

## Physician Pranks in the Context of Rites of Passage and Functions of Prank Narratives<sup>1</sup>

### Geçiş Ritleri Bağlamında Hekim Şakaları ve Şaka Anlatılarının İşlevleri

Pınar Karataş<sup>2</sup>

#### Abstract

Occupational folklore, one of the areas of folklore discipline, focuses on all the meaningful cultural formations in the work place created by the people performing the same occupation. A wide range of materials like jokes, beliefs, clothes, morals, humor and rituals created in occupational context, are handled in occupational folklore studies. One of the subjects of occupational folklore is pranks. Occupational folklore is one of the less studied folklore fields, and medical professionals are also one of the least studied groups in occupational folklore. Physicians, nurses, paramedics and the others whose professions are related medicine compose the group defined as medical professionals. In point of their hierarchical position and number in the medical professional group, physicians have a certain place and rich folklore. We will investigate the occupational pranks that are performed by Turkish physicians. Although the primary purpose is considered as entertainment, it is observed that pranks are played on people with many purposes. One of the qualities that draws attention is that they are played more during the change of situation or status than in ordinary times. In this way, pranks have the property of rite of passage. Pranks have two dimensions, the performance of prank itself and the narration of the prank. We will focus on the meaning of these jokes which highlight the brutality of humour, the functions of humor especially forming group consciousness and raising it, the performance of prank narration by narrating the pranks, explaining what these jokes are formed of and their meaning for both the surgical branches and physicians in other field.

**Keywords:** Occupational folklore, prank, rites of passage, physicians, narrative

#### Öz

Folklorun çalışma alanlarından biri olan meslek folkloru aynı mesleği icra eden kişiler arasında oluşan tüm anlamlı kültürel oluşumlar üzerine odaklanmaktadır. Mesleki bağlamda oluşturulmuş fıkralar, inançlar, giyim kuşam, meslek töresi, mizah ve ritüeller gibi geniş kapsamlı malzeme meslek folkloru çalışmalarında ele alınmaktadır. Meslek folklorunun çalışma alanına giren konulardan biri de şakalardır. Meslek folkloru, folklorun en az çalışılan alanlarından biri iken, tıpçılar da meslek folkloru çalışmaları

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içerisinde üzerinde en az çalışma yapılan gruplardandır. Hekimler, hemşireler, tıbbi teknisyenler ve diğer sağlık görevlileri sağlık hizmetleri profesyonelleri diye tanımlanan meslek grubunu oluşturmaktadır. Bu grup içerisinde hekimler, hiyerarşik konumları ve sayıları bakımından önemli bir yere ve zengin bir folkloru sahiptir. Bu çalışmada Türk hekimlerinin yaptıkları meslek şakaları ele alınacaktır. Öncelikli amacı eğlence olarak görülse de şakaların gruba kabul, ders verme, uyarma gibi pek çok amaçla yapılabileceği görülmektedir. Şakaların dikkat çeken bir özelliği de genellikle durum ve statülerin değiştirildiği dönemlerde diğer zamanlara nazaran daha çok yapılmalarıdır. Bu yönüyle şakalar geçiş riti özelliğine sahiptir. Şakalar, şakanın icrası ve şakanın anlatılması olmak üzere iki boyuta sahiptir. Çalışmada mizahın acımasızlığını ön plana çıkaran bu şakaların nelerden oluştuğu ve grup bilincini oluşturma ve yükseltme başta olmak üzere işlevleri, şakaların anlatılmasında birlikte şaka anlatısının icrasının hem cerrah grubu hem de diğer alanlardaki hekim grupları açısından anlamı üzerinde durulacaktır.

**Anahtar sözcükler:** Meslek folkloru, şaka, geçiş ritleri, hekimler, anlatı

## Introduction

Occupational folklore, which is one of the areas of study in folklore, investigates various subjects such as occupational narratives, beliefs, clothing, rituals that take place between the group of people who carry on an occupation, and which have various meanings and functions. While at the same time, occupational folklore is one of the less-studied folklore fields, and medical professionals are also one of the least studied groups in occupational folklore. Physicians, nurses, paramedics, and others whose professions are related to medicine compose the group defined as medical professionals. In point of their hierarchical position and number in the medical professional group, physicians have a certain place and rich folklore.

One of the subjects of occupational folklore is pranks. Although the primary purpose is considered as entertainment, it is observed that the pranks are played on people with many purposes such as being accepted to the group, lecturing, and warning. It can be explained as making the victim believe in an unreal, fictional situation or lie or having the victim as one of the reasons.

When compared with other genres, it seems that prank is discussed less than the other genres; but actually, it is quite widely spread performed. In the Motif-index of Folk-literature, there are two motifs about this (J2346. Fool's errand. An apprentice, or newcomer or ignorant person, etc., is sent for absurd or misleading or nonexistent object or on a ridiculous quest.

Canada, England, U.S.) (J2347. Occupational tricks on new employees. U.S.: \*Baughman.) (Thompson 1955-1958). We also ascertained these two codes in the physician folklore.

Pranks involve an easily deceived person, dupe, or victim. In this respect, they are almost always at someone's expense, even if it is just the joke teller himself. There must be a prankster and a gullible dupe. In addition, there is typically an audience, often consisting of the prankster's peers, present to enjoy the prank. The audience frequently joins in to assist with the eventual humiliation of the victim (Dundes, 1988, p. 7). Thus pranks resemble a theater stage that only the victim is unaware of. Sometimes pranksters can distribute roles among themselves in this stage before, but sometimes according to the course of prank, casting happens by itself. At this point, the thing which is determinant is whether the prank is organized or spontaneous. Sometimes because of his/her dopiness or lack of knowledge, the victim gives an opportunity to pranksters. So, some pranks develop spontaneously.

One of the qualities that draw attention is that they are played more during the change of situation or status than in ordinary times. People who change situation or status are the traditional targets and pranks are played the most to these people (Smith, 1990, p. 78; Dundes, 1988, p. 9) One of the reasons that pranks are applied the most during transitions, is the naive situation the victim possesses during this time. A person who is new at work is more naive and vulnerable to such pranks and as s/he needs time to adopt to the workplace and learn the hints. The time that doctors are played the most pranks is during their internship. At this time, doctors have just graduated from medical school and have been newly included to their field. Since they have just been included to the hospital environment and they are not familiar with the field of study that has just started, they are more susceptible to violations. The pranks which function as starting the job rituals are more word funny and they have structure between a prank and practical joke.

Especially first-day jokes have the characteristic of rites of passage. These jokes are like a miniature of them and they mark the changing of position such as attending a new group, getting a job, getting a new status or getting married (Dundes, 1988, p. 10). For this reason, some of these jokes, like the other rites of passage, request to pay the price and show the

loyalty of the new member who will attend the group. This price can be exposed to a physical joke or can be paid only by being ridiculed or being laughed at by the other group members.

Dundes asserts that Van Gennep's analysis of rites of passage can apply to this folklore genre. First, the dupe is separated from the group by being sent on a wild goose chase. During this time s/he is on a false errand, s/he is in a marginal state. S/he is on the one hand part of the group, but on the other hand, s/he is not a part of the group which often functions as a committee of the whole to prolong the time dimension of the prank. Different members of the group may encourage the dupe to continue with the search for the nonexistent quest object. Finally, either the dupe comes to realize that he has been fooled or the joke is revealed to the victim by others (Dundes, 1988, p. 10).

In occupations seen as in the example of physicians, being a part of the group occurs not only when the person understands that s/he has been fooled, but also when s/he learns technical or social knowledge about his job. The person who is exposed to the joke will be included in the group, by learning how the work is in reality and by learning the real situation of the work as a result of the joke which he misunderstood before. That is, s/he will be included in the group as a definite member by getting true information.

“The structure-in-miniature in pranks simply serves to mark the larger rite of passage being observed. The completion of the prank marks the end of the larger rite of passage” (Dundes, 1988, p. 11). In the case of medicine, the person who finishes the school of medicine undergoes a rite of entering occupation and s/he completes the rite of passage with prank when s/he undergoes the first workplace. After this prank, the person takes her/his place in the occupational group members as “a physician”.

### **1. Physician pranks in the context of rites of passage**

Medical education is a 6-year undergraduate education and the post-graduate education (expertise) according to the selected medical specialty takes from 2 to 5 years in Turkey. Since the person who gets the training specialization has already graduated from an undergraduate program, s/he has “the doctor” title and besides being a student in the specialization program, s/he is also a member of the occupation. The hospital where s/he

is trained for specialization is also his/her workplace where s/he gets his/her salary. For this reason, they are not considered as “a student”, but considered as “an assistant doctor” and a “colleague”. It’s identified that medical students make various jokes during their undergraduate education. We can give an example of a joke in the anatomy course as a med student cutting off the penis or an ear of the cadaver and putting it in one friend’s - especially girls’- pocket. Because of the fact that the people in relation are a member of the occupation, the jokes which are made by the seniors to the juniors during the expertise education and whose rites of passage characteristics are more evident are discussed in this study.

Within the scope of this study, we interviewed 100 physicians in Turkey-Ankara and collected various jokes. Some of these jokes have a characteristic of a verbal joke, others practical jokes, and pranks which are more malicious than practical jokes. In this paper selected pranks will be discussed.

In the collected pranks the victim is pushed into a specific action or there is a joke through the victim’s body. The most well-known of these pranks is the “batticon prank”.

In the batticon prank, a newcomer assistant doctor is cornered and held. Afterward jokers pull down his pants and pour batticon to his genital area (P1, P2, P3, P5, P6, P7, P9, P12).

Batticon prank is made by male doctors. From this example, it can be concluded that in Turkey female sexuality is more secluded than male sexuality. Some parents, especially fathers encourage their little sons to show their penis to relatives. The little son’s penis is pride because it symbolizes masculinity. So in the male culture, it is not a shameful thing and it’s possible to make a joke about it.

But in women’s culture, it is not always acceptable to make jokes about the female genitals because it has to be kept in secret. P9 female doctor said that the batticon prank is the most innocent one as there are dirtier jokes and because of this, men usually don’t mention them. She identifies the male doctor’s culture as below the belt. The explanations of P9 and other female physicians show that then male and female cultures are different from each other.

Only one batticon prank example which is applied to a woman can

be determined, but in this example, the main joker is also a man. A male assistant doctor, who was exposed to the batticon prank before, looked forward to a newcomer but the newcomer was a woman, not a man. So he organized the woman assistants to make this prank to the newcomer. At this point, it is understood that the prank was made with a male doctor's direction, transferred to woman culture from male culture.

Batticon prank is open to multiple explanations. This prank, by applying to the victim's body directly, matches up with the situation in most of the rites of passage which is marking the body of a new member to approve the group belonging.

Some rites of passage request lots of things as the cost of becoming a member from a candidate. Even if the candidate does not volunteer, there is an insistence of ritual and the candidate allows it. In these rituals, a transition between social statuses is generally marked with ordeals which are painful or humiliating experiences. It is argued that when the candidate satisfies the difficult demand, s/he potently makes sense of group belonging and by satisfying the demand s/he shows her/his loyalty. Rites of passage compel the individual to demonstrate his/her commitment to the group so that s/he can induct himself/herself into the group. This kind of ritual can be seen on a wide scale from indoctrination into religious knowledge to a number of costly behaviors imposed by society as the "price of admission". As an example of the price of admission circumcision and similar practices seen in many societies may be given (Bates and Fratkin, 1999, p. 395).

In this context, the batticon prank also provides the passing with a humiliating experience. A physician who is exposed to the prank even if he does not volunteer has to put up with it. The fact that the prank is done by cornering the person suddenly and forcefully shows that the price is paid by imposing the position and leaving no choice to the person.

Nevertheless, even if the person, included to the group in such rites of the passage shows his or her loyalty without genuine feelings, this does not mean that it has a powerful and positive effect and this effect can change from person to person. The information that P5 gives reinforces this statement. He stated that the seniors who were exposed to this prank banned the joke to assistant doctors. This warning is an indication that the prank does not have the same effect on everyone. It is obvious that the doctor who organized the female doctors to make the prank and another

doctor who banned doing the prank to young assistants interpreted the situation differently.

The prank bringing about a humiliating experience by entering the privacy of the body carries on with some changes in the process. Both “don’t make this prank” warning which comes from seniors and strong reaction which comes from victims who don’t take jokes caused the change of putting the batticon on the face instead of the genital area. P6, P8, P9, and P15 interviewees narrate this prank as being applied to the newcomer’s face when sleeping. With this form, the prank can be applied both to male and female doctors, because here not only the prank has a function of punishment for sleeping, but also the prank finds a reasonable ground for the joke and its mercilessness softens.

In the general meaning pranks done on the body and which are action-based are considered pertained to uneducated people and these pranks are deprived of witty humor (Freud, 1989; Sanders, 1996). The negativity of actions and body-related humor is associated with the member who has the lowest status in the group. The group members approve these pranks only for low status; doing the prank to a person who is the same or upper status is seen as impossible.

The other prank which is also applied to a victim’s body is made by urologists. P3 stated that they applied the cystoscopy method to the newcomer by saying this medical practice is obligatory for new assistants. The interviewee explained the reason for the prank as “He should get used to the process”. The newcomer accepts the medical practice because of his unawareness. The prank which directly includes a medical operation and gives a little pain is an example of “being accepted to the group with a painful experience” mentioned before.

One of the functions of a joke besides entertainment is the instructive function. In physician folklore, these kinds of pranks are found. The interviewees think that this kind of instruction is more permanent than others. P11 and P10 stated that this prank is done in pediatric and general surgery. P10 told this prank below:

“We put a tube to the anus to excrete patient stool... I took a newcomer across the patient and all of the stool dragged to the newcomer’s body. He had to change his clothes but he learned that he mustn’t stop

there.”

P11 indicated that this method is not fine but it can be used. The newcomer can be warned verbally by saying that he is standing at the wrong place, but this warning doesn't give the joker the opportunity to make fun. Thus, teaching was carried out with an aggressive prank which is under the semi-fun image.

Another example of teaching with pranks emerges in general surgery. Senior doctors do this prank to assistants. When surgeons operate on patients, they always count the sponge number. Before and after the operation the number of sponges must be the same. In an operation, the senior surgeon hides the sponge into the patient's body, and after finishing the job he asks the assistant surgeon if the numbers of the sponges are the same or not. When the assistant understands that there is a missing sponge, s/he panics and the senior explains the prank. With this prank, he wants to teach his assistants to be careful and never forget sponges in the patient's body.

As it is mentioned before, the pranks are almost always at someone's expense, in the first prank (batticon prank) basically the victim is adversely affected physically; in the second by thinking that s/he lost the sponge, the victim is affected psychologically. The purpose of these pranks is the same (at someone's expense) but the methods are different.

One of the frequently done pranks is made to the newcomer by making him/her pay the account. The newcomer does not know that the order is on behalf of him. Sometimes the newcomer has to pay a cake order for the whole hospital, other times he has to pay the order for a crowded group (P2, P4, P13). In the batticon and cystoscopy pranks “price of admission” is carried out with physical intervention. In this prank price of admission is paid with money.

All of the pranks mentioned before are due to unawareness, there are some pranks in which the victim is made to believe the fiction of the prank and nonsense work is done by the victim. One of these pranks is about removing the suture. P1 told this prank below:

“You know general surgeries make goiter operation. After the operation, sutures are removed so easily. The professor visited and asked the newcomer to remove the sutures by skipping (skip every other one)



(Turkish: **atlamak**). The newcomer takes a note, but he does not understand what skipping means (**atlayarak al**). And asks the senior assistant how he can remove the suture by skipping? The senior replied that it's so easy. You will first remove the suture and you will jump (Turkish **atlamak**; In Turkish skipping and jumping are stated with the same verb "atlamak"), and remove the second one, jump again. So the newcomer did what is told and removed all of the sutures. But sutures were removed by skipping every other one (He had to remove first but leave second...). The day after the professor came and saw all of the sutures were removed. He asked the newcomer "What did you do? He said I removed it by jumping (atlayarak). The professor understood the prank and wanted the newcomer to show how he did it. He showed "I jumped and removed the suture" (P1)

The folk opinion holds the idea that the target would not have been fooled were it not for a defect of character; in other words, s/he contributed to his victimization (Smith, 1996, p. 1234). Lack of occupational knowledge makes the victim vulnerable to attacks, he believes the prank which is fiction and does what is told easily. Here the newcomer is also a victim of his unawareness; by asking how he can remove the sutures. When the joke is explained, he learns how to remove the suture.

J2346. Fool's errand. (An apprentice, or a newcomer or an ignorant person, etc., is sent for absurd or misleading or nonexistent object or on a ridiculous quest) (Thompson, 1955-1958) which can be seen frequently in gynecology and the other branches. In gynecology, when making a vaginal examination, a new assistant was sent to find rasper by saying the patient's promontorium sacrum is so jutty (P14).

The newcomer has to do what the other says, although one may assume from the term that they do not. In the one case, s/he will get in trouble with the seniors for wasting his time on a fool's errand, and in the other, he will be in trouble for not bringing back the needed implementation (Toelken, 1996, p. 69). So, even if he understands that this is a joke, he has no chance to make what is said. Thus the group tests the newcomer about whether s/he does what is told or not, and even if s/he doesn't believe, s/he has to give a chance of japing the group and show his loyalty by performing the task. This situation is another way of "price of admission".

## 2. Prank narratives

Prank narratives are formed by the repetition of narrating the prank event in different environments by the people who play pranks and the people who are playing. In this way, occupational folklore is two-folded. Pranks have two dimensions, the performance of the prank itself and narration of the prank. These have different functions and meanings to the people who play pranks, the narration of the pranks for performers and the listeners. These two groups (the prank performers and the prank narrative performers) may be the same person or joke narratives may be completely strangers to the performers, listeners. When considered in terms of physician folklore, the pranks that are played in a small clinic extend the clinic by being narrated and heard by other hospitals by means of narration. At this point, we can mention a joke repertoire because pranks that are linked are performed by different hospitals and there is the expansion of the joke tradition.

These narratives are qualified as “prank narratives” and they are assessed in occupational narratives. Especially narratives about first-day pranks can be found in almost all occupations (Santino, 1978, p. 204). Although it’s frightening and stressful for the victim in its performance, after it has ended this frightening gives place to relaxation. For the victim, the entertainment aspect emerges afterward. The person who moves away from himself in the prank after the prank ends, understands the trick clearly, and by telling narratives of “How am I deceived?” s/he can laugh at himself. The narration of the prank provides mocking himself and has the function of entertaining himself. Since the narration of the prank is made as a group, by the way of prank narratives, that special moment is relived, which reestablishes the group's solidarity and unity.

Even if there are not so many pranks in internal branches, prank narratives of surgical branches are performed among them. Thus judgment and stereotypes which subgroups formed about each other, become strong with the way of prank narratives. For example, internal branches have a judgment about surgery branches that they have an obscene culture, so when they hear an obscene prank narrative about them, their judgment/prejudgment about them supports and strengthens. The prank narrative is not only told by the victim and pranksters but also they are told by people and groups that are unrelated to the prank. Especially some

pranks are found successful because of their achieving the goal and creativity, become anonymous and exceeding their branches; thus the pranks belonging to “surgery folklore”, gets involved in “physician folklore” and reach large masses. Some of the pranks in this paper are also collected from doctors who belong to different branches telling anecdotes from other branches.

Obscene pranks, especially in surgery, are inured situations like their joke. Obscene pranks are thought to be related to the working area of the body (Because urology and gynecology work genital areas, they are seen in lots of obscene pranks). Some surgeons don't want to share pranks. P11 said about this:

“They are unpleasant pranks, you and society can't stand them, so I think you don't need to know them. (P.K. Because of their obscene point?) Yes, at all points. It should not be done to a human.”

The pranks which are thought as insulting, outrageous, and disastrous, if applied to someone outside the group, continually reaffirms members of the group's total dependence on each other (Toelken, 1996, p. 70). In this context, P11 thinks that far from doing a prank, even sharing the pranks without of group is unimaginable. P11 does not abstain from giving his name, but sharing the information is special for the occupational group. The fact that surgeons can stand the pranks which are identified as “not a thing to do a human” and emphasize their mercilessness, reveals that pranks confirm group dependence.

## Conclusion

Besides the purpose of entertainment, pranks can be made for a lot of reasons. First-day pranks which can be assessed as rites of passage are a demonstration of this. These “welcome pranks” have the function of making an unforgettable day. With these pranks, the person understands where s/he comes to. S/he learns the first information about the workplace, sometimes with a bitter experience. Besides, these pranks can be made for warning, teaching, responding, etc. in medicine. Especially the pranks which teach a technique about occupation have a merciless structure.

Joking behavior in any work culture is an extremely important form of social control. These jokes and pranks create and reinforce a sense of community so they are essential in work culture (McCarl, 1996, p. 78).

Pranks also have an important role in the point of transferring occupational culture from one generation to the other. Colleagues not only learn the same pranks but also learn what kind of pranks can be made in occupation. The pranks stay as an example but diversify it in the people power who learned it. So a person who is exposed to a prank maybe can also be a better potential prankster than others.

It is observed that in the field of medicine, pranks are played more in surgical branches than internal branches. This can be related to the fact that interference treatment methods require being active and direct interference to the body and movement are reflected in the pranks that are played.

The fact that not only are there many surgical materials and body parts that enable to play pranks but also the hierarchal relationships being more intimate are some of the reasons that the pranks are intense in surgery (P4, P5, P16, P17). It's easy to do a prank to a newcomer in the area in which there is a sharp superior-subordinate relationship because the hierarchal system is suitable to make somebody do something and the junior has no chance to say no to seniors and juniors do whatever the seniors say, which makes it easy to believe the prank. One of the reasons that these pranks are handed down from generation to generation is that in the hierarchal system people who are exposed to pranks want their successors to experience the same cruelty with the idea "they should experience cruelty in the someway I experienced" it.

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## Interviewees

- P1: Aslantürk, Y. (2014). He was born in Ankara in 1965, he is neurosurgeon. The interview date is 26.04.2014.
- P2: Aydemir, Ö. (2014). He was born in Konya in 1984, he is community health assistant. The interview date is 07.02.2014.
- P3: Aydın, M. (2014). He was born in 1970 in Kayseri. He is urologist. The interview date is 08.05.2014.
- P4: Baş, H. (2014). He was born in 1988 in Hatay. He is radiology assistant. The interview date is 04.09.2014.
- P5: Bozkurt, A. (2014). He was born in 1981 in Kahramanmaraş. He is Psychiatry assistant. The interview date is 01.09.2014.
- P6: Çam, A. (2014). He was born in 1988 in Hatay. He is general surgery assistant. The interview date is 02.09.2014.
- P7: Dereci, O. (2014). She was born 1987 in Ankara, she is community health assistant. The interview date is 04.02.2014.
- P8: Kanatlı, M. (2014). She was born in 1988 in İzmir. She is Pediatrics assistant. The interview date is 22.07.2014.
- P9: Karaömerlioğlu, M. (2015). She was born in 1987 in Adana. She is Pediatrics assistant. The interview date is 05.02.2015.
- P10: Kasap, H. (2014). He was born in 1990 in Konya. He is forensic medicine assistant. The interview date is 27.08.2014.
- P11: Kirna, M. (2014). He was born in 1978 in Malatya. He is general

surgeon. The interview date is 23.08.2014.

P12: Osmanov, İ. (2014). He was born in Azerbaijan general surgery assistant. The interview date is 03.09.2014.

P13: Önal, M. (2014). She was born in 1967 in Ankara. She is pulmonologist. The interview date is 18.08.2014.

P14: Yılmaz, M. (2014), He was born in 1989 in Giresun. He is urology assistant. The interview date is 04.09.2014.

P15: Taşdemir, B. (2014). He was born in 1989 in Erzurum. He is plastic surgery assistant. The interview date is 01.09.2014.

P16: Güven, S. (2015). He was born in 1984 in Elazığ. He is forensic medicine assitant. The interview date is 03.02.2015.

P17: Özdemirkan, T. (2014). She was born in 1980 in Çorum. Public Health assistant. The interview date is 07.02.2014.