

T.C.
BAHÇEŞEHİR UNIVERSITY

FACULTY OF HEALTH SCIENCES
DEPARTMENT OF PHYSIOTHERAPY
AND REHABILITATION



CLINICAL APPLICATION COURSE
FILE

STUDENT

NAME-SURNAME :

NO :

RESPONSIBILITIES REQUIRED BY THE STUDENTS

- 1- Student must obey the rules of the institution that student does internship (clinical study)
- 2- Evaluation and treatment programs of the followed events should be recorded daily and reported the date during the internship (clinical study). Diagnosis, evaluation and treatment results of each event should be considered, analyzed and analysis results should be recorded to report.
- 3- Internship is 14 working days. Days that cannot be continued for any reason (disease, accident etc.) must be compensated at the end of the internship. The report should be approved by the responsible physiotherapist.
- 4- At the end of the internship, student should write opinions about the institution to the form.
- 5- At the beginning of the internship, forms related to the institution in the internship report should be delivered to the responsible physiotherapist.
- 6- Forms about the institution that internship has done should be taken in a sealed and closed envelope from responsible physiotherapist.
- 7- Internship report and institution report in the closed envelope must be delivered by the student in return for signature to Bahçeşehir University Faculty of Health Sciences Head of Department of Physiotherapy and Rehabilitation.
- 8- Who do not submit the internreport or submit it incomplete will be considered invalid.

NOTE: If more cases were followed than the specified number of cases in the report, student should add the additional reports to the main report file.

Head of Department

FEEDBACK FORM ABOUT INTERNSHIP (CLINICAL STUDY) INSTITUTION

(This area will be filled in by student.)

Please answer questions below objectively

1- What are your opinions about institution that you did your internship (clinical study)?

2- What did you learn from clinical study that you did?

3- What are your suggestions about clinical study that you did?

PHENOMENON – 1: Evaluation – Treatment Program

Name-Surname of Patient :

Gender :

Date of Birth :

Diagnosis :

Date of First Admission :

(Treatment program should be recorded daily with date)

Responsible Physiotherapist:

Signature:

PHENOMENON – 2: Evaluation – Treatment Program

Name-Surname of Patient :

Gender :

Date of Birth :

Diagnosis :

Date of First Admission :

(Treatment program should be recorded daily with date)

Responsible Physiotherapist:

Signature:

PHENOMENON – 3: Evaluation – Treatment Program

Name-Surname of Patient :

Gender :

Date of Birth :

Diagnosis :

Date of First Admission :

(Treatment program should be recorded daily with date)

Responsible Physiotherapist:

Signature:

PHENOMENON – 4: Evaluation – Treatment Program

Name-Surname of Patient :

Gender :

Date of Birth :

Diagnosis :

Date of First Admission :

(Treatment program should be recorded daily with date)

Responsible Physiotherapist:

Signature:

PHENOMENON – 5: Evaluation – Treatment Program

Name-Surname of Patient :

Gender :

Date of Birth :

Diagnosis :

Date of First Admission :

(Treatment program should be recorded daily with date)

Responsible Physiotherapist:

Signature:

Dear institution responsible,

Interest: *Information to the institution responsible.*

We thank your institution for accepting our student and helping her/him gain experience in the field of Internship (Clinical Study) and Physiotherapy and Rehabilitation.

Inform you about; to follow up the studies of our student who does clinical study in your institution in a healthy way, to determine continuation and success of the student, we prepared documents below, we require from you; delivering documents below with filling in sealed and closed envelope to student as well as approving reports about studies and evets that followed up by students during internship by responsible physiotherapist.

Assoc. Prof Hasan Kerem ALPTEKİN
Head of Department

ATT (6 Pages) :

- 1- Evaluation Form (Att-1)
- 2- Internship (Clinical Study) Completion Approval Form (Att-2a)
List of the Patients that Student Followed(Att-2b)
- 3- Evaluation of Responsible Physiotherapist (Att-3)
- 4- 2021-2022 Lecture Program

EVALUATION FORM (Att-1)

**INTERNSHIP (CLINICAL STUDY) ORGANIZATION CONTACT INFORMATION AND
FEATURES**

(Please fill in this area with hand writing.)

Name of Agency :

**Corporate Responsible
Name-Surname :**

Phone Number:

Fax:

E – mail:

**Responsible Physiotherapist
Name-Surname :**

Phone Number:

Fax:

E – mail:

General Features of the Agency:

Ünitenin Fiziki Şartları:

Ünitenin Çalışma Prensipleri:

INTERNSHIP (CLINICAL STUDY) COMPLETION APPROVAL FORM (Att-2a)

Student of Bahçeşehir University Health Sciences Faculty Physiotherapy and Rehabilitation Department between date of/...../20... -/...../20... joined to the evaluation and treatment program of patients that written their names below and diagnosed under the supervision of the responsible physiotherapist

Responsible Physiotherapist

(Stamp and Signature)

LIST OF THE PATIENTS THAT SUDENT FOLLOWED (Att-2b)

Order No	Name-Surname of Patient	Diagnostic	Date of Start/End to Treatment
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			

Responsible Physiotherapist:

Signature

EVALUATION OF RESPONSABLE PHYSIOTHERAPIST(ATT-3)

STUDENT'S :

NAME-SURNAME : :

CLINICAL START/END DATES : :

NUMBER OF PATIENTS FOLLOWED : :

INTERN (CLINICAL STUDY) MARK

(Each item should be evaluated out of 10)

1	Patient Evaluation	
2	* Analysis of Evaluation Results	
3	* Organizing the Treatment Program	
4	* Application of Treatment Program	
5	Communication with Patient	
6	Communication with Physiotherapist	
7	Communication with Team Members	
8	Continuity**	
9	Costume Harmony	
10	Time Harmony	
	Total MARK	

** It should be noted that students are 4th grade. (Lecture Program att-4)*

***The student has no right to absent in the clinical study. Days that cannot be continued for any reason must be compensated at the end of the internship.*

Opinions and suggestions of supervisor about the student

Responsible Physiotherapist:

Signature

**BAHCESEHIR UNIVERSITY
FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY DEPARTMENT**

NAME OF THE INSTITUTION WHERE THE PRACTICE COURSE IS HELD:

STUDENT NAME-SURNAME:

DATE:	SIGNATURE (STUDENT)	SIGNATURE (RESPONSABLE PHYSIOTHERAPIST)
DAY 1:		
DAY 2:		
DAY 3:		
DAY 4:		
DAY 5:		
DAY 6:		
DAY 7:		
DAY 8:		
DAY 9:		
DAY 10:		
DAY 11:		
DAY 12:		
DAY 13:		
DAY 14:		