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| **SAĞLIK BİLİMLERİ FAKÜLTESİ** **FİZYOTERAPİ VE REHABİLİTASYON BÖLÜMÜ** **……………………………………….……..… STAJI DEĞERLENDİRME FORMU**  **Versiyon No: 3-2021****ÖĞRENCİNİN** **Adı ve Soyadı** : .................................................... **Numarası** :................................................. **STAJ BİLGİLERİ:****Staj Yapılan Kurum:****Adresi:****Telefon:****Staj Tarihleri: …/…/20… - …/…/20…** **Staj Süresi:**  **DEĞERLENDİRME** Öğrencinin staj çalışması, Kurum yetkilisi tarafından değerlendirme kriterine karşılık gelen hücre işaretlenerek doldurulmalıdır.

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|  | **Değerlendirme Kriterleri**  | **1** **Çok yetersiz** | **2****Yetersiz**  | **3****Orta**  | **4****İyi**  | **5****Çok iyi**  |
|  | ***Klinik Davranış*** |
| 1 | Hasta/ sorumlu fizyoterapist ile iletişim kurabilir |   |   |   |   |   |
| 2 | Etik prensiplere uygun davranır |   |   |   |   |   |
| 3 | Ekip içinde uyumlu çalışır |   |   |   |   |   |
| 4 | Staja zamanında gelir, zaman ile ilgili kurallara uyar |  |  |  |  |  |
| 5 | Görev ve sorumluluk bilincine sahiptir (ortamı düzenli tutma, kayıt tutma, verilen görevleri yerine getirme vb) |  |  |  |  |  |
| 6 | Görünüm ve kıyafeti çalışma yerine uygundur |   |   |   |   |   |
| 7 | Hastaya yeterli zaman ayırır ve hasta güvenliğine dikkat eder |  |  |  |  |  |
| 8 | Klinik uygulama alanına özgü araştırma yapar |  |  |  |  |  |
| 9 | Bilgisini gösterir, öğrenmeye açıktır ve soru sorar |  |  |  |  |  |
|  | ***Klinik Bilgi ve Uygulama*** |
| 1 | Tedavi hedefleri belirlemek için hasta ile ilgili gerekli bilgiyi akademik kaynaklardan, geçerli yöntemlerle alır  |  |  |  |  |  |
| 2 | Hasta için uygun değerlendirme yöntemlerinin seçilmesine gözlem/katılım sağlar |  |  |  |  |  |
| 3 | Hastayı mevcut koşullar altında dikkatli ve detaylı değerlendirir |  |  |  |  |  |
| 4 | Değerlendirme araçlarını doğru kullanır, konu hakkında bilgilidir |  |  |  |  |  |
| 5 | Değerlendirme sonuçlarını sorumlu fizyoterapist ile yorumlayarak değerlendirme sonucuna bağlı kişiye uygun tedavinin programlanmasına gözlem/katılım sağlar |  |  |  |  |  |
| 6 | Hastaya ve hasta yakınlarına bilgi verilmesi sürecine gözlem/katılım sağlar, Hasta/hasta yakını bilgilendirmede yeterlidir |  |  |  |  |  |
| 7 | Tedavi hedeflerinin belirlenmesine gözlem/katılım sağlar |  |  |  |  |  |
| 8 | Tedavinin planlanmasına ve uygulanmasına katılım/izleme sağlar |  |  |  |  |  |
| 9 | Tedavi araçlarını/yöntemlerini doğru kullanır |  |  |  |  |  |
| 10 | Tedavi programı hakkında gerekli durumlarda sorumlu fizyoterapisti ile tartışır ve yorumlar |  |  |  |  |  |
| 11 | Hastaya uygun öneriler verilmesinde ve/veya ev programı planlanmasında gözlem/katılım sağlar |  |  |  |  |  |

  **TOPLAM NOT:**  **EKLEMEK İSTEDİĞİNİZ GÖRÜŞLERİNİZ:****ÖĞRENCİ DEVAM ÇİZELGESİ**

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**Staj Sorumlusu Fizyoterapist:****Unvan - Ad ve Soyad:** . **Tarih : İmza- Kaşe :**  |