

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

EXAMPLES OF EVIDENCE

1. Notes for Guidance
2. Cross Reference Sheet
3. Offer Letter
4. Assessment Schedule/Record of Achievement, Retention and Monitoring/Register
5. Tracking Document
6. Student Record and Individual Learning Plan
7. Timetable
8. Scheme of Work
9. Lesson Plan
10. Dental Nurse Progress Report
11. Dental Nurse Evaluation Form
12. Student Policies and Procedures Checklist
13. Employer/Mentor Policies and Procedures Checklist
14. Equal Opportunities Policy
15. Checklist for the Observation of Teaching and Learning
16. Staff Policies and Procedures Checklist
17. Learning Support
18. Initial Assessments
19. Visiting Lecturer Details
20. Dental Nurse Tutor Job Description
21. Student/Entry Recruitment
22. Intention Marks Conversion

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NATIONAL EXAMINING BOARD FOR DENTAL NURSES

Accreditation of Dental Nurse Training & Education Centres

Notes for Guidance

These Notes for Guidance have been compiled to assist you in readiness for submitting your evidence and application form for your dental nurse-training course.

This pack includes examples for documenting evidence of compliance with certain criteria in the Standards, which some courses have found difficult. These will obviously need to be personalised in accordance with individual circumstances but we hope you will find them useful.

Background Information

A brief resume giving background information about the course, when it commenced, part-time or full-time, number of students etc., would be helpful and would assist the auditors as they are working through the evidence submitted.

Application Form

Please ensure that all evidence is cross-referenced and clearly labelled in the order that it appears in the booklet. Please use the enclosed index sheet to list your evidence.

If completed paper documentation is not available to support a specific criteria a statement will need to be given in support of this. Copies of blank forms are acceptable unless stated and names may be blanked out. Completed documentation will need to be made available when a visit takes place by an NEBDN auditor.

General

The evidence submitted should pertain to the current dental nurse course where possible. Reference(s) made to other courses will not be considered with this application.

Please be aware that the term 'DSA' **must** not be used; the correct title is 'Dental Nurse'.

PROGRAMME PLANNING	
Criteria No.	Information
1	<ul style="list-style-type: none"> ▪ The induction programme referred to is meant for students only. ▪ When advertising the course you will need to ensure the examination fees/dates, are correct for the current year. Ideally the content of the Record of Experience and links to the syllabus should be itemised. The syllabus can be downloaded from the NEBDN website www.nebd.org <p><i>Evidence to be submitted should include training centre information pack, induction (including subject areas, modules to be completed with submission dates and information relating to potential action taken by the Centre if requirements are not met, details of the student support system and contact details of the centre) and student recruitment policy.</i></p>
2	<ul style="list-style-type: none"> ▪ An Individual Student Learner Agreement, bullet pointing ideally what is expected from the student and what they should expect from the Training provider. <p><i>Learning contract, again this should include details of submission dates. Explanation should be given of the centre's support system, names and contact details of the moderators/tutors.</i></p>
3	<ul style="list-style-type: none"> ▪ There is greater emphasis on the responsibilities and accountability of dental nurses now that statutory registration has been introduced. This is highlighted in the GDC document Developing the Dental Team Curricula Frameworks for Registrable Qualifications for Dental Care Professionals (DCPs) which can be viewed on the GDC website. Information relating to these responsibilities should be given to students. <p><i>This should ideally be covered in a teaching session (law and ethics/role of a dental nurse and CPD), lesson plans and corresponding handouts should be made available.</i></p>

PROGRAMME PLANNING (cont'd)	
4	<ul style="list-style-type: none"> ▪ Efforts should be made to involve employers in the training courses so that there is some interface between the theoretical and practical training. Examples of workplace record/logbook kept by the students and correspondence with employers should be made available wherever possible. If you do not have contact with employers a statement should be given with the reasons why. If verbal communication is used, it should be documented and used as evidence. <p><i>Employers and mentors must be involved in the training course to ensure interface between the theoretical and practical training. Progress reports must be sent to the employers who should be invited to comment on the student's practical training. The centre should seek evidence of employers and mentors GDC registration. An information/induction pack should be implemented for employers and mentors.</i></p>
5	<ul style="list-style-type: none"> ▪ An up-to-date completed register and attendance policy will need to be provided, (names may be blanked out on the register). <p><i>There should be a minimum percentage of completed modules for access to the final examination. A policy for non-completion of work and the centre requirements need to be itemised at the point of induction on the centres prospectus/information sheets, application form and student learning contract.</i></p> <p><i>Distance Learning Centres</i> <i>A flow chart of when packs were sent/expected, return date/actual return date/evidence of letters or action taken for late submission of work should also be included.</i></p>

PROGRAMME PLANNING (cont'd)	
6	<ul style="list-style-type: none"> ▪ The Timetable/Scheme of Work should correspond with lesson plans submitted whenever possible (see criterion 7). <p><i>Scheme of Work and Timetable must be submitted. The Timetable should be given to both students and employers.</i></p>
7	<ul style="list-style-type: none"> ▪ A minimum of 4 lesson plans and modules should be included in the evidence submitted. These need to have clear Training Aims and Objectives, Time for each topic, Activity, Resources, Assessment Method and Outcomes. <p><i>Lesson plans and modules should show diversity in learning styles.</i></p>

RECORD OF EXPERIENCE	
8	<ul style="list-style-type: none"> ▪ There is a system of ensuring that students have a sufficient range of clinical experience to complete the Record of Experience. <p><i>Information should be included in the Training Centre prospectus or information pack, application form, and induction lesson plan and handouts.</i></p> <p><i>Completion of either telephone or formal interviews with prospective students and employers can also be provided as evidence.</i></p>

RECORD OF EXPERIENCE (cont'd)	
9	<ul style="list-style-type: none"> ▪ There is a mechanism for ensuring students understand the requirements of the Record of Experience. <p><i>Information should be included on the induction lesson plan and handouts, scheme of work and timetable, student's progress reports and individual student records.</i></p>
10	<ul style="list-style-type: none"> ▪ There is a mechanism for supporting students in the completion of the Record of Experience. <p><i>The monitoring of the Record of Experience should take place monthly; this needs to be itemised on the scheme of work and timetable.</i></p> <p><i>Student/centre records tracking sheets and the student support policy will need to be seen as evidence.</i></p>
11	<p>There is a procedure for ensuring that those who will be involved in the completion of the Record of Experience have current clinical experience or other relevant experience.</p> <p><i>See criteria 17.</i></p>
12	<p>There is a system for ensuring that witnesses understand their role and responsibilities in the completion of the Record of Experience.</p> <p><i>Induction process and information sessions should be made available for all employers and mentors. The Record of Experience needs to be monitored at monthly intervals and written verbal reports sent to employers/mentors if problems with completion arise.</i></p>
13	<p>There is a procedure for ensuring that the Internal Moderator has the expertise and experience necessary to effectively quality assure the content of the Record of Experience.</p> <p><i>See criteria 17.</i></p>

RESOURCES	
14	<ul style="list-style-type: none"> ▪ A Health and Safety Policy needs to be submitted, a floor plan showing fire exits and seating arrangements is desirable. ▪ Arrangements should be made to ensure students are insured whilst on the premises. <p><i>Distance Learning Centres (Not applicable)</i></p>
15	<ul style="list-style-type: none"> ▪ A list of instruments and materials made available to the students needs be submitted (NEBDN Spotter list is acceptable evidence). <p><i>Distance Learning Centres</i> <i>The NEBDN spotter list should be sent to employers, details of DVD's and Instrument books should be given. The centre should set spotters for completion and provide answer sheets. Mentors within the practice should sign and date when these have been completed. The Mentors GDC number is also required.</i></p> <p><i>The completion of the spotters should be indicated on the employers/mentors information/induction packs.</i></p>
16	<ul style="list-style-type: none"> ▪ Evidence of learning resources, e.g. library, IT facilities and resource centre (a variety of handouts may be used as examples).

RESOURCES (cont'd)	
17	<p>The main teaching staff on the course will need to provide:</p> <ul style="list-style-type: none"> • Curriculum vitae. • Copies of Qualification certificates relevant to Dental Nursing. • Teaching certificate – lead tutor (The main tutor or person with overall responsibility for the course should hold a teaching qualification or be working towards one). Tutors in Northern Ireland should hold a Postgraduate Certificate in Further and Higher Education. • GDC Registration Certificate. • Records of Staff Training and Development programmes. • Evidence of CPD. • Membership of relevant professional organisations. • Job Description. • Staff/student ratio. <p>If visiting lecturers are used to deliver a session Form 19 may be completed and submitted as evidence.</p>

STUDENT SUPPORT – TRAINING DELIVERY	
18	<ul style="list-style-type: none"> ▪ A policy should be submitted in support of the documentation used for carrying out individual learning reviews. <p><i>Individual student files, feedback sheets, tracker sheets for completion of work to date, monthly internal reports produced and three monthly student/employer written reports.</i></p>
19	<ul style="list-style-type: none"> ▪ A selection of handouts should be submitted, relevant to lesson plans submitted (please see criterion number 7).
20	<ul style="list-style-type: none"> ▪ Student reviews/evaluation forms are important. A selection of these would be useful e.g. mid-way and end of the course (please see criterion 20 and 23).

STUDENT SUPPORT – TRAINING DELIVERY (cont'd)	
21	<ul style="list-style-type: none"> ▪ A policy to support students who are experiencing difficulties must be provided together with documentation used. <p><i>A Support policy is required – details of contact with tutors/moderators should be noted such as how, when and time between help requested and support given. This should also be evident from the individual student files.</i></p>

STUDENT SUPPORT – CONTINUOUS ASSESSMENT	
22	<ul style="list-style-type: none"> ▪ A marking guide needs to be submitted along with set homework and assignments. A copy of completed homework should be submitted. <p><i>Evidence of completed and marked homework, assignments, modules and Record of Experience. The marking guide used and feedback given to the student should all be made available.</i></p>
23	<ul style="list-style-type: none"> ▪ Individual learning plans showing the needs of the students should be undertaken. (Learning plans should ideally be completed and reviewed in line with Centre policy) (please see criterion 18). <p><i>Support policy, evidence of the initial assessment used, results and referral to learning bodies if required should be submitted.</i></p>
24	<ul style="list-style-type: none"> ▪ An Assessment schedule should be submitted with details of students' progress and performance (please see criterion 24). <p><i>Individual student files, feedback sheets, tracker sheets for completion of work to date and three monthly student/employer written reports.</i></p>
25	<ul style="list-style-type: none"> ▪ Evidence showing that the use of NEBDN prospectus/past papers and GDC guidance (where appropriate) have been used when carrying out assessments. <p><i>Mock examination papers, marking guide, result sheets and feedback sheets.</i></p>
26	<ul style="list-style-type: none"> ▪ See criterion 4.

STUDENT SUPPORT – EXAMINATION PREPARATION	
27	<ul style="list-style-type: none"> ▪ Ensure that Lesson Plans and Scheme of Work give details of spotter, practical, oral and mock written exams. Provide details of how these are assessed. <p><i>Examination structure and technique should be covered in the induction package – the lesson plan and induction package should be submitted as evidence. Ideally students should sign to say they have received/understood the induction. Access to mock examination workshops should be held/sought by the centre for the students.</i></p>
28	<ul style="list-style-type: none"> ▪ See criterion 27.
29	<ul style="list-style-type: none"> ▪ Include information on how students' are assessed in readiness for the examination. Examples of evidence to include are mock examination results and student review/feedback. <p><i>Completed modules, homework, assignments and mock examination results. Review of Record of Experience and student files.</i></p>

QUALITY ASSURANCE - MANAGEMENT	
30	<ul style="list-style-type: none"> ▪ A job description for the named individual should be submitted together with appropriate evidence, e.g. the structure of the organisation or Training Centre leaflet. <p><i>A flowchart of the centres staff to include roles/responsibilities within the organisation.</i></p>
31	<ul style="list-style-type: none"> ▪ A copy of the course aims and objectives need to be submitted together with meeting notes showing that the procedure has been followed. Part-time and sub-contracted staff agreement also required if applicable. <p><i>Course/centre aims and objectives to be submitted – evidence of who is responsible for the production of lesson plans and handouts to ensure conformity to standards.</i></p>

QUALITY ASSURANCE – MANAGEMENT (cont'd)	
32	<ul style="list-style-type: none"> ▪ When sending in staff meeting notes it is important to send in a minimum of two sets. The auditor can see that any actions from the previous meeting have been actioned. <p><i>Staff meeting notes must include action plans with timescales, who attended and time/date. E-mails and logged telephone conversations may be used as evidence.</i></p>
33	<ul style="list-style-type: none"> ▪ A staff development policy and staff appraisal form need to be submitted. The supporting documentation should state how often appraisals are carried out. (Blank appraisal forms maybe submitted - originals will need to be made available when an NEBDN auditor makes a visit). <p><i>Assessment of tutors/moderators should be undertaken once per course.</i></p> <p><i>The assessment should include the tutors/moderators marking of students work, maintenance of individual student and centre files, contacts with the student/centre, completed modules, feedback sheets and progress reports produced/sent to students and employers and trackers for the Record of Experience.</i></p> <p><i>A completed teaching observation should be submitted, a minimum of 1 observation per course for all tutors together with details on how often these are carried out. The observation should ideally include the following planning, managing the learning environment, teaching delivery, motivation of learners, meeting individual learner needs, learning responses and checks on learning, assessment of the session by both the tutor and the observer and should be signed and dated.</i></p>
34	<ul style="list-style-type: none"> ▪ Records of achievement and retention are required and should show how monitoring, achievement and progression of students take place e.g. assessment schedule. <p><i>Internal monthly reports, Record of Experience, completed modules, 3 monthly progress reports and final examination results.</i></p>

QUALITY ASSURANCE – MANAGEMENT (Cont'd)	
35	<ul style="list-style-type: none"> ▪ Written policies and procedures should be submitted for all the policies listed. If the documents are too large or under review, a summary sheet should be provided listing the title of the policy and the date it is due for review. Relevant pages can be extracted from a policy that specifically refers to the dental nursing course. These documents will be viewed in full when an auditor makes a visit. ▪ Students and staff should sign a declaration showing that they have been made aware of and understand the policies relating to the dental nurse-training programme. <p><i>Required policies for submission – recruitment, induction, required criteria for entry to the examination, monitoring, set dates for completing modules, assessments, evaluation, complaints, appeals and equal opportunities.</i></p>

QUALITY ASSURANCE - EVALUATION	
36	<ul style="list-style-type: none"> ▪ A policy should be produced for evaluating the programme. Examples of evidence to support this policy are candidates' examination results, exit interview forms and staff/student evaluation forms. Detailed information is also required about the running and production of the programme, changes that have been implemented, tutor's details and results. <p><i>Please see form 27</i></p>
37	<ul style="list-style-type: none"> ▪ See criterion 32. Copies of the staff meeting notes need to be sent as evidence and should give details of action/implementation plans and timescales.

If you would like further help or clarification when submitting your application form and evidence please contact the Quality Assurance Co-ordinator

Tel. No. 01253 775123

E-mail sally@nebdn.org

CROSS REFERENCE SHEET

If a piece of evidence cross-references to more than one criterion number please fill in on this form against the criterion number e.g. Lesson Plans cross-references to 7, 19 and 28).

Programme Planning

Criteria	Evidence	Cross Reference Section
1	Example Lesson Plan	7 19 28
2		
3		
4		
5		
6		
7		

Record of Experience

Criteria	Evidence	Cross Reference Section
8		
9		
10		
11		
12		
13		

Resources

Criteria	Evidence	Cross Reference Section
14		
15		
16		

Resources cont'd

17		
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Student Support – Training Delivery

Criteria	Evidence	Cross Reference Section
18		
19		
20		
21		

Student Support – Continuous Assessment

Criteria	Evidence	Cross Reference Section
22		
23		
24		

Student Support – Continuous Assessment cont'd

25		
26		

Student Support – Examination Preparation

Criteria	Evidence	Cross Reference Section
27		
28		
29		

Quality Assurance – Management

Criteria	Evidence	Cross Reference Section
30		
31		
32		

Quality Assurance – Management cont'd

33		
34		
35		

Quality Assurance – Evaluation

Section	Evidence	Cross Reference Section
36		
37		

OFFER LETTER

Dear

Course Title

We are pleased to offer **student's name** a place on the above course. The course begins on **date** at **address of centre**.

Student name will be expected to attend all lectures and participate in homework assignments.

The support of the dentist and the practice is crucial for the dental nurse to succeed; practice visits and workplace assignments may also be required. A copy of the timetable is enclosed for your information.

I would be grateful if you could complete the tear off slip below and return as soon as possible to the above address.

Yours sincerely

-----✂-----✂-----✂-----✂-----✂-----✂-----✂-----✂-----✂

I agree to support my dental nurse throughout the training course

Name of Dental Nurse _____

Name of Supervising Dentist _____

Supervising Dentist Registration No. _____

Name of Practice _____

Address _____

Date _____

TRACKING DOCUMENT

Unit	Record of Experience	No of PERS/ LO	Date box when completed							
	Case Study	1								
1	Preparing the environment	5								
	Manage & maintain the environment	5								
	Sterilisation process	10								
	Disinfect impression	5								
	Supplementary outcomes	4								
2	Preventive treatment	5								
	Booking appointments	10								
	Supplementary outcomes	2								
3	Clinical assessment	15								
	Taking radiographs	10								
	Processing radiographs	10								
	Supplementary outcomes	6								
4	Cavity Restoration	20								
	Endodontics	5								
	Fixed prosthesis	5								
	Removable prosthesis	10								
	Supplementary outcomes	4								
5	Extraction	10								
	Local anaesthetic	20								
	Supplementary outcomes	3								

I confirm that I have completed all the required Units of the Record of Experience:

Candidate Name Signature: Date:

I confirm that the candidate named above has completed the Record of Experience:

Employing/Supervising Dentist Signature: GDC No. Date:

Tutor's Name GDC No. Signature

Training Centre

NB Registration of the existing GDC registrant, and the prospective registration of the trainee dental nurse, are both at risk if either individual knowingly makes a false declaration.

STUDENT RECORD AND INDIVIDUAL LEARNING PLAN

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	
Surname: _____	First Name: _____
Address: _____	
_____	Postcode: _____
D.o.B: _____	N I Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Home Telephone No: _____	Mobile No: _____
Name of next of kin: _____	Telephone No of next of kin: _____

Education and Training (Post 11 years)

From	To	Qualifications	Level	Year

Additional Training (Details of any specialist training not mentioned above)

Details of Employment

Name & Address of Employer	Position Held	From	To
Present Employer 1st			

Supporting Information

In support of your application, you are invited to give a concise account of your experience and say why you have chosen to apply to come onto the training course.

The above information is to my knowledge correct.

Signed: _____ **Date:** _____

Optional

Special Training Needs: Yes No

If yes, please specify

Communication Skills **Counselling** **ESOL**

Literacy **Medical** **Numeracy**

Physical **Other (please give details)** _____

Activities or Interests Relevant to the Application

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Individual Learning Plan

Initial Assessment

Student Signature _____ Date _____

Tutor Signature _____ Date _____

1st Review

Student Signature _____ Date _____

Tutor Signature _____ Date _____

2nd Review

Student Signature _____ Date _____

Tutor Signature _____ Date _____

TIMETABLE
DATE, TIME, GROUP

	DATE	TOPIC	SYLLABUS SECTION	TUTOR
1	05/09/08	Introduction to course		Name
2	12/09/08	Role & Responsibilities of a dental nurse	3.1	Name
3	19/09/08	H & S in the Workplace	1.1	Name
4	26/09/08	Hazards in the dental environment	1.2	Name
5	03/10/08	Structure of the tooth and eruption dates	4.2.2	Name
6				
7				
8				
9				
10				
11				
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13				
14				
15				
16				
17				
18				
19				
20				
21				

	DATE	TOPIC	SYLLABUS SECTION	TUTOR
22				
23				
24				
25				
26				
27				
28				
29				
30				
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32				
33				
34				
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36				
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40				
41				
42				
43				
44				
45				

SCHEME OF WORK

Programme Area:
Lecturer(s):
Mentor(s):
Course Team Leader:

Course:			
Hours per week:	Time(s):	
Period(s) covered by this Scheme of Work:	<input type="checkbox"/>	Unit(s):	<input type="checkbox"/>	Term(s):
	<input type="checkbox"/>	Year:	<input type="checkbox"/>	Other:

Prepared by:	Date:
Validated/approved by:	Date:

TOPIC or CONTENT [identify the topics to be delivered in terms of intended learning outcomes - to include the development of SKILLS & SUBJECT CONTENT] Syllabus reference number	LEARNING METHODS & ACTIVITIES [identify the learning and teaching strategies to be used to achieve the learning outcomes in (1)]	ROE [map these to the skills and subject content in (1) where this applies]	RESOURCES & FACILITIES [to be used in achieving the learning outcomes identified in (1)]	HOMEWORK or ASSIGNMENTS [with submission dates]
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DATE, WEEK or SESSION NUMBER					
Comments/ Reflections					

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Comments/ Reflections					

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Comments/ Reflections					

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DATE, WEEK or SESSION NUMBER					
Comments/ Reflections					

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DATE, WEEK or SESSION NUMBER					
Comments/ Reflections					

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Comments/ Reflections					

DATE, WEEK or SESSION NUMBER					
Comments/ Reflections					

DATE, WEEK or SESSION NUMBER					
Comments/ Reflections					

LESSON PLAN

Date	Course	Subject																	
Time	Topic/syllabus reference																		
Lesson Aim(s)																			
Learning Objectives - (by the end of this session learners will be able to:) (1) (2) (3) (4) (5) (6)			Assessment Strategies (Tick and number to the objectives) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Question and Answer</td><td></td></tr> <tr><td>Revision Exercises</td><td></td></tr> <tr><td>Individual Learner Review</td><td></td></tr> <tr><td>Group/Individual Presentation</td><td></td></tr> <tr><td>Observation</td><td></td></tr> <tr><td>Assignment/Homework</td><td></td></tr> <tr><td>Completed texts/exercises</td><td></td></tr> <tr><td>Record of experience</td><td></td></tr> </table>	Question and Answer		Revision Exercises		Individual Learner Review		Group/Individual Presentation		Observation		Assignment/Homework		Completed texts/exercises		Record of experience	
Question and Answer																			
Revision Exercises																			
Individual Learner Review																			
Group/Individual Presentation																			
Observation																			
Assignment/Homework																			
Completed texts/exercises																			
Record of experience																			
Teaching and Learning strategies planned - (tick as appropriate)																			
Whole class teaching	Discussion	Using OHP																	
Coaching and Instruction	Word storming	Using video/TV																	
Work in pairs/small groups	Workshop	Using computer/ICT																	
Individual project work	Practical exercises	Using Internet/Intranet																	
Role-playing exercise	Practical demonstrations	Using white board/flip chart																	
Case Study	Class Handouts	Mock examination																	
Presentation	Using OHT/PowerPoint																		
RECORD OF EXPERIENCE																			
	Lesson linked to section of ROE																		
	Trackers																		
	Mentor session number																		
Health and Safety																			
Equal Opportunities/ Diversity																			
(PTO)																			

NAME OF TRAINING ESTABLISHMENT

**Dental Nurse Progress Report
Course Title**

Name _____ **Employer** _____
Course Date _____ **DN Tutor** _____

Attendance

Possible number of classes attended _____

Actual number of classes attended _____

Homework	No	Assessment by Coursework	✓	Mock Examination Results	Pass/Fail
Number of assignments set		On Schedule		Written	
Number of assignments submitted		Behind Schedule		Practical	
RoE pers completed				Oral	
				Spotter	

Dental Nurse Tutor's Comments

NB Additional information can be provided on request

Dental Nurse Tutor Signature _____

Date _____

Dental Nurse Evaluation Form

Course Title

In order for us to evaluate the training and support you received throughout the course, please answer the following questions openly and honestly, so that action can be taken to improve the training for future dental nurses. You need not identify yourself if you wish your comments to remain anonymous.

1. The teaching on the course was:

Very Good Good Average Poor

2. The teaching methods were:

Very Good Good Average Poor

3. The teaching aids were:

Very Good Good Average Poor

4. The length of the course was:

Very Good Good Average Poor

5. The Record of Experience support was:

Very Good Good Average Poor

6. The exit preparation was:

Very Good Good Average Poor

7. I felt the course was:

Very Good Good Average Poor

8. Any other comments

STUDENT POLICIES AND PROCEDURES CHECKLIST

Training Centre _____

Course Title _____ Date of Course _____

TITLE	DATE RECEIVED
Induction	
Syllabus	
Record of Experience	
Examination Format	
Behaviour	
Attendance	
Health & Safety	
Equal Opportunities	
Student Support	
Evaluation	
Assessment	
Complaints	
Appeals	

I confirm that I have been made aware of and understand the above policies relating to the Dental Nurse training programme.

Name
(PLEASE PRINT)

Signature

Date

EMPLOYER / MENTOR POLICIES AND PROCEDURES CHECKLIST

Training Centre _____

Course Title _____ Date of Course _____

TITLE	DATE RECEIVED
Induction	
Syllabus/Examination Format	
Record of Experience	
Roles and Responsibilities of Employer/mentor	
Schedule for Monitoring Record of Experience/Timetable	
Offer Letter	
Attendance	
Student support	
Evaluation	
Assessment	
Progress Reports	
Complaints	
Appeals	

I confirm that I have been made aware of and understand the above policies relating to the Dental Nurse training programme.

Name
(PLEASE PRINT) _____

Signature _____

Date _____

EQUAL OPPORTUNITIES POLICY

The approach of **The Organisation** to Equal Opportunities is to link staff and student development with organisational development and life-long learning for all.

This policy applies to all staff and students. In practice the nature of education, training or development will vary dependant upon the job role and the specific needs of the individual.

We will do our best to ensure you are not discriminated against directly or indirectly because of your gender, race, sexuality, nationality, religious belief, employment status, social class, caste, age, size, health, disability or marital status.

The aim of **The Organisation** is to achieve a learning culture where students learn from all experiences positive or negative and achieve personal growth and continuous development through questioning, generating ideas, learning new skills and changing behaviours to enhance their working environments.

Our Pledge

- **The Organisation** will ensure that the educational needs of all students are met.
- We will continue to develop support systems which may help you overcome difficulties.

What we are doing about Equal Opportunities

- **The Organisation** will meet your individual learning needs.
- Learning materials will be designed to be free from racist, sexist and other discriminatory assumptions.
- We will seek to provide support for you where difficulties may stop you reaching your potential.

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

Checklist for the observation of Teaching and learning

Name of Observer **Name of Trainer**

Session **Topic**

Duration of lesson **Duration of observation Period**

Date of observation **Register available** **No. of students**

No. in class

Rank your responses to observations using a scale of 1- 7 where 1 is outstanding and 7 is very poor

Performance criteria	Response/teaching*	Comments to justify ranking
Teaching		
Planning	Observation, documents and questioning	
Lesson Plan: Is available	1 2 3 4 5 6 7	
Meets centre criteria	1 2 3 4 5 6 7	
Is relevant to scheme of work	1 2 3 4 5 6 7	
The lesson is well structured	1 2 3 4 5 6 7	
Student lateness is Dealt with in line with centre policy	1 2 3 4 5 6 7	
Addressed effectively in the context of the lesson	1 2 3 4 5 6 7	
Managing the learning environment		
Accommodation and resources are well planned, of high quality and used effectively	1 2 3 4 5 6 7	
Health and safety issues are addressed	1 2 3 4 5 6 7	
Learning materials are: Of good quality	1 2 3 4 5 6 7	
Relevant	1 2 3 4 5 6 7	
Free of stereotyped images	1 2 3 4 5 6 7	
Choice of audio visual aids are relevant to the objectives of the lesson	1 2 3 4 5 6 7	
Audio Visual aids are used effectively to promote learning	1 2 3 4 5 6 7	
Teaching Delivery in a classroom		
Students have a clear introduction to the content of the lesson in the context of the programme	1 2 3 4 5 6 7	
Information is given clearly and level and pace are appropriate for the students	1 2 3 4 5 6 7	
Staff are confident in delivery and demonstrate a thorough knowledge and understanding of the subject matter	1 2 3 4 5 6 7	
Staff show flexibility in responding to the needs and learning requirements of the students	1 2 3 4 5 6 7	
There is a positive teacher/learner relationship which facilitates progress	1 2 3 4 5 6 7	

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

LEARNING	Observation, focus group or questioning	
Motivation of Learners		
Students are kept challenged, interested, motivated and actively involved in the learning process.	1 2 3 4 5 6 7	
Students skills, knowledge and understanding are developed and take responsibility for their learning and feel confident to seek help when required	1 2 3 4 5 6 7	
Students use their time effectively	1 2 3 4 5 6 7	
Students understand the assessment methods and criteria	1 2 3 4 5 6 7	
Meeting Individual learner needs		
In terms of prior achievement and future aspirations, are students following the course?	1 2 3 4 5 6 7	
Students know and understand the lesson outcomes and course requirements	1 2 3 4 5 6 7	
The individual needs and abilities of all students are met	1 2 3 4 5 6 7	
Students can relate new learning to old and make links between them	1 2 3 4 5 6 7	
Students are aware of action required to improve.	1 2 3 4 5 6 7	
ATTAINMENT	Observation, focus group or questioning	
Learners responses show that:		
Objectives of the lesson are met	1 2 3 4 5 6 7	
Learners are challenged and extended	1 2 3 4 5 6 7	
Knowledge and understanding are developed, attitudes are conducive to learning	1 2 3 4 5 6 7	
Standards and appropriateness of the learners work meets the requirement of their own learning goals and those of the qualification	1 2 3 4 5 6 7	
Progress is evident for all students overtime	1 2 3 4 5 6 7	
Checks on Learning		
Strategies used meet individual needs	1 2 3 4 5 6 7	
Strategies allow for a variety of responses in verbal, written and practical work	1 2 3 4 5 6 7	

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

Assessment of lesson by lecturer

Summary of key areas of good practice

Suggestions for further development (Team & Individual)

Grades Overall

Teaching:

Learning:

Attainment:

Signature of Lecturer

Date

Signature of Observer

Date

STAFF POLICIES AND PROCEDURES CHECKLIST

Training Centre _____

Course Title _____ Date of Course _____

TITLE	DATE RECEIVED
Recruitment	
Induction	
Behaviour	
Attendance	
Health & Safety	
Equal Opportunities	
Monitoring	
Evaluation	
Appraisal	
Assessment	
Staff Training and Development	
Complaints	
Appeals	

I confirm that I have been made aware of and understand the above policies relating to the Dental Nurse training programme.

Name
(PLEASE PRINT)

Signature

Date

LEARNING SUPPORT

Welcome to **Organisation**.

You have enrolled on a part-time/full-time dental nursing course which the **Organisation** wants to help you achieve. To be successful you may find you will need extra support to help you develop skills which are relevant to this course.

Many students receive support with their learning whilst at the **Organisation** and for different reasons e.g. specialist support for dyslexia, visual impairment, language support and disability issues.

In the **Organisation**, the Learning Support Service is here to help with all of these things.

In order for us to find out how best we can help you, please can you complete the attached questionnaire.

Any information provided will be treated confidentially. Any support you accept would be individual to your needs and provided discreetly.

For further information please contact **Name and telephone**

Or ask your Tutor

STUDENT SUPORT INFORMATION

Name: _____

Course: _____

Course Tutor: _____

If you need support with any of the following? Please tick

General Support

Literacy

Numeracy

IT

Study Skills

Specialist Support

Visual Impairment

Hearing Difficulties

Physical Disability

Dyslexia/Dyspraxia

A medical condition

If you have ticked yes to any of these please give more details

Student Signature: _____

Date: _____

Tel / mobile: _____

INITIAL ASSESSMENTS

INFORMATION FOR COURSE PROVIDERS

The Department of Education and Skills	Website has general information on skills for life- www.dfes.gov.uk/readwriteplus
Learning and Skills Council	Will be able to direct you to the nearest approved provider of training- www.lsc.gov.uk
Skills for Health	Now has a new section on Literacy, Language and Numeracy with some interesting articles- www.skillsforhealth.org.uk
Tools Library	Is a very useful website that has initial screening tests that can be downloaded; these tests would be good for training providers who do not have access to a college Skills for Life department, the tests can be used by non-specialists. The tests will help to identify the potential needs of learners. The easiest way to access this website is to put Tools Library into a search engine
NIACE	Good for general information and also holds information and training events- www.niace.org.uk
Basic Skills Agency	For general information is also connected to the NIACE website- www.basic-skills.co.uk
Read, Write, Plus	Part of the DfES website but if you put in Adult Literacy testing into a search engine it will take you to a practice test. Go on have a go!
Learn Direct	For on line learning, also useful to find your local office to refer learners to. www.learndirect.co.uk
SkillsBank Solutions	Offer the NHS contextualised- www.skillsbanksol.com

VISITING LECTURER DETAILS

Personal Details – Visiting Lecturer

Surname _____ First Name _____

Address _____

D.o.B. _____ Tel. No. _____

Professional Qualifications _____

Employment Details e.g.Hospital Community GDP Forces F.E. Establishment

Other (please state) _____

Any additional relevant qualifications. The auditor will ask to view original qualification certificates when a visit takes place. **Please List****Staff Training and Evidence of CPD (please give full title of course and date obtained). Please list****Any other areas of interest****Signature Visiting Lecturer** _____**Date** _____

JOB DESCRIPTION

Title: Dental Nurse Tutor (Full-time/Part-time)

Grade: Hourly rate

Accountable to:

Responsible to:

Job Summary

To provide dental nurse students the under-pinning knowledge to successfully pass the National dental nurse certificate.

Responsibilities

Education and Training

1. To organise the course programme.
2. To prepare course work to cover the syllabus and produce and design relevant handouts/presentations.
3. Monitor the students' progress by regular assessments of their performance in line with individual learning plans.
4. Organise and participate in the induction of both students and new staff members.
5. Provide student support as and when required.
6. To assist in the planning, developing, implementing and evaluating the training programme on an annual basis.

Management

1. Attend relevant meetings within the educational environment.
2. To ensure that Health and Safety requirements are met and provide a safe environment for teaching.
3. To keep up-to-date with knowledge of current legislation and procedures.
4. Maintain and update professional skills and knowledge.
5. To communicate with employers as and when necessary.

Personnel

1. To abide by the terms and conditions of the contract.
2. To participate in staff development.
3. To communicate regularly with the education environment (course leaders).

PERSONAL SPECIFICATION

ESSENTIAL	DESIRABLE
Registrable Dental Qualification	Post Registration Qualification
GDC Registration	2-3 years Post Qualification experience
Adult Teaching Certificate	Involvement in clinical dentistry
Evidence of CPD	
Ability to work as part of a team	
Good communication skills	

STUDENT/ENTRY RECRUITMENT

Please see below headings that you may wish to consider when writing your entry for recruitment to the course.

- Stated minimum requirement for entry
- Students who do not meet the specified minimum requirement
- Clinical experience
- Record of Experience compliance
- Completion and return of the application form
- Policy for if the course is over subscribed
- Equal opportunities policy should be attached (ideally)

INTENTION MARKS CONVERSION

MARKS RANGE	INTENTION MARK
20 - 18.50	15
18.25 - 17.50	14
17.25 - 16.50	13
16.25 - 15.50	12
15.25 - 13.50	11
13.25 - 12.50	10
12.25 - 10.50	9
10.25 - 00.00	7

Conversion of marks from a centre Part A paper is converted as follows:

The candidates total mark e.g. 58 is divided by the possible total mark of the paper e.g. 64.

This mark can then be round up and divided by 5.

The result can then be matched to the grid above; therefore the final sum can be matched to the left hand column out of 20 and then referenced to the intention mark.

Example

$$58 \text{ divided by } 64 \% = 90.625$$

$$90 \text{ divided by } 5 = 18$$

$$18 \text{ on left hand grid} = 14 \text{ intention}$$

NEBDN NATIONAL SYLLABUS CROSS REFERENCING

TOPIC	NEBDN SYLLABUS	GDC Curricular
Induction Exam Format, Intention Marking ITP's Policies		
Structure of a tooth, eruption dates Functions of teeth, tooth morphology	4.2.2, 4.2.3, 4.2.4, 4.2.5	
Charting	7.1, 7.2, 7.3	
Health & Safety	1.1.1, 1.1.5, 1.1.2,12.3, 12.4	
Health & Safety	14.2.2, 14.2.3, 1.1.3, 1.1.4, 1.2.1	
Micro Biology & Pathology	5.1.1., 5.1.2, 5.1.3, 5.3.1, 5.3.2, 5.3.3, 1.3, 1.4.2	
Infection Control Plus hand hygiene	1.2.2, 1.2.3, 1.4.1, 1.4.3, 1.6	
Infection Control	1.1.6, 1.1.7, 1.3, 1.5, 1.7	
Dental Materials & Spotter	12.1, 12.2	
Dental Materials & Dry Test	12.5, 12.6, 12.7	
First Aid in the Dental Surgery	2.1, 2.3, 2.4	
Medical Histories, History Taking Treatment Planning	2.2, 7.1, 7.4	
Local Analgesia	13.1, 13.2	
Dental Anatomy - Skull Dental terminology	4.2.1, 4.2.2	
Dental Anatomy – Muscles Nerves	4.1	
Mock Practical and Oral Examination		
Saliva and saliva control, the oral cavity	4.2.1, 6.1.1	
Radiography	14.1, 14.2	
Caries	5.2, 5.3	
Periodontal Disease Periodontal Treatment	8.1, 8.2, 8.3, 8.4, 9.5	
Prevention - Oral Hygiene Instruction Dietary Control	14.1, 14.2	
Prevention - Fluoride Fissure Sealants	8.4	
Communication & Patient Care, 4 Handed Dentistry	6.1.1, 6.1.2, 6.2, 6.3, 15.1, 15.2, 15.4	
Cavity preparation, Amalgam restorations Temporary Restorations Glass Ionomers Composite Restorations	9.1	
Materials Refresher/Dry Tests/Revision Plans and Review ITP's	9.1	
Crowns & Bridges	9.3	

Inlays & Veneers Adhesive Dentistry Video	9.3	
Endodontics	9.2	
TOPIC	NEBDN SYLLABUS	GDC Curricular
Prosthetics	9.4	
Orthodontics	11	
Oral Surgery Implants	10, 9.3	
GA & Sedation	13	
Reception & Admin Duties, Structure of the NHS, Medico- legal implications, Confidentiality & Ethics	15.3, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7	

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

NATIONAL CERTIFICATE

Spotter Test

The Spotter Test in the National Certificate Examination ensures that a qualified dental nurse is able to identify items commonly used in dental practice. The 20 items will be selected from the list below and the candidate will be expected to use the precise terminology indicated in order to gain the available marks. Where the description of an item has two words separated by an oblique line (eg clear/translucent) either is acceptable.

The list has been compiled from a list of requirements for a vocational training practice, as described in four of the major dental catalogues. Items which can vary in appearance have been omitted.

Impression tray		
• Upper	• Dentate	• Disposable
• Lower	• Edentulous	• Metal

Eg Upper dentate disposable impression tray

Burs			
• Round	• Steel	• Friction grip/FG	Acrylic
• Flat fissure	• Diamond	• Latch grip/LG	• Pear
• Tapered fissure	• Tungsten Carbide/TC	• Straight hand piece/HP	• Bud
• Flame			
• Pear			
• Bud			
• Inverted cone			

Eg Round steel LG bur; Tapered fissure TC FG bur, Pear acrylic bur

Adams universal pliers	Disposable saliva ejector
Airway	Dry guard
Amalgam burnisher	
Amalgam plugger	Finger spreader
Articulating paper	Flat plastic instrument
Austin retractor	Forceps:
	• Lower molar
Ball-ended burnisher	• Lower molar, childrens
Barbed broach	• Lower roots
Bone rongeurs	• Upper incisor/straight
BPE/CPITN probe	• Upper left molar
Briault probe	• Upper right molar
Bristle brush, latch grip/LG	• Upper roots
Couplands chisel	Gates Glidden drill
Crown form:	Gingival retraction cord
• polycarbonate	Green occlusal indicating wax
• acetate/clear/translucent	Greenstick composition
• aluminium	Gutta percha point
• stainless steel	
Cryers elevator	Jacquette scaler
Curette scaler	

/continued

Le Cron carver	Radiation monitoring badge
Luxator	Red ribbon wax
	Root canal hand file
Matrix strip, clear/transparent	Rubber cup, latch grip/LG
Mauns wire cutters	Rubber dam clamp forceps
Mitchells trimmer	Rubber dam frame
Modelling wax	Rubber dam punch
Molar orthodontic band	
Molar rubber dam clamp	Sickle probe
Moore's mandrel	Siqveland matrix retainer
Mouth prop	Stainless steel mixing spatula
	Suture needle and silk
Needle holders	
	Teeth:
Occlusal x-ray film packet	• Lower deciduous molar
Orthodontic bracket	• Lower permanent molar
	• Lower permanent incisor
Paper point	• Upper first premolar
Paste filler, rotary/spiral	• Upper deciduous molar
Periapical x-ray film packet	• Upper permanent molar
Periodontal hoe	Tissue dissecting forceps
Periosteal elevator	Tofflemire matrix retainer
Plastic wedge	
Pocket mask	Wards carver
Polishing/finishing strip	Warwick James elevator
Pop-on mandrel	Wax knife
Push scaler	Willis bite gauge
	Wooden wedge

LEARNING RESOURCES

The websites contained in this document are not endorsed by NEBDN but have been suggested by examiners and trainers as useful training resources. If you know of any other good sites please let us know and we can include them in the future.

Training resources can be gathered from a number of websites which provide information on health and safety, hazard signs, fire and waste regulations.

<http://www.resus.org.uk>
<http://www.bbc.co.uk/health/firstaid.shtml>
<http://www.hse.gov.uk>
<http://www.unison.org.uk/safety/index.asp>
<http://www.cieh.org>
<http://www.firekills.gov.uk>
<http://www.resus.org.uk>
<http://www.hpa.org.uk>

USEFUL CONTACTS

General Dental Council

37 Wimpole Street
London W1G 8DQ

Tel: 0207 8873800

Email: <http://www.gdc-uk.org>

British Association of Dental Nurses

Hill House International Business Centre
P.O. Box 4
Room 200
Thornton Cleveleys
Lancashire FY5 4DQ

Tel: 01253 338360

Email: <http://www.badn.org.uk>

British Dental Association

64 Wimpole Street
London W1M 8DQ

Tel: 0207 9350875

Email: <http://www.bda.org.uk>

SUGGESTED RESOURCES FOR THE NATIONAL EXAMINATION

Specimen Examination Papers (includes a Part A from a previous examination, the Part B question papers from the last 6 examinations, the list of spotter items and dental charting booklet).

National Certificate Prospectus

The above items can be downloaded from the NEBDN website www.nebdn.org

The following books can be ordered from any good bookshop or via the Internet at www.amazon.co.uk

Questions & Answers for Dental Nurses (second edition)

Author: Carole Hollins

Publisher: Blackwell Science Ltd

ISBN: 9-781-4051-4831-3 Price £16.99

Levison's Textbook for Dental Nurses (tenth edition)

Author: Carole Hollins

Publisher: Blackwell Science Ltd

ISBN: 9-7814-0517-7559-9 Price £22.99

Handbook for Dental Nurses

Author: Bonehill J, Roberts C, Wincott D

Publisher: Blackwell Science Ltd

ISBN: 9-7814-0512-2803-2 Price £18.99

Teamwork 7: A Training Companion for Dental Nurses

Edited: Peter Rothwell

Publisher: Faculty of General Dental Practice

ISBN: 0-9543-451-3-4 Price £28.00

Harty's Dental Dictionary

Author: Heasman P, McCracken G

Publisher: Churchill Livingstone

ISBN: 978-0-443-10253-0 Price £24.99

ANNUAL REVIEW CHECKLIST

THIS DOCUMENT SHOULD BE BASED ON COURSE EVALUATION

HEADINGS	EXAMPLES OF EVIDENCE
Where was the course advertised? Did it work, any problems	Flyers/journals?
When did the course start and finish?	Dates
What basis was the course run on: Part-time/full-time/day release?	Part-time/full-time/time/day release date of the course
Number of students in the cohort	Minimum/maximum- how many on the course
Break down on student funding- Employer/self/lsc	Who and how
Initial assessment findings	Any learning needs recognised
Resources/ teaching aids Equipment used/needed	Has everything worked/more resources required?
Facilities any changes	Location/room
Tutors used/training required Teaching observations completed	Name of staff/visiting lecturers/have all observations been completed
Internal Moderators used/training required	Name of Moderators
RofE Employer/Mentors issues	Did all employers/mentors understand their role/was an Induction process used?
Assessment methods used Results of assessments	Homework/assignments/%results of each were all students entered for final examination
Attendance/punctuality/retention	Figures
Results from student/tutor/employer Evaluations if carried out	Findings/ were their expectations met?
Staff meetings were all action plans met?	What has been agreed
Any changes to the course regarding policies	New changes?
Expected date of next course	Date

Any other comments:

Signed: _____ Date: _____