

Analysis of The Professional Anxieties of The Intern Physicians Attending The Internship Program for Emergency Medical Service Acil Tıp Stajını Alan Önhekimlerin Staj Öncesi ve Sonrası Mesleki Kaygılarının İncelenmesi

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Özet

Amaç: Bu araştırmanın amacı acil tıp stajını alan önhekimlerin, bu stajı almadan ve aldıktan sonraki mesleki kaygılarını karşılaştırarak, acil tıp staj eğitiminin önhekimlerin mesleki kaygılarında değişiklik yaratıp yaratmadığına dair fikir edinmektir.

Gereç ve Yöntem: Araştırma izlem temelli bir araştırmadır. Araştırma, Türkiye’deki bir tıp fakültesinde öğrenim gören 83 önhekim ile yürütülmüştür. Önhekimlerin mesleki kaygıları “Acil Müdahale Hizmeti Sunan Personel Mesleki Kaygı Ölçeği” ile elde edilmiştir. Veriler, ilişkili örneklemeler için t-test ile analiz edilmiştir.

Bulgular: Önhekimlerin acil tıp stajını almadan önce en az kaygı yaşadıkları durumlar; “yaşım ilerledikçe fiziksel aktivitelerden dolayı mesleğimi verimli biçimde yapamamak”, “hizmet sunarken sakat kalma riski”, “sakat kalıp gelirimim düşmesi”, “çalışma arkadaşımın bilgi ve beceri yetersizliği”, “hasta nakil sırasında yaşanacak engeller (dar koridor vb.)” ve “müdahale ve nakil ekipmanlarının ergonomik olmaması”dır. Bu kaygılar staj sonunda da yaşanan en düşük kaygılar olarak belirlenmiştir. Önhekimlerin acil tıp stajını almadan önce en fazla kaygı yaşadıkları durumlar; “hizmet sunarken fiziksel şiddet görme olasılığı”, “hizmet sunarken sözel şiddet görme olasılığı”, “personel yetersizliği”, “hizmet sırasında karşılaştığım etik dışı davranışlar” ve “hasta ve hasta yakınlarının bize karşı önyargısı”dır. Araştırmanın sunduğu kayda değer bir bulgu, bu kaygıların acil tıp stajı alındıktan sonra da düşme eğilimi göstermemiş olmasıdır.

Anahtar sözcükler:

Ön Hekim, Mesleki Kaygı, Acil Tıp

Keywords:

Intern Physicians, Professional Anxiety, Emergency Medical Service

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Sonuç: Araştırmada önhekimlerin aldıkları acil tıp stajının onların yaşadıkları kaygılarda herhangi bir değişiklik yaratmadığı belirlenmiştir. Başka üniversitelerde önhekimlere uygulanan acil tıp stajı ile araştırmada geçen üniversitenin acil tıp stajının öğrencilerin yaşadığı kaygılara etkisi

karşılaştırmalı olarak incelenmesi, uygulanan acil tıp staj programının gözden geçirilip, etkililiğinin incelenmesi, önhekimlerin acil vakalara müdahale konusunda yaşadıkları kaygıların nitel araştırmalar ile derinlemesine araştırılması önerilir.

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Abstract

Purpose: The purpose of this present study is to compare the professional anxieties of the intern physicians who attend the internship program for emergency medical service in the pre- and post-internship period and to explore whether the internship experience for emergency medical service leads to a change in their professional anxieties.

Materials and Method: Based on observation, this study was performed with 83 intern physicians at a single medical school in Turkey. The professional anxieties of interns in this study were determined based on the Occupational Anxiety Scale of Emergency Health Professionals. Data were analyzed through the paired samples t-test.

Findings: The least anxiety-provoking triggers for the intern physicians in the pre-internship period are as follows: "Not being able to do my profession efficiently as I get older due to the fact that it requires physical activity", "Risk of being disabled while providing the service", "Decreased income in case of disability", "Lack of knowledge and skills among my colleagues", "Obstacles for transferring patients (narrow aisle, etc.)", "Unergonomic intervention and transfer equipment." These triggers were also the least anxiety-provoking triggers in the post-internship period. The most anxiety-provoking triggers for the intern physicians in the pre-internship period are as follows: "Possibility of suffering from physical violence while providing the service", "Possibility of suffering from verbal violence while providing the service", "Lack of staff", "Unethical behaviors that can be encountered while providing the service" and "Patients' and patient relatives' prejudice against us." It is remarkable that these anxieties did not show a downward trend even in the post-internship period.

Conclusion: The study concluded that the internship program for emergency medical service attended by the intern physicians did not lead to any change in their anxieties. Further studies may compare the internship program for emergency medical service that intern physicians in other universities take part in and the program in this

study in terms of its effect on the concerns of the students. Moreover, it is necessary to review the internship program for emergency medical service for intern physicians and examine its effectiveness. Lastly, the concerns of intern physicians about emergency response can be explored through qualitative research.

Introduction

Anxiety can be defined as a biological warning system activated by danger, that is, as a sense of anxiety about danger (1). From an evolutionary point of view, a moderate degree of anxiety promotes student creativity whilst a high degree of anxiety may diminish learning, impair attention and even lead to a mistake (2).

The aim of the medical school education is to train qualified physicians to contribute to the development of the society and the individuals. This high-quality education is defined by international standards (3, 4). In Turkey, intern physicians typically work as an intern physician during their education and medical education lasts 6 years in medical schools. The medical school program offers both theoretical and practical training on preventive and curative medicine (5). Intern physicians soon start to work on their own by taking on a new responsibility as a physician and will be closely involved in treatment of health issues. Previous studies show that medical school students experience more anxiety than students of other faculties. The level of anxiety increases more and more in the pre-physician period (6). Medical school students face severe anxiety during their medical education. It is notable that the anxiety of the intern physicians is high towards the end of their educational program due to the increased responsibilities and uncertainties in their professional careers. As reported in many studies, intern physicians feel insufficient in approaching patients in the emergency department, in deciding what to do in emergency situations and performing their decisions quickly

and in approaching terminally ill patients, which causes anxiety and concern among intern physicians (7, 8, 9). While intern physicians were most anxious about approaching emergency patients (70.5%), they experienced the lowest level of anxiety in preventive medicine practices (27%). Similarly, emergency departments in state hospitals are the places that cause the highest level of anxiety whereas family health centers are considered the least anxiety-provoking places (7). Hence, understanding of how to approach emergency patients appears to be key in medical school education.

The National Core Education Program includes the learning objectives presented in the skills list in the section for the interventions necessary for the first and emergency aid (10). This Program describes the purpose of the internship experience for emergency medical service as to strengthen the knowledge, skills and attitudes acquired in the pre-physician period in the medical school, and to perform clinical practices humanely and in an ethical manner. This internship period seeks to make sure that intern physicians are competent in diagnosis, treatment and referral (where necessary) while dealing with the emergency situations as well as emergency medical practices in the pre-hospital and hospital period, and that they are qualified to perform basic practices of medicine on their own in emergency situations.

The purpose of this present study is to compare the professional anxieties of the intern physicians, who attend the internship experience for emergency medical service in the pre- and post-internship period and to explore whether the internship experience for emergency medical service leads to a change in their professional anxieties.

Materials and Method

As this study examines the professional anxieties of the interns in the pre- and post-internship

period, the same participants were evaluated for multiple measurements in a certain period of time.

a. Participants

The participants of the study are the interns (year 6) at the Faculty of Medicine in Çanakkale Onsekiz Mart University in the academic year 2019-2020. The study was subject to local ethics committee approval (no, KAЕК-27/2019-E.1900131078). The study was conducted with 83 intern physicians.

b. Data Collection Tool

The professional anxieties of the intern physicians in this study were determined with the "Occupational Anxiety Scale of Emergency Health Professionals" developed by Sevinç Postacı et al (11). This scale consisting of 22 items with two factors is a 5-point Likert type (strongly disagree, 1; disagree, 2; partially agree, 3; do not agree, 4; strongly agree, 5) measure. One of the subfactors of the scale is the factor of bodily, physical and vital anxiety (BPVA). This subfactor consists of 12 items with a maximum score of 60 and minimum score of 12. The other subfactor is the factor of anxiety related to setting, employees, equipment and environment (ASEEE). This subfactor consists of 10 items with a maximum score of 50 and a minimum score of 10. The Cronbach's alpha reliability coefficient, which indicates the reliability of the scale for its internal consistency is 0.922 for the factor of BPVA, 0.866 for the factor of ASEEE and 0.914 for the whole scale. The scale was tested through the confirmatory factor analysis (CFA). The CFA fit indices of this version of the scale were found as follows: $\chi^2/df=3.132$; Goodness of Fit Index (GFI)=0.862; Adjusted Goodness of fit index (AGFI)=0.803; Normed Fit Index (NFI)=0.851; Incremental Fit Index (IFI)=0.899; Comparative Fit Index (CFI)=0.892 and Root Mean Square Error of Approximation (RMSEA)=0.077.

c. Data Analysis

Kolmogorov-Smirnov normality test was performed on the scores for the factors of BPVA and ASEEE and on the overall score for the whole scale. As data were found to be normally distributed ($p>0.05$), paired samples t-test was used for comparisons.

Findings

a. The Professional Anxieties of the Intern Physicians in the Pre- and Post-Internship Period
The study was conducted with 83 participants, 39 male (47%) and 44 females (53%). The answers of the intern physicians to “Professional Anxiety Scale” in the pre- and post-internship period are given in. Table 1.

Table 1. The professional anxieties of the intern physicians in the pre- and post-internship period for emergency medical service (descriptive statistics)

	Pre-Internship Scores		Post-Internship Scores	
	\bar{X} (Average)	(\pm S.H.S)	\bar{X} (Average)	(\pm S.H.S)
Not being able to do my profession efficiently as I get older due to the fact that it requires physical activity	2,99(\pm 0,123)	1,121	2,94(\pm 0,123)	1,119
Physical load required to provide the service	3,53(\pm 0,108)	0,980	3,61(\pm 0,108)	0,986
Risk of accident associated with the service	3,70(\pm 0,098)	0,894	3,61(\pm 0,105)	0,961
Risk of being disabled while providing the service	2,94(\pm 0,115)	1,052	2,98(\pm 0,124)	1,126
Risk of death while providing the service	3,20(\pm 0,130)	1,187	3,34(\pm 0,123)	1,118
Possibility of suffering from physical violence while providing the service	4,08(\pm 0,097)	0,886	4,12(\pm 0,096)	0,875
Possibility of suffering from verbal violence while providing the service	4,30(\pm 0,100)	0,907	4,19(\pm 0,106)	0,969
Decreased income in case of disability	2,60(\pm 0,115)	1,047	2,69(\pm 0,111)	1,011
Vital risks associated with my occupation	3,47(\pm 0,110)	1,004	3,42(\pm 0,118)	1,072
Uncertainties associated with my occupation	3,53(\pm 0,110)	1,004	3,59(\pm 0,116)	1,060
Risk of catching an infectious disease	3,59(\pm 0,119)	1,082	3,73(\pm 0,111)	1,013
Experiencing secondary accidents	3,41(\pm 0,108)	0,988	3,55(\pm 0,110)	1,003
Being intervened by someone else while doing my job	3,36(\pm 0,102)	0,932	3,64(\pm 0,122)	1,111
Work load	3,84(\pm 0,099)	0,904	3,78(\pm 0,114)	1,037
Lack of staff	3,92(\pm 0,089)	0,815	4,13(\pm 0,109)	0,997
Unethical behaviours that can be encountered while providing the service	3,89(\pm 0,107)	0,975	3,95(\pm 0,111)	1,011
Lack of knowledge and skills among my colleagues	3,11(\pm 0,107)	0,975	3,01(\pm 0,113)	1,030
Patients' and patient relatives' prejudice against us	3,90(\pm 0,095)	0,864	3,89(\pm 0,112)	1,024
Lack of necessary equipment or other issues encountered during an emergency response	3,61(\pm 0,107)	0,973	3,75(\pm 0,104)	0,948
Need for rapid intervention and procedures for transferring patients	3,41(\pm 0,106)	0,963	3,43(\pm 0,109)	0,990
Obstacles for transferring patients (narrow aisle, etc.)	3,02(\pm 0,092)	0,841	2,96(\pm 0,110)	1,005
Unergonomic intervention and transfer equipment	2,84(\pm 0,078)	0,707	2,92(\pm 0,109)	0,990

N=83, \bar{X} : Mean, S: Standard Deviation

The least anxiety-provoking triggers for the intern physicians in the pre-internship period are as follows: “Not being able to do my profession efficiently as I get older due to the fact that it

requires physical activity”, “Risk of being disabled while providing the service”, “Decreased income in case of disability”, “Lack of knowledge and skills among my colleagues”,

“Obstacles for transferring patients (narrow aisle, etc.)”, “Unergonomic intervention and transfer equipment.” These triggers were also the least anxiety-provoking triggers in the post-internship period.

The most anxiety-provoking triggers for the intern physicians in the pre-internship period are as follows: “Possibility of suffering from physical violence while providing the service”, “Possibility of suffering from verbal violence while providing the service”, “Lack of staff”, “Unethical behaviors that can be encountered while providing the service” and “Patients’ and patient relatives’ prejudice against us.” It is also

remarkable that these anxieties did not show a downward trend even in the post-internship period.

b. Difference between the Professional Anxiety Levels of the Intern Physicians in the Pre-Internship Period and Post-Internship Period

The total scores obtained by the intern physicians on the factor of the bodily, physical and vital anxiety (BPVA) and the factor of anxiety related to setting, employees, equipment and environment (ASEEE), which are the subfactors of the “Professional Anxiety Scale”, were compared through the paired samples t-test. Table 2 presents the results.

Table 2. Comparison of the professional anxieties in the pre- and post-internship period for emergency medical service (the paired samples t-test)

	$\bar{X}_{PRE}-\bar{X}_{POST}$	$S_{PRE}-S_{POST}$	t	sd	p
Pre-test and post-test on bodily, physical and vital anxiety (BPVA)	41,35-41,78	7,65-8,73	-0,482	82	0,631
Pre-test and post-test on anxiety related to setting, employees, equipment and environment (ASEEE)	34,92-35,47	5,14-6,44	-0,773	82	0,441

\bar{X} : Mean, S: Standard Deviation

The t-test comparison indicated that the internship experience for emergency medical service did not cause any significant difference in the anxieties of the intern physicians regarding the factor of the bodily, physical, and vital anxiety and the factor of anxiety related to setting, employees, equipment, and environment ($p>.05$). The maximum score for the sub-factor of the bodily, physical, and vital anxiety is 60. On this factor, the arithmetic mean of the scores obtained by the intern physicians in the pre-test and post-test was 41.35 and 41.78, respectively. There was no difference in the level of their anxieties between the pre-internship period and in the post-internship period. The maximum score for the sub-factor of anxiety related to setting, employees, equipment and environment is 50. On this factor, the arithmetic mean of the scores obtained by the intern physicians in the

pre-test and post-test was 34.92 and 35.47, respectively. There was no difference in the level of their anxieties between the pre-internship period and in the post-internship period.

Conclusion

The least anxiety-provoking situations for the intern physicians in the study are as follows:

- Not being able to do my profession efficiently as I get older due to the fact that it requires physical activity
- Risk of being disabled while providing the service
- Decreased income in case of disability
- Lack of knowledge and skills among my colleagues
- Obstacles for transferring patients (narrow aisle, etc.)
- Unergonomic intervention and transfer

equipment.

The most anxiety-provoking situations for the intern physicians in the study are as follows:

- Possibility of suffering from physical violence while providing the service
- Possibility of suffering from verbal violence while providing the service
- Lack of staff
- Unethical behaviours that can be encountered while providing the service
- Patients' and patient relatives' prejudice against us.

The study concluded that the internship for emergency medical service attended by the intern physicians did not lead to any change in their anxieties.

Discussion

Medical school students encounter many anxious situations during their education and in the period where they serve as intern physicians, and try to overcome these situations (12, 13). This study revealed that physical and verbal violence caused anxiety among the intern physicians. The emergency departments are where patients come for different reasons and often have a high risk of death. This creates a challenging and stressful environment for all staff in the emergency departments. As the patient relatives are also in anxiety and fear, and they sometimes have high expectations from the medical staff regarding the treatment, accusing members of the emergency staff of death of the patient increases both physical and verbal violence (14). Most of the time, emergency services are unfortunately challenging for those who provide the service and troublesome for those who receive this service. The unnecessary visits to the emergency services, most of which cannot be considered as emergency, as well as the problems in the transfer system are regarded as other problems that trigger violence in the emergency service (15, 16, 17). Often, the fact

that the medical staff needs to make quick decisions about the cases in the crowded emergency rooms often appears to be a reason for violence. In fact, it is notable that the insufficient number of staff, the high number of patients and excessive workload are the factors that pave the way for the violence in the emergency rooms. Poor communication between the patient's relatives may evolve into verbal and physical violence against the emergency staff while providing the service (14). Studies emphasize that the emergency staff all over the world are at risk of violence and exposed to verbal violence more than physical violence (11). Remarkably, the deep concern about the risk of being exposed to violence by patients and their relatives causes anxiety amongst intern physicians and decreases their self-esteem (18, 7). Being exposed to violence has been reported to be the most anxiety-provoking trigger for the intern physicians while practicing medicine (19). Another study demonstrated that this trigger even influenced the choice of workplace among intern physicians (20). Patient's recognition of the right of complaint and biased use of this complaint mechanism as well as litigation filed against physicians serve as facilitating mechanisms that underlie the concerns of the intern physicians. The laws enacted for recently common acts of violence against health staff will hopefully prevent the concerns of both emergency staff and intern physicians.

Another major problem in the intern physician training is that intern physicians feel themselves like a health care staff rather than a physician or a student and are asked to take on the tasks that the intern physicians healthcare staff should do or the duties that are not in their job description. They "waste" their time while doing these extra duties, which causes anxiety among intern physicians who strive to gain clinical experience. It should be noted that they cannot improve their practical skills properly in this training process

important for clinical competence and fail to learn the outcomes of the training program, creating not only lack of self-confidence but also anxiety (7). Most often, there is a shortage of non-physician health personnel in medical institutions and intern physicians are asked to work to address this shortage and to ease the workload, where necessary; this, in turn, prevents them from benefiting from the training program and increases their anxiety (21). An intern physician directive has been published by the Faculty of Medicine at Çanakkale Onsekiz Mart University. This directive makes the intern physician training more structured and precise, bound by the rules and based on a clear description of the outcomes of the internship experience as well as the powers and responsibilities of the intern physicians (22). Efforts have been also made to reduce the anxiety levels of the intern physicians in line with the feedback provided by them. Essentially, this directive seeks to ensure a common, standard and formal training for intern physicians. It also aims to enable intern physicians to be more equipped and capable and to become physicians who are confident with skills related to public health and committed to improve themselves, eventually eliminating their anxieties and concerns. Yet, another study emphasized the need to standardize the training for all intern physicians in Turkey, including the internship program for emergency medical service, and to perform evaluation and measurement in the post-internship period in order to ensure the proper execution of this internship program (23).

Studies on intern physicians revealed that they found presenting patients and cases during visits, dealing with death and suffering, communicating with intern physicians to be anxiety-inducing (24). Intern physicians are affected by the negative attitudes of lecturers and residents, as well. After all, people are affected by events

around them. Unethical behaviors and attitudes can be anxiety-triggering for intern physicians. Another study, similarly, reported that intolerance increases due to negative behaviors (12). The attitudes and behaviors of intern physicians with patients and hospital staff affect and often increase their level of anxiety (25). Another cause of anxiety among intern physicians is that they are not considered as doctors by the hospital staff, and lack of recognition of their intern physicians leads to a lack of self-confidence among them (6).

Further efforts are necessary to reduce the professional concerns of intern physicians. Although there are many ways to address this issue, one known fact is that medical schools are an institution associated with student education. The purpose here is that medical schools integrate service-learning as part of the training process (26). This will help students use their medical knowledge and other information while they provide the service and allow them to bridge the gap between knowledge and practice when they start to practice medicine. One of the paramount aspects of learning through providing the service is that it boosts professional ethical sensitivity and promotes a strong moral character (27). Reflection, one of the components of learning through providing the service, is of particular importance in medical education. Reflection involves comprehension and reasoning. Physician-patient communication is instrumental in improving professional practice (28). It can be incurred that improved education programs for intern physicians will potentially allow them to express themselves in the most accurate way while practicing medicine, to deal with physician-patient relationship, to minimize any anxiety or to successfully cope with their current anxieties.

In conclusion, special preparatory work is needed to prepare physicians for different professional practices and different settings.

Suggestions

Further studies may compare the internship program for emergency medical service that intern physicians in other universities take part in and the program in this study in terms of its effect on the concerns of the students.

It is necessary to review the internship program for emergency medical service for intern physicians and examine its effectiveness.

The concerns of intern physicians about emergency response can be explored through qualitative research.

Limitations

The researchers aimed to encourage all the students, who worked as interns in the mentioned academic year to participate in the study. The number of the intern physicians was 118. The students perform their internship in small groups of 20 and through rotation assignments over a period of one year. Educational activities in Turkey were temporarily suspended as of March 16 due to the COVID-19 pandemic. Therefore, the study was conducted with 83 participants, 39 male (47%) and 44 females (53%).

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