

DOMAIN II: SAFE and EFFECTIVE CLINICAL PRACTICE

Definition

Dentists are required to ensure that they are capable of providing appropriate care for their patients, whilst also effectively managing and leading the wider team.

Description

The care that is provided should align to a contemporaneous evidence base wherever possible, and the quality of care and the management systems that underpin it should be regularly audited and improved.

Dental educators are also challenged with the task of ensuring that students are competent in basic operative procedures, and are safe to begin treating patients. This should exist as a robust process, acting as a 'gate-keeper' for access to patient care, and effective monitoring systems should also be in place that follow the student's educational journey, longitudinally, throughout the remainder of the programme. Current recommendations that support the 'benchmarking' processes for teaching of pre-clinical operative skills are already available (Field 2015, ASPiH 2017, CEPTS 2016). It is also increasingly common for schools to employ an electronic portfolio combining clinical activity, performance, and reflective practice in order to longitudinally track student progress (Villalonga *et al* 2014, Vernazza *et al* 2011, Kardos *et al* 2009), and this approach is recommended.

The major competences in this Domain are described below. They include:

- 2.1 Evidence-based Practice
- 2.2 Management and Leadership
- 2.3 Team-working and Communication
- 2.4 Audit and Risk Management
- 2.5 Professional Education and Training

Each of these elements forms part of a wider strategy to continuously improve the quality of clinical care and services that are provided to patients. This wider strategy is often referred to as 'clinical governance' and should create an environment within which clinical excellence can flourish.

KEY CONCEPTS:

- Audit and record keeping 2.4.1, 2.4.5, 2.4.6
- Clinical Evidence 2.1.1, 2.3.15
- Communication 2.2.4, 2.3.2, 2.3.3, 2.3.5, 2.3.6-2.3.12, 2.3.14, 2.3.15, 2.3.16, 2.3.19, 2.4.3, 2.4.5, 2.4.6
- Contemporary practice 2.1.5, 2.3.14
- Education 2.2.5, 2.3.8, 2.3.15, 2.3.18, 2.4.6, 2.5.1, 2.5.2, 2.5.3
- Evaluation 2.1.3, 2.1.4, 2.3.4, 2.3.9, 2.3.13, 2.3.17, 2.4.2, 2.4.4, 2.4.5, 2.4.6, 2.5.2
- Knowledge 2.1.2, 2.3.6, 2.3.15, 2.5.2
- Leadership 2.2.4, 2.2.5, 2.3.1, 2.3.19, 2.4.3
- Managing change 2.2.4, 2.2.5
- Managing risk 2.2.1, 2.2.2, 2.2.4
- Raise concerns 2.2.3, 2.5.2

MAJOR COMPETENCE: 2.1 EVIDENCE-BASED PRACTICE

Whilst it is important for dentists to be familiar with the scientific principles that underpin their practice, it is equally important to ensure that they are working to a robust and contemporaneous evidence base. This requires a motivated and interested professional who is willing to seek out new information, rationalise its source and credibility, and apply it suitably to the clinical environment.

Learning outcomes:

On graduation, a dentist must be able to:

- 2.1.1 Demonstrate successful engagement with the scientific basis of dentistry, including the relevant biomedical sciences, the mechanisms of knowledge acquisition, scientific method and evaluation of evidence
- 2.1.2 Apply contemporaneous knowledge of basic biological, medical and clinical sciences to all clinical situations
- 2.1.3 Evaluate the validity of claims made by industry, primarily in relation to the risk, clinical benefit and cost of products and techniques
- 2.1.4 Evaluate published clinical and basic science research and integrate this information to improve the oral health of the patient
- 2.1.5 Emphasise current concepts of prevention, behaviour change, risk assessment and treatment of oral disease

MAJOR COMPETENCE: 2.2 MANAGEMENT and LEADERSHIP

Effective clinical leadership is increasingly being shown to result in higher-quality care. Leadership involves setting a vision for the team, and inspiring and setting organisational values and strategic goals. Effective management involves the direction of resources to effectively achieve those goals (Swanwick & McKimm 2010). As the leader of a wider-healthcare team, the dentist is responsible for implementing a systematic approach to the delivery of safe, high quality patient-centred, clinical services. This necessarily involves managing people and resources with openness and integrity. On a very basic level this means ensuring that leaders/managers and the team are adhering to all local policies and procedures. However, upon qualification, it is expected that dentists will also be able to deal with minor performance issues, effectively audit local performance and mediate necessary changes.

Learning Outcomes:

On graduation, a dentist must be able to:

- 2.2.1 Manage and maintain a safe working environment
- 2.2.2 Effectively integrate other members of the dental team with regard to risk management, for example:
 - working posture
 - visual perception

- use of equipment
- dealing with stress
- cross-infection control
- working with hazardous chemicals and ionising radiation

2.2.3 Effectively raise concerns in an appropriate manner, at various levels

2.2.4 Manage adverse events in the short and longer term

2.2.5 Consider implementing changes within the team and the wider practice environment that will significantly improve efficiency and sustainability of resources

MAJOR COMPETENCE: 2.3 TEAM-WORKING and COMMUNICATION

As an autonomous healthcare professional, a graduating dentist is responsible for communicating effectively with their patients, the local healthcare team, and allied professionals who are involved with patient-centred care. Being able to communicate and integrate effectively within a team requires a degree of emotional competence (Flowers *et al* 2014). It is expected that new graduates will be ready and able to manage their own patients within a primary care environment. This involves the integration of both verbal and written methods of communication, judgments relating to time-keeping and awareness of their own personal and professional boundaries. Some of the most commonly-reported problems with new graduates relate to their inability to know when to seek help, and poor time-management (Gilmour *et al* 2014) – it is therefore important, on a longitudinal basis to expose undergraduates to these important elements throughout the delivery of carefully-planned and realistic clinical duties.

Learning outcomes:

On graduation, a dentist must be able to:

2.3.1 Effectively lead all members of the dental team

2.3.2 Request and share information and professional knowledge effectively, using verbal, written and electronic methods

2.3.3 Initiate appropriate referrals to effectively manage care including concerns regarding abuse and neglect

2.3.4 Request and correctly report on clinical laboratory and other diagnostic procedures and tests

2.3.5 Effectively engage with the wider medical team, as required, during routine and emergency care

2.3.6 Effectively explain and discuss aspects of treatment planning to patients including risks, benefits and likely longevity of treatment interventions

2.3.7 Effectively explain to patients the properties of commonly used dental materials, their risks, and intended benefits

2.3.8 Educate patients at all stages in their life (including children, adolescents, adults and the elderly (ageing population)), emphasising current concepts of prevention, risk assessment and treatment of oral disease

2.3.9 Assess and take account of the intellectual, socio-emotional and language development of patients

2.3.10 Effectively manage patients whose needs, desires and requirements may influence the delivery of routine dental care

2.3.11 Increase the patient's awareness of their own role in prevention of oral disease

2.3.12 Explain and discuss the need for advanced procedures and know the appropriate and proper method of referral for specialist care

2.3.13 Evaluate the results of treatment and establish an effective monitoring and maintenance programme, in co-operation with the wider dental team where appropriate

2.3.14 Manage acute oral infections, including appropriate communication for patient referral and prescription of drugs

2.3.15 Counsel patients regarding the nature and severity of their diseases and disorders, providing the patient with realistic options and expectations of how these are managed

2.3.16 Communicate effectively with a laboratory technician in order to design and prescribe appropriate restorations and appliances

2.3.17 Conduct effective quality control of prostheses (fixed and removable) and appliances

2.3.18 Train allied dental and medical healthcare workers in basic skills of oral health promotion

2.3.19 Display appropriate professional behaviour towards all members of the dental team and in their dealings with other allied healthcare workers

MAJOR COMPETENCE: 2.4 AUDIT and RISK MANAGEMENT

Risks to patient care can be minimised through effective risk management. This necessarily includes dentists being able to identify when things are going wrong, why they have happened, and what to do in order to prevent adverse events from happening again. Clinical audit is a process of measuring and monitoring the quality of care that is provided against a set standard, or previous performance – and this is an essential first step in identifying systematic risks to safe and effective patient-centred care.

Learning outcomes:

On graduation, a dentist must be able to:

2.4.1 Produce and maintain an accurate, contemporaneous and secure patient record

2.4.2 Interpret, grade and audit radiographic and other diagnostic images

2.4.3 Effectively communicate and manage the hazards within the clinical environment including cross-infection control, use of hazardous materials and working with ionising radiation

2.4.4 Conduct quality control of customised appliances

2.4.5 Evaluate the satisfaction/dissatisfaction of those directly involved with patient-centred care including, relatives and carers

2.4.6 Interpret, implement and disseminate aspects of audit and clinical governance

MAJOR COMPETENCE: 2.5 PROFESSIONAL EDUCATION and TRAINING

It is essential that graduating dentists are familiar with the process of continuing professional development (CPD). Graduation is considered to be a 'springboard' leading to a period of lifelong learning, underpinned by this professional and academic development, achieved through the acquisition of quality CPD (DentCPD 2013). Graduates should therefore be in the habit of continually assessing and updating their knowledge and skills in order to keep up-to-date with the latest developments and evidence-based practice. It is also important that dentists are motivated and interested to learn and develop *new* skills for themselves and to facilitate this process for the wider dental team.

Learning outcomes:

On graduation, a dentist must be able to:

2.5.1 Use contemporary information technology for documentation, continuing education, communication, management of information and applications related to health care

2.5.2 Assess their personal knowledge and skill base and seek additional information to correct any perceived limitations

2.5.3 Demonstrate a 'record of achievement', ideally through the use of a contemporaneous portfolio of clinical activity and reflection; something to use with pride and to be of value as a learning tool that impacts positively on their future and continuing clinical and professional practice

References

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