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DNOT

A Dental Nurse Observation Tool for Dental Nurses to Appraise the Non-Technical Skills of Dentists and Dental Care Professionals

DNOT - A Dental Nurse Observation Tool

Faculty of Dental Trainers, The Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh, EH8 9DW

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INTRODUCTION

Who should use this tool?

Dental nurses, both in primary and secondary care, are able to make valuable contributions to improving clinical performance, risk management, and enhancing patient safety. The DNOT taxonomy is aligned to the DeNTS taxonomy (Non-Technical Skills for Dentists) and is a framework for dental nurses to observe and appraise the non-technical skills of the clinicians with whom they are working.

DNOT 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]. 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.

What are non-technical skills?

Non-technical skills are the cognitive and social skills that underpin individual and team performance. They should not be confused with clinical skills which are related to knowledge and experience or with technical performance which is related to training and practice.

In relation to healthcare, non-technical skills have been shown to be key skills in supporting good clinical performance and better patient outcomes. Investigations into adverse events have demonstrated that as many as 80% of incidents are the result of issues relating to human factors, such as a breakdown in communication, the inability to reflect, or poor situation awareness.

Training to enhance professional skills in team-working, leadership, situation awareness, decision-making and communication, complements training in technical (clinical) skills and contributes to safe and efficient task performance and patient safety.

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INTRODUCTION

The purpose of DNOT is to enhance the protective and pro-active attitudes that reduce human fallibilities and adverse situations from occurring. The tool is intended to assist clinicians to reflect on their non-technical skills and to consider the behaviours that promote enhanced patient care, patient safety, team inclusivity and participation.

A separate taxonomy is available for clinicians and dental nurse trainers to assess the non-technical skills of dental nurses. This tool is entitled DNAT (the Dental Nurse Assessment Tool).

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.

Using DNOT

Team recognition and inclusion by collaborative working has been shown to enhance job satisfaction and aid job retention. This tool is a behavioural rating system for dental nurses to use to observe the non-technical skills associated with good professional practice and to identify areas which may benefit from some improvement or development. DNOT may be used to assess the non-technical skills of clinicians working at all levels and in all clinical settings.

The DNOT Taxonomy has four categories, each divided into elements as follows:

Categories	Elements
Situation Awareness	• Gathering information • Understanding information • Anticipating the future situation
Decision Making	• Considering options • Selecting & communicating decisions • Implementing & reviewing decisions
Teamwork & Communication	• Exchanging information • Coordinating activities • Establishing a shared understanding
Task Management	• Setting & maintaining standards • Coping with pressure • Supporting others

For each category and element in the taxonomy examples of good and poor behaviours are provided. The examples are indicative rather than constituting a comprehensive list and do not all apply to the scope of practice for dental care professionals.

DNOT is a mechanism for recording the non-technical behaviours that are observable, or that can be witnessed through verbal communication during a clinical encounter. Only those behaviours that lie within the scope of practice for dental nurses to be able to rate are included in the taxonomy. The assessment is formative and is intended to help to develop skills.

Training for use

Training is recommended for dental nurses prior to using this tool, to support purpose and process. This should include:

- **Knowledge of DeNTS (the taxonomy for the non-technical skills of dentists)**
- **The General Dental Council Standards for the Dental Team (2013)**
- **The General Dental Council Scope of Practice (2013)**
- **The use of DNOT and how it relates to dental activities**
- **Principles of good practice**
- **How to provide structured and relevant feedback to others**

The DNOT Taxonomy

1. Situation Awareness

The clinician's awareness of relevant aspects of the dental environment (patient, team, time, instrumentation and equipment); how the clinician demonstrates understanding of what is happening, anticipates what may happen and reacts to cues.

1.1 Gathering Information

The clinician actively seeking information in the dental environment by observing, listening, questioning and recognising cues from the treatment process, environment, equipment and people.

Example behaviours of good practice:	Example behaviours of poor practice:
• Ensures patient records reviewed, consent correct and all relevant technical work and investigations present	• Does not make necessary checks e.g. medical history or proceeds with out of date or missing investigation
• Confirms experience, competence and confidence of team to assist with the procedure	• Does not establish that equipment is present or readily available, working and in-date
• Recognises when it is necessary to discuss case with others	• Relies on the familiarity of the team for getting things done and makes assumptions, or takes things for granted

1.2 Understanding Information

The updating of the clinician's mental picture by interpreting the information gathered and comparing it with existing knowledge to identify the match or mismatch between the situation and the expected state.

Example behaviours of good practice:	Example behaviours of poor practice:
• Acts appropriately on information gathered from clinical findings and interventions	• Plans or undertakes clinical tasks with insufficient time for completion, or making allowance for problems
• Maintains awareness and manages patient's anxiety and/or discomfort well	• Does not respond appropriately to information that could alter the procedure/treatment plan
• Recognises developing operative difficulties or risks	• Fails to confirm consent from patient/carer before delivering a change in the treatment plan

1.3 Anticipating the future situation

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

Example behaviours of good practice:	Example behaviours of poor practice:
• Takes immediate action to prevent or mitigate potential problems	• Continues with plan or procedure despite clear indicators of the need to make a change
• Promptly requests further equipment or instruments that may be needed	• Wastes time by causing delays as uncertain/hesitates/unable to implement next steps
• Recognises when the best option is to stop treatment and has an appropriate exit plan	• Does not ask for help or recognise when in difficulty

The DNOT Taxonomy

2. Decision Making

This domain considers the skills for diagnosing the situation and reaching a judgement in order to choose an appropriate course of action.

2.1 Considering options

The clinician's ability to generate alternative possibilities or courses of action to solve a problem. Assessing the hazards and weighing up the threats and benefits of potential options.

Example behaviours of good practice:	Example behaviours of poor practice:
• Discusses the risks and benefits of the treatment plan and proposed clinical procedure/s	• Gives inappropriate or insufficient range of treatment options to the patient
• Recognises potential patient safety issues	• Makes assumptions about patient choice or values
• Respects the social, medical or psychological circumstances of the patient & the impact these may have on treatment	• Makes decisions or proposes to undertake procedure/s outside Scope of Practice of self or team

2.2 Selecting and communicating decisions

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

Example behaviours of good practice:	Example behaviours of poor practice:
• Recommends a treatment option that is in the patient's best interests taking all considerations into account	• Is uncertain or does not communicate effectively leaving the team or patient unclear about decisions being made or to be made
• Clearly describes treatment options, procedures and changes to the treatment plan without unnecessary use of clinical jargon	• Seeks to coerce or persuade the patient into accepting a treatment option that may not be in the patient's best interests
• Recognises important issues that require discussion with the patient, team or others	• Avoids making decision/s by advising another review appointment

2.3 Implementing and reviewing decisions

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

Example behaviours of good practice:	Example behaviours of poor practice:
• Gives appropriate reassurance to the patient during the procedure and responds to verbal and non-verbal cues	• Ignores or unaware of situational changes and their potential impact and continues with original planned procedure
• Reviews treatment plan when needed and makes changes ensuring patient wellbeing is uppermost	• Does not initiate arrangements for appropriate review or correct aftercare following treatment
• Manages the patient's anxiety or comfort e.g. by ensuring effective local anaesthetic	• Repeats an error without changing strategy

The DNOT Taxonomy

3. Communication and Teamwork

This domain reviews how professionals share information, knowledge, goals and understanding among team members, to facilitate safe, effective care in an efficient manner.

3.1 Communication

The clinician developing clear lines of communication between team members and the patient.

Example behaviours of good practice:	Example behaviours of poor practice:
• Listens to and acknowledges concerns of team members	• Shows frustration when in difficulty and does not listen to or ignores helpful advice
• Communicates the need for a change in treatment or an unexpected event without causing alarm	• Observed not to complete satisfactory, legible and timely contemporaneous notes
• Shows control when facing an operative difficulty or clinical complication	• Accepts or does not challenge behaviours that are disrespectful or disruptive

3.2 Co-ordinating team activities

The clinician working together with other team members to carry out cognitive and physical activities in a collaborative manner.

Example behaviours of good practice:	Example behaviours of poor practice:
• Establishes understanding and shared awareness of roles and responsibilities of team	• Does not take account of the needs of others to complete the task
• Allocates tasks appropriately	• Does not delegate or co-operate with team members to complete the task
• Ensures team readiness before starting treatment	• When in difficulty requests team to perform or assist with tasks for which they have not been trained

3.3 Exchanging information

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

Example behaviours of good practice:	Example behaviours of poor practice:
• Makes requirements known with the necessary level of assertiveness and gives clear instructions to team members	• Shows impatience/anger if others are inefficient or slow to complete a task
• Recommends alternative approaches when treatment not going to plan	• Does not notice verbal or non-verbal cues that are intended to raise awareness of a developing difficulty
• Minimises disruption to the procedure when managing distractions	• Leaves team unclear of priorities and next steps

The DNOT Taxonomy

4. Task Management

This domain identifies how clinicians can identify the need for change, manage objectives, share information, knowledge, goals and understanding to facilitate, safe effective care in an efficient manner.

4.1 Setting and maintaining standards

The clinician supporting safety and quality by adhering to acceptable principles of dental practice; following codes of good clinical practice and following established protocols.

Example behaviours of good practice:	Example behaviours of poor practice:
• Notices that a team member does not perform a task to the expected standard and addresses the issue/s appropriately	• Fails to greet or introduce self to patient or team appropriately
• Maintains professional and respectful relationships with team and patients	• Tolerates or unaware of self or others contravening standard operating procedures or codes of good dental practice
• Demonstrates appropriate awareness of activities in the wider environment e.g. clinic, recovery room, waiting or reception areas	• Does not maintain confidentiality or uses negative language in reference to others

4.2 Coping with pressure

The clinician retaining a calm demeanour when under pressure and exhibiting control when in a high-pressure situation. Adopting a confident manner without undermining the role of other team members.

Example behaviours of good practice:	Example behaviours of poor practice:
• Stays calm under pressure and takes responsibility for the patient	• Freezes under pressure and cannot process decisions
• Gives clear directions to the patient and staff when dealing with a difficult situation.	• Uncertain, silent, flustered, agitated or irritable when things go wrong
• Does not find fault or blame others for errors	• Delays calling for assistance and tries to solve the problem single-handed/ignores offers of help

4.3 Supporting Others

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

Example behaviours of good practice:	Example behaviours of poor practice:
• Provides reassurance and encouragement	• Inappropriately devolves responsibility for decision making to others
• Gives constructive feedback to improve performance/supports those in training	• Leaves the clinical area at the end of procedure and does not ensure completion of all necessary tasks
• Respects roles of others, notices and shows appreciation of tasks performed well	• Does not listen to, acknowledge or show empathy in response to concerns of team members

The DNOT Taxonomy

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 safe clinical practice.

The Rating Scale

The purpose of the rating scale is to provide a structure for assisting the delivery of feedback and is not intended to denote 'passing' or 'failing'.

Rating label	Description
G - Good	Performance was of a consistently high standard
A - Acceptable	Performance was of a satisfactory standard
D – Areas for development	Performance indicated further development advised
N - Not observed	Skill could not be observed in this situation

Feedback is essential

DNOT is designed to provide positive guidance to promote 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.

Examples of observation notes for good and poor behaviours:

	Observation notes
1.1 Gathering information	Very well prepared for the planned procedure and knew what to do. Arrived late and did not have the chance to review notes.
1.2 Understanding information	Made sure that had consent from the parent when fissure sealant became occlusal restoration. Failed to respond to the change in medication (patient on warfarin) and wished to extract tooth.
1.3 Anticipation	Was not overconfident in sense of ability and recognised when in difficulty. Spent a lot of time deciding on next steps and was uncertain.
2.1 Considering Options	Took into account the parent's views as well as published guidelines when discussing fissure sealant for newly erupted first molars. In spite of the patient showing obvious anxiety, did not discuss an alternative to local anaesthetic for the treatment or offer a referral for sedation.
2.2 Selecting and Communicating Decisions	Communicated clearly when describing an alternative procedure that the patient had asked about. Unclear and unresponsive communication – too much information delivered illogically – patient did not understand.
2.3 Implementing and Reviewing Decisions	Immediately stopped procedure when saw patient clutching chair arms -reassured and provided more LA to ensure patient comfort. Did not realise that the state of the tooth meant that root canal treatment was clearly not an option anymore.
3.1 Communication	Recognised the cues from the DN that other instruments might be needed. Was overconfident and did not respond to a suggestion to seek help /support when in difficulty with the extraction and pain control.

Examples of observation notes for good and poor behaviours:

3.2 Co-ordinating Team Activities	**Checked that the DN had understood what was required and was comfortable and ready to undertake the procedure.** **Did not know GDC Scope of Practice and asked DN to perform a task they were not trained to undertake.**
3.3 Exchanging Information	**Recognised the cues from the DN that other instruments might be needed.** **Failed to communicate with the team so they were unable to prepare for what might be needed next.**
4.1 Setting and Maintaining Standards	**Was supportive and not impatient when the trainee dental nurse got into difficulties trying to maintain a clear operating field.** **Had inappropriate discussion about patient in areas where others could overhear.**
4.2 Coping with Pressure	**Was calm and showed clear decision-making when moving to a surgical extraction.** **Became flustered and then blamed DN for some of the errors during the treatment.**
4.3 Supporting Others	**Showed appreciation for the assistance they had been given at the end of the appointment.** **Became irritated when DN did not mix luting cement quickly enough.**

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The DNOT Development Group

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- Mrs Geraldine Birks, (Co-Lead), Workforce Training & Education, NHS England working across North East and Yorkshire.
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THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

The Faculty of Dental Trainers

The Royal College of Surgeons of Edinburgh (RCSEd)
Nicolson Street
Edinburgh, UK
EH8 9DW

T+44 (0) 131 527 1600
fdt@rcsed.ac.uk

RCSEd Birmingham
Birmingham Regional Centre
85-89 Colmore Row
Birmingham, UK
B3 2BB

T +44 (0) 121 647 1560
birmingham@rcsed.ac.uk

RCSEd Malaysia
The Advanced Surgical Skills Centre
UKM Medical Centre Jalan Yaacob Latif
Bandar Tun, Razak, 56000 Cheras
Kuala Lumpur, Malaysia

T +60 39 145 4926
malaysia@rcsed.ac.uk

fdt@rcsed.ac.uk

@RCSEd

Charity number SC005317