

NATIONAL EXAMINING BOARD FOR DENTAL NURSES



CERTIFICATE IN DENTAL SEDATION NURSING

AWARD IN INHALATION SEDATION DENTAL NURSING

AWARD IN INTRAVENOUS SEDATION DENTAL NURSING

RECORD OF COMPETENCE

Sufficient evidence of satisfactory completion of the Record of Competence must be held by the candidate and course provider for 7 years from the date of the first sitting of the examination you apply for.

In the event of any dental nurse undergoing a fitness to practice, misconduct or disciplinary hearing by the GDC, this evidence may be required for consideration to help determine the outcome of the investigation.

These documents must therefore be made available to both the NEBDN and GDC upon request, at any time during the 7 year period.

Candidate Name:

Candidate NEBDN Number:

Course Provider Name:

Course Provider NEBDN Number:

SAMPLE

PRINCIPLES OF GOOD PRACTICE

The following principles of good practice should be followed when completing the Record of Competence (RoC):

- Effective communication should be established with other members of the oral health care team
- The health and safety of patients and the oral health care team as a whole should be promoted

Each task will be carried out, where appropriate, during the normal treatment of a patient. Where simulation is appropriate this will be clearly indicated.

Your witness should have expertise and competence in relation to the particular procedure/task which is being carried out. They must also possess a suitable qualification and be registered with a recognised professional body.

DEFINITIONS OF KEY PERSONEL

The following describes the roles that NEBDN include in this RoC:

- Internal Moderator – the internal moderator is a key person within the course provider who is a current GDC registrant and for best practice should hold a relevant qualification. They will monitor the completion of the RoC and verify the quality independently of the course tutor.
- Mentor - the mentor is the person in the candidate's workplace who is responsible for administrating, supporting and verifying the candidate's clinical development and experience.
- Tutor – the tutor is the key individual representing the course provider arranging/delivering theoretical training and supporting completion of the RoC. The tutor will monitor the completion of the RoC signing work as Satisfactory as appropriate.
- Witness – the witness is the person/persons in the workplace observing the candidate as they carry out the procedures and tasks relevant to the Practical Competence Assessment Sheets (PCAS) and assesses their clinical competence. The witness may also be the person assessing clinical skills competence using the DOCS assessment tools.

SAMPLE

RECORD OF COMPETENCE

This RoC is designed to demonstrate the application of knowledge and skills during sedation procedures as outlined in the syllabus for the Certificate in Dental Sedation Nursing. Once completed it will provide you with a portfolio of evidence, relevant to your area of practice, to demonstrate your competence in these procedures.

Qualifications available

- Certificate in Dental Sedation Nursing (DSN)
This is the traditional full qualification allowing dental nurses to work with all types of sedation commonly used in practice. You will need to be able to gain significant experience in both inhalation and intravenous sedation.
- Award in Inhalation Sedation Dental Nursing (IHSN)
This qualification will allow dental nurses to work with patients undergoing treatment with inhalation sedation. You will need to be able to gain significant experience in inhalation sedation
- Award in Intravenous Sedation Dental Nursing (IVSN)
This qualification will allow dental nurses to work with patients undergoing treatment with intravenous sedation. You will need to be able to gain significant experience in intravenous sedation.

Following qualification, candidates gaining the Certificate in Dental Sedation Nursing or the Award in Intravenous Sedation may chose to gain further training and experience to support Oral and Transmucosal Sedation techniques.

All three are equivalent to current QCF level 4, the distinction between award and certificate only reflects the amount of time required to meet the requirements of the qualification. The RoC is in four parts. Each part will clearly indicate the requirements of the individual qualifications.

Should a candidate be successful in one of the awards and then find themselves able to meet the remaining aspects of the RoC within 5 years, they will be able to submit this evidence to NEBDN for consideration for the Certificate in Dental Sedation Nursing. No further teaching or examination would be needed but they will need the support of an accredited course provider to administrate this process.

A current list of accredited course providers can be found on the NEBDN website:

<http://nebdn.org/dental-sedation-nursing-where-can-i-study>

The Record of Competence is in four parts.

Part A: Practical Competence Assessment Sheets (PCAS)

Candidates must complete PCAS to provide evidence of their involvement in the care of patients undergoing conscious sedation and during the recovery stage.

Qualification	Treatment contacts		Recovery contacts	
	Intravenous	Inhalation	Intravenous	Inhalation
Certificate in Dental Sedation Nursing	20	10	20	10
Award in Inhalation Sedation Dental Nursing	0	10	0	10
Award in Intravenous Sedation Nursing	20	0	20	0

The setting should normally be within your own place of work but may be elsewhere if appropriate to the particular technique; however you must still gain hands on practical involvement.

Part B: Expanded Case Studies

You must produce the following detailed case studies.

Case Studies	DSN	IHSN	IVSN
Inhalation Sedation Procedure	✓	✓	
Intravenous Sedation Procedure	✓		✓

The patient(s) may already be included in the PCAS, but the case study must meet set criteria and you must follow the guidelines. The case studies will demonstrate evidence of further reading and reflective practice.

Each case study must be between 1800 and 2200 words.

Part C: Directly Observed Clinical Skills assessments (DOCS)

During the completion of this RoC, candidates will be expected to demonstrate competency in a number of clinical skills to a suitably qualified witness with expertise in the skill being assessed. The witness must be registered with a recognised professional body.

The clinical skills to be assessed are:

Clinical Skill	DSN	IHSN	IVSN	Required
Taking and recording patients' blood pressure using an automatic cuff	✓	✓	✓	10
Taking and recording patients' oxygen saturation and heart rate using a pulse oximeter	✓		✓	10
Giving pre and post-operative instructions to a patient for inhalation sedation	✓	✓		10
Giving pre and post-operative instructions to a patient for intravenous sedation	✓		✓	10
Preparing an inhalation sedation machine for use including safety checks	✓	✓		10
Preparing IV sedation equipment and drugs ready for use	✓		✓	10
Drawing up drugs	✓		✓	10
Assisting during the cannulation of patients	✓		✓	10
Removal of a cannula	✓		✓	10
Clearing IV sedation equipment and drugs after use	✓		✓	10
Leading the dental team in the management of a simulated medical emergency	✓	✓	✓	3

Part D: Supplementary Outcomes

Candidates must complete each of the supplementary outcomes to a level deemed satisfactory by the course provider. The supplementary outcomes will allow the candidates to demonstrate knowledge and understanding of areas of the syllabus in which they may not be able to gain clinical experience or which it may not be possible to assess by other means. The content of the supplementary outcomes will be reviewed regularly by NEBDN but currently include:

Supplementary Outcome	DSN	IHSN	IVSN
A witnessed copy of a current certificate in Immediate Life Support	✓	✓	✓
A list of equipment used for sedation stating maintenance and service history	✓	✓	✓
A list of emergency drugs stocked and indications for use with expiry dates	✓	✓	✓
Questions relating to current national guidance on conscious sedation in dentistry	✓	✓	✓
A question relating to an ethical dilemma	✓	✓	✓
A short audit relating to patient satisfaction	✓	✓	✓
A question relating to the advantages and disadvantages of alternative methods of pain and anxiety management	✓	✓	✓
A record of continuing professional development relating to dental sedation nursing e.g. background reading, meetings, courses etc.	✓	✓	✓

The supplementary outcomes will be assessed by the course provider to NEBDN marking guides and may be further sampled by NEBDN. Only when it is satisfactory will you be entered for the examination.

Written Examination

In addition to completing the RoC, candidates for **each qualification** are required to undertake **the** written examination to assess underpinning knowledge and understanding of the **entire** syllabus. The 90 minute examination consists of a mixture of 45 best single answer from 5 option multiple choice questions (MCQ) and 30 Extended Matching Questions (EMQ).

SAMPLE

WITNESS STATUS LIST

Candidate Name: Course Provider Centre No.....

The details of all supervising dentists or DCPs (who must hold an appropriate NEBDN Sedation Qualification) who have acted as witnesses in this Record of Competence are to be included on this witness status list. Witnesses must be current registered healthcare professionals with appropriate qualifications and experience. The **course tutor** is required to sign next to each witness to confirm they have been checked them against the relevant register and that they are current registrants. Where registration cannot be confirmed online the candidate must include a copy of a current registration certificate for that witness. Please ensure that all the details below are completed.

On signing this form you are declaring that you have read and understand you obligations relating to the professional registration statement overleaf.

Name and contact address	Qualification(s)	Registering body	Reg No	Status *	Signature	Date	Confirmation of registration (TUTOR to Sign)

e.g. Partners, Associates, DCP's, Community Dental Officer

NB Your professional registration may be at risk if you knowingly make a false declaration

Sampled by internal moderator (Sign)

PROFESSIONAL REGISTRATION STATEMENT

The registration of any registrant is at risk if they knowingly make a false declaration within the RoC

The completed and submitted PCAS and DOCS **MUST** be the original work of the candidate, and **MUST** be witnessed by one of the nominated professional registrants in the workplace.

The completed and submitted PCAS, DOCS and supplementary outcomes **MUST** be the original work of the candidate, and **MUST** be witnessed by the tutor and or internal moderator.

That witness **MUST** sign and date the PCAS at their time of completion, or within 14 days to validate them.

Any registered professional witnessing any part of the RoC are declaring that in their opinion the candidate is currently competent to complete that task independently. Should the candidate's performance be questioned by a professional body in the future you may be called upon to justify that decision.

Any Internal Moderator signing off work in a RoC is declaring that in their professional judgement that it is of the quality required by NEBDN as detailed in this document. Should the candidate's performance be questioned by a professional body in the future you may be called upon to justify that decision.

TRACKING DOCUMENT

Black sections to be completed by all candidates
 White sections to be completed by IHS candidates
 Grey sections to be completed by IV candidates

Part	Record of Competence	Number required	CANDIDATE TO: Date box when completed and for each PCAS the case number should also be recorded INTERNAL MODERATOR TO: When sampled initial each date to confirm they have been checked against the date on the individual PCAS forms											
A	PCAS		e.g <i>Case 1 1/9/2013 MW</i>											
	Inhalation sedation - procedure	10												
	Intravenous sedation - procedure	20												
	Inhalation sedation - recovery	10												
	Intravenous sedation - recovery	20												
B	Case Studies													
	Inhalation sedation	1	Word Count:							Date:				
	Intravenous sedation	1	Word Count:							Date:				
C	Directly Observed Clinical Skills Assessments – date box when completed													
	Automatic blood pressure	10												
	Pulse oximeter	10												
	Pt instructions - IH sedation	10												
	Pt instructions - IV sedation	10												
	IH sedation machine checks	10												
	Prepare IV equipment	10												
	Drawing up Drugs	10												
	Assist during cannulation	10												
	Removal of cannula	10												
	Clear IV equipment	10												
Medical emergency scenario	3													

Both sides of this sheet must be submitted with the completed application form for entry to the examination by the closing date.

Supplementary Outcomes			
D	ILS Certificate*	1	Date Signed by tutor:
	List of equipment	1	Date Signed by tutor:
	List of drugs	1	Date Signed by tutor:
	National guidance	1	Date Signed by tutor:
	Ethical dilemma	1	Date Signed by tutor:
	Audit / Patient satisfaction	1	Date Signed by tutor:
	Anxiety management options	1	Date Signed by tutor:
	CPD record	1	Date Signed by tutor:

* PILS would be accepted for this supplementary outcome if more appropriate to the candidates practice

Both sides of this sheet must be submitted with the completed application form for entry to the examination by the closing date.

I confirm that I have completed all the required units of the Record of Competence:

Candidate Name Signature: Reg No Date:.....

I confirm that the candidate named above has completed the Record of Competence and I believe it to be his / her own work:

Course Provider Name: Course Provider Centre No.

Tutor Name: Signature: Reg No. Date:.....

Int Moderator Name: Signature: Reg No. Date:.....

Mentor Name: Signature: Reg No. Date:.....

NB Registration of each healthcare professional, including the candidate, is at risk if any individual knowingly makes a false declaration.

RECORD OF COMPETENCE

PART A

PRACTICAL COMPETENCE ASSESSMENT SHEETS

Notes for Guidance

The PCAS are designed to demonstrate evidence of your competent involvement during the treatment of patients during treatment under conscious sedation and patients during recovery from conscious sedation. Involvement in both areas may be demonstrated during the treatment of one patient.

An appropriate witness is **required** to validate each case, grade your performance against 4 competencies and must add feedback.

Template sheets are supplied for you to photocopy. All PCAS should be treated as a contemporaneous record and **MUST** be hand written. That witness **MUST** sign and date the log sheets at their time of completion, or within 14 days to validate them.

Assessment criteria

Please use the following criteria when completing the PCAS sheets.

Sedation scoring

Assessment of operating conditions

1	Fully awake and orientated	1	Good	Fully co-operative, optimum sedation
2	Drowsy	2	Fair	Min interference over/under sedated
3	Eyes closed, responds promptly	3	Poor	Difficult over/under sedated
4	Eyes closed, mild stimulus required	4	Impossible	Treatment could not be started or had to be abandoned
5	Eyes closed, unrousable			

Assessment of competence

For each case the candidate's competency must be assessed in line with the GDC domains of professional practice

1. **Clinical**

The candidate demonstrated knowledge and clinical skills appropriate for the patient's condition and the type of sedation being used

2. **Professional**

The candidate demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.

3. **Communication**

The candidate communicated appropriately, effectively and sensitively with patients, their relatives or carers and colleagues

4. **Management and Leadership**

The candidate managed themselves and the clinical environment in line with current standards and guidelines.

For each area the performance in the domain should be graded as:

Grade	Criteria
Not yet competent	In the view of the witness, the candidates skills are not yet adequate in this area to a level you expect from a qualified dental sedation nurse
Competent	In the view of the witness, the candidates skills meet or exceed the level you would expect from a qualified dental sedation nurse

It is accepted that each witness will have different expectations.

Only PCAS that demonstrate FULL competence will count towards the requirements of the RoC however you may wish to retain any PCAS that do not within your PDP to demonstrate the development of your clinical skills.

For further guidance on the GDC domains of professional practice please see their website:

www.gdc-uk.org/dentalprofessionals/education/pages/dental-team-learning-outcomes.aspx

Providing feedback

To ensure feedback is valid, please share the guidance below with all potential witnesses.

- Witnesses are required to give feedback on each and every PCAS submitted by the candidate.
- All feedback must be completed using the following guidelines: Include positive comments, as well as negative ones, to affirm that the candidate has done well and is then encouraged to listen further
- Avoid the use of the word 'but' because this negates the previous comment, however positive it was, and often gives the impression that the candidate should 'expect the worst' (substitute with the word 'and' instead)
- Refer to the relevant assessment criteria so that feedback is specific to that particular assessment process, and the candidate has an idea of 'what they're aiming for' Give specific information on good performance so that this can be built upon for future assessments
- Give specific information on poor performance so that improvement is correctly guided and obstacles to better performance can be overcome
- Raise relevant issues, or ask questions to determine the candidate's knowledge and understanding of the assessment content, to help clarify any misunderstandings and / or lack of knowledge

- Provide feedback within 14 days of the assessment task, so that the candidate's performance is relatively fresh in their mind and they can relate comments effectively. Any PCAS signed outside the 14 days of the activity is deemed invalid (unless accompanied by explanatory statement)
- Provide the opportunity for dialogue so that the candidate can discuss the feedback and any issues, rather than just having to accept it with no comment

SAMPLE

SAMPLE

Section 1 – Assisting in the treatment of patients under conscious sedation

Range:

- a) Inhalation Sedation
- b) Intravenous Sedation

Requirements:

Certificate in Dental Sedation Nursing

- 10 Inhalation Sedation
- 20 Intravenous Sedation

Total 30 PCAS

Certificate in Dental Inhalation Sedation Nursing

- 10 Inhalation Sedation

Total 10 PCAS

Certificate in Dental Intravenous Sedation Nursing

- 20 Intravenous Sedation

Total 20 PCAS

The grid at the top of each PCAS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

SAMPLE

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

PRACTICAL COMPETENCE ASSESSMENT SHEET Case No

INHALATION SEDATION TREATMENT

<u>Candidate Name:</u>		<u>Date of Activity:</u>													
The PCAS is a true representation of my own involvement in the task described.															
<u>Candidate signature:</u>															
Patient's age:		Patient's gender:													
Source of patient referral															
Relevant medical history															
Relevant dental history															
GA / Sedation history															
Consent form signed?															
Pre-sedation observations <i>(please include units)</i>															
Respiratory rate -															
<table style="margin: auto; border: none;"> <tr> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>				1	2	3									
1	2	3													
ASA rating (circle)															
Sedation details															
Nasal hood (size / type) – Average flow rate (L/min) – Max concentration of N2O (%) – Duration of sedation (min) –															
Patient behaviour during sedation <i>(e.g. calm, relaxed, agitated etc)</i>															
Sedation scoring		Assessment of operating conditions													
Difficulties incurred <i>(if any)</i>															
Assessment of competency <i>(for help see guidance)</i>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><u>Clinical</u></td> <td style="width: 25%; text-align: center;"><u>Professionalism</u></td> <td style="width: 25%; text-align: center;"><u>Communication</u></td> <td style="width: 25%; text-align: center;"><u>Leadership</u></td> </tr> <tr> <td style="text-align: center;">Competent <input type="checkbox"/></td> <td style="text-align: center;">Competent <input type="checkbox"/></td> <td style="text-align: center;">Competent <input type="checkbox"/></td> <td style="text-align: center;">Competent <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Not yet competent <input type="checkbox"/></td> <td style="text-align: center;">Not yet competent <input type="checkbox"/></td> <td style="text-align: center;">Not yet competent <input type="checkbox"/></td> <td style="text-align: center;">Not yet competent <input type="checkbox"/></td> </tr> </table>				<u>Clinical</u>	<u>Professionalism</u>	<u>Communication</u>	<u>Leadership</u>	Competent <input type="checkbox"/>	Competent <input type="checkbox"/>	Competent <input type="checkbox"/>	Competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>
<u>Clinical</u>	<u>Professionalism</u>	<u>Communication</u>	<u>Leadership</u>												
Competent <input type="checkbox"/>	Competent <input type="checkbox"/>	Competent <input type="checkbox"/>	Competent <input type="checkbox"/>												
Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>												
Witness feedback <i>(required)</i>															
Witness Name:		Witness Reg No:													
Witness Signature:		Date:													

Reflective Account

Guidance Notes:

Candidates should identify their strengths and weaknesses relating to this contact and describe any action they would take to address weaknesses in the future, if required.

What have you learned while treating this patient?

Tutor Feedback

This section should be completed by the registrant who is assessing the PCAS on behalf of the course provider. Constructive feedback will help the candidate to develop their performance in the workplace.

Tutor feedback to candidate:

Satisfactory Not Yet Satisfactory

Signed: (Tutor)

Date: GDC Reg No:

Print Name: (Tutor)

Internal moderator to complete if sampling this PCAS

IM Name:		IM GDC Reg No:	
IM Signature:		IM Date:	

**NATIONAL EXAMINING BOARD FOR DENTAL NURSES
PRACTICAL COMPETENCE ASSESSMENT SHEET
INTRAVENOUS SEDATION
TREATMENT**

Case No

<u>Candidate Name:</u>		<u>Date of Activity:</u>					
The PCAS is a true representation of my own involvement in the task described.							
<u>Candidate signature:</u>							
Patient's age:		Patient's gender:					
Source of patient referral							
Relevant medical history							
Relevant dental history							
GA / Sedation history							
Consent form signed?							
Pre-sedation observations <i>(please include units)</i>		Heart rate – Oxygen saturation – Blood pressure – Respiratory rate – Height – Weight – BMI –					
		If recorded {					
ASA rating (circle)		1 2 3					
Sedative techniques		IV access site – Topical anaesthetic (Y/N) – Drug – Amount of drug given – Batch number – Expiry date –					
In treatment monitoring <i>(please include units)</i>		Oxygen Saturation – High: Low: Heart rate (average) – Blood pressure –					
Sedation scoring		Assessment of operating conditions					
Difficulties incurred <i>(if any)</i>							
Assessment of competency <i>(for help see guidance)</i>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; width: 25%; text-align: center;"> <u>Clinical</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/> </td> <td style="padding: 5px; width: 25%; text-align: center;"> <u>Professionalism</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/> </td> <td style="padding: 5px; width: 25%; text-align: center;"> <u>Communication</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/> </td> <td style="padding: 5px; width: 25%; text-align: center;"> <u>Leadership</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/> </td> </tr> </table>		<u>Clinical</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Professionalism</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Communication</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Leadership</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>
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Witness feedback <i>(required)</i>							
Witness Name:		Witness reg No:					
Witness Signature:		Date:					

Reflective Account

Guidance Notes:

Candidates should identify their strengths and weaknesses relating to this contact and describe any action they would take to address weaknesses in the future, if required.

What have you learned while treating this patient?

Tutor Feedback

This section should be completed by the registrant who is assessing the PCAS on behalf of the course provider. Constructive feedback will help the candidate to develop their performance in the workplace.

Tutor feedback to candidate:

Satisfactory Not Yet Satisfactory

Signed: (Tutor)

Date: GDC Reg No:

Print Name: (Tutor)

Internal moderator to complete if sampling this PCAS

IM Name:		IM GDC Reg No:	
IM Signature:		IM Date:	

Section 2 – Caring for patients during recovery from conscious sedation

Range:

- a) Inhalation Sedation
- b) Intravenous Sedation

Requirements:

Certificate in Dental Sedation Nursing

- 10 Inhalation Sedation
- 20 Intravenous Sedation

Total 30 PCAS

Certificate in Dental Inhalation Sedation Nursing

- 10 Inhalation Sedation

Total 10 PCAS

Certificate in Dental Intravenous Sedation Nursing

- 20 Intravenous Sedation

Total 20 PCAS

The grid at the top of each PCAS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

SAMPLE

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

PRACTICAL COMPETENCE ASSESSMENT SHEET Case No INHALATION SEDATION RECOVERY

<u>Candidate Name:</u>		<u>Date of Activity:</u>		
The PCAS is a true representation of my own involvement in the task described.				
<u>Candidate signature:</u>				
Patient's age:		Patient's gender:		
General appearance on arrival in recovery				
Observations on arrival in recovery <i>(please include units)</i>	Respiratory rate –			
Observations on discharge <i>(please include units)</i>	Respiratory rate –			
Discharge indicators				
Person discharging patient				
Post sedation instructions given (circle)	Yes	No		
Post treatment instructions given (circle)	Yes	No		
Patient accompanied (circle)	Yes	No		
Difficulties incurred <i>(if any)</i>				
Assessment of competency <i>(for help see guidance)</i>	<u>Clinical</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Professionalism</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Communication</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Leadership</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>
Witness feedback <i>(required)</i>				
Witness Name:		Witness Reg No:		
Witness Signature:		Date:		
Internal moderator to complete if sampling this PCAS				
IM Name:		IM GDC Reg No:		
IM Signature:		IM Date:		

SAMPLE

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

PRACTICAL COMPETENCE ASSESSMENT SHEET INTRAVENOUS SEDATION RECOVERY

Case No

<u>Candidate Name:</u>		<u>Date of Activity:</u>		
The PCAS is a true representation of my own involvement in the task described.				
<u>Candidate signature:</u>				
Patient's age:		Patient's gender:		
General appearance on arrival in recovery				
Observations on arrival in recovery <i>(please include units)</i>	Heart rate – Oxygen saturation – Blood pressure – Respiratory rate –			
Observations on discharge <i>(please include units)</i>	Heart rate – Oxygen saturation – Blood pressure – Respiratory rate –			
Discharge indicators				
Cannula removed by				
Post sedation instructions given (circle)	Yes	No		
Post treatment instructions given (circle)	Yes	No		
Discharge to				
Difficulties incurred <i>(if any)</i>				
Assessment of competency <i>(for help see guidance)</i>	<u>Clinical</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Professionalism</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Communication</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>	<u>Leadership</u> Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/>
Witness feedback <i>(required)</i>				
Witness Name:		Witness Reg No:		
Witness Signature:		Date:		
Internal moderator to complete if sampling this PCAS				
IM Name:		IM GDC Reg No:		
IM Signature:		IM Date:		

RECORD OF COMPETENCE

PART B

EXPANDED CASE STUDIES

Notes for Guidance

1. Case studies of between 1800 and 2200 form part of the RoC for this qualification. The patients may be selected from those for whom PCAS have already been completed.
2. The case Study requirements are:

Case Studies	DSN	IHSN	IVSN
Inhalation Sedation Procedure	✓	✓	
Intravenous Sedation Procedure	✓		✓

Although Inhalation sedation procedures are usually completed on children and intravenous procedures on adults, you should choose cases that reflect your usual area of practice.

3. Each case study should demonstrate a breadth and depth of knowledge about a range of sedation issues. **It must reflect your involvement within the procedure.**
4. Patients selected for the studies should remain anonymous
5. The Guidelines on the following page demonstrate an appropriate structure for your case studies. You must use the subheadings that have been listed.
6. Appropriate illustrations and photographs may be incorporated but are **not** essential. Patients must not be identifiable in any photographs. Written consent must be obtained using the form included in Appendix 1 of this Record of Competence. Once completed this should be retained within the patient clinical records.
7. Each study should be typed in a regular font, size 12, and double line spaced.
8. References/information sources should be attached in an appendix in the order in which they are referred to in the text. Appendices should only be included if they usefully support the content of your case study. References should be in a standard format. e.g.,

For Journal articles:

Lewis MA and Newton JT (2006) "An evaluation of the quality of commercially produced patient information leaflets" *British Dental Journal*; **201**: 114 – 117.

For websites:

Author's name, title of item in double quote marks, title of complete work or site in italics, date of publication or last revision date, the full URL, in angle brackets, date accessed in square brackets.

Example:

Nelson Hilton, *Blake Digital Text Project*, University of Georgia, 1996
<<http://virtual.park.uga.edu/~wblake/home1.html>> [accessed 18 January 2004].

GUIDELINES FOR CASE STUDIES

Sub Headings to be used in Case Studies		Relevant Syllabus section
1.	Introduction	1.1.5, 2.2
2.	Source of patient referral	1.1.4, 2.4
3.	Patient's presenting complaint	1.1.4, 2.4
4.	History of the presenting complaint	1.1.4, 2.1, 2.4
5.	Relevant medical history	1.1.4, 2.2, 2.4
6.	Past dental history	1.1.4, 2.1, 2.4
7.	General and social circumstances to include: Patient's age Gender Smoking history Alcohol history	1.1.4, 2.2, 2.4
8.	Contacts with other disciplines	1.1.1, 1.1.11, 2.4
9.	Patient assessment (Treatment plan)	1.1.3, 1.1.4, 1.1.5, 2.1, 2.2, 2.4, 2.6
10.	Why the patient requires sedation	1.1.3, 1.1.10, 2.1, 2.4, 2.6
11.	Possible difficulties to be considered before providing treatment including medico-legal	1.1.1, 1.1.5, 1.1.7, 1.2.1, 1.2.3, 2.4, 2.6
12.	Which sedation technique is being used	2.1, 2.2, 2.4, 2.6
13.	Preparation of the patient and environment	1.1.1, 2.5
14.	Monitoring and support provided during administration of sedation	1.1.1, 2.2, 2.5, 2.6
15.	Pharmacology / drugs administered and their properties	2.3
16.	Recovery of patient	1.1.1, 2.4, 2.5
17.	Difficulties incurred (if any)	1.1.4, 1.1.6, 1.1.7, 1.1.11, 2.5
18.	Arrangements for follow up care	1.1.8, 1.1.10, 2.4, 2.5
19.	Conclusion with reflective practice	1.1.2, 1.1.3, 1.1.7, 1.1.8, 2.7

RECORD OF COMPETENCE

PART C DIRECTLY OBSERVED CLINICAL SKILLS (DOCS)

Candidates must have been observed completing each of the clinical skills to a satisfactory level the required number of times by a registered witness with suitable qualifications and experience to complete such an assessment. The clinical skills to be assessed are:

Clinical Skill	DSN	IHSN	IVSN	Required
Taking and recording patients' blood pressure using an automatic cuff	✓	✓	✓	10
Taking and recording patients' oxygen saturation and heart rate using a pulse oximeter	✓		✓	10
Giving pre and post-operative instructions to a patient for inhalation sedation	✓	✓		10
Giving pre and post-operative instructions to a patient for intravenous sedation	✓		✓	10
Preparing an inhalation sedation machine for use including safety checks	✓	✓		10
Preparing IV sedation equipment and drugs ready for use	✓		✓	10
Drawing up drugs	✓		✓	10
Assisting during the cannulation of patients	✓		✓	10
Removal of a cannula	✓		✓	10
Clearing IV sedation equipment and drugs after use	✓		✓	10
Leading the dental team in the management of a simulated medical emergency	✓	✓	✓	3

A satisfactory level is defined as meeting expectations in **all** criteria.

For any assessment where the candidate does not meet expectations in all essential criteria, the sheet should not be included in the RoC but the candidate may wish to add it to their personal development portfolio.

Guidance for Witnesses Assessing Clinical Skills:

What is a DOCS?

NEBDN feel that it is essential that all candidates be adequately assessed on the practical skills that are relevant to each of our qualifications. A DOCS is an objective work based assessment tool which encourages and supports development and will indicate that competence has been achieved in a particular clinical skill.

Who would make a suitable assessor?

To assess a candidate using the DOCS tool you need to have been requested to do so by the candidate themselves. You need to have read this guidance fully, be a current registered healthcare professional, completed the witness status sheet at the beginning of this RoC, read the relevant DOCS sheet carefully and have expertise in the skill to be assessed to be able to judge the candidates performance.

How to conduct the assessment?

Ensure that the patient/guardian/carer is aware that the candidate is being assessed.

Complete your details at the top of the DOCS form and indicate that you have read this guidance and have expertise in the skill being assessed.

Record the number of previous attempts the candidate has made at completing this skill to a satisfactory level. The candidate is allowed as many attempts as required but must meet expectations in **all** of the criteria to use the assessment in their RoC.

The skill to be assessed should take no more than around 5 minutes to complete.

As the candidate completes the task you should grade their performance against the criteria provided. Use the full range of the rating scale comparison should be made with a newly qualified Dental Sedation Nurse. Mark as 'unable to comment' if you have not observed the behaviour or feel unable to comment. Use of 'unable to comment' for any criteria would indicate competence has not been fully met.

When assessing the criteria relating to seeking help appropriately, if help was clearly not required and was not sought then this should be marked as meeting expectations.

Clearly patients needs vary greatly and therefore the difficulty of the same clinical skill varies from patient to patient. You should therefore rate the difficulty of this particular contact as low/average/high.

You should record feedback on the candidate's strengths and areas for development and take time to discuss these with the candidates following the assessment sensitively and in a suitable environment.

Thank you for completing this assessment carefully.

The grid at the top of each PCAS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

Section 1 – Observing and recording vital signs

Range:

- a) Automatic Blood Pressure
- b) Oxygen Saturation and Heart rate

Requirements:

Certificate in Dental Sedation Nursing

10 from each of the range

Total 20 DOCS

Certificate in Dental Inhalation Sedation Nursing

10 from range 'a'

Total 10 DOCS

Certificate in Dental Intravenous Sedation Nursing

10 from each of the range

Total 20 DOCS

The grid at the top of each DOCS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

SAMPLE



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Recording Blood Pressure - Automatic

DSN
IHSN
IVSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill: The candidate will record an automatic blood pressure for a patient as part of an assessment for dental treatment under conscious sedation. The candidate will be expected to record the result on the patient's notes and communicate the result to the patient, explaining the significance of the information.

Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Applies the cuff in the correct location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical –Sphygmomanometer used correctly and confidently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical –Removes cuff on completion of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient prior to the procedure to ensure consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient during the procedure to ensure the patient is reassured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records the result accurately on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Appropriately informs the patient of the results and its significance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Obtains informed consent for the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Maintains patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____

SAMPLE



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Recording Oxygen Saturation and Heart Rate

DSN

IVSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will record a patient's oxygen saturation and heart rate as part of an assessment for dental treatment under conscious sedation. The candidate will be expected to record the result on the patient's notes and communicate the result to the patient, explaining the significance of the information.					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Checks machine is working correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Checks patient and environment are suitable for the assessment. (e.g. nail varnish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Places probe correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Removes probe at end of assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient prior to the procedure to ensure consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient during the procedure to ensure the patient is reassured and result is accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records the result accurately on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Appropriately informs the patient of the results and its significance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Obtains informed consent for the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Maintains patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____

SAMPLE

Section 2 – Giving Pre-operative and post-operative instructions

Range:

- a) Inhalation Sedation
- b) Intravenous Sedation

Requirements:

Certificate in Dental Sedation Nursing

10 from each of the range

Total 20 DOCS

Certificate in Dental Inhalation Sedation Nursing

10 from range 'a'

Total 10 DOCS

Certificate in Dental Intravenous Sedation Nursing

10 from range 'b'

Total 10 DOCS

The grid at the top of each DOCS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

SAMPLE

The candidate should photocopy this form before use as more than one assessment may be required



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Giving Pre and Post Operative Instructions
Inhalation Sedation

DSN
IHSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will give Pre and Post Operative instructions to the patient or their guardian who is going to have dental treatment under inhalation sedation. Where appropriate written instructions should be given to support the verbal information. The information given should be based on current best practice.					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Information given is current best practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical –Tailors the advice to the patient’s medical health and social needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively to the patients level of understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Uses appropriate written information to support advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Uses appropriate questions to confirm understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records the contact on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Shows understanding of the patient’s anxiety and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and Leadership – keeps the discussion focused on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____
 Sampled by internal moderator (Sign)_____ GDC No:_____

SAMPLE



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Giving Pre and Post Operative Instructions
Intravenous Sedation

DSN

IVSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will give Pre and Post Operative instructions to the patient or their guardian who is going to have dental treatment under intravenous sedation. Where appropriate written instructions should be given to support the verbal information. The information given should be based on current best practice.					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Information given is current best practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical –Tailors the advice to the patient’s medical health and social needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively to the patients level of understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Uses appropriate written information to support advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Uses appropriate questions to confirm understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records the contact on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Shows understanding of the patient’s anxiety and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and Leadership – keeps the discussion focused on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign)..... GDC No:.....

SAMPLE

Section 3 – Preparation of sedation equipment and drugs

Range:

- a) Checking an Inhalation Sedation Machine
- b) Preparation of intravenous equipment and drug
- c) Drawing up drugs

Requirements:

Certificate in Dental Sedation Nursing

10 from each of the range

Total 30 DOCS

Certificate in Dental Inhalation Sedation Nursing

10 from range 'a'

Total 10 DOCS

Certificate in Dental Intravenous Sedation Nursing

10 from range 'b and c'

Total 20 DOCS

The grid at the top of each DOCS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

SAMPLE

The candidate should photocopy this form before use as more than one assessment may be required



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
 Preparing an Inhalation Sedation Machine for Use Including Safety Checks

DSN
IHSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will go through the procedures and safety checks required to prepare an inhalation sedation machine as if being used for the first time of the session.					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Attaches suitable scavenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Confirms adequate gas supply is available (inc cylinder change if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Reservoir bag checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Checks calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Checks N ₂ O cut off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Breathing circuit assembled including selection of appropriate nasal hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Machine left ready for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates outcome of tests to operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records completion of safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Uses systematic approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Stays focus on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____

SAMPLE



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Preparing Sedation Equipment and Drugs ready for
Intravenous Sedation

DSN
IVSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will select and prepare equipment and drugs ready for the provision of dental treatment under intra-venous sedation.					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Ensures the working area is clear and disinfected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Selects the correct equipment required for cannulation and checks they are safe for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Collects the required sedation drugs and checks they are safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Checks emergency drugs are available and safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Checks emergency equipment is available and safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Selects appropriate monitoring equipment and checks it is safe for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates any issues to the sedationist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Records completion of safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Uses systematic approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Stays focus on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____

SAMPLE



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS

Drawing up drugs

DSN

IVSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will safely draw up a drug in preparation for intra-venous administration. If local policies prevent this for the administration to patients then this should be simulated.					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Prepares a clean and safe working area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Selects correct equipment and checks it is safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Selects correct drug and checks it is safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Uses safe technique to open ampoule and draw up drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Expels excess air from syringe, safely and correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Stores syringe safely ready for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disposes of sharps and unused drug (if required) safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Confirms correct drug with second person before drawing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Labels syringe correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Uses systematic approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Stays focus on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____

Section 4 – Peri-operative Intravenous sedation skills

Range:

- a) Assisting during cannulation
- b) Removal of a cannula
- c) Clearing Intravenous sedation equipment and drugs

Requirements:

Certificate in Dental Sedation Nursing

10 from each of the range

Total 30 DOCS

Certificate in Dental Inhalation Sedation Nursing

No requirements

Total 0 DOCS

Certificate in Dental Intravenous Sedation Nursing

10 from each of the range

Total 30 DOCS

The grid at the top of each DOCS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

SAMPLE

The candidate should photocopy this form before use as more than one assessment may be required



National Examining
Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Assisting During the Cannulation of Patients

DSN

IVSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS: <input type="text"/>

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will effectively assist the sedationist and support the patient during intra-venous cannulation					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Ensures correct equipment is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Attaches monitoring and confirms suitable readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Applies (or acts as) tourniquet effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Continues monitoring patient throughout cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Assists to secure cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disposes of sharps safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disposes of sharps and unused drug (if required) safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Explains procedures they carry out to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Reassures the patient though out the cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Confirms patient is okay on completion of cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Maintains communication with sedationist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Stays focus on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

--

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____

SAMPLE



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Removal of Cannula

DSN

IVSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS: <input type="text"/>
Witnesses Name:			
Witnesses Reg Number:			I have read the guidance and have expertise in this skill <input type="checkbox"/>
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill: The candidate will, on the direction of the seditionist, remove the cannula from a patient who has recovered from treatment under inhalation sedation. They should dress the wound appropriately.

Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Selects and prepares all equipment required prior to the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Correctly removes cannula, limiting bleeding, bruising and cross-infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Confirms haemostasis of the cannulation site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Applies an appropriate dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disposes of waste appropriately following procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Gives an appropriate explanation of the procedure to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Reassures the patient throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the patient throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Confirms the patients wellbeing after the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Maintains the patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Stays focus on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

--

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____

SAMPLE

The candidate should photocopy this form before use as more than one assessment may be required



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
 Clearing Sedation Equipment and Drugs after Intra-venous Sedation

DSN
IVSN

Candidates Name:			
Candidates Reg Number:			
Date of Assessment:	/ /	Number of previous attempts at this DOCS:	

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill	<input type="checkbox"/>
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will clear and dispose of sedation equipment and drugs following a procedure under intra-venous sedation					
Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disposes of remaining sharps correctly and safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disposes of remaining drugs/drug containers safely and correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Switch off monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Disinfects equipment and environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Completes appropriate records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Stays focus on the task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this procedure	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses Signature _____ Date _____

Sampled by internal moderator (Sign)..... GDC No:.....

SAMPLE

Section 4 – Simulated Medical Emergency

Range:

- a) Lead a medical emergency scenario

Requirements:

Certificate in Dental Sedation Nursing

3 from the range

Total 3 DOCS

Certificate in Dental Inhalation Sedation Nursing

3 from the range

Total 3 DOCS

Certificate in Dental Intravenous Sedation Nursing

3 from the range

Total 3 DOCS

The grid at the top of each DOCS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

SAMPLE

The candidate should photocopy this form before use as more than one assessment may be required



National Examining Board for Dental Nurses

DENTAL SEDATION NURSING
DIRECTLY OBSERVED CLINICAL SKILLS
Simulated Medical Emergency Scenario

DSN
IHSN
IVSN

Candidate Name:			
Candidates Reg Number:			
Date of Assessment:	/	/	Number of previous attempts at this DOCS:

Witnesses Name:			
Witnesses Reg Number:		I have read the guidance and have expertise in this skill <input type="checkbox"/>	
Witnesses position / grade:			
Clinical setting (e.g. community clinic):			

Clinical Skill: The candidate will act as part of a small team to manage a simulated medical emergency scenario. A colleague should play the role of the casualty. The scenario should be drawn from and managed according to the Resus Council UK – Standards for clinical practice and training for dental practitioners and dental care professionals in general dental practice. The dental sedation nurse being assessed should discover the casualty and lead the team. Each DOC should relate to a different emergency.

Please grade the below areas using the following scale	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to comment
Clinical – Demonstrates an understanding of the medical emergency simulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Assesses the casualty's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical – Manages the casualty in line with their scope of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with the casualty to question, inform and reassure before, during and after the scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – Communicates effectively with other members of the team during and after scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Maintains patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and Leadership – Leads the team effectively through the scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty of this scenario	Low <input type="checkbox"/>		Average <input type="checkbox"/>		High <input type="checkbox"/>	

Please record any areas of strength or any suggestions for development:

Witnesses signature _____ Date _____

Sampled by internal moderator (Sign) _____ GDC No: _____

SAMPLE

RECORD OF COMPETENCE

PART D

SUPPLEMENTARY OUTCOMES

Candidates must have completed the required supplementary outcomes in this section. The supplementary outcomes allow the candidate to demonstrate some understanding of other aspects of Dental Sedation Nursing. These areas will require the candidate to spend more time than the examination could allow, or require the candidate to do some research or may be areas where it would be difficult for all Dental Sedation Nurses to gain clinical experience.

The supplementary outcomes will be assessed by the course provider to NEBDN marking guides.

The content of the supplementary outcomes will be reviewed regularly by NEBDN but currently include:

Supplementary Outcome	DSN	IHSN	IVSN
A witnessed copy of a current certificate in Immediate Life Support	✓	✓	✓
A list of equipment used for sedation stating maintenance and service history	✓	✓	✓
A list of emergency drugs stocked and indications for use with expiry dates	✓	✓	✓
Questions relating to current national guidance on conscious sedation in dentistry	✓	✓	✓
A question relating to an ethical dilemma	✓	✓	✓
A short audit relating to patient satisfaction	✓	✓	✓
A question relating to the advantages and disadvantages of alternative methods of pain and anxiety management	✓	✓	✓
A record of continuing professional development relating to dental sedation nursing e.g. background reading, meetings, courses etc.	✓	✓	✓

The grid at the top of each PCAS will confirm which qualification they are applicable for...

DSN	Must be completed by candidates sitting the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates sitting the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates sitting the Award in Intravenous Sedation Dental Nursing

SAMPLE

SUPPLEMENTARY OUTCOME 1

IMMEDIATE LIFE SUPPORT CERTIFICATE

The candidate should include a certified copy of a current Immediate Life support certificate at a level **equivalent to** the training guidelines of the resuscitation council UK. To be current the training should have been undertaken within the 12 months preceding the date of the initial examination you wish to sit.

If it is more appropriate for the candidate's area of practice then a PILS certificate would be acceptable.

To be signed and dated by tutor once included.

Signed: _____ Date: _____

GDC No: _____

SAMPLE

Sampled by internal moderator (Sign)..... GDC No:.....

SAMPLE

**SUPPLEMENTARY OUTCOME 2
SEDATION EQUIPMENT**

The candidate should complete the table below listing all pieces of equipment their practice uses in relation to conscious sedation. The table should also show the date of the last service/maintenance and the date that the next service is due.

Equipment	Date of last service	Date of next service
SAMPLE		

To be signed and dated by tutor when completed to a satisfactory standard.

Signed: _____ Date: _____

GDC No: _____

Sampled by internal moderator (Sign)..... GDC No:

SAMPLE

SUPPLEMENTARY OUTCOME 3
EMERGENCY DRUGS

DSN
IHSN
IVSN

The candidate should complete the table below listing each emergency drug they stock in the practice. For each drug they should list the medical emergency/emergencies it would be used to manage.

Drug Stocked	Medical Emergency
SAMPLE	

To be signed and dated by tutor when completed to a satisfactory standard.

Signed: _____ Date: _____

GDC No: _____

Sampled by internal moderator (Sign)..... GDC No:.....

SAMPLE

SUPPLEMENTARY OUTCOME 4
NATIONAL GUIDANCE ON CONSCIOUS SEDATION IN DENTISTRY

The candidate should refer to the document 'Standards for Conscious Sedation in the Provision of Dental Care' – 2015 and answer the questions below.

Link to guidelines (correct at time of printing)
<http://www.rcseng.ac.uk/fds/Documents/dental-sedation-report-2015-web-v2.pdf>

In relation to 'Options for care' what four general options does the patient have to specifically manage anxiety?

1. _____
2. _____
3. _____
4. _____

In relation to 'Consent for Dental Treatment' give three situations where consent would not be deemed valid?

1. _____
2. _____
3. _____

In relation to 'Recovery, discharge and aftercare' give three discharge criteria?

1.

.....

.....

2.

.....

.....

3

.....

.....

In relation to 'Education and training' describe the CPD revalidation requirements for a dental nurse working as part of a conscious sedation team?

1.

.....

.....

.....

.....

.....

To be signed and dated by tutor when completed to a satisfactory standard.

Signed: _____ Date: _____

GDC No: _____

Sampled by internal moderator (Sign) _____ GDC No: _____

SUPPLEMENTARY OUTCOME 5
ETHICAL DILEMMA

The candidate should read the scenario below and then answer the questions relating to this situation.

A 26 year old female patient is receiving emergency dental treatment under intravenous sedation with Midazolam. She is being cared for by a qualified dentist / sedationist and dental nurse. Her husband is also present.

The Midazolam has been given following a cannulation which was made difficult by difficult venous access and the extreme anxiety of the patient.

Before giving the local anaesthetic the dental nurse checks the treatment plan on the consent form and notices that it has not been signed by the patient.

Give one legal and two clinic considerations that must / may be considered

Legal consideration

1.

Clinical considerations

1.

2.

Outline two possible ways of dealing with this dilemma

1.

.....

.....

.....

.....

2.

.....

.....

.....

.....

Which option do you think would be best and why?

.....

.....

.....

.....

.....

.....

.....

.....

.....

To be signed and dated by tutor when completed to a satisfactory standard.

Signed: _____ Date: _____

GDC No: _____

Sampled by internal moderator (Sign)..... GDC No:.....

SUPPLEMENTARY OUTCOME 6 AUDIT AND PATIENT SATISFACTION

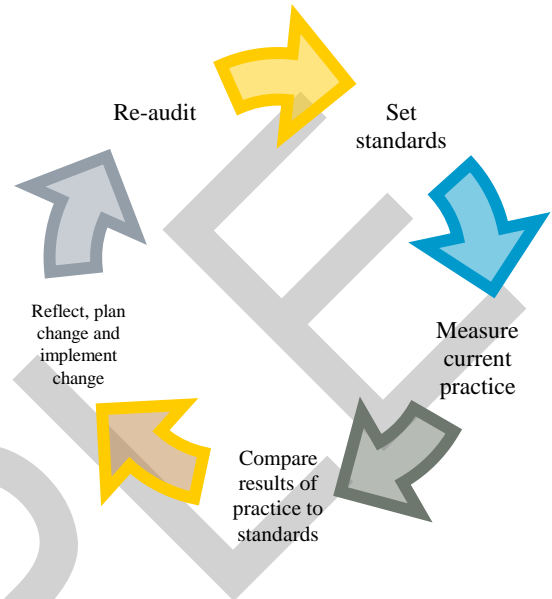
The candidate is required to design, complete and report on a simple audit to allow them to gain feedback from their patients. A copy of the report should be included as part of this supplementary outcome.

The following guidance may be useful for candidates with no previous experience of audit and to indicate the scope expected by NEBDN.

The audit process is simply described by the diagram shown.

There are many good sources of information on carrying out simple clinical audit on the internet for example...

www.dvh.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=107264



We would like you to:

1. Set two or three of your own standards relating to any aspect of your care of your sedation patients.
You may decide that 100% of your patients should feel safe in your care or 75% of your patients would be happy being cared for by you in the future. The questions and standards are up to you.
2. Design a simple questionnaire, decide how many patients you need to question and have that many patients complete it.
*Your questions could be a simple 'YES' or 'NO' or you may use a scale 'On a scale from 1 to 5, how safe do you feel in my care?'
Try to use at least 10 patients and don't be selective, don't just give it to your favourites!*
3. Look at your results and see if you have met your standards.
4. If you have not met your standards then reflect on why that might be and what you could do differently. If you have met your standards try to identify why that is, what do you do well and could you do it even better?
5. Decide and state when you feel you should repeat the audit, this may depend on your results.

Your report should describe all five areas.

To be signed and dated by tutor when completed to a satisfactory standard.

Signed: _____ Date: _____

GDC No: _____

Sampled by internal moderator (Sign)..... GDC No:.....

SAMPLE

SUPPLEMENTARY OUTCOME 7
ADVANTAGES AND DISADVANTAGES OF SEDATION TECHNIQUES

The candidate should complete the table below to give five advantages and disadvantages of INTRAVENOUS SEDATION compared to other methods of anxiety management used in dentistry.

Advantages	Disadvantages

To be signed and dated by tutor when completed to a satisfactory standard.

Signed: _____ Date: _____

GDC No: _____

Sampled by internal moderator (Sign)..... GDC No:.....

SAMPLE

**SUPPLEMENTARY OUTCOME 8
RECORD OF RELEVANT CONTINUING PROFESSIONAL DEVELOPMENT**

The candidate should include a summary of CPD they have undertaken in the last 12 months which is relevant to Dental Sedation Nursing, e.g. background reading, meetings, courses etc.

Date	Course/Activity	Venue	Provider	Hours	Verified?

To be signed and dated by tutor when completed to a satisfactory standard.

Signed: _____ Date: _____

GDC No: _____

Sampled by internal moderator (Sign)..... GDC No:.....

SAMPLE

Appendix 1 – Consent Form

Consent to Clinical Photography and Inclusion within a Clinical Case Study

As a dental patient you have the right to control the use of photographs, which may be taken during the course of your treatment. You can refuse to have photographs for any reason other than for your health records. **This will not affect your treatment in any way.**

You have been asked to have medical photographs taken. These will be for:

1. Your health record - you may not be asked for your written consent for this.
2. The dental nurse involved in your treatment to provide evidence of the care they have provided or to illustrate a case study detailing your treatment. The photographs and case studies may be viewed by auditors and examiners of the National Examining Board for Dental Nurses.

Every reasonable attempt will be made to obscure your identity.

Please be aware that once photographs have been published, you cannot withdraw your consent.

If you have any further questions please speak to the nurse or dentist

Patient statement (please circle your answer)

The request has been explained to me and I fully understand what it entails. **Yes No**

I agree to have clinical photographs taken and for them to be used within **Yes No**
a clinical case study.

Signature of patient / parent / guardian*Date...../...../.....

* Must have parental responsibility for the child

Relationship to child

A witness should sign below if the patient is unable to sign but has indicated his or her consent

Signature Date...../...../.....

Name (print).....