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| **Bristol School of Anaesthesia & ICM****Core LevelTraining Record**(version August 2017)**Curriculum for Anaesthesia 2010****Core Training Years 1 & 2****Name:****Contact details:** |

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**Summary of Completed Units of Training (CUT forms)**

Trainee name: GMC no:

|  |  |
| --- | --- |
| **Introduction to Anaesthetic Practice 0-6 months** | *Date of CUT in e-portfolio* |
| Perioperative medicine: Preoperative assessment  |  |
|  Premedication  |  |
|  Postoperative and recovery room care  |  |
|  Perioperative management of emergency patients |  |
| Conduct of anaesthesia: Induction of general anaesthesia |  |
|  Intraoperative care |  |
| Infection control |  |
| Management of cardiac arrest in adults and children |  |
|  |  |  |
| **Core Anaesthesia 6-24 months** | *Date of CUT in e-portfolio* |
| Airway management |  |
| Critical incidents |  |
| Day surgery |  |
| General, urological and gynaecological surgery  |  |
| Head, neck, axilla-facial and dental surgery |  |
| Intensive care medicine *(12-24 months)* |  |
| Non-theatre skills *(may be signed off in ICM module)* |  |
| Obstetric anaesthesia *(12-24 months)* |  |
| Orthopaedic anaesthesia |  |
| Paediatric anaesthesia |  |
| Pain management |  |
| Perioperative Medicine |  |
| Regional anaesthesia |  |
| Sedation |  |
| Transfer medicine *(may be signed off in ICM module)* |  |
| Trauma and stabilisation *(may be signed off in ICM module)* |  |

|  |  |
| --- | --- |
| Total Logbook cases Year 1 ARCP (n) |  |
| Total Logbook cases Year 2 ARCP (n) |  |
|  |  |
| Date completed MSF discussed with ES or CT (year 1) |  |
| Date completed MSF discussed with ES or CT (year 2) |  |
|  |  |
| Date of IAC |  |
| Date of IACOA |  |
|  |  |
| Date Primary MCQ passed |  |
| Date OSCE passed |  |
| Date SOE passed |  |

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**Initial Assessment of Competence 0-4 months**

|  |  |
| --- | --- |
| A-CEX | Trainer initials |
| Preoperative assessment of a patient who is scheduled for a routine operating list [not urgent or emergency] |  |
| Manage anaesthesia for a patient who is not intubated and is breathing spontaneously |  |
| Administer anaesthesia for acute abdominal surgery |  |
| Demonstrate Rapid Sequence Induction |  |
| Recover a patient from anaesthesia |  |
|  |  |
| DOPS | Trainer initials |
| Demonstrate functions of the anaesthetic machine |  |
| Transfer a patient onto the operating table and position them for surgery [lateral, Lloyd Davis or lithotomy position] |  |
| Demonstrate cardio-pulmonary resuscitation on a manikin |  |
| Demonstrate technique of scrubbing up and donning gown and gloves |  |
| Basic competencies for pain management – manage PCA including prescription and adjustment of machinery |  |
| Demonstrate failed intubation drill |  |
|  |  |
| CBD | Trainer initials |
| Discuss the steps taken to ensure correct identification of the patient, the operation and the side of operation |  |
| Discuss how the need to minimise postoperative nausea and vomiting influenced the conduct of the anaesthetic |  |
| Discuss how the airway was assessed and how difficult intubation can be predicted |  |
| Discuss how the choice of muscle relaxants and induction agents was made |  |
| Discuss how the trainee’s choice of postoperative analgesics was made |  |
| Discuss how the trainee’s choice of postoperative oxygen therapy was made |  |
| Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these |  |
| Discuss the routine to be followed in the case of failed intubation |  |
|  |  |
| Clinical judgement, attitudes and behaviour | Educational supervisor or College Tutor **only** to sign off |
| Show care and respect for patientsDemonstrate a willingness to learnAsk for help appropriatelyAppear reliable and trustworthy |  |

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**Introduction**

This training record book is based on the ‘CCT in Anaesthetics [2010 Curriculum]’ and is for Core Trainees in years CT1 & CT2 and for ACCS (anaesthesia) trainees while doing their anaesthetics block and in CT3. It is to be used in conjunction with the RCoA e-portfolio and, when signed off, will provide supporting evidence that the trainee has covered the core level curriculum.

Trainees new to anaesthesia should look at the Novice Starter Pack produced by the RCoA. This can be found on the RCoA website:

<http://www.e-lfh.org.uk/e-learning-sessions/rcoa-novice/home.html>

The purpose of the training record book is to provide:

* A guide to the Learning Outcomes for each Unit of training
* A guide to assessment for trainees and trainers
* A self-assessment checklist of WPBAs for each Unit of Training
* Instructions on how to complete a Unit of Training
* A summary of completed Units of Training

***Professional Portfolio and Logbook***

All trainees must keep a portfolio and logbook of anaesthetic cases. Anaesthetic trainees (both Core and ACCS (anaes) must use the RCoA trainee e-portfolio.

***Core Level Training Syllabus***

This consists of two sections:

1. *Introduction to Anaesthetic Practice*
	* first 3-6 months of anaesthesia training
	* divided into 8 Units of Training plus the Initial Assessment of Competence (IAC)
	* the minimum requirement for all ACCS trainees
2. *Core Anaesthesia*
	* subsequent 18-21 months of anaesthetic training
	* divided into 16 Units of Training, each with core clinical learning outcomes
	* assessment is by
		+ WPBAs covering these Units of Training
		+ Consultant feedback
		+ Adequate logbook numbers
		+ Initial Assessment of Competence in Obstetric Anaesthesia (IACOA)
		+ Annual 360° MSF (through e-portfolio)

***Workplace based assessments***

The Royal College of Anaesthetists (RCoA) and GMC require that specialty trainees be assessed throughout their training. Following your Initial Assessment of Competencies (IAC) at 3–6 months, a series of formative workplace based assessments plus an Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) need to be completed during the first 2 years of your training.

The RCoA recommends the use of workplace based assessment tools (WPBA): Direct Observation of Procedural Skills (DOPS), Anaesthesia Clinical Evaluation Exercise (A-CEX), Case-based Discussion (CbD) and Anaesthesia List Management Assessment Tool (ALMAT).

These assessments should be completed on your e-portfolio.

See end of book for *‘Suggested topics for WPBA mapped to the training units’.*

***Initial Assessment of Competence (IAC)***

The purpose of the IAC is to signify that the trainee has achieved a basic understanding of anaesthesia and is able to give anaesthetics with appropriate supervision, and that the trainee can be added to the on-call rota for anaesthesia.

To pass the IAC, a trainee must successfully complete a minimum of 19 workplace based assessments on specific areas. Unlike other assessments in the anaesthesia programme, each assessment must be a single event. The IAC is a summative assessment.

***How to complete a Unit of Training (CUT form)***

* Demonstrate to the satisfaction of their educational supervisor that each mandatory **Core Clinical Learning Outcome** has been achieved.
	+ This may be by either a WPBA or by providing Other Evidence – for instance formal teaching or courses.
	+ It is not necessary to complete all three types of WPBA for each Core Learning Outcome.
	+ One WPBA can (and often should) be mapped against multiple learning outcomes within a Unit and across more than one Unit of Training.
* Complete a minimum of **one of** **each** of the listed assessment types (DOPS, CEX and CBD) i.e. a minimum of 3 different WPBA per Unit.
* Provide evidence of a sufficient number of **logbook** cases and case mix.

When a trainee considers that they have completed a Unit of Training and has the evidence in their training record and logbook, they should review this with their College Tutor, Educational Supervisor or designated Unit of Training consultant, who will complete a CUT form on e-portfolio or suggest ways of completing the unit if more training is required. They will also need to obtain feedback from consultants who have worked with them on that Unit.

The trainee must also write the date the unit was signed off on the e-portfolio on the ‘Summary of Completed Units of Training’ page.

***Annual Record of Competence Progression (ARCP)***

Trainees – for instructions on the evidence that you are required to produce for your ARCP see the Assessment pages on the School website.

***Primary exam***

The curriculum also covers Basic Science topics – anatomy, pharmacology, physiology and biochemistry, physics and clinical measurement and statistical methods – not covered in this booklet. This knowledge is fundamental to understanding all the clinical topics and is tested in the Primary FRCA exam.

**Instructions to trainers**

* It is the trainee’s responsibility to ask you to assess them.
* Some elements are topics for discussion and others are competencies to be observed.
* Any appropriate consultant can sign off individual competencies of a Unit of Training in this book.
* The College Tutor, an educational supervisor nominated by the College Tutor or an appropriate designated consultant can sign off completion of a Unit of Training on the e-portfolio.

**If the Educational Supervisor cannot sign off a unit of training / module as expected, they should contact the College Tutor as soon as possible for advice.**

Ted Rees Jo Kerr

*Head of School Core Training Programme Director*

*Bristol School of Anaesthesia & ICM & ICM*

*July 2016*

**Introduction to Anaesthetic Practice 0-6 months**

**Preoperative assessment**

**Learning outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| Perform a structured preoperative anaesthetic assessment of a patient prior to surgery and recognise when further assessment/optimisation is required prior to commencing anaesthesia/surgery |  |  |  |  |
| Explain options and risks of routine anaesthesia to patients, in a way theyunderstand, and obtain their consent for anaesthesia |  |  |  |  |
| To formulate a plan for the management of common co-existing diseases, in particular the perioperative plan for the patient with diabetes |  |  |  |  |

**Premed****ication**

Note: This forms part of the comprehensive pre-assessment of patients. It should be assessed as part of the overall pre-assessment process.

**Learning outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| Prescribe premedication as and when indicated, especially for the high risk population |  |  |  |  |

**Postoperative and recovery room care**

**Learning outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To manage the recovery of patients from general anaesthesia |  |  |  |  |
| To describe the organisation and requirements of a safe recovery room |  |  |  |  |
| To identify and manage common postoperative complications in patients with a variety of co-morbidities |  |  |  |  |
| To manage postoperative pain and nausea and vomiting |  |  |  |  |
| To manage postoperative fluid therapy  |  |  |  |  |
| Safely manage emergence from anaesthesia and extubation |  |  |  |  |
| Shows awareness of common immediate postoperative complications and how to manage them |  |  |  |  |
| Prescribes appropriate postoperative fluid and analgesic regimes |  |  |  |  |
| Assess and treats PONV |  |  |  |  |

**Perioperative management of emergency patients**

**Learning outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| Delivers safe perioperative care to adult ASA 1E and/or 2E patients requiring uncomplicated emergency surgery |  |  |  |  |

**Induction of general anaesthesia**

The use of simulators may assist in the teaching and assessment of some aspects of this section e.g. failed intubation drill

**Learning outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To conduct safe induction of anaesthesia in ASA grade 1-2 patients confidently |  |  |  |  |
| To recognise and treat immediate complications of induction, including tracheal tube misplacement and adverse drug reactions |  |  |  |  |
| To manage the effects of common complications of the induction process |  |  |  |  |
| To conduct anaesthesia for ASA 1E and 2E patients requiring emergency surgery for common conditions (e.g. uncomplicated appendicectomy or manipulation of forearm fracture/uncomplicated open reduction and internal fixation) |  |  |  |  |
| Demonstrates safe practice behaviours including briefings, checklists and debriefs |  |  |  |  |
| Demonstrates correct pre-anaesthetic check of all equipment required ensuring its safe functioning [including the anaesthetic machine/ventilator in both the anaesthetic room and theatre if necessary] |  |  |  |  |
| Demonstrate safe induction of anaesthesia, using preoperative knowledge of individualpatients co-morbidity to influence appropriate induction technique; show awareness of the potential complications of process and how to identify and manage them |  |  |  |  |

**Intraoperative care**

**Learning outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| The ability to maintain anaesthesia for elective and emergency surgery  |  |  |  |  |
| The ability to use anaesthesia monitoring systems to guide the progress of the patient and ensure safety |  |  |  |  |
| Considers the effects that co-existing disease and planned surgery may have on the progress of anaesthesia and plans for the management of significant coexisting diseases |  |  |  |  |
| Recognises the importance of working as a member of the theatre team  |  |  |  |  |
| Safely maintains anaesthesia and shows awareness of potential complications and their management |  |  |  |  |

**Management of respiratory and cardiac arrest in adults and children**

[To be gained during the first 6 months of training]

For those who have not completed an ALS/APLS/EPLS course successfully, simulation may be used to assist in the teaching and assessment of these competencies.

**Learning outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other Evidence ALS etc.** |
| To have gained a thorough understanding of the pathophysiology of respiratory and cardiac arrest and the skills required to resuscitate patients |  |  |  |  |
| Understand the ethics associated with resuscitation |  |  |  |  |
| Be able to resuscitate a patient in accordance with the latest Resuscitation Council (UK) guidelines. [Any trainee who has successfully completed a RC(UK) ALS course in the previous year, or who is an ALS Instructor/Instructor candidate, may be assumed to have achieved this outcome] |  |  |  |  |

**Control of infection**

**Learning Outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To understand the need for infection control processes |  |  |  |  |
| To understand types of infections contracted by patients in the clinical setting |  |  |  |  |
| To understand and apply most appropriate treatment for contracted infection |  |  |  |  |
| To understand the risks of infection and be able to apply mitigation policies and strategies |  |  |  |  |
| To be aware of the principles of surgical antibiotic prophylaxis |  |  |  |  |
| The acquisition of good working practices in the use of aseptic technique |  |  |  |  |

**Summary**

|  |  |  |
| --- | --- | --- |
| Cumulative Logbook cases | 3 months | 6 months |
| Introduction to Anaesthesia |  |  |

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**Core Anaesthesia 6-24 months**

**Airway management**

Core airway knowledge and skills have also been included within the first six months “Introduction to Anaesthetic Practice” section. Those competencies are repeated here in a standalone airway section, designed to reflect the fundamental importance of airway knowledge and skills to the novice Anaesthetist.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| **Be able to predict difficulty with an airway at preoperative assessment and obtain appropriate help** |  |  |  |  |
| **Be able to maintain an airway and provide definitive airway management as part of emergency resuscitation** |  |  |  |  |
| **Demonstrate the safe management of the “can’t intubate ,can’t ventilate” scenario** |  |  |  |  |
| **Maintain anaesthesia in a spontaneously breathing patient via a facemask for a short surgical procedure [less than 30 mins]** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases Airway | 6 months | ARCPYear 1 | 18 months | ARCP Year 2 |
| ETT |  |  |  |  |
| LMA |  |  |  |  |
| BVM |  |  |  |  |
| Other |  |  |  |  |

**Critical incidents**

Many of the critical incidents listed are found elsewhere in the Core level section of the curriculum. Given the importance of the recognition and management of them, they are all included under this one heading for clarity.

Whilst trainees may come across the critical incidents listed below during the course of clinical practice, it is anticipated that many will not be encountered in this way and as a result, the use of simulation to assist teaching and assessment is expected.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| **Demonstrate knowledge of the principle causes, detection and management of critical incidents that can occur in theatre** |  |  |  |  |
| **Be able to recognise critical incidents early and manage them with appropriate supervision** |  |  |  |  |
| **Learn how to follow through a critical incident with reporting, presentation at audit meetings and discussions with patients** |  |  |  |  |
| **Recognise the importance of personal non-technical skills and the use of simulation in reducing the potential harm caused by critical incidents** |  |  |  |  |

|  |
| --- |
| **Suggested Topics for CBD** |
| Unexpected hypoxia with or without cyanosis | Arrhythmias: | Convulsions |
| Unexpected increase in peak airway pressure |  ST segment changes |  Ventricular ectopics | Aspiration of vomit |
| Progressive fall in minute ventilation during spontaneous respiration or IPPV |  Sudden tachydysrhythmia |  Ventricular tachycardia | Laryngospasm |
|  Sudden bradycardia |  Ventricular fibrillation | Bronchospasm |
| Fall in end tidal CO2 | Malignant hyperpyrexia | Tension pneumothorax |
| Rise in end tidal CO2 | Inadvertent intra-arterial injection of irritant fluids | Gas / Fat / Pulmonary embolus |
| Rise in inspired CO2 | High spinal block | Adverse drug reactions |
| Unexpected hypotension | Local Anaesthetic toxicity | Anaphylaxis |
| Unexpected hypertension | Difficulty with IPPV & sudden or progressive loss of minute volume | Transfusion of mismatched blood or blood products |
| Sinus tachycardia | Failed intubation |

**Day surgery**

It is anticipated that this unit of training will not be delivered as a dedicated block and that the learning outcomes will be gained throughout the duration of Core Level training and that these should be achievable in most general hospitals at this level. Inevitably this unit cross references with many of the other Core Level clinical units of training given the high percentage of day care surgical procedures.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To gain knowledge, skills and experience of the perioperative anaesthetic care of ASA 1 and 2 patients presenting in a dedicated Day Surgery Unit involving a range surgical specialities [minimum three] |  |  |  |  |
| Understand and apply agreed protocols with regard to patient selection and perioperative care of day surgery patients |  |  |  |  |
| Understand the importance of minimising postoperative complications, such as nausea and pain, in patients who are returning home the same day |  |  |  |  |
| **Know the criteria for patient selection and the anaesthetic requirements for day surgical patients** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases  | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Day Surgery |  |  |  |  |

**General, urological and gynaecological surgery**

This unit includes all aspects of elective and emergency general, urological and gynaecological surgery. It is anticipated that this unit of training will not be delivered as a dedicated block and that the learning outcomes will be gained throughout the entire duration of Core Level training and that these should be achievable in most general hospitals at this level.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To gain knowledge, skills and experience of the perioperative anaesthetic care of patients requiring elective and emergency general, urological and gynaecological surgery  |  |  |  |  |
| To gain understanding of the perioperative management of patients requiring intra-abdominal laparoscopic surgery and the particular issues related to anaesthetic practice, demonstrating the ability to manage such straightforward cases in adults under distant supervision |  |  |  |  |
| To be able to recognise and manage the perioperative complications associated with intra-abdominal surgery that are relevant to anaesthesia |  |  |  |  |
| To gain understanding of special perioperative needs of elderly, frail patients  |  |  |  |  |
| **Deliver safe perioperative anaesthetic care to uncomplicated ASA 1-3 adult patients requiring elective and emergency surgery such as body surface surgery, appendicectomy and non-complex gynaecological surgery under local supervision** |  |  |  |  |
| **Manage a list with uncomplicated ASA 1-3 adults for similar elective surgery under local supervision** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| General/Urol/Gynae |  |  |  |  |

**Head, neck, maxillo-facial and dental surgery**

It is anticipated that this unit of training will not be delivered as a dedicated block and that the learning outcomes will be gained throughout the duration of Core Level training and that these should be achievable in most general hospitals at this level.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| Gain knowledge and skills of the perioperative anaesthetic care of patients undergoing minor to intermediate ear, nose and throat [ENT], maxilla-facial and dental surgery |  |  |  |  |
| Be able to recognise the specific problems encountered with a ‘shared airway’ and know the principles of how to manage these correctly |  |  |  |  |
| **Deliver perioperative anaesthetic care to ASA 1-3 adults, and ASA 1 and 2 children over 5, for non-complex ear, adenotonsillar and nasal surgery under direct supervision** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases  | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Head, neck, maxillo-facial, dental |  |  |  |  |

**Intensive care medicine**

This is for trainees undertaking ICM at Core Level as part of their **Core Anaesthetics Training (CAT)**. The curriculum uses a Training Progression Grid.

|  |
| --- |
| **Mandatory requirements for completion of ICM module (as part of CAT):*** Three-month (whole time equivalent) ICM block
* Achievement of all of the mandatory competencies at the ‘CAT target level’
* Evidence for each competency from either DOPS, I-CEX, ACAT, CBD, simulation or MSF (individual WPBAs may count as evidence for multiple competencies)
* In addition an appropriate number of individual WPBAs – minimum DOPS ×1, I-CEX ×1, ACAT ×1, CBD ×1 (per 3m block)

*Core ICM Unit of Training to be signed off on Anaesthesia e-portfolio by FICM tutor or FICM educational supervisor* |

|  |
| --- |
| **Optional additional Core level ICM competencies**Anaesthetics trainees undertaking their Core ICM module who are contemplating a **Dual Anaesthesia-ICM programme** or who wish to demonstrate a broader level of competence should use either:* **Annex F** Core level training progression grid including the additional core level competencies <http://www.rcoa.ac.uk/careers-training/training-anaesthesia/the-training-curriculum/CCT2010> - when completed and signed off, scan and upload relevant pages to Anaesthesia e-portfolio; or
* **FICM Curriculum and Assessment guidance** provided by the FICM (see <http://www.ficm.ac.uk/>)
 |

The descriptors for each level of competence in the Training Progression Grid are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Task oriented competence** | **Knowledge oriented competence** | **Patient management competence** |
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine & arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management & continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications & complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines & protocols. | Can take history, examine & arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management & manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications & alternatives. | Advanced knowledge & understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine & arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management & manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

| Mandatory Core Level ICM competencies | **CAT** target level | Level achieved | Evidence(eg DOPS, I-CEX, ACAT, CBD, simulation or MSF) |  | FICM Trainer initial | Date |
| --- | --- | --- | --- | --- | --- | --- |
| **Domain 1: Resuscitation and management of the acutely ill patient** |  |  |  |
| 1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology | **1** |  |  |  |  |  |
| 1.4 Triages and prioritises patients appropriately, including timely admission to ICU | **1** |  |  |  |  |  |
| **Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation** |  |  |  |
| 2.1 Obtains a history and performs an accurate clinical examination | **1** |  |  |  |  |  |
| 2.2 Undertakes timely and appropriate investigations | **1** |  |  |  |  |  |
| 2.4 Obtains appropriate microbiological samples and interprets results | **1** |  |  |  |  |  |
| 2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis | **1** |  |  |  |  |  |
| **Domain 3: Disease Management** |  |  |  |
| 3.1 Manages the care of the critically ill patient with specific acute medical conditions | **1** |  |  |  |  |  |
| 3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient | **1** |  |  |  |  |  |
| 3.3 Recognises & manages the patient with circulatory failure | **1** |  |  |  |  |  |
| 3.4 Recognises & manages the patient with, or at risk of, acute renal failure | **1** |  |  |  |  |  |
| 3.6 Recognises & manages the patient with neurological impairment | **1** |  |  |  |  |  |
| 3.9 Recognises and manages the septic patient | **1** |  |  |  |  |  |
| **Domain 4: Therapeutic interventions / Organ support in single or multiple organ failure** |  |  |  |
| 4.2 Manages antimicrobial drug therapy | **2** |  |  |  |  |  |
| 4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support | **1** |  |  |  |  |  |
| 4.8 Recognises and manages electrolyte, glucose and acid-base disturbances | **1** |  |  |  |  |  |
| **Domain 5: Practical procedures** |  |  |  |
| *Domain 5 competencies can be covered elsewhere in CAT or not assessed at this level* |  |  |  |
| **Domain 6: Perioperative care** |  |  |  |
| 6.1 Manages the pre- and postoperative care of the high risk surgical patient | **1** |  |  |  |  |  |
| **Domain 7: Comfort and recovery** |  |  |  |
| 7.1 Identifies & attempts to minimise physical & psychosocial consequences of critical illness for patients and families | **1** |  |  |  |  |  |
| 7.2 Manages the assessment, prevention and treatment of pain and delirium | **2** |  |  |  |  |  |
| 7.4 Communicates the continuing care requirements, including rehabilitation, of patients at ICU discharge to health care professionals, patients and relatives | **1** |  |  |  |  |  |
| 7.5 Manages the safe and timely discharge of patients from the ICU | **1** |  |  |  |  |  |
| **Domain 8: End of life care** |  |  |  |
| 8.1 Manages the process of withholding or withdrawing treatment with the multi-disciplinary team | **1** |  |  |  |  |  |
| **Domain 9: Paediatric care** |  |  |  |
| 9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care  | **1** |  |  |  |  |  |
| **Domain 10: Transport** |  |  |  |
| 10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU | **1** |  |  |  |  |  |
| **Domain 11: Patient safety and health systems management** |  |  |  |
| 11.2 Complies with local infection control measures | **3** |  |  |  |  |  |
| **Domain 12: Professionalism** |  |  |  |
| 12.8 Ensures continuity of care through effective hand-over of clinical information | **2** |  |  |  |  |  |

**Non-theatre skills**

At core level it is anticipated that non-theatre anaesthesia will be confined to the provision of anaesthesia for diagnostic imaging.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To safely undertake the intra-hospital transfer of the stable critically ill adult patient for diagnostic imaging |  |  |  |  |
| To understand the risks for the patient of having procedures in these sites  |  |  |  |  |
| To understand the responsibilities as a user/prescriber of diagnostic imaging services  |  |  |  |  |
| **Can maintain anaesthesia for stable critically ill adult patients requiring diagnostic imaging under distant supervision [in conjunction with their transfer as identified in Transfer Medicine]** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases  | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Non Theatre |  |  |  |  |

**Obstetrics**

Wherever possible, this Core Level unit of training should occur in a dedicated block. The use of simulators may assist in the teaching and assessment of some aspects of this section e.g. general anaesthesia for Caesarean section

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To gain knowledge, skills and experience of the treatment of the healthy pregnant woman  |  |  |  |  |
| **Pass the formal practical initial assessment of competence in obstetric anaesthesia and, having achieved this, be able to provide analgesia and anaesthesia as required for the majority of the women in the delivery suite** |  |  |  |  |
| **To understand the management of common obstetric emergencies and be capable of performing immediate resuscitation and care of acute obstetric emergencies [e.g. eclampsia; pre-eclampsia; haemorrhage], under local supervision but recognising when additional help is required** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Obstetric |  |  |  |  |

**Initial Assessment of Competence in Obstetric Anaesthesia**

|  |  |  |
| --- | --- | --- |
| A-CEX | Trainer initial | Date |
| 1. Conduct epidural analgesia for labour
 |  |  |
| 1. Conduct regional anaesthesia for caesarean section
 |  |  |
| 1. Conduct general anaesthesia for caesarean section
 |  |  |
|  |  |  |
| DOPS | Trainer initial | Date |
| 1. Top up epidural for labour analgesia
 |  |  |
| 1. Top up epidural for caesarean section
 |  |  |
| 1. Perform spinal anaesthesia
 |  |  |
|  |  |  |
| CBD | Trainer initial | Date |
| 1. Discuss how changes in the anatomy and physiology due to pregnancy influenced the conduct of anaesthesia
 |  |  |
| 1. Discuss whether pregnancy influenced the choice of drugs used during anaesthesia
 |  |  |
| 1. Discuss how the conduct of general anaesthesia is affected by late pregnancy
 |  |  |
| 1. Examine the case records of a patient that the trainee has anaesthetised for operative delivery in a situation where major haemorrhage might be expected. Discuss the factors that influence the likelihood of major obstetric haemorrhage, the precautions that should be taken to deal with it and the principles of its management
 |  |  |
| 1. Examine the case records of a patient with pregnancy associated hypertension that the trainee has treated. Discuss how this influences anaesthetic management.
 |  |  |
| 1. Examine the case records of a patient for whom the trainee provided epidural analgesia for normal labour. Discuss the methods of pain relief available for normal delivery
 |  |  |

**Orthopaedic anaesthesia**

This unit includes all aspects of elective and emergency orthopaedic surgery. It is anticipated that this unit of training will not be delivered as a dedicated block and that the learning outcomes will be gained throughout the entire duration of Core Level training and that these should be achievable in most general hospitals at this level.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To gain knowledge, skills and experience of the perioperative anaesthetic care of patients requiring orthopaedic surgery including patients with long-bone fractures |  |  |  |  |
| To understand the relevance of diseases of bones and joints to anaesthesia |  |  |  |  |
| To be able to recognise and manage the perioperative complications of orthopaedic surgery relevant to anaesthesia |  |  |  |  |
| **Deliver perioperative anaesthetic care to uncomplicated ASA 1-3 adult patients for straightforward elective and emergency orthopaedic/trauma surgery to both upper and lower limbs, including open reduction internal fixation [ORIF] surgery [which includes fractured neck of femur], under local supervision** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Orthopaedic |  |  |  |  |

**Paediatric**

The use of simulators may assist in the teaching and assessment of some aspects of this section e.g. paediatric resuscitation.

It is anticipated that the competences listed will be gained throughout CT1/2 without a dedicated period spent in paediatric anaesthesia.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| Obtain knowledge of the principles underlying the practice of anaesthesia for children aged 1 year and older and the specific needs therein |  |  |  |  |
| **Have completed training in child protection**  |  |  |  |  |
| * **Knows that Non-Accidental Injury [NAI] of children is not uncommon and is encountered by anaesthetists**
 |  |  |  |  |
| * **Demonstrates knowledge of local procedures for safeguarding children**
 |  |  |  |  |
| **Demonstrate correct management of the paediatric airway in the following ways:** **[if case mix allows, down to one year of age, but at least down to five years of age]** |  |  |  |  |
| * **Is able to size airway devices correctly [i.e. oral airways and tracheal tubes]**
 |  |  |  |  |
| * **Is able to insert airway devices correctly**
 |  |  |  |  |
| * **Is able to ventilate an apnoeic child using a bag and mask +/- an oral airway**
 |  |  |  |  |
| * **Is able to intubate a child correctly, using the most appropriate size tracheal tube, placed at the correct length**
 |  |  |  |  |
| **Maintains anaesthesia in a spontaneously breathing patient via a facemask for a short surgical procedure [less than 15 mins]** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases Paediatric | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| 0-5 years old |  |  |  |  |
| 6-15 years old |  |  |  |  |

**Pain medicine**

Wherever possible, this Core Level unit of training should occur in a dedicated block.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To be competent in the assessment and effective management of acute postoperative and acute non postoperative pain |  |  |  |  |
| To acquire knowledge necessary to provide a basic understanding of the management of chronic pain in adults |  |  |  |  |
| To recognise the special circumstances in assessing and treating pain in children, the older person and those with communication difficulties |  |  |  |  |
| To demonstrate an understanding of the basic principles of postop analgesia requirements for children, the older person and those with communication difficulties  |  |  |  |  |
| **Competence in the assessment of acute surgical and non surgical pain and demonstrate the ability to treat effectively**  |  |  |  |  |
| **To have an understanding of chronic pain in adults** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases Pain | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Acute Pain round |  |  |  |  |
| Chronic Pain clinic |  |  |  |  |

**Perioperative medicine**

This unit of training is intended to run in parallel with other units of training and is not designed to be undertaken as a standalone dedicated unit. The learning outcomes are applicable to all patients and will be achievable during clinical practice whilst undertaking the other units of training. However, Perioperative medicine elements remain within the obstetric and paediatric units of training as these elements are less transferable to other areas of anaesthesia.

**Learning outcomes:**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| Explains the main patient, anaesthetic and surgical factors influencing patient outcomes  |  |  |  |  |
| Describes the benefits of patient-centred, multidisciplinary care  |  |  |  |  |
| Delivers high quality preoperative assessment, investigation and perioperative management of ASA 1-3 patients for elective and emergency surgery with emphasis on the perioperative management of co-existing medical conditions |  |  |  |  |
| Delivers high quality individualised anaesthetic care to ASA 1-2 [E] patients, focusing on optimising patient experience and outcome |  |  |  |  |
| Plans and implements high quality individualised postoperative care for ASA 1-2 [E] patients |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases  | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Perioperative medicine |  |  |  |  |

**Regional**

It is anticipated that this unit of training will not be delivered as a dedicated block and that the learning outcomes will be gained throughout the duration of Core Level training and that these should be achievable in most general hospitals at this level.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To become competent in all generic aspects of block performance |  |  |  |  |
| Able to obtain consent for regional anaesthesia from patients  |  |  |  |  |
| Create a safe and supportive environment in theatre for awake and sedated patients  |  |  |  |  |
| Demonstrate knowledge of the principles of how to perform a number of regional and local anaesthetic procedures  |  |  |  |  |
| Be able to use a peripheral nerve stimulator or ultrasound to identify peripheral nerves |  |  |  |  |
| Demonstrate clear understanding of the criteria for safe discharge of patients from recovery following surgery under regional blockade |  |  |  |  |
| Accepts the right of patients to decline regional anaesthesia – even when there are clinical advantages  |  |  |  |  |
| **Demonstrates safely at all times during performance of blocks including:** **marking side of surgery and site of regional technique; meticulous attention to sterility; selecting, checking, drawing up, diluting, and the adding of adjuvants, labelling and administration of local anaesthetic agents** |  |  |  |  |
| **Establish safe and effective spinal and lumbar epidural blockade and manage immediate complications in ASA 1-2 patients under local supervision** |  |  |  |  |
| **Ability to establish a simple nerve block safely and effectively** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases Regional | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Spinal |  |  |  |  |
| Epidural |  |  |  |  |
| Nerve block |  |  |  |  |

**Sedation**

The use of sedation in clinical practice, particularly in non-theatre areas, is increasing and anaesthetists are frequently asked to oversee its administration. It is essential that CT 1/2 anaesthetic trainees understand what is meant by conscious sedation [“A technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation”] and how it is administered safely.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To gain a fundamental understanding of what is meant by conscious sedation and the risks associated with deeper levels of sedation  |  |  |  |  |
| To be able to describe the differences between conscious sedation and deeper levels of sedation, with its attendant risks to patient safety |  |  |  |  |
| Understands the particular dangers associated with the use of multiple sedative drugs especially in the elderly  |  |  |  |  |
| To be able to manage the side effects in a timely manner, ensuring patient safety is of paramount consideration at all times |  |  |  |  |
| To be able to safely deliver pharmacological sedation to appropriate patients and recognise their own limitations  |  |  |  |  |
| **Be able to provide safe and effective sedation to ASA 1 and 2 adult patients, aged less than 80 years of age using a maximum of two short acting agents** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Sedation |  |  |  |  |

**Transfer medicine**

The learning outcomes and competencies listed are those necessary for the first 24 months of anaesthetic training. It is strongly recommended that CT 1/2 trainees complete this unit of training before undertaking intra-hospital transfer with local supervision. Many of the competencies may be attained whilst gaining training and experience in intensive care.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| Be able to assess correctly the clinical status of patients and decide whether they are in a suitably stable condition to allow **intra-hospital transfer** |  |  |  |  |
| Gain understanding of the associated risks and ensure they can put all possible measures in place to minimise these risks |  |  |  |  |
| **Safely manage the intra-hospital transfer of the critically ill but stable adult patient for the purposes of investigations or further treatment [breathing spontaneously or with artificial ventilation] with local supervision** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Transfer |  |  |  |  |

**Trauma and Stabilisation**

It is anticipated that this unit of training will not be delivered as a dedicated block; the learning outcomes will be gained throughout Core Level training and that this level should be achievable in most general hospitals.

**Learning outcomes (mandatory Core Learning Outcomes indicated in bold):**

|  |  |
| --- | --- |
| *Aim for at least one of each type of WPBA per Unit of Training and at least one WPBA / evidence per learning outcome* | *Date WPBA / evidence completed* |
|  | **A-CEX** | **DOPS** | **CBD** | **Other evidence/teaching** |
| To understand the basic principles of how to manage patients presenting with trauma |  |  |  |  |
| To recognise immediate life threatening conditions and prioritise their management |  |  |  |  |
| **Understand the principles of prioritising the care of patients with multi-trauma including airway management** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cumulative Logbook Cases | 6 months | ARCPYear 1 | 18 months | ARCPYear 2 |
| Trauma & stabilisation |  |  |  |  |

**Appendix 1**

**Suggested WPBA topics**

**Anaesthesia in General**

A-CEX

Administer anaesthesia for laparoscopy

Administer anaesthesia for a shared airway procedure

Administer anaesthesia for eye surgery

Administer anaesthesia to a diabetic patient on insulin

Administer anaesthesia to an asthmatic or COPD patient

Administer anaesthesia to a patient with ischaemic heart disease

Administer anaesthesia to an elderly patient [> 80 years]

Conduct regional anaesthesia for surgery

Transfer an unconscious, ventilated patient within the hospital or to another hospital

DOPS

Demonstrate use of the nerve stimulator to evaluate neuromuscular block

Assess a patient’s Glasgow Coma Scale rating and advise

Perform a primary and secondary survey of an injured patient [may be done in simulator]

Manage epidural analgesia by continuous infusion

ALMAT

Conduct an appropriate routine general surgical operating list

Conduct an appropriate orthopaedic operating list

Manage an emergency theatre session

CBD

Discuss how the trainee understands the patient’s likely feelings and apprehensions as they face surgery and how these factors influenced their management

Discuss how did the trainee dealt with anticipated problems where surgeon and anaesthetist shared the airway.

Discuss the trainee’s choice of postoperative fluids

Discuss the trainee’s choice and use of sedatives and tranquillisers

Discuss the effects and hazards of the pneumo-peritoneum induced for laparoscopic surgery

Discuss what additional monitoring can be used for sick patients

Discuss how the trainee decided between inhalation and intravenous induction

Discuss the choice of agents and conduct of inhalation induction

Discuss how massive haemorrhage was managed [volume expansion, blood transfusion, hazards including incompatibility reaction]

Discuss the management of anaesthesia in the presence of common inter-current diseases e.g. Asthma, COPD, Hypertension, IHD, Rheumatoid arthritis, Jaundice, Steroid therapy, Diabetes

Discuss whether awareness was a potential problem; explore the factors predisposing to awareness and the manoeuvres available to reduce the risks.

Discuss any difficulties in restoring spontaneous ventilation at the end of the anaesthetic.

Discuss why this patient failed to breathe and how it is possible to distinguish between opiate excess, continued anaesthetic effect and/or residual paralysis.

Discuss the management of any cyanosis, hypo- and hypertension, shivering or stridor in recovery

Discuss how the trainee chose a regime for postoperative pain relief and how they judged its adequacy

Discuss the factors influencing the occurrence of any postoperative confusion seen

Discuss how the patient’s obesity affected their management

Discuss how the possibility of postoperative atelectasis and pulmonary embolism influenced the anaesthetic choices.

Discuss how the trainee decided that a day patient was fit for discharge home

Discuss any concerns the trainee had regarding their anaesthetic affecting intraocular pressure

How did the trainee recognise and manage hypovolaemic shock

What effect did the trainee expect trauma to have on gastric emptying and how did this affect their anaesthetic plan

Discuss how the trainee planned anaesthesia in the presence of a recent head injury

Discuss the management of cervical spine injuries

Discuss how the trainee recognised and managed dilutional coagulopathy

Discuss how factors relating to an elderly patient’s age influenced the conduct of anaesthesia.

**Paediatric**

A-CEX

Core Competences in Paediatric Anaesthesia – make preoperative assessment of a fit child

Administer anaesthesia to a child age>5 spontaneous ventilation

Administer anaesthesia to a child age>5 controlled ventilation

DOPS

Core Competence in Paediatric Anaesthesia – conduct IV induction in a fit child

Core Competence in Paediatric Anaesthesia – conduct inhalation induction of fit child

CBD

Examine the case notes of a child the trainee has anaesthetised and discuss how differences in anatomy from the adult influenced the conduct of the anaesthetic.

Discuss how the choice of drugs and drug doses differs from the adult.

Discuss airway management and the choice of suitable anaesthetic circuits for a child.

Discuss the problems of detecting and reporting child abuse in relation to the case records of a patient that the trainee has dealt with. [Child abuse need not be an issue with the patient but their history and examination should form the basis for the discussion]

**Regional Anaesthesia**

A-CEX

Conduct anaesthesia for surgery using spinal or epidural anaesthesia

Manage the sedative regime of a patient undergoing surgery using regional anaesthesia

DOPS

Establish a peripheral nerve block

CBD

Discuss the choice of local anaesthetics & spinal opioids in the context of regional anaesthesia

Discuss the innervation and spinal dermatomes of any regional anaesthetic block the trainee has used

Discuss the management of the complications of spinal and epidural (including caudal) analgesia [associated hypotension, shivering, nausea & anxiety]

Discuss the absolute and relative contraindications to regional blockade

**Control of Infection**

A-CEX

Undertake a sterile procedure with proper attention to asepsis

DOPS

Demonstrate proper technique in scrubbing up to perform a neuraxial block

CBD

Discuss how the trainee’s anaesthetic management was influenced by the precautions taken to prevent cross-infection with healthcare associated infections

Discuss how the trainee’s anaesthetic management was influenced by the precautions taken to control blood-borne infections