

**Level 2 Technical Certificate in  
Working in Dental Settings  
(3134-20)**

**Synoptic Assignment Pack**

# Introduction

General information about structure of the assignment pack

Candidate section

- Candidate guidance
- Scenario and tasks

Tutor section

- Guidance on tasks
- Guidance on assessment conditions
- Guidance on marking
- Marking criteria
- Declaration of authenticity
- Assessment feedback form

DRAFT

# Candidate section

## Candidate guidance

### General guidance

This is a formal assessment that you will be marked and graded on. You will be marked on the quality and accuracy of your practical performance and any written work you produce. It is therefore important that you carry your work out to the highest standard you can. You should show how well you know and understand the subject and how you are able to use your knowledge and skills together to complete the tasks.

### Plagiarism

Plagiarism is the failure to acknowledge sources properly and/or the submission of another person's work as if it were the candidate's own. Plagiarism is not allowed in this assignment.

This is an assessment of your abilities, so the work must be all your own work and carried out under the conditions stated. You will be asked to sign a declaration that you have not had any outside help with the assessment.

Your tutor is allowed to give you some help understanding the assignment instructions if necessary, but they will record any other guidance you need and this will be taken into account during marking.

Where research is allowed, your tutor must be able to identify which work you have done yourself, and what you have found from other sources. It is therefore important to make sure you acknowledge all sources and clearly reference any information taken from them.

### Timings and planning

You should take care when planning to make sure you have divided the time available between tasks appropriately. You should check your plan is appropriate with your tutor.

If you have a good reason for needing more time, you will need to explain the reasons to your tutor and agree a new deadline date. Changes to dates will be at the discretion of the tutor, and they may not mark work that is handed in after the agreed deadlines.

### Health and Safety

You must always work safely, in particular while you are carrying out practical tasks.

You must always follow any relevant Health and Safety regulations and codes of practice.

If your tutor sees you working in a way that is unsafe for yourself or others, they will ask you to stop immediately, and tell you why. Your tutor will not be able to reassess you until they are sure you are ready for assessment and can work safely.

### Presentation of work

Presentation of work must be neat and appropriate to the task.

You should make sure that each piece of work is clearly labelled with your name and the assignment reference.

All electronic files must be given a clear file name that allows your tutor to identify it as your work. Written work e.g. reports may be word processed but this is not a requirement.

## Scenario

You are working at a dental practice. You have been asked to work on reception in the morning, dealing with patients and help in the decontamination room in the afternoon.

### Task 1 - Patient 1

Check in the patient for their appointment at your practice and respond to their queries. They are new to the practice, this is their first appointment. You only have their name in the diary, you do not have any additional information. They are due to have an NHS examination and x-rays are likely to be taken. They are in good time for their appointment.

Write an account of your conversation for your supervisor, with justifications for any advice provided.

In this simulation you will need to respond to the situation presented by the other participants in the simulation. This is an opportunity for you to show how you would use your own skills and knowledge to respond to a possible real life situation. Throughout the simulation you should act as you would normally in the scenario you have been given and as if you were working in the role specified.

#### Conditions of assessment:

You will carry out the booking with a tutor/member of staff taking the part of a patient, in a reception setting.

The time allocated for conducting the role play and writing your account is 1 hour.

#### What must be presented for marking:

- One written account

#### Additional records to support your performance:

- Assessor notes
- Video of conversation

### Task 2 - Patient 2

A 10 year old patient has just had an examination with the dentist. The dentist has found that the child has gingivitis, gross caries and poor oral hygiene and has asked you to discuss how to improve the child's oral hygiene with the parent.

Take the parent of into a private consulting room to have the discussion.

Write an account of your conversation for the dentist, with justifications for any advice provided.

In this simulation you will need to respond to the situation presented by the other participants in the simulation. This is an opportunity for you to show how you would use your own skills and knowledge to respond to a possible real life situation. Throughout the simulation you should act as you would normally in the scenario you have been given and as if you were working in the role specified.

#### Conditions of assessment:

You will carry out the discussion with a tutor/member of staff taking the part of the patient's parent, in a reception setting.

The time allocated for conducting the role play and writing your account is 1 hour.

**What must be presented for marking:**

- One written account

**Additional records to support your performance:**

- Assessor notes
- Video of conversation

**Task 3 - Health and safety**

Carry out a risk assessment in the decontamination area. Record your findings providing justifications for any suggested actions to be taken.

**Conditions of assessment:**

The risk assessment must be completed working alone under supervised conditions.

The time allocated for conducting the risk assessment and writing up your findings is 2 hours.

**What must be presented for marking:**

- One risk assessment

**Additional records to support your performance:**

- Assessor notes

## Tutor guidance

This synoptic assessment is designed to require the candidate to make use their knowledge, understanding and skills they have built up over the course of their learning to tackle problems/tasks/challenges.

This approach to assessment emphasises to candidates the importance and applicability of the full range of their learning to practice in their industry area, and supports them in learning to take responsibility for transferring their knowledge, understanding and skills to the practical situation, fostering independence, autonomy and confidence.

Candidates are provided with a set of tasks. They then have to draw on their knowledge and skills and independently select the correct processes, skills, materials, and approaches to take.

During the learning programme, it is expected that tutors will have taken the opportunity to set shorter, formative tasks that allow candidates to be supported to independently use the learning they have so far covered, drawing this together in a similar way, so they are familiar with the format, conditions and expectations of the synoptic assessment.

You should explain to candidates what the Assessment Objectives are and how they are implemented in marking the assignment, so they will understand the level of performance that will achieve them high marks.

The candidate should not be entered for the assessment until the end of the course of learning for the qualification so they are in a position to complete the assignment successfully.

As this assignment includes simulation that includes role play that will be videoed, it is recommended that the use of video and simulation is incorporated into the teaching practice in order that candidates who may feel nervous in this situation in front of a camera have the chance to become used to it, and indeed to become comfortable using it as a formative tool for improving their own performance.

## Guidance on tasks

### Time

The recommended time allocated for the completion of the tasks and production of evidence for this assessment is **four** hours.

### Resources

Centres must provide a suitable, and as realistic an environment for the simulation as possible, providing the tools, equipment normally available in the setting.

The simulation should be carried out 'behind closed doors' to prevent access by other candidates and, as some candidates may find 'performing' difficult, to allow the candidate to perform the role in a 'safe' environment.

Simulations should be conducted in realistic reception/dental setting environments. Candidates should have access to supporting materials and equipment as would be used to provide oral health advice to patients including:

- model teeth
- dental pictures/diagrams
- tooth brushes, or other props that may be necessary to demonstrate brushing technique
- up-to-date documentation – similar to that issued to NHS dental practices - laying out the banding system 1,2 and 3 with the associated prices and the more common treatments in each band
- leaflets relating to products/tooth decay

For task 3 (risk assessment), the decontamination room/area should be prepared in advance with at least six risks present including:

- 2 cross-infection risks
- 2 health and safety risks

The decontamination room/area must be prepared between candidate assessments so each candidate is presented with a different set of hazards and risks.

It is recommended that the observer/marker should not participate in the simulation.

Participants taking part in the simulation could be tutors, other members of staff, or other suitable person, not other candidates or candidates. All participants need to be fully aware of the aims of assessment and the limitations of their part in the simulation. The candidate must always be given sufficient opportunity to respond to the situation before any actions that may prompt the candidate are introduced. The script will provide suggestions for prompts.

Role playing participants should familiarise themselves with the script provided. It will typically take the form of an initial, introductory dialogue that the candidate must respond to, followed by any further actions/ directions as well as suggested prompts that may or may not be required depending on the candidate's response. The participant may use their own words and respond naturally (for the character) to the candidate's interactions but may not change the intention of the given dialogue or include any additional information that may give the candidate an unfair advantage, or which undermines the candidate's opportunity to perform to their best. The participants will be provided with clear aims and intentions of the simulation in order to support them in this role. Further details are included in the recording forms for each simulation at the back of this pack.

## **Health and safety**

Candidates should not be entered for assessment without being clear of the importance of working safely, and practice of doing so. The tutor must immediately stop an assessment if a candidate works unsafely. At the discretion of the tutor, depending on the severity of the incident, the candidate may be given a warning. If they continue to work unsafely however, their assessment must be ended and they must retake the assessment at a later date.

## **Observation**

Where the tutor is required to carry out observation of performance, detailed notes must be taken of the quality of performance along with any other aspects of performance that will support a judgement of the marks to be awarded (e.g. measurements to confirm accuracy/tolerances). The tutor should refer to the marking grid to ensure appropriate aspects of performance are recorded. These notes will be used for marking and moderation purposes and so must be detailed and accurate.

Tutors should ensure that any supporting evidence including e.g. photographs or video can be easily matched to the correct candidate, are clear, sufficiently well-lit and showing the areas of particular interest for assessment (i.e. taken at appropriate points in production, showing accuracy of measurements where appropriate).

If candidates are required to work as a team, each candidate's contribution must be noted separately. The tutor may intervene if any individual candidate's contribution is unclear or to ensure fair access (see below).

## **Preparation**

Candidates should be aware of which aspects of their performance will give them good marks in assessment. This is best carried out through routinely pointing out good or poor performance during the learning period, and through formative assessment. Candidates should be encouraged to do the best they can and be made aware of the difference between these summative assessments and any formative assessments they have been subject to. They may not have access to the marking grids.



# Simulation script for participants

## Role specific information - Patient 1

**These notes and the script are for participants only and must be kept secure from candidates.**

### Notes for participants:

The aims of this simulation are to:

Provide the candidate with the opportunity to demonstrate professionalism while booking in a new client and dealing with the issues of a nervous patient. They are also able to demonstrate their knowledge of infection control processes.

Intended skills, knowledge and understanding expected to be generated include:

- following procedure for logging in a patient at reception, acting professionally and responsibly
- understanding NHS fee structures
- availability of NHS and Private treatments
- knowing how to recognise and allay the fears of the nervous patient
- remaining professional when discussing another dental practice, concentrating on what their practice does and why
- demonstrating awareness of safeguarding issues relating to cross-infection control
- understanding the standards of cross-infection control expected in a dental practice
- knowing set up, procedures, decontamination routine and techniques
- explaining processes carried out in decontamination room.

Expected behaviours that the interaction is intended to elicit in the candidate include:

- showing empathy, concern and understanding
- using appropriate communication skills - particularly if the patient is upset
- dispelling myths or misconceptions the patient has – e.g. what they have read in the newspaper, using factual information to discuss cross-infection control policy at the practice

Complexity needed to be included for the best candidate to show the extent of their knowledge and skills include:

- Agitation of the patient
- Lack of technical knowledge of the patient requiring level of explanation to be adjusted appropriately
- Existing misapprehensions of the patient
- Scope to link the patient's next treatment to discussion of hygiene to deal with immediate fears

### Patient 1

You are a new patient to the dental practice.

You are due to have an examination and x-rays are likely to be taken.

You left your previous dentist as you were concerned about the practice's cross-infection control quality. You have read in the newspaper about a dentist who was struck off for poor cross-infection control. You are nervous and agitated prior to the appointment.

### Script

Attend the reception desk and appear anxious and upset (e.g. moving about, not really making eye contact, looking around, speaking quickly).

Introduce yourself and state your negative feelings about dentists and your concerns - not allowing the candidate to speak.

Example wording:

"Hello, my name is..., and I have an appointment at (time)... I am new here."

"I left my other practice you know – I was worried about catching diseases from other patients that had been there – I didn't know whether they cleaned their equipment properly – I recently read in the newspaper about a dentist who had never cleaned his instruments properly and the patients had to ring a help line and be tested – he was struck off you know - I don't want that to happen to me."

Use animated body language.

The candidate will then check you in. Act in a 'normal' manner whilst they do this

Required questions:

- What information do you need from me?
- What infection control processes do you have in place here?
- How much will my treatment cost me?

### Recording form

Observations and notes on candidate responses and actions should be captured on the recording form found at the back of this pack. **The recording form must be kept secure from candidates.**

## Role specific information - Patient 2

**These notes and the script are for participants only and must be kept secure from candidates.**

### Notes for participants:

The aims of this simulation are to:

Provide the candidate with the opportunity to demonstrate their ability to provide specific dental information to a particular audience.

Intended skills, knowledge and understanding expected to be generated include:

- using of appropriate communication skills
- demonstrating a variety of communication techniques
- in-depth knowledge of oral health
- deliver oral health instruction suitable considering audience

Expected behaviours that the interaction is intended to elicit in the candidate include:

- showing empathy, concern and understanding
- engaging in conversation and responding to questions.
- adapted communication skills where necessary
- patient- centred approach

Complexity needed to be included for the best candidate to show the extent of their knowledge and skills include:

- Lack of existing basic understanding of the parent
- Lack of perceived interest
- 'Can't do' attitude of the parent
- Focus on changing practice rather than simply providing information

### Patient 2

You are the parent of a 10 year old patient at the dental practice.

Your child has gingivitis, gross caries and poor oral hygiene. They have lots of sweets and fizzy drinks throughout the day and do not clean their teeth regularly.

You are not overly concerned by the outcome of the appointment.

The candidate is talking to you, in a private consulting room, at the request of the dentist.

The child will not take part in the scenario.

Prompt questions could/should be used to aid the flow of the conversation and to assist when creating a dialogue between the parent and candidate. If the prompt questions do not elicit a response, move on.

At first you appear not be too interested in the conversation – this should not be aimed at putting off the candidate – they should try to engage with the parent - you may start to show more interest as the conversation continues.

As soon as you are seated, the candidate should start the conversation. If not, start with the first question. If the candidate starts to talk about oral health advice then to get them 'on track' you should ask your first question as soon as possible.

At this point in the oral health education for a 10 year old child flossing or other interdental aids are probably inappropriate and should not be referred to. If they are, then the candidate should be encouraged to move on by stating “This would be far too difficult for my child to do!”

### Script

Candidate should introduce themselves and state why they are there.

Required questions:

- Why does my child have tooth decay and gingivitis?  
**Prompt question:** “Is it OK for my child to drink diet drinks?”  
**Prompt question:** “Surely fruit juice is okay as it is natural?”
- Why has the dentist has recommended a fluoride mouthwash?  
**Prompt question:** “What is the point of all of this advice?”
- How can my child’s tooth brushing technique be improved?  
**Prompt question:** “Can my child use any toothpaste that we see on offer on the supermarket shelf?”  
**Prompt question:** “Is there anything else my dentist can do to help my child’s teeth?”

### Recording form

Observations and notes on candidate responses and actions should be captures on the recording form found at the back of this pack. **The recording form must be kept secure from candidates.**

## Guidance on assessment conditions

The assessment conditions that are in place for this synoptic assignment are to:

- ensure the rigour of the assessment process
- provide fairness for candidates
- give confidence in the outcome.

They can be thought of as the rules that ensure that all candidates who take an assessment are being treated fairly, equally and in a manner that ensures their result reflects their true ability. The conditions outlined below relate to this summative synoptic assignment. These do not affect any formative assessment work that takes place. Formative assessment will necessarily take a significant role throughout the learning programme where support, guidance and feedback (with the opportunity to show how feedback has been used to improve outcomes and learning) are critical. This approach is not, however, valid for summative assessment. The purpose of summative assessment is to confirm the standard the candidate has achieved as a result of participating in the learning process.

### Authentication of candidate work

Candidates are required to sign declarations of authenticity, as is the tutor. The relevant form is included in this assignment pack.

The completion of the final evidence for the tasks that make up this synoptic assignment must be completed in the specified conditions. This is to ensure authenticity and prevent malpractice as well as to assess and record candidate performance for assessment in the practical tasks. Any aspect that may be undertaken in unsupervised conditions is specified.

Candidates can rework any evidence that has been produced for this synoptic assignment during the time allowed. However, this must be as a result of their own review and identification of weaknesses and not as a result of tutor feedback. Once the evidence has been submitted for assessment, no further amendments to evidence can be made.

Candidate evidence must be kept secure to prevent unsupervised access by the candidate or others. Where evidence is produced over a number of sessions, the tutor must ensure candidates and others cannot access the evidence without supervision. This might include storing written work or artefacts in locked cupboards and collecting memory sticks of evidence produced electronically at the end of each session.

### Accessibility and fairness

Where the candidate has special requirements, tutors should refer to the separate guidance document.

Tutors can provide clarification to any candidate on the requirements of any aspect of this synoptic assignment. Tutors should not provide more guidance than the candidate needs as this may impact on the candidate's grade. Guidance must only support access to the assignment and must not provide feedback for improvement. Any clarification and guidance should be recorded fully and must be taken into account along with the candidate's final evidence during marking and must be made available for moderation. Tutors must not provide feedback on the quality of the performance or how the quality of evidence can be improved. This would be classed as malpractice. Tutors should however provide general reminders to candidates throughout the assessment period that they must check their work thoroughly before submitting it to be sure that they are happy with their final evidence as it may not be worked on further after submission.

It is up to the tutor during marking to decide in what area, if any, the guidance provided suggests the candidate is lacking, the severity of the issue, and how to award marks on the basis of this full range of evidence. The tutor must record where and how guidance has had an impact on the marks given, so this is available should queries arise at moderation or appeal.

**Example:**

A tutor should intervene if a candidate has taken a course of action that will result in them not being able to submit the full range of evidence for assessment. However this should only take place once the tutor has prompted the candidate to check that they have covered all the requirements. Where the tutor has to be explicit as to what the issue is, this is likely to demonstrate a lack of understanding on the part of the candidate rather than a simple error.

The tutor should do their best to refrain from providing guidance if the candidate is thought to be able to correct the issue without it, and a prompt would suffice. In other words only the minimum support the candidate actually needs should be given, since the more guidance provided, the larger the impact on the marks awarded.

Both prompts and details of the nature of any further guidance must be recorded and reviewed during marking and moderation.

A tutor may not provide guidance that the candidate's work is not at the required standard or how to improve their work. In this way, candidates are given the chance to identify and correct any errors on their own, providing valid evidence of knowledge and skills that will be credited during marking.

Tutors should ensure that candidates' plans or completion of the tasks distribute the time available appropriately and may guide candidates on where they should be up to at any point in a general way. Any excessive time taken for any task should be recorded and should be taken into account during marking if appropriate

All candidates must be provided with an environment and resources that allows them access to the full range of marks available.

Where candidates have worked in groups to complete one or more tasks for this synoptic assessment, the tutor must ensure that no candidate is disadvantaged as a result of the performance of any other team member. If a team member is distracting or preventing another team member from fully demonstrating their skills or knowledge, the tutor must intervene.

**Permitted changes to this synoptic assignment**

None

**Guidance on marking**

Please see the centre guidance document ***Guidance for assessment of City & Guilds technical qualifications, including grading and use of marking grids*** for detailed guidance on using the following marking grid.

## Assessment objectives marking grid

For any category, 0 marks may be awarded where there is no evidence of achievement

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
<b>15</b>	<b>AO1 Recall of knowledge relating to the qualification LOs</b> <ul style="list-style-type: none"> <li>Does the candidate seem to have the full breadth and depth of taught knowledge across the qualification to hand?</li> <li>How accurate is their knowledge? Are there any gaps or misunderstandings evident?</li> </ul>	<p align="center"><b>(1 - 3 marks)</b></p> <p><b>Recall shows some weaknesses in breadth and/or accuracy.</b> Hesitant, gaps, inaccuracy</p>	<p align="center"><b>(4 - 6 marks)</b></p> <p><b>Recall is generally accurate and shows reasonable breadth. Inaccuracy and misunderstandings are infrequent and usually minor.</b> Sound, minimal gaps</p>	<p align="center"><b>(7 - 9 marks)</b></p> <p><b>Consistently strong evidence of accurate and confident recall from the breadth of knowledge.</b> Accurate, confident, complete, fluent, slick</p>
		<p><b>Examples of types of knowledge expected:</b> Processes and procedures in the dental setting; roles and responsibilities of the various team members; communication methods; legislation, regulations and policies; GDC Principles; health and safety considerations; safeguarding; first aid and medical emergencies; infection prevention and control; dental treatments and associated anatomy, charting and use of terminology; and oral/general health issues.</p>		

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
	<ul style="list-style-type: none"> <li>How confident and secure does their knowledge seem?</li> </ul>	<p>Narrow inclusion of information, no technical names, minimal knowledge of practical processes and procedures; minimal underpinning knowledge.</p> <p>Minimal understanding of the ramifications of the research project. The candidate has shown a basic knowledge of key points relating to processes. The candidate has shown a basic knowledge of reception roles and responsibilities and the skills required when dealing with patients, with insecurity in some areas. Examples provided cover a limited range.</p>	<p>Use of information and its application practically across the whole qualification to include technical names. A fundamental understanding and analysis of the research project. The candidate has shown a consistent range of knowledge from across the qualification which is sound and often detailed. The candidate has shown a broad range of knowledge, making links to legislation and practice. Explanations are usually detailed.</p>	<p>Wide-ranging use of information, good use of technical names, clear detail of specific practical processes and procedures; a wide breadth of underpinning knowledge displayed. The candidate has shown in-depth and detailed knowledge across the whole qualification range, showing a high degree of confidence and accuracy. Explanation is clear and strong, and links have been made between legislation, regulations and practice displaying in-depth and detailed knowledge across the whole qualification range with a high degree of confidence and accuracy.</p>
30	<p><b>AO2 Understanding of concepts theories and processes relating to the LOs</b></p> <ul style="list-style-type: none"> <li>Does the candidate make connections and show causal links and explain why?</li> <li>How well theories and concepts are applied to</li> </ul>	<p><b>(1 - 6 marks)</b></p> <p><b>Some evidence of being able to give explanations of concepts and theories. Explanations appear to be recalled, simplistic or incomplete.</b></p> <p>Misunderstanding, illogical connections, guessing,</p>	<p><b>(7 - 12 marks)</b></p> <p><b>Explanations are logical. Showing comprehension and generally free from misunderstanding, but may lack depth or connections are incompletely explored.</b></p> <p>Logical, slightly disjointed, plausible,</p>	<p><b>(13 - 18 marks)</b></p> <p><b>Consistently strong evidence of clear causal links in explanations generated by the candidate. Candidate uses concepts and theories confidently in explaining decisions taken and application to new situations.</b></p> <p>Logical reasoning, thoughtful decisions, causal links, justified</p>



%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
	<p>new situations/the assignment?</p> <ul style="list-style-type: none"> <li>• How well chosen are exemplars – how well do they illustrate the concept?</li> </ul>	<p><b>Examples of understanding expected:</b> The practical application of policies and the implications and reasoning behind processes; legislation; communication; regulations; GDC Principles; health, safety and welfare consideration in practice; safeguarding; first aid and medical emergencies; infection prevention and control; dental treatments and charting, impacts of behaviours and habits on oral health</p>		
		<p>The candidate has shown a basic understanding of dental settings related concepts and theories from across the qualification, with insecurity in some areas. Examples provided cover a limited range of situations and considerations. Some points are covered in detail. Consideration of wider factors such as theories are limited. Limited consideration of the reasons behind processes. The candidate has shown basic understanding of key care concepts and theories relevant to dentistry. Examples provided cover a limited range.</p>	<p>The candidate has shown a broad range of understanding of dental setting related concepts and theories from across the qualification, making some links to practice. Explanations are usually detailed. Understanding is consistent with reasoning being coherent and well explained with consideration of cause and effect. Explanations are sound and often detailed.</p>	<p>Explanation is clear and strong links have been made between concepts and theories and links to practice in the dental setting. Concepts and understanding can be applied consistently and effectively in new contexts. Strong evidence of connection between reasons for carrying out process/procedure. Explanations show a high degree of confidence and accuracy. Concepts and understanding can be applied consistently and effectively in new contexts using a holistic approach.</p>

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
10	<b>AO3 Application of practical/ technical skills</b> <ul style="list-style-type: none"> <li>How practiced/fluid does hand eye coordination and dexterity seem?</li> <li>How confidently does the candidate use the breadth of practical skills open to them?</li> <li>How accurately/ successfully has the candidate been able to use skills/achieve practical outcomes?</li> </ul>	<p align="center"><b>(1 - 2 marks)</b></p> <p><b>Some evidence of familiarity with practical skills. Some awkwardness in implementation, may show frustration out of inability rather than lack of care.</b></p> <p>Unable to adapt, frustrated, flaws, out of tolerance, imperfect, clumsy.</p>	<p align="center"><b>(3 - 4 marks)</b></p> <p><b>Generally successful application of skills, although areas of complexity may present a challenge. Skills are not yet second nature.</b></p> <p>Somewhat successful, some inconsistencies, fairly adept/ capable.</p>	<p align="center"><b>(5 - 6 marks)</b></p> <p><b>Consistently high levels of skill and/or dexterity, showing ability to successfully make adjustments to practice; able to deal successfully with complexity.</b></p> <p>Dextrous, fluid, comes naturally, skilled, practiced,</p>
		<p><b>Examples of skills expected:</b> Use of infection control measures and PPE, decontamination of equipment and surgery areas, use of cleaning agents and single use items, use of sterilisation equipment, using a range of communication methods/questioning techniques, greeting patients/guests, processing information and payments, making appointments, proving oral health advice.</p>		
		<p>The candidate has shown basic technical skills to when completing tasks with prompting during simulation. Limited range of communication methods and questioning displayed during simulations.</p>	<p>The candidate has shown a good range of consistent technical skills when completing tasks including a range of non verbal and verbal communication methods. Candidate demonstrates engagement and is able to widen discussions when prompted.</p>	<p>The candidate has shown an excellent range of consistent, highly proficient, technical skills including a wide range of non verbal and verbal communication methods. Candidate demonstrates total engagement and is able to extend and widen simulation discussions where possible. Candidate uses reflection to analyse and evaluate situations and can discuss fully the impact.</p>

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
20	<p><b>AO4 Bringing it all together - coherence of the whole subject</b></p> <ul style="list-style-type: none"> <li>Does the candidate draw from the breadth of their knowledge and skills?</li> <li>Does the candidate remember to reflect on theory when solving practical problems?</li> <li>How well can the candidate work out solutions to new contexts/ problems on their own?</li> </ul>	<p><b>(1 - 4 marks)</b></p> <p><b>Some evidence of consideration of theory when attempting tasks. Tends to attend to single aspects at a time without considering implication of contextual information.</b></p> <p>Some random trial and error, new situations are challenging, expects guidance, narrow. Many need prompting.</p>	<p><b>(5 - 8 marks)</b></p> <p><b>Shows good application of theory to practice and new context, some inconsistencies.</b></p> <p>Remembers to apply theory, somewhat successful at achieving fitness for purpose. Some consolidation of theory and practice</p>	<p><b>(9 - 12 marks)</b></p> <p><b>Strong evidence of thorough consideration of the context and use of theory and skills to achieve fitness for purpose.</b></p> <p>Purposeful experimentation, plausible ideas, guided by theory and experience, fit for purpose, integrated, uses whole toolkit of theory and skills.</p>
		<p><b>Examples of bringing it all together:</b></p> <p>Applying knowledge and understanding of policies, procedures and legislation holistically in the case studies, and implementing processes logically and pragmatically, justifying the decisions/approaches taken, considering the impacts of legislation on procedure, the role of dental staff in patient safeguarding, how personal presentation and conduct impacts on patient journey, how GDC standards impact on dental practice</p>		

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
		The candidate shows minimal evidence of using their knowledge and understanding to makes limited links between topics across the qualification.	The candidate consistently applies their knowledge and understanding when analysing and solving problems and reflecting on practice in the dental setting. The candidate makes consistent links between a range of topics across the qualification and practice. Some consideration of how own role fits in wider contexts.	Utilises a wide range of knowledge from across the qualification to analyse and problem solve creatively and holistically. Integration of knowledge and understanding in the wider context of a dental setting and its impact on patients and staff. Consideration of the practical application of solutions to problems and limitations impacting on patients and practice. Demonstration of full understanding of the wider context of working in dental settings.
10	<b>A05 Attending to detail/perfecting</b> <ul style="list-style-type: none"> <li>Does the candidate routinely check on quality, finish etc and attend to imperfections/ omissions</li> <li>How much is accuracy a result of persistent care and attention (eg measure twice cut once)?</li> <li>Would you describe the candidate as a perfectionist</li> </ul>	<p align="center"><b>(1 - 2 marks)</b></p> <p><b>Easily distracted or lack of checking. Insufficiently concerned by poor result; little attempt to improve. Gives up too early; focus may be on completion rather than quality of outcome.</b></p> <p>Careless, imprecise, flawed, uncaring, unfocussed, unobservant, unmotivated.</p>	<p align="center"><b>(3 - 4 marks)</b></p> <p><b>Aims for satisfactory result but may not persist beyond this. Uses feedback methods but perhaps not fully or consistently.</b></p> <p>Variable/intermittent attention, reasonably conscientious, some imperfections, unremarkable.</p>	<p align="center"><b>(5 - 6 marks)</b></p> <p><b>Alert, focused on task. Attentive and persistently pursuing excellence. Using feedback to identify problems for correction.</b></p> <p>Noticing, checking, persistent, perfecting, refining, accurate, focus on quality, precision, refinement, faultless, meticulous.</p>

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
		<b>Examples of attending to detail:</b> Checking patient appointment details, confirming details of payments, checking understanding of information provided, ensuring accuracy of risk assessment and other record keeping.		
		There is limited attention to detail. Evidence provided shows inaccuracies or gaps in assessment tasks. Little attempt made to check details or ensure accuracy.	There is consistent attention to detail. Evidence provided is generally accurate and related to specific tasks. Candidate covers most elements of the task. Consistent attempt made to check details and ensure accuracy.	The candidate has been highly focused on the task showing care and attention to detail. Minimal errors are evident. Candidate provides detailed, relevant, evidence for all required elements of the task. Details are fully checked and accurate.
0	<b>AO6 Identify and use knowledge from other sources – research</b> <ul style="list-style-type: none"> <li>Does the candidate identify and use a wide range of appropriate sources effectively?</li> <li>How critically is information appraised, for plausibility, suitability and relevance?</li> <li>How purposefully is information used?</li> </ul>	<b>(0 marks)</b> <b>Uncritical use of a few basic sources. Referencing lacking or inappropriate. Lack of interpretation/ consideration in use, referencing minimal.</b> Limited, uncritical, unfocussed, no clear purpose	<b>(0 marks)</b> <b>Use of sources is generally good, possibly inconsistent or critical appraisal is somewhat under-developed. Evidence of generally consistent referencing.</b> Unexceptional, partially considered, reasonably reliable, sometimes straying from the aim.	<b>(0 marks)</b> <b>Broad and appropriate use of sources. Clear referencing and acknowledgement where appropriate. Information gathered is appropriate and used effectively.</b> Broad/deep, relevant, considered, well chosen, purposeful, interpreted.
		<b>Examples of research: N/A</b>		
		N/A	N/A	N/A

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
0	<b>A07 Originality and creativity</b> <ul style="list-style-type: none"> <li>Does the candidate respond to the brief in an original way?</li> <li>Are ideas/ materials etc used in a creative novel, experimental way?</li> <li>Are creative, unconventional approaches taken in applying skills/ processes to meet a challenge?</li> </ul>	<p align="center"><b>(0 marks)</b></p> <p><b>Designs and solutions to problems follow conventional routes. Some evidence of experimentation or novel thought.</b></p> <p>Unimaginative, uses existing/ conventional ideas, safe.</p>	<p align="center"><b>(0 marks)</b></p> <p><b>Evidence of creativity/ originality/ experimentation, but may be incompletely developed or lacking in clear intention.</b></p> <p>Somewhat original, beginnings of an idea, partially developed, lacking in confidence; avoiding risk, falling back on convention.</p>	<p align="center"><b>(0 marks)</b></p> <p><b>Opportunities for creativity are identified and tackled with originality and imagination. Takes risks/ experimental</b></p> <p>Original, creative, unique, unconventional, risky, fully developed, inspired.</p>
		<p><b>Examples of creativity: N/A</b></p>		
		N/A	N/A	N/A
15	<b>A08 Communication/ Presentation/ Documentation</b> <ul style="list-style-type: none"> <li>How well are formally produced pieces of work (writing, drawings, posters etc) structured, laid out, presented, communicated?</li> <li>Does the candidate use logical and well-structured writing that is coherent and easy to follow?</li> <li>How appropriate and well-presented are the chosen</li> </ul>	<p align="center"><b>(1 - 3 marks)</b></p> <p><b>Format choices are limited to a basic 'tool kit' and sometimes inappropriate. Some evidence of attempts to use structure and layout to aid communication.</b></p> <p>Somewhat disorganised/ unstructured, informal, basic.</p>	<p align="center"><b>(4 - 6 marks)</b></p> <p><b>Some successful use of conventional formats, but some content may be lacking, eg in logical/coherent approach.</b></p> <p>Reasonably successful, conveys message quite well.</p>	<p align="center"><b>(7 - 9 marks)</b></p> <p><b>Appropriate choice of methods, layout, styles and conventions maximise communication. Written style and structure/composition is coherent and logical.</b></p> <p>Professional, organised, well structured, easy to follow, even complex ideas.</p>
		<p><b>Examples of communication:</b></p> <p>Use of accurate presentation, writing skills and layout, with well-expressed sentence structure (syntax) and grammar creating and developing relevant points, and aiding effective communication of information, consideration of audience, use of language level as appropriate</p>		

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
	communication methods and formats?	Candidate provides basic responses to assessment tasks. Work contains grammatical and spelling errors. Responses to assessment tasks lack structure. Communication methods, language and terminology are generally appropriate to assessment task.	Candidate provides generally consistent detail in responses to assessment tasks. Some grammatical and spelling errors. Responses to assessment tasks are structured. Communication methods, language and terminology are consistently appropriate to assessment task. Some consideration of language use and suitability for audience.	Candidate provides clear and consistent, detailed responses to assessment tasks. Few grammatical and spelling errors. Written explanation enables the candidate to show depth and breadth of discussion topics. Responses to assessment tasks have clear and cohesive structure. Communication methods, language and terminology are always appropriate to assessment task. Language and format is well considered and fitting for audience.

SAM

## Declaration of authenticity

Candidate name

Candidate number

---

Centre name

---

Centre number

---

### Candidate:

**I confirm that all work submitted for this synoptic assignment is my own, and that I have acknowledged all sources I have used.**

Candidate signature

Date

### Tutor:

**I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate's work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.**

---

Tutor signature

Date



## Assessment feedback form

Candidate name

Candidate number

Tutor name

Date of assessment

Task / AO	Feedback

Tutor signature and date:

## Task 1 Simulation – Recording form

Candidate name:

Candidate number:

Tutor name:

Date of assessment:

Question	Expected answers	Notes
<b>What information do you need from me?</b>	<ul style="list-style-type: none"><li>• Full name</li><li>• Address</li><li>• Date of birth</li><li>• Contact details</li><li>• Medical history</li><li>• Social history (drinking, smoking)</li><li>• If a paying patient or have a suitable exemption from payment</li><li>• Confirm with the patient they will be seen on the NHS today but have an option to pay for certain treatments such as cosmetic treatments Privately/Independently if they need to come back for treatment</li><li>• Ask for ID or proof of benefit</li></ul>	

Question	Expected answers	Notes
<p><b>What infection control processes do you have in place here?</b></p>	<ul style="list-style-type: none"> <li>• Follow HTM0105</li> <li>• Practice policy</li> <li>• Zoning</li> <li>• Single-use items (gloves, needles)</li> <li>• Sheathing</li> <li>• Surgery disinfected after each patient</li> <li>• Decontamination room – tested every cycle</li> <li>• Autoclave</li> <li>• Handwashing</li> <li>• Use of fresh PPE for each patient</li> <li>• Use of powerful disinfectants</li> <li>• Equipment is sterilised after every patient</li> <li>• Sheathing (changed after every patient)</li> <li>• Mention Department of Health</li> <li>• Disposal of waste in specific containers/bags and collected</li> </ul>	

Question	Expected answers	Notes
<p><b>How much will my treatment cost me?</b></p>	<ul style="list-style-type: none"> <li>• Bands 1, 2 and 3 and the associated NHS fees</li> <li>• Treatments that can be carried out under each band</li> <li>• It doesn't matter how many fillings (or other treatments in band 2) you require you will only pay the Band 2 fee or similar information for bands 1 or 3</li> <li>• Treatments that can be carried out under each band</li> <li>• Once you have moved up a band according to the most expensive treatment option you have, you do not have to pay for both bands, just the more expensive band</li> <li>• Establishing if they are a paying patient or have a suitable exemption from payment on the NHS</li> <li>• Mentioning private treatment</li> <li>• Advising the patient they will be seen on the NHS today but have an option to pay for certain treatments such as cosmetic treatments Privately/Independently if they need to come back for treatment</li> <li>• Ask for ID or proof of benefit</li> </ul>	

Question	Expected answers	Notes
<p><b>Additional information that may be provided</b></p>	<p><b>Question 1</b> - Visual cues to look for - Good eye contact, obviously looking at the patient's facial expression/ smiling appropriately/speaking so unlikely to be overheard at an unrushed pace/good pitch and flow</p> <p><b>Question 2</b> – The scenario mentions the patient is likely to have an x-ray so it would be helpful to the patient if they are told the film is used once or a special single-use sheath is used over the digital sensor depending on the system the candidate chooses to describe.</p> <p>Other cues to look for - Minimal jargon/covering points and checking the patient understands these (Candidate can use simple terms like germs rather than micro-organisms)</p> <p><b>Question 3</b> - Candidates must realise the importance of cross-infection control and the safeguarding issues surrounding this, so they would be expected to check the patient understands this to a minimum level, so they may include comments like “Is that ok?”, “Have you any further questions?”, “Are you happy with what I have said?”, or other suitable closed questions to involve the patient. Such acknowledged verbal feedback questions should also be present in all aspects of this scenario to show attempts at a conversation with the patient rather than just imparting knowledge.</p>	

Participant signature and date:

Tutor signature and date:

## Task 2 Simulation – Recording form

Candidate name:

Candidate number:

Tutor name:

Date of assessment:

Question	Expected answers	Notes
<b>Why does my child have tooth decay and gingivitis?</b>	<ul style="list-style-type: none"><li>• General diet information</li><li>• Tooth brushing information</li><li>• High frequency of sugar throughout the day</li><li>• Not the amount of sugar that is eaten</li><li>• Fizzy drinks contain sugar</li><li>• Sweets and chocolate contain sugar</li><li>• Fizzy drinks are acidic</li><li>• Better to eat all sugar snacks at once rather than spread them out throughout the day</li><li>• Better to have them at meal times like a dessert</li><li>• Try to steer clear of materials that are in the mouth for a long time – such as sweets you suck or lollipops</li><li>• Red, swollen bleeding gums – sign of gingivitis</li><li>• Missing to brush gums as well as teeth</li><li>• Build-up of plaque causing the gum to become inflamed</li></ul>	

Question	Expected answers	Notes
	<p><b>Prompt question:</b> “Is it OK for my child to drink diet drinks?”</p> <ul style="list-style-type: none"> <li>• Diet drinks are still acidic causing erosion of the teeth</li> </ul> <p><b>Prompt question:</b> “Surely fruit juice is okay as it is natural?”</p> <ul style="list-style-type: none"> <li>• It contains sugar and is acidic so will do the same damage to teeth as fizzy drinks</li> </ul>	
<p><b>Why has the dentist has recommended a fluoride mouthwash?</b></p>	<ul style="list-style-type: none"> <li>• Fluoride can strengthen the teeth and help to stop tooth decay</li> <li>• Must be used once per day</li> <li>• Swish’ it around your mouth</li> <li>• Not immediately after brushing</li> <li>• Use for one minute then spit out – don’t swallow</li> </ul> <p><b>Prompt question:</b> “What is the point of all of this advice?”</p> <ul style="list-style-type: none"> <li>• Teeth can be filled / Problems can be put right</li> <li>• Want to stop the dental condition of child from getting worse so won’t have to have fillings in the future</li> <li>• Gingivitis is reversible</li> </ul>	

Question	Expected answers	Notes
<p><b>How can my child's tooth brushing technique be improved?</b></p>	<ul style="list-style-type: none"> <li>• Use of disclosing tablets to see where missed brushing</li> <li>• Try to clean all surfaces of the front and back teeth</li> <li>• Brush gums as well as teeth</li> <li>• Brush for two minutes twice a day</li> <li>• Parent may assist the child</li> <li>• Brushing off plaque</li> <li>• Last thing at night is most important</li> <li>• Use of a timer</li> <li>• Electric toothbrush may be more effective than a manual toothbrush</li> <li>• Mirror to watch self when brushing teeth</li> </ul> <p><b>Prompt question:</b> "Can my child use any toothpaste that we see on offer on the supermarket shelf?"</p> <ul style="list-style-type: none"> <li>• Adult fluoride toothpaste should be used as it has a high fluoride content</li> <li>• Do not swallow the toothpaste</li> <li>• Pea-size amount on the brush</li> </ul> <p><b>Prompt question:</b> "Is there anything else my dentist can do to help my child's teeth?"</p> <ul style="list-style-type: none"> <li>• Fissure sealants</li> <li>• Consider a request to refer to the hygienist for further advice</li> <li>• Topical fluoride varnish application</li> </ul>	



Question	Expected answers	Notes
<p><b>Additional information that may be provided</b></p>	<ul style="list-style-type: none"> <li>• Minimal jargon/covering the points and checking the patient understands these/confident presentation coupled with positive body language/ good eye contact/ smiling etc.</li> <li>• Must be sympathetic to the parent and child and show empathy</li> <li>• Must not apportion blame or be judgemental</li> <li>• Asks questions rather than passing on information as statements, engages more with the parent and makes the advice patient-focused</li> <li>• Speaks generally so doesn't look as though it is just this child with the problem</li> <li>• Focus on gross caries as gingival conditions are generally less of a problem for children</li> </ul> <p>Candidates must realise the importance of the patient understanding all of the information and how they must build up a picture, so they would be expected to check the patient understands this to a minimum level, so they may include comments like "Is that ok?", "Have you any further questions?", "Are you happy with what I have said?", or other suitable closed questions to involve the patient.</p>	

Participant signature and date:

Tutor signature and date: