

# Yazarlara Notlar

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KUISCID

26 Nisan 2025  
İstanbul

# Eksiklerimiz

- Hipotez olmayışı
- Gözlemsel
- Retrospektif
- Anket: yanıt oranı, örneklem seçimi
- Tek değişken/çok değişken
- Örneklem büyüklüğü hesaplaması
- Olgu raporları

# Nereden Başlamalı?

| Yaparken         | Okurken  |
|------------------|----------|
| Araştırma sorusu | Özet     |
| Yöntem           | Giriş    |
| Bulgular         | Yöntem   |
| Sonuçlar         | Bulgular |
| Tartışma         | Tartışma |
| Giriş            | Sonuç    |
| Özet             |          |

# Occam'ın Astarası

Occam: 14 yy, İngiliz felsefeci ve din bilimci

“Birşeyleri açıklamak için ortaya atılan varsayımlar, ihtiyacın ötesinde çoğaltılmamalıdır”

*Taylor RB. The Clinician's Guide to Medical Writing Springer, 2005.*

“Rakip varsayımlar arasında en doğru varsayım, en basit olanıdır”

*Wynn CM, Wiggins AW. Yanlış Yönde Kuantum Sıçramalar. TÜBİTAK, 2005.*

# Araştırma Sonuçları

1. Hata/Yanlılık (Bias)

2. Karıştırıcı etken  
(Confounder)

3. Şans faktörü

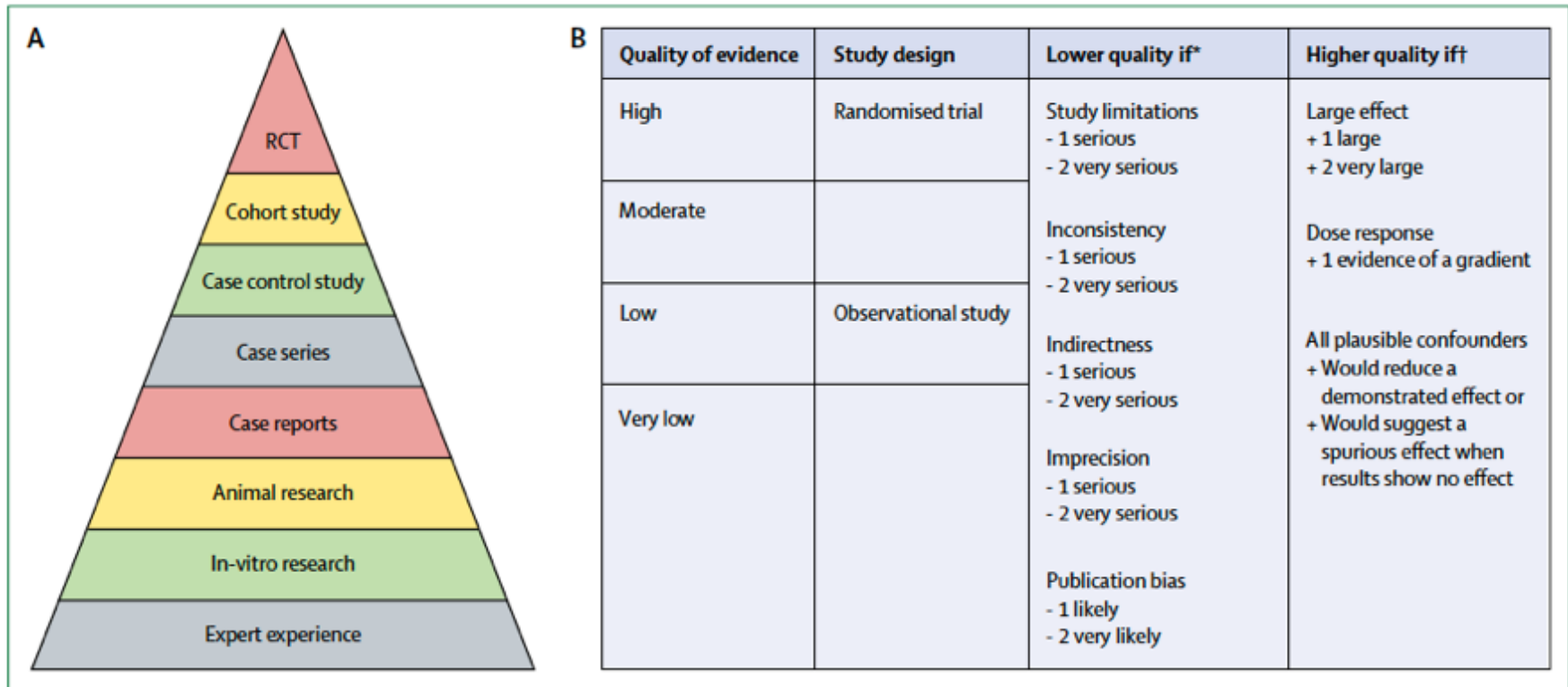


Tasarım



Analiz

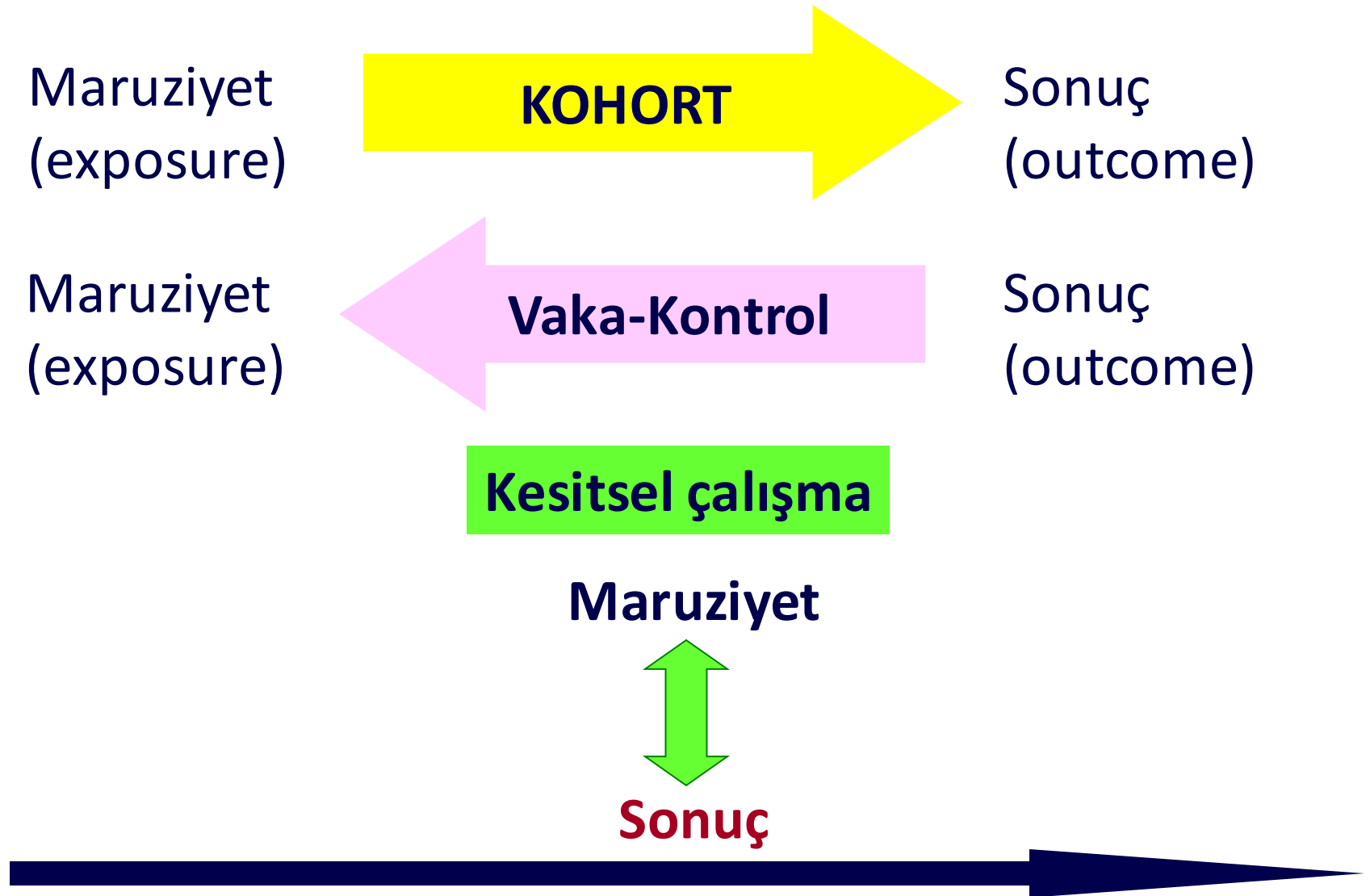
# Hierarchy of Evidence

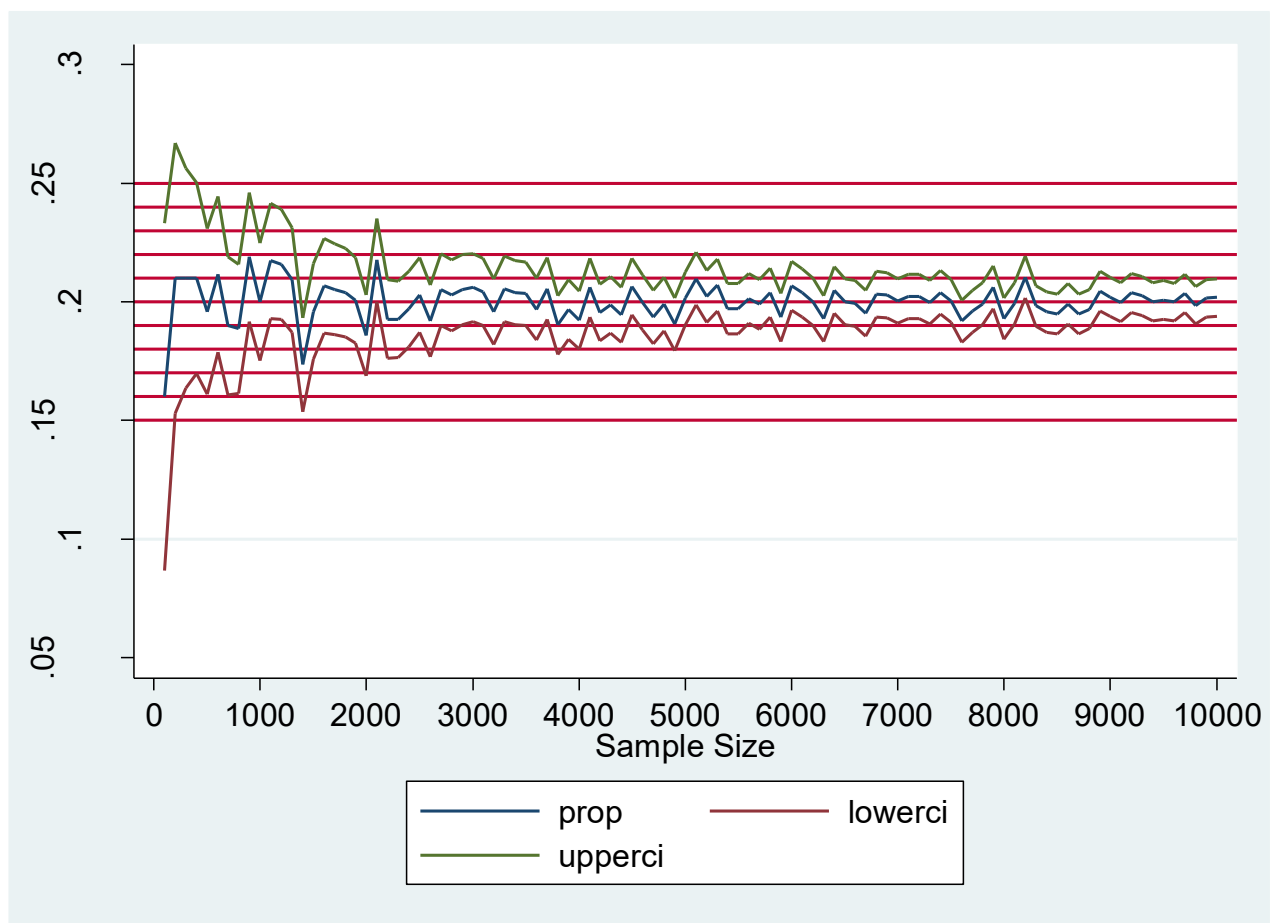


**Figure 1: Hierarchy of evidence: traditional EBM versus GRADE**

Comparison of traditional EBM hierarchy of evidence (1991–2004)<sup>26</sup> with GRADE classification of the quality of evidence (confidence, certainty; 2004 to present).<sup>27</sup> (A) Traditional EBM hierarchy of evidence. (B) GRADE classification of the quality of evidence. EBM=evidence-based medicine. GRADE=Grading of Recommendations Assessment, Development, and Evaluation. RCT=randomised controlled trial. \*Quality of study moves down one or two grades. †Quality of study moves up one or two grades.

# Çalışma Tasarımları





# Types of Research Bias



Design Bias



Selection Bias



Procedural Bias



Reporting Bias



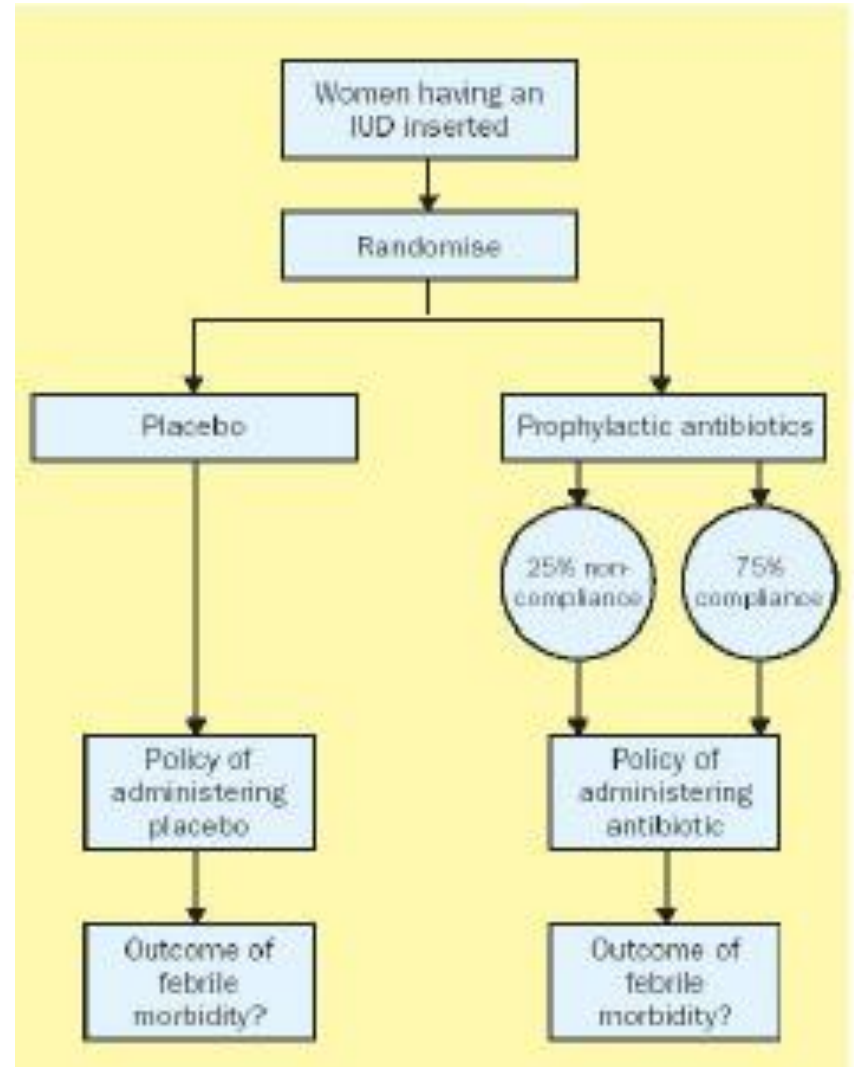
Data Collecting Bias

# Akış Diyagramı

Tasarlarken

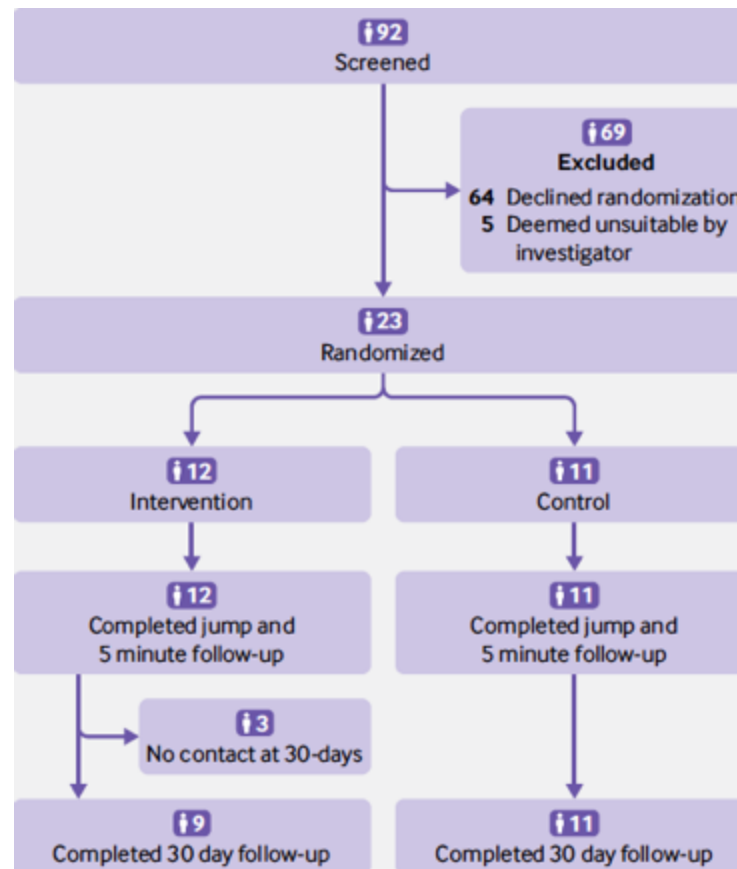
Analiz yaparken

Okuyucu için



# Parachute use to prevent death and major trauma when jumping from aircraft: randomized controlled trial

Robert W Yeh,<sup>1</sup> Linda R Valsdottir,<sup>1</sup> Michael W Yeh,<sup>2</sup> Changyu Shen,<sup>1</sup> Daniel B Kramer,<sup>1</sup> Jordan B Strom,<sup>1</sup> Eric A Secemsky,<sup>1</sup> Joanne L Healy,<sup>1</sup> Robert M Domeier,<sup>3</sup> Dhruv S Kazi,<sup>1</sup> Brahmajee K Nallamothu<sup>4</sup> On behalf of the PARACHUTE Investigators

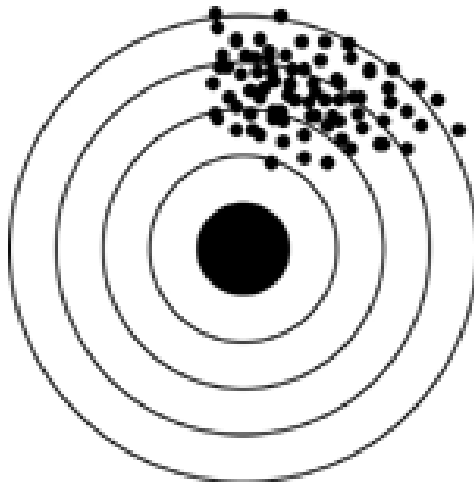


Yeh RW, BMJ 2018

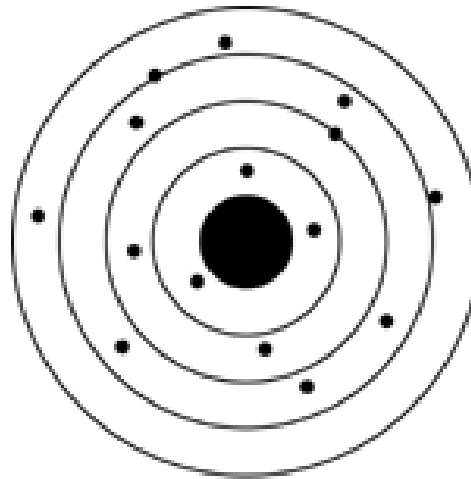
## Conclusion

Parachute use compared with a backpack control did not reduce death or major traumatic injury when used by participants jumping from aircraft in this first randomized evaluation of the intervention. This largely resulted from our ability to only recruit participants jumping from stationary aircraft on the ground. When beliefs regarding the effectiveness of an intervention exist in the community, randomized trials evaluating their effectiveness could selectively enroll individuals with a lower likelihood of benefit, thereby diminishing the applicability of trial results to routine practice. Therefore, although we can confidently recommend that individuals jumping from small stationary aircraft on the ground do not require parachutes, individual judgment should be exercised when applying these findings at higher altitudes.

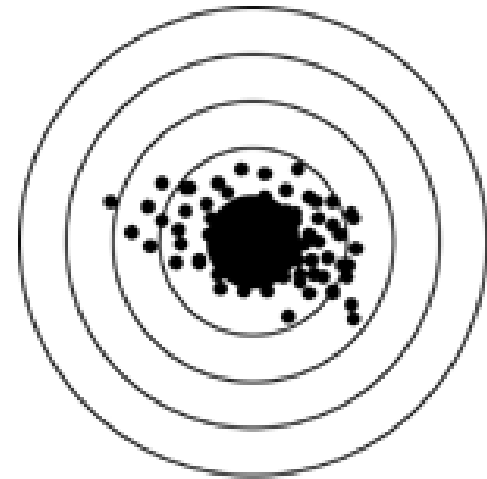




**Reliable but Not Valid**



**Valid but Not Reliable**



**Valid and Reliable**

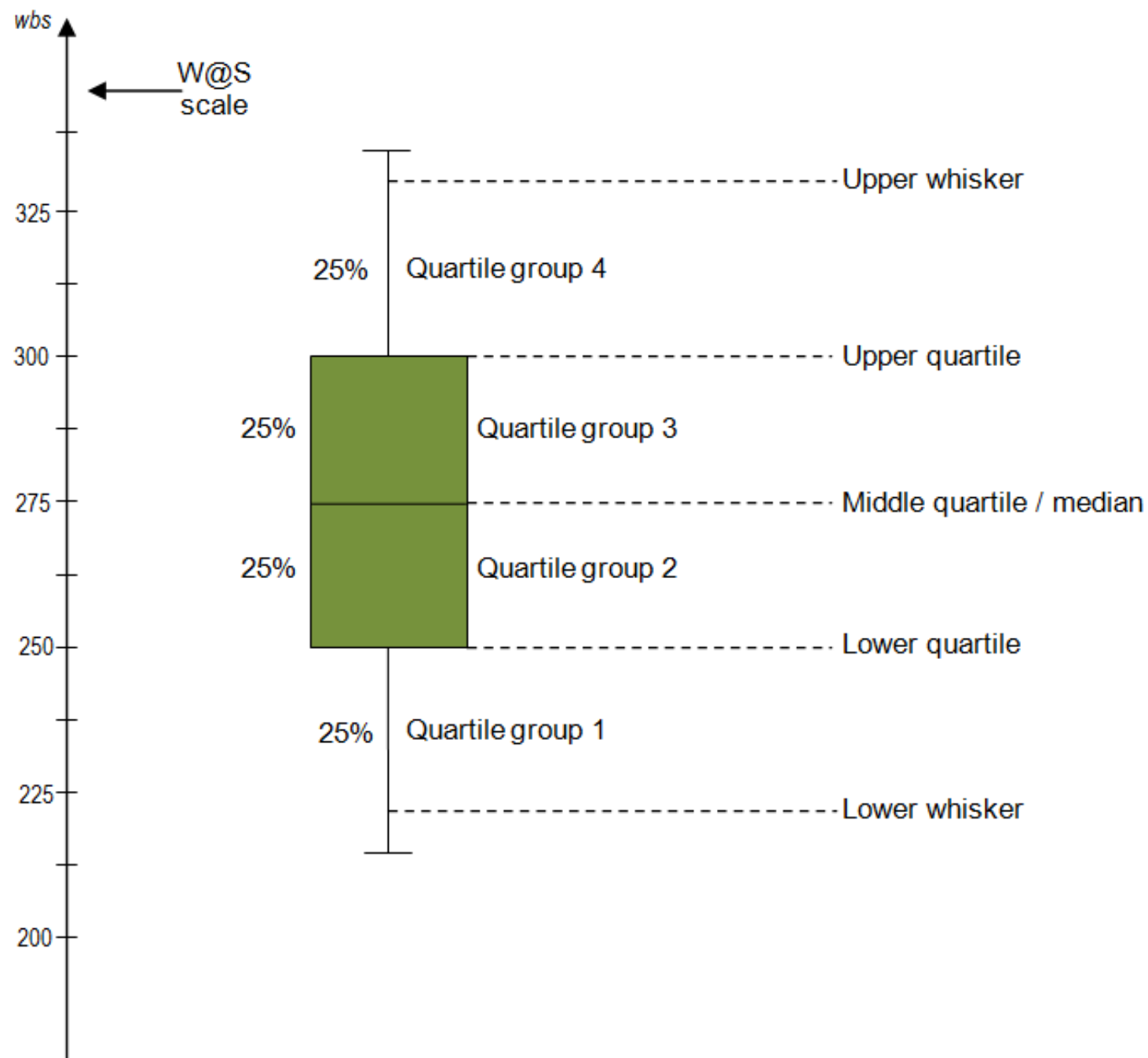
# **Tanımlayıcı İstatistikte Temel İstatistik Kavramlar**

# Yazının Tabloları

| Tablolar                                                           | Test                                                                        | Örnek                                                                                                                          |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Tablo 1</b><br>Tanımlayıcı istatistik                           | Ortalama, ortanca, standart sapma, vb.                                      | Hastaların %51' i kadındır                                                                                                     |
| <b>Tablo 2</b><br>Farkları inceleyen analitik istatistik           | İki grup karşılaştırması için t-testleri ve ki-kare (çapraz tablo) testleri | Ciddi seyirli hastalarda AST düzeyi daha yüksektir                                                                             |
| <b>Tablo 3</b><br>İlişki ve kestirim inceleyen analitik istatistik | Bağıntı analizi ve regresyon analizi                                        | Çok değişkenli analiz sonucunda, AST düzeyi 300' ün üzerinde olanlarda olmayanlara göre ölüm oranı 3 kat fazladır (odds oranı) |

# Normal Dağılımı Nasıl Anlarız?

- Görsel yöntem
  - Histogram
  - Kutu grafik
- İstatistik testler
  - Kolmogorov-Smirnov
  - Lilliefors
  - Shapiro wilk
- Orta-ortanca yakınlığı



# **Tek Değişkenli Analiz**

# Tek Değişkenli Analiz

## iki grubun karşılaştırılması

Değişkenin Türü

```
graph TD; A[Değişkenin Türü] --> B[Sayısal Değişken]; A --> C[Kategorik Değişken]; B --> D[Dağılım Normal mi?]; C --> E[Ki-kare testleri];
```

Sayısal Değişken

Dağılım Normal mi?

Kategorik Değişken

Ki-kare testleri

# Tek Değişkenli Analiz

## iki grubun karşılaştırılması

Sürekli Değişken

```
graph TD; A[Sürekli Değişken] --> B[Normal Dağılım]; A --> C[Normal Olmayan Dağılım]; B --> D[Student t test]; C --> E[Willcoxon testi<br/>Mann-Whitney U testi];
```

Normal Dağılım

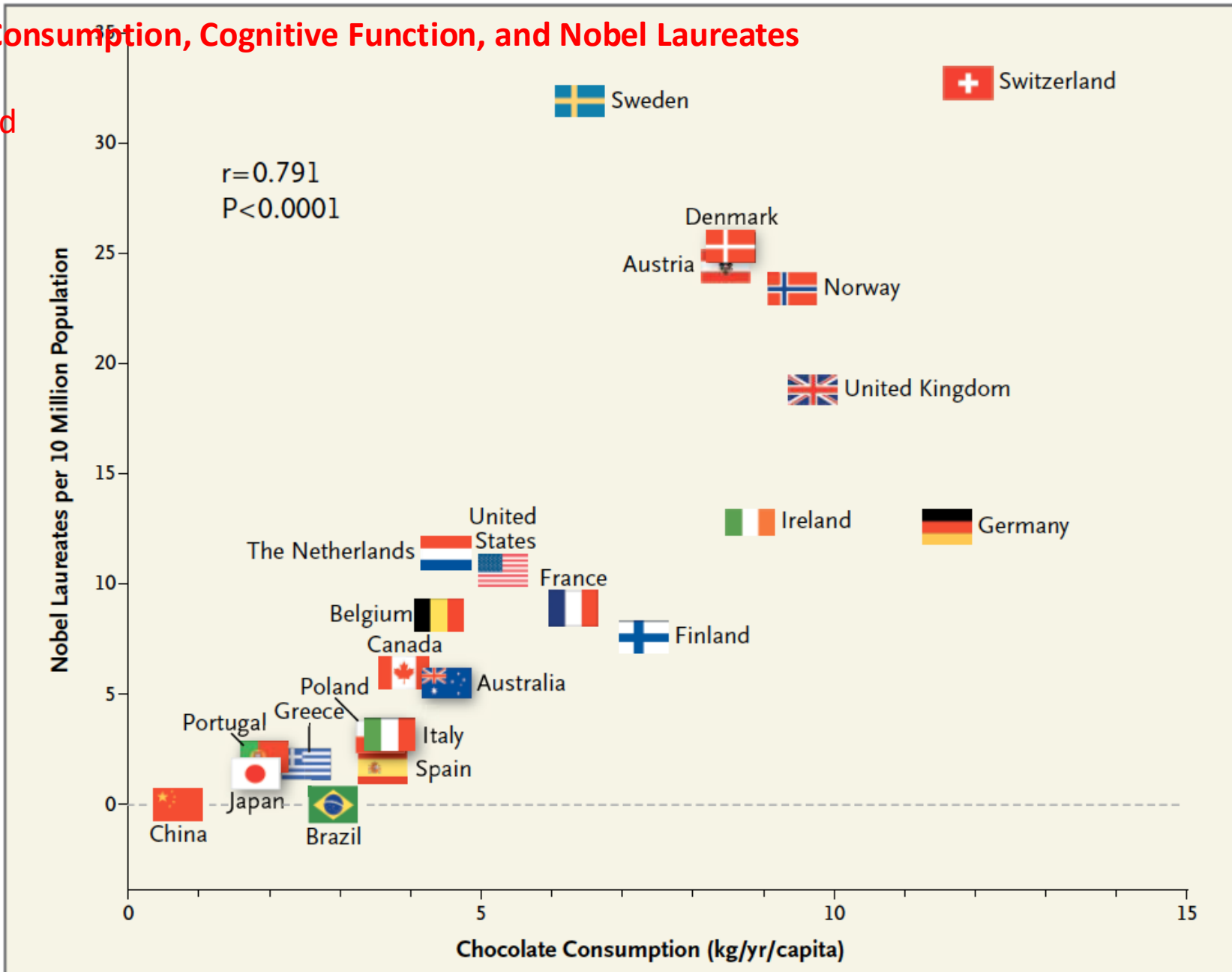
Student t test

Normal Olmayan  
Dağılım

Willcoxon testi  
Mann-Whitney U testi

# Chocolate Consumption, Cognitive Function, and Nobel Laureates

Messerli  
N Engl J Med  
2012



**Figure 1.** Correlation between Countries' Annual Per Capita Chocolate Consumption and the Number of Nobel Laureates per 10 Million Population.

# Today's Random Medical News

from the New England  
Journal of  
Panic-Inducing  
Gobbledygook

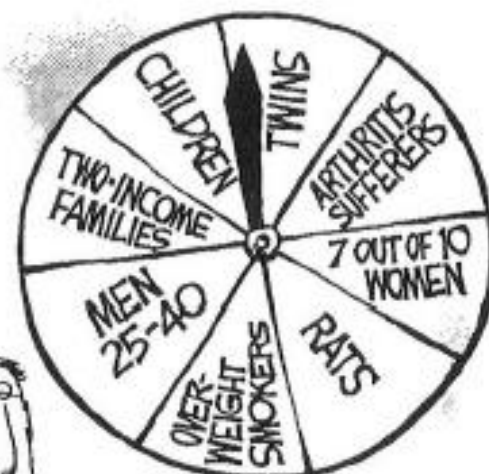
JIM BRESNAN



CAN CAUSE



IN



ACCORDING TO A  
REPORT RELEASED  
TODAY....



# Koch's postulates of infectious disease and *Helicobacter pylori*

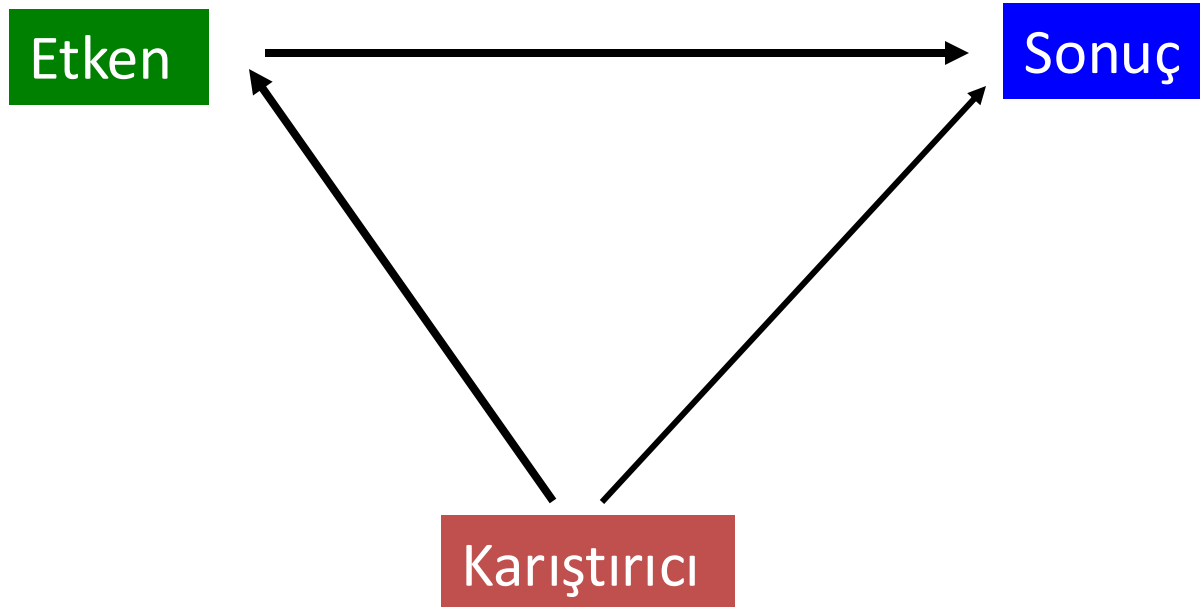
1. 'Bacteria' should be found in all people with disease
2. 'Bacteria' should be isolated from lesions of infected person
3. Pure culture, inoculated into susceptible host should produce symptoms of disease
4. Same 'bacteria' should be re-isolated from the intentional infected individual.

Testing of Postulates 3 and 4 by

Marshall BJ, et. al. Attempt to fulfill Koch's Postulates for pyloric Campylobacter.  
Med J Aust. 1985 Apr 15; 142 (8): 436-9.

# Karıştırıcı Etken

- Baktığınız etkenle sonuç arasında, başka bir etkenden dolayı bir ilişki varmış gibi sonuç çıkması



# Karıştırıcı Etkenleri Kontrol Etmek İçin

- Randomizasyon
- Tabakalama
- Düzeltme (adjustment)
  - Standardizasyon
  - Lojistik regresyon
  - Çoklu doğrusal
  - Regresyon

# Çok Değişkenli Analiz Yöntemleri

- Çoklu Regresyon (*multiple/multivariate regression*)
  - bağımlı değişken – sürekli
  - bağımsız değişken – sürekli / kesikli
- Lojistik Regresyon
  - bağımlı değişken – dikotom
  - bağımsız değişken – sürekli / kesikli
- Cox Regresyon
  - bağımlı değişken – dikotom
  - bağımsız değişken - sürekli / kesikli
  - zaman değişkeni

# Çok Değişkenli Analiz

| <b>Regresyon türü</b> | <b>Bağımlı değişken<br/>(outcome, sonuç)</b> |
|-----------------------|----------------------------------------------|
| <b>Linear</b>         | <b>Sürekli</b>                               |
| <b>Logistic</b>       | <b>Dikotom</b>                               |
| <b>Cox</b>            | <b>Dikotom</b>                               |
| <b>Poisson</b>        | <b>Nadir</b>                                 |

# Bilmemiz Gerekenler

1. Model oluşturulması
2. Değişkenlerin seçimi
3. Modelin uygunluğu
4. Sonuçların yorumu

# Model Kurma Stratejileri

- Modele alınacak değişkenlerin belirlenmesi
- Tekli analizlerde önemli olan değişkenler
- Literatürde önemli olan değişkenler
- Birbiriyle yüksek korelasyonu olan değişkenler alınmamalı
- Bir değişken için 10 olgu

# Emerging *Escherichia coli* O25b/ST131 Clone Predicts Treatment Failure in Urinary Tract Infections

Fusun Can,<sup>1</sup> Ozlem Kurt Azap,<sup>2</sup> Ceren Seref,<sup>1</sup> Pelin Ispir,<sup>1</sup> Hande Arslan,<sup>2</sup> and Onder Ergonul<sup>3</sup>

<sup>1</sup>Department of Medical Microbiology, Koç University, School of Medicine, Istanbul, <sup>2</sup>Department of Infectious Diseases, Baskent University, School of Medicine, Ankara, and <sup>3</sup>Department of Infectious Diseases, Koç University, School of Medicine, Istanbul, Turkey

**Table 3. Univariate and Multivariate Analyses for Risk Factors of Treatment Failure**

| Risk Factor                      | Univariate Analysis |            |         | Multivariate Analysis |            |         |
|----------------------------------|---------------------|------------|---------|-----------------------|------------|---------|
|                                  | OR                  | 95% CI     | P Value | OR                    | 95% CI     | P Value |
| Patient risk factors             |                     |            |         |                       |            |         |
| Age >60                          | 1.4                 | .74–2.64   | .299    | 0.9                   | .44–2.13   | .939    |
| Antibiotic use within last 3 mo  | 1.9                 | 1.04–3.8   | .035    | 1.1                   | .51–2.46   | .773    |
| Hospitalization within last year | 2.4                 | 1.27–4.76  | .008    | 1.4                   | .52–3.76   | .503    |
| Operation within last year       | 2.8                 | 1.3–5.79   | .008    | 1.4                   | .46–4.14   | .567    |
| Chronic heart disease            | 2                   | .98–4.39   | .054    | 1.3                   | .53–3.36   | .536    |
| Diabetes mellitus                | 2                   | 1.05–4.13  | .034    | 2.1                   | .99–4.79   | .05     |
| Chronic renal failure            | 2.9                 | .69–12.01  | .144    | 2.6                   | .57–11.98  | .21     |
| Bacterial factors                |                     |            |         |                       |            |         |
| Belonging to ST131 clone         | 4.9                 | 2.26–10.62 | <.001   | 4                     | 1.51–10.93 | .005    |
| Quinolone resistance             | 3.1                 | 1.62–6.02  | .001    | 1.1                   | .33–3.64   | .872    |
| ESBL production                  | 2.2                 | 1.14–4.4   | .019    | 0.9                   | .34–2.13   | .737    |
| Multidrug resistance             | 2.9                 | 1.65–5.3   | <.001   | 1.6                   | .51–4.82   | .421    |

Abbreviations: CI, confidence interval; ESBL, extended-spectrum  $\beta$ -lactamase; OR, odds ratio; ST131, sequence type 131.

$$\lim_{x \rightarrow \infty} \left\{ \frac{|x|}{2}, \frac{|x|}{2}, \dots \right\}$$

$$\lim_{x \rightarrow \infty} \left\{ \frac{|x|}{2}, \frac{|x|}{2}, \dots \right\}$$

$$\lim_{n \rightarrow \infty} \pi_n =$$

$$2) \frac{1}{n} \left( \frac{1}{n^2+1} + \frac{2}{n^2+2} + \dots + \frac{n}{n^2+n} \right)$$

$$2 = 1 + r_n \rightarrow 1 + n \cdot n^2$$

$$1) \Rightarrow 1 + ns$$

$$\frac{|r|n+1}{2(r)} = \frac{|r|^n}{2} x_{n+1}$$

$$= e \left( \sum_{i=0}^{\infty} \frac{1}{i!} \right) - \left( 1 + \frac{1}{n} \right)$$

$$\lim_{n \rightarrow \infty} z_n = \sum_{i=0}^{\infty} b_i r^{n-i}$$

$$= \sum_{i=0}^{\infty} (-1)^i x^{2i+1}$$

$$x = \sum_{i=0}^{\infty} (-1)^i x^{2i}$$

$$= -\sin u \text{ ve } \cos^4 u = -\cos u$$

$$\sin x = \frac{x}{r}$$

~~2 (1-1)~~

$$\left| \frac{x_n}{2}, \frac{a}{2} \right|, \left| \frac{1}{x_n} - \frac{1}{a} \right| < \varepsilon, \left| \frac{1}{x_n} - \frac{1}{a} \right| = \frac{|a - x_n|}{|a| |x_n|}, \delta = \left| \frac{1}{x_n} - \frac{1}{a} \right| = \frac{|a - x_n|}{|a| |x_n|} < \frac{|a - x_n|}{|a| \varepsilon}, |a - x_n| < \varepsilon \delta$$

$$\lim_{x \rightarrow \infty} x^n = \lim_{x \rightarrow \infty} x^n, x > 0, \varepsilon > 0 \quad \lim_{n \rightarrow \infty} (\sqrt{n^2+n} - n) \rightarrow \sqrt{n^2+n} - n = \frac{(\sqrt{n^2+n} - n)(\sqrt{n^2+n} + n)}{\sqrt{n^2+n} + n}$$

$$\sum_{i=1}^n \frac{i}{n^2+i} \leq \sum_{i=1}^n \frac{i}{n^2+1} = \frac{1}{n^2+1} \sum_{i=1}^n i = \frac{1}{n^2+1} \cdot \frac{n(n+1)}{2} = \frac{n(n+1)}{2(n^2+1)} \xrightarrow{n \rightarrow \infty} \frac{1}{2} \lim_{n \rightarrow \infty} \sum_{i=1}^n \frac{i}{n^2+i}$$

$$= (1+r_n)^n = 1 + nr_n + \frac{n(n-1)}{2!} r_n^2 + \frac{n(n-1)(n-2)}{3!} r_n^3 + \dots + r_n^n, \quad 1 + n + n^2 \geq 1 + \frac{n(n-1)(n-2)}{3!} r_n^3$$

$$\lim_{n \rightarrow \infty} \frac{1}{3n-5}, \lim_{n \rightarrow \infty} \frac{\sqrt{n}}{n+1}, \lim_{n \rightarrow \infty} \frac{n^{1/3}}{n+1}, \lim_{n \rightarrow \infty} (\sqrt{n^2+1} - n) = 0, \lim_{n \rightarrow \infty} \frac{n^k}{n^{k+1} - (n-1)^{k+1}} = \frac{1}{k+1}$$

$$\frac{(n+1)!}{(n+1)!} = \frac{r}{n+1} \cdot \frac{r^n}{n!} = \frac{r}{n+1} x_n \quad x_{n+2} = r x_n < \left(\frac{r}{n+1}\right)^2 x_n = \sum_{i=1}^{n+1} \frac{1}{i(n+1)} = \frac{1}{1(n+1)} + \frac{1}{2(n+1)} + \dots + \frac{1}{n(n+1)}$$

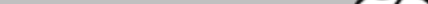
$$\exp x = \lim_{n \rightarrow \infty} \left(1 + \frac{x}{n}\right)^n \quad \exp(x+y) = \exp x \exp y \quad \lim_{n \rightarrow \infty} \sum_{i=0}^n \frac{(x+y)^i}{i!} = (1+x)(1+y) = [1+(x+y)] = \exp(x+y)$$

$$e = \lim_{n \rightarrow \infty} \left(1 + \frac{1}{n}\right)^n = \sum_{i=0}^{\infty} \frac{1}{i!} \quad e = \lim_{n \rightarrow \infty} \sum_{i=0}^n \frac{1}{i!} \rightarrow e^x = \lim_{n \rightarrow \infty} \left(1 + \frac{x}{n}\right)^n$$

$$\lim_{n \rightarrow \infty} \frac{x_{n+1}}{x_n} = l \quad l - \varepsilon < x_i < l + \varepsilon$$

$\lim_{i \rightarrow \infty} \left( \frac{x_{i+1}}{x_i} \right) = 2 \cdot \lim_{i \rightarrow \infty} x_i = 1$   
 $\lim_{i \rightarrow \infty} x_i = 0$

$\sum_{k=1}^{\infty} \frac{x^2}{1+x^2} = \frac{1}{1-x} \cosh(2x) = 2 \cosh x$  **lazım!**



$$\frac{|q - x_n|}{|a|} < \frac{|q - x_n|}{|a|}$$

$$\left| \frac{1}{x_n} - \frac{1}{a} \right| = \frac{1}{|a| |x_n|} |a|$$

$$\left| \frac{q - x_n}{|a| \delta} \right| < \frac{1}{|a| \delta} \sum_{j=1}^n j = \frac{1}{n \delta} \sum_{j=1}^n j$$

$$-1 \left( \sum_{i=1}^n i^2 + \sum_{i=1}^n i \right) = \frac{1}{2n} \left( \frac{n(n+1)}{6} \right)$$

$$0 \leq r_n < \frac{(n+2)}{(n-1)(n-2)}, \quad \lim_{n \rightarrow \infty} \frac{1}{n-1} = 0$$

$$|r| = \frac{1}{1+s} \quad |r^n - 0| = |r^n| = \left(\frac{1}{1+s}\right)^n$$

$$= \frac{1}{(1+\beta)^n} \leq \frac{1}{1+n\beta} \leq \frac{1}{n\beta} + \frac{1}{N\beta} \leq \epsilon$$

$$y = \sum_{i=0}^{\infty} \frac{1}{i!} = e \quad \left( \sum_{i=0}^{\infty} \frac{2^i}{i!} \right)^{1/2}$$

$$= \lim_{n \rightarrow \infty} \left(1 + \frac{2}{n}\right)^{\frac{n}{2}} \quad \sum z_i = \sum x_i$$

$$\sum_{i=j=k}^n x_i y_i = \sum_{i=0}^n x_i y_{n-i}$$

$$= \frac{1}{1-a} + \frac{1}{1-b} \quad \lim_{n \rightarrow \infty} \frac{n+1}{x_n} =$$

$$f(x) = \frac{1}{x} = 5x \dots$$

$\sum_{i=1}^n x_i^2$

Baştan  
başlaman  
lazım!



“yaşamak bir ağaç gibi tek ve  
hür ve bir orman gibi  
kardeşçesine”

**Nazım Hikmet**



NEWS & FEATURES

The Value of One: What Can  
We Learn from Case Studies?

# Olgu Raporları Önemli mi?

1. Araştırma sorusu yaratabilir.
2. Klinik çalışmaları başlatabilir.
3. Klinik deneyimi yansıtabilir.

# Olgu Sunumları Neden Yayınlanır?

1. Yeni (beklenmedik) bir enfeksiyon
2. Yeni tanı testi
3. Ihmal edilmiş bir hastalık
4. Önemli bir klinik ders
5. Beklenmedik sonuç
6. Patogenez için ipucu

# Case Reports in *The Lancet*: a new narrative

Stories form the basis of how we learn, and how we remember. Throughout history people have interpreted the world around them and passed on lessons learned through myths, fairy tales, parables, and anecdotes. Medicine is no different, and most physicians can describe the first patient they saw with a particular condition more easily than they can recall the latest research paper in their field. William Osler, widely revered as the father of modern medicine,<sup>1</sup> instructed “Ask not what disease the person has, but rather what person the disease has.”

*The Lancet* published its first Case Report in 1995, having announced the new section in a Comment titled “Learning from stories”. The aim was to give “an opportunity for clinicians to relay the sort of clinical anecdote they might tell colleagues during a morning coffee break”, and publish reports with “a striking message: a description of a new treatment, adverse effect of medication, evidence that might suggest a new mechanism for a disease process, or a new intervention”.<sup>2</sup> Over the years, the *Lancet* Case Report has changed. We no longer publish cases that amount to a trial of treatment or intervention in only one patient. Adverse drug reactions are published in the Correspondence section. With increasing opportunities for investigation and detailed analysis, the evidence that might suggest a new mechanism of disease is often published in a web appendix, as are the extra images, molecular profiles and genetic tests, and videos. The Case Report has evolved to describe an unusual presentation of a common disease or a rare cause of a common presentation, if not something completely novel. The ideal Case Report will have an unexpected twist or detective element, is engagingly written, and has a learning point for a general medical audience.

Like all clinical content in the journal, Case Reports are peer reviewed. The interaction between the peer reviewer

and the writers of the Case Report is enriching. It offers an opportunity for the authors, sometimes junior doctors or even medical students, to have their work appraised by experts in the field so that they can revise and improve their submission. This teaching and learning element is not apparent in the final report of 600 words which, by necessity, often leaves out the detailed investigation or slow process of diagnosis, as well as the thoughtful comments of the peer reviewers.

On July 4, 2015, to coincide with the start of the next volume of *The Lancet* and 20 years after the publication of our first Case Report, we will publish the first new style Case Report, which from then on will be published monthly. To allow for fuller description and analysis, the length will be increased to about 1000 words. The report will be accompanied by a Comment from an expert clinician, reflecting on the wider context of clinical practice or further research, and framing the case for the reader as the best clinicians do at bedside teaching. *The Lancet* aims to support clinicians by providing the best available evidence to inform the best possible practice. The Case Report forms an integral part of medical learning—or to quote Joseph Bell, the inspiration for Arthur Conan Doyle’s Sherlock Holmes, “In teaching the treatment of disease and accident, all careful teachers have first to show the students how to recognise accurately the case. The recognition depends in great measure on the accurate and rapid appreciation of small points in which the diseased differs from the healthy state. In fact, the student must be taught to observe.”

Philippa Berman, Richard Horton  
*The Lancet*, London EC2Y 5AS, UK

- 1 Becker RE. Remembering Sir William Osler 100 years after his death: what can we learn from his legacy? *Lancet* 2014; 384: 2260–63.
- 2 Bignall J, Horton R. Learning from stories—*The Lancet*’s Case Reports. *Lancet* 1995; 346: 1246.



Mary Evans Picture Library

# Başlık

- Arama motorlarıyla arandığında bulunabilir olmalı
- Başlıkta «case report» olmamalı.
- İlginç olsun diye çok fazla zorlamamalı
- Klinik ipucu ve sade bir başlık olmalı.
- Olabilecek en kısa başlık en iyidir

# Anahtar Kelimeler

Makaleye ulaşımı sağlamalı

Standart kelimeler

MeSH (Medical subject headings):

<http://www.ncbi.nlm.nih.gov:80/entrez/meshbrowser.cgi>

# Abstract

- Genellikle 150 kelime
- Öğrenim hedefleri
- En önemli noktalar (highlights)

# Giriş

Bu olgu neden önemli?

Bu olguyu neden yazmaya karar verdiniz?

- Önemli bir halk sağlığı sorunu mu?
- Net bir mesaj var mı?

Kısa olmalı (genelde fazla uzun oluyor)

# Dikkat edilecek konular

## Ayırıcı tanı:

Liste sunmak yerine, son tanıya nasıl ulaşıldığının belirtilmesi kritik.

**Tedavi:** Cerrahi ve tıbbi tedaviler

## Sonuç ve takip verileri:

- hastanın son durumu
- takip süresi belirtilmeli

# Tartışma

- Ne kadar genellenebilir?
- Benzer makaleler
- Rehberler
  - Değişliğe ihtiyaç var mı? Yeni öneriler?

# Öğrenme Hedefleri

**Okurlar, kendi hastalarını gördüklerinde bu makaleden neyi hatırlamalı?**

**Hasta açısından nasıl bir katkısı oldu? Hastanın fikri nedir?**

# Olgu raporu skoru

|         | 0     | 1                 | Score |
|---------|-------|-------------------|-------|
| Veriler | eksik | Tüm veriler tamam | 1     |

|          |                  |                                                                                                |   |
|----------|------------------|------------------------------------------------------------------------------------------------|---|
| Özgünlük | çok sayıda yayın | <ul style="list-style-type: none"><li>• Hiç yayınlanmamış</li><li>• Tartışmaya değer</li></ul> | 1 |
|----------|------------------|------------------------------------------------------------------------------------------------|---|

|             |                            |                                                                                                     |   |
|-------------|----------------------------|-----------------------------------------------------------------------------------------------------|---|
| Öğreticilik | Eksik ve dağınık literatür | <ul style="list-style-type: none"><li>• Güncel literatürü çok iyi özetlemiş (grand round)</li></ul> | 1 |
|-------------|----------------------------|-----------------------------------------------------------------------------------------------------|---|

|       |                                   |                                                                                                                          |   |
|-------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|---|
| Sunum | Zamansallık karışık<br>Takibi zor | <ul style="list-style-type: none"><li>• akıcı</li><li>• Açık bir zaman çizelgesi</li><li>• Etkileyici şekiller</li></ul> | 1 |
|-------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|---|

“Bu sanatta her birimiz ustalaşamayan  
çıraklarız.”

Ernest Hemingway

Ben oldum demek ile ben öldüm demek  
aynı şeydir

(ÖE, Anadolu irfanından esinlenerek)