

# **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

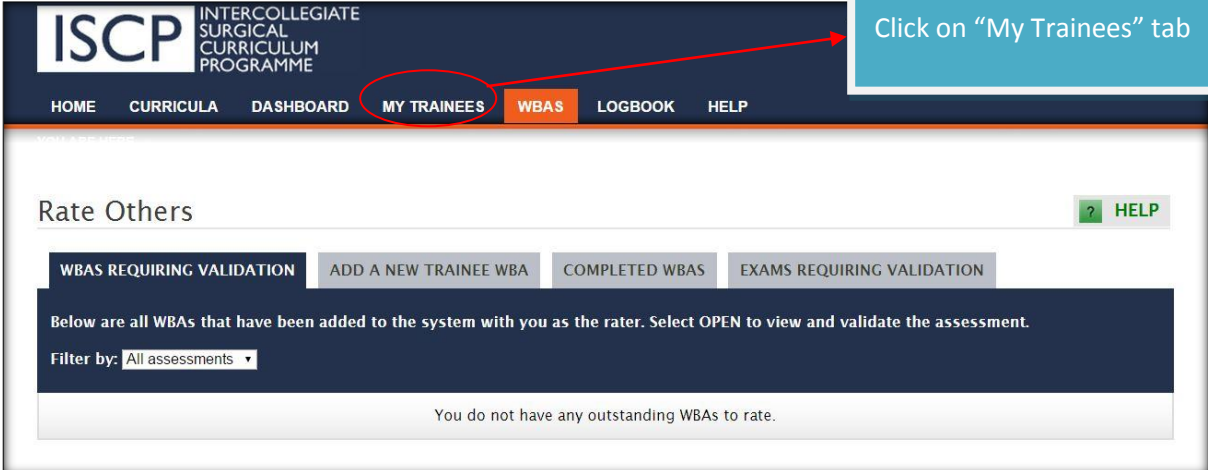
It is the trainee's responsibility to ensure that they engage fully with the assessment process and ask to be observed regularly, however it is the trainer's responsibility to ensure that the trainee is being assessed over a wide range of procedures and patient groups. The DOPS relies on expert judgement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

## Access to DOPS for the Trainer and Trainee

### The Trainer

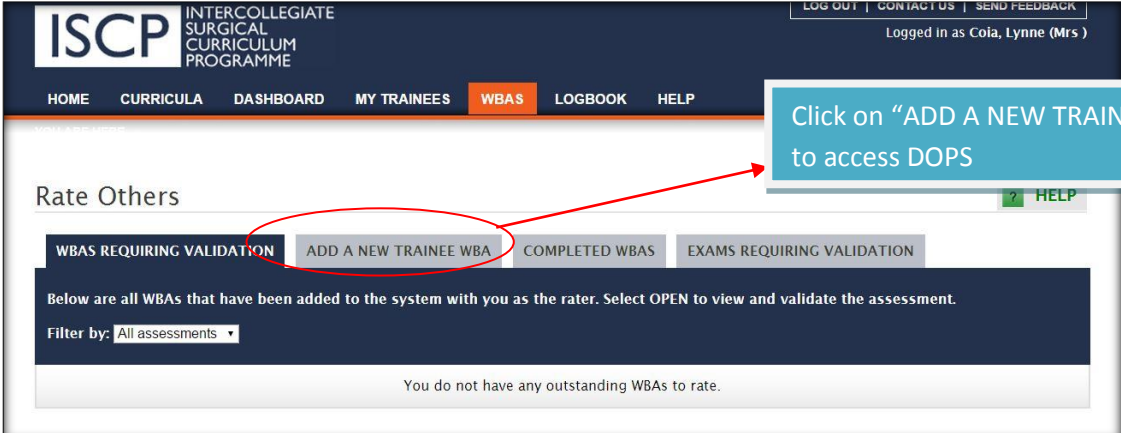
In order to access the web based DOPS form you must first log in to the ISCP website and follow these steps:

#### Step 1



The screenshot shows the ISCP website interface. The top navigation bar includes the ISCP logo and the text 'INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME'. Below the logo, there are navigation tabs: HOME, CURRICULA, DASHBOARD, MY TRAINEES, WBAS, LOGBOOK, and HELP. The 'MY TRAINEES' tab is circled in red. A blue callout box with a red arrow points to this tab, containing the text 'Click on "My Trainees" tab'. Below the navigation bar, the main content area is titled 'Rate Others' and includes a 'HELP' button. There are four tabs: 'WBAS REQUIRING VALIDATION', 'ADD A NEW TRAINEE WBA', 'COMPLETED WBAS', and 'EXAMS REQUIRING VALIDATION'. Below these tabs, there is a message: 'Below are all WBAs that have been added to the system with you as the rater. Select OPEN to view and validate the assessment.' A filter dropdown is set to 'All assessments'. At the bottom, it says 'You do not have any outstanding WBAs to rate.'

#### Step 2



The screenshot shows the ISCP website interface after logging in. The top navigation bar includes the ISCP logo and the text 'INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME'. In the top right corner, there are links for 'LOG OUT', 'CONTACT US', and 'SEND FEEDBACK', and a user status 'Logged in as Coia, Lynne (Mrs)'. Below the logo, there are navigation tabs: HOME, CURRICULA, DASHBOARD, MY TRAINEES, WBAS, LOGBOOK, and HELP. The 'WBAS' tab is circled in red. A blue callout box with a red arrow points to this tab, containing the text 'Click on "ADD A NEW TRAINEE WBA" to access DOPS'. Below the navigation bar, the main content area is titled 'Rate Others' and includes a 'HELP' button. There are four tabs: 'WBAS REQUIRING VALIDATION', 'ADD A NEW TRAINEE WBA', 'COMPLETED WBAS', and 'EXAMS REQUIRING VALIDATION'. Below these tabs, there is a message: 'Below are all WBAs that have been added to the system with you as the rater. Select OPEN to view and validate the assessment.' A filter dropdown is set to 'All assessments'. At the bottom, it says 'You do not have any outstanding WBAs to rate.'

### Step 3

The screenshot shows the 'Rate Others' page with a navigation bar containing 'WBAS REQUIRING VALIDATION', 'ADD A NEW TRAINEE WBA', 'COMPLETED WBAS', and 'EXAMS REQUIRING VALIDATION'. A dark blue banner below the navigation bar reads 'Use this page if you wish to add a new WBA for a trainee'. The main heading is 'What kind of assessment do you want to add?'. There are six buttons arranged in two columns: 'CASE BASED DISCUSSION (CBD)', 'PROCEDURE BASED ASSESSMENT (PBA)', 'AUDIT OF ASSESSMENT (AOA)', 'CLINICAL EVALUATION EXERCISE (CEX)', 'DOPS (DOPS)', and 'OBSERVATION OF TEACHING (OOT)'. The 'DOPS (DOPS)' button is circled in red. A blue callout box with a red arrow pointing to the 'DOPS (DOPS)' button contains the text 'Click on DOPS to access DOPS form'. At the bottom, there is a note: 'You need to complete the NOTSS training. Please click the link below and do the training' followed by a 'GO TO THE NOTSS SITE' button.

### Step 4

The screenshot shows the 'About the assessment' dialog box. At the top, it says 'DOPS type No DOPS selected' with a 'CLOSE' button. Below this are two search tabs: 'Search by specialty' (selected) and 'Search by name'. A note reads 'Please note that you can record a DOPS for any specialty'. A list of specialties follows, each with a green plus icon: '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', and 'Generic'. The 'Special Care Dentistry' item is circled in red. A blue callout box with a red arrow pointing to the 'Special Care Dentistry' item contains the text 'Click on Special Care Dentistry and you will be taken to a list of identified DOPS'.

Step 5

The image shows a screenshot of a software interface with a list of dental procedures. At the top, there are two main categories: '+ Restorative Dentistry' and '- Special Care Dentistry'. The '- Special Care Dentistry' category is circled in red, and a red arrow points from this circle to a blue callout box on the right. The callout box contains the text: 'Select the specific DOPS from the drop down menu of key index procedures.' Below the categories is a list of 20 specific procedures, each preceded by a small grey square icon.

- + 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

The screenshot shows the ISCP website homepage. The navigation menu at the top includes 'HOME', 'SURGICAL CURRICULUM', 'DENTAL CURRICULUM', 'REGISTER HERE', 'JCST', and 'HELP'. The 'HOME' tab is circled in red. A red arrow points from this tab to a blue callout box on the right. The main content area includes a 'Welcome' message, a 'Latest Site Update - 9.6' section, and a 'LOG IN TO ISCP' form with fields for 'Email address' and 'Password', and a 'LOG IN' button. There is also a 'LATEST NEWS' section with recent updates.

Click on the "HOME" tab and log in

### Step Two

The screenshot shows the ISCP website dashboard. The navigation menu at the top includes 'HOME', 'CURRICULUM', 'DASHBOARD', 'LEARNING PLANS', 'WBAS', 'EVIDENCE', 'PORTFOLIO', 'ARCP', and 'HELP'. The 'WBAS' menu is open, and the 'DOPS' option is circled in red. A red arrow points from this option to a blue callout box on the right. The dashboard content includes a 'Notices & Information' section, a 'Based Assessments Summary' table, and a 'Who has access to your Portfolio?' section.

Assessment Type	Count	Validation Status
1 CBDs	100%	Validated
3 CEExs	100%	Validated
0 PBA's	0%	Validated
7 DOPS	60%	Validated
0 Audits	0%	Validated
0 DDT's	0%	Validated
0 MSF's	0%	Completed

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

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

Trainee **No user selected** CHOOSE USER

Number of times procedure performed by trainee

Difficulty of procedure on this occasion

Each DOPS form has a set of generic guidelines

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

Ideally assessors should benefit from face to face training.

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”**

Rate the domains using the following scale:  
N = Not observed or not appropriate  
D = Development required  
S = Satisfactory standard for CST (no prompting or intervention required)

Domain	Rating	Comment
1. Describes indications, anatomy, procedure and complications	N D S	
2. Obtains consent, after explaining procedure & possible comps.	N D S	
3. Prepares for procedure according to an agreed protocol	N D S	
4. Administers effective analgesia or safe sedation (if no anaesthetist)	N D S	
5. Demonstrates good asepsis and safe use of instruments & sharps	N D S	
6. Performs the technical aspects in line with the guidance notes	N D S	
7. Deals with any unexpected event or seeks help when appropriate	N D S	
8. Completes required documentation (written or dictated)	N D S	
9. Communicates clearly with patient & staff throughout the procedure	N D S	
10. Demonstrates professional behaviour throughout the procedure	N D S	

*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

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

Rate the domains using the following scale:  
N = Not observed or not appropriate  
D = Development required  
S = Satisfactory standard for CST (no prompting or intervention required)

Domain	Rating	Comment
1. Describes indications, anatomy, procedure and complications	N D S	
2. Obtains consent, after explaining procedure & possible comps.	N D S	
3. Prepares for procedure according to an agreed protocol	N D S	
4. Administers effective analgesia or safe sedation (if no anaesthetist)	N D S	
5. Demonstrates good asepsis and safe use of instruments & sharps	N D S	
6. Performs the technical aspects in line with the guidance notes	N D S	
7. Deals with any unexpected event or seeks help when appropriate	N D S	
8. Completes required documentation (written or dictated)	N D S	
9. Communicates clearly with patient & staff throughout the procedure	N D S	
10. Demonstrates professional behaviour throughout the procedure	N D S	

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.

**Comments**

Verbal feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions for development which were highlighted during discussion with the trainee:

## Performance Level

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

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.

Topics

Select the topics for which this assessment applies using the topics chooser below:

Topics selected

If you wish, you can link the assessment to one or more syllabus topics

ADD TOPICS FROM SYLLABUS

Select the topics you wish to add

WHOLE SYLLABUS

2014

2013

- 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

ASSESSOR SATISFACTION

Special Care Dentistry

- General Professional Content
- Specialty Specific Content

ASSESSOR SATISFACTION

Special Care Dentistry

- General Professional Content
- Specialty Specific Content

Specialty Specific Content

- 1. Biological Sciences of Relevance to Special Care Dentistry
- 2. Concepts of Impairment, Disability, Functioning and Health
- 3. Behavioural Science
- 4. Impairment, Disability and Oral Health
- 5. Oral Health Care and Oral Health Provision for specific population groups with impairment and disability
- 6. Oral Health Care Planning for the Individual
- 7. Clinical Special Care Dentistry
- 8. Legislation, Ethics and Clinical Governance
- 9. Research, Statistics and Scientific Writing

Select the topics you wish to add

WHOLE SYLLABUS

- Restorative Dentistry
- Endodontics
- General Professional Content
- Specialty Specific Content
- 1. Concepts of Impairment, Disability, Functioning and Health
- 2. Behavioural Science
- 3. Impairment, Disability and Oral Health
- 4. Oral Health Care and Oral Health Provision for specific population groups with impairment and disability
- 5. Oral Health Care Planning for the Individual
- 6. Clinical Special Care Dentistry
- 7. Restorative Dentistry
- 8. Endodontics

Select the topics you wish to add

WHOLE SYLLABUS

- Impairment, Disability and Oral Health
- Oral Health Care and Oral Health Provision for specific population groups with impairment and disability
- Oral Health Care Planning for the Individual
- Clinical Special Care Dentistry
- 1. Restorative Dentistry
- 2. Periodontics
- 3. Endodontics
- 4. Restorable and Fixed Prosthodontics
- 5. Orthodontics
- 6. Oral Medicine and Oral Pathology
- 7. Oral Surgery
- 8. Management of Medical Emergencies
- 9. Legislation, Ethics and Clinical Governance
- 10. Research, Statistics and Scientific Writing

Topics

Select the topics for which this assessment applies using the topics chooser below:

Topics selected

ADD TOPICS FROM SYLLABUS

Special Care Dentistry (D11) - Specialty Specific Content	CO	CD	CE	EDP	PA	Auth	Teach	Self	Notes
1. Restorative Dentistry	0	0	0	0	0	0	0	0	REMOVE
7. Oral Surgery	0	0	0	0	0	0	0	0	REMOVE

## 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.

