

Research Audit Credit

Prevention and Treatment of Periodontal Diseases

in Primary Care

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| **Instructions** |

In order to claim research audit credit hours after completing **both** of the *Prevention and Treatment of Periodontal Diseases in Primary Care* study questionnaires, you are required to complete a reflective report that includes action planning to overcome barriers for 3 of the recommendations. **Templates for the reflective report and action plans are available on the SDPBRN website under Research Audit Hours, SDPBRN Research Audit Portfolio Projects. Please download and use these templates.**

This report must be submitted to [SDPBRN@nes.scot.nhs.uk](mailto:SDPBRN@nes.scot.nhs.uk) within 4 weeks of you returning your completed second questionnaire in order for your research audit credit to be progressed.

It is entirely up to you if you wish to claim or not the research audit credit awarded with the participation in this study. If you do not wish to claim research audit credit hours, it is still important that you complete the questionnaire.

After you have submitted your reflective report and copy of action plans to SDPBRN you will receive an email confirming its receipt and details of the next steps in the approval process.

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| **Content of Reflective Report** |

In the context of following the SDCEP guidance recommendations when managing patients with periodontal diseases during routine care:-

* Select 3 of the 4 recommendations listed below for discussion in the reflective report:-
* Delivering OHI to patients - Oral hygiene TIPPS video <http://www.sdcep.org.uk/?o=3280>;
* Carrying out a BPE on a dentate patient at routine examinations;
* Conducting a full periodontal examination;
* Discussing smoking with patients.
* Reflect on these aspects for each of your 3 selected recommendations:-
  + The facilitators and barriers to following these recommendations for you and within the practice;
  + The next steps you will take for change to better compliance in your current practice;
  + The effect of following the recommendations in your future practice;
  + The overall learning you have experienced by participating in this research project.
* **Complete** all sections of the reflective report.

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| **Further information** |

If you require any further information about the research audit credit, please contact:-

Mrs Lorna Barnsley, SDPBRN Administrator,

NHS Education for Scotland,

Dundee Dental Education Centre,

Small’s Wynd,

Dundee,

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Telephone: 01382 740912

E-mail: [SDPBRN@nes.scot.nhs.uk](mailto:SDPBRN@nes.scot.nhs.uk)

**Reflective Report**

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| **Details of Research Audit Applicant** | | | | |
| Name:- | | | GDC Number:- | |
| Return date of questionnaire (Date/Month) | \_ \_ /\_ \_ | Date of submission  (Date/Month) | | \_ \_ /\_ \_ |
| **Reflective Report** | | | | |
| Please write a short paragraph about following the guidance recommendations when managing patients with periodontal diseases during routine care. Select 3 of the recommendations:- | | | | |
| **Recommendation 1** | | | | |
| Describe the facilitators to following this recommendation for you and within the practice *(unlimited character field, text box will expand automatically)* | | | | |
| Describe the barriers to following this recommendation for you and within the practice *(unlimited character field, text box will expand automatically)* | | | | |
| Outline the next steps you will take for change to better comply in your current practice *(unlimited character field, text box will expand automatically)* | | | | |
| **Recommendation 2** | | | | |
| Describe the facilitators to following this recommendation for you and within the practice *(unlimited character field, text box will expand automatically)* | | | | |
| Describe the barriers to following this recommendation for you and within the practice *(unlimited character field, text box will expand automatically)* | | | | |
| Outline the next steps you will take for change to better comply in your current practice *(unlimited character field, text box will expand automatically)* | | | | |

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| **Recommendation 3** |
| Describe the facilitators to following this recommendationfor you and within the practice *(unlimited character field, text box will expand automatically)* |
| Describe the barriers to following this recommendation for you and within the practice *(unlimited character field, text box will expand automatically)* |
| Outline the next steps you will take for change to better comply in your current practice *(unlimited character field, text box will expand automatically)* |
| **Future practice** |
| Appraise how participating in this research project will have an effect your future practice *(unlimited character field, text box will expand automatically)* |
| **Overall learning experience** |
| Reflect on your dental care to patients with periodontal diseases by discussing your overall learning experience by participating in this research project *(unlimited character field, text box will expand automatically)* |

**Please send a copy of this Reflective Report to** [**SDPBRN@nes.scot.nhs.uk**](mailto:SDPBRN@nes.scot.nhs.uk)