

T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Dental Nursing

Assignment 5 - Professional discussion

Mark scheme

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About this document

This mark scheme has been written by the assessment writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a student
- information on how individual marks are to be awarded
- the allocated performance outcomes and total marks for each question

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all students, who must receive the same treatment. You must mark the first student in exactly the same way as you mark the last.

The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.

Reward students positively giving credit for what they have shown, rather than what they might have omitted.

Utilise the whole mark range and always award full marks when the response merits them.

Be prepared to award 0 marks if the student's response has no creditworthy material.

Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.

The marks awarded for each response should be clearly and legibly recorded.

If you are in any doubt about the application of the mark scheme, you must consult with your team leader or the chief examiner.

Guidelines for using levels of response marking grids

Levels response marking grids have been designed to award a student's response holistically and should follow a best-fit approach. The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

When determining a level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor.

Remember to look at the overall quality of the response and reward students positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage and use the available marks within the level to credit the response appropriately. When determining a mark, your decision should be based on the quality of the response in relation to the descriptor.

Standardisation materials, marked by the chief examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better or worse.

You are reminded that the Indicative content provided under the marking grid is there as a guide, and therefore you must credit any other suitable responses a student may produce. It is not a requirement either, that students must cover all of the Indicative content to be awarded full marks.

Performance outcomes

This assessment requires students to demonstrate the following:

Performance outcome 1	Carry out a range of dental procedures to support dental professionals at “chairside”
Performance outcome 2	Provide factual information and up to date advice to help patients to maintain and improve their oral health
Performance outcome 3	Accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate

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

Question 1

Skills	PO1: carry out a range of dental procedures to support dental professionals at “chairside”	S1.83 S1.87	12 marks
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Part A

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

You may choose examples from any of the following:

A patient who:

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

You should refer to specific examples or evidence.

Part B

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

You should refer to specific examples or evidence.

(12 marks)

Levels of response grid

Band	Mark	Descriptor
4	10-12	<p>A wide range of knowledge and understanding of person centred care is described, which is fully accurate and detailed.</p> <p>Clearly and concisely described how they have supported a patient providing person centred care and has contextualised this by reflecting on specific examples.</p> <p>Highly detailed and very well considered explanation of how communication methods and behavioural techniques provide person centred care that is highly relevant to the examples of different patients and their needs.</p> <p>An excellent, well-developed, and highly coherent response overall, with subject specific terminology used consistently throughout.</p>

Band	Mark	Descriptor
3	7-9	<p>A good range of knowledge and understanding of person centred care is described, which is mostly accurate and detailed.</p> <p>Described in good detail that is mostly clear of how they have supported a patient providing person centred care and has contextualised this by reflecting on specific examples.</p> <p>Mostly detailed and considered explanation of how communication methods and behavioural techniques provide person centred care that is mostly relevant to the examples of different patients and their needs.</p> <p>A good, coherent response overall, with subject specific terminology used with good consistency throughout.</p>
2	4-6	<p>A range of knowledge and understanding of person centred care is described, which is accurate but may be lacking in sufficient detail, with some errors.</p> <p>Described with some detail how they have supported a patient providing person centred care and has contextualised this by reflecting on some specific examples.</p> <p>Some detailed explanation of how communication methods and behavioural techniques provide person centred care that has some relevance to the examples of different patients and their needs.</p> <p>An adequate response overall, subject specific terminology is used, with some consistency.</p>
1	1-3	<p>A limited range of knowledge and understanding of person centred care is described, which has limited accuracy and is lacking in sufficient detail.</p> <p>Described in minimal detail how they have supported a patient providing person centred care and has contextualised this by reflecting on specific examples.</p> <p>A limited explanation of how communication methods and behavioural techniques provide person centred care that has minimal detail and is often fragmented with limited relevance to the examples of different patients and their needs.</p> <p>A response overall that has limited focus, limited subject specific terminology is used, but not consistently with limited accuracy.</p>
0	0	No creditworthy material.

Indicative content

The student will provide evidence of knowledge of how to monitor, support and reassure patients through effective communication and behavioural techniques (S1.83) that may include the following:

- using appropriate communication methods (for example, spoken, written and electronic methods)
- tailoring language appropriate to the audience (for example, use of technical terms only when appropriate)
- using reassuring language (verbal and non-verbal)
- using appropriate behavioural techniques (for example, tell, show, do)

The student will evidence knowledge of the skills required to provide person centred care and support, taking into consideration the needs of different patients (S1.87) that may include:

- putting patients' interests first and acting to protect them
- being respectful
- being responsive to patients' preferences, needs and values
- making patient guided clinical decisions

- ensuring the patient understands all options available by using non-technical language and asking questions to check understanding

The student will explain how they have supported a patient that may include the following:

- explaining how they knew the patient was nervous:
 - skin pallor
 - clammy
 - agitated behaviour
 - identified on the clinical notes
 - taking sedative medication
 - asking the patient
 - shaking
 - gripping chair
 - tight fists
 - white knuckles/nail beds
- or how these identified that the patient had an additional need (for example disability, mobility issues)
- how to inform the dentist that the patient may be in pain, such as:
 - say quietly to the dentist that the patient is uncomfortable
 - notice the signs and inform the dentist
 - offer the patient additional anaesthetic
- the process of making them feel at ease, such as:
 - welcoming the patient with open body language
 - being empathetic
 - taking coat and communicating
 - offering a head rest cushion or back pillow
 - smiling and eye contact
 - offering a seat
 - giving reassurance to the patient
- the methods for addressing patients' specific needs, such as:
 - moving the dental chair and headrest to ensure patient comfort
 - assisting patient in and out of chair
 - reassuring if patients are nervous
 - identify areas that cause fear and elevate as much as possible
 - covering needles and instruments to prevent patient seeing
 - offering their hand when local anaesthetic is delivered
 - offering topical anaesthetic with dentists' consent
 - sitting patient up when taking impressions

- using downstairs surgeries for those that cannot access stairs
- referring out to community if unable to tolerate treatment
- removing masks when speaking if hard of hearing
- using an interpreter if English is not their first language
- providing leaflets and models to communicate treatment plans
- guiding patient in and helping to seat them if they have vision difficulties
- the support the student as a dental nurse provided during treatment, such as:
 - offering to stop if needed by raising hand
 - reassuring and praising them throughout (for example, “you are doing really well”, “not much longer now”)
 - protecting them by ensuring the correct personal protective equipment (PPE) is provided
 - covering needles and instruments to prevent patient seeing
 - introducing concentration techniques, such as counting to 10 when local anaesthetic (LA) is being delivered
 - distraction techniques, such as talking to the patient about something else
 - preparing surgery prior to patient arrival
 - selecting all instruments and materials prior to patient attending
 - support given to the clinician
 - passing instruments behind patient to prevent fear
 - explaining the stages of treatment
 - providing effective aspiration for patient comfort
 - physical and emotional support
 - using eye contact and positive body language
 - asking if they are ok, holding their hand if needed
 - supporting the patients head if required
 - offering water and regular breaks
 - checking the dental chair is in a good position for patient’s needs
 - being professional
 - being the patient’s advocate
- how to be an advocate and act to protect patients, such as:
 - raising a concern
 - being the patients' chaperone and acting on their behalf
 - advise and support within own scope of practice
 - informing the dentist if you notice they are in pain
 - safeguarding, signs of abuse, raising concerns, reporting a safeguarding incident
 - whistleblowing, communicating with the team and wider healthcare team for the benefit of the patient, General Dental Council (GDC) principle 8

- actions the student as a dental nurse must take if a patient became unwell, such as:
 - assisting the dentist
 - carrying out basic life support
 - getting the emergency drug box/O2
 - getting a glucose drink, assisting the patient to take their own medication
 - removing other patients if needed
 - protecting dignity
 - carrying out basic life support if required
 - recording time of incident
 - calling 999
 - follow DRABC (Danger, Response, Airway, Breathing and Circulation)
 - collecting medication from the drugs cupboard
 - reassuring patient and family
 - putting patient in recovery position if required
 - recording information
 - completing records

Question 2

Knowledge	PO1: carry out a range of dental procedures to support dental professionals at “chairside”	K1.50	14 marks
Skills	PO1: carry out a range of dental procedures to support dental professionals at “chairside”	S1.87 S1.88	3 marks 3 marks

Part A

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

Part B

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

(20 marks)

Levels of response grid

Band	Mark	Descriptor
4	16-20	<p>Highly detailed and very well considered discussion of how the GDC 9 principles of practice have been implemented when managing, supporting, and reassuring patients with different needs. Contextualised by reflecting on highly relevant examples of different patients and their needs.</p> <p>A very wide range of knowledge and understanding of the GDC 9 principles of practice, which is fully accurate and detailed.</p> <p>Clear and concise analysis of how their practice has developed to meet the GDC 9 principles of practice.</p> <p>An excellent, well-developed, and highly coherent response overall, with subject specific terminology used consistently throughout.</p>
3	11-15	<p>A mostly detailed and considered discussion of how the GDC 9 principles of practice have been implemented when managing, supporting, and reassuring patients with different needs. Contextualised by reflecting on mostly relevant examples of different patients and their needs.</p> <p>A good range of knowledge and understanding of the GDC 9 principles of practice, which is mostly accurate and detailed.</p> <p>Mostly detailed and considered analysis of how their practice has developed to meet the GDC 9 principles of practice.</p> <p>A good, coherent response overall, with subject specific terminology used mostly consistently throughout.</p>
2	6-10	<p>Some detailed discussion of how the GDC 9 principles of practice have been implemented when managing, supporting, and reassuring patients with different needs. Contextualised by reflecting on some relevant examples of different patients and their needs.</p> <p>A range of knowledge and understanding of the GDC 9 principles of practice, which is accurate but may be lacking in sufficient detail, with some errors.</p> <p>Some analysis of how their practice has developed to meet the GDC 9 principles of practice.</p> <p>An adequate response overall, subject specific terminology is used, but not always consistently.</p>
1	1-5	<p>A limited discussion of how the GDC 9 principles of practice have been implemented when managing, supporting, and reassuring patients with different needs, that has minimal detail and is often fragmented with limited relevance to the examples of different patients and their needs.</p> <p>A limited range of knowledge and understanding of the GDC 9 principles of practice, which has limited accuracy and is lacking in sufficient detail.</p> <p>Limited analysis of how their practice has developed to meet the GDC 9 principles of practice.</p> <p>A response overall that has limited focus, limited subject specific terminology is used, but not consistently with limited accuracy.</p>
0	0	No creditworthy material.

Indicative content

The student will evidence knowledge and understanding of how to apply the GDC's 9 principles of practice to the role of a dental nurse (K1.50):

- putting the patient's interests first (for example, offering the patient all treatment options and listening to their wishes)

- communicating effectively with patients (for example, ensuring patient understands treatment options and is comfortable to ask any questions)
- obtaining valid consent (for example, gaining consent from an individual with sufficient capacity)
- maintaining and protecting patient's information (for example, ensuring all clinical records are up to date, stored correctly and for the required amount of time, ensuring any changes to medical history is recorded, ensuring all computers are password protected)
- ensuring there is a clear and effective complaints procedure (for example, to allow patients the ability to complain or raise feedback which may help the team improve and develop)
- working with colleagues that is in the patient's best interest (for example, making detailed notes if you interact with patients, if running late let reception know so they can keep patient updated)
- maintaining, developing and working within your own professional knowledge and skills (for example, ensuring all continuing professional development is up to date, whilst keeping up to date with any medication discontinuations and changes, only carrying out tasks that you are trained to do)
- raising concerns if patients are at risk (for example, knowing when and who to raise concerns to)
- making sure your personal behaviour maintains patient's confidence in you and the dental profession (for example, being aware of your social media usage, behaving in a professional manner in work, not doing anything that may cause question to yourself or the profession)

The student will evidence knowledge of the skills required to provide person centred care and support, taking into consideration the needs of different patients (S1.87) that may include:

- being respectful
- being responsive to patients' preferences, needs and values
- making patient guided clinical decisions
- ensuring the patient understands all options available by using non-technical language and asking questions to check understanding

The student will evidence knowledge of the skills required to take the needs of different patients' into account (S1.88) that may include:

- providing treatment options
- respecting patients' religious beliefs, culture and habits (for example, not judging a patient's lifestyle choices)
- considering any medical, social and psychological conditions

The student response may include:

- the GDC 'duty of care' policy and has contextualised this by providing specific examples of their own practice
- evidence regarding the required documentation for planned treatment to go ahead including examples of this process, how consent is gained and storing clinical records
- evidence which demonstrates breadth and depth of knowledge on the importance of safeguarding their patients
- reference legislation, GDC standards and experience, and considered methods on how they adhere to the principles of confidentiality
- the GDC standards which they have linked to examples of how they keep patients safe in their care
- provide examples and evidence, which reflects on care and support offered to patients, with reference to the GDC standards

- provide evidence of acting as an advocate for different patients which links to their knowledge of the GDC standards

Discussion on how they implement the GDC standards when managing, supporting and reassuring patients that may include:

- the importance of the duty of candour, such as telling the patient when something has gone wrong, apologising to the patient, offering an appropriate remedy or supporting to put matters right (if possible) and explaining fully to the patient the short and long-term effects of what has happened
- the need for treatment plans to gain consent, informed consent, specific consent, valid consent, how consent is gained, give patients time to consider information and take their individual views and communication needs into account; respecting dignity and choices such as the patients' right to refuse treatment, Mental Capacity Act 2005, Gillick competence, and explaining procedure in a way the patient understands
- the importance of safeguarding, signs of abuse, raising concerns, reporting a safeguarding incident, whistleblowing, communicating with the team and wider healthcare team, always put patients' safety first, act promptly if patients or colleagues are at risk and take measures to protect them
- the principles of confidentiality, GDPR, data protection, locked cupboards, password protected, not discussing patients outside of workplace, GDC principle maintain and protect patient information, abiding by the GDCs guidance on social media usage; make and keep contemporaneous, complete and accurate patient records; protect the confidentiality of patients' information and only use it for the purpose for which it was given; only release a patient's information without their permission in exceptional circumstances; ensure that patients can have access to their records and keep patients' information secure at all times
- about keeping patients (and colleagues) safe, moving chair and headrest to ensure patient comfort, assisting patient in and out of chair, manual handling and only doing what they are trained, competent and indemnified to do, work effectively with your colleagues, and contribute to good teamwork
- the need for high level patient care such as listening to your patients, treating every patient with dignity and respect at all times, be honest and act with integrity, being responsive to patients' preferences, needs and values, preparing a downstairs surgery for a patient who cannot access the stairs, making appointment times fit around childcare, work issues, prayer times, medical needs such as diabetes and eating requirements
- making patient guided decisions, costs of treatments and alternatives, ensuring patient understands all options available, provide good quality care based on evidence-based information, work within your knowledge, skills, professional competence and abilities, update and develop your professional knowledge and skills throughout your working life
- how they act as a patient advocate by providing advice and support within their scope of practice, such as describing treatments in layman terms, providing a voice for the patient, when appropriate, promoting and signposting appropriate services, informing the dentist if the patient is uncomfortable/in pain, raising concerns if needed, making sure that there is an effective complaints procedure readily available for patients to use, and following that procedure at all times, respecting a patient's right to complain, ensuring patients' trust in you and the public's trust in the dental profession, protecting patients and colleagues from risks posed by your health, conduct or performance

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

Question 3

Knowledge	PO2: provide factual information and up to date advice to help patients to maintain and improve their oral health	K2.1	3 marks
Skills	PO2: provide factual information and up to date advice to help patients to maintain and improve their oral health	S2.15	3 marks
		S2.16	3 marks
		S2.17	3 marks

Part A

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

Part B

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

(12 marks)

Levels of response grid

Band	Mark	Descriptor
4	10-12	<p>A wide range of knowledge and understanding of common oral conditions, with a detailed explanation of their causes and evidence-based methods for prevention, which is fully accurate and detailed.</p> <p>An excellent description of a situation where they have worked as a team to communicate oral health instructions to a patient to maintain and improve their oral health that is clear and is contextualised by reflecting on specific examples.</p> <p>Highly detailed and very well considered explanation of appropriate oral health advice that is highly relevant to the examples of different patients and their needs.</p> <p>An excellent, well-developed, and highly coherent response overall, with subject specific terminology used consistently throughout.</p>
3	7-9	<p>A good range of knowledge and understanding of common oral conditions, with a mostly detailed explanation of their causes and evidence-based methods for prevention, which is mostly accurate and detailed.</p> <p>A good description of a situation where they have worked as a team to communicate oral health instructions to a patient to maintain and improve their oral health that has sufficient detail and is mostly clear and is contextualised by reflecting on specific examples.</p> <p>Mostly detailed and good explanation of appropriate advice given including diet and health risks that is mostly relevant to the examples of different patients and their needs.</p> <p>A good, coherent response overall, with subject specific terminology used mostly throughout.</p>

Band	Mark	Descriptor
2	4-6	<p>A range of knowledge and understanding of common oral conditions with an explanation of their causes and evidence-based methods for prevention, which is accurate but may be lacking in sufficient detail, with some errors.</p> <p>A reasonable description of a situation where they have worked as a team to communicate oral health instructions to a patient to maintain and improve their oral health that has some detail and is contextualised by reflecting on some specific examples.</p> <p>Some detailed explanation of some appropriate advice given including diet and health risks that has some relevance to the examples of different patients and their needs.</p> <p>An adequate response overall, subject specific terminology is used, but not always consistently.</p>
1	1-3	<p>A limited range of knowledge and understanding of range of common oral conditions and an explanation of their causes and evidence-based methods for prevention, which has limited accuracy and is lacking in sufficient detail.</p> <p>A limited description of a situation where they have worked as a team to communicate oral health instructions to a patient to maintain and improve their oral health that has minimal detail and is minimally contextualised by reflecting on limited specific examples.</p> <p>A limited explanation of advice given including diet and health risks that has that has minimal detail and is often fragmented with limited relevance to the examples of different patients and their needs.</p> <p>A response overall that has limited focus, limited subject specific terminology is used, but not consistently with limited accuracy.</p>
0	0	No creditworthy material

Indicative content

The student will describe a situation where they have worked as a team to communicate oral health instructions to a patient to maintain and improve their oral health that may include:

- pre/post-operative instructions after an extraction
- pre/post-operative instructions after minor oral surgery
- prevention of caries for different age groups
- prevention of periodontal disease
- smoking cessation advice
- care of fixed and removable prosthesis
- the use of oral health aids and dietary advice
- post-operative advice after fixed/removable prosthetics

The student will explain the appropriate advice provided on how to maintain and improve oral health that may include any of the following:

Post-operative instructions after an extraction and/or minor oral surgery:

- no rinsing for 24 hours
- after 24 hours, gently rinse with warm salt water
- take care not to dislodge blood clot in socket
- apply a pressure pad for 10 minutes if the socket bleeds

- take regular painkillers as prescribed by clinician
- cold compress to ease swelling
- eat a well-balanced, soft diet for a few days
- brush teeth carefully
- complete any course of antibiotics that may have been given
- avoid smoking
- to contact the surgery if pain or swelling worsens

Care of removable prostheses, such as dentures:

- remove dentures at night
- dentures to be kept moist when not in the mouth
- brush remaining teeth, gums and tongue every morning and evening
- brush dentures with toothpaste or soap and water
- soak in denture-cleaning solution according to manufacturer's instructions
- clean dentures over a bowl or sink filled with water to prevent breakage if dropped
- eat soft foods to begin with
- practice speaking with dentures by reading aloud
- visit the dentist regularly for hard and soft tissue assessment
- return to the practice if dentures are painful or become loose

Care of fixed prostheses:

- avoid biting on until any cement has fully set
- brush twice a day
- the use of fluoride toothpaste
- interdental cleaning aids
- return to practice if crown feels high
- avoid sticky foods

Care of orthodontic appliances:

- brush your teeth for 2 minutes, at least twice each day
- use interdental brushes and/or super floss
- use a fluoride mouth rinse once every day
- avoid sugary snacks and drinks between meals and at bedtime
- avoid fizzy drinks
- avoid hard, sticky and chewy sweets and foods.
- continue to visit your dentist regularly
- use Ortho wax if mouth is sore
- use disclosing agents to see areas missed
- contact surgery ASAP if a breakage occurs

Prevention of caries:

- visit the dentist regularly for oral health assessment
- reducing amount and frequency of sugary foods and drinks
- brushing your teeth twice a day with fluoride toothpaste
- use interdental aids to clean in between the teeth
- preventative treatments such as fluoride and fissure sealants

Prevention of periodontal disease:

- visit the dentist regularly for oral health assessment
- reducing amount and frequency of sugary foods and drinks
- brushing your teeth at least twice a day with fluoride toothpaste
- use interdental aids/floss to clean in between the teeth
- use a mouthwash regularly
- avoid smoking
- regular scale and polish
- root planning/gingivectomy/periodontal flap surgery/full mouth disinfection

The student will explain the appropriate advice to patients on how to maintain and improve oral health (S2.15) that may include:

- promoting oral health messages including:
 - the twice a day toothbrushing message
 - differing types of toothbrushes and their effectiveness
 - the use of fluoride toothpaste
 - interdental cleaning aids and disclosing solutions/tablet
 - promoting the “spit don’t rinse” message
 - emphasising the importance of regular oral health assessments
 - how to care for dentures
- using oral health information and visual aids to support communication (for example, demonstrating basic tooth brushing and inter dental cleaning, making use of leaflets and other supporting materials)
- tailoring feedback to individual patients (for example, adults, children and young people, older people and people with additional needs)
- listening actively to patients’ questions and responding appropriately

The student will explain the health risks of diet, drugs, alcohol and smoking on oral and general health (S2.16) that may include:

- high sugar diet can cause decay
- high sugar diet associated with heart disease, diabetes, cancers
- hidden sugars in soups, sauces and processed foods
- some foods and drinks can cause staining
- direct acid attack caused by carbonated and fruit drinks can cause erosion

- some medicines contain sugars and can cause dental decay
- too much alcohol and/or drug use can cause accidents and damage the teeth
- smoking can cause staining of teeth
- smoking linked to periodontal disease
- smoking can cause bad breath/halitosis
- smoking linked to heart disease, lung disease, cancers

The student will explain the basic dietary advice that is relevant to maintaining and improving oral health, (S2.17) that may include:

- asking appropriate questions to establish current lifestyle and dietary habits
- providing advice on hidden sugars
- providing advice on how to reduce sugar intake (for example, via diet sheets)
- providing advice on the importance of good hydration and nutrition
- listening actively to patients' questions and responding appropriately

The student will evidence knowledge and understanding of a range of common oral conditions, their causes and evidence-based methods for prevention (K2.1) that may include:

- dental cavities (caries):
 - causes: dental bacterial plaque and sugar
 - methods for prevention: effective toothbrushing twice a day with fluoride toothpaste and other methods of fluoride application, appropriate interdental care, reduction in the frequency and amount of sugar
- gum disease (for example, gingivitis, periodontal disease, acute necrotizing gingivitis):
 - causes: dental bacterial plaque
 - methods for prevention: effective toothbrushing twice a day with fluoride toothpaste, appropriate interdental care
- oral infectious diseases (for example, Herpes simplex 1, thrush):
 - causes: presence of virus (or other pathogens)
 - methods for prevention: improved lifestyle choices (for example, reduction of alcohol), gathering patient data via questionnaires, good nutrition and oral health advice
- oral cancer (soft tissue awareness)
 - causes: lifestyle, genetics
 - methods for prevention: improved lifestyle choices (for example, reduction in alcohol/smoking/betel nut chewing), regular oral health assessment, HPV vaccination
- oral dental trauma (soft tissue):
 - causes: eating hot food/drinks, laceration
 - methods for prevention: awareness of the causes
- oral dental trauma (trauma to the teeth):
 - causes: accidents, sports injury
 - methods for prevention: wearing a mouth guard when participating in sport

Question 4

Knowledge	PO2: provide factual information and up to date advice to help patients to maintain and improve their oral health	K2.9 K2.11 K2.13	4 marks 4 marks 4 marks
Skills	PO2: provide factual information and up to date advice to help patients to maintain and improve their oral health	S2.19 S2.21	4 marks 4 marks

Part A

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

Part B

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

(20 marks)

Levels of response grid

Band	Mark	Descriptor
4	16-20	<p>Highly detailed and very well considered discussion on the importance of providing advice to patients within own scope of practice. Contextualised by reflecting on highly relevant examples of different patients and their needs.</p> <p>A very wide range of knowledge and understanding of the roles and responsibilities of the dental professionals and CPD, which is fully accurate and detailed.</p> <p>Clear and concise analysis of the importance of CPD on providing evidenced based oral health information to patients.</p> <p>An excellent, well-developed, and highly coherent response overall, with subject specific terminology used consistently throughout.</p>
3	11-15	<p>A mostly detailed and considered discussion on the importance of providing advice to patients within own scope of practice. Contextualised by reflecting on mostly relevant examples of different patients and their needs.</p> <p>A good range of knowledge and understanding of the roles and responsibilities of the dental professionals and CPD, which is mostly accurate and detailed.</p> <p>Mostly detailed and considered analysis of the importance of CPD on providing evidenced based oral health information to patients.</p> <p>A good, coherent response overall, with subject specific terminology used mostly consistently throughout.</p>

Band	Mark	Descriptor
2	6-10	<p>Some detailed discussion on the importance of providing advice to patients within own scope of practice. Contextualised by reflecting on some relevant examples of different patients and their needs.</p> <p>A range of knowledge and understanding of the roles and responsibilities of the dental professionals and CPD, which is accurate but may be lacking in sufficient detail, with some errors.</p> <p>Some analysis of the importance of CPD on providing evidenced based oral health information to patients.</p> <p>An adequate response overall, subject specific terminology is used, but not always consistently.</p>
1	1-5	<p>A limited discussion on importance of providing advice to patients within own scope of practice, that has minimal detail and is often fragmented with limited relevance to the examples of different patients and their needs.</p> <p>A limited range of knowledge and understanding of the roles and responsibilities of the dental professionals and CPD, which has limited accuracy and is lacking in sufficient detail.</p> <p>Limited analysis of the importance of CPD on providing evidenced based oral health information to patients.</p> <p>A response overall that has limited focus, limited subject specific terminology is used, but not consistently with limited accuracy.</p>
0	0	No creditworthy material.

Indicative content

The student will evidence knowledge and understanding of the roles and responsibilities of the dental nurse when supporting the dental team in patient management (K2.9) that may include:

- monitoring, supporting and reassuring patients
- providing appropriate advice (for example, providing preventative advice)
- providing clinical and other support to dental professionals
- making appropriate referrals

The student will explain the role of dental professionals and the wider healthcare team in the delivery of patient management (S2.19) that may include:

- complying with legal and regulatory requirements in relation to patient management
- communicating effectively with colleagues, other dental professionals and the wider health and social care team

That also may include the following:

- only working within own scope of practice
- complying with all legal and regulatory requirements such as GDC standards, GDC registration requirements, Health and Social Care Act 2008, CQC, direct access (such as seeing another dental care professional (DCP) without seeing the dentist), confidentiality of patient information and GDPR
- communicating effectively with colleagues, other dental professionals and the wider health and social care team such as referrals
- the use of different communication tools (for example, leaflets, websites, YouTube, books, games)

- tailoring feedback to individual patients (for example, adults, children and young people, older people and people with additional needs)
- the use of visual aids to support communication such as demonstrating tooth brushing/inter dental cleaning
- verbal and written instructions and advice after treatments

The student will explain the effective and appropriate advice to patients within scope of practice (S2.21) that may include:

- participating in preventative programmes without the patient having to see a dentist first
- undertaking activities within scope of practice

That also may include the following:

- only providing care that you are trained, competent and indemnified to do
- participating in preventative programme, such as applying fluoride varnish either on prescription from a dentist or direct as part of a structured dental health programme
- ensuring that they always act within their scope of practice
- how a dental nurse's scope of practice can be developed such as additional skills

The student will evidence knowledge and understanding of continuing professional development requirements for dental nurses (K2.11) that may include the following:

- as defined in the most recent guidance from the GDC

The student will evidence knowledge of and analyse the importance of maintaining personal development plan and continuing professional development (K2.13):

- to ensure CPD requirements are met as defined by the GDC
- to maintain professional registration
- to ensure up to date knowledge and skills (for example, emerging technologies, changes in evidence-based practice, dealing with medical emergencies)
- to effectively respond to feedback

The student will analyse the importance of CPD in providing advice that may include:

- developing and maintaining professional knowledge and competence ensures the right advice can be provided
- knowing what advice and guidance is allowed within scope of practice
- carrying out GDC recommended CPD in oral cancer-early detection
- referring any questions from the patient to the clinician if unsure
- advice is evidence-based and meets the GDC requirements for CPD, such as:
 - meets the GDC development outcomes, can be quality assured/provide feedback to the organiser, certification and is relevant to their field of practice
 - further development, once qualified, as an oral health educator course
 - dental nurses can participate in preventative programmes without the patient having to see a dentist first (direct access)

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

Question 5

Knowledge	PO3: accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate	K3.1	6 marks
		K3.5	6 marks

Part A

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

Part B

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

(12 marks)

Levels of response grid

Band	Mark	Descriptor
4	10-12	<p>A wide range of knowledge and understanding of the principles of dental charting, which is fully accurate and detailed.</p> <p>Clearly and concisely described a dental nurses' role in accurately recording a patient's dental information through dental charting and has contextualised this by reflecting on specific examples.</p> <p>Highly detailed and very well considered explanation of how IT and electronic recording systems support in accurately recording a patient's information that is highly relevant to the examples of different patients and their needs.</p> <p>An excellent, well-developed, and highly coherent response overall, with subject specific terminology used consistently throughout.</p>
3	7-9	<p>A good range of knowledge and understanding of the principles of dental charting is described, which is mostly accurate and detailed.</p> <p>Described in sufficient detail that is mostly clear and concise a dental nurses' role in accurately recording a patient's dental information through dental charting and has contextualised this by reflecting on specific examples.</p> <p>Mostly detailed and considered explanation of how IT and electronic recording systems support in accurately recording a patient's information that is mostly relevant to the examples of different patients and their needs.</p> <p>A good, coherent response overall, with subject specific terminology used mostly throughout.</p>

Band	Mark	Descriptor
2	4-6	<p>A range of knowledge and understanding of the principles of dental charting is described, which is accurate but may be lacking in sufficient detail, with some errors.</p> <p>Described with some detail a dental nurses' role in accurately recording a patient's dental information through dental charting and has contextualised this by reflecting on some specific examples.</p> <p>Some detailed explanation of how IT and electronic recording systems support in accurately recording a patient's information that has some relevance to the examples of different patients and their needs.</p> <p>An adequate response overall, subject specific terminology is used, but not always consistently.</p>
1	1-3	<p>A limited range of knowledge and understanding of the principles of dental charting, which has limited accuracy and is lacking in sufficient detail.</p> <p>Described in minimal detail a dental nurses' role in accurately recording a patient's dental information through dental charting and has contextualised this by reflecting on specific examples.</p> <p>A limited explanation of how IT and electronic recording systems support in accurately recording a patient's information that has minimal detail and is often fragmented with limited relevance to the examples of different patients and their needs.</p> <p>A response overall that has limited focus, limited subject specific terminology is used, but not consistently with limited accuracy.</p>
0		No creditworthy material.

Indicative content

The student will evidence knowledge and understanding of the principles of dental charting and soft tissue assessment including how to use standard dental charts as part of a routine check-up (K3.1) that may include the following:

- principles of dental charting:
 - a record of patient's dentition and previous dental history
 - to plan further treatment, as required
 - acts as a legal record
- principles of soft tissue assessment:
 - to review the soft tissue of the mouth and lips
 - to identify any oral lesions which may or may not require further investigation

The student will describe the various dental charting and recordings during an assessment, that may include the following:

- record dental terminology as dictated by the dentist
- palmer notation or fédération dentaire internationale (FDI) charting
- record periodontal charting scores
- record plaque indices scores
- record mobility scores
- recording orthodontic terminology/measures, such as class 1,2,3/overjet and overbite

- display previous bitewings for viewing
- record soft tissue assessment findings
- help devise treatment plans
- record referrals internally and externally
- assisting with camera and retraction/mirrors and record findings

The student will explain how IT and electronic recording systems are used within a dental setting (K3.5):

- surgery diary management system:
 - managing patient appointments and appointment types
 - payment information
- patient information system:
 - personal information (for example, name and contact details)
 - medical/dental/social information (for example, medical history and occupation)
 - dental charting
 - radiographic records (for example, bite wings)

That may also include the following:

- booking appointments using the correct procedure
- ensuring appropriate length for the treatment required
- checking patient's treatment to ensure all work is back if needed and contacting laboratory if not
- adding new patients to the system using correct information
- recording dental history and making clear concise notes of any allergies, phobias, MH
- making referrals to outside agencies and keeping the patient informed
- recording dental charting and the importance of correct notations, terminologies, processing payments and recall appointments
- using digital x-ray system to develop and store x-rays
- uploading digital images or STL files to the relevant chart
- processing payments using different systems

Question 6

Knowledge	PO3: accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate	K3.6	8 marks
Skills	PO3: accurately record patients' dental information to contribute to their treatment and dental care on dental charts, using technology where appropriate	S3.8 S3.11	6 marks 6 marks

Part A

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

Part B

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

(20 marks)

Levels of response grid

Band	Mark	Descriptor
4	16-20	<p>Highly detailed and very well considered discussion on how a dental nurse applies the guidelines and requirements for good record keeping. Contextualised by reflecting on highly relevant examples of own experience and knowledge associated with an oral health assessment.</p> <p>A very wide range of knowledge and understanding of the guidelines and requirements for good record keeping, which is fully accurate and detailed.</p> <p>Clear and concise assessment of the implications of not correctly recording a patient's information.</p> <p>An excellent, well-developed, and highly coherent response overall, with subject specific terminology used consistently throughout.</p>
3	11-15	<p>A mostly detailed and considered discussion on how a dental nurse applies the guidelines and requirements for good record keeping. Contextualised by reflecting on mostly relevant examples of own experience and knowledge associated with an oral health assessment.</p> <p>A good range of knowledge and understanding of the guidelines and requirements for good record keeping, which is mostly accurate and detailed.</p> <p>Mostly detailed and considered assessment of the implications of not correctly recording a patient's information.</p> <p>A good, coherent response overall, with subject specific terminology used mostly consistently throughout.</p>
2	6-10	<p>Some detailed discussion on how a dental nurse applies the guidelines and requirements for good record keeping. Contextualised by reflecting on some relevant examples of own experience and knowledge associated with an oral health assessment.</p> <p>A range of knowledge and understanding of the guidelines and requirements for good record keeping, which is accurate but may be lacking in sufficient detail, with some errors.</p> <p>Some assessment of the implications of not correctly recording a patient's information.</p> <p>An adequate response overall, subject specific terminology is used, but not always consistently.</p>

Band	Mark	Descriptor
1	1-5	<p>A limited discussion on how a dental nurse applies the guidelines and requirements for good record keeping, that has minimal detail and is often fragmented with limited relevance to the examples of own experience and knowledge associated with an oral health assessment.</p> <p>A limited range of knowledge and understanding of the guidelines and requirements for good record keeping, which has limited accuracy and is lacking in sufficient detail.</p> <p>Limited assessment of the implications of not correctly recording a patient's information.</p> <p>A response overall that has limited focus, limited subject specific terminology is used, but not consistently with limited accuracy.</p>
0	0	No creditworthy material.

Indicative content

The student will evidence knowledge and understanding of following the guidelines and requirements for the recording and storing of patient information on manual records (S3.8) that may include:

- recording only relevant and factual information
- not reading aloud any personal information from the manual records (for example, address)
- retaining manual records within specific timeframes
- maintaining confidentiality
- gaining patient consent to store and share the personal data, where relevant
- only disclosing information to those that are required to know
- ensuring manual records are stored securely (for the relevant amount of time) in a locked, metal, fireproof cabinet
- ensuring manual records are disposed of securely when no longer required

The student will evidence knowledge and understanding of following guidelines and current practices for the recording and storage of patient information on electronic recording systems (S3.11):

- recording only relevant and factual information (for example, not speculating about a patient)
- not reading aloud any personal information from the system (for example, address, mobile number)
- retaining information within specific timeframes
- gaining the patients consent to store and share personal data, where relevant
- only disclosing information to those that are required to know, keeping passwords and PINs secure and updated in line with SOPs
- ensuring the computer screen cannot be seen by the public
- ensuring computer screens are locked when away from screen

The student will explain how they follow guidelines and requirements for the recording and storage of patient information, that may include (S3.8):

- confidentiality is integral to good patient care
- ensuring manual records are stored securely in a locked, metal, fireproof cabinet
- ensuring electronic records are password protected and computer stations are locked when away from desk
- ensuring only relevant patient information is recorded and stored, not excessive and only used for its purpose

- maintaining patient confidentiality on the phone, in surgery, and outside of the workplace
- contemporaneous record keeping and truthful and non-judgemental

The student will explain the guidelines for storage of patient information by recording only relevant and factual information that may include (S3.11):

- not speculating about a patient or making judgements
- ask the prescribing clinician to check the clinical notes after the dental nurse has completed to check for any discrepancies
- not reading aloud or discussing any personal information
- not discussing patient information or treatment to their friends and family without prior consent
- not leaving messages on answerphones or with family about patients' appointments and treatment
- retention of records minimum of 11 years or until patient is 25, whichever is longer
- gaining the patients consent to store and share personal data
- disclosure of patient records under the Road Traffic Act 1998
- keeping passwords and PINs secure and updated
- ensuring the computer screen cannot be seen by the public
- ensuring computer screens are locked when away from screen
- manual record cards not to be left out on the reception desk
- recording of alcohol and tobacco habits

The student will provide an assessment of the possible consequences of recording inaccurate patient information (K3.6):

- incorrect notes may lead to wrong preparation for the treatment
- inaccurate recording may delay patients fitting of prosthetic
- incorrect treatment planning
- misdiagnosis
- extraction of the incorrect tooth
- incorrect recall frequency means patient may not attend frequently
- incorrectly identifying patient's eligibility/ineligibility for treatment
- not recording signs of abuse/neglect may result in a safeguarding case
- the practice's ability to make NHS claims, if applicable
- incorrect patient charges
- failing an audit
- legal implications
- may be a fitness to practise issue
- nurse may face sanctions or court proceedings if continual inaccurate recording

Performance outcome grid

Qu	PO1	PO2	PO3	PO4	Marks per task
1	S1.83 S1.87				12
2	K1.50 S1.87 S1.88				20
3		K2.1 S2.15 S2.16 S2.17			12
4		K2.9 K2.11 K2.13 S2.19 S2.21			20
5			K3.1 K3.5		12
6			K3.6 S3.8 S3.11		20
Total marks	32	32	32	0	96
Total % of marks per PO	33.3%	33.3%	0-33.3%	0-33.3%	100%

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of issue
v1.0	Post approval, updated for publication.		March 2022
v1.1	Rebrand		March 2022