**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](mailto: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 procedure  Periodontal Procedure  Extraction |
| Sterilisation Process | **One of each**  Restorative or periodontal procedure  Extraction forceps or surgical instruments  handpiece |
| Disinfection of impressions | **Two of each**  Alginate impression  Elastomer impression |
| Supplementary Outcome |  |
| GDC Standards Guidance  Infection control  Personal development plan  Basic Life Support | |
| Unit 2 | Procedure Required |
| Practical Record Sheet |  |
| Assisting with Preventative Procedure | **One of each**  Scale and polish procedure  Fissure sealant  Topical fluoride |
| Supplementary Outcome |  |
| Oral hygiene instruction  Tooth morphology  Booking appointments  Drugs  Record keeping | |
| Unit 3 | Procedure Required |
| Practical Record Sheet |  |
| Clinical Assessment | **One of each**  New patient  Existing patient  Emergency patient |
| Assisting in Taking and Processing a Radiograph | **3 required** can be intra-oral only, extra-oral only or a mixture of both  Intra – oral  Extra-oral |
| Supplementary Outcome |  |
| Forensic notation  FDI notation  Periodontal charting  Film packet  Manual developing  Treatment planning |  |
| Unit 4 | Procedure Required |
| Practical Record Sheet |  |
| Cavity Restoration | **3 required** can be from any range or a mixture  Amalgam  Composite  Glass Ionomer |
| Endodontic procedure | **3 required** can be from any range or a mixture  Pulpectomy first or second stage  Pulpotomy  Apicectomy |
| Fixed Prosthesis procedure | **2 from each**  Preparation procedure  Fitting procedure |
| Removable Prosthesis procedure | **2 from each**  Impression taking  Bite stage  Try-in stage  Fit stage |
| Supplementary Outcome |  |
| Laboratory prescription  Bridges |  |
| 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 injection  ID block injection |
| Supplementary Outcome |  |
| Post-operative instructions  Orthodontic appliance  Oral hygiene instruction  Anxious patient |  |