



**CYPRUS INTERNATIONAL
UNIVERSITY**

FACULTY OF HEALTH SCIENCES

PHYSIOTHERAPY AND REHABILITATION

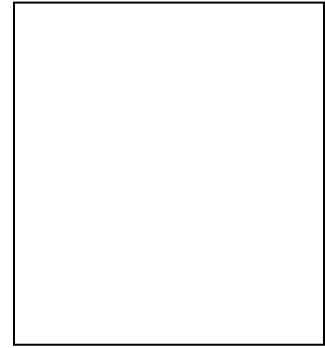
CLINICAL PRACTICE WORKBOOK

PTRE200 – PTRE300

PTRE401 – PTRE400

Student Name-Surname:

STUDENT INFORMATION FORM



Identification number :

Name-Surname :

Department :

Student Number :

Birth place and date :

E-mail :

Home phone :

Mobile phone :

Address :

Supervisor Instructor and Signature:

Student's Signature:

Dean of the Faculty of Health Sciences

Contact Information

Address: Cyprus International University, Faculty of Health Sciences,
Physiotherapy and Rehabilitation, Haspolat/Nicosia

Telephone: +90 (392) 671 11 11 - 2258

CYPRUS INTERNATIONAL UNIVERSITY FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION
INTERNSHIP GUIDELINE

You will start your day internship, which is of great importance in terms of transforming your year theoretical education into practice at our university. During your internship, we ask you to carefully comply with the following points, we wish you success in your internship period.

Head of Department/Program

PREPARATIONS BEFORE THE INTERNSHIP

1. Obtain eligibility approval from the department internship supervisor for the institution/workplace where you will do your internship.
2. Fill in the "**Internship Application Form**" and the "**Insurance Information Form**" required for health insurance in order to be approved by the institution / workplace from the 2nd Department internship officer and send it to us within the required time. It is necessary to enter your information correctly and completely in order to make your insurance.
3. Apply to the department chair with the internship application form that you have approved by the institution where you will do your internship and get the **internship commission approval** for the internship location.
4. Before your internship, please fill in the personal information section on the front page of your internship book, which includes the "**Student Evaluation Form**" and "**Intern Student Evaluation Form**", which you received by the department internship supervisor and submit it to the **Health Sciences Secretary** to have it signed by the dean.
5. Submit the "On-the-Job Training Student Evaluation Form" included in the internship notebook to your responsible physiotherapist at the institution/workplace.
6. Make sure that you receive the "On-the-Job Training Student Evaluation Form" and your internship notebook from your responsible physiotherapist at the institution/workplace in a closed

and sealed envelope method. Forms and notebooks not brought in a sealed envelope will be deemed invalid.

7. Pay attention to the following instructions during the internship.

WORKS AND BEHAVIORS DURING THE INTERNSHIP

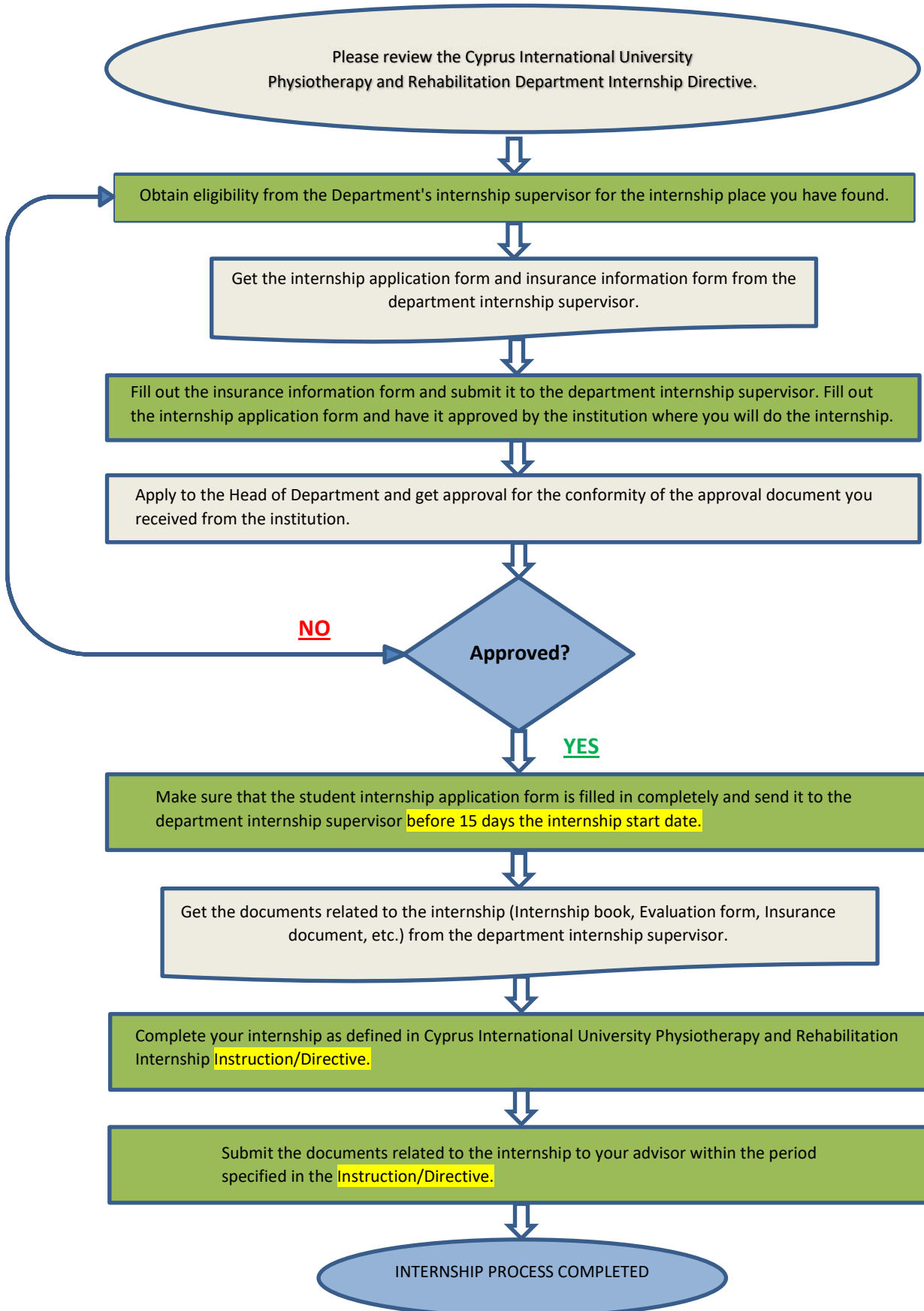
1. See yourself as a staff member of the institution and start your work seriously. Strictly follow the working hours.
2. Strictly follow the orders of your responsible physiotherapist at the institution/workplace.
3. Take care to take responsibility as an individual and as a team member in the institution/workplace, and to communicate effectively.
4. Avoid ideological discussions, inappropriate speeches, persistent statements of opinion and similar bad behavior.
5. Be sure to evaluate your work on a daily basis. During the internship, fill in the information in the relevant sections of the notebook on a daily basis. Have your daily work signed by the authorized person at the end of each day.
6. Try to use tools and equipment under the supervision of a responsible physiotherapist while doing your internship. Make an effort to maximize your knowledge and experience.
7. Pre-treatment evaluation (story, pain, normal joint movement, muscle strength, posture) of two different patients for summer internships and three different patients for clinical study internships from your patients you follow under the supervision of the physiotherapist responsible for the **“Comments and Additional Information Section”** at the back of the notebook. etc.), treatment program (mobilization, electrotherapy, exercise approach, home program, etc.) and post-treatment evaluations in detail.
8. At the end of the internship, have your responsible physiotherapist fill out the **“Intern Student Evaluation Questionnaire”** in the notebook.

WHAT TO DO AFTER THE INTERNSHIP

1. Submit your internship workbook signed by your responsible physiotherapist at the workplace/institution and placed in a closed envelope, to your consultants, in return for signature, **within 10 working days** at the latest after the start of the semester for summer internships and after the end of the internship for clinical practice.

PHYSIOTHERAPY AND REHABILITATION

PTRE200 SUMMER INTERNSHIP-I FUNCTIONAL SCHEME



PTRE200 SUMMER INTERNSHIP-I
WORKPLACE INFORMATION FORM

Name :

Address :

Telephone number :

Fax number :

E-mail :

SUMMER INTERNSHIP-I DATES

Starting date :

End date :

OBJECTIVES OF THE CLINICAL APPLICATION AND MATTERS TO BE CONSIDERED IN APPLICATION

1. Students who will do clinical work are under the supervision of educational personnel to be determined by the workplace during this period. The training staff is responsible for the students to continue their studies within a plan and for the implementation of the study plan as required.
2. The student is under observation; It is expected that he will gain the ability to communicate with the patient, patient relatives and all health personnel, and the ability to apply basic physiotherapy (patient history taking and evaluation methods, electro-physical agents and following the created exercise program) in line with the information received.
3. During the clinical study, students must comply with the working principles to be determined by the health institution.
4. Each student is given a clinical study notebook to summarize the work he has done every day during the practice period.

During this period, the student records the studies he/she has carried out in accordance with the program given to him/her in this internship book. These studies are signed by the clinical study supervisor at the end of each week.

At the end of the application, the student writes the evaluation report in the section reserved in the clinical study notebook.

The clinical trial book is signed and sealed by the authorized superiors of the relevant unit or institution at the end of the application.

This notebook is submitted to the clinical study commission as an appendix to the petition within the first course registration period specified in the academic calendar.

5. Disease, loss of a relative etc. during the clinical study period. In such cases, with the approval of the workplace and informing the department consultant, the missing days due to a break in the application must be completed within the same period and on the days following the application end date. Otherwise, the clinical study is repeated in the following semesters.
6. Each student, when starting clinical work; These documents are filled in by submitting the documents consisting of the application document and success form to the place where the clinical study will be performed during the internship period. The documents filled in by the student's clinical supervisor until the end of the internship are delivered to the student and the student is obliged to deliver the relevant internship book to the physiotherapy and rehabilitation department advisor within the specified dates.

The student's name and surname:

.....

INTERNSHIP CONTINUE SCHEDULE

[The diary will be signed and approved by the student considering the working days.]

DAY	DATE	SIGNATURE	
		ENTRANCE	EXIT
1			
2			
3			
4			
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*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

SCHEDULE OF COMPLETION IF NON-ATTENDANCE IS USED

DAY	DATE	SIGNATURE		DAY	DATE	SIGNATURE	
		ENTRANCE	EXIT			ENTRANCE	EXIT
1				5			
2				6			
3				7			
4				8			

Reason for non-attendance:

DECISION OF THE CLINICAL PRACTICE COMMISSION	
SUCCESSFUL	UNSUCCESSFUL

APPLICATION RESPONSIBLE’S NAME AND SURNAME:

TITLE/SIGN:

PTRE200 SUMMER INTERNSHIP–I STUDENT ASSESSMENT SECTION

(This section will be filled by the student.)

Date:

Name of Internship Unit:

Supervisor Name Surname:

I- Initial learning objectives

At the end of the internship, mark how far you have reached these goals (1: I have not reached at all, 2: I have not reached, 3: I have partially reached, 4: I have reached, 5: I have reached completely)

1	2	3	4	5
---	---	---	---	---

Specify the reason for failure (If it has not been reached fully, state the reasons.)

II- Diseases seen in internship:

Please indicate the evaluation and/or physiotherapy practices you used during your internship:

III- Physiotherapy practice skills you gained during your internship

IV- Additional theoretical knowledge gained during the internship

Briefly describe the reflection of the internship in your practice:

Specify the method of gaining knowledge:

V- What you gain with group application/discussion/sharing in internship:

Otherwise, explain why:

VI- The aspects you find lacking in the internship (theory, practice, communication, etc.):

VII- In terms of "Clinical Practice" of the internship place:

Strongest point::

Weakest point::

Opportunity for you:

(This section will be filled by the student.)

Evaluation Criteria: (1: I totally disagree, 2: I disagree, 3: I partially agree, 4: I agree, 5: I totally agree)

A- Clinical Supervisor

1. Communication skills were adequate.
2. Her/His knowledge and skills were sufficient for my clinical training
3. The clinical environment was organized in accordance with my education.
4. She/He took the time I needed for my clinical training.
5. Implemented the determined weekly training program.
6. Adapted my clinical training to my learning goals.
7. Provided sufficient opportunity for case discussion.
8. She/He has been a role model for my professional life.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

1. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 2 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	
Your opinions and thoughts:	

2. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 2 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	
Your opinions and thoughts:	

Dear Internship Manager,

Relevance: Information to the Head of the Institution where the Clinical Internship are conducted.

We would like to thank your institution for accepting our student and helping her/him gain experience in the field of physiotherapy and rehabilitation by clinical practice.

In order to follow the studies of our student who does clinical work in your institution, and to determine the attendance and success status, we kindly request that the following documents are filled in and delivered to the student in this practice notebook. In addition, we request the necessary physiotherapist to approve the reports of the student's studies and the cases followed during the clinical practice.

Cyprus International University
Physiotherapy and Rehabilitation
Head of Department

PTRE200 SUMMER INTERNSHIP-I COMPLETION APPROVAL FORM

Cyprus International University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation student participated in the evaluation and treatment program of diagnosed patients between/...../20... -/...../20... under the supervision of the responsible physiotherapist.

Responsible Physiotherapist

Name-Surname:

(Signature and Stamp)

INTERNATIONAL CYPRUS UNIVERSITY
FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION DEPARTMENT
SUPERVISOR'S STUDENT EVALUATION FORM

Student Name Surname:

Internship Start and End Date:

Internship institution and department:

I. Evaluation Criteria

Please tick the appropriate place for each criterion.

A. Behaviors and Appearance

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Self-confidence					
Initiative					
Interest and attention to work					
Creativity					
Openness to criticism					
Appearance					

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

B. Communication Skills with,

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Supervisor					
Colleagues					
Patients					
Staffs					

C. Work performance

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Attendance and punctuality					
Level of technical knowledge	(15 points)	(13 points)	(10 points)	(7 points)	(5 points)
Taking responsibility					
Follow the instructions					
Interest in learning	(10 points)	(8 points)	(6 points)	(4 points)	(2 points)
Developing proposal					
Level of Skillfulness					

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

D. General Evaluation

F	D-	D	D+	C-	C	C+	B-	B	B+	A-	A
0-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100

II. Would you consider working with the student again?

YES

NO

III. Please indicate your comments regarding the advancement of the intern student.

IV. Other thoughts

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**



**FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION**

Dear Partner,

This questionnaire has been prepared to evaluate the internship performance of our students who do internship at the institution you work for. Please tick the most appropriate option for the following statements regarding our intern students.

Thank you for your valuable feedback.

Name of Partner:

Company Name:

Contact information:

Rating: 1= strongly agree; 2= agree; 3= undecided; 4= disagree; 5= strongly disagree

1-Evaluation (25 points)

Having general knowledge about assessment	1	2	3	4	5
Planning an individual assessment	1	2	3	4	5
Implement planned assessments	1	2	3	4	5
Identifying contraindications in assessment and making necessary changes	1	2	3	4	5
Interpreting the evaluation results and determining the clinical problem	1	2	3	4	5

2- Physiotherapy Applications (25 points)

Having basic knowledge about physiotherapy	1	2	3	4	5
Planning an individual physiotherapy program	1	2	3	4	5
Implementing the planned physiotherapy program and planning and teaching the individual home program	1	2	3	4	5
Identifying contraindications and making necessary changes in the physiotherapy program	1	2	3	4	5
To be able to carry out the necessary protocols by using the relevant technology, training and treatment equipment in physiotherapy applications.	1	2	3	4	5

3- Professional Compliance and Responsibilities (25 points)

Acting in accordance with professional ethical principles	1	2	3	4	5
Behaving in accordance with the internship regulations (internship hours, clothing, etc.)	1	2	3	4	5
Making personal efforts to develop professional knowledge and skills	1	2	3	4	5
Knowing and fulfilling their duties and responsibilities in a multidisciplinary team	1	2	3	4	5
Taking necessary safety precautions for the patient and herself/himself during the evaluation and physiotherapy	1	2	3	4	5

4- Communication and Documentation (25 points)

Getting information about the individual, keeping records, using terminology and abbreviations correctly (file, interview, evaluation results, etc.)	1	2	3	4	5
Communicating and informing individuals and their relatives	1	2	3	4	5
Organizing the treatment environment where she/he does his internship	1	2	3	4	5
Communicating with colleagues and other healthcare professionals	1	2	3	4	5
Generating innovative and creative ideas to solve problems that arise in unexpected situations	1	2	3	4	5

Your Comments and Notes

PTRE300 SUMMER INTERNSHIP–II
WORKPLACE INFORMATION FORM

Name :

Address :

Telephone number :

Fax number :

E-mail :

SUMMER INTERNSHIP–II DATES

Starting date :

End date :

OBJECTIVES OF THE CLINICAL APPLICATION AND MATTERS TO BE CONSIDERED IN APPLICATION

1. Students who will do clinical work are under the supervision of educational personnel to be determined by the workplace during this period. The training staff is responsible for the students to continue their studies within a plan and for the implementation of the study plan as required.
2. The student is under observation; It is expected that he will gain the ability to communicate with the patient, patient relatives and all health personnel, and the ability to apply basic physiotherapy (patient history taking and evaluation methods, electro-physical agents and following the created exercise program) in line with the information received.
3. During the clinical study, students must comply with the working principles to be determined by the health institution.
4. Each student is given a clinical study notebook to summarize the work he has done every day during the practice period.

During this period, the student records the studies he/she has carried out in accordance with the program given to him/her in this internship book. These studies are signed by the clinical study supervisor at the end of each week.

At the end of the application, the student writes the evaluation report in the section reserved in the clinical study notebook.

The clinical trial book is signed and sealed by the authorized superiors of the relevant unit or institution at the end of the application.

This notebook is submitted to the clinical study commission as an appendix to the petition within the first course registration period specified in the academic calendar.

5. Disease, loss of a relative etc. during the clinical study period. In such cases, with the approval of the workplace and informing the department consultant, the missing days due to a break in the application must be completed within the same period and on the days following the application end date. Otherwise, the clinical study is repeated in the following semesters.
6. Each student, when starting clinical work; These documents are filled in by submitting the documents consisting of the application document and success form to the place where the clinical study will be performed during the internship period. The documents filled in by the student's clinical supervisor until the end of the internship are delivered to the student and the student is obliged to deliver the relevant internship book to the physiotherapy and rehabilitation department advisor within the specified dates.

The student's name and surname:

.....

INTERNSHIP CONTINUE SCHEDULE

[The diary will be signed and approved by the student considering the working days.]

DAY	DATE	SIGNATURE	
		ENTRANCE	EXIT
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*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

SCHEDULE OF COMPLETION IF NON-ATTENDANCE IS USED

DAY	DATE	SIGNATURE		DAY	DATE	SIGNATURE	
		ENTRANCE	EXIT			ENTRANCE	EXIT
1				5			
2				6			
3				7			
4				8			

Reason for non-attendance:

DECISION OF THE CLINICAL PRACTICE COMMISSION	
SUCCESSFUL	UNSUCCESSFUL

APPLICATION RESPONSIBLE'S NAME AND SURNAME:

TITLE/SIGN:

PTRE300 SUMMER INTERNSHIP–II STUDENT ASSESSMENT SECTION

(This section will be filled by the student.)

Date:

Name of Internship Unit:

Supervisor Name Surname:

I- Initial learning objectives

At the end of the internship, mark how far you have reached these goals (1: I have not reached at all, 2: I have not reached, 3: I have partially reached, 4: I have reached, 5: I have reached completely)

1	2	3	4	5
---	---	---	---	---

Specify the reason for failure (If it has not been reached fully, state the reasons.)

II- Diseases seen in internship:

Please indicate the evaluation and/or physiotherapy practices you used during your internship:

III- Physiotherapy practice skills you gained during your internship

IV- Additional theoretical knowledge gained during the internship

Briefly describe the reflection of the internship in your practice:

Specify the method of gaining knowledge:

V- What you gain with group application/discussion/sharing in internship:

Otherwise, explain why:

VI- The aspects you find lacking in the internship (theory, practice, communication, etc.):

VII- In terms of "Clinical Practice" of the internship place:

Strongest point:

Weakest point:

Opportunity for you:

(This section will be filled by the student.)

Evaluation Criteria: (1: I totally disagree, 2: I disagree, 3: I partially agree, 4: I agree, 5: I totally agree)

A- Clinical Supervisor

- 9. Communication skills were adequate.
- 10. Her/His knowledge and skills were sufficient for my clinical training
- 11. The clinical environment was organized in accordance with my education.
- 12. She/He took the time I needed for my clinical training.
- 13. Implemented the determined weekly training program.
- 14. Adapted my clinical training to my learning goals.
- 15. Provided sufficient opportunity for case discussion.
- 16. She/He has been a role model for my professional life.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

1. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 2 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	
Your opinions and thoughts:	

2. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 2 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	
Your opinions and thoughts:	

Dear Internship Manager,

Relevance: Information to the Head of the Institution where the Clinical Internship are conducted.

We would like to thank your institution for accepting our student and helping her/him gain experience in the field of physiotherapy and rehabilitation by clinical practice.

In order to follow the studies of our student who does clinical work in your institution, and to determine the attendance and success status, we kindly request that the following documents are filled in and delivered to the student in this practice notebook. In addition, we request the necessary physiotherapist to approve the reports of the student's studies and the cases followed during the clinical practice.

Cyprus International University
Physiotherapy and Rehabilitation
Head of Department

PTRE300 SUMMER INTERNSHIP-II COMPLETION APPROVAL FORM

Cyprus International University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation student participated in the evaluation and treatment program of diagnosed patients between/...../20... -/...../20... under the supervision of the responsible physiotherapist.

Responsible Physiotherapist

Name-Surname:

(Signature and Stamp)

INTERNATIONAL CYPRUS UNIVERSITY
FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION DEPARTMENT
SUPERVISOR'S STUDENT EVALUATION FORM

Student Name Surname:

Internship Start and End Date:

Internship institution and department:

I. Evaluation Criteria

Please tick the appropriate place for each criterion.

A. Behaviors and Appearance

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Self-confidence					
Initiative					
Interest and attention to work					
Creativity					
Openness to criticism					
Appearance					

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

B. Communication Skills with,

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Supervisor					
Colleagues					
Patients					
Staffs					

C. Work performance

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Attendance and punctuality					
Level of technical knowledge	(15 points)	(13 points)	(10 points)	(7 points)	(5 points)
Taking responsibility					
Follow the instructions					
Interest in learning	(10 points)	(8 points)	(6 points)	(4 points)	(2 points)
Developing proposal					
Level of Skillfulness					

***Responsible Physiotherapist's signature or initial:

***: **Mandatory**

D. General Evaluation

F	D-	D	D+	C-	C	C+	B-	B	B+	A-	A
0-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100

II. Would you consider working with the student again?

YES

NO

III. Please indicate your comments regarding the advancement of the intern student.

IV. Other thoughts

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**



**FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION**

Dear Partner,

This questionnaire has been prepared to evaluate the internship performance of our students who do internship at the institution you work for. Please tick the most appropriate option for the following statements regarding our intern students.

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Name of Partner:

Company Name:

Contact information:

Rating: 1= strongly agree; 2= agree; 3= undecided; 4= disagree; 5= strongly disagree

1-Evaluation (25 points)

Having general knowledge about assessment	1	2	3	4	5
Planning an individual assessment	1	2	3	4	5
Implement planned assessments	1	2	3	4	5
Identifying contraindications in assessment and making necessary changes	1	2	3	4	5
Interpreting the evaluation results and determining the clinical problem	1	2	3	4	5

2- Physiotherapy Applications (25 points)

Having basic knowledge about physiotherapy	1	2	3	4	5
Planning an individual physiotherapy program	1	2	3	4	5
Implementing the planned physiotherapy program and planning and teaching the individual home program	1	2	3	4	5
Identifying contraindications and making necessary changes in the physiotherapy program	1	2	3	4	5
To be able to carry out the necessary protocols by using the relevant technology, training and treatment equipment in physiotherapy applications.	1	2	3	4	5

3- Professional Compliance and Responsibilities (25 points)

Acting in accordance with professional ethical principles	1	2	3	4	5
Behaving in accordance with the internship regulations (internship hours, clothing, etc.)	1	2	3	4	5
Making personal efforts to develop professional knowledge and skills	1	2	3	4	5
Knowing and fulfilling their duties and responsibilities in a multidisciplinary team	1	2	3	4	5
Taking necessary safety precautions for the patient and herself/himself during the evaluation and physiotherapy	1	2	3	4	5

4- Communication and Documentation (25 points)

Getting information about the individual, keeping records, using terminology and abbreviations correctly (file, interview, evaluation results, etc.)	1	2	3	4	5
Communicating and informing individuals and their relatives	1	2	3	4	5
Organizing the treatment environment where she/he does his internship	1	2	3	4	5
Communicating with colleagues and other healthcare professionals	1	2	3	4	5
Generating innovative and creative ideas to solve problems that arise in unexpected situations	1	2	3	4	5

Your Comments and Notes

PTRE401 CLINICAL PRACTICE– I
WORKPLACE INFORMATION FORM

Name :

Address :

Telephone number :

Fax number :

E-mail :

CLINICAL PRACTICE–I DATES

Starting date :

End date :

OBJECTIVES OF THE CLINICAL APPLICATION AND MATTERS TO BE CONSIDERED IN APPLICATION

1. Students who will do clinical work are under the supervision of educational personnel to be determined by the workplace during this period. The training staff is responsible for the students to continue their studies within a plan and for the implementation of the study plan as required.
2. The student is under observation; It is expected that he will gain the ability to communicate with the patient, patient relatives and all health personnel, and the ability to apply basic physiotherapy (patient history taking and evaluation methods, electro-physical agents and following the created exercise program) in line with the information received.
3. During the clinical study, students must comply with the working principles to be determined by the health institution.
4. Each student is given a clinical study notebook to summarize the work he has done every day during the practice period.

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At the end of the application, the student writes the evaluation report in the section reserved in the clinical study notebook.

The clinical trial book is signed and sealed by the authorized superiors of the relevant unit or institution at the end of the application.

This notebook is submitted to the clinical study commission as an appendix to the petition within the first course registration period specified in the academic calendar.

5. Disease, loss of a relative etc. during the clinical study period. In such cases, with the approval of the workplace and informing the department consultant, the missing days due to a break in the application must be completed within the same period and on the days following the application end date. Otherwise, the clinical study is repeated in the following semesters.
6. Each student, when starting clinical work; These documents are filled in by submitting the documents consisting of the application document and success form to the place where the clinical study will be performed during the internship period. The documents filled in by the student's clinical supervisor until the end of the internship are delivered to the student and the student is obliged to deliver the relevant internship book to the physiotherapy and rehabilitation department advisor within the specified dates.

The student's name and surname:

.....

INTERNSHIP CONTINUE SCHEDULE

[The diary will be signed and approved by the student considering the working days.]

DAY	DATE	SIGNATURE		DAY	DATE	SIGNATURE	
		ENTRANCE	EXIT			ENTRANCE	EXIT
1				21			
2				22			
3				23			
4				24			
5				25			
6				26			
7				27			
8				28			
9				29			
10				30			
11				31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

SCHEDULE OF COMPLETION IF NON-ATTENDANCE IS USED

DAY	DATE	SIGNATURE		DAY	DATE	SIGNATURE	
		ENTRANCE	EXIT			ENTRANCE	EXIT
1				5			
2				6			
3				7			
4				8			

Reason for non-attendance:

DECISION OF THE CLINICAL PRACTICE COMMISSION	
SUCCESSFUL	UNSUCCESSFUL

APPLICATION RESPONSIBLE’S NAME AND SURNAME:

TITLE/SIGN:

PTRE401 CLINICAL PRACTICE-I STUDENT ASSESSMENT SECTION

(This section will be filled by the student.)

Date:

Name of Internship Unit:

Supervisor Name Surname:

I- Initial learning objectives

At the end of the internship, mark how far you have reached these goals (1: I have not reached at all, 2: I have not reached, 3: I have partially reached, 4: I have reached, 5: I have reached completely)

1	2	3	4	5
---	---	---	---	---

Specify the reason for failure (If it has not been reached fully, state the reasons.)

II- Diseases seen in internship:

Please indicate the evaluation and/or physiotherapy practices you used during your internship:

III- Physiotherapy practice skills you gained during your internship

IV- Additional theoretical knowledge gained during the internship

Briefly describe the reflection of the internship in your practice:

Specify the method of gaining knowledge:

V- What you gain with group application/discussion/sharing in internship:

Otherwise, explain why:

VI- The aspects you find lacking in the internship (theory, practice, communication, etc.):

VII- In terms of "Clinical Practice" of the internship place:

Strongest point:

Weakest point:

Opportunity for you:

(This section will be filled by the student.)

Evaluation Criteria: (1: I totally disagree, 2: I disagree, 3: I partially agree, 4: I agree, 5: I totally agree)

A- Clinical Supervisor

- 17. Communication skills were adequate.
- 18. Her/His knowledge and skills were sufficient for my clinical training
- 19. The clinical environment was organized in accordance with my education.
- 20. She/He took the time I needed for my clinical training.
- 21. Implemented the determined weekly training program.
- 22. Adapted my clinical training to my learning goals.
- 23. Provided sufficient opportunity for case discussion.
- 24. She/He has been a role model for my professional life.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

1. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 3 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	
Your opinions and thoughts:	

2. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 3 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	

3. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 3 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	
Your opinions and thoughts:	

Dear Internship Manager,

Relevance: Information to the Head of the Institution where the Clinical Practice are conducted.

We would like to thank your institution for accepting our student and helping her/him gain experience in the field of physiotherapy and rehabilitation by clinical practice.

In order to follow the studies of our student who does clinical work in your institution, and to determine the attendance and success status, we kindly request that the following documents are filled in and delivered to the student in this practice notebook. In addition, we request the necessary physiotherapist to approve the reports of the student's studies and the cases followed during the clinical practice.

Cyprus International University
Physiotherapy and Rehabilitation
Head of Department

PTRE401 CLINICAL PRACTICE-I COMPLETION APPROVAL FORM

Cyprus International University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation student participated in the evaluation and treatment program of diagnosed patients between/...../20... -/...../20... under the supervision of the responsible physiotherapist.

Responsible Physiotherapist

Name-Surname:

(Signature and Stamp)

INTERNATIONAL CYPRUS UNIVERSITY
FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION DEPARTMENT
SUPERVISOR'S STUDENT EVALUATION FORM

Student Name Surname:

Internship Start and End Date:

Internship institution and department:

I. Evaluation Criteria

Please tick the appropriate place for each criterion.

A. Behaviors and Appearance

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Self-confidence					
Initiative					
Interest and attention to work					
Creativity					
Openness to criticism					
Appearance					

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

B. Communication Skills with,

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Supervisor					
Colleagues					
Patients					
Staffs					

C. Work performance

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Attendance and punctuality					
Level of technical knowledge	(15 points)	(13 points)	(10 points)	(7 points)	(5 points)
Taking responsibility					
Follow the instructions					
Interest in learning	(10 points)	(8 points)	(6 points)	(4 points)	(2 points)
Developing proposal					
Level of Skillfulness					

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

D. General Evaluation

F	D-	D	D+	C-	C	C+	B-	B	B+	A-	A
0-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100

II. Would you consider working with the student again?

YES

NO

III. Please indicate your comments regarding the advancement of the intern student.

IV. Other thoughts

***Responsible Physiotherapist's signature or initial:

***: Mandatory



**FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION**

Dear Partner,

This questionnaire has been prepared to evaluate the internship performance of our students who do internship at the institution you work for. Please tick the most appropriate option for the following statements regarding our intern students.

Thank you for your valuable feedback.

Name of Partner:

Company Name:

Contact information:

Rating: 1= strongly agree; 2= agree; 3= undecided; 4= disagree; 5= strongly disagree

1-Evaluation (25 points)

Having general knowledge about assessment	1	2	3	4	5
Planning an individual assessment	1	2	3	4	5
Implement planned assessments	1	2	3	4	5
Identifying contraindications in assessment and making necessary changes	1	2	3	4	5
Interpreting the evaluation results and determining the clinical problem	1	2	3	4	5

2- Physiotherapy Applications (25 points)

Having basic knowledge about physiotherapy	1	2	3	4	5
Planning an individual physiotherapy program	1	2	3	4	5
Implementing the planned physiotherapy program and planning and teaching the individual home program	1	2	3	4	5
Identifying contraindications and making necessary changes in the physiotherapy program	1	2	3	4	5
To be able to carry out the necessary protocols by using the relevant technology, training and treatment equipment in physiotherapy applications.	1	2	3	4	5

3- Professional Compliance and Responsibilities (25 points)

Acting in accordance with professional ethical principles	1	2	3	4	5
Behaving in accordance with the internship regulations (internship hours, clothing, etc.)	1	2	3	4	5
Making personal efforts to develop professional knowledge and skills	1	2	3	4	5
Knowing and fulfilling their duties and responsibilities in a multidisciplinary team	1	2	3	4	5
Taking necessary safety precautions for the patient and herself/himself during the evaluation and physiotherapy	1	2	3	4	5

4- Communication and Documentation (25 points)

Getting information about the individual, keeping records, using terminology and abbreviations correctly (file, interview, evaluation results, etc.)	1	2	3	4	5
Communicating and informing individuals and their relatives	1	2	3	4	5
Organizing the treatment environment where she/he does his internship	1	2	3	4	5
Communicating with colleagues and other healthcare professionals	1	2	3	4	5
Generating innovative and creative ideas to solve problems that arise in unexpected situations	1	2	3	4	5

Your Comments and Notes

PTRE400/402 CLINICAL PRACTICE– II
WORKPLACE INFORMATION FORM

Name :

Address :

Telephone number :

Fax number :

E-mail :

CLINICAL PRACTICE–II DATES

Starting date :

End date :

OBJECTIVES OF THE CLINICAL APPLICATION AND MATTERS TO BE CONSIDERED IN APPLICATION

1. Students who will do clinical work are under the supervision of educational personnel to be determined by the workplace during this period. The training staff is responsible for the students to continue their studies within a plan and for the implementation of the study plan as required.
2. The student is under observation; It is expected that he will gain the ability to communicate with the patient, patient relatives and all health personnel, and the ability to apply basic physiotherapy (patient history taking and evaluation methods, electro-physical agents and following the created exercise program) in line with the information received.
3. During the clinical study, students must comply with the working principles to be determined by the health institution.
4. Each student is given a clinical study notebook to summarize the work he has done every day during the practice period.

During this period, the student records the studies he/she has carried out in accordance with the program given to him/her in this internship book. These studies are signed by the clinical study supervisor at the end of each week.

At the end of the application, the student writes the evaluation report in the section reserved in the clinical study notebook.

The clinical trial book is signed and sealed by the authorized superiors of the relevant unit or institution at the end of the application.

This notebook is submitted to the clinical study commission as an appendix to the petition within the first course registration period specified in the academic calendar.

5. Disease, loss of a relative etc. during the clinical study period. In such cases, with the approval of the workplace and informing the department consultant, the missing days due to a break in the application must be completed within the same period and on the days following the application end date. Otherwise, the clinical study is repeated in the following semesters.
6. Each student, when starting clinical work; These documents are filled in by submitting the documents consisting of the application document and success form to the place where the clinical study will be performed during the internship period. The documents filled in by the student's clinical supervisor until the end of the internship are delivered to the student and the student is obliged to deliver the relevant internship book to the physiotherapy and rehabilitation department advisor within the specified dates.

The student's name and surname:

.....

INTERNSHIP CONTINUE SCHEDULE

[The diary will be signed and approved by the student considering the working days.]

DAY	DATE	SIGNATURE		DAY	DATE	SIGNATURE	
		ENTRANCE	EXIT			ENTRANCE	EXIT
1				21			
2				22			
3				23			
4				24			
5				25			
6				26			
7				27			
8				28			
9				29			
10				30			
11				31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

SCHEDULE OF COMPLETION IF NON-ATTENDANCE IS USED

DAY	DATE	SIGNATURE		DAY	DATE	SIGNATURE	
		ENTRANCE	EXIT			ENTRANCE	EXIT
1				5			
2				6			
3				7			
4				8			

Reason for non-attendance:

DECISION OF THE CLINICAL PRACTICE COMMISSION	
SUCCESSFUL	UNSUCCESSFUL

APPLICATION RESPONSIBLE'S NAME AND SURNAME:

TITLE/SIGN:

PTRE400/PTRE402 CLINICAL PRACTICE-II STUDENT ASSESSMENT SECTION

(This section will be filled by the student.)

Date:

Name of Internship Unit:

Supervisor Name Surname:

I- Initial learning objectives

At the end of the internship, mark how far you have reached these goals (1: I have not reached at all, 2: I have not reached, 3: I have partially reached, 4: I have reached, 5: I have reached completely)

1	2	3	4	5
---	---	---	---	---

Specify the reason for failure (If it has not been reached fully, state the reasons.)

II- Diseases seen in internship:

Please indicate the evaluation and/or physiotherapy practices you used during your internship:

III- Physiotherapy practice skills you gained during your internship

IV- Additional theoretical knowledge gained during the internship

Briefly describe the reflection of the internship in your practice:

Specify the method of gaining knowledge:

V- What you gain with group application/discussion/sharing in internship:

Otherwise, explain why:

VI- The aspects you find lacking in the internship (theory, practice, communication, etc.):

VII- In terms of "Clinical Practice" of the internship place:

Strongest point:

Weakest point:

Opportunity for you:

(This section will be filled by the student.)

Evaluation Criteria: (1: I totally disagree, 2: I disagree, 3: I partially agree, 4: I agree, 5: I totally agree)

A- Clinical Supervisor

- 25. Communication skills were adequate.
- 26. Her/His knowledge and skills were sufficient for my clinical training
- 27. The clinical environment was organized in accordance with my education.
- 28. She/He took the time I needed for my clinical training.
- 29. Implemented the determined weekly training program.
- 30. Adapted my clinical training to my learning goals.
- 31. Provided sufficient opportunity for case discussion.
- 32. She/He has been a role model for my professional life.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

1. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 3 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	
Your opinions and thoughts:	

2. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 3 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	

3. Case Report:

Please detail one of the patients you followed from the process you started in your clinical practice to the completion of your practice, in line with the following headings. Each student has to make 3 case reports during the internship.

Patient Name Surname (Can be written as M.C.):	
Diagnosis of the Patient:	
Reason for applying to physiotherapy:	
Pre-treatment assessment:	
Patient's expectation from treatment:	
Short and long term goals of the physiotherapist:	
Treatment Program:	
Home program and recommendations:	
Post-treatment evaluation:	
Your opinions and thoughts:	

Dear Internship Manager,

Relevance: Information to the Head of the Institution where the Clinical Practice are conducted.

We would like to thank your institution for accepting our student and helping her/him gain experience in the field of physiotherapy and rehabilitation by clinical practice.

In order to follow the studies of our student who does clinical work in your institution, and to determine the attendance and success status, we kindly request that the following documents are filled in and delivered to the student in this practice notebook. In addition, we request the necessary physiotherapist to approve the reports of the student's studies and the cases followed during the clinical practice.

Cyprus International University
Physiotherapy and Rehabilitation
Head of Department

PTRE400/PTRE402 CLINICAL PRACTICE-I COMPLETION APPROVAL FORM

Cyprus International University, Faculty of Health Sciences, Department of Physiotherapy and Rehabilitation student participated in the evaluation and treatment program of diagnosed patients between/...../20... -/...../20... under the supervision of the responsible physiotherapist.

Responsible Physiotherapist

Name-Surname:

(Signature and Stamp)

INTERNATIONAL CYPRUS UNIVERSITY
FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION DEPARTMENT
SUPERVISOR'S STUDENT EVALUATION FORM

Student Name Surname:

Internship Start and End Date:

Internship institution and department:

I. Evaluation Criteria

Please tick the appropriate place for each criterion.

A. Behaviors and Appearance

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Self-confidence					
Initiative					
Interest and attention to work					
Creativity					
Openness to criticism					
Appearance					

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**

B. Communication Skills with,

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Supervisor					
Colleagues					
Patients					
Staffs					

C. Work performance

	Very good (5 points)	Good (4 points)	Enough (3 points)	Poor (2 points)	Very poor (1 point)
Attendance and punctuality					
Level of technical knowledge	(15 points)	(13 points)	(10 points)	(7 points)	(5 points)
Taking responsibility					
Follow the instructions					
Interest in learning	(10 points)	(8 points)	(6 points)	(4 points)	(2 points)
Developing proposal					
Level of Skillfulness					

***Responsible Physiotherapist's signature or initial:

***: **Mandatory**

D. General Evaluation

F	D-	D	D+	C-	C	C+	B-	B	B+	A-	A
0-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100

II. Would you consider working with the student again?

YES

NO

III. Please indicate your comments regarding the advancement of the intern student.

IV. Other thoughts

*****Responsible Physiotherapist's signature or initial:**

*****: Mandatory**



**FACULTY OF HEALTH SCIENCES
PHYSIOTHERAPY AND REHABILITATION**

Dear Partner,

This questionnaire has been prepared to evaluate the internship performance of our students who do internship at the institution you work for. Please tick the most appropriate option for the following statements regarding our intern students.

Thank you for your valuable feedback.

Name of Partner:

Company Name:

Contact information:

Rating: 1= strongly agree; 2= agree; 3= undecided; 4= disagree; 5= strongly disagree

1-Evaluation (25 points)

Having general knowledge about assessment	1	2	3	4	5
Planning an individual assessment	1	2	3	4	5
Implement planned assessments	1	2	3	4	5
Identifying contraindications in assessment and making necessary changes	1	2	3	4	5
Interpreting the evaluation results and determining the clinical problem	1	2	3	4	5

2- Physiotherapy Applications (25 points)

Having basic knowledge about physiotherapy	1	2	3	4	5
Planning an individual physiotherapy program	1	2	3	4	5
Implementing the planned physiotherapy program and planning and teaching the individual home program	1	2	3	4	5
Identifying contraindications and making necessary changes in the physiotherapy program	1	2	3	4	5
To be able to carry out the necessary protocols by using the relevant technology, training and treatment equipment in physiotherapy applications.	1	2	3	4	5

3- Professional Compliance and Responsibilities (25 points)

Acting in accordance with professional ethical principles	1	2	3	4	5
Behaving in accordance with the internship regulations (internship hours, clothing, etc.)	1	2	3	4	5
Making personal efforts to develop professional knowledge and skills	1	2	3	4	5
Knowing and fulfilling their duties and responsibilities in a multidisciplinary team	1	2	3	4	5
Taking necessary safety precautions for the patient and herself/himself during the evaluation and physiotherapy	1	2	3	4	5

4- Communication and Documentation (25 points)

Getting information about the individual, keeping records, using terminology and abbreviations correctly (file, interview, evaluation results, etc.)	1	2	3	4	5
Communicating and informing individuals and their relatives	1	2	3	4	5
Organizing the treatment environment where she/he does his internship	1	2	3	4	5
Communicating with colleagues and other healthcare professionals	1	2	3	4	5
Generating innovative and creative ideas to solve problems that arise in unexpected situations	1	2	3	4	5

Your Comments and Notes
