

**ONDOKUZ MAYIS UNIVERSITY
FACULTY OF MEDICINE MEDICAL DOCTOR PROGRAM
EDUCATION AND EXAMINATION DIRECTIVE**

**PART ONE
Goal and Scope, Basis, Definitions**

Goal and scope

ARTICLE 1 - (1) The purpose of this Directive is to determine the principles of education and examination to be applied in the Medical Doctor Program at the Ondokuz Mayıs University Faculty of Medicine.

Rest

ARTICLE 2 - (1) This Directive is in accordance with the regulations of Higher Education Law No. 2547. The regulations issued by the relevant articles of the laws matches with the Regulation of Education and Examination of Ondokuz Mayıs University (RG: August 19, 2013 - 28740, Amendments: 14/9/2013 - 28765, 21/9/2013 - 28772, 02/07/2014 - 29048, 03/08/2015 - 29434).

Definition of some terms and concepts

ARTICLE 3 -(1) The terms used in this Directive and their definitions are given below:

- a) Block: The program in which the learning objectives are combined with thematic and given by different training methods.
- b) Dean: Ondokuz Mayıs University Faculty of Medicine Dean
- c) Dean's Office: Dean of Ondokuz Mayıs University Medical Faculty
- d) Faculty Board: Ondokuz Mayıs University Medical Faculty Board
- e) Faculty Board of Directors: Ondokuz Mayıs University Medical Faculty Board of Directors
- f) English Program of Medicine: English program coordinated with Turkish medicine program,
- g) Elective Block: Blocks configured by the departments related to the subjects that students are interested in,
- h) Scenario: Examples of cases and situations prepared in accordance with the learning objectives and designed in accordance with actual facts and events
- i) Class: Each of the teaching years
- j) Faculty of Medicine: Ondokuz Mayıs University Faculty of Medicine
- k) University Senate: Ondokuz Mayıs University Senate.

PART TWO
Level and duration of education and training

Level of education and training

ARTICLE 4-(1) The aim of the education and training at Ondokuz Mayıs University Faculty of Medicine is to attain the students with ‘Doctor of Medicine’ degree.

Duration of education and training and, additional period

ARTICLE 5-(1) In medical faculty the normal duration of education and training except the preparatory class is six years. For students who have been suspended from the university, the duration of suspension is counted for the education and training duration and tuition fees must be paid for these durations.

(2) In first three years of the medical education schedule, passing principles are applied. As far as the attendance necessity is met, students who fail lessons without prerequisite (English, Turkish language and literature, Atatürk’s principles and history of revolution) can continue to the next class.

PART THREE
Horizontal and vertical transfers

ARTICLE 6-(1) The transfers in medical faculty are conducted according to the regulations regarding transfers between high education institutions associate degree programs, double major and minor programs, regulations about credit transfer among institutions and according to the instructions for the transfer among associate degree programs of the Ondokuz Mayıs University which has been changed via decision of the senate dated 21/08/2014 and numbered 2014/244. Relevance of the curriculums and the aims of the programs of the previous years is requested. Adaptation programs are organized if needed.

PART FOUR
Educational Boards and Their Duties

Educational boards and their duties

ARTICLE 7 - (1) Education is structured and implemented by the following boards. The chairmen and the members of the boards are appointed by the Dean's Office with the recommendation of the Medical Education Board (MEB) and the assignment is not terminated until the appointment is made. The agenda of the boards are determined by the Dean's Office. All boards elect a secretary and a Medical Education Board (MEB) representative within themselves. The secretary is obliged to record the decisions taken and the MEB representative is obliged to communicate the decisions made by MEB. The Dean and the Vice Deans remain members of all boards and participate in the work of the board when necessary.

a) **Medical Education Board:** It is the board that provides consultancy to the dean by making content, method and planning of educational activities. This board is consist of Turkish and English Medical Program Coordinators, Class Coordinators, Medical Education Department Representative, Multidisciplinary Practices, Assessment, Rational Drug, Educational Skills,

Program, Scenario and Development Exam Committee consists of representative and Faculty Student Representative.

b) **Board of Class Representatives:** It is the board that communicates the problems and solutions offered during the implementation of educational activities to MEB. It consists of Turkish and English Medical Program Coordinators and Assistants, Medical Education Department representative, Class Coordinators, and Faculty Student Representative.

c) **Program Board:** Ensures the construction and update of the training program. Provides general training objectives (field objectives) related to phase, task or block according to graduation objectives. Also integrate these into phase and blocks. Checks the compliance of learning objectives related to any training process with the overall objectives. Composed of Vice Dean, representatives of Medical Education, Family Medicine, Public Health departments, representatives of Turkish and English program boards, at least one member of Basic, Internal and Surgical Medical Sciences Board and representative medical students. According to the agenda, the board may decide not to include the student representative or not to give a right to vote.

d) **Multidisciplinary Practice Board:** Responsible for the description and construction of occupational and clinical skills that is needed for the application of the medical profession. It consists of at least seven members, one of them should be the representative of English Medical Program.

e) **Assessment and Evaluation Board:** Determines the principles and methods of assessment and evaluation of the education program. Make a final decision of question objections. It consists of at least seven members, one of them should be the representative of English Medical Program.

f) **Progress Exam Board:** Construct and apply the progress exams. It consists of at least seven members, one of them should be the representative of English Medical Program.

g) **Scenario Board:** Determines the standards, rules and methods for the preparation and use of scenarios. It consists of at least seven members experienced in script writing and techniques, one of which is the representative of the English Medical Program. It checks the compatibility of the scenarios prepared by the block boards with the learning objectives, compliance with the principles of script writing and when it considers some changes are necessary it advises the block boards and determines the final version of the scenario. Evaluates the performance of the scenarios after the sessions are completed by taking the feedback into consideration and reports to the MEB.

h) **Educational Skills Board:** It organizes and executes the faculty training programs which will be organized in order to develop the preparation and execution skills of teaching staff. It consists of at least seven experienced members. The Board is responsible for organizing these courses when needed. Furthermore, in line with the feedback in the training process, it organizes update courses and advanced courses when needed for academic staff of the Faculty of Medicine.

i) **Translation Board:** Provides the foreign language support required for the execution of the English Medical program. It consists of at least seven members. It checks and corrects the

English spelling, meaning and grammar of all the education materials and exams. The boards conducting medical education programs, may request the translation board to translate the scenarios, scenario exam questions, and progress exam questions into English.

j) **Rational Drug Board:** It is the board that coordinates the structuring of rational drug education.

It consists of at least seven members including at least one faculty member from the Department of Pharmacology. It determines the rational drug education titles to be made in the fourth and fifth classes, provides the rational drug sessions to be placed in the block programs, prepares rational medication reports and supervises the filling of the reports at the end of the term. When necessary, organizes trainings to instructors who will give rational drug education in the clinical sciences.

k) **Self-Evaluation Board:** Supervises all kinds of educational activities, the participation of students and faculty members, measurement and evaluation, the functioning of the program and block objectives in accordance with the National Core Education Program (CEP) by communicating effectively with the necessary sub-units and collecting all feedback from students and faculty members. Once a year, informs the deanary by preparing a report. The report is shared with the related boards by the deanary.

l) **Class Board:** Provides the creation and implementation of the relevant class program throughout the school year. The board is consist of the class and block coordinators and their assistants and representatives of the English Medical Program and a representative of the Multidisciplinary Practices Board.

m) **Block Committee:** Responsible for the determination of the block objectives, the structuring of the program by using different educational methods in accordance with the objectives, the preparation of appropriate educational tools such as scenarios, panels, laboratory practices and the preparation of the exam at the end of the block, and the checking of questions to be sent for the final, resit and make-up exams. It consists of at least seven members, from the departments related to the block objectives, determined by the Dean's Office.

n) **Class Coordinator:** Responsible for the functioning of the class program. The class coordinator also carries out the coordination of the elective courses for that year together with the elective block coordination board. S/he prepares the final and make-up exams in the first three years. S/he checks the regular functioning of the blocks, student participation, timely response to objections to exam questions, and receives student feedback, evaluates the end of block reports and informs the Dean's Office about the positive and negative aspects with possible solutions. S/he organizes final and make-up exams.

o) **Assistant of Class Coordinator:** S/he assists the class coordinator in the structuring and functioning of the program throughout the year and deputizes for him/her when required.

p) **Block Coordinator:** S/he organizes and supervises the activities of the Block Committee. S/he introduces the program to the students at the beginning of the block, checks the functioning of the block program and ensures that the exams are completed and evaluated at the end of the block. S/he represents the block committee in relevant boards. After consulting to the members of the block committee, s/he prepares the report of the end of the block and submits it to the Dean's Office at the latest one month after the end of the block.

q) **Assistant of Block Coordinator:** S/he assists the block coordinator in the preparation and implementation of the block program and deputizes when necessary. For each block, at least two assistant coordinator, one of whom is responsible for the English program, are appointed by the dean from within the block committee.

r) **Task Coordinator:** S/he prepares the Task program together with the instructors involved in the task and is responsible for the implementation of the program. At the beginning of the task, s/he introduces the program and distributes patients or patient files to students. All training activities, including bedside training, presentations and practices, are carried out in a timely and appropriate manner throughout the task; ensures and supervises that the bedside training and the end of the task notes given by the faculty members are delivered to the Registrar's Office in a timely manner and recorded.

s) **Assistant of Task Coordinator:** S/he assists the Task Supervisor in the implementation of the Task program and deputizes her/him when it is necessary.

t) **Elective Block Coordination Board:** S/he is responsible for the compliance, standardization and structuring of the elective block programs implemented in the Faculty of Medicine.

PART FIVE

Curriculum and the Principles of Attendance to Classes, Excuses, Permissions

Curriculum

ARTICLE 8-(Amendment: 03.06.2021-119) (1) The aim of the curriculum is to provide the minimum knowledge, skills and attitudes defined in the National Core Education Program (CEP). It consists of six classes integrated with each other: Classes I-II and III includes the basic principles of life and survival, mechanisms of disease formation, diagnosis and treatment.

The preclinical class is defined as the class that covers the theoretical lessons, laboratory and clinical practices taken by the students of the Faculty of Medicine in the 1st, 2nd and 3rd grades, which is the basic education process.

The purpose of the preclinical class is to enable students to acquire theoretical knowledge with the contributions of basic, internal and surgical medical sciences, to reinforce the acquired theoretical knowledge by applying them in the laboratory environment, to enter clinical sciences with these gains, to receive training on the application of the art of medicine and to prepare for the 4th, 5th and 6th grades, which are clinical classes. is to provide.

Classes IV and V mainly cover symptom, disease, diagnosis and treatment management. The student in this class is called a trainee doctor.

Class VI is the class in which medical skills are predominantly applied. The student in this class is called an intern doctor (pre-doctor).

(2) Student-centered spiral integrated; problem and task has adopted systematic education strategies based on community, practice. In addition to the core curriculum, it is supported by elective programs.

It consists of four complementary stages and six classes:

Stage I: (Class I-II / S1B0-B10) Life and sustaining life.

Stage II: (Class II-III / S2B1-B13) Mechanisms underlying the diseases, basic principles of diagnosis and treatment

Stage III: (Class IV-V / S3B1-B12) Symptoms, disease, diagnosis and treatment management

Stage IV: (Class VI / S4B1-B9) First-level medical practice

Class I-V programs consist of "blocks" of varying numbers and durations for each class, while Class VI (year of family medicine = internship) consists of "internships" of varying numbers and duration.

(3) Multidisciplinary Practices: In line with the objectives of the skills in the national CEP, it includes the primary occupational and clinical skills which are considered as compulsory to gain before encountering the real patient. It aims the early clinical encounter.

(4) Practices are performed in laboratories (basic medicine and hospital), computer rooms, clinics and outpatient clinics.

(5) Self Learning Processes: These are the processes in which students meet their learning needs in various places such as library, computer rooms, reading rooms and learning resource centers.

(6) Field Works: They are the structured education programs that the student learns how to practice the profession of a doctor, different types of health services by observing the institutions and organizations on site.

(7) Elective Courses: It consists of courses or course groups in or out of the field.

(8) Internship: This is the educational process where the students have the opportunity to practice the theoretical and practical education they have taken in the first five classes. In this class, it is aimed that the physician candidates gain the ability of patient/disease management and adopt as an attitude. It lasts for one year.

Attendance right to the classes

ARTICLE 9 -(1) The attendance status to the classes is determined by the responsible instructor(s) via taking attendance.

a) Students who cannot participate in a block-exam without an excuse get a score of "0". This only applies to one block. A student who is unable to attend more than one block-exam without an excuse accepted by the Faculty Administrative Board fails the year directly. The students whose excuses are accepted by the Faculty Administrative Board are given the right for a catch-up exam. Catch-up exams are done in the similar format as the block-exams.

b) The students who have less than 80% attendance to practice, laboratory and multidisciplinary practice of a block are deemed as absent and fail the class. Class I to III students who fail are responsible for the entire curriculum of the class in the following year and must attend to all kinds of teaching and educational activities. For classes IV and V, this rule applies separately for each block.

Excuses

ARTICLE 10 - (1) The student has to document his/her disease with a report taken from a public institution which also has to be accepted by the Medical Faculty Board in order to be excused during the education period. The students whose excuses are accepted by the Board are not allowed to attend the lectures and to take the exams during the report period. However, if the student wants to attend the lectures and/or to take the exams before the report period ends he/she should obtain a new report which indicates that s/he can attend to the lectures and/or to the exams if this situation is not mentioned in the existing report. Any inquiry regarding excuses must be made to the Dean's office within seven working days after the expiry date of the excuse. After that, under no circumstances any application or report will be processed.

Permits

ARTICLE 11 - (1) Students may be granted permission by the decision of the Medical Faculty Board, for up to one year outside the university when the opportunities arise that will contribute to the education and training of the students such as scholarships, internships and researches. This period is not accepted as training period unless it is included in the National and International student Exchange programs (Erasmus, Mevlana, Farabi etc.) and is considered equivalent to our education program. If the student is given a certificate of success rather than a score grading of 100, the average score of the relevant block is accepted as the score of the student. If the average score is lower than 70 his/her score will be accepted as '70'.

PART SIX

Configuration and announcement of annual programs

ARTICLE 12 - (1) The academic calendar of the following year is configured by MEB by taking into consideration the block and class schedules at least two months before the end of the education period. The academic calendar, which has been finalized in the Faculty Board, is put on act after being approved by the University Senate

PART SEVEN

Block and Internship Functioning, Feedback

Performing of blocks and internships

ARTICLE 13 - (1) Student lists and groups are configured by the Student Affairs Office. Performing of blocks and internships according to years is as following:

a) Performing of Blocks in the First Three Years:

1. Blocks are composed of various educational activities such as presentations, PBL sessions, panels, practices and laboratory studies, and exams.
2. Before a scenario is implemented, an introducing meeting is held for the PBL moderators. On the PBL session day, the moderator takes the relevant documents including scenario papers, feedback forms for the moderators and the students and the attendance lists from the block coordinator and distributes to the students that are related with them. PBL moderators send the PBL performance scores to the student affairs office before the block exam.
3. At the end of the block, the block coordinator prepares the block report via obtaining the opinions of the block board members, then presents it to both the class coordinator and the dean's office within a month latest.

b) The process of blocks in Class 4 and 5:

1. Blocks are composed of tasks except elective courses. The process, configuration, and assessment of the elective courses are determined by the Dean's Office with the proposal of the block committee.
2. The task coordinator informs the students about the process by task introduction at the beginning of the task training.
3. At the end of the task, training is completed by the task discussion. The scores of bedsidelearning and task performance assessment are forwarded to the student affairs office.
4. At the end of the task, an exam including block objectives is performed.
5. The reports of end of block are presented to class coordinator and dean's office within maximum one month after the end of the program.
6. In repeated blocks within the year of education, structuring of training and examination cannot be changed.
7. Rational Drug Use training is applied as a block in Class IV program. Its assesment and evaluation are established as in the other blocks of Class IV. In Class IV and V, Rational Drug Use sessions are performed in the basic diseases determined by Rational Drug Board during task training and students are provided to fill their rational medication reports.

c) 6th Year Class Internships Procedures:

1. This is the period of education in which students find the opportunities to make practice of their knowledge and skills in various departments.
2. The evaluation areas and methods of the internship period are prepared before the academic terms start and are turned into a report form following the supervision of the program committee.
3. The students who have completed the minimum requirements are given an internship score at the end of the internship period based on the evaluation form as determined previously.

Feedback

ARTICLE 14 -(1). The students submit the feedback forms regarding the block scenarios, presentations, practices and multidisciplinary practices to the Student Affairs Office at the end of the each block. Feedback is recorded in the database by the Student Affairs Office.

- a) Feedback related to each educational process is evaluated by the relevant committees and sent to the class and program committees accordingly.

PART 8

Exams; Structuring, Implementation, Analyses and Assessment

Exams

ARTICLE 15-(1) The class passing system is applied in the Faculty of Medicine. In order to pass to the upper class, it is required to be successful in all the blocks and courses scheduled for that relevant year in the curriculum

- 2) Open ended questions, multiple choice questions, extended matching, fill in the gaps, Objective Structured Clinical Examination (OSCE), Clinically Oriented Reasoning Exam (CORE) and other similar kinds of examinations and types of questions can be used provided that previously announced. The Dean's Office and the block committees decide what kind of devices or techniques shall be employed for the administration of the exams.

Block-end Exam

ARTICLE 16 - (1) The block committee has the authority and the responsibility for the completion of end of the block and the make-up exams. The block coordinator checks the questions and the exam, and ensures that the required documents and questions are kept safely until the exam is made. After the completion of the exam, he/she receives the answer sheets and / or the evaluation documents or the data from the responsible staff and ensures that they are kept safely until the results are announced. After the announcement, examination documents are sent to the dean's office to be archived.

Year-end and make-up exam

ARTICLE 17 - (1) Year-end and make-up exams are structured by the class coordinators and co-coordinators. The class coordinator receives the answer sheets and / or the evaluation

documents or data from the responsible staff at the end of the exam and ensures that the results are kept safely until the results are announced. After the announcement, examination documents are sent to the dean's office to be archived after the exam results are announced.

Progress Exams

ARTICLE 18 -(1) It is an exam which tests all objectives of Medical Doctors Education Program and all classes take it simultaneously. Progress exam is undertaken at least twice a year by the Progress Exam Committee. The date of the exam announced 2 weeks before the exam.

(2) There is no make-up or substitution exam for progress exams.

(3) Four false answers nullify one true answer in progress exams.

(4) Students in class I-V take all progress exams. Student's exam note will be accepted as zero (0) in the case of missing an exam without an excuse. If there is a valid excuse and accepted by the Faculty Board, that exam will be excluded in the calculation of the student's score.

(5) Exam results of the students are evaluated by relative evaluation system depending on the required passing degrees for each class from I to V.

Exam analyses

ARTICLE 19 -(1) Quality of the multiple-choice questions exams will be analyzed within the 45 days after the exam by the Assessment and Evaluation Board and Student Affairs Office and presented to the Block Board to be evaluated.

Multidisciplinary practices

ARTICLE 20 - (1) Multidisciplinary practices are determined by the program board among the relevant class and block objectives by taking into consideration the skill objectives of the national CEP (national core educational program). The annual program of multidisciplinary practices is carried out by multidisciplinary practice board and block boards. The qualification report of each skill is filled by the instructor who gives the skill training, OSCE is made at the end of the year. Competence should be provided from all skills.

Students who have not been able to get the report card competence during the programmed training process must complete their inadequacy in compensation program. Students who cannot be qualified for all the skills declared in a school year cannot take OSCE.

(2) Qualification report: Each student must certify that s/he has fulfilled the skills announced in one academic year at least once in the level of conscious proficiency.

(3) Objectively Structured Clinical Exam (OSCE): They are the structured exams in which the multidisciplinary practices are evaluated at the end of the academic year.

Evaluation

ARTICLE 21 –(1) The assessment of the exams are done by a maximum point of 100. When calculating the equivalents of the year end points in the 4 point system, the grade conversion table stipulated by the Council of Higher Education is taken as a basis. Success/ failure/ absenteeism / exemption is made according to the grade and rating system in Table 1.

Calculation of year-end success score

4.00	AA	Excellent	90 – 100
3.57	BA	Very good	85 – 89
3.35	BB	Good	80 – 84
3.14	CB	Highly satisfactory	75 – 79
2.92	CC	Satisfactory	70 – 74
2.67	DC	Fail	40 – 69
1.42	DD	Fail	30 – 39
0.00	FD	Fail	0 – 30
0.00	FF	Nonattendance	
0.00	FG	Did not attend to End Semester/ Final exam (Fail)	
	KM	Removed course exemption	

ARTICLE 22 – (1) At the first, second and third classes of Medical Program, to be able to pass to the upper grade classes, the end of year achievement score must be 70 or higher in a maximum score of 100. The year- end achievement score is calculated with the multipliers in Table 2. In the calculation of points, the result is expressed by maximum of two digits after the dot. Final marks are scrolled to integer. (For example: 69.49= 69/ Fail; 69.50= 70 / Successful)

ARTICLE 23-a) Block Success Score:

- i. Block-end Exam: The exam that is done at the end of the block.
 - ii. Calculation of block success score: The weighted average of the block-end exam in class 1-3, that is calculated by taking the block credit into consideration, has a 50% effect on the year-end success score.
- b)PBL score: It consists of two components that contribute equally: PBL performance score and PBL exam score. The contribution of PBL score to the year-end success score is 10%.
- i) During PBL sessions, student performance is assessed on a structured form.
 - ii)PBL exam score: It refers to the quiz in the second PBL session. If the student misses the exam, s/he is considered to have answered all the questions false. Students who cannot take the exam due to an excuse accepted by the Board of Directors are exempted from the quiz.
- c) (Amendment:08.11.2018-2018/425) Progress exams: The average of the last two progress exams in Class 1-3 contributes to the year-end success score by 5%. For Class 1, 5% of the highest grade in the last two progress exams contributes to the year-end success score.

d) Multidisciplinary practices: Qualification must be obtained from all professional and clinical skills applications determined in the pre-graduate medical education program and the contribution to the year-end success score is 10%.

e) Final exam: It is a structured exam that includes the objectives of all blocks except elective blocks after completion of the curriculum. The final score must be at least 60 out of 100 points for the calculation of year-end success score. Students, who have a final exam score below 60 points, will have to take the make-up exam even if the year-end success score is 70 or higher with the participation of other contributing assessment grades.

Student's Assessment in Class 4-5

Table 2. Calculation of year-end success score in Class I-III.	
	Factor
Block success score	0.50
PBL score	0.10
Average score of progress exams	0.05
Professional skills score	0.10
Final exam success score	0.25
Year-end success score (YES):	1.00

ARTICLE 24 –(1) Task Periods (Class IV and V) student's assessment is made according to the factors in Table 3, taking into the account the following components:

a) (Amendment: 08.11.2018-2018/425) In order to be successful in class 4-5, it is required to succeed from each block of the related class. The 4th and 5th class students must obtain a passing score of 70 out of 100 or above from all the blocks of that class to pass to the upper class, and must have provided the condition under sub-paragraph c). Block success score is calculated by factors in Table 3. In the calculation of the scores, the two digits after the comma are processed. The final scores are rounded to an integer (for example: 69.49 = 69 / Failed, 69.50 = 70 / Successful). A student who cannot fulfill the condition of success in all of the blocks of a class cannot begin an upper class education. In case of failure, only the failed blocks are repeated.

b) (Amendment: 08.11.2018-2018/425) The 5 % of the average score obtained by the student in the last two progress exams held in Classes 4-5 is added to each block score.

c) In order for a student to be successful in Classes 4-5, the student must take at least 50% of the highest score that can be obtained from each of the relevant clinical skills and patient management skills exams in each block exam. Otherwise the student is considered failed even if s/he obtains passing score from other components.

d) In the assessment of combined blocks in which the multiple disciplines carrying out of non-integrated programs (Mental disorders and elective block, Eye and Ear Nose Throat Diseases,

Rash Diseases and Obstetrics and Gynecology), each discipline will be considered as a separate block and 70% success rate will be required for each.

(2) TASK Performance Score: It consists of the average of Task-end assessment score and bed-side practice scores.

a) Bed-side practice performance score: Students' performance throughout the task and their participation in the clinical applications are evaluated. Its contribution to the block success score is 5%.

b) Task-end assessment score: It is a score that is given to the students during the presentation of patients and following the evaluation of the files prepared by students at the end of TASK. Its contribution to the block success score is 10%.

(3) Clinical Skill Exam: It is a clinical skill exam conducted at the end of the block according to the block objectives. It is measured and evaluated by OSCE.

(4) Patient Management Skills Exam: It is a constructed written exam evaluating the symptoms, patient and disease management algorithms.

(5) Task Skill Application Report Card: These are the reports used for the application of occupational skills in Class IV and Class V which are determined in our Medical Education Program.

Table 3. Calculation of block success scores in Class 4 and 5:

Component Factor	
Average of patient visit performance scores	0,05
Task-end assessment score	0,10
Theoretical exam	0,40
Patient Management Skills Exam	0,20
Clinical Skill Exam	0,20
Average of development exam score	0,05
Total	1.00

Education and evaluation of class 6 (year of family medicine=internship)

ARTICLE 25 –(1) At the end of the fifth year, successful students who completed all the educational activities belong to the period defined as phase three, start their Family Medicine education.

a)The student maintains his / her education according to the education program that prepared by the department where he / she is trained and approved by the program board. Within the framework of the program, students are required to comply with the working conditions of the department, (participate in health services and laboratory study in working and off-hours, participate in patient visits, case presentations, conferences, seminars and similar) and perform these activities personally. Students' practices that in the internship skills report card must be approved by the responsible instructor. Internship scores of sixth grade students are determined according to Table 4.

b)The applications of the students who want to complete the maximum three months of their education in other medical faculties can be released by the Faculty Administrative Board decision providing the positive feedback of the related department and the internship faculty. Applications must be submitted at least two months prior to the beginning of the internship.

c)Students from other national medical faculties and foreign medical faculties may perform one or more internships in our faculty with the approval of their faculty and our Faculty Administrative Board.

d) In order to graduate, class 6 students have to get a net of 25% of the total number of questions at least in one of the development exams since the beginning of the internship. Score average of development exams is added to the score average of final by 5%.

e) Family medicine students are evaluated according to the internship evaluation form criteria.

f) For the failed students, there is no make up exam and the internship must be repeated. The year-end achievement score of family medicine is calculated according to the weighted average of the internship points at the rate of European Credit Transfer System.

Table 4. Assessment of end of internship in Class 6

Component Factor:	
Knowledge (Sub-evaluation headings will be determined by the internship department)	0,20
Skill (Filled according to the Skill report card)	0,60
Attitude (Sub-evaluation headings will be determined by the internship department)	0,20
Total	1,00

Make-up exam

ARTICLE 26 - (1) a) At the end of the academic year, students at classes 1-3 who have a final exam score under 60 points or a year-end success score under 70 points have to take the make-up exam at least 10 days after the final exam. The make-up exam should be similar in the form of content and format of the final exam. Those with a score under 60 points at make-up exam and a year-end success score under 70 points after make-up exam are considered failed and will repeat the same class with the constructed educational program on next academic year. Points are expressed as a maximum of one digit after a comma. The final scores are rounded to an integer (for example: 69.49 = 69 / Failed; 69.50 = 70 Successful).

b) In the classes 4 and 5, students who cannot achieve the required success in the related blocks are taken to the make-up exams earliest in seven days and latest within twenty one days following the end of the last block. While the blocks are going on during the education period, the 4th and 5th class students who will continue to the upper class if they pass the make-up exam, they have to attend to the end-of-block exam of the related block as make-up exam. Those who fail the make-up exams will repeat the block again. However, with the decision of the Faculty Administrative Board (student exchange program, health reasons etc.), the student can use his / her right to attend the exam on the other date determined by the Dean's Office. For student tuition related to course repetitions, the provisions related to student tuition fee in Article 13 of Ondokuz Mayıs University Associate and Bachelor's Degree Education Regulations are applied.

Catch-up exams

ARTICLE 27 - (1) Catch-up exams are held in the similar format of the missed exam. Following the decision of the Faculty Administrative Board, the exam is made at the end of the semester at least 5 working days after the last exam date. If more than one catch-up exams are to be carried, they may be performed following each other, the exam date is determined by the Dean's Office.

a) There is no catch-up exam for make-up exams. The score of those who do not attend is considered zero and the year-end score is calculated accordingly.

Determination of passed and failed students

ARTICLE 28 - (1) The students' year-end success scores are calculated by student affairs office using the automation system. After the last catch-up exam, before the make-up exam, year-end success scores are announced, and those who pass to the upper class and who are not entitled to have a make-up exam are announced with the signature of the class coordinator and the dean's office.

Objection to Exam Results

ARTICLE 29 –(Amendment: 08.11.2018-2018/425)Objections to the exam results is done within two working days after announcement of exam results, objection reasons with relevant

documentation derived from the announced block resource list and filled objection appeal form are submitted to the Dean's Office for re-evaluation.

a) These objections are submitted to the measurement and evaluation board with written evaluation of the relevant block coordinator or lecturer, then the board submits these documents and their recommendation to the Dean's Office for the final decision. The result is announced to the students within fifteen days at the latest. If the number of irrelevant or faulty questions is more than 10% of all questions, the exam is cancelled and a new exam is scheduled by the Dean's Office.

Medical Doctor Program Honorary Degrees

ARTICLE 30 - (1) For the Classes 1 to 5, students with a year-end score of 90 or above are given a "High Honor" degree, and the ones with a score between 85 and 89 are given an "Honor" degree. These students receive their certificates in the first month of the following academic year. However, students who have received a disciplinary punishment cannot be considered for "High Honor" or "Honor" degree.

(2) Graduation degrees are determined by converting the average scores of all completed classes to the final degrees according to the score conversion table. The list of the students who are entitled to receive "High Honor" and "Honor" certificates is submitted to the Rector's Office.

Graduation ranking

ARTICLE 31 –(Amendment: 08.11.2018-2018/425)Except the students who exceeded the normal education period, the graduation scores of the all students are ranked according to the year-end success scores averages and the graduation ranking is determined. Students who had two or more make-up exams, or who spent more than 1/6 of the education period out of the Ondokuz Mayıs University Faculty of Medicine are excluded in graduation ranking.

Diplomas

ARTICLE 32 – (1) The following diplomas are given at Faculty of Medicine for a Medical Doctor's Program.

a) Basic Medical Sciences Associate and Bachelor Diplomas: These diplomas are given comply with Turkish Higher Education Council's legislation.

b) Doctor of Medicine Diploma: A "Doctor of Medicine" degree is awarded to students after the completion of six years academic program with its learning objectives and the success criteria of this legislation.

Date of Graduation

ARTICLE 33 – (1) (Changed: 08.11.2018-2018/425) Medical faculty students graduate from the Faculty of Medicine Medical Doctor's Program by the decision of the Faculty Administrative Board following the assessment of their documents after they completed all the

educational processes and, the date that they finished the last internship successfully at the sixth class is accepted as the graduation date

Deregistration

ARTICLE 34 – (1) Students may be deregistered from the faculty by their own written requests

Obligation to comply with the legislation

ARTICLE 35 – (1) It is obligatory to comply with the rules of this legislation for the Ondokuz Mayıs University, Faculty of Medicine Medical Doctor’s Program students and for the all academicians defined in the Article 1.

CHAPTER NINE Turkish Proficiency

Turkish Proficiency

ARTICLE 36 –(1) International students who achieve the right of being a student of Faculty of Medicine, English Medicine Program have to obtain their Turkish language proficiency certificate (minimum 60 points of 100 points) until the end of the 3rd class.

(2) The institutions that the Turkish proficiency certificates accepted by OndokuzMayis University, Faculty of Medicine Medical Doctor’s Program are OndokuzMayis University Turkish Teaching Research and Practice Center (OMU-TURKISH), Turkish Teaching Centers of the all universities in Turkey and Yunus Emre Institute.

CHAPTER TEN

Implementation and Execution

Implementation and Execution

ARTICLE 37 – (1) This legislation shall enter into force on the date of its approval by the University Senate

Execution

ARTICLE 38 – (1) The provisions of this legislation are executed by the Dean of the Faculty of Medicine

Date and Number of the Senate Approval Decision of the Legislation	
Date	Number
04.09.2015	2015/277
Date of the Senate Decision on the Change made in the Legislation	
16.06.2016	2016/160
24.08.2017	2017/240
08.11.2018	2018/425
20.09.2019	2019/323
03.06.2021	2021/119