

PRACTICAL DEMONSTRATION

Supervisor first name	 Last name	GDC number	have provided	
Supervisor instriame		practical training including d	emonstrating how to:	
Student name and GDC nur	nber	praetical training including a	emonstrating now to,	
1. Review medical/c	lental history			Tick:
	t to patient, reason for tr	eatment, risks, benefits		8
 Isolate tooth/teet Apply topical fluo 				8
6. Give post-treatme 7. Write clinical note				
		Date	Supervisor signature	
Learning notes from	practical demonstration	I - To be completed by student		



SUPERVISED RECORD 1

Date:	Supervisor name and GDC	number:	
Patient Profile:			
Treatment required and reas	on:		
	OBSERVATIONS BY SUPE	RVISOR/MENTOR	
PATIENT CARE AND COMMUN	NICATION	STANDARD ACHIEVED	
 Treatment explained to p Reason for treatment exp Opportunity given to pat Consent given by patient Medical/dental history ch Practical application of flu Post treatment advice/ins 	lained to patient ient to ask questions necked uoride varnish	 Excellent/ Satisfacto 	ry/ Unsatisfactory ry/ Unsatisfactory ry/ Unsatisfactory ry/ Unsatisfactory ry/ Unsatisfactory
Supervisor comments:			
			Supervisor signature:
Student reflective notes/lear	ning experiences:		

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SUPERVISED RECORD 2

Date:	Supervisor name and GDC	number:		
Patient Profile:				
Treatment required and r	reason:			
	OBSERVATIONS BY SUPE	RVISOR/MI	ENTOR	
PATIENT CARE AND COM	MUNICATION	STANDAF	RD ACHIEVED	
 Treatment explained to patient Reason for treatment explained to patient Opportunity given to patient to ask questions Consent given by patient Medical/dental history checked Practical application of fluoride varnish Excellent/ Satisfactory/ Unsatisfactory/ U		ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory		
Supervisor comments:				
				Supervisor signature:
Student reflective notes/	learning experiences:			

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SUPERVISED RECORD 3

Date:	Supervisor name and GDC	number:	
Patient Profile:			
Treatment required and I	reason:		
	OBSERVATIONS BY SUPE	RVISOR/MENTOR	
PATIENT CARE AND COM	MUNICATION	STANDARD ACHIEVED	
 Treatment explained to patient Reason for treatment explained to patient Opportunity given to patient to ask questions Consent given by patient Medical/dental history checked Practical application of fluoride varnish Excellent/ Satisfactory/ Unsatisf 		ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory	
Supervisor comments:			
			Supervisor signature:
Student reflective notes/	learning experiences:		

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SUPERVISED RECORD 4

Date:	Supervisor name and GDC	number:	
Patient Profile:			
Treatment required and I	reason:		
	OBSERVATIONS BY SUPE	RVISOR/MENTOR	
PATIENT CARE AND COM	MUNICATION	STANDARD ACHIEVED	
 Treatment explained to patient Reason for treatment explained to patient Opportunity given to patient to ask questions Consent given by patient Medical/dental history checked Practical application of fluoride varnish Excellent/ Satisfactory/ Unsatisf 		ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory	
Supervisor comments:			
			Supervisor signature:
Student reflective notes/	learning experiences:		

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SUPERVISED RECORD 5

Date:	Supervisor name and GDC	number:		
Patient Profile:				
Treatment required and r	reason:			
	OBSERVATIONS BY SUPE	RVISOR/MI	ENTOR	
PATIENT CARE AND COM	MUNICATION	STANDAF	RD ACHIEVED	
 Treatment explained to patient Reason for treatment explained to patient Opportunity given to patient to ask questions Consent given by patient Medical/dental history checked Practical application of fluoride varnish Excellent/ Satisfactory/ Unsatisfactory/ U		ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory		
Supervisor comments:				
				Supervisor signature:
Student reflective notes/	learning experiences:			

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SUPERVISED RECORD 6

Date:	Supervisor name and GDC	number:	
Patient Profile:			
Treatment required and	reason:		
	OBSERVATIONS BY SUPE	ERVISOR/MENTOR	
PATIENT CARE AND COM		STANDARD ACHIEVED)
 Treatment explained to patient Reason for treatment explained to patient Reason for treatment explained to patient Opportunity given to patient to ask questions Consent given by patient Medical/dental history checked Practical application of fluoride varnish Post treatment advice/instructions given to patient Excellent/ Satisfactory/ Unsatisfact 			tory/ Unsatisfactory tory/ Unsatisfactory tory/ Unsatisfactory tory/ Unsatisfactory tory/ Unsatisfactory
Supervisor comments:			
			Supervisor signature:
Student reflective notes	/learning experiences:		

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SUPERVISED RECORD 7

Date:	Supervisor name and GDC	number:	
Patient Profile:			
Treatment required and	reason:		
	OBSERVATIONS BY SUPE	ERVISOR/MENTOR	
PATIENT CARE AND COM		STANDARD ACHIEVED)
 Treatment explained to patient Reason for treatment explained to patient Reason for treatment explained to patient Opportunity given to patient to ask questions Consent given by patient Medical/dental history checked Practical application of fluoride varnish Post treatment advice/instructions given to patient Excellent/ Satisfactory/ Unsatisfact 			tory/ Unsatisfactory tory/ Unsatisfactory tory/ Unsatisfactory tory/ Unsatisfactory tory/ Unsatisfactory
Supervisor comments:			
			Supervisor signature:
Student reflective notes	/learning experiences:		

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SUPERVISED RECORD 8

Date:	Supervisor name and GDC	number:	
Patient Profile:			
Treatment required and I	reason:		
	OBSERVATIONS BY SUPE	RVISOR/MENTOR	
PATIENT CARE AND COM	MUNICATION	STANDARD ACHIEVED	
 Treatment explained to patient Reason for treatment explained to patient Opportunity given to patient to ask questions Consent given by patient Medical/dental history checked Practical application of fluoride varnish Excellent/ Satisfactory/ Unsatisf 		ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory	
Supervisor comments:			
			Supervisor signature:
Student reflective notes/	learning experiences:		

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SUPERVISED RECORD 9

Date:	Supervisor name and GDC	number:	
Patient Profile:			
Treatment required and re	eason:		
	OBSERVATIONS BY SUPE	RVISOR/MENTOR	
PATIENT CARE AND COMM	IUNICATION	STANDARD ACHIEVED	
4. Consent given by patie5. Medical/dental history6. Practical application of	explained to patient patient patient to ask questions ent checked	 Excellent/ Satisfactor 	ry/ Unsatisfactory ry/ Unsatisfactory ry/ Unsatisfactory ry/ Unsatisfactory ry/ Unsatisfactory
Supervisor comments:			
			Supervisor signature:
Student reflective notes/le	earning experiences:		

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SUPERVISED RECORD 10

Date:	Supervisor name and GDC	number:	
Patient Profile:			
Treatment required and r	eason:		
	OBSERVATIONS BY SUPE	RVISOR/MENTOR	
PATIENT CARE AND COMI	MUNICATION	STANDARD ACHIEVED	
 Consent given by pati Medical/dental histor Practical application of 	explained to patient patient to ask questions ient y checked	 Excellent/ Satisfacto 	ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory ory/ Unsatisfactory
Supervisor comments:			
Student reflective notes/	learning experiences:		

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