NIMDTA

Northern Ireland
Medical & Dental Training Agency

FOUNDATION DENTIST DENTAL NURSING CERTIFICATE

RECORD OF COMPETENCE

NAME:

GDC NUMBER:

CANDIDATE NUMBER:

TRAINING CENTRE ATTENDED: NIMDTA

NIMDTA August 2019
NIMDNIMD

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RECORD OF COMPETENCE

This Record of Competence is designed to demonstrate the application of knowledge and skills required to work and support a Foundation Dentist (FD).

The Record of Competence is in four parts.

Part A: Practical Competence Assessment Sheets (PCAS)

Candidates must complete the PCAS to provide evidence of their involvement with patients during treatment requiring:

- Alginate impressions x 10
- Rubber dam x 10
- What your pharmacy can do for you x 2
- Smoking cessation advice x 2
- Set up of X-ray holders at chairside x 10

Part B: Expanded Case Studies

You must choose two treatment appointments for the production of a detailed case study and reflective learning. The case studies will demonstrate evidence of reflective practice and communication between the team.

- Review, feedback and communication within the team after a positive patient treatment experience
- Review, feedback and communication within the team after a disappointing patient experience

Reflect on how learning from the cases will be applied and how experience and learning will impact and improve the role of the dental nurse and impact personal development plans.

Each case study must be between 800 and 1000 words.

Part C: Directly Observed Clinical Skills Assessments (DOCS)

During the completion of the RoC, candidates will be expected to demonstrate competency in a number of clinical skills to a suitably qualified witness in the skill being assessed. They must be registered with a recognised professional body.

The clinical skills to be assessed are:

- Participating in a simulated medical emergency scenario as part of the team in a clinical environment. (preferably with a FD) (1 required)
- Dealing with a complaint at a local level, either in person or telephone (1 required)
- Give smoking cessation advice to patient who has indicated they would like support with stopping smoking (1 required)
- Providing support to the Foundation Dentist (FD) during the initial challenging few months having an understanding of the practical skills and emotional well-being of the FD dentist (2 required)
- Completion of multi sourced feedback (2 required)

Part D: Supplementary Outcomes

Candidates **must** complete each of the supplementary outcomes. The supplementary outcomes will allow the candidates to demonstrate knowledge and understanding of areas of the syllabus in which they may not be able to gain knowledge, skills or experience or which it may not be possible to assess by other means. The content of the supplementary outcomes will be reviewed regularly but currently include:

- A witnessed copy of a current certificated in first aid at work to include or have a separate certificate in Basic life support including Automated External Defibrillation (AED).
- A witnessed copy of a certificate for safeTALK or suicide alert training.
- A witnessed copy of a certificate for dementia awareness training.
- Certificates reflecting continued professional development, must include:
    - A witnessed copy of a current certificate for safeguarding adults and children at risk.
    - A witnessed copy of a current certificate for an update in radiography quality assurance.
- Complete the Infection Prevention and Control audit in relation to one of the following sections:
    - Hand hygiene
    - Sharps disposal
    - Decontamination of instruments
- Provide evidence of quality improvements you have made or assisted with as a result of an audit.

Written Examination

In addition to completing the RoC, candidates are required to undertake the written examination to assess underpinning knowledge and understanding. The 90 minute examination consists of 45 multiple choice questions (MCQ) and 30 extended matching questions (EMQ).

PRINCIPLES OF GOOD PRACTICE

The following principles of good practice should be followed when completing the Record of Competence (RoC):

- Effective communication should be established with other members of the oral health care team
- The health and safety of patients and the oral health care team as a whole should be promoted

Each task will be carried out, where appropriate, during the normal treatment of a dental patient.

Your witness should have expertise and competence in relation to the particular procedure/task which is being carried out. They must also possess a suitable qualification, be registered with the GDC and have indemnity. **The Foundation Dentist cannot be your witness.**

DEFINITIONS OF KEY PERSONNEL

The following describes the roles that are included in this RoC:

- Internal Moderator: the internal moderator is a key person within the course provider who is a currently registered professional and is qualified within the subject area. They will monitor the completion of the RoC and verify the quality independently of the course tutor.
- Mentor: the mentor is the person in the candidate's workplace who is responsible for administration, supporting and verifying the candidates' clinical development and experience.
- Tutor: the tutor is the key individual representing the course provider arranging /delivering theoretical training and supporting completion of the RoC. The tutor will monitor the completion of the RoC signing work as satisfactory as appropriate.
- Witness/Supervising Dentist: the witness is the person/persons in the workplace observing the candidate as they carry out the procedures and tasks relevant to the Practical Competence Assessment sheets (PCAS) and assesses their clinical competence. The witness may also be the person assessing clinical skills competence using the Directly Observed Clinical Skills (DOCS) assessment tools.

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WITNESS STATUS LIST

Candidate Name: ……**Course Provider**: NIMDTA

The details of all supervising dentists who have acted as witnesses in this Record of Competence are included on this witness status list. Witnesses must be current GDC registrants with appropriate qualification and experience. The course tutor is required to sign next to each witness to confirm they have checked against the relevant register and that they are current registrants. Where registration cannot be confirmed online the candidate must include a copy of a current registration certificate for that witness**. Foundation Dentists cannot sign this form.**

On signing this form you are declaring that you have read and understand your obligations relating to the professional registration statement.

Details	Witness 1	Witness 2	Witness 3	Witness 4
Name				
Contact address				
Qualification				
Registering body				
Reg no.				
Status*				
Signature				
Date				
Confirmation of registration Tutor to sign				

*e.g. Principal, Partner, Associates etc.

NB Your GDC registration may be at risk if you knowingly make a false declaration.

Sampled by Internal Moderator (sign)……..

WITNESSES PROFESSIONAL REGISTRAION STATEMENT

- The registration of any registrant is at risk if they knowingly make a false declaration within the ROC.

- Witnesses **MUST** sign and date the PCAS at their time of completion or within 14 days to validate them.

- The completed and submitted PCAS, DOCS and supplementary outcomes **MUST** be the original work of the candidate and **MUST** be witnessed by the tutor and/or internal moderator.

- Any registered professional witnessing any part of the RoC are declaring that in their opinion the candidate is currently competent to complete that task independently. Should the candidate's performance be questioned by a professional body in the future you may be called upon to justify that decision.

- Any Internal Moderator signing off work in a RoC is declaring that in their professional judgement that it is of the quality required by NIMDTA as detailed in this document. Should the candidate's performance be questioned by a professional body in the future you may be called upon to justify that decision.

TRACKING DOCUMENT

Part	Record of Competence	Number required	**CANDIDATE TO**: Date box when completed and for each PCAS the case number should be recorded **INTERNAL MODERATOR TO:** initial each date to confirm they have been checked against the date on the individual PCAS form	
A	**PCAS**			
	Alginate	10		
	Rubber dam	10		
	X Ray Holder	10		
	Pharmacy advice	2		
	Smoking cessation	2		
B	**Case Studies**			
	1	1	Word count:	Date:
	2	1	Word count:	Date:
C	**Directly Observed Clinical Skills Assessments**			
	Simulated Emergency	1	Date completed:	
	Complaint	1	Date completed:	
	Providing Support	2	Date completed:	Date completed:
	DNAT	4	Date completed:	Date completed:
			Date completed:	Date completed:
D	**Supplementary Outcomes**			
	First aid at work certificate	1	Date signed by tutor:	
	BLS & AED certificate	1	Date signed by tutor:	
	safeTALK Certificate	1	Date signed by tutor:	
	Safeguarding Certificate	1	Date signed by tutor:	
	Radiography Certificate	1	Date signed by tutor:	
	Dementia Awareness Cert	1	Date signed by tutor:	
	Record of CPD	1	Date signed by tutor:	
	IPC Audit	1	Date signed by tutor:	
	Quality Improvements	1	Date signed by tutor:	
	Multi source feedback form	2	Date signed by tutor:	

I confirm that I have completed all the required units of the Record of Competence:

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Candidate Name…….. GDC No. ……. Date: …… Course Provider…NIMDTA

I confirm that the candidate named above has completed the Record of Competence and I believe it to be his/her own work:

Course Provider Name: ……NIMDTA……

Tutor Name: ……..... Signature…….. GDC No…….. Date:……..

Internal Mod Name: …… Signature:…….. GDC No:…… Date: …….

NB: Registration of each GDC registrant, including the candidate, are at risk if any individual knowingly makes a false declaration.

RECORD OF COMPETENCE

PART A

PRACTICAL COMPETENCE ASSESSMENT SHEETS (PCAS)

Notes for Guidance

The PCAS are designed to demonstrate your competence in assisting during the treatment of a specific task, in this instance:

- Taking an alginate impression x 10
- Placement of rubber dam x 10
- Giving advice to a patient on what support a pharmacy can offer x 2
- Giving smoking cessation advice x 2
- Set up of X-ray holder x 10

An appropriate witness is required to validate each case, grade your performance against competencies and is also **required** to add feedback.

Template sheets are supplied and can be photocopied. All PCAS should be treated as a contemporaneous record and MUST be hand written. The witness MUST sign and date the log sheet at the time of completion or within 14 days to validate them.

Assessment of competence

For each case the dental nurse's competency must be assessed in line with the GDC domains of professional practice.

A. **Effective Communication**
   The dental nurse communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues.
B. **Effective management and leadership**
   The dental nurse managed themselves and the clinical environment in line with current GDC standards and guidelines.
C. **Clinical**
   The dental nurse demonstrated knowledge and clinical skills appropriate for the patient's condition.
D. **Professional**
   The dental nurse demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.

For each area the performance in the domain should be graded as:

Grade	Criteria
Not yet competent	In the view of the witness, the candidate's skills are not yet adequate in this area to a level you expect from a qualified dental foundation dental nurse
Competent	In the view of the witness, the candidate's skills meet or exceed the level you would expect from a qualified dental foundation dental nurse

It is accepted that each witness with have different expectations.

Only PCAS that demonstrate FULL competence will count towards the requirement of the RoC however you may wish to retain any PCAS that do not within your PDP to demonstrate the development of your clinical skills.

For further guidance on the GDC domains of professional practice please see their website:

www.gdc-uk.org/dentalprofessionals/education/pages/dental-team-learning-oucomes.aspx

Providing feedback

- To ensure feedback is valid, please share the guidance below with all potential witnesses.
- Witnesses MUST give feedback on each and every PCAS submitted by the candidate.
- All feedback must be completed using the following guidelines: include positive comments as well as negative ones to affirm that the candidate has done well and is then encouraged to engage further.
- Avoid the use of the word 'but' because this negates the previous comment however positive it was and often gives the impression that the candidate should 'expect the worst'.
- Refer to the relevant assessment criteria so that feedback is specific to that particular assessment process and the candidate has an idea of 'what they are aiming for'. Give specific information on good performance so that this can be built upon for future assessments.
- Give specific information on poor performance so that improvement is correctly guided and obstacles to better performance can be overcome.
- Raise relevant issues or ask questions to determine the candidate's knowledge and understanding of the assessment content to help clarify any misunderstandings and/or lack of knowledge.
- Provide feedback within 14 days of the assessment task, so that the candidate's performance is relatively fresh in their mind and they can relate comments effectively. Any PCAS signed outside the 14 days of the activity is deemed invalid (unless accompanied by explanatory statement).

- Provide the opportunity for dialogue so that the candidate can discuss the feedback and any issues rather than just having to accept it with no comment.

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Case No. ☐

PRACTICAL COMPETENCE ASSESSMENT SHEET

Dental Impression Taking

Candidates name:	Date of activity:
The PCAS is a true representation of my own involvement in the task described: Candidate's signature:	
Patient's age:	Patient's gender:
Relevant medical / dental history of patient:	
Name of witness/supervising dentist:	
Supervising dentist's prescription for the impression to be taken:	
Impression material:	Impression tray: (comment if any modifications made to tray)
How patient was prepared for impression:	
Taking the impression:	
How patient was supported during the impression:	
Outcome of impression: (details of faults if any)	
Disinfection of impression:	

Details of labelling and packaging used:

Details of personal protective equipment used: (for DCP and patient)

DCP reflection:

Candidates should identify their strengths and weaknesses relating to this episode of care and describe any action they would take to address weaknesses in the future. What have you learned during this episode of care?

DCP Signature: Date:

Supervising dentist's assessment of the impression:

Key: 1 = very poor; 2 = poor ; 3 = satisfactory; 4 = good; 5 = Excellent

5. Excellent (has demonstrated exceptional skills in relation to this criterion)

4. Good (as above but there are significant areas which require improvement)

3. Satisfactory (has met the basic requirements in relation to this criterion but has not demonstrated any element of outstanding ability)

2. Poor (has addressed the criterion but work requires major improvement)

1. Very Poor (very little evidence that this criterion has been achieved).

Criteria						
All surfaces of all required teeth recorded	1	2	3	4	5	n/a
All teeth supported by the impression tray	1	2	3	4	5	n/a
Labial / buccal / lingual recorded as required	1	2	3	4	5	n/a
Hard palate recorded as required	1	2	3	4	5	n/a
No significant air-blows or debris present	1	2	3	4	5	n/a
Impression material fully adherent to tray	1	2	3	4	5	n/a

Supervisor **/** witness **must** comment on how to improve those areas not scored 5:

Signature: date:

Witness Assessment of Competency:

This section should be completed by the GDC registrant who witnessed the activity of the candidate and is assessing their competence. Constructive feedback will help the candidate to develop their performance in the workplace.

Competency	Competency (tick)
A. Effective Communication The dental nurse communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues	Not yet competent ☐ Competent ☐
B. Effective management and leadership The dental nurse managed themselves and the clinical environment in line with current standards and guidelines	Not yet competent ☐ Competent ☐
C. Clinical The dental nurse demonstrated knowledge and clinical skills appropriate for the patient's condition	Not yet competent ☐ Competent ☐
D. Professional The dental nurse demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.	Not yet competent ☐ Competent ☐

The witness **must** provide constructive written feedback to the candidate below:

Satisfactory ☐ Not yet Satisfactory ☐

Signed: …… (Witness)

Date: …… GDC No: ……..

Print Name: ……. (Witness)

Case No. ☐

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PRACTICAL COMPETENCE ASSESSMENT SHEET

Placement of Rubber Dam

Candidate's name:	Date of Activity:
The PCAS is a true representation of my own involvement in the task described: Candidate's signature:	
Name of witness/supervising dentist:	
Supervising dentist's prescription for the placement of rubber dam: (upper/lower; indications, i.e. for what procedure)	
Patient's age:	Patient's gender:
Relevant medical dental history of patient:	
Clamp selection and preparation of dam:	
How patient was prepared for placement of rubber dam: (e.g. information/ consent/ communication/ position)	
Placing of rubber dam: (correct tooth exposed/ accessible; dam covering mouth not compromising nose; frame fitted correctly)	
Outcome of placement: (details of faults, if any; i.e. potential for leakage)	
Correct removal of rubber dam: (clamp removed without damage to teeth)	
Details of Personal Protective Equipment used: (for DCP and patient)	
DCP reflection:	

Signature: Date:

Supervising Dentist's / Witness reflection/feedback:

This section should be completed by the GDC registrant who witnessed the activity of the candidate and is assessing their competence. Constructive feedback will help the candidate to develop their performance in the workplace.

Competency	Competency (tick)
A. Effective Communication The dental nurse communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues	Not yet competent ☐ Competent ☐
B. Effective management and leadership The dental nurse managed themselves and the clinical environment in line with current standards and guidelines	Not yet competent ☐ Competent ☐
C. Clinical The dental nurse demonstrated knowledge and clinical skills appropriate for the patient's condition	Not yet competent ☐ Competent ☐
D. Professional The dental nurse demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.	Not yet competent ☐ Competent ☐

The witness **must** provide constructive written feedback to the candidate below:

Satisfactory ☐ Not yet Satisfactory ☐

Signed: …… (Witness)

Date: …… GDC No: …….. Print Name: ……. (Witness)

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Case No.

PRACTICAL COMPETENCE ASSESSMENT SHEET

Set up of X-Ray Holder

Candidate's name:	Date of Activity:
The PCAS is a true representation of my own involvement in the task described: Candidate's signature:	
Name of witness/supervising dentist:	
Supervising dentist's justification for the radiograph: (e.g. caries assessment, PAP? Bone levels?)	
Patient's age:	Patient's gender:
Relevant medical dental history of patient:	
Type of radiograph: (e.g. IOPA, Bitewing)	
Selection and preparation of X-Ray Holder:	
How was the procedure explained to the patient:	
Outcome of set up: (details of faults, if any; e.g. incorrect assessment)	
DCP reflection:	

Signature: Date:

Supervising Dentist's / Witness reflection/feedback:

This section should be completed by the GDC registrant who witnessed the activity of the candidate and is assessing their competence. Constructive feedback will help the candidate to develop their performance in the workplace.

Competency	Competency (tick)
A. Effective Communication The dental nurse communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues	Not yet competent ☐ Competent ☐
B. Effective management and leadership The dental nurse managed themselves and the clinical environment in line with current standards and guidelines	Not yet competent ☐ Competent ☐
C. Clinical The dental nurse demonstrated knowledge and clinical skills appropriate for the patient's condition	Not yet competent ☐ Competent ☐
D. Professional The dental nurse demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.	Not yet competent ☐ Competent

The witness **must** provide constructive written feedback to the candidate below:

Satisfactory ☐ Not yet Satisfactory ☐

Signed: …… (Witness)

Date: …… GDC No: …….. Print Name: ……. (Witness)

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Case No. ☐

PRACTICAL COMPETENCE ASSESSMENT SHEET

Smoking Cessation

Candidate name:	Date of Activity:
The PCAS is a true representation of my own involvement in the task described. Candidate's signature:	
Name of witness/supervising dentist:	
Supervising dentist's indication for smoking cessation advice:	
Patient's age:	Patient's gender:
Relevant medical dental history of patient:	
Patient asked for smoking status: (e.g. smoker / non-smoker/ ex-smoker / using e-cig)	
Patient's needs: (Explain why this person should be given smoking cessation advice and any social history that may be appropriate to consider)	
Brief Intervention for stopping smoking given: (indicate what information was given and any issue/questions that arose or action you took including leaflets given).	
Advice on why stopping smoking would be the best action for the patient: (dental health, money, family etc)	
Assistance offered to patients interested in quitting: (encourage contact with local stop smoking service, advised re use of NRT. 4 times more likely to succeed in quitting if using NRT)	
DCP reflection: (identify strengths and weaknesses relating to this interaction and describe any action you take to address weaknesses in the future, if required) Signature: Date:	
Supervising Dentist's / Witness reflection/feedback:	

This section should be completed by the GDC registrant who witnessed the activity of the candidate and is assessing their competence. Constructive feedback will help the candidate to develop their performance in the workplace.

Competency	Competency (tick)
A. Effective Communication The dental nurse communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues	Not yet competent ☐ Competent ☐
B. Effective management and leadership The dental nurse managed themselves and the clinical environment in line with current standards and guidelines	Not yet competent ☐ Competent ☐
C. Clinical The dental nurse demonstrated knowledge and clinical skills appropriate for the patient	Not yet competent ☐ Competent ☐
D. Professional The dental nurse demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.	Not yet competent ☐ Competent ☐

The witness **must** provide constructive written feedback to the candidate below:

Satisfactory ☐ Not yet Satisfactory ☐

Signed: …… (Witness)

Date: …… GDC No: …….. Print Name: ……. (Witness)

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Case No. ☐

PRACTICAL COMPETENCE ASSESSMENT SHEET

What your Pharmacy can do for you

Candidate name:	Date of Activity:
The PCAS is a true representation of my own involvement in the task described. Candidate's signature:	
Name of witness/supervising dentist:	
Supervising dentist's indication for Pharmacy related advice:	
Patient's age:	Patient's gender:
Relevant medical dental history of patient:	
Patient's needs: (Explain why this person should be given pharmacy related advice and any social history that may be appropriate to consider)	
The information provided: (indicate what information was given and any issue/questions that arose or action you took including leaflets given).	
DCP reflection: (identify strengths and weaknesses relating to this interaction and describe any action you take to address weaknesses in the future, if required) Signature: Date:	

Supervising Dentist's / Witness reflection/feedback:

This section should be completed by the GDC registrant who witnessed the activity of the candidate and is assessing their competence. Constructive feedback will help the candidate to develop their performance in the workplace.

Competency	Competency (tick)
A. Effective Communication The dental nurse communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues	Not yet competent ☐ Competent ☐
B. Effective management and leadership The dental nurse managed themselves and the clinical environment in line with current standards and guidelines	Not yet competent ☐ Competent ☐
C. Clinical The dental nurse demonstrated knowledge and clinical skills appropriate for the patient	Not yet competent ☐ Competent ☐
D. Professional The dental nurse demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.	Not yet competent ☐ Competent ☐

The witness **must** provide constructive written feedback to the candidate below:

Satisfactory ☐ Not yet Satisfactory ☐

Signed: …… (Witness)

Date: …… GDC No: …….. Print Name: …… (Witness)

RECORD OF COMPETENCE

PART B

EXPANDED CASE STUDIES

Notes for guidance

1. Two case studies, each between 800 and 1000 words based on separate treatment appointments, form part of the Record of Competence for this qualification. The patients can be selected from those whose PCAS have already been completed.

2. Each study must meet the following criteria:
- Review, feedback and communication within the team after a positive patient treatment experience
- Review, feedback and communication within the team after a disappointing patient experience

3. The case studies will demonstrate evidence of reflective practice and communication between within the team.

4. Each study should be typed in a regular font, size 12 and double line spaced.

5. Consider the following when writing reflective accounts:

Self-awareness

An essential component of reflection is self-awareness or the ability to analyse feelings. It involves an honest examination of how the situation has affected you the individual and how the individual has effected the situation. This is not an easy task, especially in the heat and pressure of the moment when it can be hard to recall exactly what has happened. Nonetheless we need to develop the capacity to do this if we are to be more effective in our reflection.

Description

Description involves having the ability to recognise and recollect significant events. This might entail recalling similar signs and symptoms in a patient presenting with a medical disorder, it might involve describing a new finding.

Critical Analysis

This involves examining components of a situation. The process entails examining existing knowledge, challenging assumptions, imagining and exploring alternatives. Imagining and exploring alternatives also encourages the creation of new ideas and inventiveness. Critical analysis also involves examining how relevant knowledge is to an individual situation.

Synthesis

This is the process of integration of new knowledge or experiences and making it part of our "personal knowledge base". This knowledge is used in a creative way to solve problems and to predict possible outcomes. This is particularly important as the outcome of reflection involves the development of a new perspective, however it may in fact endorse the continuance of a particular practice within a particular context weighed against other factors such as availability of resources and or patient preferences.

Evaluation

Evaluation is defined as the making of judgement about the value of something. It can also be defined as "to judge or assess something". Both Synthesis and Evaluation are crucial to development of a new perspective. A decision would then have to be made as to whether a change in practise is necessary.

References or further reading on reflective practice:

https://www.gdc-uk.org/education-cpd/cpd/reflective-practice

https://heeoe.hee.nhs.uk/sites/default/files/being_a_reflective_gp_doc_2013.pdf

RECORD OF COMPETENCE

PART C

DIRECTLY OBSERVED CLINICAL SKILLS

Candidates must have been observed completing each of the four clinical skills to a satisfactory level on at least one occasion by a registered witness with suitable qualifications and experience to complete such an assessment. The clinical skills to be assessed are:

- Participating in a simulated medical emergency scenario as part of the team in a clinical environment. (preferably with a FD) (1 required)
- Dealing with a complaint at a local level, either in person or telephone (1 required)
- Providing support to the Foundation Dentist during the initial challenging few months having an understanding of the practical skills and emotional well-being of the FD dentist (2 required)
- Assessment of the FD using the DNAT tool (4 required)

A satisfactory level is defined as meeting expectations in all criteria.

For any assessment where the candidate does not meet expectation in all essential criteria, the sheet should not be included in the Record of Competence but the candidate may wish to add it to their Personal Development Portfolio.

Guidance for witnesses assessing clinical skills:

What is a DOCS?

Directly Observed Clinical Skills (DOCS) is an assessment for use in the candidate's workplace.

Who is a suitable Witness?

To assess a candidate using the DOCS tool you need to have been requested to do so by the candidate themselves. You need to have read this guidance fully, be a current GDC registrant, completed the witness status sheet at the beginning of this Record of Competence, read the relevant DOCS sheet carefully and have expertise in the skill to be assessed to be able to judge the candidate's performance. **A Foundation Dentist is not a suitable witness/assessor**.

How to conduct the assessment

Ensure that the patient / guardian / carer is aware the nurse is being assessed. Complete your details at the top of the DOCS form, indicate that you have read this guidance and have expertise in the skill being assessed.

Record the number of previous attempts the candidate has made at completing this skill to a satisfactory level. The candidate is allowed as many attempts as required but must meet expectation in all of the criteria to use the assessment in their Record of Competence.

As the candidate completes the task you should grade their performance against the criteria provided. Use the full range of the rating scale comparison. Mark as 'unable to comment' if you have not observed the behaviour, feel unable to comment or if competence has not fully been met.

When assessing the criteria relating to 'seeking help appropriately' (medical emergency), if help was clearly not required and was not sought then this should be marked as meeting expectations.

You should record feedback on the candidate's strengths and areas for development and take time to discuss these with the candidate following the assessment sensitively and in a suitable environment.

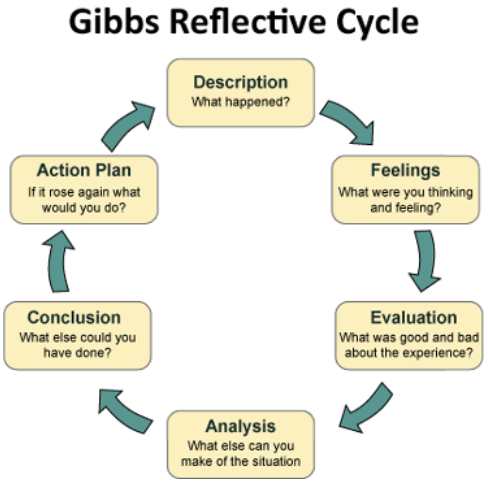
Thank you for completing this assessment carefully.

Guidance on Reflective Practice

<u>How to conduct Reflective Practice:</u>

Reflection is a key skill as it facilitates learning from clinical practice and improvement to clinical practice from said learning.

Gibbs' Reflective cycle give structure to learning from experiences.



To be an effective reflective practitioner, you must recognise that learning from what does not work is on the same path as learning what does work. There must be room for 'failure' in the reflective process.

What are the opportunities to reflect?

- Debrief
- During or after feedback
- Significant event
- Self-evaluation

RECORD OF COMPETENCE

DIRECTLY OBSERVED CLINICAL SKILLS

Section 1: Simulated Medical Emergency

Range:

Participating in a simulated medical emergency scenario as part of the team in a clinical environment. (Preferably with FD)

Requirements:

1 of 4 DOCS

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY
CERTIFICATE IN DENTAL FOUNDATION DENTAL NURSING

The candidate should photocopy this form before use as more than one assessment may be required

DIRECTLY OBSERVED CLINICAL SKILLS
CERTIFICATE IN DENTAL FOUNDATION DENTAL NURSING

Simulated Medical Emergency Scenario

Candidate's name:			
Candidate's GDC No.			
Date of assessment	/ /	No. of previous attempts at this DOCS:	
Witness Name:			
Witness GDC No.		I have read the guidance & have expertise in this skill	
Witness position / grade:			
Clinical setting:			

Clinical skill:	The candidate will act as part of a small team to manage a simulated medical emergency scenario. A colleague should play the role of the causality. The scenario should be drawn from and managed according to the Resus Council UK, Standards for clinical practice and training for dental practitioners and dental care professionals in general dental practice. The DN being assessed should discover the casualty and lead the team.

Please grade the below areas using the following scale	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Unable to comment
Clinical: Demonstrates an understanding of the medical emergency simulated						
Clinical: Assesses the casualty's condition						
Clinical: Manages the casualty in line with their scope of practice						
Communication: Communicates effectively with the patient to inform and reassure before, during and after the transfer						
Communication: Communicates effectively with other members of the team before, during and after transfer						
Professionalism: Obtains informed consent for the transfer						
Professionalism: Maintains patient's privacy and dignity						
Professionalism: Seeks help if and where appropriate						
Management and Leadership: Leads the team effectively through the transfer						

Difficulty of this transfer:	Low	Average	High

Please record any areas of strength or any suggestions for development:

Witness Signature: ……. Date: ……

Sampled by Internal Moderator (sign) …… GDC No. …… Date:……

RECORD OF COMPETENCE

DIRECTLY OBSERVED CLINICAL SKILLS

Section 3: Assisting, supporting and mentoring a foundation dentist.

Range:

Providing support to the foundation dentist during the initial challenging few months having an understanding of the practical skills and emotional well-being of the FD dentist (2 required)

Requirements:

3 and 4 DOCS

Total: 2 DOCS

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY
CERTIFICATE IN DENTAL FOUNDATION DENTAL NURSING

The candidate should photocopy this form before use as more than one assessment may be required

DIRECTLY OBSERVED CLINICAL SKILLS
CERTIFICATE IN DENTAL FOUNDATION DENTAL NURSING

Supporting a foundation dentist during treatment

Candidate's name:			
Candidate's GDC No.			
Date of assessment	/ /	No. of previous attempts at this DOCS:	
Witness Name:			
Witness GDC No.		I have read the guidance & have expertise in this skill	
Witness position / grade:			
No. of weeks FD working in practice		Procedure being completed	

Clinical skill:	The candidate will assist the foundation dentist before, during and after a patient treatment.					
Please grade the below areas using the following scale	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Unable to comment
Clinical: Knowledge of procedure						
Clinical: Shows understanding of risks involved during procedure						
Communication: Effectively communicates with patient before, during and after procedure						
Communication: Effectively and appropriately communicates with the trainee before, during and after procedure						
Professionalism: Maintains confidentiality throughout						
Professionalism: Seeks help if and where appropriate						
Management and Leadership: Leads the Patient effectively through the dental procedure						
Management and Leadership: Guides the FD effectively through the dental procedure						
Difficulty of this interaction/situation	Low		Average		High	

Please record any areas of strength or any suggestions for development:

Witness Signature: …… Date: ……

Sampled by Internal Moderator (sign) …… GDC No. …… Date:……

The candidate should photocopy this form before use as more than one assessment may be required

NORTHERN IRELAND MEDICAL AND DENTAL TRAINING AGENCY
CERTIFICATE IN DENTAL FOUNDATION DENTAL NURSING

DIRECTLY OBSERVED CLINICAL SKILLS
CERTIFICATE IN DENTAL FOUNDATION DENTAL NURSING

Supporting a foundation dentist during treatment

Candidate's name:			
Candidate's GDC No.			
Date of assessment	/ /	No. of previous attempts at this DOCS:	
Witness Name:			
Witness GDC No.		I have read the guidance & have expertise in this skill	
Witness position / grade:			
No. of weeks FD working in practice		Procedure being completed	

Clinical skill:	The candidate will assist the foundation dentist before, during and after a patient treatment.					
Please grade the below areas using the following scale	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Unable to comment
Clinical: Knowledge of procedure						
Clinical: Shows understanding of risks involved during procedure						
Communication: Effectively communicates with patient before, during and after procedure						
Communication: Effectively and appropriately communicates with the trainee before, during and after procedure						
Professionalism: Maintains confidentiality throughout						
Professionalism: Seeks help if and where appropriate						
Management and Leadership: Leads the Patient effectively through the dental procedure						
Management and Leadership: Guides the FD effectively through the dental procedure						
Difficulty of this interaction/situation	Low		Average		High	

Please record any areas of strength or any suggestions for development:

Witness Signature: …… Date: ……

Sampled by Internal Moderator (sign) …… GDC No. …… Date:……

RECORD OF COMPETENCE

PART D

SUPPLEMENTARY OUTCOMES

Candidates must have completed the supplementary outcomes in this section. The supplementary outcomes allow the candidate to demonstrate some understanding of other aspects of working with a Foundation Dentist in general dental practice. These areas will require the candidate to spend more time than the examination could allow. The candidate may be required to carry out some research or attend a continued professional development event.

The supplementary outcomes will be assessed by the course provider.

The content of the supplementary outcomes will be reviewed regularly by NIMDTA but currently include:

- A witnessed copy of a current certificated in First Aid at Work to include or have a separate certificate in Basic life support including Automated External Defibrillation.
- A witnessed copy of a certificate for safeTALK or suicide alert training.
- A witnessed copy of a certificate for dementia awareness training.
- Certificates reflecting continued professional development, must include:
    - A witnessed copy of a current certificate for safeguarding adults and children at risk.
    - A witnessed copy of a current certificate for an update in Radiography quality assurance.
- Complete the Infection Prevention and Control audit in relation to one of the following sections:
    - Hand hygiene
    - Sharps disposal
    - Decontamination of instruments
- Provide evidence of quality improvements you have made as a result of an audit.
- Completion of 2 multi source feedback forms for two colleagues within the practice

SUPPLEMENTARY OUTCOME 1

FIRST AID AT WORK CERTIFICATE

The candidate should include a witnessed copy of a current certificate in 'First Aid at Work' to include or have a separate certificate in Basic life support including Automated External Defibrillation. (To be current the training should have been undertaken within 24 months of the closing date for the examination you wish to sit).

First Aid at Work Certificate ☐

BLS Certificate ☐

AED Certificate ☐

To be signed and dated by Tutor once included:

Tutor Name: ……..

Tutor signature: ……

GDC No. ……..

Date: ……..

Sampled by internal moderator: (sign) …… GDC No……..

SUPPLEMENTARY OUTCOME 2

WITNESSED COPY OF A CERTIFICATE FOR SAFETALK OR SUICIDE ALERT TRAINING

The candidate should include a witnessed copy of a current certificate for 'safeTALK' (or suicide alertness training) training to include or have a separate certificate. (To be current the training should have been undertaken within 24 months of the closing date for the examination you wish to sit).

To be signed and dated by Tutor once included:

Tutor Name: ……..

Tutor signature: ……

GDC No. ……..

Date: ……..

Sampled by internal moderator: (sign) …… GDC No……..

SUPPLEMENTARY OUTCOME 3

RECORD OF RELEVENT CONTINUING PROFESSIONAL DEVELOPMENT

The candidate must include Certificates for continued professional development, in the following areas:

- Copy of a current certificate for safeguarding of 'at risk adults and children' ☐
- Copy of a current certificate for an update in Radiography quality assurance. ☐

The candidate may also choose to complete the table on the following page to detail other relevant CPD that they have undertaken in the last year.

To be signed and dated by Tutor once included:

Tutor Name: ……..

Tutor signature: ……

GDC No. ……..

Date: ……..

Sampled by internal moderator: (sign) …… GDC No…….

SUPPLEMENTARY OUTCOME 4

RECORD OF RELEVENT CONTINUING PROFESSIONAL DEVELOPMENT

Date	Course activity	Venue	Provider	Hours

To be signed and dated by Tutor once included:

Tutor Name: ……..

Tutor signature: ……

GDC NO. ……..

Date: ……..

Sampled by internal moderator: (sign) …… GDC No…….

SUPPLEMENTARY OUTCOME 5

Complete the **Infection Prevention and Control audit** in relation to one of the following sections:

- Hand hygiene
- Sharps disposal
- Decontamination of instruments

To be signed and dated by Tutor once included:

Tutor Name: ……..

Tutor signature: ……

GDC NO. ……..

Date: ……..

Sampled by internal moderator: (sign) …… GDC No……..

SUPPLEMENTARY OUTCOME 6

Provide evidence of **quality improvements** you have made as a result of an audit

Details:

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Attach copy of audit and relevant documentation:

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To be signed and dated by Tutor once included:

Tutor Name: …… Tutor signature: ……

GDC NO. ……..Date: ……

Sampled by internal moderator: (sign) …… GDC No……

Dental Foundation Training

Multi-Source Feedback Form

SUPPLEMENTARY OUTCOME 7

Name of Dental Nurse:

.....

Thank you for taking the time to complete this questionnaire. It will provide valuable information about how you feel so that the Dental Nurse named above can improve the way he/she delivers patient care and work in a team. The completed questionnaire is anonymous and completely confidential. If possible please do not identify yourself through your answers.

Please use the 9-point scale to indicate how well you feel the dental nurse performs in the areas highlighted in the left-hand column, with 1 meaning 'very poor' and 9 meaning 'excellent'. If you have time, please add comments in the space provided at the foot of the form. If you cannot respond to a question because your role does not give any insight in that area, please tick the box marked N/A

Please indicate how well the dental nurse demonstrates the following behaviours:

	Development required			Satisfactory			Outstanding			Not observed
	1	2	3	4	5	6	7	8	9	N/A
Being approachable										
Listening to you										
Being sympathetic to your point of view										
Showing appreciation to you for the contribution you make										
Listening to advice given by yourself or others										
Seeking help appropriately and when required										
Interacting and working well with team members										
Making decisions and communicating them clearly										
Making decisions in an appropriate time frame										
Being calm when stressful situations arise										
Communicating appropriately & at the right level for each individual patient										
Managing challenging patients or situations in a professional manner										
Conducting themselves in a professional way in the workplace										
Treating patients, colleagues and team members with respect										
Being ethical & honest and displaying integrity										
Having good time management										
Writing clear instructions (eg referrals, laboratory tickets and scripts)										
Prioritising tasks well under pressure										
Keeping up to date with administrative tasks										
Planning ahead										
Responding quickly to emails/memos/ requests										

Continues...

Please comment on what the dental nurse does particularly well:
Please comment on areas the dental nurse could improve upon:

NIMDTA

Northern Ireland
Medical & Dental Training Agency

42 Beechill Road
Belfast
BT8 7RL
Tel: 02895 360221

Email: dentalcourse.NIMDTA@hscni.net