

# Educational Activities Log

## FOR NEW ENTRANTS ONTO THE DENTAL PERFORMERS LIST

29 June 2023, Version 1

Educational activities are an essential element in supporting new entrants onto the dental performers list. They include assessments.

Assessments can be formative or summative.

The purpose of **formative assessment** is to monitor the performers learning and provide ongoing feedback to the supervisor and the performer. It is assessment for learning.

The purpose of **summative assessment** is to evaluate performer learning at the end of an instructional unit by comparing it against some standard or benchmark.

Attached is a log to evidence the support provided, via educational activities, by the supervisor/ practice (Appendix 1). This should be submitted in the portfolio.

Activities can include:

- Direct Observation of Procedural Skills (DOPS)(Appendix 2)
- Case Based Discussions (CBD) (Appendix 3),
- or A Dental Evaluation of Performance (ADEPT) (Appendix 4).
- Some educational activities will be general meetings or equipment/ staff training.

## Tutorials

At the start of the programme, you will probably have many ad-hoc clinical teaching interactions with your mentor, or with other members of the team. Please don't forget that each of these encounters is a mini tutorial which will benefit from reflection and learning from yourself if you are to grow in experience, wisdom and skill.

It may be helpful to have a more formal tutorial with your mentor and ideally the timing needs to be agreed between you and your mentor so that time can be set aside which is free from patient appointments and interruptions. The content of the tutorial will depend upon your learning needs.

Tutorials do not always need to be about clinical topics. Much of general dental practice is about management, communications, being professional and adopting the NHS values which need to be discussed and understood. If there is an assessment to be undertaken, either an ADEPT or a Cbd, this, together with the feedback and discussion, may form of a tutorial.

### Things which can form a tutorial include these items:

Looking at the past week/month.

Points for discussion could be:

- Self-assessment: *What went well? What were the challenges? What didn't go well?*
- Considering feedback from others e.g. *feedback from Dental Nurse, Patient feedback, unexpected outcomes of a procedure.*
- Analysis: *Describing WHY. e.g. identifying cause & effect for unexpected case outcomes,*
- Formulating change: *Describe the learning outcomes from this exercise. Identify what you will do to address any issues.*

Remember, you will benefit much more from tutorials if there is regular discussion as to which subjects you are going to cover. Ideally your tutorials will take place in a quiet environment away from disturbance, noise, and interruption. Your practice may well have a dedicated 'teaching room' or perhaps an office will be used. Some tutorials, however, are best held in a clinical environment - in the surgery.

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Reflecting upon the topics covered during your tutorial, and the associated learning that has been recorded, will provide evidence of your development and progression as well as giving you the opportunity to assess further learning needs.

## Reflection

At all stages of your reflections, please be aware that any written reflection is a document that may in some circumstances be seen by others, some outside the profession, almost certainly in serious cases where a significant event involving a patient has occurred. For this reason, it is essential that in all your reflections you do not refer to patients by name and that you do not describe events as mistakes or accidents. A useful course of action to remember is:

**Keep reflections anonymous and target the learning from the event rather than the details and the angst of the actual event.**

## The Benefits of Reflection

The benefits for you when you regularly and continually reflect is that you become a better dentist because you will:

- come up with theories, improve your critical thinking, and enhance your learning
- become self-aware understanding your abilities and your limitations
- know about future learning needs
- develop safe and sound practice with improved outcomes for patients

You should write about your experiences, with a view to demonstrating your learning and development. Reflective writing can be viewed as a three-stage process:

1. First, identify and look back at something (such as an event, treatment or CPD course)
2. Then, analyse this (you should think deeply and from different perspectives or viewpoint. Then try to explain, often with reference to the subject matter concerned)
3. Finally, think carefully about what this means for you now and for your ongoing progress as a professional dentist.

Reflective writing has to be personal to you. Your piece of writing will be original and written in your own style. It needs to be coherent and easy to follow. The length will depend on the complexity of the topic and you must decide how much information is needed to demonstrate understanding.

You should complete the reflective elements such that the person reviewing it is clearly informed about every stage of your reflection. The reflective writing will provide justification of new learning and enable the reviewer of your portfolio to evidence this.

You may write about the description of topics, events, incidents, achievements, concerns, challenges, difficulties, problems, or any other experience that is relevant the stage of your learning.

Here are some useful questions to be used as prompts for writing (use those that may be useful for a given reflection):

- Why did you choose to reflect on this?
- What went well for my patients? For me? How have I applied this for all my patients in practice?
- What did not go well for my patient? For me? And how do I feel about this?
- What could the patient be thinking? Did the patient respond in anyway? What does that tell me? Were there any body language signals that helped me? Was there any patient reaction? What did they say?
- What do I think happened? Why do I think this happened? How do I feel about this?
- What were the difficulties and why? What can I do next time to avoid these?
- Were there unexpected outcomes? If there is something I can change for the future what will that be?
- Was there any feedback from my nurse that I should consider? From my Validation Supervisor? How can I use this feedback for improvements?
- What exactly were the learning points? Why has this reflection been useful for my own learning and development as a dentist?
- What are my new learning and development needs and how will I address these?
- Who can help me further my knowledge or skills? What resources do I need and how can I find these?
- Following the event, my action plan is.... And the timescale is....

## EDUCATIONAL ACTIVITIES LOG

Performer.....

Practice.....

[illegible]

**Direct Observation of Procedural Skills: New Patient Exam**

This assessment should observe the dentist during a new patient examination to record judgements on their performance with a specific patient encounter or case. The Assessor should give feedback as soon as possible after the event, whereby the dentist's insight into their own performance will also be evaluated. Serious concerns should be notified to the Clinical Adviser or his/her representative as soon as possible.

<b>Date of assessment:</b>				
<b>Description of case/encounter:</b>				
Please grade the following areas using the 1 to 4 scale:	Serious Concerns	Specific training required	Supervision required	Acceptable
	1	2	3	4
Patient examination				
Diagnosis/clinical judgement				
Treatment planning				
Procedural knowledge				
Communication (patient and team)				
Professionalism				
<b>After feedback given on the assessment, please rate:</b>				
Dentist's insight into own performance				
Areas of good performance:				
Specific areas for development (please attach action plan):				
Dentist's comments, if any:				
<b>Supervisor's name and signature:</b>				
<b>Dentist's name and signature</b>				

## Direct Observation of Procedural Skills: A Simple Restoration

This assessment should observe the dentist during a simple restoration. The assessment is used to record judgements on the performance of the dentist following an evaluator's observation of a specific patient encounter or case. The Assessor should give feedback as soon as possible after the event, whereby the dentist's insight into their own performance will also be evaluated. Serious concerns should be notified to the Clinical Adviser or his/her representative as soon as possible.

<b>Date of assessment</b>				
<b>Description of case/encounter</b>				

  

Please grade the following areas using the 1 to 4 scale:	Serious Concerns	Specific training required	Supervision required	Acceptable
	1	2	3	4
Procedural knowledge				
Technical ability				
Communication (patient and team)				
Professionalism				
Time management and organisation				
<b>After feedback given on the assessment, please rate:</b>				
Dentist's insight into own performance				
Areas of good performance:				
Specific areas for development (please attach action plan):				
VED's comments, if any:				

  

<b>Validation Supervisor's name and signature:</b>		
<b>Dentist's name and signature:</b>		

## Supervisor's Declaration

Name of dentist being reviewed:
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Name of Supervisor:	GDC Number:
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**Please complete Parts 1 to 3 below and return**

**Part 1** I confirm that I have carried out a Direct Observation of Procedural Skills (DOPS) of the above named dentist on both a New Patient Examination and on a Simple Restoration. I attach the completed forms.

<b>Part 2</b> As a result of the above observed procedures, I confirm that: ( <i>please tick <u>one only</u> of a), b), c) or d)</i> )	
a) I have no specific concerns with the abilities of the dentist with regard to clinical or communication skills	
b) As a result of my observation procedural skills, I propose to carry out further supervision in the areas set out in the attached action plan	
c) I believe that specific training is required in the topics identified in the attached action plan before the dentist carries out work in the these areas  I would / would not ( <i>delete as applicable</i> ) like to discuss the training requirements	
d) I have serious concerns with regard to the abilities of the dentist in the following areas and would like to discuss these as soon as possible	
<i>NB: It is the responsibility of the Supervisor and the employer (where different) of the dentist to ensure that the dentist is providing safe dental care.</i>	

<b>Part 3</b> Signed:	Date:
Practice Address:	

**Case based Discussion (D-CbD) Assessment Form** is a record of an assessment of your dental performance made from a presentation of clinical treatment you have carried out. You provide a verbal presentation of your management of a case, usually to your Validation Supervisor, using the clinical records, radiographs, models, photographs, etc. that are relevant. An assessment is then made of your performance. The assessor scores your performance in each of the categories, and then will spend time with you giving feedback and discussing the learning needs which are highlighted by your assessment. Once feedback has been given, you assessor also gives a score on your insight into your performance.

Dentist			GDC No			Date	
Supervisor			Position			Location	
Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11 ( <i>Key below - **Please circle all that apply</i> )							
Description of case / encounter							
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 record keeping							
Investigations/ referrals							
Clinical diagnosis							
Procedural knowledge							
Treatment planning							
Follow up & patient management							
Professionalism							
Overall clinical judgement							
Case presentation skills							
<b>After feedback</b> given on assessment, please rate dentist's insight into their own performance							
Areas of good performance:							
Specific areas for development (please attach action plan):							
Dentist's comments, if any:							
Supervisor's name and signature:							
Dentist's name and signature							



### **Case based Discussion (D-CbD) Assessment Form**

Please use this space to write notes and record the questions you will ask during or following the case presentation in order to assess the Dentist's clinical judgement in this case:

**Questions asked:**

**Evaluator Notes:**

#### Clinical Major Competencies Key

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

**The ADEPT (A Dental Evaluation of Performance Tool)** is a record of an assessment of your dental performance in a clinical situation. You are observed throughout a whole appointment with a patient. Observation should commence before the patient is present, with prior discussion about your treatment planning, and then whilst you provide treatment. After treatment has finished and the patient has departed, an assessment is made of your performance. The assessor scores your performance in each of the categories, and then will spend time with you giving feedback and discussing the learning needs which are highlighted by your assessment. Once feedback has been given, you assessor also gives a score on your insight into your performance.

Dentist			GDC No			Date	
Supervisor			Position			Location	
Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11 <i>(Key above - **Please circle all that apply)</i>							
Description of case / encounter							
Please grade the following areas using the scale 1 - 6	Needs Improvement		Borderline	Acceptable	Above expectations		Not observed
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Patient examination							
Diagnosis/ clinical judgement							
Treatment planning							
Procedural knowledge							
Technical ability							
Communication (patient and team)							
Professionalism							
Time management and organisation							
After feedback given on assessment, please rate dentist's insight into their own performance							
Areas of good performance:							
Specific areas for development (please attach action plan):							
Dentist's comments, if any:							
Supervisor's name and signature:							
Dentist's name and signature							

## POSSIBLE TUTORIAL TOPICS

This list is not meant to be comprehensive or prescriptive. It is a guide or a source of ideas.

<b>Terms and conditions of service</b>	<ul style="list-style-type: none"> <li>• NHS Regulations</li> <li>• Dental Practice Board</li> <li>• Health and Safety Rules</li> <li>• Ionising Radiation Regulations</li> <li>• Sterilisation and Infection Control</li> <li>• Employment Legislation</li> <li>• Role of Health and Professional Bodies</li> <li>• Medico-legal and ethical issues</li> </ul>
<b>Diagnosis</b>	<ul style="list-style-type: none"> <li>• Patient management</li> <li>• Caries detection</li> <li>• Periodontal assessment</li> <li>• Consultation skills</li> <li>• Pain relief</li> <li>• X-rays and special tests</li> <li>• Referral and assistance</li> </ul>
<b>Treatment planning</b>	<ul style="list-style-type: none"> <li>• Assessing patient needs</li> <li>• Co-ordinating dental disciplines</li> <li>• Patient explanation and motivation</li> <li>• Socio-economic factors</li> <li>• Written treatment plan</li> <li>• Consent and confidentiality</li> </ul>
<b>Oral surgery and oral medicine</b>	<ul style="list-style-type: none"> <li>• Routine extraction technique</li> <li>• Local Anaesthesia</li> <li>• Minor oral surgery</li> <li>• Complications - dry socket, post-extraction hemorrhage</li> <li>• Sedation</li> <li>• Biopsy</li> <li>• Early diagnosis of oral carcinoma</li> <li>• Referral criteria for specialist opinions</li> <li>• Pharmacology and use of drugs/medicines</li> </ul>
<b>Restorative dentistry</b>	<ul style="list-style-type: none"> <li>• Moisture control</li> <li>• Materials handling in conservative dentistry</li> <li>• Endodontics</li> <li>• Crown and bridgework</li> <li>• Periodontal assessment</li> <li>• Periodontal surgery</li> <li>• Tooth wear- the management of erosion, abrasion and attrition</li> </ul>

## Useful links and resources, please press Ctrl and the embedded link to access:

- Enhanced CPD Guidance
- FGDP Advancing Dental Care - Guidance and Standards
- Scottish Dental Clinical Effectiveness Programme - Published Guidance
- Delivering Better Oral Health
- BDJ Treatment Planning in Dentistry <https://www.nature.com/articles/sj.bdj.2012.559>
- BSP Flowchart Implementing the 2017 classification  
<https://www.bsperio.org.uk/professionals/publications>
- Oral Surgery Safety Checklist



Oral Surgery  
checklist.docx

- LocSSIPs Toolkit Dental extraction <https://www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/locssips-toolkit-dental-extraction/>



LocSSIPs-Toolkit-Dental-extraction.pdf

- Clinical Record keeping and Good Practice guidelines FGDP Publication



Clinical Examination  
and Record Keeping F

### BDA Advice

BDA Advice publications are free to all BDA Members either by direct contact with the BDA or as downloads from the BDA website. There are other sources of similar information from Denplan and CODE (Confederation of Dental Employers)

### Useful Literature and Papers

1. Smales and Berekally 2007 EJPRD Long-term survival of Direct and Indirect Restorations placed for the Treatment of Advanced Tooth Wear.
2. Woodley et al 1996 – Retrospective Audit of Patients with Advanced tooth Wear Restored with Removable Partial Denture EJPRD 1996 4 185-191
3. Gulamali et al 2011 survival analysis of direct Dahl restorations
4. Wazani et al BDJ E13 10 (2012) The Signs and Symptoms in a Referred Group of Patients
5. Smales-and-Berekally-2007-TSL-restoration-survival
6. ELIYAS ET AL (2015) RESTORATION OF THE ROOT CANAL TREATED TOOTH
7. Gatten et al 2011 Quality of Life of Endodontically Treated versus implants
8. Kayser, AF. Shortened Dental Arches and Oral function JOR 1981 8 457-462
9. Ower Phil Dent\_Update\_2013\_30\_110-116
10. Ower 2013 Dent\_Update\_2013\_40\_289-295
11. Hirschfeld & Wasserman 1978
12. Siqueira 2003 – microbiology of endo flare-ups
13. Nair 2006 – Causes of Persistent Apical Periodontitis
14. Avoiding and managing C & B failure dental Update 2012\_39\_78-84
15. Abbot (2004) assessing restored teeth with pulp and periapical diseases for the presence of cracks, caries and marginal breakdown
16. Assessment of the amount of remaining coronal dentine in root-treated teeth. R B Bandlish - R B Bandlish.

## Useful Evidence Based Resources

1. Athens - [www.openathens.net](http://www.openathens.net)
2. Centre for Evidence-based Dentistry [www.cebd.org](http://www.cebd.org)
3. Evidence-Based Dentistry - American Dental Association [ebd.ada.org/](http://ebd.ada.org/)
4. Evidence-based Dentistry - [www.nature.com/ebd/](http://www.nature.com/ebd/)
5. NHS Evidence Search <https://www.evidence.nhs.uk>
6. The Dental Elf - [www.thedentalelf.net](http://www.thedentalelf.net)
7. Evidence Based Dentistry for Effective Practice Paperback – 19 Dec 2002 by Jan Clarkson (Editor), Jayne E. Harrison (Editor), Amid Ismail (Editor), Ian Needleman (Editor)

## Useful Websites

1. BDA website: <https://www.bda.org/>
2. BNF online: <http://www.bnf.org/bnf/>
3. British Society for Oral Medicine [www.bsom.org.uk](http://www.bsom.org.uk)
4. British Orthodontic Society: <http://members.bos.org.uk/>
5. British Society of Paediatric Dentistry : [www.bspdp.co.uk](http://www.bspdp.co.uk)
6. British Society of Periodontology: [www.bsperio.org.uk](http://www.bsperio.org.uk)
7. British Society of Prosthodontics: <http://www.bsspd.org>
8. Care Quality Commission website: [www.cqc.org.uk/](http://www.cqc.org.uk/)
9. Dental Protection [www.dentalprotection.org/uk](http://www.dentalprotection.org/uk)
10. DDU [www.theddu.com](http://www.theddu.com)
11. Dental ethics <https://www.dentalethics.org>
12. Dental Trauma Guide [www.dentaltraumaguide.org](http://www.dentaltraumaguide.org) and [www.dentaltrauma.co.uk](http://www.dentaltrauma.co.uk)
13. Dental Audit Tool | Infection Prevention Society (IPS): [www.ips.uk.net/professional-practice/resources1/dental-audit-tool](http://www.ips.uk.net/professional-practice/resources1/dental-audit-tool)
14. FGDP website: <http://www.fgdp.org.uk/>
15. GDC website: <http://www.gdc-uk.org/>
16. HSE: [www.hse.gov.uk](http://www.hse.gov.uk)
17. NHS Evidence Search <https://www.evidence.nhs.uk>
18. <http://www.nhsbsa.nhs.uk/Documents>
19. HTM 01-05 Guidelines: [https://www.gov.uk/government/uploads/.../HTM\\_01-05\\_2013.pdf](https://www.gov.uk/government/uploads/.../HTM_01-05_2013.pdf)
20. HTM 01-07 (Clinical Waste): [https://www.gov.uk/government/uploads/.../HTM\\_07-01\\_Final.pdf](https://www.gov.uk/government/uploads/.../HTM_07-01_Final.pdf)
21. NICE: <https://www.nice.org.uk/>
22. RCS Clinical Guidelines: [https://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical\\_guidelines](https://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines)
23. Resuscitation Council UK: <https://www.resus.org.uk/>
24. British Society of Gerodontology - <https://www.gerodontology.com>
25. British Society for Disability and Oral Health <https://bsdoh.org>