

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

PRACTICAL COMPETENCE ASSESSMENT SHEET Case No **INHALATION SEDATION**

<u>Candidate Name:</u>		<u>Date of Activity:</u>									
The PCAS is a true representation of my own involvement in the task described.											
<u>Candidate signature:</u>											
Patient's age:		Patient's gender:									
Source of patient referral											
Relevant medical history											
Relevant dental history											
GA / Sedation history											
Consent form signed?											
Pre-sedation observations <i>(please include units)</i>		Respiratory rate -									
ASA rating (circle)		1 2 3									
Sedation details		Nasal hood (size / type) – Average flow rate (L/min) – Max concentration of N ₂ O (%) – Duration of sedation (min) –									
Patient behaviour during sedation <i>(e.g. calm, relaxed, agitated etc)</i>											
Sedation scoring		Assessment of operating conditions									
Discharge indicators											
Person discharging patient											
Post sedation instructions given (circle)		Yes No									
Difficulties incurred <i>(if any)</i>											
Assessment of competency <i>(for help see guidance)</i>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;"><u>Clinical</u> Competent <input type="checkbox"/></td> <td style="padding: 5px; text-align: center;"><u>Professionalism</u> Competent <input type="checkbox"/></td> <td style="padding: 5px; text-align: center;"><u>Communication</u> Competent <input type="checkbox"/></td> <td style="padding: 5px; text-align: center;"><u>Leadership</u> Competent <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px; text-align: center;">Not yet competent <input type="checkbox"/></td> <td style="padding: 5px; text-align: center;">Not yet competent <input type="checkbox"/></td> <td style="padding: 5px; text-align: center;">Not yet competent <input type="checkbox"/></td> <td style="padding: 5px; text-align: center;">Not yet competent <input type="checkbox"/></td> </tr> </table>		<u>Clinical</u> Competent <input type="checkbox"/>	<u>Professionalism</u> Competent <input type="checkbox"/>	<u>Communication</u> Competent <input type="checkbox"/>	<u>Leadership</u> Competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>
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Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>	Not yet competent <input type="checkbox"/>								
Witness feedback <i>(required)</i>											
Witness Name:		Witness 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:	