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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.       |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **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**   |  |  |  |  | | --- | --- | --- | --- | |  | **TARİH** | **AÇIKLAMA** | **İMZA** | | **1** |  |  |  | | **2** |  |  |  | | **3** |  |  |  | | **4** |  |  |  | | **5** |  |  |  | | **6** |  |  |  | | **7** |  |  |  | | **8** |  |  |  | | **9** |  |  |  | | **10** |  |  |  | | **11** |  |  |  | | **12** |  |  |  | | **13** |  |  |  | | **14** |  |  |  | | **15** |  |  |  | | **16** |  |  |  | | **17** |  |  |  | | **18** |  |  |  | | **19** |  |  |  | | **20** |  |  |  | | **21** |  |  |  | | **22** |  |  |  | | **23** |  |  |  | | **24** |  |  |  | | **25** |  |  |  | | **26** |  |  |  | | **27** |  |  |  | | **28** |  |  |  | | **29** |  |  |  | | **30** |  |  |  |   **Staj Sorumlusu Fizyoterapist:**  **Unvan - Ad ve Soyad:** .  **Tarih : İmza- Kaşe :** |