

THE SAC LOGBOOK FOR RESTORATIVE DENTISTRY AND ITS MONOSPECIALTIES

Introduction

The logbook is required by the SAC in Restorative Dentistry as a record of training and learning during SAC approved programmes for specialist registrars and those with national training numbers in restorative dentistry and its mono-specialties. It is used as part of the assessment as to their suitability for the award of a CCST in the appropriate specialty.

The trainee should maintain the logbook in a loose-leaf format or electronic format. The logbook will need to be made available in paper form to the Specialty Assessment Board in Restorative Dentistry at the time of the Intercollegiate Specialty Examination. The standard format sheets enclosed should be used and duplicated as required.

Trainees must ensure that they comply with the Caldicot Report 1997 and the Data Protection Act 1998 (in force from 01 March 2000) in compiling their information. Patient data must be safeguarded and made anonymous by means of a coding system. This may be in the form of:

- (i) A coding system personal to the trainee – the key to which is not kept with the data
- (ii) A coding system such as the patient's hospital or record number
- (iii) Any other such system as may be advised by the Joint Committee for Specialist Training in Dentistry or the SAC in Restorative Dentistry

Components of the Logbook

The enclosed sheets are designed to provide:

- (i) a record of different training and learning activities,
- (ii) a patient-based record of cumulative experience relevant to all areas of restorative dentistry.

(i) Training and learning activities

The logbook contains a number of individual sheets to record the following training and learning activities:

- Consultant led diagnosis and treatment planning
- Teaching clinics
- Other teaching experience
- Journal/study groups
- Professional courses attended
- Audit
- Research activities
- List of publications

A cumulative list of each area should be kept with start dates and finish dates as appropriate or in the case of journal/study groups/audit/research a yearly report.

The information to be collected for these sheets is as follows:

Consultant-led diagnosis and treatment planning clinics. (Sheet 1)

A cumulative record, in date order, of the clinics attended should be recorded, including joint ones with other dental and medical specialties. This record will include the identity of the Consultant(s), the location and number of the clinics, and the typical pattern of referral to those clinics, using key words as appropriate from the list in Appendix A. A single record sheet per year will be compiled.

Teaching clinics. (Sheet 2)

A cumulative record, in date order, of undergraduate and postgraduate teaching clinics attended should be recorded. This record will identify the number of sessions per term, the clinical specialty, the academic year of the students and the staff/student ratio on the clinics. A single record sheet per year will be compiled.

Other teaching experience. (Sheet 3)

A cumulative record, in date order, of other teaching experience gained should be recorded. Identification of the programme, the recipient groups and the number of contributions made will be kept. Teaching should be divided into the following groups:

1. Undergraduate
2. Internal Postgraduate (including 'Masters' students)
3. Section 63 (Section 2 for Wales and as appropriate for Scotland and N. Ireland)
4. Private Courses
5. Professionals Complimentary to Dentistry (PCDs)

Journal/study groups. (Sheet 4)

Individual dates and amount of time spent are required. Summary details regarding staff attendance and leadership, format and general subject areas should be included. A cumulative record as a single record sheet per year will be compiled.

Professional Courses attended. (Sheet 5)

All courses attended, including management courses should be listed chronologically by course title. Information regarding the organiser(s) of the course, the presenter(s), dates and times should be recorded together with a brief summary. The courses can be identified by:

Clinical relevance

Academic relevance

Management relevance

Overall value of course

The standard and relevance of the courses should be graded according to the categories – excellent, good, satisfactory and unsatisfactory.

Audit. (Sheet 6)

A record of the frequency of audit meetings, including dates and amount of time spent, projects undertaken and completed, and a record of personal involvement must be recorded. An annual report will be presented.

Research activities. (Sheet 7)

This record should include the title of each project, date of commencement and completion, degree of involvement and anticipation of publication.

List of Publications. (Sheet 8)

All authors should be listed, followed by the title of the article, abbreviated according to the style of Index Medicus and Index to Dental Literature; the year of publication; the volume number; and the first and last page number in full.

(ii) Patient-based Records

(a) Case reports

Completed cases should, where practical, be reviewed with the training Consultant concerned. The Consultant's comments should be more than just a note of the adequacy of treatment, e.g. they should include comment concerning case discussion for study club, review of the literature, need for further training, and possibility of publication.

Mini case reports must be documented demonstrating treatment performed throughout training. Depending upon the training programme, the numbers and categories of reports should be completed as follows:

RESTORATIVE DENTISTRY SPECIALTY

- Fixed prosthodontics 5 cases
- Removable prosthodontics 5 cases
- Periodontics (including surgical, 1 to be a graft) 5 cases
- Endodontics (including surgical) 5 cases
- Implantology 5 cases,
to include 1 complete removable case, 1 fixed complete arch case,
1 single tooth, 1 short span fixed case and 1 more of any of the above.
One case should involve fixture placement.
- In addition to the above, 10 cases of multi-disciplinary care within Restorative Dentistry.
- 5 cases involving joint management with other dental and/or medical specialties. Including:
 - treatment under general anaesthesia.
 - treatment under inhalation and intra-venous sedation.
 - treatment of special care patients, including those with development disorders and learning disabilities, physical, sensory and cognitive impairment, mental illness and medically compromised.

MONOSPECIALTIES

ENDODONTICS

25 cases including:

- Non surgical root canal treatment
- Non surgical root canal retreatment
- Periradicular surgery
- Trauma
- Deciduous teeth
- Restoration of the root filled tooth

FIXED AND REMOVABLE PROSTHODONTICS

25 cases including:

- Complete dentures
- Partial dentures
- Overdentures
- Obturator
- Crowns
- Inlays/Onlays
- Veneers
- Bridges
 - Conventional
 - Resin retained
- Implant restorations
 - Complete removable
 - Fixed complete arch
 - Fixed short span
 - Single tooth

PERIODONTICS

25 cases including:

- Non-surgical
- Surgical
 - Gingivectomy
 - Open flap curettage
 - Guided tissue / bone regeneration
 - Grafting
 - Root resections
- Antimicrobial therapy
- Implant placement

These short case reports should include:

- demographic details
- diagnosis (es)
- treatment plan
- treatment provided
- any changes to treatment, including justification
- outcomes of treatment
- maintenance
- educational value

It is not necessary to include photographs or radiographs with these cases. Each report would be a maximum of two sides single spaced A4 paper.

Each report is to be commented on, including an indication of the difficulty of the case, and signed by the supervising Consultant.

Although the logbook will remain the property of those to whom it has been issued it will be required that it is presented to the consultant in charge of their programme on a biannual basis for review and comment. The trainee or the consultant in charge of the programme may request a review by the SAC for advice or comment.

Trainees should be aware that the logbook forms part of the Intercollegiate Specialty Fellowship Examination (Restorative Dentistry).

Case reports are required in the Membership in Restorative Dentistry (Monospecialties). It is the responsibility of the trainee to be aware of the requirements for these examinations.

Cumulative patient based records - personal treatment clinics

The range of clinical experience is recorded by maintaining a cumulative record of the number of treatment procedures undertaken within specified categories. The following listings are not considered to be totally prescriptive, if further detail to an entry is considered appropriate this can be added.

<u>ENDODONTICS</u>	<u>UNITS</u>
Non surgical endodontics	
Non surgical root canal treatment	
Single canal	___
Multirooted	___
Pulpotomy	___
Apexification	___
Apexogenesis	___
Non surgical root canal retreatment	
Single canal	___
Multirooted	___
Dismantling of coronal restoration	___
Removal of post	___
Repair of perforation (internal)	___
Use of matrix	___
Removal of fractured instrument	___
Periradicular surgery	
Surgical root canal treatment	___
Repair of perforation	___
Root resection	___
Periradicular curettage	___
Guided tissue regeneration	___
Trauma	
Treatment of fractured root	___
Inflammatory resorption	___
Re-implantation	___
Deciduous teeth	
Non vital pulp therapy	___
Vital pulp therapy	___
Restoration of root filled tooth	
Post retained crown	
Cast	___
Prefabricated	___
Core build up	___
Others	___

FIXED PROSTHODONTICS**UNITS**

Crowns:	Metal ceramic	___
	Gold	___
	Porcelain	___
	Others	___
	Post and cores: direct	___
	Post and cores: indirect	___
	Full arch reconstruction	___
Bridges:	Resin bonded: cantilever	___
	fixed – fixed	___
	hybrid	___
	Conventional: cantilever	___
	fixed – fixed	___
	fixed – moveable	___
Veneers:	Labial	___
	Palatal	___
Inlays / Onlays:		___
Basic Conservation – Amalgam		___
	Resin Based	___
	Glass Ionomer	___
Others:		___

IMPLANTS**UNITS**

First Stage Surgery		
	Immediate placement	___
	Bone grafting	___
	Delayed placement	___
Second stage		___
Overdentures		___
Fixed bridge	- full arch	___
	- short span	___
Crown		___

PERIODONTICS

UNITS

Gingivitis	___
Chronic Adult Periodontitis	___
Aggressive Periodontitis	___
Surgical Procedures	
Gingivectomy	___
Surgical Pocket Therapy	___
GTR / GBR	___
Muco-gingival procedures	___
Crown Lengthening	___
Root resection	___
Chemotherapy	
Systemic	___
Topical	___
Maintenance Care	___
Occlusal Therapy	___
Splinting	___
Others	___

REMOVABLE PROSTHODONTICS

UNITS

Complete Dentures	Conventional	___
	Copy	___
	Immediate	___
	Hard reline	___
	Soft lining	___
Partial Dentures	Acrylic	___
	Cobalt- Chrome	___
	Onlay	___
	Sectional	___
	Precision retained	___
Overdentures	Simple	___
	Precision attachment	___
Obturator		___
Occlusal Splints		___
Others		___

	<u>No of Cases</u>
<u>TREATMENT UNDER GENERAL ANAESTHESIA</u>	___
<u>TREATMENT UNDER INHALATION SEDATION</u>	___
<u>TREATMENT UNDER INTRA-VENOUS SEDATION</u>	___
<u>TREATMENT OF SPECIAL CARE PATIENTS</u>	
Developmental disorders	___
Learning Disability	___
Physical Impairment	___
Sensory Impairment	___
Cognitive Impairment	___
Mental illness	___
Medically compromised	___
Others	___

Some trainees may have a particular interest in specific areas of Restorative Dentistry and may choose to provide further summaries in these areas of interest.

1. Consultant-led diagnosis and treatment planning clinics (including Joint Clinics) attended from / / to / / .

Hospital	Clinic Type / Specialty	Consultant Responsible	Description of broad areas of referral (see Key Words from Appendix A)	Number of attendances by trainee

2. Teaching clinics

Hospital	Clinical Specialty	UG/PG & Year	No of Students Supervised	Staff/Student Ratio	No. of Sessions

3. Other Teaching Experience

	Date	Venue	Type of teaching /Details
Undergraduate			
Internal Postgraduate			
Section 63 / 2			
Private Courses			
Professionals Complimentary to Dentistry			
Others Professionals/ Groups			

4. Journal / Study Groups

Date	Staff Attendance	Year of Training	Study Topic	Format

5. Professional Courses Attended

Course Title	
Date(s) of Course	
Venue	
Topics Covered	
Speakers	
Clinical relevance	
Academic relevance	
Management relevance	
Overall Value of Course	Excellent Good Satisfactory Unsatisfactory

6. Audit

Date of meeting	Duration of meeting	Projects discussed	Personal projects undertaken with outcome

7. Research Activities

Title of Project	Date of Commencement	Date of Completion	Degree of personal involvement	Anticipation of publication

8. List of Publications

Title of paper	Authors	Journal Title	Year of publication	Volume number	Page numbers

9. Cumulative Patient Record

Patient Details	
Consultant / Unit	
Diagnosis (es)	
Start date	
Completion date	
Procedure undertaken / No. of items	

APPENDIX A

RESTORATIVE DENTISTRY REFERRAL CATEGORIES FOR CONSULTANT CLINICS

Behavioural problems

Bridge problems - Conventional
- Adhesive

Cleft lip and palate

Combined restorative treatment

Denture problems - Complete
- Removable Partial Denture

Dental phobia

Developmental anomalies – medical / skeletal / tooth

Endodontics - Non-surgical – previously untreated
- Non-surgical - retreatment endodontics
- Surgical

Hypodontia

Implants

Management of occlusion

Medically compromised patients

Mental health problems

Oncology

Oral Medicine

Pain diagnosis

Patients with learning difficulties

Periodontics - Non-surgical
- Surgical

Perio-endo lesions

Routine restorative care

Special Care

Temporo-mandibular dysfunction

Toothwear

Traumatic injuries

Other

Transferable Skills and Personal Qualities

The following list represents the main skills and qualities which every graduate trainee is expected to develop. The definitions are guidelines and are not intended to be strictly definitive or exhaustive. Development of the skills will be assessed formatively by trainers and feedback given to the trainee.

1. **Oral Communication**
The ability to present ideas and information clearly, concisely and convincingly to another person, group or audience. To apply presentational techniques, including the use of visual aids, for effective expression, when appropriate.
2. **Written Communication**
The ability to present and elucidate ideas and information clearly, concisely and in logical sequence, to the reader.
3. **Project Management**
The ability to set objectives and define priorities, to optimise time and resources, taking into account short term and longer term aims. The ability to modify objectives in the light of information.
4. **Teamwork Skills**
The ability to work as part of a team, to relate to a range of people, and to give and receive feedback/criticism in a positive and constructive manner.
5. **Initiative**
The ability to initiate action, to see things through, to take decisions and to accept responsibility.
6. **Enterprise/Innovation/Commercial Awareness**
The ability to generate and develop ideas and proposals and to find cost effective ways for their successful implementation.
7. **Analytical Skills**
The ability to assimilate information from a number of sources, to sift the relevant from the irrelevant, and thereby to present a critical analysis of the situation.
8. **Assertiveness**
To play a full part in activities. To have confidence in one's own abilities and judgement, to be able to state one's own position, and to defend arguments (but see 9).
9. **Interpersonal skills**
To be sensitive to the ideas, attitudes and feelings of others. To win respect and trust, and to encourage and motivate others.

10. **Numeracy**

To make effective use of numerical information using simple graphical, statistical and computer based techniques

(These guidelines are reproduced with acknowledgement to the University of Birmingham).