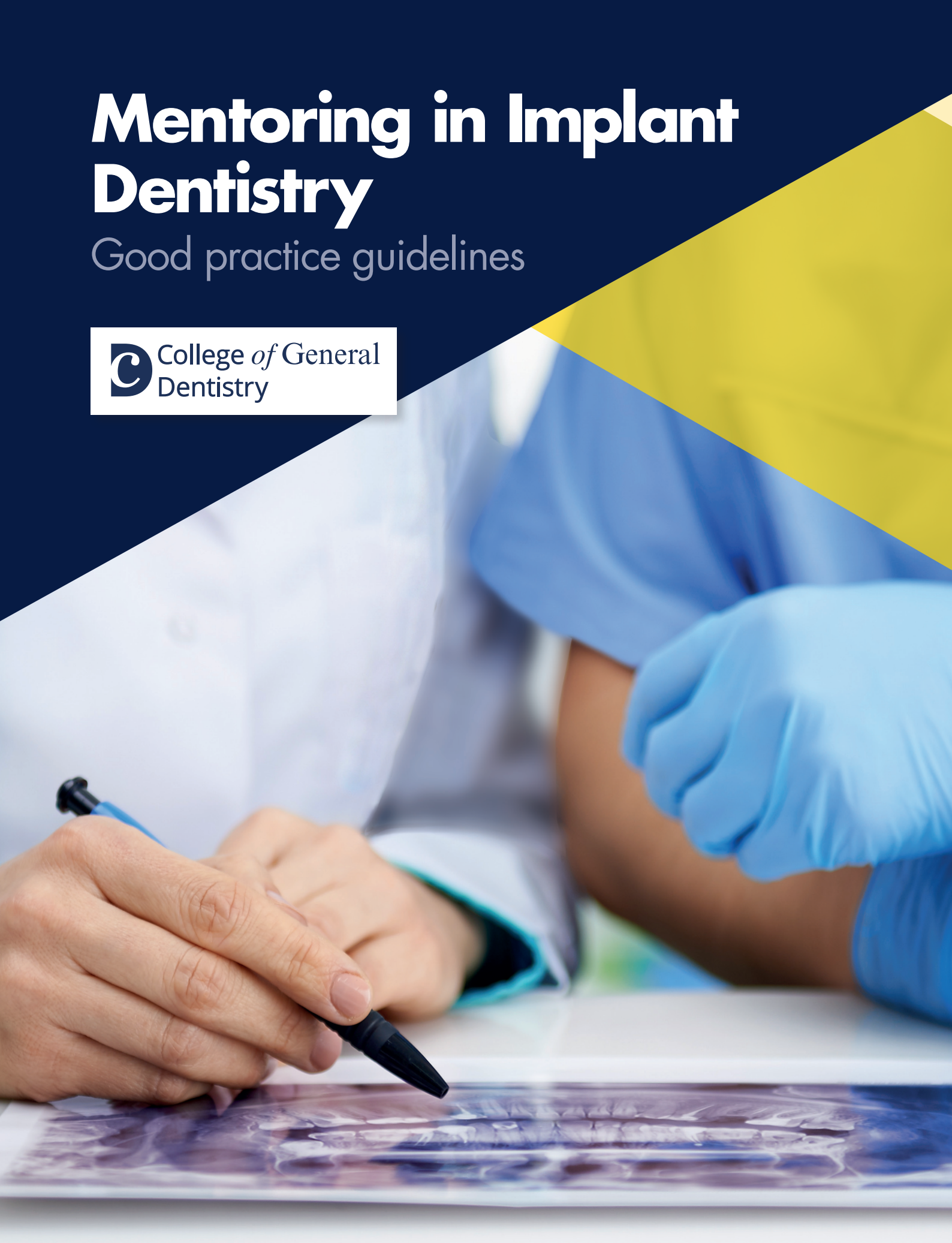
Mentoring in Implant Dentistry

Good practice guidelines

College of General Dentistry



Developed in conjunction with the

ADI Association of Dental Implantology

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Foreword

ABHIJIT PAL
PRESIDENT
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It gives me great pleasure to present the first guidance publication produced by the College of General Dentistry since its launch in July 2021. This work also represents the first of what I hope will be further collaboration between the College and the Association of Dental Implantology.

Rather than being a purely academic exercise, *Mentoring in Implant Dentistry: Good Practice Guidelines* is designed to provide practical help and support to educators and students of implant dentistry around the topic of mentoring, to help promote patient safety, and to complement *Training Standards in Implant Dentistry*.

Training Standards in Implant Dentistry was originally developed by a working group established by the General Dental Council, which included the Faculty of General Dental Practice UK, the ADI and a range of other stakeholders drawn from across the spectrum of dental implant education. The remit of the group was to consider what standards of training were necessary for a dentist to safely practise implant dentistry, with the intention not to limit its practice but rather to ensure patient protection.

The first edition of *Training Standards in Implant Dentistry* was presented to the profession in 2005, and was supported by the GDC as being the accepted standards of training in implant dentistry in the UK.

The FGDP then convened working groups to revise the document in 2008, 2012 and 2016, and it continues to be relied upon by both the profession and its regulator as defining the required standards of training in this field of practice. The ownership and responsibility for the maintenance and future development of *Training Standards in Implant Dentistry* has now passed to the College of General Dentistry, and we intend to comprehensively revise it over the next two years.

The requirement to have an experienced clinician acting as a mentor for those undertaking training in implant dentistry has been mentioned in every edition of *Training Standards in Implant Dentistry*. However, this requirement has not previously been defined, and the need to define it has come more sharply into focus over the past 17 years. The idea of the FGDP and the ADI working together to clarify the meaning of mentoring within the context of implant dentistry training was hatched some years ago, but was delayed due to the decision to form the new College.

An FGDP/CGDent-ADI working group for this publication was first convened in late 2020, while the profession was still reeling from the effects of the pandemic, and I would like to thank my co-authors for their time, patience and dedication over the intervening months. The group's initial draft was reviewed internally by the College's Professional Affairs Committee, by members of the College with a particular interest in implant dentistry, and by the Association. A revised draft was then sent to a wide range of relevant third parties and stakeholder organisations for consultation, with further improvements made as a result of this feedback. I would like to express my sincere thanks to all of those who contributed to the consultation process, to those organisations which have reviewed and endorsed the final result, and to all those involved in the production of these guidelines.

This process of development reflects the way the College plans to fulfil its mission of continuing to raise standards of care: creating guidance for practitioners and by practitioners; seeking inclusivity; and reaching out to work with other organisations for the benefit of the profession and the public. I hope dental teams will find this work of value.

Working group

The College is indebted to the authors and members of the Mentoring in Implant Dentistry working group:

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Association of British Academic Oral and Maxillofacial Surgeons
British Association of Oral Surgeons
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Contents

1 Introduction

Training Standards in Implant Dentistry[i] has been accepted by the GDC as outlining the training required by a dentist wishing to undertake implant dentistry. The document states:

'Before undertaking implant treatment, a dentist must develop competence in the procedures involved in clinical assessment, treatment planning, and the placement and restoration of implants. The skills and knowledge necessary for competence should be developed through a training course in implant dentistry, with a suitably trained and experienced clinician acting as a mentor'.

The *Mentoring in Implant Dentistry: Good practice guidelines* are the product of a joint initiative between the College of General Dentistry (CGDent) and the Association of Dental Implantology (ADI). The purpose of this guidance is to provide a clear and practical pathway of the mentoring process for both mentor and mentee in the context of training in implant dentistry. This guidance outlines the aims and benefits of mentoring, describes skills and qualities appropriate in those wishing to become mentor and mentee, and provides an insight into the process of mentoring. It complements and supports *Training Standards in Implant Dentistry*.

1.1 What is mentoring?

One definition of mentoring comes from the Standing Committee on Postgraduate Medical and Dental Education (SCOPME) report of 1998. The report defined mentoring as 'a process whereby an experienced, highly regarded person (the mentor) guides another individual (the mentee) in the development and examination of their own ideas, learning, and personal and professional development'.[ii]

Because the purpose of this guidance is to assist a practitioner in developing specific clinical skills, we are defining mentoring as a process whereby a dentist undertaking training in implant dentistry (the mentee) is guided by a suitably trained and experienced practitioner (the mentor) to develop the clinical skills required to carry out implant dentistry, as well as an exploration of the mentee's ideas and learning. The mentoring process will be an essential part of the overall training that is required to gain competency in carrying out implant dentistry. We recognise some overlap in this document between the terms 'mentoring', 'teaching', 'training' and 'coaching'.

1.2 Why is mentoring required in implant dentistry?

The CGDent and the ADI advocate that mentoring is an essential part of the development and training of every dentist who wishes to practice implant dentistry. It is considered good practice to seek a mentor to improve one's skills, and to act as a mentor to take further responsibility and to help less experienced colleagues. The extent and nature of the mentoring relationship will depend upon the baseline level of competency of the mentee and the level to which they wish to aspire.[iii-iv]

It is usually expected that the skills and knowledge necessary for competence in any new technique should be developed by the trainee through the following path, as outlined in *Training Standards in Implant Dentistry*:

1 Attending an appropriate training course
2 Undergoing a process of mentoring
3 Having documentary evidence of training, including a logbook of clinical activity

The process of mentoring helps both mentor and mentee develop new approaches and skills and provides an opportunity for reflection on the work and treatment provided. Mentoring consolidates professional standards and values, which improves delivery of patient care and safety.[v]

2 The skills and qualities of a mentor and a mentee in implant dentistry

The SCOPME report describes the roles of a mentor and mentee, but does not describe in detail the required qualifications.[ii] In 2016, the ADI stated that mentor and mentee share the responsibility to ensure that the mentor has the suitable level of training and experience needed to carry out their role.[vi]

2.1 Mentor

Entrusted to a position of responsibility, a mentor should be able to guide the mentee confidently and competently. The mentor must ensure that they understand this role by having appropriate training as a mentor, maintaining up-to-date knowledge and keeping abreast of their own training.

The ADI provides further details of what qualifies a dentist to become a mentor in implant dentistry in their requirements for joining the ADI Register of Mentors.[vi] In addition to being currently on the General Dental Council's register as a dentist, a mentor is expected to have:

- A postgraduate degree or qualification in implant dentistry, or documentary evidence of completion of a structured implant training course (minimum of 70 hours in total of verifiable contact learning and meeting, as specified by *Training Standards in Implant Dentistry*), or demonstrably equivalent training and experience
- Placed and/or restored at least 250 implants in a variety of clinical situations, depending on which aspects of care are being mentored. This figure has been derived from a consensus of experts, however we acknowledge that suitability can also be demonstrated from a lower number of cases with appropriate insight and reflection.
- Evidence of at least five years' experience in the specific prosthetic or surgical technique that the mentee is being trained in. Ideally, this should be in the form of a portfolio detailing the mentor's implant training, courses attended and clinical experience

- Successfully completed an accredited medical education or mentoring course (a generic mentoring course or previous formal teaching post will also be acceptable).
- The mentor should furnish the mentee with evidence of the above requirements before embarking upon the mentoring relationship

2.2 Mentee

The mentee should be an individual who has a desire to learn and develop their clinical skills. They should be receptive to feedback and guidance, and able to critically reflect on their performance.

The mentee should currently be on the General Dental Council's register as a dentist and have:

- A good level of general dental knowledge to the standard of MCGDent, MJDF, MFDS, or at the Capable Practitioner level of the CGDent Career Pathway augmented by further underpinning knowledge, as outlined in *Training Standards in Implant Dentistry*
- At least two years post-BDS clinical experience prior to commencing implant training
- Completed or enrolled on a structured postgraduate course in implant dentistry. Alternatively, the mentee should have completed or be currently undertaking a structured course in implant dentistry as part of their specialist training
- A willingness to undergo a process of mentoring with an appropriately qualified mentor.

The mentee must ensure that other dental team members who are involved in the delivery of implant dentistry with themselves, such as dental nurses, dental technicians, dental hygienists and dental therapists, have the skills and knowledge needed to undertake their roles (as outlined in *Training Standards in Implant Dentistry*). Mentoring will also be a relevant part of developing their ability to deliver care, and it is expected that all team members will undergo mentoring appropriate to their roles.

3 The mentoring process

The aim of mentoring is not to focus purely on the advancement of the mentee's clinical ability, but to also improve their skills in leadership, management, teamwork and professionalism. Acquiring these skills will consolidate the mentee into a competent clinician, providing improved patient outcomes and care.

3.1 How many mentored cases are required?

The mentoring process involves the mentee undertaking several cases with some degree of supervision from the mentor. The numbers of cases required to achieve competency within a specific technique may vary between mentees and will be dependent on their previous experience. For example, a clinician with extensive prosthodontic knowledge may require less mentoring in implant prosthodontics. Likewise, a clinician with extensive surgical knowledge may require less mentoring in certain aspects of implant surgery. It is important to remember that mentoring is a process. The number of times a mentee is required to carry out a procedure will be evaluated by the mentor through structured assessments.

The number of cases to be completed during the mentoring process should be decided between the mentor and mentee. It is worth noting, however, that in many implant training courses where mentoring is involved, a mentee would be expected to complete a minimum of 20 mentored cases. The authors consider this a reasonable number of mentored cases if the mentee was undertaking a completely new or complex procedure, with no previous experience or evidence of competency, and progressing from assisted to unassisted work. The involvement of the mentor might not be in direct clinical supervision in every case, or at each stage of treatment, although this will be likely when a mentee is carrying out a procedure that is new to them or of significantly increased complexity. Direct supervision will be required when the mentor or mentee deem it necessary; this may not be in every case. Both the mentor and mentee must consult with their indemnifiers or insurers and check that they both have cover to provide implant dentistry and in particular the types of procedures being undertaken. The mentor must also ensure they have indemnity cover for mentoring.

3.2 The stages of the mentoring process

For the purposes of this document, we have considered the model of mentoring demonstrated by Alred and co-workers, which defines three clear stages:[vii]

1 Exploration
The mentee takes the lead in identifying goals. Aims and objectives are established, and an agenda is drawn up.

2 New understanding
An understanding is gained of the mentee's strengths and weaknesses. The skills that need to be developed are identified. Constructive feedback is provided.

3 Action planning
An action plan is agreed on and facilitated. Outcomes are evaluated and problems that may have been encountered are solved.

We suggest these stages should be flexible and will likely need to be completed multiple times throughout the mentoring relationship.

3.3 Work Based Assessments (WBAs)

WBAs are widely used during training in medicine and dentistry to help evaluate outcomes. They are designed to be used with a logbook of cases to formulate a portfolio of evidence.[viii] WBAs include Case Based Discussions (CBDs), Direct Observational Procedures (DOPs) and Clinical Evaluation Exercises (CEXs). Examples of these are provided in the Appendices. We suggest that mentors and mentees make use of WBAs in the mentoring process, and that these assessments are retained. It is important to progress in a sequential manner, undertaking, assessing and documenting basic techniques first before moving on to cover more advanced techniques.

The most appropriate WBAs to be used will depend upon the individual requirements of the mentee. Mentoring based on specific clinical skills requires an exploration of the mentee's previous clinical and academic capabilities. Furthermore, ensuring that clinicians maintain self-assessment and reflective behaviour throughout and beyond their mentoring processes remains an important element of the personal development processes. To facilitate this, each WBA has an area for the mentee to write reflective commentary.

Clinicians who provide extra-maxillary implants, such as zygomatic implants, will usually work in a multi-disciplinary team. A dentist undertaking this type of complex work single-handedly would be expected to have an extensive portfolio of evidence and qualifications in both prosthodontics and oral surgery.

4 The mentoring agreement

To ensure clarity in the mentor-mentee relationship a mentoring contract or agreement should be created before initiating the mentoring process.

Ideally, such a arrangement should outline details of the relationship and goals, frequency of meetings and what type of mentoring will be provided with any associated fees. Informal mentoring is more prone to problems because goals, outcomes and boundaries are not set. Overfamiliarity or a lack of rapport can become issues in any mentoring process, but revisiting the arrangement and discussing any problems can help move the relationship forward. If differences are irreconcilable, it may be best to end the relationship and to learn from the experience. The mentee may then find a new mentor and explain the situation to them. An example of a mentoring agreement is attached in Appendix 6.4.

5 References

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6 Appendices

6.1 Example of a Case Based Discussion (CBD)

There should be no details of staff or patients in the following documents

Mentee name

Date / /

Mentor name

CBD Details

Summary of the case

Difficulty of the case: straightforward / complex

Number of times performed by mentee

Aspects of the Assessment

Ratings. Comments can be added after the ratings*

1 History taking

2 Clinical examination

3 Diagnosis and Prognosis

4 Treatment Options and Treatment Plan

5 Consent Process and clinical knowledge base

6 Communication skills and professionalism

7 Time management

* Ratings of assessment can be a mark out of 10 or the use of an open scoring system such as "outstanding/good/pass/bare-pass/repeat"

Mentor Feedback

*Overall rating of assessment**

Strengths, what went well

Further development needs

Methods to improve

Mentee Feedback

*Overall rating of assessment**

Reflections and what was learned?

What went well?

Methods to improve

How well did your Mentor support you and what could be improved upon?

Aspects of the Case

*Your ratings**. *Comments can be added after the ratings*

1 Explanation of the procedure illustrating clinical knowledge of anatomy to the Mentor

2 Justification of procedure with associated risks and benefits.
The patient undergoes the process of consent

3 Preparation of procedure with anaesthesia and pain management techniques,
organisation of correct equipment and aseptic technique

4 Surgical technique, intra operative management and competency

5 Postoperative management

6 Reflective practice and written notes

* Ratings of assessment can be a mark out of 10 or the use of an open scoring system such as "outstanding/good/pass/bare-pass/repeat"

6.2 Example of Direct Observation of Procedural Skills (DOPS)

Type of procedure

There should be no details of staff or patients in the following documents

Mentee name

Date / /

Mentor name

DOPs Details

Summary of the case

Difficulty of the case: straightforward / complex

Number of times performed by mentee

Aspects of the Assessment

Your ratings. Comments can be added after the ratings*

1 Explanation of the procedure illustrating clinical knowledge of anatomy to the Mentor

2 Justification of procedure with associated risks and benefits.
The patient undergoes the process of consent

3 Preparation of procedure with anaesthesia and pain management techniques,
organisation of correct equipment and aseptic technique

4 Surgical technique, intra operative management and competency

5 Postoperative management

6 Team leader or Team working skills and professionalism

* Ratings of assessment can be a mark out of 10 or the use of an open scoring system such as "outstanding/good/pass/bare-pass/repeat"

Mentor Feedback

*Overall rating of assessment**

Strengths, what went well

Further development needs

Methods to improve

Mentee Feedback

*Overall rating of assessment**

Reflections and what was learned?

What went well?

Methods to improve

How well did your Mentor support you and what could be improved upon?

* Ratings of assessment can be a mark out of 10 or the use of an open scoring system such as "outstanding/good/pass/bare-pass/repeat"

6.3 Example of a Clinical Evaluation Exercise (CEX)

Type of procedure

There should be no details of staff or patients in the following documents

Mentee name

Date / /

Mentor name

CEX Details

Summary of the case

Difficulty of the case: straightforward / complex

Number of times performed by mentee

Aspects of the Assessment

Your ratings. Comments can be added after the ratings*

8 History taking

9 Clinical examination

10 Diagnosis and Prognosis

11 Treatment Options and treatment plan

12 Consent Process and clinical knowledge base

13 Communication skills and professionalism

14 Time management

* Ratings of assessment can be a mark out of 10 or the use of an open scoring system such as "outstanding/good/pass/bare-pass/repeat"

Mentor Feedback

*Overall rating of assessment**

Strengths, what went well

Further development needs

Methods to improve

Mentee Feedback

*Overall rating of assessment**

Reflections and what was learned?

What went well?

Methods to improve

How well did your Mentor support you and what could be improved upon?

* Ratings of assessment can be a mark out of 10 or the use of an open scoring system such as "outstanding/good/pass/bare-pass/repeat"

6.4 Sample mentoring contract

Mentor name

Mentee name

Frequency of meetings *(set as required)*

Duration of mentoring

Beginning date / / End date / /

Cancelling meetings

Communication between meetings: telephone / online / face to face / during clinical cases

Purposes of relationship, including mentee goals

Content and boundaries:

Will clinical advice be given? ☐ Yes ☐ No

Will there be a mentoring fee? ☐ Yes ☐ No

Will the mentor act as referee? ☐ Yes ☐ No ☐ Not yet certain

Contact details:

Email address Mentor

Email address Mentee

Telephone Mentor

Telephone Mentee

Other contact

Other contact

Agreement between Mentor and Mentee on fees:

The Mentor has a suitable level of training and experience to carry out their role as a Mentor, as set out in the *Training Standards in Implant Dentistry* guidelines and Paragraph 2.1 of this guidance, and has appropriate indemnity/insurance to carry out implant dentistry and for mentoring

Signature Mentor Date / /

The Mentee is at the appropriate level to be mentored for implant dentistry, as set out in the *Training Standards in Implant Dentistry* guidelines, and has appropriate indemnity/insurance to carry out implant dentistry

Signature Mentee Date / /

* Ratings of assessment can be a mark out of 10 or the use of an open scoring system such as "outstanding/good/pass/bare-pass/repeat"