

North West School of Anaesthesia

THE CCT IN ANAESTHESIA: II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment

CT WORKPLACE ASSESSMENT: TRAINING OBJECTIVE CHECKLIST (GENERAL)

Name of Trainee: _____

Competence in **Knowledge** sections of the document “*The CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment*” is to be assumed by success in the Primary FRCA examination or equivalent.

(a): Pre-Operative Assessment (CCT II Appendix C, Section 1)

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

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| B: 1.2.1 to 1.2.14 1.2.16 to 1.2.21 1.4.2 | Ability to take a relevant history including: <ul style="list-style-type: none"> • Anaesthetic history: personal / familial, previous airway & intubation difficulties • Previous surgical history • Medication past / present, allergies / previous drug reactions • Respiratory status & symptoms • CVS status & symptoms • CNS status & symptoms • GI problems • Musculo-skeletal problems • Renal, hepatic, endocrine & skin conditions • Congenital / hereditary conditions including haemoglobinopathy; coagulopathy • Nutritional abnormalities especially obesity • High risk of infection • Social problems | This section requires at least 5 signatures. <div style="float: right; text-align: right;"> A101 DOPS aCEX CbD </div> |
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| B: 1.2.22 1.4.1 | Ability to assess the airway for potential difficulties with airway management: teeth / airway / cervical spine / intubation assessment | <div style="float: right; text-align: right;"> A102 DOPS aCEX </div> |
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| B: 1.2.23 to 1.2.31 | Ability to perform a relevant physical examination including: <ul style="list-style-type: none"> • Cardiovascular system (IHD, hypertension, LVF) • Respiratory system (asthma, COPD) • Nutritional state especially obesity • CNS status (e.g. GCS, effects of CVA) • Abdomen & GI tract, jaundice • Anaemia • Sequelae of diabetes / steroids • Musculo-skeletal problems with relevance to positioning / neck stability / regional blockade | This section requires at least 5 signatures. <div style="float: right; text-align: right;"> A103 DOPS aCEX </div> |
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Ability to interpret data from pre-operative investigations and respond to them (B:1.2.32, B.1.4.3):

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|--------------|------------------------------------|------|
| B: 1.2.33 | Clinical: pulmonary function tests | A104 |
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| B: 1.2.34 | Clinical: electrocardiographs | A105 |
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| B: 1.2.35 | Clinical: CVP measurement | GO TO Section (c) (C107) A106 |
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| B: 1.2.36 | Clinical: systolic, diastolic & mean arterial blood pressure | A107 |
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Name of Trainee: _____

Ability to interpret data from pre-operative investigations and respond to them (continued):

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

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| B: 1.2.37 | Clinical: exercise tests | A108 |
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| B: 1.2.38 | Clinical: interpreting fluid balance and other charts | A109 |
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Ability to interpret pre-operative radiological investigations showing clear abnormalities (B:1.2.39):

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| B: 1.2.40 | Interpretation of chest radiographs | A110 |
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| B: 1.2.41 | Fractures of long bone / skull / vertebral / rib | A111 |
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| B: 1.2.42 | Simple CAT scans of head demonstrating fractures / haemorrhage | A112 |
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| B: 1.2.42 | Simple MRI scans of head demonstrating fractures / haemorrhage | A113 |
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| B: 1.2.43 | Neck & thoracic inlet X-Ray films | A114 |
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| B: 1.2.44 | X-Ray films showing abdominal fluid levels / air | A115 |
|--------------|--|------|

Ability to interpret pre-operative blood tests (B:1.2.45):

| | | |
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| B: 1.2.46 | Haematology (including coagulation & sickle tests) | A116 |
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| B: 1.2.47 1.2.48 | Urea & electrolytes, pH & blood gases | A117 |
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| B: 1.2.49 | LFTs | A118 |
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| B: 1.2.50 | Thyroid function | A119 |
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Pre-Operative Assessment: factors in special groups:

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| B: 1.2.51 | Ability in pre-operative assessment of children (aged 5 years or over) | GO TO Section (k) (K101) | A120 |
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| B: 1.2.52 | Ability in pre-operative assessment of the elderly | GO TO Section (l) (L101) | A121 |
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| B: 1.2.53 1.4.8 | Ability in pre-operative assessment of day case patients, inc. suitability for day case surgery | A122 aCEX CbD |
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Planning:

| | | | |
|--|--|--|---------------------|
| B: 1.2.54 1.2.55 1.2.56 1.4.5 1.4.7 | Ability to assess and plan the anaesthetic management of ASA I & II patients, including assessment of impact of presenting surgical condition on the patient's physiological status, deciding on an appropriate anaesthetic technique & ensuring necessary resources for safe patient care | This section requires at least 5 signatures. | A123 aCEX CbD |
|--|--|--|---------------------|

Name of Trainee: _____

(a): Pre-Operative Assessment (continued):

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

| | | |
|--|---|--|
| B: 1.4.4 | Ability to recognise when senior advice or assistance is required | A124 CbD |
| B: 1.4.6 | Ability to recognise ASA III, IV & V patients, & knowledge of anaesthesia implications | A125 CbD |
| B: 1.4.9 | Ability to identify patients at a high risk of nausea and vomiting | A126 CbD aCEX |
| B: 1.3.1 1.3.2 1.4.10 | Ability to obtain consent for General anaesthesia (including discussion of the risks) | A127 DOPS |
| B: 1.3.1 1.3.3 1.4.10 | Ability to obtain consent for epidural / caudal / spinal / regional / local blocks | A128 GO TO Section (h) |
| B: 1.3.4 | Ability to explain need for routine & specialised pre-operative tests (including hepatitis screen, HIV testing & sickle cell status) | A129 CbD |
| B: 1.3.5 to 1.3.9 | Ability to explain pain management to patients, including side effects & complications | A130 GO TO Section (m) |
| B: 1.3.10 | Ability to discuss pre-operative medication choices | A131 aCEX |
| B: 1.3.11 | Ability to explain post-operative expectations and care | A132 aCEX |
| B: 1.3.12 1.3.21 | Ability in communication / proper interaction with other professions & professionals | A133 aCEX CbD |
| B: 1.3.13 to 1.3.20 1.3.22 | Other attitudes: care & compassion for patients; ability to achieve appropriate information transfer; ethical behaviour; professional, unemotional approach; reassurance; attention to detail; punctuality; clean neat appearance & politeness; helpfulness | A134 |
| B: 1.4.11 | Knowledge of how to deal with emergencies arising before anaesthesia | See also Section (i) A135 CbD |
| B: 1.4.11 | Knowledge how to stabilise a patient's condition before anaesthesia until senior assistance arrives | See also Section (i) A136 CbD |

(b): Premedication (CCT II Appendix C, Section 2)

| | | |
|--|--|-----------------------------|
| B: 2.2.1 2.3.1 2.4.1 2.4.2 | Ability in assessment of patient's level of anxiety, addressing concerns, answering questions in the most appropriate way, always trying to allay anxiety, patient reassurance | B101 DOPS CbD aCEX |
| B: 2.2.2 | Ability in recognition of situations leading to delayed gastric emptying | B102 aCEX CbD |

Name of Trainee: _____

(b): Premedication (continued)

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

| | | |
|-------------------------------|---|----------------------|
| B: 2.2.3 | Ability in checking a patient prior to pre-medication | B103 DOPS aCEX |
| B: 2.3.2 2.3.3 | Ability to explain problems / complications concerning difficult intubation & dentition | B104 DOPS aCEX |
| B: 2.3.2 2.3.4 | Ability to explain problems / complications concerning sore throat, nausea & vomiting | B105 DOPS aCEX |
| B: 2.3.2 2.3.5 | Ability to explain problems / complications concerning thrombophlebitis | B106 DOPS aCEX |
| B: 2.3.2 2.3.6 | Ability to explain problems / complications concerning post-spinal headache | B107 DOPS aCEX |
| B: 2.3.2 2.3.7 | Ability to explain problems / complications concerning suxamethonium apnoea / pains | B108 aCEX CbD |
| B: 2.3.2 2.3.8 2.3.9 | Ability to explain problems / complications of anaphylaxis / malignant hyperpyrexia | B109 aCEX CbD |
| B: 2.4.3 | Ability to ensure that pre-operative thromboprophylaxis is considered | B110 aCEX CbD |
| B: 2.4.4 | Knowledge of the properties and effects of premedicant drugs | B111 aCEX CbD |

(c): Anaesthesia, HDU & ICU Equipment: Monitoring & Safety (CCT II Appendix C, Section 3)

| | | |
|--|--|----------------------|
| B: 3.2.1 3.2.2 3.2.3 3.2.13 3.4.1 | Ability to check anaesthesia machine, including pipelines & checking / changing cylinders, including recognising mis-assembly & disconnections | C101 DOPS aCEX |
| B: 3.2.4 3.2.5 3.2.13 3.4.2 | Ability to assemble and check breathing systems, including recognising mis-assembly & disconnections | C102 DOPS aCEX |

Ability to set up, check & monitor lung ventilators:

| | | |
|--|--|----------------------|
| B: 3.2.6 3.4.3 | <i>Theatre Type:</i> | C103 DOPS |
| B: 3.2.6 3.4.3 | <i>Theatre Type:</i> | C103 DOPS |
| B: 3.2.6 3.4.3 | <i>ICU Type:</i> | C104 aCEX DOPS |
| B: 3.2.7 3.2.8 3.4.4 3.4.6 | Ability in setting up / checking alarm limits / collecting data from monitoring equipment / describing the requirements for minimal monitoring | C105 DOPS CbD |

Name of Trainee: _____

(c): **Anaesthesia, HDU & ICU Equipment** (continued):

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

| | | | |
|---|--|---------------------------------|---------------------|
| B: 3.2.17 3.4.5 7.2.7 | Ability in central venous cannulation including understanding of indications, pre-insertion equipment checklist & interpretation of readings | SPECIFIC DOPS | C107a DOPS |
| B: 3.2.18 3.4.5 7.2.7 | Ability in arterial line insertion including understanding of indications, pre-insertion equipment checklist & interpretation of readings | SPECIFIC DOPS | C107b DOPS |
| B: 3.2.9 3.4.8 | Ability to keep a good anaesthetic record | | C108 aCEX |
| B: 3.2.10 3.2.11 3.2.14 3.2.15 3.4.7 | Ability to assemble & check resuscitation equipment, including ability to compose checklist for resuscitation equipment | | C109 DOPS SIM |
| B: 3.2.12 16.2.9 | Ability in selecting defibrillator settings | GO TO Section (p) (P109) | C110 |

Ability in composing other equipment checklists (B.3.2.14):

| | | | |
|------------------------|---|---------------------------------|---------------------|
| B: 3.2.16 4.2.15 | Checklist for difficult & failed intubation (+ ability to check difficult intubation kit) | | C111 DOPS SIM |
| B: 3.2.19 8.2.7 | Checklist for epidural / spinal packs (+ ability to check) | GO TO Section (h) (H111) | C113 |
| B: 3.2.20 4.2.15 | Checklist for paediatric intubation set (+ ability to check) | | C114 DOPS SIM |

Attitudes & Behaviour:

| | | | |
|----------------------|---|--|-------------|
| B: 3.3.1 3.3.3 | Commitment to understand working principles of all anaesthetic equipment, including recognition that anaesthetic equipment comprises anaesthesia tool kit | | C115 CbD |
| B: 3.3.2 | Shared responsibility for equipment with theatre staff | | C116 |
| B: 3.3.4 | Determination to maximise safety, & not to compromise it by accepting substandard equipment both as to range and safety | | C117 |

(d): **Induction of General Anaesthesia (CCT II Appendix C, Section 4)**

| | | | |
|--------------------------------|--|--------------------------|---------------|
| B: 2.2.3 4.2.2 | Ability to perform pre-induction patient checks in the anaesthetic room | | D101 aCEX |
| B: 4.2.3 | Ability to perform pre-induction safety checks of equipment | GO TO Section (c) | D102 |
| B: 4.2.1 4.4.1 | Ability to perform routine i.v. induction of anaesthesia | | D103a aCEX |
| 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 | D103b |

Name of Trainee: _____

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

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

| | | | |
|-----------------------|---|---|---------------------|
| 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 | GO TO Section (c) (C111, C114) | D115 |
| 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 |
| 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 |

Name of Trainee: _____

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

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

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)

| | | |
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| 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 |
| 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: 5.4.5 | Ability to manage peri-operative steroid cover | E114 CbD |

Name of Trainee: _____

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

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

| | | |
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| 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: 5.2.15 | 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 |

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

| | | |
|--|--|----------------------|
| 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 |

Name of Trainee: _____

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

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

| | | | |
|------------------------|--|---------------------------------|---------------------|
| 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 | GO TO Section (l) (L107) | F109 |
| B: 6.2.11 6.2.12 | Ability to assess post-operative pain & prescribe a post-operative pain regime | GO TO Section (m) | 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 |
| 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 |

Name of Trainee: _____

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

Initial & Date: leave space for others

Assessment tools mandatory

| | | |
|---|--|------|
| <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 |

(g): Intensive Care Medicine & High Dependency Care (CCT II Appendix C, Section 7):

See separate ICM Workplace Assessment Checklists.

Additional Assessments for Section (g):

Initial & Date: leave space for others

Assessment tools mandatory

| | | |
|---|----------------------|------|
| <i>Index case:</i> ICU case | SPECIFIC aCEX | G201 |
| <i>Index cases (3 per assessment):</i> ICU cases | SPECIFIC Cbd | G202 |

(h): Regional Anaesthesia (CCT II Appendix C, Section 8)

Assessment of Initial Competency in regional anaesthesia:

1. Spinal blocks

Trainees must be formally assessed in performing spinal blocks before being allowed to use the technique in the absence of direct clinical supervision.

- This assessment is meant to assess competence in a general surgical / orthopaedic population and is separate to that required for obstetric anaesthesia.
- It will normally be passed during the first 12 months of basic level training.

2. Lumbar epidural blocks

Trainees must be formally assessed in performing lumbar epidural blocks before being allowed to use the technique in the absence of direct clinical supervision.

- This assessment will normally be passed during the first 18 months of basic level training.

CT / StR 1/2 WORKPLACE ASSESSMENT: INITIAL COMPETENCE IN LUMBAR EPIDURAL ANAESTHESIA

Name of Trainee: _____

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

A tick indicates satisfactory performance in the stated competence

| | ✓ | Initial & Date |
|---|--------------------------|----------------|
| 1. Chooses the anaesthetic technique appropriately | <input type="checkbox"/> | _____ |
| 2. Assesses the patient, obtains informed consent, ensures appropriate pre-medication is given & explains attendant risks | <input type="checkbox"/> | _____ |
| 3. Checks equipment, prepares required drugs | <input type="checkbox"/> | _____ |
| 4. Establishes i.v. access / gives a preload according to local protocol | <input type="checkbox"/> | _____ |
| 5. Establishes monitoring according to local protocols | <input type="checkbox"/> | _____ |
| 6. Positions patient correctly for the block | <input type="checkbox"/> | _____ |
| 7. Demonstrates satisfactory aseptic technique | <input type="checkbox"/> | _____ |
| 8. Inserts epidural catheter satisfactorily using appropriate technique, including appropriate responses to aspiration test / test dose | <input type="checkbox"/> | _____ |
| 9. Manages patient appropriately during onset of anaesthesia, including checking of level of block | <input type="checkbox"/> | _____ |
| 10. Manages patient appropriately during surgery | <input type="checkbox"/> | _____ |
| 11. Gives other intra-operative therapy as required and/or per protocols | <input type="checkbox"/> | _____ |
| 12. Demonstrates good record keeping | <input type="checkbox"/> | _____ |
| 13. Prescribes post-op analgesia & other therapy as per unit protocols | <input type="checkbox"/> | _____ |
| 14. Issues clear appropriate post-operative instructions | <input type="checkbox"/> | _____ |
| 15. Demonstrates good behaviour, communication skills and attitudes | <input type="checkbox"/> | _____ |

This assessment was completed satisfactorily
If not, you must give details

Yes No

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

Lead Trainer

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

Trainee

Feedback Given: Yes No

CT / StR 1/2 WORKPLACE ASSESSMENT: INITIAL COMPETENCE IN SPINAL ANAESTHESIA

Name of Trainee: _____

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

A tick indicates satisfactory performance in the stated competence

| | ✓ | Initial & Date |
|---|--------------------------|----------------|
| 1. Chooses the anaesthetic technique appropriately | <input type="checkbox"/> | _____ |
| 2. Assesses the patient, obtains informed consent, ensures appropriate pre-medication is given & explains attendant risks | <input type="checkbox"/> | _____ |
| 3. Checks equipment, prepares required drugs | <input type="checkbox"/> | _____ |
| 4. Establishes i.v. access & commences preload as per unit standards | <input type="checkbox"/> | _____ |
| 5. Establishes monitoring according to local protocols | <input type="checkbox"/> | _____ |
| 6. Positions patient correctly | <input type="checkbox"/> | _____ |
| 7. Observes aseptic technique | <input type="checkbox"/> | _____ |
| 8. Performs spinal anaesthesia | <input type="checkbox"/> | _____ |
| 9. Manages patient appropriately during onset of anaesthesia, including checking of level of block | <input type="checkbox"/> | _____ |
| 10. Manages patient appropriately during surgery | <input type="checkbox"/> | _____ |
| 11. Gives other intra-operative therapy as required and/or per protocols | <input type="checkbox"/> | _____ |
| 12. Maintains a good anaesthetic record | <input type="checkbox"/> | _____ |
| 13. Prescribes post-op analgesia & other therapy as per unit protocols | <input type="checkbox"/> | _____ |
| 14. Issues clear appropriate post-operative instructions | <input type="checkbox"/> | _____ |
| 15. Demonstrates good behaviour, communication skills and attitudes | <input type="checkbox"/> | _____ |

This assessment was completed satisfactorily
If not, you must give details

Yes No

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

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

Feedback Given: Yes No

Name of Trainee: _____

(h): **Regional Anaesthesia** (continued)

Post-Initial Competencies

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

| | | | |
|---|---|--|---------------------|
| B: 1.3.3 1.4.10 8.3.6 8.4.1 | Ability to obtain consent for epidural / spinal blocks (including evaluation & explanation of the risks) | COVERED BY INITIAL REGIONAL ANAESTHESIA COMPETENCY DOPS | H101 |
| B: 8.2.2 | Ability in recognition of contraindicated or unsuitable patients or those in whom epidural or spinal block would be difficult to perform | | H102 CbD |
| B: 8.2.1 8.2.4 8.4.4 | Ability in correct technique to establish spinal blockade, including aseptic technique, checking of equipment & assessment of block | COVERED BY INITIAL SPINAL ANAESTHESIA COMPETENCY DOPS | H103 |
| B: 8.2.1 8.2.3 | Ability in management of spinal blockade during surgery, including management of hypotension, nausea, anxiety & shivering | | H104 aCEX CbD |
| B: 8.2.1 8.2.4 | Ability in post-op care following spinal blockade, including post-op instructions & management of complications e.g. urinary retention | COVERED BY INITIAL SPINAL ANAESTHESIA COMPETENCY DOPS | H105 |
| B: 8.2.1 8.2.4 8.4.4 | Ability in correct technique to establish lumbar epidural blockade, including aseptic technique, checking of equipment & assessment of block | COVERED BY INITIAL EPIDURAL ANAESTHESIA COMPETENCY DOPS | H106 |
| B: 8.2.1 8.2.3 | Ability in intra-operative management of lumbar epidural blockade, including management of hypotension, nausea, anxiety & shivering | | H107 aCEX CbD |
| B: 8.2.1 8.2.4 | Ability in post-op care following lumbar epidural blockade, including post-op instructions & management of complications | | H108 CbD |
| B: 8.2.5 8.4.5 | Ability to maintain epidural blockade using top up & continuous techniques with LAs & opioids, including ability in prescription of continuous epidural infusions | SPECIFIC DOPS | H109 |
| B: 8.2.6 | Ability in use of epidural techniques for post-operative pain management | | H110 aCEX CbD |
| B: 3.2.19 8.2.7 | Ability in composing equipment checklists for and checking epidural / spinal packs | | H111 CbD |

Ability to perform some simple peripheral nerve blocks (specify), including obtaining consent & evaluation / explanation of the risks (DOPS for each):

| | | | |
|--|---------------|----------------------|------|
| B: 1.3.3 1.4.10 8.2.9 8.4.1 8.4.7 | <i>Block:</i> | SPECIFIC DOPS | H112 |
| | <i>Block:</i> | SPECIFIC DOPS | H112 |
| | <i>Block:</i> | SPECIFIC DOPS | H112 |
| | <i>Block:</i> | SPECIFIC DOPS | H112 |
| | <i>Block:</i> | SPECIFIC DOPS | H112 |

Name of Trainee: _____

(h): **Regional Anaesthesia** (continued)

Post-Initial Competencies (continued)

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

| | | |
|----------------------|--|----------------------|
| B: 8.2.8 8.4.6 | Ability to perform IVRA | H113 DOPS |
| B: 8.2.1 8.4.1 | Ability to perform caudal epidural anaesthesia (including patient explanation & consent) | H114 aCEX DOPS |
| B: 8.4.2 8.4.3 | Ability to create a safe and supportive environment in theatre, safely position patients and to instruct and use assistants properly | H115 aCEX |
| B: 8.2.10 | Ability in use of drugs to provide sedation (for LA blocks) | H116 aCEX |
| B: 8.2.11 | Ability in combined general & regional anaesthesia | H121 aCEX |
| B: 8.2.12 | Appropriate safe practice in selecting, checking, drawing up, diluting, labelling & administration of local anaesthetic agents | H122 aCEX |

Attitudes & Behaviour:

| | | |
|-------------------------------|---|--------------|
| B: 8.3.1 8.3.3 8.3.5 | Safety first, communication and reassurance, management of theatre environment with awake patient | H117 aCEX |
| B: 8.3.2 8.3.4 | Considering views of patient & surgeon, including planning list to allow block to take effect | H118 aCEX |

Additional Assessments for Section (h):

Initial & Date: leave space for others
Assessment tools mandatory

| | | |
|--|-------------------------|------|
| <i>Index case:</i> Regional anaesthesia case | SPECIFIC aCEX | H201 |
| <i>Index cases (3 per assessment):</i> Regional anaesthesia cases | SPECIFIC CbD | H202 |

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

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

| | | |
|----------------------|---|--|
| 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 |
| 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 |

Name of Trainee: _____

(i): Trauma, Stabilisation & Patient Transfer (continued)

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

| | | |
|---------------------------------|--|----------------------|
| 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 stable 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 |

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 | 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 |

Name of Trainee: _____

(j): Obstetric Anaesthesia & Analgesia (CCT II Appendix C, Section 10)

See separate Obstetric Anaesthesia Workplace Assessment Checklist.

(k): Paediatric Anaesthesia in children aged 5 and above (CCT II Appendix C, Section 11)

The variation in paediatric exposure will vary greatly amongst CT / StR 1/2 grades. Trainees should take whatever opportunities they can to obtain the listed skills (in children aged 5 and above). It is accepted that not all trainees will have sufficient clinical opportunity to progress beyond immediate supervision.

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

| | | |
|-----------------------|---|----------------------|
| B: 1.2.1 11.2.1 | Ability in pre-operative assessment of the previously fit child | K101 DOPS aCEX |
|-----------------------|---|----------------------|

Elective Surgery:

| | | |
|--------------|---|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for elective General Surgery | K102 aCEX CbD |
|--------------|---|---------------------|

| | | |
|--------------|---|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for elective ENT Surgery | K103 aCEX CbD |
|--------------|---|---------------------|

| | | |
|--------------|--|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for elective Ophthalmic Surgery | K104 aCEX CbD |
|--------------|--|---------------------|

| | | |
|--------------|---|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for elective (non-complex) Orthopaedic Surgery | K105 aCEX CbD |
|--------------|---|---------------------|

| | | |
|--------------|--|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for other non-specialist procedures | K106 aCEX CbD |
|--------------|--|---------------------|

Non-Elective Surgery:

| | | |
|--------------|---|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for urgent General Surgery | K107 aCEX CbD |
|--------------|---|---------------------|

| | | |
|--------------|---|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for urgent ENT Surgery | K108 aCEX CbD |
|--------------|---|---------------------|

| | | |
|--------------|---|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for urgent Maxillo-Facial Trauma Surgery | K109 aCEX CbD |
|--------------|---|---------------------|

| | | |
|--------------|--|---------------------|
| B: 11.2.2 | Ability in anaesthesia in fit children for urgent other minor trauma (Orthopaedic) Surgery | K110 aCEX CbD |
|--------------|--|---------------------|

Generic Considerations:

| | | |
|--------------|---|----------------------|
| B: 11.2.3 | Ability in paediatric venous access (including local anaesthesia premedication) | K111 DOPS aCEX |
|--------------|---|----------------------|

| | | |
|--------------|--|----------------------|
| B: 11.2.4 | Ability in airway management, selection of correct sized tubes and masks, etc. | K112 DOPS aCEX |
|--------------|--|----------------------|

| | | |
|--------------|---|----------------------|
| B: 11.2.5 | Ability in intravenous induction of General anaesthesia in children | K113 DOPS aCEX |
|--------------|---|----------------------|

| | | |
|--------------------------------|---|----------------------------------|
| B: 4.2.1 4.4.2 11.2.5 | Ability in gaseous induction of General anaesthesia in children | SPECIFIC DOPS K114 |
|--------------------------------|---|----------------------------------|

Name of Trainee: _____

(k): **Paediatric Anaesthesia** (continued):

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

| | | |
|--------------------------------|--|----------------------|
| B: 11.2.6 | Ability in spontaneous ventilation maintenance of anaesthesia in children | K115 DOPS aCEX |
| B: 11.2.6 | Ability in ventilated maintenance of anaesthesia in children | K116 DOPS aCEX |
| B: 11.3.4 | Management of the environment during induction of paediatric anaesthesia | K117 aCEX |
| B: 8.2.1 8.4.1 11.2.7 | Ability in caudal blocks in children, including parent / patient explanation & consent | K118 DOPS |

Ability to perform some simple peripheral nerve blocks (specify) in children, including obtaining consent & evaluation / explanation of the risks (DOPS for each):

| | | | |
|--|---------------|--------------------------|------|
| B: 1.3.3 1.4.10 8.2.9 8.4.1 8.4.7 11.2.7 | <i>Block:</i> | SPECIFIC DOPS | K119 |
| | <i>Block:</i> | SPECIFIC DOPS | K119 |
| | <i>Block:</i> | SPECIFIC DOPS | K119 |
| | <i>Block:</i> | SPECIFIC DOPS | K119 |
| | <i>Block:</i> | SPECIFIC DOPS | K119 |

Paediatric Resuscitation & Stabilisation:

| | | |
|--------------|---|----------------------------|
| B: 11.2.8 | Ability in management & stabilisation of the injured child (excluding neonates / infants) until senior help arrives | K120 CbD SIM APLS |
| B: 11.2.9 | Ability in paediatric resuscitation (practised in a teaching session) as described by the UK Resuscitation Council | K121 SIM APLS |

Attitudes & Behaviour not covered elsewhere:

| | | |
|----------------------------------|--|---------------------|
| B: 11.3.1 11.3.2 11.3.3 | Communication with the child and parents including issues of consent & reassurance | K122 aCEX CbD |
|----------------------------------|--|---------------------|

Additional Assessments for Section (k):

Initial & Date: leave space for others
Assessment tools mandatory

| | | |
|--|--------------------------|------|
| <i>Index case:</i> Paediatric anaesthesia case | SPECIFIC aCEX | K201 |
| <i>Index cases (3 per assessment):</i> Paediatric anaesthesia cases | SPECIFIC CbD | K202 |

Training in Child Protection (B:11.5)

Anaesthetists of all grades may encounter children who have suffered physical and/or sexual abuse in various situations. Details and general principles on what to do should child abuse or neglect be suspected are contained in the "CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 & 2) Training & Assessment" document. The RCoA advises that trainees attend a local course on Child Protection to attain the following competencies. In addition all trainees should be familiar with the joint RCoA / APA / RCPCH Guideline "Child Protection and the Anaesthetist: Safeguarding Children in the Operating Theatre" document.

Name of Trainee: _____

(k): Paediatric Anaesthesia (continued):

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

The trainee should be able to explain:

| | | |
|----------------------------|--|-------------|
| B: 11.5.1.1 | Awareness of situations in which abuse of children may present | K123 CbD |
| B: 11.5.1.2 | Awareness of signs indicative of a possible need to safeguard the infant or child | K124 CbD |
| B: 11.5.1.3 11.5.4.1 | Awareness of local Child Protection procedures | K125 CbD |
| B: 11.5.2.1 | Clear communication of concerns (including documentation) | K126 CbD |
| B: 11.5.2.2 | Awareness / ability to manage the child and their parents in a sensitive, appropriate manner | K127 CbD |
| B: 11.5.3.1 | Understanding of need to communicate concerns within team | K128 CbD |
| B: 11.5.3.2 | Awareness / ability to ask for senior and/or paediatrician support when appropriate | K129 CbD |

(l): Anaesthesia and the Elderly (CCT II Appendix C, Section 12)

| | | |
|-------------|--|-----------------------------|
| B: 1.4.4 | Ability in pre-operative assessment of the elderly | L101 DOPS aCEX CbD |
|-------------|--|-----------------------------|

Ability to be aware of special problems posed when anaesthetising elderly patients (B:12.4.1):

| | | |
|------------------------|--|---------------------|
| B: 12.2.1 | Modifications due to physiological changes with age | L102 aCEX CbD |
| B: 12.2.1 | Modifications due to altered pharmacological response with age | L103 aCEX CbD |
| B: 12.2.1 | Modifications due to frequent co-morbidities & erosion of physiological reserve with age | L104 aCEX CbD |
| B: 12.2.1 | Modifications due to positioning difficulties with age | L105 aCEX CbD |
| B: 12.2.1 12.3.4 | Awareness of communication needs & difficulties (mental clarity, memory, eyesight, hearing, CVA) including issues of consent | L106 aCEX CbD |
| B: 6.2.10 12.2.2 | Causes, evaluation & management of post-operative confusion | L107 CbD |

Attitudes & Behaviour not covered elsewhere:

| | | |
|------------------------|--|--------------|
| B: 12.3.1 | Special efforts to communicate clearly | L108 aCEX |
| B: 12.3.2 12.3.3 | Old people have feelings too; respect for the social norms of older people | L109 aCEX |

Name of Trainee: _____

(l): Anaesthesia & the Elderly (continued):

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

| | | |
|------------------------|---|-------------|
| B: 12.3.5 12.3.6 | Recognising the limitations of therapy, including ethics of 'do not resuscitate' orders | L110 CbD |
|------------------------|---|-------------|

Additional Assessments for Section (l):

Assessment tools mandatory

| | | |
|--|--------------------------|------|
| <i>Index case:</i> Anaesthesia for an elderly patient | SPECIFIC aCEX | L201 |
|--|--------------------------|------|

| | | |
|--|-------------------------|------|
| <i>Index cases (3 per assessment):</i> Anaesthesia for elderly patients | SPECIFIC CbD | L202 |
|--|-------------------------|------|

(m): Pain Management (CCT II Appendix C, Section 13)

Familiarity & technical proficiency with a variety of therapeutic methods in the skills list below (B:13.4.4):

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

| | | |
|--------------|---|---------------------|
| B: 13.4.1 | Ability to prescribe appropriately for patients in pain <i>awaiting</i> surgery | M101 aCEX CbD |
|--------------|---|---------------------|

| | | |
|----------------------------------|--|---------------------|
| B: 6.2.11 13.2.1 13.2.2 | Ability to assess & monitor acute pain (including post-operative) and the effect of pain-relieving methods | M102 aCEX CbD |
|----------------------------------|--|---------------------|

| | | |
|-----------------------------------|---|---------------------|
| B: 13.2.12 13.2.1 13.4.2 | Ability to manage acute post-operative pain & prescribe a post-operative analgesia regime for patients after common surgical procedures | M103 aCEX CbD |
|-----------------------------------|---|---------------------|

| | | |
|------------------------|---|---------------------|
| B: 13.3.2 13.4.3 | Ability to institute appropriate action to relieve pain quickly in recovery & other locations | M104 aCEX CbD |
|------------------------|---|---------------------|

| | | |
|--------------|---|---------------------|
| B: 13.2.1 | Ability to assess & manage post-operative nausea & vomiting | M105 aCEX CbD |
|--------------|---|---------------------|

| | | |
|--------------|---|---------------------|
| B: 13.2.3 | Ability in use of oral / rectal simple analgesics: paracetamol, NSAIDs (including explanation to patient of side effects & complications) | M106 aCEX CbD |
|--------------|---|---------------------|

| | | |
|--------------|--|---------------------|
| B: 13.2.4 | Ability in use of intramuscular opioids (including explanation to patient of side effects & complications) | M107 aCEX CbD |
|--------------|--|---------------------|

| | | |
|--------------|---|----------------------------------|
| B: 13.2.4 | Ability in use of intravenous opioid PCA (including explanation to patient of side effects & complications) | SPECIFIC DOPS M108 |
|--------------|---|----------------------------------|

| | | |
|--------------|--|---------------------|
| B: 13.2.4 | Ability in use of other intravenous opioids including i.v. infusion (including explanation to patient of side effects & complications) | M109 aCEX CbD |
|--------------|--|---------------------|

| | | |
|--------------|--|---------------------|
| B: 13.2.4 | Ability in use of subcutaneous opioids e.g. infusion, PCA (including explanation to patient of side effects & complications) | M110 aCEX CbD |
|--------------|--|---------------------|

| | | |
|--------------|---|---------------------|
| B: 13.2.4 | Ability in use of epidural opioids (including explanation to patient of side effects & complications) | M111 aCEX CbD |
|--------------|---|---------------------|

Name of Trainee: _____

(m): Pain Management (continued):

Initial & Date: leave space for others

Assessment tools are suggestions & not mandatory unless specified

| | | | |
|------------------------|--|--------------------------|---------------------|
| B: 13.2.4 | Ability in use of intrathecal opioids (including explanation to patient of side effects & complications) | | M112 aCEX CbD |
| B: 13.2.5 | Ability in LA techniques: lumbar epidural, caudal epidural, simple peripheral nerve blocks | GO TO Section (h) | M113 |
| B: 13.2.6 | Ability to conduct inhalational analgesia (including explanation to patient of side effects & complications) | | M114 aCEX CbD |
| B: 1.3.5 1.3.6 | Ability to explain side effects & complications of drugs by routes not covered above: sublingual / nasal / transdermal | | M115 aCEX CbD |
| B: 13.2.7 | Ability to assess acute pain & prescribe analgesia in older children | | M116 aCEX CbD |
| B: 13.2.7 | Ability to assess acute pain & prescribe analgesia in the elderly | | M117 aCEX CbD |
| B: 13.2.7 | Ability to assess & manage acute pain in ICU patients / patients with impaired consciousness | | M118 aCEX CbD |
| B: 13.2.8 13.3.6 | Ability to contribute to an acute pain service including recognition of need for team approach & partnerships in a pain team | | M119 CbD |

Attitudes & Behaviour not covered elsewhere:

| | | | |
|--------------|--|--|-------------|
| B: 13.3.1 | Communication with patients, relatives & staff | | M120 CbD |
| B: 13.3.3 | Management tempered by awareness of potential complications and side effects | | M121 CbD |
| B: 13.3.4 | Awareness of limitations in (acute) pain management | | M122 CbD |
| B: 13.3.5 | Making efforts to follow patients up on the wards | | M123 CbD |

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

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)

Workplace Training Objectives for each Critical Incident listed overleaf are:

B:15.4.1 To have management plans for each (i.e. theoretical discussion).

B:15.4.2 To practice wherever possible in mock-up situations or simulations (i.e. practical demonstration).

B:15.4.3 To respond appropriately if a Critical Incident occurs (i.e. actual experience).

All listed Critical Incidents listed overleaf must at least be covered by theoretical management plans (CbD).

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

| | | | |
|------------------------|---|--|------|
| 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 | Go to Section (c) | P103 |
|------------------------|--|--------------------------|------|

| | | | |
|--------------|--|--|------|
| 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: 16.2.10 16.2.11 16.3.5 | Ability to recognise / decide when further resuscitation is futile, including diagnosis of death | | P110 CbD |
|------------------------------------|--|--|-------------|

| | | | |
|-------------------------|--|--|------|
| B: 16.2.12 16.2.3 | Ability in fluid balance assessment / management (peri-arrest) | SPECIFIC DOPS (manikin-simulation) | P111 |
|-------------------------|--|--|------|

| | | | |
|------------------------|--|---------------------------------|------|
| B: 11.2.9 16.4.1 | Knowledge of the principles of resuscitating children from cardio-respiratory arrest | GO TO Section (k) (K121) | P112 |
|------------------------|--|---------------------------------|------|

| | | | |
|----------------------------------|--|--|-------------|
| 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 |
|--------------|---|--|------|

CT / StR 1/2 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: <div style="display: flex; justify-content: space-between;"> RCA College Tutor + Print Name Trainee </div> | | 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: <div style="display: flex; justify-content: space-between;"> RCA College Tutor + Print Name Trainee </div> | | Date: ____ / ____ / ____ |

| | | |
|---|--|---|
| Review 3 | 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: <div style="display: flex; justify-content: space-between;"> RCA College Tutor + Print Name Trainee </div> | | Date: ____ / ____ / ____ |

CT / StR 1/2 WORKPLACE ASSESSMENT SUMMARY (continued)

Name of Trainee: _____

A: COLLEGE TUTOR PERIODIC REVIEWS (continued)

| | | |
|---|--|---|
| Review 4 | 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: <div style="display: flex; justify-content: space-between;"> RCA College Tutor + Print Name Trainee </div> | | Date: ____ / ____ / ____ |

B: COMPLETION OF UNIT OF TRAINING

For Sections (a) to (f), (h), (i), (k) to (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: <div style="display: flex; justify-content: space-between;"> Lead Trainer + Print Name Trainee </div> | Date: ____ / ____ / ____ |
|--|--------------------------|

| | |
|--|--------------------------|
| Signed: <div style="display: flex; justify-content: space-between;"> RCA College Tutor (± stamp) Base Hospital </div> | Date: ____ / ____ / ____ |
|--|--------------------------|

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.
- (c) If **all** Workplace Assessment Records are completed **and** the trainee has been successful in the Primary FRCA examination (or equivalent), issue a Basic Level (ST Years 1 & 2) Completion of Training Certificate.

GUIDANCE ON THE USE OF APPROPRIATE WORKPLACE BASED ASSESSMENT TOOLS FOR CT/StR YEARS 1 AND 2 (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. DOPS forms for Obstetric Index Skills are contained in the Obstetric Anaesthesia Workplace Assessment Checklist.

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

| Anaesthetic Clinical Evaluation Exercise (Anaes-CEX) | |
|---|--|
| Frequency: 4 every 6 months | |
| 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 • Shared airway | <ul style="list-style-type: none"> • Paediatric case • Anaesthesia for an elderly patient • Obstetric case • Regional anaesthesia case • ICU case |

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

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

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 | 3 | 4 | 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 | | | | | | | |

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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.

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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 | 5 | 6 | | |
| 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 | | | | | | | | |

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Assessor's signature:

Date (mm / yy):

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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.

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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 | | 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 | | | | | | | | |
| 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 | | | | | | | | |

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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

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