

SEAADE 2022
Siem Reap

Getting Dental Education Back on Track



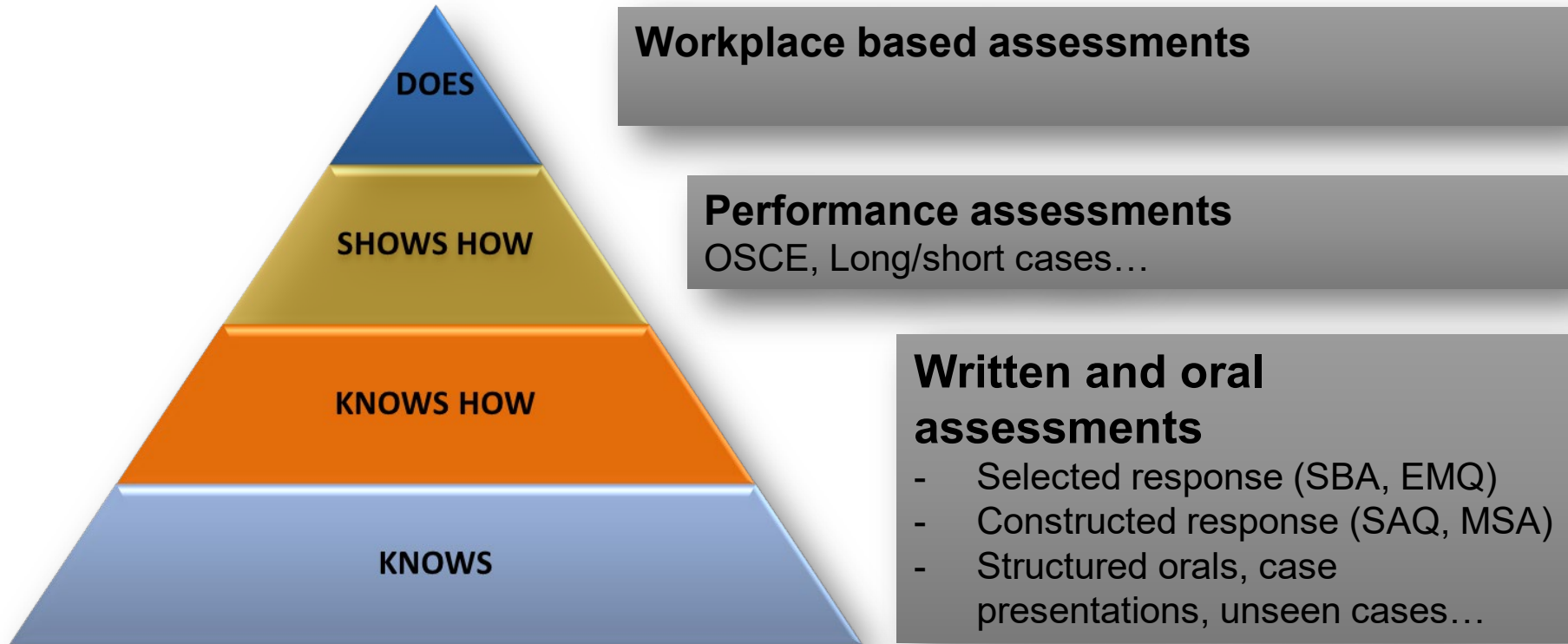
Assessing trainees in the workplace why and how?



Dr Sarah Manton

Director, Faculty of Dental Trainers

Why do we need workplace based assessments?



What is meant by 'Does'?

'Assessing the clinical skills, attitudes and behaviours during a real patient encounter'

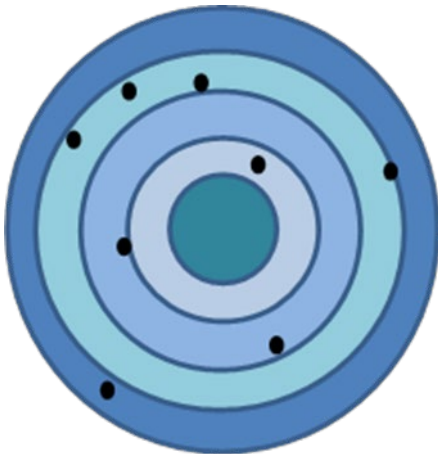
Purpose of the Assessment ?

- Selection
- Certification
- Monitoring Progress
- Evaluating training
- Diagnosing Difficulties

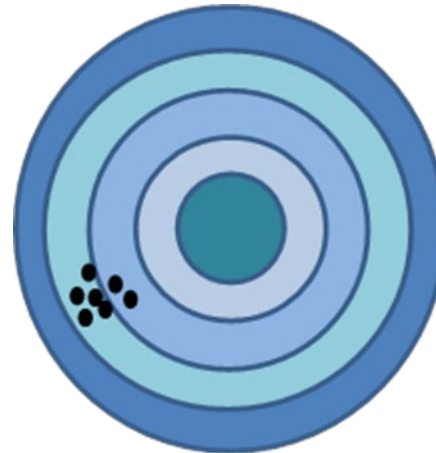


Validity and Reliability of an assessment

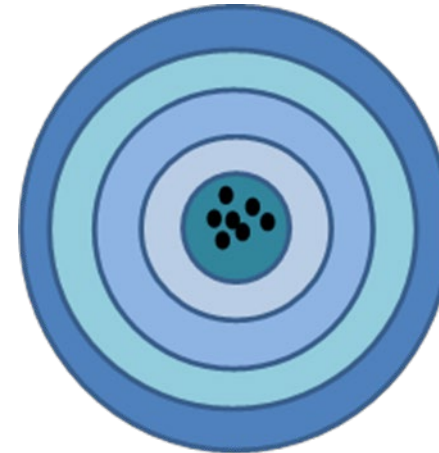
Neither valid nor reliable



Reliable



Reliable and valid



What is a workplace-based assessment?

- a clinical assessment observed in real time
- trainee is observed by a clinical trainer
- tests competency usually with a clinical technique or treatment
- linked to the learning outcomes & competencies in the training curriculum
- periodic throughout the training or after each clinical session/treatment episode
- allows progress to be monitored objectively

Why do we need workplace-based assessments (WPBAs)?

Needed to:

- ensure that the outcomes of a training programme have been fulfilled
- assess that the trainee is competent to perform the clinical requirements of the programme
- monitor and check the progress of trainees
- identify a trainee in difficulty
- support the trainee and put additional training in place when indicated
- protect patient safety

And also to

- promote a constructive dialogue between the trainee and trainer
- support reflection by both parties
- be part of an ongoing reflective log of activities
- encourage self-directed learning
- form part of a 'lifelong' portfolio of activity

*It is a **non-confrontational** encounter with the agreement of the trainer and trainee*

Should WPBAs be Formative or Summative?

- **Formative**
 - assessment for learning
 - occur throughout programme
 - provide feedback
 - identify learning needs
- **Summative**
 - assessment of learning
 - programme end-point
 - ascertain what learning has occurred
 - manage progression decisions



On what do we base training programmes and WPBAs?

The Course Curriculum and its Learning Outcomes

- A curriculum is a standards-based sequence of planned experiences where students practice and achieve proficiency in content and applied learning skills
- The curriculum is the central guide for all educators as to what is essential for teaching and learning
- Trainees must achieve the learning outcomes set out in the curriculum

.... describe, show understanding of, demonstrate etc

- A competency-based curriculum is a curriculum that emphasises what learners are expected to do rather than mainly focusing on what they are expected to know

In principle, such a curriculum is learner-centred and adaptive to the changing needs of students, teachers, and society

UNESCO

- The competency-based education (CBE) approach **allows students to advance based on their ability to master a skill or competency at their own pace regardless of environment.** This method is tailored to meet different learning abilities and can lead to more efficient student outcomes.

Robert Roe (2001)

What do you understand by 'competency' and how should it be defined?

- The ability to perform the task to the required standard?
- The ability to repeat the task to the same standard?
- The ability to retain the ability to undertake the task?

..... but is this in real terms possible?

Who should assess the trainee doing a WPBA?

- Training Programme Director?
- Educational Supervisor?
- Clinical Supervisor?
- Dental Care Professional e.g. Dental Nurse?
- Patient?
- All of these?



Training Programme Director (TPD)

- In the UK is a senior postgraduate role
- Overall supervisor and co-ordinator of the training programme for a number of PG trainees in e.g. specialty or foundation training
- Can be in primary or secondary care
- Provides advice, support and management – experienced in delivery of clinical service, training and education
- Co-ordinates clinical activities, e.g. rotations and progression assessments
- Responsible to the relevant Postgraduate Dean

Educational Supervisor

- The UK General Medical Council defines an Educational Supervisor as "a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a clinical training placement or series of placements."

Role of an Educational Supervisor

- Is responsible for an individual trainee (and often up to three trainees)
- Must complete a Recognition of Trainers process or equivalent training
- Hold regular meetings with their trainee/s to agree training plan, provide feedback on performance, give advice, discuss educational needs and career progression
- Can often include a pastoral and mentoring role that is strictly confidential
- Provides reports to TPD prior to a meeting to discuss progress
e.g. Annual Review of Competency Progression (ARCP)

1. Ensuring safe and effective patient care through training
<ul style="list-style-type: none"> • Balancing the needs of service delivery with education • Allowing trainees, when suitably competent, to take responsibility for care, appropriate to the needs of the patient • Developing appropriate induction
2. Establishing and maintaining an environment for learning
<ul style="list-style-type: none"> • Creating a learning environment • Identifying and planning learning opportunities • Dealing with diversity and providing equality of opportunity (update required three-yearly)
3. Teaching and facilitating learning
<ul style="list-style-type: none"> • Assessing learning needs • Using a variety of methods to deliver the curriculum • Skills teaching • Developmental conversational skills, e.g. supervision, mentoring, coaching
4. Enhancing learning through assessment
<ul style="list-style-type: none"> • Principles of workplace-based assessment • Use of commonly used tools, e.g. mini-CEX, MSF • Giving effective feedback
5. Supporting and monitoring educational progress
<ul style="list-style-type: none"> • Setting and reviewing learning objectives • Purpose and processes of portfolios • Annual review of competence progression • Identification, diagnosis and management of the trainee in difficulty
6. Guiding personal and professional development
<ul style="list-style-type: none"> • Personal development planning • Career guidance and advice
7. Continuing professional development as an educator
<ul style="list-style-type: none"> • Specific specialty and/or Foundation training requirements

The Framework for Recognition

is based on 7 key areas that are considered to be essential to the role of supervision

- Educational Supervisors must fulfil all 7 standard areas
- Clinical trainers must fulfil areas 1,2,3,4 & 7

Academy of Medical Educators

Role of a Clinical Trainer

- The day-to-day oversight of trainees in the workplace and is an activity that involves all clinicians who supervise trainees
- Provides constructive feedback to inform the decision about whether the trainee should progress to the next stage of their training at the end of that placement and/or series of placements
- The Educational Supervisor should not be the clinical trainer for one of their trainees

What are the similar or equivalent roles for UG students and PG trainees overseas?

The Annual Review of Competency Progression (ARCP)

- Is a formal review of evidence to monitor a trainee's progress throughout each stage of their specialty training
- Trainees are reviewed each year to ensure that they are offering safe, quality patient care, and to assess their progression against the standards and competencies set down for each stage in the curriculum for their training programme

What are the types of WPBAs?

- **Direct Observation of Procedural Skills (DOPS)**
- **Case-based Discussion (CbD)**
- **Mini-Clinical Evaluation Exercise (mini-CEX)**
- **Longitudinal Evaluation of Performance (LEPS)**
- **A Dental Evaluation of Performance Tool (ADEPT)**
- **Multi Source Feedback (MSF)**
- **Complete Assessment Feedback System (CAFS)**
- **LiftUpp**
- **Clinical Encounter Cards (CEC)**
- **Blinded Patient Encounters (BPE)**

What about a Log Book?

- Used to record the number of cases, procedures undertaken
- Rationale is to complete the minimum number of cases considered necessary to achieve competency
- Often no direct observation recorded
- Structured feedback may not be involved and not 'compulsory'
- How many times does a student need to repeat a technique to be competent?

Do some regulators/institutions want not only evidence of WPBAs, but also a record of how many clinical procedures/encounters have taken place?

The e-Portfolio

- an ongoing record of personal training
- contains WPBAs, clinical audits, research projects etc
- written reflection by the trainee very important and confidential
- is continuous from one training post to another
- important record for progression with training

DOPS: Direct Observation of Procedural Skills

- used to assess practical psychomotor skills in a normal clinical setting
- assess a single technique/skill e.g. giving local anaesthetic, cutting a cavity, placing a restoration
- assessment forms designed specifically to reflect one or a range of clinical techniques/skills
- assessed on basis of being competent or incompetent
- students can ask to be assessed when they think they are competent
- student reflection required
- estimated that a skill has to be performed correctly at least 6 times to achieve competency

But

- Variation between assessors
- Assessors should be standardised and calibrated
- Trainees can avoid techniques / skills they are not confident to perform
- Trainees can choose 'soft' assessors
- Assessors can avoid negative feedback
- Is the encounter repeated enough to ensure reliability and competence?



Trainee		Assessor	
Name / GMC/GDC/IMC number:		Name / GMC/GDC/IMC number:	
Assessment date:		Hospital DOPS took place:	
FEEDBACK:			
Verbal and written feedback is a mandatory component of this assessment.			
General			
Strengths			
Development needs			
Recommended actions			
TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)			
What did I learn from this experience?			
What did I do well?			
What do I need to improve or change? How will I achieve it?			
RATINGS			
Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training. N = Not observed D = Development required, S = Satisfactory (no prompting or intervention required) O = Outstanding			
Domain	Rating	Comments	
1: Describes indications, anatomy, procedure and complications to assessor			
2: Obtains consent, after explaining procedure and possible complications to patient			
3: Prepares for procedure according to an agreed protocol			
4: Administers effective analgesia or safe sedation (if no anaesthetist)			
5: Demonstrates good asepsis and safe use of instruments and sharps			
6: Performs the technical aspects in line with the guidance notes			
7: Deals with any unexpected event or seeks help when appropriate			
8: Completes required documentation (written or dictated)			
9: Communicates clearly with patient and staff throughout the procedure			
10: Demonstrates professional behaviour throughout the procedure			
GLOBAL SUMMARY			Tick
Level at which completed elements of the PBA were performed on this occasion			
Level 0	Insufficient evidence observed to support a summary judgement		
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)		
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)		
Level 2a	Guidance required for most/all of the procedure (or part performed)		
Level 2b	Guidance or intervention required for key steps only		
Level 3a	Procedure performed with minimal guidance or intervention (needed occasional help)		
Level 3b	Procedure performed competently without guidance or intervention but lacked confidence		
Level 4a	Procedure performed confidently to a high standard without any guidance or intervention		
Level 4b	As 4a and was able to anticipate, avoid and/or deal with common problems/complications		
DOPS DETAILS			
Name of Procedure:			
No. times procedure previously performed:			Emergency / Elective (please circle)
Performed in a simulated setting <input type="checkbox"/> Description of the simulation:			
DOPS performed while on a course Yes / No If yes, please give details:			
Difficulty of procedure: Easier than usual <input type="checkbox"/> Average difficulty <input type="checkbox"/> More difficult than usual <input type="checkbox"/>			
Trainee's signature:		Assessor's signature:	

N – Not observed
D – Development needed
S - Satisfactory
O - Outstanding

Case-based discussion - CbD

- Semi-structured discussion around management of a patient seen/treated by the trainee
- Trainee responsible for selecting 1-3 cases
- Relevant records, study casts, radiographs and technical work available
- Supervisor chooses which case to discuss: rates clinical judgement, decision making, treatment planning, understanding and rationale
- Lasts approximately 15 – 20 minutes

Maatsch JL, Huang R, Doning S, Barker B (1983): Final report for Grant HS 02038-04, National Centre of Health Services Research, Office for Medical Education

Trainee		Assessor	
Name and GMC/GDC/IMC number:		Name and GMC/GDC/IMC number:	
Assessment date:		Hospital CBD took place:	
FEEDBACK:			
Verbal and written feedback is a mandatory component of this assessment.			
General			
Strengths			
Development needs			
Recommended actions			
TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)			
What did I learn from this experience?			
What did I do well?			
What do I need to improve or change? How will I achieve it?			
RATINGS			
Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.			
How do you rate this trainee in their:		GLOBAL SUMMARY	
O: Outstanding S: Satisfactory D: Development required N: Not assessed		Please tick the overall level at which the CBD was performed, if there was sufficient evidence to make a judgement	
1. Medical record keeping		Level 0	Below that expected for early years training
2. Clinical assessment			
3. Diagnostic skills and underlying knowledge base		Level 1	Appropriate for early years training
4. Management and follow-up planning			
5. Clinical judgement and decision making		Level 2	Appropriate for completion of early years training
6. Communication and team working skills			
7. Leadership skills		Level 3	Appropriate for central period of specialty training
8. Reflective practice/writing			
9. Professionalism		Level 4	Appropriate for Certification
CBD DETAILS			
Clinical setting:		Emergency / Elective (please circle)	
Performed in a simulated setting <input type="checkbox"/> Description of the simulation:			
CBD performed while on a course Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:			
Summary of the clinical problem:		Critical condition: Yes / No	
Focus of encounter:	History <input type="checkbox"/> Exam <input type="checkbox"/> Diagnosis <input type="checkbox"/> Management <input type="checkbox"/> Explanation <input type="checkbox"/> Consent <input type="checkbox"/>		
Complexity of the case:	1. Appropriate for early years training		
	2. Appropriate for the completion of early years training or early specialty training		
	3. Appropriate for the central period of specialty training		
	4. Appropriate for Certificate of Completion of Training (CCT)/Specialty Training (CCST)		
Trainee's signature:		Assessor's signature:	

Mini-Clinical Evaluation Exercise (mini-CEX)

The skills assessed are:

- history taking
- physical examination
- diagnosis
- clinical judgement
- decision making
- communication
- time management

John J. Norcini, Linda L. Blank, Gerald K. Arnold and Harry R. Kimball, The Mini-CEX (Clinical Evaluation Exercise): A Preliminary Investigation. Ann Intern Med 1995;123:795-799.

Mini-CEX

- Observation lasts approx. 15 minutes and typically multi-encounters on a variety of patients
- Marked using a standardised tick-box form
- Records information about case, setting, trainee, trainer
- Marked at above, at or below expectation
- Immediate feedback
- Communication and decision-making processes can be observed
- Promotes teaching
- ? threatening as can change relationship of trainer to trainee
- 4 encounters needed to achieve 95% confidence interval of <1

Multi Source Feedback - MSF

360 degree collection of feedback on performance

- completed by those working with the dentist:
trainers, dental nurses, consultants, peers etc and patients
- usually undertaken twice a year
- 8 structured questionnaires submitted for processing
- dentist also submits a questionnaire
- feedback to dentist with anonymised comments
- feedback reviewed with supervisor and action plan developed

Basis for miniPAT used in the UK

PLEASE UPLOAD THE COMPLETED ASSESSMENT TO THE ISCP				
Trainee		Rater		
Name:		Name:		
GMC/GDC/IMC number:		GMC/GDC/IMC number:		
Specialty:		Position:		
Hospital/Organisation:		Institutional e-mail:		
Training level:		Have you read the MSF guidance notes: Yes <input type="checkbox"/> No <input type="checkbox"/>		
FEEDBACK				
<ul style="list-style-type: none"> Please read the MSF Guidance before completing the form. The primary purpose of this feedback is for the trainee's learning and professional development. You should undertake your assessment without discussion with either the trainee or other raters and judge the standard of the trainee against that set by other doctors at the same level with whom you work, or have worked. Please give specific examples of areas that you have rated as Outstanding or Development required Your anonymised comments will be passed on to the trainee. If you have identified serious concerns, or if more than one rater makes similar comments, the trainee's Assigned Educational Supervisor (AES) may approach you for more information. Under paragraphs 24 & 25 of the Data Protection Act 2018, Schedule 2 Part 4, as well as the Third Party Information provisions of Part 3 paragraph 16, responses within the MSF are exempt from disclosure to trainees. 				
How do you rate this trainee in their:	Outstanding	Satisfactory	Development required	Not observed by me
Clinical Care				
1. History taking and examination skills				
2. Relevant knowledge and diagnostic skills				
3. Ability to formulate appropriate management plans				
4. Procedural (technical) skills				
5. Record keeping (timely, accurate, legible)				
Maintaining good medical practice				
6. Ability to manage time and work under pressure				
7. Decision making and implementation skills				
8. Awareness of own limitations (willing to ask for help)				
9. Initiative and leadership skills				
10. Focus on patient safety (clinical governance)				
Learning and teaching				
11. Willingness to ask for feedback and to learn from it				
12. Teaching (enthusiasm and effectiveness)				
Relationships with patients and colleagues				
13. Communication with patients and their relatives				
14. Communication with colleagues				
15. Active involvement with your team				
16. Accessibility and reliability				
Summary				

Multi-Source Feedback (trainee self-assessment)

PLEASE UPLOAD THE COMPLETED ASSESSMENT TO THE ISCP				
Name:		GMC/GDC/IMC number:		
Specialty:	Training level:	Hospital/Organisation:		
Your assessment should be undertaken without discussion with other raters and should be judged against the standard set by other doctors at the same level with whom you work, or have worked.				
How do you rate yourself in your:	Outstanding*	Satisfactory	Development required*	Not undertaken by me
Clinical Care				
1. History taking and examination skills				
2. Relevant knowledge and diagnostic skills				
3. Ability to formulate appropriate management plans				
4. Procedural (technical) skills				
5. Record keeping (timely, accurate, legible)				
Maintaining good medical practice				
6. Ability to manage time and work under pressure				
7. Decision making and implementation skills				
8. Awareness of own limitations (willing to ask for help)				
9. Initiative and leadership skills				
10. Focus on patient safety (clinical governance)				
Learning and teaching				
11. Willingness to ask for feedback and to learn from it				
12. Teaching (enthusiasm and effectiveness)				
Relationships with patients and colleagues				
13. Communication with patients and their relatives				
14. Communication with colleagues				
15. Active involvement with your team				
16. Accessibility and reliability				
Summary				
Overall, how do you rate yourself compared to other doctors at the same level with whom you have worked?				

All clinical staff and trainees must be engaged in 360 degree appraisal.....

- uncomfortable process and ? threatening
- avoidance
- difficult to complete a self-assessment form (*outstanding, satisfactory, development required*)
- allows individuals to give negative feedback without justification and identification?
- patients may dislike a clinician because they have not provided the treatment that they wanted?
- black mark/s against e.g. personality, ability?
- loss of trust in members of the team – who said what?
- how to recover and improve?

But

... if all staff have to do it then senior staff can get similar feedback from the junior staff – fair?!

Should we base our judgements on the standard expected at the stage of training i.e. 'now' or the standard expected at the end of training and ready for independent practice?

..... when is the end of training and independent practice?

How are WBPA's marked?

- Some WBPA's are marked according to the stage of the trainee in the training programme
- Some are marked according to the standard expected on completion of the training programme

How can consistency in making these judgement be achieved?

What is the trainee's perception of the assessment process?

Longitudinal Evaluation of Performance (LEP)

- Evaluated on the standard expected upon completion of training
- Trainers assess cases based on a comprehensive list of competencies to be achieved
- Different complexities and patient age groups
- Assessed weekly
- Multiple evaluators
- Immediate feedback and reflection

(similar to mini-clinical evaluation exercise: mini-CEX)

CREATE LEP: Trainee name: GDC Number: Training Block:

Evaulator: GDC Number:

LEP Date:

LEP Title:	Examination	<input type="checkbox"/>	Prosthodontics	<input type="checkbox"/>
	Routine Restorative	<input type="checkbox"/>	Oral Surgery/extractions	<input type="checkbox"/>
	Advanced restorative	<input type="checkbox"/>	Root Canal Therapy	<input type="checkbox"/>
	Periodontics	<input type="checkbox"/>	Other	<input type="checkbox"/>

Details of Encounter:

Case Complexity: Complex Routine / Simple

Rating: 1-3 needs improvement, 4-6 satisfactory, 7-9 superior, N/O not observed

- Examination & consultation skills
- Clinical judgement and diagnosis
- Technical ability and manual dexterity
- Communication skills
- Professionalism
- Knowledge (level and application)
- Organisation
- Trainee's insight into performance

Time observing (mins):

Providing feedback (mins):

Time allocated in appointment book (mins):

Feedback on performance:

Additional comments:

Submit LEP

End Point Assessments

Entrustable professional activities

- assessment of knowledge, skills and behaviours
- not only whether you can undertake a skill that is part of a treatment e.g. LA for an extraction
- can the trainee undertake and ‘manage’ the whole task?
- a more real-life scenario to help assure patient safety?
- rated on level of independent practice

LiftUpp

- A digital educational platform using an iPad app designed to support quality-assured assessment, feedback, curriculum design and mapping
- The most sophisticated digital educational platform for workplace-based assessment available in dentistry?
- Currently used in 70% (10 out of 14) of UK dental schools,
- All assessments directly mapped to learning outcomes
- Allows students and trainers to monitor progress
- High student satisfaction ratings

liftupp.com

Complete Assessment Feedback System (CAFS)

- dental school e-portfolio for students
- secure app and web-based portal
- allows tutors to grade, monitor, report and analyse progress and learning
- enables student to record, review and reflect on learning
- allows students and their tutors to exchange comments and record their reflections on each treatment, while in progress, or after the clinical session has ended

cafsapp.com

- **Some training programmes require a set number and types of WPBAs to be completed during a specific period of training**
- **Test increasing complexity of skills and cases as the training programme progresses**

..... but requires access to the appropriate cases at the right time

Use of WPBAs during training

e.g. one year UK foundation dentist programme

LEP/ADEPT	11 assessments by month 5 and 18 by month 9
CBDs	3 by end month 6 and 10 by end month 9
DOPS	one on new patient examination and one on providing a simple restoration
MSF	template form for 8 colleagues & team members, content analysed and presented to trainee for reflection
PSQ	50 consecutive patients during a 4 week period.
ePortfolio	must be kept up to date

PSQ: patient satisfaction questionnaire

How to assess: the marking scales

What are we wanting to achieve?

- Is this a pass/fail exercise?
- Is this a trainee development exercise?
- What is the point of awarding a grade or mark?
- Should we be using descriptors rather than marks?

.... what do the trainees believe?

Marks or descriptors?

- **Unsatisfactory** - significant support required
- **Satisfactory** - assisted or independent?

9 point marking scale

1 – 3	unsatisfactory (needs improvement)
4 – 6	satisfactory
7 – 9	superior

LEP: parameters evaluated include interviewing skills, clinical examination, professionalism, clinical judgement, communication, organisation and efficiency, overall competence

Prescott-Clements et al Medical Education 2008: 42: 488–495

How do I as a trainer make my judgements?

- What is the defined difference between the marks 1-3, 4-6 and 7-9 for each category?
- How do I judge professionalism - are you professional or not?
- Do I find myself 'playing safe' and clustering marks around 4-6
- Do I know the criteria for judging the 'just satisfactory' trainee?
- Am I marking consistently?
- Have I been trained and calibrated to assess properly?
- Am I being influenced by my opinion of the trainee?
- Do I have favourites?
- Am I a hawk or a dove?



Can WPBAs targeted at clinical skills also assess non-technical soft skills?



- Situation Awareness
- Decision Making

Cognitive Skills

- Teamwork
- Communication
- Leadership

Interpersonal Skills

Can WBPA's rate non-technical skills?

*Communicating, breaking bad news,
working in a team, giving explanations,
showing empathy, leadership skills,
developing rapport, professionalism
dealing with a difficult situation,
coping with the unexpected,
relationships with colleagues etc*

How do we
train for
this?



How do we measure these in dentistry now?

judgement - the ability to make considered decisions or come to sensible conclusions

Oxford English Dictionary



DeNTS – a new tool for rating non-technical skills

CATEGORIES	ELEMENTS
Situation Awareness	<ul style="list-style-type: none">• Gathering information• Understanding information• Anticipating the future situation
Decision Making	<ul style="list-style-type: none">• Considering options• Selecting & communicating decisions• Implementing & reviewing decisions
Teamwork & Communication	<ul style="list-style-type: none">• Communication• Co-ordinating team activities• Exchanging information
Task Management	<ul style="list-style-type: none">• Setting & maintaining standards• Coping with pressure• Supporting others

The value and importance of feedback

- informs trainees of the state of their progress
- advises and recommends training needs
- motivates trainees to reflect, engage and learn
- encourages developing trust between the trainer/s and trainee



Pitfalls of workplace-based assessments?

The trainee:

- drives the process
- is responsible for fulfilling the WPBA quota
- can choose when to be assessed
- can select the clinical technique or treatment to be assessed
- can choose the clinical trainer who makes the assessment
- is responsible for sourcing the cases (?)

Is it possible to test all the clinical competencies in a training programme?

Also.....

The trainee:

- can opt to be assessed on a piece of work that they are confident to undertake
- can choose an assessor who is a dove and not a hawk
- could 'hide' or slip through the net
- could complete a training programme unprepared for the range of work and competencies required: patient safety then relies on the summative assessment of the training programme
- the WBPAs miss capturing the real problems

And from the trainers point of view

- Is the correctly designed WPBA being used to make the assessment of the trainee?
- Not enough time available / taken for trainers to assess and give feedback
- Trainers hanging back from giving an honest assessment
- Trainers uncertain if they are assessing to the same standards as their colleagues
- Not enough repeated encounters undertaken to confirm competency at a skill
- Danger of trainees/students with problems or struggling not able to be demonstrated as the WPBAs recorded have acceptable ratings
- Are the clinical trainers trained to assess what is expected?
- Who does the external QA?

Simulation versus direct work on patients?

What is the correct balance?

- **Students have been working more on simulators during COVID to maintain and/or refresh their skills**
- **But is this the same as working with patients?**
- **What volume of clinical experience is enough?**

Designing WPBAs

- What are you wanting your assessment/s to do?
- Must be linked to programme learning outcomes
- Regular throughout programme
- Trained assessors
- Supportive process to drive improvement and progression
- Must involve trainee reflection
- Generic or specific paperwork

What is it all ultimately about?



Patient safety....

Patient safety

Patient safety

The Faculty of Dental Trainers

Open to all members of the dental team

fdt.rcsed.ac.uk

Thank you very much
for listening



www.DeNTS.org.uk

Faculty of Dental Trainers Benefits and Activities

- ★ Our Faculty of Dental Trainers has developed Standards for Dental Trainers
- ★ We are creating DeNTS to assess non technical skills for dentists
- ★ Our annual FDT Meeting in autumn is for all with an interest in shaping the future of dental training

 Opportunity to attend a diploma ceremony at the RCSEd in Edinburgh

Membership
of the only faculty in the UK that is committed to supporting the professional and career development of the whole dental team, at all levels.

 **Discounts**
on relevant courses

 **Search services**
via our well-resourced medical and dental library

FREE ACCESS
to the European Journal of Dental Education, Surgeons' News, Acland Anatomy and more

FDT Recognition
of your commitment to, and participation in dental training and education

 Members and Fellows are awarded the **post-nominals** (either MDTFEd or FDTFEd)

SUPPORTED by a broad membership structure for dental trainers at different career stages and different areas of practice

 **OPEN TO ALL**
in the UK and internationally, regardless of Royal College affiliation, who can provide evidence of appropriate involvement in dental training

 **Range of discounts**
from our hotel, food outlets and events services

Standards for Dental Trainers
across the Dental Team.



Leading and Supporting
Training for the Whole Dental Team