UNIVERSITY OF ZAGREB

The Dental Student's Handbook of Professional Practice



" The Dental Student's Handbook of Professional Practice "determines the method of monitoring and

evaluating the work of students of the integrated undergraduate and graduate study of Dental Medicine at the

School of Dental Medicine of the University of Zagreb. This Handbook is dedicated to dental students

participating in activities related to their professional practice which is performed outside the school.

Based on the existing relevant documents of the University of Zagreb and the School of Dental Medicine,

"The Dental Student's Handbook of Professional Practice" was prepared by the Teaching and Student Board of

the School of Dental Medicine of the University of Zagreb in March 2019 consisting of the following members:

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- assistant professor Ivan Puhar, PhD, member
- associate professor Dinko Vidović, PhD, member.

"The Dental Student's Handbook of Professional Practice" should be used by all students participating in activities related to their professional practice.

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Terms used in this handbook which have a gender meaning, regardless of whether they are used in the masculine or feminine gender, include the masculine and feminine genders equally, unless otherwise stated.

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Introduction

"The Dental Student's Handbook of Professional Practice" determines the method of monitoring and evaluating the work of students of the integrated undergraduate and graduate study of Dental Medicine at the School of Dental Medicine of the University of Zagreb. It is dedicated to dental students participating in activities related to their professional practice which is performed outside the school.

Professional practice is carried out in the course of 12th semester of studies for the duration of 500 school hours (1 school hour = 45 minutes) and is mandatory for all students. The purpose of professional practice is to prepare students as best as possible for independent work in a dental practice, so that they can be recognized on the labor market as quickly and easily as possible after completing their studies.

The work of dental students who perform professional practice is monitored, evaluated and supervised by both, non-faculty and faculty mentors. The data in this handbook are entered responsibly and objectively by students, and by non-faculty and faculty mentors.

The forms and tables in this handbook, which are filled out and certified in the manner prescribed below, are used to show that the student has successfully mastered practical classes outside the school. On completion of the professional practice, the handbook remains in the archives of the School of Dental Medicine, University of Zagreb.

Selection of practice and non-faculty mentor for professional practice

Professional practice is carried out in polyvalent dental practices from all over Croatia that have signed a cooperation contract on the implementation of professional practice with the School of Dental Medicine of the University of Zagreb for the current academic year. Practices in which professional practice is carried out may or may not have a contract with the Croatian Health Insurance Institute.

Dental practices in which professional practice cannot be performed are:

• Dental practices that are owned or managed by a member of the immediate family of the student who is going to participate in professional practice. Also, dental practices in which the aforementioned member of the immediate family works,

• Dental practices that are owned, managed by a person who is a teacher or associate at the School of Dental Medicine of the University of Zagreb. Also, the aforementioned person works in such a dental practice,

• Dental practices that are owned and (or) managed by a person who is an immediate family member of the student who is going to participate in professional practice and is a teacher or associate at the School of Dental Medicine of the University of Zagreb. The aforementioned person also works in such a dental practice.

Non-faculty mentors of students who are on professional practice are doctors of dental medicine who have a minimum of 5 years of experience in dentistry, and work in a dental practice that has a contract for cooperation on the implementation of professional practice with the School of Dental Medicine of the University of Zagreb for the current academic year.

Non-faculty mentors of students on professional practice cannot be:

• Persons who are members of the immediate family of the student who is going to participate in professional practice,

• Persons who are teachers or associates at the School of Dental Medicine of the University of Zagreb,

• Persons whose immediate family members are teachers or associates at the School of Dental Medicine of the University of Zagreb.

The list of non-faculty mentors for student professional practice is confirmed every academic year at the session of the Faculty Council of the School of Dental Medicine of the University of Zagreb.

Doctors of dental medicine who are interested in being non-faculty mentors can express their interest by applying to the following e-mail address: nastava@sfzg.hr. If they meet the required conditions, registered doctors of dental medicine can be proposed as non-faculty mentors in the following academic year.

After enrolling in the last year of studies, and in the first half of the 11th semester, students are invited to find a dental practice and a non-faculty mentor on their own, in such a way that in prior agreement with the selected practice and non-faculty mentor, they apply on the form prepared for this purpose in order to determine acceptability of the chosen practice and the mentor who is in charge of their professional practice.

Students get the form in the Student Affair Office of the School of Dental Medicine, University of Zagreb. For students who do not find a dental office and a non-faculty mentor on their own, the competent service of the School will find both, a dental office and a non-faculty mentor. The schedule determined by the aforementioned competent service cannot be changed either in time or location. Each academic year, the schedule of students, a list of dental practices and expert mentors are published for the current academic year.

Students performing professional practice

Every student should carefully read this handbook in its entirety.

Students performing professional practice are students of the last (12th) semester of the integrated undergraduate and graduate study of Dental Medicine at the Faculty of Dentistry, University of Zagreb.

During professional practice, students have all student rights and duties, and are subject to the work discipline of the institution where they do practical classes. If the student does not respect the rules of conduct and work discipline during practical classes, he will be denied the institution's final certificate of completed professional practice.

Students who, during professional practice, due to illness or other unforeseeable circumstances were prevented

from regularly performing practice, are obliged to report this to the Department for Studies and Continuing

Education of the School of Dental Medicine, as well as non-faculty mentor and a faculty mentor as soon as

possible, and no later than within 24 hours from the moment of the impediment. Such students will be able to

make up for missed practical classes up to the required amount of 500 hours in agreement with a non-faculty and faculty mentor. Professional practice is not recognized for students with a large number of unexcused absences. Such students are referred to perform their professional practice in the course of the following academic year (summer semester).

While performing their professional practice, students are obliged to fill in the forms and tables found in this

handbook. They fill in the following forms:

- Student information form (at the beginning of professional practice),
- Table for recording procedures performed (daily during professional practice),
- Report for the faculty mentor (after the 1st week of professional practice),
- Report for the faculty mentor (after the 3rd week of professional practice),
- Report for the faculty mentor (after the 6th week of professional practice),
- Report for faculty mentor (upon completion of professional practice),
- Student self-assessment form (upon completion of professional practice).

The student is obliged to inform his/her faculty mentor as soon as possible about any problems he/she has encountered during the professional practice. If the non-faculty mentor is prevented from performing his/her mentoring task during professional practice (e.g. vacation, sick leave, etc.), the student is also obliged to immediately inform his/her faculty mentor.

When a student satisfactorily completes his/her professional practice, his/her achievement is verified in his/her grade book. No later than two weeks after the end of professional practice, this handbook, which is completely filled out and certified in the prescribed manner, should be returned to the Department for Studies and Continuing Education of the School of Dental Medicine. Students who do not do so within the prescribed period lose the right to be certified in their grade books, and their professional practice is not recognized.

Non-faculty mentors

Each non-faculty mentor should carefully read this handbook in its entirety.

The non-faculty mentor is expected to:

• supervise and assess the work of a student, who is performing his /her professional practice in accordance with the instructions specified in this handbook,

• assist the student making improvement in certain skills that he/she acquired during the integrated undergraduate and graduate studies,

- organize and continuously supervise the implementation of the entire professional practice,
- provide professional assistance to the student in practical work,
- check the student's practical work,
- instruct the student how to run a dental practice,
- train the student for independent work through clinical work and learning,
- treat the student as a young colleague, not as an observer, and actively involve him in clinical work.

In this handbook, the non-faculty mentor:

• fills in and certifies the form with data on the non-faculty mentor (at the beginning of professional practice),

• evaluates and certifies the table for the record of performed procedures (each time the page of the table is filled; there are 10 of them in total),

• fills in and certifies the form for the mentor's assessment of the student's progress (after completing the professional practice),

• fills out and certifies the final certificate of the non-faculty mentor about the completed professional practice (upon completion of the professional practice).

Faculty mentors

Every faculty mentor should carefully read this handbook in its entirety.

Faculty mentors of students who perform their professional practice are doctors of dental medicine who are employed by the School of Dental Medicine of the University of Zagreb and are holding the titles of research associates or scientific associates (teaching assistants and postdoctoral students) or those holding science-teaching positions. A list of faculty mentors for student professional practice is established for each academic year. Students are assigned faculty mentors by the competent department of the School of Dental Medicine of Dentistry of the University of Zagreb.

The faculty mentor's duty is to supervise and assess the work of students who perform their professional practice, in accordance with the instructions specified in this handbook. If the faculty mentor has a student who performs his/her professional practice in the city of Zagreb, the faculty mentor should visit the student and the non-faculty mentor in the dental office where the professional practice is carried out. He should visit him/her once in the course of the professional practice at the time agreed with the student and his non-faculty mentor. If the faculty mentor has a student who performs his/her professional practice outside the city of Zagreb, the visit is not mandatory, but is recommended, and the organization of the visit is arranged by the faculty mentor in cooperation with the vice dean for teaching and students. The date of the visit and any comments regarding the visit should be stated in the Report for a faculty mentor form which is submitted at the end of the professional practice. The visit of the faculty mentor must be coordinated with his/her teaching and other duties at the School of Dental Medicine, so that the visit does not interfere with his/her primary tasks and responsibilities.

In this handbook, the faculty mentor:

- fills in and certifies the form with information about the faculty mentor (at the beginning of professional practice),
- certifies the report for the faculty mentor (after the 1st week of professional practice),
- certifies the report for the faculty mentor (after the 3rd week of professional practice),
- certifies the report for the faculty mentor (after the 6th week of professional practice),
- certifies the report for the faculty mentor (upon completion of professional practice).

List of procedures

The list of procedures that students can perform during their professional practice is compiled based on learning outcomes and competencies acquired during their studies. The list serves as a reminder to the mentor when monitoring and assessing the student's work. Some topics might require more time than one mentoring session, hence the list can be expanded. For example, the procedures that are not on the list and are among the procedures performed by a doctor of dental medicine can be added to the record of performed procedures. It is recommended that the types of procedures performed by the student be as diverse as possible and that they be from all fields of dental medicine.

General procedures

- Examination of the oral cavity and assessment of the oral health status of an adult
- Examination of the oral cavity and assessment of the child's oral health status
- History taking and obtaining informed consent
- Ordering dental supplies
- Preparation of instruments and equipment
- Disinfection of instruments and work surfaces
- Sterilization of instruments
- Implementation of workplace safety procedures
- Entering performed procedures/diagnostic therapeutic procedures (DTP) in dental records
- Entry of DTPs into the HZZO program

Radiological procedures

- Analysis of intraoral X-rays
- Orthopantomographic analysis
- Analysis of other dental x-rays

Local anesthesia

- Application of surface anesthesia
- Application of infiltration anesthesia
- Application of conduction anesthesia

Endodontics and restorative dentistry

- Establishing a diagnosis and treatment plan
- Fabrication of one surface filling (specify material)
- Fabrication of two surface
- filling (specify material)
- Fabrication of three surface filling (specify material)
- Fabrication of a composite build-up
- Fabrication of a temporary filling
- Removal of remaining fillings
- Occlusal matching and polishing of restorations
- Examination of tooth vitality
- Trepanation of the pulp chamber
- Endodontic treatment of a single-rooted tooth
- Endodontic treatment of a multi-rooted tooth
- Revision of endodontic treatment

- Placing a protective rubber dam
- Desensitization of teeth
- Control and evaluation of the success of endodontic treatment
- Indirect and direct covering of dental pulp.

Children's dentistry

- Fissure sealing
- Fabrication of preventive fillings
- Topical dental fluoridation
- Plaque control
- Extraction of a milk tooth
- Treatment of the pulp of a young permanent tooth
- Treatment of the pulp of a milk tooth
- Treatment of deciduous and young permanent tooth with non-vital
- Endodontic treatment of young permanent teeth with completed root growth
- Fabrication of a glass-ionomer filling on a milk tooth
- Caries risk assessment.

Oral surgery

- Extraction of single-rooted tooth
- Extraction of a multi-rooted tooth
- Extraction of the fractured root
- Separation of multi-rooted teeth
- Assisting in oral surgical procedures
- Sewing
- Removal of stitches
- Treatment of pericoronitis.

Periodontology

- Planning of periodontal therapy
- Removal of soft plaque
- Removal of hard plaque
- Supragingival instrumentation
- Subgingival instrumentation
- Determination of periodontal indices
- Patient motivation and individualization of oral hygiene
- Probing in the patient's mouth.

Fixed prosthetics

- Planning the fabrication of a fixed prosthetic replacement
- Preparation and grinding of teeth for prosthetic replacement
- Fabrication of tooth build ups
- Application of retraction thread
- Taking an impression
- Fabrication of a temporary crown
- Fabrication of intermaxillary registration
- Fabrication of a crown (specify the type)
- Fabrication of multi-member fixed-prosthetic constructions (specify the type)
- Parallelization of abutment teeth for multimember constructions
- Evaluation and selection of tooth color
- Temporary fixation of the prosthetic replacement
- Permanent fixation of the prosthetic replacement
- Giving instructions on the maintenance of the prosthetic replacement
- Repair of a damaged prosthetic replacement in a dental office
- Removal of a fixed-prosthetic replacement.

Removable prosthetics

- Planning the fabrication of a removable prosthetic appliance
- Taking an anatomical impression
- Individual impression tray adjustment
- Taking a functional impression
- Determination and registration of vertical and horizontal interjaw relationships
- Transfer of working models to the articulator by using the face bow
- Marking of the model for setting up denture teeth
- Selecting correct size, shape and color of the artificial teeth for the denture
- Clinical check to assess the fit of the teeth in dentures
- Delivery and occlusion check of finished complete dentures.

Oral medicine

- Examination of the oral mucosa with regard to oral and systemic diseases with manifestations in the oral cavity
- Examination of the mucosa of the oropharyngeal area for the early detection of oral cancer
- Assessment of the patient's general health risk for undergoing invasive dental procedures.

Orthodontics

- Dental arch impression taking for orthodontic purposes
- Determination of habitual occlusion
- Determination of dental class according to
 Angle
- Recognition and identification of developmental disorders of the dentition.

Evaluation of procedures

Unless otherwise indicated, each performed procedure should be evaluated as follows:

A - Performed the procedure completely independently

B - Performed the procedure independently, the mentor helped by giving advice

C - Performed the procedure with a little help from the mentor (the mentor did a small part of the procedure)

D – Performed the procedure with significant help from the mentor (the mentor performed most of the procedure)

E – Observed the procedure/assisted

Records of procedures performed

Every day, the student records all procedures performed during professional practice in accordance with the list of procedures. Each procedure is evaluated in the previously mentioned manner. The records of performed interventions are made in the Table for records of performed procedures.

When the page of the Table for records of performed procedures is filled out, the records of performed procedures and their evaluation are reviewed by a non-faculty mentor and certified with his signature and facsimile.

In order for the table to be considered appropriately filled out, the name of each performed procedure should be accompanied by the date and its assessment. The non-faculty mentor is expected to enable the student to work daily in accordance with the acquired skills and competences, and that the types of procedures that the student can perform should be as diverse as possible. If a student performs several procedures of the same type in one day, each procedure is not entered separately in the table, but their number is also recorded in the table.

On completion of the professional practice, the student should have 10 pages of the Table for records of procedures completed entirely filled out and certified.

Self-assessment of the student

At the end of the professional practice, the student fills in and signs the self-assessment form.

Mentor's assessment of the student's progress

At the end of the professional practice, the mentor fills in the "Form for the mentor's assessment of the student's progress".

Report for a faculty mentor

The student submits reports on professional practice to the faculty mentor assigned to him. The report is submitted on the prescribed form, which is an integral part of this handbook, after the 1st, 3rd, 6th and last week of professional practice. The reports are reviewed and signed by the faculty mentor. If the student is not able to bring the reports to the faculty mentor for review and signature while on professional practice, he/she is obliged to scan them and regularly send them to the faculty mentor by e-mail. The faculty mentor should acknowledge receipt of each report. At the end of the professional practice, the student should bring this handbook with the associated reports to the faculty mentor for review and signature.

Final certificate of the mentor

On completion of the professional practice, the non-faculty mentor fills in, signs and certifies the final certificate of completed professional practice.

1 Student information form

		To be filled in by a student
	Name and surname:	
	Signature:	
Photo of a student	Cell phone number:	
(4,5 x 5,0 cm)	E-mail address:	
	Academic year:	
	Date of	
	commencement of	
	professional practice:	

2 Non-faculty mentor information form

	To be filled in by a non-faculty mentor
Name and surname:	
Name of the institution where professional practice is carried out:	
Name of the place and postal address of the institution where professional practice is carried out:	
Cell phone number:	
E-mail address:	
Signature and facsimile of non-faculty mentor:	

3 Faculty mentor information form

	To be filled in by a faculty mentor
Name and surname:	
Department/chair:	
Cell phone number:	
E-mail address:	

4 Table for records of performed procedures

	Date	Evaluation of a procedure (circle the appropriate one)				
Performed procedure		Completed the procedure entirely on his/her own	Performed the procedure on his/her own but the mentor helped with advice	Performed the procedure with a little help from the mentor	Performed the procedure with the significant help of the mentor	Observed the procedure/ assissted
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
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		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
Name and surname of the mentor	Date of certification	Facsimile of the mentor				

	Date	Evaluation of a procedure (circle the appropriate one)				
Performed procedure		Completed the procedure entirely on his/her own	Performed the procedure on his/her own but the mentor helped with advice	Performed the procedure with a little help from the mentor	Performed the procedure with the significant help of the mentor	Observed the procedure/ assissted
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		А	В	С	D	E
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		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
Name and surname of the mentor	Date of certification	Facsimile of the mentor				

	Date	Evaluation of a procedure (circle the appropriate one)				
Performed procedure		Completed the procedure entirely on his/her own	Performed the procedure on his/her own but the mentor helped with advice	Performed the procedure with a little help from the mentor	Performed the procedure with the significant help of the mentor	Observed the procedure/ assisted
		А	В	С	D	E
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		А	В	С	D	E
		А	В	С	D	E
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		А	В	С	D	E
Name and surname of the mentor	Date of certification	Facsimile of the mentor				

		Evaluation of a procedure (circle the appropriate one)				
Performed procedure	Date	Completed the procedure entirely on his/her own	Performed the procedure on his/her own but the mentor helped with advice	Performed the procedure with a little help from the mentor	Performed the procedure with the significant help of the mentor	Observed the procedure/ assisted
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		А	В	С	D	E
Name and surname of the mentor	Date of certification	Facsimile of the mentor				

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		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
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		А	В	С	D	E
		А	В	С	D	E
Name and surname of the mentor	Date of certification	Facsimile of the mentor				

	Date	Evaluation of a procedure (circle the appropriate one)				
Performed procedure		Completed the procedure entirely on his/her own	Performed the procedure on his/her own but the mentor helped with advice	Performed the procedure with a little help from the mentor	Performed the procedure with the significant help of the mentor	Observed the procedure/ assisted
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		А	В	С	D	E
Name and surname of the mentor	Date of certification	Facsimile of the mentor				

		Evaluation of a procedure (circle the appropriate one)				
Performed procedure	Date	Completed the procedure entirely on his/her own	Performed the procedure on his/her own but the mentor helped with advice	Performed the procedure with a little help from the mentor	Performed the procedure with the significant help of the mentor	Observed the procedure/ assisted
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		А	В	С	D	E
Name and surname of the mentor	Date of certification	Facsimile of the mentor				

	Date	Evaluation of a procedure (circle the appropriate one)				
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		А	В	С	D	E
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Name and surname of the mentor	Date of certification	Facsimile of the mentor				

		Eval	uation of a p			
Performed procedure	Date	Completed the procedure entirely on his/her own	Performed the procedure on his/her own but the mentor helped with advice	Performed the procedure with a little help from the mentor	Performed the procedure with the significant help of the mentor	Observed the procedure/ assisted
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
Name and surname of the mentor	Date of certification		Facsin	nile of the n	nentor	

		Eval	uation of a p			
Performed procedure	Date	Completed the procedure entirely on his/her own	Performed the procedure on his/her own but the mentor helped with advice	Performed the procedure with a little help from the mentor	Performed the procedure with the significant help of the mentor	Observed the procedure/ assisted
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
		А	В	С	D	E
Name and surname of the mentor	Date of certification		Facsin	nile of the n	nentor	

5 Student self-assessment form

This form is filled out by the student upon completion of professional practice.

Name and surname of the student:							
Academic year:							
Name of the institution where professional practice is carried out:							
Name and surname of non-faculty mentor:							
Date and place of filling in the form:							
Circle the approp *UTA = Una	r iate answer ble to assess	Very poorly	Quite poorly	On average	Quite well	Excellently	*
I communicate with a non-faculty mentor		1	2	3	4	5	UTA
I communicate with other dental staff		1	2	3	4	5	UTA
I communicate with the patient		1	2	3	4	5	UTA
I am able to perform independently							
• perform a dental examination and take a dental status		1	2	3	4	5	UTA
 keep accurate dental records of care provided to patients 		1	2	3	4	5	UTA
make a diagnosis		1	2	3	4	5	UTA
suggest the appropriate dental treatment		1	2	3	4	5	UTA
analyze the X-ray		1	2	3	4	5	UTA
give infiltration local anesthesia		1	2	3	4	5	UTA
give conductive local anesthesia		1	2	3	4	5	UTA
make a single-surface filling		1	2	3	4	5	UTA
make a multi surface filling		1	2	3	4	5	UTA
 perform endodontic treatment of a single-r 	ooted tooth	1	2	3	4	5	UTA
perform endodontic treatment of a multi-relation	ooted tooth	1	2	3	4	5	UTA
advise on oral health		1	2	3	4	5	UTA
extract a single-rooted tooth		1	2	3	4	5	UTA
extract a multi-rooted tooth		1	2	3	4	5	UTA
remove plaque		1	2	3	4	5	UTA
grind the tooth for a fixed prosthetic replace	ement	1	2	3	4	5	UTA
take an impression		1	2	3	4	5	UTA
determine interjaw relationships		1	2	3	4	5	UTA
• fix the prosthetic replacement		1	2	3	4	5	UTA

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1 2 3 5 2 1 2 2 1 2 2 1	2 2 2 2 2	3 3 3	4	5	UTA
1 2 3 5 2 1 2 2 1 2 2 1	2 2 2 2 2	3 3 3	4	5	UTA
I 1 S 1 P 1 I 1 P 1 V 1	2	3	4	5	UTA
	2	3	4		
e 1				5	UTA
iring pro	fession	al prac	tice		
e out of	the tot	al weel	kly num	nber of	
	e out of	e out of the tot	e out of the total week	e out of the total weekly num	ge out of the total weekly number of

6 Form for the mentor's assessment of the student's progress

This form is filled out by the mentor after completing the professional practice.

Name and surname of the student:							
Academic year:							
Name of the institution where professional practice is carried out:							
Name and surname of non-faculty mentor:							
Date and place of filling in the form:							
Circle the appropriat *UTA = Unable t		Very poorly	Quite poorly	On average	Quite well	Excellently	*
Student communication							
with a non-faculty mentor		1	2	3	4	5	UTA
with other dental staff		1	2	3	4	5	UTA
with a patient		1	2	3	4	5	UTA
Student is able to independently							
 perform a dental examination and take a dental status 		1	2	3	4	5	UTA
keep dental records		1	2	3	4	5	UTA
make a diagnosis		1	2	3	4	5	UTA
 suggest appropriate dental treatment 		1	2	3	4	5	UTA
analyze the X-ray		1	2	3	4	5	UTA
 give infiltration local anesthesia 		1	2	3	4	5	UTA
 give conductive local anesthesia 		1	2	З	4	5	UTA
 fabricate a single- surface filling 		1	2	3	4	5	UTA
 fabricate a multi-surface filling 		1	2	3	4	5	UTA
 perform endodontic treatment of a single-root 	ted tooth	1	2	3	4	5	UTA
 perform endodontic treatment of a multi-roote 	ed tooth	1	2	3	4	5	UTA
offer a range of oral health advice		1	2	3	4	5	UTA
 extract a single-rooted tooth 		1	2	3	4	5	UTA
extract a multi-rooted tooth		1	2	3	4	5	UTA
u remove plaque		1	2	3	4	5	UTA
grind the tooth for a fixed prosthetic replacement	nent	1	2	3	4	5	UTA
take an impression		1	2	3	4	5	UTA
determine interjaw relationships		1	2	3	4	5	UTA
fix the prosthetic replacement		1	2	3	4	5	UTA

Student											
• is aw	vare of his/her o	wn shortcom	ings and li	mitatio	ons	1	2	3	4	5	UTA
• show	vs empathy tow	ards the patie	ent			1	2	3	4	5	UTA
• form	ulates the prob	lem and reco	gnizes prio	ority act	ions	1	2	3	4	5	UTA
	vare of his/her ce from more ex			-		1	2	3	4	5	UTA
• is aw	vare of his respo	onsibility in pr	ofessional	activity	/	1	2	3	4	5	UTA
• is av	ailable and acce	ssible to patie	ents and co	olleagu	es	1	2	3	4	5	UTA
	ects patients' ri identiality	ghts, their priv	vacy and			1	2	3	4	5	UTA
	oits good commur other employees			mmunic	ation	1	2	3	4	5	UTA
• fits i	nto teamwork i	n health care				1	2	3	4	5	UTA
List the good qualities of the student: State what the student needs to improve:											
Required level of student supervision	level of student continuous supervision occasional supervision correction				indep correc	endently and ctly hout direct					
	0	1	2	3 4				5			
 0 It is not advisable to leave the student unattended 1 It is possible to leave a student unsupervised, but only for a certain period of time 2 The student notices significant problems about which he promptly informs the mentor; he/she needs to be supervised at regular intervals 3 As stated under 2 but bearing in mind the fact that the student had a self-initiated attempt to solve the problem, and the mentor was called only if his solutions did not help the patient 4 The mentor believes that the student's diagnostic and treatment plan is good and advises him if necessary 5 As under 4 but bearing in mind the fact that the mentor considers that there is no need for additional counseling of the student 											
Notes regardin	g the student a					-	/impro	oved in	prepa	ring de	ntal
students for performing their professional practice independently											
Would you like	e to mentor a st	udent again i	n the futu	-						VEC	NO
			in the rutur	re?						YES	NO

7 Report for the faculty mentor (after the 1st week of professional practice)

			7	o be fill	led in by	∙a student
Name and surname of the student:						
Name and surname of the faculty mentor:						
Academic year:						
Name of the institution where professional practice is carried out:						
Name of the place and postal address of the institution where professional practice is carried out:						
Name and surname of the non- faculty mentor:						
Date of report submission:						
Start date of the period for which the report is submitted:						
End date of the period for which the report is submitted:						
	uhich the recent is a		adı (.1	
Description of the student's activities in the period for activities carried out; e.g. the number of examinations performed the	-					
number of endodontic treatments, etc.)		igs, the i	lumber (n teeth	exilaci	eutile
Rating of student satisfaction with the activities (5 is the b	est rating)	1	2	3	4	5
Rating of student satisfaction with non-faculty mentor (!		1	2	3	4	5
			L	L	I	
Note:						
			Tahafi	lad in t	u a fao	Itu mont-
			i u be fil	ieu III D	y u jucu	lty mentor

Date of report verification:
Signature and facsimile of faculty mentor:

8 Report for the faculty mentor (after the 3 rd week of professional practice)

			7	o be fill	ed in by	a student		
Name and surname of the student:								
Name and surname of the faculty mentor:								
Academic year:								
Name of the institution where professional practice is carried out:								
Name of the place and postal address of the institution where professional practice is carried out:								
Name and surname of the non- faculty mentor:								
Date of report submission:								
Start date of the period for which the report is submitted:								
End date of the period for which the report is submitted:								
Description of the student's activities in the period for which the report is submitted: (specify or describe the activities carried out; e.g. the number of examinations performed, the number of fabricated fillings, the number of teeth extracted, the number of endodontic treatments, etc.)								
Rating of student satisfaction with the activities (5 is the b	est rating)	1	2	3	4	5		
Rating of student satisfaction with non-faculty mentor (1	2	3	4	5		
Note:								
			To be fil	led in b	y a facu	lty mentor		

Date of report verification:	
Signature and facsimile of faculty mentor:	

9 Report for the faculty mentor (after the 6th week of professional practice)

			7	o be fill	ed in by	a student
Name and surname of the student:						
Name and surname of the faculty mentor:						
Academic year:						
Name of the institution where professional practice is carried out:						
Name of the place and postal address of the institution where professional practice is carried out:						
Name and surname of the non- faculty mentor:						
Date of report submission:						
Start date of the period for which the report is submitted:						
End date of the period for which the report is submitted :						
Description of the student's activities in the period for activities carried out; e.g. the number of examinations performed, the number of endodontic treatments, etc.)						
Rating of student satisfaction with the activities (5 is the l		1	2	3	4	5
Rating of student satisfaction with non-faculty mentor Note:	(5 is the best rating)	1	2	3	4	5
			To be fil	led in b	ı a facu	lty mentor

Date of report verification:	
Signature and facsimile of faculty mentor:	

10 Report for the faculty mentor (on completion of professional practice)

Name and surname of the facuity mentor: Academic year: Name of the institution where professional practice is carried out: Name of the place and postal address of the institution where professional practice is carried out: Name of the place and postal address of the institution where professional practice is carried out: Name of the place and postal address of the institution where professional practice is carried out: Name and surname of the non- faculty mentor: Date of report submission Start date of the period for which the report is submitted: Ind date of the period for which the report is submitted: Ind date of the student's activities in the period for which the report is submitted: Description of the student's activities in the period for which the number of fabricated filings, the number of teeth extracted the number of addonic treatments, etc.) Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Note: To be filled in by a faculty mentor To be filled in by a faculty mentor To be filled in by a faculty mentor Date and possible note regarding the visit to the dental office where professional practice is carried out: U U U U Signature and facsimile of faculty mentor: U U U U U U<				Т	o be fill	ed in by	ı a student
Academic year: Academic year: Name of the institution where professional practice is carried out: Image: Start date of the place and postal address of the institution where professional practice is carried out: Name and surname of the non-faculty mentor: Image: Start date of the period for which the report is submitted: Date of report submission Image: Start date of the period for which the report is submitted: End date of the period for which the report is submitted: (specify or describe the advite) carried out: e.g. the number of eaninations performed the number of fabricated fillings, the number of teeth extracted the number of endodontic treatments, etc.) Rating of student satisfaction with the activities (s is the best rating) 1 2 3 4 5 Note: Image: Start date of the report is submitted: (specify or describe the activities (s is the best rating) 1 2 3 4 5 Rating of student satisfaction with non-faculty mentor (s is the best rating) 1 2 3 4 5 Note: Image: Start date of the gerofication with non-faculty mentor (s is the best rating) 1 2 3 4 5 Note: Image: Start date start dat	Name and surname of the student:						
Name of the institution where professional practice is carried out: Image: Star i day is a star	Name and surname of the faculty mentor:						
is carried out: Name of the place and postal address of the institution where professional practice is carried out: Name and surname of the non- faculty mentor: Date of report submission Start date of the period for which the report is submitted: End date of the period for which the report is submitted: (specify or describe the activities in the period for which the report is submitted: (specify or describe the activities carried out; e.g. the number of fabricated fillings, the number of teeth extracted the number of advitute treatments, etc.) Rating of student satisfaction with the activities (s is the best rating) 1 2 3 4 5 Rating of student satisfaction with non-faculty mentor (s is the best rating) 1 2 3 4 5 Note: To be filled in by a faculty mentor (fille where professional practice is carried out: Date and possible note regarding the visit to the dental office where professional practice is carried out:	Academic year:						
Name of the place and postal address of the institution where professional practice is carried out: Image: Start data of the non-faculty mentor: Date of report submission Start date of the period for which the report is submitted: End date of the period for which the report is submitted: Image: Start date of the period for which the report is submitted: Description of the student's activities in the period for which the report is submitted: Image: Start date of examinations performed the number of fabricated fillings, the number of teeth extracted the number of endodontic treatments, etc.) Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Note: To be filled in by a faculty mentor (5 is the best rating) 1 2 3 4 5 Date of report verification: To be filled in by a faculty mentor To be filled in by a faculty mentor							
Name and surname of the non-faculty mentor: Date of report submission Start date of the period for which the report is submitted: End date of the period for which the report is submitted: Submitted: Description of the student's activities in the period for which the report is submitted: (specify or describe the activities carried out; e.g. the number of examinations performed the number of fabricated fillings, the number of teeth extracted the number of endodontic treatments, etc.) Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Note: To be filled in by a faculty mentor To be filled in by a faculty mentor Date and possible note regarding the visit to the dental office where professional practice is carried out: U <td< th=""><th>Name of the place and postal address of the</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	Name of the place and postal address of the						
Date of report submission Start date of the period for which the report is submitted: End date of the period for which the report is submitted: Description of the student's activities in the period for which the report is submitted: (specify or describe the activities carried out; e.g. the number of examinations performed the number of fabricated fillings, the number of teeth extracted the number of endodontic treatments, etc.) Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note: To be filled in by a faculty mentor Date of report verification: List to the dental office where professional practice is carried out:							
submitted: End date of the period for which the report is submitted: Submitted: Description of the student's activities in the period for which the report is submitted: (specify or describe the activities carried out; e.g. the number of examinations performed the number of fabricated fillings, the number of teeth extracted the number of endodontic treatments, etc.) Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note: Image: Student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note: Image: Student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note: Image: Student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note: Image: Student satisfaction with non-faculty mentor (5 is the period for which the grading the visit to the dental office where professional practice is carried out: Image: Student satisfaction with non-faculty mentor (5 is the period for which the grading the visit to the dental office where professional practice is carried out: Image: Student satisfaction with non-faculty mentor (5 is the period for which the grading the visit to the dental office where pro	Date of report submission						
End date of the period for which the report is submitted: Description of the student's activities in the period for which the report is submitted: (specify or describe the activities carried out; e.g. the number of examinations performed the number of fabricated fillings, the number of teeth extracted the number of endodontic treatments, etc.) Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Note:							
Description of the student's activities in the period for which the report is submitted: (specify or describe the activities carried out; e.g., the number of examinations performed the number of fabricated fillings, the number of teeth extracted the number of endodontic treatments, etc.) Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note: To be filled in by a faculty mentor (5 is the dental office where professional practice is carried out: To be filled in by a faculty mentor Date of report verification: U U U U U	End date of the period for which the report is						
Rating of student satisfaction with the activities (5 is the best rating) 1 2 3 4 5 Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note: To be filled in by a faculty mentor To be filled in by a faculty mentor Date and possible note regarding the visit to the dental office where professional practice is carried out: Date of report verification:	Description of the student's activities in the period for w activities carried out; e.g. the number of examinations performed the nu	-			-		
Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note:							
Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note:							
Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note:							
Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note:							
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Rating of student satisfaction with non-faculty mentor (5 is the best rating) 1 2 3 4 5 Note:							
Note: To be filled in by a faculty mentor Date and possible note regarding the visit to the dental office where professional practice is carried out: Date of report verification:	Rating of student satisfaction with the activities (5 is the bes	t rating)	1	2	3	4	5
To be filled in by a faculty mentor Date and possible note regarding the visit to the dental office where professional practice is carried out: Date of report verification:	Rating of student satisfaction with non-faculty mentor (5	is the best rating)	1	2	3	4	5
Date and possible note regarding the visit to the dental office where professional practice is carried out: Date of report verification:	Note:						
Date and possible note regarding the visit to the dental office where professional practice is carried out: Date of report verification:							
Date and possible note regarding the visit to the dental office where professional practice is carried out: Date of report verification:							
Date and possible note regarding the visit to the dental office where professional practice is carried out: Date of report verification:							
Date and possible note regarding the visit to the dental office where professional practice is carried out: Date of report verification:				To ho fil	lad in h	u a facu	Ity montor
office where professional practice is carried out: Date of report verification:				10 60 jili	cu in bj	y u jucu	ity mentor
Signature and facsimile of faculty mentor:	Date of report verification:						
Signature and facsimile of faculty mentor:							
	Signature and facsimile of faculty mentor:						

11 Final confirmation from the non-faculty mentor about the completed professional practice

 Name and surname:
 To be filled in by a non-faculty mentor

 Name of the institution where professional practice is carried out:
 Name of the place and postal address of the institution where professional practice is carried out:

 OIB of the institution where professional practice was carried out:
 OIB of the institution where professional practice was carried out:

 Signature and facsimile of non-faculty mentor:
 Signature and facsimile of non-faculty mentor

This certificate confirms that

(write the name and surname of a student, and his/her OIB, which is a personal identification number given to residents and citizens in Croatia,) a student of School of Dental Medicine, University of Zagreb completed the professional practice outside the school in the aforementioned institution in the time from ______ (write the start date of professional practice) to _______ (write the end date of professional practice), for a total duration of ______ teaching hours.

The table for the record of procedures performed, which is an integral part of this handbook, contains a detailed list of procedures and tasks performed by the student during professional practice.

	To be completed by the director/owner of dental practice
The certificate issue date:	
Name and surname of the director/owner of the practice:	
Signature of the director/owner of the practice:	
Place for the seal of the institution/dental practice:	

Publisher:

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