

ACCS IN ANAESTHESIA WORKPLACE ASSESSMENT: TRAINING OBJECTIVE CHECKLIST

Name of Trainee: _____

Section numbering refers to the indexing in “*The CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment*”.**(d): Induction of General Anaesthesia (CCT II Appendix C, Section 4)****KNOWLEDGE****Initial & Date: leave space for others**

Assessment tools are suggestions & not mandatory unless specified

B: 4.1.1	Intravenous induction of anaesthesia; advantages & disadvantages of technique	D301 CbD
B: 4.1.1	Inhalational induction of anaesthesia; advantages & disadvantages of technique	D302 CbD
B: 4.1.2	Indications for tracheal intubation	D303 CbD
B: 4.1.3	Selection of tube type (oral, nasal, armoured etc.), diameter & length	D304 CbD
B: 4.1.4 4.4.7	Management of difficult intubation & failed intubation	D305 CbD
B: 4.1.5	Methods of confirming placement of the endotracheal tube; oesophageal and endobronchial intubation, complications	D306 CbD
B: 4.1.6	Insertion & use of oral airways, face masks & laryngeal mask airway	D307 CbD
B: 4.1.7 4.1.8 4.4.7	Causes of regurgitation & vomiting during induction, prevention & management of pulmonary aspiration, cricoid pressure	D308 CbD
B: 5.1.5	Pharmacology, uses and dosages of i.v. anaesthetic drugs used at IV induction of GA	D309 CbD
B: 5.1.5	Pharmacology, uses and dosages of analgesic drugs	D310 CbD
B: 5.1.5	Methods of producing muscle relaxation; pharmacology, uses and dosages of muscle relaxant agents	D311 CbD
B: 4.1.12	Knowledge of monitoring during induction	D312 CbD

SKILLS:

To be demonstrated in patients with elective and urgent conditions requiring gynaecological, abdominal, orthopaedic, ENT, dental, urological & body surface surgery (knowledge of sub-specialty practice and specialised techniques is not required unless specified elsewhere).

B: 2.2.3 4.2.2	Ability to perform pre-induction patient checks in the anaesthetic room	D101 DOPS aCEX
B: 4.2.3	Ability to perform pre-induction safety checks of equipment	D102 DOPS aCEX

Name of Trainee: _____

(d): **Induction of General Anaesthesia** (continued):

SKILLS (continued):

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B: 4.2.1 4.4.1	Ability to perform routine i.v. induction of anaesthesia	SPECIFIC DOPS COVERED BY IACC	D103a
B: 4.2.1 4.2.14 4.4.1	Ability to perform rapid sequence i.v. induction of anaesthesia, including skills in use of cricoid pressure	SPECIFIC DOPS COVERED BY IACC	D103b
B: 4.2.1 4.4.2	Ability to perform routine gaseous (inhalational) induction of anaesthesia	SPECIFIC DOPS	D104
B: 4.2.4	Ability in obtaining vascular access – suitability of sites & technique of i.v. injection		D105 aCEX
B: 4.2.5	Airway assessment & optimising the patient's position for airway management		D106 aCEX
B: 4.2.6	Ability to maintain airway with mask & oral / nasal airways		D107 aCEX
B: 4.2.7	Ability to introduce & check correct placement of laryngeal mask airway		D108 aCEX
B: 4.2.8 4.2.9	Ability in appropriate choice & passage of oral ET tubes (up to Cormack & Lehane Grade 2)		D109 aCEX
B: 4.2.8 4.2.9	Ability in appropriate choice & passage of nasal ET tubes (up to Cormack & Lehane Grade 2)		D110 aCEX
B: 4.2.10	Ability in use of gum elastic bougie & stilette		D111 aCEX
B: 4.2.11 4.4.3	Ability to identify the correct placement of the endotracheal tube after intubation		D112 aCEX
B: 4.2.12	Ability in interpretation of capnograph trace		D113 aCEX
B: 4.2.13 4.4.4	Ability to rehearse failed intubation drill	SPECIFIC DOPS See also Section (o) (O135)	D114
B: 4.2.15	Ability to check difficult intubation kit & paediatric intubation set		D115 aCEX
B: 4.2.16	Ability in use of monitoring equipment, including application of ECG electrodes		D116 aCEX
B: 4.4.5	Ability to discuss GA induction in difficult airways, shocked patients & others of ASA > II		D117 CbD
B: 4.2.17 4.4.6	Ability to manage cardiovascular complications during and after GA induction		D118 aCEX CbD
B: 4.2.17 4.4.6	Ability to manage respiratory complications during and after GA induction		D119 aCEX CbD

Name of Trainee: _____

(d): **Induction of General Anaesthesia** (continued):

SKILLS (continued):

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B: 4.4.7	Ability to describe the management of aspiration, anaphylaxis, failed intubation & MH	GO TO Section (o)	D120
B: 4.2.18	Appropriate safe practice in selecting, checking, drawing up, diluting, labelling & administration of drugs		D125 aCEX

Attitudes & Behaviour:

B: 4.3.1 4.3.2	Safety first, including always knowing the whereabouts of senior assistance		D121 aCEX
B: 4.3.3	Being clear in explanations to patient & staff		D122 aCEX
B: 4.3.4	Being reassuring to patients during induction of anaesthesia		D123 aCEX
B: 4.3.5	Being polite, calm and having a professional approach		D124 aCEX

(e): **Intra-Operative Care including Sedation (CCT II Appendix C, Section 5)**

KNOWLEDGE

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B: 5.1.1	Techniques of maintenance of GA involving spontaneous ventilation (except sub-specialty & highly specialised practice)		E301 CbD
B: 5.1.1	Techniques of maintenance of GA involving controlled ventilation (except sub-specialty & highly specialised practice)		E302 CbD
B: 5.1.2	Definition of and methods of sedation		E303 CbD
B: 5.1.3	Management of the shared airway		E304 CbD
B: 5.1.4	Effects & hazards of the pneumoperitoneum induced for laparoscopic surgery		E305 CbD
B: 5.1.5	Pharmacology, uses and dosages of i.v. anaesthetic induction agents used for IV maintenance of GA		E306 CbD
B: 5.1.5	Pharmacology, uses and dosages of inhalational anaesthetic agents		E307 CbD
B: 5.1.6	Methods of producing muscle relaxation	GO TO Section (d) (D311)	E308
B: 5.1.7	Choice of spontaneous and controlled ventilation & methods of monitoring them		E309 CbD
B: 5.1.8	Minimum monitoring standards		E310 CbD
B: 5.1.9	Additional monitoring for sick patients (e.g. CVP, urine flow)		E311 CbD

Name of Trainee: _____

(e): **Intra-Operative Care** (continued):

KNOWLEDGE (continued):

Initial & Date: leave space for others
 Assessment tools are suggestions & not mandatory unless specified

B: 5.1.10	Detection and prevention of awareness	E312 CbD
B: 5.1.11 5.2.17	Management of important critical incidents occurring during anaesthesia	GO TO Section (o) E313
B: 5.4.8	Knowledge how to deal with peri-operative emergencies, including how to stabilise patient condition until senior assistance arrives	E314 CbD
B: 5.1.12	Diagnosis and treatment of pneumothorax	E315 CbD
B: 5.1.13 5.1.14	Principles of fluid balance; blood & blood products; synthetic colloids; crystalloids	E316 CbD
B: 5.1.15	Management of massive haemorrhage, volume expansion, blood transfusion (& hazards including incompatibility reaction)	E317 CbD
B: 5.1.16	Correct intra-operative positioning on theatre table, care of pressure points, avoidance nerve injury: complications of supine & prone positions	E318 CbD
B: 5.1.17 6.1.12	Intra-operative management of asthma, COPD, hypertension, IHD, rheumatoid arthritis, jaundice, steroid therapy, diabetes	E319 CbD
B: 5.1.18	Content of the anaesthetic record	E320 CbD
B: 5.1.19	Modification of technique in repeat anaesthesia	E321 CbD
B: 5.1.20	Understanding basic surgical operations	E322 CbD

SKILLS

B: 5.2.2 5.2.3	Ability in safe patient transfer from trolley to operating table, & in positioning the patient	E101 aCEX
B: 5.2.1 5.2.9 5.2.16 5.4.1 5.4.2	Ability to manage & maintain appropriate levels of anaesthesia with inhalational & i.v. agents in spontaneously breathing and ventilated elective surgery patients	E102 aCEX CbD
B: 5.2.1 5.4.1	Ability to manage & maintain appropriate levels of anaesthesia with inhalational & i.v. agents in spontaneously breathing patients for urgent surgery	E103 aCEX CbD
B: 5.2.1 5.2.9 5.2.16 5.4.2	Ability to manage & maintain appropriate levels of anaesthesia with inhalational & i.v. agents in ventilated patients for urgent surgery, including appropriate IPPV & muscle relaxation	E104 aCEX CbD

Name of Trainee: _____

(d): **Intra-Operative Care** (continued):

SKILLS (continued):

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B: 5.4.3	Ability to manage sedated patients (peri-operatively)		E105 aCEX
B: 5.2.4 5.2.6	Airway control: detection and correction of problems (e.g. obstruction, disconnection)		E106 aCEX CbD
B: 5.2.5 5.2.7	Ability in laryngoscopy, intubation and its problems, use of oral airways, facemask & LMA	GO TO Section (d)	E107
B: 5.2.8	Ability in management of the shared airway		E108 aCEX CbD
B: 5.2.10	Ability in methods of pain relief during maintenance		E109 aCEX CbD
B: 5.2.11	Ability in management of effects of drugs used during anaesthesia		E110 aCEX CbD
B: 5.2.12	Ability in management of intra-operative hypotension & hypertension	See also Section (o)	E111 aCEX CbD
B: 5.2.13 5.4.6	Ability in provision of intra-operative fluids, including checking & transfusion of blood / blood products		E112 aCEX CbD
B: 5.2.14 5.4.4	Ability to manage diabetes peri-operatively		E113 aCEX CbD
B: 5.4.5	Ability to manage peri-operative steroid cover		E114 CbD
B: 5.2.15	Ability in methods of detection of awareness		E115 aCEX CbD
B: 5.2.18 5.4.7	Ability to apply & interpret appropriate intra-operative monitoring, including understanding of limitations		E116 aCEX CbD
B: 5.4.8	Knowledge how to deal with peri-operative emergencies, including how to stabilise patient condition until senior assistance arrives		E117 CbD
B: 5.2.17	Management of any critical incidents which occur during anaesthesia	GO TO Section (o)	E118
B: 5.3.1 5.3.2 5.3.3	Vigilance, attention to detail, attention to multiple sources of data continuously		E119 aCEX
B: 5.3.4 5.4.9	Recognition of need to communicate with colleagues, including ability to plan ahead with the surgeon any unusual requirements of anaesthesia		E120 aCEX

Name of Trainee: _____

(f): Post-Operative and Recovery Care (CCT II Appendix C, Section 6)

KNOWLEDGE

Initial & Date: leave space for others
 Assessment tools are suggestions & not mandatory unless specified

B: 6.1.1 6.1.2	Causes and treatment of failure to breathe at end of operation, including distinguishing between opiate excess, continued anaesthetic effect and/or residual paralysis	F301 CbD
B: 6.1.3	Care of the unconscious patient	F302 CbD
B: 6.1.4	Monitoring the patient in recovery	F303 CbD
B: 6.1.5	Interpretation of nerve stimulator patterns	F304 CbD
B: 6.1.6 6.1.7	Oxygen therapy, indications and techniques, management of (post-operative) cyanosis	F305 CbD
B: 6.1.7	Management of (post-operative) hypotension and hypertension	F306 CbD
B: 6.1.7	Management of (post-operative) shivering	F307 CbD
B: 6.1.7	Management of (post-operative) stridor	F308 CbD
B: 6.1.8	Post-operative fluid balance and prescribing	F309 CbD
B: 6.1.9	Assessment of pain and methods of pain management	F310 CbD
B: 6.1.10	Methods of treating of postoperative nausea and vomiting	F311 CbD
B: 6.1.11	Causes and management of post-operative confusion	F312 CbD
B: 5.1.17 6.1.12	Post-operative management of asthma, COPD, hypertension, IHD, rheumatoid arthritis, jaundice, steroid therapy, diabetes	F313 CbD
B: 6.1.13	Management of the obese patient	F314 CbD
B: 6.1.14 6.4.7	Knowledge of the equipment requirements of a recovery room	F315 CbD
B: 6.1.15	Prevention, diagnosis and management of post-operative pulmonary atelectasis	F316 CbD
B: 6.1.15	Prevention, diagnosis and management of post-operative DVT and pulmonary embolus	F317 CbD
B: 6.1.16 6.2.17 6.4.4	Knowledge of criteria for discharge of day-stay patients	F318 aCEX CbD

Name of Trainee: _____

(f) Post-Operative and Recovery Care (continued):

SKILLS

Initial & Date: leave space for others
 Assessment tools are suggestions & not mandatory unless specified

B: 6.2.1	Ability to manage recovery from anaesthesia following elective surgery	F101 aCEX
B: 6.2.1	Ability to manage recovery from anaesthesia following urgent surgery	F102 aCEX
B: 6.2.3 6.4.1	Ability to assess & to achieve smooth, controlled return of vital functions and reflexes	F103 aCEX
B: 6.2.2 6.3.1 6.4.2	Clear communication, including ability in giving clear instructions to recovery staff	F104 aCEX
B: 6.2.4 6.2.5 6.2.6	Ability to assess adequacy of ventilation / reversal, including recognition of residual relaxant action & use of nerve stimulator	F105 aCEX DOPS
B: 6.1.1 6.1.2 6.2.4 6.2.5	Ability to manage failure to breathe at end of operation, distinguishing between opiate excess, continued anaesthetic effect and/or residual paralysis	F106 CbD
B: 6.2.7	Extubation & airway protection skills in presence of potentially full stomach	F107 aCEX CbD
B: 6.2.8 6.2.9	Ability to assess fluid balance & prescribe post-operative fluids	F108 aCEX
B: 6.2.10 11.2.2	Ability to evaluate & manage post-operative confusion	F109 CbD
B: 6.2.11 6.2.12	Ability to assess post-operative pain & prescribe a post-operative pain regime	SPECIFIC DOPS F110
B: 6.2.13	Ability to treat post-operative nausea and vomiting	F111 aCEX
B: 6.2.14 6.2.15	Ability in stabilisation before discharge from recovery & continuation of care until discharge	F112 aCEX
B: 6.2.16 6.4.3	Ability to discharge patients safely back to the ward, including knowledge of discharge criteria	F113 aCEX
B: 6.2.15	Ability in continuation of care beyond discharge from recovery, as appropriate	F114 aCEX
B: 6.2.17 6.4.4	Understanding of the criteria for discharge of day-stay patients	F115 aCEX CbD
B: 6.4.5	Ability to recognise and treat common recovery room complications	F116 aCEX CbD
B: 6.4.6	Ability to recognise and treat conditions & circumstances requiring HDU or ICU care	F117 CbD

Name of Trainee: _____

(f) Post-Operative and Recovery Care (continued):

SKILLS (continued):

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B: 6.4.7	Understanding of the equipment requirements of a recovery room	F118 CbD
B: 6.3.2	Responding rapidly to calls for help	F120 CbD
B: 6.3.3	Follow up of sick patients on the ward before going home	F121 CbD

Additional Assessments for Sections (a) – (f):

Initial & Date: leave space for others
Assessment tools mandatory

<i>Index case:</i> Conduct of General Anaesthesia with spontaneous respiration	SPECIFIC aCEX Key maps to: A123, A134, B101, C101-103, C108, D101-103, E102-104, F101-105, F110, F112	F201
<i>Index case:</i> Conduct of General Anaesthesia with controlled ventilation	SPECIFIC aCEX Key maps to: A123, A134, B101, C101-103, C108, D101-103, E102-104, F101-105, F110, F112	F202
<i>Index case:</i> Conduct of Anaesthesia for a patient with a full stomach	SPECIFIC aCEX Key maps to: A123, A134, B102, C108, D101-103, E103-104, F102-104, F107, F112	F203
<i>Index cases (3 per assessment):</i> Conduct of Anaesthesia for a patient with a full stomach	SPECIFIC CbD Key maps to: A123, B102, C108, D101-103, E103-104, F102-104, F107, F112	F204
<i>Index cases (3 per assessment):</i> Conduct of Anaesthesia for non-elective intra-abdominal surgery	SPECIFIC CbD Key maps to: A123, B102, C108, D101-103, E103-104, F102-104, F107, F110, F112	F205
<i>Index case:</i> Conduct of Anaesthesia for a shared airway	SPECIFIC aCEX Key maps to: A123, A134, C108, D101-103, E102-104, E108, F101-104, F112	F206
<i>Index cases (3 per assessment):</i> Conduct of Anaesthesia for a shared airway	SPECIFIC CbD Key maps to: A123, C108, D101-103, E102-104, E108, F101-104, F112	F207
<i>Index cases (3 per assessment):</i> Difficult intubation	SPECIFIC CbD Key maps to: A102, A123-124, B104, C108, C111, D101-103, D106, D111-112, D117, F101-104	F208
<i>Index cases (3 per assessment):</i> Major haemorrhage	SPECIFIC CbD Key maps to: A123-124, A135, A136, D101-103, D105, D117, D118, E112, F101-104, F117	F209

Name of Trainee: _____

(i): Management of Trauma, Stabilisation and Transfer of Patients (CCT II Appendix C, Section 9)

KNOWLEDGE

Initial & Date: leave space for others
 Assessment tools are suggestions & not mandatory unless specified

B: 9.1.1	Performance and interpretation of the primary and secondary survey	I301 CbD
B: 9.1.2 9.1.3	Emergency airway management including anatomy & technique of cricothyrotomy / tracheostomy / mini-tracheotomy	I302 CbD
B: 9.1.4	Establishing i.v. access: knowledge of intraosseous cannulation	I303 CbD
B: 9.1.5	Immediate specific treatment of life-threatening illness or injury, with special reference to thoracic and abdominal trauma	I304 CbD
B: 9.1.6	Recognition and management of hypovolaemic shock	I305 CbD
B: 9.1.7	Effects of trauma on gastric emptying	I306 CbD
B: 9.1.8 9.1.9	Central venous access: knowledge of anatomy and techniques, CVP monitoring	I307 CbD
B: 9.1.10	Knowledge of arterial pressure monitoring	I308 CbD
B: 9.1.11	Pleural drain insertion	I309 CbD
B: 9.1.12	Peritoneal lavage	I310 CbD
B: 9.1.13 9.1.14 9.1.15	Principles of the management of head injury, coup and contrecoup injuries, mechanisms & effects of raised ICP, methods of preventing the 'second insult' to the brain	I311 CbD
B: 9.1.17	Management of cervical spine injuries	I312 CbD
B: 9.1.16	Principles of anaesthesia in the presence of a recent head injury	I313 CbD
B: 9.1.18	Principles of the safe transfer of patients	I314 CbD
B: 9.1.19	Understanding of portable monitoring systems	I315 CbD
B: 9.1.20	Recognition and management of dilutional coagulopathy	I316 CbD
B: 9.1.21	Factors affecting intraocular pressure	I317 CbD

SKILLS

B: 9.2.1 9.4.1	Ability to perform assessment, immediate care & management of the trauma patient, including primary / secondary survey & the principles of managing a head injury	I101 CbD aCEX
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Name of Trainee: _____

(i): **Management of Trauma** (continued):

SKILLS (continued):

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B: 9.2.1	Ability in assessment & management of a patient with a reduced level of consciousness	SPECIFIC DOPS	I121
B: 9.2.2	Ability in use of Glasgow Coma Scale		I102 CbD aCEX
B: 9.2.3	Ability in recognition of need for appropriate investigations (in trauma victim)		I103 CbD aCEX
B: 9.2.16 9.4.2 9.4.3	Ability to stabilise patient condition until senior assistance arrives, including understanding of when to get senior or other specialist help		I104 CbD aCEX
B: 9.2.16 9.4.4	Understanding & ability of how to deal with emergencies related to trauma before, during and after anaesthesia		I105 CbD aCEX
B: 9.2.4	Ability to assess & manage circulatory shock (in trauma victim)		I106 CbD aCEX
B: 9.2.5	Skills in emergency airway management, oxygen therapy & ventilation (in trauma victim)		I107 CbD aCEX
B: 9.2.6	Skills in chest drain insertion & management: emergency relief of tension pneumothorax		I108 DOPS aCEX
B: 9.2.7 9.2.12 9.2.13	Ability in arterial & major vessel cannulation for resuscitation and monitoring (of trauma victim), including interpretation of readings		I109 aCEX
B: 9.2.8	Skills in care and immobilisation of cervical spine		I110 aCEX
B: 9.2.10	Ability in analgesia for the trauma victim		I111 CbD aCEX
B: 9.2.11	Ability in urinary catheterisation in the traumatised patient		I112 CbD

Transfer:

B: 9.3.6 9.3.7	Pre-transfer: checking of kit and personnel, insistence on stabilisation before transfer	SPECIFIC TRANSFER SKILLS DOPS ASSESSMENT	I113
B: 9.2.9 9.4.5	Ability to transfer a <u>stable</u> ventilated adult patient safely to another site, either in the same or in a different hospital	SPECIFIC TRANSFER SKILLS DOPS ASSESSMENT	I115

Anaesthesia Skills for Trauma Victim:

B: 9.2.14	Ability to conduct anaesthesia in the presence of a recent head injury (which itself does not require surgery)		I116 CbD aCEX
B: 9.2.15	Anaesthesia for a penetrating eye injury		I117 CbD aCEX

Name of Trainee: _____

(i): **Management of Trauma** (continued):

Attitudes & Behaviour:

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B: 9.3.1 9.3.2 9.3.3	Trauma matters: importance of speed of response & proper resuscitation; try to offer the best chance of survival; focus on the golden hour	I118 CbD aCEX
B: 9.3.4 9.3.8	Communication: with appropriate specialists, & with relatives	I119 CbD aCEX
B: 9.3.5	Ability to take control when either appropriate or necessary	I120 CbD

(n): **Infection Control (CCT II Appendix C, Section 14)**

KNOWLEDGE

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B 14.1.1	Universal precautions and good working practices (hand washing, gloves etc)	N301 CbD
B 14.1.2	Cross infection: modes and common agents	N302 CbD
B 14.1.3	Emergence of resistant strains: antibiotic policies in a hospital	N303 CbD
B 14.1.4	Common surgical infections: antibiotic choice and prophylaxis	N304 CbD
B 14.1.5	Infections from contaminated blood	N305 CbD
B 14.1.6	Hepatitis and HIV infections: modes of infection: natural history: at risk groups	N306 CbD
B 14.1.7	Immunisation policy	N307 CbD
B 14.1.8	Sterilisation of equipment	N308 CbD
B 14.1.9	Strategy if contaminated	N309 CbD

SKILLS

Ability to think about and apply the skills & attitudes listed below to all patients (B:14.4.1):

B: 14.3.3 14.4.2	Ability in prevention of cross infection (e.g. proficiency in hand washing between patients)	N101 aCEX
B: 14.2.1	Pre-operative assessment: awareness of at-risk patient groups	N102 aCEX CbD
B 14.2.2	Ability to recognise the immunocompromised patient	N103 aCEX CbD
B: 14.2.3	Ability in administration of i.v. antibiotics: risk of allergy & anaphylaxis	N104 aCEX CbD

Name of Trainee: _____

(n): Infection Control (continued):

Initial & Date: leave space for others
 Assessment tools are suggestions & not mandatory unless specified

B: 14.2.4	Proficiency in aseptic techniques	N105 aCEX
B: 14.2.5 14.3.3	Use of disposable filters & breathing systems	N106 aCEX CbD
B: 14.2.6 14.3.2	Prevention of self-infection (e.g. use of protective clothing / gloves / masks etc)	N107 aCEX CbD
B: 14.3.1	Every patient entitled to the best care available	N108 CbD

(o): Critical Incidents (CCT II Appendix C, Section 15)

ACCS Trainees in Anaesthesia are not expected to have comprehensive knowledge or skills in the Workplace Training Objectives for each Critical Incident listed overleaf.

This section may be used to record learning experiences related to Anaesthesia Critical Incidents in the following circumstances:

- B:15.4.1: Management plans (i.e. CbD theoretical discussion).
- B:15.4.2: Practice in mock-up situations or simulations (i.e. practical demonstration).
- B:15.4.3: Actual experience & management of a Critical Incident.

Additional Skills & Attitudes / Behaviour:

Initial & Date: leave space for others
 Assessment tools are suggestions & not mandatory unless specified

B: 15.2.1	Ability in early recognition of a deteriorating situation by careful monitoring	O101 CbD aCEX
B: 15.2.2	Practice response protocols in resuscitation room and/or in simulation scenarios	O102 SIM
B: 15.2.3	Ability to respond appropriately if any of them happen	O103 SIM CbD
B: 15.2.4	Ability to obtain the attention of others when a crisis is occurring	O104 SIM CbD
B: 15.3.1 15.3.3	Vigilance; acceptance that it can happen to you, the unexpected happens to everybody	O105 CbD
B: 15.3.2	Awareness of the importance and process of critical incident reporting	O106 CbD aCEX
B: 15.3.4	Follow-through of a critical incident with warning flags, presentation at morbidity meetings, proper reporting etc	O107 CbD aCEX
B: 15.3.5	Information to patient and where necessary, counselling and advice	O108 CbD aCEX

Name of Trainee: _____

List of Critical Incidents

Initial & Date when covered ± brief details how

		Theoretical Plan (CbD)	Practical Simulation (DOPS)	Actual Experience (CbD, aCEX)	
B: 15.1.1	Cardiac and / or respiratory arrest See also Section (p)				0109
B: 15.1.2	Unexpected hypoxia with or without cyanosis				0110
B: 15.1.3	Unexpected increase in peak airway pressure				0111
B: 15.1.4	Progressive fall in minute volume during spontaneous respiration or IPPV				0112
B: 15.1.5	Fall in end-tidal CO ₂				0113
B: 15.1.6	Rise in end-tidal CO ₂				0114
B: 15.1.7	Rise in inspired CO ₂				0115
B: 15.1.8	Unexpected hypotension				0116
B: 15.1.9	Unexpected hypertension				0117
B: 15.1.10	ECG: Sinus Tachycardia				0118
B: 15.1.11	ECG: Sudden Bradycardia				0119
B: 15.1.11	ECG: ST Changes				0120
B: 15.1.11	Arrhythmias (sudden tachydysrhythmia, ventricular ectopics, VT, VF)				0121
B: 15.1.12	Convulsions				0122

Name of Trainee: _____

List of Critical Incidents (continued)

Initial & Date when covered ± brief details how

		Theoretical Plan (CbD)	Practical Simulation (DOPS)	Actual Experience (CbD, aCEX)	
B: 15.1.13	Aspiration of vomit				0123
B: 15.1.14	Laryngospasm at induction, during maintenance or in recovery				0124
B: 15.1.15	Bronchospasm at induction, during maintenance or in recovery				0125
B: 15.1.16	Tension pneumothorax				0126
B: 15.1.17	Air / CO ₂ / fat / pulmonary embolus				0127
B: 15.1.18	Adverse drug reactions				0128
B: 15.1.19	Anaphylaxis				0129
B: 15.1.20	Transfusion of mis-matched blood or blood products				0130
B: 15.1.21	Malignant hyperpyrexia				0131
B: 15.1.22	Inadvertent intra-arterial irritant injection (antibiotics, thiopentone etc)				0132
B: 15.1.23	High spinal LA blockade				0133
B: 15.1.24	Systemic Local Anaesthetic toxicity				0134
B: 15.1.25	Failed intubation				0135
B: 15.1.26	Difficulty with IPPV & sudden or progressive loss of minute volume				0136

Name of Trainee: _____

(p): Management of Respiratory & Cardiac Arrest (CCT II Appendix C, Section 16)

Trainees can be regarded as achieving the necessary competencies if they have successfully completed an adult ALS (or equivalent) course in the last 12 months.

B: 16.4.1	Ability to resuscitate adults from cardio-respiratory arrest to UK Resuscitation Council standards	ALS in past 12 months? Yes / No If Yes enter date:	P101
--------------	--	--	------

Continue if **NO** ALS in past 12 months

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

KNOWLEDGE

B: 16.1.1	Patient assessment: diagnosis of causes of cardio-respiratory arrest		P302 CbD
B: 16.1.2	Causes of cardio-respiratory arrest during anaesthesia induction, maintenance & recovery		P303 CbD
B: 16.1.3	Importance of considering non-cardiac causes of cardio-respiratory arrest		P304 CbD
B: 16.1.4	Methods of airway management (mouth-mouth/nose, bag-mask, LMA, intubation)		P305 CbD
B: 16.1.5	Recognition & management of life-threatening arrhythmias including defibrillation & drug therapy		P306 CbD
B: 16.1.6	Recognition and management of non-cardiac causes of cardio-respiratory arrest		P307 CbD
B: 16.1.7 16.4.1 11.2.9	Knowledge of the principles & specific problems of resuscitating children from cardio-respiratory arrest		P308 CbD

SKILLS

B: 16.2.1 16.2.3	Ability in recognition of cardiac & respiratory arrest including immediate management (ABC)	SPECIFIC DOPS (manikin-simulation)	P102
B: 3.2.15 16.2.2	Ability in resuscitation equipment checklist		P103 DOPS
B: 16.2.4	Ability in practical life support – following current algorithms	SPECIFIC DOPS (manikin-simulation)	P104
B: 16.2.5	Ability in managing the peri-arrest airway	SPECIFIC DOPS (manikin-simulation)	P105
B: 16.2.6	Ability in external chest compression	SPECIFIC DOPS (manikin-simulation)	P106
B: 16.2.7	Ability in vascular access, suitability of sites (peri-arrest)	SPECIFIC DOPS (manikin-simulation)	P107
B: 16.2.8	Ability in arrhythmia recognition & management (drugs / defibrillators / pacemakers)	SPECIFIC DOPS (manikin-simulation)	P108
B: 16.2.9	Ability in defibrillation & defibrillator settings	SPECIFIC DOPS (manikin-simulation)	P109
B: 16.2.12 16.2.3	Ability in fluid balance assessment / management (peri-arrest)	SPECIFIC DOPS (manikin-simulation)	P111

Name of Trainee: _____

(p): **Management of Respiratory & Cardiac Arrest (CCT II Appendix C, Section 16)**

SKILLS (continued):

Initial & Date: leave space for others
Assessment tools are suggestions & not mandatory unless specified

B: 16.2.10 16.2.11 16.3.5	Ability to recognise / decide when further resuscitation is futile, including diagnosis of death	P110 CbD
B: 11.2.9 16.4.1	Knowledge of the principles of resuscitating children from cardio-respiratory arrest	P112 CbD
B: 16.3.1 16.3.2 16.3.4	Always resuscitate unless certain it is inappropriate; desire to offer best possible chance of survival, Do Not Resuscitate orders	P113 CbD
B: 16.1.8 16.3.7 16.4.2	Ability to discuss the ethical & medico-legal aspects of resuscitation	P114 CbD
B: 16.3.3	Recognise need for team leader	P115
B: 16.3.6	Dealing sensitively & honestly with relatives	P116

ADDITIONAL KNOWLEDGE

Anatomy (knowledge domains see CCT II Appendix C, Section 17)

Trainees should be able to demonstrate a good understanding of human anatomy relevant to the practice of anaesthesia at basic level, and to support progress to intermediate level training.

Physiology & Biochemistry (knowledge domains see CCT II Appendix C, Section 18)

Trainees should have a good general understanding of human physiology, be able to apply physiological principles & knowledge to clinical practice at basic level, and to support progress to intermediate level training.

Pharmacology (knowledge domains see CCT II Appendix C, Section 19)

Trainees should have a good understanding of general pharmacological principles, together with knowledge of drugs likely to be encountered in (a) anaesthetic practice and (b) current treatment of patients presenting for anaesthesia. The level of knowledge should be sufficient to enable clinical practice at basic level and to support progress to intermediate level training.

Physics & Clinical Measurement (knowledge domains see CCT II Appendix C, Section 20)

Trainees should have a good understanding of the principles of physics and clinical measurement with an emphasis on the function of monitoring equipment safety and measurement techniques.

Statistical Methods (knowledge domains see CCT II Appendix C, Section 21)

Trainees will be required to demonstrate understanding of basic statistical concepts, but will not be expected to have practical experience of statistical methods. Emphasis will be placed on methods by which data may be summarised and presented, and on the selection of statistical measures for different data types. Trainees will be expected to understand the statistical background to measurement error and statistical uncertainty.

ACCS ANAESTHESIA WORKPLACE ASSESSMENT SUMMARY

Name of Trainee: _____

A: COLLEGE TUTOR PERIODIC REVIEWS

Review 1	Base: _____ from (mm/yr) ____ / ____ to ____ / ____	
Is additional training or experience required before competencies are completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments and Specific Individualised Targets: _____ _____ _____ _____		
Feedback Given: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Agreed Timescale: _____	If training completion go to Section B	
Signed: _____		Date: ____ / ____ / ____
RCA College Tutor + Print Name	Trainee	

Review 2	Base: _____ from (mm/yr) ____ / ____ to ____ / ____	
Is additional training or experience required before competencies are completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments and Specific Individualised Targets: _____ _____ _____ _____		
Feedback Given: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Agreed Timescale: _____	If training completion go to Section B	
Signed: _____		Date: ____ / ____ / ____
RCA College Tutor + Print Name	Trainee	

B: COMPLETION OF UNIT OF TRAINING

For Sections (d) to (f), (i), (n) and (p):

To the best of my belief this trainee has achieved the level of competence required by the RCOA Training Programme. I confirm that I have reviewed the trainee's logbook. Yes No

Signed: _____		Date: ____ / ____ / ____
Lead Trainer + Print Name	Trainee	

Signed: _____		Date: ____ / ____ / ____
RCA College Tutor (± stamp)	Base Hospital	

After counter-signing Section B the College Tutor should:

- (a) Retain & keep on file the **originals** of the Workplace Assessment Checklist & Workplace Assessment Summary.
- (b) Issue **Workplace Assessment Records** for each completed Unit of Training, for inclusion in the trainee's Training Portfolio.

**GUIDANCE ON THE USE OF APPROPRIATE WORKPLACE BASED
ASSESSMENT TOOLS FOR ACCS ANAESTHESIA**

The RCoA has ruled that new assessment tools should now be used for all trainees in years 1 and 2. The forms and advice on their use can be downloaded from the training pages of the College website.

Specific forms for some DOPS Index Skills are enclosed in this Appendix.

Directly Observed Procedural Skills (DOPS)	
Frequency: 6 every 6 months	
ACCS Index skills:	
<ul style="list-style-type: none"> • Cardiopulmonary resuscitation (manikin-based) • Rapid sequence induction • Inhalational induction • Central venous cannulation • Insertion of arterial line • Spinal anaesthesia 	<ul style="list-style-type: none"> • Assessment and management of patient with a reduced level of consciousness • Management of postoperative pain (PCA/morphine infusion/epidural) • Simple peripheral nerve block

Anaesthetic Clinical Evaluation Exercise (Anaes-CEX)	
Frequency: 4 every 6 months	
ACCS Index cases:	
<ul style="list-style-type: none"> • General anaesthesia with spontaneous respiration • General anaesthesia with controlled ventilation • Anaesthesia for a patient with a full stomach 	<ul style="list-style-type: none"> • Shared airway • Paediatric case • Anaesthesia for an elderly patient • Regional anaesthesia case

Case Based Discussion (CbD)	
Frequency: 2 every 6 months	
ACCS Index cases:	
<ul style="list-style-type: none"> • Anaesthesia for a patient with a full stomach • Anaesthesia for non-elective intra-abdominal surgery • Shared airway • Paediatric case 	<ul style="list-style-type: none"> • Anaesthesia for an elderly patient • Regional anaesthesia case • Difficult intubation • Major haemorrhage

Multi-Source Feedback (MSF)	
Frequency: the RCoA currently recommends that MSF should be conducted:	
<ul style="list-style-type: none"> • Towards the end of CT / StR year 1 to support the first annual appraisal & the ARCP; • Towards the end of StR year 6; • As required to support assessment of training in ICM; and • If required to support a trainee in difficulty. 	
Guidance on managing MSF:	
<ul style="list-style-type: none"> • The School provides each trainee with 15 copies of the MSF document and letter. • The trainee sends the letter and document to 15 of their peers/consultant colleagues etc. • The assessors return the questionnaire to the School (not the trainee). • The trainee's supervisor discusses the feedback with the trainee. 	

August 2008

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

ASSESSMENT OF CARDIOPULMONARY RESUSCITATION (P102-109, P111)

Name of Trainee: _____

The trainee:

	Yes	No
Ensures personal safety and that of the staff	<input type="checkbox"/>	<input type="checkbox"/>
Calls for help	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates the diagnostic method	<input type="checkbox"/>	<input type="checkbox"/>
Understands sequences for single handed and assisted basic CPR	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates mask to mouth rescue breathing	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ventilation with mask and bag	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates satisfactory insertion of and ventilation with ET tube	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates satisfactory cardiac compression	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily interprets common arrhythmias on ECG monitor	<input type="checkbox"/>	<input type="checkbox"/>
Understands the indications for defibrillation	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates correct use of defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Understands the use of appropriate drugs / fluids during resuscitation	<input type="checkbox"/>	<input type="checkbox"/>
Can undertake the lead role in directing CPR	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates moving a patient into the recovery position	<input type="checkbox"/>	<input type="checkbox"/>
This assessment was completed satisfactorily (or ALS in last 12 mo):	<input type="checkbox"/>	<input type="checkbox"/>

IF NO GIVE REASONS:

Specific Individualised Targets	
Agreed Timescale for development	

Signed: _____ Print name: _____ Date: ___ / ___ / ___

Appointment: _____ **TRAINER 1**

Signed: _____ Print name: _____ Date: ___ / ___ / ___

Appointment: _____ **TRAINER 2**

Feedback Given: Yes No

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

RAPID SEQUENCE INDUCTION (RSI) & FAILED INTUBATION ROUTINE (D103, D114)

Name of Trainee: _____

The trainee has satisfactorily demonstrated:

	Yes	No
Preparation of the anaesthetic room and operating theatre	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory checking of the anaesthetic machine, sucker etc	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of the patient (information and positioning)	<input type="checkbox"/>	<input type="checkbox"/>
An understanding of the mandatory periods for pre-operative fasting	<input type="checkbox"/>	<input type="checkbox"/>
An understanding of the indications for RSI	<input type="checkbox"/>	<input type="checkbox"/>
Adequate explanation of RSI to the patient, including cricoid pressure	<input type="checkbox"/>	<input type="checkbox"/>
To the assistant how to apply cricoid pressure	<input type="checkbox"/>	<input type="checkbox"/>
Proper pre-oxygenation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
The undertaking of a RSI	<input type="checkbox"/>	<input type="checkbox"/>
Recognition of correct placement of tracheal tube	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of failed intubation drill	<input type="checkbox"/>	<input type="checkbox"/>
Practical application of failed intubation drill (may be manikin based)	<input type="checkbox"/>	<input type="checkbox"/>
Proper extubation when the stomach may not be empty	<input type="checkbox"/>	<input type="checkbox"/>
This assessment was completed satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>

IF NO GIVE REASONS:

Specific Individualised Targets	
Agreed Timescale for development	

Signed: _____ Print name: _____ Date: ___ / ___ / ___

Appointment: _____ **TRAINER 1**

Signed: _____ Print name: _____ Date: ___ / ___ / ___

Appointment: _____ **TRAINER 2**

Feedback Given: Yes No

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

Please complete the questions using a cross: Please use black ink and CAPITAL LETTERS

Trainee's Surname:

Trainee's Forename:

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: Theatre ICU A&E Delivery suite Pain Clinic Other

Procedure: CENTRAL VENOUS CANNULATION (C107, I109, ICM)

Case Category: Elective Scheduled Urgent Emergency Other ASA Class: 1 2 3 4 5

Assessor's Position: Consultant SASG SpR Nurse Other

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10

Please grade the following areas using the scale below:		Below Expectations		Borderline	Meets Expectations	Above Expectations		U/C*
		1	2	3	4	5	6	
1	Demonstrates understanding of indications, relevant anatomy, technique of procedure							
2	Assesses patient, obtains informed consent & explains risks							
3	Demonstrates appropriate preparation pre-procedure including patient positioning, local analgesia or safe sedation							
4	Demonstrates situation awareness							
5	Aseptic technique							
6a	Technical ability including vein identification using landmark technique or US guidance, insertion of suitable CVC, position in vein confirmed by blood back-flow, line sutured securely							
6b	Ability in connection to monitor / interpretation of readings							
7	Manages complications, seeks help where appropriate							
8	Post-procedure management including CXR interpretation							
9	Communication skills							
10	Consideration for patient							
11	Overall ability to perform procedure							

*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

What training have you had in the use of this assessment tool? Face-to-Face Have read guidelines Web / CD ROM

Assessor's signature:

Date (mm / yy):
M M Y Y
 /

Time taken for observation (min)

Time taken for feedback (min)

Assessor's name:

Assessor's GMC number:

Acknowledgement: Adapted with permission from the American Board of Internal Medicine.

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

Please complete the questions using a cross: Please use black ink and CAPITAL LETTERS

Trainee's Surname:

Trainee's Forename:

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: Theatre ICU A&E Delivery suite Pain Clinic Other

Procedure: **INSERTION OF ARTERIAL LINE (C107, I109, ICM)**

Case Category: Elective Scheduled Urgent Emergency Other ASA Class: 1 2 3 4 5

Assessor's Position: Consultant SASG SpR Nurse Other

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10

Please grade the following areas using the scale below:		Below Expectations		Borderline	Meets Expectations	Above Expectations		U/C*
		1	2	3	4	5	6	
1	Demonstrates understanding of indications, relevant anatomy, technique of procedure							
2	Assesses patient, obtains informed consent & explains risks							
3	Demonstrates appropriate preparation pre-procedure including patient positioning, local analgesia or safe sedation							
4	Demonstrates situation awareness							
5	Aseptic technique							
6a	Technical ability in line insertion							
6b	Ability in connection to monitor / interpretation of readings							
7	Manages complications, seeks help where appropriate							
8	Post-procedure management							
9	Communication skills							
10	Consideration for patient							
11	Overall ability to perform procedure							

*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

What training have you had in the use of this assessment tool? Face-to-Face Have read guidelines Web / CD ROM

Assessor's signature:

Date (mm / yy):
M M Y Y
 /

Time taken for observation (min)

Time taken for feedback (min)

Assessor's name:

Assessor's GMC number:

Acknowledgement: Adapted with permission from the American Board of Internal Medicine.

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

Please complete the questions using a cross: Please use black ink and CAPITAL LETTERS

Trainee's Surname:

Trainee's Forename:

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: Theatre ICU A&E Delivery suite Pain Clinic Other

Procedure: ASSESSMENT & MANAGEMENT OF PATIENT WITH REDUCED LEVEL OF CONSCIOUSNESS (I101, I102, I104, I107, I110, I121)

Case Category: Elective Scheduled Urgent Emergency Other ASA Class: 1 2 3 4 5

Assessor's Position: Consultant SASG SpR Nurse Other

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10

Please grade the following areas using the scale below:		Below Expectations		Borderline	Meets Expectations		Above Expectations		U/C*
		1	2		3	4	5	6	
1	Patient general & neurological assessment, recognition of need for appropriate investigations								
2	Obtains informed assent for relevant interventions								
3	Demonstrates appropriate preparation pre-procedures								
4	Demonstrates situation awareness								
5	Aseptic technique								
6a	Technical ability: ABC, airway & cervical spine management, ventilation, circulation, monitoring, stabilisation, safe transfer to/from CT scan								
6b	Safe appropriate technique for sedation / anaesthesia								
7	Seeks help where appropriate								
8	Appropriate patient disposal								
9	Communication & team-working skills								
10	Consideration for patient								
11	Overall ability to perform assessment & management								

*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

What training have you had in the use of this assessment tool? Face-to-Face Have read guidelines Web / CD ROM

Assessor's signature:

Date (mm / yy):
M M Y Y
 /

Time taken for observation (min)

Time taken for feedback (min)

Assessor's name:

Assessor's GMC number:

Acknowledgement: Adapted with permission from the American Board of Internal Medicine.

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

Please complete the questions using a cross: Please use black ink and CAPITAL LETTERS

Trainee's Surname:

Trainee's Forename:

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: Theatre ICU A&E Delivery suite Pain Clinic Other

Procedure: **INHALATION INDUCTION (D104, K114, K117)**

Case Category: Elective Scheduled Urgent Emergency Other ASA Class: 1 2 3 4 5

Assessor's Position: Consultant SASG SpR Nurse Other

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10

Please grade the following areas using the scale below:		Below Expectations		Borderline	Meets Expectations	Above Expectations		U/C*
		1	2			5	6	
1	Demonstrates understanding of indications, technique of procedure, chooses technique appropriately							
2	Assesses patient, obtains informed consent & explains risks							
3a	Properly prepares anaesthetic room and operating theatre, satisfactorily conducts pre-op equipment check (including anaesthetic machine & breathing system)							
3b	Has properly prepared patient / parent(s) for procedure							
4	Demonstrates situation awareness, including potential impact of parent presence in anaesthetic room							
5	Aseptic technique							
6	Technical ability: induces inhalation anaesthesia satisfactorily, establishes i.v. access & monitoring appropriately							
7	Seeks help where appropriate							
8	Post-procedure management							
9	Communication skills							
10	Consideration for patient / parent(s)							
11	Overall ability to perform procedure							

*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

What training have you had in the use of this assessment tool? Face-to-Face Have read guidelines Web / CD ROM

Assessor's signature:

Date (mm / yy):
M M Y Y
 /

Time taken for observation (min)

Time taken for feedback (min)

Assessor's name:

Assessor's GMC number:

Acknowledgement: Adapted with permission from the American Board of Internal Medicine.

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

Please complete the questions using a cross: Please use black ink and CAPITAL LETTERS

Trainee's Surname:

Trainee's Forename:

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: Theatre ICU A&E Delivery suite Pain Clinic Other

Procedure: **MANAGEMENT OF POST-OPERATIVE PAIN REGIME: INTRAVENOUS PCA (M102-104, M108, M120)**

Case Category: Elective Scheduled Urgent Emergency Other ASA Class: 1 2 3 4 5

Assessor's Position: Consultant SASG SpR Nurse Other

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10

Please grade the following areas using the scale below:		Below Expectations		Borderline	Meets Expectations		Above Expectations		U/C*
		1	2		3	4	5	6	
1	Demonstrates understanding of indications & technique of procedure								
2	Assesses patient pre-operatively, obtains informed consent, explains risks & side-effects								
3	Assesses patient pain in recovery post-operatively, safe administration of rescue i.v. analgesia								
4	Demonstrates situation awareness								
5	Aseptic technique								
6	Technical ability: clear PCA prescription, management plan for common side-effects, co-analgesia, oxygen therapy								
7	Seeks help where appropriate								
8	Post-procedure management, clear instructions to ward staff, intravenous fluid prescription, adherence to local protocols								
9	Communication skills								
10	Consideration for patient								
11	Overall ability to perform procedure								

*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

What training have you had in the use of this assessment tool? Face-to-Face Have read guidelines Web / CD ROM

Assessor's signature:

Date (mm / yy):
M M Y Y
 /

Time taken for observation (min)

Time taken for feedback (min)

Assessor's name:

Assessor's GMC number:

Acknowledgement: Adapted with permission from the American Board of Internal Medicine.

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

Please complete the questions using a cross: Please use black ink and CAPITAL LETTERS

Trainee's Surname:

Trainee's Forename:

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: Theatre ICU A&E Delivery suite Pain Clinic Other

Procedure: MANAGEMENT OF POST-OPERATIVE PAIN REGIME: CONTINUOUS EPIDURAL ANALGESIA (H109, M102-104, M111, M120)

Case Category: Elective Scheduled Urgent Emergency Other ASA Class: 1 2 3 4 5

Assessor's Position: Consultant SASG SpR Nurse Other

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10

Please grade the following areas using the scale below:		Below Expectations		Borderline	Meets Expectations	Above Expectations		U/C*
		1	2			3	4	
1	Demonstrates understanding of indications, relevant anatomy, technique of procedure							
2	Assesses patient pre-operatively, obtains informed consent, explains risks & side-effects							
3	Assesses patient pain in recovery post-operatively, safe administration of rescue analgesia							
4	Demonstrates situation awareness							
5	Aseptic technique							
6	Technical ability: clear epidural drug prescription, management plan for common side-effects, co-analgesia, oxygen therapy							
7	Seeks help where appropriate							
8	Post-procedure management, clear instructions to ward staff, intravenous fluid prescription, adherence to local protocols							
9	Communication skills							
10	Consideration for patient							
11	Overall ability to perform procedure							

*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

What training have you had in the use of this assessment tool? Face-to-Face Have read guidelines Web / CD ROM

Assessor's signature:

Date (mm / yy):
M M Y Y
 /

Time taken for observation (min)

Time taken for feedback (min)

Assessor's name:

Assessor's GMC number:

Acknowledgement: Adapted with permission from the American Board of Internal Medicine.

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.

Direct Observation of Procedural Skills (DOPS): CT/StR 1/2 (Anaesthesia)

Please complete the questions using a cross: Please use black ink and CAPITAL LETTERS

Trainee's Surname:

Trainee's Forename:

GMC Number: **GMC NUMBER MUST BE COMPLETED**

Clinical setting: Theatre ICU A&E Delivery suite Pain Clinic Other

Procedure: PERIPHERAL NERVE BLOCK (H112, H114, H118, H122, K119) **Specify Block:**

Case Category: Elective Scheduled Urgent Emergency Other ASA Class: 1 2 3 4 5

Assessor's Position: Consultant SASG SpR Nurse Other

Number of previous DOPS observed by assessor with any trainee: 0 1 2 3 4 5-9 >9

Number of times procedure performed by trainee: 0 1-4 5-9 >10

Please grade the following areas using the scale below:		Below Expectations		Borderline	Meets Expectations	Above Expectations		U/C*
		1	2			5	6	
1	Demonstrates understanding of indications, relevant anatomy, technique of procedure							
2	Assesses patient, obtains informed consent & explains risks							
3	Demonstrates appropriate preparation pre-procedure							
4	Demonstrates situation awareness							
5	Aseptic technique							
6	Technical ability: performs block correctly							
7	Seeks help where appropriate							
8	Post-procedure management							
9	Communication skills							
10	Consideration for patient							
11	Overall ability to perform procedure							

*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Trainee satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

Assessor satisfaction with DOPS 1 2 3 4 5 6 7 8 9 10 1 = Not at all, 10 = Highly

What training have you had in the use of this assessment tool? Face-to-Face Have read guidelines Web / CD ROM

Assessor's signature:

Date (mm / yy):
M M Y Y

Time taken for observation (min)
Time taken for feedback (min)

Assessor's name:

Assessor's GMC number:

Acknowledgement: Adapted with permission from the American Board of Internal Medicine.

PLEASE NOTE: failure to return all completed forms to your administrator is a probity issue.