



**NATIONAL DENTAL ACCREDITATION**

**PROGRAM**

**ASSESSOR TRAINING**

**WORKBOOK**

**1.0 OVERVIEW (TASK 1)**

Quality Assurance Agencies (QAAs) across the globe with a few exceptions follow the practice of assessing, Health care delivery centers, with the help of a team comprising of external peers. The team is normally constituted in consultation with the institution concerned soon after its application is received by the QAA. In case of NDAP the composition and the size of the team depends on the nature of the clinic, the number of dental chairs and services it provides, and its geographic location. Each team has a membership that is national. Generally in the case of NDAP, the assessor and if necessary a team of assessors is chosen from the state or from states other than that to which the clinic belongs. They are experts and professionals chosen from the professionals who have undergone the special NADP training.

Whether a one, two or more members or a larger team carries out the assessment, if a team is appointed than a Chairperson will be placed in overall charge of the Peer Team.

Depending upon the circumstances, the team may include experts with specialized backgrounds, observers from industry and/or other employment sectors. Some of the QAAs for example AUQA have an international expert on the team as observer. In some there is a member from the industry or other stakeholders as an observer on the team. Even NAAC for example has an observer from the industry or other user agencies, on its re-accreditation/ second cycle visits. Generally the observer is included on the team to cater to specific requirements.

**1.2 PRINCIPLES FOR EFFECTIVE ASSESSMENT: PRACTICE**

The principles for effective assessment as stated above are to be practiced by the assessor through the assessment process. He or she may do it through approach, behavior, inter-personal rapport and professionalism in performance. Some of the attributes, which may help an assessor to be successful, are detailed below:

**1.3 Acceptability**

Acceptability is public or fraternity approval of a person. A person may be acceptable for several reasons such as reputation, achievement, geniality or charisma, the quality which easily attracts many. The acceptability of an assessor does not depend so much on these as on the confidence he or she generates in the minds of the people of the assesse clinic. While soundness of scholarship and maturity of observation win the admiration of many, confidence building depends largely on behavioral impact. Those which contribute to confidence building are:

* the impression that the assessor is fair-minded and sympathetic while making a decision or pronouncing judgment;
* patient listening and thoughtful speaking;
* genuine concern for developing the institution with helpful suggestions;
* positive and optimistic outlook that subdues possible fears and suspicions: and
* Absence of any adverse communication or behavior which easily alienates the audience.

**1.4 Transparency**

The functioning of an assessor would be acceptable when he/she is

* free and frank in judgment, but not blunt or prejudiced; both inhibit transparency;
* an effective communicator who can dispel fear, remove uncertainties, clarify issues and convince by direct plain speaking, and
* An objective thinker who goes by authentic facts and not by impressions.

**1.5 Empathy**

One who practices empathy makes other’s cause as one’s own. An assessor who is empathetic desires the institution he or she assesses to be as good as one’s own, if not better. Such identification avoids:

* a magisterial fault-finding inclination; in which case there can be no empathy because the two are on unequal planes;
* condescension, which precludes sharing as peers (one is looked upon as having all and the other having nothing); and
* Judgment by external standards which threatens rather than encourages; and it inhibits rather than promotes initiative.

Empathy, however, is not emotional involvement. Sympathy and pity may be personal and emotional but empathy is not. It does not

* allow judgment to be partial, favorable or condemnatory; and
* Let one forget that one is a peer, in whatever capacity one may operate.

**1.6 Objectivity**

One who is objective and is not influenced by personal feelings or opinions, considering only facts. This is an element of transparency. Often assessors find it difficult to be objective and justifiably so, because of the complexity of the educational scenario. They are expected, to deal with different types of clinics, different emphases of goals, and diverse objectives. They themselves have diverse backgrounds. It is easy for them to be influenced by reports, impressions and pronouncements made by others. It is this that often leads to

* inconsistency in assessment by the same assessor at different clinics;
* inter-team variance;
* intra-team variance;
* false or inadequate validation of claims made in an report;
* undermining the trust and confidence of an institution in a given team; and to
* Loss of credibility.

Objectivity largely depends on:

* reliance on facts , figures and calculations before a decision is taken;
* transparency ;
* study of optimal data and making a critical analysis;
* authentic evidence to justify validation and overall assessment; and
* Rigor of application of mind.

**1.7 Credibility**

Credibility is nothing but trust or faith. It is an intangible quality but it relies on tangible evidence in order to exist. Credibility operates on different levels. There is credibility of the person (reliability of character); of work (genuineness as distinct from shoddiness); and of method.

Credibility:

* makes assessment easy;
* makes it acceptable to others without reluctance;
* triggers positive action for the benefit of the assesse; and
  + Helps sustain quality of performance.

Credibility can be promoted by

* + not only being fair in assessment but by also being seen to be fair in processes which lead to it; and by
  + All other behavioral and performativity aspects.

**2.0 INTRODUCTION**

***“Quality is the essence and essential element of good clinical practice”.*** Assessment and evaluation of a clinic is intended to be a means to document its quality of Oral Health Delivery methodology and OHCP’s effectiveness. Fostering clinic improvement and demonstrating its accountability are complementary processes that assure the quality standards. The validity of such an assurance depends on many dimensions of assessment. Without a clear sense of the purpose of assessment, knowledge of what is to be assessed, and an understanding of how the results of assessment would be used, assessment efforts may often become an end in itself. If the results of an assessment are not useful even after the inspection process-- for planning and arriving at reflective decisions, accredited health delivery clinics and hospitals would only be data-rich and response-poor centers.

***The Indian Dental Association, a watchdog of quality standards in Dentistry, is acutely aware of this situation and has created the National Dental Accreditation Program (NDAP), NOT TO DOLE OUT accreditation but to change the work culture prevailing in the dental clinics across India.***

2.1. Objectives

After reading this module and completing the reflective and application exercises suggested at the end of each chapter, the reader will be able to:

* Explain the importance of the process of Assessment and Accreditation
  + Describe the variations in the approaches of different QAAs to the process of Assessment and Accreditation
* List the roles and responsibilities of an assessor/auditor
  + Discuss role of the host clinic’s and other stakeholders in the assessment exercise Explain the techniques for effective and objective assessment
* Describe the process of the Clinic’s assessment and accreditation
  + Speak knowledgeably about the goals and objectives of the process assessment and accreditation
* Work in a team by understanding the group dynamics
  + Play the role of an assessor effectively and complete the process of assessment, with least faulting
  + Identify strengths and weaknesses of the clinic, in order to prepare a checklist for verification
  + Make an objective assessment of the institutional quality, arrive at an objective judgment and write a corroborating assessment report
  + Participate in an effective assessment exercise of a QAA Communicate effectively by writing useful reports
  + Demonstrate the competencies required for making a fair and unbiased judgment of the quality

2.2 Coverage of the module

This module addresses the following aspects:

* + Principles to be adopted for External/Third-party assessment
  + Structure and composition of a Peer Team
  + Roles, responsibilities and professional ethics required of assessors/auditors
  + Skills and competencies to be acquired by assessors/auditors

The performance of assessors determines the course of development of OHCP towards excellence, a close reading of the handbook can help you to have a clear idea of the concepts and processes of assessment and of the skills and competencies required of an assessor. You may use this module for self-learning or as a training material for orienting clinic’s staff members and managements. It is advocated that you also share this document with all those who are concerned with quality standards.

2.3 METHODS OF QUALITY ASSUARANCES

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| **Country &**  **Quality**  **Assurance**  **Agency** |  | **Methodology** | **Outcome** | **Validity period**  **and follow up**  **actions** | | |  |
| **Criteria of**  **Assessment** |  |
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| USA  CHEA, which  accredits the  accreditation  agencies, and  the  accreditation  agencies  which assess  and accredit  the HEIs UK  QAAHE | Based on the  standards/  criteria set by  the  accreditation  agency, the  Institution  prepares a  performance  Summary.  The QAAHE  has set out  guidelines on  good practices and  the principles  that the  institutions  Should satisfy.  Based on  these codes  of practices  the Institution  prepares and  submits the  self-  evaluation  Documents. | A group of external  Experts/Peers  appointed by the  accreditation agency  reviews the report  submitted by the  institution and requests for further information  Wherever necessary.  The Peer Team  undertakes an Onsite’  visit to the Institution  for validating the  claims made by the  Institution.  A group of Peers  appointed by the  accreditation agency  reviews the self-  evaluation documents  prepared by the  institution and requests for further information Wherever necessary.  Institutional audit  consists of a  comprehensive  scrutiny of the internal quality assurance  mechanisms and  validation of the claims  Made by the institution. The assessment process also involves  interactions and  involvement of all  Stakeholders. | Based on the  report of the  Peer Team,  the  accreditation  agency either  confers or  denies  accreditation  to the  Institution.  The audit  team gives its  judgment  either as  “broad  confidence”,  or “limited  confidence”  or “no  confidence” | There is an  external review  which takes place every few years to once in 10 years | | |  |
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| Year cycle. Based | | |  |
| on the judgment, | | |  |
| however there | | |  |
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**2.4. The Process**

The scheme of assessment and accreditation as adopted by NDAP, is expected to help Clinics to carry out their SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis which will enable them discern how to make their Oral Health Care Delivery more useful to both the patients and the attending staff. On the whole, assessment and accreditation is expected to act as an instrument to raise the quality of the patent care and to help them use their infrastructure optimally and professionally. As the whole process of assessment and accreditation revolves round the clinic’s health care delivery systems, the primary role in the assessment and accreditation process lies with the individual OHCP himself.

Though there are various stages in the process of assessment and accreditation, the process of **(a) self-assessment** and **(b) validation by external Peer Teams** are the two important common elements of the procedures adopted by the QAAs across the world.

1. ***Self-assessment:*** The self-assessment process, which is the first step in assessment andaccreditation, emphasizes on *‘building for the future’* through a review of the institutional performance, based on an understanding of its existing strengths and weaknesses. While preparing for self-assessment, the institution needs to fulfill the following three essential requirements:
   * + The self-assessment process needs to be collaborative and participative. In this process the clinic involves all its employees, as well as patients, community representatives and other stakeholders.
     + The process should be authentic in analyzing the strengths and weaknesses of the clinic. It is not an exercise, however efficient, in creating a document just to satisfy the visiting Peer Team.
     + The process should be able to rejuvenate the clinic and inculcate a passion amongst all concerned, for an effective understanding of its identity with reference to its claims for quality work and institutional excellence.

Based on the NDAP assessment framework, OHCPs desiring accreditation are required to fulfill certain threshold-level requirements and submit self-assessment report/institutional information prepared along the guidelines of the NDAP Standards. The OHCP’s efforts to prepare its self-assessment report will be an intensive but self-rewarding exercise. Specific manuals/formats prescribed by the NDAP for the maintenance of uniformity in OHCP self-assessment reports lay clear emphasis on a set framework, by reference to which the current level of quality of an Oral Health Care Delivery is expected to be appraised. The form of presentation and the data provided in these reports are crucial both to the clinic and the NDAP Program. This initial exercise for the accreditation process is vital and used to start modifying the Health Care Delivery by the OHCP. It is a step towards quality and accountability.

Contrary to the other QAAS worldwide including the Indian NABH and NAAC, NDAP will only initiate the accreditation process after the OHCP demonstrates evidence of adopting the new standards. In other accreditation programs, since they have not adopted the new standards, the institutes, clinics and hospitals continue with the older inefficient and ineffective practices.

*b)* ***Validation by External Peers and Final Outcome*:** On receipt of the application and evidence of adopting the standards, the NDAP undertakes an ‘in-house’ analysis of the report for its completeness and Clinics eligibility. For the eligible institutions, Peer Team visits are organized. Depending on the size of the institution and the policy of the QAA, the institutional on-site visit varies from three to five days. The onsite visit will normally result in a detailed team report, highlighting the strengths and areas of concern of the institution. The draft report of the team will be shared with the institution to ensure accuracy of institutional data/information, either by the end of the onsite visit or a few days later depending on the policy of the QAA executing the exercise. On receipt of the consent of the institution it is processed by the QAA for institutional

**3.0 Overview of Assessor Training Program**

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| **Modules** | | **Approximate duration** |
| 1 | Planning the assessment process | 3 hours |
| 2 | Assessing competence | 3 hours |
| 3 | Developing assessment tools | 3 hours |
| 4 | Reviewing and validating assessment | 1 hour |
|  |  | Total: 10 hours |

**3.1 Notes on duration of each module**

Times allocated to each module within this training program are based on a ratio of one presenter to 15 learners. Larger groups may require additional time to be allocated to each module to allow for effective learning.

Completion of assessment tasks has been factored into the hours allocated to each module.

**3.2 Notes on delivery of each module**

Suggested delivery strategies are outlined within each module. These delivery strategies are not compulsory, and presenters have the flexibility to modify the delivery of the modules to suit the particular group.

**3.3 Presenter and assessor requirements**

Presenters of the Assessor Training Program should have:

* successfully completed an assessor training program –NDAP CERTIFICATION
* Successfully completed a course presenter, workplace trainer or presentation skills course.

**3.4 Recognition of Prior Learning/Current Competence**

Participants undertaking this training program are able to apply for Recognition of Prior Learning/Current Competence (RPL/RCC). RPL/RCC will be granted when all the stated competencies and related learning outcomes of this training program have been met.

**4.0 INTRODUCTORY ACTIVITY:**

**a) FIND YOUR PARTNER:-- TASK 1**

From a box each participant will pick a character drawing, and move in the hall to find the partner. For example Mickey Mouse and Minnie Mouse. They will introduce each other and sit jointly on the table.

**b) PREREQUISITS FOR AN ASSESSOR TASK 2**

1. SKILLS AND BACKGROUND:
2. Technical expertise
3. BDS COMPLETION YEAR –
4. MDS completion year –
5. Other skills acquired (specify) –
6. Familiarity with clinical environment
7. Years in practice –
8. Years in college/ hospital –
9. Years in specialty practice –
10. Knowledge of record keeping
11. Manual records YES / NO
12. Have you designed your own case paper for your clinic? (sample if possible) – YES/ NO
13. Electronic records YES / NO
14. Do you use PMS? YES/ NO
15. Developed your own PMS? YES/ NO
16. Have you any experience for data collection, deduction, analysis and reporting technique and requirements?
17. Have you analyzed your own PMS data? YES/ NO

Give details:

1. Are you familiar with methods of QA/QC requirements? YES/ NO
2. Are you fully aware with the normal and advanced, new and old clinical practices? YES/ NO
3. Are you able to recognize in appropriate practice? YES/ NO
4. Are you able to rectify and tech how to rectify the inappropriate practice? YES/ NO
5. Are you familiar with the national and state regulations for dental clinics? YES/ NO
6. Are you familiar with the techniques to create checklist for evaluating clinical practice? YES/ NO
7. Do you have knowledge of quality systems? YES/ NO
8. Are you legible and clear in verbal and communication skills? YES/ NO
9. Are you familiar with computer skills to analyze and recognize files? YES/ NO
10. **Assessor personal attributes: TASK 3**
11. Sense of fairness
12. Ability to communicate with personnel of different job descriptions and personality types
13. Personal integrity, confidence and leadership
14. Ability to focus on task at hand
15. Sense of order and planning ability
16. Use a set of drugs of different expiry date and different frequency of use. Ask the assessor to arrange these medicines appropriately.
17. Strong personality – not easily angered
18. Role playing - Ask another assessor to be an apprentice and repeatedly ask him to make mistakes. The assessor being assessed should be given a time limit for completing the task?
19. Technical curiosity and skepticism
20. Role playing - Ask another assessor to be a MR for a dental product introducing a new material, the assessor who is to be assessed is asked to evaluate the product which is being projected by the MR.
21. Is the assessor detail oriented?
22. Role playing - Ask another assessor to act as sterilizing nurse and ask assessor to inquire about the sterilization process.
23. Willingness to teach when inappropriate practice is being done.
24. Role playing – the assessor who is role playing will take unequal quantity of base and catalyst paste for mixing.

4.1  **SHARPEN YOUR SKILLS:-- TASK 4**

1. SOME MONTHS HAVE 30 DAYS WHILE OTHER MONTHS HAVE 31 DAYS. HOW MANY MONTHS HAVE 28 DAYS?
2. IF A DOCTOR GIVES YOU 3 PILLS AND TELLS YOU TO TAKE THE PILLS AT EVERY HALF AN HOUR. HOW LONG WILL IT BE TILL ALL THE PILLS ARE TAKEN?
3. I WENT TO BED AT 8 O'CLOCK IN THE EVENING AND WOUND UP MY ALARM CLOCK TO SET IT TO SOUND AT 9 O'CLOCK IN THE MORNING. HOW MANY HOURS OF SLEEP WILL I GET BEFORE THE ALARM RINGS?
4. DIVIDE 30 BY HALF AND ADD 10. WHAT DO YOU GET?
5. A FARMER HAD 17 SHEEP. ALL BUT 9 DIED. HOW MANY LIVE SHEEP WERE LEFT?
6. IF YOU HAD ONLY ONE MATCH AND ENTERED COLD AND DARK ROOM WHERE THERE WAS AN OIL HEATER, AN OIL LAMP, AND A CANDLE. WHICH WOULD YOU LIGHT FIRST?
7. A MAN BUILDS A RECTANGULAR HOUSE WITH FOUR SIDES. EACH SIDE HAVING A SOUTHERN EXPOSURE. WHAT COLOR IS THE BEAR?
8. IF YOU TAKE 2 APPLES FROM 3 APPLES. WHAT DO YOU HAVE?
9. HOW MANY ANIMALS OF EACH SPECIES DID MOSES TAKE WITH HIM IN THE ARK?
10. IF YOU DROVE A BUS WITH 43 PEOPLE ON BOARD FROM MUMBAI AND STOP AT PUNE TO PICK UP 7 MORE AND DROP OFF 5, THEN STOPPED AT KOLHAPUR TO DROP OFF 8 PASSENGERS AND PICK UP 4 MORE AND EVENTUALLY WHEN TO BELGAUM 20 HOURS LATER, WHAT IS THE NAME OF THE BUS DRIVER?

**5.0**

**ASSESSOR TRAINING PROGRAM**

**Assessor Competencies:--**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency** | | **Learning Outcomes** | | **Element** | | **Criteria** | |
| 1. **Plan and organize an assessment process** | | * **Establish the purpose of the assessment** * **Identify the standards against which the candidate is being assessed and determine the assessment policies and procedures of the specific organization** * **Outline the principles of assessment and the rules of evidence** * **Prepare an assessment plan, including selecting assessment methods and tools, identifying when and where assessment will take place and roles of those involved in the assessment process** * **Adjust assessment processes in line with the characteristics or special needs of the candidate** * **Make assessment arrangements, including communication with the candidate, venue and time arrangements, organizing any physical resources required and record-keeping / reporting arrangements** | | **Determine focus of assessment** | | * 1. **Candidate/s are identified / confirmed, and the purpose/s and context of assessment are established/confirmed with relevant people in accordance with legal/organizational/ethical requirements.**   2. **The assessment strategy is accessed and used to guide the development plan, where applicable.**   3. **The benchmark for assessment are identified/confirmed and accessed.** | |
| **Prepare the assessment plan** | | * 1. **The assessment benchmarks are interpreted to determine the evidence and types of evidence needed to demonstrate competency in accordance with the rules of evidence.**   2. **Where competency standards are used as benchmarks, all components of the competency standards are addressed in defining and documenting the evidence to be collected.**   3. **Any related documentation to support the planning of the assessment process is accessed and interpreted.**   4. **Assessment methods and assessment tools are selected and confirmed that address the evidence to be collected in accordance with the principles of assessment.**   5. **Specific material and physical resources required to collect evidence are identified and documented.**   6. **Roles and responsibilities of all people involved in the assessment process are clarified, agreed and documented.**   7. **Timelines and time periods for evidence collection are determined and all information to be included in the assessment plan is documented.**   8. **The assessment plan is confirmed with relevant personnel.** | |
| **Contextualize and review assessment plan** | | * 1. **Characteristics of the candidate/s and any allowance for reasonable adjustments and/or specific needs are identified/clarified with relevant people and documented.**   2. **Where required, competency standards are contextualized, to reflect the operating environment in which assessment will occur, in accordance with contextualization guidelines.**   3. **Selected assessment methods and assessment tools are examined and adjusted, where required, to ensure continuing applicability and taking into account:** * **Any contextualization of competency standards** * **Reasonable adjustment/s, where identified** * **Integration of assessment activities, where appropriate and practical** * **Capacity to support application for recognition of current competence.**   1. **Adjusted assessment tools are reviewed to ensure the specifications of the competency standards are still addressed.**   2. **The assessment plan is updated, as needed, to reflect ongoing contextualization needs, any changes in organizational resource requirements or changes in response to the conduct of assessment.**   3. **Assessment plan/s are stored and retrieved in accordance with assessment system policies and procedures and legal/organizational/ethical requirements.** | |
| **Organize assessment arrangements** | | * 1. **Identified material and physical resource requirements are arranged in accordance with assessment system policies and procedures and legal/organizational/ethical requirements.**   2. **Any specialist support required for assessment is organized and arranged in accordance with legal/organizational/ethical requirements, where required.**   3. **Roles and responsibilities of all people involved in the assessment process are organized.**   4. **Effective communication strategies are established to encourage regular communication flow and feedback with relevant people involved in the assessment process.**   5. **Assessment record keeping and reporting arrangements are confirmed.** | |
| **Competency** | | **Learning Outcomes** | | **Element** | | **Criteria** | |
| 1. **Assess the competence of a candidate** | | * **Provide a supportive environment for the candidate, demonstration proficient communication and interpersonal skills** * **Gather evidence for assessment** * **Make reasonable adjustments during the assessment process to meet the needs of the candidate, while maintaining the integrity of the assessment** * **Make the assessment decision on an analysis of the evidence collected against the required standards** * **Provide feedback to the candidate regarding the assessment decision and develop a follow-up action plan, where required** * **Record and report the assessment decision in accordance with the policies and procedures of the relevant organization** * **Review, the assessment process in consultation with others, and using self-reflection skills, and make recommendations for future changes if required** | | **Establish and maintain the assessment environment** | | * 1. **The assessment plan is interpreted and assessment system policies and procedures and organizational, legal and ethical requirements for conducting assessment are confirmed with relevant people.**   2. **The relevant benchmarks for assessment and nominated assessment tools are accessed and interpreted to confirm the evidence to be collected and how it is to be collected.**   3. **Details of the assessment plan and the assessment process are explained, discussed and clarified with the candidate, including opportunities for assessment, reasonable adjustment, reassessment and appeals.**   4. **Proposed changes to the assessment process are negotiated and agreed with the candidate, where relevant.** | |
| **Gather quality evidence** | | * 1. **The assessment plan is followed to guide the conduct of assessment and assessment methods, and assessment tools are used to gather, organize and document evidence in a format suitable for determining competence.**   2. **The principle of assessment and rules of evidence are applied in gathering quality evidence.**   3. **Opportunity for evidence gathering in work activities/simulated work activities is determined with the candidate and relevant personnel.**   4. **Opportunities for integrated assessment activities are identified and assessment tools are modified, where required.**   5. **Identified assessment system policies and procedures and organizational/legal/ethical requirements for assessment are addressed.** | |
| **Support the candidate** | | * 1. **Candidates are guided in gathering their own evidence to support recognition of current competence.**   2. **Appropriate communication and interpersonal skills are used to develop a professional relationship with the candidate that reflects sensitivity to individual differences and enables two-way feedback.**   3. **Decisions on reasonable adjustment/s, where applicable, are made with the candidate, based on the candidate’s needs and characteristics.**   4. **Reasonable adjustments must maintain the integrity of the relevant competency standards and provide balanced application of the principles of assessment and rules of evidence.**   5. **Specialist support is accessed, where required, in accordance with the assessment plan.**   6. **Any occupational health and safety (OHS) risk to person or equipment is addressed immediately.** | |
| **Make the assessment decision** | | * 1. **Limitations in obtaining and evaluating quality evidence are identified and assistance is sought, where required, from relevant people.**   2. **Collected evidence is examined and evaluated to ensure that it reflects the evidence required to demonstrate competency and which:** * **Encompasses all component parts of the competency standards and the dimensions of competency (where competency standards are the benchmarks for assessment)** * **Addressed other related documentation** * **Complies with the rules of evidence.**   1. **Judgment is used to infer whether competence has been demonstrated, based on the available evidence.**   2. **Relevant assessment system policies and procedures and organizational/legal/ethical considerations are addressed in making the assessment decision.**   3. **Clear and constructive feedback is provided to the candidate regarding the assessment decision, and a follow-up action plan is developed, where required.** | |
| **Record and report the assessment decision** | | * 1. **Assessment outcomes are recorded promptly and accurately in accordance with assessment system policies and procedures and organizational/legal/ethical requirements.**   2. **An assessment report is completed and processed in accordance with assessment system policies and procedures and organizational/legal/ethical requirements.**   3. **Recommendations for follow-up action are submitted to relevant people, where required.**   4. **Other relevant parties are informed of the assessment decision where required, and in accordance with confidentiality conventions.** | |
| **Review the assessment process** | | * 1. **The assessment process is reviewed against criteria, in consultation with relevant people to improve and modify future assessment practices.**   2. **The review is documented and recorded in accordance with relevant assessment system policies and procedures and organizational/legal/ethical requirements.**   3. **Reflection skills are used to review and self-evaluate assessment practice.** | |
| **Competency** | | **Learning Outcomes** | | **Element** | | **Criteria** | |
| 1. **Develop assessment tools** | | * **Determine the relevant standards against which the candidate is being assessed** * **Select the assessment method/s that meet the needs of the candidates and the organization seeking to assess** * **Develop assessment tools that:** * **Reflect the principles of assessment** * **Incorporate principles of access and equity** * **Meet the rules of evidence** * **Provide choice, where appropriate** * **Are sequenced to reflect competency development** * **Are user friendly** * **Are practicable** * **Ensure clear and specific instructions for assessors are included** * **Take into account storage and retrieval needs of the assessment tool** * **Review and trial assessment tools to validate their applicability** | | **Determine the focus of the assessment tool** | | 1. **The target group of candidates and the purpose/s and context/s of assessment are identified/clarified.** 2. **The relevant benchmark for assessment are accessed and interpreted to establish the evidence required to demonstrate competency.** 3. **Where competency standards form the assessment benchmark/s, all component parts of the competency standards are interpreted and, where relevant, these standards are contextualized to meet organizational/legal/ethical requirements, in accordance with contextualization guidelines.** 4. **Other related documentation is identified to inform assessment tool development.** | |
| **Determine assessment tool needs** | | * 1. **Assessment methods are selected that will support the collection of defined evidence, taking into account the context in which the assessment will take place and meeting the principles of assessment.**   2. **Nominated assessment methods enable candidates to show or support their claim for recognition of current competency.**   3. **Different instruments for the selected assessment methods are considered and options for assessment activities are generated, using critical thinking skills.** | |
| **Design and develop assessment tools** | | * 1. **Specific instruments are developed to address the evidence to be collected based on devising assessment activities that:** * **Meet the competency standards** * **Reflect the principles of assessment** * **Incorporate principles of access and equity** * **Meet the rules of evidence** * **Provide choice, where appropriate** * **Are sequenced to reflect competency development in a learning and assessment pathway** * **Are user-friendly** * **Reflect the assessment environment** * **Are practicable.**   1. **Assessment instruments are developed using appropriate:** * **Style and format** * **Language, literacy and numeracy** * **Sensitivity to audience diversity** * **Visual and aural representation** * **Media**   1. **Clear and specific procedures instructing the assessor and/or candidate on the administration and use of the instruments are defined and documented.**   2. **Relevant assessment system policy and procedures requirements are considered and addressed including storage and retrieval needs, review and evaluation and version-control procedures.** | |
| **Review and trial assessment tools** | | * 1. **Draft assessment tools are checked against evaluation criteria and amended, where necessary.**   2. **Draft assessment tools are trailed to validate content and applicability.**   3. **Feedback from relevant people involved in trailing is collected and documented.**   4. **Amendments to the final tools are made based on analysis of feedback, where required.**   5. **Revised assessment tolls are appropriately formatted and filed in accordance with assessment system policies and procedures, organizational/legal/ethical requirements.** | |
| **Competency** | | **Learning Outcomes** | | **Element** | | **Criteria** | |
| 1. **Review and validate an assessment process** | | * **Prepare for validation by reviewing and analyzing existing assessment processes, materials and standards** * **Contribute to a validation process through collective discussion, analysis and review of assessment processes, plans, methods, tools and decision making** * **Make recommendations for change to improve assessment processes** * **Make changes to own assessment practices** | | **Prepare for validation** | | * 1. **The purpose, focus and context of validation is confirmed and discussed with relevant people.**   2. **The approach to validation is discussed and confirmed in accordance with the defined purpose/s, context, relevant assessment system policies and procedures and organizational, legal and ethical requirements.**   3. **Relevant benchmarks for assessment are analyzed and the evidence needed to demonstrate that competency is collectively agreed.**   4. **Any related documentation relevant to validation proceedings is identified and collectively agreed.**   5. **Material/s to be used in validation sessions are obtained, read and interpreted, and validation activities collectively agreed.** | |
| **Contribute to validation process** | | * 1. **Active participation in validation sessions and activities is demonstrated, using appropriate communications skills.**   2. **Participation in validation sessions and activities, includes the review, comparison and evaluation of:** * **The overall assessment process** * **Assessment plans** * **Interpretation of competency standards or other benchmarks for assessment** * **Selection and application of assessment methods** * **Selection and use of assessment tools** * **The collected evidence** * **Assessment decisions, including the exercising of judgment.**   1. **The review, comparison and evaluation are undertaken in accordance with the principles of assessment and rules of evidence.**   2. **All documents used in the validation process are checked for accuracy and version control.** | |
| **Contribute to validation outcomes** | | * 1. **Validation finding are collectively discussed, analyzed and agreed to support improvements in the quality of assessment.**   2. **Recommendations to improve assessment practice are discussed, agreed and recorded.**   3. **Changes to own assessment practice, arising from validation and appropriate to assessment role and responsibilities, are implemented.** | |

**6.0 Overview of Assessor Training Program**

|  |  |  |
| --- | --- | --- |
| **Modules** | | **Approximate duration** |
| 1 | Planning the assessment process |  |
| 2 | Assessing competence |  |
| 3 | Developing assessment tools |  |
| 4 | Reviewing and validating assessment |  |
|  |  | Total: |

**6.1 Notes on duration of each module**

Times allocated to each module within this training program are based on a ratio of one presenter to 15 learners. Larger groups may require additional time to be allocated to each module to allow for effective learning.

Completion of assessment tasks has been factored into the hours allocated to each module.

**6.2 Notes on delivery of each module**

Suggested delivery strategies are outlined within each module of the NDAP Assessor Training Presenter’s Guide. These delivery strategies are not compulsory, and presenters have the flexibility to modify the delivery of the modules to suit the particular group.

**6.3 Presenter and assessor requirements**

Presenters of the NDAP Assessor Training Program should have:

* Successfully completed an assessor training program (preferably the assessment modules.
* Successfully completed a course presenter, workplace trainer or presentation skills course preferably the training modules.

Assessors should have:

* Successfully completed an assessor training program.

**6.4 Recognition of Prior Learning/Current Competence**

Participants undertaking this training program are able to apply for Recognition of Prior Learning/Current Competence (RPL/RCC). RPL/RCC will be granted when all the stated competencies and related learning outcomes of this training program have been met. The NDAP RPL/RCC Information Guide is contained within the NDAP Assessor Training Program Curriculum document, and should be used to guide applicants through the various steps involved in the RPL/RCC process.

**6.5 Assessment *for the NDAP Assessor Training Program***

The assessment activities listed below will be used to measure the competencies for this program. These activities are intended to be completed during this training course. However, in the event that there are time limitations, some activities may need to be completed post-course.

**7.0 Overview of how each competency is assessed Task 5 MCQ**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Assessment tasks** | | |
| **Competency** | | **Module** | | **Practical** | **Develop an** | **Review an** |
|  |  |  |  | **assessment** | **assessment** | **assessment** |
|  |  |  |  | **simulation** | **tool** | **process** |
| 1 | Plan and organize an | 1 | Planning the |  |  |  |
|  | assessment process |  | assessment |  |  |  |
|  |  |  | process |  |  |  |
| 2 | Assess the competence of a | 2 | Assessing |  |  |  |
|  | candidate |  | competence |  |  |  |
| 3 | Develop assessment tools | 3 | Developing |  |  |  |
|  |  |  | assessment tools |  |  |  |
| 4 | Review and validate an | 4 | Reviewing and |  |  |  |
|  | assessment process |  | validating |  |  |  |
|  |  |  | assessment |  |  |  |

**8.0 The assessment tasks:--**

This section deals with how and when assessment will occur, conditions of assessment and evidence required.

**8.1 Assessment Activity A: Practical assessment simulation –**

**For competencies/modules 1 & 2 TASK 6 DVD**

This assessment task is aimed at assessing the candidate’s practical ability to assess a Doctor at work effectively. The task is used as both a learning and assessment tool. In this assessment activity, candidates will be simulating a practical assessment situation.

1. Candidates will view a pre-prepared video scenario of a dentist in action from the *NDAP Assessor Training Presenter DVD*. The DVD contains three videos which can be used for theassessment activity. Course coordinators can select which of the three videos are used for the assessment activity. The candidate will use the assessment tool at Appendix 1 of this document to record their assessment of the OHCP against generic competencies, which are outlined on the assessment tool. Further information about how candidates should be expected to mark each of the criteria is at Appendix 2.
2. The candidate must make a decision as to whether the dentist has achieved the required standard, and record the result of their assessment on the assessment tool
3. Candidates will then undertake a simulation activity of providing feedback to the dentist. Another person will play the role of assessor. ***(task 7 role play)***

An assessment check list is provided of this presenter’s guide on which the course assessors should check the competencies that the candidate must demonstrate. The candidate must be rated as competent on all aspects of the assessment check list to successfully complete this aspect. Candidates may re-take the practical assessment simulation as many times as necessary to achieve competency. **Task 8 assessor roleplay**

**8.2 PLAN AND ORGANISE ASSESSMENT**

This unit specifies the competence required to plan and organize the assessment process in a

Competency-based assessment system.

|  |  |
| --- | --- |
| **Element** | **Criteria** |
| Determine focus of assessment | • Establish the purpose of the assessment  • Identify the standards against which the candidate is being assessed; and determine the assessment policies and procedures of the specific organization  • Outline the principles of assessment and the rules of evidence  • Prepare an assessment plan, including selecting assessment methods and tools; identifying when and where assessment will take place; and roles of those involved in the assessment process  • Adjust assessment processes in line with the characteristics or special needs of the patients  • Make assessment arrangements, including communication with the candidate, venue and time arrangements, organizing any physical resources required; and record keeping/reporting arrangements |
| 2 Assess the  competence of  a candidate | 1. Provide a supportive environment for the OHCP 2. demonstrating proficient communication and 3. interpersonal skills 4. Gather evidence for assessment 5. Make reasonable adjustments during the assessment process to meet the needs of the OHCP, while maintaining the integrity of the assessment 6. Make the assessment decision based on an analysis of the 7. evidence collected against the required standards 8. Provide feedback to the candidate regarding the 9. assessment decision and develop a follow-up action plan, where required 10. Record and report the assessment decision in accordance with the policies and procedures of the relevant organization 11. • Review the assessment process in consultation with others, and using self-reflection skills, and make recommendations |
| Prepare the assessment plan | * 1. The assessment benchmarks are interpreted to determine the evidence and types of evidence needed to demonstrate competency in accordance with the rules of evidence.   2. Where competency standards are used as benchmarks, all components of the competency standards are addressed in defining and documenting the evidence to be collected.   3. Any related documentation to support the planning of the assessment process is accessed and interpreted.   4. Assessment methods and assessment tools are selected and confirmed that address the evidence to be collected in accordance with the principles of assessment.   5. Specific material and physical resources required to collect evidence are identified and documented.   6. Roles and responsibilities of all people involved in the assessment process are clarified, agreed and documented.   7. Timelines and time periods for evidence collection are determined and all information to be included in the assessment plan is documented.   The assessment plan is confirmed with relevant personnel. |
| Contextualize and review assessment plan | * 1. Characteristics of the candidate/s and any allowance for reasonable adjustments and/or specific needs are identified/clarified with relevant people and documented.   2. Where required, competency standards are contextualized, to reflect the operating environment in which assessment will occur, in accordance with contextualization guidelines.   3. Selected assessment methods and assessment tools are examined and adjusted, where required, to ensure continuing applicability and taking into account: * Any contextualization of competency standards * Reasonable adjustment/s, where identified * Integration of assessment activities, where appropriate and practical * Capacity to support application for recognition of current competence.   1. Adjusted assessment tools are reviewed to ensure the specifications of the competency standards are still addressed.   2. The assessment plan is updated, as needed, to reflect ongoing contextualization needs, any changes in organizational resource requirements or changes in response to the conduct of assessment.   Assessment plan/s are stored and retrieved in accordance with assessment system policies and procedures and legal/organizational/ethical requirements. |
| Organize assessment arrangements | * 1. Identified material and physical resource requirements are arranged in accordance with assessment system policies and procedures and legal/organizational/ethical requirements.   2. Any specialist support required for assessment is organized and arranged in accordance with legal/organizational/ethical requirements, where required.   3. Roles and responsibilities of all people involved in the assessment process are organized.   4. Effective communication strategies are established to encourage regular communication flow and feedback with relevant people involved in the assessment process.   Assessment record keeping and reporting arrangements are confirmed. |

**TASK 9**

|  |  |
| --- | --- |
| **Element** | **Criteria** |
| Determine focus of assessment |  |
| 2 Assess the  competence of  a candidate |  |
| Prepare the assessment plan |  |
| Contextualize and review assessment plan |  |
| Organize assessment arrangements |  |

**8.3 ASSESS COMPETENCE**

|  |  |
| --- | --- |
| **Element** | **Criteria** |
| Establish and maintain the assessment environment | * 1. The assessment plan is interpreted and assessment system policies and procedures and organizational, legal and ethical requirements for conducting assessment are confirmed with relevant people.   2. The relevant benchmarks for assessment and nominated assessment tools are accessed and interpreted to confirm the evidence to be collected and how it is to be collected.   3. Details of the assessment plan and the assessment process are explained, discussed and clarified with the candidate, including opportunities for assessment, reasonable adjustment, reassessment and appeals.   4. Proposed changes to the assessment process are negotiated and agreed with the candidate, where relevant. |
| Gather quality evidence | * 1. The assessment plan is followed to guide the conduct of assessment and assessment methods, and assessment tools are used to gather, organize and document evidence in a format suitable for determining competence.   2. The principle of assessment and rules of evidence are applied in gathering quality evidence.   3. Opportunity for evidence gathering in work activities/simulated work activities is determined with the candidate and relevant personnel.   4. Opportunities for integrated assessment activities are identified and assessment tools are modified, where required.   5. Identified assessment system policies and procedures and organizational/legal/ethical requirements for assessment are addressed. |
| Support the candidate | * 1. Candidates are guided in gathering their own evidence to support recognition of current competence.   2. Appropriate communication and interpersonal skills are used to develop a professional relationship with the candidate that reflects sensitivity to individual differences and enables two-way feedback.   3. Decisions on reasonable adjustment/s, where applicable, are made with the candidate, based on the candidate’s needs and characteristics.   4. Reasonable adjustments must maintain the integrity of the relevant competency standards and provide balanced application of the principles of assessment and rules of evidence.   5. Specialist support is accessed, where required, in accordance with the assessment plan.   6. Any occupational health and safety (OHS) risk to person or equipment is addressed immediately. |
| Make the assessment decision | * 1. Limitations in obtaining and evaluating quality evidence are identified and assistance is sought, where required, from relevant people.   2. Collected evidence is examined and evaluated to ensure that it reflects the evidence required to demonstrate competency and which: * Encompasses all component parts of the competency standards and the dimensions of competency (where competency standards are the benchmarks for assessment) * Addressed other related documentation * Complies with the rules of evidence.   1. Judgment is used to infer whether competence has been demonstrated, based on the available evidence.   2. Relevant assessment system policies and procedures and organizational/legal/ethical considerations are addressed in making the assessment decision.   3. Clear and constructive feedback is provided to the candidate regarding the assessment decision, and a follow-up action plan is developed, where required. |
| Record and report the assessment decision | * 1. Assessment outcomes are recorded promptly and accurately in accordance with assessment system policies and procedures and organizational/legal/ethical requirements.   2. An assessment report is completed and processed in accordance with assessment system policies and procedures and organizational/legal/ethical requirements.   3. Recommendations for follow-up action are submitted to relevant people, where required.   4. Other relevant parties are informed of the assessment decision where required, and in accordance with confidentiality conventions. |
| Review the assessment process | * 1. The assessment process is reviewed against criteria, in consultation with relevant people to improve and modify future assessment practices.   2. The review is documented and recorded in accordance with relevant assessment system policies and procedures and organizational/legal/ethical requirements.   3. Reflection skills are used to review and self-evaluate assessment practice. |

***(task 10)***

|  |  |
| --- | --- |
| **Element** | **Criteria** |
| Establish and maintain the assessment environment |  |
| Gather quality evidence |  |
| Support the candidate |  |
| Make the assessment decision |  |
| Record and report the assessment decision |  |
| Review the assessment process |  |

**8.3.1 Practical assessment simulation *(task 11)***

A copy of the instructions to trainees is attached. In addition, assessor trainers are provided with an assessment check list on which they should check the competencies that the trainee must demonstrate. The trainee must be rated as competent on all aspects of the assessment check list to successfully complete this aspect. Trainees may re-take the practical assessment simulation as many times as necessary to achieve competency.

**8.3.2 Develop an assessment tool**

A copy of the instructions to trainees is attached. In addition, assessors are provided with an assessment check list to use when assessing the assessment tools developed by trainees.

**8.3.3 Review an assessment process**

A copy of the worksheet ‘Validating Assessment Processes’ is attached. In addition, assessors are provided with an answer guide to use when assessing the worksheets.

**8.3.4 Assessment Activity A: Practical assessment simulation for competencies/modules 1 & 2**

**Note to course coordinators**: When conducting this activity, only one candidate at a time can be assessed by each course assessor. As this can take up to 20 minutes per candidate, it is recommended that more than one qualified assessor is used to assess this activity. This will allow more than one candidate at a time can be assessed concurrently. Otherwise, if only one assessor is used, this activity can be quite time consuming and more time will need to be factored into the program to allow each person to complete the assessment task.

**8.3.5 Instructions to candidates**

**Assessment using video analysis**

In this assessment activity, you will be simulating a practical assessment situation. You will be watching a prepared video of a clinical work being undertaken. You will be assessing competencies, using the assessment tool provided.

1 After watching the video, fill out your assessment tool.

2 After considering the evidence make a decision as to whether the Doctor has achieved the required standard (make the decision based on the rules of evidence: validity, authenticity, sufficiency and currency).

3 Record the results of your assessment.

4 Working in pairs, provide feedback to the candidate about the result of their assessment

(Your partner will play the role of the Doctor you have just watched on the video).

**9.0 Assessment Activity B:**

Develop an assessment tool – For competency/module 3

In this activity, candidates will be developing an assessment tool that could be used for a practical assessment of a Clinical procedure. Candidates will need to develop a set of instructions for the candidate and the assessor, as well as an observation check list. The assessment tool needs to include:

* an explanation about the assessment task and its purpose
* instructions to the candidate and assessor about what they need to do
* conditions of assessment
* assessment arrangements
* any special needs, equipment or requirements
* a check list with assessment criteria
* evidence that is required to be shown
* space for candidates and assessors name, signatures and dates
* Space for comments and recording the assessment result.

**Assessment Activity C: Review an assessment process – For competency/module 4**

In this activity, candidates are required to complete the ‘Validating Assessment Processes’ worksheet’. The worksheet is aimed at assessing the candidate’s comprehension of review and validation processes. The worksheet can be used as both a learning and assessment tool. An answer guide is available to assessors marking the worksheets. All questions must be answered to the standard outlined in the answer guide to successfully complete this aspect. Candidates are permitted to access all course materials, and may consult with others when completing the worksheets. Candidates may re-submit the worksheet as many times as necessary to meet the requirements of this assessment task.

**Details of flexible assessment practices that will be provided for candidates with special needs, disabilities or who are from rural/remote areas**

**10.0 PREREQUISITS FOR AN ASSESSOR**

1. REFLECTIVE EXERCISES:
2. DOES ASSESSMENT AND ACCREDITATION PROCEDURES IN A CONTROLLED FRAME WORK SHOW GREATER DEPTH AND SHARPER FOCUS IN ENHANCING QUALITY OF ORAL HEALTHCARE DELIVERY?

YOUR COMMENTS:

1. DIFFERENTIATE BETWEEN INTERNAL AND EXTERNAL QUALITY ASSURANCE. HOW EACH OF THEM COMPLEMENT EACH OTHER?

YOUR COMMENTS:

1. WHO ARE THE STAKE HOLDERS AND HOW DO THEY CONTRIBUTE TO THE CLINICS DEVELOPMENT?

YOUR COMMENTS:

1. HOW DOES QUALITY MAINTENANCE IN A CONTINUOUS PROCESS IS ENSURED BY THE ASSESSOR?

YOUR COMMENTS:

1. ATTRIBUTES OF AN ASSESSOR
2. OBJECTIVITY AND BIAS
3. DO I CONSIDER ALL THE AVAILABLE INFORMATION BEFORE MAKING A DECISION?
4. IS THERE A WAY I CAN MAKE USE OF OBSERVABLE DATA IN MY DAILY DUTIES?
5. DO I LET MY DECISIONS INFLUENCED BY PERSONAL OPINIONS AND EXPERIENCES?
6. DOES MY BEHAVIOR AT WORK BE INFLUENCED BY PAST EXPERIENCES?
7. HAVE I DECIDED HAISTILY IN AN AMBIGUOUS SITUATION?
8. DO I RELY ON MY JUDGEMENT WHILE TAKING A DECISION?
9. SKILLS OF AN ASSESSOR
10. FROM THE ABOVE ILLUSTRATION COMMENT ON
11. THREE MAXIM OF SPEAKING:
12. THREE MAXIM OF LISTENING:
13. ROLE PLAY:
14. TASKS IN EXECUTING THE ASSESSMENT
15. THE ON SITE VISIT PHASE
16. THE OPENING MEETING: WHAT IS THE PURPOSE OF THE OPENING MEETING?
17. COLLECTING EVIDENCE: HOW DO I COLLECT EVIDENCE?
18. ASSESSOR’ S OBSERVATION: HOW DO I ESSIMILATE MY OBSERVATION?
19. THE EXIT MEETING: WHAT DO I DO IN THE EXIT MEETING?
20. FINAL JUDGEMENT AND OUTCOME

HOW DO I ARRIVE AT THE JUDGEMENT AND DOCUMENT THE OUTCOME?

1. SHARING A REPORT

**MODULE – 1**

**11.0 ACTIVITY 1 – PRELIMINARY ASSESSMENT**:

The trainees are shown a video of class 2 filling being done, you are assessing the trainee's group management skill, and the competency is “effective organization and management of a group to conduct a session which meets the requirements”. After watching the video

1. Write your comments on performance.
2. Write down your opinion on whether the doctor has achieved the required competence.
3. Discuss your decision with other members of your group.
4. Discuss the need for more specific assessment criteria.

**11.1 ACTIVITY 2 – PRINCIPLES OF ASSESSMENT:**

Consider each of the principles of assessment, for each principle list two things that you would do as an assessor to ensure that the principles are upright.

VALIDITY:

1)

2)

RELIABILITY:

1)

2)

FAIRNESS:

1)

2)

FLEXIBILITY:

1)

2)

**11.2 ACTIVITY 3 – TYPES OF ASSESSMENT:**

Think about your dental clinic, what use is made of each of the three types of assessment. Give an example of a situation in which each can be used.

DIAGNOSTIC:

FORMATIVE:

SUMMATIVE:

**11.3 ACTIVITY 4 – ETHICAL SCENARIOS FOR ASSESSOR**:

Scenario 1: You are scheduled to carry out an assessment of a clinic and its staff and when you arrive there, one of the staff is related to you.

Scenario 2: You are a senior assessor and you go along with your junior to assess a dental clinic, after the assessment your junior overhears you talking to other senior assessors. Your talking to other senior assessors about the poor quality of the doctor, who is being assessed and his staff about their performance.

**11.4 ACTIVITY 5 – RULES OF EVIDENCE**:

Below is the list of assessment examples. For each example identify which rule of evidence is lack.

1. An assessor permits a doctor to refer to friends and colleagues at the time of assessment.
2. An assessor teaches only one skill during the practical assessment.
3. A doctor submits an SOP written 6 years ago.
4. A doctor makes a correct decision 2 out of 4 times.
5. A general dentist is tested for his knowledge of specialty practice.
6. An assessor only allows 75% of the assesses to pass.

**11.4.1 PREPARING AN ASSESSMENT PLAN:**

An assessment plan is a document that provides an overview of the key steps or actions to be taken in the assessment process, as well as the arrangements for the assessment, and resource requirements. An assessment plan should include:

* The purpose of the assessment
* The standard against which the candidate is to be assessed
* How the assessment will occur (assessment methods and tools to be used)
* When and where the assessment will occur
* What resources are needed
* Any special arrangements.

Below is a template for an assessment plan.

|  |
| --- |
| **ASSESSMENT PLAN** |
| Name of the candidate to be assessed: |
| Contact details: |
| Assessor’s name/s: |
| Purpose of assessment: |
| Qualification or competencies to be assessed: |
| Methods of assessment: |
| Assessment tools required: |
| Where will the assessment occur: |
| At what time: |
| Resources require for assessment: |
| Any special needs or requirements: |
| Assessment arrangements confirmed with the candidate: |

**11.5 ACTIVITY 6 – WORKING IN AN ASSESSMENT TEAM:**

Work in groups of two or three to simulate the processes of an assessment team.

Note: To help you with this activity, you might like to devise an assessment ‘scenario’, including details of who the fictitious candidate is, what are they being assessed for and what the assessment will involve.

Discuss the following issues and document the decisions of the group:

1. What will be the roles of each member of the assessment team? Who will lead? And what task will each person perform?
2. How will the overall assessment decision be reached?
3. How will the differences of opinion be handled?
4. How will feedback be given to the doctor?
5. Potential issues which hamper the group interaction.

**MODULE – 2**

**12.0 COMPETENCY ASSESSMENT**

**12.1 ACTIVITY 7 – CREATING A SUPPORTIVE ENVIRONMENT**

How would you set up a supportive environment for the candidate?

In small groups, brainstorm ways you can create a positive assessment environment.

1. Prior to the assessment

For example: What information will you provide about the criteria against which the candidate is being assessed? How will you clarify the details of when and where the assessment will occur?

1. During the assessment

For example: How will you greet and brief candidate? Where will you stand to observe them?

1. After the assessment

For example: How will you manage the feedback process? (Will they be encouraged to ask questions?) How will you address deficiencies in the candidate’s performance?

**12.1 ACTIVITY 8 – ASSESSMENT ROLE PLAY**

The assessor team should be divided into the groups of three for role play. One plays the role of the assessor, the other plays the role of a doctor and the third plays the role of the doctor’s assistant who is being taught. A simple task is used where in the doctor teaches the assistant how to mix GI 9 cement. The criteria for judgement will be

1. Provide a clear demonstration
2. Give clear concise instructions
3. Give good feedback

The focus will be on the role of the assessor. He/she should

1. Create a supportive environment to put the candidate at ease
2. Use appropriate questioning technique
3. The assessor should interact with the candidate in the pre, during and post assessment phases

The group will discuss the performance of the person playing the assessor’s role.

1. Did the assessor create a supportive environment?
2. Were appropriate questioning techniques used?
3. How will the assessor’s performance can be improved?

The group will change roles and carry out this activity with another simple task.

**12.2 ACTIVITY 9 – “NOT YET COMPETENT” – ROLE PLAY**

This activity is for those who have not completed their activity properly.

1. What strategies can be used to break the news or inform the candidate that he needs to improve?
2. How might you handle the conflict with the candidate?
3. How can you help the candidate to improve?
4. What strategies can be used to encourage and motivate these candidates?

Act out a role play with your partner as per the strategies just revised. Evaluate your role play.

1. Were you able to maintain a positive and supportive environment?
2. What unexpected problems arose?
3. How will you improve on this?

**MODULE – 3**

**13.0 ACTIVITY 10 – ASSESSMENT MATRIX**

* Use the assessment matrix on the next page, which contains a number of competency statements related to the role of an assessor.
* Consider each of the competency statements and think about what assessment methods could be used to assess each competency. List each of the proposed assessment methods in the left-hand column of the matrix.
* Finally, cross-reference each of the competencies with each of the assessment methods and place a tick in the relevant box to indicate which assessment method can be used to assess each of the competencies. (Note: you can tick more than one assessment method for each competency.)

When you have completed your matrix, use the following questions to review it.

1. Which of the assessment methods will assess the majority of the criteria?
2. Do you need more than one assessment method? Which one/s will you select?
3. How efficient are the assessment method/s you have selected in terms of time and cost requirements?
4. Is there flexibility in the range of assessment methods you have selected to cater for candidates with special needs?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Assessment method** | **Competencies** | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 |
| Display integrity and ethical conduct when officiating | Analyze and manage the risk of officiating in competition | Use a range of communication strategies to develop effective relationship | Minimize conflict and deal with disputes effectively | Apply the rules and regulations of the clinical activity | Provide a written report on any incidents after the competition/event |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**13.1 ACTIVITY 11 – INSPECTION OF A FINISHED PRODUCT**

Look at assessment tool 3 in Appendix 3 (or alternatively, use an assessment tool you have brought along). Check the items below and comment on the assessment tool design. Think of it from the point of view of a new assessor who would be using this document.

* Do you know why this assessment is being conducted? YES / NO
* Do you know what assessment method/s you are using? YES / NO
* Do you know how you will use this assessment tool? YES / NO
* Do you know what is being assessed? YES / NO
* Are there clear instructions of what you are looking or listening for? YES / NO
* Do you know what will constitute achievement of the competency? YES / NO
* Do you know when and where the assessment will take place? YES / NO
* Do you know what the conditions of assessment are? YES / NO
* Is there enough space to write notes or make comments? YES / NO
* Is there a place for the assessor to sign? YES / NO
* Is there a place for the candidate to sign and comment? YES / NO
* What positive comments can you offer about this assessment tool?

**13.2 ACTIVITY 12 – WRITING S SCENSRIO OR EXAM QUESTIONS**

For this activity, you can choose to either develop a scenario for a case study, or some questions that could be used in a written examination.

1. In the space below, write down some dot points regarding the topic and purpose of the scenario or exam questions that you will be developing.
2. Now write either a paragraph describing a scenario for a case study, or two to three questions that could be used in an exam situation.
3. Now work with a partner to provide feedback to each other regarding the scenario/exam questions you have developed.

* What do you like about the scenario/exam questions?
* What constructive suggestions can you make for improvement?

**13.3 ACTIVITY 13 – WRITING ASSESSMENT CRITERIA**

In this activity, you will be practicing writing some specific assessment criteria. The criteria that you need to write should relate to the following assessment situation:

Doctors are to be assessed on their ability to develop a plan for a training session for a group of their staff members

You need to develop at least three assessment criteria that can be used to assess the assessor’s ability to develop an effective session plan (for example, you might want to include criteria to cover aspects such as whether the session plan contains appropriate activities for this candidate. Whether the session is the right length of time, whether activities are schedule for too long, etc.)

**13.4 Trialing assessment tools**

Once an assessor has developed a new assessment tool, it is very important to spend time trialing it prior to use. It is a good idea to have other people use and provide feedback on the tool. These should usually include other assessors, technical experts and potential (or former) candidates for assessment.

The checklist below can be used by those trailing a new assessment tool to ensure that they obtain valuable feedback.

**13.4.1 Checklist for trialing a new assessment tool:**

* Do you understand the purpose of this assessment? YES/NO
* Do you know how you will use this assessment tool? YES/NO
* Is it easy to use? YES/NO
* Are there clear instructions? YES/NO
* Is it cost-effective? YES/NO
* Does it contain any gender or cultural bias? YES/NO
* Do you know what is being assessed? YES/NO
* Is it relevant to the performance required in the ‘workplace’? YES/NO
* Do you know what will constitute achievement of the competency? YES/NO
* Do you know when and where the assessment will take place? YES/NO
* Do you know what the conditions of assessment are? YES/NO
* Is there enough space to write notes or make comments? YES/NO
* Is there a place for the assessor to sign? YES/NO
* Is there a place for the candidate to sign and comment? YES/NO

After the trial, analyze the feedback and assess the strength and weaknesses of the assessment tool. Make any necessary modifications to the assessment tool to improve it, or if the feedback indicates that the tool has flaws, you may wish to seek more information from others before making major revisions.

**MODULE – 4**

**14.0 USING A REVIEW CHECKLIST**

A review checklist is a useful tool to use when conducting a review of assessment. The checklist below can be used as a guide to the sorts of questions you should be asking in the review process.

|  |  |  |
| --- | --- | --- |
| REVIEW CHECKLIST | | |
| **Key questions** | **Yes/No** | **Comments** |
| **THE ASSESSMENT PROCESS** |  |  |
| Does each assessment relevant to the competency standards? |  |  |
| Is the assessment process time and cost-effective? |  |  |
| Is the assessment process valid, reliable, flexible and fair? |  |  |
| Is sufficient information provided to assessors? |  |  |
| Are re-assessment and appeals processes adequate? |  |  |
| **ASSESSMENT METHODS AND TOOLS** |  |  |
| Are the assessment method/s appropriate? |  |  |
| Is there sufficient flexibility in the assessment methods? |  |  |
| Are the assessment tools effective? |  |  |
| **THE ASSESSOR** |  |  |
| Are candidates being properly assessed during the assessment process? |  |  |
| Is the assessor’s final judgement consistent with that of other assessors? |  |  |
| Is appropriate feedback being provided to candidates? |  |  |
| Are assessors making reasonable adjustments to the assessment, without compromising the process? |  |  |
| Are the rules of evidence being applied in gathering and considering evidence? |  |  |

NAME:

**14.1 ACTIVITY 14 – ANALYSIS OF REVIEW PROCESSES**

Describe the approach you would use to review assessment procedures.

1. What does it currently involve?
2. Which groups pf people are asked for feedback on the assessment process?
3. What types of information are collected?
4. How is the issue of consistency addressed?
5. How could the review process be improved?

**OVERVIEW OF THE ASSESSMENT TASKS**

1. **PRACTICAL ASSESSMENT SIMULATION**

Assessment activity A: assessment using video analysis: ---

In this assessment activity, you will be simulating a practical assessment situation.

Watch a prepared video of a practical assessing session.

Assess the assessor against generic teaching and communication competencies, using the assessment tool.

1. After watching the video, fill out your assessment tool.
2. After considering the evidence, make a decision as to whether the assessor has achieved the required standard (make the decision based on the rules of evidence: validity, authenticity, sufficiency and currency).
3. Record the results of your assessment.
4. Working in pairs, provide feedback to the candidate about the result of their assessment (your partner will play the role of the assessor you have just watched on the video).

**Assessment activity A: assessment using video analysis Assessment tool**

Assessment task:

Purpose of assessment:

Assessment condition:

Evidence required:

Assessment arrangements:

Special requirements:

Conduct a practical assessing session of at least ten minutes duration with a group of candidates.

This assessment task will enable the assessor to demonstrate competency in the areas of teaching and communication skills as part of gaining assessing accreditation. The assessment criteria for the competency are set out in the checklist below.

The candidate will:

* Have access to an appropriate venue to understand the assessment task
* Be permitted to re-present for assessment as many times as is necessary in order to achieve competency.

The candidate is required to demonstrate all of the assessment criteria as set out in the following checklist.

The candidate must demonstrate the assessment criteria consistency throughout the session (that is, more than once during the session).

The assessment activity will take place at the candidate’s usual training venue. The candidate must provide their own equipment and arrange for a suitable number of participants to be present.

none

Assessor/s name:

Name of Doctor:

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment criteria** | **Comments** | **Competent** | **Not yet competent** |
| Convey instructions to the candidates clearly, and provide a demonstration |  |  |  |
| Break down complex skills and techniques into parts and communicate the key components of the skill |  |  |  |
| Provide corrections to improve skill execution on an individual and group basis |  |  |  |
| Progress the activity to the next step or level in a sequential manner |  |  |  |
| Provide adequate time for practice, and observe candidates’ performance |  |  |  |
| Check the candidates’ understanding of the instructions and give them the opportunity to ask questions |  |  |  |
| Provide encouragement and/or feedback individually, and to the group |  |  |  |
| Use positive non-verbal communication (for example, maintain eye contact when speaking) |  |  |  |
| Actively listen to the candidates |  |  |  |

**Result**

* Candidate has achieved competency
* Candidate is not yet competent

**Reasons for decision:**

Assessor/s signature: Candidate signature:

Date: Date:

Comments/feedback on assessment process (comment on any problems and provide recommendations for modification to assessment procedures):

1. **DEVELOP AN ASSESSMENT TOOL**

Assessment activity B: developing an assessment tool

In this activity, you will be developing an assessment tool that can be used by an assessor using a practical assessment method. You will need to develop a set of instructions for the candidate and the assessor, as well as an observation CHECKLIST.

**STEP 1**

Decide whether your assessment tool will be used to assess a candidate. Then decide on the purpose of your assessment and write it below.

Think about the sorts of assessment criteria against which you will assess the candidate. There might be a set of overall competencies that you need to refer to in writing your assessment criteria. For example, if you are assessing for a supportive team management level, refer to the overall competencies for that level first before developing your assessment criteria (which will be more specific). Develop at least six assessment criteria and write them below.

**STEP 2**

Take the assessment criteria that you have just developed and formulated a full assessment tool (use a blank sheet of paper in this draft stage). The assessment criteria that you just developed will make up the major part of the tool. However, there are other parts of the assessment tool that you will also need to develop. These include:

* An explanation about the assessment task and its purpose
* Instructions to the candidate and assessor about what they need to do
* Conditions of assessment
* Assessment arrangements
* Any special needs, equipment or requirements
* Evidence that is required to be shown
* Space for candidate’s and assessor’s name, signature and dates
* Space for comments and recording the assessment result.

You might like to look at example assessment tools 1 and 2 provided in appendix 3 as a guide to how to lay out your assessment tool.

**STEP 3**

Review your assessment tool. You can use the checklist on previous page as a guide to ensure that you have included all relevant information in your assessment tool. Make any modifications necessary before you submit your final assessment tool. Use the sheets on the following pages for your final product.

NAME:

**ASSESSMENT ACTIVITY B: DEVELOPING AN ASSESSMENT TOOL**

NAME:

**ASSESSMENT ACTIVITY B: DEVELOPING AN ASSESSMENT TOOL**

**C REVIEW AN ASSESMENT PROCESS**

NAME:

**ASSESSMENT ACTIVITY C: VALIDATING ASSESSMENT PROCESSES**

Imagine you are in charge of coordinating assessment within your organization, and outline how you would address each of the assessment validation issues below.

1. You have a group of ten assessors you regularly use. What processes would you put in place to monitor the consistency of assessment decisions among the assessors?
2. How could the processes for assisting assessors to make the assessment decision be improved?
3. How could you improve the way that feedback is provided to the candidates by assessors?

Practice and Reflective Exercises

**SKILLS REQUIRED OF AN ASSESSOR**

**INTANGIBLE SKILLS**

We have so far looked at the various attributes of an Assessor and principles for effective assessment in generic terms. Effective assessment requires a wide range of skills. These may be classified into two broad categories, tangible skills and intangible skills. In this section we shall discuss the intangible skills required by an assessor and illustrate these skills with specific examples in order to have a clear idea.

ILLUSTRATIVE EXAMPLES OF INTANGIBLE SKILLS

Given below are some illustrative examples of intangible skills. (If you want to sharpen your intangible skills the following are suggested for further reading: Austin, 1962; Coulthard, 1985; Richards and Rogers, 1986; Hymes, 1974; Searle, 1981; and others in the list of references at the end of this module).

**Illustration: I**

**An Illustration of the Intangible Skills of Speaking, Listening and Team Skills**

(A simulated Peer Team interaction with the Head of the institution on the last day of the visit)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *OHCP* | | | | *:* | | *Did you enjoy your stay? I hope our people attended to your needs.* | | |
| *Chairperson* | | | | *: Yes, enjoyed it. Thank you for your fine hospitality. It was indeed superb* | | | | |
| *OHCP* | | | | *: Welcome. I have arranged for the Exit Meeting at 12.30 p.m. as suggested* | | | | |
|  | | | |  | | *By you. Yes, we have not invited the press.* | | |
| *Chairperson* | | | | *:* | | *That’s kind of you. We would like to share with you some concerns of t h e* | | |
|  | | | |  | | *Clinic. Perhaps you may enlighten us on these issues. I have here two of* | | |
|  | | | |  | | *Them. The first is about the library and computer services and the second is* | | |
|  | | | |  | | *About faculty development. Perhaps my colleagues here may want to speak* | | |
|  | | | |  | | *About them.* | | |
| *Member1* | | | | *: Thank you Mr. Chairman. Dr. Gopal, we appreciate the efforts you have* | | | | |
|  | | | |  | | *To train your staff. But there are a few concerns. Your last training was almost a year back. In this time you have introduced Laser treatment, new Alginate impression material non-chromatic, and several other materials.* | | |
|  | | | |  | | *Against that the training is lacking, and can be observed in the efficiency of your staff.* | | |
| *OHCP* | | | | *: I am aware of the need indeed. We are short of support staff. The chief assistant* | | | | |
|  | | | |  | | *Is on long leave. Within constraints we have managed to give service with the help* | | |
|  | | | |  | | *Of junior staff. We are actively involved in improving them.* | | |
|  | | | |  | |  |  |  |
| *Member 1* | | | | | *: That’s thoughtful of you indeed. Perhaps you may involve more senior faculty* | | | |
|  |  |  |  | | *Too. Speeding up arrangement to offer services; making them available* | | | |
|  |  |  |  | | *to all the students during regulated hours at minimal or no cost; and ensuring* | | | |
|  |  |  |  | | *Extensive practice on these materials.* | | | |
| *OHCP* | | | | | *: Thank you for the suggestions, we shall try to implement them soon.* | | | |
| *Chairperson* | | | | | *: My colleague is right in both his observation and suggestions. We do* | | | |
|  |  |  |  | | *Understand your constraints too. Perhaps a better and more diligent use of* | | | |
| *Member 2* | | | | | *: Dr. Goal, we are very unhappy about the knowledge update of your staff .* | | | |
| *OHCP* | | | | | *: Sir, we have already submitted to you all the records of our staff* | | | |
|  |  |  |  | | *Development program. I think you have missed that* | | | |
| *Member 1* | | | | | *: Perhaps professor Kathie didn’t receive the mail. I got mine just a few* | | | |
|  |  |  |  | | *Minutes before I left home to reach here. What he seems to be concerned* | | | |
|  |  |  |  | | *Is about some staff that, they say, has not been trained as yet.* | | | |

|  |  |
| --- | --- |
| *Chairperson* | *: Dr. Goal we are indeed sad that there was a communication gap. Perhaps* |
|  | *Professor Kathie has a point. His complaint about the lack of knowledge* |
|  | *update was evident from at least half of your staff* |
| *Chairperson* | *: Well Dr. Goal, we do appreciate the team work evident in the clinic environment.* |
|  | *The efforts you have made to improve overall quality. However, the two areas* |
|  | *We have now discussed need immediate attention. Optimal utilization of* |
|  | *staff resources and maintenance of the quality of staff are of utmost* |
|  | *Importance in the evaluation of quality of performance. Thank you for your* |
|  | *Co-operation.* |

**Comments on Illustration: 1**

The conversation is an attempt to show that

* All the three maxims of speaking are followed: there is little verbal excess or inadequacy; interactions are sincere: both questions and replies are spoken in earnest; and the conversation has no irrelevant remark, comment or statement;
* Instances of all the three skills of listening are present: Both the Chairman and Member 1 demonstrate all of them;
* Team roles are well played: The inclusive treatment of the team by the Chairperson helps him to carry the members with him and to maintain the team through interactions; task maintenance is achieved by in-depth observation, asking open-ended and closed questions appropriately to probe the OHCP, the negative effect of the self-oriented role of Member 2 is also illustrated.

The purpose of assessment has advanced through the use of the skills mentioned. Additional information is gathered and both strengths and weaknesses of the OHCP in specific areas have been assessed.

**Illustration: 2**

**The Intangible Skills of Task Maintenance and Conversational Skills - An Illustration of Speech skills: Coherence and Cohesion**

**(**An imaginary conversation at the airport on the arrival of the Chairman and another member of the

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Peer Team) | | |
|  |  | | |  | |  |
|  | **Adjacency pairs** | | | **Speaker/Listener** | | **Conversation** |
|  | | | |  | |  |
| *Greeting & inquiry* | | | | *Co-coordinator (from the* | | *Good morning, sir. I am Karthik, from Dr Ramesh climic.. I am looking for Dr. Sharma from Pune* |
|  |  |  |  | *host institution) Karthik* | | *. Are you part of the team that comes on behalf of NDAP to assess our clinic?* |
|  | | | |  | |  |
| *Greeting & reply* | | | | *Dr. Sharma (Member)* | | *Good morning, Mr. Karthick. Yes, I’m Sharma. Glad to* |
|  |  |  |  |  | | *meet you.* |
|  | | | |  | |  |
| *Introduction* | | | | *Karthik* | | *Meet Dr. Rama Rao from Sion, another member of* |
|  |  |  |  |  | | *The team.* |
|  | | | |  | |  |
| *Response* | | | | *Chairman* | | *Good morning, Dr. Rama Rao, Glad to meet you, how* |
| *to introduction* | | | |  | | *Do you do?* |
|  | | | |  | |  |
| *Question* | | | | *Dr. Rama Rao (Member)* | | *Very well, thank you. Has Mrs. Jones already arrived?* |
|  |  |  |  |  | | *She said she was coming a little earlier* |
|  | | | |  | |  |
| *Answer –* | | | | *Karthik* | | *Yes, sir, she arrived two hours ago. She has been* |
| *volunteers* | | | |  | | *taken by our PRO to the lodge where accommodation* |
| *information* | | | |  | | *has been arranged for all the three members.* |
|  | | | |  | |  |
| *Asks for more* | | | | *Chairman* | | *Is the lodge close by? Is it near the clinic?* |
| *information* | | | |  | |  |
|  | | | |  | |  |
| *Gives the* | | | | *Karthik* | | *Yes, it is, just two kilometers away and about half a* |
| *information* | | | |  | | *kilometer from the clinic. Meet Dr. Muhammad,* |
|  |  |  |  |  | | *Dr Ramesh’s assistant. He will arrange any technical or other support you may need.* |
|  | | | |  | |  |
| *Greeting* | | | | *Chairman* | | *Delighted to meet you Dr. Muhammad. How do you* |
|  |  |  |  |  | | *do?* |
|  | | | |  | |  |
| *Greeting* | | | | *Dr. Muhammad* | | *The pleasure is equally mine sir. Thank you, how do* |
|  |  |  |  |  | | *you do?* |
|  |  |  |  |  | |  |
| *Request* | | | | | *Chairman* | *Fine, thank you. I would appreciate if I could have the* |
|  | | | | |  | *services of a computer assistant till late in the night* |
|  | | | | |  | *These two days. We need them for our work.* |
|  | | | | |  |  |
| *Compliance* | | | | | *Dr. Muhammad* | *This is Mr. Subbu who will be with you as long as you* |
|  | | | | |  | *Want. He has been given hard and software support* |
|  | | | | |  | *And necessary stationery. You will find him useful.* |
|  | | | | |  |  |
| *Acknowledgement* | | | | | *Chairman* | *Nice meeting you. Thank you for your help.* |
|  | | | | |  |  |
| *Initiating next move* | | | | | *Dr. Rama Rao* | *Shall we move from here? How do we go?* |
|  | | | | |  |  |
| *Facilitates Move* | | | | | *Karthik* | *Yes, sure. The Chairman and you will go by that red* |
|  | | | | |  | *Car. The rest of us will follow you in the white.* |
|  | | | | |  |  |
| *Offer* | | | | | *Dr. Muhammad* | *Would you like to have some light refreshment or a* |
|  | | | | |  | *Cup of hot or cold drink?* |
|  | | | | |  |  |
| *Declines with* | | | | | *Chairman* | *No, Thank you. It’s going to be twelve and near* |
| *deference* | | | | |  | *Lunch time. I don’t know if others would want.* |
|  | | | | |  |  |
| *Endorse it* | | | | | *All* | *We don’t need it either, thank you.* |
|  | | | | |  |  |
| *Inquiry* | | | | | *Chairman* | *Where can we meet the Dr. Ramesh?* |
|  | | | | |  |  |
| *Explanatory reply* | | | | | *Karthik* | *He is waiting at the lodge. He is ready with the file that* |
|  | | | | |  | *updates information from the time of the submission* |
|  | | | | |  | *Of the application.* |
|  | | | | |  |  |
| *Appreciation* | | | | | *Chairman* | *Very thoughtful of him indeed! Is there a change in* |
| *Question* | | | | |  | *The schedule?* |
|  | | | | |  |  |
| *Answer* | | | | | *Dr. Muhammad* | *I don’t think so, Sir but the Dr. Ramesh will confer with you about the schedule.* |
|  | | | | |  |  |
|  | | | | | *(Meanwhile they arrive at the lodge)* | |
|  | | | | |  |  |
| *Appreciation* | | | | | *Dr. Rama Rao* | *The place is quite cozy and comfortable. I love the* |
|  | | | | |  | *broad table and the furniture- an incentive to work in* |
|  | | | | |  | *Deed! And the PC!* |
|  | | | | |  |  |
| *Joins with a light* | | | | | *Chairman* | *The bed is equally inviting! Better resist the* |
| *comment* | | | | |  | *invitation (laughter as they unpack)* |

1. You may now read the following imaginary team interaction and comment on the presence or absence, use or non-use, of some of the crucial intangible skills and team skills and roles. It is assumed that the dialogue takes place at the end of the second day of the visit.

**ILLUSTRATION 3**

**Chairperson:** Perhaps you will agree that our impression of the support services, especially thepatient education material and its utilization of learning, resources, has significantly improved. You may share any reservations you have on the matter.

**Member 1:** I think so too. The documents we have additionally seen, and the gaps in informationthat interaction with students has helped us to fill, have substantially improved our first impressions.

**Member 2:** I don’t think so. They have been eroded rather. The claims made in the SSR cannotbe justified because a clinic of so many years would need better display pamphlets. I am inclined to reduce the original score to nearly half of what I had recorded initially.

**Chairperson:** Perhaps you are right, Professor (Member 2). Your point about the need for improvingis well taken. We should make our due recommendations to the OHCP to re-set its priorities in this area. Wouldn’t you, however, support the observation that the extent of the use of available resources made by patients would be more important than their quantum? Professor (Member 3) could we have your observation on the matter?

**Member 3** : Well, there is evidence to support the observation you have made just now. Hereare the notes I have taken to assess the intensity of use. Here is the new statistics we have gathered from various interactions and perusal of additional documents. The use of the pamphlets shows healthy improvements and which are well authenticated, go to prove the point. I would, however, go along with Professor (Member 2). For optimizing the services for the reason that a well-motivated community such as this can double its output

**Chairperson:** Would you like to respond to that, Professor (Member 2)?

**Member 2:** Well, I see the point. Perhaps I should have checked the new statistics before Imade that comment. I would still insist on optimizing educational resources as Professor (Member 3) has observed.

**Chairperson:** Thank you for your gesture. We shall discuss further the form of the recommendationthat should go into the report. Would you mind writing out a draft recommendation on educational material services, which can be reviewed a little later? Perhaps Professor.

**Member**  **3**  May I share the new statistics with you. We shall meet again soon.

1. You may read the following team conversation and comment on the extent of use or non-use of communicative speech skills discussed above. Suggest alternatives for improvement.

**ILLUSTRATION 4**

**Chairperson** : May we meet here? The room is cosy and least noisy. We have desks to keep ourmaterials on, moreover.

**Rest of Team** : Yes, we shall. All of us are here.

**Chairperson** : Well now, at the end of the second day we shall review and compare our notes,additional information gathered and any new observations any member of the team would like to make. We can also share our general impressions of the faculty, students, alumni and the Management. And finally, we shall review our tentative scores. Would anyone like to make any point?

**Member 1:** I liked the entertainment. The staff has remarkable talents... It is unfortunate that none has made it to that level

**Member 2:** I have never come across another clinic, which can excel in hospitality. Theyhave taken much effort to keep us all comfortable and to give us the best of our stay.

**Chairperson:** The community that runs the Management is known for its hospitality. I think thecollege deserves a B++ or even an A. What do you think, Professor (Member 3?)

**Member 3:** May we not compare our notes on today’s review especially of multiple chairs? Perhapswe may discuss their enrichment programmers?

**Chairperson:** Thetis a good idea. I’m really impressed with their novel Loyalty bonus System that hasbeen helpful to improve inflow.

**Member 1:** I’m really impressed with the communicative abilities of staff. I enjoyed everyone of their questions during our interaction with them.

**Member 2:** The clinic pantry food is nutritious.

**Member 1:** But they do not have space to sit and get rejuvenated.

**Member 2:** Perhaps they can make use of the available space better!

**Messenger** : The OHCP wants to meet the Chairman to have just a word with him.

***Chairperson:*** *Friends, please do carry on the discussion. I’ll join you after dinner. Why don’t you**also eat now? We shall continue our discussion after dinner*

(Note: Let us hope that the post-dinner interaction would be more focused, better monitored, less incoherent and substantially contributive to report drafting and that time-management would help keep schedules better.)

1. Reflect on what shortcomings and problems an assessor may have to confront, if principles of assessment are not put into practice. You may write down concrete instances, real or imaginary, in the context of problems faced by some institutions that have been assessed.

4 Reflect on how a voluntary adherence to a code of conduct can:

* make the task of assessment easier;
* more than prepare the OHCP to accept the outcome of assessment; and
* Enhance the credibility of NDAP.

You may write down your comments on a sheet of paper and discuss them in a group

TANGIBLE SKILLS

It must be noted that a value statement made on the basis of an official criterion alone does not prove a claim. The necessary corollary of validation is *authentication*. Although the two terms are used interchangeably by many assessors, they are not exactly the same in meaning. Authentication provides the evidence necessary to prove the validation. Both are complementary. Taking the example cited above we may state the validation and the authentication of a claim as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **** | validation | : | The OHCP is a Dental Paediatrition and runs a clinic only for children |
| **** | authentication | : | The Clinic is equipped exclusively for Paediatric patients. The waiting room has only |
|  |  |  | Paediatric patients, no records of adult patients found in the patient lists. |
|  |  |  |  |

It, therefore, follows that both are essential for assessment. The one without the other makes assessment less credible. The first is based on a criterion statement of NDAP and the second on a practice of the clinic which contributes to criterion aspects.

The following illustrations may help to make validation more complete:

**Table 5**

**Authentication and Validation : Illustration - I**

|  |  |  |
| --- | --- | --- |
| **Unacceptable** | **Better** | **Substantially assessment-supportive** |
|  |  |  |
| The Clinic follows the CDC guideline for autoclave | The nurse of the OHCP Clinic has a standard procedure checklist displayed near the autoclave, | Autoclaving checklist and process manual is available. The OHCP takes training program for the staff to keep them updated. All supportive documents are attached. |
|  |  |  |

**Explanation:**

The statement made in the first column is unacceptable because :

* it merely *repeats* that which is found in the SSR;
* it is too *genera*l; and
* the *application of mind* by the Assessor has not been made *explicit*.

It, therefore, remains an unassessed endorsement of the claim made by the OHCP.

The second statement made under column 2 is well made. It has an evaluative tag well planned and effectively monitored. However, it is *general and not explicit*. Though better than the first, it is still unacceptable because it lacks authentication.

The statement under column 3 both evaluates and authenticates. It moreover adduces tested (verified) evidences, which show meticulous application of mind on the part of the assessor.

The foregoing validation has to be fine-tuned if it has to be more precise and complete in order to match the Key Indicator of a criterion. The Key indicator, here, speaks of training provision made to support the untrained. The validation may be improved by referring to (a) unskilled; and to (b) both the process and the result of the good practice.

**Table 6**

**Authentication and Validation : Illustration – II**

|  |  |
| --- | --- |
| **Revised Validation** | **Authentication of Process & Result** |
|  |  |
| The nurse of the OHCP Clinic has a standard procedure checklist displayed near the autoclave | The nurse uses a checklist and ticks as per the procedure completed. The records are maintained in a file. The quality of autoclaving is checked by thermal paper and periodic smears taken from autoclave. Records are available for verification. The autoclave is regularly calibrated and records maintained. |

If such validation of each Core Indicator under each criterion is also accompanied by assignment of scores determined in proportion to the weights allotted by NDAP to Key Indicators and to the criterion as a whole, the parity between assessment and scores can be ensured.

The process of validation in terms of Key Indicators of criteria leads to validation of the content of the report as a whole. Thus, the validation is made on the basis of:

* + criterion-wise analyses made of performance that fulfills requirements of the Key Indicators of NDAP; such an analysis is well supported by the validation and authentication of claims made in the SSR with reference to the criterion concerned;
* analysis of strengths and weaknesses classified and presented in the criterion-report;
  + an assessment of strengths and weaknesses on the whole that highlights salient features of the OHCP performance in its totality;
* coherent presentation of content in organized form; and
* Parity of content and scores as well as the institutional grade.

Unless the content of the report adheres to these five bases or norms, the writer of the report will be left without proven facts on which he or she should base judgment; and objectivity will be at a disadvantage

Illustrations of Coherence and Cohesion in Report Writing

Some of the features of coherence and cohesion are critically illustrated in the following four excerpts taken from NDAP Team reports;

**Coherence - Illustration - 1**

*The OHCP has a well laid down Human Resource Management. The Staff selection is done by two people—the OHCP and Assistant. The selection is as per a checklist with appropriate weightages and at the interview the candidate is scored. The average minimum score is 3 out of five to be eligible for interview section. Here too objective scoring is laid down. The OHCP encourages the unskilled workers to acquire skill to promote them to technician and chair-side assistant post. Even yearly increments are to be gained by getting good scores to be eligible. This promotes sense of quality, everything is to be earned.*

The paragraph quoted from one of the reports is coherent. The first sentence (usually a single sentence summary of the ideas expressed in the whole paragraph often described as the *Topic Sentence*) states the central idea of the paragraph, namely, Human Resource Management. Sentences 2, 3 and 4 follow up the idea with illustrations thereby authenticating the main statement with significant facts as evidences. The last sentence authenticates the observation with a value conveyed through one of NDAP’s Key Indicators, namely, HRM and quality consciousness.

**Coherence - Illustration - 2**

Let us look at the following passage:

*The OHCP wants to go paperless and has developed the IT support in the clinic. In order to achieve an IT ecosystem, there is LAN connection, central WI-FI and Internal Messaging System. Staff are encouraged to use these systems. Staffs that adopt and use these gadgets are encouraged, while others are told to learn and try for re-employment. After learning. No internal training is imparted*

The opening statement is well written and it introduces a key Core Indicator of NAAC, namely, transparency in admission processes. Sentences 2 and 3 logically develop the idea: 2 illustrates the transparent process and 3, logically, comments on a limitation of the process. The thought well developed with logical consistency thus far, however, is dropped in the middle. The writer jumps to a second idea in sentence 3 (i.e. assessment) and to a third idea in sentences 4 (i.e. differential pedagogy for slow and advanced learners). Three ideas in a paragraph cannot contribute to coherence and logical consistency, which depends on a single idea in each paragraph.

**Coherence and Cohesion: Illustration - 3**

(The sentences are numbered in order to facilitate our discussion)

*“Criterion III: External Laboratory, Internal Laboratory and 3 D Printing.1 Staff of the clinic are encouraged to undertake proper referral about the external, internal and 3 D printing laboratory work.2 About four staff of the clinic have registered themselves for the 3 d printing course.3 The clinic, however, uses externally prepared models.4 There are CDE programs, Symposia, Workshops conducted on how to refer, maintaining patient confidentiality, preparing SOP for the staff.5 There are no scheduled projects as of now.6 As such, the college does not offer any consultancy services.’’*

**Analysis**

The following table presents an analysis and suggested improvements in the areas of coherence, cohesion and assessment in general.

**Table 7**

**Coherence and Cohesion in Writing Reports - Illustration I**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coherence** | |  |  | **Cohesion** | | |  |  | **Assessment** | |
| 1. The paragraph may begin | | | | 1. The first two sentences | | | | | 1. Mere listing of that which is | |
| with a general evaluative | | | | have cohesion: the | | | term | | in the SSR may be replaced | |
| Statement about the theme. As | | | | “about” | introduces | | | an | By assessment. It is missing | |
| at least two themes are | | | | illustration | of | the | initial | | because | there is little |
| Internal, external laboratory  Referrals and 3 d printing |  | |  | Idea. They are cohesive. | | | |  | Validation. |  |
|  | | | |  |  |  |  |  |  |  |
| Two paragraphs may be better. | | | |  |  |  |  |  |  |  |
|  | | | |  | | | | |  | |
| 2. Hence sentences 1,2,5 and | | | | 2. Sentence 3 is abrupt. The | | | | | 2. Key indicators may govern | |
| 6 may be put together. 3 and | | | | connection of “however” with | | | | | reporting | The assessment. |
| 4 may constitute the second | | | | the earlier sentences is not | | | | |  |  |
| Paragraph. | |  |  | Clear. 4 naturally follow. | | | |  |  |  |
|  | | | |  | | | | |  | |
| 3. Fact-based ideas may be | | | | 3. Sentences 5 and 6 do not | | | | | 3.Strengths and weaknesses | |
| included to expand the scanty | | | | have cohesion with the earlier | | | | | may be clearly dealt with in | |
| observations in order to | | | | Sentences. “There” does not | | | | | Separate sub-sections. | |
| provide | substance | to | the | help to reinforce cohesion as | | | | |  |  |
| Paragraphs. | |  |  | it is an indefinite word without | | | | |  |  |
|  |  |  |  | A connective potential. | | |  |  |  |  |
|  | |  | |  |  |  | | |  | |
| 4. Illustrations, | | critical | | 4. Formal | and | structural | | | 4. Assessors ‘contribution to | |
| observations and assessing | | | | Cohesion may be provided. | | | | | suggestive evaluation is not | |
| comments may help logical | | | | The paragraph | | may | | be | Evident. |  |
| Sequencing of ideas better. | | | | provided a beginning and an | | | | | 5. Holistic assessment of a | |
|  |  |  |  | End. Internal structure may | | | | | criterion may be kept under | |
|  |  |  |  | follow classifications | | | | like | focus while individual Key | |
|  |  |  |  | strengths and weaknesses, | | | | | Indicators are dealt with. | |
|  |  |  |  | observations and suggestions, | | | | |  |  |
|  |  |  |  | etc. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

4.5. Errors in Cohesive writing

Some of these are illustrated below:

**Table 8**

**Errors in Cohesion**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of the** | | **Explanation** | | **Example** | | **Improved Version** | | | | |
| **Cohesive flaw** | | |
|  | |  | |  | | |  |
|  | | |  | |  | |  | | | | |
| Camouflaged | | | The word that should | | The establishment of | | They were advised to | | | | |
| Vocabulary | | | be a verb is disguised | | IQAC was | | Establish the IQAC. | | | | |
|  |  |  | As a noun. (This | | Recommended. | |  | | |  |
|  |  |  | affects directness) | |  | |  | | |  |
|  | | |  | |  | |  | | | | |
| Redundancy | | | Verbal excess or | | return back repeat | | return repeat between | | | | |
|  |  |  | duplication | | again midway | | result witness (except | | | | |
|  |  |  |  | | between end | | in | | | some |
|  |  |  |  | | result eye | | contexts) five years | | | | |
|  |  |  |  | | witness period of five | | That truth at or when | | | | |
|  |  |  |  | | years the fact that | | although | | | |
|  |  |  |  | | actual truth on the | |  | | |  |
|  |  |  |  | | occasion of in spite of | |  | | |  |
|  |  |  |  | | the fact that | |  | | |  |
|  | | |  | |  | |  | | | |
| Cliché | | | overused | | Subsequent to the | | The college has | | | |
|  |  |  | expressions which | | first accreditation the | | been working hard to | | | | |
|  |  |  | mar freshness in | | college spared no | | improve the quality of | | | | |
|  |  |  | reports | | effort to tone up the | | teaching, after the | | | | |
|  |  |  |  | | quality of its | | First accreditation. | | | | |
|  |  |  |  | | Pedagogy. | |  | | |  |
|  | | |  | |  | |  | | | |
| Hyperbole or Hype | | | exaggeration | | The college has | | The college has | | | |
|  |  |  |  | | done yeoman service | | been particularly | | | | |
|  |  |  |  | | to the children of the | | helpful to youth from | | | | |
|  |  |  |  | | farmers in the region | | local farming | | | |
|  |  |  |  | | by giving them | | Communities. They | | | | |
|  |  |  |  | | excellent education | | receive special | | | |
|  |  |  |  | |  | | education to improve | | | | |
|  |  |  |  | |  | | Farm assets. | | | |
|  | | |  | |  | |  | | | |
| Over-Reaching Brief | | | Doing things beyond | | The achievement of | | The college has | | | |
|  |  |  | one’s legitimate term | | the college is | | done well to deserve | | | | |
|  |  |  | Of reference. | | fantastic and it | | encouragement | | | |
|  |  |  |  | | deserves the status | |  | | |  |
|  |  |  |  | | of Deemed-to-be- | |  | | |  |
|  |  |  |  | | University | |  | | |  |
|  |  |  |  | |  | |  | | |  |
| Long, unfamiliar | | | | They cloud meaning | | Antagonistic | | opposite destroy | | | | |
| words | | | | by their unfamiliarity | | obliterate endeavor | | attempt or try find out | | | | |
|  | | | |  | | ascertain terminate | | or make sure to end | | | | |
|  | | | |  | | demonstrate | | show | | | | |
|  | | | |  | |  | |  | | | | |
| Metaphorical or | | | | literary style | | The students of the | | (a metaphor from | | | | |
| poetic language | | | | unsuitable for report | | college have bagged | | shooting birds and | | | | |
|  | | | | language | | many university | | collecting them in | | | | |
|  | | | |  | | Ranks. | | bags) “obtained” can | | | | |
|  | | | |  | | The IQAC has scaled | | Replace it. | | | | |
|  | | | |  | | new heights by | | The effort of the | | | | |
|  | | | |  | | getting the ISO 9000 | | IQAC in obtaining the | | | | |
|  | | | |  | | : 2000 certification | | ISO 9000: 2000 | | | | |
|  | | | |  | | For the college. | | certification for the | | | | |
|  | | | |  | |  | | college is unique (or | | | | |
|  | | | |  | |  | | Remarkable). | | | | |
|  | | | |  | |  | |  | | | | |
| Circumlocution | | | | roundabout way of | | The Peer Team after | | At the completion of | | | | |
|  | | | | stating an idea (This | | going through the | | its assessment, the | | | | |
|  | | | | often results from | | Self-Study Report | | Peer Team was | | | | |
|  | | | | writing long | | and visits to various | | convinced that the | | | | |
|  | | | | sentences) | | academic and | | college has | | | | |
|  | | | |  | | physical facilities, | | successfully met | | | | |
|  | | | |  | | meetings and | | needs of the local | | | | |
|  | | | |  | | discussions with | | community with its | | | | |
|  | | | |  | | various | | educational | | | | |
|  | | | |  | | constituencies and | | programmers and | | | | |
|  | | | |  | | verification of | | Performance. | | | | |
|  | | | |  | | records, is of the | |  |  | | | |
|  | | | |  | | opinion that ... | |  |  | | | |
|  | | | |  | | college is making | |  |  | | | |
|  | | | |  | | considerable | |  |  | | | |
|  | | | |  | | contributions in | |  |  | | | |
|  | | | |  | | meeting the higher | |  |  | | | |
|  | | | |  | | education needs of | |  |  | | | |
|  | | | |  | | this economically | |  |  | | | |
|  | | | |  | | and socially | |  |  | | | |
|  | | | |  | | backward region in | |  |  | | | |
|  | | | |  | | the ... district of .... | |  |  | | | |

Style

Style plays an important role in facilitating communication both orally and in writing. It promotes sound inter-personal transactions. Style is not verbal decoration: it is more a personal construct than a linguistic and artistic writing display. Report writing is concerned with perspectives of the writer as well as the reader or the recipient. The writing style should neither be appearing to be condescending nor appearing to be hectoring giving a holier-than-thou feeling to the OHCP. If so, the report is either ignored or shelved. On the other hand, suggestions and comments made with deference to the point of view of the OHCP are likely to receive better attention and follow up. Report writing, therefore, generally favours the *You-Attitude* as against the I/ We-Attitude. The following may be a helpful checklist for assessors:

|  |  |
| --- | --- |
| **Table 10** | |
| **A. Features of Attitudes** | |
|  |  |
| **I/We -Attitude** | **You – Attitude** |
| egocentric | exocentric (other-oriented) |
|  |  |
| condescending | courteous and deferring (respectful) |
| closed | open |
| negative | positive |
|  |  |
| cold | warm |
|  |  |
| hectoring (aggressive) | pliant (flexible, accommodating) |
|  |  |
| **B. Illustrations** | |
|  |  |
| **I/WE- Attitude** | **You – Attitude** |
|  |  |
| the OHCP has reached a plateau, leading to | The OHCP will and can overcome the adverse situation and steps in that direction are being taken |
| Stagnation. There appears to be a hopeless situation |  |
|  |  |
| (closed - condescending) |  |
|  |  |
|  |  |
| “The Assistant to the OHCP | The OHCP can be helped if the |
| could not provide facts and figures | All the staff are positively involved in the |
| regarding the management of the college | performance and progress. |
| (hectoring) | (accommodating - suggestive) |
|  |  |
|  |  |
| “The credibility of NDAP will be undermined | A planned program of reform following |
| if the OHCP fails to make a U turn” | the present introspection can help the |
| (egocentric and judgmental negative.) | OHCP uphold the credibility of |
|  | NDAP’s processes. (positive - exocentric) |
|  |  |

4.7. Tips for Good Report Writing

Most of the tips offered by the QAAs are summarized in the following table, which presents, in parallel dots, positive and negative tips for good report writing.

|  |  |  |
| --- | --- | --- |
| **Table 11 : Tips for Good Report Writing** | | |
|  |  | |
| **Tips For** | **Tips Against** | |
|  |  | |
| **** Match grade with content of report. | **** Avoid arbitrariness in both validation and | |
| **** Let judgement be clear and stand firmly | determination of scores. | |
| on QAAs criteria of validation. | **** Do not let one’s own insights supersede | |
| **** Let assessment complement internal | validation made with QAA’s criteria. | |
| quality processes. | **** Do not impose, directly or indirectly, any | |
| **** Recommend that which is helpful and | external practices not compatible with | |
| practical in the context of the institution.\ | those of the institution. | |
| **** Validation statements should be well | **** Do not recommend that which violates | |
| authenticated. | norms of either the institution or the | |
| **** Let the report be clear, precise and | government. | |
| positive. | **** Avoid subjective judgement based on | |
| **** Let the report be organized with logical | impressions and not on evidence. | |
| soundness. | **** Avoid ambiguous ideas and expressions. | |
| **** Let the language of the report be | **** Avoid errors of logic in the assessment. | |
| cohesive and precise. | **** Avoid descriptions which are not | |
| **** Maintain the perspective of the | necessary for validation. | |
| assessee-institution. | **** Do not judge or write from one’s own | |
| **** Write in a tone that is pleasant and | perspective. | |
| acceptable. | **** Do not take a magisterial stance. | |
| **** Be indicative in suggestions. | **** Do not be prescriptive. | |
| **** Let the report follow the flow of ideas | **** Do not include tables, graphs, pictures, | |
| without interruption. | etc. in the running text. | |
|  |  |  |

Check-list for Finalizing a Good Report

The following check-list may help finalize a good report:

Content is :

* clear;
  + evidence based; evaluative;
* logically structured;
* criteria / Indicator-based;
* analytical, to project strengths and weaknesses ;
  + not violative of institutional and government norms in recommendations; not impressionistic;
  + not based on personal experiences of members of the Peer Team; and is well-organized in form and structure.

Writing is:

* logically coherent, well argued and convincing;
* cohesive: language is clear and unambiguous; institution - oriented in, attitude;
* not hectoring or condescending;
* couched in language not repetitive; substantial, and not inadequate; and
* free from offensively negative comments.

Score - Content Parity is achieved by:

* measurement by score that matches content;
* an institutional grade which reflects a holistic assessment of both Key aspects/assessment Indicator-wise scores and that of overall assessment of performance;
* content not being inadequate to justify score; and a standardized measureadopted through the report.

The report:

* + adheres to rules of length is consistent in parts;
* does not contain tables and charts in the body; and
* is well-documented with supportive enclosures and references.

Errors, which undermine good Reporting

Consistency in thought (logical coherence) is often affected by illogical statements. The following table names such errors and explains them:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  |  |  |  |  |
|  |  |  |  | | | |  |
| **Name of Error** | **Explanation** |  | **Example (all taken from reports)** | | | |  |
|  |  |  |  | | | |  |
| Hasty Generalisation | making a sweeping |  | *The OHCP has now reached a stage* | | | |  |
|  | judgment on the basis |  | of stagnation. | | |  |  |
|  | of insufficient evidence |  |  | | | |  |
|  | or special cases |  |  | | |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | | | |  |
| Hidden Assumption | hiding a questionable |  | *It is important that more staff are needed* | | | |  |
|  | major premise |  | *To complete tha tasks at hand.* | | |  |  |
|  |  |  |  | | | |  |
| Bi-Polar (impossible) | setting up two |  | *The OHCP may set up a satellite* | | | |  |
| Alternatives | alternatives neither of |  | *Center at ... This is the most urgent need* | | | |  |
|  | which is feasible or |  | *of the population in this area* | | | |  |
|  | probable |  | *(without it they have no hope).* | | | |  |
|  |  |  |  | | | |  |
| Illogical Statement | not strictly logical - |  | *Staff facility is fairly good as there is* | | | |  |
|  | states a par pal truth. |  | *sufficient space for staff* | | | |  |
|  |  |  |  |  |  |  |  |
| Begged Question | assuming as proven |  | *The OHCP has treated many patients successfully.* | | | |  |
|  | what the reporter is |  | The Assessor is trying to prove patient satisfaction, even when they have not returned for recall and there are no feedback forms | | | |  |
|  | seeking to prove |  |  | | | |  |
|  |  |  |  |  | | |  |
|  |  |  |  | | | |  |
| Missing Logical | forgetfully contradicting | *The* |  | | | |  |
| Connnections | an earlier observation or |  | *The OHCP has an elaborate Patient Management software , making it possible to maintain patient details.*  *…later in the report it is mentioned that the patient records are not retrievable as the software needs debugging and staff need training.* | | | |  |
|  | statement |  |  | | | |  |
|  |  |  | (The logical discontinuity | | | |  |
|  |  |  | leaves the failure of the OHCP to follow up with buying needed instrument with staff training is evident. | | | |  |
|  |  |  |  | | | |  |
|  |  |  |  | | |  |  |
|  |  |  |  |  |  |  |  |

SUMMARY

In this chapter we have

* understood the purpose and importance of the Assessor Report;
  + had an appraisal of the form and structure of the report: the tripartite division - introduction, criterion - wise analysis and overall-analysis;
  + looked at an illustrated process of validation based on evidences ;
  + discriminated between criterion-wise validation of parts of the report and the overall content validation and between consistency of what has been written and the quantitative scores/ grades;
  + become aware of the importance of the assessment outcome/grade-report parity achieved by fact-based writing, explicitness in presentation and by control of writing vis-a-vis its measurement, with team consensus; and finally
  + gone through the tips offered for good report-writing and the check-list provided for finalizing the report.

ASSESSMENT SCHEDULE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  | |  | | |  |  |  |  |  |  |  |  |  |
|  | **Name & address of Dental Facility:** | | | | | | | | | | |  |  |  |  |  |  |  |
|  |  | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  | **Accreditation Coordinator:** | | | | |  |  |  | |  |  | **Date(s) of Visit:** | | | |  |  |  |
|  |  | | | |  | |  | | |  |  |  |  |  |  |  |  |  |
|  | **Type of Visit:** *Assessment / Surveillance / Re-Assessment / Verification* | | | | | | | | | | | | | | |  |  |  |
|  |  | | | |  | |  | | |  |  | |  |  |  | |  | |
|  | **Assessment Standard**:*Accreditation Standards for Dental Institutions/ Hospitals/ Centres**(strike* | | | | | | | | | | | | | | | | | |
|  | *off which is not applicable)* | | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  | | |  |  | |  |  |  | |  | |
|  |  | | |  |  |  |  | | |  |  | |  |  |  | |  | |
|  | **Assessment Timings** | | |  |  |  | **Opening/Closing Meeting** | | | | | |  | **Daily Debriefing** | | | | |
|  |  |  |  |  |  |  | Date/Time | | | | |  |  | Date / Time | |  |  |  |
|  |  |  |  |  |  |  |  |  | |  |  |  |  | (at the end of each day) | | | | |
|  | Morning: | AM | to | PM | |  | Opening Meeting: | | | | |  |  | Day 1: | |  |  |  |
|  |  |  |  | Day 2: | |  |  |  |
|  | Afternoon: | PM | to | PM | |  | Closing Meeting: | | | | |  |  |  |  |  |
|  |  |  |  | Day 3: | |  |  |  |
|  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
|  |  | | | |  | | | | |  |  | |  | |  | |  | |
|  | **Assessment schedule:** Principal Assessor to provide details of activities taken up by individual | | | | | | | | | | | | | | | | | |
|  | assessors/ technical expert in the following format and obtained their signature. | | | | | | | | | | | | | | |  |  |  |
|  | (Separate sheets may be used for individual assessors) | | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  | | | | |  |  | |  | |  | |  | |
|  |  |  |  |  | **Schedule of Department/ Section/ Activity to be Assessed (date** | | | | | | | | | | | | | |
|  | **Name and Expertise** | | |  | **wise)** | | |  | |  |  |  |  |  |  |  |  |  |
|  | **of the Assessor** | | |  |  |  |  | Day 1 | | |  | Day 2 | | |  | Day 3 | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Morning | | |  | Afternoon | | Morning | | Afternoon | | Morning |  | Afternoon | |
|  | **Principal Assessor** | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | **Assessor 1** |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | **Assessor 2** |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | **Assessor --** |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  | **Observer/Expert** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  | Signature of Principal Assessor | | | | |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |

**ASSESSOR’S OBSERVATIONS**

**Name of OHCP**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | |  | Activity Assessed: | | |
|  |  |  |  |  |  |
| Auditee: | |  |  |  |  |
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| **Sl.** |  | **OBSERVATION** | |  | **REMARKS** |
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|  |  |  |  | Signature & Name of Assessor | |

**ASSESSOR’S SUMMARY ON NON-COMPLIANCE**

OHCP:

NON-COMPLIANCE AREA:

|  |  |
| --- | --- |
| Date: | Type of Assessment: *Assessment / Surveillance / Re-Assessment / Verification* |
|  |  |

Non-compliance observed:

1.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature & Name of OHCP | Signature & Name of Assessor |  |
|  | Representative |  |  |
|  |  |  |  |

**SUMMARY OF THE ASSESSMENT**

**OHCP name & address:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Accreditation Coordinator: | |  |  |  |  |  |  | Date(s) of Visit: | | |  |  |
|  |  |  | |  | |  |  |  |  |  |  |  |  |
|  | Type of Visit: *Assessment / Surveillance / Re-Assessment / Verification* | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Principal Assessor: | |  |  | Assessor 1: | | |  |  | Assessor 2: | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Assessor 3: | |  |  | Assessor 4: | | |  |  | Assessor 5: | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Assessor 6: | |  |  | Other/TE | | |  |  | Observer: | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of earlier visit and | |  |  |  |  |  |  |  |  |  |  |  |
|  | Purpose: | |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | **ASSESSMENT SUMMARY:** | | | |  |  |  |  |  |  |  |  |  |
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|  | **Enclosures** |  |  | |  |  | |  |  | |  |  | |
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|  | Date by which deficiencies are to be discharged by the OHCP: | | | | | | | | | | |  |  |
|  |  | | | | | |  |  |  | | | | |
|  | Acknowledgement by Authorised Signatory of | | | | | |  |  | Signature of Principal Assessor & Date | | | | |
|  | OHCP & Date | |  |  |  |  |  |  |  |  |  |  |  |

**DECLARATION OF IMPARTIALITY, CONFIDENTIALITY & INTEGRITY**

(to be filled in by each Assessor and enclosed with the Assessment report)

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Assessor ID :** |
|  |  | (To be filled in by NDAP Sect.) |
| **Designation** |  |  |
|  |  |  |
| **Organisation** |  |  |
|  |  |  |
| **Address** |  |  |
|  |  | |
| **Capacity** | *Principal Assessor / Assessor / Technical Expert / Observer* | |
|  |  |  |
| **Health care** |  |  |
| **organisation Assessed** |  |  |
| **Date of visit(s)** |  |  |
|  |  | |
| **Type of visit** | *Pre-assessment/ Assessment / Surveillance / Re-Assessment /* | |
|  | *Verification* | |

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **hereby declare** **that**
   1. I have not offered any consultancy, guidance, supervision or other services to the OHCP in any way.
   2. I am/ am not\* an ex-employee of the health care organization and am/ am not\* related to any person of the management of the health care organization.
   3. I will declare to the Board my and/ or my immediate family’s association with any of the organization that can affect the impartiality of the assessment process. I shall also keep the Board informed about changes in the status of my association with the organization before every assignment.
   4. I got an opportunity to go through various documents of the above OHCP and other related information that might have been given by NDAP. I undertake to maintain strict confidentiality of the information acquired in course of discharge of my responsibility and shall not disclose to any person other than that required by NDAP.

* strike out which is not applicable

Date:

Place : Signature

**Assessors Check-list**

|  |  |  |  |
| --- | --- | --- | --- |
| Chapter - 1 |  | YES | NO |
| 1.1 |  |  |  |
|  | Does the applicant have ownership deed of his clinic? |  |  |
|  | If not owned then does the applicant has lease agreement document? |  |  |
|  | Does the applicant have rent deed? |  |  |
|  | Does the applicant has done legal registration of the above documents? |  |  |
|  | Do all the documents match with applicant’s full name? |  |  |
|  | Does the validity of ownership/lease of at least one year from the date of the application? |  |  |
| 1.2 & 1.3 |  |  |  |
|  | Does the clinic have sufficient space as follows: (for a clinic with 1 dental chair) |  |  |
|  | 1. Treatment cubical – 60 sq.ft |  |  |
|  | 1. Reception area, waiting area, toilet etc – 35 sq.ft |  |  |
|  | 1. Ancillary space for sterilization room, dark room, compressor room, store area etc – 30% of carpet area for 1 dental chair |  |  |
|  | Does the clinic have proper space allocation for every different area of the clinic? |  |  |
|  | Does the clinic have natural light and air access? |  |  |
|  | Does the clinic have a separate entrance for patients, doctor & staff and for maintenance & emergency exit? |  |  |
|  | Does the store area has materials well arranged? |  |  |
| 1.4 |  |  |  |
|  | Does the clinic have an easily accessible entrance for geriatric and differently abled patients? |  |  |
|  | Does the clinic have anti-skid ramps? |  |  |
|  | Does the clinic have handles and grab bars along the path of movements? |  |  |
|  | Does the clinic have facilities for wheelchair, stretcher? |  |  |
|  | Does the clinic have same floor level from the entrance? |  |  |
| 2.1 |  |  |  |
|  | Does the operatory temperature has been maintained at 20-28 degree Celsius? |  |  |
|  | Does the operatory humidity have been maintained between 30-70%? |  |  |
|  | Does the operatory have an exhaust outlet and mechanism for air exchange? |  |  |
|  | Does the operatory have an air purifier? |  |  |
|  | Does the applicant has prepared a policy for measuring and recording of the above parameters? And record book for the same? |  |  |
|  | Does the applicant have a record or any system for periodic check-up and maintenance of the above parameters? |  |  |
| 2.2 |  |  |  |
|  | Does the clinic have display poster of the non-smoking zone and anti-smoking helpline number? |  |  |
|  | Does the applicant have record and details of cases treated with NRT? |  |  |
| 2.3 |  |  |  |
|  | Does the air compressor has a quality mark, for example, ISI, FDA(USA) or CE etc? |  |  |
|  | Does the applicant have a record or any system for periodic check-up and maintenance of compressor? |  |  |
|  | Does the clinic have separate place/room for the compressor? Temperature maintenance of that room? |  |  |
|  | Does the room have a good light source for better visibility during maintenance? |  |  |
| 2.4 |  |  |  |
|  | Does the applicant have a record of a periodic check for water quality? |  |  |
|  | Does that record show that CFU/m (colony forming units of heterotrophic bacteria per millimeter of water) is <500 on every periodic checkup? |  |  |
|  | If the CFU is >500 then what was done at that time with records? |  |  |
|  | Does the applicant have a report of periodic water testing? |  |  |
|  | Does the applicant have a record of periodic maintenance of water purifier? (If used) |  |  |
| 3.1 & 3.2 |  |  |  |
|  | Does the applicant have followed local municipal rules for signage board? |  |  |
|  | Does the applicant have followed traffic rules if neon or glow boards are used? |  |  |
|  | Does the signage content is in the local language? |  |  |
|  | Are there any danger signs used for example radiology or electrical or sterilization area? |  |  |
|  | Does signage contain adequate information with readable font size, style and color combination? Information like |  |  |
|  | Name |  |  |
|  | Address |  |  |
|  | Contact information |  |  |
|  | Clinic days and time |  |  |
|  | Services |  |  |
|  | Does the clinic have all signs of directions/entry/exit/fireplan/emergency exit/danger sign etc? |  |  |
| 3.3 |  |  |  |
|  | Does the clinic have specialty service board (if any) with specialists’ name, visiting days and hours? |  |  |
| 3.4 |  |  |  |
|  |  |  |  |
| 3.5 |  |  |  |
|  | Does the signage board contain 24/7 helpline or contact information? |  |  |
| 3.6 |  |  |  |
|  | Has the OHCP displayed consultation fees? |  |  |
| Chapter-2 |  |  |  |
| 1.1 |  |  |  |
|  | Has the clinical area been divided into the blue & red zone? Clean and dirty zone? |  |  |
|  | Does the applicant have SOP to follow sterilization protocols? |  |  |
|  | Are the sterilized instrument kits prepared in the clean area? |  |  |
|  | Does the applicant follow standard instruments delivery system to the chair-side area to prevent contamination of sterilized instruments? |  |  |
|  | Does the applicant prepare sterilized instrument kits according to procedural needs? |  |  |
|  | Does the applicant have an adequate number of sterilized instrument kits with two spare kits? |  |  |
|  | Does the applicant have a list of instruments required for each procedure? Is this list available in the sterilization room and with the chairside assistant? |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have SOP for the procurement of instruments? |  |  |
|  | Does the applicant have SOP for disposal of used instruments? |  |  |
|  | Does the applicant have SOP with step by step procedure to evaluate the instrument before disposing of it? |  |  |
|  | Does the applicant have a record of procurement and disposal of instruments? |  |  |
|  | Is the information available for the need for new purchase in advance? |  |  |
| 1.3 |  |  |  |
|  | Do the instruments used by the applicant are standard with any quality mark like ISI/FDA? |  |  |
|  | Does the applicant use all FDA approved dental materials? |  |  |
|  | Does the equipment like UV chamber, glass bead sterilizer etc are of standard quality with a quality mark of ISI/FDA? |  |  |
| 1.4 |  |  |  |
|  | Does the applicant have SOP for regular maintenance of electrical/mechanical equipment in place? |  |  |
|  | Does the applicant have a record of maintenance of electrical/mechanical equipment? |  |  |
|  | Does the applicant have any schedule for staff training? |  |  |
|  | Does the staff employed by applicant understand and adopts the procedure of maintenance on regular basis? |  |  |
| 1.5 |  |  |  |
|  | Does the applicant have all the operating manuals of all equipment/instruments used by him? |  |  |
|  | Does the applicant use all the equipment/instrument as per the instruction manual provided by manufacturers? |  |  |
|  | Does the applicant has trained his/her staff for the same? |  |  |
| 1.6 |  |  |  |
|  | Does the clinic has any on-going program for regular calibration of equipment? |  |  |
|  | Does the applicant have reports and records of calibration program? |  |  |
|  | Does the applicant have any action plan for corrective measures after calibration program(if needed)? |  |  |
| 1.7 |  |  |  |
|  | Does the applicant have developed any plan for discarding the dental instrument/equipment/material as per requirement /expiry? |  |  |
|  | Does the plan explain in a language easily understandable by a staff member? |  |  |
| 2.1 |  |  |  |
|  | Does the applicant have developed any plan for the maintenance of non-medical equipment like AC, fridge, water purifier, lift etc for their optimum functioning? |  |  |
|  | Does the plan have been explained in a language easily understandable by staff members? |  |  |
|  | Does the applicant have SOP for the maintenance of non-medical equipment? |  |  |
|  | Does the applicant have maintained records of maintenance program of non-medical equipment? |  |  |
| 2.2 & 2.3 |  |  |  |
|  | Does the applicant have owned any device for electricity back up like UPS/Inverter depending on electricity consumption? |  |  |
|  | Does the applicant have developed an action plan for a periodic check-up and testing of the electricity back up devices for its functioning? |  |  |
|  | Does the applicant has maintained a record of periodic testing of electricity back up devices? |  |  |
| 2.4 |  |  |  |
|  | Does the applicant have owned water purifier to maintain water quality throughout dental office? |  |  |
|  | Does the clinic have provisions for good quality drinking water and water for general use as separate? |  |  |
|  | Does the applicant have a record of periodic checkup/testing of the quality of water used in a dental office? |  |  |
| Chapter-3 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have developed any evaluation plan for any emergency calamities? |  |  |
|  | Does the clinic have an emergency exit in opposite direction of the entrance? |  |  |
|  | Does the clinical area have neon directional signs for emergency exits? |  |  |
|  | Does the clinic have provision for emergency lights to guide towards the emergency exit? |  |  |
|  | Does the applicant have a training manual for staff for an emergency evacuation plan? |  |  |
|  | Does the applicant have a training manual for staff related to any physical or verbal abuse? |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have SOPS for medical & dental procedures in compliance with applicable laws, regulations, and policies? |  |  |
|  | Does the applicant practice according to SOPS for medical and dental procedures? |  |  |
| 2.1 & 2.2 |  |  |  |
|  | Is there a well-maintained emergency kit available in the clinic? |  |  |
|  | Does the applicant have SOP to handle any life-threatening in-house emergency situation? |  |  |
|  | Does the applicant have a schedule to practice the handling of the life-threatening situation? |  |  |
|  | Does the applicant have a record of practice drill to handle the life-threatening situation? |  |  |
|  | Does the applicant and/or staff have a certification like BLS/ACLS to handle the life-threatening situation? |  |  |
|  | Does the clinic have any collaborated physician to handle the life-threatening situation if needed? |  |  |
|  | Does the clinic have collaboration with a nearby hospital to handle the life-threatening situation if needed? |  |  |
| 2.3 |  |  |  |
|  | Do the applicant and staff have vaccination record or certification? |  |  |
| 2.4 |  |  |  |
|  | Does the applicant have developed any system to address and assess the near-miss events? |  |  |
|  | Does the applicant have developed any policies for correction of near-miss events occurred in the past? |  |  |
|  | Does the applicant have a record of all near miss events occurred in the past with their evaluation and corrective measures? |  |  |
| 3.1 |  |  |  |
|  | Does the applicant has developed a disaster management plan for the safety of doctors, staff, patients, and visitors present in dental office premises? |  |  |
|  | Does the clinic have the necessary equipment to execute disaster management plan while in need? |  |  |
|  | Does the applicant have a training manual for staff for practice drill of disaster management events? |  |  |
|  | Does the applicant have a record of practice drills of disaster management events? |  |  |
|  | Does the clinic have an emergency exit on opposite side of the entrance? |  |  |
|  | Does the clinic have neon directional signs leading to emergency exit? |  |  |
|  | Does the clinic have emergency lights? |  |  |
| Chapter-4 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant use digital patient registration process? |  |  |
|  | Does the applicant use physical case papers for patient registration process? |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have developed and implemented a systemic patient registration process? |  |  |
|  | Does the applicant have a patient record of last 3 years? (physical/software data) |  |  |
| 1.3 |  |  |  |
|  | Does the applicant use system of unique patient code/ unique registration numbers for each patient? |  |  |
|  | Upon checking does the data matches with unique patient code and patient data? |  |  |
| 1.4 |  |  |  |
|  | Does the employed staff have been trained to follow proper patient registration procedure? |  |  |
| 2.1 |  |  |  |
|  | Does the applicant have forms/formats to record relevant medical and non-medical details of patients? |  |  |
|  | Does the applicant have implemented or follow any specific system to ensure the recording of all patient details? |  |  |
|  | Does the applicant have safe storage and easy retrieval of any patient data? |  |  |
| 2.2 |  |  |  |
|  | Does the applicant follow confidentiality agreement with a patient that is to share patients’ relevant medical record with the person who needs to know by educating the patient about it? |  |  |
|  | Does the applicant have prepared any instructional sheet for the patient to maintain the confidentiality of his agreement? |  |  |
| 2.3 |  |  |  |
|  | Does the applicant have provisions to protect patients’ records against loss, destruction, tampering or unauthorized use? (if computerized then back up of data) |  |  |
| Chapter-5 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant has proof/evidence to show for his/her |  |  |
|  | 1. Graduation |  |  |
|  | 1. Post-graduation |  |  |
|  | 1. Registration with state dental council |  |  |
|  | 1. Professional skill upgradation certificate |  |  |
|  | Does the applicant have proof/evidence of the above same of visiting consultant doctors’? |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have complete patient case history sheet which includes: |  |  |
|  | 1. His/her complete relevant medical history |  |  |
|  | 1. All necessary tests done with results |  |  |
|  | 1. Based on above two complete treatment plan with prognosis |  |  |
| 1.3 |  |  |  |
|  | Does the applicant follow proper procedure to ensure the complete examination & evaluation of a patient with respect to their chief complaint and their other oral healthcare needs with recording all necessary findings during the examination? |  |  |
|  | Does the applicant present or showcase summary of few cases? |  |  |
| 1.4 |  |  |  |
|  | Can the applicant present any proof/evidence to show that he has advised only essential and necessary investigations relevant to the case to reach a definitive diagnosis? |  |  |
| 1.5 |  |  |  |
|  | Does the applicant have any proof/evidence to show that he takes consent from patients for a treatment plan and scheduling of appointments? |  |  |
|  | Does the applicant have any proof/evidence to show that upon deviation from the treatment plan/scheduling an appointment, he takes consent of patient? |  |  |
| 2.1 & 2.2 |  |  |  |
|  | Does the applicant have developed any referral policy and referral sheets for referring a patient to another doctor outside the premises? |  |  |
|  | Does the referral sheet contain all the necessary clinical information of a patient for the person who needs to know? |  |  |
|  | Can the applicant present a list of all in-house doctors with their all necessary documents like |  |  |
|  | 1. Graduation certificate |  |  |
|  | 1. Post-graduation certificate |  |  |
|  | 1. Registration with state dental council |  |  |
|  | 1. CV |  |  |
|  | Can the applicant present a list of all outside specialist doctors with whom he/she is affiliated/connected with their necessary documents same as above? |  |  |
| 2.3 |  |  |  |
|  | Does the applicant has developed standard instruction sheet for patient referral and made it available with the receptionist? |  |  |
| 2.4 |  |  |  |
|  | Has the applicant developed their own HER card for each patient? |  |  |
|  | Can the applicant present few referral card copies which should include a summary of the case, the reason for referral along with other necessary information? |  |  |
| Chapter-6 |  |  |  |
| 1.1 & 1.2 & 1.3 |  |  |  |
|  | Does the applicant have made all imaging services available to meet patient needs in-house or through a referral if needed? |  |  |
|  | Does the applicant have maintained records of utilization of in-house or external radiological facilities? |  |  |
|  | Does the in-house radiological facilities, AERB approved? |  |  |
|  | Does the in-house radiological facility area meet AERB requirements? |  |  |
|  | 1. Wall thickness |  |  |
|  | 1. Total area |  |  |
|  | 1. Use of radiological safety equipment |  |  |
|  | Does the applicant have record or policy that mentions the exact timeframe for the specific procedure depending on the requirement or seriousness of the case? |  |  |
| 2.1 |  |  |  |
|  | Does the in-house imaging services operated and maintained by qualified staff? |  |  |
|  | Does the applicant have maintained the register for repeat procedures especially with digital imaging? |  |  |
|  | Does the register use for the purpose of staff training? |  |  |
|  | Does the register show necessary exposure parameters and provisional diagnosis? |  |  |
| 2.2 |  |  |  |
|  | Does the applicant have a record of adequate supplies of required materials like IOPA films, developer & fixer solutions for the conventional imaging services? |  |  |
| 2.3 |  |  |  |
|  | Does the applicant have developed quality assurance program to verify and validate the quality of imaging process, results and reports periodically? |  |  |
|  | Does the applicant have maintained a record of periodic internal imaging audit? |  |  |
| 3.1 |  |  |  |
|  | Does the applicant use a lead apron, rubber mat to avoid electric shock, thyroid collar, TLD/film badge etc for the purpose of radiation safety? |  |  |
|  | Does the radiation safety program is documented and practiced in premises? |  |  |
|  | The results of TLD/film badges are maintained? |  |  |
|  | Sign of warning for a pregnant woman? |  |  |
|  | Does the applicant have a contract with any radiation safety organization/lab for periodic testing of the devices? |  |  |
|  | Does the applicant have records of periodic testing of the devices? |  |  |
| 3.2 |  |  |  |
|  | Does the person, operating the imaging device is trained to practice radiation safety measures? |  |  |
|  | Does the applicant have records of training for the same? |  |  |
| Chapter-7 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have developed and documented the standard treatment protocols which are evidence-based and as per good clinical practice guidelines? Which should be as follows |  |  |
|  | 1. Emergency care first |  |  |
|  | 1. Then pain reliever/oral bacterial flora |  |  |
|  | 1. Then chief complaint & other treatment as per treatment plan protocol |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have documented the specific treatment plan for each patient based on their specific clinical evaluation? |  |  |
| 1.3 |  |  |  |
|  | Does the applicant have established a documented policy which describes roles and scopes of dental professionals as per their qualifications and expertise? |  |  |
|  | Does the applicant practice four hand dentistry? |  |  |
| 1.4 |  |  |  |
|  | Does the applicant have developed and adopted a policy which describes a multidisciplinary approach for the patient whenever needed? |  |  |
| 1.5 |  |  |  |
|  | Does the applicant have developed and adopted policies and processes for the care of geriatric, pediatric, pregnant patients and differently abled patients? |  |  |
| 1.6 |  |  |  |
|  | Does the applicant have developed a policy document containing protocols for the management of anxious patient? |  |  |
| 1.7 |  |  |  |
|  | Does the applicant have all post-operative instructions in written in a language understood by patient/guardian/caretaker? |  |  |
|  | Do the instructions also verbally explained to the patient/guardian/caretaker? |  |  |
| 2.1 |  |  |  |
|  | Does the applicant have developed any policy for obtaining the informed consent of the patient? |  |  |
|  | Does the applicant able to present few informed consents taken in past few years? |  |  |
| 2.2 |  |  |  |
|  | Does the applicant have an additional consent form for the purpose of using patient details, photographs taking and any other relevant details for publishing in a journal or for case presentation? |  |  |
| 3.1 |  |  |  |
|  | Does the applicant have developed any policy and process for ensuring patient safety during treatment? |  |  |
|  | Policy checklist must include: |  |  |
|  | 1. Preventing nerve damage |  |  |
|  | 1. RC instrument broke/engulf |  |  |
|  | 1. Lead apron |  |  |
|  | 1. Tongue-cheek guard |  |  |
|  | 1. Tooth avulsion into pterygoid spaces |  |  |
|  | 1. Mandibular fracture |  |  |
|  | 1. Eye protection |  |  |
| 3.2 |  |  |  |
|  | Can an applicant present well defined and documented policy exists within the clinic to prevent adverse events during treatment? |  |  |
|  | Does the applicant has included drug history in the medical history section of case sheet? |  |  |
|  | Can an applicant present few case sheets to observe the drug history of patients with test results if done? |  |  |
| 4.1 |  |  |  |
|  | Does the applicant has developed any well-defined policy for recall & follow up of patients after completion of their respective treatments? |  |  |
|  | Does the applicant able to present the record of patient recall and follow up after completion of their treatments with media by which communication was done? |  |  |
|  | Does the applicant have developed a system to issue a discharge card to patients mentioning existing condition and treatment done? |  |  |
| 4.2 |  |  |  |
|  | Does the applicant have a well-defined policy for patients who miss their follow up appointments? With the method of follow up done for e.g. emails, phone calls, SMSes etc. |  |  |
|  | Does the applicant have a list of patients who habitually missed follow-up appointments? |  |  |
| 5.1 |  |  |  |
|  | Does the applicant have a well-defined policy for the medical emergency management? |  |  |
|  | Does the clinic have all the necessary facilities, devices, emergency medication, oxygen cylinders etc readily available? |  |  |
| 5.2 & 5.3 |  |  |  |
|  | Does the applicant have developed well-defined protocols for the medical emergency management? |  |  |
|  | Does the applicant conduct practice drills on regular basis with staff with their specifies roles & responsibilities? |  |  |
|  | Does the applicant have a record of practice drills? |  |  |
|  | Has the staff been trained for BLS and/or ACLS? |  |  |
|  | Does the applicant have any record of a medical emergency from past? |  |  |
| 5.4 |  |  |  |
|  | Does the applicant have developed a policy for the post-event analysis to implement corrective and preventive measures and maintain the record of same? |  |  |
| 6.1 |  |  |  |
|  | Does the applicant have developed any policy and procedure to follow for the dental emergency? |  |  |
|  | Policy checklist should include: |  |  |
|  | 1. Pain relief |  |  |
|  | 1. IM analgesics |  |  |
|  | 1. Abscess draining |  |  |
|  | 1. Emergency opening of the pulp chamber |  |  |
| 6.2 |  |  |  |
|  |  |  |  |
| 7.1 |  |  |  |
|  | Does the applicant has developed SOP to implement standard policies and processes for treatment of patients with special needs? |  |  |
|  | SOP should include: |  |  |
|  | 1. Appointment schedule |  |  |
|  | 1. Medical consultation |  |  |
|  | 1. Risk assessment |  |  |
|  | 1. Treatment planning with histories |  |  |
|  | 1. Informed consent & behavioral modification |  |  |
|  | 1. Prevention program |  |  |
| 7.2 |  |  |  |
|  |  |  |  |
| 7.3 |  |  |  |
|  | Does the applicant have developed and implemented a documented procedure for obtaining informed consent from the legal representative of patients with special needs? |  |  |
| 8.1 |  |  |  |
|  | Does the applicant have developed sop for pain management? |  |  |
|  | SOP should include: |  |  |
|  | 1. Caries risk assessment |  |  |
|  | 1. Periodontal risk assessment |  |  |
|  | 1. At every stage means pre-treatment, treatment, and post-treatment |  |  |
|  | 1. Verbal and charted out if possible |  |  |
|  | 1. Pain control should be in the treatment proforma |  |  |
| Chapter-8 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have policy and documents to inform patients about their rights and responsibilities, in a manner and language they understand? |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have educated his/her staff regarding the same? |  |  |
|  | Policy document contains: |  |  |
|  | 1. Patient right to emergency care |  |  |
|  | 1. Care is given to preserving the dignity of the patient |  |  |
|  | 1. No discrimination on cast, religion/socio-economic status |  |  |
|  | 1. Right to recall & consultation |  |  |
|  | Does the applicant have a record of staff training for the same? |  |  |
| 2.1 & 2.2 |  |  |  |
|  | Does the applicant have developed policy and process for patient grievances? |  |  |
|  | Does the applicant have developed a process to inform patients about their right to express their grievances and the protocol to do so? |  |  |
|  | Does the patient grievances information easily accessible & available? (In pamphlet) |  |  |
| 2.3 & 2.4 |  |  |  |
|  | Does the applicant have developed a process to take patients’ feedback form regularly to improve the standard of services? |  |  |
|  | Can applicant present the record of patient feedback forms and actions for the corrective measures? |  |  |
| 3.1 & 3.2 |  |  |  |
|  | Does the applicant have developed policy and process for patient education? |  |  |
|  | Does the applicant have models/information pamphlets etc for patient education? (Information should be in a language easily understood by patients.) |  |  |
| Chapter-9 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have outsourced dental lab work with any certified dental laboratory? |  |  |
|  | Does the applicant have evidence to show that well-documented MOU exists between clinic and dental lab? |  |  |
|  | Does the MOU consist of following? |  |  |
|  | 1. Does the dental lab in business since last 5 years? |  |  |
|  | 1. Does the dental lab has at least 50% qualified personnel? |  |  |
|  | 1. Should dental lab have all the licenses specially GUMASTA? |  |  |
|  | 1. Does the applicant have proof of above three? |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have well-defined and documented policies and procedural guide for the identification, handling & safe transportation of impressions, models, and prosthesis? |  |  |
| 1.3 |  |  |  |
|  | Can the applicant present a record that shows that lab person has informed the applicant of failure or delays to provide work in time? |  |  |
|  | Can the applicant present a copy of blank & filled forms for exchange of information between clinic & dental lab? |  |  |
| 1.4 |  |  |  |
|  | Does the applicant have maintained a record of all work that is outsourced to lab including repeat or correction work? |  |  |
| 1.5 |  |  |  |
|  | Does the applicant have developed and implemented corrective & preventive measures after careful analysis to reduce the number of repetitions and alterations? |  |  |
|  |  |  |  |
|  | In house Lab: |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have hired a qualified personnel to work in-house dental lab? |  |  |
|  | Does the person working in the in-house dental lab has degree/diploma or adequate certification? (proof) |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have developed well defined and documented procedural guide for the identification, handling, processing & safe transportation of impressions, models, and prosthesis for internal work? |  |  |
|  | Are machines and equipment maintained in good condition? |  |  |
|  | Are machines and equipment of the standard quality mark? |  |  |
|  | Does the applicant have maintained a record book of servicing of machines and equipment? |  |  |
|  | Does the applicant buy material from standard dealers and brands? |  |  |
| 1.3 |  |  |  |
|  | Does the applicant have prepared safety policy for the in-house dental lab? |  |  |
|  | Policy should include: |  |  |
|  | 1. Cross infection prevention |  |  |
|  | 1. Fire or any danger prevention |  |  |
| Chapter-10 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have developed criteria and guidelines for the selection of standard materials and medications? |  |  |
|  | Does the criteria & guidelines include following: |  |  |
|  | 1. Date of manufacturing |  |  |
|  | 1. Expiry date |  |  |
|  | 1. Shelf life |  |  |
|  | 1. Storage methods & environment |  |  |
|  | 1. Setting parameters |  |  |
| 1.3 |  |  |  |
|  | Does the applicant have maintained proper inventory record to maintain appropriate quantity as per the usage? |  |  |
| 1.5 |  |  |  |
|  | Does the applicant have developed a policy for re-ordering the material based on consumption record? |  |  |
|  | Does the applicant have maintained the record of re-ordering the material? |  |  |
| 1.7 |  |  |  |
|  | Does the applicant have developed labeling system to differentiate similar sounding and similar looking medicines and materials and stored separately? |  |  |
| 1.8 |  |  |  |
|  | Does the applicant have material safety data sheet provided by supplier/manufacturer and stored hazardous materials securely? |  |  |
| 1.9 |  |  |  |
|  | Does the applicant have trained staff to manage mishaps with hazardous materials? |  |  |
| 2.1 |  |  |  |
|  | Does the applicant have maintained the details of all dental implant related procedures, materials, medications as well as prognosis in a record book along full patient details? |  |  |
|  | Can the applicant present the records of same & one full case details? |  |  |
| 2.2 |  |  |  |
|  | Does the applicant have maintained records of: |  |  |
|  | 1. Implant type & size |  |  |
|  | 1. Make of implant authorization |  |  |
|  | 1. The procedure adopted & its authorization |  |  |
|  | 1. Batch number & serial number |  |  |
|  | 1. Patient’s full case details with all radiographs, laboratory investigations, signed reports, surgical notes & post-surgical follow-up reports? |  |  |
| 2.3 |  |  |  |
|  | Does the applicant have developed a policy for analysis of implant failure which helps in assessing reason of failure and corrective measures? |  |  |
|  | Does the applicant have maintained the record of the same? |  |  |
| Chapter-11 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have developed a comprehensive program for the prevention of infection transmission from: |  |  |
|  | 1. Patient to staff |  |  |
|  | 1. Staff to patient |  |  |
|  | 1. Patient to patient |  |  |
|  | 1. Staff to staff |  |  |
|  | 1. Clinical set up to the community |  |  |
| 1.3 |  |  |  |
|  | Does the applicant have developed a policy to implement barrier techniques using gloves, masks, wraps/linen covers around dental chair & other equipment? |  |  |
|  | Does the applicant have implemented the use of disposables where ever essential and an evidence-based SOP for sterilization as per standard guidelines? |  |  |
|  | Does the applicant follow standard sterilization protocols for autoclaving and hand washing? Sterilization & disinfection of materials and equipment? |  |  |
|  | Does the applicant have maintained record book for sterilization and autoclaving of equipment? |  |  |
| 1.4 |  |  |  |
|  | Does the Applicant have developed and implemented immunization policy for the staff? |  |  |
|  | Does the applicant have record book of the same? |  |  |
| 1.5 |  |  |  |
|  | Does the applicant practices disinfection of dental unit waterline on regular basis? |  |  |
|  | Does the applicant have a record of the same? |  |  |
| 2.1 |  |  |  |
|  | Does the applicant practices evidence-based infection control surveillance activities targeting high-risk areas within the premises and record of the same? |  |  |
| 2.2 |  |  |  |
|  | Does the applicant have developed a policy to conduct regular infection control audits? |  |  |
| 2.3 |  |  |  |
|  | Does the applicant have included monitoring of housekeeping services in surveillance of infection control activities? |  |  |
| 3.3 |  |  |  |
|  | Does the applicant have developed or follow policy for segregation, storage, collection & disposal of bio-medical waste? |  |  |
|  | Does the applicant have maintained a record of BMW collection & disposal? |  |  |
| 3.4 |  |  |  |
|  | Can applicant present a copy of the agreement with BMW collecting agency which should be recognized? |  |  |
| 3.5 |  |  |  |
|  | Can applicant present policy to ensure that all the rules and regulation regarding the BMW management followed as per state/national guidelines? |  |  |
|  | Should its conformity be checked with state/national laws? |  |  |
| 3.6 |  |  |  |
|  | Does the applicant have trained staff to collect, store and transport of BMW safely until the outsourced agency collects BMW? |  |  |
|  | Record of training staff? |  |  |
| 3.7 |  |  |  |
|  | Does the applicant have maintained up to date financial transactions, paperwork and documentation of outsourced agency? |  |  |
| 3.8 |  |  |  |
|  | Does the applicant have adequate provisions for storage and safety of the staff handling BMW? |  |  |
| 3.9 |  |  |  |
|  | Does the applicant have a separate policy for safe storage, handling, segregation, and disposal of mercury and other potentially dangerous materials? |  |  |
| 3.10 |  |  |  |
|  | Does the applicant have the policy to follow for post-exposure protocols as per national guidelines? |  |  |
|  | Records of any exposure and handling of same? |  |  |
| Chapter-12 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have developed well defined and documented policies and procedures under the quality assurance program? |  |  |
|  | Does the applicant have prepared quality assurance manuals? |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have defined a designated person for monitoring the quality assurance program? |  |  |
|  | Should an applicant have mentioned details of qualification of the QA officer and role in QA manual? |  |  |
| 1.3 |  |  |  |
|  | Does the applicant have developed indicators to monitor the availability of materials & medications, patient satisfaction, employee satisfaction, human resource and infrastructure provisions? |  |  |
|  | Does the applicant have established a process of getting feedback from all stakeholders? |  |  |
| 1.4 |  |  |  |
|  | Does the applicant have incorporated risk mitigation program and solutions for it within the QA program? |  |  |
| 1.5 |  |  |  |
|  | Does the applicant have trained staff for QAP using training manuals and maintained records of the same? |  |  |
| 2.1 |  |  |  |
|  | Does the applicant have established indicators that focus on clinical evaluation, diagnosis, procedures, patient records, infection control activities and adverse events? |  |  |
| 2.2 |  |  |  |
|  | Do the QAP includes the collection and analysis of data to support patient treatment, care, and corresponding outcomes? |  |  |
| 3.1 |  |  |  |
|  | Does the applicant carries out regular data analysis for outcomes of the treatments done and utilizes the same for further improvements? |  |  |
| Chapter-13 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have prepares a policy for governance and management of a clinic as a whole? |  |  |
|  | Does the policy include following” |  |  |
|  | 1. Budget |  |  |
|  | 1. Stock of material |  |  |
|  | 1. Quality assurance |  |  |
|  | 1. Infection control management |  |  |
|  | 1. Annual maintenance |  |  |
| 1.2 |  |  |  |
|  | Are the governance responsibilities and management accountabilities well-defined in policy? |  |  |
|  | Are the plans, policies in accordance with the clearly stated vision? |  |  |
| 1.3 |  |  |  |
|  | Does the applicant have identified the types of services required to meet its vision? |  |  |
| 1.4 |  |  |  |
|  | Does the applicant follow the uniform program for the recruitment, retention, development and continuing education of all staff? |  |  |
| 2.1 |  |  |  |
|  | Does the applicant follows and promotes a culture of ethical & rational practice and decision making to ensure that patient care is provided within the financial, ethical and legal norms and protects patients and their rights? |  |  |
| 2.2 |  |  |  |
|  | Does the applicant’s ethical management policy addresses following: |  |  |
|  | 1. Operational activities |  |  |
|  | 1. Treatment procedures |  |  |
|  | 1. Marketing |  |  |
|  | 1. Referral and disclosure of ownership and any business and/or professional conflicts. |  |  |
| 3.1 |  |  |  |
|  | Does the applicant have planned and implemented a program to provide a safe and secure environment for patients, families, staff, and visitors? |  |  |
| 4.1 |  |  |  |
|  |  |  |  |
| 4.2 |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Chapter-14 |  |  |  |
| 1.1 |  |  |  |
|  | Does the applicant have prepared well-defined policies for human resource employment for every post clinical /non-clinical? |  |  |
|  | Does the policy include job specifications and job description? |  |  |
|  | Does the applicant have identified the adequate number and types of staff require as per its vision, scope, and services? |  |  |
| 1.2 |  |  |  |
|  | Does the applicant have prepared recruitment policy for recruitment of clinical/non-clinical staff? |  |  |
|  | Can applicant present the screening and interviewing policy for candidates and format of appointment letter? |  |  |
| 1.3 |  |  |  |
|  | Does the applicant have prepared and followed privileging policy to authorize clinical and non-clinical staff members to provide relevant services consistent with their qualifications and experience? |  |  |
| 1.4 |  |  |  |
|  | Does the applicant have prepared a performance appraisal policy for all staff members? (applicable to large organizations ) Based on the appraisal is the staff given any benefits? |  |  |
| 1.5 |  |  |  |
|  | Does the applicant have prepared a policy for those clinical and non-clinical staff members who are permitted to do their duties without supervision? |  |  |
| 1.6 |  |  |  |
|  | Does the applicant have maintained a file containing all details of all staff members? |  |  |
|  | Does the file includes: |  |  |
|  | 1. Appointment letter |  |  |
|  | 1. Appraisal letter |  |  |
|  | 1. Vaccination |  |  |
|  | 1. Amount of leaves |  |  |
|  | 1. Counseling session |  |  |
|  | 1. Disciplinary action is taken etc. |  |  |
| 2.1 |  |  |  |
|  | Does the applicant have prepared policy which supports continuing education and training of all staff members? |  |  |
|  | Can the applicant present the record of following: |  |  |
|  | 1. How many doctors went for CDE? |  |  |
|  | 1. Evidence of leave |  |  |
|  | 1. Certificate of attendance |  |  |
|  | 1. CDE points |  |  |
| 2.2 |  |  |  |
|  | Does the applicant have developed an orientation program which includes orientation of all staff members to their specific job responsibilities upon joining? |  |  |
| 2.3 |  |  |  |
|  | Does the applicant train staff member periodically on the use of equipment as per the manufacturer's guidelines? |  |  |
|  | Record of same? |  |  |
| 2.4 |  |  |  |
|  | Does the staff training schedule and content is revised and updated periodically as per change in needs of the OHCP, based on audit results? |  |  |
|  | Record of same? |  |  |
| 3.1 |  |  |  |
|  | Does the applicant have prepared all HR policies in accordance with the prevailing laws and regulations of land mainly include education, training, discipline & grievances? |  |  |
|  | Does the OHCP have identified a specific committee/person to provide a neutral hearing to the staff in case of any adverse decision against the staff members? |  |  |
|  | Record of same? |  |  |
| Chapter-15 |  |  |  |
| 1.1 |  |  |  |
|  | Does the OHCP use standardized codes, symbols, abbreviations, and definitions? |  |  |
| 1.2 |  |  |  |
|  | Does the OHCP have standardized forms and formats for clinical and non-clinical data management? |  |  |
| 1.3 |  |  |  |
|  | Does all the forms and formats are filled in a legible manner and signed by the authorized signatory? |  |  |
|  | Proof of the same? |  |  |
| 1.4 |  |  |  |
|  | Does the OHCP follow the retention time of records, data, and information as per the national/state laws? |  |  |
|  | Record or proof of retention policy? |  |  |
| 1.5 |  |  |  |
|  | Does the OHCP have identified a list of people who are authorized to have access to clinical & non-clinical data records and can modify if needed? |  |  |
| 1.6 |  |  |  |
|  | Does the applicant have prepared and followed a policy to maintain confidentiality, accuracy, and security of all data and information? |  |  |
| 1.7 |  |  |  |
|  | Does the applicant follow any schedule for data entry and maintaining data up to date and accurate? |  |  |
| 1.8 |  |  |  |
|  | Does the data easily retrievable? |  |  |
| 2.1 |  |  |  |
|  | Does the applicant have prepares a policy to periodically audit all records to monitor their accuracy based on which the improvement policies can be implemented? |  |  |
|  | Record & schedule for audit? |  |  |
| 2.2 |  |  |  |
|  | Does the applicant have separate storage of all records relating to the medico-legal cases as per the laws? |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Chapter 1**

1. Requirements of documents to prove ownership of a clinic
2. Requirements of shop license and establishment rules; especially in relation to a diagnostic clinic / in shops and residential areas
3. Space requirement for an ideal dental clinic
4. Chair side area,
5. waiting room,
6. reception,
7. sterilization area,
8. record room,
9. medication – materials storage
10. requirement of interior design for an ideal clinic
11. blue and red zone
12. transport of armamentarium both from the sterilization to the clinic area and vice-versa
13. interior design of a dental clinic for
14. geriatric patients
15. differently abled persons
16. requirement for an ideal room temperature / climate of the clinic interior
17. temperature
18. space
19. air quality (purification)
20. requirement for an ideal clinic operatory
21. temperature
22. space
23. air quality (purification)
24. requirement of patient behavior in the clinic (smoking, phones, footwear, etc.)
25. requirement for the quality of the compressed air
26. filters used
27. periodic check
28. mixture of oil and air
29. infection control
30. requirement for water supply
31. in the operatory
32. in the drinking water
33. periodic check
34. patient management communication- requirement for the best method of communicating from telephone, whatsapp, emails and other social media
35. for appointments
36. for follow-up
37. with relatives
38. signages – requirement for ideal signage
39. size
40. color combinations
41. language
42. font to be used
43. cautionary signs
44. local language
45. signages for health services offered, both – self-administered and with a specialist
46. display – accredition, affiliation, display methods

**chapter 2: equipment and support**

1. procedure wise equipment / material list
2. emergency handling equipment
3. requirement of procedures for procurement, usage and dispose of equipments and instruments
4. requirement for standards of instrument and equipment quality (FDA, ISO, CE market)
5. requirement of a plan for maintenance of equipment & instruments and its manual
6. preventive
7. breakdown
8. requirement of a manual for equipment and instrument usage
9. methods of calibration
10. requirements for methodology of disposal of equipments and instruments
11. requirement of furniture and fixtures in relation to patient load
12. requirement for maintenance of non-medical instruments (AC, refrigerator, water cooler, etc.)
13. methods of electrical back-up
14. availability
15. maintenance
16. electric meter – state laws
17. requirement for quality of water in a dental clinic
18. for chair side use
19. in the lab area
20. drinking water

**chapter 3: staff safety**

1. requirement for safety preventive methods for doctors and staff
2. requirement of safety for patients
3. requirement for handling medical emergencies
4. staff qualification
5. equipment and drugs
6. training drill
7. safety signages
8. standard procedure to handle medical emergencies
9. life threatening
10. non-life threatening
11. periodic training requirement for safety and handling medical emergencies in a clinic
12. by the nature of emergency
13. periodic checks
14. requirement for inoculation for the staff
15. requirement for maintenance of a near-miss event in terms of medical emergencies
16. requirement of a policy for preventive measure of the above
17. plan for disaster management / abnormal incidents (fire extinguisher, emergency exits, etc.)

**Chapter 4: record**

1. rules and methods for registering patients in the dental clinic
   1. patient’s PIN number
2. policy and procedures for medical record keeping
3. maintaining confidentiality of the patient

**Chapter 5: case paper maintenance**

1. ideal case registration
2. necessary notations in a case history
3. methods and policy of referring patients
4. referral slips or formats

**Chapter 6: imaging service**

1. AERB norms
2. Qualifications for an RSO
3. Radiation safety measures in a dental clinic
4. Calibration of dental x-ray machines
5. Imaging policy for a dental clinic
6. Radiation safety program for a dental clinic

**Chapter 7: patient treatment care**

1. Standard operating procedure (SOP) for a dental clinic
2. Standard treatment protocol
3. Protocol for sociality reference
4. Policy for geriatric, pediatric patients; and mentally, physically challenged patients
5. Policy for post-operative instructions for patients
6. Process of obtaining informed consent
7. Policy for patient safety during treatment
8. Use of photographs with the consent forms
9. Methods of preventing adverse reactions during treatment
10. Policy for patient recall and follow-up
11. Policy for handling medical emergencies
12. Staff training for medical emergencies
13. Roles and responsibilities in medical emergencies
14. Records and evaluation of a medical emergency
15. SOP for medical emergencies
16. Pain management policy in a dental clinic

**Chapter 8: patient’s rights and responsibilities**

1. Signages used for the above
2. Patient grievance policy
3. Documentation for patient grievances
4. Patient feedback policy
5. Patient education policy and methods

**Chapter 9: dental laboratory**

1. Policy for a referral to an external laboratory
2. MOU with a standard laboratory
3. Handling of impressions and models
4. Record maintenance for lab work
5. Safety for in-house lab work

**Chapter 10: dental materials and medicines**

1. Guidelines for maintaining dental materials and medicines
2. Staff training for handling and followings of SOP
3. Record maintenance for materials and medicines
4. Inventory control in a dental clinic
5. Policy for procurement of dental materials and medicines
6. Storing of dental materials and medicines in a dental clinic
7. Policy for Storing of hazardous materials in dental clinic
8. Maintenance of materials safety data sheets
9. Policy to deal with spills in a dental clinic (eg: mercury)
10. SOP for implant procedure

**Chapter 11: infection control in biomedical waste**

1. SOP for infection control and waste management
2. Periodic check of the SOP
3. Segregation of biomedical waste
4. MOU with disposal of waste
5. State and national guidelines for infection control and waste management
6. Post exposure control
7. Prevention of infection for staff

CHAPT ER 12

1. Quality assurance in dental practice.
2. Indicators for quality assurance.
3. Quality assurance manual
4. Quality assurance feed- back forms.

Chapter 13

1. Ethics in Dental Practice.
2. How to ensue Ethics Implementation in Dental Clinic

Chapter 14

1. HRM in dental clinic
2. Manpower work distribution/
3. Training staff

Chapter 15

1. Information management in Dental Office.
2. Audit of data



**EDUCATIONAL PROGRAMS BY IDA**

1. **DENTAL SPECIALTY COURSES**
2. **CLINICAL RESIDENCY PROGRAMS**
3. **MUHS AFFILIATED FELLOWSHIP**
4. **INTERNATIONAL UNIVERSITY COURSES**
5. **R AHMED PROGRAMS**
6. **ONLINE EDUCATION**
7. **IDA FELLOWSHIP PROGRAM**
8. **KNOWLEDGE CENTRE**

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Research Committee

Dr. Manan Shah

Dr. Anand Shah

Prerna Ghatalia

Information Technology

Mr. Jeevan Nikam

Mr. Arvind Chopde

**PROJECT INITIATION COMMITTEE**

**Dr. Bharat M Mody**

**Dr. Sejal Doshi**

**Dr. Sayali Tungare**

**Dr. Tushar Chawla**

**Dr. Arvind Joglekar & Associates**

**Dr. Chintan Gala**

**Working Committee**

**CHAIRMAN**

**DR. BHARAT M. MODY**