

Dental Evaluation of Performance (D-EP) Assessment Tool

Foundation Dentist (FD) F. Smith GDC No 12345678 Date 12 Aug 09

Evaluator D. Fredericks Position GDS Trainer Service / Placement GDS

Clinical Major Competencies covered 1 2 3 4 5 6 7 8 9 10 11
 (Key on reverse - **Please circle all that apply to this encounter**)

Description of case / encounter Simple restoration UL5 in nervous adult patient ✓

Please grade the following areas using the scale 1 - 6	Needs Improvement before DFT* completion		Borderline for DFT completion	Acceptable for DFT completion	Above expectations for DFT completion		Not Observed
	1	2	3	4	5	6	
1. Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication (patient & team)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time management & organisation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After feedback given on the assessment please rate:							
9. FDs insight into own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance Examination of patient thorough, and caries identified accurately. Performed restoration well, and showed good understanding of the procedure. Good insight into performance and will speed up with time and experience

Areas for development before completion of DFT Patient should ideally have been asked to return for another appointment to carry out restoration. Procedure will eventually need to be carried out more quickly, but good performance considering this early stage in DFT. Remember to communicate with patient, even when concentrating hard!

Time (observing) 20min Time (feedback) 15min

Evaluator Signature _____ FD Signature _____