INTRODUCTION

Introduction to Clinical Practice (ICP) is a three-year, longitudinal, (and interdisciplinary) course with a primary emphasis on preparing students to care for patients and families in a humanistic, competent and professional manner. ICP is planned to provide a home for a number of topics that have previously mainly been included in the curriculums of “Family Medicine” and “Family Practice & Clinical Study” programs. This year the contents are enriched by the participation of Public Health, Medical Ethics, Biostatistics and Medical Education Departments. In the second semester many other Departments (particularly from clinical sciences) will take part in the program. The curricular content and sequence of ICP will be organized and primarily implemented by the Department of Family Medicine in cooperation with related Departments such as Medical Education, Public Health, Psychiatry, Internal Medicine, General Surgery, Medical Ethics and Deontology, etc.

Medical education can be defined as the science and art of preparing future physicians to function properly in society, which should imply responsibility for influencing the circumstances and conditions under which they practice. Educational institutions must accept their social accountability and must respond social changes (1-3). New challenges in health are being posed worldwide, and doctors are being asked to respond. Two major requirements frequently emphasized for success in medicine are the “Science of Medicine” and the “Art of Medicine” (4).

Within ICP program it is emphasized that many characteristics that make up the “art” of medicine may be learned. The term “physician” encompasses much more than a smart person who knows the answers to multiple choice questions:

- Skilful diagnosis,
- an attitude of caring and concern,
- compassion,
- independent learning,
- the ability to work within a team,
- interviewing and counseling skills,
- perceptiveness, and
- thoughtful decision-making are the cornerstone of the successful clinician.

While knowledge of disease mechanisms and the scientific basis of medicine are important and essential, traditionally these efforts have dominated the first few years of medical instruction. As knowledge of basic sciences is
assumed to be necessary to gain insight in clinical sciences, one premise, already furthered by Boerhaave in the 18th century, is that the division can only be gradual (5). Studies have shown that integration of basic science knowledge and clinical knowledge results in better diagnostic performance by students (6). Exposure to clinical skills is as important, from the first day of medical school, and ICP is designed to provide that exposure.

The expected distinctive outcomes of innovative curricula fall into categories such as interpersonal skills, continuing learning and professional satisfaction (7). These are extremely important aspects of professional practice and within the ICP program these dimensions have been considered.

**PROGRAM GOALS AND OBJECTIVES**

The goals and objectives of this course are to develop clinical and reasoning skills by exposing students early in their medical career to the skills and knowledge necessary for practicing medicine. This takes place within a small group setting. In the second semester of ICP-2 and in the following year (ICP-3), patient encounters (other than simulated/standardized ones) where students can begin to utilize these newly developed skills are planned.

**Goals:**
- To provide clinical context to the basic science curriculum.
- To acquire and demonstrate attitudes necessary for the achievement of high standards of medical practice in the service of individuals and the community.
- To acquire the skills of independent, self-directed learning and life-long learning.
- To acquire basic procedural skills with a competency-based approach and in conformity with humanistic medical education principles.

**Objectives:**
- The student should acquire and become proficient in basic clinical skills, such as the ability to obtain a patient’s history, to undertake a comprehensive physical examination; and record and present the findings.
- Demonstrate proficiency in taking, recording, and presenting a complete history in an accurate, organized, unbiased and consistent manner; and competence in focusing on the patient’s problems.
- Demonstrate effective communication skills in complex interactions with patients and colleagues.
- Demonstrate proficiency in the performance of the basic screening physical examination.
- Be able to utilize the information gathered in the history and physical examination to identify a list of the patient’s problems.
- Demonstrate proficiency in the recording and oral presentation of clinical data with accuracy and precision.
- Demonstrate competence in the performance of a limited number of basic technical procedures.
- The student should acquire a knowledge and understanding of health and disease prevention, in the context of individual in the family and community.
- Form a respectful working alliance with a small group of peers and faculty.
- Develop team-working, organization and management skills.
- Demonstrate essential skills in critical thinking, reasoning and problem-solving.
- Understand the knowledge, skills and attitudes that promote a constructive patient-physician relationship.

**CURRICULUM CONTENT**

1. Communication Skills (CS): (8-10)
   - Communication in medical education
   - Communication in a medical setting
   - Basic interpersonal communication skills
   - Public speaking skills
   - Intercultural communication
   - Introduction to the medical interview
   - Physician-patient relationship
   - Patient-centered approach
   - Patient education

2. History Taking and Physical Examination (Hx-Phx I, II)-preceded by CS program- (11-12)
   - Medical interview
   - History taking
   - General and focused physical examination
• Difficult topics / sensitive issues
• Difficult patients
• Putting everything together

3. Clinical Skills Laboratory (CSL I, II, III) including (11-13)
• Introduction to first aid
• Clinical skills such as injections, suturing, nasogastric tube insertion, etc.

4. The Human in Medicine (HIM I, II, III): (4-14)
Courses/workshops/studies in medical humanities subjects. “Ethics”, “Social Concepts in Health”, “Arts and Humanities” are some of the major course titles. During MaSCo (Marmara Medical Student Congress) many workshops provide an opportunity to take part in some arts and humanities topics (e.g., dance and drama courses).

5. Outpatient Clinics Experience (OCE I, II): (11,12,14)
Group of 2-3 students will visit specific outpatient clinics of Marmara Medical School (such as Family Medicine, Internal Medicine, General Surgery) throughout the year with a very detailed program in order to observe physician-patient relationship, history taking and/or physical examination using checklists and/or algorithms.

6. Student Research Study Assignment (SRS I, II, III) and MaSCo
The ICP program, we intend to contribute to the formation of a tradition for student research. In the 2000-2001 educational period, almost 50 research groups of 1st and 2nd year students were involved in different projects. Next year, also 3rd year students will take part and the number of study groups will increase to almost 80.

• The main theme of student research studies of the 1st year is “Explore Your Universe”.
• Second year subjects are collected under “Health and Society: Descriptions and Inferences” theme.
• In the 3rd year the main theme will be about “The Patient and Disease: Explanations and Causality”.

These activities are supported by lectures and workshops on related topics such as Research Proposal Workshop given by the Department of Public Health in ICP-2. The ICP program also provides “free-study time” for students to study their projects along with the standard curriculum. The students work on their projects under the supervision of teachers, which give them an excellent chance to:

• Understand the basics of research,
• Experience in searching, critical reading and reviewing medical literature,
• Improve communication skills in small groups (task groups),
• Learn and practice different ways of scientific presentation, and its evaluation,
• Gain experience in presentation skills and public speaking.

7. Evidence Based Medicine (EBM I, II, III)
An evidence-based learning program is given by the Departments of Public Health and Biostatistics for subjects such as basic medical statistics, introduction to epidemiology, literature reading, etc.

8. Community Continuity Experience (CCE): (1, 2)
In community-based approach students are expected to be confronted with the health problems of the communities they are supposed to serve in the future. It is assumed that through early and extensive contacts in the community, students become better prepared to deal with those problems in the future. Within ICP, CCE is planned for future in order to provide students with opportunity to observe patient care setting outside of the hospital and to experience the physician-patient relationship by tracking the course of an assigned patient and/or family over a certain over time period.

9. MaSCo: Marmara Medical Student Congress
Creates an opportunity for students to interact with their friends and teachers regarding their projects, which will be a culmination of many months of lasting work. Students will assess their friends and contribute to judging the awards.

We hope that students will be inspired by this scientific and friendly occasion, largely created by themselves.
10. General Learning Topics

- Medical decision making process and proficiency in obtaining data
- Most common signs and symptoms in general medical practice
- Evidence-based medical practice
- Health maintenance protocols
- Health promotion and disease prevention
- Ethical and legal issues in general medical practice

EDUCATIONAL METHODS

Educational methods will include:
- Short lectures on the core content,
- Case-based sessions,
- Panel discussions,
- Small group discussions with facilitators,
- Role play,
- Simulated/standardized patient exercises,
- Videotaping,
- Practicing on manikins,
- MaSCo activities,
- Also an experimental component in primary care setting is planned.

The students are guided in their studies by course books containing reading material and session outlines throughout the program.

EVALUATION AND ASSESSMENT

The student evaluation methods consist:

- Written exams
- OSCE (Objective Structured Clinical Examination)
- Written assignments
- Research study reports and presentations

Each component of the program is evaluated separately, however student will get only one ICP mark.

The program is evaluated by session and course feedback forms, focus group feedback sessions and in-depth interviews. Regular tutor meetings have been an important part of formation, monitoring, evaluation and improvement of the ICP program.

REFERENCES

14. Dogra N. Stretch D. Developing a questionnaire to assess student's awareness of the need to be culturally aware in clinical practice. Med Teach 2001;23:59-64.