

# 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: .....

## **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.

## 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.

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	Intravenous Sedation		Inhalation Sedation
	Treatment	Recovery	
Certificate in Dental Sedation Nursing	20	5	10
Award in Inhalation Sedation Dental Nursing	0	0	10
Award in Intravenous Sedation Nursing	20	5	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	✓	✓	✓	5
Taking and recording patients' oxygen saturation and heart rate using a pulse oximeter	✓		✓	5
Giving pre and post-operative instructions to a patient for inhalation sedation	✓	✓		5
Giving pre and post-operative instructions to a patient for intravenous sedation	✓		✓	5
Preparing an inhalation sedation machine for use including safety checks	✓	✓		5
Preparing IV sedation equipment and drugs ready for use	✓		✓	5
Drawing up drugs	✓		✓	5
Assisting during the cannulation of patients	✓		✓	5
Removal of a cannula	✓		✓	5
Clearing IV sedation equipment and drugs after use	✓		✓	5
Shutdown and decontamination of an inhalation sedation machine	✓	✓		5
Leading the dental team in the management of a simulated medical emergency	✓	✓	✓	3

### **Part D: Supplementary Outcomes (SO)**

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 of competence in life support skills	✓	✓	✓
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 conscious sedation	✓	✓	✓
A question relating to the advantages and disadvantages of alternative methods of pain and anxiety management	✓	✓	✓
Two incidences of reflective practice	✓	✓	✓
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.

### **Simulations**

The use of simulations will be required to complete the DOCS relating to the medical emergency and if required the drawing up of drugs; but is not appropriate for any other part of this RoC

### **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).

### **General Data Protection Regulations**

NEBDN is fully committed to respecting your privacy and to protecting any personal information you provide to us. We make every effort to ensure that all information that you provide to us is protected and we adhere to the General Data Protection Regulation (GDPR). Please refer to our Privacy Notice at [www.nebdn.org](http://www.nebdn.org) for further information

## 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)

**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.

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

The tutor **MUST** mark and provide feedback within 28 days of the witness signature and date

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	<b>CANDIDATE TO:</b> Date box when completed <b>and</b> for each PCAS the case number should also be recorded <i>e.g. C1- 13.8.2013</i> <b>INTERNAL MODERATOR TO:</b> When sampled initial each date to confirm they have been checked against the date on the individual PCAS forms, we recommend using a coloured pen for this. <i>e.g Case 1 1/9/2013 MW</i>				
A	<b>PCAS</b>						
	Inhalation sedation	10					
	Intravenous sedation - procedure	20					
	Intravenous sedation - recovery	5					
B	<b>Case Studies</b>						
	Inhalation sedation	1	Word Count:			Date:	
	Intravenous sedation	1	Word Count:			Date:	
C	<b>Directly Observed Clinical Skills Assessments – date box when completed</b>						
	Automatic blood pressure	5					
	Pulse oximeter	5					
	Pt instructions - IH sedation	5					
	Pt instructions - IV sedation	5					
	IH sedation machine checks	5					
	Prepare IV equipment	5					
	Drawing up Drugs	5					
	Assist during cannulation	5					
	Removal of cannula	5					
	Clear IV equipment	5					
	IH machine shutdown and clean	5					
	Medical emergency scenario	3					

D	Supplementary Outcomes		
	Life Support Skills certificate(s)	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:
	Reflective practice	1	Date Signed by tutor:
	CPD record & PDP	1	Date Signed by tutor:

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

Candidate Name .....Signature: ..... GDC 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. ....

Mentor Name: ..... Signature: ..... GDC No. .... Date:.....

Tutor Name: ..... Signature: ..... GDC No. .... Date:.....

Internal Moderator Name: ..... Signature: ..... GDC No. .... Date:.....

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

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

## 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](http://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

## 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...

<b>DSN</b>	Must be completed by candidates completing the Certificate in Dental Sedation Nursing
<b>IHSN</b>	Must be completed by candidates completing the Award in Inhalation Sedation Dental Nursing
<b>IVSN</b>	Must be completed by candidates completing the Award in Intravenous Sedation Dental Nursing

# NATIONAL EXAMINING BOARD FOR DENTAL NURSES

## PRACTICAL COMPETENCE ASSESSMENT SHEET INHALATION SEDATION

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 (please include units)	Respiratory rate -			
ASA rating (circle)	1	2	3	
Sedation details	Nasal hood (size / type) – Average flow rate (L/min) – Max concentration of N <sub>2</sub> O (%) – Duration of sedation (min) –			
Patient behaviour during sedation (e.g. calm, relaxed, agitated etc)				
Sedation scoring		Assessment of operating conditions		
Discharge indicators				
Person discharging patient				
Post sedation instructions given (circle)	Yes	No		
Difficulties incurred (if any)				
Assessment of competency (for help see guidance)	<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 (required)				
Witness Name:		Witness GDC No:		
Witness Signature:		Date:		

### Tutor Feedback

This section should be completed by the registrant who is assessing the PCAS on behalf of the course provider. Please tick the boxes below when the requirements have been met and **if appropriate** add any comments which will help the candidate to develop their performance in the workplace.

Tutor feedback to candidate:

- ☐ PCAS completed fully and meets the requirements of this task
- ☐ Candidate has used an appropriate level of detail and knowledge to reflect safe clinical practice
- ☐ Assessment of competency completed, and candidate is competent
- ☐ Signed within 14 day period

Satisfactory ☐ Not Yet Satisfactory ☐

### Comments (if appropriate):

The tutor must provide specific guidance for unsatisfactory PCAS to enable the candidate  
The tutor should acknowledge strengths where possible.

Signed: ..... (Tutor)

Date: ..... GDC No: .....

Print Name: ..... (Tutor)

Internal moderator to complete if sampling this PCAS

IM Name:		IM GDC 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 (please include units)	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">If recorded {</div> <div> Heart rate –  Oxygen saturation –  Blood pressure –  Respiratory rate –  Height –  Weight –  BMI – </div> </div>			
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 (please include units)	Oxygen Saturation – High:                      Low: Heart rate (average) – Blood pressure –			
Sedation scoring	Assessment of operating conditions			
Difficulties incurred (if any)				
Assessment of competency (for help see guidance)	<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 (required)				
Witness Name:			Witness No:	
Witness Signature:			Date:	

### Tutor Feedback

This section should be completed by the registrant who is assessing the PCAS on behalf of the course provider. Please tick the boxes below when the requirements have been met and **if appropriate** add any comments which will help the candidate to develop their performance in the workplace.

Tutor feedback to candidate:

- ☐ PCAS completed fully and meets the requirements of this task
- ☐ Candidate has used an appropriate level of detail and knowledge to reflect safe clinical practice
- ☐ Assessment of competency completed, and candidate is competent
- ☐ Signed within 14 day period

Satisfactory ☐ Not Yet Satisfactory ☐

### Comments (if appropriate):

The tutor must provide specific guidance for unsatisfactory PCAS to enable the candidate to make amendments / additions as required.

The tutor should acknowledge strengths where possible.

Signed: ..... (Tutor)

Date: ..... GDC No: .....

Print Name: ..... (Tutor)

Internal moderator to complete if sampling this PCAS

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

## Section 2 – Caring for patients during recovery from intravenous sedation

### Range:

- a) Intravenous Sedation

### Requirements:

#### **Certificate in Dental Sedation Nursing**

5 Intravenous Sedation

**Total 5 PCAS**

#### **Certificate in Dental Intravenous Sedation Nursing**

5 Intravenous Sedation

**Total 5 PCAS**

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

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

# 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 (please include units)	Heart rate – Oxygen saturation – Blood pressure – Respiratory rate –			
Observations on discharge (please include units)	Heart rate – Oxygen saturation – Blood pressure – Respiratory rate – <i>If recorded</i> {			
Discharge indicators				
Cannula removed by				
Post sedation instructions given (circle)	Yes	No		
Post treatment instructions given (circle)	Yes	No		
Discharge to				
Difficulties incurred (if any)				
Assessment of competency (for help see guidance)	<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 (required)				
Witness Name:		Witness GDC No:		
Witness Signature:		Date:		

### Tutor Feedback

This section should be completed by the registrant who is assessing the PCAS on behalf of the course provider. Please tick the boxes below when the requirements have been met and **if appropriate** add any comments which will help the candidate to develop their performance in the workplace.

Tutor feedback to candidate:

- ☐ PCAS completed fully and meets the requirements of this task
- ☐ Candidate has used an appropriate level of detail and knowledge to reflect safe clinical practice
- ☐ Assessment of competency completed, and candidate is competent
- ☐ Signed within 14 day period

Satisfactory ☐ Not Yet Satisfactory ☐

### Comments (if appropriate):

The tutor must provide specific guidance for unsatisfactory PCAS to enable the candidate to make amendments / additions as required.

The tutor should acknowledge strengths where possible.

Signed: ..... (Tutor)

Date: ..... GDC No: .....

Print Name: ..... (Tutor)

Internal moderator to complete if sampling this PCAS

IM Name:		IM GDC 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

**CASE STUDY TUTOR MONITORING SHEET**  
**Case Study 1: Inhalation Sedation**

This page has been included to allow your tutor and internal moderator to record evidence that they have read and checked your case study.

Only the case studies required by the candidate's choice of qualification need to be assessed.

- ☐ Case study is presented in the correct format
- ☐ Case study demonstrated the required depth of knowledge
- ☐ Case study meets the required word count

Tutor feedback if required:

To be signed and dated by tutor once satisfactory.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GDC No: \_\_\_\_\_

Sampled by internal moderator (Sign) \_\_\_\_\_ GDC No: \_\_\_\_\_



**CASE STUDY TUTOR MONITORING SHEET**  
**Case Study 2: Intravenous Sedation**

This page has been included to allow your tutor and internal moderator to record evidence that they have read and checked your case study.

Only the case studies required by the candidate's choice of qualification need to be assessed.

- ☐ Case study is presented in the correct format
- ☐ Case study demonstrated the required depth of knowledge
- ☐ Case study meets the required word count

Tutor feedback if required:

To be signed and dated by tutor once satisfactory.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GDC No: \_\_\_\_\_

Sampled by internal moderator (Sign) \_\_\_\_\_ GDC No: \_\_\_\_\_

## 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	✓	✓	✓	5
Taking and recording patients' oxygen saturation and heart rate using a pulse oximeter	✓		✓	5
Giving pre and post-operative instructions to a patient for inhalation sedation	✓	✓		5
Giving pre and post-operative instructions to a patient for intravenous sedation	✓		✓	5
Preparing an inhalation sedation machine for use including safety checks	✓	✓		5
Preparing IV sedation equipment and drugs ready for use	✓		✓	5
Drawing up drugs	✓		✓	5
Assisting during the cannulation of patients	✓		✓	5
Removal of a cannula	✓		✓	5
Clearing IV sedation equipment and drugs after use	✓		✓	5
Shutdown and decontamination of an inhalation sedation machine	✓	✓		5
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.

SAMPLE

How to conduct the assessment?

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

Complete your details at the top of the DOCS form. In signing this document, you confirm that you have sufficient expertise in this skill to make a valid assessment of competence.

Record the case number for this DOCS e.g. 1 to 5 to ensure they are presented in chronological order. 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.

If appropriate 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. This will be essential if the DOCS do not demonstrate full competence; however you should also acknowledge strengths where possible.

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 completing the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates completing the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates completing 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**

5 from each of the range

**Total 10 DOCS**

#### **Certificate in Dental Inhalation Sedation Nursing**

5 from range 'a'

**Total 5 DOCS**

#### **Certificate in Dental Intravenous Sedation Nursing**

5 from each of the range

**Total 10 DOCS**

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

<b>DSN</b>	Must be completed by candidates completing the Certificate in Dental Sedation Nursing
<b>IHSN</b>	Must be completed by candidates completing the Award in Inhalation Sedation Dental Nursing
<b>IVSN</b>	Must be completed by candidates completing the Award in Intravenous Sedation Dental Nursing



**National Examining  
Board for Dental Nurses**

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

DSN
IHSN
IVSN

Candidates Name:			
Candidates GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Applies the cuff in the correct location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> –Sphygmomanometer used correctly and confidently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> –Removes cuff on completion of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – 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"/>
<b>Communication</b> – 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"/>
<b>Communication</b> – Records the result accurately on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – 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"/>
<b>Professionalism</b> – Obtains informed consent for the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Maintains patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<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"/>	

If appropriate record any areas of strength or any suggestions for development:
---

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_  
By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence.

☐ Checked by Tutor, form complete and candidate competent \_\_\_\_\_ (Initial)  
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 GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Checks machine is working correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – 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"/>
<b>Clinical</b> – Places probe correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Removes probe at end of assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – 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"/>
<b>Communication</b> – 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"/>
<b>Communication</b> – Records the result accurately on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – 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"/>
<b>Professionalism</b> – Obtains informed consent for the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Maintains patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<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"/>

If appropriate record any areas of strength or any suggestions for development:

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent ..... (Initial)

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**

5 from each of the range

**Total 10 DOCS**

#### **Certificate in Dental Inhalation Sedation Nursing**

5 from range 'a'

**Total 5 DOCS**

#### **Certificate in Dental Intravenous Sedation Nursing**

5 from range 'b'

**Total 5 DOCS**

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

<b>DSN</b>	Must be completed by candidates completing the Certificate in Dental Sedation Nursing
<b>IHSN</b>	Must be completed by candidates completing the Award in Inhalation Sedation Dental Nursing
<b>IVSN</b>	Must be completed by candidates completing the Award in Intravenous Sedation Dental Nursing

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 GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Information given is current best practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – 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"/>
<b>Communication</b> – Communicates effectively to the patients level of understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Uses appropriate written information to support advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Uses appropriate questions to confirm understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Records the contact on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Shows understanding of the patient's anxiety and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Management and Leadership</b> – keeps the discussion focused on the task	<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"/>	

If appropriate record any areas of strength or any suggestions for development:

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent \_\_\_\_\_ (Initial)

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 GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Information given is current best practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – 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"/>
<b>Communication</b> – Communicates effectively to the patients level of understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Uses appropriate written information to support advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Uses appropriate questions to confirm understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Records the contact on the patients records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Shows understanding of the patient's anxiety and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Management and Leadership</b> – keeps the discussion focused on the task	<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"/>		

If appropriate record any areas of strength or any suggestions for development:

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent \_\_\_\_\_ (Initial)

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

5 from each of the range

**Total 15 DOCS**

#### Certificate in Dental Inhalation Sedation Nursing

5 from range 'a'

**Total 5 DOCS**

#### Certificate in Dental Intravenous Sedation Nursing

10 from range 'b and c'

**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 completing the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates completing the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates completing 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 GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Attaches suitable scavenging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – 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"/>
<b>Clinical</b> – Reservoir bag checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Checks calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Checks N <sub>2</sub> O cut off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Breathing circuit assembled including selection of appropriate nasal hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Machine left ready for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Communicates outcome of tests to operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Records completion of safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Uses systematic approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Stays focused on the task	<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"/>	

If appropriate record any areas of strength or any suggestions for development:
---

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_  
By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent \_\_\_\_\_ (Initial)  
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 GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Ensures the working area is clear and disinfected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – 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"/>
<b>Clinical</b> – 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"/>
<b>Clinical</b> – Checks emergency drugs are available and safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Checks emergency equipment is available and safe to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – 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"/>
<b>Communication</b> – Communicates any issues to the sedationist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Records completion of safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Uses systematic approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Stays focused on the task	<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"/>

If appropriate record any areas of strength or any suggestions for development:

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent ..... (Initial)

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 GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Prepares a clean and safe working area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – 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"/>
<b>Clinical</b> – 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"/>
<b>Clinical</b> – 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"/>
<b>Clinical</b> – Expels excess air from syringe, safely and correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Stores syringe safely ready for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Disposes of sharps and unused drug (if required) safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Confirms correct drug with second person before drawing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Labels syringe correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Uses systematic approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Stays focused on the task	<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"/>	

If appropriate record any areas of strength or any suggestions for development:

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent ..... (Initial)

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

SAMPLE

## Section 4 – Peri-operative and Post-operative sedation skills

### Range:

- a) Assisting during cannulation
- b) Removal of a cannula
- c) Clearing Intravenous sedation equipment and drugs
- d) Shutdown and decontamination of a Inhalation Sedation Machine

### Requirements:

#### **Certificate in Dental Sedation Nursing**

5 from each of the range

**Total 20 DOCS**

#### **Certificate in Dental Inhalation Sedation Nursing**

5 from range d

**Total 5 DOCS**

#### **Certificate in Dental Intravenous Sedation Nursing**

5 from each range a, b and c

**Total 15 DOCS**

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

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

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 GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Ensures correct equipment is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Attaches monitoring and confirms suitable readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Applies (or acts as) tourniquet effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Continues monitoring patient throughout cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Assists to secure cannula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Disposes of sharps and unused drug (if required) safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Explains procedures they carry out to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Reassures the patient though out the cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Confirms patient is okay on completion of cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Maintains communication with sedationist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Stays focused on the task	<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"/>	

If appropriate record any areas of strength or any suggestions for development:

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent ..... (Initial)

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 GDC Number:			
Date of Assessment:	/	/	Case number:
Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – 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"/>
<b>Clinical</b> – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Correctly removes cannula, limiting bleeding, bruising and cross-infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Confirms haemostasis of the cannulation site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Applies an appropriate dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Disposes of waste appropriately following procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – 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"/>
<b>Communication</b> – Reassures the patient throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Communicates effectively with the patient throughout the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Confirms the patients wellbeing after the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Maintains the patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Stays focused on the task	<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"/>

If appropriate record any areas of strength or any suggestions for development:

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent ..... (Initial)

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

SAMPLE



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 GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Uses suitable cross-infection precautions throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Disposes of remaining sharps correctly and safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Disposes of remaining drugs/drug containers safely and correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Switch off monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Disinfects equipment and environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Completes appropriate records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Stays focused on the task	<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"/>		

If appropriate record any areas of strength or any suggestions for development:
---

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_  
By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent ..... (Initial)  
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**  
Shutdown and decontamination of an inhalation sedation  
machine

DSN

IHSN

Candidates Name:			
Candidates GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		Witnesses position / grade:	
Clinical setting (e.g. community clinic):			

Clinical Skill:	The candidate will shut down and decontaminate the inhalation machine following local procedures. Only decontamination techniques that do not damage the machine should be used.				
Please grade the below areas using the following scale	Unsafe	Below Expectations	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Drains system pressure and closes all cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> –Leaves all controls in off or 100% oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Low or empty cylinders changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Nasal hood removed and decontaminated / disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Head disinfected with antibacterial wipes (wrung out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Stand / Supports decontaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Pipes to patients changed / decontaminated (avoiding chemical wipes which may cause stickiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Records decontamination completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication</b> – Reports any defects (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Uses systematic approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Stays focused on the task	<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"/>	

If appropriate record any areas of strength or any suggestions for development:
---

Witnesses Signature \_\_\_\_\_ Date \_\_\_\_\_  
By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent ..... (Initial)  
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...

<b>DSN</b>	Must be completed by candidates completing the Certificate in Dental Sedation Nursing
<b>IHSN</b>	Must be completed by candidates completing the Award in Inhalation Sedation Dental Nursing
<b>IVSN</b>	Must be completed by candidates completing the Award in Intravenous Sedation Dental Nursing



SAMPLE



National Examining  
Board for Dental Nurses

# DENTAL SEDATION NURSING DIRECTLY OBSERVED CLINICAL SKILLS Simulated Medical Emergency Scenario

DSN

IHSN

IVSN

Candidate Name:			
Candidates GDC Number:			
Date of Assessment:	/	/	Case number:

Witnesses Name:			
Witnesses GDC Number:		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	Meets Expectations	Above Expectations	Unable to comment
<b>Clinical</b> – Demonstrates an understanding of the medical emergency simulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – Assesses the casualty's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical</b> – 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"/>
<b>Communication</b> – 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"/>
<b>Communication</b> – 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"/>
<b>Professionalism</b> – Maintains patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b> – Seeks help if and where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Management and Leadership</b> – Leads the team effectively through the scenario	<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"/>

If appropriate record any areas of strength or any suggestions for development:
---

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

By signing I also confirm that I have sufficient expertise in this skill to make a valid assessment of competence

☐ Checked by Tutor, form complete and candidate competent \_\_\_\_\_ (Initial)

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 of competence in life support skills	✓	✓	✓
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	✓	✓	✓
Two incidences of reflective practice	✓	✓	✓
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 completing the Certificate in Dental Sedation Nursing
IHSN	Must be completed by candidates completing the Award in Inhalation Sedation Dental Nursing
IVSN	Must be completed by candidates completing the Award in Intravenous Sedation Dental Nursing

## SUPPLEMENTARY OUTCOME 1

## CERTIFICATE(S) OF COMPETENCE IN LIFE SUPPORT SKILLS

The dental sedation nurse must be able to assist during the initial management for medical emergencies including cardiac arrest. All members of the sedation team should have annual training and evidence of competence in core rescue skills relevant to the patients being managed.

You should include a certificate or certificates that are current (gained within 1 year of submission of the record of competence) that confirm your training and competence in the following areas...

- Basic Life Support (including assessment, compressions and ventilation)
- Automatic External Defibrillation
- Use of airway adjuncts including airways, pocket masks and bag-valve-mask devices
- Use of oxygen

There are a number of ways of gaining this evidence including one of or a combination of...

- Resuscitation Council UK awarded ILS / PILS qualification
- Bespoke training provided by course provider
- Training within the workplace
- Independent training

NEBDN does not specify whether adult or paediatric skills should be gained. The candidate should access training that reflects their area of practice.

The copies of certificates must be signed and dated by a witness who has seen the original certificate.

To be signed and dated by tutor once included.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GDC No: \_\_\_\_\_

Sampled by internal moderator (Sign) \_\_\_\_\_ GDC No: \_\_\_\_\_

## 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 or replacement is due.

If you have an inhalation sedation machine you need to include the Manufacturer and model, the type of breathing system / nasal hood being used, and the type of scavenging being used.

Equipment	Date of last service	Date of next service or replacement
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: \_\_\_\_\_

# 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:\_\_\_\_\_

## 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.



The candidate should refer to the document 'SDCEP Conscious Sedation in Dentistry, Dental Clinical Guidance' – 2017 and answer the questions below.

Link to guidelines (correct at time of printing)  
<http://www.sdcep.org.uk/published-guidance/sedation>

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

1.

2.

3

In relation to 'Training in Conscious Sedation' list two of the four ways in which a dental sedation nurse can maintain their knowledge and skills?

1.

2.

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 related to sedation practice. 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](http://www.dvh.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=107264)

We have also included some suggested topics overleaf!

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. A minimum of 10 completed questionnaires are required. *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?'*
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.

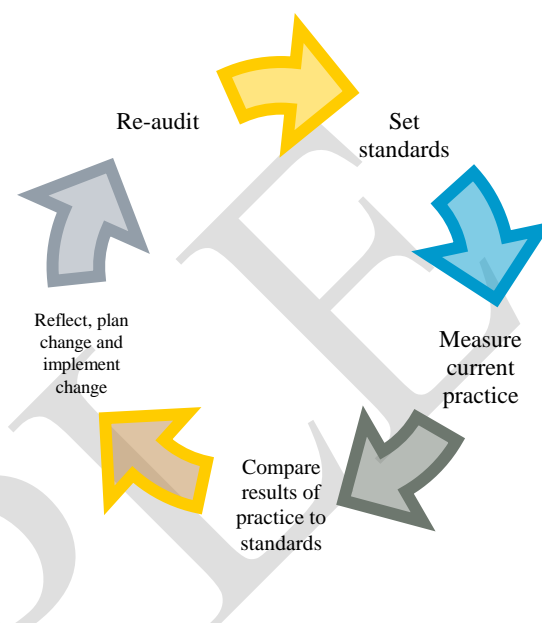
Your report should describe all five areas.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GDC No: \_\_\_\_\_

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



### Suggested Audit Topics

You may find your colleagues can suggest an audit which needs completing but some possible topics are listed below.

Patient satisfaction – Produce a short questionnaire for your patients on how they felt about their visit, the care you gave, or how their anxiety has changed during their treatment.

Records – Audit a selection of clinical records looking at aspects including, Drug dosages, Checks of equipment completed, Consent forms completed.

Communication – Have patient instructions been followed, after giving information can the patients answer a question about it.

Drugs – Frequency of Flumazenil use, checks of emergency drugs, correct storage of drugs.

# 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
<div style="font-size: 100px; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">SAMPLE</div>	

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 8 REFLECTIVE PRACTICE

It is vital that dental care professionals take time to reflect on new, challenging or interesting experiences. This allows an opportunity to share good practice, adjust practice to prevent problems and even plan personal professional development.

As part of the Record of Competence we are asking you to record some reflective practice at two points in your learning experience.

### Reflective practice 1: Start of training

Please use this space to document your reflections within the first few weeks of receiving your RoC. Think about, what you are looking forward to? What you expect to find challenging? What are you worried about? What skills do you already have that will be useful? What skills do you need to gain?

## Reflective practice 2: End of training

Please use this space to document your reflections within the last few weeks before handing in your RoC. Think about, what you most enjoyed? What did you find challenging? What was easier than you expected? What skills are you most proud of? What skills do you feel you still need to develop?

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: \_\_\_\_\_



SUPPLEMENTARY OUTCOME 9

RECORD OF RELEVANT CONTINUING PROFESSIONAL DEVELOPMENT AND PERSONAL DEVELOPMENT PLAN

The candidate should include a summary of eCPD they have undertaken in the last 12 months which is relevant to Dental Sedation Nursing.

Date	Hours completed	Evidence of verifiable CPD? (e.g. certificate)	Title, provider and content of CPD activity	GDC Development outcome(s)	How did this activity benefit my daily work?

Towards the end of the course the candidate should begin to look ahead to completing a personal development plan relating to their field of practice in this qualification, this will include relevant mandatory training, relevant core CPD and subject updates required by national guidance.

What do I need to learn or maintain for this cycle?	How does this relate to my field of practice?	Which GDC development outcome does it link to?	What benefit will this have to my work?	How will I meet this learning or maintenance need?	When will I complete the activity?

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

GDC No: \_\_\_\_\_

Sampled by internal moderator (Sign) \_\_\_\_\_ GDC No: \_\_\_\_\_

## 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 a clinical case study. **Yes No**

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).....

GDPR - This consent form must be completed before the photography/video filming takes place or before the case study is written and shared with NEBDN. It is important to note:

- We will not use personal information or contact details of any person in an image
- We will only use images of those who are suitably dressed
- We will not use images that may be misinterpreted or used inappropriately
- We will not use personal sensitive information that can be traced back to a specific individual

Please refer to our Privacy Notice at [www.nebdn.org](http://www.nebdn.org) for further information.

SAMPLE