Training Manual

Dental Foundation and Longitudinal Dental Foundation Training

Salaried Dental Services
CONTENTS

Introduction 4
Aims and Learning Outcome of training within the SDS 5
Becoming a Trainer 6
The Role of a Trainer 6
Trainee Induction 9
  Educational Training Agreement 9
  Clinical Experience Log 10
  Personal Development Plan 11
  Ground Rules 12
  Checklist for Induction 13
Tutorials 14
Study Days 16
Assessment 17
  Direct Evaluation of Performance 18
  Case Based Discussions 23
  Feedback 24
  Patient Assessment Questionnaires 25
E-portfolio 26
Review Interviews 28
Annual and Study Leave 29
  Travel Expenses 30
Links to Useful Sites Resources 32
Commonly Used Abbreviations 33
Useful Contacts 34
APPENDICES

Person Specification for Dental Foundation Trainer in the SDS 1
Personal Development Plan Paperwork 2
Training Agreement 3
Clinical Experience Log 4
Review Interview Paperwork 5
Introduction

Welcome to training. This resource is designed to provide you with a brief overview of training and easy reference to any contact details that you may require. Included is a brief section on assessment of the trainee – you may have already completed a START course which has trained you to competently assess trainees – if not, this will be arranged shortly.

New or recent graduates from UK dental schools must complete one year’s programme of Vocational Training in order to be eligible to hold a Health Board list number. The list number allows dentists to work as associates or principals in NHS General Dental Practice.

Some of these trainees may then wish to carry on and complete a further 12 months of training – Dental Foundation Year 2 trainees (DFT). They will have chosen to either be with you for a 6 or a 12 month placement. Those who have chosen a 6 month placement will be going on to or have already completed a 6 month rotation within the Hospital Dental Services.

Alternatively, trainees may be part of the Longitudinal Foundation Training Programme (LDFT) which is a two year programme that encompasses split time in general practice, HDS and SDS. The trainee will not have completed their VT until completion of the two year programme.

All trainees are different. They will all have very different needs and requirements whatever their stage of training. If you are the main trainer it is extremely important to sit down with your trainee at the outset and complete the Educational Training Agreement and Clinical Experience Log (see following pages). This should establish current skill / knowledge levels and try to ascertain any areas where the trainee needs additional experience. It is then possible to formulate an appropriate timetable (see following pages). The timetable must include certain core experiences relevant to the SDS, but should also address and be tailored to suit the trainee’s individual requirements.

Should you experience any difficulties or have any problems or queries help is at hand. Useful contacts are listed at the end of the manual.
AIMS AND LEARNING OUTCOMES OF TRAINING WITHIN THE SDS

AIMS

The aim of DFT/LDFT is to introduce the trainee to the services provided by the SDS. To further increase their knowledge and clinical experience in providing dental treatment for special care, medically compromised, vulnerable adults and paediatric patients. Including an introduction to sedation techniques.

LEARNING OUTCOMES

By the end of the DFT/LDFT the trainee will be able to:

General
1. Provide unsupervised and with confidence a comprehensive range of treatments and care to patients.
2. Be aware of their own clinical limitations and to refer for specialist opinion and treatment where necessary.
3. Undertake the management skills necessary for the practice of dentistry.
4. Communicate effectively with patients, their families, carers and professional colleagues.
5. Understand the legal and ethical aspects of the practice of dentistry.
6. Understand the organisation and role of the SDS and its relationships within the NHS.
7. Be self-critical and be conscious of the responsibility to apply new knowledge to practice.
8. Understand that professional training and education should be a continuing process, and
9. Understand the importance of public health aspects of the SDS; the need to monitor changes in public dental health and for services to respond appropriately.
**Becoming a Trainer**

The Clinical Director, in consultation with NES, is responsible for identifying a possible trainer.

The prospective trainer must conform to the person specification for a SDS Foundation Trainer and be able to attend an SDS START training course. START takes place over six days and is run on an annual basis.

An application form to become an SDS Foundation Trainer must be completed with a supporting statement from the Clinical Director and or line manager and submitted to NES.

(See Appendix 1 PERSON SPECIFICATION FOR DENTAL FOUNDATION TRAINER IN THE SALARIED DENTAL SERVICE)

**The Role of the Trainer**

The following information is a guide to the main roles and responsibilities of the trainer.

- **To arrange for direct supervision of the trainee in clinical situations for at least 60% of time by a trainer/experienced clinician and to ensure prompt and easy access to a trainer/ experienced clinician at other times.**

  Direct supervision means being physically present on the same premises. This requirement must be fulfilled for the period of training.

  ‘How much supervision and how closely supervised?’

  This will depend on several factors evaluated by the trainer and influencing factors will include:

  - Stage of training
  - Patient group
  - Complexity of case
  - Trainee’s previous experience
  - Level of individual trainee skills/ confidence

- **To give advice / direction in pastoral / mentoring role during time in SDS placement.**

  - The trainer should have an ‘open door’ policy with regular communication opportunities
‘I don’t know whether I should interfere or not?’

- Patient care is paramount. You must act if you suspect or know something is having an adverse effect on trainee’s ability to fulfil obligations to patients and or training
- Could be specific or non specific
- Discuss with trainee; and inform and discuss with adviser so trainee can be properly supported
- Act sooner rather than later, as situations can often be easier to resolve

- Deliver regular tutorials to cover core subjects and in reaction to ‘patient led’ situations as appropriate

  - Specific protected tutorial times should be identified and recorded in trainee and trainer schedule
  - One tutorial per week of one hour duration for the period of training
  - Alternatively hours could be combined to make a whole clinical session and delivered less frequently.

- To carry out assessment using the appropriate tools in use at the time e.g. DEPS, Case Based Discussions, etc

  - Ensure the specified numbers of DEPS within the core clinical experiences are completed satisfactorily.
  - Ensure DEPS with ‘needs improving’ scores are repeated.
  - Participate in and assess Case Based Discussions with trainee.
  - Assessments can also be carried out by experienced clinicians who have undergone NES lead training of the assessment process.
  - Ensure all other specified assessments are completed during period of training.

  Reports and summaries are produced by the assessment office on a regular basis and should be available to view on the trainee’s and trainer’s e-portfolio.

- Completion of Review Paperwork

  - At the end of each placement each trainee will have a review interview with their Adviser
  - The relevant information and paperwork will be emailed to the main trainer prior to this.

- Participation in trainer meetings and other NES activity
• The trainer will be expected to attend and participate in trainer meetings, both locally and nationally as arranged by NES.

• On occasion, a trainer may be asked to be part of a review panel or be on an interview panel.

• The trainer will also be expected to take part in an annual PDP process with their Adviser. Individual objectives will be set and a personal development plan devised. This is an opportunity to identify any educational training needs and identify ways in which NES can support you with these. (See Appendix 2 )
**TRAINEE INDUCTION:**

Each Health Board will carry out an induction process with the DFTs/LDFTs and this will differ throughout regions dependant on local procedure. However it is important that the main trainer and trainee have a face-to-face induction. This should cover the training agreement; clinical experience log and ground rules.

**EDUCATIONAL TRAINING AGREEMENT**

At the start of the period of training, the trainer, in conjunction with the trainee, must produce a ‘Training Agreement’.

This agreement is essentially a ‘contract’ between the trainer and trainee and should include the following:

What the trainee can expect from the training period and what the trainer expects of the trainee during the training period.

**This is accessed through e-portfolio and should be ticked off by both the trainee and trainer upon completion (Appendix 3):**

![Image of Dental ePortfolio](https://www.nhsestorefront.org.uk/Assets/StrefPages/Supervision/TraineeProfile/Declarations.aspx)
CLINICAL EXPERIENCE LOG

The Log should also be completed at the initial trainee induction.

This is an opportunity to explore the trainee’s prior clinical experience from VT / undergraduate course. The CEL should identify individual training needs. It may be possible to concentrate on any particular training need identified or arrange appropriate secondments.

Training needs may often not be identified until the placement has started or is well underway. Regular review is essential to ensure the training agreement is being fulfilled and to address any specific training needs while there is still time to take action. It is recommended that reviews to discuss trainee progress are undertaken at the mid-point and end of training.

See Appendix 4 for relevant paperwork and user guide. This is not on e-portfolio.

This is also an opportunity to detail what the trainee can expect to experience during the training period including:

- Patient groups to be treated
- Tutorials (timing and content)
- Study day programme
- Self directed study (not applicable to longitudinal trainees)
- Assessment (including timing and format of reviews)

Some secondments will be necessary in most, if not all, training placements in order to cover SDS areas. In addition, secondments of special interest to the trainee may also be possible if agreed by the Health Board.

‘I share the training with colleagues, who does the reviews?’

The main trainer or educational supervisor will take overall responsibility and should compile reviews with input from other regular supervising clinicians.
PERSONAL DEVELOPMENT PLAN

This is an opportunity for the trainee to complete a PDP, a section of their e-portfolio.

You should use the PDP to identify learning objectives, outline the plan for the objectives to be met, and give an indication of the timescale for the objectives, and an idea of how evidence for the completion of the objective will be achieved.

Once objectives have been achieved, they can be ticked off. They will remain on the PDP page to reflect the trainee’s achievements throughout training.

PDPs can be used for learning objectives related to training outcomes or personal learning objectives that do not relate to your training (for example career management goals, research goals, etc). The trainee can opt for a particular PDP not to be seen by their Trainer by keeping it in the private area of their ePortfolio when completing the form. If they do not mark a PDP as private it will automatically be 'shared' with the supervisor(s).

Trainers/Supervisors: To add a Comment or Signature to a specific PDP, click on the 'Links' item in the Action column.
**GROUND RULES**

This is also an opportunity to set some ‘ground rules’ especially if these have not been covered as part of the trainee’s health board induction:

- Communication
- Professionalism, dress code, timekeeping, etc
- Clinical parameters
- Record keeping
- General ‘housekeeping’
- Annual/study/sick leave
- Abuse of IT
- Mobile phone etiquette
- Alcohol / drug misuse
CHECKLIST FOR INDUCTION

- Introductory phone call / Welcome letter – sort out housekeeping, glove size, directions to base, time of arrival, ID / info needed to be signed on
- Introduce to support staff
- Tour of base
- Fire safety
- Surgery – demo equipment
- Emergency drugs / O₂ / CPR training
- R4 / Other Practice Software training requirements
- Timetable / secondments
- Uniform, PPE
- Intranet policy
- Unplanned / planned leave procedure
- Any other relevant local policies / procedure i.e. IRMER, Moving & handling, Decontamination, Child protection etc
- Tour of locality
TUTORIALS

Templates for tutorials can be found on the Shared Space within Dentistry and the Salaried Dental Service Community. You will require to login or register for an ATHENS password and join the Salaried Dental Service Community in order to gain access.

http://www.knowledge.scot.nhs.uk/home.aspx

In addition how to deliver a tutorial will be covered on START.

It is not expected that the main trainer will be able to deliver all tutorials as you may wish to ask others working within the service to deliver tutorials in their field of work. In addition it may be possible to arrange group tutorials if you have more than one trainee within your region.

The following tutorial topics are considered to be core, but should be delivered with local influence.

Emergency Drugs
Infection Control
Team working
IT in SDS
Statement of Dental Remuneration
Emergency Dental Services
Referral Pathways

Paediatrics  Behavioural management
          SIGN Guidelines
          Child protection

Medically Compromised  Cardiovascular
                      Respiratory
                      Endocrine
                      Immunocompromised
                      Post-radiotherapy
                      Haematology
                      Polypharmacy
| Adult Special Care | Adult Incapacity Act and Consent  
Mental disability & impairment  
Physical disability & impairment  
Mental health  
Sensory impairment |
|--------------------|--------------------------------------------------------------------|
| Elderly patients   | (Adult Incapacity Act)  
Dementia  
Domiciliary care |
| Behaviour Management | Induction to Inhalation sedation  
Induction to Intravenous sedation  
Pre-GA Assessment and GA |
| Public health dentistry | NDIP  
Childsmile |
STUDY DAYS

NES run a series of compulsory study days as part of the DFT/LDFT programme. The dates of these will be sent to the Clinical Directors prior to the training period.

The topics vary from region and will on occasion overlap with tutorial topics and therefore please discuss with your trainee what has been covered on their study days and therefore tutorials can be delivered accordingly. This does not imply that those topics covered on study days do not warrant a tutorial but rather the tutorial be given with local influence or develop further what has previously been covered. The topics including aims and learning outcomes is available through the trainees Portal account.

The trainees will automatically be booked onto the study days by NES and asked to provide feedback through Portal.
ASSESSMENT

As a trainer you will be required to assess your DFT/LDFT’s performance on a regular basis using either of the assessment tools called a Direct Evaluation of Performance (DEP) or a Case Based Discussion (CbD). Although different in format, the assessments are all workplace-based assessment tools employing methods of continuous assessment. Their overall focus is to sample all levels and components of an individual’s competence and enable a positive and rewarding training experience for all.

Assessment of trainees is a fundamental part of the training programme. It is required to ensure standards are being met and by providing quality feedback it enable the trainees to continuously achieve optimum from their placement. In addition it enables trainers to recognise and address areas of poor performance.

You should have already received appropriate training in these various methods (on the START course) or will have had notice that this is happening shortly. If not please contact SDS Administrator to confirm that this has been arranged.

The DFTs are expected to complete a total of 24 assessments during their six months placement within the SDS; over the year for the LDFTs. To include a combination of DEPs and CbDs.

These do not always have to be carried out by the main trainer as it would be more beneficial to have a number of assessors, who have undergone the appropriate training, to also carry out DEPs/CbDs.
DIRECT EVALUATION OF PERFORMANCE - DEP

DEPs provides you with a framework to assess your DFT/LDFT consistently and with regularity across a variety of constructs such as clinical judgment, technical ability, communication etc.

DEPs should be carried out at regular intervals and include a variety of treatments and patients which may include:

- History taking, patient management and treatment planning.
- Restoration of teeth
- Inhalation Sedation
- Treatment under Intravenous Sedation
- Pre-GA assessment and GA treatment
- Domiciliary care
- Care of Vulnerable Adults including consent and capacity
- NDIP basic inspections.

The DEP assessment tool comes in the shape of an electronic form and is accessed through e-portfolio. If you are a trainer/educational supervisor you can access and record DEPs directly through your own e-portfolio log-in.
Otherwise the trainee will have to send you a link via email to complete their DEP.
When should I DEP my DFT/LDVT?

On day one? Maybe that’s a bit too soon but there is no reason why you cannot DEP your DFT/LDFT in the first week. Trainees are used to being assessed in VT so it will not be new to them. The DEP is also designed to show performance improvement so there is no better time to start than at the beginning.

Who decides when and what to DEP?

You do! DEPs are trainer led. As a trainer you must make sure that your DFT/LDFT has been assessed across a range of patients and case complexities, so it’s a good idea for
you to take the lead. That does not mean that the trainee should not be involved in selecting cases to DEP, far from it, but by taking the lead you are ensuring that they are assessed in the areas where they perhaps lack confidence.

Global rating scale

Beside each construct you have a global rating scale of; 1 to 9. Anything within;

1 to 3 = needs improvement
4 to 6 = satisfactory
7 to 9 = superior

It is essential when scoring your trainee that you benchmark their performance against where you think they should be at the end of their DFT/LDFT year and not against their current stage of training. For example, your trainee is in the first two weeks of their placement and completes a Hall Technique SSC on a highly cooperative child to a high standard. During the procedure he behaved in a very professional manner, however he took 45 mins to complete the procedure. (Nothing wrong with this given his lack of paediatric experience). However, as you are assessing him against where he should be at the end of his training, you would need to take the length of time spent on this procedure into consideration.

Needs Improvement Scores

During training do not be afraid to give the DFT/LDFT a “needs improvement” score for a patient encounter. This is understandable as scoring anything greater than 4 is confirming that you believe their standard to be at a satisfactory or superior level for safe independent practice. When your trainee scores a “needs improvement” against any construct, they are required to demonstrate performance improvement by completing another DEP with a similar patient encounter. Common sense should prevail here. If the needs improvement score was given for communication skills and specifically about consent to treatment and treatment options; as you felt the trainee could have explained it more clearly to the patient, it makes no sense waiting to find a similar middle aged woman requiring a Maryland bridge. If you as the trainer are satisfied that an improvement in talking about treatment options has been demonstrated in another, not necessarily identical patient encounter the DEP will be accepted as a repeat. However, if the trainee was given a needs improvement for their technical ability in extracting a lower left D in a child. You would want to find another paediatric patient requiring a similar extraction.

FAQs

1. Can I give instruction or assistance during a DEP?
Yes, its formative assessment. To maximise learning during this assessment it is sometimes necessary to provide some instruction. However if you feel you are having to provide a great deal of instruction you should adjust your scores accordingly.

2. What happens if I have to take over and finish the procedure, for example, a difficult extraction?
The DEP is still absolutely valid and you should score accordingly for the time the trainee was treating the patient. You might want to look at the circumstances which resulted in your intervention. For example, the trainee might have recognised that they were having difficulty and asked for your assistance. This shows good self awareness. On the other hand you might have taken over as a patient safety issue. Both of these scenarios would merit different scores in some of the constructs.

3. **Is it OK to pop in and out during a DEP, as long as I see the finished result?**

A DEP is an observed assessment and for that reason we would expect you to be there for the duration of the encounter. You cannot assess what you have not heard or seen. You are not just assessing the finished product you are also assessing how that product was achieved. Some patient encounters are scheduled to take a considerable time, for example a crown prep, and as a trainer you do not have time to stay for the whole patient encounter. It is acceptable to DEP a portion of the encounter, taking an impression, for example. Providing you only DEP what you see and you do not try to multi-DEP one encounter, your DEP of a stage of treatment is valid and acceptable.
CASE BASED DISCUSSION - CBD

CbD is an assessment tool, used retrospectively to assess clinical judgement and decision making for which the DFT/LDFT was responsible. It aims to provide the trainer with a systematic technique of assessment and a structured feedback mechanism.

On each occasion, the trainee will select ideally three case records of recently treated patients. The assessor will select one of these to form the basis of the discussion. These do not need to be completed cases; a record of one visit may be discussed.

The discussion should:

- Be centred on the notes.
- Be designed to assess clinical decision making.
- Be based on clinical application of dental knowledge in determining care pathways.
- Encourage the trainee to reflect on their actions in relation to the ethical and legal framework of practice.

Subject areas should cover the range of competencies within the DFT curriculum.

CbDs should take at least 20 minutes for assessment and a minimum of a further ten minutes for feedback.

CbDs are completed on ePortfolio and are accessed in the same way as DEPs.
How should I provide Feedback, written and verbal?

The DEP is a formative assessment which means that it is designed to help the trainee improve their performance as well as provide a record of progress and achievement. Providing feedback for your trainee is an integral part of the DEP, not an adjunct. The feedback you provide should;

- Reflect the scores given
- Be specific
- Focus on behaviour and not personality
- Be well intentioned

You are required to give both verbal and written feedback to your trainee after completing the DEP. The written feedback on e-portfolio should be a summary of the verbal feedback given. Written feedback must reflect the scores given across the construct.

How do you measure insight?

You are asked to score your trainee’s insight into their own performance after you have provided your trainee with feedback. Many trainers believe that this is just a question regarding your trainee’s ability to self assess, however it’s more than that. In order to develop insight your trainee must also be able to demonstrate that they have taken on board and synthesised the feedback information you have given them.
PATIENT ASSESSMENT QUESTIONNAIRES – PAQS

PAQ is a means of assessing DFTs interpersonal skills from the patient’s perspective.

PAQs are not carried out by LDFTs within the SDS.

It rates the dentist in ten different aspects of performance. Feedback is given retrospectively in the form of a mean value and a range for each of the ten aspects.

There are essentially two types of PAQ: Those completed by the patient themselves; and those completed by the patient’s parent, guardian or carer.

Prior to the assessment round the trainer MUST inform the assessment team the most appropriate form to be used for their post.

The PAQs are carried out via electronic tablets that will be issued to the trainee directly from NES. They will have a 2-3 week period for the assessments to be completed. It will be up to the trainee and trainer to devise how best this will be carried out e.g. within the surgery at the end of appointment; in the waiting room and handed back to reception.

Feedback is collated and returned to the dentist. A minimum of 20 questionnaires must be completed for feedback to be given.
**E-Portfolio**

**Trainer's Guide to ePortfolio**

**Logging In**

Go to the ePortfolio web site, [www.nhseportfolios.org](http://www.nhseportfolios.org)

You will require your user name and password, which you should have been e-mailed previously. In longitudinal schemes only the Educational supervisor will have access to ePortfolio. If you do not have your user name and password, then e-mail the assessment team to request one.

**Navigating the Site**

The site follows a fairly consistent style, if you move your mouse pointer over an area of the screen which allows some interaction, then the pointer changes shape from an arrow to a pointing finger. Clicking the left mouse button will then institute an action, usually to open a further page on the site.

The site also makes use of “Drop Down Menus”, if you move your mouse over one of these, then a list of choices will drop down, you’ll notice that your mouse pointer again changes to a finger, which signifies that you can choose one of these options by clicking on it.

A ‘User’s Guide’ is available by following the link as shown:
**Review Interviews**

DFTs are asked to attend for a review interview nearing the end of their placement. Trainees are invited to discuss the strengths and weaknesses of their placement confidentially with their SDS Adviser. This process is used in order to feedback anonymous information to Clinical Directors and Trainers in order to make any necessary alterations to posts in the future. In addition the opportunity is given to discuss careers and gain further information on posts or career options.

In the longitudinal scheme interviews are undertaken at regular intervals by the SDS adviser, VT adviser and hospital tutor.

Prior notice will be given. The trainees are forwarded assessment forms and are asked to consider all areas of their training and send back the completed forms. These are returned directly to the SDS Administrator and need not be discussed with Trainers.

Trainers are asked to complete forms for the Trainee and discuss them with Trainees prior to the forms being returned, in order that any comments can be discussed and explained in advance. This gives the opportunity to provide feedback to Dental Foundation Trainees.

See Appendix 5 for examples of the forms used.
**DFT/LDFT Annual, Study Leave and Expenses Entitlement**

**Annual leave**

**Block Scheme**

- Are entitled to 12.5 days over any 6 month placement

  This should be arranged locally through routine local procedure

- Ask at the start of their placement - annual leave must be used up within your 6 month placement. It is **not** transferable

**Longitudinal Scheme**

- Are entitled to 20 days plus 5 annual leave days from study days split equally over the 3 disciplines over 2 years.

  Public holidays are by local arrangement

**Personal Study Sessions**

- One session per week available for personal study

- This can be used in preparation for an exam, to prepare for a tutorial or to work on a local audit.

- It must be undertaken on health board premises

- Clinical requirements may take precedence over study sessions i.e. covering of emergencies. However, should not interfere with the whole study session.

- This does not apply to longitudinal trainees who have study days incorporated into the study programme.

**Study Leave Entitlement**

- 15 days study leave in a 6 month placement
■ Deduct 8 of these (compulsory DF2 study programme)

■ Remaining 7 days may be used as the trainee wish – MFDS preparatory course, specific study course, personal study, national study days.

■ Must be approved locally and by NES.

■ Study leave is NOT transferable between SDS & HDS

■ Again this does not apply to the longitudinal scheme.

Course/exam fees

■ NES will part fund the MFDS revision course fee – currently £250

■ NES does NOT fund the exam fee (nor does your host SDS manager)

■ Funding can also be used for other relevant courses.

■ Claims for the course fee go straight to SDS Administrator in Glasgow

■ Again this does not apply to the longitudinal scheme

Travel and Subsistence Costs

■ NES will only fund travel and subsistence associated with the educational component of your placement. Each case will be individually assessed.

■ Travel undertaken as part of placement i.e. domiciliary visits, travel from base are claimed via their Health Board e-expenses as per Health Board policy.

■ NES has very strict rules and they apply RIGIDLY - no leeway or exceptions

Travel and subsistence claims

■ All claims must be supported by receipts

■ No receipts = no payment
▪ Receipts must be for individual NOT joint claims

▪ Expense claims over 3 months old will not be processed

▪ All expense claims are to be sent to SDS Administrator

▪ NES will not reimburse for the cost for another trainee

▪ NES will not reimburse for alcohol, cigarettes, newspapers or snacks

▪ Meal expenses are subject to a limit. This does not include lunches

▪ If overnight accommodation is involved there is a limit which can be claimed,
Links to Useful Sites / Resources

NES - NHS Education for Scotland
www.nes.scot.nhs.uk

E Portfolio
www.nhseportfolios.org/NHSDots/ePortfolio/login.asp

The Knowledge Network
http://www.knowledge.scot.nhs.uk/home.aspx

A Guide to Postgraduate Dental Specialty Training in the UK – The Dental Gold Guide
**Explanation of Commonly Used Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFT</td>
<td>Dental Foundation Trainee</td>
</tr>
<tr>
<td>DF1</td>
<td>Dental Foundation Year 1 Trainee</td>
</tr>
<tr>
<td>DF2</td>
<td>Dental Foundation Year 2 Trainee</td>
</tr>
<tr>
<td>CDS</td>
<td>See SDS</td>
</tr>
<tr>
<td>CbD</td>
<td>Case Based Discussion</td>
</tr>
<tr>
<td>DEP</td>
<td>Direct Evaluation of Performance</td>
</tr>
<tr>
<td>GPT</td>
<td>General Professional Trainee (previous term for a LDFT)</td>
</tr>
<tr>
<td>GDS</td>
<td>General Dental Services</td>
</tr>
<tr>
<td>HDS</td>
<td>Hospital Dental Services</td>
</tr>
<tr>
<td>LEP</td>
<td>Longitudinal Evaluation of Performance (equivalent to DEP carried out in VT)</td>
</tr>
<tr>
<td>LDFT</td>
<td>Longitudinal Dental Foundation Trainee</td>
</tr>
<tr>
<td>NES</td>
<td>NHS Education for Scotland</td>
</tr>
<tr>
<td>PAQ</td>
<td>Patient Assessment Questionnaire</td>
</tr>
<tr>
<td>RPA</td>
<td>Record of Progress and Achievement (VT Portfolio)</td>
</tr>
<tr>
<td>SDS</td>
<td>Salaried Dental Services <em>aka</em> Community Dental Service <em>aka</em> Public Dental Service</td>
</tr>
<tr>
<td>SDR</td>
<td>Statement of Dental Remuneration</td>
</tr>
<tr>
<td>START</td>
<td>Course for Trainer development</td>
</tr>
<tr>
<td>VT</td>
<td>Vocational Training</td>
</tr>
<tr>
<td>VDP</td>
<td>Vocational Dental Practitioner</td>
</tr>
</tbody>
</table>
**Useful Contacts**

**Associate Director for the Salaried Dental Service**
Janette Logan  
West Dental Office  
1st Floor, Clifton House  
Clifton Place  
Glasgow G3 7LD  
Tel: 0141 352 2866  
Fax: 0141 352 2801  
e: janette.logan@nes.scot.nhs.uk

**SDS Administrator**
Melodye Rennie  
West Dental Office  
1st Floor, Clifton House  
Clifton Place  
Glasgow G3 7LD  
Tel: 0141 352 2859  
Fax: 0141 353 2801  
e: Melodye.Rennie@nes.scot.nhs.uk

**Dental Foundation Advisers SDS**

Morag Muir (West Adviser)  
West Dental Office  
1st Floor, Clifton House  
Clifton Place  
Glasgow. G3 7LD  
Tel: 0141 352 2859  
Fax: 0141 352 2801  
e: morag.muir@nes.scot.nhs.uk

Vicky McGill (East/North-East Adviser)  
West Dental Office  
1st Floor, Clifton House  
Clifton Place  
Glasgow. G3 7LD  
Tel: 0141 352 2800  
Fax: 0141 352 2801  
e: v.mcgill@nhs.net

Jose Marshall (South-East Adviser)  
Edinburgh Postgraduate Institute  
Laurieston Building  
Laurieston Place  
Edinburgh EH3 9HA  
Tel: 0131 536 4964  
Fax: 0131 532 4962  
e: Jose.Marshall@nes.scot.nhs.uk
Assessment Team

Vdp.assessment@nes.scot.nhs.uk
### Appendix 1

**PERSON SPECIFICATION FOR DENTAL FOUNDATION TRAINER IN THE SALARIED DENTAL SERVICE**

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>ESSENTIAL</th>
<th>IDEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPERIENCE</strong></td>
<td>• Significant experience in clinical practice</td>
<td>• Previous teaching experience</td>
</tr>
<tr>
<td></td>
<td>• Clinically active in at least one of the core experience areas</td>
<td></td>
</tr>
<tr>
<td><strong>QUALIFICATIONS TRAINING RESEARCH</strong></td>
<td>• BDS or equivalent registerable with the GDC</td>
<td>• Experience in leading small groups or tutorials</td>
</tr>
<tr>
<td></td>
<td>• Proven commitment to postgraduate education and training of 75 hours of verifiable CPD in the previous 5 calendar years</td>
<td>• Active in dental training/education.</td>
</tr>
<tr>
<td></td>
<td>• Able to attend and satisfactorily complete SDS START</td>
<td></td>
</tr>
<tr>
<td><strong>SKILLS AND ABILITIES</strong></td>
<td>• Works well as part of a team</td>
<td>• Leadership qualities</td>
</tr>
<tr>
<td></td>
<td>• Is able to listen and communicate effectively with patients and team members</td>
<td>• Motivational skills</td>
</tr>
<tr>
<td></td>
<td>• Is willing to re-organise own daily routine to take account of the presence of a DFT and has an open door approach</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Has developed a faculty for self assessment and can demonstrate this</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Can demonstrate involvement in staff appraisal, training and development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Open minded and able to manage change, is flexible and can handle uncertainty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Able to give quality feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is up to date on current best dental practice</td>
<td></td>
</tr>
<tr>
<td><strong>DISPOSITION</strong></td>
<td>• Willing to offer appropriate pastoral support to a DFT</td>
<td>• Suitable room for tutorials.</td>
</tr>
<tr>
<td></td>
<td>• Evidence of high degree of professional integrity in all professional areas and understands confidentiality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Open to educational opportunities</td>
<td></td>
</tr>
<tr>
<td><strong>PRACTICE VISIT REPORT</strong></td>
<td>• Placement meets standards laid out in practice inspection document</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Can provide sufficient breadth of experience in core clinical areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Can provide appropriate workload</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Able to commit sufficient time to training</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>• Is committed to equality and diversity issues and undertakes to complete the two required web based modules</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Demonstrates a desire to train and an enthusiasm for dental foundation training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Has a satisfactory recent history of DRO references, if applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Easy access for the trainer and the DFT to use Internet and Email</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Guidelines

NES Educational PDP for Dental Trainers

Introduction

A regular educational PDP is a supportive way of ensuring that a trainer’s development needs and those of the DF2/LDFT system are met. The most important feature of any appraisal system is that both appraiser and appraisee look to build on strengths and utilise potential. Appraisal calls for considerable commitment and goodwill from both appraisee and appraiser.

The appraisal system should operate within clearly defined organisational aims, which include:

- strengthening training relationships and motivation
- improving communication
- assessing learning and development needs
- raising standards of effectiveness

The appraisal process is about developing a supportive educational culture in dentistry by emphasising the importance of the role played by each individual, and by helping trainers to perform their tasks. It is about assisting individuals to fulfil their potential and enabling them to address future challenges and opportunities.

The summary of this interview is intended to be used to develop an educational learning plan for the forthcoming year to support the individual in their training role.

The NES trainer appraisal scheme has been designed to meet the following specific objectives;

- To identify individual trainer’s learning needs and use them to develop the trainer element of a Personal Development Plan.
- To highlight the potential that each individual has to develop within their current training role.
Procedure

1. Educational appraisal interviews will take place on a regular basis.

2. The expected length of the appraisal will be between 30 and 60 minutes.

3. The following documents will be sent (by post or email) to the ES/trainer: Guidelines, NES: Educational Appraisal for Dental Trainers Form 1 and Training needs tick list.

4. Approximately two weeks before the agreed date of the appraisal meeting, the ES will confirm the date, time and venue.

   Please prepare for the appraisal by thinking about your needs and completing NES: Educational Appraisal for Dental Trainers Form 1 either by hand or on screen. Please use the enclosed Training needs tick list as a tick list to identify your learning needs. If you could prioritise up to 6 learning needs on the list, these will be discussed at your appraisal.

   Please ensure that you have two copies of the completed form and crib sheet with you at your appraisal.

5. All appraisal interviews will take place in a comfortable and private area and should be free from interruptions.

6. The meeting should cover:
   - aspects of the trainer’s role undertaken
   - aspects of the trainer’s role that cause them concern
   - learning needs identified and how these might be met
   - learning needs identified at previous appraisals and whether these have been met or not
   - areas of work in the study day programme in which the trainer may wish to become involved
   - aspects of the trainer’s role to be developed

   A Personal Development Plan will be completed at your appraisal. The final version will be agreed and signed by both yourself and the appraiser. The trainer will retain a copy of the completed documents if they wish. A copy will be retained by NES and used to inform the planning of future educational events.
**NES: Educational Appraisal for SDS Educational Supervisors/Trainers:**

**Personal Development Plan**

**Educational Supervisor:**

<table>
<thead>
<tr>
<th>Educational Training need (Objective)</th>
<th>What will I do to address this need?</th>
<th>Date for planned completion?</th>
<th>What support do I need &amp; where can I get it?</th>
<th>Are there any barriers and how can I overcome them?</th>
<th>(For completion at next appraisal) If achieved: when and how</th>
<th>(For completion at next appraisal) If not achieved: a) why not b) carry forward?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed:  
Trainer: .................................................................  Educational Supervisor: .................................................................
### SDS Trainers: Educational Training Needs Tick List

**Name........................................... Date..........................**

Please tick if you feel the need for training in any of the areas below.

<table>
<thead>
<tr>
<th>Area</th>
<th>Please elaborate if you wish</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working with a DF2/LDFT</strong></td>
<td></td>
</tr>
<tr>
<td>Identifying learning needs</td>
<td></td>
</tr>
<tr>
<td>Setting clear objectives</td>
<td></td>
</tr>
<tr>
<td>Creating learning plans</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
</tr>
<tr>
<td>Clinical skills teaching</td>
<td></td>
</tr>
<tr>
<td>Giving effective feedback</td>
<td></td>
</tr>
<tr>
<td>Creating and delivering tutorials</td>
<td></td>
</tr>
<tr>
<td>Significant Event Analysis (SEA)</td>
<td></td>
</tr>
<tr>
<td>Appraisal skills</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Delivering DF2/LDFT study sessions (groups)</td>
<td></td>
</tr>
<tr>
<td>IT skills</td>
<td></td>
</tr>
<tr>
<td>Any Other</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3

Training Agreement (BD/SHO)

At the start of your training you will meet with your Educational Supervisor, to discuss details of your training. This meeting is known as the Initial Training Review. After the Initial Training Review, your Educational Supervisor would complete and sign off a Training Agreement using their ePortfolio log in.

This form is an educational training agreement between the trainee and the Educational Supervisor and must be signed by both parties on recognition of their responsibility to ensure the trainee gains maximum educational benefit from his / her time in post.

Your Educational Supervisor, Hospital service and Deanery agree to:

Ensure this Professional Development Plan is honoured on their part
Meet with you in your post (Initial Training review meeting) to complete a learning plan for your time in the post
Facilitate completion of work placed assessments and provide you with a summary of feedback from these at regular intervals throughout you post
Agree dates for Training Review meetings with your Educational Supervisor at appropriate intervals
Arrange dates for Postgraduate Review with Hospital Dental Services tutor at appropriate intervals
Inform you of the in house training programme, post graduate lectures and meetings, providing dates, times, venues and topics and facilitate your attendance at these meetings
Ensure you have access to relevant documentation relating to study leave
Facilitate participation in audit and/or research projects
Provide library and literature search facilities
You the trainee, agree to
Provide access to IT facilities
Ensure this training agreement is honoured on your part
Attend an initial Training Review Meeting with your educational supervisor to complete a learning plan for your time in post
Complete work based assessments
Agree dates for and attend training review meetings with your educational supervisor throughout the tenure of your post
Attend your Postgraduate Review meetings
Attend a minimum of 70% of the in-house training events available to you
Use study leave appropriately and record your use within the e-portfolio
Ensure that your e-portfolio is kept up to date

Trainee signature and Date. :
### SDS Dental Foundation Training

#### Clinical Experience Log

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Little / no experience</th>
<th>Some experience</th>
<th>Experienced</th>
<th>Comments</th>
<th>Review date and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam (STE, BPE, charting, radiographs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caries diagnosis (clinical and radiographic)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caries risk assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment for GA / sedation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment under Inhalation sedation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment under IV sedation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment under GA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosing and treating toothache – adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosing and treating toothache – children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treating dental trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perio charting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perio treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fissure sealants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRRs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam restorations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Anterior composites
## Posterior composites
## Endodontic treatment

| Restorations in deciduous teeth |
| Stainless steel crowns |
| Excriptions (adult patient) |
| Surgical extractions |
| Deciduous extractions |
| Extraction of permanent teeth (child pt) |

F/F conventional
F/F replica
P/P acrylic
P/P chrome

### Patient Groups

<table>
<thead>
<tr>
<th>Patients</th>
<th>Little / no experience</th>
<th>Some experience</th>
<th>Experienced</th>
<th>Comments</th>
<th>Review date and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elderly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Compromised</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other areas

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Little / no experience</th>
<th>Some experience</th>
<th>Experienced</th>
<th>Comments</th>
<th>Review date and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Screening (NDIP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter writing (eg referrals / requests for medical information)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesing patients’ capacity to consent to dental treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating with other professionals / agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domiciliary Dentistry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blank boxes may be used to record any other areas relevant to this post.
Clinical Experience Log – *User guide*

The Clinical Experience Log is designed to gauge experience levels of Dental Foundation Trainees on taking up their post and as they progress in their role.

It is not designed as an exhaustive list of what each post will involve or as a checklist of procedures DFTs should aim to perform. We recognise that all DF posts are different and offer a varied range of experiences within the Dental Foundation Curriculum. Discussing the form with the DFT will give trainers an opportunity to set realistic expectations on what experience they can expect to gain during the rotation.

It is hoped that the Log will be used to inform trainers of the level of experience at the beginning of the training period. This can then be used to discuss areas to be developed and will be useful in constructing a Learning Agreement and setting goals. It may also be useful in planning work based assessments to verify that clinical skills match the reported level of experience and demonstrate progression in areas where more experience is required.

**Using the Log**

**On starting a post**
- DFT is asked to tick boxes which they feel reflect their current level of experience
- Trainer and DFT review form together, agree goals (relevant to the post) and create Learning Agreement

**During post**
- DFT keeps up to date by regularly reviewing experience levels and ticking next box along as they gain experience
- Trainer will review form with DFT (at a minimum this would be at mid point of post) to ensure experience levels are increasing and put in place opportunities to address any areas where the experience remains low

**Prior to moving on**
- Before the post ends the trainer and DFT should meet to discuss progress during the post and review experience log
# Training Grade Review Interview

**Rotation Assessment Form**

**Confidential:** To be completed by SDS trainee.

**Trainee Name:** ________________________  **Date:** ________

**Rotation:** ____________________________  **Date Started:** ________

**Principal Trainer:** ____________________  **From** ________ **To** ________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Requires Improvement</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of Patients/Session</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutorial Provision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operative Training</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory/Appropriate Case Mix</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstration of Techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision of Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication/Rapport with Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suitably Trained Dental Nurse Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Career Advice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible for Patient Care During Secondments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Feedback</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the Team provide you with appropriate feedback of your performance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General**
YOUR COMMENTS:

1) Did you participate in a Placement Induction? Yes ☐ No ☐
   If So, Do you consider this was useful and do you have any suggestions for improvement?:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

2) Strengths of particular rotation:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

3) Weakness of programme:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

4) Suggestions for improvement:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

5) EDS Access In and Out of Hours

___________________________________________________________________________

6) Adequacy of Study Time/Facilities

___________________________________________________________________________
7) Study Leave Available       Yes □  No □  

OPTIONAL COMMENTS:

8) Do you have any Specific Career Aims?: Yes □  No □  

9) Has your experience during this placement helped with these aims?:

TIME TABLES
Please indicate by initials the supervising consultant for each half day and whether they were usually available (A) or with other duties (U).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CRITERIA

| Did the programme  |
|                   |
|满 | | | | |
| Did the programme  |
| fulfil your        |
| expectations?      |
|                   |
|                   |
|                   |

Overall Rating

Trainee’s Signature: __________________________ Date: ________________________

Please attach a current copy of your CV
CONFIDENTIAL

SALARIED DENTAL SERVICE

NOTES TO ACCOMPANY TRAINEE ASSESSMENT FORM

1. The Assessment Form is CONFIDENTIAL once completed and must be handled accordingly.

2. The following guidelines are for trainees completing the form.
   a. Complete as fully as possible the post details in the top box.
   b. Complete the main assessment by placing an “X” in one box only against each criterion. The comments box is available for additional comment if desired. The following guidelines are to be used when grading criteria.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>REQUIRES IMPROVEMENT</th>
<th>SATISFACTORY</th>
<th>GOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Competence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Patients/ Session</td>
<td>Do not see new patients.</td>
<td></td>
<td>See new and old patients. Reasonable time with patient. Well-organised clinic/surgery, equipment and support staff.</td>
</tr>
<tr>
<td></td>
<td>Large number of and associated time constraint. Poor organisation, equipment and support staff. Largely routine treatments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor trainer support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondments</td>
<td>Badly organised. Too many patients. No time for/interest in discussion /teaching with trainer.</td>
<td></td>
<td>Trainer-led. Well organised. Good balance of staff. Reasonable time with patients and sufficient opportunity to discuss cases at the appropriate level.</td>
</tr>
<tr>
<td>Tutorial Provision</td>
<td>Didactic discussion.</td>
<td>Informative discussion.</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------</td>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Operative Training</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory/Appro priate Case Mix</td>
<td>Usually left to do minor procedures in uncomplicated cases. More than 5 sessions/week.</td>
<td>Good mix of major and minor procedures often in complex cases requiring multidisciplinary management.</td>
<td></td>
</tr>
<tr>
<td>Demonstration of Techniques</td>
<td>Works on own. Poor senior support. Not shown/taught new or more advanced techniques either in lab or clinic. Trainer rarely present.</td>
<td>Taken through new procedures which are discussed in advance. Shares cases with Trainer. A variety of learning sources.</td>
<td></td>
</tr>
<tr>
<td>Supervision of Treatment</td>
<td>Own clinics. Cannot readily summon assistantance if in difficulty. No clear guidelines.</td>
<td>Trainer usually present or readily available. Given clear guidelines as to when to call/inform/discuss with Trainer.</td>
<td></td>
</tr>
<tr>
<td>Communication/Rapport with Team Staff Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suitably Trained Dental Nurse Support</td>
<td>Nurse unhelpful and requires assistance from others</td>
<td>Experienced Nurse who is invaluable.</td>
<td></td>
</tr>
<tr>
<td>Career Advice</td>
<td>Trainer not interested in trainee or career.</td>
<td>Trainer offers advice/help. Directs trainee to source of advice/help.</td>
<td></td>
</tr>
<tr>
<td>Clinical Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback</td>
<td>Did the Team provide you with appropriate feedback of your performance?</td>
<td>Poor or absent appraisal. No specified protected time for discussion of trainee’s performance. Trainer/Team not frank</td>
<td>Regular appraisals sessions in clearly specified time. Trainer/Team open about strengths/weaknesses/ar</td>
</tr>
</tbody>
</table>

CONFIDENTIAL: To be completed by the primary trainer responsible for collating opinions of all trainers in contact with trainee.

Trainee: 

Placement: 

<table>
<thead>
<tr>
<th>A. Clinical Skills</th>
<th>WEAK</th>
<th>SATISFACTORY</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>History Taking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operative Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consent/Capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Knowledge</th>
<th>WEAK</th>
<th>SATISFACTORY</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Attitudes</th>
<th>WEAK</th>
<th>SATISFACTORY</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Motivation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Relationships

<table>
<thead>
<tr>
<th>Relationships with:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. colleagues</td>
<td></td>
</tr>
<tr>
<td>b. patients</td>
<td></td>
</tr>
<tr>
<td>c. other staff</td>
<td></td>
</tr>
<tr>
<td>d. other groups ie social work, child protection</td>
<td></td>
</tr>
</tbody>
</table>

The following section may not always be applicable:

<table>
<thead>
<tr>
<th>D. Postgraduate Activities</th>
<th>WEAK</th>
<th>SATISFACTORY</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Presentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Ability and Audit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Trainer Signature(s): __________________________  __________________________
________________________________________________________________________
________________________________________________________________________

Please Note: the Trainee must sign this form prior to their Review Interview.

Trainee’s Signature: __________________________  Date __________________________
NOTES TO ACCOMPANY TRAINEE ASSESSMENT FORM

1. The Assessment Form is CONFIDENTIAL once completed and must be handled accordingly.
2. The following guidelines are for trainers completing the form.

   a. Complete the main assessment by placing an “X” on the sliding scale against each criterion.
   b. **Assess the trainee against where your experience suggests the average trainee would be at this point in their training.**
   c. Where more than one trainer is involved with the trainee a consensus opinion should be expressed on the form. It is the responsibility of the primary trainer to collate opinion.
   d. The following guidelines are to be used when grading criteria.

<table>
<thead>
<tr>
<th>A. Skills</th>
<th>Clinical Skills</th>
<th>WEAK</th>
<th>SATISFACTORY</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>History Taking</td>
<td>Incomplete Inaccurate</td>
<td>Competent Orderly Systematic</td>
<td>Precise Perceptive</td>
<td></td>
</tr>
<tr>
<td>Patient Exam</td>
<td>Lacks basic skills Vague</td>
<td>Recognises most significant findings Accurate</td>
<td>Thorough Meticulous</td>
<td></td>
</tr>
<tr>
<td>Investigations</td>
<td>Inappropriate Random Unnecessary Unable interpret tests</td>
<td>Appropriate Reliable Test interpretation</td>
<td>Accurate in complex cases Excellent at interpretation</td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Fails to interpret and synthesise symptoms, signs and investigations</td>
<td>Competent clinician. Good knowledge with an orderly, logically approach to differential diagnosis</td>
<td>Excellent clinical memory</td>
<td></td>
</tr>
<tr>
<td>Judgement</td>
<td>Unreliable Failure to realise significant findings / or take appropriate action. Under or over reacts to emergencies.</td>
<td>Competent Cope under pressure Asks for appropriate advice</td>
<td>Reliable Aware of limits</td>
<td></td>
</tr>
<tr>
<td>Operative Skill</td>
<td>Clumsy</td>
<td>Competent Clinician</td>
<td>Skilled Clinician</td>
<td></td>
</tr>
<tr>
<td>Behavioural Management</td>
<td>Lack of self-confidence</td>
<td>Conscientious awareness of complications</td>
<td>Notices problems early, deals well with complications</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Consent/Capacity</td>
<td>Uninterested</td>
<td>Failure to note complications or act appropriately</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Knowledge</th>
<th>WEAK</th>
<th>SATISFACTORY</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Science</td>
<td>Lacking</td>
<td>Adequate</td>
<td>Good understanding</td>
</tr>
<tr>
<td></td>
<td>Fails to apply basic science to clinical problems</td>
<td>Ability to relate knowledge to patient care</td>
<td>Widely read</td>
</tr>
<tr>
<td>Clinical</td>
<td>Lacking</td>
<td>Adequate</td>
<td>Advanced knowledge Can be relied on to ‘spot the rarity’</td>
</tr>
<tr>
<td></td>
<td>Fails to learn from experience</td>
<td>knowledge of common disorders Learns from experience</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Attitudes</th>
<th>WEAK</th>
<th>SATISFACTORY</th>
<th>ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability</td>
<td>Unreliable</td>
<td>Dependable</td>
<td>Conscientious in patient care</td>
</tr>
<tr>
<td></td>
<td>Forgetful to detriment of patients</td>
<td>No need to prompt</td>
<td>Anticipates problems</td>
</tr>
<tr>
<td>Self Motivation</td>
<td>Unorganised</td>
<td>Able to organise</td>
<td>Seeks learning opportunities</td>
</tr>
<tr>
<td></td>
<td>Requires repeated encouragement and supervision</td>
<td>working routine without supervision</td>
<td>Pro-active Well prepared</td>
</tr>
<tr>
<td>Leadership</td>
<td>Very limited</td>
<td>Competent</td>
<td>Team leader with ability to motivate</td>
</tr>
<tr>
<td></td>
<td>Confuses others through instructions</td>
<td>Gives clear instructions.</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>Muddled</td>
<td>Dependable</td>
<td>Conscientious</td>
</tr>
<tr>
<td></td>
<td>Behind schedule with letters etc</td>
<td>Can deal with letters, summaries, waiting lists</td>
<td>Admirable routine administration skills</td>
</tr>
</tbody>
</table>

| Relationships with: | | | |

55
| a. Colleagues | Unable to relate to colleagues  
Undermining  
Refuses to help out | Good rapport with colleagues  
Willing to help  
Easy to work with | Willing to help even if personally inconvenient  
Able to defuse difficulties |
|-----------|------------------|------------------|-------------------------------|
| b. Patients | Increases patients’ anxieties  
Rude.  
Poor listener /communicator | Caring attitude  
Allays patients’ fears  
Takes time  
Listens well/ explains well. | Inspires confidence.  
Establishes excellent rapport  
Excellent communicator |
| c. Other staff | Unable to relate to staff  
Undermining  
Rude | Professional  
Approachable  
Respectful/ed | Inspires enthusiasm.  
Advanced communicator |
| d. Other groups ie social work, child protection | | | |

**D. Postgraduate Activities (where appropriate)**

<table>
<thead>
<tr>
<th>Lecturing Style</th>
<th>WEAK</th>
<th>SATISFACTORY</th>
<th>ADVANCED</th>
</tr>
</thead>
</table>
| Avoids          | Well delivered  
Poor style | Competent  
Logical and clear | |
| Case Presentation | Poor on history, signs, diagnosis and discussion  
Competent.  
History and signs correct | Good deductions, presentation and discussion | |
| Presentations | Failure to get message across  
Keen to give presentations which are well illustrated and well delivered | Fully researched.  
Original ideas.  
Answers questions lucidly | |
| Project Work | Shows no interest  
Good ideas but few underway | Participate well | |
| Research Ability and Audit | No inclination or ideas.  
Unable to carry out ‘directed’ projects.  
Not interested in audit | Keen to do research and/or audit but needs considerable direction.  
Reasonable grasp of statistics and research methods. | Flair for original research with ability to carry it out independently.  
Utilises effective research methods. |

56