REPUBLIC OF TÜRKİYE

ISTANBUL KENT UNIVERSITY

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF NURSING

STUDENT SKILLS REPORT

STUDENT

Name and Surname :	
School Number :	
Date/Type of Registration to School :	
Telephone :	
Email :	
Signature :	

ADVISOR
(**NAME, SURNAME, SIGNATURE)**

20… /20.. Academic Year;

20… /20.. Academic Year;

20… /20.. Academic Year;

20… /20.. Academic Year;

20… /20.. Academic Year;

20… /20.. Academic Year;

STUDENT SKILL MONITORING REPORT CARD USER GUIDE

Purpose, Scope and Use of the Report Card

Aim

Student skill monitoring report card has been prepared for the purpose of carrying out the vocational courses applied by the students of Istanbul Kent University, Faculty of Health Sciences, Department of Nursing in line with the objectives of the Department of Nursing. It will be used to monitor the clinical skills of the students and ensure that they complete all their applications completely.

Scope

This guide includes a list of the skills that nursing students are expected to achieve during their practice, according to their applied professional courses, by the relevant departments.

Use of the Report Card

The student is expected to perform these skills at least three times during the practices (clinical/laboratory) under the supervision of a clinical nurse and/or faculty member. The skill monitoring chart specific to the relevant department course practice should be recorded by the clinical nurse and/or faculty member after the skill is observed to be practiced, with a date (name/surname, institution, signature). Students are required to perform all practices of each department at least once during the external practice of the relevant course. Students who cannot complete the nursing skills of the relevant course are required to complete their incomplete practices throughout their undergraduate education. At the end of each practice course, the opinions and suggestions of the relevant course instructor, clinical nurse in charge and the faculty member responsible for the practice will be written on the report card based on the practices that the student completed and could not complete. If it is determined that the student signed a practice that he/she did not perform, a penalty will be applied. Clinical/field practices are recorded on the chart according to the following explanations;

C: The student did the application in the clinic.

L: The student did the application in the laboratory.

S: The student did the practice in the simulator.

O: The student only observed the application. (If the student only observed the application in three applications, the reason why the student could not perform the skill is stated under the supervision of the instructor responsible for the application.)

Updating the Report Card

Report cards will be reviewed at the end of each academic year and adjustments will be made if deemed necessary.

AND GENERAL RULES REGARDING CLINICAL APPLICATIONS

Istanbul Kent University, Faculty of Health Sciences, Department of Nursing practical training is carried out within the scope of the "Istanbul Kent University, Faculty of Health Sciences, Department of Nursing Application Directive" prepared based on the "Istanbul Kent University, Faculty of Health Sciences, Department of Nursing Regulation" published in the Official Gazette dated March 1, 2021 and numbered 31410, and the Framework Regulation on Applied Education in Higher Education published in the Official Gazette dated June 17, 2021 and numbered 31514. The relevant directive can be accessed via the website via the steps "Istanbul Kent University Home Page > About Us > Legislation > Directives".

<u>**Student;**</u>

- Must observe nursing practices in the laboratory, clinic/simulator, apply after observation and have their practices approved by the teaching staff/clinical nurse.

- In case of losing the practice report card, the student is obliged to repeat the practices he/she has done before under the supervision of the instructor in order to create a new skill report card.

- It is obligatory to comply with the rules of the institutions in which it is implemented.

- Outside of the intern period, practice can only be done under the supervision of the intern instructor or the responsible / clinical nurse.

- In case of a work accident, they are responsible for acting in accordance with the relevant directive and the procedures of the institutions they work in.

- In case of a work accident, the work accident form prepared by the hospital's OHS Specialist must be sent to the e-mail address almakliegitimler@kent.edu.tr on the same day.

- There is a serious financial penalty for not reporting a work accident. Work accidents should also be recorded periodically in the relevant table at the end of the report card.

- Cannot receive guests during practice hours or make appointments at hospital clinics.

- A student cannot be in the hospital outside of practice hours. He/she cannot go out of the hospital with his/her practice uniform.

- The patient and institution/hospital information obtained cannot be used or disclosed on any platform other than education (elevator, canteen, transportation vehicles, telephone, social media, internet, etc.). *

- No documents, tools or equipment can be taken out of the clinic.

- Tobacco, alcohol etc. cannot be consumed in and around the hospital. **

- He/she must sign in/out at the place and time determined by the institution where he/she practices. He/she cannot sign on behalf of someone else or have someone else sign on his/her behalf.

- If an extraordinary situation occurs that requires being late for practice or leaving the practice area early, the patient must inform the service charge nurse and the responsible instructor.

- For the sake of the integrity of the application, absences cannot be made by interrupting the day.

- During the undergraduate education period, it is expected that the student takes part in at least 1 project (Tübitak, R&D etc.) / social project or research and participates in at least 1 congress, course, seminar etc. The events and projects he/she participated in should be recorded in the relevant table at the end of the report card.

*Turkish Penal Code Articles 135 and 136 (Read.)
** Official Gazette dated 27/05/2008 and numbered 26888 (Read.)

ISTANBUL KENT UNIVERSITY FACULTY OF HEALTH SCIENCES LABORATORY APPLICATION PRINCIPLES AND RULES

- It is mandatory to comply with the rules established in the laboratory.
- Laboratory practices are carried out between the dates and times specified in the laboratory program.
- Each student must have their skill report card with them during the application.
- It is forbidden to leave the practice area, change the place of practice, or abandon the practice without the permission of the instructors responsible for the practice.
- All electrical or mechanical tools, equipment and educational materials in the laboratory must be used with care and in accordance with the instructions for use.
- It is forbidden to intervene in equipment such as cabinets, devices, materials, drawers, models, etc. outside the scope of application and to move them from the application area to another area.
- Practices should not be performed without the supervision of the course instructor and other teaching staff working in the laboratory.
- Do not attempt to re-sheathe the syringe/catheter needles used during applications.
- If any medication etc. has been drawn into the syringe, the syringe chamber should be thrown into the hazardous waste bin. If no medication has been drawn into the syringe or if physiological serum/water has been drawn into the syringe, it should be thrown into the normal waste bin.
- While working with solutions such as alcohol, batticon, lubricating gel etc. used in laboratory applications, hands should not be touched to the face or mouth.
- In laboratory practices, students must establish appropriate, respectful communication with their instructors and peers.
- Students who do not display appropriate behavior in laboratory practice areas are warned by the responsible instructor; if the student's behavior does not change, he/she is asked to leave the practice area and is considered absent and did not practice that day.
- Students cannot take photographs, record audio and video, publish or share without permission during laboratory practices.
- Noise and loud talking should be avoided in the laboratory and waiting areas.
- If there is a wet area in the laboratory, no one should pass over it.
- Students must pay for any damage or loss of equipment caused by the students.
- The wastes generated as a result of the applications should be separated and thrown into the relevant waste bins.
- At the end of the application, the materials, devices and models used should be collected.
- After completing laboratory practices, hands must be washed with soap and water.

I have read and understood all the regulations, directives, guides, application principles and rules stated above.

Student Signature:

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
COMMUNICATION												
Welcoming the individual/patient, introducing yourself and initiating communication	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Anamnesis taking	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Using therapeutic communication techniques	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature))			
Participating in team communication	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
NURSING PROCESS												
Nursing diagnosis (data collection, data grouping, analysis and synthesis)	I. Practice Date :...../..../......				II. Practice Date :...../...../........				III. Practice Date :...../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Determining nursing diagnosis	I. Practice Date :...../..../......				II. Practice Date :...../...../........				III. Practice Date :...../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Determine goals, short-term and long-term objectives, and plan nursing interventions	I. Practice Date :...../..../......				II. Practice Date :...../...../........				III. Practice Date :...../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Implementing nursing interventions for diagnosis	I. Practice Date :...../..../......				II. Practice Date :...../...../........				III. Practice Date :...../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

NURSING PRINCIPLES APPLIED COURSE SKILL MONITORING CHART											
PROFESSIONAL ETHICAL PRINCIPLES AND VALUES											
Informing patients/relatives about their rights and responsibilities	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Ensuring patient confidentiality	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
PATIENT ADMISSION/DISCHARGE											
Admitting the patient to the clinic	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Verifying patient identity	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
PATIENT ADMISSION/DISCHARGE												
Attending patient handover/visit/clinical handover	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			
Participation in the discharge process	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Discharge education	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
PHYSICAL EVALUATION												
Blood pressure measurement (Manual)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature))			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
PHYSICAL EVALUATION												
Pulse measurement (Manual)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Respiratory rate measurement	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Monitoring/assessment of skin	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Bleeding control	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
PHYSICAL EVALUATION												
Height / Weight measurement	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Assessment of the state of consciousness	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
General system evaluation (circulatory, respiratory, nervous, gastrointestinal, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Taking precautions to prevent pressure sores	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
PHYSICAL EVALUATION												
Assessing the risk of pressure ulcers (Braden scale etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Pain assessment (VAS, DAS etc.) and monitoring	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying pharmacological methods in pain management	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Non- pharmacological methods in pain management	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART											
PROVIDING AND MAINTAINING A SAFE ENVIRONMENT											
Applying the principles of medical asepsis and surgical asepsis	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Hand washing in accordance with medical asepsis and surgical asepsis	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Wearing a mask in accordance with medical asepsis	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Wearing a gown suitable for medical asepsis	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART			
PROVIDING AND MAINTAINING A SAFE ENVIRONMENT			

	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
Putting on/taking off sterile gowns	C　　L　　S　　O Approved by (name, signature)	C　　L　　S　　O Approved by (name, signature)	C　　L　　S　　O Approved by (name, signature)
Putting on/taking off sterile gloves	I. Practice Date :..../.../...... C　　L　　S　　O Approved by (name, signature)	II. Practice Date :...../...../........ C　　L　　S　　O Approved by (name, signature)	III. Practice Date :..../...../........ C　　L　　S　　O Approved by (name, signature)
Sterile field preparation	I. Practice Date :..../.../...... C　　L　　S　　O Approved by (name, signature)	II. Practice Date :...../...../........ C　　L　　S　　O Approved by (name, signature)	III. Practice Date :..../...../........ C　　L　　S　　O Approved by (name, signature)
Opening sterile items	I. Practice Date :..../.../...... C　　L　　S　　O Approved by (name, signature)	II. Practice Date :...../...../........ C　　L　　S　　O Approved by (name, signature)	III. Practice Date :..../...../........ C　　L　　S　　O Approved by (name, signature)

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FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
PROVIDING AND MAINTAINING A SAFE ENVIRONMENT												
Implementing isolation precautions (droplet, contact, respiratory, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Proper disposal of waste (medical, household, sharp/cutting, hazardous, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing patient transfer (stretcher/bed/chair)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Assessing the risk of falling (Itaki etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
PROVIDING AND MAINTAINING A SAFE ENVIRONMENT												
Positioning (fawler , semi- fawler , supine, prone , lateral, dorsal recumbent , orthopnea , etc.)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing mobilization (sitting in bed, standing up, walking, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
MOVEMENT ACTIVITY												
Exercises to provide range of motion (ROM)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Isometric-Isotonic exercises	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
RESPIRATORY ACTIVITY												
Oxygenation (cyanosis, respiratory distress, use of accessory respiratory muscles)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Doing breathing and coughing exercises	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Postural drainage	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Oxygen administration via mask	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

Oxygen administration via nasal cannula	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

Airway placement and fixation	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

Auscultation of lung sounds	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

Differentiating between normal and abnormal lung sounds	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
RESPIRATORY ACTIVITY												
Sputum sample collection	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
NUTRITIONAL ACTIVITY												
Oral mucous membrane evaluation	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Care of a patient with nausea/vomiting	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Enteral feeding administration (NGT, OGT or gastrostomy)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
NUTRITIONAL ACTIVITY												
	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
Nasogastric, orogastric tube placement	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
Nasogastric, orogastric tube care	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
Removal of nasogastric and orogastric tube	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
Management of hyperglycemia (prevention, monitoring, correction)	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART											
NUTRITIONAL ACTIVITY											
Hypoglycemia management (prevention, monitoring, correction)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Monitoring and evaluating nutrition (weight tracking, meal and diet tracking	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
EXCRETION ACTIVITY											
Listening to bowel sounds	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing training in pelvic floor exercises	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART											
EXCRETION ACTIVITY											
Bladder irrigation	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature				Approved by (name, signature)			
Monitoring fluid intake and output	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			
Urinary catheter insertion	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Urinary catheter removal	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
EXCRETION ACTIVITY												
Urinary bag/ urofix fitting/change	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Urinary catheter care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Collecting a sterile urine sample from a catheter	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Urine sampling (clean, medium, 24-hour)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART			
EXCRETION ACTIVITY			
Providing perianal hygiene training	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C L S O	C L S O	C L S O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name, signature)
Condom catheter application and removal	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C L S O	C L S O	C L S O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name, signature)
Using a badpan or urinal	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C L S O	C L S O	C L S O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name, signature)
Enema application	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C L S O	C L S O	C L S O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name, signature)

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
MEDICATION PRACTICES												
Safe medication administration (8 correct principles)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Ensuring the safety of medicines and supplies	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
High risk drugs cabinet monitoring	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Drug dosage calculation	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART			
MEDICATION PRACTICES			

	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
Oral and sublingual drug administration	C L S O Approved by (name, signature)	C L S O Approved by (name, signature)	C L S O Approved by (name, signature)
Withdrawing medication from ampule/vial	I. Practice Date :..../.../...... C L S O Approved by (name, signature)	II. Practice Date :...../...../........ C L S O Approved by (name, signature)	III. Practice Date :..../...../........ C L S O Approved by (name, signature)
Intradermal drug administration	I. Practice Date :..../.../...... C L S O Approved by (name, signature)	II. Practice Date :...../...../........ C L S O Approved by (name, signature)	III. Practice Date :..../...../........ C L S O Approved by (name, signature)
Transdermal drug administration	I. Practice Date :..../.../...... C L S O Approved by (name, signature)	II. Practice Date :...../...../........ C L S O Approved by (name, signature)	III. Practice Date :..../...../........ C L S O Approved by (name, signature)

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FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
MEDICATION PRACTICES												
Intramuscular drug administration	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Subcutaneous drug administration	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Intravenous drug administration	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying medication to the eye	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
MEDICATION PRACTICES												
Applying medication to the skin	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying medication to the ear	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying medication to the nose	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Rectal drug administration	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
MEDICATION PRACTICES												
Vaginal medication administration	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying inhaled medication with a nebulizer	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Intravenous catheter insertion and removal	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Performing intravenous catheter care	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART											
MEDICATION PRACTICES											
Regulating intravenous solution flow (calculating drops per minute)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Dosiflow usage	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Changing the intravenous solution and set	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Adding medication to intravenous solution	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
MEDICATION PRACTICES												
Intravenous bolus or push drug administration	I. Practice Date :..../..../......				II. Practice Date :....../....../........				III. Practice Date :..../....../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Venous blood sampling with Vacutainer and/or syringe	I. Practice Date :..../..../......				II. Practice Date :....../....../........				III. Practice Date :..../....../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Monitoring blood and blood product transfusions	I. Practice Date :..../..../......				II. Practice Date :....../....../........				III. Practice Date :..../....../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Drug administration via nasogastric tube	I. Practice Date :..../..../......				II. Practice Date :....../....../........				III. Practice Date :..../....../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

	FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART											
	PERSONAL CLEANING, DRESSING and SLEEP ACTIVITY											
Protecting skin and mucosal integrity	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Oral care practice	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Giving a full body bath	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing whole body care (Hair, ear, eye, nail, foot)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

FUNDAMENTALS OF NURSING- APPLIED COURSES SKILL MONITORING CHART												
PERSONAL CLEANING, DRESSING and SLEEP ACTIVITY												
Providing perineal care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Assisting the patient in dressing and undressing	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN FUNDAMENTALS OF NURSING			
DATE (Start- End)	**HOSPITAL**	**CLINIC**	**MENTOR NURSE**
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

OPINIONS AND SUGGESTIONS OF THE INSTRUCTOR ON THE LABORATORY PRACTICE OF THE FUNDAMENTALS OF NURSING- APPLIED COURSES

OPINIONS AND SUGGESTIONS OF THE CLINICAL NURSE ON THE EXTRAMURAL PRACTICE OF THE FUNDAMENTALS OF NURSING- APPLIED COURSES

OPINIONS AND SUGGESTIONS OF THE MENTOR NURSE ON THE EXTRAMURAL PRACTICE OF THE FUNDAMENTALS OF NURSING- APPLIED COURSES

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Participation in patient visits	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Auscultation of lung sounds	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Oxygen administration via mask/nasal cannula	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Teaching deep breathing and coughing exercises	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Postural drainage application	I. Practice Date :..../..../......				II. Practice Date :....../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Sputum culture collection	I. Practice Date :..../..../......				II. Practice Date :....../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Height and weight measurement / BMI assessment	I. Practice Date :..../..../......				II. Practice Date :....../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Capillary refill check	I. Practice Date :..../..../......				II. Practice Date :....../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Skin turgor assessment	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Edema control and monitoring	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Monitoring and recording intake and output of fluids	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Auscultation of heart sounds	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Insulin injection administration	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Diabetic foot examination and care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Chronic disease education (DM, HT, COPD, Asthma)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Blood culture collection	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Blood and blood product transfusion	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Interpretation of blood gases	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Assessment of bowel sounds	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Urine culture collection	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART											
Assessment of level of consciousness	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Use of Glasgow Coma Scale	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Care for intubated patients	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Implementation of isolation procedures	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Emergency cart check and inventory	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Participation in advanced life support procedures	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Care for patients with artificial airways (MV, BBAP, CPAP, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Care for patients with port catheters	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Monitoring of peritoneal dialysis patients	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Care for patients undergoing hemodialysis	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Care for patients with arteriovenous fistulas	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Pre-procedural preparation for angiography	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Post-procedural monitoring after angiography (bleeding control, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Preparation and monitoring for endoscopy/colonoscopy	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Preparation and care for chemotherapy patients	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing health education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

INTERNAL MEDICINE NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Clinic-specific discharge education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Post-mortem care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN INTERNAL MEDICINE NURSING			
DATE (Start- End)	**HOSPITAL**	**CLINIC**	**MENTOR NURSE**
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

OPINIONS AND SUGGESTIONS OF THE INSTRUCTOR ON THE LABORATORY PRACTICE OF THE INTERNAL MEDICINE NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE CLINICAL NURSE ON THE EXTRAMURAL PRACTICE OF THE INTERNAL MEDICINE NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE MENTOR NURSE ON THE EXTRAMURAL PRACTICE OF THE INTERNAL MEDICINE NURSING COURSE

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART			
PREOPERATIVE			
Preoperative patient education	I. Practice Date :..../..../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　L　S　O	C　L　S　O	C　L　S　O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name, signature)
Physical and psychological preparation of the patient	I. Practice Date :..../..../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　L　S　O	C　L　S　O	C　L　S　O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name, signature)
Providing training about deep breathing, coughing and spirometer to the patient before surgery	I. Practice Date :..../..../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　L　S　O	C　L　S　O	C　L　S　O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name, signature)
Dressing the patient with anti-embolism compression stockings before surgery	I. Practice Date :..../..../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　L　S　O	C　L　S　O	C　L　S　O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name, signature)

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART			
PREOPERATIVE			
Evaluation of the preoperative items of the Surgical Safety Checklist (SSC)	I. Practice Date :..../.../...... C | L | S | O Approved by (name, signature)	II. Practice Date :...../...../........ C | L | S | O Approved by (name, signature)	III. Practice Date :..../...../........ C | L | S | O Approved by (name, signature)
Ensuring/accompanying secure transfer of the patient to the operating room	I. Practice Date :..../.../...... C | L | S | O Approved by (name, signature)	II. Practice Date :...../...../........ C | L | S | O Approved by (name, signature)	III. Practice Date :..../...../........ C | L | S | O Approved by (name, signature)
Checking the shaving of the surgical site	I. Practice Date :..../.../...... C | L | S | O Approved by (name, signature)	II. Practice Date :...../...../........ C | L | S | O Approved by (name, signature)	III. Practice Date :..../...../........ C | L | S | O Approved by (name, signature)
Application of premedication	I. Practice Date :..../.../...... C | L | S | O Approved by (name, signature)	II. Practice Date :...../...../........ C | L | S | O Approved by (name, signature)	III. Practice Date :..../...../........ C | L | S | O Approved by (name, signature)

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART												
INTRAOPERATIVE												
Preparation /control of the operating room (necessary devices and materials, table, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Observation of mayo stand preparation	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Opening of consumable packaging materials in accordance with the aseptic technique	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Counting of materials before surgery, writing on the blackboard if necessary	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART											
INTRAOPERATIVE											
Patient admission to the operating room (checking the patient's identity and file, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........		
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)		
Transferring the patient to the operating table (giving the patient a secure position and covering appropriately	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........		
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)		
Surgical hand scrubbing	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........		
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)		
Assisting the scrub nurse and surgeon to dress appropriately in sterile conditions	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........		
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)		

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART			
INTRAOPERATIVE			
Donning and doffing of surgical gowns	I. Practice Date :..../..../...... C | L | S | O Approved by (name, signature)	II. Practice Date :...../...../........ C | L | S | O Approved by (name, signature)	III. Practice Date :..../...../........ C | L | S | O Approved by (name, signature)
Donning and doffing of surgical gloves	I. Practice Date :..../..../...... C | L | S | O Approved by (name, signature)	II. Practice Date :...../...../........ C | L | S | O Approved by (name, signature)	III. Practice Date :..../...../........ C | L | S | O Approved by (name, signature)
Monitoring and maintaining the sterile environment throughout the surgical procedure	I. Practice Date :..../..../...... C | L | S | O Approved by (name, signature)	II. Practice Date :...../...../........ C | L | S | O Approved by (name, signature)	III. Practice Date :..../...../........ C | L | S | O Approved by (name, signature)
Supporting the proper use of the necessary materials during the surgical procedure	I. Practice Date :..../..../...... C | L | S | O Approved by (name, signature)	II. Practice Date :...../...../........ C | L | S | O Approved by (name, signature)	III. Practice Date :..../...../........ C | L | S | O Approved by (name, signature)

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART												
INTRAOPERATIVE												
Counting and recording materials at the end of surgery	I. Practice Date :..../..../......				II. Practice Date :..../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
POSTOPERATIVE												
Ensuring that the patient does bedside exercises after surgery	I. Practice Date :..../..../......				II. Practice Date :..../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Ensuring early mobilization	I. Practice Date :..../..../......				II. Practice Date :..../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Application of postural drainage	I. Practice Date :..../..../......				II. Practice Date :..../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART												
POSTOPERATIVE												
The implementation of breathing exercises (triflo, deep breathing and coughing exercises)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing care in accordance with surgical aseptic technique	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Performing wound care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Following up the patient in the recovery room	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART		
POSTOPERATIVE		
Following up the patient in the clinic	I. Practice Date :..../..../...... C L S O Approved by (name, signature)	II. Practice Date :..../..../........ C L S O Approved by (name, signature)	III. Practice Date :..../..../........ C L S O Approved by (name, signature)
Diagnosis, evaluation, and follow-up of post-operative pain severity.	I. Practice Date :..../..../...... C L S O Approved by (name, signature)	II. Practice Date :..../..../........ C L S O Approved by (name, signature)	III. Practice Date :..../..../........ C L S O Approved by (name, signature)
Monitoring of the postoperative bleeding	I. Practice Date :..../..../...... C L S O Approved by (name, signature)	II. Practice Date :..../..../........ C L S O Approved by (name, signature)	III. Practice Date :..../..../........ C L S O Approved by (name, signature)
Monitoring of drainage systems (JP drain, Hemovac, Penrose drain, T-tube, chest tube)	I. Practice Date :..../..../...... C L S O Approved by (name, signature)	II. Practice Date :..../..../........ C L S O Approved by (name, signature)	III. Practice Date :..../..../........ C L S O Approved by (name, signature)

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART												
GENERAL PRACTICES												
Monitoring of shock	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Tracheostomy care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Percutaneous Endoscopic Gastrostomy (PEG) tube care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Breast Self-Examination (BSE) training	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART												
GENERAL PRACTICES												
Thoracentesis / Paracentesis care	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Monitoring of total parenteral nutrition (TPN)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Changing a stoma bag	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Colostomy irrigation	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

SURGICAL DISEASES NURSING APPLIED COURSE SKILL MONITORING CHART												
Colostomy / Ileostomy care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Following up the patient with a chest tube	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN SURGICAL DISEASES NURSING			
DATE (Start- End)	**HOSPITAL**	**CLINIC**	**MENTOR NURSE**
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

OPINIONS AND SUGGESTIONS OF THE INSTRUCTOR ON THE LABORATORY PRACTICE OF THE SURGICAL DISEASES NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE CLINICAL NURSE ON THE EXTRAMURAL PRACTICE OF THE SURGICAL DISEASES NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE MENTOR NURSE ON THE EXTRAMURAL PRACTICE OF THE SURGICAL DISEASES NURSING COURSE

WOMEN'S HEALTH AND DISEASE NURSING-APLIED COURSE SKILL MONITORING CHART												
Attending patient visits	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Taking gynecological anamnesis	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Gynecological examination	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Taking obstetric anamnesis	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

WOMEN'S HEALTH AND DISEASE NURSING-APLIED COURSE SKILL MONITORING CHART												
Obstetric examination	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Taking pregnancy anamnesis	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Calculating expected date of birth	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing training in pelvic floor exercises	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

WOMEN'S HEALTH AND DISEASE NURSING-APLIED COURSE SKILL MONITORING CHART												
Teaching self clinical vulva examination	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Inserting and removing a speculum	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Pap smear	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing family planning education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

WOMEN'S HEALTH AND DISEASE NURSING-APLIED COURSE SKILL MONITORING CHART												
Constraction evaluation	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Ability to manage the birth process	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Postpartum wound evaluation (episiotomy/cesarean section, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Postpartum hemorrhage control	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

WOMEN'S HEALTH AND DISEASE NURSING-APLIED COURSE SKILL MONITORING CHART												
Evaluating uterine involution	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing perineal hygiene education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing breastfeeding education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Discharge education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN WOMEN'S HEALTH AND DISEASE NURSING			
DATE (Start- End)	HOSPITAL	CLINIC	MENTOR NURSE
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

OPINIONS AND SUGGESTIONS OF THE INSTRUCTOR ON THE LABORATORY PRACTICE OF THE WOMEN'S HEALTH AND DISEASES NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE CLINICAL NURSE ON THE EXTRAMURAL PRACTICE OF THE WOMEN'S HEALTH AND DISEASES NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE MENTOR NURSE ON THE EXTRAMURAL PRACTICE OF THE WOMEN'S HEALTH AND DISEASES NURSING COURSE

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Attending patient visits	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Performing a newborn physical examination	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Calculating and interpreting Apgar scores in newborns	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	K	L	S	G	K	L	S	G	K	L	S	G
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Checking the fontanelle	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Evaluation and interpretation of newborn reflexes (suck, rooting, grasp, stepping, moro, tonic neck reflex)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Monitoring symptoms of conjunctivitis in newborns and eye care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Port care of the pediatric oncology patient	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Monitoring and care for signs of umbilical cord infection	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Providing diaper rash care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Giving newborn a full body bath	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Spoon-Cup feeding	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Formula feeding preparation	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Height-Weight-BMI measurement and evaluation	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Head – chest – abdomen circumference measurement and evaluation	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Marking and interpreting percentile curves correctly	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Urine collection (with bag)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Heel prick blood collection	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Ability to care for newborns undergoing phototherapy	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
IM drug application to the vastus lateralis region	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Ventrogluteal site IM drug administration	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART													
Taking apical pulse in a child (counting the peak heart beat)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........				
	C	L	S	O	C	L	S	O	C	L	S	O	
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)				
Taking the pulse from peripheral vessels in a child	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........				
	C	L	S	O	C	L	S	O	C	L	S	O	
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)				
Measuring blood pressure in children (by auscultation method)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........				
	C	L	S	O	C	L	S	O	C	L	S	O	
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)				
Calculating the correct drug dosage for children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........				
	C	L	S	O	C	L	S	O	C	L	S	O	
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)				

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Oral medication administration to children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying medication (drops, ointment) to the eye of children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying medication to the ear of children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying medication to the nose in children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Applying medication to the rectum in children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
IM drug administration in children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying topical medication to children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Intravenous drug/fluid administration	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Administering drugs via pusher during intravenous infusion	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Drawing IV blood from children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Evaluating neurological functions in children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Assessing pain in children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Counting respirations in children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Applying balloon mask ventilation to newborns/children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Postural drainage application in newborns/children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Oxygen administration in newborns/children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Steam application in newborns/children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Nasogastric feeding in children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Orogastric feeding in newborns/children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Gavage feeding in children	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Assessing newborn/child nutrition	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Establishing and maintaining appropriate communication with the pediatric patient	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing newborn/child oral care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Psychosexual (according to Freud) and psychosocial (according to Erikson) assessment according to age period	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Providing appropriate education for children in the play period (3-6 years old)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing appropriate education to school-aged children (6-12 years old)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Providing appropriate education to children in adolescence (12-18 years old)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Using therapeutic play in care and treatment	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE (EAC) SKILL MONITORING CHART												
Education of parents	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Discharge education	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN CHILD HEALTH AND DISEASE NURSING			
DATE (Start- End)	**HOSPITAL**	**CLINIC**	**MENTOR NURSE**
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

OPINIONS AND SUGGESTIONS OF THE INSTRUCTOR ON THE LABORATORY PRACTICE OF CHILD HEALTH AND DISEASES NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE CLINICAL NURSE ON THE EXTRAMURAL PRACTICE OF THE CHILD HEALTH AND DISEASES NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE MENTOR NURSE ON THE EXTRAMURAL PRACTICE OF THE CHILD HEALTH AND DISEASES NURSING COURSE

MENTAL HEALTH AND PSYCHIATRIC NURSING APPLIED COURSE (EAC) SKILL MONITORING CHART												
Admitting patients to the psychiatric clinic	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Explaining clinic rules and orienting the patient to the clinic	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Planning, initiating, maintaining, and terminating therapeutic communication	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Using therapeutic communication techniques during interviews	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

MENTAL HEALTH AND PSYCHIATRIC NURSING APPLIED COURSE (EAC) SKILL MONITORING CHART												
Recording psychiatric interviews	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Assessing the mental and psychosocial status of psychiatric patients	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Assessing the physical condition of psychiatric patients	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Collaborating with the team, patient and family	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

MENTAL HEALTH AND PSYCHIATRIC NURSING APPLIED COURSE (EAC) SKILL MONITORING CHART												
Conducting risk assessments for patient and staff safety (e.g., suicide risk, aggression, fugue risk, control of sharp objects, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Informing the patient about appropriate drug use and side effects	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Evaluating the effects of psychopharmacological treatments	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Knowing and observing the principles of storing drugs (double lock system) in the psychiatric clinic	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

MENTAL HEALTH AND PSYCHIATRIC NURSING APPLIED COURSE (EAC) SKILL MONITORING CHART												
Monitoring and follow-up of the patient who is subjected to restraint and/or isolation	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Patient preparation before ECT	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Ensuring patient safety during ECT	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Patient monitoring and care after ECT	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

MENTAL HEALTH AND PSYCHIATRIC NURSING APPLIED COURSE (EAC) SKILL MONITORING CHART												
Observing and evaluating practice areas in terms of the therapeutic environment	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Directing the patient to activity programs / group therapies organized in the clinic (SAMBA, good morning meetings, sweet Mondays, etc.)=	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Participating psychiatric visits	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Planning and managing interaction groups by creating a therapeutic environment for social and occupational activities	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

MENTAL HEALTH AND PSYCHIATRIC NURSING APPLIED COURSE (EAC) SKILL MONITORING CHART			
Providing psychoeducation to the patient's family	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　　L　　S　　O	C　　L　　S　　O	C　　L　　S　　O
	Approved by (name, signature)	Approved by (name, signature))	Approved by (name, signature)
Providing psychoeducation to the patient	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　　L　　S　　O	C　　L　　S　　O	C　　L　　S　　O
	Approved by (name, signature)	Approved by (name, signature))	Approved by (name, signature)
Conducting biopsychosocial assessments and implementing appropriate nursing approaches for acute and chronic physical illnesses (Consultation-Liaison Psychiatry Nursing (CLP))	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　　L　　S　　O	C　　L　　S　　O	C　　L　　S　　O
	Approved by (name, signature)	Approved by (name, signature))	Approved by (name, signature)
Observing withdrawal symptoms in addiction	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　　L　　S　　O	C　　L　　S　　O	C　　L　　S　　O
	Approved by (name, signature)	Approved by (name, signature))	Approved by (name, signature)

MENTAL HEALTH AND PSYCHIATRIC NURSING APPLIED COURSE (EAC) SKILL MONITORING CHART												
Assessing delirium risk and practicing appropriate nursing interventions based on risk level	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			
Setting boundaries on inappropriate patient behaviors	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			
Assessing the patient's/family's coping mechanisms and guiding them to develop effective coping strategies	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			
Directing the patient to community support systems (community mental health centers, self-help groups, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			

MENTAL HEALTH AND PSYCHIATRIC NURSING APPLIED COURSE (EAC) SKILL MONITORING CHART												
Supporting the patient in maintaining daily living activities	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			
Providing discharge education to patients scheduled for discharge	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature))				Approved by (name, signature)			

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN MENTAL HEALTH AND PSYCHIATRY NURSING			
DATE (Start-End)	**HOSPITAL**	**CLINIC**	**MENTOR NURSE**
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

OPINIONS AND SUGGESTIONS OF THE INSTRUCTOR ON THE LABORATORY PRACTICE OF MENTAL HEALTH AND PSYCHIATRIC NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE CLINICAL NURSE ON THE EXTRAMURAL PRACTICE OF THE MENTAL HEALTH AND PSYCHIATRIC NURSING COURSE

OPINIONS AND SUGGESTIONS OF THE MENTOR NURSE ON THE EXTRAMURAL PRACTICE OF THE MENTAL HEALTH AND PSYCHIATRIC NURSING COURSE

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
Conducting community diagnostics	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Ability to make environmental assessment	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Family evaluation	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Adult individual monitoring	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
Pregnant and postpartum monitoring	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Infant monitoring	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Child monitoring (1-6 years old))	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Monitoring of schoolchildren and adolescents	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
Wound care and monitoring	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Participating in home visits under the supervision of a nurse	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Evaluation of neglect and abuse in pregnancy	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Participation in maternal and child health and reproductive health services (intrauterine contraceptive devices (IUD), etc.)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
Conducting immunization services specific to infancy, childhood, adulthood and geriatric periods	I. Practice Date :..../..../......				II. Practice Date :....../....../........				III. Practice Date :..../....../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Vaccination schedule monitoring	I. Practice Date :..../..../......				II. Practice Date :....../....../........				III. Practice Date :..../....../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Managing the cold chain process	I. Practice Date :..../..../......				II. Practice Date :....../....../........				III. Practice Date :..../....../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Carrying out early screening services to infancy, childhood, adulthood and geriatric periods	I. Practice Date :..../..../......				II. Practice Date :....../....../........				III. Practice Date :..../....../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
Case management	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Family planning education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Education regarding the pregnancy process	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Breast milk and breastfeeding education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
Child nutrition and supplementary food education	I. Practice Date :...../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Accident and injury prevention training	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Chronic disease management education (DM, HT management, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Education on rational drug use	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
Health education on disaster, infectious diseases	I. Practice Date :..../..../......				II. Practice Date :...../..../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

SCHOOL HEALTH NURSING												
Oral/dental health education	I. Practice Date :..../..../......				II. Practice Date :...../..../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Height/weight screening	I. Practice Date :..../.../......				II. Practice Date :...../..../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Scalp lice screening	I. Practice Date :..../.../......				II. Practice Date :...../..../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
SCHOOL HEALTH NURSING												
Referral in case of scoliosis/pectus excavatum and pigeon chest problems	I. Practice Date :..../..../......				II. Practice Date :....../..../........				III. Practice Date :..../..../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Referral for eye and vision problems	I. Practice Date :..../.../......				II. Practice Date :....../..../........				III. Practice Date :..../..../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Evaluation of the school and its surroundings	I. Practice Date :..../.../......				II. Practice Date :....../..../........				III. Practice Date :..../..../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Hand washing training	I. Practice Date :..../.../......				II. Practice Date :....../..../........				III. Practice Date :..../..../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART												
SCHOOL HEALTH NURSING												
Adolescent growth and development training	I. Practice Date :..../..../......				II. Practice Date :...../..../........				III. Practice Date :..../..../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Menstrual hygiene training	I. Practice Date :..../..../......				II. Practice Date :...../..../........				III. Practice Date :..../..../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Toilet Training	I. Practice Date :..../..../......				II. Practice Date :...../..../........				III. Practice Date :..../..../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
Nutrition education and assessment for 0-5 years/6-12 years/12-18 years/adults/elderly	I. Practice Date :..../..../......				II. Practice Date :...../..../........				III. Practice Date :..../..../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART											
SCHOOL HEALTH NURSING											
	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
Training on violence and bullying	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
GERIATRIC NURSING											
	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
Communicating effectively with elderly individuals	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
Communicating effectively with elderly individuals who are hearing and/or visually impaired	Approved by (name, signature)				Approved by (name, signature)				Approved by (name, signature)			
	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
Evaluation of environmental safety of elderly individuals	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART											
GERIATRIC NURSING											
Comprehensive geriatric assessment (Barthel/LB-ADL scale etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Polypharmacy monitoring and risk assessment in elderly individuals	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Education on effective drug use in the elderly	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Evaluating neglect and abuse in elderly individuals	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

PUBLIC HEALTH NURSING APPLIED COURSE SKILL MONITORING CHART											
GERIATRIC NURSING											
Assessment of frailty in the elderly	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Assessment of fall risk in the elderly	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Providing end-of-life care	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN PUBLIC HEALTH NURSING			
DATE (Start-End)	HOSPITAL	CLINIC	MENTOR NURSE
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

OPINIONS AND SUGGESTIONS OF THE INSTRUCTOR ON THE LABORATORY PRACTICE OF PUBLIC HEALTH NURSING APPLIED COURSE

OPINIONS AND SUGGESTIONS OF THE CLINICAL NURSE ON THE EXTRAMURAL PRACTICE OF THE PUBLIC HEALTH NURSING APPLIED COURSE

OPINIONS AND SUGGESTIONS OF THE MENTOR NURSE ON THE EXTRAMURAL PRACTICE OF THE PUBLIC HEALTH NURSING APPLIED COURSE

EDUCATION AND TRAINING IN NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Providing health education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Using appropriate training methods and techniques	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Following and participating in education activities	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Determining patient education needs	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

EDUCATION AND TRAINING IN NURSING-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Planning, implementing and evaluating patient education	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Using appropriate training methods and techniques	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Preparation of educational materials (brochures, posters, banners, models, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

EDUCATIONS ORGANIZED BY STUDENTS WITHIN THE SCOPE OF THE NURSING EDUCATION AND TRAINING PRACTICE COURSE			
EDUCATION DATE	EDUCATION NAME	PLACE OF EDUCATION	COURSE INSTRUCTOR
(.../.../....)			
(.../.../....)			
(.../.../....)			
(.../.../....)			
(.../.../....)			
(.../.../....)			

NURSING MANEGEMENT-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Maintaining communication in line with roles and relationships in hospitals	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Conducting visits and designing visit forms	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Ability to perform business analysis and activity analysis	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Preparing service introduction booklets or brochures	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

NURSING MANEGEMENT-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Examining existing laws and regulations regarding hospital organization and nursing, and discussing their suitability for today's conditions	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Using resources effectively and economically	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Ability to use different interview techniques (job application, performance evaluation, conflict management, etc.)	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Using scientific problem solving and decision making processes in managerial problems	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

NURSING MANEGEMENT-APPLIED COURSE (EAC) SKILL MONITORING CHART												
Identifying change requirements and deciding on appropriate change strategies	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Ability to identify causes of disagreement among healthcare professionals	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Taking patient and employee safety measures	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Examining employee performance evaluation systems	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN NURSING MANEGEMENT			
DATE (Start-End)	HOSPITAL	CLINIC	MENTOR NURSE
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

OPINIONS AND SUGGESTIONS OF THE INSTRUCTOR ON THE LABORATORY PRACTICE OF THE NURSING MANEGEMENT-APPLIED COURSE

OPINIONS AND SUGGESTIONS OF THE CLINICAL NURSE ON THE EXTRAMURAL PRACTICE OF THE NURSING MANEGEMENT-APPLIED COURSE

OPINIONS AND SUGGESTIONS OF THE MENTOR NURSE ON THE EXTRAMURAL PRACTICE OF THE NURSING MANEGEMENT-APPLIED COURSE

HEALTH CARE TECHNOLOGIES PRACTICES		
FUNDAMENTALS OF NURSING- APPLIED COURSES		

Blood pressure measurement (Device)	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　　L　　S　　O	C　　L　　S　　O	C　　L　　S　　O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name signature)

Body temperature measurement	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　　L　　S　　O	C　　L　　S　　O	C　　L　　S　　O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name signature)

Pulse measurement (Device)	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　　L　　S　　O	C　　L　　S　　O	C　　L　　S　　O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name signature)

Oxygen saturation measurement with pulse oximetry	I. Practice Date :..../.../......	II. Practice Date :...../...../........	III. Practice Date :..../...../........
	C　　L　　S　　O	C　　L　　S　　O	C　　L　　S　　O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name signature)

HEALTH CARE TECHNOLOGIES PRACTICES											
FUNDAMENTALS OF NURSING- APPLIED COURSES											
Airway aspiration (oral, nasal, tracheal aspiration)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Drug administration with an intravenous infusion pump	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
INTERNAL MEDICINE NURSING-APPLIED COURSE											
Monitoring the patient with a pulse oximeter	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Aspiration practice	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

HEALTH CARE TECHNOLOGIES PRACTICES											
INTERNAL MEDICINE NURSING-APPLIED COURSE											

Central Venous Pressure (CVP) measurement	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

Follow-up of the monitored patient	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

Electrocardiography (ECG)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

Measuring blood sugar with a glucometer	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

HEALTH CARE TECHNOLOGIES PRACTICES

INTERNAL MEDICINE NURSING-APPLIED COURSE											
Ability to make artificial airway (MV, BBAP, CPAP etc.) device settings	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Preparation and follow-up of the patient before special examinations (ECHO, EMG, EEG, etc.)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			
Preparation and follow-up of the patient after special examinations (ECHO, EMG, EEG, etc.))	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

SURGICAL DISEASES NURSING APPLIED COURSE											
Patient follow-up with VAC (Vacuum-assisted closure system)	I. Practice Date :..../..../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

HEALTH CARE TECHNOLOGIES PRACTICES			
WOMEN'S HEALTH AND DISEASE NURSING APPLIED COURSE			

Fetal heart monitoring (EFM))	I. Practice Date :..../..../......	II. Practice Date :....../..../........	III. Practice Date :..../..../........
	C L S O	C L S O	C L S O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name signature)

CHILD HEALTH AND DISEASE NURSING-APLIED COURSE			

Measuring body temperature in children	I. Practice Date :..../..../......	II. Practice Date :....../..../........	III. Practice Date :..../..../........
	C L S O	C L S O	C L S O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name signature)

Nebulizer medication administration in children	I. Practice Date :..../..../......	II. Practice Date :....../..../........	III. Practice Date :..../..../........
	C L S O	C L S O	C L S O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name signature)

Oxygen saturation measurement with pulse oximetry in children	I. Practice Date :..../..../......	II. Practice Date :....../..../........	III. Practice Date :..../..../........
	C L S O	C L S O	C L S O
	Approved by (name, signature)	Approved by (name, signature)	Approved by (name signature)

HEALTH CARE TECHNOLOGIES PRACTICES												
PUBLIC HEALTH NURSING APPLIED COURSE												
Learning information systems	I. Practice Date :..../.../......				II. Practice Date :...../...../........				III. Practice Date :..../...../........			
	C	L	S	O	C	L	S	O	C	L	S	O
	Approved by (name, signature)				Approved by (name, signature)				Approved by (name signature)			

STUDENT ADVISOR'S OPINIONS AND SUGGESTIONS BEFORE THE VOCATIONAL EDUCATION IN NURSING (VEB) COURSE

At the beginning of the internship period, if the student has skills that were expected to be acquired in previous years but are missing, the student and his/her advisor will make a plan to ensure that the relevant skills are completed in clinical practice and/or laboratory during the internship period. The student will undergo an advisor evaluation in the specified months and will take responsibility for the healthy functioning of the process

INTERVIEW MONTH	DATE	ADVISOR OPINIONS AND SUGGESTIONS	ADVISOR SIGNATURE
OCTOBER			
DECEMBER			
FEBRUARY			
APRIL			

PRE-GRADUATION ADVISOR APPROVAL

DATE	.../.../.....
Approved by (Name-surname, signature)	

EXTRAMURAL PRACTICE TABLE FOR THE PRACTICAL COURSE IN VOCATIONAL EDUCATION IN NURSING (VEB)			
DATE (Start-End)	HOSPITAL	CLINIC	MENTOR NURSE
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			
(.../.../....) - (.../.../....)			

TABLE OF EXTRAMURAL PRACTICE FOR ALL DEPARTMENTAL COURSES				
DATE (Start-End)	COURSE	HOSPITAL	CLINIC	MENTOR NURSE
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				
(.../.../....) - (.../.../....)				

TABLE OF OCCUPATIONAL ACCIDENTS OCCURRING DURING EXTRAMURAL PRACTICUMS					
DATE	COURSE	HOSPITAL	CLINIC	MENTOR NURSE	OCCUPATIONAL ACCIDENT (summary sentence)
(.../.../....)					
(.../.../....)					
(.../.../....)					
(.../.../....)					

TABLE OF PROJECTS, EVENTS, AND RESEARCH PARTICIPATED BY THE STUDENT			
DATE	COURSE	EVENT/PROJECT/RESEARCH	COURSE INSTRUCTOR
(.../.../....)			
(.../.../....)			
(.../.../....)			
(.../.../....)			
(.../.../....)			
(.../.../....)			