Wroclaw Medical University Faculty of Medicine 26, Krakowska Street, 50-425 Wroclaw tel. (071) 784-06-57,58

Student'	s full name:	
	Index no	

## **Program of the Student Vocational Internship 2024/2025**

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

Major of Dentistry, 2<sup>nd</sup> year, internship period: 4 weeks (120 hours).

Subject/scope of the internship: DENTAL ASSISTANCE

The student performs the role of a dental assistant (dental help) at the Stomatological Center / 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
Place of internship: dental clinical	
Program of administration work is:     Familiarize with registration the patients in dental dispensary and filling in the case history chart,     Familiarize with writing down the referral for laboratory, consultation tests etc.	In the period from 2024 in:
<ul> <li>Familiarize with making monthly reports on activity of the dispensary and cases connected with drugs, instruments and underclothes supply for the dispensary.</li> <li>Program of activities connected with dentist's assistant</li> <li>Familiarize with different ways of sterilization of instruments: hydrous, steam, dry air and rooms sterilization.</li> <li>Familiarize with every day conservation and sterilization:</li> <li>contra (angle handpieces, handpieces and small instruments), foot pacemaker, reflector, tuba and armchair.</li> </ul>	(stamp of the department/unit)  The departmental/unit supervisor of the internship
<ol> <li>Preparation cabinet for reception of patients.</li> <li>Preparing the patient for a dental procedure.</li> <li>Assistance during dental procedure – giving instruments, dressings to the doctor, tempering materials etc.</li> <li>Organizing cabinet after patient's reception:         <ul> <li>preparation material dressings for the next day,</li> <li>preparation necessary forms.</li> </ul> </li> <li>Providing patients with information on the admission of patients by clinic doctors.</li> <li>Providing cabinet with: material dressings, office stuff (in writing).</li> </ol>	Date, stamp, institution's stamp Supervisior's signature

I accept a vocational internship after <b>2<sup>nd</sup> year</b> of studies in the academic year 2024/2025
Date and supervisor's of internship signature UM

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The program of the internship is consistent with teaching standards
Uniwersytet Medyczny we Wrocławiu
LEKARSKO STOMATOLOGICZNY
DZEKAN
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.

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