

APPRAISAL OF STANDARDS *Use Faculty guidelines to gauge best practice regarding notes and radiographs*

(Minimum of 5 clinical records and a child record to be checked and 1 molar endo/Cr Prep)

APPRAISAL of CLINICAL STANDARDS	GREEN Majority of notes are to a high standard, small mistakes but no evidence for regular occurrence.	AMBER Majority of notes are acceptable, some consistent small errors, insight shown into these	RED or RED* Majority of notes checked are not acceptable, multiple omissions across all fields checked.
With TRAINER			
<p>> Clinical Notes BPE / Diagnosis if required / Treatment options / Treatment Plan / Prevention / Consent / SH / Smoking & Alcohol and Cancer Risk status / Personalised to patient</p> <p>> Medical History</p> <p>> Radiography</p> <p>> Estimates</p> <p>> Molar endodontics & Crown Prep (within 3 months)</p> <p>Cross checked with APLAN</p>	<p>Majority of notes include perio diagnosis, BPE & appropriate pocket chart in adults & children >7yrs, diagnosis, treatment plans, treatment options, consent etc. Evidence of DBOH for child record</p> <p>Full and complete MH, updated regularly with patient signature. Evidence of practice protocols for MH recording.</p> <p>Appropriate rads. Taken following FGDP guidelines, justification, graded and reported.</p> <p>Regular use of estimates with treatment plans.</p> <p>Evidence of: -Diagnosis -Treatment options -Appropriate rads. -Rubber dam usage (always) -Aware of best practice. -Cr. Model available + appropriate radiograph + clinical records</p>	<p>Some items in notes are missing or incomplete, trainer is aware of this and has insight.</p> <p>Some MH's are missing or not updated.</p> <p>Some reports are present, although inconsistencies are present.</p> <p>Some evidence of estimates provided.</p> <p>Evidence of: -Limited diagnosis -Occasional Rubber Dam Use -Rads. Present but had to look at several records to find complete set -Aware of best practice but some aspects need to be Improved.</p>	<p>Notes are incomplete, extensive use of autonote with no customization, no patient consent or options etc.</p> <p>Majority of notes checked do not have MH's or have not been updated.</p> <p>Reports are missing, no protocol for rad taking appears to be in use.</p> <p>No evidence for estimates given to patient.</p> <p>Evidence of: - Difficulty in providing evidence for a complete endo course - No Rubber Dam Use - No rads / limited rads present - Not aware of best practice, no evidence of molar endo being carried out regular to an acceptable standard.</p>

APPRAISAL of PROFESSIONAL STANDARDS	GREEN	AMBER	RED
With TRAINER			
<p>> Critical Reflection on Performance Please provide details of a case where you were not happy with the final results</p> <p>> Maintaining own Clinical Standards How do you ensure your own standards are maintained?</p> <p>> Evidence of personal development Please provide details of non-clinical development (planned or completed), that you feel would benefit your role as an ES</p> <p>Personal development can be cross checked with clinical governance section by second visitor</p> <p>Maintaining clinical standards and critical reflection cross checked through APLAN</p>			

APPRAISAL of COMMUNICATION	GREEN	AMBER	RED
With TRAINER			
<p>> Conflict Resolution</p> <p>Cross checked with Patient Care Section by second visitor</p>			
APPRAISAL of MANAGEMENT & LEADERSHIP	GREEN	AMBER	RED
With Trainer			
<p>> Provide examples of M&L and developing others</p>			