MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
Educational institution
«BELARUSIAN STATE MEDICAL UNIVERSITY»
Practice base
NAME OF THE HEALTHCARE ORGANIZATION

DIARY
OF WORK EXPERIENCE PRACTICE
«MEDICAL OUTPATIENT PRACTICE (THERAPEUTIC DENTISTRY)»

Student _____
Specialty _____
Faculty _____
Year of study, student group № _____
Period of practice _____

Head of the Practice
from the Healthcare Organization
_____ full name
(signature)
Head of the Practice
from the Department of Conservative Dentistry
_____ full name
(signature)

Date	Forms and types of work	Total
The date of the patient's actual visit to the doctor is marked	1. *Full name of patient, his age.* 2. *Patients' complaints* 3. *Clinical examination data (with index examination methods (DMFT, OHI-S)).* **DMFT =** **OHI-S =** (interpretation) The general health status of the patient (systemic diseases, allergic reactions) Extraoral examination: face configuration; skin; lips; regional lymphatic nodes; TMJ; occlusion; condition of hard tissues of teeth, periodontium; condition of oral mucosa. 4. *Clinical features of disease (St. loc.)* (of caries, chronic gingivitis, chronic periodontitis, chronic pulpitis, etc.)) 5. *Diagnosis of the disease according to the ICD-10 classification* 6. *Treatment* 7. *Dental education indicating the methods and means used to motivate and teach the patient's individual oral hygiene* Methods of education: conversations, lectures, answers to questions, distribution of printed and illustrated materials Educational tools: posters, brochures, memos.	*Only the types of work performed by the student are listed* *Doctor's signature (curator)*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Student
_____ full name
(signature)
Head of the Practice
from the Healthcare Organization
_____ full name
(signature)

Appendix 2

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
Educational institution
«BELARUSIAN STATE MEDICAL UNIVERSITY»
Practice base
NAME OF THE HEALTHCARE ORGANIZATION

APPROVED
by the Head Doctor
_____ (full name)
_____
(date) STAMP

R E P O R T
ON THE IMPLEMENTATION OF THE PROGRAM WORK EXPERIENCE PRACTICE «MEDICAL OUTPATIENT PRACTICE (THERAPEUTIC DENTISTRY)»

Student _____
Specialty _____
Faculty _____
Year of study, student group № _____
Period of practice _____

№	Practical skills	Recommended		Mastered	
		Quantity	Level of development	Quantity	Level of development
1	Carrying out sanitary and educational work (prepare a sanitary bulletin and / or brochure (motivational album))	1	3		
2	Medical history and examination of the patient, index assessment of oral health condition	10	3		
3	Filling out the medical documentation of the dental patient	10	3		
4	Teaching patients the basics of individual oral hygiene (individual motivation)	10	3		

5	Diagnosis and treatment of caries in accordance with the clinical protocol	5	2, 3		
6	Diagnosis and treatment of non-carious lesions in accordance with the clinical protocols	5	2, 3		
7	Diagnosis and treatment of tooth pulp diseases in accordance with the clinical protocol	5	1, 2, 3		
8	Diagnosis and treatment of periapical tissues of tooth diseases in accordance with the clinical protocol	5	1, 2, 3		
9	Preparation of carious cavities and non-carious lesions	10	2, 3		
10	Filling of carious cavities and non-carious lesions	10	2, 3		
11	Evaluation of the quality of restoration	10	2, 3		
12	Carrying out and interpreting the results of cold, heat tests and electric pulp test	5	2, 3		
13	Interpretation of the results of contact dental radiography	5	1, 2		
14	Drawing up individual plan of preventive and treatment measures for patient	5	2, 3		

An appendix to the report is the work on hygiene education and training on the topic «Prevention of dental diseases».

Student
_____ full name
(signature)
Head of the Practice
from the Healthcare
Organization
_____ full name
(signature)

Appendix 3

MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS
Educational Institution
«BELARUSIAN STATE MEDICAL UNIVERSITY»
Practice base
NAME OF THE HEALTHCARE ORGANIZATION

R E V I E W
OF THE WORK EXPERIENCE PRACTICE « MEDICAL OUTPATIENT PRACTICE (THERAPEUTIC DENTISTRY) »

of student _____
(full name of the student)

The review reflects the professional qualities of the student, the ability to acquire professional skills, indicates the presence and results of the development of personal qualities necessary for the profession, gives an overall assessment of the results of the implementation of the practical program and the achieved level of practical training. The relationship with the team, knowledge and compliance with the norms of medical ethics and deontology are characterized. In conclusion, recommendations are given on the admission of a student to a differentiated credit in practice.

Head of the practice from the Healthcare
Organization _____ full name
(signature)

_____ 202_

I am familiar with the review _____ full student's name
(signature)