**ANEXO II – INFORME DEL TUTOR**

**PRÁCTICA TUTORADA - ÁREA DE SALUD ANIMAL**

**Nombre de la práctica:**

**Área:**

**Tutor responsable:**

**Período de actividad:**

**Carga horaria total:**

**Apellido y nombre del alumno:**

**D.N.I. del alumno:**

Calificación 1: mínimo // 5: máximo

**1.- CONDUCTA PERSONAL**

Entusiasmo

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

Responsabilidad

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

Puntualidad

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

Conducta profesional

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

Comunicación con clientes

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

Compromiso con las tareas asignadas

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

Nivel de conversación

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

Nivel de escritura

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

**2.- FORMACIÓN TEÓRICA**

Tener en cuenta la formación en aspectos tales como:

Anamnesis

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

Examen Clínico

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

Plan diagnóstico

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

Diagnósticos diferenciales

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

Métodos complementarios y su interpretación

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

Integración de los conocimientos

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

Criterio médico

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

Elaboración de un plan terapéutico

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

**3.- HABILIDAD PRÁCTICA**

Habilidades demostradas en la realización de procedimientos clínicos

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

Habilidades demostradas en la realización de procedimientos quirúrgicos

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

Cuidado del paciente

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

Manejo de instrumental

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

Manejo de equipos

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

**4.- OTROS ASPECTOS**

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**5.- COMENTARIOS**

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**6.- CALIFICACIÓN DEL ALUMNO**

(Aprobado/Desaprobado)

Lugar:

Fecha:

Firma del tutor: