

NATIONAL EXAMINING BOARD FOR DENTAL NURSES



CERTIFICATE IN ORAL HEALTH EDUCATION

RECORD OF COMPETENCE

Sufficient evidence of satisfactory completion of the Record of Competence must be held by the candidate for 7 years from the date of purchase.

In the event of any candidate undergoing a fitness to practice, misconduct or disciplinary hearing by the GDC, this evidence may be required for consideration to help determine the outcome of the investigation.

These documents must therefore be made available to both the NEBDN and GDC upon request, at any time during the 7 year period.

Candidate Name:

Candidate NEBDN Number:

Course Provider Name:

Course Provider NEBDN Number:

SAMPLE

PRINCIPLES OF GOOD PRACTICE

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

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

Each task will be carried out, where appropriate, during the normal treatment of a patient. Where simulation is appropriate this will be clearly indicated.

Your witness should have expertise and competence in relation to the particular procedure/task which is being carried out. They must also possess a suitable qualification and be registered with a recognised professional body.

DEFINITIONS OF KEY PERSONEL

The following describes the roles that NEBDN include in this RoC:

- Internal Moderator – the internal moderator is a key person within the course provider who is a current GDC registrant and for best practice should hold a relevant qualification. They will monitor the completion of the RoC and verify the quality independently of the course tutor.
- Mentor - the mentor is the person in the candidate's workplace who is responsible for administrating, supporting and verifying the candidate's clinical development and experience.
- Tutor – the tutor is the key individual representing the course provider arranging/delivering theoretical training and supporting completion of the RoC. The tutor will monitor the completion of the RoC signing work as Satisfactory as appropriate.
- Witness – the witness is the person/persons in the workplace observing the candidate as they carry out the procedures and tasks relevant to the Practical Competence Assessment Sheets (PCAS) and assesses their clinical competence.

SAMPLE

RECORD OF COMPETENCE

This Record of Competence assesses the application of your knowledge and skills and is designed to demonstrate your competence when undertaking oral health education with a number of specified patient groups and covering a range of topics, as outlined in the syllabus for the Certificate in Oral Health Education.

The Record of Competence is in three parts.

Part A: Practical Competence Assessment Sheets (PCAS)

Candidates must complete the PCAS to provide evidence of their involvement in the oral health care of 7 individuals, (4 of these must be seen on at least two occasions) is required and you **must** target at least 5 specified patient groups and **all** of the topics. The setting should normally be within your own place of work but may be elsewhere if appropriate to the particular patient group.

Part B: Case Study

You must choose one patient for the production of a detailed case study. The patient may already be included in the PCAS, but the case study must meet set criteria and you must follow the guidelines. The case studies will demonstrate evidence of further reading and reflective practice.

Each case study must be between 2250 and 2750 words.

Part C: Supplementary Outcome - Exhibition

Candidates must complete each of the supplementary outcomes to a level deemed satisfactory by the Course Provider. The supplementary outcomes will allow the candidates to demonstrate knowledge and understanding of areas of the syllabus in which they may not be able to gain clinical experience or which it may not be possible to assess by other means. The content of the supplementary outcomes will be reviewed regularly by NEBDN but currently include.

- Production of an exhibition
- Record of continuing professional development relating to oral health education e.g. background reading, meetings, courses etc

You must choose a specific target group for the production of an exhibition. The exhibition may include a talk but must be produced, displayed and evaluated by the candidate.

The supplementary outcomes will be assessed by the course provider to NEBDN marking guides and may be further sampled by NEBDN. Only when it is satisfactory will you be entered for the examination.

Written Examination

In addition to completing the RoC, candidates are required to undertake the written examination to assess underpinning knowledge and understanding. The 90 minute examination consists of 45 best single answer from 5 option multiple choice questions (MCQ) and 30 items within extended matching questions (EMQ).

WITNESS STATUS LIST

Candidate name:

Course Provider Centre No.....

The details of all supervising dentists or DCPs (who must hold NEBDN Certificate in Oral Health Education) who have acted as witnesses in this Record of Competence are to be included on this witness status list. Witnesses must be current registered healthcare professionals with appropriate qualifications and experience. The **course tutor** is required to sign next to each witness to confirm they have been checked them against the relevant register and that they are current registrants. Where registration cannot be confirmed online the candidate must include a copy of a current registration certificate for that witness.

Please ensure that all the details below are completed.

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

| Name and contact address | Qualification(s) | Registering body | Reg No | Status * | Signature | Date | Confirmation of registration (TUTOR to Sign) |
|--------------------------|------------------|------------------|--------|----------|-----------|------|--|
| | | | | | | | |
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| | | | | | | | |

*e.g. Partners, Associates, DCP's, Community Dental Officer

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

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SAMPLE

PROFESSIONAL REGISTRATION STATEMENT

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

The completed and submitted PCAS **MUST** be the original work of the candidate, and **MUST** be witnessed by one of the nominated professional registrants in the workplace.

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

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

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

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

TRACKING DOCUMENT

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

| Part | Record of Competence | CANDIDATE TO: Date box when completed and for each PCAS the case number should also be recorded INTERNAL MODERATOR TO: When sampled initial each date to confirm they have been checked | | | |
|------|----------------------------------|---|-----------------------|------------------------|---------|
| A | PCAS | | | e.g. Case 11/9/2013 MW | |
| | Topic | Number of visits required | Patient Group (1-7) | Visit 1 | Visit 2 |
| | a Prevention of Caries | 2 | | | |
| | b Periodontal Disease | 2 | | | |
| | c Non carious tooth surface loss | 2 | | | |
| | d Oral Conditions | 2 | | | |
| | e Care of dentures | 1 | | | |
| | f Care of fixed prosthesis | 1 | | | |
| | g Care of orthodontic appliances | 1 | | | |
| B | Case Study | | | | |
| | | Word Count: | Date Signed by tutor: | | |
| C | Supplementary Outcomes | | | | |
| | Exhibition | Word Count: | Date Signed by tutor: | | |
| | CPD Record | Date Signed by tutor: | | | |

Candidate Name Signature: Reg No Date:.....

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

Course Provider Name: Course Provider Centre No.

Tutor Name: Signature: Reg No. Date:.....

Int Moderator Name: Signature: Reg No. Date:.....

Supervising Dentist /

DCP Name: Signature: Reg No. Date:.....

NB Registration of each healthcare professional, including the candidate, is at risk if any individual knowingly makes a false declaration.

SAMPLE

SAMPLE

RECORD OF COMPETENCE

PART A

PRACTICAL COMPETENCE ASSESSMENT SHEET (PCAS)

Notes for Guidance

The PCAS are designed to demonstrate your competence in provision of Oral Health Education.

They should provide evidence of your competent involvement in the care of **7** separate patients

An appropriate witness is required to validate each case, grade your performance against 4 competencies and is also required to add comments.

Template sheets are supplied for you to photocopy. All PCAS should be treated as a contemporaneous record and **MUST** be hand written. That witness **MUST** sign and date the log sheets at their time of completion, or within 14 days to validate them.

Assessment of competence

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

1. Clinical

The dental nurse demonstrated knowledge and clinical skills appropriate for the patient's condition

2. Professional

The dental nurse demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care

3. Communication

The dental nurse communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues

4. Management and Leadership

The dental nurse managed themselves and the clinical environment in line with current standards and guidelines

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

| Grade | Criteria |
|-------------------|---|
| Not yet competent | In the view of the witness, the candidates skills are not yet adequate in this area to a level you expect from a qualified oral health educator |
| Competent | In the view of the witness, the candidates skills meet or exceed the level you would expect from a qualified oral health educator |

It is accepted that each witness will have a different expectations.

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

For further guidance on the GDC domains of professional practice please see their website:
www.gdc-uk.org/dentalprofessionals/education/pages/dental-team-learning-outcomes.aspx

Providing feedback

To ensure feedback is valid, please share the guidance below with all potential witnesses.

- Witnesses are required to give feedback on each and every PCAS submitted by the candidate.
- All feedback must be completed using the following guidelines: Include positive comments, as well as negative ones, to affirm that the candidate has done well and is then encouraged to listen further
- Avoid the use of the word 'but' because this negates the previous comment, however positive it was, and often gives the impression that the candidate should 'expect the worst' (substitute with the word 'and' instead)
- Refer to the relevant assessment criteria so that feedback is specific to that particular assessment process, and the candidate has an idea of 'what they're aiming for' Give specific information on good performance so that this can be built upon for future assessments
- Give specific information on poor performance so that improvement is correctly guided and obstacles to better performance can be overcome
- Raise relevant issues, or ask questions to determine the candidate's knowledge and understanding of the assessment content, to help clarify any misunderstandings and / or lack of knowledge
- Provide feedback within 14 days of the assessment task, so that the candidate's performance is relatively fresh in their mind and they can relate comments effectively. Any PCAS signed outside the 14 days of the activity is deemed invalid (unless accompanied by explanatory statement)
- Provide the opportunity for dialogue so that the candidate can discuss the feedback and any issues, rather than just having to accept it with no comment

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PCAS Requirements:

Deliver and record the Oral Health Education sessions of 7 individuals, 4 of whom must be seen twice.

| | Topic Range (to be seen on at least 2 occasions) | You may include advice on: |
|---|---|--|
| a | Prevention of Caries | Fissure sealants Deciduous & permanent dentition Fluoride Root caries Dietary analysis, Nutritional guidance |
| b | Prevention and control of periodontal diseases | Acute – ANUG, Periodontal abscess Chronic – Gingivitis, Periodontitis |
| c | Prevention of further non carious tooth surface loss | Erosion/Dietary analysis, Nutritional guidance Abrasion Attrition Abfraction |
| d | Oral Conditions | Xerostomia Candidiasis Angular cheilitis Effects of smoking, Alcohol or Chewing Betel Nut Eating disorders Oral cancer |
| | Topic Range (to be seen on 1 occasions) | You may include advice on: |
| e | Care of dentures | Full and partial (Acrylic / Chrome) |
| f | Maintenance of health associated with fixed or removable appliances | Crowns Bridges Implants |
| g | Care of Orthodontic Appliances | Fixed appliances Removable appliances |

The cases you select for your PCAS must also include patients from at least 5 of the following patient groups.

Patient Group Range:

Oral Health Education provided for:

1. Pregnant / nursing mothers
2. Parents of pre-school children (4 and under)
3. Parents of primary school children (5 – 11)
4. Adolescent (12 – 15)
5. Adult (16 – 64)
6. Seniors (65 and older)
7. Special Needs / Medically comprised

SAMPLE

PRACTICAL COMPETENCE ASSESSMENT SHEET

| | | | |
|--|--|-------------------|--|
| Candidate Name: | | Date of Activity: | |
| | | Visit Number: | |
| The PCAs is a true representation of my own involvement in the task described. | | | |
| Candidate Signature: | | | |
| Topic: | | Patient Group: | |
| | | | |
| Patients age: | | Patients gender: | |
| 1. The patient and their needs | | | |
| Guidance Notes: Candidates should explain why the patient requires Oral Health Education including the medical and dental history and reason for referral Candidates should outline the patients current oral care plan Candidates should detail the social factors affecting the delivery of care, including barriers | | | |
| <hr/> | | | |
| <div>SAMPLE</div> | | | |

2. The advice provided

Guidance Notes:

Candidates should detail the setting in which Oral Health was provided and the resources used

Candidates should detail their aims and objectives treatment carried out

Candidates should describe the OH Advice given

Candidates should describe their methods of assessment and evaluation

SAMPLE

3. Reflective Account

Guidance Notes:

Candidates should identify their strengths and weaknesses during the session, the outcome and describe any action they would take to address weaknesses in the future, if required.

4. Witness Feedback

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

Witness Assessment of Competency

| Competency | Competency (Tick) |
|--|--|
| Clinical – the candidate demonstrated knowledge and clinical skills appropriate for the patient. | Not yet competent <input type="checkbox"/> |
| | Competent <input type="checkbox"/> |
| Professionalism – The candidate demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care. | Not yet competent <input type="checkbox"/> |
| | Competent <input type="checkbox"/> |
| Communication – The candidate communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues. | Not yet competent <input type="checkbox"/> |
| | Competent <input type="checkbox"/> |
| Management and Leadership – The candidate managed themselves and the clinical environment in line with current standards and guidelines. | Not yet competent <input type="checkbox"/> |
| | Competent <input type="checkbox"/> |

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

Satisfactory ☐ Not Yet Satisfactory ☐

Signed: (Witness)

Date:

Print Name: (Witness)

5. Tutor Feedback

This Section should be completed by the GDC registrant who is assessing the reflective account of the candidate. Constructive feedback will help the candidate to develop their performance in the workplace.

Feedback to Candidate:

Satisfactory ☐

Not Yet Satisfactory ☐

Signed:(Tutor)

Date:GDC No:

Print Name: (Tutor)

Sampled by Internal Moderator

Yes ☐

Signed: (Moderator)

Date:

Print Name: (Moderator)

Conforms to current legislation Yes ☐ No ☐

PART B

EXPANDED CASE STUDIES

Notes for Guidance

1. The case study of between 2250 and 2750 words forms part of the Record of Competence for this qualification. The patients can be selected from those who have already been completed.
2. The patient should be seen on at least 3 occasions however visit 3 may be in the form of a follow up telephone call or postal questionnaire.
3. The standardised lesson plans for each session must be completed and included as appendices.
4. The case study should cover different topics and any patient group. The case study guidelines must be followed.
5. The study should demonstrate a breadth and depth of knowledge about a range of oral health education messages.
6. The patient selected for the study should remain anonymous.
7. A dental chart should be included
8. Illustrations and photographs and indices may be incorporated but are not essential. Patients must not be identifiable in any photographs. Written consent must be obtained using the form included in Appendix 2 of this Record of Competence. Once completed this should be retained within the patient clinical records.
9. The study should be typed in a regular font, size 12, and double spaced.
10. Evidence of research should be included to demonstrate evidence based knowledge and skills. References should be attached in an appendix in the order in which they are referred to in the text (e.g. A Handbook for Dental Hygienists, Fourth Edition; Collins, Walsh, Figures: ISBN 0-7236- J 740-6).

For Journal articles

Lewis MA and Newton JT (2006) "An evaluation of the quality of commercially produced patient information leaflets" British Dental Journal; 201: 114 – 117.

For websites

Author's name, title of item in double quote marks, title of complete work or site in italics, date of publication or last revision date, the full URL, in angle brackets, date accessed in square brackets.

Example:

Nelson Hilton, Blake Digital Text Project, University of Georgia, 1996
<<http://virtual.park.uga.edu/~wblake/home1.html>> [accessed 18 January 2004].

GUIDELINES FOR CASE STUDY

| Sub Headings to be used in Case Studies | | Relevant Syllabus section |
|---|---|---------------------------|
| INTRODUCTION | | |
| 1 | Source of patient referral | 1.1.4 |
| 2 | Age of patient | 1.1.4 |
| 3 | Patient's presenting problem | 2.2.2 |
| 4 | Other health problems affecting patient | 2.1.5 |
| 5 | General social circumstances – to include: <ul style="list-style-type: none"> gender smoking/alcohol history socialisation – primary/secondary if any ethnicity | 2.1.5, 2.2.1 |
| 6 | Contacts with other disciplines | 2.2.3 |
| METHOD | | |
| 7 | Needs of patient | 2.2.2 |
| 8 | Assessment of patient's knowledge, skills and attitudes | 2.2.2 |
| 9 | Aim and objectives | 4.1.5 |
| 10 | Planning and format – lesson plans | 4.1.5 |
| 11 | Resources/teaching aids | 4.1.5 |
| 12 | Evidence based research | 6.1.1 |
| EVALUATION | | |
| 13 | Limitations | 2.2.1 |
| 14 | Methods of evaluation | 4.1.5 |
| 15 | Results | 4.1.5 |
| 16 | Changes – patient/self | 2.2.1, 6.1.1 |
| 17 | Follow up visits | 4.1.5 |
| 18 | Achieved aim & objectives/learning outcomes | 6.1.1 |
| 19 | Self reflection | 6.1.1 |

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RECORD OF COMPETENCE

PART C

SUPPLEMENTARY OUTCOMES

Candidates must have completed the required supplementary outcomes in this section. The supplementary outcomes allow the candidate to demonstrate skills and performance in areas beyond the scope of the rest of the examination

The supplementary outcomes will be assessed by the course provider to NEBDN marking guides.

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

- Exhibition
- Record of relevant continued professional development

SAMPLE

SUPPLEMENTARY OUTCOME 1

EXHIBITION

Notes for Guidance

1. Candidates must choose a specific target group for the production of an exhibition. The exhibition may include a talk but must be produced, displayed and evaluated by the candidate.
2. A report of between 900 and 1100 words must be submitted and should cover:
 - Target Group (including background information)
 - Objectives
 - Methods of planning & resources used
 - Methods of evaluation
 - Evidence of reflective practice
3. The exhibition **must** be illustrated by a minimum of 6 photographs.
4. The standardised lesson plans provided in appendix 1 should be used.
5. The report should be typed in a regular font, size 12, and double spaced.
6. Evidence of research should be included to demonstrate evidence based knowledge and skills. References should be attached in an appendix in the order in which they are referred to in the text (e.g. A Handbook for Dental Hygienists, Fourth Edition; Collins, Walsh, Figures: ISBN 0-7236- J 740-6).

For Journal articles

Lewis MA and Newton JT (2006) "An evaluation of the quality of commercially produced patient information leaflets" British Dental Journal; 201: 114 – 117.

For websites

Author's name, title of item in double quote marks, title of complete work or site in italics, date of publication or last revision date, the full URL, in angle brackets, date accessed in square brackets.

Example:

Nelson Hilton, Blake Digital Text Project, University of Georgia, 1996
<<http://virtual.park.uga.edu/~wblake/home1.html>> [accessed 18 January 2004].

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SUPPLEMENTARY OUTCOME 2
RECORD OF RELEVANT CONTINUING PROFESSIONAL DEVELOPMENT

The candidate should include a summary of CPD they have undertaken in the last 12 months which is relevant to Oral Health Education, e.g. background reading, meetings, courses etc.

| Date | Course/Activity | Venue | Provider | Hours | Verified? |
|------|-----------------|-------|----------|-------|-----------|
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To be signed and dated by tutor when completed to a satisfactory standard.

Signed: _____ Date: _____

GDC No: _____

Sampled by internal moderator (Sign) GDC No:

SAMPLE

Appendix 1

LESSON PLAN

LESSON PLAN SESSION **1** **2** **3** *(please circle which session).*

Venue:

Date :

| Time | Topic | Learning Outcomes | Resources required | Methods of evaluation |
|------|-------|-------------------|--------------------|-----------------------|
| | | | | |

SAMPLE

Appendix 2 – Consent Form

Consent to Clinical Photography and Inclusion within a Clinical Case Study

As a dental patient you have the right to control the use of photographs, which may be taken during the course of your treatment. You can refuse to have photographs for any reason other than for your health records. **This will not affect your treatment in any way.**

You have been asked to have medical photographs taken. These will be for:

1. Your health record - you may not be asked for your written consent for this.
2. The dental nurse involved in your treatment to provide evidence of the care they have provided or to illustrate a case study detailing your treatment. The photographs and case studies may be viewed by auditors and examiners of the National Examining Board for Dental Nurses.

Every reasonable attempt will be made to obscure your identity.

Please be aware that once photographs have been published, you cannot withdraw your consent.

If you have any further questions please speak to the nurse or dentist

Patient statement (please circle your answer)

The request has been explained to me and I fully understand what it entails. **Yes No**

I agree to have clinical photographs taken and for them to be used within a clinical case study. **Yes No**

Signature of patient / parent / guardian*Date...../...../.....

* Must have parental responsibility for the child

Relationship to child

A witness should sign below if the patient is unable to sign but has indicated his or her consent

Signature Date...../...../.....

Name (print).....