
Conscious Sedation in Dentistry 3rd Edition: Findings from practitioner interviews during the guidance consultation period

The Scottish Dental Clinical Effectiveness Programme (SDCEP) first published guidance on Conscious Sedation in Dentistry in 2006 with a second edition published in 2012. The introduction of other guidance and standards along with other publications and developments caused some confusion within the field. SDCEP therefore set out to review and update their guidance bringing together all available evidence.

As part of the development process telephone interviews were conducted to better understand the barriers and facilitators to the current SDCEP guidance in order to inform the new edition of the guidance. Telephone interviews were conducted with various professionals involved in the delivery of conscious sedation in dentistry across the UK. They were asked about training and skills (for advanced and standard techniques), clinical assessment and patient information leaflets.

The interviews aimed to explore the concerns and issues that practitioners report about the implementation of the conscious sedation guidance recommendations.

Key Findings

- Overall feedback on the draft guidance was positive with participants stating it was clearer and an improvement on the previous documents.
- There was a need for available training for the sedation team and more opportunities to gain experience.
- The majority carried out all elements of clinical assessment with few issues.
- Opinions on a recommendation suggesting a standard technique should be used first varied greatly between those who conduct advanced techniques and those who did not. Concerns regarding impact on patient experience, professional impact and hospital waiting times were raised.
- Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD) patient information leaflets were thought to be helpful.

Next Steps

The Guidance Development Group considered the interview findings alongside the consultation feedback when finalising the guidance for publication.

This summary presents key findings from practitioner interviews conducted during the consultation period of the update of the *Conscious Sedation in Dentistry* guidance. This was carried out by SDCEP and TRiADS to inform the development of the new guidance.



SDCEP (Scottish Dental Clinical Effectiveness Programme) has a national remit to provide user-friendly, evidence based, clinical guidance in priority areas for dental healthcare in Scotland.



TRiADS (Translation Research in a Dental Setting) is a multidisciplinary research collaboration working in partnership with SDCEP to increase the implementation of SDCEP guidance through the development and evaluation of theory-informed interventions for change.

Background and Aim

SDCEP first published guidance on Conscious Sedation in Dentistry in 2006. A second edition was published in June 2012.

Due to the publication of Standards for Conscious Sedation in the Provision of Dental Care: Report of the IACSD (2015)¹ along with other publications and developments^(2, 3), a guidance development group (GDG) was formed to review the SCDEP guidance in 2016.

As part of the development process the guidance underwent a consultation period in which practitioners were able to give direct feedback to SDCEP. During this period members of TRiADS (Translation Research in a Dental Setting) who work in collaboration with SDCEP, conducted telephone interviews with various practitioners to better understand the barriers and facilitators to the current SDCEP guidance in order to inform the new edition of the guidance.

The interviews aimed to explore the concerns and issues that practitioners report about the implementation of the conscious sedation guidance recommendations.

Methods

Design

Semi structured telephone interviews with practitioners from varying professional roles across the UK were conducted.

Interviews

The interview schedule was informed by the ratings given by the GDG group during a prioritisation exercise. The key priorities focused on training and skills (for advanced and standard techniques), clinical assessment and patient information leaflets. An opportunity to raise any other concerns was also provided.

Participants

Participants were practitioners who were involved in delivering conscious sedation to patients throughout the UK. They were recruited via the SDCEP website and an email approach to stakeholders i.e. SAAD, DSTG etc.

Analysis

To help inform the GDG's post consultation discussions, content analysis was undertaken to identify key issues relating to the guidance.

Results

A total of 22 interviews were conducted with 23 practitioners working in primary and secondary care. They included 2 operators, 14 operator-sedationists, 4 sedationists and 3 sedationist assistants. The duration of the interviews ranged from 15 minutes to 73 minutes (excluding introductions) with the average interview time being 37 minutes long. Nine of the interviewees also completed the consultation feedback form.

Below details the most prevalent issues identified during the interviews;

Positive Feedback

Overall many interviewees expressed that they thought the guidance was much clearer and an improvement on previous documents.

Training and skills

There was a general agreement about the need for appropriate training for all members of the sedation team as recommended in the guidance. Concerns were raised about the availability and accessibility of this training. Other potential barriers were cost implications and long waiting times.

Experience: There were mixed views on the ease of gaining the relevant experience recommended in the guidance. This, depending on the setting, was thought to either be relatively easy to build up the experience required or very difficult to find the opportunity to gain the relevant experience in sedation techniques.

Life support: Views ranged from it being difficult to get access to life support training to it being no problem at all; access was reported to be easier in a hospital setting.

Clarification needed on training and skills;

- Better explanation required of what is meant by 'Validated' training.
- What is the necessary level of experience required for a trainee and mentor (how many cases needed before they are considered to have enough experience?).
- "Skills equivalent to..." Uncertainty around meaning and the inability for this to be assessed/inspected.

Clinical assessment

Overall the majority reported carrying out all of the elements of assessment recommended by the guidance draft with few issues. Some felt that Body Mass Index (BMI) was not always a useful clinical measure.

Pre-sedation assessment: Some voiced concerns regarding pre-assessment appointments e.g. pain should not be the only exception as it can be very difficult and demanding for those that have to travel a great distance to attend two separate appointments.

Clarification of clinical assessment;

- Blood Pressure - How frequently should it be taken? Why is it necessary to take it during sedation?
- BMI - What is the cut-off point?
- Airway status - What is this measure? Is there a standard assessment for this?
- American Society of Anesthesiologists (ASA) Physical status classification of 3&4 - Where to refer these patients to?

Standard vs. advanced technique

The practitioners who provided only standard technique sedation largely agreed with the guidance, that an advanced technique should only be used when a standard technique is not suitable. However, those experienced in advanced technique were generally not in favour of this because they felt it could negatively impact on the patient experience. They felt that this guidance meant that a patient would have to go through

one or more failed standard sedation techniques before being treated using an advanced technique. They also felt that when done correctly advanced technique sedation can be done using lower dosage of drugs with less discomfort for the patient and they can recover faster. Concerns were highlighted regarding professional consequences for those currently carrying out advanced technique sedation as it was felt that the guidance was making it more difficult to perform advanced sedation techniques and therefore people would stop delivering this service and there would be less training available in these techniques. It was therefore believed this would have a large impact on hospital waiting times as patients would need to be sent there for treatment.

Patient information leaflets

This information was routinely provided either using their own leaflets or adapted from IACSD versions. Those that had used the IACSD patient information leaflets generally found them helpful and easy to use and adapt.

Others

Several other topics were raised including;

- Fasting guidance – Some are in favour of the guidance recommending that it is not required to fast, others are not sure and would like to see more evidence.
- Using 12 years of age as the lower limit – It was felt the recommendations should allow for some 10/11 year olds to be included if deemed mature enough.
- Clarification of what is meant by “special care needs”.
- What is the reasoning for guidance recommending that patients receiving oral sedation should be cannulated?
- Some felt that separate guidance is required for inhalation sedation as it is much safer than IV sedation and therefore should be treated differently.
- The number of people required for resuscitation, currently some sedation teams include 2 people but it is thought that at least 3 are required should resuscitation be necessary.
- Recognition of medical sedationists in the guidance is required.

Next Steps

The Guidance Development Group considered the interview findings alongside the consultation feedback when finalising the guidance for publication.

Acknowledgements

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Report Preparation

This report has been prepared by Claire Scott on behalf of TRiADS.

References

1. Standards for Conscious Sedation in the Provision of Dental Care: Report of the Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD). 2015; www.rcseng.ac.uk/dental-faculties/fds/publications-guidelines/standards-for-conscious-sedation-in-the-provision-of-dental-care-and-accreditation/
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