



POZNAN UNIVERSITY OF MEDICAL SCIENCES

41, JACKOWSKIEGO ST.,
60-512 POZNAŃ, POLAND

**THE BOOKLET OF CLINICAL SKILLS RECORD
5 -YEAR DOCTOR OF DENTAL SURGERY PROGRAM**

NAME AND SURNAME

Poznań 2017 r.

POZNAN UNIVERSITY OF MEDICAL SCIENCES



CLINICAL SKILLS RECORD

5 -YEAR DOCTOR OF DENTAL SURGERY PROGRAM

<p>.....</p> <p>.....</p> <p>.....</p> <p>STUDENT'S FIRST NAME AND SURNAME</p>		<p>PICTURE</p>								
Student ID number										
<p>.....</p> <p>Date of issue</p>	Dean's signature									
<p>Practical classes in a curriculum of dental studies aim at:</p> <ul style="list-style-type: none">- recapitulation of students' theoretical knowledge and mastering practical skills in health promotion as well as in prevention, diagnosis and management of dental and oral diseases,- preparing students for independent work in dentistry.										

..... Student's first name and surname	
Practical classes in CONSERVATIVE DENTISTRY <u>Duration: 585 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	
Practical classes in PEDIATRIC DENTISTRY <u>Duration: 305 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	

..... Student's first name and surname	
Practical classes in DENTAL SURGERY <u>Duration: 295 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	
Practical classes in PROSTHETICS <u>Duration: 365 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	

..... Student's first name and surname	
Practical classes in ORTHODONTICS <u>Duration: 200 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	
Practical classes in PERIODONTOLOGY AND DISEASES OF ORAL MUCOSA <u>Duration: 205 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	

..... Student's first name and surname	
Practical classes in MAXILLOFACIAL SURGERY <u>Duration: 70 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	
Practical classes in GERIATRIC DENTISTRY <u>Duration: 45 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	

..... Student's first name and surname	
Practical classes in ADULT COMPREHENSIVE DENTAL TREATMENT <u>Duration: 70 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	
Practical classes in PEDIATRIC COMPREHENSIVE DENTAL TREATMENT <u>Duration: 40 hours</u>	
Dates of practical classes from to	
Name, address, stamp of the department where practice is held	
The student has fulfilled their practice according to the curriculum (please specify the method of awarding course credit)	Stamp and signature of supervisor
<u>Comments:</u>	

.....
Student's first name and surname

SKILLS ACQUIRED BY DENTAL STUDENTS IN CLINICAL CLASSES

Skill types:

Skills type A - a student can perform specific activities properly and fully independently

Skills type B - a student knows the rules of an activity and can assist an operator to perform it

No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
1	Taking dental and medical history	A	
2	Performing full and specific dental examination	A	
3	Knowledge of dental armamentarium	A	
4	Diagnosis, prevention and management of caries affecting permanent dentition	A	
5	Diagnosis and management of pulpitis	A	
6	Diagnosis and management of pulp necrosis and gangrene and periapical tissue disorders	A	
7	Endodontic treatment under magnification	B	

<p>.....</p> <p>Student's first name and surname</p>			
No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
8	Diagnosis, prevention and management of non-carious cavities	A	
9	Differential diagnosis in oral and facial pain	A	
10	Oral hygiene instruction, motivating a patient, and evaluation of the acquired effects	A	
11	Diagnosis and clinical management of trauma to permanent teeth (first aid, referring to a specialist, treatment of uncomplicated cases)	A	
12	Specifying an indication to radiological evaluation and interpreting the results	A	
13	Diagnosis and elimination of teeth discoloration	A	
14	Diagnosis of teeth developmental disorders and specifying the need of specialist treatment, management of enamel developmental defects	A	
15	Application of professional caries prophylaxis methods	A	

<p>.....</p> <p>Student's first name and surname</p>			
No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
16	Diagnosis, prevention and management of caries in deciduous teeth	A	
17	Diagnosis, prevention and management of caries in incompletely developed permanent teeth	A	
18	Diagnosis and management of reversible and irreversible pulpitis in deciduous and incompletely developed permanent teeth	A	
19	Diagnosis and treatment of irreversible pulpitis, necrosis and periapical lesions of deciduous and incompletely developed permanent teeth	B	
20	Diagnosis and management of periodontal and oral mucosa diseases in children, specifying the need of specialist treatment, non-specialist treatment	A	
21	Diagnosis and management of traumatic injuries of the crowns of deciduous and incompletely developed permanent teeth	A	
22	Diagnosis and management of traumatic injuries to deciduous and incompletely developed permanent teeth (crown-root fractures, root fractures, luxations)	B	
23	Planning and performing oral prophylaxis, oral health education	A	
24	Differentiating between proper and disordered occlusion	A	

<p>.....</p> <p>Student's first name and surname</p>			
No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
25	Assessment of proper and improper masticatory organ functions	A	
26	First aid in fixed and removable orthodontic appliance damage	A	
27	The ability to plan and realize orthodontic prophylaxis procedures	A	
28	Taking an impression to make a diagnostic model and occlusion registration	A	
29	Providing treatment with standard orthodontic appliance and prosthesis in patients up to the 18 years of age	B	
30	Management of dento-occlusal disorders with removable and fixed appliances	B	
31	Orthodontic-surgical comprehensive management	B	
32	Treatment planning and performing comprehensive dental management of patients up to 18 years of age	B	
33	Therapeutic management of a handicapped patient	B	
34	Intraoral topical, infiltration and conduction anaesthesia	A	

<p>.....</p> <p>Student's first name and surname</p>			
No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
35	Extraoral anaesthesia in the facial region	B	
36	Taking arterial blood pressure	A	
37	Interpreting the results of chosen laboratory examinations	A	
38	Extractions of single-rooted and multiple-rooted teeth	A	
39	Post-extraction surgical management of a tooth socket	A	
40	Making an intraoral incision of an odontogenic abscess	A	
41	Planning and performing apical resection and surgical removal of impacted teeth/wisdom teeth	B	
42	Antibiotic therapy in oral, facial and neck inflammations	A	
43	Prevention and diagnosis of chosen oral pre-neoplastic conditions and neoplasms	A	
44	Harvesting tissue samples for microbiological, histopathological, cytological evaluation according to the indications	B	

<p>.....</p> <p>Student's first name and surname</p>			
No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
45	Diagnosis of motoric disorders of the masticatory system	A	
46	Diagnosis and differentiation of salivary glands diseases	A	
47	Diagnosis and differentiation of maxillary sinus diseases	B	
48	Prevention of HIV and hepatotropic viruses infections in dentistry	A	
49	Management of oral cysts and non-malignant tumors	B	
50	Clinical and radiological evaluation of periodontal tissue	A	
51	Recognizing signs of systemic illnesses in the oral cavity	A	
52	Oral hygiene instruction for patients with periodontal diseases and dental implants	A	
53	Supra- and subgingival scaling in patients with periodontitis	A	
54	Planning local and systemic pharmacological treatment in periodontopathies and periimplantology	A	

<p>.....</p> <p>Student's first name and surname</p>			
No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
55	Planning antibiotic prophylaxis in patients with concomitant systemic diseases	A	
56	Rules of patients' preparation for dental procedures	A	
57	Planning and prognosing surgical periodontal treatment, prosthetic and orthodontic treatment in patients with periodontitis	B	
58	Teeth splinting	A	
59	Diagnosis and management of chosen oral mucosa diseases	A	
60	Minimal antinicotine intervention	A	
61	Planning prosthetic treatment in various types of teeth loss	A	
62	Prosthetic management of simple cases with post-and-cores, prosthetic crowns and bridges	A	
63	Prosthetic treatment of simple cases with removable partial and complete plate dentures	A	
64	Preparation of temporary fixed dentures	A	
65	Prosthetic treatment of simple cases with frame dentures, overdentures and immediate dentures	A	

<p>.....</p> <p>Student's first name and surname</p>			
No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
66	Repair of damaged prosthetic restorations in clinical setting and in laboratory	A	
67	Planning prosthetic treatment in complicated cases	B	
68	Diagnosis and prevention of masticatory organ functional disorders	A	
69	Initial treatment of masticatory system functional disorders	B	
70	Planning comprehensive dental treatment for the elderly patients	A	
71	Planning implantoprosthodontic treatment	A	
72	Implantoprosthodontic treatment in simple clinical cases	B	
73	Planning and performing basic therapeutic procedures as a part of comprehensive dental management in adult patients	A	
74	Organizing work in a dental office according to ergonomics and coordinating team work	A	

<p>.....</p> <p>Student's first name and surname</p>			
No.	Standard dental procedures	Skill type	Skill acquired (stamp and signature)
75	Planning accessory investigations and consultations	A	
76	Professional communication with children, adult and elderly patients	A	
77	Planning dental aesthetic procedures	A	
78	Planning multispecialist treatment in dental aesthetics	B	
79	Management of syncope, shock and sudden cardiac arrest	A	
80	The analysis of adverse reaction of individual medicines (especially their impact on the oral cavity) and their interactions	A	
81	Maintaining medical documentation of the patient	A	
82	Adjudicating temporary inability to work for dental reasons	A	
83	Knowledge about possibilities of carrying out various medical-dental specialist procedures	A	

STAMP OF AUTHORIZED PARTY

COMPLETION

Date.....