

STUDENT'S PRACTICE RECORD CARD

major: **DENTISTRY**

year of study: **THIRD**

Student _____ album no. _____
(student's name)

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

After the 3rd year of studies, students are obliged to undertake a **practical training in a dental office** – for the duration of 4 weeks (120 hours).

- Student's absence during the practical training should be made up.
- Training is supervised by the Training Supervisor (dentist).
- Completion of the practical training is confirmed by the Training Supervisor.

Practical training program:

- perfecting dental diagnostics, including additional examinations: radiological, ultrasound and electronic,
- participating in the procedure of preparing teeth for fixed prosthetic restorations,
- removal of prosthetic crown, bridge - participating in the procedure,
- impressions, functional impressions - participation in the procedure,
- tools and materials in endodontic treatment - practical application during treatment,
- hygiene instruction,
- removal of supragingival dental deposits,
- physical therapy - iontophoresis, hydrotherapy (if possible - laser therapy),
- plane of occlusion alignment - participation in the procedure,
- consolidating knowledge of the latest regulations concerning disinfection and sterilisation of dental equipment and instruments,
- consolidation and deepening of knowledge of dental materials, instruments and equipment, sharpening of instruments.

Following the review of the program of practical training for the 3rd year dentistry students of the Faculty of Medicine and Dentistry of Pomeranian Medical University in Szczecin, I certify that the student

..... album. no. completed 120 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:

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DEAN'S DECISION

Content	Dean's stamp and signature	Date
Credit for internship in dental office after the 3 rd year of studies		