**Research Audit reflective report**

**THE ORAL HEALTH MANAGEMENT OF PATIENTS AT RISK OF**

**MEDICATION-RELATED OSTEONECROSIS OF THE JAW (MRONJ)**

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| **Instructions** |

In order to claim your research audit credit for 3 clinical audit hours you must complete **both** of the *Oral Health Management of Patients at Risk of Medication-Related Osteonecrosis of the Jaw* study questionnaires, develop and implement action plans for improvement and complete this reflective report.

**Please use the templates provided on the SDPBRN website under Research Audit Hours, SDPBRN Research Audit Portfolio Projects to prepare your action plans and reflective report.**

The information you provide in your action plans and reflective report will be kept confidential. Anonymised information may be analysed to help inform quality initiatives in NHS primary care dental practice. It will not be possible to identify you or any of your patients in any report or other publication arising from this audit.

This report and a copy of your action plans must be submitted to [SDPBRN.Audit@nes.scot.nhs.uk](mailto:SDPBRN.Audit@nes.scot.nhs.uk) within 4 weeks of you returning your completed second questionnaire in order for your research audit credit to be progressed. After you have submitted these to SDPBRN you will receive an email confirming their receipt and details of the next steps in the approval process.

**It is entirely up to you if you wish to claim or not to claim 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 questionnaires.

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| **Content of Reflective Report** |

In the context of following the SDCEP guidance recommendations when managing patients at risk of medication-related osteonecrosis of the jaw:

* **Select the 3 recommendations from those listed below for which you developed action plans for improvement in Stage 2 of the study:**
* Assessing patient risk
* Recording patient risk
* Advising patients about the risk associated with their medication
* Giving personalised preventive advice to help the patient optimise their oral health
* Perform straightforward extractions in primary care
* Do not prescribe antibiotic or antiseptic prophylaxis following extractions and other bone impacting treatments specifically to reduce the risk of MRONJ
* Review healing following treatment within 8 weeks
* **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 research audit credit, please contact:

Mrs Lorna Barnsley, SDPBRN Administrator,

NHS Education for Scotland,

Dundee Dental Education Centre, Small’s Wynd,

Dundee, DD1 4HN

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 (Day/Month/Year) | \_ \_ /\_ \_/\_ \_ | Date of submission  (Day/Month/Year) | | \_ \_ /\_ \_/\_ \_ |
| **Reflective Report** | | | | |
| For each of your 3 recommendations, please use the questions below to report your reflections about managing the oral health of patients at risk of medication-related osteonecrosis of the jaw (MRONJ) and your plans for improvement.  Select 3 of the recommendations: | | | | |
| **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)* | | | | |

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| **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 your future practice *(unlimited character field, text box will expand automatically)* |
| **Overall learning experience** |
| Reflect on how you manage the oral health of patients at risk of medication-related osteonecrosis of the jaw 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.Audit@nes.scot.nhs.uk**](mailto:SDPBRN.Audit@nes.scot.nhs.uk) **no later than 4 weeks after you have submitted your second questionnaire.**