



The Final Step to Becoming a Physician: Interns' Educational and Working Environment

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Abstract

Internship is the transition period from studentship to professional life and therefore is a very important phase of medical education. Despite several attempts for improvement, many problems regarding internship period still continue. This study aims to investigate interns' experiences and opinions about their educational and working environment, their interactions with the teaching staff, residents and nurses. Ethical approval for the study was obtained for the study, from DEUFM Dean's Office and Ethical Board. In this cross sectional and descriptive study, data was collected by a questionnaire including closed and open-ended questions. Descriptive analysis and chi-square test was done. The answers to open-ended questions were read repeatedly by three authors independently, and repetitive, relevant and important statements that could be used as representative of the interns' experiences were specified. Afterwards, these statements were discussed by all authors together and the ones having representative quality were specified by consensus. In April-May 2013, 79.9% of interns were reached and all agreed to fill in the questionnaire on voluntary basis and anonymously. The majority of the interns indicated that they were subject to drudgery (97.6%) and insulting words and behaviours which were humiliating (79.7%), they particularly had problems in interactions with teaching staff and especially with residents. The interns were thinking they are mostly not given due importance during clerkships (91.7%). They also felt that getting prepared for the Specialization Examination in Medicine had an unfavourable effect on their internship period. Survey findings indicate that most interns weren't treated ethically. They particularly had problems in interactions with residents. In the light of the results, we believe that there is a need to define interns' education process and the roles and responsibilities of them more explicitly and to structure it in a manner to protect the educational purpose of the internship period. We believe that this study will support other medical faculties, at the national and international level, to re-evaluate the internship period and to conduct further studies in this field in order to promote improvements and to discuss educational ethics.

Keywords

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Introduction

In medical education, where service and education intertwine, because of time pressure, competing demands on staff from service, research etc. competing interests is discussed. In medical education, where service and education intertwine, competing interests such as time pressure on staff, competing demands, research are discussed (Sheehan et al., 2010). Especially in clinical teaching, the quality of the interaction within the team who execute health services and the positive or negative behavioural patterns that may take place between trainers and students would be important (Snyder, 2012). The approaches of the trainers have an effect on the feelings and learning of the students (Seabrook, 2004), quality relationships between trainers and students are closely related to the development of social identities of the students (Haidet, & Stein, 2006). Medical culture and the teacher-student relationship have a deep effect on the moral growth of their students hence on the physicians' behaviours (Hafferty, 1998; Neitzke, & Fehr, 2003). All those effects, suggest how important social learning theories are throughout medical education (Torre, Daley, Sebastian, & Elnicki, 2006).

At present, within the scope of undergraduate and graduate medical education, educational activities take place toward acquiring professional values and ethical principles. Nonetheless, the students might encounter some inappropriate behaviours of physicians in daily clinical experiences contrary to what they learned, hence the trainers who are regarded as role models, cannot guarantee perfection on this matter (Ber, & Alroy, 2002; Hutchinson, 2003). For this reason, as Stern (2005) emphasized, the students might sometimes feel that appropriate professional behaviours are not that important (as cited in Curry, Cortland ve Graham, 2011), and this situation consequently suggests them that they could also practice similar behaviours in the future in their professional lives.

Undergraduate medical education in Turkey lasts six years. In the first three years, their training covers attitudinal and behavioral objectives within social issues such as history of medicine and ethics, communication skills, as well as theoretical issues in the area of basic medical sciences such as anatomy, histology, biochemistry, physiology, medical biology and genetics, public health and also covers laboratory practicals. In these years, in order to prepare for the training in the clinics, there is a horizontal and vertical integration and, doctoral skills and simulation training are included. In the 4th and 5th year of the undergraduate education during clerkships, besides theoretical training, students mainly encounter outpatients in the ambulatory setting and inpatients in the wards, and participate to the diagnostic and treatment process led by the faculty. In the 6th year, which is the internship, practical training in the workplace is carried out under the supervision of senior staff. The internship period, may vary from country to country, in that it may take place before or after graduation and may last one or two years. Despite these differences, generally interns' education and the hands-on training within this scope continues under the supervision of trainers and aim the application of their medical knowledge and skills to solving clinical problems, and improve their professional values. Internship period is commonly defined as the transition from studentship into a licensed practising physician. Medical students are in a favourable position to share their observations and experiences gained during education, in particular interns are in a good position to do so for the entire education (Adkoli et al., 2011). Despite several attempts to improve the experience, many problems regarding the internship period continue in the 21st century (Sheehan, 2010). In conclusion, internship period requires a well-structured program, well balanced education-instruction and service load (Hannon, 2000).

Internship training at Dokuz Eylul University Faculty of Medicine, is carried out according to the curriculum which was planned by the Faculty based on the National Core Curriculum for Undergraduate Medical Education (Bulut, 2003), considering national and international examples as well and focusing on primary care practice (Ergör, Taşkıran, Musal, & Ünsal, 2009). The "Dokuz Eylul University Medical Faculty Intern Doctorship Guide" (DEUFM-IDG), prepared by the Year 6 Curriculum Committee, introduces the clerkships and rotations within the curriculum, general rules regarding the internship year (such as the working hours, night shifts, evaluation criterias), and rights

and responsibilities of interns (DEUFM-IDG, 2012-2013). During the eleven-month period, interns' clerkship is based on hands-on training in various health institutions, mostly in the faculty hospital. The six rotations include the following clerkships; a) Internal medicine/cardiology/pulmonology b) Paediatrics c) Obstetrics and gynaecology d) Emergency medicine/general surgery e) Community health and psychiatry/neurology/ear-nose-throat/electives. Interns are expected to practice the knowledge and skills they had acquired in previous years, under the supervisions of faculty members, teaching staff, and responsible staff for clerkship/consultant. Hands-on training includes activities such as diagnosis, investigation, follow-up, planning of treatment and treatment, both for inpatient and outpatients. For this reason, the procedural skills which are aimed to be performed by interns are listed in the logbook. Interns are assessed in each block, therefore medical record/documents prepared by interns, logbooks, and their attendance is evaluated. The intern has to declare that they have been practised the procedural skills listed in the logbook, furthermore either it has to be directly observed by the supervisor or to be discussed and approved by the relevant teaching staff.

Internship is a period involving high levels of stress (İntörn Çalıştayı Sonuç Bildirgesi, 2011; Sen et al., 2010; Yeniçeri, Mevsim, Özçakar, Özcan, Güldal, & Başak, 2007). There are serious problems regarding the interaction and communication of interns with their trainers, and these are shared and discussed in various events (İntörn Çalıştayı Sonuç Bildirgesi, 2011). Furthermore other problems such as that interns' rights and responsibilities aren't being clearly defined, that they are being forced working to compensate for the lack of staff, and concepts like drudgery and slavery are discussed. In addition, there is an insufficiency in research investigating different aspects of the internship period. Deductions from such research and from interns' experiences, would contribute as corporate culture examples to the programs which are structured for developing trainers (Hafler et al., 2011), and increase sensibility of the trainers regarding the interns' education and working environment (Kaldjian et al., 2012). In this context, the aim of this study was to investigate the experiences and opinions of the interns about the education and working environment, as well as their interactions with the teaching staff, residents and nurses.

Method

This is a cross sectional, descriptive study, the population consists of 6th year students (interns) at Dokuz Eylül University Faculty of Medicine. During the time of study in April-May, 2012-2013 academic year, 161 interns were registered at the Faculty. The average age of interns was 24, female / male ratio was close to one another and their hometowns were representative for almost all of the regions of Turkey. There was not done any sampling; all interns were aimed to reach. Internship during medical education has similar aspects to other vocational training in that it covers hands-on training during clerkship, yet it also has its own specific aspects. Therefore, a survey was developed for the specific purpose of this study and for the targeted internship period; for the systematic data collection from more interns.

Data Collection Tool

The survey was developed by the researchers of this study, who are experts and experienced researchers from the fields of medical ethics, law, education programs and instruction and medical education. Therefore, literature search was done and Turkish Language Institute Contemporary Turkish Dictionary (Türk Dil Kurumu Güncel Türkçe Sözlük) and the DEUFM-IDG was used as a basis. The questionnaire covers questions about demographical variables, interns' view on the educational processes and to what extend it is meeting the criteria stated in the DEUFM-IDG, the interactions of interns with teaching staff, residents and nurses, drudgery and humiliating behaviours and how they perceive the internship period. Furthermore, open-ended questions were included so that interns could share their thoughts and exemplify their experiences. Following the pilot test, changes were made in the survey, to improve its' clearness and clarity. As for the "drudgery" concept which was questioned within the survey, authors defined four items related to drudgery (Table 2; a/b/c/d). Therefore the following definition and statement were taken as basis: "the work that someone is urged to fulfill beyond the job description" (Türk Dil Kurumu Güncel Türkçe Sözlük) and "the

service oriented tasks which have no contribution to education aren't the duties of interns, and they cannot be expected to be fulfilled" (DEUFM-IDG, 2012-2013). Moreover, two other items that are in relation to the internship process but are considered to be beyond the definition of drudgery were also added (Table 2; e/f). Interns weren't given a definition of drudgery, instead they were expected to evaluate whether they consider those items as drudgery or not.

In the last two months of the academic year, interns were reached during separate seminars which were held within each clerkship and which was the only occasion where they came together as a group and before the application of surveys they were given information that participation was on voluntary basis and that they should fill it in anonymously. The data collection process did not include those who were not able to participate in the seminar, those who were off after night shift and those who were on leave of sickness.

Analysis of Data

SPSS 15.0 was used for data analysis, descriptive analysis (frequency, arithmetic average, standart deviation) was done, and the relationships between categorical variables were examined by chi square test. The answers to open-ended questions were read independently and repeatedly by three authors (SÖ, SŞ, ACB), and repetitive, relevant and important statements that could be used as representative of the interns' experiences were specified. Afterwards, these statements were discussed by all the authors together and the ones having representative quality were specified by consensus.

Approval was obtained for the study, from DEUFM Dean's Office and Ethical Board (Decision number: 2013/07-25).

Results

A pilot study was executed with 3 interns, and out of 159 interns 127 (79.9%) were reached and all agreed to fill in the questionnaire on voluntary basis. Average age was 24.5 ± 1.1 (min: 22.0, max: 29.0), and 53.5% were men, 46.5% were women. 66.1% of the interns were aware of the presence of the DEUFM-IDG and 42.5% stated that they have read it.

The answers to overall questions about the internship period are given in Table 1.

Table 1. Responses to Overall Questions About the Internship Period

	n	Yes %	No %
Have you been informed about your responsibilities at the beginning of internship?	126	60.3	39.7
Have you been informed about your rights at the beginning of internship?	125	27.2	72.8
Have you been informed about your responsibilities at the beginning of clerkships?	93	31.2	68.8
Have you been informed about your rights at the beginning of clerkships?	116	4.3	95.7
Are your working hours in compliance with the guide?	116	54.3	45.7
Are the activities in the clerkships (lectures, discussion hours, work in polyclinic, ward etc.) in parallel with the announced schedule?	120	55.0	45.0
Are you able to receive support from the teaching staff in the topics you need, in relation to your education?	112	33.0	77.0
Are you able to receive support from the residents in the topics you need, in relation to your education?	98	51.0	49.0
Would you accept it as normal if teaching staff sometimes have negative behaviours towards the interns?	122	24.6	75.4
Would you accept it as normal if residents sometimes have negative behaviours towards the interns?	126	15.1	84.9
Have you ever given any feedback to the teaching staff for their behaviours that you consider as inappropriate?	123	28.5	71.5
Have you ever given any feedback to the residents for their behaviours that you consider as inappropriate?	125	56.0	44.0
Are the countersigns in your logbooks corresponding to your actually performed practices?	122	35.2	64.8
Does Specialization Examination in Medicine affect your adherence to/fulfillment of your responsibilities as an intern doctor?	119	72.3	27.7
Are interns given the importance they deserve during clerkships?	121	8.3	91.7

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In the meetings which are held at the beginning of the internship and at the commencement of the clerkships, providing information to interns regarding their responsibilities were at a higher rate in comparison to information about their rights (respectively; $p=0.000$, $p=0.008$).

In the DEUFM-IDG the frequency of nightshifts is defined as maximum "once in three days" and 10 times a month in total; 63.2% of the interns reported that the frequency of their shifts was as defined in the guide, 3.4% reported it was less and 33.3% that it was more ($n=117$).

As for the support of their needs during matters regarding educational process, they indicated that they receive more support from the residents as compared to the teaching staff ($p=0.000$).

Interns stated that they give more feedback to residents than to teaching staff when they observe behaviours which they consider inappropriate ($p=0.003$).

'Would you accept negative behaviours against the interns as normal?' there is a significant difference ($p=0.000$) between the answers to this question for the teaching staff and residents.

33.3% of the interns have indicated that there were places and/or persons to report the behaviours/approaches which they experience and which they consider as inappropriate, whereas 31.7% indicated there weren't any, and 35.0% of them had no idea ($n=120$).

The answers to the questions about drudgery, being confronted with insulting and humiliating statements and/or behaviours are given in Table 2.

Table 2. The responses to the Questions About Drudgery, Being Confronted with Insulting and Humiliating Statements and/or Behaviours

Items related to drudgery (More than one options were marked)	The items considered as drudgery (%) (n=127)	The ones who declared they did (%) (n=121)
a. To perform an intervention/a practice beyond the purpose of education	75.6	69.2
b. To perform an intervention/a practice in order to compensate for service insufficiencies	87.4	88.3
c. To fulfill personal work of the teaching staff	63.8	38.3
d. To fulfill personal work of the resident	87.4	80.0
e. To perform a larger number of interventions/practices specified in the logbook	26.8	27.5
f. To perform interventions/practices at such a level that would prevent me from preparing to the SEM.	44.9	43.3
Questions related to drudgery and humiliating statements and/or behaviours	Yes (%)	No (%)
Have you done tasks which could be described as drudgery? n: 125	97.6	2.4
Have you witnessed other interns doing tasks that could be described as drudgery? n: 125	99.2	0.8
In case you don't accept and/or abstain from doing a task which you conceive as drudgery, does that make you worry? n: 120	85.8	14.2
In case you do the tasks that you conceive as drudgery, does that provide you any advantages/ease? n: 118	33.1	66.9
Have you witnessed any humiliating statement and/or behaviour against you or another intern that you'd describe as an insult? n: 123	79.7	20.3

* Multiple items have been marked.

A significant difference was determined between those who consider doing the personnel work of teaching staff and of residents as drudgery ($p=0.000$). For interns, doing the personal work of the residents was considered more within the scope of drudgery.

Interns' statements which are representative for their views are given in Table 3.

Table 3. Interns' Statements Which are Representative for Their Views

<p>How they describe their position within the health team, in the light of their own experience?</p> <ul style="list-style-type: none"> • Our duties aren't clear. We work like a nurse, personnel, and only sometimes do a physician task. • The person who is obligated to conduct all kinds of work to make up for staff deficiency. • Hierarchical order is (top to bottom): teaching staff, senior resident, resident, head nurse, nurse, personnel, cleaning personnel, and intern. • Workforce who substitutes for the absent person in the hospital, or trying to do the work of residents • We replace the resident, when s/he leaves for a cup of tea; act as a nurse when performing vascular puncture, or become a personnel when transporting some health related materials.
<p>The worries interns express in case of abstaining from and/or refusing to do the works that they describe as drudgery:</p> <ul style="list-style-type: none"> • Discord in working environment. • Resident would change his attitude and urge me to have more drudgery work. • Being unsuccessful in the clerkship/undesired extension of clerkship. • You'll have problems with the residents. You'll be "persona non grata". Nightshift duties will be problematic, extra work load will be assigned. • To have dispute with residents, nurses and personnel, and all the clerkship passing with dispute. To have another intern friend to be urged to do that work.
<p>In case of accepting a work which interns define as drudgery, they presume the following would be the advantages as an outcome of accepting them:</p> <ul style="list-style-type: none"> • It leads to less tension. • Less drudgery. • You don't have any dispute with the teaching staff and residents. • The person that you do his/her work can give permission and provide convenience • To have a more "enjoyable" clerkship by endearing ourselves to residents.
<p>The examples of drudgery they stated they have done:</p> <ul style="list-style-type: none"> • Paperwork, running errands, go to radiology for gathering test results etc.. • To get tobacco, breakfast for the residents, to get appointment for an intervention, document transportation, drawing blood too many times, taking ECG tests. • To transport urine samples, archive files, to transport patients to Computerized Tomography, Magnetic Resonance Imaging/ Ultrasound. • To write routine test results and epicrisis of the patients that we haven't followed and we have no information about... • In case there is no ECG device in the department, to rush to find it from other department. • In particular, the work that nurses are actually supposed to fulfill in the clinics is given to us.
<p>Interns' statements about how SEM* effects their internship process:</p> <ul style="list-style-type: none"> • I don't enjoy my work in the clinic. I'd rather like to leave and go to study for the SEM. • The system leaves you in between preparing for the SEM and learning how to treat patients. • There is a big competition between students and I feel the urge to continuously study for the SEM. • This situation is a constraint for us while there is a lot to learn in internship. • Whenever I have a night shift, I think about my peers who most probably are studying for the SEM at that time and that they know more than me.
<p>Statements about whether approval signatures in interns' logbooks truly reflect the results of their actual interventions/practices:</p> <ul style="list-style-type: none"> • It is filled in only for compulsory attendance. • It is totally formality. We have it signed and do away with it. • There is no control mechanism. • Not exactly; some of them are truly done but some of them aren't. • No one is following up if the signed tasks are done or not, in general all those tasks are done in routine work but there are also some interventions which are not done. • Interventions listed in the logbook are signed without checking.

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The sources of the drudgery and humiliating statements and/or behaviours such as insults are given in Table 4. All interns stated residents as source of the drudgery.

Table 4. Drudgery Sources Humiliating Statements and/or Behaviours Such As Insults (n=120)

	The ones who demand additional work/drudgery (%)*	Source of drudgery and humiliating statements/ behaviours (%)*
Teaching staff	35.0	32.3
Resident	100.0	92.7
Nurse	24.2	50.0

*Multiple items have been marked.

Discussion

Workplace based and hands-on training is widely used during the training of professional groups such as teachers, psychologists, physicians, nurses where there is close interaction with the human, where technical and social skills are at the forefront, where students learn through their own active experiences according to Kolb's experiential learning model and where professional and educational life is intertwined (Kablan, 2012). During hands-on training learners gain experience by applying the knowledge and skills which are acquired in prior training, under the surveillance of trainers who have consultancy, observer, or supervisory roles (Ministry of Education, M24). Clerkship is included within the scope of hands-on training, as stated by Kozak, "in order to apply the gained knowledge skills acquired during the relevant profession or the relevant field of art and to gain experience" (as cited in Demir, & Demir, 2014). Interns, who are at the brink of becoming a physician, learn by doing, experiencing and gain their professional qualification during clerkship. Furthermore, the internship is the final stage where they can gain knowledge, skills and competencies, which are specified by the Qualifications Framework for Higher Education in Turkey, Basic Qualifications in the Health Field and earn the license to practice/ the medical doctor degree (TYYÇ, 2010). Nowadays, the educational environment of the intern is entirely different from the medical education, which was based on the master-apprenticeship relationship where hierarchical superiority of the master was a major and important determinant in the history of medical education. During their clerkships, interns have the opportunity to perform and develop actual professional activities under surveillance, while interacting with inpatients or outpatients, relatives of patients and the health care team within settings such as outpatient clinics, wards, emergency rooms, and operating rooms, primary health care centers.

Hands-on teaching during clerkship aims to improve the educational environment based on different learning theories. In order to improve students' skills for clinical problem solving, critical thinking and reflection, learning by integrating their experience with the learning activity so they can make their own meaning, the cognitive and constructivist approach; in order for taking responsibility for their own learning and development, the humanistic approach; in order to support learning by observation and modelling, the social learning approach should be considered for planning suitable environments and activities (Torre et al., 2006). Trainers have a crucial role in planning and implementing those processes. Being a successful practitioner of the profession as a physician does not guarantee a good trainer. There are recommended standards at the national and international level for the faculty staff to become qualified trainers. It is important to get hold of the standards for the trainers' various roles such as creating a positive learning environment, role modelling, consulting, planning for the education program and the learning environment and for valid and reliable assessments. Faculty development programs for this purpose, would support and strengthen the teacher – trainee relationship in relation to social, educational and ethical aspects (Mezuniyet Öncesi Tıp Eğitimi Ulusal Standartları, 2011; Basic Medical Education WFME Global Standards for Quality Improvement, 2012; Ramani, 2006; Ramani, Gruppen, & Kachur, 2006; Harden, & Crosby, 2000).

In this study, it is aimed to determine the experiences of the interns regarding their education and working environment as well as their interaction with teaching staff, residents and nurses; the majority of interns were reached and valuable findings were obtained. The findings reveal that, during introduction meetings which are done at the beginning of the year-six and at the beginning of each clerkship, information about the responsibilities of the interns occupy more place than the information about their rights. This situation shows that, during their clerkship interns are informed insufficiently about what their rights are, what they could ask for, what they could refuse, which might lead to confusion about what their rights and responsibilities are. Thus, interns may have to fill in the gaps of others, even if it isn't their duty (Hannon, 2000). Whereas, if the students know what is formally and informally expected of them, and if they are supported, it will be easier to get adapted to the environment (Boor, 2009).

When the interns were asked how they would describe their position within the health team, most of the responses reveal that they perceive themselves at the bottom of the hierarchy, as unskilled workers, intermediate staff compensating the service deficit, personnel, nurse. It is clearly understood that interns aren't happy with their positions. There are similar studies reporting that the students and interns in medical faculties mostly occupy the lowest level in the hierarchy of medical environment (Seabrook, 2004; Kleinerman, 1992; Sung et al., 2009; Wilkes, & Raven, 2002). Hierarchy perceived by interns could discourage and destroy their initiative in educational environment and all educators should be aware of their attitudes' impact on students' professional socialization (Neitzke, & Fehr, 2003).

Almost all the interns have stated that they do tasks that could be described as drudgery and they have witnessed that their colleagues do so as well. At this point it is beneficial to remember that students' feedback and views should be taken seriously (Sheehan, 2010; AMA Junior Doctor Training, Education and Supervision Survey, Report of Findings, 2009; Basic Medical Education WFME Global Standards for Quality Improvement, 2012; Kirkpatrick, 1998). There are several studies inquiring various headlines like abuse, mistreatment, belittlement, humiliation against medical students throughout medical education (AAMC, Medical School Graduation Questionnaire, 2011; Elnicki et al., 1999; Elnicki, Ogden, & Wu, 2007; Kassebaum, & Cutler, 1998; Ogden et al., 2005). Those studies report examples such as personal tasks like shopping and/or babysitting, taking blood, writing down the notes of the patients they haven't followed-up, taking photocopies for others, fetching meal, taking samples to the lab, preparing or collecting materials for an intervention that they won't participate in, and assigning excessive workload. Demanding the students to fulfill inappropriate tasks was another most common abuse type that has been reported (Ogden et al., 2005). Examples that we have determined frequently in our findings and in the statements of the interns, have similarity with the findings above.

Majority of the interns have confirmed that they feel worried in case they don't concede or refuse to do the work that they describe as drudgery. This situation shows similarity to the findings of the previous studies (Kassebaum, & Cutler, 1998; Baldwin, Daugherty, & Eckenfels, 1991; Fried, Vermillion, Parker, & Uijtdehaage, 2012; Nagata-Kobayashi et al., 2006; Shoukat et al., 2010). The practices that were exemplified in these studies such as threatening the students with grades lower than what they deserve, assignment tasks without any educational purpose but punishment, suggest that interns are right in their worries.

The ones, who admit that conceding the drudgery work would provide any advantage/ease for them, are only one third of the interns. This tendency isn't shared by the majority, still it appears to be in compliance with the emphasis that in medical education implicit rules such as loyalty, academic hierarchy and conceding to authority leads to the situation where students learn to avoid problems rather than holding on to professional values (Brainard, & Brislen, 2007).

Out of the six statements of which their conformity to the description of drudgery was queried, it is seen that the statements prepared in compliance with the definition were chosen by the interns within the scope of drudgery. Consideration of the statements that don't really fit the description of drudgery as "to perform a larger number of interventions/practices specified in the logbook" and "to perform interventions/practices at such a level that would prevent me from preparing to the SEM" are at a lower rate. This finding suggests that the interns generally have a fair evaluation regarding the theoretical description and practice of drudgery in the educational and working environment.

The majority of interns reported that their stress for getting prepared to the SEM affects them to embrace/fulfill their responsibility as interns. This suggests, though more than half of the interns did not choose "to perform interventions/practices at such a level that would prevent me from preparing to the SEM" within the scope of drudgery, for the majority of interns SEM leads to stress. In Turkey, the SEM is a serious source of stress for all interns (Yeniçeri et al., 2007); there are two options for a newly graduated physician, either to start with compulsory service to work as a general practitioner or to succeed in the SEM and to qualify for postgraduate studies to specialize in a field of medicine. Most of the newly graduate physicians tend to take the SEM and get specialized in a field of medicine rather than working as a general practitioner (Açık et al., 2002; Köksal et al., 1999; Kutanis, Tunç, & Tunç, 2011; Ozan, Karademir, Gursel, Taskiran, & Musal, 2005). For this reason, while on one side the interns continue with their education and work, on the other side they are inclined and want to study for the SEM during all their spare time. The statements written in response to this question reveal what a serious problem the SEM is for interns.

Those who consider performing a larger number of interventions/practices specified in the logbook as drudgery, are about one fourth of the interns. During clinical work, in alignment with the needs of health service and/or to improve practical skills it is common that interns occasionally do/have to do more interventions/practices in high numbers. The findings indicate that the majority of interns weren't against doing a large number of the interventions/practices specified in the logbook, suggesting that in general they don't have the tendency of avoiding work. In the examples of drudgery given by the interns this point hasn't been criticised. For another question regarding logbooks, almost two third of the interns have reported that the signatures of approval in their logbooks weren't truly reflecting the results of their actual interventions/practices. The statements in response to the question in this topic are mostly about the functionality of logbooks. These findings, exhibit a negative situation regarding the functionality of the logbooks that were designed with the purpose of education and assessment. The fact that logbooks were only formality and weren't based on direct observation and assessment of competencies of interns was also emphasized by Kapoor, Tekian and Mennin (2010) and from this point of view, it appears necessary to revise the content and functionality of these records.

Most of the interns have reported that they have encountered and/or witnessed insulting, humiliating statements and/or behaviours. Similar situation is encountered in many other studies. Wilkinson, Gill, Fitziohn, Palmer and Mulder (2006) have determined that, humiliation and degradation were the unfavourable experiences that medical students are affected most and these were experienced most in the last year. Nagata-Kobayashi et al. (2006) reported that medical students had been subject to academic abuse such as belittlement and humiliation. Also, Ogden et al. (2005) reported that belittlement was among the most common abuse types. Again, unfavourable attitudes that medical students and interns encounter have been reported such as mistreatment, belittlement, abuse, excessive workload (AAMC, Medical School Graduation Questionnaire, 2011; Baldwin et al., 1991; Clapham, Wall, & Batchelor, 2007; Daugherty, Baldwin, & Rowley, 1998; Elnicki et al., 2007; Erasmus, 2012; Fried et al., 2012; Shoukat et al., 2010; Wear, Kokinova, Keck-McNulty, & Aultman, 2005). However, not embarrassing students, not exposing them to humiliation; equal treatment of all members of the profession and ethical relationships with colleagues, which are within the ethical

principles for professional educators, likewise apply to medical teachers (Code of Ethics for Educators; Strike, & Soltis, 2009; NEA, 2015 Handbook). In these respects, for the acquisition of professional values during hands-on training, as highlighted by Johnson (2008) for pre-service teachers, particularly in the early stages of professional life, it seems important to keep in mind/ to emphasize that colleagues and trainers set an example for students to develop their own behavioral models (as cited in Ekinci, 2010).

As for drudgery demands and the humiliating words or behaviours that they describe as insults, interns most frequently point out residents as the ones responsible for these. Similarly, Baldwin et al. (1991), Elnicki et al. (1999) and Shoukat et al. (2010) reported residents as the frequent sources of abuse or mistreatment. In fact, residents themselves were also subject to abuse, hence they see nothing unusual in transmitting this kind of attitudes to students (Daugherty et al., 1998; Elnicki et al., 1999). In the medical environment where traditionally a hierarchical structure exists, senior physicians have a considerable amount of power over young physicians (Brennan et al., 2010). The necessity and properties of this power within the framework of contemporary educational approach should be questioned and evaluated. When compiled together, we believe, the fact that all interns pointing the residents as drudgery demanding people should be taken as a serious warning. It is necessary to clearly define the educational duties and responsibilities of the residents, who also have the role of assistant instructor according to national undergraduate medical education standards (Mezuniyet Öncesi Tıp Eğitimi Ulusal Standartları, 2011) and to recognize that they are also in the learning position, therefore they must be supported during their routine work with respect to their education (Aysan et al., 2008; Boor, 2009).

In regard to the interactions of the interns with the teaching staff and residents, the frequency of considering to do the personal work of the resident within the scope of drudgery is higher than for the teaching staff, but at the same time they indicate that they receive more help from the residents as for the matters they need in education. A similar situation is valid also for the question regarding occasional unfavorable behaviours against themselves. Although the rate of interns who assent to occasional unfavorable behaviours of the teaching staff and the residents towards themselves was rather low, it is observed that their approach to adverse behaviours of the teaching staff is rather mild and more tolerant. The fact that the interactions of the interns with the residents are more in the foreground might be the reason for problems in interaction with residents. In fact, residents do have no primary responsibility and job description in the education process of interns, the responsibility as block coordinator and supervisor is given to the teaching staff (DEUFM-IDG, 2012-2013). Our findings indicate that the roles and responsibilities among these three positions in the education process of interns need to be defined more explicitly and clearly and structured in a manner upholding the main aim of the internship process, i.e. education. This requirement is also mentioned within the basic standards of the National Standards Undergraduate Medical Education, furthermore it is suggested as a quality development to regularly monitor and evaluate whether academic staff is fulfilling their duties and responsibilities.

Another important issue seems to be that half of the interns pointed nurses as the source for humiliating words or insulting behaviour. The relationship between experienced nurses and young physicians can be problematic due to reasons like young physicians' need to affirm their authority, some personality conflicts, teamwork issues between physicians and nurses, insufficient dialogue between physicians and nurses with respect to their different ethical viewpoints (Elder, Price, & Williams, 2003). Nurses also may face difficulties because of the hierarchical structure of relationships in the working environment, poor cooperation with physicians, stressful working environment, time and resource constraints etc. (Goethals, Gastmans, & De Casterle, 2010). Those all are to be expected as factors influencing the relationship between interns and nurses. In that point, it can be useful to query the undergraduate education on interprofessional teamwork and interprofessional teamwork culture in the Faculty in the light of recommendations of World Health Organization (Aase et al., 2014).

We believe, the rather high number of interns thinking they are not valued, should be taken seriously and should not be interpreted as misperception of interns. Similarly, it was reported that medical students thought they were ignored and neglected. It is reported that some clinical teachers generally undervalue the students' perceptions of being treated psychologically unfavorably, and they think that students misperceive the communication between students and instructors (Kassebaum, & Cutler, 1998). However it is commonly accepted fact that, in order to enhance and improve medical education, students' opinions and feedback are effective and important (AMA Junior Doctor Training, Education and Supervision Survey, Report of Findings, 2009; Basic Medical Education WFME Global Standards for Quality Improvement, 2012; Elnicki et al., 2007; Sheehan, 2010).

Two third of interns stated that they don't know if there is a place or someone they could report the approaches/behaviours that they are subject to and that they consider as inappropriate or that they believed that there is no such place/person. Although, in our Faculty, there is a "Year Six Curriculum Committee" and also teaching staff in charge of interns, this data suggests that there is need to better inform interns where to go or with whom to get in contact in such a situation. It is essential to develop methods so that students can offer, by official representatives or by themselves, their contributions and suggestions regarding the matters which they think are insufficient and which need improvement (Aydın, 2003). This is also emphasized in global and national standards of undergraduate medical education (Basic Medical Education WFME Global Standards for Quality Improvement, 2012; Mezuniyet Öncesi Tıp Eğitimi Ulusal Standartları 2011).

There are possible limitations of this study. Firstly, the data is obtained only from the interns. Yet, as supported by literature (Basic Medical Education WFME Global Standards for Quality Improvement, 2012; Kirkpatrick, 1998; Lawall, 2006) and due to the conditions at our Faculty, we believe, that the interns are a reliable and valuable source for gathering data. In our Faculty, student feedback has an important place, they have trainings in giving and receiving feedback and their feedback is gathered and evaluated systematically and continuously as part of the program evaluation study (Musall, Taskiran, Gursel, Ozan, Karademir, & Velipasaoğlu 2008; Ozan et al., 2009). Another possible limitation is that the study is conducted only in one medical faculty in Turkey. It will be useful to conduct similar investigations for the internship processes in other medical faculties to reveal the general situation in Turkey on this matter. In addition, our study is one of the first studies in Turkey investigating the education and working environment of the interns, as well as their interactions with the teaching staff and residents. The study presents valuable data that could be taken as basis for the improvement of internship process both nationally and internationally and for prospective studies on this field.

Conclusion and Recommendations

"Teaching is full of ethical issues. It is the responsibility of teachers, individually and collectively ..." (Strike, 1988). The findings such as the interns' statements that they are mostly valued, that they are subject to drudgery and insulting, humiliating statements and/or behaviours, that there are problems in interactions with teaching staff and especially with residents, indicate that the majority of interns were not treated ethically. In the light of the results, we believe that there is a need to define interns' education process and the roles and responsibilities of them more explicitly and to structure it in a manner to protect the educational purpose of the internship period. We believe that this study will support other medical faculties, at the national and international level, to re-evaluate the internship process and to conduct further studies in this field in order to promote improvements and to discuss educational ethics.

Based on these, as well as research findings, the suggestions below are expected to support the development of hands-on training in other professional areas such as teachers, engineers, psychologists, as well:

Problems such as the inadequacy of supervision during hands-on training, the absence of standardization and the deficiencies in the educational environment are often encountered, and these

problems often significantly affect the quality of education in a negative way (Ekinci, 2010). Despite the fact that the hands-on training framework has been defined, both in the field of health professions education and in other fields, different practices and approaches arise. At this point, whether professional qualifications and standardization are applied adequately in the contemporary professional education, emerges as an issue. Standards within hands-on training should be developed, the monitoring of the compliance with the developed standards and its' evaluation should be provided so that graduates from professional field education acquire competencies which would enable them to work in various conditions within the country, as well as in the conditions abroad. In this sense, our study offers data that could be utilized not only in the field of health but also in all relevant fields to dissipate shortcomings.

Having in mind the importance of moral values in determining the quality of the educator and their guiding role, as stated by Johnson (2008) (as cited in Ekinci 2010); the ethical principles should always be taken into consideration when defining the roles and responsibilities in a clear and obvious manner within the educational environment, and also when standardizing them. In addition to that, relevant adjustments to provide and enhance favourable working conditions for educators, implementation of faculty development programs would enable educators to take ownership of professional values and to facilitate the development of their training skills in order to reach the expected level of hands-on training. The standardized and without abiding a mechanical framework approach of educators, who are accredited through continuous education and assessments, would be very significant in the development of skills to apply behaviour and attitudes which are in line with ethical principles.

It is necessary to conduct broader studies, which also include the ethical dimensions of the interaction between teacher/supervisor and student; and which determine the problems and expectations of interns and to share the results of those studies.

References

- AAMC. (2011). *Medical school graduation questionnaire: 2011 all schools summary report*. Retrieved from <https://www.aamc.org/download/263712/data/>
- Aase, I., Hansen, B. S., & Aase, K. (2014). Norwegian nursing and medical students' perception of interprofessional teamwork: a qualitative study. *BMC Medical Education*, 14, 170
- Açık, Y., Oğuzöncül, F., Polat, S. A., Güngör, Y., & Güngör, L. (2002). Fırat Üniversitesi Tıp Fakültesi öğrencilerinin tıp eğitimi ve mezuniyet sonrası hakkındaki düşünceleri. *Toplum ve Hekim*, 17(3), 195-201.
- Adkoli, B. V., Al-Umran, K. U., Al-Sheikh, M., Deepak, K. K., & Al-Rubaish, A. M. (2011). Medical students' perception of professionalism: A qualitative study from Saudi Arabia. *Medical Teacher*, 33, 840-845.
- AMA. (2009). *Junior Doctor Training, Education and Supervision Survey, Report of Findings*. Retrieved from <https://ama.com.au/2009-ama-junior-doctor-training-education-supervision-survey-report-findings>
- Association of American Educators (AAE). (n. d.) *Code of Ethics for Educators*. Retrieved from <http://www.aeteachers.org/index.php/about-us/aae-code-of-ethics>
- Aydın, İ. (2003). Tıp fakültelerinin eğitim işlevi ve etik: Tıp fakültesi öğrencilerinin hak vesorumlulukları. *Tıp Eğitimi Dünyası*, 13, 2-7.
- Aysan, E., Köroğlu, G., Türkeli, V., Özgönül, A., Özyaşar, A., Gülümser, Ç., Kılıç, K., Ertürk, T., Özdemir, Ö., Alpaslan, A. H., & Bayrak, S. (2008). Resident physicians in Turkey: results of a survey of 1069 residents from 11 provinces. *Turkish Journal of Medical Sciences*, 38(1), 35-42.
- Baldwin, D. C., Daugherty, S. R., & Eckenfels, E. J. (1991). Student perceptions of mistreatment and harassment during medical school-A survey of ten United States schools. *The Western Journal of Medicine*, 155,140-145.
- Ber, R., & Alroy, G. (2002). Teaching professionalism with the aid of trigger films. *Medical Teacher*, 24(5), 528-531.
- Boor, K. (2009). *The clinical learning climate* (Unpublished doctoral thesis). Vrije University, Amsterdam. Faculty Geneeskunde, Holland. Retrieved from <http://dare2.ubvu.vu.nl/bitstream/handle/1871/19579/8834.pdf?sequence=5>
- Brainard, A. H., & Brislen, H. C. (2007). Viewpoint: learning professionalism: a view from the trenches. *Academic Medicine*, 82, 1010-1014.
- Brennan, N., Corrigan, O., Allard, J., Archer, J., Barnes, R., Bleakley, A., Collect, T., & de Bere, S. R. (2010). The transition from medical student to junior doctor: today's experiences of Tomorrow's Doctors. *Medical Education*, 44, 449-458.
- Bulut, A. (2003) Bir haber: Ulusal Çekirdek Eğitim Programı Oluşturuldu. *Tıp Eğitimi Dünyası*, 13, 13-36
- Clapham, M., Wall, D., & Batchelor, A. (2007). Educational environment in intensive care medicine-use of Postgraduate Hospital Educational Environment Measure (PHEEM). *Medical Teacher*, 29, 184-191.
- Curry S. E., Cortland C. I., & Graham M. J. (2011) Role-modelling in the operating room: Medical student observations of exemplary behaviour. *Medical Education*, 45, 946-957.
- Daugherty, S. R., Baldwin, D. C., & Rowley, B. D. (1998). Learning, satisfaction, and mistreatment during medical internship. A national survey of working conditions. *The Journal of the American Medical Association*, 279, 1194-1199.
- Demir, M., & Demir, Ş. Ş. (2014). Managers' evaluation of vocational training and trainee in tourism businesses. *The Journal of Marmara Social Research*, 6, 18-33.

- Dokuz Eylül Üniversitesi. (2013). *Medical faculty intern doctor ship guide 2012-2013*. İzmir: Dokuz Eylül Üniversitesi.
- Ekinci, A. (2010). Aday öğretmenlerin iş başında yetiştirilmesinde okul müdürlerinin rolü [Roles of headmasters on the job-training of the pre-service teachers]. *Dicle Üniversitesi Ziya Gökalp Eğitim Fakültesi Dergisi*, 15, 63-77.
- Elder, R., Price, J., & Williams, G. (2003). Differences in ethical attitudes between registered nurses and medical students. *Nursing Ethics*, 10, 149-164.
- Elnicki, D. M., Linger, B., Asch, E., Curry, R., Fagan, M., Jacobson, E., Loftus, T., Ogden, P., Pangora, L., Papadakis, M., Szauter, K., & Wallach, P. (1999). Multi-institutional research examining student characteristics and student abuse. Patterns of medical student abuse during the internal medicine clerkship: perspectives of students at 11 medical schools. *Academic Medicine*, 74 (Suppl), 99-101.
- Elnicki, D. M., Ogden, P., & Wu, E. (2007). Medical student abuse from multiple perspectives. *The Clinical Teacher*, 4, 153-158.
- Erasmus, N. (2012). Slaves of the state-medical internship and community service in South Africa. *The South African Medical Journal*, 102(8), 655-658.
- Ergör, A., Taşkıran, C., Musal, B., & Ünsal, E. (2009, 4-5 June). Dokuz Eylül Üniversitesi Tıp Fakültesi Dönem 6 Eğitim Programı İyileştirme Çalışmaları. Proceeding of the *Tıp Eğitiminde Akreditasyon ve Program Değerlendirme Sempozyumu*. Denizli: Pamukkale Üniversitesi Tıp Fakültesi.
- Fried, J. M., Vermillion, M., Parker, N. H., & Uijtdehaage, S. (2012). Eradicating medical student mistreatment: a longitudinal study of one institution's efforts. *Academi Medicine*, 87, 1191-1198.
- Goethals, S., Gastmans, C., & De Casterle, B. D. (2010). Nurses' ethical reasoning and behaviour: A literature review. *International Journal of Nursing Studies*, 47, 635-650.
- Hafferty, F. W. (1998). Beyond curriculum reform: confronting medicine's hidden curriculum. *Academic Medicine*, 73, 403-407.
- Hafler, J. P., Ownby, A. R., Thompson, B. M., Fasser, C. E., Grigsby, K., Haidet, P., Kahn M. J., Hafferty, F. W. (2011), Decoding the learning environment of medical education: a hidden curriculum perspective for faculty development. *Academic Medicine*, 86(4), 440-444.
- Haidet, P., ve Stein, H. F. (2006). The role of the student-teacher relationship in the formation of physicians. The Hidden Curriculum as Process. *The Journal of General Internal Medicine*, 21, 16-20.
- Hannon, F. B. (2000). A national medical education needs' assessment of interns and the development of an intern education and training programme. *Medical Education*, 34, 275-284.
- Harden, R. M., & Crosby, J. (2000). AMEE Guide No 20: The good teacher is more than a lecturer-the twelve roles of the teacher. *Medical Teacher*, 22(4), 334-347.
- Hutchinson, L. (2003). Educational environment. In Cantillon P., Hutchinson L., Wood D., (Eds). *ABC of Learning and Teaching in Medicine*. 39-41.
- İntörn Çalıştayı Sonuç Bildirgesi [Internship Workshop Final Declaration]: Füsün Sayek V. Sağlık ve Kültür Etkinlikleri. (2011). *Hekim Postası*, 34(Eylül), 14-15.
- Kablan, Z. (2012). The effects of level of cognitive learning and concrete experience on teacher candidates' lesson planning and application skills. *Education and Science*, 37(163), 239-253.
- Kaldjian, L. C., Rosenbaum, M. E., Shinkunas, L. A., Woodhead, J. C., Antes, L. M., Rowat, J. A., & Forman-Hoffman, V. L. (2012). Through students' eyes: ethical and professional issues identified by third-year medical students during clerkships. *Journal of Medical Ethics*, 38, 130-132.
- Kapoor, H., Tekian, A., & Mennin, S. (2010). Structuring an internship programme for enhanced learning. *Medical Education*, 44, 489-526.
- Kassebaum, D. G., & Cutler, E. R. (1998). On the culture of student abuse in medical school. *Academic Medicine*, 73, 1149-1158.

- Kirkpatrick, D. L. (1998) *Evaluating training programs: the four levels*. (2nd Ed.). San Francisco, USA, Berret-Koehler Publishers.
- Kleinerman, M. J. (1992), Elucidating and eradicating medical student abuse. *JAMA*, 267(5), 738-742.
- Köksal, S., Vehid, S., Tunçkale, A., Çerçel, A., Erginöz, E., Kaypmaz, A., Sipahioğlu, P., & Özbal, A. N. (1999). Cerrahpaşa Tıp Fakültesi öğrencilerinin tıp eğitimi ve mezuniyet sonrası ile ilgili tutumları. [Attitudes on medical education and post graduate of the medical students in Cerrahpaşa Medical Faculty]. *Cerrahpaşa Journal of Medicine*, 4, 251-258.
- Kutanis, R. Ö., Tunç, T., & Tunç, M. (2011). Tıpta uzmanlık eğitimcileri ve uzmanlık öğrencileri Tıpta Uzmanlık Sınavı'nı (TUS) nasıl algılıyor? [How do medical specialty training educators and trainees perceive Medical Specialty Selection Examination (SEM)]. *Educational Sciences: Theory & Practice*, 11(4), 1991-2004.
- Lawall, M. L. (2006). *Students Rating Teaching*. The University of Manitoba.
- MEB. (1995). Milli Eğitim Bakanlığı Aday Memurların Yetiştirilmesine İlişkin Yönetmelik. *Tebliğler Dergisi*, 2423, 7. Retrieved from <http://mevzuat.meb.gov.tr/html/42.html>
- Musal, B., Taskiran, C., Gursel, Y., Ozan, S., Karademir, S., & Velipasaoğlu, S. (2008). An example of a program evaluation project in undergraduate medical education. *Education for Health*, 20(1), 1-7.
- Nagata-Kobayashi, S., Sekimoto, M., Koyama, H., Yamamoto, W., Goto, E., Fukushima, O., Ino, T., Shimada, T., Shimbo, T., Asai, A., Koizumi, S., & Tricco, A. C. (2006). Medical student abuse during clinical clerkships in Japan. *The Journal of General Internal Medicine*, 21, 212-218.
- NEA (National Education Association). (2015). *Handbook*. Washington, DC 20036; 435. Retrieved from http://www.nea.org/assets/docs/2015_NEA_Handbook.pdf
- Neitzke, G., & Fehr, F. (2003). Teachers' responsibility: a Socratic dialogue about teaching medical ethics. *Medical Teacher*, 25(1), 92-93
- Ogden, P. E., Wu, E. H., Elnicki, M. D., Battistone, M. J., Cleary, L. M., Fagan, M. J., Wong, R. Y. (2005). Do attending physicians, nurses, residents, and medical students agree on what constitutes medical student abuse? *Academic Medicine*, 80(Suppl 10), 80-83.
- Ozan, S., Gürsel, Y., Timbil, S., Demiral, Y., Emiroğlu, N., Sarı, Ö., Ünal-Toğrul, B., & Musal, B. (2009). Basic communication skills program for first-year medical students: evaluation of the effectiveness of the program. *Turkish Journal of Medical Sciences*, 29(3), 618-624.
- Ozan, S., Karademir, S., Gursel, Y., Taskiran, H. C., & Musal, B. (2005). First graduates' perceptions on a problem-based and task-based learning curriculum. *Education for Health*, 18(2), 256-271.
- Ramani, S. (2006). Twelve tips to promote excellence in medical teaching. *Medical Teacher*, 28(1), 19-23.
- Ramani, S., Gruppen, L., & Kachur, E. K. (2006). Twelve tips for developing effective mentors. *Medical Teacher*, 28(5), 404-408.
- Seabrook, M. A. (2004). Clinical students' initial reports of the educational climate in the single medical school. *Medical Education*, 38, 659-669.
- Sen, S., Kranzler, H. R., Krystal, J. H., Speller, H., Chan, G., Gelernter, J., & Guille, C. (2010). A Prospective cohort study investigating factors associated with depression during medical internship. *Archives of General Psychiatry*, 67(6), 557-565.
- Sheehan, D. C. (2010). *Learning and supervision in internship*. (Unpublished doctoral thesis). University of Canterbury.
- Sheehan, D., Bagg, W., De Beer, W., Child, S., Hazell, W., Rudland, J., & Wilkinson, T. J. (2010) The good apprentice in medical education. *The New Zealand Medical Journal*, 123(1308), 89-96
- Shoukat, S., Anis, M., Kella, D. K., Qazi, F., Samad, F., Mir, F., Mansoor, M., Parvez, M. B., Osmani, B., Panju, S. A., & Naqvi, H. (2010). Prevalence of mistreatment or belittlement among medical students - a cross sectional survey at a private medical school in Karachi, Pakistan. *Plos one*, 5(10), e13429.

- Snyder, L. (2012). American College of Physicians Ethics Manual. Sixth Edition. *Annals of Internal Medicine*, 156, 73-104.
- Strike, K. A. (1988). The ethics of teaching. *Phi Delta Kappan*, 70(2), 156-158
- Strike, K. A., & Soltis, J. F. (2009). *The ethics of teaching*. (5th. Ed.). United States of America, Teacher College Press.
- Sung, A. D., Collins, M. E., Smith, A. K., Sanders, A. M., Quinn, M. A., Block, S. D., & Arnold, R. M. (2009). Crying: experiences and attitudes of third-year medical students and interns. *Teaching and Learning in Medicine*, 21(3), 180-187.
- Torre, D. M., Daley, B. J., Sebastian, J. L., & Elnicki, M. (2006). Overview of current learning theories for medical educators. *The American Journal of Medicine*, 119(10), 903-907.
- Türk Dil Kurumu Güncel Türkçe Sözlük (TDK). (2014). Retrieved from http://www.tdk.gov.tr/index.php?option=com_gts&arama=gts&guid=TDK.GTS.5265426cd2f073.08564286
- TYYÇ (Türkiye Yüksek Öğretim Yeterlilikler Çerçevesi). (2010). *Sağlık Temel Alanı: 72*. Retrieved from <http://tyyc.yok.gov.tr/?pid=48>
- UTEAK-Ulusal Tıp Eğitimi Akreditasyon Kurulu. (t. y.). *Mezuniyet Öncesi Tıp Eğitimi Ulusal Standartları 2011* [National Standards for Undergraduate Medical Education 2011]. Retrieved from http://uteak.org.tr/uploads/belge/MOTE_STANDARTLAR_2011.pdf
- Wear, D., Kokinova, M., Keck-McNulty, C., & Aultman, J. (2005). Pimping: Perspectives of 4th Year Medical Students. *Teaching and Learning in Medicine*, 17(2), 184-191.
- WFME. (2012). *Global Standards for Quality Improvement*. Retrieved from <http://www.wfme.org/standards/bme>
- Wilkes, M., & Raven, B. H. (2002) Understanding social influence in medical education. *Academic Medicine*, 77(6), 481-488.
- Wilkinson, T. J., Gill, D. J., Fitziohn, J., Palmer, C. L., & Mulder, R. T. (2006). The impact on students of adverse experiences during medical school. *Medical Teacher*, 28(2), 129-135.
- Yeniçeri, N., Mevsim, V., Özçakar, N., Özán, S., Güldal, D., & Başak, O. (2007). Tıp eğitimi son sınıf öğrencilerinin gelecek meslek yaşamları ile ilgili yaşadıkları anksiyete ile sürekli anksiyetelerinin karşılaştırılması. [Comparing trait anxiety and future occupational anxiety of final year medical students]. *DEÜ Tıp Fakültesi Dergisi*, 21(1), 19-24.