Oral Medicine Specialty Training – Evidence for the ISCP e-Portfolio

Overview

The ISCP e-portfolio allows you to collect evidence that supports your progress in specialty training to meet the outcomes of the Curriculum. This needs to include:
- Learning Agreements.
- Summary Logbooks.
- Workplace Based Assessments.
- Other evidence.

Any information entered in to the ISCP should NOT include patient identifiers such as names, hospital numbers or images that are recognisable.

Making the Most of What Is Recorded:

When putting together a portfolio of evidence there is the risk that it will mean far more to you than to others. Ensuring that evidence is well structured and organised helps. Inclusion of **reflection** is essential and very powerful as it sets out what you have learnt. Reflection does not necessarily need to be extensive. It is more important that it is focused and insightful.

You should give thought to how pieces of evidence relate to each other. This may be incremental. For example, you may upload a DOPS that confirms you can undertake an incisional biopsy to the required standard. By then evidencing that you have undertaken a series of biopsies and that on audit these have been diagnostic (H&E and DIF specimens), adds further value. Recording how diagnostic biopsy results have informed clinical decision-making, gives additional insight. Case-based Discussions provide a good opportunity for reflection and evidencing professional development.

Learning Agreement

Irrespective of how you learn, Learning Agreements are at the centre of the learning process. A schematic overview of how Learning Agreements fit within Oral Medicine Specialty Training is given in Appendix I.

The online ISCP Learning Agreement should be used. This was prepared for use by surgeons. As such, it has some limitations for use in Oral Medicine. These are not a significant issue if the guidance below is followed.

General information about the ISCP Learning Agreement can be found in 'The Step-by-Step Guide to Trainees in Dental Surgery'.

Information about how to complete and use Learning Agreements in Oral Medicine Specialty Training is included in the 'OM LA Template'

Summary Logbooks

The Clinical and Academic Logbook Summaries are key pieces of evidence. The versions approved by the Oral Medicine subgroup of SACADS should be used.

The Clinical and Academic Summary Logbooks should be uploaded to the ISCP e-portfolio at the end of each 6-month period. Each time a new version is uploaded, any older versions already present in ISCP should be retained and not deleted.

Refer to the guidance about the Summary Logbooks and FAQs

Workplace Based Assessments

Workplace Based Assessments (WBAs) are a key part of the evidence being presented. Appendix II of this document includes a blueprint overview of possible WBAs to use for each curriculum outcome. It is important to cover the range of outcomes with WBAs during the period of specialty training.

The ISCP includes electronic versions of WBAs that can be used. No PBAs are currently used in Oral Medicine specialty training. Take time to read the information given on the ISCP website for each of the WBAs used. Also, take time to read 'The Step-by-Step Guide to Trainees in Dental Surgery' that includes an overview of the pragmatic issues of using the e-versions.

Effective Use of WBAs

As with any form of assessment the way in which WBAs are used is central to how effective they are in promoting professional development. Points to consider include:
- Planning so that a WBA fits within the agreed plan to meet the curriculum outcomes and isn't being undertaken in isolation. This is likely to include WBAs in a variety of healthcare settings and not just in Oral Medicine clinics.
- Planning so that WBAs are undertaken throughout the placement and at regular intervals between ARCPs (not mainly in the weeks before the next ARCP).
- Recognition that some WBAs include a record of whether the outcome is applicable to the stage of training. Where a trainee has a reduced period of training, the assumption should be that the reduction means that the early stages of training have been undertaken. Accordingly, a trainee on a 3-year training programme should be considered to be at the central period of their training.
- Recognition that some WBAs are most likely to be undertaken early in the period of specialty training (e.g. DOPS related to biopsy), whereas other WBAs may predominant in the senior years of training (e.g. CBDs where the trainee has been involved in longitudinal care).
- That the assessor does not need to be present for the whole consultation with a patient, but just the aspects directly related to the focus of the WBA (e.g. the history, a specific aspect of the examination or explanation of a management choice such as a systemic medication).

- Ensuring that time is set aside by the assessor and trainee to complete each WBA appropriately shortly after the event.
- Ensuring that there is focused, targeted feedback that informs the trainees professional development. Failure to achieve this should be expected to invalidate the process with respect to external review (e.g. at an ARCP).
- Ensuring that a range of assessors is used rather than over-reliance on the same assessors, over extended periods of time.

Number of WBAs

The focus is on the quality of each WBA, rather than on absolute numbers. As a bare minimum, specialty trainees should aim to complete 1 WBA per calendar month.

ISCP WBAs for use in Oral Medicine

The ISCP e-versions of the WBAs should be used. Do not use paper versions of the ISCP WBAs with the intention of scanning these and uploading to the ISCP. There is a space limit on what can be uploaded to the ISCP and there are other pieces of evidence that you will need to upload.

Detailed information about ISCP WBAs is available. The following are very brief summaries:

Case Based Discussions (CBD)
The CBD has the potential to cover different aspects of patient care that are of particular relevance to key decision-making and longitudinal care. A CBD does not have to cover all aspects of the care, but can place the focus on a particular detail of relevance to professional development.

Clinical Evaluation Exercises (CEX)
By definition a CEX is applicable to any observed activity in the clinic. Examples include history taking, examination (oral, extra-oral and beyond the head and neck) and communication such as going through treatment choices (including systemic drug-prescription and monitoring), consent, breaking bad news or dealing with an unhappy patient.

Direct Observation of Procedural Skills (DOPs)
DOPs are applicable to short, diagnostic and interventional procedures, or part procedures, that comprise relatively few steps. Examples include different types of biopsy such as incisional, excisional or minor salivary gland biopsies.

Observation of Teaching (OoT)
OoTs are designed to provide structured, formative feedback to trainees about their competence at teaching. This is potentially applicable to many different teaching events including large and small group teaching in various settings including in clinic or dedicated teaching space.

Assessment of Audit (AoA)

AoAs are designed to assess a trainee's competence in completing an audit and to encourage a reflective approach to quality improvement initiatives.

Multi Source Feedback (MSF)

MSFs (also known as 360° or peer assessment) are a mechanism by which an individual's performance can be evaluated by different members of their team, which might include clinical colleagues, other members of the dental team, plus administrative and clerical staff.

Other Evidence

WBAs are important, but are not applicable for some curriculum outcomes. Accordingly, there is a need to upload other pieces of evidence that support progress with respect to curriculum outcomes. These are likely to be diverse in their nature and should relate to the Clinical and Academic Summary Logbooks. Examples might include, amongst others:
- Individual patient feedback (e.g. GMC-validated questionnaire).
- Quality improvement initiatives such as audit, service evaluation or written patient information.
- Published papers in peer-reviewed journals.
- Teaching materials and how these were used to support learning of the recipients with associated feedback.
- Critical appraisal activities such as peer-review of manuscripts or journal club participation.
- Management activities (observed or undertaken).
- A reflective log.

Appendix I – Schematic Overview of Learning Agreements within Oral Medicine Specialty Training
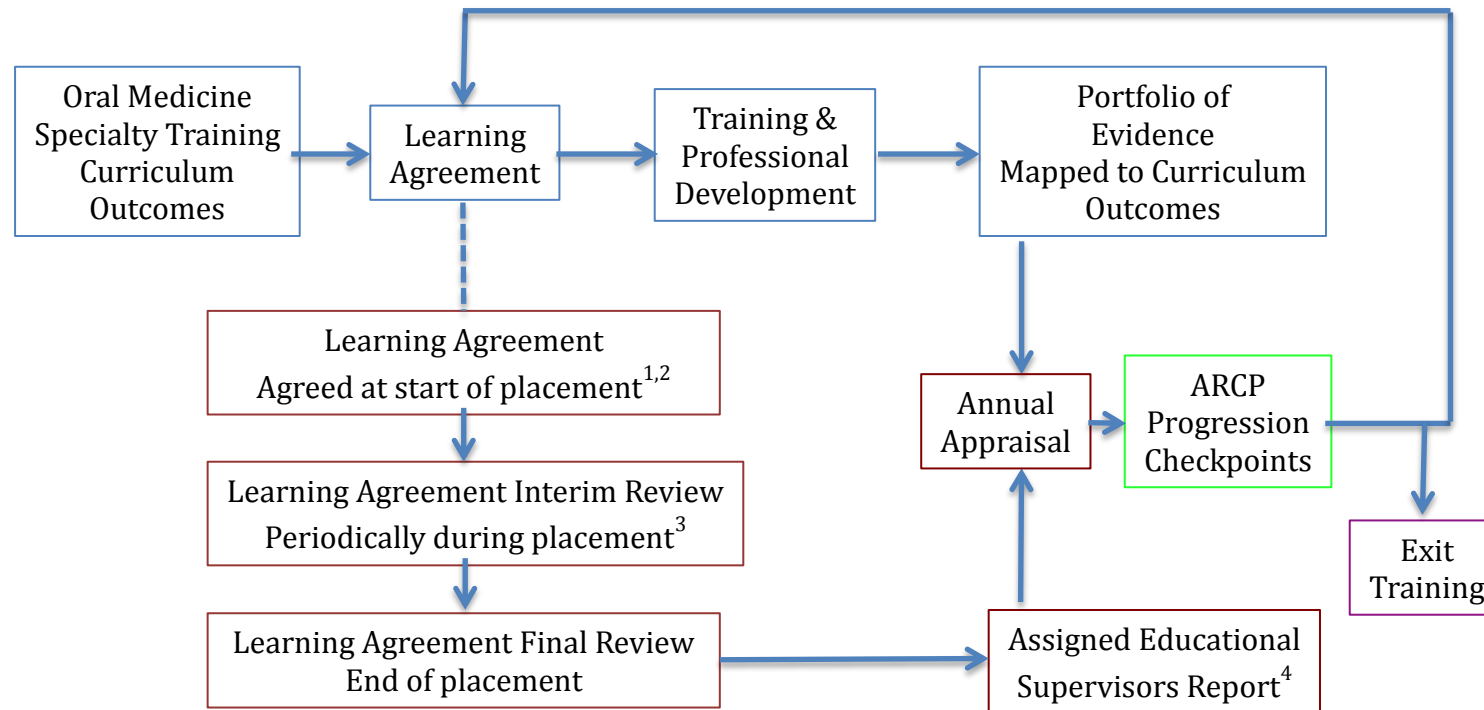
1. A placement will typically last for 12 months, but may be shorter.
2. One LA may cover different units if training is split between centres.
3. The timing of any interim reviews will be determined by the trainee's circumstances. (Typically, once every 3 months unless agreed otherwise).
4. After the ARCP, a new learning agreement should be agreed unless training is exited.

Appendix II - Assessment Blueprint – Adapted from the GDC Specialty Curriculum for Oral Medicine

The blueprint is a guide. Specialty trainees need to consider how evidence is best presented to support their progress through training.

Oral Medicine Specific Components of Curriculum (A & B)

Curriculum Area		Objective	CEX	CBD	DOPS	MSF	ISFE	Other
A1	History taking	The trainee will be able to elicit, record and interpret an accurate history from patients of any age within the scope of Oral Medicine practice.	✔	✔			✔	
A2	Clinical examination	The trainee will be able to perform an appropriate clinical examination on patients of any age within the scope of Oral Medicine practice	✔		✔			
A3	Investigations	The trainee will be able to select and request (and in some instances undertake) appropriate and relevant investigations within the scope of Oral Medicine practice.	✔	✔			✔	
		The trainee will be able to interpret and where necessary seek clarification on the meaning of a range of laboratory and imaging investigation results to inform subsequent patient care.	✔	✔			✔	
A4	Patient management	The trainee will be able to undertake specialist assessment and management of a patient of any age within the scope of Oral Medicine practice, in both an outpatient and inpatient hospital setting.	✔	✔			✔	

Curriculum Area		Objective	CEX	CBD	DOPS	MSF	ISFE	Other
A4a	Prescribing and therapeutics	The trainee will be able to undertake safe and effective prescription of drugs.	✔	✔			✔	
A4b	Operative interventions	The trainee will be able to undertake safely and effectively, operative techniques: • As definitive management of localised benign disease; or • To establish a tissue diagnosis, including where oral soft tissue malignancy is suspected.	✔		✔			
		The trainee will be able to describe the appropriate application of operative techniques in other relevant situations.	✔	✔			✔	
B1a	Oral soft tissue in health	The trainee will be able to present their knowledge of the structure and function in health of lips and oral soft tissues.	✔	✔			✔	
		The trainee will be able to correlate health of the lips and oral soft tissues to disease states and use this insight to inform patient care.	✔	✔			✔	
B1b	Oral soft tissue disease	The trainee will be able to undertake specialist assessment and management of oral soft tissue disease.	✔	✔			✔	

Curriculum Area		Objective	CEX	CBD	DOPS	MSF	ISFE	Other
B1bi	Hypersensitivity reactions	The trainee will be able to investigate, diagnose and manage patients with oral soft tissue disease with a hypersensitivity basis.	✔	✔			✔	
B1bii	Oral soft tissue infections	The trainee will be able to diagnose and manage viral, bacterial, fungal and other infections of the oral soft tissues.	✔	✔			✔	
B2a	Salivary glands in health	The trainee will be able to describe the structure and function in health of salivary glands and saliva.	✔	✔			✔	
		The trainee will be able to correlate health of salivary gland tissues to disease states and use this insight to inform patient care.	✔	✔			✔	
B2b	Salivary gland disease	The trainee will be able to diagnose and appropriately manage patients presenting with disorders of major and minor salivary glands.	✔	✔			✔	
B3a	Nervous system in health	The trainee will be able to describe the structure and function in health of the nervous system.	✔	✔			✔	
		The trainee will be able to correlate nervous system disease states to health and use this insight to inform patient care.	✔	✔			✔	

Curriculum Area		Objective	CEX	CBD	DOPS	MSF	ISFE	Other
B3bi	Orofacial pain	The trainee will be able to diagnose and appropriately manage patients presenting with orofacial pain of odontogenic and non-odontogenic origin	✓	✓			✓	
B3bii	Neurological dysfunction	The trainee will be able to diagnose and appropriately manage patients presenting with altered cranial nerve function related or unrelated to other neurological abnormalities	✓	✓			✓	
B4	Interface of oral and systemic disease	The trainee will relate health and disease of orofacial tissues to other relevant body systems where appropriate	✓	✓			✓	
		The trainee will be able to provide advice on medical disease to dental practitioners and patients and on specific oral implications of disease to medical practitioners.	✓	✓			✓	
		The trainee will be able to develop a management plan for chronic disease, including self-care and the use of a supportive multi-disciplinary team.	✓	✓			✓	
		The trainee will be able to recall range of adverse drug reactions to commonly used drugs and recall drugs requiring therapeutic drug monitoring.	✓	✓			✓	
		The trainee will be able to establish effective communication with relevant teams by means appropriate to the urgency of the situation.	✓	✓		✓	✓	

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Curriculum Area		Objective	CEX	CBD	DOPS	MSF	ISFE	Other
B5	Mental health	The trainee will be able to identify serious or incidental psychiatric morbidity in patients presenting with oral disease	✔	✔			✔	
B6	Medical emergencies	The trainee will be able to recognise, manage and where required provide basic and immediate life support for adult and paediatric medical emergencies, in line with guidelines from the UK Resuscitation Council					✔	Simulation
		The trainee will be able to minimise risk of, recognise, assess and treat simple faint, postoperative bleeding, hyperventilation, angina, myocardial infarction, acute asthma, anaphylaxis, diabetic emergencies, choking, seizures and adrenal insufficiency		✔				Simulation

Generic Components of Curriculum (G)

	Curriculum Area	Objective	CEX	CBD	DOPS	MSF	ISFE	Other
G1	Teaching and training	The trainee should be able to demonstrate the potential to teach/train effectively						Feedback / Obs of Teaching
G2	Research	The trainee will demonstrate the ability to participate and contribute to research						Published papers in peer reviewed literature
G3	Management of healthcare delivery	The trainee should be able to demonstrate knowledge of the principles of management within healthcare					✔	
G4	Time management	The trainee will demonstrate appropriate time management and decision making skills				✔		
G5	Evidence based practice	The trainee will understand the principles of evidence based practice					✔	
G6	Patient safety	The trainee should be able to ensure patient safety as a priority				✔	✔	
G7	Team working	The trainee should work effectively with colleagues as part of a healthcare team				✔		
G8	Quality improvement	The trainee demonstrates an understanding of the principles of quality and safety improvement					✔	Assess of Audit

End

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