

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*”.

(a): 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	A101
B: 4.1.1	Inhalational induction of anaesthesia; advantages & disadvantages of technique	A102
B: 4.1.2	Indications for tracheal intubation	A103
B: 4.1.3	Selection of tube type (oral, nasal, armoured etc.), diameter & length	A104
B: 4.1.4 4.4.7	Management of difficult intubation & failed intubation	A105
B: 4.1.5	Methods of confirming placement of the endotracheal tube; oesophageal and endobronchial intubation, complications	A106
B: 4.1.6	Insertion & use of oral airways, face masks & laryngeal mask airway	A107
B: 4.1.7 4.1.8 4.4.7	Causes of regurgitation & vomiting during induction, prevention & management of pulmonary aspiration, cricoid pressure	A108
B: 5.1.5	Pharmacology, uses and dosages of i.v. anaesthetic drugs used at IV induction of GA	A109
B: 5.1.5	Pharmacology, uses and dosages of analgesic drugs	A110
B: 5.1.5	Pharmacology, uses and dosages of muscle relaxant agents	A111
B: 4.1.12	Knowledge of monitoring during induction	A112

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: 4.2.2	Ability to perform pre-induction patient checks in the anaesthetic room	A113 DOPS mCEX
B: 4.2.3	Ability to perform pre-induction safety checks of equipment	A114 DOPS mCEX

Name of Trainee: _____

(a) 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 4.2.14 4.4.1	Ability to perform routine intravenous induction of anaesthesia & rapid sequence intravenous induction of anaesthesia, including skills in use of cricoid pressure	COVERED BY IACC	A115
B: 4.4.2	Ability to perform routine gaseous induction of anaesthesia		A116 DOPS mCEX
B: 4.2.4	Ability in obtaining vascular access – suitability of sites & technique of i.v. injection		A117 mCEX
B: 4.2.5	Airway assessment & optimising the patient's position for airway management		A118 mCEX
B: 4.2.6	Ability to maintain airway with mask & oral / nasal airways		A119 mCEX
B: 4.2.7	Ability to introduce & check correct placement of laryngeal mask airway		A120 mCEX
B: 4.2.8 4.2.9	Ability in appropriate choice & passage of oral ET tubes (up to Cormack & Lehane Grade 2)		A121 mCEX
B: 4.2.8 4.2.9	Ability in appropriate choice & passage of nasal ET tubes (up to Cormack & Lehane Grade 2)		A122 mCEX
B: 4.2.10	Ability in use of gum elastic bougie & stilette		A123 mCEX
B: 4.2.11 4.4.3	Ability to identify the correct placement of the endotracheal tube after intubation		A124 mCEX
B: 4.2.12	Ability in interpretation of capnograph trace		A125 mCEX
B: 4.2.13 4.4.4	Ability to rehearse failed intubation drill		A126 DOPS SIM
B: 4.2.15	Ability to check difficult intubation kit & paediatric intubation set		A127 DOPS
B: 4.2.16	Ability in use of monitoring equipment, including application of ECG electrodes		A128 mCEX
B: 4.4.5	Ability to discuss GA induction in difficult airways, shocked patients & others of ASA > II		A129 CbD
B: 4.2.17 4.4.6	Ability to manage cardiovascular complications during and after GA induction		A130 mCEX CbD
B: 4.2.17 4.4.6	Ability to manage respiratory complications during and after GA induction		A131 mCEX CbD
B: 4.4.7	Ability to describe the management of anaphylaxis		A132 CbD

Name of Trainee: _____

(a) 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 MH	A134 CbD
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ATTITUDES & BEHAVIOUR:

B: 4.3.1 4.3.2	Safety first, including always knowing the whereabouts of senior assistance	A135
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B: 4.3.3	Being clear in explanations to patient & staff	A136
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B: 4.3.4	Being reassuring to patients during induction of anaesthesia	A137
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B: 4.3.5	Being polite, calm and having a professional approach	A138
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(b): Intra-Operative Care including Sedation (CCT II Appendix C, Section 5)

KNOWLEDGE:

B: 5.1.1	Techniques of maintenance of GA involving spontaneous ventilation (except sub-specialty & highly specialised practice)	B101
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B: 5.1.1	Techniques of maintenance of GA involving controlled ventilation (except sub-specialty & highly specialised practice)	B102
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B: 5.1.2	Definition of and methods of sedation	B103
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B: 5.1.3	Management of the shared airway	B104
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B: 5.1.4	Effects & hazards of the pneumoperitoneum induced for laparoscopic surgery	B105
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B: 5.1.5	Pharmacology, uses and dosages of i.v. anaesthetic induction agents used for IV maintenance of GA	B106
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B: 5.1.5	Pharmacology, uses and dosages of inhalational anaesthetic agents	B107
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B: 5.1.6	Methods of producing muscle relaxation	B108
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B: 5.1.7	Choice of spontaneous and controlled ventilation & methods of monitoring them	B109
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B: 5.1.8	Minimum monitoring standards	B110
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B: 5.1.9	Additional monitoring for sick patients (e.g. CVP, urine flow)	B111
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B: 5.1.10	Detection and prevention of awareness	B112
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Name of Trainee: _____

(b) Intra-Operative Care including Sedation (continued):

KNOWLEDGE (continued):

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

B: 5.1.11 5.2.17	Management of important critical incidents occurring during anaesthesia	Go to Appendix 1.	B113
B: 5.4.8	Knowledge how to deal with peri-operative emergencies, including how to stabilise patient condition until senior assistance arrives		B114 CbD
B: 5.1.12	Diagnosis and treatment of pneumothorax		B115 CbD
B: 5.1.13 5.1.14	Principles of fluid balance; blood & blood products; synthetic colloids; crystalloids		B116 CbD
B: 5.1.15	Management of massive haemorrhage, volume expansion, blood transfusion (& hazards including incompatibility reaction)		B117 CbD
B: 5.1.16	Correct intra-operative positioning on theatre table, care of pressure points, avoidance nerve injury: complications of supine & prone positions		B118 CbD
B: 5.1.17 6.1.12	Intra-operative management of asthma, COPD, hypertension, IHD, rheumatoid arthritis, jaundice, steroid therapy, diabetes		B119 CbD
B: 5.1.18	Content of the anaesthetic record		B120 CbD
B: 5.1.19	Modification of technique in repeat anaesthesia		B121 CbD
B: 5.1.20	Understanding basic surgical operations		B122 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: 5.2.2 5.2.3	Ability in safe patient transfer from trolley to operating table, & in positioning the patient		B123 mCEX
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	COVERED BY IACC	B124
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		B125 mCEX 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		B126 mCEX CbD

Name of Trainee: _____

(b) Intra-Operative Care including Sedation (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)		B127 mCEX CbD
B: 5.2.4 5.2.6	Airway control: recognition and correction of problems (e.g. obstruction, disconnection)		B128 mCEX CbD
B: 5.2.5 5.2.7	Ability in laryngoscopy, intubation and its problems, use of oral airways, facemask & LMA	Go to Section (a).	B129
B: 5.2.8	Ability in management of the shared airway		B130 mCEX CbD
B: 5.2.10	Ability in methods of pain relief during maintenance		B131 mCEX CbD
B: 5.2.11	Ability in management of effects of drugs used during anaesthesia		B132 mCEX CbD
B: 5.2.12	Ability in management of intra-operative hypotension & hypertension	See also Appendix 1	B133 mCEX CbD
B: 5.2.13 5.4.6	Ability in provision of intra-operative fluids, including checking & transfusion of blood / blood products		B134 mCEX CbD
B: 5.2.14 5.4.4	Ability to manage diabetes peri-operatively		B135 mCEX CbD
B: 5.4.5	Ability to manage peri-operative steroid cover		B136 mCEX CbD
B: 5.2.15	Ability in methods of detection of awareness		B137 mCEX CbD
B: 5.2.18 5.4.7	Ability to apply & interpret appropriate intra-operative monitoring, including understanding of limitations		B138 mCEX CbD
B: 5.2.17	Management of any critical incidents which occur during anaesthesia	Go to Appendix 1.	B139

ATTITUDES & BEHAVIOUR:

B: 5.3.1 5.3.2 5.3.3	Vigilance, attention to detail, attention to multiple sources of data continuously		B140 mCEX
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		B141 mCEX

Name of Trainee: _____

(c): 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	C101 CbD
B: 6.1.3	Care of the unconscious patient	C102 CbD
B: 6.1.4	Monitoring the patient in recovery	C103 CbD
B: 6.1.5	Interpretation of nerve stimulator patterns	C104 CbD
B: 6.1.6 6.1.7	Oxygen therapy, indications and techniques, management of (post-operative) cyanosis	C105 CbD
B: 6.1.7	Management of (post-operative) hypotension and hypertension	C106 CbD
B: 6.1.7	Management of (post-operative) shivering	C107 CbD
B: 6.1.7	Management of (post-operative) stridor	C108 CbD
B: 6.1.8	Post-operative fluid balance and prescribing	C109 CbD
B: 6.1.9	Assessment of pain and methods of pain management	C110 CbD
B: 6.1.10	Methods of treating of postoperative nausea and vomiting	C111 CbD
B: 6.1.11	Causes and management of post-operative confusion	C112 CbD
B: 5.1.17 6.1.12	Post-operative management of asthma, COPD, hypertension, IHD, rheumatoid arthritis, jaundice, steroid therapy, diabetes	C113 CbD
B: 6.1.13	Management of the obese patient	C114 CbD
B: 6.1.14 6.4.7	Knowledge of the equipment requirements of a recovery room	C115 CbD
B: 6.1.15	Prevention, diagnosis and management of post-operative pulmonary atelectasis	C116 CbD
B: 6.1.15	Prevention, diagnosis and management of post-operative DVT and pulmonary embolus	C117 CbD
B: 6.1.16 6.2.17 6.4.4	Knowledge of criteria for discharge of day-stay patients	C118 mCEX CbD

Name of Trainee: _____

(c) 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	C119 mCEX
B: 6.2.1	Ability to manage recovery from anaesthesia following urgent surgery	C120 mCEX
B: 6.2.3 6.4.1	Ability to assess / achieve smooth, controlled return of vital functions and reflexes	C121 mCEX
B: 6.2.2 6.4.2	Ability to give clear instructions to recovery staff	C122 mCEX
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	C123 mCEX 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	C124 mCEX CbD
B: 6.2.7	Extubation & airway protection skills in presence of potentially full stomach	C125 mCEX CbD
B: 6.2.8 6.2.9	Ability to assess fluid balance & prescribe post-operative fluids	C126 mCEX
B: 6.2.10	Ability to evaluate & manage post-operative confusion	C127 CbD
B: 6.2.11 6.2.12	Ability to assess post-operative pain & prescribe a post-operative pain regime	C128 CbD mCEX
B: 6.2.13	Ability to treat post-operative nausea and vomiting	C129 mCEX
B: 6.2.14 6.2.15	Ability in stabilisation before discharge from recovery & continuation of care until discharge	C130 mCEX
B: 6.2.16 6.4.3	Ability to discharge patients safely back to the ward, including knowledge of discharge criteria	C131 mCEX
B: 6.2.15	Ability in continuation of care beyond discharge from recovery, as appropriate	C132 mCEX
B: 6.4.5	Ability to recognise and treat common recovery room complications	C133 mCEX CbD
B: 6.4.6	Ability to recognise and treat conditions & circumstances requiring HDU or ICU care	C134 CbD

Name of Trainee: _____

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

ATTITUDES & BEHAVIOUR:

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

B: 6.3.1	Clear communication	C135 mCEX CbD
B: 6.3.2	Responding rapidly to calls for help	C136 CbD
B: 6.3.3	Follow up of sick patients on the ward before going home	C137 CbD

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

KNOWLEDGE:

B: 9.1.1	Performance and interpretation of the primary and secondary survey	D101 CbD ATLS
B: 9.1.2	Emergency airway management	D102 CbD ATLS
B: 9.1.3	Anatomy and technique of cricothyrotomy / tracheostomy / mini-tracheotomy	D103 CbD ATLS
B: 9.1.4	Establishing i.v. access: knowledge of intraosseous cannulation	D104 CbD ATLS/APLS
B: 9.1.5	Immediate specific treatment of life-threatening illness or injury, with special reference to thoracic and abdominal trauma	D105 CbD ATLS
B: 9.1.6	Recognition and management of hypovolaemic shock	D106 CbD ATLS
B: 9.1.7	Effects of trauma on gastric emptying	D107 CbD ATLS
B: 9.1.8	Central venous access: knowledge of anatomy and techniques	D108 CbD
B: 9.1.9	Knowledge of central venous pressure monitoring	D109 CbD
B: 9.1.10	Knowledge of arterial pressure monitoring	D110 CbD
B: 9.1.11	Pleural drain insertion	D111 CbD ATLS
B: 9.1.12	Peritoneal lavage	D112 CbD ATLS
B: 9.1.13	Principles of the management of head injury	D113 CbD ATLS
B: 9.1.14	Mechanisms & effects of raised intra-cranial pressure: coup and contrecoup injuries	D114 CbD ATLS

Name of Trainee: _____

(d) Management of Trauma, Stabilisation and Transfer of Patients (continued):

KNOWLEDGE (continued):

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

B: 9.1.15	Methods of preventing the 'second insult' to the brain	D115 CbD ATLS
B: 9.1.16	Principles of anaesthesia in the presence of a recent head injury	D116 CbD
B: 9.1.17	Management of cervical spine injuries	D117 CbD ATLS
B: 9.1.18	Principles of the safe transfer of patients	D118 CbD
B: 9.1.19	Understanding portable monitoring systems	D119 CbD ATLS
B: 9.1.20	Recognition and management of dilutional coagulopathy	D120 CbD
B: 9.1.21	Factors affecting intraocular pressure	D121 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	D122 CbD mCEX ATLS
B: 9.2.2	Ability in use of Glasgow Coma Scale	D123 CbD mCEX ATLS
B: 9.2.3	Ability in recognition of need for appropriate investigations (in trauma victim)	D124 CbD mCEX ATLS
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	D125 CbD mCEX ATLS
B: 9.2.16 9.4.4	Knowledge & ability of how to deal with emergencies related to trauma before, during and after anaesthesia	D126 CbD mCEX
B: 9.2.4	Ability to assess & manage circulatory shock (in trauma victim)	D127 CbD mCEX ATLS
B: 9.2.5	Skills in emergency airway management, oxygen therapy & ventilation (in trauma victim)	D128 CbD mCEX
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	D129 mCEX DOPS

Name of Trainee: _____

(d) Management of Trauma, Stabilisation and Transfer of Patients (continued):

SKILLS (continued):

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

B: 9.2.6	Skills in chest drain insertion & management: emergency relief of tension pneumothorax	D130 DOPS ATLS
B: 9.2.8	Skills in care and immobilisation of cervical spine	D131 DOPS mCEX ATLS
B: 9.2.10	Ability in analgesia for the trauma victim	D132 CbD mCEX
B: 9.2.11	Ability in urinary catheterisation in the traumatised patient	D133 CbD ATLS

Transfer Skills:

B: 9.3.6 9.3.7	Insistence on stabilisation before transfer	SPECIFIC TRANSFER SKILLS DOPS ASSESSMENT D134
B: 9.3.6 9.3.7	Ability in pre-transfer checking of kit and personnel	SPECIFIC TRANSFER SKILLS DOPS ASSESSMENT D135
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 D136

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)	D137 CbD mCEX
B: 9.2.15	Anaesthesia for a penetrating eye injury	D138 CbD mCEX

ATTITUDES & BEHAVIOUR:

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	D139 CbD ATLS
B: 9.3.4	Communication with appropriate specialists	D140
B: 9.3.5	Ability to take control when either appropriate or necessary	D141
B: 9.3.8	Communication with relatives	D142

ST1 / ST2 WORKPLACE ASSESSMENT

ASSESSMENT OF TRANSFER SKILLS FOR CRITICALLY ILL (VENTILATOR-DEPENDENT) PATIENT

Name of Trainee: _____

Direct Observation of Procedural Skills Date: ___ / ___ / ___ Location: _____

The trainee must be accompanied by the assessor on either an intra-hospital or inter-hospital patient transfer.

	Yes	No
1. Satisfactory performance of basic 3 month competencies	<input type="checkbox"/>	<input type="checkbox"/>
2. Attendance at formal transfer training session (not mandatory)	<input type="checkbox"/>	<input type="checkbox"/>
3. Discusses potential hazards that may occur during patient transfer	<input type="checkbox"/>	<input type="checkbox"/>
4. Ensures patient is stable prior to transfer (ICS guidelines Appendix 3)	<input type="checkbox"/>	<input type="checkbox"/>
5. Prepares & checks all necessary transport equipment & drugs	<input type="checkbox"/>	<input type="checkbox"/>
6. Safely directs transfer of patient on to portable ventilator, transport trolley & monitoring	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensures patient is ready before leaving (ICS guidelines Appendix 4)	<input type="checkbox"/>	<input type="checkbox"/>
8. Safely directs transfer of patient to destination	<input type="checkbox"/>	<input type="checkbox"/>
9. Safely directs transfer of patient at destination (e.g. into CT scanner)	<input type="checkbox"/>	<input type="checkbox"/>
10. Safely directs transfer of patient back to ICU (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
11. Gives a satisfactory debrief / handover	<input type="checkbox"/>	<input type="checkbox"/>
12. Deals satisfactorily with any critical incidents	<input type="checkbox"/>	<input type="checkbox"/>
13. Demonstrates good behaviour, communication skills and attitudes	<input type="checkbox"/>	<input type="checkbox"/>

This assessment was completed satisfactorily	Yes	No
If not, you must give details	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Feedback Given: Yes No

Name of Trainee: _____

(e): 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)	E101 CbD
B 14.1.2	Cross infection: modes and common agents	E102 CbD
B 14.1.3	Emergence of resistant strains: antibiotic policies in a hospital	E103 CbD
B 14.1.4	Common surgical infections: antibiotic choice and prophylaxis	E104 CbD
B 14.1.5	Infections from contaminated blood	E105 CbD
B 14.1.6	Hepatitis and HIV infections: modes of infection: natural history: at risk groups	E106 CbD
B 14.1.7	Immunisation policy	E107 CbD
B 14.1.8	Sterilisation of equipment	E108 CbD
B 14.1.9	Strategy if contaminated	E109 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)	E110 mCEX
B: 14.2.1	Pre-operative assessment: awareness of at-risk patient groups	E111 mCEX CbD
B 14.2.2	Ability to recognise the immunocompromised patient	E112 mCEX CbD
B: 14.2.3	Ability in administration of i.v. antibiotics: risk of allergy & anaphylaxis	E113 mCEX CbD
B: 14.2.4	Proficiency in aseptic techniques	E114 mCEX
B: 14.2.5 14.3.3	Use of disposable filters & breathing systems	E115 mCEX
B: 14.2.6 14.3.2	Prevention of self-infection (e.g. use of protective clothing / gloves / masks etc)	E116 mCEX
B: 14.3.1	Every patient entitled to the best care available	E117

Name of Trainee: _____

(f): 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:	F101
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Continue if **NO** ALS / ACLS in past 12 months

KNOWLEDGE

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

B: 16.1.1	Patient assessment: diagnosis of causes of cardio-respiratory arrest		F102 CbD
B: 16.1.2	Causes of cardio-respiratory arrest during anaesthesia induction, maintenance & recovery		F103 CbD
B: 16.1.3	Importance of considering non-cardiac causes of cardio-respiratory arrest		F104 CbD
B: 16.1.4	Methods of airway management (mouth-mouth/nose, bag-mask, LMA, intubation)		F105 CbD
B: 16.1.5	Recognition & management of life-threatening arrhythmias including defibrillation & drug therapy		F106 CbD
B: 16.1.6	Recognition and management of non-cardiac causes of cardio-respiratory arrest		F107 CbD
B: 16.1.7 16.4.1 11.2.9	Knowledge of the principles & specific problems of resuscitating children from cardio-respiratory arrest		F108 CbD
B: 16.1.8 16.3.5 16.4.2	Knowledge of and ability to discuss the ethical and medico-legal aspects of resuscitation		F109 CbD

SKILLS:

B: 16.2.1 16.2.3	Ability in recognition of cardiac & respiratory arrest including immediate management (ABC)		F110 DOPS SIM
B: 16.2.2 3.2.15	Ability in resuscitation equipment checklist		F111 DOPS SIM
B: 16.2.4	Ability in practical life support – following current algorithms		F112 DOPS SIM
B: 16.2.5	Ability in managing the peri-arrest airway		F113 DOPS SIM
B: 16.2.6	Ability in external chest compression		F114 DOPS SIM
B: 16.2.7	Ability in vascular access, suitability of sites (peri-arrest)		F115 DOPS SIM

Name of Trainee: _____

(f) Management of Respiratory & Cardiac Arrest (continued):

SKILLS (continued):

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

B: 16.2.8	Ability in arrhythmia recognition & management (drugs / defibrillators / pacemakers)	F116 DOPS SIM
B: 16.2.9	Ability in defibrillation & defibrillator settings	F117 DOPS SIM
B: 16.2.10 16.2.11 16.3.5	Ability to recognise / decide when further resuscitation is futile, including diagnosis of death	F118 DOPS SIM
B: 16.2.12	Ability in fluid balance assessment / management (peri-arrest)	F120 DOPS SIM

ATTITUDES & BEHAVIOUR not covered above:

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	F121
B: 16.3.3	Recognise need for team leader	F122
B: 16.3.4	Dealing sensitively & honestly with relatives	F123

ADDITIONAL KNOWLEDGE

(g): Anatomy (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.

A list of knowledge domains of anatomy relevant to anaesthesia practice is contained in Appendix C, Section 17 of "The CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment".

(h): Physiology & Biochemistry (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.

A list of knowledge domains of physiology relevant to anaesthesia practice is contained in Appendix C, Section 18 of "The CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment".

(i): Pharmacology (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.

A list of knowledge domains of pharmacology relevant to anaesthesia practice is contained in Appendix C, Section 19 of "The CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment".

(j): Physics & Clinical Measurement (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.

A list of knowledge domains of physics & clinical measurement relevant to anaesthesia practice is contained in Appendix C, Section 20 of "The CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment".

(k): Statistical Methods (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.

A list of knowledge domains of statistical methods relevant to anaesthesia practice is contained in Appendix C, Section 21 of "The CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment".

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: _____ RCA College Tutor + Print Name Trainee		Date: ____ / ____ / ____

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: _____ RCA College Tutor + Print Name Trainee		Date: ____ / ____ / ____

B: COMPLETION OF UNIT OF TRAINING

For Sections (a) to (f):

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: _____ Lead Trainer + Print Name Trainee	Date: ____ / ____ / ____
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Signed: _____ RCA College Tutor (± stamp) Base Hospital	Date: ____ / ____ / ____
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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.

APPENDIX 1

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 appendix 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.

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	X101 CbD mCEX
B: 15.2.2	Practice response protocols in resuscitation room and/or in simulation scenarios	X102 SIM
B: 15.2.3	Ability to respond appropriately if any of them happen	X103 SIM CbD
B: 15.2.4	Ability to obtain the attention of others when a crisis is occurring	X104 SIM CbD
B: 15.3.1 15.3.3	Vigilance; acceptance that it can happen to you, the unexpected happens to everybody	X105 CbD
B: 15.3.2	Awareness of the importance and process of critical incident reporting	X106 CbD mCEX
B: 15.3.4	Follow-through of a critical incident with warning flags, presentation at morbidity meetings, proper reporting etc	X107 CbD mCEX
B: 15.3.5	Information to patient and where necessary, counselling and advice	X108 CbD mCEX

Name of Trainee: _____

LIST OF CRITICAL INCIDENTS: Initial & Date when covered ± brief details how

		Theoretical Plan (CbD)	Practical Simulation (DOPS)	Actual Experience (CbD, mCEX)	
B: 15.1.1	Cardiac and / or respiratory arrest See also Section (f)				X109
B: 15.1.2	Unexpected hypoxia with or without cyanosis				X110
B: 15.1.3	Unexpected increase in peak airway pressure				X111
B: 15.1.4	Progressive fall in minute volume during spontaneous respiration or IPPV				X112
B: 15.1.5	Fall in end-tidal CO ₂				X113
B: 15.1.6	Rise in end-tidal CO ₂				X114
B: 15.1.7	Rise in inspired CO ₂				X115
B: 15.1.8	Unexpected hypotension				X116
B: 15.1.9	Unexpected hypertension				X117
B: 15.1.10	ECG: Sinus Tachycardia				X118
B: 15.1.11	ECG: Sudden Bradycardia				X119
B: 15.1.11	ECG: ST Changes				X120
B: 15.1.11	Arrhythmias (sudden tachydysrhythmia, ventricular ectopics, VT, VF)				X121
B: 15.1.12	Convulsions				X122

Name of Trainee: _____

LIST OF CRITICAL INCIDENTS (contd.): Initial & Date when covered ± brief details how

		Theoretical Plan (CbD)	Practical Simulation (DOPS)	Actual Experience (CbD, mCEX)	
B: 15.1.13	Aspiration of vomit				X123
B: 15.1.14	Laryngospasm at induction, during maintenance or in recovery				X124
B: 15.1.15	Bronchospasm at induction, during maintenance or in recovery				X125
B: 15.1.16	Tension pneumothorax				X126
B: 15.1.17	Air / CO ₂ / fat / pulmonary embolus				X127
B: 15.1.18	Adverse drug reactions				X128
B: 15.1.19	Anaphylaxis				X129
B: 15.1.20	Transfusion of mis-matched blood or blood products				X130
B: 15.1.21	Malignant hyperpyrexia				X131
B: 15.1.22	Inadvertent intra-arterial irritant injection (antibiotics, thiopentone etc)				X132
B: 15.1.23	High spinal LA blockade				X133
B: 15.1.24	Systemic Local Anaesthetic toxicity				X134
B: 15.1.25	Failed intubation				X135
B: 15.1.26	Difficulty with IPPV & sudden or progressive loss of minute volume				X136