



The CCT in Anaesthetics

Assessment Guidelines for CT 1 and 2

Edition: 2

Date: 17 March 2009

Since 2005 the Northern Ireland School of Anaesthesia has been testing forms for the workplace based assessment of CCT training for StRs and FTSTAs. **The forms and advice on their use can be downloaded from the training pages of the College website.** These assessment tools should now be used for all trainees (CT, StRs and FTSTAs) in years 1 and 2.

The Training Committee approved in March 2009, a revised format of the assessment tools to be piloted by those Trusts who wish to do so. The number and type of assessments has not changed.

Experience from the Northern Ireland School of Anaesthesia has shown that specific assessment tools are particularly suited to certain skills and cases in CT years 1 and 2 as shown below.

More guidance will be published by the College when the new curriculum is published in the Spring of 2010 for implementation in August 2010.

The College would welcome any feedback on the revised tools; this should be sent to training@rcoa.ac.uk .

Directly Observed Procedural Skills (DOPS)
Frequency: 6 every 6 months
Index skills: Cardiopulmonary resuscitation (manikin-based) Rapid sequence induction Central venous cannulation Insertion of arterial line Spinal anaesthesia Epidural anaesthesia Assessment and management of patient with a reduced level of consciousness 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: General anaesthesia with spontaneous respiration General anaesthesia with controlled ventilation Anaesthesia for a patient with a full stomach Shared airway 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: Anaesthesia for a patient with a full stomach Shared airway Paediatric case Anaesthesia for an elderly patient Anaesthesia for non-elective intra-abdominal surgery Obstetric case Regional anaesthesia case ICU case Difficult intubation Major haemorrhage
Self evaluation
It may be helpful to ask the trainee to complete a self-evaluation before debriefing at the end of an assessment, in order to gauge insight. The form would be identical to that used by the assessor. This may also be usefully done at the beginning and end of a 'module' to see how the trainee's evaluation of his / her own ability evolves.

Multi-Source Feedback (MSF)
Frequency Unless and until central, definitive direction is provided by COPMeD or a comparable body the RCoA recommends that MSF should be conducted: <ul style="list-style-type: none"> • towards the end of StR year 1 to support the first annual appraisal and the Annual Review of Competence Progression; • 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 The following procedure is used successfully in the Northern Ireland School of Anaesthesia. <ul style="list-style-type: none"> • The School provides each trainee with 15 copies of the attached 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.

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