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**

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

(name)

|  |
| --- |
| APPROVED  |
| The Head of the Healthcare Institution |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  (full name)  |
| \_\_\_ \_\_\_\_\_\_ 20\_\_  |

Stamp

**DIARY**

of Medical Outpatient Practice (Preventive Dentistry)

|  |
| --- |
|  |
| *(full name of the student)* |

|  |  |
| --- | --- |
| Faculty |  |
| Year |  |
| Student group No. |  |

|  |  |
| --- | --- |
| Healthcare institution(practice base) |  |
|  | *(name of the healthcare institution)* |

Head of Practical Training from

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

(signature) (Full name)

 Head of Practical Training from the department of *(specify the department)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(signature) (name)*

20\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| The content of the work performed | Quantity (per day) | Level of mastering |
| Collection of complaints and anamnesis |  |  |
| Diet analysis  |  |  |
| Evaluation of functions of the MFR |  |  |
| Assessment of oral mucosa |  |  |
| Assessment of periodontal tissues |  |  |
| Bite assessment |  |  |
| Teeth hard tissues assessment: | DMFTLCI |  |  |
|  |  |
| Assessment of oral hygiene: | OHI-SPLI |  |  |
|  |  |
| Filling of a dental card |  |  |
| Drawing up an individual plan of treatment and preventive measures |  |  |
| Individual motivation by risk factors of dental diseases |  |  |
| Selection of means and products for individual oral hygiene |  |  |
| Training the tooth brushing method on the model |  |  |
| Performing of controlled tooth brushing |  |  |
| Training of flossing  |  |  |
| Removal of soft dental deposits |  |  |
| Carrying out local preventive measures (applications of gels, varnishes) |  |  |
|  |  |  |
| Additional work: |  |  |
|  |  |  |

|  |
| --- |
| Forms of work |
| Full name, age, adress | Complaints and anamnesis | Clinical picture | Risk factors / diagnosis | Measures undertaken and recommendations |
| 1 | 2 | 3 | 4 | 5 |
|  |  | *The results of complete dental examination (extraoral examination, functions of the maxillo-facial region, oral mucosa, periodontium, soft tissues architectonics, occlusion; dental formulation).**OHI-S or PLI (full form); Complex Periodontal Index (full form)* |  |  |

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

 *(signature)*

Direct Supervisor of

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

Appendix 2

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)*

about Medical Outpatient Practice in Preventive Dentistry in base \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(the Healthcare Institution name according to the state register)*

for the period from \_\_\_\_ \_\_\_\_\_\_\_ 20\_\_ to \_\_\_\_ \_\_\_\_\_\_ 20\_\_ .

|  |  |  |  |
| --- | --- | --- | --- |
| № | Practical skills | Recommended | Mastered |
| amount | level of mastering | amount | level of mastering |
|  | Collection of complaints and anamnesis | 10 | 3 |  |  |
|  | Diet analysis  | 10 | 3 |  |  |
|  | Evaluation of functions of the MFR | 10 | 3 |  |  |
|  | Assessment of oral mucosa | 10 | 3 |  |  |
|  | Assessment of periodontal tissues | 10 | 3 |  |  |
|  | Bite assessment | 10 | 2 |  |  |
|  | Teeth hard tissues assessment: | DMFTLCI | 1010 | 33 |  |  |
|  | Assessment of oral hygiene: | OHI-SPLI | 10 | 3 |  |  |
|  | Filling of a dental card | 10 | 2 |  |  |
|  | Drawing up an individual plan of treatment and preventive measures | 10 | 3 |  |  |
|  | Individual motivation by risk factors of dental diseases | 10 | 3 |  |  |
|  | Selection of means and products for individual oral hygiene | 10 | 3 |  |  |
|  | Training the tooth brushing method on the model | 10 | 3 |  |  |
|  | Performing of controlled tooth brushing | 2 | 3 |  |  |
|  | Training of flossing  | 4 | 3 |  |  |
|  | Removal of soft dental deposits | 8 | 3 |  |  |
|  | Carrying out local preventive measures (applications of gels, varnishes) | 8 | 3 |  |  |
|  | Additional work: |  |  |  |  |
|  |  |  |  |  |

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

 *(signature)* *Full name*

 General

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

Appendix 3. Example of characteristic

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

**BELARUSIAN STATE MEDICAL UNIVERSITY**

APPROVED BY

Head Doctor

Full name

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

**PERFORMANCE REPORT**

on the student-trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Full name)*

(Full name of the student) has been passing the Medical Outpatient Practice in Preventive Dentistry in the (name of the Healthcare Institution) in the (dental office, department) from 00.00.20\_\_ to 00.00.20\_\_.

The characteristics should reflect the business qualities of the student-intern, the ability to acquire professional skills. Indicate the presence and results of the development of personal qualities necessary for the profession. To give a general assessment of the results of the implementation of the internship program and the achieved level of practical training. To characterize the relationship with the team, knowledge and compliance with the norms of medical ethics and deontology. In conclusion, recommendations should be given on the admission of the student to the current certification in industrial practice, proposals to the university to improve 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\_\_\_