FD Induction 2025

Who Am I ?

Learning outcomes:

At the end of the session you will be able to:

1. List and discuss the key elements of the portfolio
2. Demonstrate an understanding of how the epdp is used to support decisions regarding progress
3. Define your responsibility in completion of tasks
4. Describe the role of your ES and TPD

Myths and Legends of DFT….

Myths???

The FD of 2025 isn't as good as that of 2018

Graduates don't know how to use amalgam

Graduates have difficulty extracting teeth

An FD is a slow associate

Your ES is your friend

An FD doesn't impact on the workings of the practice

Prepared for practice and equipped for employment: what do dental foundation trainers think of their trainees?

Fig. 2 FD was prepared for practice and if they could, they would employ them

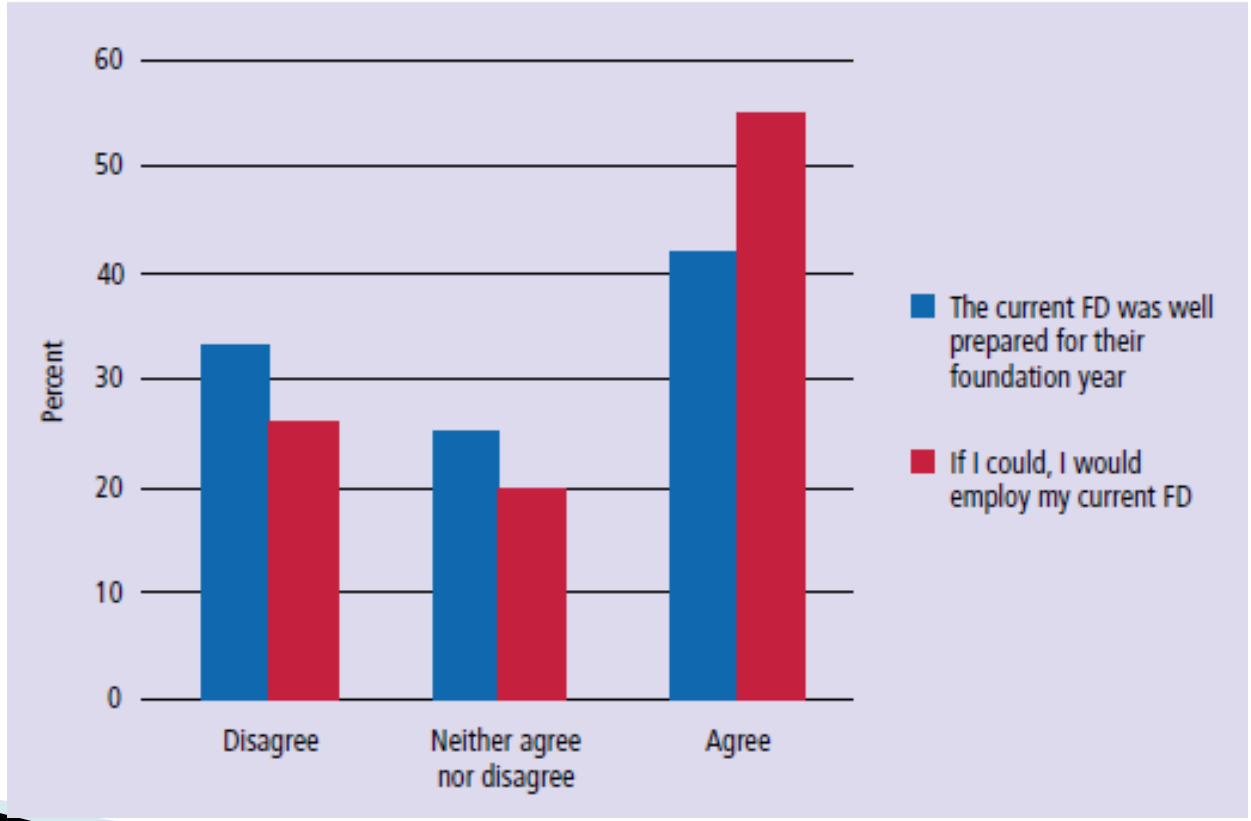
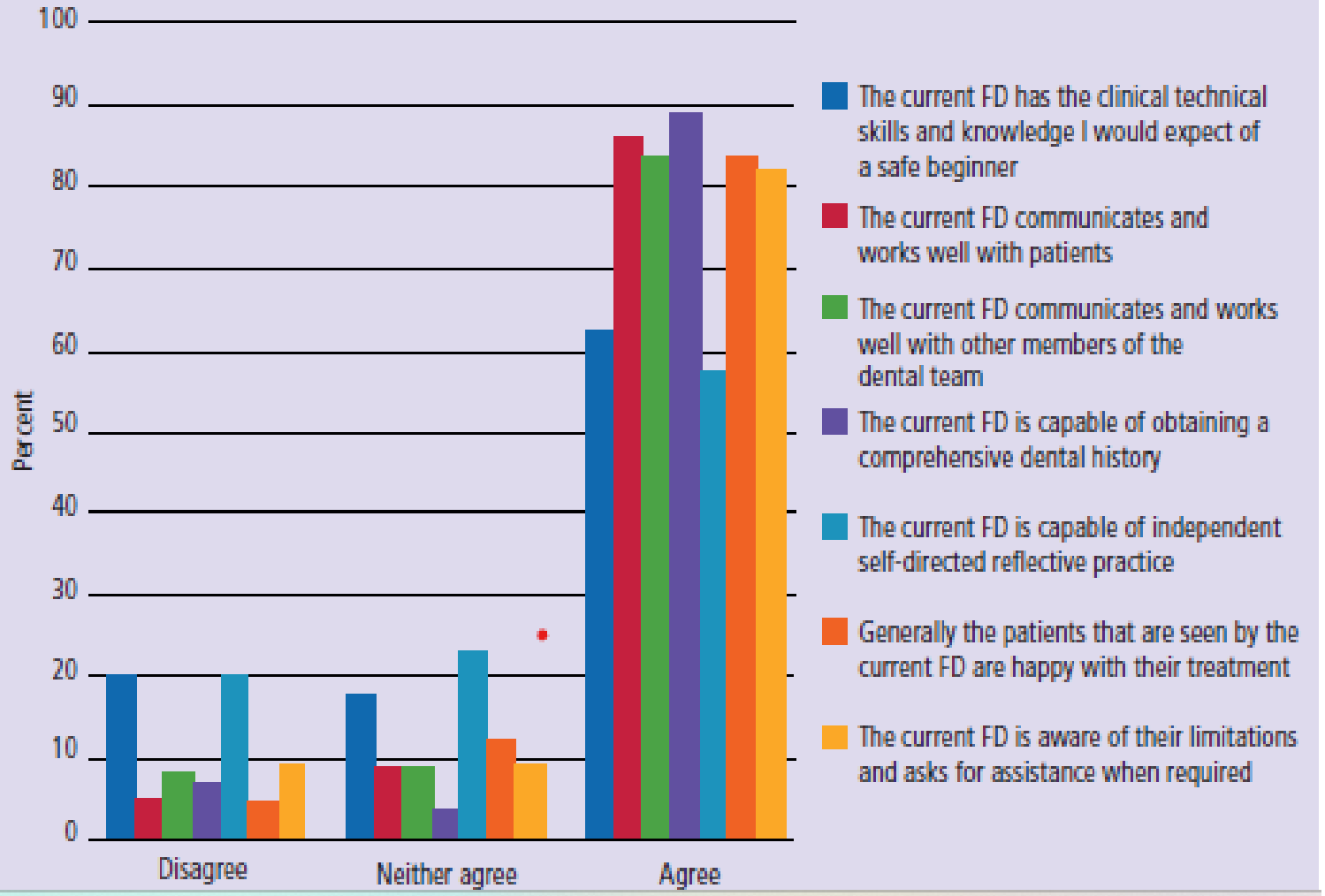


Fig. 3 Positive FD attributes as rated by DFT trainers



Why am I here? Surely I'm competent?!

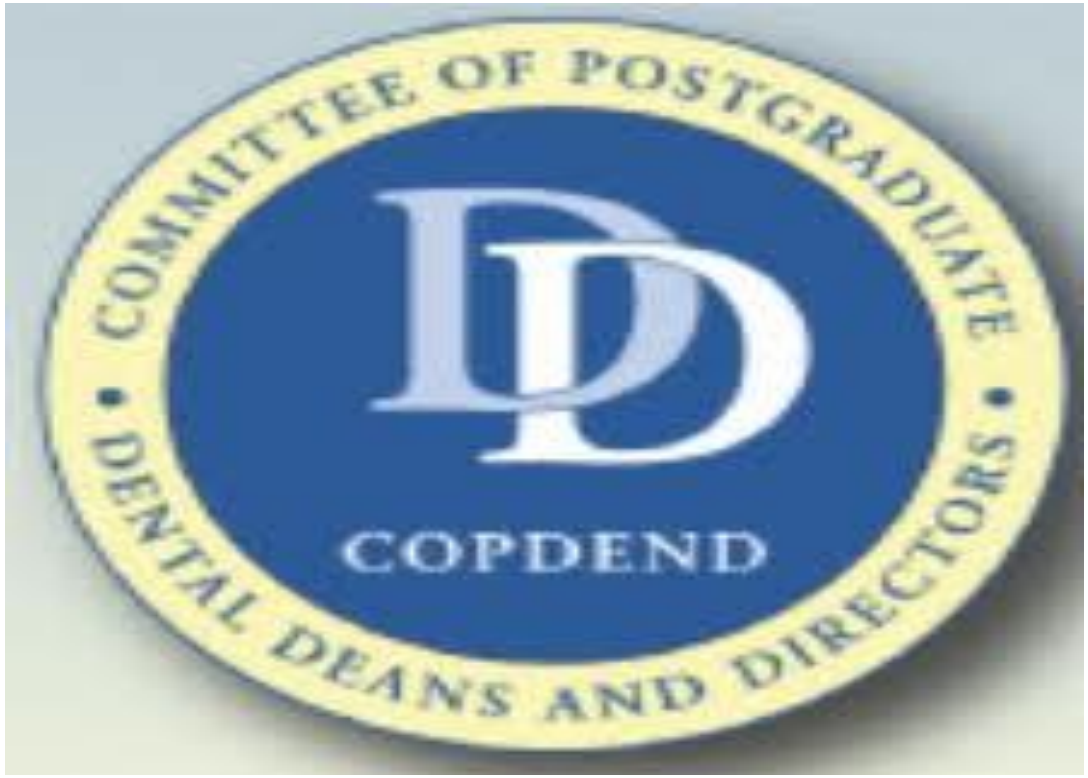
Are you competent?

- Q1 Who decides?
- Q2 Who decides what should be assessed?
- Q3 What is assessed?
- Q4 How is it assessed?

Q1 Who decides if you are competent?

1. ES(s)
2. TPD
3. Patients
4. Dental team
5. NIMDTA/national panel
6. Yourself

Q2 Who decides what is assessed? *www.copdend.org*



- Generic programme relevant across all specialties, recommended core range of assessments, guidance on how competence can be demonstrated
- Across deaneries and within learning environments, experiences of learners may differ but 4 areas will always overlap which can be measured to determine programme effectiveness: DOMAINS

Q3 What is assessed?

Major Competences

CLINICAL DOMAIN:

- Patient examination & diagnosis
- Treatment planning & patient management
- Health promotion & disease prevention
- Medical & dental emergencies
- Anaesthesia, sedation, pain & anxiety control
- Periodontal therapy & management of soft tissues
- Hard & soft tissue surgery
- Non-surgical management of the hard & soft tissues of
- the head & neck
- Management of the developing dentition
- Restoration of teeth
- Replacement of teeth

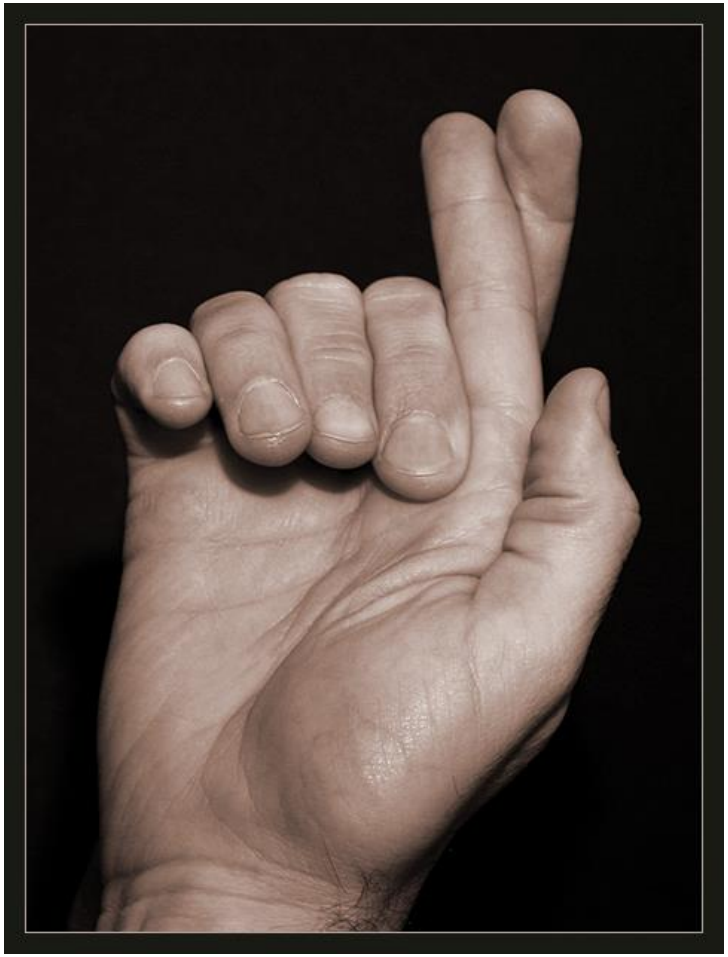
Supporting competences

- **Domain – Clinical**
- **Major**
- **Competency**
- **(1) Patient**
- **Examination**
- **and Diagnosis**
- **Supporting Competencies**
- **The trainee can demonstrate to an appropriate standard the ability to:**
- 1. Obtain, interpret and record an accurate history that incorporates appropriate dental, medical (including drug history), social,
- cultural, nutritional, psychological and genetic factors.
- 2. Identify from the patient upon examination, the symptoms and principal complaint, and any relevant history.
- 3. Perform a comprehensive extra-oral and intra-oral examination that is suitable for the clothed patient and record the findings
- accurately through communication, either with or without a supporting healthcare professional.
- 4. Assess dental, skeletal and occlusal relationships in the primary, mixed and permanent dentition accurately, and identify
- conditions which may require treatment or referral onwards.
- 5. Assess hard and soft tissue developmental abnormalities and identify conditions which may require investigation, treatment or
- onward referral.
- 6. Assess accurately the patients standard of oral hygiene and, where necessary, their ability motivation and commitment to improve

- Multiple competences may be tested at each opportunity
- Breadth of curriculum should be examined over the course of 1 year

- Consult the Blue Guide

Q4 How is it assessed?



Assessments of DFT

1. Early stage review- week 6-8
2. DOPS x2 +6
3. ADEPT x18+2+x
4. CbD x10
5. PSQs- minimum 1 cycle
6. MSF-2 cycles- minimum of 8 responses
7. Audit x2
8. Self and trainer assessment
9. APLAN (added reliability)

ESR- safe practitioner

- Completed at week 6-8, meet Adviser 5th Nov, 3 way meeting ES, Adviser and FD 25th Nov
- Enables FDs, ESs and TPDs to identify particular individual training issues and needs at an early stage
- Based around FD, ES and TPD reports
- 2 DOPS: new patient exam (communication skills) and simple restoration (clinical skills) but other data also informs (6 generic, adepts, observation)
- Reinforces good practice, identifies needs and strengthens role model relationship
- Specific action plan if required with time-frame
- Informs IRCP

Audit 1-record keeping (2-radiographs)

- Carried out by FD - record keeping
- Template for completion is in the portfolio
- FD selects 10 of their own completed record cards
- FD audits against headings in the template
- FD reports on strengths and areas for improvement
- ES checks a minimum of 3 of the records against the FD's assessment
- Action plan is produced if required
- Concerns are identified to the TDP

DOPS and ADEPTs

- DOPS- direct observation procedural skill- **week 1 and 2 of patients**
- **6 generic completed**
- ADEPTs- a dental evaluation performance assessment tool weeks 3-36 **(mth 9)**
- Multiple assessments with varied procedures
- Observation and assessment of a clinical skill in workplace but communication, team working and professional skills are also being observed

Assessments

- What do you have control of in an assessment?

- What have you no control of in an assessment?

DOPS and ADEPTs

Justified Scores or not?

Please grade the following areas using the scale 1-6	Needs Improvement		Borderline	Acceptable		Above Expectations	Not observed
	1	2	3	4	5	6	
Patient examination							✔
Diagnosis / clinical judgement				✔			
Treatment planning					✔		
Procedural knowledge					✔		
Technical ability					✔		
Communication (patient & team)					✔		
Professionalism					✔		
Time management & organisation					✔		
After feedback given on the assessment please rate:							
FDs insight into own performance					✔		

Areas of good performance	Finished restoration was excellent- indistinguishable from normal tooth. Time was taken to place and cure the composite in layers and create a fissure pattern. Polishing was good. Excellent LA.

Areas of good performance	Great manner with child building up rapport and reducing anxiety Great handpiece control with protection of soft tissues knew correct steps for composite placement very time efficient and nice "flow" you worked well with your nurse today you explained the procedure and what you would be using to your patient
Areas for development before completion of DFT	1. recognition of hypomineralised enamel - this can be hard to bond to 2. etch - extend placement to just over the cavity - you missed the cavity edges. 3. underfilled composite - it was a little deficient and required topping up 4. posture - get the patient in the right position to save your back!
Minutes spent observing	20
Minutes spent giving feedback	10

Tick the clinical competencies met by this ADEPT

Clinical Competencies	
✔	1. Patient examination & diagnosis

Minutes spent giving feedback	10

Tick the clinical competencies met by this ADEPT	
Clinical Competencies	
✔	1. Patient examination & diagnosis
	2. Replacement of teeth
✔	3. Restoration of teeth
	4. Management of developing dentition
	5. Non-surgical management of the hard & soft tissues of the head & neck
	6. Hard & soft tissue surgery
	7. Periodontal therapy and management of soft tissue
	8. Anaesthesia, sedation, pain & anxiety control
	9. Medical & dental emergencies
	10. Health promotion and patient management
✔	11. Treatment planning and patient management

Outcomes:

- 1-2: needs improvement
- 3 borderline for completion DFT
- 4: acceptable
- 6: above expectations

DOPS/ADEP T Crimes!

1. Retro assessment
2. Remote assessment
3. Long distance assessment
4. Patient-less assessment
5. One encounter=3 assessments

Red flag

- Assessments not written up contemporaneously
- Assessments not spaced apart
- Not naming procedure assessed
- Minimal feedback
- Inconsistent feedback and scores
- Halo effect
- Poor quality adepts

How did I do?

Case based discussion CbD

- Begins month 3 and continues monthly thereafter
- D-CbD involves the ES assessing their FD's performance in terms of clinical judgement, decision making, application of knowledge. Once the evaluator has made their assessment, feedback is given (insight is assessed during this part of the process) and the case is discussed in more detail.
- Minimum of one D-CBD should be conducted each month until 10 in total are completed- spaced to demonstrate progress
- You select number of cases (3) in advance and ES will decide which to focus discussion on
- Each CbD should represent a different clinical problem in the curriculum
- You need to be proactive in identifying suitable cases
- Critical incidents and 'problem' cases are ideal

Patient satisfaction questionnaires- PSQs

- Completed in December
- Completed electronically
- Compulsory element of training
- Reception will facilitate PAQs NB You have **NO** role in the process
- It is essential that a minimum of 20 PSQs are required for a reliable result
- ***Results Report***
- Can be repeated if IRCP panel decides this is necessary

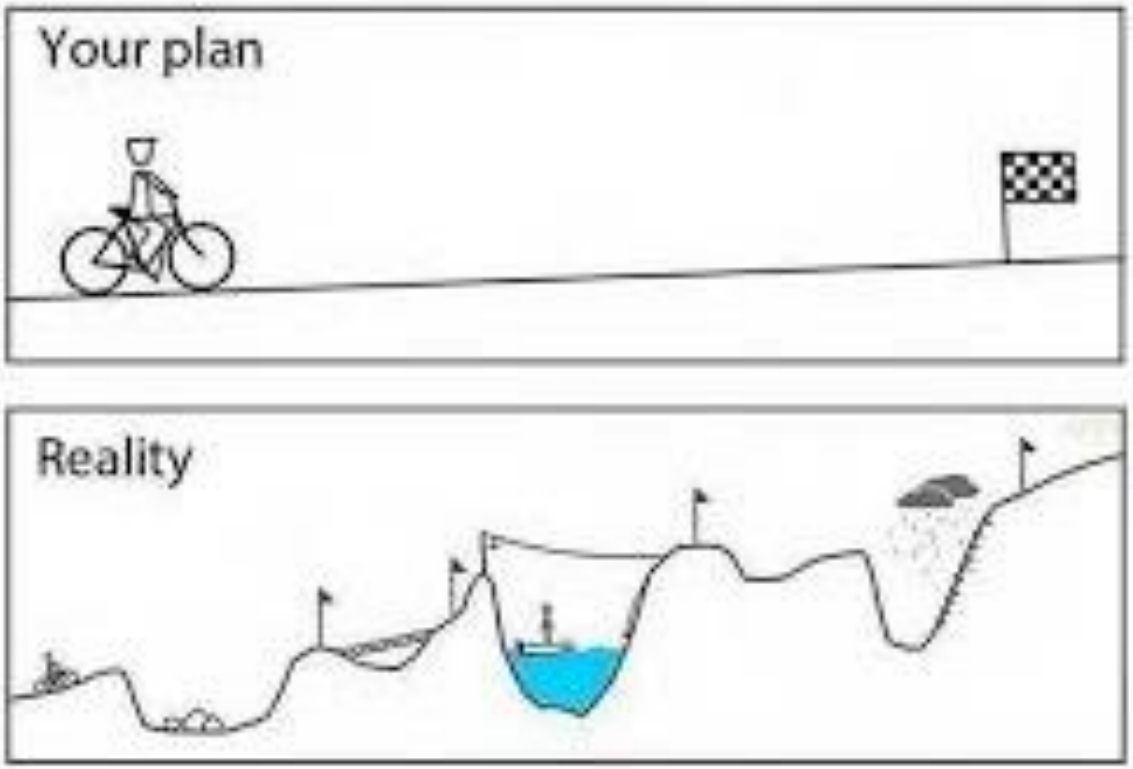
MSF-completed electronically in December

- Team members rate the performance of the FD across several areas of competence, including communication, professionalism, team-working and organisation.
- Each assessor should have been working with the FD on a regular basis, and have seen them practice first hand.
- This is an assessment of competence, not popularity.
- A minimum of 8 assessors must be used-must include ES, FD's dental nurse, receptionist. Others to include: other dental nurses, dentists in practice, reception staff, could include 1 technician, 1 DF1, NIMDTA Admin Staff. NB the more feedback, the more useful the process
- Anonymous
- The Adviser reviews the feedback prior to discussing and publishing
- Repeated if IRCP panel decides this is necessary

Self and ES assessment

- Opportunity to evaluate current performance, agree learning needs and plan action to help you develop as a clinician
- This is a continuous process throughout training
- ‘Learning needs’ logs in epdp

Reality Check!!

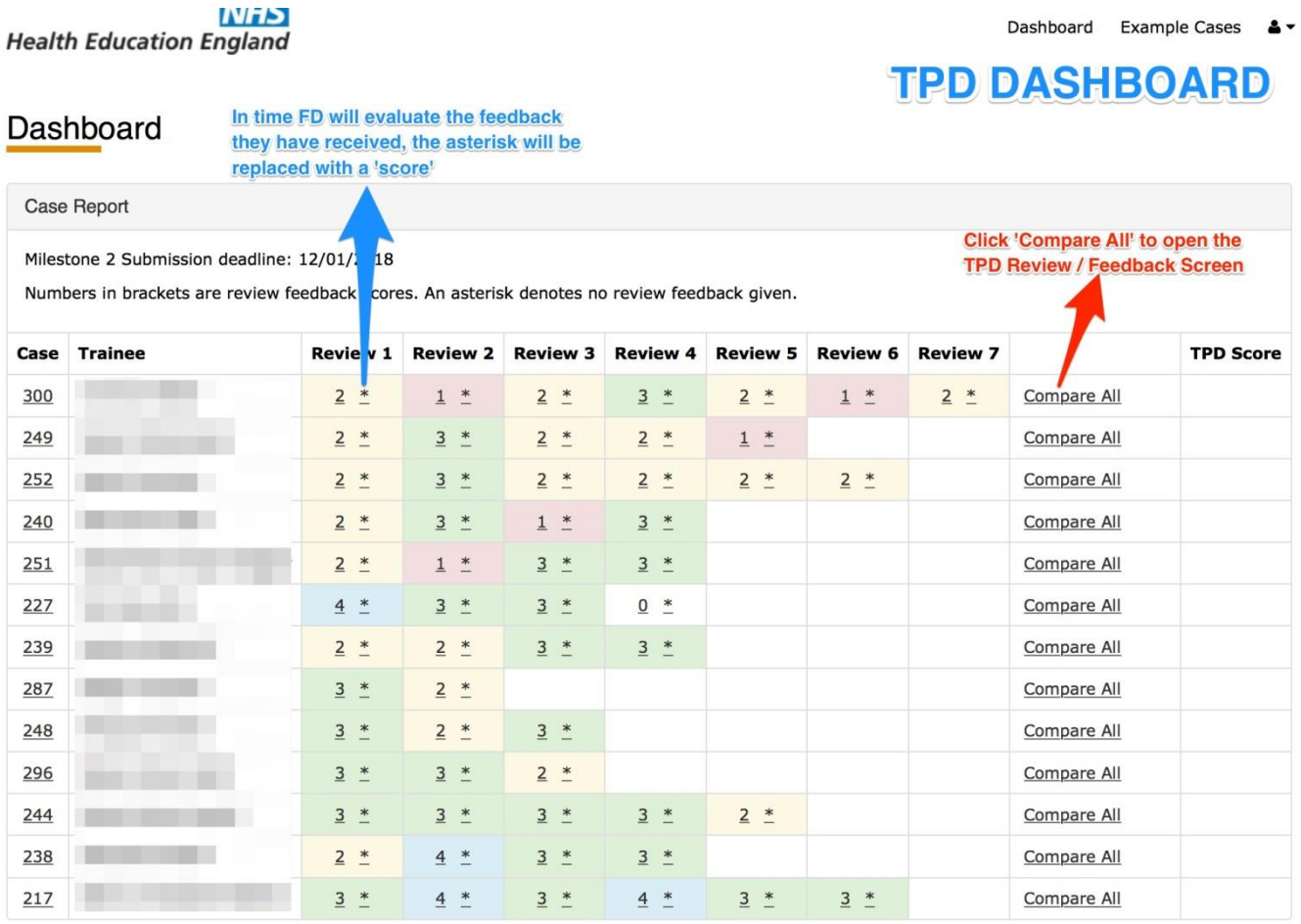


APLAN

- Anonymous peer learning assessment network
- Submit a case at 3 staging points:
- Milestone 1- dental emergency, trauma or simple treatment planning
- Milestone 2: molar endo & restn
- Milestone 3: complex treatment

- Case assessed by other FDs, ESs and TPDs anonymously
- **Showcase <u>your</u>** clinical work
- Receive feedback from more colleagues
- Help you and others benchmark performance

APLAN



Case	Trainee	Review 1	Review 2	Review 3	Review 4	Review 5	Review 6	Review 7		TPD Score
300		2 *	1 *	2 *	3 *	2 *	1 *	2 *	Compare All	
249		2 *	3 *	2 *	2 *	1 *			Compare All	
252		2 *	3 *	2 *	2 *	2 *	2 *		Compare All	
240		2 *	3 *	1 *	3 *				Compare All	
251		2 *	1 *	3 *	3 *				Compare All	
227		4 *	3 *	3 *	0 *				Compare All	
239		2 *	2 *	3 *	3 *				Compare All	
287		3 *	2 *						Compare All	
248		3 *	2 *	3 *					Compare All	
296		3 *	3 *	2 *					Compare All	
244		3 *	3 *	3 *	3 *	2 *			Compare All	
238		2 *	4 *	3 *	3 *				Compare All	
217		3 *	4 *	3 *	4 *	3 *	3 *		Compare All	

Afraid of assessments?

Don't be!!!!

- They are unavoidable
- **All** the assessments conducted during DFT are formative
- They are a vehicle for evidenced, reliable feedback
- Assessments are done **FOR** you, not **TO** you!!!

Time for a Break!

What should Thursday 4th Sept look like?

- **NO PATIENTS**
- In practice learning document to support practice induction

Friday 5th Sept

- Phantom head clinical skills baseline assessment

- **UPLOAD TO THE EPDP UNDER FD UPLOADS**

MONDAY 8TH Sept

…

- First patients can be booked
- Maximum **4** patients booked for FD
- May start DOPS

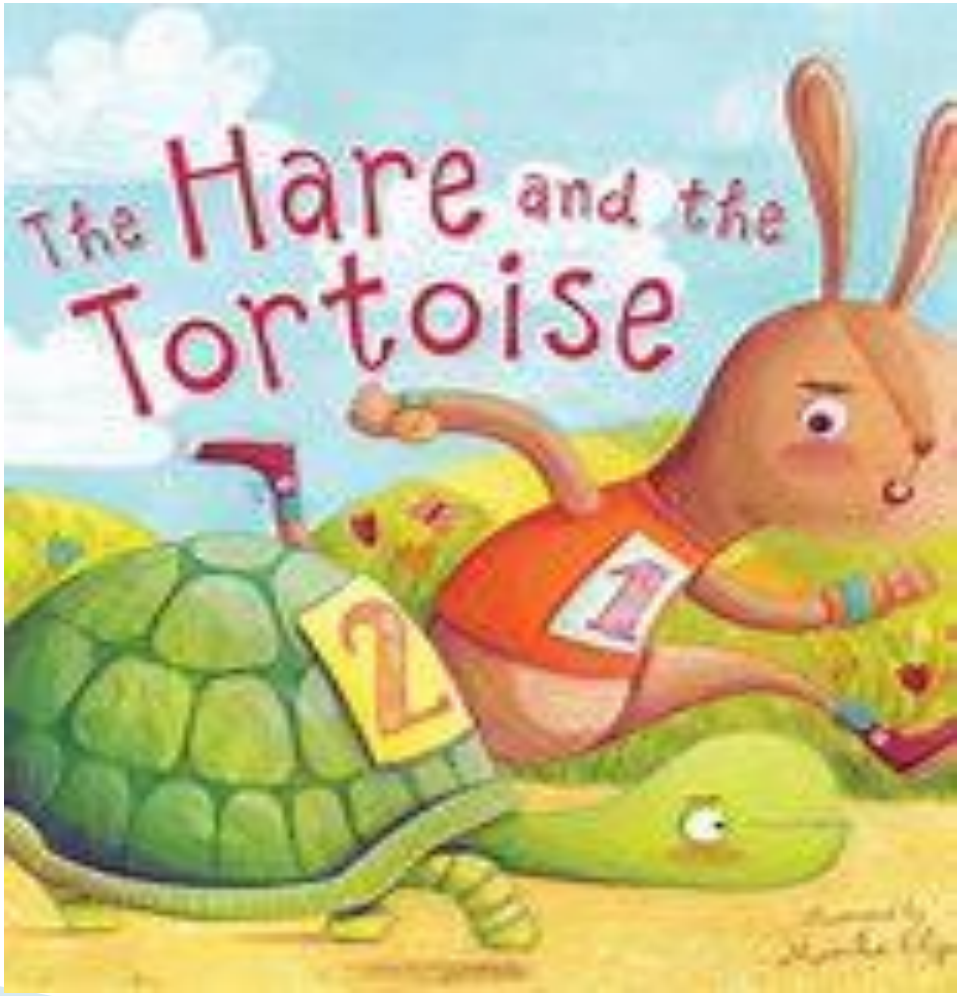
Moving beyond 8th Sept ES and FD should review appropriate numbers booked- slow and supportive start.

- How many patients will you see?
- How much time will I have to complete Rx?
- When will I have my first assessment?
- What does my ES expect of me?

Sept, Oct appt timings

- Exam- 1h **
- Plastics- 1h
- S+P- 30min
- RCT -each stage 1h
- Ext- 30min
- Cr prep and imp- 1.5h
- Reg- 45min

Slow and steady wins the race…



What does my ES expect of me?

- Honesty
- Professionalism
- Hard working
- Receptive to feedback
- Respectful to staff and patients

‘It’s ok that they aren’t very good but it’s not ok to be lazy’

Portfolio

Who uses the portfolio?

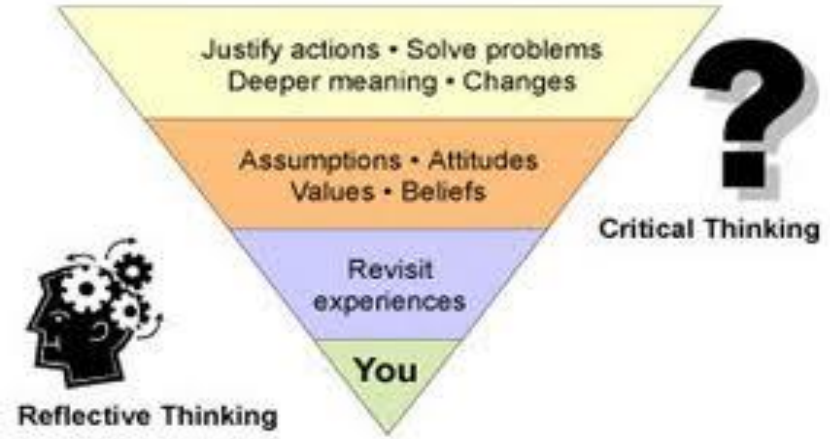
- FD
- ES
- TPD
- APGDD, PGDD
- IRCP and FRCP panels
- Future employers??
- Regulatory body??

- Portfolio is your property –access remains post-training
- Portfolio is a **contemporaneous** document- advisers will not sign off late entries which may impact your IRCP, FRCP
- Should reflect the curriculum in its entirety
- Evidences your learning journey

When do you reflect?

Reflection

- x1/week for **8 weeks** and then **monthly**
- “opportunity to review an experience so that this informs the next time the same activity is performed”



Monitoring

- Clinical experience log- activity
- Reflections*
- Assessment log-performance
- SE log
- Learning needs
- Non working day logs

Role of your ES:

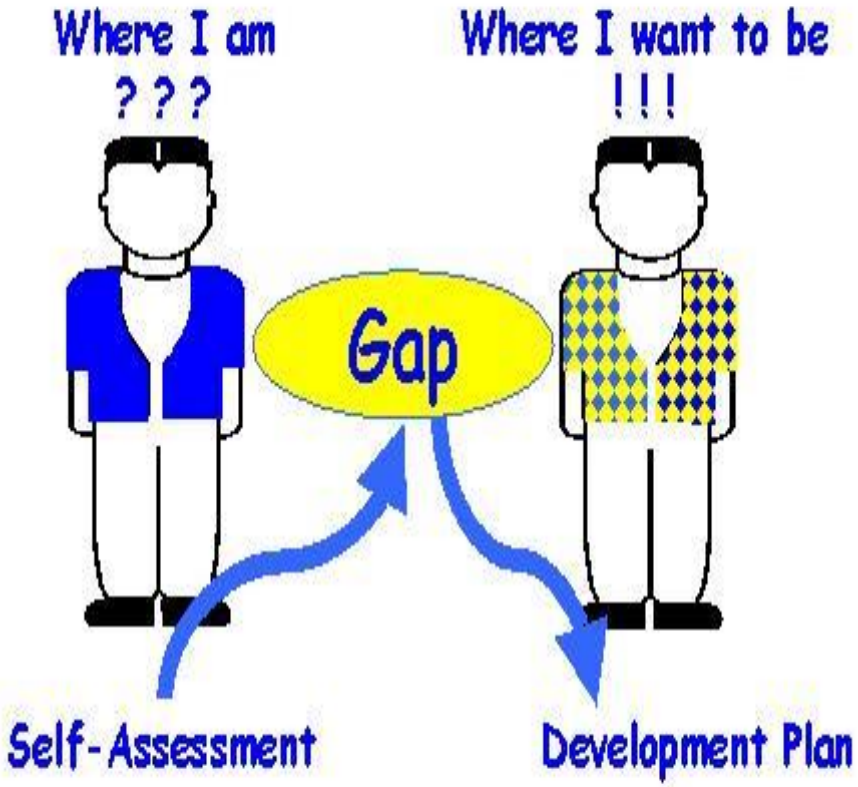
- Provider of information(www.copdend.org.uk)
- Examiner/Assessor
- Planner (A-B)
- Teacher
- Resource developer
- Role model
- Mentor
- Colleague
- Employer
- Clinician

Role of your TPD

- Oversees your training year
- Signposts you and your ES to resources
- Supports you and your ES in optimising the likelihood of an enjoyable and productive year
- Provides triangulation in assessment
- Contributes to panel decisions about progress

DFT clinical experience checklist

- Practical exercise- look at where you would honestly score yourself
- What's normal??? Wide spectrum of confidence!
- Supportive environment….


Where I am
? ? ?
Where I want to be
! ! !
Gap
Self-Assessment
Development Plan

Weekly logs

- Identify achievements and on-going learning needs
- What went well?
- What problems experienced?
- What have you learnt?
- Plan of resolution for any problems- learning needs
- Tutorial topic?
- New skills/ what needs work?
- ES comments?....feedback
- First one due 6th Sept and every week after this until 25th Oct then monthly

Please use this document to relfect on your tutorials. Note that the details you provide below will be added to your CPD record (see 'My CPD' in the menu). This is non-verifiable CPD.

1. Date of the tutorial	30/04/2012
Title	Career Choices After VT You have 227 characters left.
2. Length of the tutorial (minimum 1 hour):	1hr
3. Details (e.g. case descriptions, competencies / domains reflected upon etc)	Discussion on personal goals and aims Employment options to attain these aims Employment as an associate (Salaried/Self employed). Private practice/General practice Starting own practice
4. Looking back on action (self assessment) *e.g. What went well? What were the challenges? what didn't go well?*	Unsure as to different avenues I could take when completed VT. Also, the difference between becoming a salaried practitioner as opposed to self-employed.
5. Analysis *Describing WHY e.g. identifying cause & effect for unexpected case outcomes, or identifying reasons why progress slow in one competency are and fast in another etc*	
CPD category	Non-verifiable

Trainer Comments

Tutorials – weekly for duration of training (40)

The success story!!

1. Who uses the portfolio?
2. What are 3 functions of portfolio?
3. What assessments are completed?
4. What is a DOPS,ADEPTs,PSQs,MSF?
5. Who completes MSF?
6. What happens if you miss assessments?
7. How do I spoil my ES and TPD's year??

YES, I DO
know it all!
I just can't remember
it all at once.