



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Dental Nursing

Assignment 5 - Professional discussion - Distinction

Guide standard exemplification materials (GSEM)

T Level Technical Qualification in Health Occupational specialism assessment (OSA)

Dental Nursing

Guide standard exemplification materials (GSEM)

Assignment 5 - Professional discussion - Distinction

Contents

Introduction	3
Theme 1: monitor, support and reassure patients through effective communication and behavioural techniques	4
Question 1	4
Question 2	4
Student evidence	5
Theme 2: Provide factual information and up-to-date advice to help patients to maintain and improve their oral health	8
Question 3	8
Question 4	8
Student evidence	9
Theme 3: accurately record patients' dental information to contribute to their treatment and dental care charts, using technology where appropriate	12
Question 5	12
Question 6	12
Student evidence	13
Examiner commentary	16
Overall grade descriptors	17
Document information	20
Change History Record	20

Introduction

The material within this document relates to the Dental Nursing occupational specialism sample assessment. These exemplification materials are designed to give providers and students an indication of what would be expected for the lowest level of attainment required to achieve a pass or distinction grade.

The examiner commentary is provided to detail the judgements examiners will undertake when examining the student work. This is not intended to replace the information within the qualification specification and providers must refer to this for the content.

In assignment 5, the student must reflect on their own practice as a form of learning and continuing development. The student must answer questions and discuss their learning experiences in a professional manner and demonstrate quality of oral communication.

After each live assessment series, authentic student evidence will be published with examiner commentary across the range of achievement.

Theme 1: monitor, support and reassure patients through effective communication and behavioural techniques

Question 1

Part (a) Referring to your own experience, describe how you have supported a patient by providing person-centred care.

You may choose examples from any of the following:

A patient who:

- was nervous/anxious
- required additional help or support
- had additional needs
- had a dental phobia
- was unwell
- required assistance during a medical emergency

You should refer to specific examples or evidence.

Part (b) Referring to your own experience, explain the range of communication methods and behavioural techniques used to support patients and how these contributed to person-centred care.

You should refer to specific examples or evidence.

Question 2

Part (a) Referring to your own experience, discuss ways in which you have implemented the General Dental Council (GDC) 9 principles of practice when managing, supporting, **and** reassuring a patient with a specific need.

Part (b) Referring to your own experience, reflect and analyse on ways your practice has developed, in meeting the required GDC 9 principles of practice.

Student evidence

Question 1

Part (a)

We had an anxious patient attending for the first time in years and years. She was very nervous, and we had been told this in advance by reception due to a bad experience when she was younger, she had toothache so needed to be seen. Prior to her entering the surgery, I removed any items that might worry her; the drills and instruments. I put some relaxing music on the radio and created a calm atmosphere. I placed another chair in the corner of the surgery for her to sit on, so she didn't need to get straight onto the dental chair.

I went to reception and introduced myself. I noticed she was shaking and crying. I decided to take her into a separate room first and have a chat with her to find out what particularly worried her. I found out that she did not like the sound of the drills and was very embarrassed as her teeth were bad, and she had not been for several years. I asked if she was ok with an anaesthetic, and she was not worried about the needle just the drill. I reassured the patient, spoke to her in a friendly calming manner. I used empathy and gave examples of things that made me nervous. I explained we would go into the surgery now and meet the dentist, but she does not have to sit in the dental chair until she is ready.

Prior to bringing the patient into the surgery, I popped in to tell the dentist the situation. The patient agreed to enter the surgery. I could see she was shaking. The dentist spoke to her calmly and friendly and we managed to get her to agree to sit in the dental chair. The lady was very anxious, and I asked if she would like a glass of water and checked she had eaten that day - she had eaten and did not want any water. (I am aware when someone is nervous, they could pass out and if she had been too nervous to eat this could make the situation worse). I had already checked the medical emergency equipment that morning, ready for the day. I put my hand on the patient's shoulder while she was in the dental chair and kept checking she was ok and reassuring her. We did a check-up and found out which teeth were causing her pain. I made contemporaneous notes and made note she was a nervous patient.

Part (b)

Knowing the patient was anxious after the check-up, I recommended to the dentist that we discussed the treatment required in the other room we had previously been in. The patient could not wait to get out of the dental chair and out of the surgery and was very grateful, this showed I was mindful of her worry. We sat and explained the treatment that was required, and I could see the patient was nearly crying with worry. I suggested there are different options that she could consider. Bringing headphones with her to listen to some music whilst we had to use the drill. The patient started to relax a bit with us and even gave us a little smile and thanked me for my help. The patient wanted me to make sure I was the one assisting when she came in for her appointment. I also suggested a stress ball to squeeze. We arranged the appointment to be on a day I was nursing and a longer appointment as we knew we needed to spend some time with this lady. By listening to the patient and showing her that we understood her fear, we gained her trust. I explained on another visit when she gets used to us and the practice, we will go through oral health tips and show her how to look after her mouth, as she has not attended a dental practice for so long. I made sure during this time with the patient and was being attentive, used positive wording, allowing the patient to keep their dignity. I provided support, compassion and personalised this to the patient's need. We coordinated the treatment around the patient's needs.

I was aware I needed to adjust my facial expressions to increase patient comfort, smiling can go a long way as a non-verbal communication. It tells the patient they can relax and feel comfortable around you. I tried to avoid fidgeting and made meaningful arm movements.

I made sure I made eye contact and kept my voice calm. These are all types of behavioural communication which can help with relaxing an anxious patient.

I was not judgemental and avoided being distracted by closing the door.

This made a huge difference, taking this patient to a quiet room with no other distractions.

Question 2

Part (a)

We had a patient come into the practice crying, who did not have an appointment and was in a lot of pain. They had been to a dentist and had a tooth removed a couple of days before and their own dentist could not fit them in until the next day. They were in so much pain they asked if we could help. The patient was with their husband. We asked them both to take a seat and we would try to help. We had no appointments available. I happened to be passing through reception and the receptionist took me to one side and asked if there was any way we could help. We decided as a team that we could fit them in through our lunch hour, this way we were making the patient a priority (putting the interests first above ours). The receptionist took the patient to one side so she could have some privacy as she was in so much pain.

The patient quietly asked the receptionist not to let her husband come into the surgery. We advised the patient that her husband could wait in the waiting room whilst she went into the surgery, giving her privacy and protecting her information.

I informed the dentist before bringing the patient into the surgery and he was worried this might be a safeguarding issue.

I brought the patient into the surgery. We checked with her that everything was ok, and she didn't need our help in any other matter. The patient said she was fine, and everything was great, except the pain from having the tooth extracted yesterday. (Sometimes this could be a cry for help, and we need to be aware of raising a concern if something doesn't seem right).

The patient disclosed she wears a denture and did not want her husband to be aware of this and she had had a tooth removed the previous day.

We then asked the patient for their consent to take some medical details and find out some more about what had happened. We did all the paperwork and medical history and explained that they would have to wait for a while, but we would see them when we had finished the patients who were waiting. This was all recorded on the computer system, which is password protected. We saw the patient during our lunch hour. The patient had a dry socket after the extraction the day before. When the patient left, she was very grateful and changed over to have her dental treatment with us.

Part (b)

The practice has regular staff meetings in which we discuss protocols and changes within the practice. The complaints procedure is clearly placed in reception and on the website if patients have a complaint. Each staff member knows exactly who to report to for each area of concern. These are all readily available to all team members in the staff meetings and in the practice handbook. We have policies and protocols in place which are updated yearly. The patient will always have their options for treatment outlined and documented and discussed in detail before gaining valid consent. They will always have time to think about their options, before making any decisions. We gain consent for all treatment and when asking for information this is verbal and written. We like to check we have effectively communicated to the patient by asking them to repeat back what we have said, so we are aware they have understood. Consent forms are discussed and signed. Everything is explained to the patient and clearly recorded on their records.

We protect the patients' privacy and data by being GDPR (General Data Protection Regulations) compliant. For example, we do not write the patient's name on lab dockets, we shred personal documents after they have been scanned, and we have a person in charge of GDPR. We log out of our computers when we are not working on them so people cannot see any information. This also helps maintain confidentiality. We are aware not to

discuss patients' treatment or financial items within earshot of other patients. If we send any emails they are encrypted.

We are all aware we must act in a professional manner in and outside of the practice and on social media, as we are representing the practice and the profession. We all work under our scope of practice and do not do any work we are not trained for. We all work together as a team supporting each other to give the best patient care and putting the patient interests first.

We all undertake continuous training to update and develop our skills every year, one of them being safeguarding. This is in place to protect the patients if we think they are at risk. We have to regularly update all the subjects.

We all have core subjects that are covered over a 5 year cycle. We are all responsible for keeping record of this and registering it with the GDC on a yearly basis.

We learn how to listen and empathise with the patients and communicate in an effective manner and adapt to patient-centred care by adjusting to the patient's needs. Communication is a huge part of the dental nursing role, effective communication within the practice and to the patients is very important. Whether it is non-verbal or verbal communication.

I think keeping up with current guidelines is very important and it's good to get into a routine of maintaining a personal development log and reflecting on any continuing professional development training to gain professional knowledge. This is good for your mental health and keeps the brain active, allowing you to be confident you are giving out the correct advice.

Theme 2: Provide factual information and up-to-date advice to help patients to maintain and improve their oral health

Question 3

Part (a) Referring to your own experience, describe a situation where you have worked as a team to communicate oral health advice and instructions to a patient to maintain and improve their oral health **and** explain the advice given.

Part (b) Referring to your own experience, explain a range of common oral conditions, their causes and the evidenced-based methods for prevention.

Question 4

Part (a) Referring to your own experience and knowledge, considering the different roles of the dental team in providing oral health advice to patients, discuss the importance of providing advice to patients within own scope of practice.

Part (b) Referring to your own experience and knowledge, analyse the importance of continuing professional development (CPD) and maintaining a personal development plan on providing evidence-based oral health information to patients.

Student evidence

Question 3

Part (a)

We had a patient come in who had not brushed their teeth properly for years or been to the dentist, he was around 25 years old. They had calculus and inflammation all around the inside of the mouth We found out he had been living with his grandma for years and had been a bit neglected and did not realise or had ever been told why he needed to brush his teeth. We immediately called our hygienist in and asked if she could see him as an urgent patient. We explained to him briefly what we needed to do and explained the hygienist will explain to him why it is important to brush his teeth and asked him if this was ok, the patient gave his consent.

It is important to gather as much information about the patient via questionnaires, give advice on good nutrition, and oral health advice.

We went through and we took before photos of his teeth. We asked the patient if it was ok to remove this hardened plaque (calculus) and that this is full of bacteria and making the gums inflamed which would cause bone loss in the long term. The patient was not aware of any of this and was happy to continue with everything that was required.

We removed the calculus with the ultrasonic scaler and explained his teeth may feel loose and sensitive, this is because the calculus filled the pockets in your gums and has acted like a wall around the teeth making them feel more stable than they are, and when removed they become exposed. We explained a pocket is caused by tissue erosion, which cause gaps around the teeth. These pockets hold bacteria, which cause damage to the jawbone where the teeth are held in. These pockets must be kept clean with a water pik and interdental cleaning, alongside normal brushing.

We demonstrated the correct toothbrushing technique and showed how he must brush the gums and the teeth. We explained how he should use a fluoride toothpaste and not to rinse it off after brushing, just spit it out. We explained how sugar can cause tooth decay and what to avoid: sugary drinks, sugary snacks. Limiting acid attacks on the teeth, and other hidden sugars, (for example, in fruit, tomato sauce, tins of baked beans, fruit juice).

We explained the importance of cleaning in between the teeth as the toothbrush cannot get in these areas and the reason behind this. Plaque forms when starchy, sugary foods mix with bacteria and if not removed this hardens and causes gum disease, which can develop into periodontal disease, which if not stabilised can lead to tooth loss. Having regular dental check-ups and hygienist visits will help maintain good oral hygiene. We asked the patient to start a daily routine and set up a programme suited to him. We advised if he used a mouthwash that it should be alcohol free and contain fluoride. Fluoride helps to protect the teeth from cavities and in some cases can reverse the depletion of enamel on teeth. We provided the patient with an oral hygiene programme suited to him and gave him leaflets to read at home. We asked him to show us how he will brush his teeth and gave him some floss and asked him to show us.

Part (b)

There are so many oral conditions, most common is gum disease. This is when the gums are inflamed, due to plaque deposits being left on the teeth (which contain bacteria). They are left on the teeth because of inadequate plaque removal. This could be due to many factors, including not using a good brushing technique, not brushing all the teeth and the gums or not cleaning in between the teeth by using floss or interdental brushes. This could also be due to the dexterity of the patient, they may have arthritis so cannot hold the brush correctly, this could also be because of certain medications, or being pregnant. They could also have a medical condition which would mean they need to spend that bit longer maintaining good oral hygiene. By brushing the gums and the

teeth, cleaning in between the teeth and ensuring all debris is removed twice a day can stabilise gum disease. Diabetes or a heart condition can affect oral health.

There are many systematic reviews of oral conditions with evidence-based articles and programmes. The idea is to keep up to date with these and know which is the most current method of treatment. Providing leaflets and demonstration models. Reading articles and journals are good resources for this.

Thrush (Candida) is a condition people can get due to wearing ill-fitting dentures, if you have taken long-term antibiotics, poor oral hygiene or take inhalers for asthma. The condition mainly looks like white patches on the tongue, cheeks and palate. This can make your mouth feel like cotton wool. This needs to be treated with an antifungal medication such as miconazole. When using a steroid inhaler to help prevent oral thrush it is a good idea to rinse with water after using the inhaler. For denture wearers, find an alternative to wearing dentures or make sure they fit properly, getting them checked regularly and having new ones made if the mouth has changed.

Tooth decay is an oral condition caused by sugar. Tooth decay is damage to a tooth's surface, or enamel. It happens when bacteria in your mouth make acids that attack the enamel. To help prevent this avoid sugary drinks, sugary snacks, maintain good oral hygiene and make sure you use a fluoride toothpaste. Fluoride helps to protect the teeth and is in our water, toothpaste and most mouthwashes.

Maintaining good oral hygiene and having regular hygienist and dental visits will help prevent oral conditions.

At a dental visit, your mouth is checked for cancer and any other oral conditions that could otherwise go undetected at least every 6 months. A patient's lifestyle and social habits, medication and drugs also have an impact on their mouth and general health, so it is important to get a background on this to with consent of the patient.

Question 4

Part (a)

In the dental practice all dental staff should understand the importance of good oral hygiene. The hygienist, dentist and nurse play an important role in educating the patients. Visiting the hygienist and dentist regularly will help maintain good oral health. They will educate the patient on how maintaining good oral hygiene can affect the whole-body health not just the teeth and mouth. This will help wellbeing.

We are trained to educate patients with good communication, demonstrating an understanding of what is going on in the body. Asking the patient to repeat things back to you is a great example of how to check they understand what you have explained.

Someone could be a diabetic or have a heart condition and these can all affect oral health. Mouth ulcers, cold sores and a sore tongue are all monitored and observed.

The patient is educated on brushing techniques, interdental cleaning and how sugar causes tooth decay. By checking the patient's medical history and lifestyle they will have more of an idea of why a patient may be suffering with certain oral conditions and address the problem. For example, if the patient is a smoker this will affect their gums and blood supply to the gums, but also affects the whole-body health. It can also disguise how bad the gum disease actually is. People who stop smoking say they can taste better, as well as all the other side effects it has. As a dental nurse, we can give advice on oral hygiene and instruct how this can be maintained and we can give medical advice. We can explain how tooth decay and gingivitis can be prevented, demonstrate toothbrushing techniques and how to use interdental aids. As a team we need to reinforce the importance of oral healthcare on the whole body. How lifestyle and social behaviours like alcohol, smoking and stress can affect you and the mouth. We need to be able to notice the signs in the mouth. Discuss mouth cancer and other

conditions. The dentist and hygienist will do examinations and recordings of what they find and compare results at the following visits. This is why it is so important to be seen regularly by a professional.

As a dental nurse we would not diagnose anything, but we can still mention to the dentist if we see a red mark on the palate of a patient who says they smoke 20 cigarettes a day. Smoking and alcohol are a big cause of mouth cancer, amongst other types of cancer.

The patient may say something to a dental nurse rather than the dentist that might be important. This must all be recorded. I had a patient once who came in and he had had implant surgery a week before. I was speaking to him before the dentist, just general chatting, and he told me he had been on holiday the previous week, not had much sleep, forgot to take the medication and was drinking and smoking and had not brushed around the areas as explained. When the dentist looked into the mouth, the sites were not healing, the suture and all around were covered in plaque and were red and inflamed. He never told the dentist what he had been doing the previous week, but I had already made a record on the computer and informed the dentist. I knew this was an important part of the healing and the dentist needed to know this. We went through again the importance of the cleaning and healing process and asked him to repeat it back to us, so we knew he understood.

Part (b)

Continuing education is very important. Things are constantly changing and evolving in dentistry, and we need to be aware of current advice and practices. Continuing professional development is important because it ensures you continue to be competent in your profession. It is an ongoing process and continues throughout our professional career. We owe it to our patients to provide the most up-to-date care and treatment. As a dental nurse we can upskill to an oral health educator to provide oral hygiene instruction to the patient in more detail. This could be part of a development plan. It is important to reflect on a subject and develop these skills. Focussing and reflecting on what I learn during the year makes me become more conscious and proactive as a professional.

Reading articles, joining webinars, reading research and other materials regularly keep your mind active and current.

Joining groups and networking are a good example of when you can discuss your thoughts and get involved outside of the practice. There are many groups on social media which keep things current.

There are many journals that offer courses and webinars to help you to achieve your goals for your personal development. The PDP is your own responsibility to keep up to date and by doing this you are setting yourself goals which keep you motivated and up to date. The dental world is changing all the time.

When reading these articles and doing these courses it makes you aware of evidence-based oral health information, (for example fluoridation in the water and fluoride in toothpaste are two examples of evidenced-based oral health programmes we provide for patients). They have been proven and researched. There are many evidence-based oral information articles and knowing and reading these will help you to help your patients. Each patient has a different need and having relevant up-to-date knowledge is a must.

Having this knowledge can aid putting together a homecare programme to suit each individual patient. This means keeping up to date on the latest oral health advice including social health and mouth health, cessation of smoking, brushing twice a day, cutting down on sugary snacks and drinks, alcohol intake awareness, medication and providing education to the patient. The patient needs to understand why we put these programmes in place for them and how it will help them long term.

Theme 3: accurately record patients' dental information to contribute to their treatment and dental care charts, using technology where appropriate

Question 5

Part (a) Referring to your own experience, describe your role in accurately recording a patient's dental information using dental charting during an oral health assessment and treatment planning session.

Part (b) Referring to your own experience, explain how IT and electronic recording systems support in accurately recording a patient's information.

Question 6

Part (a) Referring to your own experience and knowledge, discuss how you apply the guidelines and requirements for good record keeping during and after an oral health assessment.

Part (b) Referring to your own experience, assess the implications for the patient, dental practice and your role as a dental nurse of not correctly recording a patient's information.

Student evidence

Question 5

Part (a)

During an examination, my role is to record information. First, we will check with the patient if it is ok to obtain the information. We will check the name, address and contact details at the start of each visit, confirmed verbally, usually by the nurse. Principle 4 of the GDC standards is to maintain and protect patients' information.

The dentist will check in the patient's mouth by doing several different examinations, to get as much information as possible. The dentist will update their medical history, this must be updated every visit verbally and updated every time a treatment is started, including social history - this includes how much they smoke or drink alcohol, sugar consumption, teeth grinding, oral hygiene routine: do they use floss, how many times a day do they brush their teeth? This is recorded by me at every check up on the computer on the patient's records.

And finally, their dental history - this includes how often they visit the dentist, patient's expectations, and desires from the visit and the treatment.

All the information can help build a picture of the patient so we can give the correct advice and record it as a baseline charting. In the UK, this is Palmer charting where every tooth has a number per quadrant 1 to 8 starting from the midline. Most dentists will start upper right, but they will tell you where they will start if it is a different starting point. The dentist will call out the tooth notation and I will choose the correct charting to record the teeth present and if it is restored or if it is unrestored, which material was used, whether it is root filled or missing. I would record whether the patient wears a denture or has implants present. The correct terminology used; decayed, missing, or filled, for example.

The next chart will be the periodontal charting, normally a basic periodontal examination (BPE) chart at this stage. This is done annually as a minimum, where the BPE probe measures a sextant score of 0.1 or 2 if one tooth or more has a reading of 3 or more then, a full 6ppc (6 point pocket depth chart) should be done on that tooth. If any sextant has a score of 4 or 8 then all teeth should have a 6ppc.

An extra oral examination will be undertaken to check any abnormalities and an intraoral soft tissue examination to check signs or abnormalities.

I will then set the recall interval.

Record keeping is important and essential, keeping accurate dental records is to deliver quality patient care and follow-up. They help to reach an accurate diagnosis and in preventing adverse incidents, such as the wrong tooth being treated. Dental records are essential for patient and dentist protection, it is considered an ethical and legal obligation of the dentist. These can be used medico-legally in the future so they must be accurate.

We will also get as much information as we can about the patient's lifestyle, social and medical history. As the dentist is discussing everything with the patient, I would make notes. These must be done contemporaneously (at the time) The patient's records will lock (normally around midnight) so they cannot be changed, and they should not be edited.

As the discussion continues, I will make more detailed notes and start to get a feel of the treatment plan, sometimes the patient does not always understand the 'dentist talk' so it is good for the dental nurse to sometimes translate into patient language. This also builds a good relationship with the patient. The dental nurse is also there to be a chaperone for the dentist. The dental nurse will record all the information and any comments the patient may say. The options discussed, what was advised, and the advantages and disadvantages discussed with each option.

The treatment plan will be recorded on the computer and printed out when decided which option is preferred, the patient will get a copy and the appointments on the screen ready to be made.

This is all completed by the nurse during the appointment. It is important for the nurse to listen and concentrate.

Part (b)

IT and electronic systems are beneficial for recording dental information because they hold a patient's records for years and they cannot be edited. They are stored and encrypted in one place. They make it easy to compare the previous recordings, notes, and charting. They increase the administrative efficiency through the use of information technology. If something has not been written down it never happened - therefore, it is so important that everything is recorded at the time of discussion.

Everything can be scanned in one place. The patient's history, communication, how many appointments they cancelled or missed, all dental x-rays, photographs, medical history, discussions that have been had. This is also a legal chart of a patient's identity and could be asked for use by the police if needed.

Records are also used in GDC fitness to practise cases and are used as evidence.

The systems already have built in templates and forms ready for completion and prompt to record all the information fully. There are many different software systems out there and we all need to get trained on how to use these.

Software systems can generate reports and complete history on the computer if needed.

There is technology set up to record images with an intraoral camera. This is used during the examination to explain to the patient and show the patient images of their own teeth, this enables us to clearly explain what we are talking about.

They include a diary management system which manages appointments and payment information, as well as personal information.

They also enable us to make referrals and check on any letters that have been generated or received.

The IT also gives the ability to make NHS claims and run audits.

All information is protected under pins and passwords.

Question 6

Part (a)

After an oral health assessment everything is recorded on the computer system within the patient's records. Confidentiality is maintained as I ensure all records are stored securely. All electronic records are password protected and computers are locked when I am not at the computer. I ensure the relevant information is stored on the correct patient's records and only relevant information is stored. I would ensure I will only share information with those who are permitted to keep everything confidential. Any records no longer needed are disposed of correctly after 11 years, in accordance with GDPR regulations.

Any patient information not stored electronically must be secured in a locked, metal, fireproof cabinet.

Part (b)

I was in a situation where I assisted with the patient when taking x-rays and CT scans.

The dentist had written down which tooth notation was required, the type of scan and any other details which were required to take the CT. The dentist called the nurse in who was taking the CT scan, explained to her which CT was required and what tooth notation to set up for, wrote it down on the consent form for the patient and got the patient to sign.

I helped to prepare the machine by entering the patient's details and the nurse inputted the settings as prescribed and I called the patient in. We asked the patient to remove all their jewellery and explained what we were going to do. The patient was happy to proceed. The patient removed her denture which was replacing one

single tooth, upper left 2. The nurse asked the patient whether she was planning to undergo implant treatment? The patient replied yes but all the while was holding her hand over her mouth as she had a gap and was embarrassed.

We were ready to take the scan. The nurse asked the patient to get into position and then noticed she had a gap on upper right 2 not upper left 2 as specified on the sheet.

We paused for a moment and checked everything that was written on my paper and then asked the patient which tooth she was planning on replacing with an implant. She said upper right 2.

We promptly stopped what we were doing and asked the patient to take a seat explaining we needed to confirm which tooth we were taking a CT scan of. I stayed with the patient whilst the nurse went to check with the dentist. The dentist came in and confirmed it was in fact upper right 2 not upper left 2, they had written the wrong side. The dentist had filled the form in copying the charting which also said upper left 2 was missing. I am not sure whether the dentist had said upper left 2 instead of upper right 2 or whether the dental nurse had been charting from the wrong side. The charting had to be changed and the notes that were written and the form we had. We had to change the CT scan notation and settings to the correct side. The patient had to also given consent again with the correct notation of tooth on the form she was signing.

Now, this could have caused so many errors. The treatment plan would be written incorrectly, the laboratory docket for a temporary prosthesis would have been written wrong. The CT scan would have been taken wrong and this would have meant we would have given the patient an unnecessary dose of radiation and had to take the CT scan again on the correct side.

This could have been worse as if the patient had not worn a denture, then we would not have known. The patient could have gone as far as being sedated and then the wrong tooth being removed in an extreme case.

Just by one single mistake this could result in medico-legal action, and all involved would be investigated. I always think it is best to check something if you are not sure or you didn't hear the dentist or if something doesn't make sense.

Examiner commentary

The student demonstrated that they can communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery by demonstrating flexible and constructive person-centred care when explaining their own experience with an anxious patient and then helping the patient without the appointment.

The student explained that they took appropriate precautions reliably, were alert and responded to relevant healthcare principles when implementing duty of care and candour by showing they understood the GDC standards and giving examples of these within their own experiences

The student showed they understand maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency when explaining this in question 4, discussing the importance of CPD and a PDP.

The student understood how to work as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individual's privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information during the discussion on helping the patient who did not have an appointment, involving the GDC standards regarding privacy and patient-centred care. They were not aware of the possible safeguarding issue, which is a learning curve and guidance for the future.

The student could develop their communication with the patient by furthering their explanations of treatment and procedures. For example, for the anxious patient they could have offered to explain the procedure step-by-step during the next visit so the patient could feel more in control and ease their anxiety. They also could explain the reasons for dry socket in more depth to the patient to deepen the patient's understanding of their own oral health.

Overall grade descriptors

The performance outcomes form the basis of the overall grading descriptors for pass and distinction grades.

These grading descriptors have been developed to reflect the appropriate level of demand for students of other level 3 qualifications, the threshold competence requirements of the role and have been validated with employers within the sector to describe achievement appropriate to the role.

Grade	Demonstration of attainment
Pass	<p>A pass grade student can:</p> <ul style="list-style-type: none"> • carry out a range of dental procedures to support dental professionals at the chairside, by demonstrating adequate knowledge and skill of: <ul style="list-style-type: none"> ○ current legislation regulations to maintain a safe working environment ○ infection control in relation to health technical memorandum (HTM) 01-07 and hand hygiene ○ instruments and equipment used in a dental surgery, including correct storage in relation to HTM 01-05 ○ anatomy and physiology ○ dental treatments ○ duty of care to patients in relation to GDC Scope of Practice • provide factual information and up-to-date advice to help patients to maintain and improve their oral health by demonstrating adequate knowledge and skill of: <ul style="list-style-type: none"> ○ oral disease causes and preventions - provide patients with basic diet advice, as well as demonstrating the correct techniques for toothbrushing and interdental aids ○ the role of dental professionals and the healthcare team in respect of patient management (for example, checking the patient understands the treatment plan and ensure further appointments are appropriately booked if required) • accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate, by demonstrating adequate knowledge and skill of: <ul style="list-style-type: none"> ○ the principles of dental charting and soft tissue assessment including: <ul style="list-style-type: none"> ▪ federation dentaire internationale (FDI) ▪ Palmer notation ▪ basic periodontal examination (BPE) ▪ periodontal charting ○ the use of information technology and electronic systems within a dental setting • prepare, mix and handle filling and impression material in an appropriate and timely way by demonstrating adequate knowledge and skill of: <ul style="list-style-type: none"> ○ filling and impression materials ○ ensuring there is ventilation

	<ul style="list-style-type: none"> ○ adjusting room temperature accordingly ○ mixing equal amounts of materials if required <p>Students should demonstrate content covered in all bullet points where applicable to be awarded a pass.</p>
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> • carry out a range of dental procedures to support dental professionals at the chairside, by demonstrating exceptional knowledge and skills of: <ul style="list-style-type: none"> ○ current legislation regulations to maintain a safe working environment and the purpose of regular training and enhanced continuing professional development ECPD ○ infection control in relation to HTM 01-07 and hand hygiene, including social, clinical and aseptic ○ instruments and equipment used in a dental surgery, including correct storage in relation to HTM 01-05 and the purpose of audits ○ anatomy and physiology ○ dental treatments and their respective referral process, if necessary ○ duty of care to patients in relation to GDC Scope of Practice, GDPR, Equality Act 2010 and safeguarding • provide factual information and up-to-date advice to help patients to maintain and improve their oral health by demonstrating exceptional knowledge and skills of: <ul style="list-style-type: none"> ○ oral disease causes and preventions • provide patients with: <ul style="list-style-type: none"> ○ basic diet advice ○ demonstration of the correct techniques for toothbrushing and interdental aids ○ potential health risks ○ local health initiatives that will help to maintain and improve oral health (for example, smoking cessation services) ○ information about the role of dental professionals and the healthcare team in respect of patient management, including patients who have determinants of health inequalities in the UK and internationally that support oral health planning and improvement • accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate, by demonstrating exceptional knowledge and skills of: <ul style="list-style-type: none"> ○ principles of dental charting, and soft tissue assessment including: <ul style="list-style-type: none"> ▪ FDI ▪ Palmer notation ▪ BPE ▪ periodontal charting ▪ use of information technology and electronic systems within a dental setting

	<ul style="list-style-type: none">▪ effective and contemporaneous note-taking▪ good use of time management• prepare, mix and handle filling and impression material in an appropriate and timely way by demonstrating exceptional knowledge and skills of:<ul style="list-style-type: none">○ filling and impression materials○ ensuring there is ventilation○ adjusting room temperature accordingly○ adjusting the lighting accordingly○ mixing equal amounts of materials if required○ communicating with the dentist, as well as observing their actions, to determine when to prepare materials <p>Students should demonstrate content covered in all bullet points where applicable to be awarded a distinction.</p>
--	---

Document information

Copyright in this document belongs to, and is used under licence from, the Institute for Apprenticeships and Technical Education, ©2022- 2023.

'T-LEVELS' is a registered trade mark of the Department for Education.

'T Level' is a registered trade mark of the Institute for Apprenticeships and Technical Education.

The T Level Technical Qualification is a qualification approved and managed by the Institute for Apprenticeships and Technical Education. NCFE is currently authorised by the Institute to develop and deliver the Technical Qualification in Health

'Institute for Apprenticeships & Technical Education' and logo are registered trade marks of the Institute for Apprenticeships and Technical Education.

Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Post approval, updated for publication.		April 2023