



**The CCT in Anaesthetics**

**Assessment Guidelines**

**for ST 3 and 4**

Edition: 1  
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**Guidance:**

Assessments for fifteen clinical units of training are provided (excluding ICM). All trainees must complete all the key and general units of training as identified in the CCT in Anaesthetics satisfactorily by the end of ST4. There is no necessity for all units of training to be provided in dedicated blocks although trainees will benefit from consistent allocation of experience in some areas such as cardiac, neuro and paediatric practice.

These assessments provided vary from the very general to the very specialist. The intermediate and higher training should be viewed as a continuum with some trainees being exposed to very specialist experience at a more junior stage of training. If they have had this experience it is appropriate for them to be assessed on it.

General surgery, orthopaedic and gynaecological surgery competences are identified at the intermediate level but do not include any highly specific competences. Appropriate generic assessments have been identified.

Assessments must be undertaken for each unit of training. All the assessments can be carried out during the course of normal work. It is the responsibility of the trainee, in consultation with their educational supervisor, to provide evidence of assessments that are adequate to support their claim to have satisfactorily completed each unit of training. The annual review of progress will be required to consider progress in each of the categories

The lists provided are only examples and Schools are encouraged to develop their own assessments based in this guidance. ***It is important to note that a minimum of one Anaes-CEx, DOP and CBD should be undertaken for each subspecialty unit of training, ensuring wide sampling.*** Trainees whose performance gives cause for concern should be undergo a greater number of assessments; the exact number needs to be determined by the local trainers depending upon circumstances. An average trainee would be expected to complete at least 10 units of training plus 3 months of intensive care in ST 3/4. Thus the minimum number of assessments performed in these two years will be 33 (1 in each category per unit of training).

## Anaesthetic Practice Observations for Basic Training

### 1. General Surgery, Orthopaedic Surgery and Gynaecology

Anaes CEx

1. Conduct anaesthesia for a complete operating list
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DOPS

1. Complete the local and on-line documentation of a critical incident
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Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.
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1. Discuss how the patients intercurrent disease influenced the anaesthetic decision making
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2. Discuss how the trainee approaches the problem of working in teams
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3. Discuss how a 'culture of safety' influences the conduct of anaesthesia
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4. Discuss how conflict with the surgical team arose or could have arisen during anaesthesia and how resolution can be achieved in the patients interest
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5. Discuss the recognition of possible critical mishap during anaesthesia
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6. Discuss how the use of best practice minimised the risk of hospital acquired infection in this case
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7. Discuss how the anaesthetist protected the patients dignity and self-esteem during the course of pre-operative preparation, surgery and recovery.
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## 2. Ambulatory Anaesthesia

Anaes CEx

1. Administer anaesthesia for a day surgery list – pay particular attention to the instructions given to the patient and their carers, and to the adequacy of written instructions.

DOPS

1. Make an assessment of a patients suitability for discharge

Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

1. Discuss how the early discharge of the day patient influences the anaesthetic decision-making.

2. Discuss how being a day-patient influenced the pre-operative assessment and preparation of the patient.

3. Discuss what circumstances would have led to the patient being admitted overnight

### 3. Vascular Anaesthesia

Anaes CEx

2. Administer anaesthesia for a peripheral revascularisation procedure

DOPS

1. Induce anaesthesia and establish monitoring etc for major vascular surgery

Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

1. Discuss how the patient's vascular disease influenced the anaesthetic decision making

2. Discuss how the risk of hypothermia influenced the anaesthetic decision making

3. Discuss the likelihood of massive bleeding and the impact of this possibility on the conduct of anaesthesia.

## 4. Trauma and Injury Anaesthesia

Many anaesthetists will have successfully completed ATLS courses and in this case their ability to assess and plan treatment for major trauma can be recognised.

Anaes CEx

1. Administer anaesthesia to a patient with major injuries
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DOPS

1. Review neck X rays for the integrity of the cervical spine
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2. Score the Glasgow Coma Scale and decide an appropriate level of care
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3. Insert a chest drain
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Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.
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1. Discuss how fluid management was conducted
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2. Discuss how anaesthesia decisions were affected by the presence of a head injury.
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3. Discuss the likelihood of massive bleeding and the impact of this possibility on the conduct of anaesthesia.
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## 5. Regional Anaesthesia

Anaes CEx

1. Conduct a major operation with regional anaesthesia
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DOPS

1. Perform a brachial plexus block
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2. Perform a lower limb peripheral nerve block
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3. Perform a paravertebral block
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4. Demonstrate the use of the ultra-sound scanner to locate nerve trunks
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Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.
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1. Discuss how decisions regarding the use of sedatives for the awake patient were made
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2. Discuss how the advantages and disadvantages of regional anaesthesia were represented to the patient
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3. Discuss how the possibility of nerve injury affects the decision to use regional anaesthesia
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## 6. Pain Management – Acute and Chronic

### Anaes CEx

1. Conduct an acute pain round dealing with complex acute pain problems. (May be assessed by senior pain team nurse – if locally appropriate)
2. Make an assessment (to include history taking, physical examination and interpretation of investigations) and plan basic management of a chronic pain condition (e.g. straightforward neuropathic pain) to include letter writing and need for more specialist input.

### DOPS

1. Insert a peri-operative epidural catheter; set up and supervise the post-operative epidural analgesic regime.
2. Conduct a thorough examination and assessment of the nervous system

### Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.
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1. Discuss the methods of controlling acute pain in a specific patient group e.g. neonates, children the older person, the cognitively impaired or the unconscious patient.
2. Discuss the features and identification of acute neuropathic pain and the importance of treatment.
3. Discuss the management of acute post-operative pain in cardiac, thoracic or neurosurgery.
4. Discuss the value of multi-disciplinary working and communication in the management of pain.

## 7. Obstetric Competences

### Anaes CEx

1. Administer anaesthesia for caesarean section to a patient with a complicated pregnancy (hypertensive disease, placenta praevia etc)
2. Convert an epidural for labour analgesia to a regional anaesthetic for LSCS and proceed with surgery

### DOPs

1. Manage an established epidural where pain relief is inadequate
2. Undertake combined spinal-epidural

### Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.
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1. Discuss how the patient's disturbed blood coagulation affected anaesthetic decision making
2. Discuss the alternatives that were considered for the control of hypertension
3. Discuss the factors that influenced the anaesthetic in a case of urgent caesarean section for foetal distress or antepartum haemorrhage
4. Discuss the likelihood of failed intubation and the impact of this possibility on the conduct of anaesthesia.

## 8. Paediatric Competences

### Anaes CEx

1. Administer anaesthesia to a fit child aged 3-5 years for tonsillectomy
2. Conduct a pre-operative assessment and provide anaesthesia for a child with learning difficulties presenting for elective minor surgery.
3. With appropriate supervision, organise and safely manage anaesthesia for fit children aged 3 years and over – can be ophthalmic, ENT, dental, general etc.
4. Anaesthetise a previously fit 6 (approximately) year old child for an emergency appendicectomy or emergency orthopaedic procedure

### DOPs

1. Establish intravenous access for a child aged 1 to 2 years
2. Conduct inhalational induction of anaesthesia in the presence of a child's parents
3. Establish caudal epidural analgesia in a child aged over 1 year.
4. Successfully manage the airway of a 1 year old infant.
5. Appropriately choose and establish a peripheral regional local anaesthetic block in a child.

### Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

1. Discuss how the presence of the parents at induction influenced the conduct of anaesthesia
2. Discuss how intercurrent diseases influenced the anaesthetic decision making
3. Discuss how differences in physiology from an adult affected anaesthetic decision making
4. Discuss how the child's physiology and response to injury influenced the management of pre, intra, and post op fluid management
5. Discuss the decisions about post operative analgesia for the child
6. Discuss how the management of suspected child abuse discovered during the time the child is in theatre

## 9. Cardio-thoracic Competences

### Anaes CEx

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| 1. Make a pre-operative assessment of a patient presenting for thoracic or cardiac surgery. |
| 2. Administer anaesthesia for a thoracic operation (e.g. VATS/open thoracotomy)             |

### DOPs

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| 1. Induce anaesthesia in the presence of significant cardiac or pulmonary disease  |
| 2. Establish anaesthesia including invasive arterial and central-venous monitoring |
| 3. Insert a double lumen endo-bronchial tube                                       |

### Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.
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| 1. In the case of a patient with significant heart disease discuss how this affected the choice of anaesthetic agents, conduct of induction, conduct of emergence and post operative care. |
| 2. In the case of a high risk patient, discuss the indications for prophylaxis for bacterial endocarditis.   |
| 3. In the case of a patient who has had pre-operative stress testing discuss the evaluation of ischaemic heart disease and how this affects the conduct of anaesthesia.                    |
| 4. In the case of a patient who has had one lung anaesthesia discuss the conduct of the anaesthetic and how this is influenced by the use of this technique.                               |
| 5. In the case of a patient who develops atrial fibrillation post-operatively, discuss its significance and management.  |
| 6. In a patient who has had lung function tests discuss their significance in planning anaesthesia and surgery.  |

## 10. Neuro-anaesthesia

### Anaes Cex

1. Administer anaesthesia for burr holes for drainage of a chronic subdural haematoma
2. Administer anaesthesia for insertion of a shunt / EVD
3. Administer anaesthesia for surgery of the cervical spine under supervision
4. Administer anaesthesia for a straightforward craniotomy under supervision
5. Manage the care of a patient during transfer from ICU/AED for a CT head

### DOPs

1. Transfer the patient to the operating table and position them in the prone or lateral position
2. Induce anaesthesia (under supervision) for elective/emergency supratentorial craniotomy in a patient with raised intra-cranial pressure
3. Set up a Target Controlled Infusion device

### Case Based Discussion

Examine the case notes of a patient who has undergone intra-cranial surgery. Ask the trainee to explain their approach to pre-operative preparation, choice of induction, maintenance and post-operative care. Select one of the following topics and discuss the trainees understanding of the issues in context.
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1. Discuss the factors that influenced the choices for the post-operative care of the patient (including analgesics, fluids, ITU/HDU/ward)
2. Explain how the need to control intra-cranial pressure has influenced the conduct of anaesthesia

### OR

Examine the case notes of a patient who has been admitted through the Emergency Department with a closed head injury (isolated or part of multi-trauma). Ask the trainee to explain their approach to their initial management in the Emergency Department. Select one of the following topics for discussion to ascertain the trainees understanding of the issues of managing such cases.
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1. Discuss their initial assessment of the case
2. Explore what effect the probability of significantly raised intra-cranial pressure had on their management
3. Explore their understanding of the issues surrounding blood pressure control
4. Discuss how they prepared and managed the patient for cranial imaging

## 11. Ophthalmic Anaesthesia Competences

### Anaes CEx

1. Manage regional anaesthesia for a list of cataract surgery (subtenons or peribulbar – not topical)
2. Manage general anaesthesia for cataract surgery
3. Manage anaesthesia for vitreo-retinal surgery
4. Manage anaesthesia for a child undergoing squint surgery

### DOPs

1. Insert local anaesthetic drops for topical anaesthesia
2. Perform sub-tenons or peribulbar anaesthesia

### Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

1. Discuss the risk of the occulo-cardiac reflex and how this has influenced the anaesthetic choices
2. Discuss the impact of the need to control intra-ocular pressure on the anaesthetic decision making
3. Discuss the impact of extreme age upon the anaesthetic decision making including decisions about suitability for day surgery
4. Discuss why general anaesthesia was chosen for cataract surgery

## 12. Diagnostic Imaging Anaesthesia and Sedation

Anaes CEx

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| 1. Manage anaesthesia for CT scan                                |
| 2. Manage anaesthesia for diagnostic or interventional radiology |
| 3. Manage anaesthesia for MRI scan                               |

DOPs

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| 1. Transfer the patient onto the scanner for CT or MRI |
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Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.
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| 1. Explain how the risks of radiological exposure affect the conduct of anaesthesia especially the isolated patient |
| 2. Discuss how the particular problems of MRI influence anaesthesia   |
| 3. Discuss how safe transport to and from the Radiology Department was achieved                                     |
| 4. Discuss the problems of the use of contrast media  |

### 13. Plastic-Surgery and Burns Anaesthesia Competences

Anaes CEx

1. Manage a plastic surgery operating list of small cases
2. Manage a free flap reconstruction
3. Manage anaesthesia for head and neck surgery
4. Manage the debridement of major burns

DOPs

1. Make an assessment of a burned patient
2. Prescribe fluid therapy for a burned patient

Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

1. Discuss the way the anaesthetics decision was affected by the requirements of the surgeon in free flap surgery
2. Discuss the anaesthetic considerations attendant upon the debridement of burns

## 14. Maxillo-Facial and Dental Anaesthesia Competences

Anaes CEx

1. Manage a dental or maxillo-facial surgery operating list
2. Manage a list of paediatric minor dental extractions in an ambulatory setting
3. Manage anaesthesia for head and neck surgery (also ENT and plastics)
4. Manage anaesthesia for fractured mandible / fractured zygoma

DOPs

1. Recover a patient from anaesthesia following dental extractions in an ambulatory clinic setting
2. Perform nasotracheal intubation
3. Perform a fibre-optic intubation (oral / nasal) via a LMA using an intubating catheter (also ENT)
4. Perform a surgical airway on a manikin

Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

1. Discuss how the shared airway influences anaesthesia for dentistry
2. Discuss how to deal with the problem of the apprehensive child and parent in the dental setting
3. Discuss how the possibility of a difficult airway influences the conduct of anaesthesia

## 15. Ear, Nose and Throat Anaesthesia Competences

Anaes CEx

1. Manage an anaesthetic for tonsillectomy
2. Manage an anaesthetic for middle ear surgery
3. Manage a list of minor and intermediate ENT cases
4. Manage anaesthesia for head and neck surgery (also Maxfac and Plastics)

DOPs

1. Manage the airway for laser surgery
2. Manage the airway for panendoscopy or microlaryngoscopy +/- laryngeal surgery
3. Manage an inhalational induction on an ENT patient
4. Perform a fibre-optic intubation (oral / nasal) via a LMA using an intubating catheter (also Maxfac)

Case Based Discussion

Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

1. Discuss how the need to share the airway with the surgeon influenced the anaesthetic decision making
2. Discuss how possible difficulty in intubation influenced the preoperative assessment and anaesthetic decision making
3. Discuss the way peri-operative pain was managed in an ENT patient
4. Discuss the special airway tubes available for use in ENT anaesthesia and why the device used was chosen.
5. Discuss the way the problem of bleeding during middle ear surgery influenced the conduct of anaesthesia

## 16. Teaching and Learning

1. Supervise a junior colleague in performing a routine operating list
2. Supervise a junior colleague in undertaking emergency anaesthesia including rapid sequence induction
3. Present a case during a departmental meeting
4. Teach a formal session during a departmental education programme

### DOPS

1. Complete a multi-source feedback assessment for a colleague
2. Undertake the completion of a Mini-Cex, DOPS or CPD for a junior colleague
3. Prepare a powerpoint presentation

### Case Based Discussion

Examine the case-notes relating to episodes where the trainee was teaching and supervising another. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to pre-op preparation, choice of induction, maintenance, post op care. Select one of the following topics and discuss the trainees understanding of the issues in context.

1. Discuss how patient safety was protected during an episode of clinical teaching
2. Discuss how teaching was related to the context of real work
3. Discuss how the trainee made judgements about the competence of someone they were supervising