

Writing up the lab sheet – what YOU are saying about education and training

The third article in this series from the NEBDN discusses what discrepancies exist between research and practice in relation to delivering education and training

This is the third article in our series within *Dental Nursing* on dental nurse training and education. In the first article (Parker, 2014), we described the educational courses and resources currently available for dental nurses. In our second article (Parker and Stuart, 2014), we looked at the existing research in the area of dental nurse education and training. In this third article, we want to continue to review the research and look at what you, and your colleagues, are telling us based on the gap that is apparent between what the research is describing and what education and training is being delivered.

The world for dental nurses changed dramatically in 2008 with the introduction of statutory registration and compulsory CPD. For some dental nurses this was just formalising what they were already doing, others saw this as an opportunity to break down some of barriers they faced when they tried to gain further education and training, whereas small groups felt confused and angry at this prospect of these imposed changes. The General Dental Council, in their original document *Developing the Dental Team* (2009), made it very clear that dental nurses should have ‘an awareness of the need for Continuing Personal Development,

including reflective practice, allied to the process of continuing education, in order to ensure that high levels of competence and knowledge are maintained’ and their more recent CPD guidance (2013) outlines the duty of the dental professional to maintain and develop knowledge and skills. Previous research by Mercer et al (2007) suggests that ‘the majority of dental nurses were unable to assess their requirements’. It would be nice to think that we have moved on from that position now registration and CPD is embedded in our professional lives and that we are aware of what our educational and training needs are in the modern world of dental practice. But have we?

As we pointed out in our last article (Parker and Stuart, 2014), there is very little research in terms of the educational and training requirements of trainee and registered dental nurses. What little research that there is, does, however, point out a number of recurring trends. What would be useful to know is if these trends, and/or assumptions, are still relevant for the modern, professional dental nurse?

1. ‘Of all registrant groups, dental nurses were least likely to undertake weekly Continuing Professional Education’

Does this statement truly represent us as dental nurse professionals? If it does, why is this and what are you telling us we should do about it?

Historical surveys from 2006 to 2012 suggest that barriers to dental nurse training include the factors set out in *Box 1*. Are these barriers present in today’s modern dentistry or are trainers and employers looking forward to the future to develop the dental nursing profession for future needs? We need answers.

Box 1. Barriers to dental nursing

Employer not keen to give time off^{1, 2, 3}

Cost/funding^{1, 2, 3}

Disruption to practice^{1, 2, 3}

Disruption to family^{1, 2}

No financial reward^{1, 2}

Training not local^{1, 2, 3}

Employer attitudes^{1, 2}

Difficulty in finding appropriate course^{1, 2}

No access to computer^{1, 2}

Courses are not relevant¹

Poor quality training³

¹ Ross and Ibbetson (2006)

² Mercer et al (2007)

³ FGDP (2013)

2. Are existing post-registration qualifications fit for purpose?

The range of post-registration qualifications are limited and NEBDN award the majority of these, such as Radiography, Oral Health Education, Sedation, Special Care Dentistry and Orthodontics. Other qualifications and courses include Dental Implant Nursing, Treatment Co-ordinator and Extended Duties.

NEBDN qualifications have not changed in a number of years. Should course providers and awarding bodies be reviewing the qualifications provided in light of the fast-paced changes occurring throughout dentistry? If the current courses are not being recognised

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Box 2. Courses required for the future

Infection control ^{1, 3}
Oral health education ^{1, 3, 4}
Sedation ^{1, 3}
Special care ¹
Radiology ^{1, 3, 4}
Orthodontics ^{1, 3}
Oral surgery/implantology ^{1, 2, 3, 4}
Restorative ¹
Periodontology ¹
Decontamination ²
Impression taking ^{2, 4}
Domiciliary care ²
Fluoride varnish ⁴
Construction/fitting mouth guards ⁴
Fitting rubber dam ⁴

¹ Ross and Ibbetson (2006)

² BDA (2009)

³ Mercer et al (2007)

⁴ Scottish Government (2010)

by employers and/or are not relevant to working in modern dental practice, what is and what will be? Again, historical surveys have put forward many suggestions (see Box 2) but are they still relevant for dentistry today and in the future? It is interesting to note that the existing NEBDN courses continue to be included in that list. Is that because we are familiar with their availability or is there still a real need for these courses in modern dental practice?

The courses/activities suggested by the Scottish Government (2010), makes the case for recommending what they see the potential of suitably qualified 'extended duty' dental nurses being delegated these tasks within a general dental practice setting. Once again, we need current research and your opinion to tell us if these courses need to be developed.

3. Are existing courses delivered in the most effective and convenient way?

As you look at the expanding market place of courses that are available to dental nurses, you can see a wide range of courses, and an even wider range of course delivery techniques. In the past, courses leading to qualifications tended to be delivered face-to-face (lecture/tutorial) combined with a work-place portfolio and assessed by a formal written paper and practical examination i.e. NEBDN post-qualifications, NVQ, SVQ etc. Some of the perceived barriers to training i.e. distance to travel to courses and family inconvenience, suggest that this traditional format of delivering education may be becoming outdated.

Not everyone can commit to a course potentially lasting from anything between 9 and 12 months, which requires regular travel, time off work and financial implications. This is especially the case if the course work is held in the evening after a long day of working in the practice. The FGDP 2012 survey suggest that a blend of face-to-face and distance learning seem to be the most popular option. This allows regular meetings with a tutor to discuss problem areas while the distance learning aspect allows the student to progress at their own pace. For some of the larger awards/courses this may be facilitated by modularisation of the course into smaller sections which, when completed, can contribute to the award of an overall qualification.

Throughout this series of articles we have been referring to surveys and published articles that were written a number of years ago. What we do not know is whether the assumptions we can draw from the research is still pertinent and relevant for today's dental practice:

- Do dental nurses still face barriers in relation to education and training?
- Are the qualifications available suitable for the modern professional dental nurse?
- Is the delivery and assessment of current qualifications suitable for the modern professional dental nurse?

NEBDN are looking to undertake a number of surveys in education and training of trainee and registered dental nurses, which will focus on current provision and, more importantly, the future needs for the profession. We would like to invite you to take part in the first of these initiatives to complete an online survey, which will tell us what you are saying about your needs. Your views are important and they may make access to relevant and effective training easier for you, and your colleagues, in the future. The survey can be accessed by visiting our website at www.nebdn.org, so make sure you have your say in your future.

Our final article will discuss the initial results of your responses to the questionnaire. It will contrast and compare what has been historically said about dental nurse education and training against what you, as professionals on the practice floor, are saying should happen in the future. Do we want the 'same old, same old' or is it time for change? Please take the opportunity to have your say!

British Dental Association (2009) *British Dental Association Omnibus Survey*. BDA Research Unit, London

Parker M (2014) Research into the educational needs of trainee and registered dental nurses. *Dent Nurs* 2014 **10**(8): 474–475

Parker M, Stuart R (2014) First impressions – reviewing current research on education and training. *Dent Nurs* **10**(9): 350–351

General Dental Council (2013) *Continuing Professional Development for Dental Professionals*. London, GDC

General Dental Council (2009) *Developing the Dental Team* (2009). GDC, London.

Faculty of General Dental Practice (UK) (2012) *FGDP (UK) Dental Care Professional Learning Needs Survey: A Summary of Results*. GDC, London

Mercer P, Bailey H, Cook P (2007) Perceptions, attitudes and opinions of general dental practitioners and dental nurses to the provision of lifelong learning for the dental team. *Br Dent J* **202**(12): 747–753

Ross MK, Ibbetson RJ (2006) Educational needs and employment status of Scottish dental nurses. *Br Dent J* **201**: 661–666

Scottish Government (2010) *An Analysis of the Dental Workforce in Scotland 2010*. Scottish Government, Edinburgh