the patient's legs just below the penis.	
11	Put on sterile gloves	
12	Pour the antiseptic on the sterile absorbent gas	
13	Test the balloon inflation	
14	Lubricate the catheter	
15	Hold the absorbent gas with the forceps and cleanse the head of penis and meatus with circular strokes from meatus outward.	
16	Once the non-dominant hand holds the penis it is contaminated and must not be returned to the sterile area, all sterile equipment must be handled only with the other hand.	
17	Once the penis has been cleansed, the foreskin must be hold apart with the help of a sterile absorbent gas, until the catheter is inserted	
18	Stretch the penis upright, at a right angle to the abdomen, and direct the catheter straight downward.	
19	If you encounter resistance do not force the catheter, rotate it, wait briefly and ask the patient to take a deep breath, which usually relaxes the urethral sphincters.	
20	Insert the catheter until urine flows (total depth of 18 to 20 cm.)	
21	Inflate the balloon by inserting <10ml fluid with a prefilled syringe.	
22	Tug gently on the catheter to be sure it is in place securely.	
23	Secure the catheter to the leg or abdomen.	
24	Remove the equipment, clean and dry the perineum and return the patient to a comfortable position.	
25	Position drainage bag and tubing correctly.	

CHECK-LIST / PUT IT ALL TOGETHER

INTRODUCTION

1. Wash hands and prepare equipment
2. Introduce yourself and confirm patient identity
3. Explain examination and obtain consent
4. Ensure good lighting and patient comfort
5. Position patient appropriately for exam

GENERAL OBSERVATION

1.Observe patient from end of bed
2.Assess distress, posture, movement
3.Note skin color, hygiene, body habitus

VITAL SIGNS

1. Ensure patient rested for at least 5 minutes
2.Measure temperature correctly
3.Check radial pulse for rate rhythm strength
4.Measure blood pressure with correct cuff size
5.Count respiratory rate discreetly
6. Measure oxygen saturation with pulse oximetre

HEAD AND NECK

1.Inspect face for asymmetry or abnormal features
2. Check pupils for size and light reaction
3.Assess eye movements in H pattern
4.Inspect mouth, tongue, palate, tonsils
5. Palpate lymph nodes systematically
6. Palpate carotid pulse one side at a time
7. Inspect thyroid while patient swallows
8.Palpate thyroid lobes from behind for size nodules tenderness

RESPIRATORY EXAM

1.Inspect chest symmetry and breathing pattern
2.Look for use of accessory muscles
3.Palpate chest expansion comparing sides
4.Assess tactile fremitus while patient says ninety-nine
5.Percuss lung fields comparing sides
6.Auscultate lungs comparing symmetrical areas
7.Identify abnormal breath sounds

CARDIOVASCULAR EXAM

1.Inspect hands, nails and face for cyanosis pallor clubbing
2.Palpate peripheral pulses for rate rhythm symmetry
3. Assess jugular venous pressure at 30 degrees
4. Locate and palpate point of maximal impulse
5. Palpate for heaves and thrills
6. Auscultate aortic pulmonic tricuspid mitral areas
7. Assess heart sounds and murmurs
8. Check for peripheral edema

ABDOMINAL EXAM

1. Position patient supine with arms relaxed
2. Inspect abdomen for scars distension veins
3. Auscultate bowel sounds in four quadrants
4. Percuss abdomen for tympany and dullness
5. Perform light palpation all quadrants
6. Perform deep palpation for masses
7. Percuss liver span
8. Palpate liver during inspiration
9. Percuss Traubes space
10. Palpate spleen during deep breath

NEUROLOGICAL EXAM

1. Assess orientation to time, place, person
2. Test short-term memory
3. Assess attention
4. Test language
5. Test cranial nerves
6. Assess muscle power
7. Check reflexes
8. Assess sensation
9. Perform coordination tests
10. Assess gait and balance

LOWER LIMBS

1. Inspect legs for swelling or deformity
2. Check pitting edema
3. Palpate dorsalis pedis pulse
4. Palpate posterior tibial pulse

COMPLETION

1. Thanks the patient
2. Ensure patient comfort
3. Wash hands
4. Summarize findings and note

3. Student Research Activity (SRA)

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 congressesLiteratür tarama

3rd Year projects (ICS-3 Research)

THEME: Patients and Diseases

Within the scope of this theme, students are expected to work on a specific patient group or a specific disease. At this point, since students are experienced from previous 2 years, they create their own groups and choose their own advisors. They make their work plans with their advisors, apply to ethics committees and carry out their work. Cross-sectional, retrospective, prospective or review studies can be planned in an academic year. Mostly, data is collected from hospitals or laboratory studies are conducted.

Some sample titles from previous years:

- Antibiotic Susceptibility Patterns of Urinary Tract Infection Agents Enterobacteria in Famagusta State Hospital
- Antibiotic Susceptibilities of Various Pathogen Bacteria in TRNC: A Retrospective Analysis
- The prevalence of Metabolic Syndrome among elderly population in Nursing homes in TRNC
- 10-years Cardiovascular Risk assessment among hypertensive Patients in Famagusta, North Cyprus
- Evaluation of factors affecting the health-related Quality of Life of Chronic Renal Failure patients receiving hemodialysis treatment in Northern Cyprus
- Impacts of Vorinostat and Curcumin on Papillary Human Thyroid Cancer Cells; Combination Therapy
- Prevalence of Cognitive Impairment in Famagusta residents over 65 years

- Descriptive Study of The Association between Vitamin D (25OH-3) Levels, Anthropometric Measurement, Metabolic Parameters and HOMA-IR Levels in Patients with Type-II Diabetes Mellitus

MDN3707 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
Öğrenci Araştırmaları Bildiri Sunumu Değerlendirme Rehberi

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 çalışmaların 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 verilmesi ve izin emailinin gösteril skorlama, vb)	1	2	3	4	5
Yöntem bölümünde; katılımcılara ne şekilde ulaşıldığının belirtilmesi (veri toplamada kullanılan araçlar; google 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 tiplerine uygun olması, ham SPS tablosu değil Excel veya uygun bir yazılım ile amaca uygun 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 olması. (Çalışmada hipotez ya d 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 punto)	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		**Y3G1**
	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

2025-2026 MDN3707 Student Research Activity (ICS-3 Research) course Plan for the Academic Year					
Committee	**Date**	**Lecture**	**Lecture hours**	**Theoretical (T) or Practical (P)**	**Instructor**
Y3C1	WEEK 2	Student Reserch Activity (SRA) Introduction and Orientation to ICS-3 SRA. Informing about the aims and objectives of the ICS-3 SRA through 2023-24	1	T	Dr. İlke Akçay
		ICS-3 SRA: Feedback from last year	1	T	Dr. İlke Akçay
	WEEK 3	ICS-3 SRA: Theme, Assessment, Timeline and Schedule of the Year	1	T	Dr. İlke Akçay
		ICS-3 SRA: Informing about Ethical Board Application Process	1	T	Dr. İlke Akçay
	WEEK 5	Meeting with mentor	1	P	mentor
Y3C2	WEEK 2	Contents of a Research Proposal	1	T	Dr. İlke Akçay
		Contents of a Research Proposal	1	T	Dr. İlke Akçay
	WEEK 3	Meeting with mentor	1	P	mentor
	WEEK 4	Meeting with mentor	1	P	mentor
	WEEK 5	Meeting with mentor	1	P	mentor
	WEEK 7	Research Proposal Presentations (Gr1 & Gr2)	1	P	Serap Ciftcili
		Research Proposal Presentations (Gr3 & Gr4)	1		
		Research Proposal Presentations (Gr5 & Gr6)	1		
		Research Proposal Presentations (Gr7 & Gr8)	1		
		Research Proposal Presentations (Gr9 & Gr10)	1		
		Research Proposal Presentations: Feedback	1		
	WEEK 7	Meeting with mentor	1	P	mentor
Y3C3	WEEK 2	Meeting with mentor	1	P	mentor
	WEEK 3	Meeting with mentor	1	P	mentor
	WEEK 4	Meeting with mentor	1	P	mentor
	WEEK 5	Critics with groups: Finalizing ethical board applications (Gr1 & Gr2)	1	P	Dr. İlke Akçay
		Critics with groups: Finalizing ethical board applications (Gr3 & Gr4)	1		Dr. İlke Akçay
		Critics with groups: Finalizing ethical board applications (Gr5 & Gr6)	1		Dr. İlke Akçay
		Critics with groups: Finalizing ethical board applications (Gr7 & Gr8)	1		Dr. İlke Akçay
		Critics with groups: Finalizing ethical board applications (Gr9 & Gr10)	1		Dr. İlke Akçay
	WEEK 7	Meeting with mentor	1	P	mentor
Y3C4	WEEK 1	Meeting with mentor	1	P	mentor
	WEEK 3	Meeting with mentor	1	P	mentor
	WEEK 5	Data Analysis Course	1	T	Dr. İlke Akçay
		Data Analysis Course	1	T	Dr. İlke Akçay
		Data Analysis Course	1	T	Dr. İlke Akçay

		Data Analysis Course	1	T	Dr. İlke Akçay
	WEEK 6	Data analysis Practice	1	P	Dr. İlke Akçay
		Data analysis Practice	1	P	Dr. İlke Akçay
		Data analysis Practice			Dr. İlke Akçay
		Data analysis Practice			Dr. İlke Akçay
Y3C5	WEEK 1	Meeting with mentor	1	P	mentor
	WEEK 3	Critics with groups about reporting results (Gr1 & Gr2)	1	P	
		Critics with groups about reporting results (Gr3 & Gr4)	1		
		Critics with groups about reporting results (Gr5 & Gr6)	1		
		Critics with groups about reporting results (Gr7 & Gr8)	1		
		Critics with groups about reporting results (Gr9 & Gr10)	1		
	WEEK 4	Meeting with mentor	1	P	mentor
	WEEK 6	Research Project Presentations	1	P	Serap Ciftcili
		Research Project Presentations	1	P	
		Research Project Presentations	1	P	
		Research Project Presentations	1	P	
		Research Project Presentations	1	P	
		Research Project Presentations	1	P	
		Research Project Presentations	1	P	
		Research Project Presentations	1	P	
	WEEK 7	Feedback session	1	T	Dr. İlke Akçay