

Student's full name:.....

Index no.

Program of the Student Vocational Internship 2024/2025
Pursuant to the education standards of July 26th 2019 (Jurnal of Laws of 2019, item 1573)
Major of Dentistry, 4th 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>Place of internship: dental dispensary</p> <p>1. in scope of conservative dentistry:</p> <ul style="list-style-type: none">- basic diagnostic activities- dental plaque removal- cavities preparation and filling cavities with various filling materials (silicon-based materials, amalgams)- applying airtight and non-airtight dressings- dental pulp devitalization- dental pulp amputation- dental pulp extirpation-root canals filling- x-ray image interpretation <p>2. in scope of dental surgery</p> <ul style="list-style-type: none">- local anesthesia- uncomplicated extractions- assisting in minor surgical procedures <p>3. in scope of prosthetic</p> <ul style="list-style-type: none">- prosthetic assessment of the patient's oral cavity including dental defects, anatomical and functional changes, gnatho-occlusal abnormalities- taking dental impressions using various impression materials- prosthetic devices design- determination of occlusion and control of adjusted teeth- adjustment of removable dentures <p>4. in scope of medical files and reporting records:</p> <ul style="list-style-type: none">- medical files forms (patient's chart, admissions log, work and procedures register)- keeping proper reporting records	<p>In the period fromto 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 4th year of studies in the academic year 2024/2025

.....
Date and supervisor's of internship signature UM

The program of the internship is consistent with teaching standards

Uniwersytet Medyczny we Wrocławiu
WYDZIAŁ
LEKARSKO-STOMATOLOGICZNY
DZIEKAN

prof. dr hab. Marcin Mikulewicz

.....
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