RCDSO | Royal College of Dental Surgeons of Ontario

Preliminary Consultation Survey: "Use of Sedation and General Anesthesia in Dental Practice" Standard

Welcome to Our Survey

Thank you for participating in our survey. Your feedback is important to us and will help inform the development of updated requirements and guidance to promote safe and effective care for patients.

The Royal College of Dental Surgeons of Ontario (RCDSO) is reviewing its "Use of Sedation and General Anesthesia in Dental Practice" Standard of Practice.

The survey should take approximately **15-20 minutes** to complete.

Survey responses will be saved and submitted when you click the 'Next' or 'Done' button on each page of the survey. You may complete a portion of the survey and return later to either finish the survey or edit your responses, however, you must use the same device and web browser that you used to start the survey.

The deadline to provide feedback is **11:59pm on December 16th.**

All survey responses will be carefully reviewed, and a summary of the feedback received will be provided to RCDSO's Council after the consultation closes. Your feedback is anonymous. Responses submitted from individuals on behalf of organizations will be attributed to the organization and not the individual respondent.

If you would like to review the questions in advance of the completing the survey, you can download a PDF of the survey questions here.

If you have any questions about this survey or RCDSO's Standards review and development process, please see RCDSO's website or email the Policy Team at sedation.anesthesia@rcdso.org

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Participant Type

* 1. Are you a:

- ◯ General dentist (including retired)
- ◯ Specialist dentist (including retired)
- ◯ Dental student
- ◯ Patient / Member of the public
- ◯ Oral health care professional, other than dentist (e.g., dental hygienist, denturist, dental technician, including retired)
- ◯ Person responding on behalf of an organization
- ◯ Non-oral health care professional that is not a physician (e.g., nurse, pharmacist, etc., including retired)
- ◯ Physician (please indicate your speciality)

  [ ]

- ◯ I prefer not to answer

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Specialist Type

* 2. What is your primary specialty or, if you have retired, what was your primary specialty?

- ◯ Dental Anesthesiology
- ◯ Dental Public Health
- ◯ Endodontology
- ◯ Oral and Maxillofacial Radiology
- ◯ Oral and Maxillofacial Surgery
- ◯ Oral Medicine and/or Oral Pathology
- ◯ Orthodontics and Dentofacial Orthopedics
- ◯ Pediatrics
- ◯ Periodontics
- ◯ Prosthodontics
- ◯ Other (please specify)

  [ ]

- ◯ I prefer not to answer

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Dentist Characteristics

If you have retired from the practice of dentistry, please respond to the questions on this page based on your experience when you were practicing.

* 3. Where did you complete your highest level of dental education?

- ◯ Canada
- ◯ Australia, Ireland, New Zealand or United States of America (countries that have a mutually recognized system of accreditation of training with the RCDSO)
- ◯ Other (please specify)

  [ ]
- ◯ I prefer not to answer

* 4. How many years have you been in dental practice?

- ◯ 0-10 years
- ◯ 11-25 years
- ◯ 26-35 years
- ◯ 36+ years
- ◯ I prefer not to answer

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Sedation - Practice Questions

* 5. Do you currently use or have you previously used sedation in your dental practice?

- ◯ Yes
- ◯ No

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Sedation - Practice Questions

* 6. What level and type of sedation do you use (or have you previously used) in your dental practice (select all that apply?)

Here are the definitions from the current Standard for each level of sedation:

Minimal sedation is a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

Moderate sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

- [ ] Minimal - Oral
- [ ] Minimal - Nitrous Oxide and Oxygen
- [ ] Moderate - Oral
- [ ] Moderate - Oral with Nitrous Oxide and Oxygen
- [ ] Moderate - Parenteral
- [ ] Deep

Please do not include general anesthesia in your responses below. Questions concerning general anesthesia appear later in the survey.

* 7. In what environment do you or have you previously provided sedation (select all that apply)?

- [ ] Hospital
- [ ] Dental Practice
- [ ] Out of Hospital Surgi-Center
- [ ] Other (please specify)

* 8. In approximately how many cases have you used sedation in the past 12 months (select all that apply)?

	0	1-10	11-25	26-50	51-100	Over 100
Minimal Sedation - Oral	○	○	○	○	○	○
Minimal Sedation - Nitrous Oxide and Oxygen	○	○	○	○	○	○
Moderate Sedation - Oral	○	○	○	○	○	○
Moderate Sedation - Oral with Nitrous Oxide and Oxygen	○	○	○	○	○	○
Moderate Sedation - Parenteral - One Drug	○	○	○	○	○	○
Moderate Sedation - Parenteral - Two Drugs	○	○	○	○	○	○
Moderate Sedation - Parenteral - Multiple Drugs (Greater than Two)	○	○	○	○	○	○
Deep Sedation	○	○	○	○	○	○

* 9. Please indicate the specific purpose(s) for which you used sedation (select all that apply)?

- [ ] To assist patients with anxiety or fear related to dental treatment/procedures
- [ ] To assist patients living with disabilities or special health care needs
- [ ] To make lengthy treatments more comfortable
- [ ] To guard against an overactive gag reflex
- [ ] To assist with pain control
- [ ] To assist with pediatric dental care
- [ ] Other (please specify)

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General Anesthesia - Practice Questions

* 10. Do you use or have you previously used general anesthesia in your dental practice?

- ◯ Yes
- ◯ No

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General Anesthesia - Practice Questions

* 11. In what environment do you or have you previously provided general anethesia in (select all that apply)?

- [ ] Hospital
- [ ] Dental Practice
- [ ] Out of Hospital SurgiCenter
- [ ] Other (please specify)

* 12. In approximately how many cases have you used general anesthesia in the past 12 months?

- ◯ 0
- ◯ 1-10
- ◯ 11-25
- ◯ 26-50
- ◯ 51-100
- ◯ Over 100

* 13. Please indicate the specific purpose(s) for which you used general anesthesia (select all that apply)?

- [ ] Required to perform surgery safely and effectively
- [ ] To assist patients with anxiety or fear related to dental treatments/procedures
- [ ] To assist patients living with disabilities or special health care needs
- [ ] To make lengthy treatments/procedures more comfortable
- [ ] To guard against an overactive gag reflex
- [ ] To assist with pain control
- [ ] To assist with pediatric dental care
- [ ] Other (please specify)

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Patient Experience - Sedation and General Anesthesia

* 14. Have you ever received sedation or general anesthesia from a dentist or dental specialist?

Sedation is when you experience a change to your level of consciousness that is brought about by the use of a drug. The drug can be inhaled, taken by mouth, or injected into your body. This can happen in a dental office. You generally feel more relaxed or sleepy when sedated. You may or may not remember what happened while you were sedated.

General anesthesia is when your body is put to sleep. This usually happens in an operating room and can include a tube placed down your throat to help you breathe.

- ◯ Yes
- ◯ No
- ◯ I prefer not to answer

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Patient Experience - Sedation and General Anesthesia

* 15. Why did you receive sedation or general anesthesia (select all that apply)?

- [ ] Required for dental surgery
- [ ] To assist with anxiety or fear related to the dental treatment/procedure
- [ ] To make the treatment/procedure more comfortable
- [ ] To prevent an overactive gag reflex
- [ ] To help with pain
- [ ] For your child to be able to receive dental care
- [ ] Other (please specify)

- [ ] Not Sure

* 16. Which of the following did your dentist or dental specialist do? In your opinion, how effectively did they do it?

	Extremely effectively	Very effectively	Moderately effectively	Slightly effectively	Not at all effectively	Did not do this	Do not recall or Not Applicable
Explained the reason for recommending the use of sedation or general anesthesia	◯	◯	◯	◯	◯	◯	◯
Explained potential risks	◯	◯	◯	◯	◯	◯	◯
Explained expected benefits	◯	◯	◯	◯	◯	◯	◯
Involved me in decision-making	◯	◯	◯	◯	◯	◯	◯
Addressed my questions or concerns before receiving sedation or general anesthesia	◯	◯	◯	◯	◯	◯	◯
Gave me appropriate instructions before the dental treatment/procedure (e.g. fasting, taking regular medications etc.)	◯	◯	◯	◯	◯	◯	◯
Gave me appropriate discharge instructions (e.g. activities to avoid after, emergency contact information, etc.)	◯	◯	◯	◯	◯	◯	◯

* 17. How would you describe your overall experience in receiving sedation/general anesthesia

- ◯ Very positive
- ◯ Somewhat positive
- ◯ Neutral (neither positive nor negative)
- ◯ Somewhat negative
- ◯ Very negative

18. Optional: Please feel free to elaborate on your answer above. For example, if you had a positive experience, what made it positive? If you had a negative experience, how could your experience have been improved?

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Usefulness of Current Standard

RCDSO's Standards of Practice set out the legal, professional, and ethical obligations of dentists in Ontario. They support dentists and protect the public by clearly stating the College's expectations.

The following topics are addressed in RCDSO's current Standard of Practice "Use of Sedation and General Anesthesia in Dental Practice". We want to know whether you think it is important to retain these topics in the updated Standard.

* 19. In your opinion, how important are each of the following topics in helping reduce the risk of harm to patients?

	Not at all important	Not so important	Somewhat important	Very important	Extremely important	I don't know
Educational Requirements – **Initial Educational Requirements**	○	○	○	○	○	○
Educational Requirements - **Life Support Training Requirements (e.g. PALS, PEARS, BLS, ACLS)**	○	○	○	○	○	○
Educational Requirements - **Educational Requirements for Treating Pediatric Patients**	○	○	○	○	○	○
Educational Requirements – **Continuing Educational Requirements**	○	○	○	○	○	○
Professional Responsibilities – **Facility Requirements**	○	○	○	○	○	○
Professional Responsibilities – **Equipment Requirements**	○	○	○	○	○	○
Professional Responsibilities – **Emergency Drug Requirements**	○	○	○	○	○	○
Professional						

Responsibilities – **Drug Dosage Guidance and Limits**	◯	◯	◯	◯	◯	◯
Professional Responsibilities – **Requirements for Emergency Management**	◯	◯	◯	◯	◯	◯
Professional Responsibilities – **Sedation and General Anesthesia Team Composition and Duties**	◯	◯	◯	◯	◯	◯
Professional Responsibilities – **Patient Assessment, Selection and Preparation**	◯	◯	◯	◯	◯	◯
Professional Responsibilities – **Administering Sedation and General Anesthesia (i.e. method of accomplishment and monitoring requirements)**	◯	◯	◯	◯	◯	◯
Professional Responsibilities – **Recovery Requirements**	◯	◯	◯	◯	◯	◯
Professional Responsibilities – **Discharge Requirements**	◯	◯	◯	◯	◯	◯
Professional Responsibilities – **Recordkeeping Requirements**	◯	◯	◯	◯	◯	◯

20. Optional: Please feel free to elaborate on your responses provided above. (For example, if you think a topic is not as important to address, please explain why).

* 21. In your opinion, how important is it for the RCDSO's Standard to include the following appendices?

	Not at all important	Not so important	Somewhat important	Very important	Extremely important	I don't know
Medical History and Patient Evaluation (pg. 34)	○	○	○	○	○	○
American Society of Anesthesiology Physical Status Classification System (pg. 35)	○	○	○	○	○	○
Characteristics of the Levels of Sedation and General Anesthesia (pg. 35)	○	○	○	○	○	○
Sedation Record for Oral Moderate Sedation (pg. 36)	○	○	○	○	○	○
Sedation Record for Parenteral Moderate Sedation (pg. 36)	○	○	○	○	○	○
Anesthetic Record for Deep Sedation and General Anesthesia (pg. 37)	○	○	○	○	○	○
Safe Handling of Injectable Drugs (pg. 38)	○	○	○	○	○	○
Sample Pre-/Post-Operative Instructions for Oral Minimal Sedation (pg. 39)	○	○	○	○	○	○
Sample Pre-/Post-Operative Instructions for Oral Moderate Sedation, Parenteral Moderate Sedation, Deep Sedation and General Anesthesia (pg. 39)	○	○	○	○	○	○

22. Optional: Please feel free to elaborate on your responses provided above (for example, if you think an appendix is not so important to include, please explain why).

23. Optional: Are there any other appendices that you think would be important to include?

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Use of Current Standard

* 24. How often do you refer to this Standard to inform your work?

- ◯ More frequently than five times a year
- ◯ Three to five times a year
- ◯ Once or twice a year
- ◯ Less than once a year
- ◯ Never
- ◯ Not Applicable

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Use of Current Standard

* 25. What are the reasons you refer to this Standard (select all that apply)?

- [ ] To better understand my professional responsibilities (e.g. to ensure compliance with practice requirements)
- [ ] To comply with Facility Inspection Program requirements
- [ ] To improve quality of care
- [ ] To educate patients (e.g. explaining practice standards, answering questions, managing concerns and/or expectations)
- [ ] To teach and/or conduct research
- [ ] Other (please specify)

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Review of Current Standard

In order to provide informed responses to the following questions, it is important that you have read the current Standard of Practice. If you have not done so already, you can review the Standard here.

* 26. Have you read the current "Use of Sedation and General Anesthesia in Dental Practice" Standard?

- ◯ Yes, I have read the entire Standard
- ◯ No, I have not read the entire Standard (NOTE: If you indicate that you have not read the Standard, you will be advanced directly to the end of the survey. You will have a final opportunity to provide open-ended feedback, but will not be asked any further targeted questions).

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Review of Current Standard

* 27. In your opinion, how clear is the current Standard?

- ◯ Extremely clear
- ◯ Very clear
- ◯ Somewhat clear
- ◯ Not so clear
- ◯ Not at all clear

28. Optional: Please feel free to elaborate on your answer above. For example, if you feel the current Standard is not clear, explain why.

* 29. Overall, to what extent do you agree or disagree that the current Standard covers all of the key topics needed to help reduce the risk of harm to patients when providing sedation and general anesthesia?

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ I don't know

30. Optional: Feel free to elaborate on your answer above. For example, if you think an important topic is missing, state which one and why it should be addressed.

31. Optional: In your opinion, does the current Standard include unnecessary information that should be removed (e.g. unnecessary requirements, guidance, or other content)?

* 32. To what extent do you agree or disagree that the requirements in the current Standard are reasonable?

- ◯ Strongly Agree
- ◯ Agree
- ◯ Neither Agree nor Disagree
- ◯ Disagree
- ◯ Strongly Disagree
- ◯ I don't know

33. Optional: Feel free to elaborate on your answer above. For example, if you disagree, explain why. Where possible, cite resources.

34. Optional: In your opinion, does the current Standard contain any inaccuracies that should be corrected (e.g. are there any terms that should be updated or defined differently? Are there any aspects of professional practice that may no longer be accurate?). Where possible, cite resources.

* 35. To what extent do you agree or disagree that the current Standard adequately supports dentists in providing sedation and general anesthesia to patients safely and effectively?

- ◯ Strongly agree
- ◯ Agree
- ◯ Neither agree nor disagree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ I don't know

36. Optional: Feel free to elaborate on your answer above. If you don’t agree that the current Standard supports dentists in providing sedation and general anesthesia to patients safely and effectively, explain why.

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Final Feedback

37. Optional: Please share with us any feedback you have not already provided related to this Standard.

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Demographics Introduction

We welcome you to voluntarily share some demographic information about yourself. The RCDSO strives to protect the public interest while using processes that achieve meaningful equity, diversity, inclusion and accessibility across all of our regulatory programs and projects.

Therefore, we are collecting demographic information to help us identify whether our consultation process is inclusive, and whether we are receiving a diversity of perspectives.

Please note that any demographic information that you provide through the survey will be anonymous, and your responses will be stored securely. Your demographic information will be aggregated for internal/external reporting purposes and will not be linked to you.

* 38. Would you like to complete these demographic questions?

- ◯ Yes
- ◯ No

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Demographics

* 39. What is the location of your primary residence?

- ◯ Ontario
- ◯ Outside of Canada
- ◯ I prefer not to answer
- ◯ Another province or territory in Canada (please specify)

* 40. Describe the general area where your primary residence is located.

- ◯ Extra-large urban area (population of 500,000 or more)
- ◯ Large urban area (population between 100,000 and 499,999)
- ◯ Medium urban area (population between 30,000 and 99,999)
- ◯ Small urban area (population between 1,000 and 29,999)
- ◯ Rural and/or remote (population less than 1,000)
- ◯ Other (please specify)
- ◯ I prefer not to answer

* 41. How old are you?

- ◯ 19 years old or under
- ◯ 20-29 years old
- ◯ 30-39 years old
- ◯ 40-49 years old
- ◯ 50-59 years old
- ◯ 60-69 years old
- ◯ 70+ years old
- ◯ I prefer not to answer

* 42. What is the highest level of education you have completed?

- ◯ Some high school
- ◯ High school
- ◯ College degree/diploma
- ◯ Bachelor's degree
- ◯ Master's degree
- ◯ Ph.D. or higher
- ◯ Dental degree (BDS/DDS/DMD or higher)
- ◯ Other professional degree (e.g., law, medicine, engineering)
- ◯ Trade school
- ◯ I prefer not to answer
- ◯ Other (please specify)

* 43. Please indicate which of the following terms best describes your gender identity. Please check all that apply (options are listed in alphabetical order - click here for definitions of the following terms):

- ☐ Genderqueer
- ☐ Man
- ☐ Nonbinary
- ☐ Questioning
- ☐ Two-Spirit
- ☐ Woman
- ☐ Other (please specify)
- ☐ I prefer not to answer

* 44. Do you identify as trans/transgender or consider yourself to be a part of a trans/transgender community?

- ◯ Yes
- ◯ No
- ◯ Not Sure
- ◯ I prefer not to answer

* 45. Please indicate which of the following terms best describe your sexual orientation. Check as many as apply (options are in alphabetical order).

- [ ] Asexual
- [ ] Bisexual
- [ ] Gay
- [ ] Heterosexual
- [ ] Lesbian
- [ ] Pansexual
- [ ] Queer
- [ ] Questioning
- [ ] Two-Spirit
- [ ] Other (please specify)

- [ ] I prefer not to answer

* 46. Do you identify as an Indigenous person? Please check all that apply.

- [ ] No
- [ ] Yes, First Nations (Status and Non-Status)
- [ ] Yes, Métis
- [ ] Yes, Inuit
- [ ] Yes, an Indigenous person from outside of Canada
- [ ] Yes, Other (please specify)

- [ ] I prefer not to answer

47. Optional: Please describe your ethnicity in whatever terms are most meaningful to you.

* 48. Do you speak French?

- ◯ Yes, I am fluent
- ◯ Yes, with limited fluency.
- ◯ No
- ◯ I prefer not to answer

* 49. What is your faith, religion and/or spiritual affiliation? Please check all that apply.

- [ ] Agnostic
- [ ] Atheist
- [ ] Buddhist
- [ ] Christian
- [ ] Hindu
- [ ] Indigenous spirituality
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] No religion or spiritual affiliation
- [ ] Other (please specify)

- [ ] I prefer not to answer

* 50. Do you identify as a person with a disability or disabilities?

- ( ) Yes
- ( ) No
- ( ) Sometimes, depending on the context
- ( ) I prefer not to answer

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Demographics (Disability Type)

* 51. Describe your disability. Please check all that apply (options are listed in alphabetical order).

- [ ] Auditory
- [ ] Cognitive (memory, focus, attention, consciousness, etc.)
- [ ] Dexterity (related to use of fingers, hands, etc.)
- [ ] Developmental
- [ ] Fatigue-related
- [ ] Flexibility
- [ ] Gastrointestinal
- [ ] Intellectual (e.g., Learning)
- [ ] Invisible
- [ ] Mobility (movement, balance, coordination, etc.)
- [ ] Mental Health-related
- [ ] Pain-related
- [ ] Sight
- [ ] Speech
- [ ] Urinary
- [ ] Other (please specify)

- [ ] I prefer not to answer

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Survey Evaluation

52. Optional: Based on your experience completing this survey, do you have any feedback to help improve this survey or future RCDSO surveys?

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End of Survey

Thank you for participating in our survey!