Appendix 1

to the work experience practical training program

**MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS**

Educational Institution

"BELARUSIAN STATE MEDICAL UNIVERSITY"

Healthcare Institution

TITLE

APPROVED by

Head Doctor

Full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_202\_\_\_

**DIARY**

of Medical Outpatient Department Practice in Therapeutic Pediatric Dentistry

*(full name of the student)*

Faculty

Year

Student group No

Healthcare institution

(base of practical training)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(name of the healthcare institution)*

Head of Practical Training from

the healthcare institution\_\_\_\_\_\_\_\_\_\_

(signature) ( name)

 Head of Practical Training

from the department of

*(specify the department)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (name)

20\_\_

**Day 1. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| The content of carried out work  | Amount (in day) | Level |
| Organization of clinical examination and patients treatment |  |  |
| Collection of the patient complaints and anamnesis, analysis the diet |  |  |
| Estimation of the maxillofacial region functions  |  |  |
| Estimation of the oral mucosa |  |  |
| Estimation of the bite |  |  |
| Estimation of the teeth: | DMFTLCI |  |  |
|  |  |
| Determination of the oral hygiene index: | OHI-SPLI |  |  |
|  |  |
| Estimation of periodontal tissues (CPI, GI) |  |  |
| Additional diagnostic methods |  |  |
| Completing of medical documentation of the dental patient |  |  |
| Individual planning of treatment-and-preventive actions |  |  |
| Motivation and training of patients for individual oral hygiene |  |  |
| Selection of tools and products for individual oral hygiene |  |  |
| Tooth brushing training in the model | StandardMarteller’sKAI |  |  |
|  |  |
|  |  |
| Performing controlled tooth brushing |  |  |
| Teeth flossing training |  |  |
| Professional oral hygiene |  |  |
| Pit and fissure sealing (noninvasive) |  |  |
| Pit and fissure sealing (invasive) |  |  |
| Local preventive measures (applications of gels, varnishes) |  |  |
| Application anesthesia |  |  |
| Infiltration and block anesthesia for treatment of the hard tooth tissues |  |  |
| Preparing of carious cavities in primary and immature permanent teeth |  |  |
| Filling of carious cavities in primary and immature permanent teeth |  |  |
| Separate stages of endodontic treatment in primary and immature permanent teeth |  |  |
| Additional work: |  |  |
| Additional work**:**  |
| Forms of work:*In the column “forms of work" are registered:**Full name and age of patient;**Complaints of the patient которыми обратился пациент;**Clinical manifestations (St. lос) of disease with necessary index assessment of oral status (DMF, DMF+dmf, dmf (full form), OHI-S or PLI (full form), Complex periodontal index (full form);**Diagnosis according to ICD-10 classification;* | Treatment:*In the column are registered* *Treatment of the disease considering motivation and training of patient for individual oral hygiene.* |

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(signature)*

Direct Supervisor of

Practical training from the Healthcare Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Appendix 2

 to the work experience practical training program

**MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS**

Healthcare Institution

TITLE

APPROVED BY

Head Doctor

Full name

 \_\_\_\_\_\_\_\_202\_\_\_

STAMP

Student Report of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Full name)*

on work experience practice in healthcare institution

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(title of the healthcare institution in accordance with the State Register)*

for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| № | Practical skills | Recommended | Done |
| amount | level | amount | level |
|  | Organization of clinical examination and patients treatment | 15 | 3 |  |  |
|  | Collection of the patient complaints and anamnesis, analysis the diet | 15 | 3 |  |  |
|  | Estimation of the maxillofacial region functions | 15 | 3 |  |  |
|  | Estimation of the oral mucosa | 15 | 3 |  |  |
|  | Estimation of the bite | 15 | 2 |  |  |
|  | Estimation of the teeth: | DMFTLCI | 1515 | 33 |  |  |
|  | Determination of the oral hygiene index: | OHI-SPLI | 15 | 3 |  |  |
|  | Estimation of periodontal tissues (CPI, GI) | 10 | 3 |  |  |
|  | Additional diagnostic methods | 5 | 2 |  |  |
|  | Completing of medical documentation of the dental patient | 15 | 2 |  |  |
|  | Individual planning of treatment-and-preventive actions | 15 | 3 |  |  |
|  | Motivation and training of patients for individual oral hygiene | 15 | 3 |  |  |
|  | Selection of tools and products for individual oral hygiene | 15 | 3 |  |  |
|  | Tooth brushing training in the model | StandardMarteller’sKAI | 15 | 3 |  |  |
|  | Performing controlled tooth brushing | 2 | 3 |  |  |
|  | Teeth flossing training | 4 | 3 |  |  |
|  | Professional oral hygiene | 10 | 2-3 |  |  |
|  | Pit and fissure sealing (noninvasive) | 4 | 2-3 |  |  |
|  | Pit and fissure sealing (invasive) | 2 | 2 |  |  |
|  | Local preventive measures (applications of gels, varnishes) | 10 | 3 |  |  |
|  | Application anesthesia | 2 | 2-3 |  |  |
|  | Infiltration and block anesthesia for treatment of the hard tooth tissues | 3 | 1-2 |  |  |
|  | Preparing of carious cavities in primary and immature permanent teeth | 15 | 2-3 |  |  |
|  | Filling of carious cavities in primary and immature permanent teeth | 15 | 2-3 |  |  |
|  | Separate stages of endodontic treatment in primary and immature permanent teeth | 3 | 2 |  |  |
|  | Additional work: |  |  |  |  |
|  |  |  |  |  |

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(signature)* *Full name*

 General

Practice Supervisor from the Healthcare Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(signature)*  *Full name*

Appendix 3

To the outpatient practice program

**MINISTRY OF HEALTH OF THE REPUBLIC OF BELARUS**

Healthcare Institution

TITLE

APPROVED BY

Head Doctor

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20

 STAMP

**PERFORMANCE REPORT**

of the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Last name, first name, patronymic)*

The review should reflect the professional qualities of the student-trainee as well as the ability to acquire professional skills. Indicate the presence and results of the development of personal qualities necessary for the profession. Give a general assessment of the results of completion of the practical training program and the achieved level of practical training. Describe the relationships with the team, knowledge and compliance with the norms of medical ethics and deontology. In conclusion, recommendations should be given on the eligibility of the student for current assessment in work experience practice, and proposals to University should be made as to the improvement of the quality of theoretical training preceding the student's referral to practice.

Direct Practice Supervisor from the Healthcare Institution

Full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_\_\_

I am familiar with the report

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_\_\_

signature)