

## STUDENT'S PRACTICE RECORD CARD

major: **DENTISTRY**

year of study: **FIRST**

Student \_\_\_\_\_ album no. \_\_\_\_\_  
(student's name)

**is entitled to undertake practical training in accordance with the following program**

After the 1<sup>st</sup> year of studies, students are obliged to undertake a **practical training concerning organization of health care** in branches of the National Health Fund or administration of Health Care Institutions or other larger public health institutions – for the duration of **2 weeks (60 hours)**.

- A Manager or a designated Training Supervisor shall determine detailed responsibilities and internship schedule and shall supervise its course.
- The credit for the practical training is conditional on the completion of the indicated number of hours. Any absence of a student during the training should be made up.
- Completion of the practical training is confirmed by the Training Supervisor.

### Practical training program:

- operation, management and computerisation of health care entities and other public health institutions,
- becoming familiar with the organisational structure, tasks of the unit,
- becoming familiar with the forms and methods of administrative work (e.g. orders, circulation of documents, relations with other organisational units of the hospital in question, etc.),
- legal basis for the provision of health services (competitions, conclusion of contracts, annexing of contracts),
- medical records, protection of personal data,
- information systems in health care.

Following the review of the program of practical training in the **field of organisation of health care** for the 1<sup>st</sup> year dentistry students of the Faculty of Medicine and Dentistry of Pomeranian Medical University in Szczecin, I certify that the student

..... album. no. .... completed 60 hours of training at

.....  
Name of the Clinic/ or Department/ or Hospital/ or Dental Office

.....  
City

.....  
Country

during the period from ..... to .....

.....  
(general stamp of the office)

.....  
(signature and stamp of the Training Supervisor)

### QUESTIONNAIRE ON THE COURSE OF PRACTICE

I. Assessment by the Supervisor of the practice concerning knowledge, skills and competences acquired by a student during practical training:

(on a scale from 2 - negative to 5 - very good)

- |    |   |   |   |   |   |
|----|---|---|---|---|---|
| 1. | theoretical knowledge                   | 2 | 3 | 4 | 5 |
| 2. | practical skills                        | 2 | 3 | 4 | 5 |
| 3. | commitment to practical training duties | 2 | 3 | 4 | 5 |
| 4. | contact with the patient                | 2 | 3 | 4 | 5 |
| 5. | personal culture and ethics             | 2 | 3 | 4 | 5 |
| 6. | coping with stress                      | 2 | 3 | 4 | 5 |
| 7. | ability to work as part of a team       | 2 | 3 | 4 | 5 |

II. Please indicate areas of the learning process that need improvement:

.....  
 .....  
 .....

#### DEAN'S DECISION

Content	Dean's stamp and signature	Date
Credit for practical training in the field of organisation of health care after the 1st year of studies		