



Foundation Degree Oral Health Science

Course Handbook

Please note that this document should be read alongside the HSC Undergraduate student handbook.

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Part 1: The Foundation Degree in Oral Health

1. The award

The programme leads to an award of Foundation Degree in Oral Health Science from the University of Essex, and enables registration with the General Dental Council as a dental hygienist

2. Aims

This Foundation Degree prepares individuals for a career as a dental hygienist; they are expected to be able to practice safely and competently at the end of 88 weeks. While the competence of individual professionals is critical to the delivery of safe patient care, the limitation of individual effort is increasingly recognised. The Kennedy Report¹ and other high profile enquiries highlight the important role of teams and team working in health care. Aiming to improve team working, the students of the Foundation Degree will study core modules, e.g. learn about general clinical governance principles with Foundation Degree Health Science students, and examine the implications for dental practice with the wider dental team while in placement. Such inter-professional learning opportunities will help to promote understanding and mutual respect, and facilitate team working in practice.

The teaching methods employed are designed to foster the habit of lifelong learning to enable continuing professional development to meet the future needs of patients and society

The foundation degree is also intended as the first step on an educational ladder. Graduates will be able to progress onto a top-up degree that leads to registration as dental therapists.

3. Content and structure

Module outlines

The Foundation Degree is based on the General Dental Council's guidance document *Preparing for Practice* and is kept under continual review to ensure that students are 'fit for practice' upon qualification. The content is organized into modules; a module is a discrete unit of learning with pre-determined learning outcomes, content and assessment. The programme consists of the following modules:

¹ Kennedy Report - *Learning from Bristol: the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984 -1995*

Year 1 Term 1

- Personal Effectiveness: this module aims to develop interpersonal and communication skills and enhance personal and professional effectiveness.
- Introduction to Oral Health and Diseases: this module introduces students to the unique blend of medical, biological and social science knowledge base that underpins the practice of DCPs.

Year 1 Term 2

- Clinical Governance and Patient Safety: this module introduces the expectations of DCPs in the delivery of dental care and examines the clinical governance arrangements for protecting patient safety.
- Biomedical and Psychosocial science: this module highlights the similarities and differences between people as a basis for developing person-centred care.

Year 1 Term 3

- Health Policy, Law and Ethics: this module is designed to stimulate an interest in the policy and politics of oral health in order that DCPs may contribute to policy debates and explore some of the ethical dilemmas facing health care staff.
- Promotion of Oral Health and Prevention of Dental Diseases: this module explores the political and social influences on health and disease prevention and places the role of professional practice in the wider legal, political and social context.

Year 2

- Critical Appraisal and Research Skills: this module fosters an evidence-based approach to patient care, asking questions about the patient/client and seeking answers in a systematic way.

Year 2 Term 1

- Health and Illness: this module introduces the concept of the health and illness continuum and implications for health promotion, and enables students to apply psychosocial principles to engage patients in matters relating to their own health.

Year 2 Term 2

- **Special Needs:** this module introduces the students to groups in society who have special dental needs and to stimulate an interest in reducing health inequality.

Year 2 Term 3

- **Management of Oral Diseases:** this module builds upon the Introduction to Oral Health and Diseases module to enable students to acquire the knowledge and skills to manage specific patients as part of the dental care management plan.

Timetable arrangement

The timetable is arranged on a termly basis. As a working schedule, it is posted on Moodle prior to the beginning of term. Students and CEs are advised to check the timetable on a regular basis.

4. **Teaching and learning**

Attendance

- The programme consists of 88 weeks of learning, spread over two years. Each week students spend 2 days at the University, 14 hours a week in placement and undertakes 7 hours of guided educational activities. The learning, which continues throughout the summer and summer break, does not conform to the normal academic term times.
- Attendance is closely monitored; **sickness and absenteeism may delay the completion of studies.**

Learning at the University

- All modules have theory-based and practice outcomes: the theoretical understanding is taught using a wide range of stimulating and supportive teaching methods including: problem-based learning, tutorials, e-learning and seminar based teaching. Moodle is the e-learning platform used extensively to support student learning; the virtual classroom created is available to all teaching staff including CEs. Accessing the virtual classroom enables CEs to follow programme delivery on a session- by- session basis.
- The practice outcomes, which include communication and clinical skills, are taught in our state-of-the-art clinical skills laboratory, using the very latest equipment and IT facilities to assist effective learning and the acquisition of new skills.

Placement-based learning

- Each student will experience 5 placements in the 2 years of training.
- All students are required to complete a short placement on the QM Clinic in the Gateway Building.
- Students are placed in general dental practices across Essex and the South-East to practice and master clinical skills.
- The learning outcomes to be practiced and assessed are defined module-by-module; the development of a student's practical skill base is an ongoing process which is monitored both at the University and in placement – the programme team will determine when they deem a student competent to practice a clinical task under supervision in placement. CEs will be notified of the expected date that their students can undertake clinical tasks in advance.
- While the contribution of the practice team to students' learning is valued, the practice of clinical skills must take place under the supervision of an approved CE. CEs are required to supervise their student by:
 - Observing the student to establish the student's level of competence and supervision required, and provide appropriate supervision
 - Being available for guidance and support prior to each student/patient interaction and the CE seeing a patient treated by the student directly after each student/patient interaction.
 - Making sure that the student is interpreting the treatment plan correctly, and that the student is keeping accurate and timely records
- Students are required to record their clinical experience in clinical logs; feedback from CEs is recorded on the log as comments. The students should be completing 34 logs per term.
- Students are also required to use reflective learning as a tool to develop deep, contextual learning and to identify and meet their own learning needs. The Reflective Tracker document should be used to facilitate this.
- CEs are expected to provide a one-hour of tutorial time per week.
- The expectation of students and placement providers are outlined in the Placement Handbook.

5. Assessment

Mapping against GDC competences

- GDC learning outcomes are used to ensure that the programme meets GDC requirements (see individual module guides for details)
- The assessment methods for each module learning outcome are published in the module guide.

- Each module is assessed independently and students must pass the module assessment in order to progress. All students are entitled to a second attempt of an assessment. Failure at second attempt will normally result in termination of training; details regarding assessment is provided in the Rules of Assessment (Appendix 1).

University-based assessment

- There are formative and summative assessments. Formative assessment is designed to gather information so that the teaching staff know how students are progressing and where they are having problems, and use this information to make necessary instructional adjustments, such as providing additional teaching sessions, trying alternative teaching approaches, or offering more opportunities for practice. Formative assessment also promotes reflective self-assessment in students. Typically, formative assessment includes on-line discussion of a topic or area of practice, working on group tasks and clinical skills assessment in the skills lab.
- Summative assessment is the formal testing of learning attainment at the end of the module. These are either course work assignments in the form of an essay or a case study, or assessment under examination conditions, the latter includes Short Answer Tests (SATs), Objective Structured Clinical Examination (OSCEs), Case Presentations and Unseen Case Presentations.
- The pass mark for course work assignments is 40% and the pass mark for OSCEs and SATs is 60%
- Students are permitted a second attempt at any University based assessment. Failure at second attempt ordinarily results in termination of training.

Work based assessment (WBA)

- CEs are responsible for work based assessment
- The competencies to be assessed and the pass/fail criteria are defined and, along with other assessment documentation, is available on-line.
- Evidence of student performance is collected by means of :
 - Direct observation of procedure (DOP); this is a formal assessment process where the CE completes a DOP form recording the outcomes of assessing an area of competence based on direct observation; the competencies to be assessed are defined by the module outcomes
 - Case based discussion (CbD); this is also part of the assessment process where the CE establishes the student's knowledge underpinning clinical skills, the CE is required to conduct one case base discussion per month on average.
 - Clinical logs: clinical logs capture in detail the student/patient interaction, the diverse patient experience and the frequency with which the student practices particular skills.

- The CE makes an evidence based judgment on the student's performance and completes the summative assessment documentation. In addition, CEs are expected to provide on-going feedback to students to enable progression; this is done formally by adding comments to the logs within 15 working days of the log being uploaded by the student.
- Completed assessment documentations are submitted online.
- Work-based assessments are of a pass/fail nature. Each term the work-based assessment component of each module must be passed for progression to occur.
- A student who fails to achieve a competent grade is offered a second attempt at the placement but in another location, this may require an extension of the period of study or an intermission. Failure to secure a competent grade in the second attempt results in termination of training.
- WBA records are reviewed at the end of the term by personal tutors and an education supervisor form is completed.

Part 2: The Role of the Clinical Educators (CEs)

1. The role of CE as teacher and assessor

- A CE is appointed by the University of Essex to teach and assess students of the Oral Health Foundation Degree in the clinical setting. The appointment is made if the CE meets the personal specification and is working in a practice that has a history of supporting staff training.
- The Link Lecturer visit the placements and CEs once per term, issues arising from the visit are recorded and this process forms part of the University QA arrangements.
- Continuing suitability of the CE and placement in meeting the detailed essential criteria in the Memorandum of Understanding (appendix 2) is assessed during the placement visits and at each end of term review of placement based learning;

Supervision

- The CE is the named supervisor who is responsible for the overall learning experience and assessment, and is expected to:
 - Create learning opportunities to meet the learning outcomes
 - Provide direct clinical supervision, advice and support
 - Engage the dental team in the teaching and assessment of students
 - Oversee the assessment process and monitor learner/staff feedback
 - Monitor student attendance and performance

- The CE is required to meet with the student in the first week of their placement to establish the student's learning and agree a plan for supervision and feedback.
- Each practice will have at least 2 CEs to ensure that students are supervised at all time by University appointed CEs.
- The supervision will include direct observation of student/patient interaction and the procedures carried out by the student.
- The CE makes judgments on the level of supervision required and determines the types of patient experience most appropriate for the student at that moment in time.
- Being available for guidance and support prior to each student/patient interaction and the CE seeing a patient treated by the student directly after each student/patient interaction.
- The CE facilitates learning by creating opportunities for the student to see patients with increasingly complex problems.
- The CE reads and provides comments on the student's clinical logs; the students are expected to complete 34 logs per term. The logs must cover the competencies of that term. In addition, the students are required to keep their reflective tracker up to date. CEs are expected to comment on all clinical logs. Comments on clinical logs are formal feedback to students on an on-going basis
- The CE organizes a weekly one hour tutorial; the tutorial topics should reflect the module learning outcomes. Tutorials may also include reviewing student's learning needs and agreeing a schedule for DOPs and CbDs.

Assessment

- The CE, in conjunction with students, plans the assessment schedule to ensure that the required numbers of DOPs and CbDs for the module are completed. The number of DOPs required varies from module to module and is determined by the number of competencies to be assessed.
- All students must successfully complete a minimum of 3 CbDs per term, completing 9 in a year.
- The CE must complete the summative assessment.
- All assessment documentation must be uploaded on to Moodle by the date provided by the University to allow a student to be assessed as able to progress to the next term.

2. Support for the role

- CEs, as members of the School of Health and Social Care, have access to the University e-mail, library and other resources. All CEs have the right to contact the Head of School, Vikki-Jo Scott, at v.j.scott@essex.ac.uk
- There are two Clinical Educator days per year, one before the start of the academic year and one before the start of the summer term.

- CEs may direct general questions regarding the programme to the programme lead, Bryan Paddison, by e-mail at bpadd@essex.ac.uk
- Placement issues may be directed to the Link Lecturer, Mick O'Regan at moregan@essex.ac.uk or the programme administrator Lizzie Norris at emnorris@essex.ac.uk.

3. Payment

- A placement receives £13,903 per year for providing a placement where work-based learning and assessment can be carried out.
- Health Education England East pays for placement based learning. The University administers the funding and pays the CEs on a termly basis.
- Payment will be withheld if the CE has not completed the assessment documentation, or commented on the logs
- CEs who repeatedly fail to fulfil the role and requirements outlined above will not be permitted to continue as a CE.
- Placements that don't fulfil these requirements and those of the Memorandum of Understanding (Appendix 2) will be required to withdraw from the programme.

Part 3: Placement Guidelines

The following guidelines are relevant to general dental practice and the University clinical areas. In addition, students must follow:

- The GDCs Student professionalism and fitness to practice guidance;
- The University of Essex Whistleblowing policy
- NHS or local dental practice policies relevant to specific placements

1. WORKING HOURS.

- a. Students are required to do 14 hours over two days in placement with a minimum of 8 clinical hours. The two days are restricted to two of Monday, Wednesday or Friday.
- b. Where practice operates shifts, students are expected to work shifts which reflect the normal work pattern of the placement area. This can include morning, afternoon and evening shifts, if these are normal practice for the placement area and sufficient learning opportunities are available for students.
- c. A meal break of 60 minutes is excluded from the practice hours. Short tea or coffee breaks are included in practice hours.
- d. Students have supernumerary status, that is, they are not counted on the rota as part of the practice team. However, students are expected to both observe practice and become actively involved in patient care.

- e. Where a practice experiences staff shortage due to sickness, and the practice is unable to arrange cover because of short notice, students may provide cover. This should be the **exception** rather than the rule.
- f. Students should be allocated time for reflection on their experiences. On average this should be 45 minutes per shift; e.g. spending 45 minutes toward the end of the shift. Students should be encouraged to use this time productively to make sense of, and learn from, their clinical experience and to complete their log entries.

2. ATTENDANCE

- a. Students are expected to have their record of hours signed on a daily basis while in the practice area. The record must be signed by a clinical educator. The student must retain a copy of this proof of attendance and upload it to their Moodle placement page on a monthly basis.
- b. If a student is unable to attend placement the student must contact the placement as soon as possible. The student should speak to their clinical educator or the practice manager of the placement or with a senior member of staff on duty. The student should clearly state that they are taking sick leave and if possible give an estimate of how long they will be off sick. The student should take a note of the name of the person with whom the message is left.
- c. The student must also inform the Administrator at the University of Essex when they go off sick and on their return to placement (01702 328360). Self-certificate forms should be completed for sickness up to 6 days, whilst a doctor's certificate will be required for any additional time off sick.
- d. The Administrator at the University of Essex will inform the programme lead of the sickness episode. Regular short sickness or sickness beyond one month may have an effect on the student's ability to continue on the programme. Students may be required to attend a confidential appointment with the Occupational Health Service for a health assessment.
- e. Students are entitled to compassionate leave or special leave at the discretion of their Programme Leader. All other leave **MUST** be made up by the student.
- f. Absence from the placement that is not sick leave and has not previously been negotiated is unacceptable. This should be reported by the Placement staff to the Administrator at the University of Essex immediately and will be taken up with the student by University staff. Dentist, doctor or other personal appointments should be arranged during off duty times except for urgent treatment.
- g. **Unauthorised absence, lateness and poor timekeeping are considered to be unprofessional behaviour.** While being tolerant of unavoidable delays, clinical educators should take up the issue of

professional conduct with the student. If the student does not respond appropriately the programme leader should be informed for further action.

3. STUDENT DRESS IN CLINICAL AND PRACTICE AREAS

- a. Dress must be clean and tidy. Uniforms must be changed daily and washed at a temperature of 60° C. Clothes should look and be clean and not crumpled.
- b. Uniforms must not be worn outside of the dental practice.
- c. Student requests regarding dress to meet religious requirements will be treated sensitively and agreed individually with the Programme Lead. Dress must conform to Health and Safety regulations, especially infection control guidelines.
- d. The University uniform must be worn in placement.
- e. The University of Essex uniform must not be worn except when undertaking dental hygienist training.
- f. Plain, black, clean, low heeled shoes with noiseless non-slip soles and in a good state of repair should be worn. Open-toed shoes are not permitted.
- g. University of Essex badges must be worn at all times.
- h. Hair should be clean and well groomed, within the biological colour range and kept away from the face. Hair below the collar should be tied back. Beards or moustaches should be well groomed and of short to moderate length.
- i. Jewellery may not be worn except for a single plain wedding ring and one gold or silver stud earring per ear. No other visible body jewellery or studs may be worn.
- j. A high standard of personal hygiene must be maintained. Hands should be kept clean and nails kept short. Acrylic nails must not be worn.
- k. Disposable gloves should be worn during patient contact. Latex free gloves are available if required.
- l. If a student is considered to be inappropriately dressed he/she may be sent off duty and will need to make up any time missed. If there is a persistent problem the clinical educator should take up the issue of professional conduct with the student. If the student does not respond appropriately the programme lead should be informed for further action.

4. OCCUPATIONAL HEALTH REQUIREMENTS

- a. All students must have received Occupational Health clearance and DBS clearance prior to commencement of their first clinical placement
- b. Sharps, needlestick, puncture or splash injuries which occur while on duty must be reported to the practice manager of the dental practice and NHS

- policy must be followed. The student is responsible for awareness of their own Hepatitis B status.
- c. Students involved in any incident or injury must complete the local incident form and follow local policy. A copy of the incident report should be kept by the student and the student must forward a copy of this to the Programme Administrator at the University of Essex.
 - d. Students should not attend for placement if they are unwell (see section 2 for procedures to be followed).
 - e. Students who are suffering back strain, musculo-skeletal injury, infectious skin conditions, infectious diseases or diarrhoea and vomiting must seek advice from the Occupational Health Department or their GP before returning to placement.
 - f. If a student suspects they have developed an allergic reaction during their placement they should report this immediately to their clinical educator and seek advice from the Occupational Health Service.
 - g. Students who become pregnant must notify the Programme lead as early as possible and undertake a risk assessment through the Occupational Health Service as this has health and safety and placement implications.

5. STUDENTS RIGHTS AND RESPONSIBILITIES

- a. All students have the right to be placed in a safe learning environment in accordance with Health and Safety requirements. If a student has concerns regarding their safety, they should immediately discuss these with the practice manager and clinical educator and inform the programme lead.
- b. Any incident or injury sustained while on placement must be reported to the practice manager and policy followed. A copy of the incident report should be kept by the student and the student must forward a copy of this to the Programme Administrator at the University of Essex.
- c. Students should follow the GDC guidance on law, ethics, professionalism and fitness to practice.
- d. Confidentiality must be maintained at all times. Students need to be clear as to what information should be given to whom (e.g. what information can be shared with other professionals, relatives, patients).
- e. Students must not discuss patients outside the practice area. Assignments related to the placement should retain anonymity for staff, patients, dental practice and NHS.
- f. Students are advised to avoid disclosing personal information about themselves to patients.
- g. Permission must be sought from the practice manager if documents are to be used for assignments. Documents must never be removed from the dental practice or photocopied without permission of the practice manager. Use of patient treatment plans requires written permission from the patient and the practice manager. This permission should be included in the assignment if such documentation is used.
- h. Students must not be directly involved in Control and Restraint activity

- i. At no time should students be left alone in the placement with patients when there is no supervising member of staff on the premises.
- j. Students must not accept personal gifts from patients or their relatives or friends.
- k. Students must behave in a professional manner at all times and act as ambassadors for dental hygienists and for the University of Essex. If the student is unsure of how to behave in a particular circumstance, he/she should seek guidance from their clinical educator. If behaviour is considered to be unprofessional, clinical educators should take up the issue of professional conduct with the student. If the student does not respond appropriately, the programme lead should be informed for further action.
- l. The student is expected to have collaborative and professional relationships with practice staff.
- m. Students must not arrange to meet patients socially while still in placement. Relationships, although friendly, must remain professional. Guidelines on the protection of vulnerable people (for example, those with a learning disability or a mental health problem) must be adhered to.
- n. If patients or visitors display inappropriate behaviour (e.g. verbal comments, sexual harassment, lack of inhibitions, physical aggression) the student should discuss the behaviour with their clinical educator and where possible use the situation as a learning experience. Further discussion with the programme team may be advised. On rare occasions, where continuation on a placement could be detrimental to the student, discussion with the Programme lead may lead to finding an alternative placement.
- o. Students should not agree to provide care for their relatives or friends who happen to be patients in the placement in which they are working. Any request for this should be brought to the attention of the clinical educator.

6. SUPPORTING LEARNING IN PRACTICE

(i) The clinical educator

- a. Each placement has at least two clinical educators who are able to supervise the student.
- b. Clinical educators will work with the student and provide opportunities for practice and development.
- c. The clinical educator will encourage the student to make judgements on their own performance.
- d. The clinical educator will give feedback to the student regarding their performance. This is best achieved in a tutorial setting with dedicated time made available. Ad hoc feedback during student clinical time is also appropriate.
- e. The clinical educator will take account of the views of all team members who have worked with the student and encourage these staff to provide feedback to the student.

- f. The clinical educator will conduct work base assessment by direct observation (DOPs) and case base discussion (CbD) and complete the required documentation.
- g. The Clinical Educator will provide comments on the student's clinical and reflective logs within 15 working days of uploading.
- h. The clinical educator will liaise with the link lecturer from the University.

(ii) University Staff

- a. University staff will visit the placement a minimum of once per term.
- b. University staff will liaise with the clinical educator regarding the student's progress.
- c. University staff will provide support to the clinical educator. University staff can be contacted by phone or email
- d. Should students or clinical educator require that more frequent visits be made by university staff, they should contact the Programme Lead.
- e. University staff meet with placement providers on a regular basis (at termly Staff and Student Liaison Committee and bi-annually CE meetings, additional meeting can be arranged by mutual agreement to discuss specific issues including programme development ideas).
- f. Each student has a personal tutor. If problems arise the CE should feel free to contact the relevant tutor to find ways to overcome this. The list of personal tutors is available on Moodle.

(iii) Placement

- a. Before the student arrives, an approved clinical educator is identified.
- b. The student contacts the practice staff at least two weeks prior to the start date.
- c. The student receives an initial induction to the placement during the first shift. This may be with the clinical educator or with another member of staff. The relevant documentation can be found on Moodle.
- d. The clinical educator and student discuss the learning opportunities and student's responsibilities in week one.
- e. On a daily basis, a clinical educator signs the student's time sheet.
- f. Areas of weakness are highlighted to the student and the student is given opportunities to improve, teaching staff from the University are kept informed
- g. Clinical educator completes the assessment documentation by the date required by the University staff.

Contact Details:

<u>Core programme team</u>	<u>Course Administrator</u>
Bryan Paddison Programme lead Contact : bpadd@essex.ac.uk Mick O'Regan Link Lecturer Contact: moregan@essex.ac.uk	Lizzie Norris Programme Administrator Department of Health & Human Sciences University of Essex Southend United Kingdom Tel: 01702 328360 Email: emnorris@essex.ac.uk

Part 4: Professionalism

The course leads to a registerable qualification with the General Dental Council and there is an onus upon you, the student, to behave professionally at all times. The concepts underpinning professionalism are interweaved throughout the programme, both at university and at placement.

The School of Health and Social Care has policies on both Fitness to Practice and Whistleblowing and you are expected to read these before commencing your placement. Any questions about their content should be discussed with your Personal Tutor.

The GDC also has a number of useful resources on professionalism on their website: <https://www.gdc-uk.org/professionals/students-and-trainees/student-professionalism/sp-guidance>

APPENDIX 1

RULES OF FOUNDATION DEGREE ORAL HEALTH SCIENCE

DEPARTMENT OF

Health & Human Sciences

DATE OF ISSUE

May 2007

SCHEME:

Certificate, and Foundation Degree Oral Health Science

LEVEL & NATURE OF STUDY Foundation degree is taught by blended learning methods (work-based, e learning, face to face teaching, simulation, role play & coursework).

LENGTH & MODE OF STUDY 24 months full time

SCHEME STRUCTURE FOR FOUNDATION DEGREE ORAL HEALTH SCIENCE				
Module Code	Module Title	Assessment		Credits
Year 1				
HS710	Personal Effectiveness	Work based assessment: Pass/Fail 100% Essay	Core	15
HS730	Introduction to Oral Health and Disease	Work based assessment: Pass/Fail 50% Objective Systematic Clinical Examination (OSCE) 50% Case Study	Core	30
HS711	Clinical Governance & Patient Safety	Work based assessment: Pass/Fail 100% Essay	Core	15
HS736	Biomedical and Psychosocial Science	Work based assessment: Pass/Fail 50% Objective Systematic Clinical Examination (OSCE) 50% SAT	Core	30
HS722	Health Policy, Law and Ethics	Work based assessment: Pass/Fail 100% Essay	Core	15
HS731	Promotion of Oral Health and Prevention of Oral Disease	Work based assessment: Pass/Fail 50% Objective Systematic Clinical Examination (OSCE) 50% SAT	Core	15
Total Year 1				120

Year 2				
HS722	Critical Appraisal and Research Skills	50% Data collection and analysis exercises 50% Research Proposal	Core	30

HS735	Health and Illness	Work based assessment: Pass/Fail 50% Objective Systematic Clinical Examination (OSCE) 50% SAT	Core	30
HS733	Special Needs	Work based assessment: Pass/Fail 30% Objective Systematic Clinical Examination (OSCE) 40% Case Study 30% Case Presentation	Core	30
HS732	Management of Oral Diseases	Work based assessment: Pass/Fail 30% Objective Systematic Clinical Examination (OSCE) 40% Case Study 30% Case Presentation	Core	30
Total Year 2				120
Overall Credits				240

PROGRESSION

- Credit is awarded to the student in recognition of achieved learning at the end of the component. A pass mark of 40% is required for written work and 60% for OSCE, SAT, Case Presentations and Unseen Case examinations to achieve credit.
- Each module has a final module mark which can be derived from course work and/or exam marks, rounded to a whole number.
- Progression is based on passing all assessments and modules. The Board of Examiners will not condone a failure in any element or module in this scheme of study.

PROGRESSION FROM YEAR ONE TO YEAR TWO

- A student is normally permitted to proceed to the second year if they have achieved a pass in each module that is sat at Level One.
- A student who fails to meet the required standard as specified above, shall be deemed to have failed, but may be permitted to resit or resubmit the failed elements, including work based assessments, at the next available opportunity.

- For students who pass an element of assessment on re-sitting or resubmission, their modular mark will be capped based on their aggregate element marks at first submission. Where this modular mark is less than the minimum modular pass mark the modular mark will be capped at the minimum modular pass mark, unless the Board of Examiners decides not to apply capping in the light of extenuating circumstances. A maximum of one resit or resubmission opportunity is permitted for each element of assessment.
- A student who, after reassessment fails to meet the required standard, will be required to withdraw from the scheme.

AWARD OF A FOUNDATION DEGREE

- For each module, the Board of Examiners receives the marks for each element of assessment from which a final aggregate module mark is derived.
- A year mark is derived from the module marks for the purposes of determining degree classifications, weighted in line with the credit value of each module and rounded to a whole number.
- A student is normally permitted to be considered for the award of a Foundation Degree if they have achieved a pass in each module (including both academic and all aspects of work-based assessment).
- A student who fails to meet the required standard as specified above, shall be deemed to have failed, but may be permitted to resit or resubmit the failed elements, including work based assessments at the next available opportunity.
- For students who pass an element of assessment on re-sitting or resubmission, their modular mark will be capped based on their aggregate element marks at first submission. Where this modular mark is less than the minimum modular pass mark the modular mark will be capped at the minimum modular pass mark, unless the Board of Examiners decides not to apply capping in the light of extenuating circumstances. A maximum of one resit or resubmission opportunity is permitted for each element of assessment.

- Each candidate is assigned a classification on satisfactory completion of all modules of the Foundation Degree based on the arithmetic average for Year 2.
- 70% and over: Distinction – in order to obtain a Distinction this number of marks must have been achieved by passing all stage two assessments at the first attempt. Where this is not the case a Pass will be awarded instead.
- 60 – 69%: Merit – in order to attain a Merit this number of marks must have been achieved by passing all stage two assessments at the first attempt. Where this is not the case a Pass will be awarded.

SUMMARY OF VARIATIONS FROM STANDARD RULES OF ASSESSMENT

- Progression is based on passing all assessments and all modules.
- Any failed element may be resubmitted on one occasion only for a capped mark. A fail at second attempt will lead to a requirement to withdraw.
- Work will normally be resubmitted within four weeks of students receiving their marked work. An External Examiner can review both the submission and the resubmission. However, the final decision on when a reassessment should occur lies with the Programme Lead and has to make consideration for allowing the student to be adequately prepared for their reassessment.
- For all OSCE (Objective Structured Clinical Examination) and SAT (Short Answer Tests) the pass mark is 60%.
- All placement/work-based assessments are assessed as pass/fail. They are non-credit bearing but must be passed.

Appendix 2

Memorandum of Understanding between the University of Essex and providers of placements for students on the Foundation Degree in Oral Health Science, University of Essex.

Memorandum of Understanding between the University of Essex and providers of placements for students on the Foundation Degree in Oral Health Science, University of Essex 2017/18.

1. Selection and retention criteria; Placement

Essential	Desirable
Be able to provide the learning opportunity for students to meet the learning outcomes of the course; including access to a cross section of the population i.e. children, adults, the older population and people with special needs.	Facilities and opportunities for students to be able to undertake extra oral OPG radiographic images within the placement setting.
Provide a team working environment; enabling students to work with and learn from a dental team i.e. dentists, a dental therapist and/or dental hygienist and dental nurses.	Students have access to patients who have implant retained restorations to assist in completion of the 'implant maintenance' competence.
Have at least two suitably qualified and experienced dentists, therapists or hygienists who are committed and able to act as a CE in a placement.	
The placement fulfils its responsibilities with regards to current NHS Area, CQC and Health and Safety regulations requirements.	
Facilities and opportunities for students exist to allow them to be able to undertake intraoral radiographic images within the placement setting.	
All clinical procedures undertaken by students on patients within placements must be carried out under the written prescription of a dentist. If the use of local anaesthetic is proposed, the prescription must include details of what local anaesthetic should be used, the method of administration and dose.	

Sufficient instruments are available for students to undertake:	
Hand instrumentation procedures (see appendix 2 for current recommended instrument list, that students are currently taught to use at university),	
Ultrasonic instrumentation.	
Prophylaxis procedures using slow speed handpieces on patients.	
The quantity of instruments available for students within the placement is sufficient to meet both the demand from patient volume and the decontamination arrangements within the placement.	
A hand instrument sharpening stone should be present within the placement.	
For second year students in terms 2 and 3 of their studies, the placement appointment procedures must be flexible enough to enable students to select and treat suitable case study patients within their normal placement working hours in good time for their case study assessment requirements.	
Able to provide 14 hours in placement per week with a minimum of 8 clinical hours	
Will ensure there is opportunity that any missed time by students from placement can be made up	

2. Selection and retention criteria; Clinical Educators (CE)

Essential	Desirable
Have current registration with the GDC as dental hygienist, dental therapist or dentist.	Have previous experience of teaching such as experience as a VT trainer or holding a post graduate teaching qualification.
Be a member of a dental defence organisation	
Have minimum 2 years post qualification experience.	

CV's of all existing and potential CE's must be held on file at the University of Essex prior to commencing activities of a CE.	
Have current employment or self employment in a primary care dental setting.	
Be willing and committed to teaching and career development of dental hygienists.	
Be approachable by students.	
Be capable and able to provide developmental feedback to students.	
Be able to provide an appropriate volume of patient interactions for the student, taking into account the progression, confidence and competence of the student at any given time.	
Should respond to all student clinical and reflective logs within 15 working days of a student uploading a log.	
Must organise weekly tutorials of 1 hour duration with students, these should be informed by the list of tutorial topics previously supplied to CEs and attached as appendix 1. Tutorials should also be used as an opportunity for reviewing student's learning needs, progress and agreeing a schedule for undertaking Direct Observation of Performance assessments (DOPs) and Case Based Discussion assessments (CBDs).	
When undertaking CBDs with students the CE must bear in mind the appropriate learning outcomes for the modules undertaken in that particular term, (located in the relevant modular section within the course handbook).	
Must ensure that students have the opportunity to undertake all the competencies detailed within the course handbook.	
Should ensure that ample opportunities exist for students to use	

both powered and manual instruments for scaling and root surface debridement procedures and to undertake fissure sealants, temporary dressings and recements, radiographs, impressions, LA and topical fluoride procedures.	
Correct and accurate completion of the required work based documentation by the date required by the university per term.	
Supervision of students must include a CE being available for guidance and support prior to each student/patient interaction and the CE seeing a patient treated by a student directly after each student/patient interaction, to ensure timely and focussed feedback for the student, that the prescribed treatment has been undertaken competently and that the future care arrangements of the patient are clarified. The CE should also be available to the student during the course of any student/patient interactions and should use this as an opportunity to view appropriate stages of clinical procedures undertaken by the student.	
Will ensure that any missed time by students from placement is made up	
Attendance by at least one CE from a placement at every bi annual CE meetings (usually Sept/Oct and April each academic year)	
Have a comprehensive understanding of the programme structure and the role the CE plays within this to help ensure that an effective learning environment exists within placement.	
Be supportive to and appreciative of the educational value and ethos of the programme.	

Appendix 1: FdOHSc Placement based core tutorial topic list

Term 1

Infection control
Health and safety
Introduction to Caries
Introduction Periodontal Diseases
Dental materials
Professionalism

Term 2

Clinical governance
Motivation and self-care
Self-esteem and self efficacy
Microbiology and infection
Immunity
Ethical standards

Term 3

Life style factors and oral health to include:
- Diet
- Smoking
- Alcohol
Intermediate level caries
Intermediate level periodontal diseases
Pathology of pain

Term 4

Common medical conditions including:
- Cardiovascular diseases
- Respiratory diseases
- Neurological disorders
- Bleeding disorders
Dental implications of the above
Improving professional standards

Term 5

Providing primary care dental services to people with special needs
- Learning difficulties
- Mental health
- Medically compromised
Managing complex and advanced periodontal diseases

Term 6

Complex and advanced periodontal diseases
Oral lesions
Oral cancer
Oral manifestation of systemic diseases
Swelling of salivary glands

Cysts of the jaw
CPD Portfolio

Notes:

The CEs are encouraged to:

- Add to the list of tutorial topics to reflect his/her personal experience/expertise
- Utilise patient experience as a basis to stimulate discussion and learning

Appendix 2: Recommended Instrument list for Clinical Placements

Probes:

WHO / UNC12 probe

Nabers 2 Furcation (R205)

Scalers (Swallow):

Sickle: H6/H7

204S Mini

Montana Jack R138

Curette: O'Hehir 1-2 (Anterior)

O'Hehir 7-8 (Pre-molar)

O'Hehir 9-10 (Universal)

Langer 1-2 (Mandibular posterior)

Langer 3-4 (Maxillary posterior)

Langer 5-6 (Universal anterior)

*2 sets per student in practice

Ultrasonic tips

- In the Dental Skills Lab we are teaching the students both Piezon (Woodpecker) and Magnetostrictive (Cavitron).

- We would recommend you provide a selection of supra and subgingival inserts / tips

Sharpening Kits

- Swallow PDT Ultimate Edge Transformation kit (1 per practice)



I confirm that I have read and understood the placement criteria for providers of placements on the Foundation degree Oral Health Science, and confirm that my practice will be able to fulfil all essential criteria during the forthcoming academic year, 2017/18.

SIGN: _____ **DATE:** _____

Name (Practice Principal):

I confirm that I have read and understood the Clinical Educator criteria for providers of placement on the Foundation degree Oral Health Science, and confirm that my placement will be able to fulfil all essential criteria during the forthcoming academic year, 2017/18.

SIGN: _____ **DATE:** _____

Name (lead CE at placement):

I confirm that I have read and understood the Clinical Educator criteria for providers of placement on the Foundation degree Oral Health Science, and confirm that my placement will be able to fulfil all essential criteria during the forthcoming academic year, 2017/18.

SIGN: _____ **DATE:** _____

Name (Additional CE at placement): _____

