

Annex B - Stage 1 Domains of Learning

Professional behaviours and communication

| High-level Learning Outcome | | | |
|--|-----------------|-------------------------------|---------|
| <i>Demonstrates the professional values and behaviours that patients expect from their doctors</i> | | | |
| Generic Professional Capability domains | 1,2,3,4,5,6,8,9 | Good Medical Practice domains | 1,2,3,4 |

| Stage 1 learning outcome |
|--|
| <i>Demonstrates the professional values and behaviours required of doctors in training</i> |

| Stage 1 Key Capabilities | |
|--------------------------|--|
| A | Demonstrates the personal and professional values and behaviours set out in Good Medical Practice |
| B | Communicates effectively with patients, their relatives and members of the multidisciplinary team with whom they work including being open and honest when things go wrong |
| C | Practices effective interpersonal skills, emphasising empathy, compassion, courtesy and respect |
| D | Appreciates how their own behaviour affects patients and members of the multidisciplinary team and acts accordingly |
| E | Reflects on their own clinical practice in order to achieve insight and gain meaningful learning from experiences |
| F | Obtains valid consent following the associated legal and professional principles |
| G | Participates in GMC National Training Survey and other quality control, management and assurance processes as required by the regulator |
| H | Produces accurate, legible, contemporaneous notes relating to all clinical practice |
| I | Appreciates the importance of physical and mental health in self and others |

| Illustrations |
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| The illustrations are examples of evidence that can be used to show achievement of key capabilities in a particular learning outcome. |

It is not intended that they are all completed but they are examples of what can be presented as evidence. A single piece of evidence can be used for a number of different capabilities across various domains and are not necessarily exclusive to the stage of training listed.

This is not exhaustive and other evidence may be used if thought appropriate by the trainer.

Maintenance of professional portfolio on LLP

Completion of GMC trainee survey

Satisfactory MSF

Reflection on examples of good and poor behaviour by member of the multidisciplinary team

Demonstrates effective communication skills with patients during pre-operative assessment

Accurately records details of pre-operative assessment on anaesthetic chart

Discussion of event where demonstration of duty of candour is appropriate

Achievement of IAC and IACOA

Experience in and WBAs from: pre-operative assessment clinics, theatres, intensive care

Simulation training: critical incidents, transfer

Demonstrates safe and effective handover to another member of the health care team

Demonstrates high standards in prescribing medication

Active involvement with safety checks in theatre eg WHO checklist

Satisfactory consultant feedback

Shows confidentiality within all means of communication including social media

Management and professional and regulatory requirements

| High-level Learning Outcome | | | |
|---|-----------|--------------------------------------|-------|
| <i>Undertakes managerial, administrative and organisational roles</i> | | | |
| <i>Generic Professional Capability domains</i> | 1,2,3,5,6 | <i>Good Medical Practice domains</i> | 2,3,4 |

| Stage 1 Learning Outcome |
|---|
| <i>Understands and undertakes managerial, administrative and organisational roles expected of all doctors</i> |

| Stage 1 Key Capabilities | |
|--------------------------|--|
| A | Describes the management structure and processes of the anaesthetic department within the wider hospital environment |
| B | Explains employment law and the relevance of the working time regulations |
| C | Works within local and national systems for clinical governance and data protection |
| D | Stays up to date, and complies, with relevant guidance from the GMC and other professional bodies |
| E | Commits to the objectives of the hospital as an organisation |
| F | Understands equality and diversity legislation |
| G | Complies with health and safety legislation in the context of patient care |

| Illustrations |
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| <p>Equality and diversity training</p> <p>Attendance at hospital induction and completion of mandatory training requirements</p> <p>Attendance at departmental clinical governance meetings</p> <p>Employment law eLearning (this might have to be written into eLA)</p> |

Presentation at clinical governance meeting

Demonstrates application of principles of information governance

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Team Working

| | | | |
|---|--------------------|--------------------------------------|----------|
| High-level Learning Outcome | | | |
| <i>Contributes to teams to enhance patient care</i> | | | |
| <i>Generic Professional Capability domains</i> | <i>1,2,3,5,6,8</i> | <i>Good Medical Practice domains</i> | <i>3</i> |

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| Stage 1 Learning Outcome |
| <i>Works effectively as a member of a clinical team</i> |

| | |
|---------------------------------|---|
| Stage 1 Key Capabilities | |
| A | Actively participates and contributes to the work and success of a team |
| B | Demonstrates appropriate clinical leadership behaviour in the workplace |
| C | Demonstrates the importance of non-technical skills in the functioning of a successful team |
| D | Describes leadership responsibilities |
| E | Explains why effective leadership is central to safe and effective care |
| F | Provides, accepts and acts on constructive and appropriately framed feedback |

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| <p>Illustrations</p> <p>The illustrations are examples of evidence that can be used to show achievement of key capabilities in a particular learning outcome.</p> <p>It is not intended that they are all completed but they are examples of what can be presented as evidence. A single piece of evidence can be used for a number of different capabilities across various domains and are not necessarily exclusive to the stage of training listed.</p> <p>This is not exhaustive and other evidence may be used if thought appropriate by the trainer.</p> <p>Completion of resuscitation courses</p> <p>Acts as a member of the medical emergency team</p> <p>Simulation training eg : crisis resource management, critical incidents and transfer</p> <p>Satisfactory MSF</p> <p>Demonstrates through reflection evidence of good team working</p> <p>Experience in and WBAs from: theatres, intensive care</p> |
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Safety & Quality Improvement

| High-level Learning Outcome | | | |
|--|----------------------|--------------------------------------|--------------|
| <i>Improves the quality and safety of patient care</i> | | | |
| <i>Generic Professional Capability domains</i> | <i>1,2,3,5,6,7,9</i> | <i>Good Medical Practice domains</i> | <i>1,2,3</i> |

| Stage 1 Learning Outcomes |
|---|
| <i>Understands and applies quality improvement methodology</i> <i>Applies the principles of patient safety to their own clinical practice.</i> |

| Stage 1 Key Capabilities | |
|--------------------------|---|
| A | Describes quality improvement theories and methodologies |
| B | Contrasts quantitative and qualitative analysis and the diagnostic tools used to understand the system |
| C | Compares audit, research and quality improvement |
| D | Commits to the principles of continuous quality improvement |
| E | Describes the common threats to patient safety in theatre and the perioperative period, and describes how these are minimised by day-to-day work routines |
| F | Describes the benefits of learning by sharing patient safety problems and solutions by means of critical incident reporting and improving care through morbidity or mortality reviews |
| G | Understands the importance of recognising and rewarding excellence in quality and safety, not simply mistakes and errors |
| H | Demonstrates the importance of the non-technical aspects of care such as situation awareness, task management, decision making and team working in anaesthetic practice. |
| I | Understands the importance of interpersonal skills, structured communication and the use of cognitive aids in managing critical emergencies, and recognises the role of simulation in rehearsal |
| J | Describes the benefits and limitations of technology and equipment in maintaining patient safety |
| K | Describes the requirements and processes for raising concerns |

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|---|---|
| L | Explains and demonstrates duty of candour |
| M | Prescribes and administers drugs safely |

Illustrations

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- Involvement with local, regional or national quality improvement projects
- Submission of excellence and incident reports
- Simulation training – crisis resource management, critical incident, resuscitation
- Attendance at quality improvement training
- Engages with surgical safety initiatives and departmental guidelines relating to patient safety
- Evidence of applying good non-technical skills and effective multi-disciplinary team working
- Attendance at local clinical governance meetings
- Shows learning from pre-briefs and de-briefs on own and teams performance
- Satisfactory consultant feedback
- WBAs: A-QIPAT for relevant projects

Safeguarding

| High-level Learning Outcome | | | |
|--|---------------|-------------------------------|-----|
| <i>Identifies vulnerable people and takes appropriate action</i> | | | |
| Generic Professional Capability domains | 1,2,3,5,6,7,8 | Good Medical Practice domains | 2,4 |

| Stage 1 Learning Outcome |
|---|
| <i>Describes the importance of safeguarding vulnerable people</i> |

| Stage 1: Key Capabilities: | |
|----------------------------|---|
| A | Explains local procedures for safeguarding vulnerable children and adults |
| B | Discusses the principles of adult safeguarding; empowerment, prevention, proportionality, protection, partnership, accountability |
| C | Communicates effectively with vulnerable patients |
| D | Recognises potential forms of abuse of vulnerable adult and children and the various contexts in which they may occur |
| E | Classifies the different forms of maltreatment that can occur |
| F | Complies with professional requirements and legal processes when obtaining consent from vulnerable patients |
| G | Describes escalation triggers and processes |

| Illustrations |
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| <p>Attendance at local mandatory training including safeguarding</p> <p>eLearning: child and adult safeguarding</p> <p>Involvement with cases where there are safeguarding issues with children or adults</p> <p>Manages consent in an adult who does not have capacity</p> |

Knows the local procedure for referral of an adult for safeguarding concerns

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Education and Training

| High-Level Learning Outcome | | | |
|--|--------------------|--------------------------------------|------------|
| <i>Helps others to develop their professional practice</i> | | | |
| <i>Generic Professional Capability domains</i> | <i>1,2,5,6,8,9</i> | <i>Good Medical Practice domains</i> | <i>1,3</i> |

| Stage 1 Learning Outcome |
|--|
| <i>Takes responsibility for their own education and training needs and contributes to departmental education</i> |

| Stage 1 Key Capabilities | |
|--------------------------|---|
| A | Demonstrates that providing high quality patient care is always the priority in the context of education |
| B | Manages their own programme of learning |
| C | Describes the importance of and participates in induction and orientation of new staff |
| D | Explains the role of different learning opportunities, within the workplace and beyond, making use of a range of techniques including e-learning and simulation |
| E | Explains the need for, reflects and acts on feedback on their education and training, including at local, regional and national level |
| F | Describes the importance of patient education |
| G | Records educational activities appropriately, including reflection on learning |
| H | Promotes and participates in inter-professional learning |
| I | Contributes to departmental educational programmes |

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| Maintenance of professional portfolio on LLp |

Record of attendance at local and regional/school teaching sessions

Completion of GMC trainee survey

Teaching session delivered (presentation slides)

Attendance at pre-assessment (POA) or perioperative medicine (POM) clinic

Simulation training

Use of eLearning Anaesthesia

Demonstrates action on feedback in WBAs

Engagement with feedback on education and training

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Research and managing data

| | | | |
|--|--------------------|--------------------------------------|----------------|
| High-level Learning Outcome | | | |
| <i>Expands the understanding of anaesthetic practice</i> | | | |
| <i>Generic Professional Capability domains</i> | <i>1,3,5,6,8,9</i> | <i>Good Medical Practice domains</i> | <i>1,2,3,4</i> |

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| Stage 1 Learning Outcome |
| <i>Is research aware:</i> <i>Demonstrates an understanding of the evidence-based approach to anaesthetic and perioperative care</i> |

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|---------------------------------|--|
| Stage 1 Key Capabilities | |
| A | Demonstrates knowledge of different research approaches in scientific enquiry |
| B | Develops the skills required to be current with national guidelines, best practice and relevant publications, appreciating the principles of an unbiased literature search |
| C | Explains the principles of Good Clinical Practice (GCP) |
| D | Explains the role of research evidence in clinical practice |
| E | Describes essential statistical techniques used in research |

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Awareness of local Trainee Research Network activity (TRN)

Accesses and interprets evidence from the literature to aid shared-decision making

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Perioperative Medicine and Health Promotion

| High-level Learning Outcomes | | | |
|---|---------------|-------------------------------|---------|
| <p><i>Facilitates safe multi-disciplinary perioperative care.</i></p> <p><i>Promotes principles of public health interventions and practices efficient use of healthcare resources.</i></p> | | | |
| Generic Professional Capability domains | 1,2,3,4,5,6,7 | Good Medical Practice domains | 1,2,3,4 |

| Stage 1 Learning Outcomes |
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| <p><i>Identifies clinical and social challenges that increase risk for patients undergoing surgery.</i></p> <p><i>Appreciates the principles of sustainability in clinical practice</i></p> |

| Stage 1 Key Capabilities | |
|---------------------------------|---|
| A | Explains the patient, anaesthetic and surgical factors influencing patient outcomes |
| B | Applies a structured approach to preoperative anaesthetic assessment of ASA 1-3 patients prior to surgery and recognises when further assessment and optimisation is required |
| C | Explains the effect that co-existing disease, subsequent treatment and surgical procedure may have on the conduct of anaesthesia and plans perioperative management accordingly |
| D | Considers patient informed preference when obtaining consent for anaesthetic procedures. |
| E | Describes and recognises the role of socio-economic, environmental and lifestyle factors in health and illness |
| F | Identifies appropriate opportunities to educate patients in health matters |
| G | Describes and utilises appropriate antibiotic prophylaxis and prevention and treatment of infections |
| H | Explains individualised options and risks of anaesthesia and pain management to patients |
| I | Explains the environmental impact of healthcare and the principles of sustainable clinical practice |
| J | Describes the importance of perioperative nutrition and fasting |
| K | Applies local policies to prevent venous thromboembolism and understands the implications for anaesthetic practice on an individualised basis |

| | |
|---|---|
| L | Recognises and acts on the specific perioperative care requirements in frail and elderly patients and those with cognitive impairment |
| M | Explains the specific perioperative care requirements of children including anxiety management |
| O | Explains the perioperative implications of pregnancy, and initiates management of common serious diseases relating to pregnancy |
| P | Liaises with critical care when appropriate for post-operative care |
| Q | Describes the perioperative requirements for day case surgery |
| R | Safely prescribes and administers blood products |
| S | Describes the principles of end of life care |

Illustrations

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Experience of and WBAs for cases in emergency surgery, trauma lists, pre-operative assessment clinics, paediatrics, obstetrics

eLearning: transfusion practice, health promotion

Acquisition of IAC, IACOA

Demonstration of appropriate hygiene – hand hygiene, bare below elbows, scrubbing technique

Further reading: Association of Anaesthetists resources on environment and sustainability

Planning the optimisation of a patient pre-operatively

Discussion and planning of post-operative care

Participation in pre-operative assessment clinic

Primary FRCA pass

Satisfactory MSF

Satisfactory consultant feedback

General Anaesthesia

| High-level Learning Outcome | | | |
|--|-------------|-------------------------------|---------|
| <i>Provides safe and effective general anaesthesia</i> | | | |
| Generic Professional Capability domains | 1,2,3,5,6,7 | Good Medical Practice domains | 1,2,3,4 |

| Stage 1 Learning Outcome |
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| <i>Provides safe and effective general anaesthesia with distant supervision for patients undergoing non-complex elective and emergency surgery within a general hospital setting</i> |

| Stage 1 Key Capabilities | |
|--------------------------|---|
| A | Conducts comprehensive pre-anaesthetic and pre-operative checks |
| B | Safely manages induction and maintenance of anaesthesia by inhalational and intravenous techniques, extubation and emergence from anaesthesia |
| C | Plans recovery care, and manages recovery from anaesthesia utilising safe discharge criteria |
| D | Diagnoses and manages common peri-operative complications |
| E | Recognises anaesthetic critical incidents and explains their causes and management |
| F | Demonstrates knowledge of standard equipment used in anaesthetic practice with an understanding of relevant underpinning physics and clinical measurement involved. |
| G | Demonstrates knowledge of anatomy, physiology, biochemistry and pharmacology relevant to anaesthetic practice |
| H | Provides safe general anaesthesia with distant supervision for ASA 1- 3 adults undergoing non-complex elective and emergency surgery within the general theatre setting. |
| I | Can identify patients with difficult airways, demonstrates management of the 'cannot intubate cannot oxygenate' scenario in simulation, and describes difficult airway guidelines |
| J | Recognises the challenges associated with shared airway surgery |
| K | Manages intra-operative fluid balance appropriately |
| L | Describes the specific needs of the obese, frail and elderly patient undergoing general anaesthesia |

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| M | Provides safe anaesthesia for diagnostic or therapeutic procedures in the non-theatre environment for ASA 1- 2 adults with local supervision |
| N | Explains the principles of anaesthetic care for patients presenting with major trauma |
| O | Explains the principles of paediatric anaesthesia taking into account the anatomical, physiological, psychological and pharmacological differences from adults and their implications for safe anaesthetic practice |
| P | Provides safe general anaesthesia for ASA 1- 2 children 5 years and over with local supervision and 10 years with distant supervision undergoing non-complex elective and emergency surgery. |
| Q | Explains the anaesthetic implications of pregnancy, and undertakes safe general anaesthesia for ASA 1- 3 obstetric patients |
| R | Performs immediate resuscitation and care for patients with acute obstetric emergencies under distant supervision, recognising when additional help is required |
| S | Describes the principles of total intravenous anaesthesia and uses it safely in clinical practice for non-complex cases |

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Experience of and WBAs for cases in a wide range of surgical specialties, paediatrics, obstetrics, elderly and bariatric patients and in the non-theatre environment such as ECT

Procedures: insertion supra-glottic airway device, intubation using standard laryngoscope and using videolaryngoscope

Simulation training: airway, critical incident, obstetrics

Acquisition of IAC, IACOA

Primary FRCA pass

Satisfactory MSF

Satisfactory consultant feedback

Regional anaesthesia

| | | | |
|---|-------------|-------------------------------|---------|
| High-level Learning Outcome | | | |
| <i>Provides safe and effective regional anaesthesia</i> | | | |
| Generic Professional Capability domains | 1,2,3,5,6,7 | Good Medical Practice domains | 1,2,3,4 |

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| Stage 1 outcome. |
| <i>Performs simple peripheral nerve blocks and performs spinal anaesthesia and lumbar epidural anaesthesia/analgesia independently</i> |

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|----------------------------------|--|
| Stage 1 Key Capabilities: | |
| A | Explains clearly to patients the risks and benefits of regional anaesthesia |
| B | Describes the indications and contraindications to regional anaesthetic techniques |
| C | Practices measures to avoid wrong-site blocks |
| D | Performs spinal anaesthesia for ASA 1-3 surgical patients independently |
| E | Performs simple peripheral nerve blocks with ultrasound |
| F | Performs ultrasound-guided femoral or fascia iliaca blocks independently |
| G | Identifies and initiates initial management of complications of regional anaesthesia including systemic local anaesthetic toxicity, high spinal and dural puncture headache |
| H | Provides epidural or combined spinal-epidural analgesia for labour in the ASA 1-3 obstetric patient, and offers other forms of pain relief when neuraxial analgesia is contraindicated |
| I | Provides neuraxial anaesthesia for operative delivery and other obstetric procedures in ASA 1-3 patients and manages the inadequate neuraxial block |
| J | Discusses the scientific basis of ultrasound and the generation of ultrasound images |
| K | Discusses drugs and equipment used in regional anaesthesia |

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Procedures: spinal, lumbar epidural in general theatre and obstetrics, simple nerve block, use of ultrasound

Courses: ultrasound, regional anaesthesia

Simulation: use part-task simulators for procedures

Experience of and WBAs for cases in orthopaedics, trauma, obstetrics, ophthalmic surgery, general surgery

Achievement of IACOA

Satisfactory MSF

Satisfactory consultant feedback

Primary FRCA pass

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Resuscitation and transfer

| High-level Learning Outcome | | | |
|--|------------------|--------------------------------------|----------------|
| <i>Resuscitates, stabilises and safely transfers critically ill patients</i> | | | |
| <i>Generic Professional Capability domains</i> | <i>1,2,3,5,6</i> | <i>Good Medical Practice domains</i> | <i>1,2,3,4</i> |

| Stage 1 Learning Outcomes |
|---|
| <p><i>Able to recognise and initiates resuscitation of the deteriorating patient</i></p> <p><i>Works as an effective member of the cardiac arrest team.</i></p> <p><i>Cares for stable critically ill adult patients independently during inter-hospital transfers by road.</i></p> |

| Stage 1 Key Capabilities | |
|--------------------------|--|
| A | Explains of the pathophysiology of respiratory and cardiac arrest |
| B | Initiates resuscitation appropriately in all patient groups in accordance with the latest guidance |
| C | Describes ethical and legal issues associated with resuscitation including advance directives |
| D | Participates in debrief sessions for staff and relatives in a sensitive, compassionate and constructive manner |
| E | Demonstrates the safe management of the inter-hospital transfer of the critically ill but stable adult patient by road |
| F | Explains scoring systems in the management of deteriorating patients, and responds appropriately |
| G | Assesses the clinical risks associated with transfer for individual patients |
| H | Safely performs intra-hospital transfer of patients, including retrieval of patients newly referred to critical care. |

| Illustrations |
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Attendance at resuscitation training courses such as adult life support, paediatric life support, trauma management

Simulation training: transfer

Safe intra-hospital transfer of patient from ICU to radiology

Demonstrates ability to be effective member of resuscitation team

Achievement of IAC, IACOA

Primary FRCA pass

Experience of and WBAs for cases in intensive care, emergency surgery, obstetrics, paediatrics

Assessment of a patient referred to the critical care team utilising early warning scoring

Satisfactory MSF

Satisfactory consultant feedback

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Procedural Sedation

| | | | |
|--|--------------------|--------------------------------------|----------------|
| High-level Learning Outcome | | | |
| <i>Provides safe and effective sedation</i> | | | |
| <i>Generic Professional Capability domains</i> | <i>1,2,3,5,6,7</i> | <i>Good Medical Practice domains</i> | <i>1,2,3,4</i> |

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| Stage 1 Learning Outcome |
| <i>Provides safe procedural sedation to ASA 1 to 3 adult patients within the theatre complex.</i> |

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|---------------------------------|---|
| Stage 1 Key Capabilities | |
| A | Conducts appropriate pre-assessment of patients with respect to sedation, understands patient related risk factors, and plans accordingly. |
| B | Chooses safe, appropriate sedative drugs to deliver conscious sedation. |
| C | Describes the particular dangers associated with the use of single or combinations of sedative drugs, particularly in the frail, elderly or critically ill patient and those requiring transfer |
| D | Monitors a sedated patient's physiology appropriately |
| E | Explains the different levels of sedation and appreciates the risks associated with these. |
| F | Ensures the provision of safe post-procedural care. |
| G | Recognises and manages the complications of sedation. |

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Satisfactory MSF

Satisfactory consultant feedback

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Pain

| High-level Learning Outcome | | | |
|--|--------------------|--------------------------------------|----------------|
| <i>Manages pain</i> | | | |
| <i>Generic Professional Capability domains</i> | <i>1,2,3,5,6,7</i> | <i>Good Medical Practice domains</i> | <i>1,2,3,4</i> |

| Stage 1 Learning Outcome |
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| <i>Recognises, assesses and treats acute pain independently.</i> <i>Differentiates between acute and chronic pain</i> |

| Stage 1 : Key Capabilities | |
|----------------------------|---|
| A | Can recognise, examine, assess and manage acute pain in the surgical and non-surgical patient |
| B | Is able to safely and appropriately prescribe medication for pain management |
| C | Demonstrates the basic assessment and management of acute on chronic and chronic pain in adults |
| D | Demonstrates effective communication skills regarding pain management with patients, relatives and carers |
| E | Describes the concept of biopsychosocial multi-disciplinary pain management |
| F | Describes the special circumstances in assessing and managing perioperative pain in specific patient groups including children, pregnancy and breast feeding, the elderly and frail, those with learning and communication difficulties, autism, dementia, renal and hepatic impairment and substance abuse |
| G | Demonstrates the safe use of equipment used in pain management |

| Illustrations |
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Experience of and WBAs for cases in a range of surgical specialties, intensive care, obstetrics, paediatrics for pain related cases

Attendance at acute inpatient pain rounds

Primary FRCA pass

Use of pain assessment tools for adults and vulnerable people

Safely uses devices for patient controlled analgesia, neuraxial techniques and continuous regional techniques

Responds appropriately to patients in pain postoperatively

Achievement of IAC and IACOA

Satisfactory MSF

Satisfactory consultant feedback

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Intensive Care

| High-level Learning Outcome | | | |
|--|--------------------|--------------------------------------|----------------|
| <i>Manages critical illness</i> | | | |
| <i>Generic Professional Capability domains</i> | <i>1,2,3,5,6,7</i> | <i>Good Medical Practice domains</i> | <i>1,2,3,4</i> |

| Stage 1 Learning Outcome. |
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| <i>Provides safe and effective care for critically ill patients under close supervision.</i> |

| Stage 1 Key Capabilities | | |
|--------------------------|---|-----------------------|
| | | FICM Capability Level |
| A | Recognises the limitations of intensive care; employs appropriate admission criteria | 2 |
| B | Performs safely and effectively the clinical invasive procedures required to maintain respiratory, cardiovascular and renal support | 2 |
| C | Recognises, assesses and initiates management for acutely ill adults across the spectrum of single or multiple organ failure | 2 |
| D | Recognises the acutely ill child and initiates management of paediatric emergencies | 1 |
| E | Recognises and manages the patient with sepsis and employs local infection control policies | 2 |
| F | Undertakes and evaluates laboratory and clinical imaging investigations to manage patients while critically ill during their intensive care stay | 2 |
| G | Manages the medical / surgical needs and organ support of patients during their critical illness, including the holistic care of patients and relatives | 2 |
| H | Plans and communicates the appropriate discharge of patients from intensive care to health care professionals, patients and relatives | 2 |
| I | Manages end of life care within the intensive care environment with patients, relatives and the multi-professional team | 1 |
| J | Liaises with transplant services when appropriate, can perform brain stem death testing and provides the physiological support of the donor | 0 |

| | | |
|---|--|---|
| K | Supports clinical staff outside the ICU to enable the early detection of the deteriorating patient | 2 |
|---|--|---|

FICM Capability Levels

| Level | Task orientated capability | Knowledge orientated capability | Patient management capability |
|-------|--|--|--|
| 1 | Performs task under direct supervision. | Very limited knowledge; requires considerable guidance to solve a problem within the area. | Can take history, examine and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, recognising acute divergences from the plan. Will need help to deal with these. |
| 2 | Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task. | Sound basic knowledge; requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols. | Can take history, examine and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases. |
| 3 | Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives. | Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically. | Can take history, examine and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases. |
| 4 | Independent (consultant) practice. | Expert level of knowledge. | Specialist. |

Illustrations

The illustrations are examples of evidence that can be used to show achievement of key capabilities in a particular learning outcome.

It is not intended that they are all completed but they are examples of what can be presented as evidence. A single piece of evidence can be used for a number of different capabilities across various domains and are not necessarily exclusive to the stage of training listed.

This is not exhaustive and other evidence may be used if thought appropriate by the trainer.

Demonstrates the ability to recognise the septic patient and initiate management including treatment with antibiotics

Understands the principles of management of circulatory failure with fluids and inotropes

Understands the different modes of support for renal failure

Understands the different modes of ventilation and the indications for their use

Acts as a member of the medical emergency team

Procedures: central venous line, arterial line, intubation of the critically ill patient

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