



Childsmile

Reflective Diary

**For Dental Nurses only**

Direct Observational Procedure (DOP) Fluoride Varnish Application

Name:

Course Code:

Dental Nurse GDC Number:

For official use only

No of training sessions complete  (min 10)

Direct Observational Procedure complete

GDC number confirmed

## Clinical Training Sessions

### Guidance for mentors and trainees

Prior to completing this booklet you must have attended the Childsmile Training Programme.

You are required to undergo clinical training in the Primary Dental Care setting and/or nursery/school with a mentor, who has been given information and guidance from the Childsmile programme, with regards to their roles and responsibilities when training the dental nurse in fluoride application.

You are required to observe the application of fluoride varnish on at least **five** different patients. You can observe an extended duty dental nurse, a hygienist, therapist or dentist applying varnish. After you observe the initial five cases you should discuss this with your colleague and then write up your reflective learning statement.

Once you have observed **five** cases, you are required to undertake a minimum of **ten** supervised applications of fluoride varnish following the Childsmile protocol; however you may wish to undertake more cases until you feel confident in the application process.

You must document at least **ten** different cases in your reflective diary with guidance from your mentor. Your mentor should always be a Dentist, Hygienist or Therapist.

The mentor will then assess the dental nurses' competence when applying fluoride varnish, using the Direct Observational Procedure form (DOP).

Aim to apply fluoride varnish on children age 7 years or younger.

Contents:

Reflective statement pages

10 reflective diary forms +2 spare forms

1 Direct Observation Procedure form + 1 spare form

Checklist:

Reflective Statement

5 treatments can be with a Dentist, Extended Duties Dental Nurse, Hygienist or Therapist – write a reflective learning statement.

- Clinical training session 10 treatments minimum with mentor (The mentor must always be a Dentist, Therapist or Hygienist)
- Direct Observational Procedure (DOP) completed and signed off by mentor.

### Reflective Diary

1. Write a short reflective statement detailing your learning during observation of five cases of fluoride varnish application.
2. Minimum of 10 Reflective diaries to be completed – complete one after each patient.
3. Trainee must complete with guidance from mentor.
4. After completion of a minimum of ten reflective diaries, the mentor will assess competences and complete a minimum of one Direct Observational Procedure (DOP).

When complete please email to:

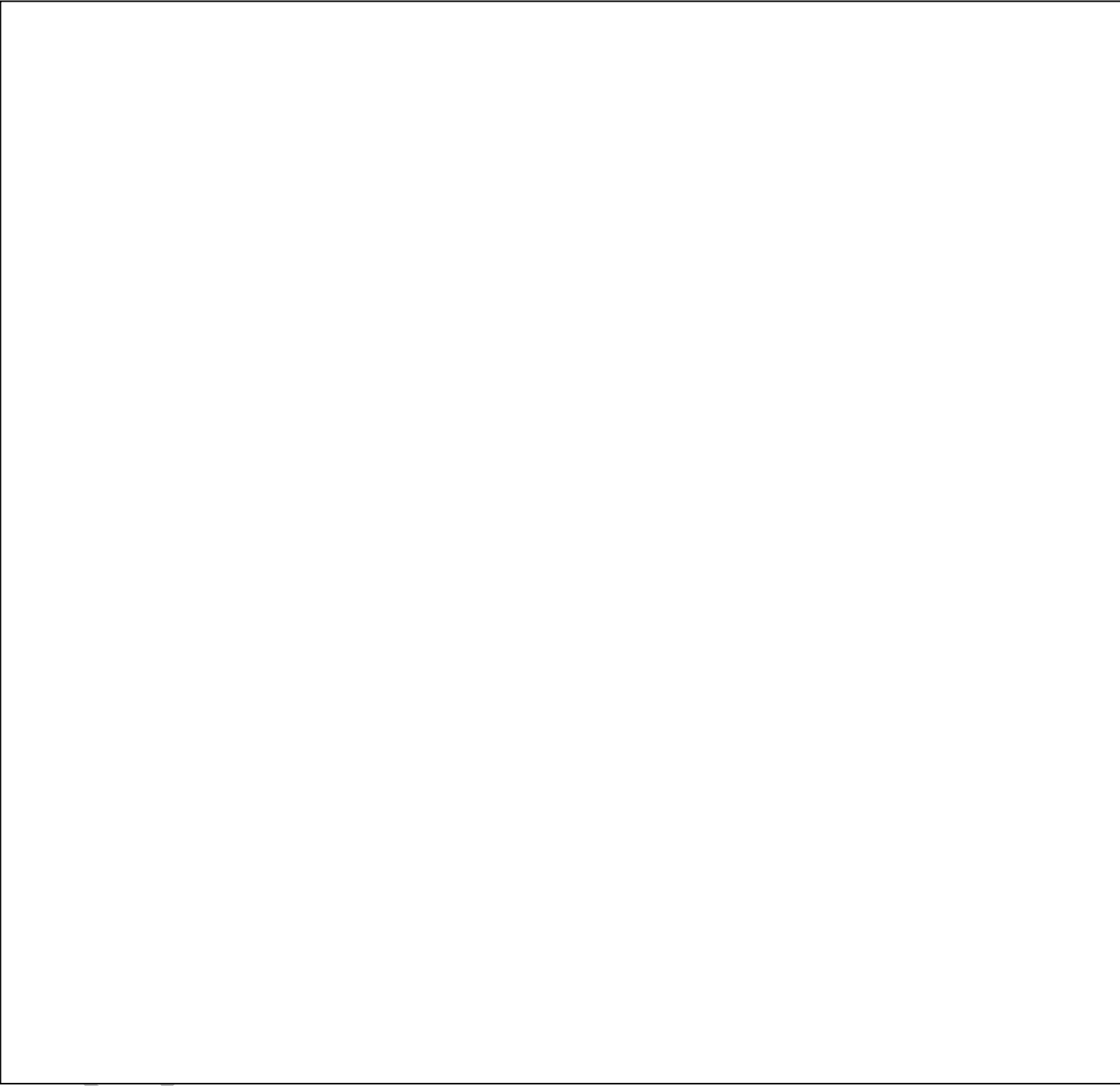
[Childsmile@nes.scot.nhs.uk](mailto:Childsmile@nes.scot.nhs.uk)

**Write a short reflective statement detailing your learning during observation of five cases of fluoride varnish application.**

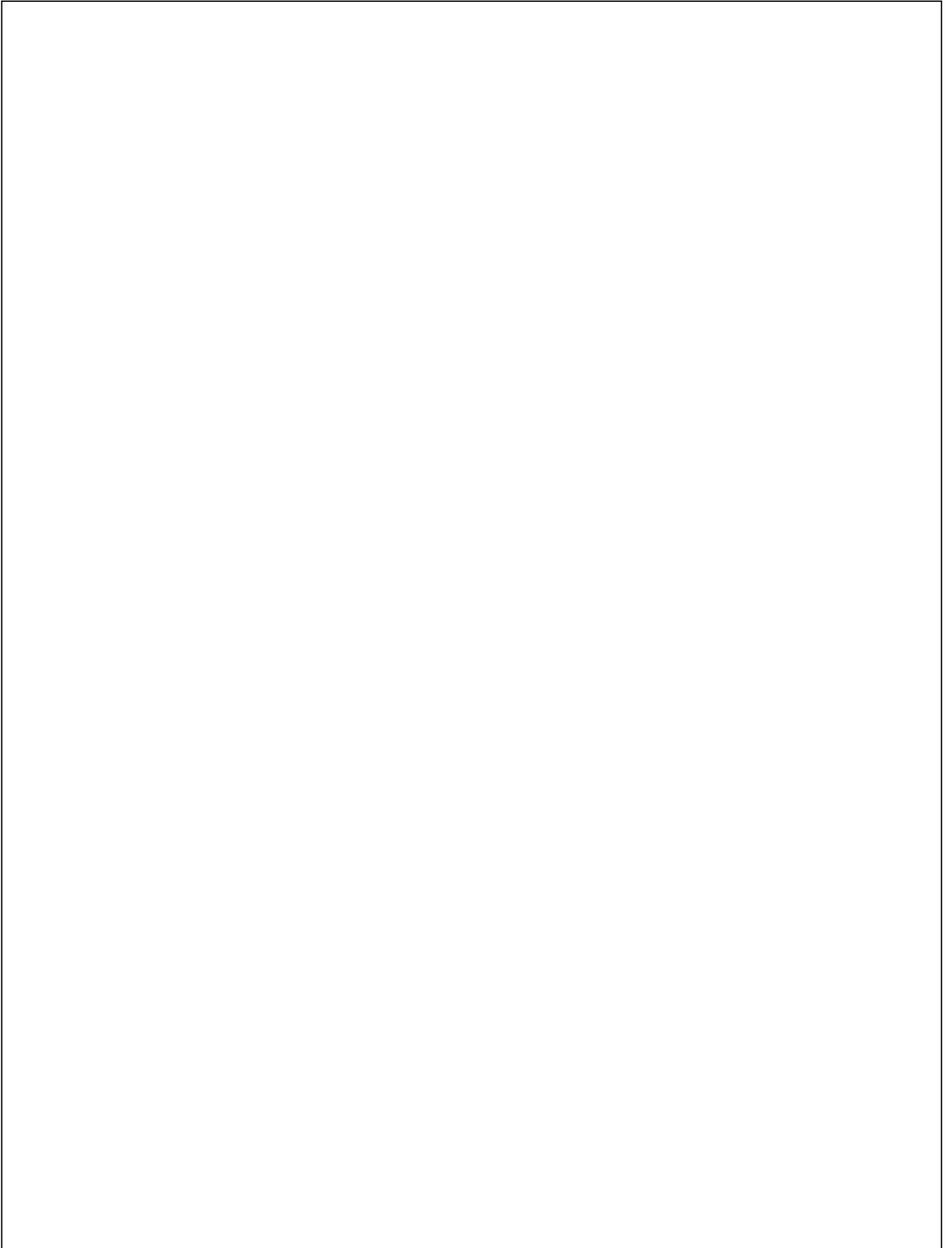
**You should address:**

- **Who did I observe, include ages of the children?**
- **What did I do to assist with the procedure/s?**
- **What learning can I take from observing these?**
- **How might I approach/or prepare for my own application of fluoride varnish**

**(approx 400 words)**



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## Reflective Diary

### Case 1

#### Fluoride Varnish Application

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

## Reflective Diary

### Case 2

#### Fluoride Varnish Application

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

## Reflective Diary

### Case 3

#### Fluoride Varnish Application

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases



## Reflective Diary

### Case 4

#### Fluoride Varnish Application

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

**Reflective Diary**

**Case 5**

**Fluoride Varnish Application**

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

**Reflective Diary**

**Case 6**

**Fluoride Varnish Application**

Venue

Mentor Name  Mentor GDC number

Designation

Patients Age  Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

**Reflective Diary**

**Case 7**

**Fluoride Varnish Application**

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

**Reflective Diary**

**Case 8**

**Fluoride Varnish Application**

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

### Reflective Diary

#### Case 9

#### Fluoride Varnish Application

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

**Reflective Diary**

**Case 10**

**Fluoride Varnish Application**

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

**Reflective Diary**

**Case**

**Fluoride Varnish Application**

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge



7. Organisation

Suggestions for future cases

**Reflective Diary**

**Case**

**Fluoride Varnish Application**

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

2. Clinical Judgement

3. Technical Ability and Manual Dexterity

4. Communication Skills

5. Professionalism

6. Knowledge

7. Organisation

Suggestions for future cases

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

**Case Complexity;**

Low  Medium  High

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

Further training required

Competent

2. Clinical Judgement

Further training required

Competent

3. Technical Ability and Manual Dexterity

Further training required

Competent

4. Communication Skills

Further training required

Competent

5. Professionalism

Further training required

Competent

6. Knowledge

Further training required

Competent

7. Organisation

Further training required

Competent

**Satisfaction with DOP:** Further training required

**Competent**

**Signature of mentor**

(Typed signature will replace written signature)

### Direct Observational Procedure (DOP)

#### Fluoride varnish Application

Venue

Mentor Name

Mentor GDC number

Designation

Patients Age

Date

**Case Complexity;**

Low

Medium

High

1. Taking/checking a relevant history and risk-assessing the patient for fluoride varnish application.

Further training required

Competent

2. Clinical Judgement

Further training required

Competent

3. Technical Ability and Manual Dexterity

Further training required

Competent

4. Communication Skills

Further training required

Competent

5. Professionalism

Further training required

Competent

6. Knowledge

Further training required

Competent

7. Organisation

Further training required

Competent

**Satisfaction with DOP: Further training required**

**Competent**

**Signature of mentor**

(Typed signature will replace written signature)

SAMPLE ONLY NOT FOR USE