

Student's name and surname:.....

Student's registration number:

Summer placement training program for students of the 4th year at the Faculty of Medicine, Division of Dentistry, of the Medical University of Lodz

I. Summer placement training organization

1. Summer placement training is obligatory and lasts for 4 weeks - the total number of hours -120.
2. Students should participate in six-hour duties on all shifts.
3. Placement training must be conducted according to the program.
4. Placement training must be credited with a grade.
5. **The course credit with a grade, confirmed by the head of the clinic or other authorized person, will be recorded in the SUMMER TRAINING CHART on the basis of the student's attendance and skills acquired.**
6. The final assessment of the summer placement training is performed by the Vice-Dean for Studies in English.
7. The supervisor may consent to the student's placement in health care institution selected by the student if the nature of the work performed by the student is consistent with the summer placement training program.
8. Student absence during the program may only be justified by a medical certificate. Illness longer than 3 days will result in the program being extended by an appropriate period.
9. Upon the completion of the training, the Student's Summer Training Chart must be sent by the Clinic/Hospital Department providing the training directly to the Medical University of Lodz to the following address:

**Uniwersytet Medyczny w Łodzi
Administrative Center for Studies in English
Plac Hallera 1
90-647 Łódź
Poland**

Dental Clinical Procedures

Program of practice

A/ Objectives and tasks of practical training: acquiring practical skills in prevention, diagnosis and dental treatment of patients

B/ Implementation steps:

Oral surgery

1. Subjective and objective examination, prevention and treatment planning
2. Performing local anesthetics - the agents and techniques
3. Extraction of teeth - the techniques, post-extraction wound management
4. Oro-antral fistula - diagnosis, management
5. Abscesses in the neck and face region - diagnosis, treatment

Endodontics

1. Evaluation of clinical and radiological status of the pulp and periradicular tissues
2. Endodontic treatment of teeth with caries and post-injury complications

Periodontology

1. Subjective and objective examination, planning complex treatment of periodontal tissues
2. Removal of supragingival calculus
3. Treatment of periodontal diseases
4. Evaluation of oral mucosal status

Functions of oromandibular system

1. Diagnostics of oromandibular system dysfunctions
2. Preparation of dental arch impressions and model analysis
3. Planning and treatment of oromandibular system dysfunctions



Orthodontics

- 1. Preparation of the patient's oral cavity for orthodontic treatment
- 2. Analysis of dental arch models
- 3. Rules for prevention of malocclusion
- 4. Early orthodontic treatment using simple methods

Prosthodontics

- 1. Analysis and preparation of the supporting area for prosthetic treatment
- 2. Replacement of missing teeth with removable partial and complete dentures
- 3. Grinding the teeth for prosthodontic appliances
- 4. Prevention problems in dental prosthetics

Conservative Dentistry

- 1. Subjective and objective examination, treatment planning
- 2. Differential diagnosis of simple dental caries - management
- 3. Diagnosis and treatment of complicated caries
- 4. Conservative treatment of elderly patients

Preclinical Dentistry and Dental Diagnostics

- 1. Subjective and objective examination, comprehensive treatment planning
- 2. Diagnostics of masticatory system dysfunctions

Pediatric Dentistry

- 1. Subjective and objective examination, prevention and treatment planning
- 2. Analysis of risk factors for dental caries development
- 3. Assessment of the oral cavity conditions
- 4. Conducting preventive procedures
- 5. Treatment of dental caries
- 6. Traumatic injuries to the teeth - treatment planning, first aid

CERTIFICATION OF SUMMER PLACEMENT TRAINING IN DENTAL CLINICAL PROCEDURES

FOR THE STUDENT:.....

Name and surname

I certify the completion of summer training in compliance with the above program in

.....
Name of the clinic, address, city, country

in the period from.....to....., number of hours

grade *.....

.....
/departmental stamp/

.....
/personal stamp/

*** the grade must be awarded according to the following grading system:**

5.0 - excellent/ 4.5 - very good/ 4.0 - good/ 3.5 - satisfactory/ 3.0 - sufficient/ 2.0 - failed

****TO BE FILLED BY THE DEAN'S OFFICE****

I hereby credit the Summer Training completion

Number of ECTS points obtained: 4

.....
(Dean's stamp and signature)