

Role of Dental Nurse Within Assessment

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Aims

- Provide insight into reasonable expectation of a 'safe practitioner' and the pathway required for a foundation dentist to satisfactorily complete foundation training.
- Provide efficient chairside assistance including the use of extended competencies to support the foundation dentist encouraging best practice during every patient case

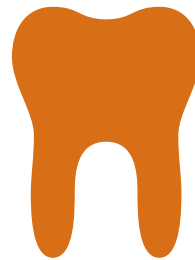
Objectives

1. Identify how the dental nurse can support the foundation dentist during assessments
2. Review effective feedback mechanisms

Learning Outcomes



At the end of this training session the successful participant will:



Understand how the dental nurse can support the foundation dentist during these processes



Recognise the importance of and give effective feedback.

GDC Development Outcomes

B - Effective management of self and effective management of others or effective work with others in the dental team, in the interests of patients; providing constructive leadership where appropriate.

D - Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.

Thinking Point



When were you last assessed?

How did you feel ?



How do you think the FD feels?

What are the challenges for DN in assessment of FD?

Quick Discussion

Challenges



Time



Patient



Patient safety



Environment – patient,
guardian, other staff



FD personality type,
confidence, cultural
and language barriers



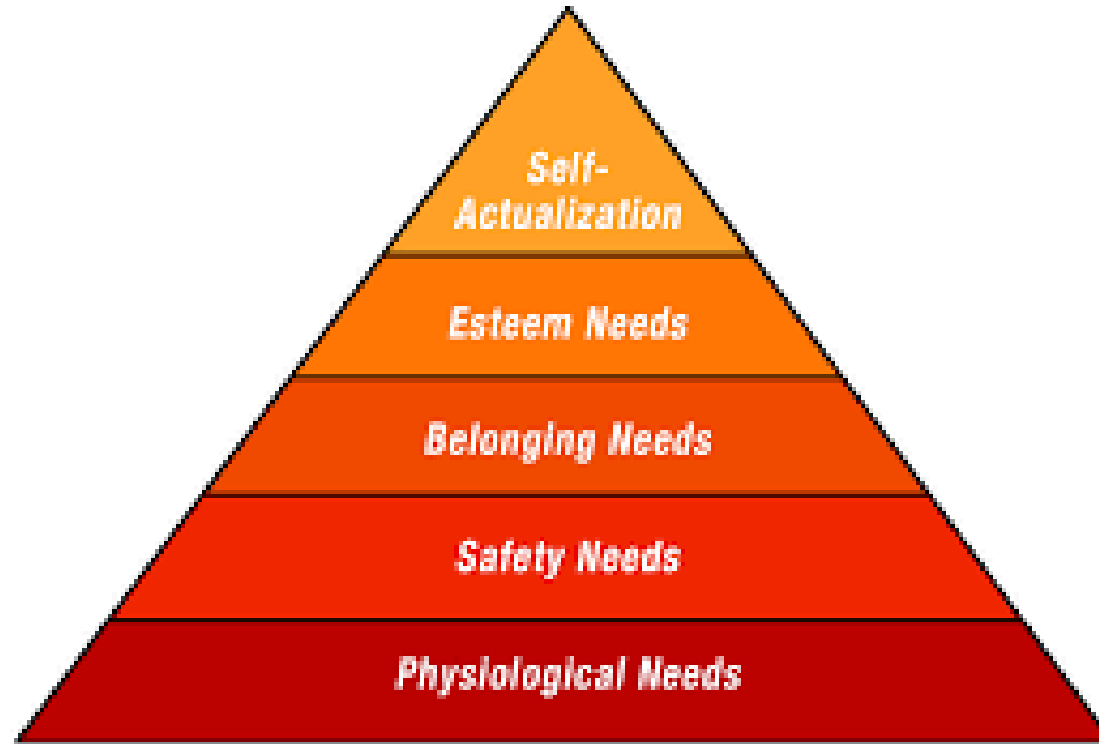
DN confidence and
personality



Delivery style of
feedback

How can we improve our role in
assessment process?

Environment



DN role unique and invaluable in real assessment of FT

Eyes and ears of trainer



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graph TD; A[Eyes and ears of trainer] --> B[First line of support]; B --> C[First to pick up on difficulties]; C --> D[Confidante and Mentor];
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First line of support

First to pick up on difficulties

Confidante and Mentor

You have much experience.....

You have worked with many dentists

Have a deep knowledge of procedures

May know the patients quite well

You can observe the patient during the treatment (FD may have tunnel vision)

Trust your instincts – share concerns or queries with ES

Don't be afraid to share helpful hints with the FD, offer alternatives

You are a GDC registrant in your own right

Use of extended competencies

Skills you will gain on this course will enable you to further help your FD in their training

- FD struggling to place rubber dam for RCT
- FD getting impressions sent back from lab, or voids/tears in alginate impressions
- FD finding it difficult to produce a good quality radiograph
- FD not giving effective advice to a patient on OTC medications

Focus on the everyday

Good practice with every patient case embeds FD learning

Observed assessments by the ES should reflect what usually happens when the ES isn't there to observe



An early conversation with the learner may rapidly identify the possible cause(s) of their difficulty, which may then be dealt with immediately.



Some may readily disclose information to a supervisor who clearly indicates their willingness to listen and support.



Others may have concerns about revealing information to those who they perceive to have power to influence their progression.

Unconscious Bias

Our brains are hard wired to rapidly **categorise people instinctively** and we use the most obvious and visible: **Age, body weight, physical attractiveness, skin colour, gender and disability.**

May use **less visible** dimensions: accent, social background, sexual **orientation, nationality, religion, education, and even job title.**

FEEDBACK

The 'feedback' element of MSF tools is key to changing performance.

Feedback perceived as negative and inaccurate is less likely to lead to practice improvement (Miller et al., 2010).

Feedback- group work

Think of a time when you received feedback that was genuinely helpful.

What was it about this experience that made it helpful?

Descriptive Feedback

Non-judgmental

Specific

About behaviour not personality

Checked with trainee

Outcome based

Problem solving

Suggestions not prescriptions

Principles of giving constructive feedback:

Give feedback as soon after the event/incident as possible

Initially focus on what went well

Generally, feedback should be given on a one-to-one basis, particularly if there is a need to highlight poor performance

It is important to focus on observable behaviour

Effective feedback includes exploring alternative behaviours with the trainee

Feedback is a form of inter-personal communication and needs to be considered carefully.

Assessment in DFT

MSF



Completed in fourth month of DF training



A minimum of eight completed and submitted forms are required



This must include feedback from the E.S, Foundation Dentist's Dental Nurse and a Practice Receptionist.



This will be repeated in the eighth or ninth month if required by the Interim RCP Panel

WBAs

Trainees find feedback from WBAs can provide support, increase confidence and highlight areas of weakness for development.

Scoring is usually perceived as fair and an accurate representation of ability.

SET-GO feedback model alternative steps



References

Dental Foundation Training Curriculum 2015 Committee of Postgraduate Dental Deans and Directors (COPDEND) UK

A detailed description of the assessment process for DF training is provided in the “Blue Guide” to Dental Foundation Training, which can be found at www.copdend.org