**Training Practice Monitoring Form**

**National Diploma in Dental Nursing**

**Purpose**

The purpose of the Training Practice Monitoring Form (TPMF) is to ensure that students have continued access to a suitable clinical learning environment. It is the Course Providers responsibility to ensure effective provision of clinical training is provided by Employers/Clinical Placements, for key requirements refer to appendix A.

**Process**

* The TPMF must initially be completed prior to the acceptance of a student on a course of training by all partners and / or their representatives.
* If more than one student from a practice is undertaking training with the same course provider one form must be completed for each student.
* It must then be checked and reviewed throughout the course of the student’s time with the Course Provider, as part of student reviews and practice visits either general or reactionary. This ensures that all changes are recorded, checked and monitored throughout the students learning journey.
* As part of the process Course Providers must ensure that they check that any witnesses supporting a student are in place to validate each element of the RoE. It is the Course Providers responsibility to ensure that witnesses have the appropriate skills, knowledge and training to support the student and that professional registration are checked and validated as per the requirement in the RoE.

**Details:**

|  |  |
| --- | --- |
| Course Provider Name: | Aida Kromelyte |
| Course Provider NEBDN Number: | GL01725 |
| Address: | 130 Old street, London, EC1V 9BD |
| Email: | kromelytea@gmail.com |
| Telephone No: | 07969347015 |
| Named Contact: | Aida Kromelyte |
| GDC Registration No: | 254887 |
| Student Name: | Student name  |
| Employer Name: | Your dentist name  |
| Employer Address: | Your surgery address  |
| Mentor Name/s: | Your dentist name  |
| Witness Name/s:GDC Registration No/s: | Your dentist name  |
| Type of Practice e.g. GDP, Private, Hospital and Specialist (please give details): | NHS or private  |
| CQC certificate number and date of verification: |  |

**Risk:**

|  |  |  |
| --- | --- | --- |
| Risk (s) Identified: | Yes □ | No □V |
| If Yes, please give details: |  |
| Actions Agreed, including timescales: | Yes, actions agreed, including timescales V |
| Name of the Course Provider Representative Completing this form: | For us to complete  |
| GDC Registration No/s: |  |
| Date completed: |  |
| Signature: |  |

Appendices:

Appendix A

National Diploma for Dental Nurses

|  |  |
| --- | --- |
| Unit 1 | Procedure Required  |
| Practical Record Sheet |  |
| Preparing and Maintaining the Clinical Environment  | **One of each**Restorative procedurePeriodontal ProcedureExtraction  |
| Sterilisation Process | **One of each**Restorative or periodontal procedureExtraction forceps or surgical instrumentshandpiece |
| Disinfection of impressions  | **Two of each**Alginate impressionElastomer impression |
| Supplementary Outcome |  |
| GDC Standards GuidanceInfection controlPersonal development planBasic Life Support |
| Unit 2 | Procedure Required  |
| Practical Record Sheet |  |
| Assisting with Preventative Procedure | **One of each**Scale and polish procedureFissure sealantTopical fluoride |
| Supplementary Outcome |  |
| Oral hygiene instructionTooth morphologyBooking appointmentsDrugs Record keeping |
| Unit 3 | Procedure Required  |
| Practical Record Sheet |  |
| Clinical Assessment | **One of each**New patientExisting patientEmergency patient  |
| Assisting in Taking and Processing a Radiograph | **3 required** can be intra-oral only, extra-oral only or a mixture of bothIntra – oralExtra-oral  |
| Supplementary Outcome |  |
| Forensic notationFDI notationPeriodontal chartingFilm packetManual developingTreatment planning |  |
| Unit 4 | Procedure Required  |
| Practical Record Sheet |  |
| Cavity Restoration | **3 required** can be from any range or a mixture AmalgamCompositeGlass Ionomer |
| Endodontic procedure | **3 required** can be from any range or a mixture Pulpectomy first or second stagePulpotomyApicectomy  |
| Fixed Prosthesis procedure | **2 from each** Preparation procedureFitting procedure |
| Removable Prosthesis procedure | **2 from each**Impression takingBite stageTry-in stageFit stage |
| Supplementary Outcome |  |
| Laboratory prescriptionBridges  |  |
| Unit 5 | Procedure Required  |
| Practical Record Sheet |  |
| Extraction procedure | **3 required** can be from any range or a mixture Simple extraction (tooth or root)Surgical extraction (tooth or root)  |
| Local Anaesthetic procedure | **2 of each**Infiltration injectionID block injection  |
| Supplementary Outcome |  |
| Post-operative instructionsOrthodontic applianceOral hygiene instructionAnxious patient  |  |