

**รายงานสรุปผลโครงการปฏิบัติการพยาบาล (Faculty practice) ของอาจารย์**

**ปีการศึกษา ........................................**

**1. ผู้รับผิดชอบโครงการ** .....................................................................................................................................

**2. กลุ่มเป้าหมาย**

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**3. สถานที่ปฏิบัติการพยาบาล**

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**4. ระยะเวลาดำเนินการ**

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รวม…………………วัน คิดเป็นจำนวน .................... ชั่วโมง

**5. ผลลัพธ์การปฏิบัติการพยาบาล**

**5.1 ผลลัพธ์เชิงปริมาณ**

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**5.2 ผลลัพธ์เชิงคุณภาพ**

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**6. การนำผลการปฏิบัติการพยาบาลไปบริการวิชาการ**

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**7. การนำผลการปฏิบัติการพยาบาลไปผลิตผลงานวิชาการและการตีพิมพ์เผยแพร่**

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|  | ลงชื่อ............................................................... ( )ผู้สรุปรายงานโครงการวันที่........ เดือน..................... พ.ศ............ |

**8. ความคิดเห็นของคณบดี**

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|  | ลงชื่อ............................................................(ผู้ช่วยศาสตราจารย์ ดร.หทัยรัตน์ แสงจันทร์)คณบดี คณะพยาบาลศาสตร์วันที่........ เดือน..................... พ.ศ............ |