

## A Guide to Supervising Student Anaesthesia Associates in London

### Introduction

This short guide is designed to answer any questions you may have about supervising and supporting the Student Anaesthesia Associates (SAAs) in your department. The SAAs are studying for the University College London (UCL) MSc in Anaesthesia and Perioperative Science, and as part of this they will be working alongside you in theatre. The academic component of the course involves a significant amount of self-directed study, and the materials to support this (e.g., online lectures and reading lists) are provided by UCL. Your department will also help to support them in their academic learning by providing small group tutorials. However, the SAAs also need to develop their clinical knowledge and skills, and this is where the time with you in theatre will be crucial.

### Clinical Supervision of SAAs

The SAAs in your department will be working in theatre from day 1 of the course. However, it's important to remember that they are different to a novice CT1 anaesthetist, as they are not doctors. The SAAs may already be healthcare professionals (e.g., ODPs, nurses, paramedics), but may also be science graduates who have never worked in healthcare. You will need to tailor their clinical learning to their individual backgrounds.

SAAs are supernumerary for the entirety of the course, and so they should **work under the direct clinical supervision of a consultant anaesthetist at all times** (although this may be delegated to a senior anaesthetic trainee or qualified Anaesthesia Associate). At qualification, the SAAs should be able to work at **supervision level 2b** (i.e., supervisor within the hospital, able to provide prompt direction and/or assistance). The speed at which the individual SAAs develop their clinical skills is likely to be variable.

The SAAs have a detailed curriculum to work towards, and the academic standard largely mirrors that required for the primary FRCA (although it does not include obstetrics, paediatrics, or ICU). They should discuss their learning goals with you at the start of the list, and they should identify appropriate workplace-based assessments for completion. Each student will have a "Clinical Experience, Knowledge, and Abilities" (CEKA) workbook to complete by the end of the course, and you can use this to guide their learning. In addition, they are also required to complete DOPS, ACEX, CBD, and ALMAT forms – these will be familiar to you from working with anaesthetic trainees.

We suggest that you should aim to rota your SAAs to lists that do not have a junior anaesthetic trainee, in order to maximise the learning opportunities for everyone. SAAs are expected to

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complete a minimum of 150 clinical hours per module, and this translates into approximately 3 clinical days per week.

### **Educational Supervision of SAAs**

Each SAA should be allocated an Educational Supervisor (ES) at the start of the course, and they will keep this ES until they graduate. The training requirements for educational supervisors are the same as those for educational supervisors of anaesthetic trainees, and as such the local clinical lead should ensure that all ESs have received the appropriate training and are signed off as per local Trust requirements. As a minimum, the ES will need to meet with the SAA at the end of each module for their end of module review. The review is similar to completing an ESSR for an anaesthetic trainee, and involves reviewing the SAA's logbook, WBPAs, clinical hours diary, feedback, and reflective writing. The students should upload all their evidence into their Moodle portfolio prior to the ES meeting. In addition to reviewing the portfolio, the ES will also complete a problem-based learning assessment with the SAA during this meeting.

In addition to the end of module meetings, the ES should be the first point of call for any SAA who requires educational or pastoral support. It is helpful for the ES and SAA to work together regularly so that the ES is familiar with the student's clinical knowledge and skills.

HEE have allocated funding of 0.25 PA per SAA for educational supervision.

### **The role of the Local Education Lead**

Each department with SAAs must have a nominated Local Educational Lead (LEL). The LEL may or may not be an ES, and this is a decision for the individual trust. The role of the LEL is to support the ESs and to be the primary point of contact between the trust and UCL. The LEL will liaise closely with the regional training programme lead and will also provide a local point of escalation for any SAA with educational, pastoral, or professional concerns. A key role of the LEL is to organise the delivery of local tutorials. The SAAs are allocated one day per week for tutorials, and there are 8 tutorials per module. One tutorial per module will be delivered by the UCL faculty, and the remaining 7 tutorials can be delivered either locally or in collaboration with other nearby trusts (for example, in London there are 12 students split between 3 trusts and the provision of tutorials will be shared between the 3 trusts).

You can also find more information about supervision of anaesthesia associates on the RCoA and GMC website:

[Royal College of Anaesthetists - Anaesthesia Associates](#)

<https://www.gmc-uk.org/pa-and-aa-regulation-hub>

### **Acronyms**

DOPS – Direct Observation of Procedural Skills  
A-CEX – Anaesthesia Clinical Evaluation Exercise  
CBD – Case Based Discussion

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ALMAT – Anaesthetic List Management Assessment Tool  
ESSR – Educational Supervisors Structured Report  
WBPA – Workplace Based Assessment  
FRCA – Fellowship of the Royal College of Anaesthetists  
ODP – Operating Department Practitioner