Workplace Based Assessments in Special Care Dentistry
Guidance for using Direct Observation of Procedural Skills (DOPS)

Introduction

The Direct Observation of Procedural Skills (DOPS) in dental surgery is part of a group of workplace based assessment tools on real patients. As the name suggests, an assessment using a DOPS will involve the trainee being observed carrying out a clinical procedure which is performed within a particular setting, for example: restorations, extractions, ID blocks. The DOPS is a formative assessment that allows trainers to target teaching specifically to where it is required. Feedback is given to the trainee to assist them in developing and improving their skills. Over time the trainer can build up a picture of performance, aggregate the results with other assessment data and judge the trainee's progression.

The Challenges for Special Care Dentistry

A competent Specialist in Special Care Dentistry has the ability to perform clinical dentistry on patients with highly complex physical, intellectual, medical, emotional, sensory, mental or social impairments, disabilities or a combination of these. Whilst it is agreed that there is a range of clinical procedures carried out within the field of Special Care Dentistry, it must be acknowledged that the challenge facing the trainee is to develop their expertise in these procedures. It is therefore essential that trainees are assessed across a broad spectrum of clinical procedures and treatment modalities in primary, secondary and tertiary care settings.

The key index procedures

Within the Intercollegiate Surgical Curriculum Programme (ISCP), all specialities have to identify "key index procedures" which trainees must be observed carrying out. However, it must be emphasised that a successfully completed DOPS is not a certificate of competency. The range of "key index procedures" has been provided to guide the trainee and the trainer through the curriculum and ensure that there is adequate content sampling. In contrast to some of the other Specialities, the focus is on the overall clinical encounter, rather than the specific clinical procedure. (see Figure 1)

Figure 1 Key Index Procedures

- Restorative Dentistry
- Special Care Dentistry
    Assessment of capacity and completion of relevant paperwork
    Cannulation +/- blood samples
    Design and fit of a complete denture
    Design and fit of a partial denture
    Diagnosis and management of Bacterial, Viral and Fungal Infections
    Diagnosis and management of orofacial pain
    Management of patient under general anaesthetic (interoperative and post –operative care) Including day case and in-patient
    Managing dental anxiety using behavioural methods
    Perform biopsy - incisional / excisional
    Provision of domiciliary care
    Provision of inhalation sedation
    Provision of IV sedation
    Provision of nonsurgical endodontic therapy care
    Provision of oral or transmucosal sedation
    Provision of periodontal care
    Provision of restorative care
    Provision of risk based preventative care
    Routine extraction of a tooth
    Surgical extraction with bone removal

Who can assess?

In order to increase reliability it is essential that the trainee is assessed by as many assessors as possible. All assessors should have attended workplace based assessment training and be expert both in the procedure being carried out and context in which it is being performed. The Assigned Educational Supervisor (AES) should be one of the assessors during each placement.

How many DOPS and how often?

As DOPS are a longitudinal assessment tool they should happen regularly over the full training period, to show progression and enable the trainee to benefit from feedback given. Trainees should complete a minimum of 17 DOPS each year. These can be a mixture of planned and opportunistic observations, however, it is essential that the trainer and trainee agree that a DOPS is to be carried out.

In the early stages of training it would be reasonable to expect "development required" ratings across some of the domains. When a trainee is deemed as requiring development it is advisable to arrange a repeat DOPS to ensure that areas of weakness are addressed and the trainee is given the opportunity to be reassessed. Such repeat DOPS count towards the minimum requirement.

Where a trainee's programme is modular in style and the key index procedure is unlikely to be revisited, for example 'Provision of intravenous sedation', no "development required" DOPS should remain by the end of that training module.
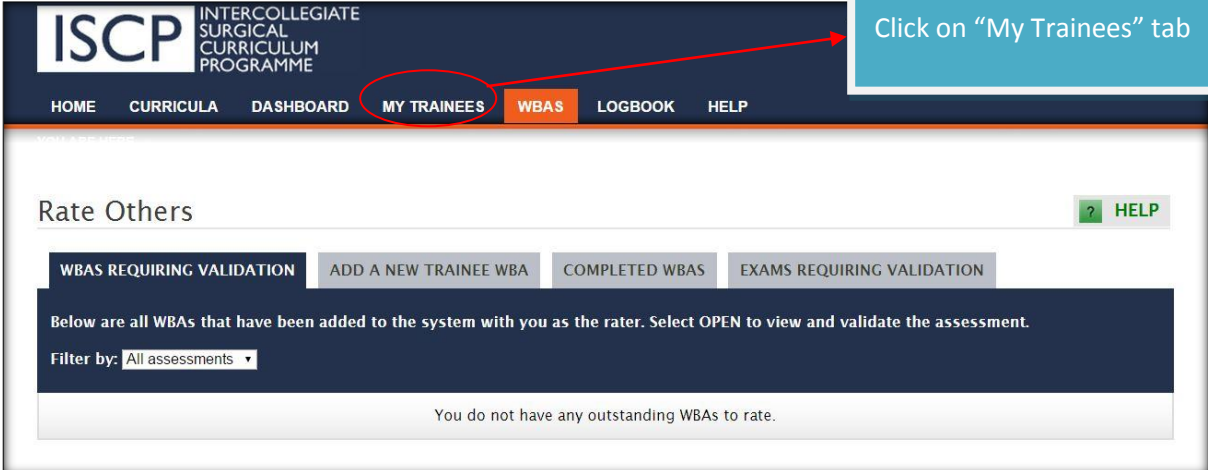
Trainee led, Trainer guided

It is the trainee's responsibility to ensure that they engage fully with the assessment process and ask to be observed regularly, however it is the trainer's responsibility to ensure that the trainee is being assessed over a wide range of procedures and patient groups. The DOPS relies on expert judgement and is subjective.

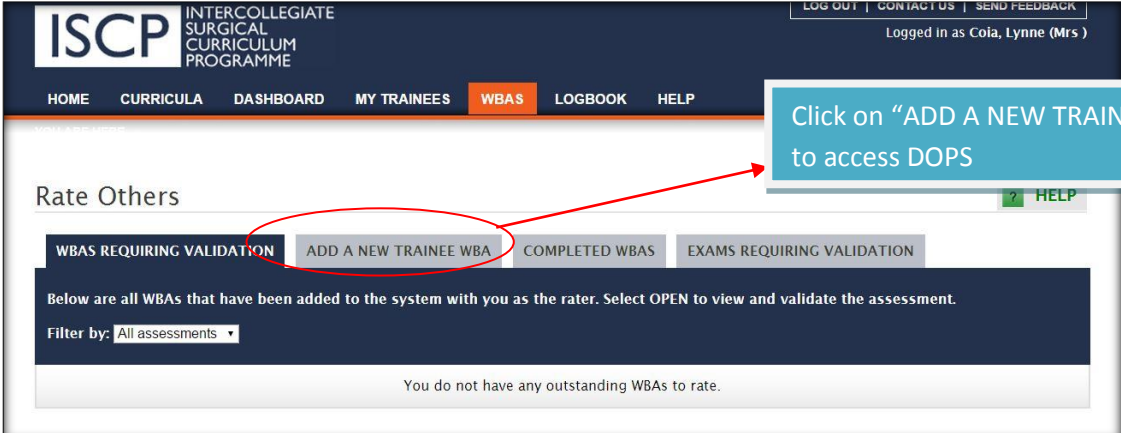## Access to DOPS for the Trainer and Trainee

The Trainer

In order to access the web based DOPS form you must first log in to the ISCP website and follow these steps:

Step 1

Click on "My Trainees" tab

Step 2

Click on "ADD A NEW TRAINEE WBA " to access DOPS

Step 3

Rate Others   ? HE

| WBAS REQUIRING VALIDATION | ADD A NEW TRAINEE WBA | COMPLETED WBAS | EXAMS REQUIRING VALIDATION |

Use this page if you wish to add a new WBA for a trainee

What kind of assessment do you want to add?

Click on DOPS to access DOPS form

CASE BASED DISCUSSION
(CBD)

CLINICAL EVALUATION EXERCISE
(CEX)

PROCEDURE BASED ASSESSMENT
(PBA)

DOPS
(DOPS)

AUDIT OF ASSESSMENT
(AOA)

OBSERVATION OF TEACHING
(OOT)

You need to complete the NOTSS training. Please click the link below and do the training

GO TO THE NOTSS SITE

Step 4

About the assessment

DOPS type   No DOPS selected CLOSE

Search by specialty   Search by name

Please note that you can record a DOPS for any specialty

+ Dental and Maxillofacial Radiology
+ Dental Public Health
+ Endodontics
+ Oral and Maxillofacial Pathology
+ Oral Medicine
+ Oral Surgery
+ Orthodontics
+ Paediatric Dentistry
+ Periodontics
+ Prosthodontics
+ Restorative Dentistry
+ Special Care Dentistry
Generic

Click on Special Care Dentistry and you will be taken to a list of identified DOPS

Step 5

Restorative Dentistry

Special Care Dentistry

Assessment of capacity and completion of relevant paperwork

Cannulation +/- blood samples

Design and fit of a complete denture

Design and fit of a partial denture

Diagnosis and management of Bacterial, Viral and Fungal Infections

Diagnosis and management of orofacial pain

Management of patient under general anaesthetic (interoperative and post –operative care) Including day case and in-patient

Managing dental anxiety using behavioural methods

Perform biopsy - incisional / excisional

Provision of domiciliary care

Provision of inhalation sedation

Provision of IV sedation

Provision of nonsurgical endodontic therapy care

Provision of oral or transmucosal sedation

Provision of periodontal care

Provision of restorative care

Provision of risk based preventative care

Routine extraction of a tooth

Surgical extraction with bone removal

Select the specific DOPS from the drop down menu of key index procedures.

The Trainee

In order to access the web based DOPS form as a trainee, you must first log in to the ISCP website and follow the steps below.

Step One

Click on the "HOME" tab and log in

Step Two

Select WBAS and click on DOPS to access the DOPS form Then follow steps 4-5 as shown in the guidance for trainers

About the assessment

DOPS type — Provision of inhalation sedation [CHANGE SDOPS]

Guidance notes:
1. Follows an agreed, logical sequence or protocol for the procedure
2. Consistently handles tissue well with minimal damage
3. Uses instruments appropriately and safely
4. Demonstrates a sound technique
5. Proceeds at appropriate pace with economy of movement
6. Anticipates and responds appropriately to variation
7. Uses assistant to the best advantage at all times
8. Sensitive and responsive to needs of the patient

Each DOPS form has a set of generic guidelines

The DOPS assessment is carried out in real time and with real patients, always.

Status

Simulated — ☐ Tick this box if this DOPs was performed in a Simulated setting

Date Of Assessment — _____

Rater/Assessor — Coia, Lynne (Mrs) (Dental administrator)

Rater has received training for this type of assessment
- ☐ None
- ☐ Written
- ☐ Web/CD/DVD
- ☐ Workshop

Ideally assessors should benefit from face to face training.

Trainee — **No user selected** [CHOOSE US...]

Number of times procedure performed by trainee — ⨯

Difficulty of procedure on this occasion — _____ ▼

As we cannot change the specific wording we advise that you rate the complexity of the case as follows;

Easier than usual = low case complexity

Average difficulty= moderate case complexity

More difficult than usual= high case complexity

"Difficulty of procedure on this occasion" (Case Complexity)

"Difficulty of procedure" should refer to the whole patient encounter or "case complexity" and not simply the degree of difficulty of the clinical treatment. For example, a simple restoration might be "more difficult than usual" as it was performed on a patient with highly complex needs. Within Special Care Dentistry the complex needs of the patient may be based on the severity of an impairment or disability together with other issues such as difficulties in communication and cooperation or the type of treatment modality required to complete the patient's dental care. The Case Mix Tool used within Primary Care, may be a helpful indicator to trainees and trainers when determining the complexity of patient care.

In this field assessors are also required to benchmark the encounter against what is:

- Easier than usual

- Average difficulty

- More difficult than usual

Performance should be benchmarked against the **end point of training, that is, against the level of difficulty which is standard for specialists within the discipline and not the point at which the trainee is along their training at the time of assessment.**

"Performed in a simulated setting" and "number of times" procedure previously performed"

As a Speciality, the SAC has decided that these fields should not be included within a Special Care Dentistry DOPS assessment tool. WBPA are observational assessments done in real time and with real patients. We are also unclear as to the relevance of recording "number of times" as a DOPS is a case specific assessment which should not take into consideration previous performance.

Assessing across the Domains using "Expert Judgement"

Trainers are required to rate their trainee's performance across 10 "Domains" and make an **expert judgement** as to whether the observed performance was;

- Requiring development

- Satisfactory

- Not Observed or (appropriate)

These ratings are benchmarked against the standard expected upon **completion** of training.

Given that the benchmark is end point of training, it would seem reasonable that trainees should expect "development required" ratings in the early part of their training period. However, there should be no remaining "Development required" domains at the end of the training period.

Feedback

Against each "Domain" there is a comments box and it cannot be emphasised enough that providing good quality feedback has a much greater impact on the trainees learning than a one or two word rating.

A record of the verbal feedback provided during discussions with the trainee should be noted in the comments section of the form. Feedback is arguably the most important part of formative assessment and has a greater impact on learning than any other variable. It is important that your trainee knows what the goal or standard is, where they are in relation to that goal or standard and what they can do to improve. Provide feedback before sharing the ratings with your trainee as this will avoid any "surprises" and allow the opportunity for the trainee to self assess.

Performance Level

Performance Level		
Level 0	Insufficient evidence observed to support a summary judgement	○
Level 1	Unable to perform the procedure, or part observed, under supervision	○
Level 2	Able to perform the procedure, or part observed, under supervision	○
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	○
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	○

When assessing the "overall performance level", the ISCP ask that this is measured in terms of "supervision required" the following level descriptors are illustrated below; it might be useful to place "was" before each level descriptor as it must be stressed that these descriptors can only describe what was observed at the time of the observational assessment and not a judgement relating to future expectations.

Level 0 - Insufficient evidence observed to support a summary judgement

Level 1 – **WAS** Unable to perform the procedure, or part observed, under supervision

Level 2 – **WAS** Able to perform the procedure, or part observed, under supervision

Level 3 – **WAS** Able to perform the procedure with minimum supervision (needed occasional help)

Level 4 – **WAS** Competent to perform the procedure unsupervised (could deal with complications that arose)

Given that the benchmark for the judgement is determined against the standard expected of a trainee on **completion of training,** it would be expected that a trainee in the early years of training may receive more 2s and 3s with a progression towards a rating of "4" as the trainee moves through the training programme.

If a trainee is awarded a level 1;2;3 it is recommended that the trainee is given the opportunity to repeat the assessment and so be able to demonstrate improved performance.

Topics

In the pop up box, click on 'Whole Syllabus'. You will then be able to select the syllabus and move down through successive layers to click on the relevant topics within the curriculum.

Record Satisfaction

Record your satisfaction in terms of how useful you found the assessment tool (not your satisfaction with your performance or your assessor's) and the timing. This information will help quality assure the curriculum.

Selecting the appropriate assessment tool

The flow chart below can be used as a guide to select the most appropriate workplace based assessment tool.