



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Dental Nursing

Assignment 5 - Professional discussion - Pass

Guide standard exemplification materials (GSEM)

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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 went to reception and introduced myself, she was very nervous. I decided to talk to her first to find out what the things were that worried her being in the dentist. I found out that she did not like the sound of the drills. I spoke to her in a calming manner to reassure her. I explained that the dentist will have a look into her mouth.

The patient agreed to enter the surgery.

The dentist spoke to her calmly, and we managed to get her to agree to sit back in the dental chair. The lady was very nervous. I kept checking she was ok and reassuring her. We did a check-up and found out which teeth were causing her pain. I made notes and made note she was a nervous patient.

Part (b)

I was aware the patient could not wait to get out of the dental chair, so as soon as we finished the check-up, we let her sit up and get out of the chair

We sat and explained the treatment that was required, and I could see the patient was nearly crying with worry. We reassured the patient. I told her that we could explain everything step by step before we did it on the day so she was in control and could raise her left arm if she wanted us to stop at any time. The patient started to relax a bit with us and even gave us a little smile. By listening to the patient and showing her that we understood her and how scared she was, it put her at ease.

I made sure during this time with the patient I used positive wording. I provided support for the patient. We coordinated the treatment around the requirements identified by the patient.

I was aware I needed to smile and nod as this can go a long way as a non-verbal communication. It tells the patient they can relax around you.

I made sure I kept my voice calm to reassure the patient.

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. 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.

The patient asked if she could talk alone with one of us. The receptionist took her to one side, the patient said she did not want her husband to come into the surgery with her.

I informed the dentist and he said this may be a safeguarding matter.

I brought the patient through to the surgery and the patient told us 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 advised the patient that her husband could wait in the waiting room whilst she went into the surgery.

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. When the patient left, she was very grateful.

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. We have a list of who we need to go to for any issues or complaints. We have policies in place which are updated yearly. We gain consent for all treatment and when asking for information this is verbal and written. 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, 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 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 do not do any work we are not trained for. We all work as a team together supporting each other to give the best patient care. We all undertake and update this every year and develop our skills. We are all responsible for keeping record of this and registering it with the GDC on a yearly basis.

We learn how to listen to the patients and communicate in an effective manner, adjusting to the patient's needs. I think keeping up with current guidelines is very important and it's good to get into a routine to maintain a personal development log and keeping up to date.

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.

We found out he had been living with his grandma for years and had been a bit neglected and did not realise or had never been told why he needed to brush his teeth. Our hygienist came in and explained to him briefly what we needed to do and why it is important to brush his teeth.

We asked the patient if it was ok to remove calculus as this is what is making his gums inflamed. The patient was not aware of any of this and was happy to continue with everything that was required.

We used the ultrasonic scaler and explained his teeth may feel sensitive after.

We demonstrated how to brush his teeth 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, for example.

We explained the importance of cleaning in between the teeth as the toothbrush cannot get in these areas and the reason behind this. Plaque left can cause gum disease.

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 he used a fluoride mouthwash. Fluoride helps to protect the teeth.

We provided the patient with an oral hygiene programme suited to him. We asked him to show us how he will brush his teeth and gave him some floss to use.

Part (b)

There are so many oral conditions, most common is gum disease. This is when the gums are inflamed, due to plaque being left on the teeth. This could be not brushing very well such as not brushing all the teeth and the gums or not cleaning in between the teeth by using floss.

By brushing the gums and the teeth, cleaning in between the teeth, and ensuring all debris is removed twice a day can help his gum disease.

The idea is to keep up to date with research and know which is the most current method of treatment. Reading articles are good for this.

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 and 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 medication also have an impact on their mouth.

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.

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.

We show the patient brushing techniques, interdental cleaning, and how sugar causes tooth decay.

We check the patient's medical history. For example, if the patient is a smoker this will affect their gums.

As a dental nurse, we can give advice on oral hygiene and instruct how a patient can maintain good oral hygiene, but we do not 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 and how social behaviours like alcohol and smoking can affect the mouth.

We also 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. 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 surgical procedure the week before, he had been smoking, and had not brushed around the area or followed the post op advice.

When the dentist looked into the mouth, the sites were not healing. He never told the dentist what he had been doing the previous week. I informed the dentist. I knew this was an important part of the healing and the dentist needed to know this.

Part (b)

Things are constantly changing and evolving in dentistry, so we need to keep up to date.

CPD is important because it ensures you continue to be competent in your profession.

It is an ongoing process. It is important to reflect on a subject and develop. I have to reflect on what I learn during the year which makes me keep up to date.

Reading articles, and doing courses are one way of getting you CPD credits.

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.

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 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 is different and therefore needs different advice. Oral health advice includes social health and mouth health. Advising the patient to stop smoking, to brush twice a day, and cutting down on sugary snacks, drinks and alcohol. Medication can also be a factor.

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. We will check the name, address, and contact details at the start of each visit.

We need to maintain and protect patients' information. We will update this on the records and medical history form.

The dentist will check in the patient's mouth by doing several different examinations to get as much information as possible. We must check the social history - this includes how much they smoke or drink alcohol, sugar consumption, oral hygiene routine: do they use floss, how many times a day do they brush their teeth? And finally, their dental history - this includes how often they visit the dentist.

We record teeth present as a baseline charting.

We record the teeth that are present, missing, decayed, or filled. We also chart if there is a crown or filling on the tooth and which material it is.

Another chart will be the periodontal charting, normally a BPE chart at this stage. This is done annually as a minimum, where the BPE probe measures teeth in sextants.

If the scores are high, then the patient should have a 6ppc (6 point pocket depth chart).

We will check the tongue and cheeks, and then an extra oral exam.

We will then set the recall interval.

Record keeping is important, records will prevent the wrong tooth being treated and can be used as a legal document also.

As the dentist is discussing everything with the patient, I would make notes on the patient's records. These must be written (at the time). These records should not be changed after.

Sometimes I will have to help out and explain what the dentist is talking about so the patient understands.

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, and what was advised.

The treatment plan will be recorded on the computer and printed out when it is decided which option the patient will choose.

This is all completed by the nurse during the appointment, it is important for the nurse to listen.

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 notes and charting.

All the patient's history and communication are stored in one place.

This is also a legal chart and could be asked for use by the police.

The GDC can also ask to see these records if a patient complains.

The systems already have built in templates.

The computer can also generate reports

Digital imagery and digital radiography are all linked to the patient records.

It can manage appointments, payments, and personal information.

We can also send referrals and check on any letters that have been sent or received.

The IT also gives the ability to make NHS claims.

All information is protected under passwords.

Question 6

Part (a)

After an oral health assessment everything is recorded on the computer system within the patient's records. These records are stored securely with a password. The computers must never be left unattended when logged in.

I ensure the correct information is stored on the correct patient's records and only relevant information is stored.

We must never give anyone's information out to anyone else.

Any patient information not stored on the computer must be secured in a locked, fireproof cabinet.

Part (b)

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

The dentist wrote down which tooth notation for a CT scan and the type of scan required. The dentist called the nurse in who was taking the CT scan and explained to her which CT was required. The dentist took consent from the patient.

Luckily, before the CT scan was taken, I noticed the tooth was written wrong on the patient's notes because the patient removed the denture for upper right 2, not upper left 2 as was written on the form. They had written the wrong side. It should have been upper right 2.

I had to stop the CT scan and talk to the dentist to confirm which was the correct tooth before setting up for the scan again. 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 on the form we had. We had to change the CT scan notation.

This could have caused problems as the treatment plan would have been written wrong and the laboratory docket would have been written wrong.

The CT scan would have been taken wrong and needed retaking which would mean an unnecessary dose of radiation which is not good for the patient.

Just by one single mistake this could result in a complaint further down the line and all involved would be investigated. This taught me to always double check if something doesn't make sense.

Examiner commentary

The student demonstrated working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals by helping the patient who was in pain and did not have an appointment.

The student was able to recognise and respond to relevant healthcare principles when implementing duty of care and candour, including demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality by helping the patient when she did not want her husband in the surgery.

The student worked adequately 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 with the team and the patients when providing oral health advice and helping the patient who did not want the husband in the surgery.

To improve on their performance, the student could have developed their demonstration of working in a person-centred way by creating a more relaxing situation for the anxious patient by taking the patient to a separate room, having a chair in the surgery for the patient other than the dental chair, and talking with the patient about some things they could do to prepare for the next appointment. When communicating about the patient's needs, the student could have asked more open questions to ascertain exactly what the root cause of the problem was and communicated this with the dentist before the patient entered the surgery.

To improve the quality of answers given, the student could have given a more thorough explanation of dental terminology, processes, and techniques. The student could have also given more specific examples and expanded on examples that they did give.

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>
<p>Distinction</p>	<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

- 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:
 - 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

Students should demonstrate content covered in all bullet points where applicable to be awarded a distinction.

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Change History Record

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