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The Faculty of Dental Trainers

Leading and Supporting
Training for the Whole
Dental Team

DeNTS

An Assessment Tool for Rating the Non-Technical Skills of Dentists



DeNTS - Dental Non-Technical Skills

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DeNTS, Dental Non-Technical Skills, The Faculty of Dental Trainers, RCSEd, April 2019.

DeNTS - Dental Non-technical Skills

INTRODUCTION

Non-Technical skills are the cognitive and social skills which are used to underpin individual and team performance. In relation to healthcare, they have been shown to be key skills in supporting good clinical performance and better patient outcomes. They should not be confused with clinical skills which are related to knowledge and experience, or technical performance which is related to training and practice. Investigations into adverse events have shown that as many as 80% are the result of issues relating to human factors, such as a breakdown in communication, the inability to reflect, or poor situation awareness.

The DeNTS taxonomy and rating scale is a tool for assessing the non-technical skills of dentists working and training in any care sector or operative setting. It is not intended for use by maxillofacial surgeons, for whom NOTSS would be a more appropriate tool.

DeNTS is relevant for use as part of training and appraisal processes and can be used to support professionals in achieving satisfactory portfolio completion by linking to training milestones such as Interim Review of Competence Progression [IRCP]; Final Review of Competence Progression [FRCP] and Performance List Validation by Experience. It is also a tool that can contribute to structured, measurable, multi-source feedback [MSF] to guide and support clear and transparent assessments of training needs.

A Team: any member of the dental team relevant to the assessment: dentist, dental nurse, dental hygienist, dental therapist, orthodontic therapist, dental technician, certified dental technician, clinical dental technician and/or receptionist. A team consists of two or more individuals.

The General Dental Council (GDC) provides guidance which sets out the skills and abilities of each registrant group. This guidance is called Scope of Practice (2013) and registrants should only carry out tasks or make decisions about a patient's care if they are sure that they have the necessary skills and are appropriately trained, competent and indemnified. If a task or decision is outside your scope of practice, or you do not feel you are trained and competent to do it, you must refer the patient to an appropriately trained colleague. You must practise in accordance with the GDC's Standards for the Dental Team (2013) at all times.

The DeNTS TAXONOMY

DeNTS is a mechanism for recording only the non-technical behaviours that are observable or that can be witnessed through verbal communication during a clinical encounter. There are four categories in the taxonomy, each divided into elements. For each element examples of good and poor behaviours are provided. However, the examples are indicative rather than constituting a comprehensive list.

The assessment is formative, and engagement is on a voluntary basis.

CATEGORIES	ELEMENTS	Examples of good behaviours	Examples of poor behaviours
Situation Awareness	<ul style="list-style-type: none"> • Gathering information • Understanding information • Anticipating the future situation 		
Decision Making	<ul style="list-style-type: none"> • Considering options • Selecting & communicating decisions • Implementing & reviewing decisions 		
Teamwork & Communication	<ul style="list-style-type: none"> • Exchanging information • Co-ordinating activities • Establishing a shared understanding 		
Task Management	<ul style="list-style-type: none"> • Setting & maintaining standards • Coping with pressure • Supporting others 		

SITUATION AWARENESS

Awareness of relevant aspects of the dental environment (patient, team, time, instrumentation and equipment) by watching and listening, understanding what the cues mean and anticipating what might happen next.

Gathering information

Actively seeking information by observing, listening, questioning and recognising cues from the treatment process, environment, equipment and people.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Ensures patient records reviewed, consent correct and all relevant technical work and investigations present 	<ul style="list-style-type: none"> Does not make necessary checks e.g. medical history or proceeds with out-of-date or missing investigation/s
<ul style="list-style-type: none"> Confirms experience, competence and confidence of team to assist with the procedure 	<ul style="list-style-type: none"> Does not establish that equipment is present or readily available, working and in-date
<ul style="list-style-type: none"> Recognises when it is necessary to discuss case with others 	<ul style="list-style-type: none"> Relies on the familiarity of the team for getting things done and makes assumptions, or takes things for granted

Understanding information

Interpreting the information gathered, and comparing it with existing knowledge to identify the match or mismatch between the current and the expected situation.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Acts appropriately on information gathered from clinical findings and interventions 	<ul style="list-style-type: none"> Plans or undertakes clinical tasks with insufficient time for completion or making allowance for problems
<ul style="list-style-type: none"> Maintains awareness and manages patient's anxiety and/or discomfort well 	<ul style="list-style-type: none"> Does not respond appropriately to information that could alter the procedure/treatment plan.
<ul style="list-style-type: none"> Recognises developing operative difficulties or risks 	<ul style="list-style-type: none"> Fails to confirm consent from patient/carer before delivering a change in the treatment plan

Anticipating the future situation

Predicting what may happen in the near future as a result of possible actions, interventions or non-intervention.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Takes correct action to avoid or mitigate potential problems 	<ul style="list-style-type: none"> Continues with plan or procedure despite clear indicators of the need to make a change
<ul style="list-style-type: none"> Promptly requests further equipment or instruments that may be needed 	<ul style="list-style-type: none"> Wastes time by causing delays as uncertain/hesitates/unable to implement next steps
<ul style="list-style-type: none"> Recognises when the best option is to stop treatment and has an appropriate exit plan 	<ul style="list-style-type: none"> Does not ask for help or recognise when in difficulty

DECISION MAKING

Skills for diagnosing the situation and reaching a judgement in order to choose an appropriate course of action.

Considering options

Generating alternative possibilities or courses of action to solve a problem. Assessing the hazards and weighing up the threats and benefits of potential options.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Discusses the risks and benefits of the treatment plan and proposed clinical procedure/s 	<ul style="list-style-type: none"> Gives inappropriate or insufficient range of treatment options to the patient
<ul style="list-style-type: none"> Recognises potential patient safety issues 	<ul style="list-style-type: none"> Makes assumptions about patient choice or values
<ul style="list-style-type: none"> Respects the social, medical or psychological circumstances of the patient & the impact these may have on treatment 	<ul style="list-style-type: none"> Makes decisions or proposes to undertake procedure/s outside Scope of Practice of self or team

Selecting and communicating decisions

Finding and communicating a solution to a situation and letting all relevant personnel and the patient know the chosen option.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Recommends a treatment option that is in the patient's best interests taking all considerations into account 	<ul style="list-style-type: none"> Is uncertain or does not communicate effectively leaving the team or patient unclear about decisions being made or to be made
<ul style="list-style-type: none"> Clearly describes treatment options, procedures and changes to the treatment plan without unnecessary use of clinical jargon 	<ul style="list-style-type: none"> Seeks to coerce or persuade the patient into accepting a treatment option that may not be in the patient's best interests
<ul style="list-style-type: none"> Recognises important issues that require discussion with the patient, team or others 	<ul style="list-style-type: none"> Avoids making decision/s by advising another review appointment

Implementing and reviewing decisions

Undertaking the chosen course of action and continually reviewing its suitability in light of changes in the patient's condition. Showing flexibility and changing plans if required to cope with changing circumstances to ensure that goals are met.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Gives appropriate reassurance to the patient during the procedure and responds to verbal and non-verbal cues 	<ul style="list-style-type: none"> Ignores or unaware of situational changes and their potential impact and continues with original planned procedure
<ul style="list-style-type: none"> Reviews treatment plan when needed and makes changes ensuring patient wellbeing is uppermost 	<ul style="list-style-type: none"> Does not initiate arrangements for appropriate review or correct aftercare following treatment
<ul style="list-style-type: none"> Manages the patient's anxiety or comfort e.g. by ensuring effective local anaesthetic 	<ul style="list-style-type: none"> Repeats an error without changing strategy

TEAMWORK AND COMMUNICATION

Sharing information, knowledge, goals and understanding among team members, to facilitate safe, effective care in an efficient manner.

Communication

Developing clear lines of communication between team members and others.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> • Listens to and acknowledges concerns of team members 	<ul style="list-style-type: none"> • Shows frustration when in difficulty and does not listen to or ignores helpful advice
<ul style="list-style-type: none"> • Communicates the need for a change in treatment or an unexpected event without causing alarm 	<ul style="list-style-type: none"> • Observed not to complete satisfactory, legible and timely contemporaneous notes
<ul style="list-style-type: none"> • Shows control when facing an operative difficulty or clinical complication 	<ul style="list-style-type: none"> • Accepts or does not challenge behaviours that are disrespectful or disruptive

Co-ordinating team activities

Working together with other team members to carry out cognitive and physical activities in a simultaneous, collaborative manner.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> • Establishes understanding and shared awareness of roles and responsibilities of team 	<ul style="list-style-type: none"> • Does not take account of the needs of others to complete the task
<ul style="list-style-type: none"> • Allocates tasks appropriately 	<ul style="list-style-type: none"> • Does not delegate or co-operate with other team members to complete the task
<ul style="list-style-type: none"> • Ensures team readiness before starting treatment 	<ul style="list-style-type: none"> • When in difficulty requests team to perform or assist with tasks for which they have not been trained

Exchanging information

Giving and receiving knowledge and information in a timely manner to aid establishment of a shared understanding among team members.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> • Makes requirements known with the necessary level of assertiveness and gives clear instructions to team members 	<ul style="list-style-type: none"> • Shows impatience/anger if others are inefficient or slow to complete a task
<ul style="list-style-type: none"> • Recommends alternative approaches when treatment not going to plan 	<ul style="list-style-type: none"> • Does not notice verbal or non-verbal cues that are intended to raise awareness of a developing difficulty
<ul style="list-style-type: none"> • Minimises disruption to the procedure when managing distractions 	<ul style="list-style-type: none"> • Leaves team unclear of priorities and next steps

TASK MANAGEMENT

Identifying the need for change, managing objectives, sharing information, knowledge, goals and understanding to facilitate safe, effective care in an efficient manner.

Setting and maintaining standards

Supporting safety and quality by adhering to acceptable principles of dental practice, following codes of good clinical practice, and following established protocols.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Notices that a team member does not perform a task to the expected standard and addresses the issue/s appropriately 	<ul style="list-style-type: none"> Fails to greet or introduce self to patient or team appropriately
<ul style="list-style-type: none"> Maintains professional and respectful relationships with team and patient 	<ul style="list-style-type: none"> Tolerates or unaware of self or others contravening standard operating procedures or codes of good dental practice
<ul style="list-style-type: none"> Demonstrates appropriate awareness of activities in the wider environment e.g. clinic, recovery room, waiting or reception areas 	<ul style="list-style-type: none"> Does not maintain confidentiality or uses negative language in reference to others

Coping with pressure

Retaining a calm demeanour when under pressure and emphasising to the team that one is under control of a high-pressure situation. Adopting an assertive manner if appropriate without undermining the role of other team members.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Stays calm under pressure & takes responsibility for the patient 	<ul style="list-style-type: none"> Freezes under pressure and cannot process decisions
<ul style="list-style-type: none"> Gives clear directions to the patient and staff when dealing with a difficult situation 	<ul style="list-style-type: none"> Uncertain, silent, flustered, agitated or irritable when things go wrong
<ul style="list-style-type: none"> Does not find fault or blame others for errors 	<ul style="list-style-type: none"> Delays calling for assistance and tries to solve problem single-handedly/ignores offers of help

Supporting Others

Providing cognitive and emotional help to team members. Judging different team members' abilities and tailoring one's style of leadership accordingly.

Examples of behaviours of good practice:	Examples of behaviours of poor practice:
<ul style="list-style-type: none"> Provides reassurance and encouragement 	<ul style="list-style-type: none"> Inappropriately devolves responsibility for decision making to others
<ul style="list-style-type: none"> Gives constructive feedback to improve performance/supports those in training 	<ul style="list-style-type: none"> Leaves the clinical area at end of procedure and does not ensure completion of all necessary tasks
<ul style="list-style-type: none"> Respects roles of others, notices and shows appreciation of tasks performed well 	<ul style="list-style-type: none"> Does not listen to, acknowledge or show empathy in response to concerns of team members

Rating the assessment

Rating label	Description
G - Good	Performance was of a consistently high standard, enhancing patient safety
A - Acceptable	Performance was of a satisfactory standard
S - Support for development	Performance indicated further development advised
N - Not observed	Skill could not be observed in this situation

Feedback

Feedback is essential to promote reflection, provide encouragement and to drive self-improvement. **Good Behaviours** may be highlighted with comments to reinforce positive non-technical skills. Observation of **Poor Behaviours** and practice require further comments to support feedback, identify individual areas for development and aid future learning.

The completed assessment is confidential and is to be retained by the clinician being assessed. It does not require to be included in a portfolio of performance. The purpose of the tool is to provide feedback on areas of good practice and to discuss areas for development or where, on reflection, improvements could be made. It is essential that the assessment is not regarded as intimidating or threatening in any way as its role is to help clinicians reflect and develop the good non-technical skills that will support them in their clinical practice.



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