

Supervised Tooth-brushing in Nurseries and Schools Candidate Portfolio



Group Award code: GL9E 46

SCQF level 6

Version: 01 (October 2016)

History of changes

Version	Description of change	Date

Supervised Tooth-brushing in Nurseries and Schools

Name of candidate

Insert Nursery Name and Address:

Contents

Candidate information

Self-reflective learning cases 12+ 2 spare

Verification details

Candidate information

Prior to completing this booklet, you must have attended the tooth-brushing training which should be delivered within the College/nursery/school setting by an NHS Oral Health Educator/Promoter.

All supervised tooth-brushing taking place within the nursery/school setting should adhere to the National Tooth-brushing Standards, available at:
<http://www.child-smile.org.uk/professionals/childsmile-core/tooth-brushing-programme-national-standards.aspx>

After completing the tooth-brushing training you are required to observe five supervised tooth-brushing sessions within the nursery/school and write up a reflective learning statement which should include:

- ◆ What did I observe and what learning can I take from this?
- ◆ What did I do to assist?
- ◆ How might I approach/or prepare to supervise children with tooth-brushing?
(Aim for around 400 words)

Once you have observed five cases, you are required to supervise a minimum of 12 tooth-brushing sessions within the nursery/school setting.

You must document 10 supervised tooth brushing sessions within the Practical Skills Competency Framework. Once this has been completed the original trainer will assess your competence using the Direct Observational Procedure Verification form (DOP).

The practical skills competency framework must be completed within 10 weeks of the original training course and returned for marking. The trainer will issue you with the date for return, during the training event.

Insert date of return here: _____

Insert reflective learning statement below, which should include:

- ◆ What did I observe and what learning can I take from this?
- ◆ What did I do to assist?
- ◆ How might I approach/or prepare to supervise children with tooth-brushing?
(Aim for around 400 words)

Additional space for Reflective Learning Statement

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 1
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 2
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 3
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 4
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 5
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 6
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 7
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 8
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 9
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 10
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 11
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments — Session 12
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments/Extra if required
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Venue details	Practical Skills Competency Framework Reflective Learning comments/Extra if required
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Lesson learnt for approach next time	

Direct Observation of Supervised Tooth-brushing in Nursery/School

To be completed by Trainer

This final part of the training should be assessed by the original trainer who must be qualified in oral health education/promotion or equivalent. The trainer observes the student in assisting with supervising children's tooth-brushing session within the nursery setting.

NB: Only one DOP is required to be completed, additional DOPS are provided only if the candidate does not meet the competencies on the first DOP.

Direct Observation of Practice

To be completed by Trainer

Case details	
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Other observations	

Additional (if required)

Direct Observation of Practical Oral Care Skills

To be completed by Trainer

Case details	
Detail Model A or Model B utilised	
Organisation checked	
Effective Preventative Practice used	
Tooth-brushing is safe and effective/cross infection is minimised	
Other observations	

The trainer should ask between two to three questions related to supervising young children with tooth-brushing.

Suggested questions:

- ◆ What are the benefits of tooth-brushing?
- ◆ How much toothpaste should be used for a child over two years of age?
- ◆ What should children be advised to do when they are finished tooth-brushing (eg spit don't rinse)
- ◆ What is the minimum strength of fluoride toothpaste for young children?

Please note these are not exhaustive questions and are suggestion to help guide with questions.

Please document below, the questions asked and competence of answers provided.

This form must be completed and signed by the trainer when the necessary level of proficiency has been achieved.

NB: The trainer must be qualified in oral health promotion/education or equivalent).

Learner details:	
Miss/Mrs/Ms/Mr:	
First name:	
Surname:	
Address:	

Trainer details:	
Miss/Mrs/Ms/Mr/Dr:	
GDC Number (if applicable)	
First name:	
Surname:	

Validation from Trainer:	
I confirm that _____ has successfully completed the practical skills competencies in supervising tooth-brushing for children.	
First name:	
Surname:	
Job title:	

Once the practical skills competencies has been completed and successfully assessed, via the DOP, please return the Verification form either by scanning and e-mailing to the assessment centre.

Feedback sheet to be given to Student

Tooth-brushing/Direct Observation of Practice

Competencies met. Please as appropriate

Case details	Feedback/comments	Attempt 1	Attempt 2
Detail Model A or Model B utilised		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
Organisation checked		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
Effective Preventative Practice		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
Tooth-brushing is safe and effective/cross infection is minimised		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
Other observations noted		Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>

Verification Form

Foundation Training/Supervised Tooth-brushing Nurseries/Schools

Please complete all appropriate fields and return to the assessment centre.

Candidate's name:	
Workplace address:	
Home address:	
Date of Training:	

Open-book assignment (enter mark)	
Practical skills competency framework verified	<input type="checkbox"/>
Direct Observation of Practice	
Were competencies met?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DOPS Verification

Verifier's name	
Job title	
Date of DOP	

For office use only	
Date received:	
Complete:	Yes <input type="checkbox"/> No <input type="checkbox"/> Refer to NES tutor
Certificate issue date:	