Wessex Deanery
Guidelines for Work Place Based Assessments

The CCT in Anaesthetics
Curriculum 2010

The Initial Assessment of Competence and the Basis of Anaesthetic Practice
0-6 months of CT1

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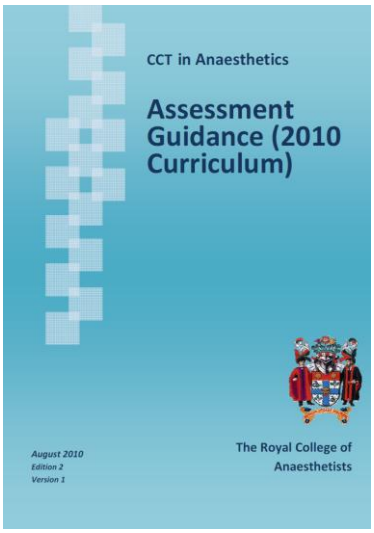
CT1/2 Assessment of Training
(adapted from Assessment Guidance - 2010 Curriculum)



Introduction
Progression through the training programme requires evidence of satisfactory assessment, reviewed at the 'Annual Review of Competence Progression' (ARCP) conducted by the postgraduate deaneries. While exam success provides evidence of satisfactory knowledge and understanding, satisfactory progress in skill, experience, and professional attitudes and behaviours requires a more formative, multifaceted approach. It is hoped that this guidance will help clarify how the assessment process described in the curriculum may be undertaken manageably and effectively.

Setting Goals – the Training Plan
A training plan should be discussed and agreed between a trainee and their educational supervisor early in a new placement. This should address both clinical and non clinical aspects of training. In particular those aspects of the curriculum to be met during the placement, and the required supporting documentation, should be addressed. This documentation will almost always include workplace-based assessments, a trainee led yearly Multi-Source Feedback (MSF) and consultant 'group feedback' at appropriate intervals. A log book with summaries relating to Units of Training of clinical experience must be maintained. A reflective component to the logbook is strongly encouraged particularly in work outside the operating theatre. Other evidence might include certificates from recognised training courses such as ALS, APLS, transfer training, child protection, simulation, audit and teaching etc. Evidence must be provided to satisfy the attainment of the defined goals/standards in order to obtain an outcome 1 at ARCP.

Workplace Based Assessments (WPBA)
Each specific area or Unit of Training, at each of the relevant levels of training, has Core Clinical Outcomes (vide infra) identified as well as specific examples of individual 'competences' within it. It is an ARCP requirement that 'hard' supporting evidence of attainment of the Core Clinical Outcomes be provided. The curriculum lists a variety of possible evidence sources [8.3.4 p44] that can be used. This evidence must include, though is not be limited to, satisfactory WPBAs using the described tools of DOPS, A-CEX, CBD and their variants. The basic accepted formats probably work reasonably well at foundation and perhaps CT level but as training progresses this is not always the case and the use of WPBAs in this context is under review. The use of WPBAs is increasingly seen primarily as a formative process, which aims to prompt and guide learning and which provides evidence of engagement of trainers and trainees in professional conversations.

Each Unit of Training is prefaced by a number of Core Clinical Learning Outcomes. A minimum requirement for the ARCP is evidence that these have been satisfactorily achieved. It is unnecessary and unrealistic to evidence each of the individual listed competences. At the end of each annex of the curriculum dealing with a particular period of training (core, intermediate etc.) is a 'Blue Print of WPBAs mapped against Individual Units'.

A minimum of one of each of the listed assessment types or the School mandated minimum, whichever is greater, should be completed before the Unit can be considered completed. There must also be evidence that every Core Clinical Learning Outcome has been satisfied. Thus, by extension, each must have been tested in some way by a WPBA. Since a minimum of one of the listed is required in each Unit and, in some cases, the number of learning outcomes may exceed the number of mandatory assessments, it is evident that one assessment may be used to test more than one outcome. It is incumbent on the trainee to ensure that they fulfil these minimum training requirements. The trainee will have to think about how to do this (with the Tutor's help at their initial ITP Meeting) based on what is around them in their hospital.

The 'syllabus' for Core Anaesthetic Training deserves a specific mention as it must be completed in full (there are no optional Units) to be eligible for a 'Basic Level Training Certificate'. Attainment of this certificate (also requiring completion of the Primary FRCA) is essential for progression to ST, Intermediate training.

The Core syllabus is in 2 sections; The 'Basis of Anaesthetic Practice' and the 'Basics of Anaesthesia'. Completion of the 'Basis' section (within 3 to 6 months) is mandated before a trainee may progress. Successful completion will almost always result in the completion of the IAC. The use of WPBAs to evidence progression should follow the principles discussed above with two exceptions, the IAC and the IACOA, where all the WPBAs, as listed, are mandatory. On reviewing the Units in the 'Basis' section it is apparent that the compulsory WPBAs listed in the IAC are all to be found within the individual competences and thus completion of the IAC should be an integral not separate process. **It is thus essential that a trainee selects mandated WPBAs from the IAC to map against the individual Unit 'Learning Objectives'.**

Multi Source Feedback (360 appraisal)

This is a trainee led process and must be completed on a yearly basis. **One month will be allowed from initiation to completion**. Some Tutors may wish to initiate the process while others may expect the trainees to be proactive. An MSF is a compulsory assessment at each stage of ICM training and thus four more will be required during a seven year training pathway. The trainees choose their own list of assessors but should submit this list to their Educational Supervisor or College Tutor before distribution. This allows suitability to be assessed and ensures an appropriate spread of recipients. The list can and should include representatives from many areas including consultants, trainees, theatre and recovery personnel, secretaries etc. The list is not restricted to anaesthetists. Fifteen should be listed and the forms should be returned to the ES or CT involved. Eight responders is the minimum number to support validity.

Pre ARCP meeting

The ARCP is the formal assessment meeting but it is essential that a trainee meets with their ES or CT prior to the event to review their progress. This ensures that all paper work, including mandatory WPBAs, MSF and consultant feedback is both complete and has been discussed prior to this event and collated into an Educational Supervisors Report.

Wessex Deanery Guidance for WPBA
Core Anaesthetic Training - Introductory Notes

There is a standard 'syllabus' for Core Anaesthetic Training, which must be completed in full to be eligible for a 'Basic Level Training Certificate'. Attainment of this certificate and completion of the Primary FRCA are essential for progression to ST, 'Intermediate' training. The basic level syllabus is in 2 sections:

- The Basis of Anaesthetic Practice
- Basic Anaesthesia

ACCS trainees must complete the Basis of Anaesthetic Practice and at a minimum attain the 'Initial Assessment of Competence' (IAC).

More importantly, each Unit has a number of 'Learning' and 'Clinical Learning' objectives ascribed. The attainment of the Core Clinical Learning Objectives (CCLO) is essential for Unit sign off, and evidence, in the form of 'Workplace Based Assessments (WPBAs)' must be mapped against these objectives to support this. What is not essential is that every listed competency is tested by an assessment tool. It is expected that assessments will 'sample' the listed competences only. The GMC stipulate only that this sampling must involve one of each type of WPBA listed (which may include A-CEX, ALMAT, CBD and DOPS) at the very minimum, for each Unit of training (not core clinical learning outcome).

Intelligent use of the assessment tools is essential. While a DOPS may primarily test an individual procedure/skill with limited transferability to others, and although a CBD could be mapped against a single, numbered element (competency) of the curriculum, in reality many areas of practice (knowledge, clinical decision making, patient safety, evidence base etc.) are explored. A single A-CEX can also assess many elements of practice. Thus one WPBA may legitimately (and often should) be mapped against and provide supporting evidence of achievement of, multiple learning outcomes within a Unit and, by extension, across more than one Unit of Training. This 'cross-pollination' could, perfectly reasonably, extend across individual Units.

In the Wessex School of Anaesthesia we have developed a workbook detailing the minimum School requirement for each Unit which reflects the local training opportunities. While it ultimately remains the trainee's responsibility to select the WPBAs to satisfy these requirements, our workbook provides a guide to point trainees in the right direction. This workbook has been based on and mapped against the College Assessment Guidance Matrix and syllabus. It is broken down into individual Units and details the minimum number/type of WPBA's that must be completed. Each Unit of Training must, at the very least, contain one of each WPBA listed (but will need many more in some instances). The trainee will have to think how to do this (with the College Tutor's help at their initial ITP Meeting) based on what is around them in their hospital. Each Unit has a section titled 'Other' as many competences can be obtained on courses, simulators; ALS/APLS etc. Resuscitation is, for instance, (at all training levels) fully satisfied by completion of ALS (current).

The Initial Assessment of Competence

Assessments must be performed by a Consultant Anaesthetist.

A-CEX

Preoperative assessment of a patient who is scheduled for an elective operating list (IAC_A01) ☐

Manage anaesthesia for a patient who is breathing spontaneously and not intubated (IAC_A02) ☐

Administer anaesthesia for acute abdominal surgery (IAC_A03) ☐

Demonstrate Rapid Sequence Induction (IAC_A04) ☐

Recover a patient from anaesthesia (IAC_A05) ☐

DOPS

Demonstrate functions of the anaesthetic machine (IAC_D01) ☐

Transfer a patient onto the operating table and position them for surgery (lateral, Lloyd Davis or lithotomy position)(IAC_D02) ☐

Demonstrate cardio-pulmonary resuscitation on a manikin. (IAC_D03) ☐

Demonstrates technique of scrubbing up and donning gown and gloves. (IAC_D04) ☐

Manages PCA including prescription and adjustment of machinery (IAC_D05) ☐

Demonstrates the routine for dealing with failed intubation on a manikin (IAC_D06) ☐

CBD

Discuss the steps taken to ensure correct identification of the patient, the operation and the side of operation (IAC_C01) ☐

Discuss how the need to minimise postoperative nausea and vomiting influenced the conduct of the anaesthetic (IAC_C02) ☐

Discuss how the airway was assessed and how difficult intubation can be predicted (IAC_C03) ☐

Discuss how the choice of muscle relaxants and induction agents was made (IAC_C04) ☐

Discuss how the trainee's choice of post-operative analgesics was made (IAC_C05) ☐

Discuss how the trainee's choice of post-operative oxygen therapy was made (IAC_C06) ☐

Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these (IAC_C07) ☐

Discuss the routine to be followed in the case of failed intubation (IAC_C08) ☐

The Basis of Anaesthetic Practice

The following Units of Training must be completed satisfactorily by 6 months:

1. Preoperative assessment
2. Premedication
3. Induction of general anaesthesia
4. Intra-operative care
5. Postoperative and recovery room care
6. Management of respiratory and cardiac arrest
7. Control of infection
8. Introduction to anaesthesia for emergency surgery

Trainees are expected to have achieved all the minimum clinical learning outcomes detailed in this section and obtain the IAC before progressing to the remainder of Basic Level Training (BLT).

Preoperative Assessment

Minimum clinical learning outcomes:

- Is able to perform a structured preoperative anaesthetic assessment of a patient prior to surgery and recognise when further assessment/optimisation is required prior to commencing anaesthesia/surgery
- To be able to explain options and risks of routine anaesthesia to patients, in a way they understand, and obtain their consent for anaesthesia

SUGGESTED WPBAs;

A) History Taking

This training will:

- Develop the ability to elicit a relevant structured history from patients
- Ensure the history obtained is recorded accurately
- Ensure the history is synthesised with the relevant clinical examination

CBD

Assimilates history from the available information from the patient and other sources including members of the multiprofessional Team (HT_BS_06) ☐

B) Clinical Examination

This training will enable the learner to:

- Develop the ability to perform focused, relevant and accurate clinical examination in patients with increasingly complex issues and in increasingly challenging circumstances
- Develop the ability to relate physical findings to history in order to establish diagnosis[es] and formulate management plan[s]

DOPS

Performs an examination relevant to the presentation and risk factors that is valid, targeted and time efficient (CE_BS_01) ☐

c) Specific Anaesthetic Evaluation

This training will:

- Develop the ability to establish a problem list
- Develop the ability to judge whether the patient is fit for and optimally prepared for the proposed intervention
- Develop the ability to plan anaesthesia and postoperative care for common surgical procedures
- Develop the ability to recognise the trainees limitations and reliably determine the level of supervision they will need
- Ensure trainees can explain options and risks of routine anaesthesia to patients, in a way they understand, and obtain their consent for anaesthesia

A-CEX

Makes appropriate plans for surgery: (OA_BS_06) ☐

- Manages co-existing medicines in the perioperative period
- Plans an appropriate anaesthetic technique[s]
- Secures consent for anaesthesia
- Recognises the need for additional work-ups and acts accordingly
- Discusses issues of concern with relevant members of the team
- Reliably predicts the level of supervision they will require

Additional WPBA

a) _____ ☐

b) _____ ☐

MINIMUM REQUIREMENT IN THIS UNIT IS ONE CEX, DOPS AND CBD

Completion of unit of training form signed off? ☐

Premedication

Learning outcomes:

- Understands the issues of preoperative anxiety and the ways to alleviate it
- Understands that the majority of patients do not require pre-medication
- Understands the use of preoperative medications in connection with anaesthesia and surgery

Minimum clinical learning outcome:

- Is able to prescribe premedication as and when indicated, especially for the high risk population

SUGGESTED WPBAs;

A-CEX

Selects and prescribes appropriate anxiolytic/sedative premedication when indicated (PD_BS_03) ☐

CBD

Discuss the trainee's choice and use of sedatives and tranquillisers (AGB_C04) ☐

DOPS

Selects and prescribes appropriate agents to reduce the risk of regurgitation and aspiration, in timeframe available (PD_BS_01) ☐

Additional WPBA

a) _____ ☐

b) _____ ☐

MINIMUM REQUIREMENT IN THIS UNIT IS ONE CEX, CBD AND DOPS

Completion of unit of training form signed off? ☐

Induction of General Anaesthesia

Learning outcomes:

- The ability to conduct safe induction of anaesthesia in ASA grade 1-2 patients confidently
- The ability to recognise and treat immediate complications of induction, including tracheal tube misplacement and adverse drug reactions
- The ability to manage the effects of common co-morbidities on the induction process

Minimum clinical learning outcomes:

- Demonstrates correct pre-anaesthetic check of all equipment required ensuring its safe functioning [including the anaesthetic machine/ventilator in both the anaesthetic room and theatre if necessary]
- Demonstrates safe induction of anaesthesia, using preoperative knowledge of individual patients co-morbidity to influence appropriate induction technique; shows awareness of the potential complications of process and how to identify and manage them

A-CEX

Administer anaesthesia to a diabetic patient on insulin (AGB_A04) ☐

Administer anaesthesia to an asthmatic or COPD patient (AGB_A05) ☐

CBD

In respect of the drugs used for the induction of anaesthesia: (IG_BK_01) ☐
Recalls/summarises the pharmacology and pharmacokinetics, including doses, interactions and significant side effects of:

- Induction agents; Muscle relaxants; Analgesics;
- Inhalational agents including side effects, interactions and doses
- Identifies about the factors that contribute to drug errors in anaesthesia and the systems to reduce them

Discuss what additional monitoring can be used for sick patients (AGB_C06) ☐

Discuss how the trainee decided between inhalation and iv induction (AGB_C07) ☐

Discuss the choice of agents and conduct of inhalation induction (AGB_C08) ☐

DOPS

Demonstrates appropriate checking of equipment prior to induction, including equipment for emergency use (IG_BS_02) ☐

Correctly demonstrates the technique of cricoid pressure (IG_BS_10) ☐

SIM

Demonstrates failed intubation drill (IG_BS_12) ☐

MINIMUM REQUIREMENT IN THIS UNIT IS ONE CEX, DOPS AND CBD, PLUS MUST HAVE DISCUSSED THE FAILED INTUBATION DRILL WITH A TRAINER

Completion of unit of training form signed off? ☐

Intra-Operative Care

Learning outcomes:

- The ability to maintain anaesthesia for surgery
- The ability to use the anaesthesia monitoring systems to guide the progress of the patient and ensure safety
- Understanding the importance of taking account of the effects that co-existing diseases and planned surgery may have on the progress of anaesthesia
- Recognise the importance of working as a member of the theatre team

Minimum clinical learning outcome:

- Demonstrates safe maintenance of anaesthesia and shows awareness of the potential complications and how to identify and manage them

SUGGESTED WPBAs;

A-CEX

Demonstrates how to direct the team to safely transfer the patient and position of patient on the operating table and is aware of the potential hazards including, but not exclusively, nerve injury, pressure points, ophthalmic injuries (IO_BS_01) ☐

DOPS

Demonstrates the ability to maintain anaesthesia with a face mask in the spontaneously breathing patient (30 MINUTE CASE) (IO_BS_03) ☐

Demonstrate use of the nerve stimulator to evaluate neuromuscular block (AGB_D01) ☐

CBD

Discuss the management of anaesthesia in the presence of common inter-current diseases e.g Asthma , COPD, Hypertension, IHD, Rheumatoid arthritis, Jaundice, Steroid therapy, Diabetes (AGB_C10) ☐

Discuss whether awareness was a potential problem. Explore the factors predisposing to awareness and the manoeuvres available to reduce the risks. (AGB_C11) ☐

Additional WPBA

a) _____ ☐

b) _____ ☐

MINIMUM REQUIREMENT IN THIS UNIT IS ONE CEX, DOPS AND CBD

Completion of unit of training form signed off? ☐

Postoperative and Recovery Room Care

Learning outcomes:

- The ability to manage the recovery of patients from general anaesthesia
- Understanding the organisation and requirements of a safe recovery room
- The ability to identify and manage common postoperative complications in patients with a variety of co-morbidities
- The ability to manage postoperative pain and nausea
- The ability to manage postoperative fluid therapy

Minimum clinical learning outcomes:

- Safely manage emergence from anaesthesia and extubation
- Shows awareness of common immediate postoperative complications and how to manage them
- Prescribes appropriate postoperative fluid and analgesic regimes and assessment and treatment of PONV

SUGGESTED WPBAs;

CBD

Discuss the trainee's choice of post-operative fluids (AGB_C03) ☐

Discuss why this patient failed to breathe and how it is possible to distinguish between opiate excess, continued anaesthetic effect and/or residual paralysis. (AGB_C13) ☐

Discuss the management of any cyanosis, hypo- and hypertension, shivering or stridor in recovery (AGB_C14) ☐

Discuss how the trainee chose a regime for post operative pain relief and how they judged its adequacy (AGB_C15) ☐

CEX

Demonstrates appropriate management of tracheal extubation. (PO_BS_01) ☐

DOPS

Makes a clear handover to recovery staff of perioperative management and the postoperative plan (PO_BS_05) ☐

Additional WPBA

a) _____ ☐

b) _____ ☐

MINIMUM REQUIREMENT IN THIS UNIT IS ONE CBD, CEX AND DOPS

Completion of unit of training form signed off? ☐

Introduction to Anaesthesia for Emergency Surgery

Learning outcomes:

- Undertake anaesthesia for ASA 1E and 2E patients requiring emergency surgery for common conditions
- Undertake anaesthesia for sick patients and patients with major co-existing diseases, under the supervision of a more senior colleague

Minimum clinical learning outcome:

- Delivers safe perioperative anaesthetic care to adult ASA 1E and/or 2E patients requiring uncomplicated emergency surgery [e.g. uncomplicated appendicetomy or manipulation of forearm fracture/uncomplicated open reduction and internal fixation] with local supervision

SUGGESTED WPBAs;

A-CEX

Demonstrates safe perioperative management of ASA 1 and 2 patients requiring emergency surgery (ES_BS_02) ☐

ALMAT

Manage an emergency theatre session (AGB_L03) ☐

CBD

Discuss how massive haemorrhage was managed [volume expansion, blood transfusion, hazards including incompatibility reaction] (AGB_C09) ☐

What effect did the trainee expect trauma to have on gastric emptying and how did this affect their anaesthetic plan (AGB_C22) ☐

Discuss how factors relating to an elderly patient's age influenced the conduct of anaesthesia. (AGB_C26) ☐

DOPS

Manages preoperative assessment and resuscitation/optimisation of acutely ill patients correctly (ES_BS_01) ☐

Additional WPBA

a) _____ ☐

b) _____ ☐

MINIMUM REQUIREMENT IN THIS UNIT IS ONE ALMAT, CEX, DOPS AND CBD

Completion of unit of training form signed off? ☐

Management of Respiratory and Cardiac Arrest in Adults and Children

[To be gained during the first 6 months of training]
For those who have not completed an ALS/APLS/EPLS course successfully, simulation may be used to assist in the teaching and assessment of these competencies

Learning outcomes:

- To have gained a thorough understanding of the pathophysiology of respiratory and cardiac arrest and the skills required to resuscitate patients
- Understand the ethics associated with resuscitation

Minimum clinical learning outcome:

- Be able to resuscitate a patient in accordance with the latest Resuscitation Council (UK) guidelines. [Any trainee who has successfully completed a RC(UK) ALS course in the previous year, or who is an ALS Instructor/Instructor candidate, may be assumed to have achieved this outcome]

SUGGESTED WPBAs;

SIM

Uses an ABCDE approach to diagnose and commence the management of respiratory and cardiac arrest in adults and children (RC_BS_01) ☐

Uses a manual or automated defibrillator to safely defibrillate a patient (RC_BS_08) ☐

Additional WPBA

a) _____ ☐

b) _____ ☐

MINIMUM REQUIREMENT IN THIS UNIT IS ONE SIM or CURRENT LIFE SUPPORT QUALIFICATION

Completion of unit of training form signed off? ☐

Control of Infection

Learning Outcomes:

- To understand the need for infection control processes
- To understand types of possible infections contractible by patients in the clinical setting
- To understand and apply most appropriate treatment for contracted infection
- To understand the risks of infection and be able to apply mitigation policies and strategies

Minimum clinical learning outcome:

- The acquisition of good working practices in the use of aseptic techniques

SUGGESTED WPBAs;

A-CEX

Undertake a sterile procedure with proper attention to asepsis (IFB_A01) ☐

CBD

Discuss how the trainee's anaesthetic management was influenced by the precautions taken to prevent cross-infection with healthcare associated infections (IFB_C01) ☐

Discuss how the trainee's anaesthetic management was influenced by the precautions taken to control blood-borne infections(IFB_C02) ☐

DOPS

Demonstrates good working practices, following local infection control protocols and the use of aseptic techniques (IF_BS_04) ☐

Additional WPBA

a) _____ ☐

b) _____ ☐

MINIMUM REQUIREMENT IN THIS UNIT IS ONE CEX, CBD AND DOPS

Completion of unit of training form signed off? ☐