

## APPENDIX 1

**Marking sheet for formative high-fidelity simulation scenarios and DOPS summative component in accordance with the Australasian College of Emergency Medicine and NSW Health Procedural Sedation Guidelines.**

Date: \_\_\_\_\_ Candidate: \_\_\_\_\_ Assessor: \_\_\_\_\_

COMPETENCE CRITERIA	ELEMENTS TO BE ASSESSED	TRAINEE PERFORMANCE					STANDARDS
		I	S	A	M	D	ACEM Guideline on Sedation
<b>Consent</b>	Obtains informed consent	I	S	A	M	D	3.1, 3.2
<b>Patient assessment</b>	Enquires about fasting status	I	S	A	M	D	4.1, 4.2
	Enquires about co-morbidities	I	S	A	M	D	4.1, 4.2
	Enquires about medications and allergies	I	S	A	M	D	4.1, 4.2
	Enquires about adverse events with previous anaesthesia/sedation	I	S	A	M	D	4.1, 4.2
	Performs an airway assessment	I	S	A	M	D	4.1, 4.2
<b>Environment</b>	Transfers patient to resus bay	I	S	A	M	D	6.1, 6.2, 6.3
<b>Staff</b>	Ensures a minimum of 3 staff are present (Monitoring clinician, Procedural clinician, Nurse scribe/scout)	I	S	A	M	D	5.1, 5.2, 5.3, 5.4, 5.5, 5.6
<b>Monitoring</b>	Attaches cardiac, SpO2, BP and ETCO2	I	S	A	M	D	6.4, 6.5, 6.6, 6.7, 6.8, 6.9,
	Cycles BP every 3 min	I	S	A	M	D	6.10, 6.11, 6.12, 6.13, 6.14,
	Ensures IV access is present and functional	I	S	A	M	D	8.1, 8.2, 8.3, 8.4, 8.5, 8.6
<b>Airway equipment</b>	Prepares age/weight appropriate airway adjuncts	I	S	A	M	D	6.6
	Checks laryngoscope light	I	S	A	M	D	6.6
	Connects BVM to O2	I	S	A	M	D	6.6
	Turns suction on and checks pressure	I	S	A	M	D	6.4
<b>Drugs</b>	Connects 1L of crystalloid to pump set and attaches to patient	I	S	A	M	D	8.1
	Chooses appropriate drugs and voices safe weight-based/contextual doses	I	S	A	M	D	10.1, 10.2, 10.3
	Checks availability of rescue medications	I	S	A	M	D	6.7
<b>Positioning</b>	Positions patient appropriately to facilitate intervention	I	S	A	M	D	
<b>Procedure</b>	Performs sedation	I	S	A	M	D	8.3, 10.1, 10.2, 10.3
	Titrate medications appropriately	I	S	A	M	D	
	Maintains situational awareness	I	S	A	M	D	
	Communicates effectively with team members	I	S	A	M	D	
	Remains professional	I	S	A	M	D	
	Demonstrates effective team-work	I	S	A	M	D	
<b>Complication(s)</b>	Detects patient deterioration	I	S	A	M	D	
	Stops procedure	I	S	A	M	D	
	Calls for help	I	S	A	M	D	
	Manages complication	I	S	A	M	D	

*I = Independent; S = Supervised; A = Assisted; M = Marginal; D = Dependent*

COMPETENCE CRITERIA	ELEMENTS TO BE ASSESSED	TRAINEE PERFORMANCE					STANDARDS ACEM Guideline on Sedation
		I	S	A	M	D	
Post-procedure care	Communicates to resus staff ongoing monitoring, intervals and duration	I	S	A	M	D	11, 12.1, 12.2, 21.3, 12.4, 12.5
	Communicates when patient can be moved out of resus safely	I	S	A	M	D	
	Arranges appropriate follow-up on discharge	I	S	A	M	D	
	Provides written advice on discharge on red flags and when to return	I	S	A	M	D	
Documentation	Documents consent process	I	S	A	M	D	
	Documents airway and risk assessment	I	S	A	M	D	
	Documents drug doses	I	S	A	M	D	
	Documents complications and management	I	S	A	M	D	
	Documents discharge criteria	I	S	A	M	D	
<b>GLOBAL ASSESSMENT</b>	Independent	Supervised	Assisted	Marginal	Dependent		

Patient demographics	Indication	
	Agent and Dose	
	Age & Co-morbidities	
	Predicted difficulty	
	Complications	
Areas of strength	1. 2. 3.	
Areas for development	1. 2. 3.	

KEY – LEVEL OF COMPETENCE SCALE OBSERVED DURING TRAINEE PERFORMANCE				
Scale Label	Professional Standard	Quality of clinical performance	Assistance	
<b>I</b>	<b>1 Independent</b> Safe Outcome achieved Appropriate behaviour	Confident, proficient Appropriate time Accurate knowledge	Without supportive cues	
<b>S</b>	<b>2 Supervised</b> Safe Outcome achieved Behaviour mostly appropriate	Confident, efficient Reasonable time Occasional knowledge prompting	Occasional supportive cues	
<b>A</b>	<b>3 Assisted</b> Safe Outcome mostly achieved Behaviour generally appropriate	Skillful in some aspects, inefficient in others Delayed time Requires some explanation	Regular directive cues in addition to supportive cues	
<b>M</b>	<b>4 Marginal</b> Safe only with guidance Outcome incompletely achieved Behaviour generally appropriate	Unskilled, inefficient Prolonged time Continual knowledge prompt	Frequent directive cues	
<b>D</b>	<b>5 Dependent</b> Unsafe Outcome not achieved Behaviour inappropriate	Lacks confidence, efficiency Unable to complete Very limited knowledge	Continual verbal and physical directive cues	

*Adapted from: Bondy K.M. (1983). Criterion – referenced definitions for rating scales in clinical evaluation. Journal of Nursing Education 22: 376 – 382.*