**Appendix 2**

**Workplace Based Assessments**

There are two main types of workplace based assessments of technical clinical skills-DOPs and PBAs (procedure based assessments). PBAs are used within specialty training as the “gold standard” and can be used as evidence for summative assessment –they are very detailed, and allow the flexibility to alter the parameters observed depending on the clinical procedure. DOPs are more generic and allow for multiple assessments of the same procedure. Acceptable evidence of clinical competency upto tier 2 level would consist of either:-

PBAs observed and validated by an external assessor upto level 4 –independent practice-one for each clinical competency designated within the curriculum, or multiple DOPs again validated by an external assessor and again for each competency within the curriculum

NB implantology is not currently commissioned for under tier 2 NHS services so there would be no requirement to submit evidence of competency in this clinical skill.

Examples of forms used-a generic DOPs form and two PBAs-exposure of an ectopic tooth and excision of a mucocoele.

**Direct Observation of Procedural Skills (DOPs)**

Name of Clinician

Name of assessor

Qualifications of assessor Date

Procedure observed

Level of difficulty of procedure tier 1 tier 2 tier 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the following areas using the scale 1 - 6** | Below expectations for tier 2 provider | Borderline for tier 2 provider | Meets expectations for tier 2 provider | Above expectations for tier 2 provider | Unable to comment (U/C) or not applicableN/A |
| 1 | 2 | 3 | 4 | 5 | 6 |  |
| 1 Demonstrates understanding of indications, relevant anatomy, technique of procedure |  |  |  |  |  |  |  |
| 2 Obtains informed consent |  |  |  |  |  |  |  |
| 3.Demonstrates appropriate preparation pre-procedure |  |  |  |  |  |  |  |
| 4. Appropriate analgesia |  |  |  |  |  |  |  |
| 5. Technical ability |  |  |  |  |  |  |  |
| 6. Aseptic technique |  |  |  |  |  |  |  |
| 7. Post procedure management |  |  |  |  |  |  |  |
| 8. Consideration of the patient/ Professionalism |  |  |  |  |  |  |  |
| 9. Communication skills |  |  |  |  |  |  |  |
| 10. Overall ability to perform procedure |  |  |  |  |  |  |  |
|  \*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment. |

Anything especially good?

Suggestions for development?

Name of Assessor Signature

**Oral Surgery PBA: Exposure of ectopic tooth**

**APPROVED SURGICAL TEMPLATE Jun 06 updated 10.07**

|  |  |  |
| --- | --- | --- |
|  **Dentist** | **Assessor:** | **Date:** |
| **Assessor’s Position\*:**  | **Email** (institutional)**:** | **GDC No:** |
| **Duration of procedure** (mins)**:** | **Duration of assessment period** (mins)**:** | **Hospital:** |
|  **Operation more difficult than usual? Yes / No** **(**If yes, state reason) | Tick this box if this PBA was performed in a **Simulated** setting.  |

**\*** Assessors are normally consultants (senior trainees may be assessors depending upon their training level and the complexity of the procedure)

**IMPORTANT:** The trainee should explain what he/she intends to do throughout the procedure. The Assessor should provide verbal prompts if required, and intervene if patient safety is at risk.

**Rating:**

**N =** Not observed or not appropriate

**D =** Development required

**S =** Satisfactory standard for Tier 2 cntract(no prompting or intervention required)

| Competencies and Definitions | Rating**N/D/S** | Comments |
| --- | --- | --- |
|  | Consent |  |  |
| C1 | Demonstrates sound knowledge of indications and contraindications including alternatives to surgery |  |  |
| C2 | Demonstrates awareness of sequelae of operative or non operative management |  |
| C3 | Demonstrates sound knowledge of complications of surgery |  |
| C4 | Explains the procedure to the patient / relatives / carers and checks understanding |  |
| C5 | Explains likely outcome and time to recovery and checks understanding |  |
|  | Pre operative planning |  |  |
| PL1 | Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies / techniques to deal with these  |  |  |
| PL2 | Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations  |  |
| PL2a  | Clinical examination for tipped or mobile teeth, and palpates for ectopic tooth |  |
| PL2b | Recognises need for parallax, CBT, and ensures has images available preoperatively to identify the position of the ectopic tooth |  |
| PL3 | Checks materials, equipment and device requirements with operating room staff |  |
| PL4 | Ensures the operation site is marked where applicable |  |
| PL5 | Checks patient records, personally reviews investigations |  |
|  | Pre operative preparation |  |  |
| PR1 | Checks in theatre that consent has been obtained |  |  |
| PR2 | Gives effective briefing to theatre team |  |
| PR3 | Ensures proper and safe positioning of the patient on the operating table |  |
| PR4 | Demonstrates careful skin preparation |  |
| PR5 | Demonstrates careful draping of the patient’s operative field |  |
| PR6 | Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)  |  |
| PR7 | Ensures appropriate drugs administered  |  |
| PR8 | Arranges for and deploys specialist equipment effectively eg: composite bonding kit, appropriate wound pack if open exposure |  |
|  | Exposure and closure |  |  |
| E1 | Demonstrates knowledge of optimum tissue sacrifice (open exposure) or flap (closed or apical repositioned exposure) |  |  |
| E2 | Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies and protects all structures correctly eg nasopalatine, greater palatine or mental nerves |  |
| E3 | *If appropriate:*  Excises appropriate amount of mucoperisoteal tissue to allow open exposure of tooth  |  |
| E4 | Completes a sound wound repair where appropriate leaving chain protruding through mucosa and attached in such a way as to not interfere with normal function, *OR* ensures haemostasis and places pack on removable appliance/ sutures pack in situ, *OR* repositions mucoperiosteal flap in such a manner that it is secure and creates adequate exposure of the ectopic tooth with or without a pack. |  |
|  | Intra operative technique: global (G) and task- specific items (T) |  |  |
| IT1(G) | Follows an agreed, logical sequence or protocol for the procedure |  |  |
| IT2(G) | Consistently handles tissue well with minimal damage |  |
| IT3(G) | Controls bleeding promptly by an appropriate method – diathermy or stay sutures as appropriate in palate |  |
| IT4(G) | Demonstrates a sound technique of knots and sutures/staples |  |
| IT5(G) | Uses instruments appropriately and safely  |  |
| IT6(G) | Proceeds at appropriate pace with economy of movement  |  |
| IT7(G) | Anticipates and responds appropriately to variation e.g. anatomy |  |
| IT8(G) | Deals calmly and effectively with unexpected events/complications – considers intraoperative imaging if tooth not easily located or complications arise |  |
| IT9(G) | Uses assistant(s) to the best advantage at all times |  |
| IT10(G) | Communicates clearly and consistently with the scrub team |  |
| IT11(G) | Communicates clearly and consistently with the anaesthetist |  |
| IT12 (T) | Locates ectopic tooth initially with minimal bone removal eg mitchell’s trimmer, and proceeds once certain is exposing correct structure |  |
| IT 13(T) | Removes sufficient bone overlying tooth with bur or chisel to ensure adequate exposure and to ensure that minimises risk to adjacent structures and teeth |  |  |
| IT 14(T) | *If appropriate:*  Achieves a bond to tooth with composite and chain and checks strength of bond |  |  |
|  | Post operative management |  |  |
| PM1 | Ensures the patient is transferred safely from the operating table to bed |  |  |
| PM2 | Constructs a clear operation note |  |
| PM3 | Records clear and appropriate post operative instructions |  |
| PM4 | Deals with specimens. Labels and orientates specimens appropriately |  |

**Global summary**

|  |  |
| --- | --- |
| **Level at which completed elements of the PBA****were performed on this occasion** | **Tick as****appropriate** |
| Level 0 | Insufficient evidence observed to support a summary judgement |  |
| Level 1 | Unable to perform the procedure, or part observed, under supervision |  |
| Level 2 | Able to perform the procedure, or part observed, under supervision |  |
| Level 3 | Able to perform the procedure with minimum supervision (needed occasional help) |  |
| Level 4 | Competent to perform the procedure unsupervised (could deal with complications that arose) |  |

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| --- |
| **Comments by Assessor (including strengths and areas for development):** |
| **Comments by dentist:** |
| **dentist Signature:** | **Assessor Signature:** |

Assessor training? No Written Web/CD Workshop Time taken for feedback (mins):

 Not at all Highly

dentist satisfaction with PBA 1 2 3 4 5 6 7 8 9 10

Assessor satisfaction with PBA 1 2 3 4 5 6 7 8 9 10

**Oral Surgery PBA: Excision of mucocele APPROVED SURGICAL TEMPLATE Jun 06 updated 10.07**

|  |  |  |
| --- | --- | --- |
|  **dentist:** | **Assessor:** | **Date:** |
| **Assessor’s Position\*:**  | **Email** (institutional)**:** | **GDC No:** |
| **Duration of procedure** (mins)**:** | **Duration of assessment period** (mins)**:** | **Hospital:** |
|  **Operation more difficult than usual? Yes / No** **(**If yes, state reason) | Tick this box if this PBA was performed in a **Simulated** setting.  |

**\*** Assessors are normally consultants (senior trainees may be assessors depending upon their training level and the complexity of the procedure)

**IMPORTANT:** The dentist should explain what he/she intends to do throughout the procedure. The Assessor should provide verbal prompts if required, and intervene if patient safety is at risk.

**Rating:**

**N =** Not observed or not appropriate

**D =** Development required

**S =** Satisfactory standard for tier 2(no prompting or intervention required)

| Competencies and Definitions | Rating**N/D/S** | Comments |
| --- | --- | --- |
|  | Consent |  |  |
| C1 | Demonstrates sound knowledge of indications and contraindications including alternatives to surgery |  |  |
| C2 | Demonstrates awareness of sequelae of operative or non operative management |  |
| C3 | Demonstrates sound knowledge of complications of surgery |  |
| C4 | Explains the procedure to the patient / relatives / carers and checks understanding |  |
| C5 | Explains likely outcome and time to recovery and checks understanding |  |
|  | Pre operative planning |  |  |
| PL1 | Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies / techniques to deal with these  |  |  |
| PL2 | Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations e.g. x-rays |  |
| PL3 | Checks materials, equipment and device requirements with operating room staff |  |
| PL4 | Ensures the operation site is marked where applicable |  |
| PL5 | Checks patient records, personally reviews investigations |  |
|  | Pre operative preparation |  |  |
| PR1 | Checks in theatre that consent has been obtained |  |  |
| PR2 | Gives effective briefing to theatre team |  |
| PR3 | Ensures proper and safe positioning of the patient on the operating table |  |
| PR4 | Demonstrates careful skin preparation |  |
| PR5 | Demonstrates careful draping of the patient’s operative field |  |
| PR6 | Ensures general equipment and materials are deployed safely (e.g. catheter, diathermy)  |  |
| PR7 | Ensures appropriate drugs administered and ensures local anaesthetic does not distort specimen |  |
| PR8 | Arranges for and deploys specialist equipment (e.g. image intensifiers) effectively |  |
|  | Exposure and closure |  |  |
| E1 | Demonstrates knowledge of, and employs, optimum mucosal incision to outline excision of mucocele |  |  |
| E2 | Achieves an adequate exposure through purposeful dissection in correct tissue planes and identifies all structures correctly. Uses either sharp and or blunt dissection judiciously |  |
| E3 | Avoids crushing specimen either by careful handling of mucosa with tissue forceps or transfixation with a suture |  |
| E4 | Deals with adjacent minor salivary glands appropriately |  |
| E5 | Completes a sound wound repair in layers where appropriate |  |
|  | Intra operative technique: global (G) and task- specific items (T) |  |  |
| IT1(G) | Follows an agreed, logical sequence or protocol for the procedure |  |  |
| IT2(G) | Consistently handles tissue well with minimal damage |  |
| IT3(G) | Controls bleeding promptly by an appropriate method  |  |
| IT4(G) | Demonstrates a sound technique of knots and sutures/staples |  |
| IT5(G) | Uses instruments appropriately and safely  |  |
| IT6(G) | Proceeds at appropriate pace with economy of movement  |  |
| IT7(G) | Anticipates and responds appropriately to variation e.g. branches of mental nerve |  |
| IT8(G) | Deals calmly and effectively with unexpected events/complications |  |
| IT9(G) | Uses assistant(s) to the best advantage at all times |  |
| IT10(G) | Communicates clearly and consistently with the scrub team |  |
| IT11(G) | Communicates clearly and consistently with the anaesthetist |  |
| IT12 (T) | Task-specific item (add as many task-specific items as required) |  |
|  | Post operative management |  |  |
| PM1 | Ensures the patient is transferred safely from the operating table to bed |  |  |
| PM2 | Constructs a clear operation note |  |
| PM3 | Records clear and appropriate post operative instructions |  |
| PM4 | Deals with specimens. Labels and orientates specimens appropriately |  |

**Global summary**

|  |  |
| --- | --- |
| **Level at which completed elements of the PBA****were performed on this occasion** | **Tick as****appropriate** |
| Level 0 | Insufficient evidence observed to support a summary judgement |  |
| Level 1 | Unable to perform the procedure, or part observed, under supervision |  |
| Level 2 | Able to perform the procedure, or part observed, under supervision |  |
| Level 3 | Able to perform the procedure with minimum supervision (needed occasional help) |  |
| Level 4 | Competent to perform the procedure unsupervised (could deal with complications that arose) |  |

|  |
| --- |
| **Comments by Assessor (including strengths and areas for development):** |
| **Comments by dentist:** |
| **Dentist Signature:** | **Assessor Signature:** |

Assessor training? No Written Web/CD Workshop Time taken for feedback (mins):

 Not at all Highly

Dentist satisfaction with PBA 1 2 3 4 5 6 7 8 9 10

Assessor satisfaction with PBA 1 2 3 4 5 6 7 8 9 10