

**İSTANBUL GEDİK UNIVERSITY**

**FIELD STUDY COURSE IN HEALTH ORGANIZATIONS**

**PRACTICE FILE**

**FACULTY OF HEALTH SCIENCES**

CHILD DEVELOPMENT DEPARTMENT

*2023 – 2024 ACEDEMIC YEAR*

**İSTANBUL GEDİK UNIVERSITY**

**FIELD STUDY COURSE IN HEALTH ORGANIZATIONS**

**PRACTICE FILE**

Student’s Photo

NAME-SURNAME :

NUMBER :

PRACTICE START DATE : 12.02.2024

PRACTICE FINAL DATE : 21.05.2024

PRACTICE FILE SUBMISSION DATE :

NAME OF THE PRACTICING ORGANIZATION: 

Güllübağlar Neighborhood, Ankara Street, Nu: 280 Pendik/İSTANBUL

Phone: 444 5 438 – Fax: +90 (216) 452 87 17

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| --- | --- |
| **GENERAL INFORMATION** | |
| **Course code and name** | CGE414 Field Study in Health Organizations |
| **Course objective** | The aim of this course is to provide students with a comprehensive understanding of information about children with normal development, special needs, children in need of protection and children whose development is at risk; to develop the ability to plan and apply different diagnostic and therapy techniques specific to developmental areas. |
| **Academic staff** | Assistant Professor Tansen TAYGUR ALTINTAŞ  Research Assistant Rabia Cemre ARSLAN |
| **E-mail** | [tansen.altintas@gedik.edu.tr](mailto:tansen.altintas@gedik.edu.tr)  [cemre.arslan@gedik.edu.tr](mailto:cemre.arslan@gedik.edu.tr) |

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| **Course** | | | | | | **Weekly Course Hours** | | |
| **Period** | **Semester** | **Type** | **Language** | **Credit** | **ECTS** | **Theory** | **Practice** | **Lab** |
| 2023-2024 Spring | 8 | Compulsory | Türkçe | Macintosh HD:Users:mugeunaldi:Desktop:universite:LOGOLAR:yeni logolar:gedik_logo_tekli_tr.png10 | 10 | 2 | 16 | 0 |

***We kindly ask you to strictly comply with the following points during your application; we wish you success.***

## *PURPOSE OF THE PRACTICE*

The aim of this course, which is carried out in public / private hospitals and other health institutions, is to provide students with knowledge and experience based on observations and practices about the structure and functioning of public and private health institutions, organization of physical and educational environments, preparation and implementation of educational programs, developmental characteristics of children coming to health institutions in different areas and development and health problems.

##### ***EVALUATION***

Student success in this course will be determined according to the weighted averages of the midterm exam file submissions and the final exam. The effect of exams on student success is determined as follows:

* Midterm Report Submission: 40%
* Final Report Submission: 60%

**Important Note:** In the Final Exam Report Submission, a total of 24 Developmental Observation Reports and Observations on the Evaluation Process, as well as the Practice Evaluation Form and Practice Attendance Chart must be submitted.

Practice Evaluation Form should be filled in by the specialist or child development specialist responsible for you and submitted in a sealed envelope without you seeing it.

***ATTENDANCE REQUIREMENT FOR THE PRACTICE PROGRAM***

Attendance to the practice is compulsory. Students who do not attend the practice are considered unsuccessful. ***It is essential that absences with justified and valid reasons are made up before the application files are submitted. The make-up day must be written in the Attendance Chart.***

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| **WEEKLY SCHEDULE** | | |
| **1** | February 12-13, 2024 | \* A Child's Observation |
| **2** | February 19-20, 2024 | \* A Child's Observation |
| **3** | February 26-27, 2024 | \* A Child's Observation |
| **4** | March 4-5, 2024 | \* A Child's Observation |
| **5** | March 11-12, 2024 | \* A Child's Observation |
| **6** | March 18-19, 2024 | \* A Child's Observation |
| **7** | March 25-26, 2024 | \* A Child's Observation |
| **8** | April 1-2, 2024 | Midterm Report Submission  **\*\*\*There will be no practice due to the midterm exam.**  **\*\*\*You are required to hand deliver your file on the specified date against signature.** |
| **9** | April 8-9, 2024 | **\*\*\*There will be no implementation due to the Ramadan Feast Week.** |
| **10** | April 15-16, 2024 | \* A Child's Observation |
| **11** | April 29-30, 2024 | \* A Child's Observation |
| **12** | May 6-7, 2024 | \* A Child's Observation |
| **13** | May 13-14, 2024 | \* A Child's Observation |
| **14** | May 20-21, 2024 | \* A Child's Observation |
| **15** | May 27-28, 2024 | \* Writing about experiences in practice |
| **16** | June 3-4, 2024 | Final Report Submission  **\*\*\*You must hand-deliver your file in return for signature on the specified date.** |

***EVALUATION OF THE PRACTICE***

The practice is evaluated by examining the application file submitted at the end of the course, in accordance with the "Practice Evaluation Form" filled out by the institutional practice coordinator and the observations of the instructor responsible for the practice. Practice files are submitted at the latest on the specified final exam date.

***PRACTICE PROCESS OF FIELD STUDY COURSE IN HEALTH ORGANIZATIONS***

1. **INFORMATION ABOUT OBSERVATION**

* **Institution Observation:** During the first observation week, it will be conducted and reported in line with the following headings.

*Physical Characteristics of the Institution:* It is a section in which the indoor and outdoor characteristics of the institution where the field work course is applied in health institutions are discussed in terms of features such as size, purpose, suitability for the purpose, capacity and materials.

*Number, Duties and Characteristics of the Personnel in the Institution:* In this section, information on the number of staff working in the institution, the educational status of the employees, their duties and the work they do will be included.

* **Child Observation: *Institutional observation will be conducted in the first week and two child observations will be conducted every week. In the observation report in the Annex, all information about the child will be filled in and information on developmental areas will be provided.***

1. **INFORMATION ON THE PRACTICE**

The student has to practice in the practice of CGE414 Field Study in Health Organizations course in accordance with the practice directive. In this context, the following documents will be prepared. In addition, information and documents related to different programs and approaches applied in the institution will also be included in the file.

1. **EVALUATION OF THE PRACTICE**

In this section, the student should include the contributions of the practice.

**PREPARATION AND SUBMISSION OF THE PRACTICE FILE**

The student is obliged to submit the reports and documents of the observations and practices to the instructor on the date of the final exam at the latest. Files not submitted on the specified date and time will not be accepted.

Students must submit their completed child observations as a report to the instructor on the date and time of the **midterm exam.** (Digital)

In order to ensure compliance with the rules of scientific writing and standardization in the preparation and writing of the application file, which will be prepared at the end of the application and will be the basis of the final exam grade, students should pay attention to the following rules. (Digital copy will be delivered by e-mail, original documents will be delivered physically during the **final exam** week).

**General Writing Rules** 

* Reports should be typed by computer on only one side of the paper. A font that is easy to read (Times New Roman, 12 pt.) should be used.
* In the arrangement of the page, 3 cm. space should be left at the top and bottom of each page, 4 cm. on the left edge and 2.5 cm. on the right edge.
* The standard line spacing to be used in writing the report text should be 1.5 spaces.
* All of the titles in the report review should be written in all capital letters and **Bold** in computer typing.
* Page numbers should be given at the end of each report.
* A table of contents should be created immediately after the cover page.
* Report writing and report format must be in accordance with the format in the directive.

**General Presentation Rules**

* The original copy of the reports taken from the computer must be submitted to the **instructor responsible for the practice.**
* The reports must be submitted after they have been read by the student who prepared the report and the necessary corrections have been made.

**Report Format**

The report for the Field Study in Health Organizations course must be written in accordance with the plan below.

***Report Cover***

A report cover should include the following information:

1. Name, address and contact information of the implementing organization,
2. Name and surname of the instructor responsible for the practice,
3. Name and surname of the institution manager,
4. Name and surname of the institution practice coordinator,
5. Student's name, surname and contact information,
6. Place and year the report was prepared.

***Table of Contents***

An index showing each title used in the report in numerical order, together with the title of the chapter and the page number.

***Information on Observation***

The student will report the observations (institutional and child observation) made in line with the information provided.

***Information on Practice***

The student will report the practices made in line with the information given.

***Evaluation of Practice***

It should include the contributions of the practice to itself. (TO BE INCLUDED IN FINAL)

**INFORMATION ABOUT FILE SUBMISSION AND PRESENTATIONS:**

* Each student will submit a file individually
* ***Files will be prepared as specified in the practice guide.***

**Name-Surname of the student who prepared the Development Observation Report:**…….

**Observation Date:**

The development observation report has been prepared for you to systematically record your information and observations about children's health status and development. Please review these topics and areas of development before starting the observation or file review.

**CHILD DEVELOPMENT DEPARTMENT**

**2023-2024 ACADEMIC YEAR - SPRING SEMESTER**

**CGE414 FIELD STUDY IN HEALTH ORGANIZATIONS**

**DEVELOPMENTAL OBSERVATION REPORT**

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Name and surname of the child being assessed/observed:…………………………… | Evaluating expert:…………………………… |
| Gender:…………………………………….... | Referring section:…………………………… |
| Date of birth:………………………………... | Health insurance:……………………………. |
| Place of birth:……………………………….. | Diagnosis of arrival:………………………… |
| Birth weight:………………………………… | Diagnosis after assessment:…………………. |
| Week of gestation:…………………………... | Number of assessments:……………………... |
| Province of residence:……………………….. | Disability Health Board Report:…………….. |
|  | **Disability rate:……………………………...** |

|  |  |  |
| --- | --- | --- |
| Day  Year  Month  Date of birth  Date  Chronological age  Adjusted age  GY ≤ 37 weeks preterm:  40 – GY = |  |  |

1. **DEVELOPMENTAL OBSERVATION**

Developmental areas and other topics that you should pay attention to during the observation process are given below. When writing down your observations on developmental areas, first write down the child's positive developmental characteristics, then the skills that children show at the expected level, and finally the skills that need to be developed.

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| --- |
| **Developmental Observation Report:** Write your observations about the family's anxiety, the child's development in the areas of expressive language, receptive language, cognitive, gross and fine movement, social-emotional (relationship-communication), self-care, what the family is doing to support development, services that the child and family benefit from, risks affecting development, what the family plans to do, feedback given to the family at the end of the developmental assessment and follow-up plan. |
| **THE DEVELOPMENTAL OBSERVATION SECTION WILL BE FILLED IN ACCORDING TO THE EXPLANATION GIVEN ABOVE.**  Macintosh HD:Users:mugeunaldi:Desktop:universite:LOGOLAR:yeni logolar:gedik_logo_tekli_tr.png |

1. **OBSERVATION ON THE ASSESSMENT PROCESS**

Record your observations about the assessment method, the tool/scale used in the assessment, the assessment process and the assessor in detail below.

|  |
| --- |
| **Evaluation Observation Report:** Observations about the method, tool, scale used in the assessment, the assessment process and the assessor: **Do you think the room where the child received service was appropriate? Did the specialist welcome the child well, did he/she use a name? (Were the counseling and communication skills of the Child Development Specialist adequate? How do you think his/her closeness to the family was? How was his/her body language? In your opinion, what were his/her sufficient and deficient aspects? Were the questions asked and suggestions given to the family about the child adequate? Please indicate the sufficient/deficient questions. Was privacy respected and if so, how? Did the specialist use body language well? Was only the child's current health problem addressed?**) If you, as the expert, were conducting this interview, what would you add in terms of theoretical knowledge and skills? What was done regarding the child's physical, cognitive, motor and social development? What else should have been done? Was the story about the family and the child sufficient? Was the information given for the family understood? Explain if yes. What else should have been asked? Was the time spent to evaluate the child sufficient (long, short enough)? Did the practices in this institution contribute to your knowledge and skills? What are your suggestions for the practices in this institution to be useful? |
| **SHORT SENTENCES WILL NOT BE INCLUDED**  **MAKE SURE IT IS AT LEAST ONE PAGE!!!**Macintosh HD:Users:mugeunaldi:Desktop:universite:LOGOLAR:yeni logolar:gedik_logo_tekli_tr.png |

**FACULTY OF HEALTH SCIENCES DEPARTMENT OF CHILD DEVELOPMENT**

**PRACTICE EVALUATION FORM**

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| --- | --- | --- |
| **STUDENT’S**  NAME-SURNAME : ……………………………………….. | | **INSTITUTION’S**  NAME : ………………………….. |
| NUMBER : ………………………..................... | | PHONE NUMBER : …………………….. |
| START DATE : ….... / …... / ……… | | ADDRESS : …………………….............. |
| FINAL DATE : ….... / …... / ……… | | ……………………………… |
| ***Dear Authorized;***  We kindly ask you to fill in the table below in order to determine the knowledge, skills and the degree of benefit from the internship of the student who is practicing in your institution within the scope of the "CGE414 Field Study in Health Organizations" course and the qualities of his / her relationships and behaviors with the institution staff and / or children, and at the end of the internship, we kindly ask you to ensure that this document is delivered to our department by delivering it to the student ***in a sealed envelope*** together with the ***"Practice Attendance Schedule"*** and thank you for your interest. | | |
| **EVALUATION CRITERIA** | **SCORE**  **Give a score out of 10 for each item.** | |
| Work Attendance and Punctuality |  | |
| Volunteering |  | |
| Ability to Evaluate Time Effectively |  | |
| Professional Knowledge and Skills |  | |
| Taking Responsibility |  | |
| Participation in Practice | Macintosh HD:Users:mugeunaldi:Desktop:universite:LOGOLAR:yeni logolar:gedik_logo_tekli_tr.png | |
| Communication with Personnel in the Organization |  | |
| Following Instructions |  | |
| Complying with the Organization's Order |  | |
| General Evaluation of the Studies Conducted During the Internship |  | |
| **TOTAL SCORE** |  | |
| *If you have anything to add:…………………………………………………………………………………………………………… ……*…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | |

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| **PRACTICE ATTENDANCE CHART** | | | | |
| **Student’s Name-Surname:**  **Number:**  **Name and Surname of the Institution Manager:** | | | | |
| **N** | **DATE** | **PRACTICE PLACE** | **SIGNATURE OF THE INSTITUTION MANAGER** | **STUDENT’S SIGN** |
| **1** | **12.02.2024** |  |  |  |
| **2** | **13.02.2024** |  |  |  |
| **3** | **19.02.2024** |  |  |  |
| **4** | **20.02.2024** |  |  |  |
| **5** | **26.02.2024** |  |  |  |
| **6** | **27.02.2024** |  |  |  |
| **7** | **04.03.2024** |  |  |  |
| **8** | **05.03.2024** |  |  |  |
| **9** | **11.03.2024** |  |  |  |
| **10** | **12.03.2024** |  |  |  |
| **11** | **18.03.2024** |  |  |  |
| **12** | **19.03.2024** |  |  |  |
| **13** | **25.03.2024** |  |  |  |
| **14** | **26.03.2024** |  |  |  |
| **15** | **15.04.2024** |  |  |  |
| **16** | **16.04.2024** |  |  |  |
| **17** | **29.04.2024** |  | Macintosh HD:Users:mugeunaldi:Desktop:universite:LOGOLAR:yeni logolar:gedik_logo_tekli_tr.png |  |
| **18** | **06.05.2024** |  |  |  |
| **20** | **07.05.2024** |  |  |  |
| **21** | **13.05.2024** |  |  |  |
| **22** | **14.05.2024** |  |  |  |
| **23** | **20.05.2024** |  |  |  |
| **24** | **21.05.2024** |  |  |  |