

RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

PRACTICAL DEMONSTRATION

I _____ have provided
Supervisor first name *Last name* *GDC number*

Supervisor first name

Last name

GDC number

have provided

Student name and GDC number

with practical training including demonstrating how to;

1. Review medical/dental history
2. Explain treatment to patient, reason for treatment, risks, benefits
3. Gain patient consent
4. Isolate tooth/teeth
5. Apply topical fluoride
6. Give post-treatment instructions
7. Write clinical notes.

Tick:

888

Date _____

Supervisor signature

Learning notes from practical demonstration - *To be completed by student*



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 1

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 2

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

STANDARD ACHIEVED

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 3

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 4

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 5

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 6

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

STANDARD ACHIEVED

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 7

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

STANDARD ACHIEVED

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 8

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 9

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

STANDARD ACHIEVED

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences:



RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

SUPERVISED RECORD 10

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

OBSERVATIONS BY SUPERVISOR/MENTOR

PATIENT CARE AND COMMUNICATION

STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

1. Excellent/ Satisfactory/ Unsatisfactory
2. Excellent/ Satisfactory/ Unsatisfactory
3. Excellent/ Satisfactory/ Unsatisfactory
4. Excellent/ Satisfactory/ Unsatisfactory
5. Excellent/ Satisfactory/ Unsatisfactory
6. Excellent/ Satisfactory/ Unsatisfactory
7. Excellent/ Satisfactory/ Unsatisfactory

Supervisor comments:

Supervisor signature:

Student reflective notes/learning experiences: