

Dental Foundation Training Portfolio & Assessment

User guide

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Glossary

ADEPT	A Dental Evaluation of Performance Tool
COPDEND	Committee of postgraduate dental deans & directors
CPD	Continuing Professional Development
D-CbD	Dental Case-based Discussion
D-EP	Dental Evaluation of Performance
DFT	Dental Foundation Training
DF1	Dental Foundation Training Year 1
DF2	Dental Foundation Training Year 2
DOPS	Directly Observed Procedural Skills
ESPR	Early Stage Peer Review
FD	Foundation Dentist
GDC	General Dental Council
GDS	General Dental Service
HDS	Hospital Dental Service
Mini-CEX	Mini-Clinical Evaluation Exercise
Mini-PAT	Mini- Peer Assessment Tool
MSF	Multi-Source Feedback
PAQ	Patient Assessment Questionnaire
PDP	Personal Development Plan
SDS	Salaried Dental Service
SMART	(SMART objectives) Simple, Measurable, Achievable, Realistic & Time Specific
TAB	Team Assessment of Behaviour
VT	Vocational Training

1. Introduction to Dental Foundation Training (DFT)

DFT Structure

In 2003 the UK Departments of Health published a white paper on 'Modernising Medical Careers' which outlined agreed principles for the reform of postgraduate Medical training. In 2004, 'Modernising Medical Careers – the Next Steps' was published which contained further detail on the policy direction for the management of the early postgraduate years in Medicine.

The concept of a two-year dental foundation programme builds on the Departments of Health white paper 'Creating the Future: Modernising Careers for Salaried Dentists in Primary Care' that is broadly comparable to the structured two year General Professional Training (GPT) Programme which has been available for a proportion of graduates in the UK.

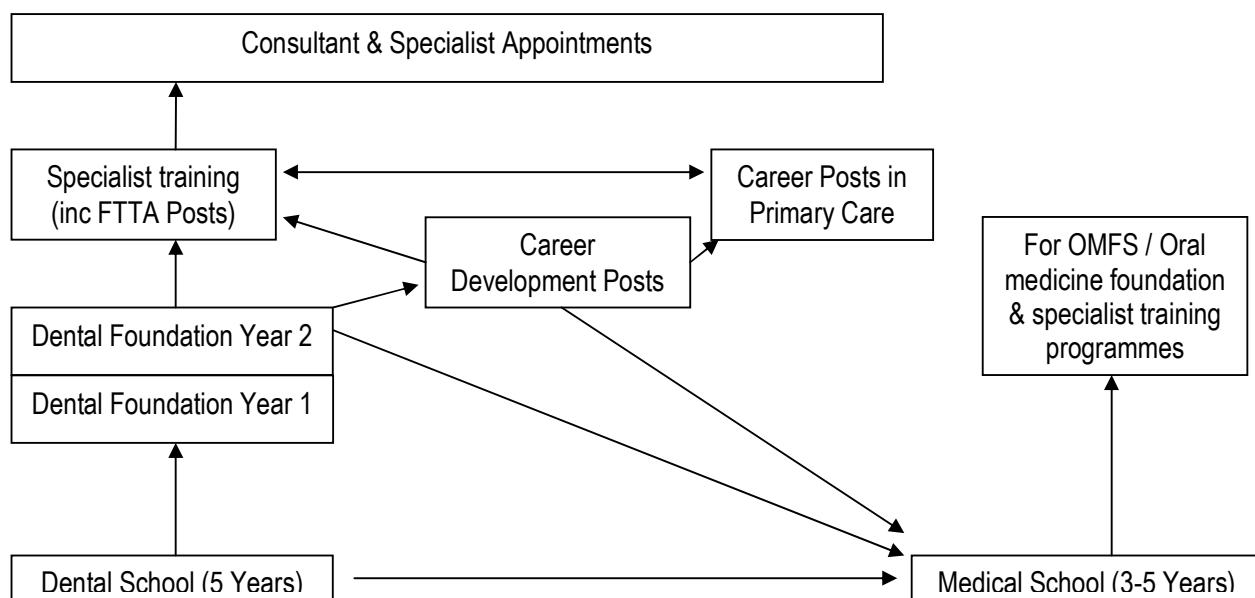
Dental Foundation Year 1 (DF1)

For the majority of trainees this will equate to 1 year vocational training (VT) based in general dental practice. However, a minority of programmes may have a HDS / SDS post in DF1.

Dental Foundation Year 2 (DF2)

For the majority of Foundation Dentists (FDs) this will involve 6 / 12 month posts in HDS / SDS. Other models may include further experience in primary care.

Figure 1 Dental Education & Training in the UK



Aims and Objectives of Dental Foundation Training

The primary aim of Dental Foundation Training is to enable acquisition and demonstration of the dental foundation training competences,

Dental Foundation Training is a period of training following initial qualification that builds on the achievements of the dental undergraduate curriculum and which aims “*To produce a caring competent reflective practitioner able to develop their career in any branch of dentistry to the benefit of patients*” (*A Curriculum for UK Dental Foundation Programme Training*), and also to enable the practitioner to demonstrate a level of competence appropriate for independent practice. The documented evidence gathered through this training process could, in the future, contribute to that required for validation with the GDC following initial registration

Length of Dental Foundation Training

Dental Foundation Training should be undertaken for a minimum of 2 yrs full time and normally be completed within the first 3 years following graduation.

The curriculum describes outcomes in terms of achieved competences, knowledge, skills and attitudes / behaviours. There is a complex relationship between outcomes, performance and experience which is time dependent.

There must be a minimum of one year full time, or part-time equivalent, spent in primary care, providing NHS general dental services, to allow completion of statutory Vocational Training. This may take place over a 2 year period as part of an integrated dental foundation programme.

The remainder of the 2 year programme can be completed in a variety of settings and should complement (not duplicate) vocational training experience.

Nature of Vocational Training

Competences are acquired by treating patients under supervision, carrying out related clinical and non clinical activities and taking part in defined structured educational programmes.

Patient safety is paramount and in order to comply with clinical governance requirements foundation dentists should not undertake procedures without direct supervision for which they have not previously been trained and should not be expected at any time to work beyond their level of competence.

Although the Dental Foundation Years 1 and 2 represent a continuum in training, they may be very different in terms of experience gained and the type of work being undertaken. In foundation training in primary care (which will either be carried out entirely in the first year of the programme or part time across two years), the foundation dentist is expected to consolidate practical experience gained at dental school and to both improve on and broaden the scope of that experience

The setting of the second year is likely to be different and the emphasis will be on building additional competences and learning from a range of dental specialists.

Relationship with Dental Specialty Training

Completion of a dental foundation training programme may not be the sole entry requirement to dental specialty training programmes, but is likely to be an essential element.

Completion of Foundation Training

Postgraduate Dental Deans and Directors have responsibility for certifying completion of foundation training (and vocational training within the current regulatory frameworks.)

A formal assessment framework is in place comprising a series of formative assessments, which combine to deliver a summative assessment at the end of the foundation training period.

Clinical and Educational Supervision

Educational Supervisor

Each Foundation Dentist will be assigned a nominated Educational Supervisor who is responsible for overseeing educational progress, agreeing a learning plan, undertaking tutorials, appraisals, 3 monthly progress reviews, carrying out workplace based assessments, providing regular feedback on progress to the trainee, advising the Deanery about progress and providing evidence and recommendation for completion of training. S/he will encourage the trainee to regularly complete the Dental Foundation Training Portfolio and use the educational tools provided for support.

Clinical Supervisor

The foundation dentist will also have a number of clinical supervisors throughout the period of foundation training. They will be responsible for day to day clinical supervision, facilitating and carrying out assessments, supporting the trainee, ensuring appropriate workload, liaising with Educational Supervisor and Scheme Adviser/Programme Director and providing progress reports.

Combined Educational/Clinical Supervision

In general practice/primary care, the Clinical and Educational Supervisor roles are often combined (e.g. as a Vocational Trainer) and may also be carried out by two trainers as a joint responsibility.

Scheme Adviser / Foundation Programme Director

Each Foundation Scheme/Programme will have an Adviser/Programme Director appointed by the Deanery who is responsible for managing the scheme/programme, arranging educational courses (study days, seminars, audit days,etc) and who provides on-going support for both Foundation Dentists and Educational and Clinical Supervisors. They are also responsible for, recruitment and selection of trainers and trainees and arranging placements.

Educational Portfolios and Personal Development Plans

Each foundation dentist must complete a Deanery approved learning and development portfolio to provide evidence of educational and training activity and submit this to the Deanery on request and for approval as part of the sign off process. This may be either paper or electronic format, as provided by the Deanery.

Abbreviations

Dental Foundation Training terms are often abbreviated and there are a number of alternatives abbreviations in use: It is proposed that the following be adopted:

Modernising Dental Careers	MDC
Dental Foundation Training	DFT
Foundation Dentist	FD
First Year Foundation Dentist	DF1
Second Year Foundation Dentist	DF2

General requirements for all Dental Foundation Training Posts

All Foundation Dentists should:

- Have a named educational supervisor
- Have a signed educational/learning agreement at the beginning of each placement
- Have a structured induction programme tailored to the requirements of the post at the beginning of each new placement in a Practice, Hospital, Trust or other setting
- Regularly and accurately complete the Dental Foundation Training portfolio and log book and make this available to the Educational Supervisor and Deanery on request
- Have ready access to internet, library and study facilities
- Have the minimum of an appraisal twice yearly
- Have formal documented progress reviews with a named educational supervisor every 3 months
- Attend study days and educational sessions geared to the dental foundation training curriculum
 - During DF1 year (General Dental Practice placement) attend 30 study days as directed by the Deanery and have weekly tutorials in the practice with the educational supervisor/trainer
 - During DF2 year attend study days as directed by The Deanery and /or have access to a structured educational programme which is dedicated time away from patient care/ normal duties (bleep free) and equivalent to one session per week, which has both generic and clinically based content. This may be organised in different ways (e.g. in a department, as a rotation or regionally on a day release basis, or a combination of these) and may use a variety of methods e.g. lectures, tutorials, seminars, journal clubs, clinical case presentations, e learning modules.
- During DF2 year and whilst employed in an NHS Trust be allowed study leave and expenses according to HC(PC)(77)12 (England and Wales and "Guidelines for Study Leave" SCPMDE (Scotland) geared to the individual's learning needs as part of foundation training
- Have a structured clinical training programme to address the major competences in the Dental Foundation Training portfolio and meet individual identified learning needs
- Complete specific educational activities as agreed by The Deanery (e.g. clinical audits, clinical case presentations, research and audit projects)

DF1 (General Dental Practice Placement minimum one year full time or equivalent)

- 8 hands-on personal treatment sessions per week

DF2 Core requirements for all specialties (except dental public health and academic/research posts):

- A minimum of one session per week on average, monitored over three monthly periods of each of the following:
 - Outpatients clinic with a designated trainer undertaking teaching
 - Personal clinical treatment with a designated clinical supervisor/trainer in attendance, to include local anaesthesia and sedation techniques
 - Personal emergency dental treatment with a designated trainer available
 - A bleep free teaching session with a structured educational programme
 - Experience of other dental disciplines (if available)

Specialty - specific additional weekly minimum requirements

Specialty / department	Requirement
Oral Surgery/Oral and Maxillo- Facial Surgery	1 session operating under general anaesthesia with designated trainer giving 1:1 training 1 session of ward work No more than 1 session pre admission clinic No more than 1 session unsupervised out patients (non treatment)
Restorative Dentistry/General Duties	3-4 sessions of personal clinical treatment with designated trainer available 1 session operating under general anaesthesia (if available) with designated trainer giving 1:1 training or oral medicine clinic (if available) or experience of other disciplines
Paediatric Dentistry	3-4 sessions of personal clinical treatment with designated trainer available
	1 session operating under general anaesthesia with designated trainer giving 1:1 training
Special Care Dentistry	3-4 sessions of personal clinical treatment with designated trainer available
	1 session operating under general anaesthesia with designated trainer giving 1:1 training
Orthodontics	To be advised
Dental Public Health	To be advised
Academic / research posts	To be advised

Expectations of the Foundation Dentist

The Foundation Dentist (FD) is expected to;

- Enter into a nationally agreed contract of employment
- Attend the practice / clinic for the agreed hours and perform such clinical duties as appropriate for patient care and personal learning needs.
- Determine, record and address personal learning needs with the support of their trainer(s) and supervisors and the DFT Learning Portfolio (assessments & reflection).
- Maintain an up to date learning portfolio, including timely completion of the educational activities described therein, and discuss the outcomes regularly with their trainer / adviser / educational supervisor.
- Take an active part in weekly tutorials and study days (GDS posts) and other educational activities.
- To be assessed once each month throughout DFT (except for month 1) using the Dental Evaluation of Performance (D-EP) tool.
- To be assessed once each month throughout DFT (except month 1) using the Dental Case-based Discussion tool.
- To be assessed using a PAQ, once during their GDS post.
- To be assessed using a Multi Source Feedback tool (either Mini-PAT or TAB), once during each HDS / SDS post.
- To complete the clinical experience log, assessment log, CPD & Education log and Personal Development Plan regularly each month as appropriate, and share this information with their trainer / adviser / educational supervisor.
- Reflect on their own practice throughout their training, including the completion of a written reflection form for their learning portfolio at least once each month (or weekly during the first 8 weeks of DFT).

Expectations of the Foundation Dental Trainer

Foundation Trainers are expected to;

- Employ their FD as a salaried assistant under the terms of the contract and before s/he starts work, deposit a copy of the signed contract with the Postgraduate Dental Dean / Director. (*GDS posts*)
- Work in the same premises as the FD, in a surgery to which s/he has good access for not less than 3 days per week. (*GDS Posts*)
- Provide the FD with adequate administrative support and the full time assistance of a suitably experienced dental nurse. (*GDS Posts*)

- Provide satisfactory facilities (including an adequate supply of hand pieces and instruments, sufficient to allow them to be sterilised between patients) and relevant opportunities so that a wide range of NHS practice is experienced and so far as is reasonably possible the FD is fully occupied.
- Conduct an initial assessment interview, and complete informal Early Stage Peer Review (ESPR) assessment during the first 4 weeks of DFT, to identify strengths and weaknesses and identify training priorities and learning objectives.
- Be available for guidance in both clinical and administrative matters: provide help on request or where necessary.
- Assess and monitor the FDs progress and professional development using the learning portfolio, including the completion of assessments and monitoring forms, and provision of feedback as required.
- Provide feedback to the adviser / educational supervisor as required.
- To lead the implementation of a PAQ assessment during DFT (*GDS Trainers*) and a multi-source feedback tool (*HDS / SDS posts*).
- Prepare and conduct hourly tutorials on a weekly basis (within normal practice hours), some of which will be used for assessment and feedback to the FD. (*GDS posts*)
- Acquire the skills necessary to undertake the role of trainer, including skills as assessor.
- Attend trainer meetings, study days and / or scheme assessment sessions as per contract.
- Provide reference material for the use of the FD.

Meetings with the Foundation Dentist at the start of each post

At the start of each post the FD will meet with their trainer / educational supervisor to discuss expectations and the educational agreement. The following areas may wish to be discussed at this meeting:

- | | |
|--|--|
| <ul style="list-style-type: none"> - Open door policy - Holiday / sickness policy - Dress code - Teamworking - Assessment - Practice / clinic organisation | <ul style="list-style-type: none"> - Emergency code - Supervision - Punctuality - Learning portfolio - Reflection |
|--|--|

2. Dental Foundation Training Curriculum

It is important that all Foundation Dentists, trainers, advisers and educational supervisors are familiar with the DFT curriculum and competencies, and that these are available for reference through the training. This document can be downloaded from www.copdend.org.uk.

The competencies for DFT are organised within the following sections:

Four Domains:



Within each domain, individual competency statements are grouped within themes known as 'major competencies'. The major competencies within each of the domains are shown below. Each of the major competencies contains several, specific, supporting competency statements that describe the skills and attributes expected of the FD (see curriculum document).

Major Competencies within the Clinical Domain

- 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 tissue**
- 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**

Major Competencies within the Communication Domain

- 1. Communication with the patient & family**
- 2. Communication with the clinical team & peers**
- 3. Communication with other professionals**

Major Competencies within the Professionalism Domain

- 1. Ethics**
- 2. Professionalism with regard to patients**
- 3. Professionalism with regard to self**
- 4. Professionalism with regard to clinical team & peers**

Major Competencies within the Management & Leadership Domain

- 1. Personal & practice organisation**
- 2. Legislative**
- 3. Financial**
- 4. Leadership & management**

3. DFT Induction Guidance

GDS Posts

Provided below is a checklist which indicates the components that might be included in your induction. Trainers should try to ensure that a range of practice staff are involved in the induction process, and that the FD gets the opportunity to observe the breadth of activities in your practice such as working with receptionists, practice manager, nurses, other associates, hygienists and therapists.

General (within the first week of DFT)

- Introduction to staff members
- Practice / clinic layout (inc toilet, tea room, reception etc)
- Location of water mains, electricity mains, gas supply, emergency drugs etc.

FD's Induction

- Patients charter
- Newsletter
- Patient information leaflets
- Confidentiality

Daily procedures

- Hours of work
- Opening / closing practice (alarm, compressor, mains, answer phone)
- Protocol for ordering stock
- Routine procedures at start / end of session & in between patients

Health & Safety

- Health & Safety policy
- Health & safety routine checklist
- Cross infection policy
- CPR procedure
- Emergency drugs & equipment
- Fire drill procedure
- Decontamination policy for lab work
- Waste disposal policy
- Accident book & report form
- Guidelines for handling mercury & mercury spillage routine
- Accidental spillage of infected materials action
- Action in case of sharps injury
- Radiation protection – local rules
- Emergency x-ray malfunction procedure
- Guidance in developing / fixing
- Film usage record
- Risk assessments
- Hepatitis status review

Computer Training

- Data protection & confidentiality
- Start up, shut down & emergency procedures
- Correct operator posture & positioning
- Finding a patient / adding a patient
- Personal details

- Scheme set up
- Medical history
- Course of treatment, opening, closing, correcting, completing
- Charting i. tooth notation, ii. Filling materials
- Items of treatment, treatment codes
- Patients charges
- Software / hardware support
- Appointments
- Backup

Surgery procedures

- Safety equipment: glasses, gloves, mask, apron
- Light curing unit, radiation, pregnancy
- Cross infection training / policy
- Care & maintenance of instruments
- Trays set up
- Syringes – loading / unloading
- Waste disposal – sharps / syringes etc
- X-ray – taking, developing / fixing, mounting / storing, monitoring
- Patient management
- Stock control
- Equipment care / maintenance
- Mains switch, compressor, Aspirator maintenance procedures

Referrals

- G.A Referrals
- Orthodontic referrals
- Oral surgery referrals
- Community referrals

Business induction

- Functional structure
- Business objective
- Equal opportunities policy
- Customer care & complaints procedure
- Practice manual
- Business plan
- Medico-legal issues
- Freedom of information

Clinical Governance & personal Development

- Learning portfolio

HDS / SDS Posts

At the start of each HDS / SDS post the FD will meet with their Educational Supervisor to discuss prior experience, expectations of the post, ways of working and the specific elements of the DFT curriculum that should be covered during this post.

Other Meetings in DFT

In addition to your induction meetings at the start of each post within your Dental Foundation Training, the following meetings should take place:

GDS Posts

- Weekly tutorials with your trainer
- Study days
- Regular meetings with your adviser to discuss your learning portfolio & progress (monitoring forms require their signature every 3 months).

HDS / SDS Posts

- Mid-point review meetings with your educational supervisors to discuss progress (they should sign off the monitoring forms in your portfolio at this meeting).
- End of post meeting with educational supervisor (to sign learning portfolio monitoring forms and complete Personal Development Plan)

4. Dental Foundation Training Learning Portfolio

Portfolio Overview

Rationale and Educational Principles

Following a period of change in postgraduate dental training, and in particular the move from General Professional Training posts to Dental Foundation Training, Deaneries across the UK recognised the merits of having a standard, core learning portfolio, for all Foundation Dentists.

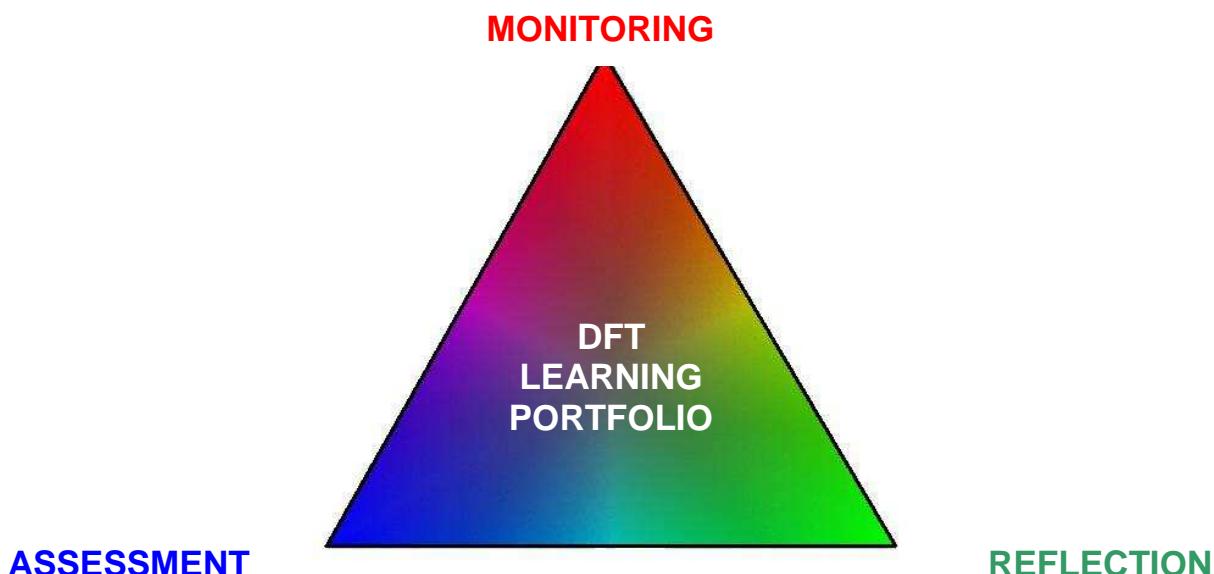
This Learning Portfolio has been designed following consideration of the latest published evidence in educational research, extensive consultation with stakeholders from all dental service stakeholders across UK Dental Deaneries, and evaluated feasibility studies within DFT. The primary focus of this portfolio is to provide the FD (and trainers, advisers etc) with feedback on their performance and progress throughout training, and to triangulate this information with their own reflections on practice. FD's progress towards achieving the competencies for Dental Foundation Training will be monitored to ensure that they receive full and appropriate educational support at all times.

The portfolio has been slimmed down without compromising quality, duplication removed and most importantly it has been mapped to the DFT curriculum at the major competency level. Early feedback from FDs and trainers across DF1 and DF2 are that it is an improvement on previous versions.

How to Use the Learning Portfolio

An overview of how this portfolio is provided below. A timetable / schedule of activities to be carried out each month during the training is also provided (also in Appendix 2 of this user guide).

This portfolio should be kept throughout the FD's Dental Foundation Training, hosting information as they progress through different posts within the 2 years. There are three principle sections within this portfolio that should work in harmony to ensure that your educational needs are met and your trainers and supervisors can support your learning:



Sections within the Portfolio

SECTION 1

Introduction – your Professional Development Portfolio

- Foundation Dentist (FD) / Trainer details
- Curriculum outline
- Aims of Dental Foundation Training (DFT)
- Educational Agreement
- How to use the portfolio
- Activities schedule / timetable

SECTION 2

Monitoring Progress & Achievements

- Clinical Experience Log
- Assessment Log
- Personal Development Plan
- CPD & Education Log

SECTION 3

Reflection

- Reflection on progress, critical incidents and interesting / difficult cases.

SECTION 4

Assessment of performance & Appraisal statements

- Early Stage Peer Review (ESPR)
- Dental Evaluation of Performance (DEP)
- Dental Case-based Discussion (D-CbD)
- Patient Assessment Questionnaire (PAQ)
- Multi-Source Feedback[†]
- Appraisal Statements

SECTION 5

Other Educational Activities

- Detailed log of clinical activity
- Other contents may include:
 - Audit Project
 - Foundation Dentist (FD) led team meeting
 - Key Skills

[†] Either Team Assessment of Behaviour (TAB) or Mini Peer Assessment Tool (Mini-PAT) are recommended

Section 1 – Introduction

How it Works.... (Overview)

This section provides an introduction to the learning portfolio, and contains personal information of the Foundation Dentist and their trainer(s). The pages are included within this section, and any action required, are outlined below:

- Welcome from Chair of COPDEND	<i>No action required</i>
- Foundation Dentist Details Trainer Details Educational Supervisor Details	<i>FD to complete at start of DFT Trainer to complete at start of post Educ Supervisor to complete at start of post</i>
- Curriculum outline	<i>No action required – for reference only</i>
- Aims of DFT	<i>No action required – for reference only</i>
- Educational Agreement	<i>To be reviewed and signed by both FD & Trainer</i>
- ‘How to Use this Portfolio’	<i>No action required – for reference only</i>
- Activities Schedule / Timetable	<i>No action required – for reference only</i>

Section 2 – Monitoring

How it Works.... (Overview)

The monitoring section should provide FD's, and their trainers advisers and educational supervisors, with a current summary of their clinical experience, range of assessments completed and personal development plan. This section should be kept up to date at all times by the FD, so that trainers etc can look at progress at any time in order to plan training appropriately. Advisers / educational supervisors are also required to look at (and sign off) this section at least every three months.

There are four Logs within the monitoring section as follows:

1. Clinical Experience Log
2. Assessment Log
3. Personal Development Plan
4. CPD & Education Log

Information from assessments, reflection and other educational activities carried out during DFT will be used to complete these forms.

The forms are explained below. In addition, working examples of each form can be found in Appendix 1.

Clinical Experience Log

(Worked example in Appendix 1 – page 42)

This is a record of the range of procedures carried out both prior to DFT and during your DFT posts. The dates of only the first five occasions that each procedure is carried out should be recorded on this form. HDS / specialist posts may have a more limited range of procedures which should be agreed with the Educational Supervisor at the start of the post.

NB. A more detailed log of clinical activity is also expected and should be kept within section 5 of this portfolio.

Completing the Clinical Experience Log....

Clinical experience prior to start of DFT	
Number completed	FDP Confidence

These centre columns should be completed by the FD at the start of their DFT, in order to provide their trainer with an idea of their prior experience and confidence across the range of clinical procedures. For each of the procedures (table rows) the FD should estimate the number completed, and rate their confidence on a scale of 1 to 10.

	Dates procedure completed in DFT*				
	1	2	3	4	5

When the FD has completed a certain procedure, they should enter the date that it was completed in one of these five columns. Once a procedure has been completed five times and all five boxes contain dates, they can stop recording the completion of that procedure on this form.

Assessment Log

(Worked example in Appendix 1 – page 43)

This is a record of the clinical focus of the different assessments carried out on the FDs performance throughout training, i.e. the (clinical) major competencies covered each time they're assessed. Over time, this enables the FD and trainers / advisers / educational supervisors etc to build a picture of their performance across the different elements of the DFT curriculum, allowing any gaps to be addressed before the end of training.

The clinical major competencies covered by each D-EP and D-CbD assessment can be entered onto this form by either FD or their trainer. The information on this form will be checked (and signed) by the adviser / educational supervisor every 3 months throughout training.

Upon completion of DFT, the FD should have been assessed across all of the clinical major competencies to some degree. Clearly, some areas will be assessed more frequently than others (e.g. examination, diagnosis etc) as they are more common place in practice. However, all 11 major competencies must have been covered by assessment prior to completion of FD.

A key to the numbering of the 11 clinical major competencies can be found in the following places:

- DFT Curriculum at www.copdend.org.uk
- Section 1 (introduction) of the learning portfolio
- On the reverse of the D-EP forms
- On the reverse of the D-CbD forms
- In this user guide (Section 2)

Completing the Assessment Log....

<u>Dental Foundation Training - Assessment Log (Clinical Domain)</u>											
Month	Assessment	Clinical Major Competency (Please tick relevant boxes)									
		1	2	3	4	5	6	7	8	9	10
1	ESPR x 4 (Early Stage Peer Review)										
2	D-EP (Dental Evaluation of Performance)										
	CbD (Dental Case-based Discussion)										
3	D-EP										
	CbD										
Areas covered at 3 Months		Adviser Signature:									

For each of the 24 months during DFT (column 1 “Month”) the required assessments are shown in a separate row (column 2 “Assessment” – generally 1 x D-EP and 1 x D-CbD each month). A tick should be entered in columns 1-11 if the assessment(s) carried out during that month were focussed on that area of the curriculum.

For example, if in month 2 the D-EP assessment was carried out on a simple restoration.... boxes 1, 2, 5 and 10 would probably be ticked (representing the major competencies ‘examination & diagnosis’, ‘treatment planning’, ‘anaesthesia’ and ‘restoration of teeth’).

Every 3 months there is a row (in grey) to summarise the areas covered by assessment to date (below). Any columns (1-11) with a tick should also be ticked here, representing a cumulative total of areas covered. The worked example in Appendix 1 shows that this FD had been assessed across all clinical major competencies within the curriculum by 9 months into DF1.

CPD & Education Log

This is a record of the verifiable and non-verifiable CPD, and other educational activities undertaken during DFT. Educational activities may include study days, tutorials, seminars, conferences etc.

Completing the CPD & Education Log....

Date	Subject / Topic / Title of event	Type of Event & Provider	Verifiable CPD?	
			✓ / X	Hours
EXAMPLE 3/10/09	<i>Effective use of DCP (more examples in User Guide)</i>	<i>Weekly tutorial with trainer</i>		

Enter the date of the event into the first column “Date”. The title of the event or a description of the subject matter should be entered into the second column “Subject / Topic / Title of Event”.

Describe the type of event into the third column, and the provider... examples may be “Tutorial with GDS trainer”, “Study day with adviser” or “Lunchtime clinical seminar in Paediatrics Dept”.

In the final column “Verifiable CPD?” please enter a “X” if the event is non-verifiable or a “✓” if it is verifiable CPD. If it is verifiable please enter the number of hours verifiable CPD.

Personal Development Plan

This form monitors and records the FDs learning needs as identified through assessments, reflections or other educational activities. As the learning needs for each individual FD are identified these should be recorded on this form (by either FD or trainer), and signed off once evidence is available that they have been met / achieved. This form ensures that all FD's learning needs will be met at some stage during training, and provides a focus for a training plan.

It is vital that this form is kept up to date at all times, being completed as soon as learning objectives are identified. A separate form is included for each 3 months of DFT (Photocopy forms if more space is needed). All PDP forms should be kept in the FDs portfolio within the monitoring section, so that any outstanding learning needs can be identified no matter at what stage in training they were originally identified.

These records will provide a useful record of progress for FDs, trainers, advisers and educational supervisors, so that training can be planned accordingly with a focus on the individual learning needs of the FD.

Completing the Personal Development Plan.... (Worked example in Appendix 1 – page 44)

Learning Objective(s) Identified	Date identified

In the first column, enter the learning need that has been identified. This may be a simple task, or a complex skill area. Similarly it may be something that will be addressed very quickly, or may take a long time to get up to speed on.

Examples include “*Better note taking*”, “*Planning multiple XLAs*” or “*Post Crown prep*”.

In the second column, enter the date that this learning need was identified.

Identified by...		
Assessment	Reflection	Other (please specify)

In the central columns, you should choose the means by which the learning need(s) were identified, and tick the relevant box(es). This could be via an assessment (e.g. D-EP, D-CbD), from the FDs own reflection on practice, or in another way such as during a tutorial, communication with a team member etc. An individual learning objective may also have been identified from more than one exercise, e.g. assessment and reflection together.

How will the learning objectives be addressed, and by when?

With the help of your trainer / supervisor, identify how this learning need will be met, e.g. by tutorial, further practice, study day, team meeting....

You should also give an estimate of the timescale for addressing this learning need if possible.

Learning Objective achieved.....	
Date	Evidence in portfolio

In the final column, you should identify the date that you were able to provide evidence in your portfolio that this learning need has been addressed, and what that evidence is that demonstrates your competence in this area. Evidence will usually take the form of assessment of some kind, e.g. D-EP, D-CbD, but could equally be evidence from patient records, team members etc (depending on the nature of the learning objective).

Monitoring Section – Overview of Requirements

There are four forms within this section, which should be completed regularly to ensure that information is up to date. These forms may be reviewed at any time during DFT by the FDs trainer, adviser or educational supervisor, in order to get an idea of the progress, experience and future training plans for the FD. A rough guide to when each of the forms should be completed is provided below:

▪ Clinical Experience Log

Foundation Dentist to...

- complete centre columns (prior experience & confidence) at the start of DFT.
- enter dates each time a particular clinical procedure has been carried out.
- Sign the form at the end of each post.

Trainers, Advisers /Educational Supervisors to....

- Refer to form regularly to ensure FD is getting sufficient breadth of clinical experience.
- Sign the form at the end of the post.

Educational Supervisors to...

- Discuss with FD at initial interview which competencies from the DFT curriculum are relevant to that HDS post.

▪ Assessment Log

Foundation Dentist to...

- transfer relevant information from D-EP, D-CbD and ESPR forms as soon as they have been completed by the trainer / evaluator.
- Sign the form at the end of each post

Trainers to...

- Review the form regularly (cross checking data to ensure that it is correct) and use the information to target future assessments in the appropriate areas to ensure all clinical major competencies have been covered by the end of the post.
NB – in specialist posts only relevant areas must be covered.

Advisers / Educational Supervisors to...

- Review form every 3 months, adding up the ticks in each column to give a running summary of the areas of the curriculum assessed to date. Notify FD & Trainer of any concerns / gaps.
- Sign the form every 3 months.

▪ CPD & Education Log

Foundation Dentist to...

- enter relevant information following events

Trainers / advisers / educational supervisors to...

- Review information regularly to ensure that it is accurate and kept up to date.

- **Personal Development Plan**

Foundation Dentist to...

- Enter relevant information (including learning outcomes, training plan & dates) from D-EP, D-CbD, ESPR and reflection forms as soon as they have been completed by the trainer / evaluator.
- Enter any learning needs identified in any other ways as soon as possible after the event.
- Note dates and evidence when previously identified learning needs have been met.
- Sign the form at the end of each post

Trainers to...

- Review the form regularly (cross checking data to ensure that it is correct) and use the information to target future training or assessments in the appropriate areas to ensure all training needs are met before the end of the post.

Advisers / Educational Supervisors to...

- Review form every 3 months, and notify FD & Trainer of any concerns / gaps.
- Provide comments and sign the form every 3 months.

Section 3 – Reflection on Practice

How it Works.... (Overview)

This section will contain the documented reflections of the Foundation Dentist. Using published evidence from educational research and psychology theory as a basis, a single reflection form has been designed to capture the range of reflections that the FD might make during DFT. These will include:

- Reflections of progress made during a certain time (e.g. week / month)
- Reflections on interesting or difficult cases encountered
- Reflections on significant events (significant event analysis)
- Reflections on progress towards achieving specific learning objectives

Minimum Requirements

The minimum requirements for the completion of the reflection forms are 1 per week for the first 8 weeks of DFT, followed by 1 / month thereafter for the duration of DFT. FDs are expected to choose topics for reflection that are relevant to them, and any learning objectives identified as a result of reflection should be noted on their personal development plan in the monitoring section of the learning portfolio.

All completed reflection forms should be reviewed by the trainer, who may add feedback for the FD / comments if they wish.

NB. In addition to the reflections required for their learning portfolio, FDs may also wish to keep a personal reflective log which would be confidential to them and kept separate.

Completing the Forms....

Please identify what this reflection is focused on....

- First weeks / month of placement
- Progress towards achieving the competencies within the curriculum
- A significant case or incident
- Progress towards a previously identified learning need.
- Other (please specify)

Details: *E.g. case description, competencies / domains reflected upon etc*

The FD should identify what they are reflecting on in this first section of the form (above), by ticking the relevant box and providing additional information in the space provided. If the FD is reflecting on a significant incident or specific case, they should describe the case in as much detail as possible. Similarly, if the reflection is on progress towards a specific competency (or a competency that had previously been identified as needing improvement) this should be described in detail.

Looking back on action (self assessment)

What went well? What were the challenges? What didn't go well?

The next section of the reflection form (above) involved the FD looking back on action, i.e. their self assessment of what went well, what didn't go well, what were the challenges etc. For reflection on a significant event, the FD would also describe what made this event significant.

Evidence considered during reflection

E.g. feedback from assessment? Trainer feedback? Nurse feedback? Patient feedback? Unexpected outcomes of procedure? Own feelings?

The 'evidence considered' should describe how the FD came to their conclusions / thoughts during this reflection. This 'evidence' may simply be their own thoughts or feelings, or could be information from a third party such as the patient, dental nurse or trainer (e.g. during assessment).

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

In the ANALYSIS section, the FD should describe 'why' they think things happened the way they did. E.g. why the good things went well and why the problems or challenges presented the way they did. The FD should try to find reasons for the way things went the way they did...

Improvement / Change

Describe the learning outcomes from this exercise. Identify what you will do to address any slow progress or problems. Describe SMART Learning Objectives.*

Possibly the most important section of the reflection form, (above), this IMPROVEMENT / CHANGE section is where the FD should describe the learning outcomes from this reflection, preferably using the 'SMART' template to make sure that each learning objective is Specific, Measurable, Achievable, Realistic and Time-Specific (i.e. identify when you expect the learning objective to have been achieved.)

Trainer / Adviser / Supervisor comments:

Anything to add?

FD Signature _____

Trainer / Adviser Signature _____

The final part of the reflection form invites the trainer / adviser / educational supervisor to add comments to the reflection form. The purpose of this feedback is to guide the FD towards good quality reflective practice. ****N.B. The FD may also wish to keep a personal reflective diary in addition to these monthly reflections carried out for the learning portfolio – such reflections need not be shown to trainers and can be kept confidential****

Section 4 - Assessment of Performance

How it Works.... (Overview)

The assessment of performance section should provide FD's, and their trainers advisers and educational supervisors, with a record of their performance and progress towards achieving the competencies within the DFT curriculum. FD's are assessed against the standard expected upon completion of this training (except for ESPR in the first 4 weeks of DFT), and so the evidence from different assessments and the feedback on these forms will indicate how the FD is progressing during the training, allowing training to be planned according to their individual learning needs.

The assessment system has been designed to give FDs and trainers as much flexibility as possible. Rather than specifying the exact day or week that assessment should take place, the minimum requirements for assessment are only that 1 x D-EP and 1 x D-CbD are carried out each calendar month throughout DFT (with the exception of month 1 in which informal assessment using ESPR is required).

All completed assessment forms should be kept within their learning portfolio at all times by the FD, so that trainers etc can look at progress at any time in order to plan future training events / structure appropriately.

Any learning needs identified through assessment (i.e. 'needs improvement' scores) and the details thereof should be written onto the Personal Development Plan in the Monitoring section of the portfolio, and the assessment log completed appropriately. (see pages 17-22 for guidance). Advisers / educational supervisors are required to look at (and sign off) these monitoring forms at least every three months, and so it is important that these are kept up to date. Any areas identified as needing improvement should be addressed before the end of DFT and reassessed to provide evidence that progress has been made and competence achieved.

The assessment framework for DFT uses five assessment tools as follows:

- Early Stage Peer Review (ESPR)** *Informal assessment during the first month of DFT only.*
- "ADEPT" (D-EPs)** *The ADEPT (A Dental Evaluation of Performance Tool) method involves direct observation of performance, followed by one to one feedback. D-EPs are to be carried out on a monthly basis throughout DFT (using tutorial time in GDS posts).*
- Dental Case-Based Discussion** *D-CbD involves the FD presenting a case to the evaluator, which is then judged across several broad criteria, prior to one to one feedback being given. D-CbDs are to be carried out on a monthly basis throughout DFT (using tutorial time in GDS posts).*
- Patient Assessment Questionnaire (PAQ)** *To be carried out once only during GDS posts.*
- Multi-Source Feedback** *To be carried out once during each HDS / SDS post. Either the TAB (Team Assessment of Behaviour) or MiniPAT (Mini Peer Assessment Tool) can be used..*

A schedule for the completion of assessments, reflections and monitoring forms can be found in the final section of this user guide (appendix 2).

Each of the individual assessment methods are explained in more detail below:

Early Stage Peer Review (ESPR) (*Worked examples in Appendix 1 – page 45*)

This is a very informal assessment carried out during the first month of DFT (i.e. first month post graduation). The trainer may demonstrate key procedures, after which the Foundation Dentist (FD) will perform similar cases whilst being observed. The trainer will make a judgement of their performance with regard to their ability to proceed unsupervised within the post.

In most cases, the ESPR will be carried out in GDS posts, however occasionally the first post within DFT may be in HDS or SDS. Clinical procedures recommended for assessment using ESPR are as follows:

GDS (or SDS posts)

- Administration of effective Local Anaesthetic
- Simple extraction
- Simple filling / removal of filling
- Identification of caries, including taking & interpreting radiographs
- Placement of Rubber Dam
- Effective diagnosis & treatment planning (emergency / pain patient)

HDS (OMFS Posts at the start of DF1)

- Effective administration of local anaesthetic
- Placement of an IV cannula
- Knowledge & understanding of ABCDE assessment of a trauma patient
- Suturing of a simple laceration
- Clerking in patients for admission to surgery
- Taking informed consent

HDS (Oral Surgery posts at the start of DF1)

- Effective administration of local anaesthetic
- Taking informed consent
- Simple extraction
- Placement of intra-oral sutures
- Post extraction haemostasis
- Effective diagnosis & treatment planning (emergency / pain patient)
- Interpretation of pre-extraction radiographs

HDS (A&E Dentistry / Dental Access posts at the start of DF1)

- Effective administration of local anaesthetic
- Effective diagnosis of dental pain
- Prescription & interpretation of appropriate radiographs
- Simple extraction
- Temporary restoration of tooth
- Placement of rubber dam
- Extirpation of a pulp

HDS (Orthodontics posts at the start of DF1)

- Impressions & bite registration for study casts
- Oral hygiene assessment & instruction
- Dental development assessment
- Prescription of appropriate diagnostic radiographs

HDS (Restorative Dentistry posts at the start of DF1)

- Effective administration of local anaesthetic
- Placement of a rubber dam
- Simple filling
- Identification of caries including taking & interpreting radiographs
- Taking impressions

HDS (Paediatric Dentistry posts at the start of DF1)

- Effective administration of local anaesthetic
- Simple restoration deciduous tooth
- Simple restoration of permanent tooth
- Oral hygiene advice
- Identification of caries including taking & interpreting radiographs
- Understanding of when & how to refer for general anaesthetic

HDS (Special Care Dentistry posts at the start of DF1)

- Effective administration of local anaesthetic
- Oral hygiene assessment & advice
- Effective medical history taking
- Identification of caries including taking & interpreting radiographs
- Understanding of when & how to refer for general anaesthetic
- Understanding of when & how to refer for IV Sedation

Filling in the ESPR forms....

Important points to note are:

- During ESPR the trainer is judging the Foundation Desntists ability against the standard they would expect from a FD at this early stage in DFT. (NB. *Other methods of assessment used throughout DFT will judge FDs against the standard expected upon completion of training*).
- If the FDs performance is satisfactory, the trainer will indicate on the ESPR form that they are happy for them to proceed as normal within DFT. Alternatively, if they have major concerns about the FD's ability at this stage or feel that they would benefit from some initial targeted training before continuing, they will indicate this on the form and a formal education and training plan will be identified based on the outcomes of the ESPR assessment.
- The trainer will observe the FD present a minimum of 4 cases during the first month of DFT.

D-EP is similar to the medical assessment tools Mini-CEX and DOPs, but has been designed specifically for Dental Foundation Training.

D-EP is used to record judgements on the FD's performance following observation of a specific patient encounter or case. Feedback should be given by the evaluator as soon as possible after the event, at which point the FD's insight into their performance will also be evaluated.

Following observation of an FD's performance within a patient encounter, the evaluator rates their performance across several broad criteria against a 6-point scale, using their opinion of the standard expected upon completion of DFT as a reference point.

Which cases to assess?

The decision regarding which cases to assess should be made jointly between trainer and FD. Every effort should be made to assess a wide range of cases. Cases focussing on the competencies within all 11 Clinical Major Competencies from the DFT curriculum should be assessed before the end of DFT.

There are no penalties for receiving 'Needs Improvement before the end of DFT' ratings. However, such areas of performance must be addressed and reassessed before the end of the post to provide evidence that progress has been made to a satisfactory level.

Completing the Forms.....

Dental Evaluation of Performance (D-EP) Assessment Tool														
Foundation Dentist (FD)				GDC No				Date						
Evaluator				Position				Service / Placement						
Clinical Major Competencies covered <small>(Key on reverse - **Please circle all that apply to this encounter**)</small>				1	2	3	4	5	6	7	8	9	10	11
Description of case / encounter														

The first part of the form identifies the details of the FD, evaluator and the case or patient encounter being assessed. On the top line the name and GDC number of the Foundation Dentist should be entered, followed by the date on which this assessment is being carried out.

Next, the evaluator should enter their own name, and position (e.g. GDS trainer, adviser, educational supervisor, consultant, SpR etc), and the service (GDS / HDS / SDS) in which the assessment is being carried out.

The CLINICAL MAJOR COMPETENCIES COVERED section shows the numbers 1 to 11, which represent the 11 major competencies in the clinical domain of the DFT curriculum. The key for these competencies is on the reverse of the form, or can be found within the

Learning Portfolio introduction or this user guide. The evaluator should be familiar with the individual competencies within each of these 11 sections, and so it may help to have a copy of the curriculum to hand (can be downloaded from www.copdend.org.uk). The evaluator should circle all of the major competencies that are covered by the case being assessed.... E.g. a simple restoration may involve clinical major competencies 1 (Patient examination & diagnosis), 2 (treatment planning & patient management), 5 (anaesthesia) and 10 (restoration of teeth).

The evaluator should then enter further details of the case / patient encounter. This is VERY important, as the criteria within the form are broad and these details will be essential to identify specifically where the strengths and weaknesses of the FD lie. For example, "*UL5 amalgam in a nervous adult patient*".

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication (patient & team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management & organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The main part of the D-EP form (above) shows the areas for assessment in the left column (areas 1-8 shown above), alongside which is a 6 point scale for ratings as follows:

1 – 2 = FD performance needs improvement before reaching the standard expected upon completion of DFT

3 = FD performance is borderline with that expected upon completion of DFT.

4 = FD performance is considered acceptable, meeting the standard expected upon completion of DFT.

5 – 6 = FD performance exceeds the standard expected upon completion of DFT.

In addition, there is a 'not observed' box in the far right column. This should be ticked if an area was not observed during a certain procedure (resulting in the inability to award a rating).

After feedback given on the assessment please rate:	<input type="checkbox"/>						
9. FDs insight into own performance	<input type="checkbox"/>						

At the bottom of the ratings box, is criteria 9 "**FDs insight into their own performance**". This can only be judged during the D-EP assessment feedback session that follows the observation. The provision of good quality feedback involves the evaluator asking the FD at an early stage... "*What do you think went well?*", "*What do you think didn't go very well*" and "*Why do you think this was the case*" or similar. In essence, the feedback session should begin with the evaluator asking the FD to reflect on their own performance. The answers given by the FD to these questions should provide the evaluator with the necessary information to be able to rate the 'insight' criterion. If the FD's description of their strengths and weaknesses during the patient encounter match the opinion of the expert evaluator, then they can be considered to have good insight on this occasion and should be rated accordingly (in such a case probably 5 or 6). If their description matches the evaluators' opinion in many (but not all) ways, they would probably be considered to have insight that was 'acceptable for DFT completion'. If the FDs account of strengths and weak areas of performance matched the evaluators' thoughts in only a few areas, they would probably be 'borderline' and if the FD was unable to identify their strengths and weaknesses they should be rated as 'needs improvement' against the insight criterion.

It is important to remember that insight can be context specific, (i.e. someone may have good insight into one area, but poor insight in another), so different cases assessed may give different results. Also, insight can be developed with time and experience, and so feedback following assessment is vital to this process.

Areas of good performance	_____

Areas for development before completion of DFT	_____

At the bottom of the D-EP form, there is space for the evaluator to give written feedback. This is VERY IMPORTANT to the assessment process, as the criteria on the D-EP form are broad. For example, if the FD is awarded a rating of "2" for "*Communication*", and no details are given in the "*Areas for development before completion of DFT*" section (above), then those responsible for designing further training will have no idea whether communication was the patient was the problem, or communication with the DCP, or with the patients family and so on. As any 'Needs Improvement' scores are required to be reassessed before the end of DFT in order to show progress, it is vital for details of both

poor performance, and excellent performance to be included. As such, there is further space on the reverse on the form for this purpose.

Overview of requirements for D-EP...

- One D-EP to be completed each month throughout DFT (except month 1)
- Evaluators judgements to be made against the standard they would expect from a practitioner at the end of DFT (safe, independent practice).
- A wide range of cases to be assessed using D-EP during DFT – all 11 major competencies within the clinical domain to be covered during DFT to some degree.
- Any learning objectives identified by assessment (i.e. ‘Need Improvement’ scores awarded) should be noted onto the Personal Development Plan in the Monitoring section of the portfolio, and reassessed at a later date to provide evidence of progress / achievement.
- In HDS / SDS posts, as many different evaluators should be used as possible.
- If FDs are finding it difficult to find trainers / senior staff willing or able to carry out assessments for them, they should notify their adviser / educational supervisor.
- Advisers / educational supervisors will review your D-EPs every 3 months, so the completed forms should be kept in your portfolio at all times.

Dental Case-Based Discussion (D-CbD) (*Worked examples in Appendix 1 – page 47/48*).

The D-CbD is similar in design and proves to the CbD used in medical education, with changes made in order to make it specific to the Dental context.

D-CbD involves the FD presenting a case to the evaluator, who then judges their performance and clinical decision making across several broad areas on the basis of that presentation and any additional case notes etc available, using the 6 point scale provided. The reference point for their judgements is the standard expected upon completion of DFT.

Following the FDs presentation, and once the assessment form has been completed (with the exception of the ‘*Insight into own performance*’ criterion), the evaluator should proceed to give feedback to the PD on their performance. This should begin with them asking the FD to reflect on their strengths and weaknesses regarding this case so that a judgement can be made on their insight (as for the D-EP – described in detail above).

Only once the D-CbD assessment form has been completed, with all ratings and feedback recorded, should the evaluator proceed with a discussion of the case with the FD.

Which cases to assess?

The decision regarding which cases to assess should be made jointly between trainer and FD. Every effort should be made to assess a wide range of cases. Cases focussing on the competencies within all 11 Clinical Major Competencies from the DFT curriculum should be assessed before the end of DFT.

There are no penalties for receiving ‘Needs Improvement before the end of DFT’ ratings. However, such areas of performance must be addressed and reassessed before the end of the post to provide evidence that progress has been made to a satisfactory level.

Completing the Forms...

Case based Discussion (D-CbD) Assessment Form											
Foundation Dentist (FD)	_____	GDC No	_____	Date	_____						
Evaluator	_____	Position	_____	Service / Placement _____							
Clinical Major Competencies covered <i>(Please circle all that apply to this encounter – Key on reverse)</i>	1	2	3	4	5	6	7	8	9	10	11
Description of case / encounter	_____										

The first part of the D-CbD form identifies the details of the FD, evaluator and the case or patient encounter being assessed. On the top line the name and GDC number of the Foundation Dentist should be entered, followed by the date on which this assessment is being carried out.

Next, the evaluator should enter their own name, and position (e.g. GDS trainer, adviser, educational supervisor, consultant, SpR etc), and the service (GDS / HDS / SDS) in which the assessment is being carried out.

The CLINICAL MAJOR COMPETENCIES COVERED section shows the numbers 1 to 11, which represent the 11 major competencies in the clinical domain of the DFT curriculum. The key for these competencies is on the reverse of the form, or can be found within the Learning Portfolio introduction or this user guide. The evaluator should be familiar with the individual competencies within each of these 11 sections, and so it may help to have a copy of the curriculum to hand (can be downloaded from www.copdend.org.uk). The evaluator should circle all of the major competencies that are covered by the case being assessed.... E.g. A case involving a child's orthodontic assessment may cover clinical major competencies 1 (examination & diagnosis), 2 (treatment planning & patient management) and 9 (management of the developing dentition).

The evaluator should then enter further details of the case / patient encounter. This is VERY important, as the criteria within the form are broad and these details will be essential to identify specifically where the strengths and weaknesses of the FD lie.

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The main part of the D-CbD form (above) shows the areas for assessment in the left column (areas 1-8 shown above), alongside which is a 6 point scale for ratings as follows:

1 – 2 = FD performance needs improvement before reaching the standard expected upon completion of DFT

3 = FD performance is borderline with that expected upon completion of DFT.

4 = FD performance is considered acceptable, meeting the standard expected upon completion of DFT.

5 – 6 = FD performance exceeds the standard expected upon completion of DFT.

In addition, there is a ‘not observed’ box in the far right column. This should be ticked if an area was not observed during a certain procedure (resulting in the inability to award a rating).

After feedback given on the assessment please rate:	<input type="checkbox"/>					
9. FD's insight into their own performance	<input type="checkbox"/>					

At the bottom of the ratings box, is criteria 9 “**FDs insight into their own performance**”. This can only be judged during the D-EP assessment feedback session that follows the observation...

The provision of good quality feedback involves the evaluator asking the FD at an early stage... “*What do you think went well?*”, “*What do you think didn’t go very well?*” and “*Why do you think this was the case?*” or similar. In essence, the feedback session should begin with the evaluator asking the FD to reflect on their own performance. The answers given by the FD to these questions should provide the evaluator with the necessary information to be able to rate the ‘insight’ criterion. If the FD’s description of their strengths and weaknesses during the patient encounter match the opinion of the expert evaluator, then they can be considered to have good insight on this occasion and should be rated accordingly (in such a case probably 5 or 6). If their description matches the evaluators’ opinion in many (but not all) ways, they would probably be considered to have insight that was ‘acceptable for DFT completion’. If the FDs’ account of strengths and weak areas of performance matched the evaluators’ thoughts in only a few areas, they would probably be ‘borderline’ and if the FD was unable to identify their strengths and weaknesses they should be rated as ‘needs improvement’ against the insight criterion.

It is important to remember that insight can be context specific, (i.e. someone may have good insight into one area, but poor insight in another), so different cases assessed may give different results. Also, insight can be developed with time and experience, and so feedback following assessment is vital to this process.

Areas of good performance	_____

Areas for development before completion of DFT	_____

At the bottom of the D-CbD form, there is space for the evaluator to give written feedback. This is VERY IMPORTANT to the assessment process, as the criteria on the D-CbD form are broad. For example, if the FD is awarded a rating of “2” for “*Follow-up & patient management*”, and no details are given in the “*Areas for development before completion of DFT*” section (above), then those responsible for designing further training will have no idea which part of the follow-up / patient management process requires attention. As any ‘Needs Improvement’ scores are required to be reassessed before the end of DFT in order to show progress, it is vital for details of both poor performance, and excellent performance to be included.

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 FDs clinical judgement in this case:

Questions asked: (*examples in ‘user guide’*)

- 1.
- 2.
- 3.
- 4.
- 5.

On the reverse of the D-CbD form, there is a box for the evaluator to note the questions s/he will ask the FD in order to make a judgement on the clinical decision making etc. It is likely that the evaluator will note these questions down during the FDs presentation.

Evaluator Notes:

Finally, there is space on the reverse of the D-CbD form for the evaluator to make additional notes. This space may also be used for further written feedback on good or poor performance.

Overview of requirements for D-CbD...

- One D-CbD to be completed each month throughout DFT (except month 1)
- Evaluators judgements to be made against the standard they would expect from a practitioner at the end of DFT (safe, independent practice).
- A wide range of cases to be assessed using D-CbD during DFT – all 11 major competencies within the clinical domain to be covered during DFT to some degree.
- Any learning objectives identified by assessment (i.e. ‘Need Improvement’ scores awarded) should be noted onto the Personal Development Plan in the Monitoring section of the portfolio, and reassessed at a later date to provide evidence of progress / achievement.
- In HDS / SDS posts, as many different evaluators should be used as possible.
- If FDs are finding it difficult to find trainers / senior staff willing or able to carry out assessments for them, they should notify their adviser / educational supervisor.
- Advisers / educational supervisors will review your D-CbDs every 3 months, so the completed forms should be kept in your portfolio at all times.

Patient Assessment Questionnaire (PAQ)

The core requirements for DFT include the implementation of a PAQ assessment at some point during the GDS post. As indicated in the assessment schedule (Appendix 2), it is recommended that this is implemented during month 6 of DFT (where GDS posts are completed at the start of DFT).

PATIENT ASSESSMENT QUESTIONNAIRE						
 Education for Scotland 	<ul style="list-style-type: none">We would like you to answer a series of questions about the dentist you saw today.All you need to do for section A is to rate your dentist for each skill shown below on a scale of 1 to 5 (where 1 = poor, 2 = fair and so on) and blacken the appropriate circle to show your choice.Please shade circles like this ●, not like this ✗If you are unsure of a question, or if it is not relevant to your visit today, blacken the "can't say" circle.All your answers are CONFIDENTIAL. The dentist will not see your answers.Over the page you will find further questions for you to answer.					
	SECTION A					
HOW WAS THE DENTIST YOU SAW TODAY AT.....	RATING SCALE					
	POOR 1	FAIR 2	GOOD 3	VERY GOOD 4	EXCELLENT 5	CANT SAY
1. Greeting you in a friendly way, not being grumpy or rude to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Asking you questions about the reasons for your visit and listening carefully to your responses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Explaining what she is going to do before starting to examine you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Letting you know what she finds after examining you, not keeping you in the dark or confusing you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Talking through the different options for your treatment helping you to choose, not rushing ahead or telling you what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Indicating the likely cost of the chosen course of treatment at the outset, never waiting until you are presented with the bill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Treating you with courtesy, respect and as an equal; never belittling you or making you feel stupid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Being sensitive, understanding and patient with you, never rough, unsympathetic or impatient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Forewarning you of any likely pain involved and offering you ways of reducing pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Talking in plain language, using words you can understand; never being too technical or complicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Inspiring your trust and confidence; never appearing nervous or unsure of himself/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Advising you on how to look after your teeth & gums at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Listening to any questions you have and answering you clearly, not avoiding or ignoring your questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Implementation Guidelines

Within a two week period, a minimum of 50 PAQs should be handed out by FDs to consecutive, adult patients whom they have cared for. It is important that their completed forms remain ANONYMOUS, and so an envelope (which can be sealed) should be provided for the patient to place their completed PAQ into. Responses can be collected either using a ‘post box’ in reception, or posted to the deanery for administration if such support has been arranged locally.

Please note, it is essential that a minimum of 20 PAQs are required for a reliable result.

Results Report

The PAQ responses should be analysed either by the trainer, adviser or deanery admin support.

For each of the 13 questions within the PAQ, the results (ratings) should be presented in a report in the following format:

- **Frequency of each rating** (i.e. number of times the option “Poor” was chosen by patients, number of times “Fair” was chosen... and so on)
- **Mean Score**

The report should then be inserted into the ASSESSMENT section of the portfolio for review by the trainer and adviser.

Outcomes from PAQ Assessment

If the mean score for any question is below 2.0, then the reasons should be investigated, targeted training implemented (if necessary) and the FD must be reassessed using PAQ before the end of the post.

Multi-Source Feedback

The core requirements for DFT include the need for a multi-source feedback assessment tool to be completed for each FD during each HDS / SDS post. There are two choices available and either may be used:

- **Team Assessment of Behaviour (TAB)**
- **Mini Peer Assessment Tool (Mini-PAT)**

*****It is the responsibility of the Deanery to implement this assessment. This tool should not be implemented by the FD him / herself.*****

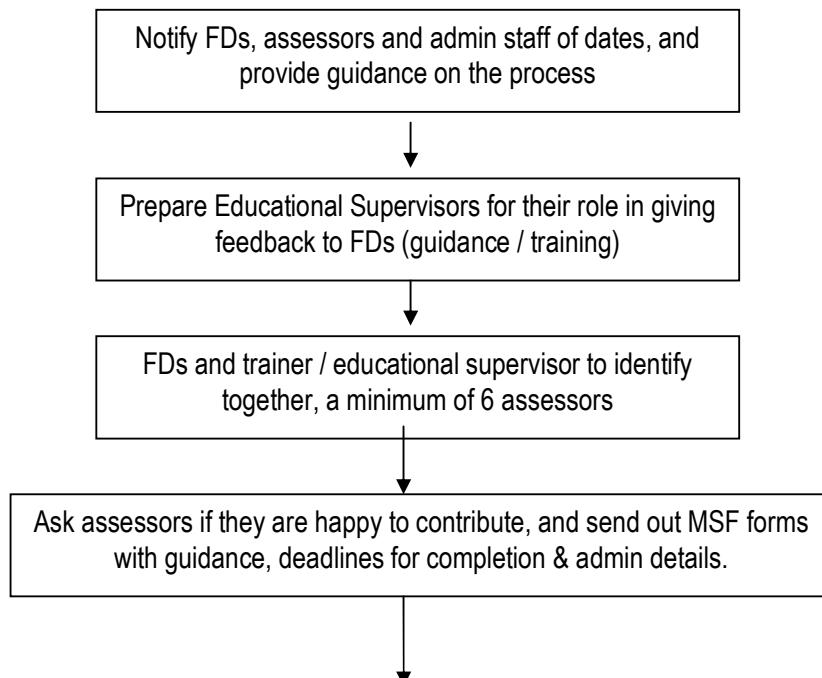
Overview

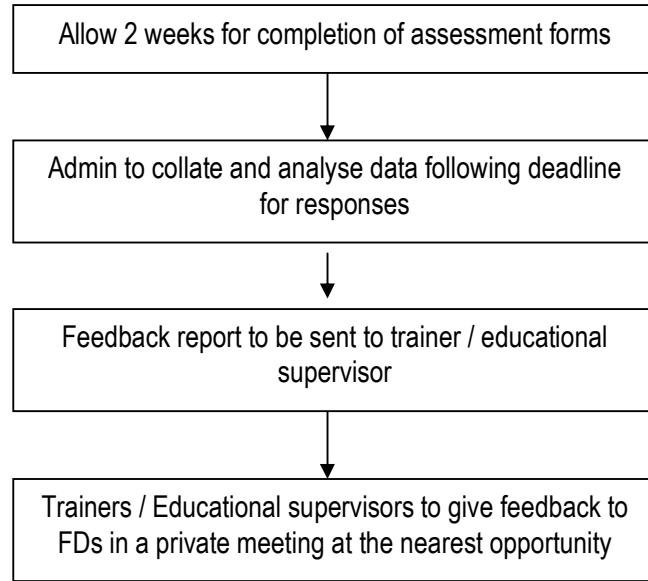
Multi source feedback (often called 360 degree assessment) involves a group of team members rating the performance of the FD across several areas of competence, including communication, professionalism, team-working and organisation. Each assessor should have been working with the FD on a regular basis, and have seen them practice first hand. It is important that assessors are trained in this process and understand that this is an assessment of competence, not popularity.

A minimum of 6 assessors must be used each time. It is important that assessors' responses are anonymous, and that no assessor can be identified by their comments (or handwriting!). Results and feedback should be collated into a single report prior to feedback to the FD.

Process

The following flow chart aims to provide guidance on how this assessment should be implemented by Deaneries.





Results Report

The MSF responses should be analysed by the deanery.

For each of the questions within the MSF tool, the results should be presented in a report in the following format:

- **Frequency of each rating**
- **Qualitative feedback (assessor comments that cannot identify them in any way)**

The FD should then insert their report into the ASSESSMENT section of the portfolio for review by the trainers, and educational supervisors.

Outcomes from MSF Assessment

TBC

Completing the Forms.....

****Worked examples for both TAB and Mini-PAT are in Appendix 1 pages 49-51*****

Section 5 Additional Educational Activities

Suggestions for Content

Whilst sections 1-4 of the learning portfolio include educational activities core to DFT across different UK regions, we recognise that individual Deaneries may have other educational material or exercises that they find to be beneficial. In light of this, section 5 has been added to the Learning Portfolio so that such activities or other information can be included here (in addition to the mandatory log of clinical activity)...

Educational Activities which might appear in this section would include:

- **Log of Clinical Activity** (*Mandatory – format at the discretion of the Deanery*)
- **Audit Project**
- **FD led practice meeting**
- **Radiology review**
- **Cross Infection review**
- **Project presentation**
- **Royal College Exam information (e.g. Key Skills)**
- **Post Evaluation Forms**

Deaneries should include their own guidance for FDs / trainers regarding the completion of the activities within this section.

5. Appendices

Appendix 1 Worked Examples for Monitoring, Assessment & Reflection Forms

Dental Foundation Training (DFT) - Clinical Experience Log

To be completed by Foundation Dentist (FD): FD Name _____ GDC Number _____

Note: please rate confidence from 1 (no confidence) to 10 (very confident)

Clinical Major Competency	Procedure(s)	Clinical experience prior to start of DFT		Dates procedure completed in DFT*				
		Number completed	FDP Confidence	1	2	3	4	5
Patient Examination & Diagnosis	Examinations	>30	8	9/8/09	12/8/09	13/8/09	16/9/09	18/8/09
	Diagnosis	>25	7	9/8/09	12/8/09	13/8/09	18/8/09	19/8/09
	Radiographs	5	5	18/8/09	4/9/09			
	Impressions	3	6	4/9/09				
	Request Lab Tests	0	4	14/9/09	30/9/09			
Treatment planning & patient management	Treatment planning	10	7	9/8/09	12/8/09	13/8/09	18/8/09	
	Children (routine)	2	7	18/9/09	30/9/09			
	Children in pain	0	5	14/10/09				
	Adults in pain	4	8	9/8/09	12/8/09	16/8/09		
Health promotion / disease prev.	Health promotion	7	8	9/8/09	16/8/09	24/8/09	14/10/09	
	Preventive education plan	7	8	25/9/09				
Medical & dental emergencies	BLS / medical emergencies training	0	2					
	Dental Emergencies	1	4	14/11/09				
	Dental Trauma	0	2	14/11/09				
Anaesthesia, pain & anxiety control	Local Anaesthetic	15	8	9/8/09	13/8/09	16/9/09	24/9/09	30/9/09
	Anxious patients	4	8	14/11/09	6/12/09			
Periodontal therapy & mgt soft tissues	Periodontal exam	4	8	12/8/09	18/8/09			
	Simple scale	12	8					
	Complex care	1	5					

FD signature _____ Date _____

Trainer signature _____ Date _____

PLEASE TURN OVER.....

Dental Foundation Training - Assessment Log (Clinical Domain)

DF1 (Dental Foundation Year 1)

Month	Assessment	Clinical Major Competency (Please tick relevant boxes)										
		1	2	3	4	5	6	7	8	9	10	11
1	ESPR x 4 (Early Stage Peer Review)	✓	✓	✓			✓					✓
2	D-EP (Dental Evaluation of Performance)	✓	✓				✓					✓
	CbD (Dental Case-based Discussion)	✓						✓				
3	D-EP			✓								
	CbD	✓	✓						✓			
Areas covered at 3 Months Adviser Signature:		4	3	2	0	2	1	1	0	0	2	0
4	D-EP	✓	✓									✓
	CbD	✓					✓					✓
5	D-EP	✓										✓
	CbD	✓	✓					✓				
6	D-EP	✓									✓	
	CbD	✓	✓				✓					✓
Areas covered at 6 Month Adviser Signature:		10	6	2	0	4	2	1	1	0	5	1
7	D-EP				✓	✓						✓
	CbD				✓	✓						✓
8	D-EP	✓	✓				✓					✓
	CbD	✓										✓
9	D-EP	✓	✓								✓	
	CbD			✓					✓			
Areas covered at 9 Months Adviser Signature:		13	8	3	2	7	2	1	2	1	8	2
10	D-EP	✓	✓									✓
	CbD						✓					✓
11	D-EP	✓				✓			✓			
	CbD	✓										✓
12	D-EP				✓	✓			✓			
	CbD	✓	✓				✓					✓
Areas covered at 12 months		17	10	3	3	11	2	3	2	1	11	3
Totals (Number of times each covered during DF1)		17	10	3	3	11	2	3	2	1	11	3

Foundation Dentist (FD) Name _____

FD Signature _____ GDC No. _____

Adviser Signature at 12 months: _____

Dental Foundation Training – PERSONAL DEVELOPMENT PLAN - DF1 (Months 1 – 3)

Foundation Dentist (FD) Name _____

GDC No. _____

Learning Objective(s) Identified	Date identified	Identified by...			How will the learning objectives be addressed, and by when?	Learning Objective achieved.....	
		Assessment	Reflection	Other (please specify)		Date	Evidence in portfolio
<i>Better communication with DCP</i>	<i>3 Sept 09</i>	<i>✓ D-EP</i>	<i>✓</i>		<i>Feedback from trainer, discuss with DCP.... By Dec 09</i>	<i>Dec 09</i>	<i>D-EP</i>
<i>Planning multiple XLAs</i>	<i>7 Oct 09</i>	<i>✓ D-CbD</i>			<i>Tutorial with trainer & further practice By Jan 2010</i>	<i>Jan 10</i>	<i>D-EP</i>
<i>Better record keeping</i>	<i>14 Oct 09</i>	<i>✓ D-CbD</i>	<i>✓</i>		<i>Discuss with trainer & Self study – by Jan 2010</i>	<i>Jan 10</i>	<i>D-CbD</i>
<i>OPG Technique</i>	<i>7 Nov 09</i>		<i>✓</i>	<i>Internal Audit</i>	<i>Tutorial on OPG controls – planned late january</i>	<i>Feb 10</i>	<i>Audit report</i>
<i>Identify signs of anxiety in patients at an earlier stage</i>	<i>14 Nov 09</i>	<i>✓ D-EP</i>	<i>✓</i>		<i>Anxiety control study day on Dec 6th</i>	<i>Dec 09</i>	<i>D-EP</i>
<i>Management of medical emergencies</i>	<i>16 Nov 09</i>			<i>Medical Emergency in practice</i>	<i>CPR Training on 4th Dec</i>	<i>Dec 09</i>	<i>Certificate from CPR Course</i>

Adviser Review at 3 Months:

Progress satisfactory?

Yes

No

Signature _____

Adviser Comments: _____

Early Stage Peer Review (ESPR)

- Weeks 1-4 of Dental Foundation Training

Foundation Dentist (FD) Name _____ GDC Number _____

Week	Procedures presented by Trainer	Procedures presented by FD	Trainer comments and feedback on FDs performance	Outcome (Please tick)	
				Satisfactory for this stage in training	Targeted Training req'd
1	<i>Administer L.A</i>	<i>Administer L.A</i>	<i>Good accurate performance. Take care to hide needle. Don't worry about time taken at this early stage, this will come with practice.</i>	✓	✗
2	<i>Perform simple extraction</i>	<i>Perform simple extraction</i>	<i>No problems – confidence will come with time.</i>	✓	✗
3	<i>Replacement of filling</i>	<i>Removal of filling</i>	<i>Filling removed effectively, excellent communication with patient.</i>	✓	✗
4	<i>Placement of rubber dam</i>	<i>Placement of rubber dam</i>	<i>Placed correctly.</i>	✓	✗

Trainer Signature _____ Date _____

FD Signature _____ Date _____

Dental Evaluation of Performance (D-EP) Assessment Tool

Foundation Dentist (FD) F. Smith GDC No 12345678 Date 12 Aug 09

Evaluator D. Fredericks Position GDS Trainer Service / Placement GDS

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11
 (Key on reverse - **Please circle all that apply to this encounter**)

Description of case / encounter Simple restoration UL5 in nervous adult patient ✓

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication (patient & team)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management & organisation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After feedback given on the assessment please rate:							
9. FDs insight into own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Areas of good performance Examination of patient thorough, and caries identified accurately. Performed restoration well, and showed good understanding of the procedure. Good insight into performance and will speed up with time and experience

Areas for development before completion of DFT Patient should ideally have been asked to return for another appointment to carry out restoration. Procedure will eventually need to be carried out more quickly, but good performance considering this early stage in DFT. Remember to communicate with patient, even when concentrating hard!

Time (observing) 20min Time (feedback) 15min

Evaluator Signature _____ FD Signature _____

Case based Discussion (D-CbD) Assessment Form

Foundation Dentist (**FD**) F Smith GDC No 1234567 Date 16/10/09

Evaluator N Cooper Position Consultant Service / Placement HDS

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11
(Please circle all that apply to this encounter – Key on reverse)

Description of case / encounter _____

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
10. Patient record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Investigations / referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Follow up & patient mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Case presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After feedback given on the assessment please rate:							
18. FD's insight into their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance _____

Areas for development before completion of Dental Foundation Training _____

Time (case presentation) _____ Time (feedback) _____

Evaluator Signature _____ FD signature _____

Evaluators notes / questions should be made overleaf.....

*DFT = Dental Foundation Training

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 FDs clinical judgement in this case:

Questions asked: (examples in 'user guide')

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

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

Dental Foundation Training – Team Assessment of Behaviour (TAB)

Foundation Dentist (**FD**) K Smith GDC No 1234567 Date 14/10/09

Evaluator P. Chalmers Position SpR Service / Placement HDS - Restorative

Attitude and / or behaviour	No concern	You have some concern	You have major concerns	Comments:
				You must specifically comment on any behaviour causing concern, and this should reflect behaviour over time not a single incident.
Maintaining trust / professional relationship with patients <i>(listens, polite & caring, shows respect for patients' opinions, privacy, dignity & confidentiality. Is unprejudiced)</i>	<input checked="" type="checkbox"/>			<i>Always kind and respectful to patients, and listens well. Puts patients at ease and makes them the priority.</i>
Verbal Communication Skills <i>(Gives understandable information. Speaks good English, at the appropriate level for the patient)</i>		<input checked="" type="checkbox"/>		<i>Communicates well other than the use of jargon – does not always ensure communication is at the level of the patient. Could check understanding more.</i>
Team working / working with colleagues <i>(Respects others' roles, & works constructively in the team. Hands over effectively & communicates well. Is unprejudiced, supportive & fair.)</i>	<input checked="" type="checkbox"/>			<i>Excellent team player, pro-active and thoughtful.</i>
Accessibility <i>(Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence)</i>	<input checked="" type="checkbox"/>			<i>Very accessible, and can always be relied on. Delegates appropriately and effectively.</i>

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Do you have concerns about this Foundation Dentists probity or health? Yes No
(If yes please state concerns below)

Which clinical environment have you observed the dentist in? Restorative Clinic / HDS

Your position: GDS Trainer DFT Adviser Foundation Dentist
Associate DCP AHP
Nurse Consultant SHO SpR
Other

If you are a nurse / AHP / DCP how long have you been qualified? _____ years

Length of working relationship 3 months

Areas of good performance An extremely pleasant colleague, who is a good team player, reliable and effective. He is calm under pressure and highly methodical in his approach. Always knows when to ask for help, and quick to learn.

Areas for development before completion of Dental Foundation Training _____

No major concerns, but could use less jargon with patients and check their understanding more often.

Evaluator Signature _____

Dental Foundation Training – Mini-Peer Assessment Tool (Mini-PAT)

Foundation Dentist (**FD**) J Harrison GDC No 12345678 Date 12/12/09

Evaluator L Carnsdale Position Nurse Service / Placement SDS

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
Good Clinical Care							
1. Ability to diagnose patient problems	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to formulate appropriate management plans	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Awareness of their own initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to respond to psychosocial aspects of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Appropriate utilization of resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining Good Dental Practice							
6. Ability to manage time effectively / prioritise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Technical skills (appropriate current practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with Patients							
8. Communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communication with carers / family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Respect for patients & their right to confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Colleagues							
11. Verbal communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Written communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ability to recognise & value others' contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Accessibility / reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have concerns about this Foundation Dentists probity or health? Yes No
(If yes please state concerns below)

Which clinical environment have you observed the dentist in? SDS

Your position: GDS Trainer DFT Adviser Foundation Dentist
Associate DCP AHP
Nurse Consultant SHO SpR
Other _____

If you are a nurse / AHP / DCP how long have you been qualified? 12 years

Length of working relationship 4 months

Evaluator Signature _____

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Appendix 2 Schedule / timetable of monitoring, assessment and reflection.

1. General Practice Post (Dental Foundation Year 1 - DF1)

(D-EP = Dental Evaluation of Performance, D-CbD = Dental Case based discussion, ESPR = Early Stage peer Review, PAQ = patient Assessment Questionnaire)

Month	Assessment	Reflection	Monitoring
1	4 x ESPR	Reflection = weekly	All forms to be completed when data available
2	1 x D-EP 1 x D-CbD	Reflection = weekly	All forms to be completed when data available
3	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Adviser***
4	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
5	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
6	1 x D-EP 1 x D-CbD 1 x PAQ	1 x Reflection	***Forms reviewed & signed by Adviser***
7	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
8	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
9	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Adviser***
10	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
11	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
12	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Adviser*** Trainer appraisal statement Adviser appraisal statement

2. HDS / CDS posts in DF2 (6 months)

(PAT = Peer Assessment Tool, TAB = Team Assessment of Behaviour)

Month	Assessment	Reflection	Monitoring
13	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available Induction meeting
14	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
15	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Educational Supervisor***
16	1 x D-EP 1 x D-CbD 1 x PAT or TAB*	1 x Reflection	All forms to be completed when data available
17	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
18	1 x D-EP 1 x D-CbD 1 x PAQ	1 x Reflection	***Forms reviewed & signed by Educational Supervisor***

Month	Assessment	Reflection	Monitoring
19	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available Induction meeting
20	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
21	1 x D-EP 1 x D-CbD	1 x Reflection	***Forms reviewed & signed by Educational Supervisor***
22	1 x D-EP 1 x D-CbD 1 x PAT or TAB*	1 x Reflection	All forms to be completed when data available
23	1 x D-EP 1 x D-CbD	1 x Reflection	All forms to be completed when data available
24	1 x D-EP 1 x D-CbD 1 x PAQ	1 x Reflection	***Forms reviewed & signed by Educational Supervisor***

* Timing of this assessment is flexible, but must be carried out within each DF2 post