

Student's full name:.....

Index no. ....

**Program of the Student Vocational Internship 2023/2024**

Pursuant to the education standards of July 26th 2019 (Jurnal of Laws of 2019, item 1573)

Major of Dentistry, 4<sup>th</sup> year, internship period: 4 weeks (120 hours).

**Subject/scope of the internship: MEDICAL AND DENTAL PRACTICE IN THE DENTAL CLINIC.**

Performing certain medical and dental activities under the supervision of a dentist. Practical familiarization with the nature of work in a dental clinic.

**1. The aim of internship:**

Practical gaining of professional skills obtained during learning key subjects.

**2. List of practical skills:**

List of skills	Confirmation of completing the internship
<p><b>Place of internship: dental dispensary</b></p> <p><b>1. in scope of conservative dentistry:</b></p> <ul style="list-style-type: none"> <li>- basic diagnostic activities</li> <li>- dental plaque removal</li> <li>- cavities preparation and filling cavities with various filling materials (silicon-based materials, amalgams)</li> <li>- applying airtight and non-airtight dressings</li> <li>- dental pulp devitalization</li> <li>- dental pulp amputation</li> <li>- dental pulp extirpation</li> <li>-root canals filling</li> <li>- x-ray image interpretation</li> </ul> <p><b>2. in scope of dental surgery</b></p> <ul style="list-style-type: none"> <li>- local anesthesia</li> <li>- uncomplicated extractions</li> <li>- assisting in minor surgical procedures</li> </ul> <p><b>3. in scope of prosthetic</b></p> <ul style="list-style-type: none"> <li>- prosthetic assessment of the patient's oral cavity including dental defects, anatomical and functional changes, gnatho-occlusal abnormalities</li> <li>- taking dental impressions using various impression materials</li> <li>- prosthetic devices design</li> <li>- determination of occlusion and control of adjusted teeth</li> <li>- adjustment of removable dentures</li> </ul> <p><b>4. in scope of medical files and reporting records:</b></p> <ul style="list-style-type: none"> <li>- medical files forms (patient's chart, admissions log, work and procedures register)</li> <li>- keeping proper reporting records</li> </ul>	<p>In the period from .....to ..... 2024 in:</p> <p>.....            (stamp of the department/unit)</p> <p>The departmental/unit supervisor of the internship was: .....</p> <p>.....            Date, stamp, institution's stamp            Supervisor's signature</p>

**REMARKS** Students have a month-long practice at the dental surgery and cover a 7-hour working day.

I accept a vocational internship after 4<sup>th</sup> year of studies in the academic year 2023/2024

.....

Date and supervisor's of internship signature UM

The program of the internship is consistent with teaching standards

Wroclaw Medical University  
 FACULTY OF DENTISTRY  
 DEAN

Prof. Marcin Mikulewicz, M.D. Ph.D.

.....  
 Date and signature of the Dean of the Faculty of Dentistry

**Completed by a student**

I declare that I was informed about a necessity of having the following documents:

- a) accident insurance, civil liability insurance,
- b) vaccination against hepatitis B,
- c) updated sanitary-epidemiological book,
- d) obligatory documentation essential to get a credit for apprenticeship,
- e) medical protective clothing,
- f) badge prepared on student's own (it should agree with the protocol enforced by the University).

I confirm the receipt of the internship referral along with the program of internship.

.....  
*student's signature*