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**QI (Research) Activity reflective report**

**The Prevention and Management of Dental Caries in Children**

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| **Instructions** |

In order to claim your QI (Research) hours you must complete **both** of the *The Prevention and Management of Dental Caries in Children* study questionnaires, develop and implement action plans for improvement and complete this reflective report.

This report and a copy of your action plans must be uploaded onto the NES Portal within 4 weeks of you returning your completed second questionnaire in order for your QI (Research) hours to be processed. Once uploaded your report will then undergo the approval process. **Please note that a maximum of 7 QI (Research) hours can be claimed in each 3-year QI cycle.**

**It is entirely up to you if you wish to claim or not to claim the QI (Research) hours awarded with the participation in this study.** If you do not wish to claim QI (Research) hours, it is still important that you complete the questionnaires.

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| **Content of Reflective Report** |

In the context of following the SDCEP recommendations in the Prevention and Management of Dental Caries in Children guidance:

* **Select the 3 recommendations included in the questionnaire, which you developed action plans for improvement in Stage 2 of the study. Examples you may have selected are listed below:**

1. For all children, place fissure sealants on the permanent molars as early as possible after eruption
2. For all children over 2 years of age, apply sodium fluoride varnish at least twice per year
3. Advise all children and their parent/carer about how a healthy diet can help prevent caries
4. Provide all children with personalized oral health promotion advice
5. Encourage and support all children to brush their teeth, or have their teeth brushed for them, at least twice a day using fluoride toothpaste
6. Assess every child's risk of developing caries
7. Take bitewing radiographs every two years (or, if the child is at increased caries risk, every 6-12 months)

* **For each of your 3 recommendations, reflect on:**
  + The barriers and facilitators to following these recommendations in your practice
  + The next steps you will take for change to better compliance in your current practice
  + The impact of following the recommendations for 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 QI (Research) hours, please contact:



Mrs Lorna Barnsley, SDPBRN Administrator,

Telephone: 01382 740912; E-mail: [SDPBRN@nes.scot.nhs.uk](mailto:SDPBRN@nes.scot.nhs.uk)

**Reflective Report**

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| **Details of QI (Research) Applicant** | | | | |
| Name: | | | GDC Number: | |
| Return date of second questionnaire (Day/Month/Year) | \_ \_ /\_ \_/\_ \_ | Date of submission to Portal  (Day/Month/Year) | | \_ \_ /\_ \_/\_ \_ |
| **Reflective Report** | | | | |
| For each of your 3 recommendations, please use the questions below to report your reflections about the Prevention and Management of Dental Caries in Children and your plans for improvement. | | | | |
| **Recommendation 1** | | | | |
| Describe the barriers to following this recommendation for you and within the practice *(unlimited character field, text box will expand automatically)* | | | | |
| Describe the facilitators 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 barriers to following this recommendation for you and within the practice *(unlimited character field, text box will expand automatically)* | | | | |
| Describe the facilitators 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 3** | | | | |
| Describe the barriers to following this recommendation for you and within the practice *(unlimited character field, text box will expand automatically)* | | | | |
| Describe the facilitators 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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| **Future practice** |
| Appraise how participating in this research project will have an effect on your future practice *(unlimited character field, text box will expand automatically)* |
| **Overall learning experience** |
| Reflect on how you prevent and manage dental caries in children by discussing your overall learning experience of participating in this research project *(unlimited character field, text box will expand automatically)* |

**Please upload this Reflective Report, along with your Action Plans via the ‘Your QI Projects’ Panel on the NES Portal no later than 4 weeks after you have returned your second questionnaire to the research team.**