East of England
School of Anaesthesia

Core Training Workbook

Name of trainee	
GMC number	
College Reference Number	
Base hospital	
Educational Supervisor	
College Tutor	
Core Training start date	

RCoA
Royal College of Anaesthetists

Index

A warm welcome to the East of England School of Anaesthesia

The curriculum for Core Training in Anaesthesia as set out by the Royal College of Anaesthetists, can be found in the document 'CCT in Anaesthetics, Annex B - Core Level Training' (version 1.8), available at www.rcoa.ac.uk/CCT/AnnexB

The East of England School of Anaesthesia has based this workbook on 'Annex B' with a purpose to:

 i. act as a **guide** to assist Core Trainees and their Trainers to explain the learning outcomes to be obtained for each unit of training (UoT)

 ii. summarise the levels for progression during the 2 year core training programme

 iii. suggest which workplace based assessments (WPBAs) may be completed to demonstrate the required competencies

 iv. serve as a visual aid of progress by signing / dating completed WPBAs

The workbook should be used alongside the Lifelong Learning Platform (LLP). When selecting a WPBA such as a DOPS, the title of the DOPS is obtained from this workbook and should be written in the 'observation box'. Although the GMC requires only one DOPS, one A-CEX and one CbD to be completed for a UoT to be signed off, the East of England School of Anaesthesia strongly recommends that more WPBAs are completed in order to demonstrate sufficient competency.

This workbook, along with the assessments on Lifelong Platform, an up-to-date integrated logbook and Consultant feedback are necessary for the assessor to sign your individual Completion of Unit of Training (CUT) form. All this evidence will be reviewed at the Annual Review of Competence Progression (ARCP) meeting at the end of your training year.

There are three main levels of progression

 1. Initial Assessment of Competence (IAC)

 2. Introduction to Anaesthesia

 3. Core level training

Initial Assessment of Competence (0-3 months)

The purpose of IAC is to signify that the trainee has achieved a basic understanding of anaesthesia and able to give anaesthesia at a level of supervision commensurate with the individual trainees' skills. It is ideally completed in the first 3-6 months after which majority of trainees will undertake out of hours work. The assessments are set out on 'page 94' of the annex B.

The assessments and the IAC certificate are available under 'milestones' and should be completed on the Platform.

Introduction to Anaesthesia (3-6 months)

The second level of progression contains **eight units** of training which should be completed during the first six months of anaesthetic training.

Core Anaesthesia (6-24months)

This level is ideally started after completion of IAC and 'introduction' but can be completed alongside 'introduction' if appropriate. This unit contains **16 units** of training including ICM, obstetrics, pain, airway, and the new perioperative medicine module. You will be awarded the Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) after satisfactory completion of the core training in obstetric anaesthesia usually during CT2 year.

In our experience 6-24 months is the busiest period in training when the trainee is required to undertake oncalls, complete the Primary FRCA, perform audits/quality improvement projects and also prepare for ST3 applications and interviews. We advise timely and prospective completion of the assessments from the beginning and throughout the 2 years of training.

The assessment process contains both **formative and summative** elements and all are reviewed at the ARCP. The goal of these assessments is to monitor progress in order to offer ongoing feedback to improve performance. The codes for the assessments are described below.

	Assessment method decode	
A	Anaesthesia Clinical Evaluation Exercise	A-CEX
C	Case Based Discussion	CBD
D	Direct Observation of Procedural Skills	DOPS
E	Examination	
I	Intensive Care Medicine CEX	I-CEX
L	Anaesthesia List Management Assessment Tool	ALMAT
M	Multi Source Feedback	MSF
S	Simulation	
T	Acute Care Assessment Tool	ACAT

Formative assessments

a. **A-CEX** - looks at the trainees' performance in a case rather than focusing on a specific procedure. e.g. anaesthetic management of a patient with renal failure.

b. **DOPS** - used to assess performance in procedure or a new skill. e.g. doing a nerve block.

c. **CBD** - assesses conduct and management of the case as well as standards of documentation and follow up to offer an opportunity to discuss a case in depth and to explore reflective thinking, judgment and knowledge. e.g. conduct of anaesthesia in a case of major haemorrhage.

d. **ALMAT** - particularly appropriate to senior trainees, it helps assessment of both clinical and non-clinical skills. The trainee should ask for this assessment before the start of the list and should be assessed by the trainer with direct or indirect supervision.

e. **MSF** - mandated to be undertaken annually and gives an opportunity for members of the multi-disciplinary team to provide feedback on the trainee. At least **10 personnel** from various disciplines such as admin staff, consultants, recovery and theatre staff, surgeons and nurses are chosen by the trainee following the Educational Supervisor's approval.

Who, When and How?

Consultants, non-consultant career grade anaesthetists and senior trainees (ST5+) can perform the WPBA in accordance with the General Medical Council regulations. **Please note, IAC and IACOA can only be done by consultants.**

....an assessor is an experienced health care professional who undertakes an assessment. Assessors should have training in the relevant assessment methodology and should normally be com-petent (preferably expert) in the knowledge, skill, judgement or professional behaviour that is being assessed....(GMC - Workplace Based Assessment: A guide for implementation)

Areas of assessments should be identified **prior** to starting a list and the trainee should ask the trainer in advance, to perform a particular assessment. Retrospective requests are considered bad practice and are **NOT** acceptable (except in CBD).

The trainer should give immediate verbal feedback, suggestions for improvement and further development on clinical and non-clinical aspects of performance such as professionalism and team working. The e-portfolio form should be completed by the trainee and the trainer as soon as feasible and then linked to the relevant Units of Training.

Summative assessments

a. **IAC and IACOA** - assessments to be completed in their entirety, exactly as stipulated.

b. **Completion of Unit of Training (CUT) forms** - provide evidence that a trainee has achieved learning outcomes for an UoT. The evidence included in the CUT form are

      i. Logbook of cases including number and case-mix, level of supervision and a balance of elective and emergency work

      ii. All WPBA as specified in this workbook for any particular unit

      iii. Course attendance - relevant to the unit of training (e.g. ALS)

      iv. Consultant feedback (if available) must be linked via 'personal activities' on LLP

CUT assessors are **designated** trainers to sign off each unit. The professional judgment of the supervisor will ultimately determine whether it is appropriate to sign the CUT form for the trainee. The trainer **HAS** to complete the free text at the bottom of the form.

c. **ESSR** - Ensure that you have added your placement, otherwise it will not be possible to create the ESSR. The lockout for the ESSR is the date that you set at the point of creation of the form. WPBAs, PDP, CUT forms, reflections and logbook are automatically pulled into the ESSR during the course of the year once linked within the date range that you have set.

d. **Primary FRCA exam**

e. **ARCP** - Trainees will be informed by the School that the ESSR will have a 'virtual lock date' ONE WEEK before the ARCP date. The ARCP panel will not consider entries beyond that date to assess that year's activities. The ESSR has to be sent to the ES/CT a minimum of two weeks before the ARCP for approval. If the ES/CT returns the ESSR for example due to the lack of a QIP, the ESSR will have to be deleted to allow a QIP to be linked (as after ESSR closure date). The new ESSR can be returned to the ES/CT who will have to re-type their comments.

The trainee should remember (but not exploit) that one clinical encounter can be used to cover multiple curricular competencies. For example, in a single encounter involving a patient for knee joint arthroplasty under subarachnoid block and sedation, the following competencies can be covered.

OR_BK_02   Recalls the problems associated with limb tourniquets

OR_BK_08   Describes principles of perioperative anaesthetic care for elective and emergency lower limb orthopaedic surgery, including primary arthroplasty

RA_BK_04   Discusses the advantages/disadvantages, risks/benefits and indications and contraindications of regional blockade

RA_BS_02   Demonstrates safe and correct checking of the contents of spinal packs

IF_BS_06   Demonstrates the correct use and disposal of protective clothing items like surgical scrubs, masks and gloves

RA_BS_08   Demonstrates the management of side effects induced by spinal block

CS_BK_02   Describes the pharmacology of drugs commonly used to produce sedation

For timely completion of assessments, the trainee is encouraged to take a **prospective** approach and carry the CT workbook to theatre everyday. The discussed WPBA can be initialed and dated by the Trainer at the time of the assessment and then these assessments must be signed-off on LLP soon after completion of the session.

Assessments to be used for the Initial Assessment of Competence

A-CEX		
Assessment Code	*Assessment*	*Trainer/Date*
IAC_A01	Preoperative assessment of a patient who is scheduled for a routine operating list [not urgent or emergency]	
IAC_A02	Manage anaesthesia for a patient who is not intubated and is breathing spontaneously	
IAC_A03	Administer anaesthesia for acute abdominal surgery	
IAC_A04	Demonstrate Rapid Sequence Induction	
IAC_A05	Recover a patient from anaesthesia	

DOPS		
Assessment Code	*Assessment*	*Trainer/Date*
IAC_D01	Demonstrate functions of the anaesthetic machine	
IAC_D02	Transfer a patient onto the operating table and position them for surgery [lateral, Lloyd Davis or lithotomy position]	
IAC_D03	Demonstrate cardio-pulmonary resuscitation on a manikin	
IAC_D04	Demonstrates technique of scrubbing up and donning gown and gloves	
IAC_D05	Basic competencies for pain management – manages PCA including prescription and adjustment of machinery	
IAC_D06	Demonstrates the routine for dealing with failed intubation on a manikin	

CBD		
Examine the case-notes. Discuss how the anaesthetic plan was developed. Ask the trainee to explain their approach to preoperative preparation, choice of induction, maintenance, post operative care. Select one of the following topics and discuss the trainees understanding of the issues in context.		
Assessment Code	*Assessment*	*Trainer/Date*
IAC_C01	Discuss the steps taken to ensure correct identification of the patient, the operation and the side of operation	
IAC_C02	Discuss how the need to minimise postoperative nausea and vomiting influenced the conduct of the anaesthetic	
IAC_C03	Discuss how the airway was assessed and how difficult intubation can be predicted	
IAC_C04	Discuss how the choice of muscle relaxants and induction agents was made	
IAC_C05	Discuss how the trainee's choice of post-operative analgesics was made	
IAC_C06	Discuss how the trainee's choice of post-operative oxygen therapy was made	
IAC_C07	Discuss the problems emergency intra-abdominal surgery causes for the anaesthetist and how the trainee dealt with these	
IAC_C08	Discuss the routine to be followed in the case of failed intubation	

The IAC has to be completed on the LLP under the 'milestones and certificates' section, then sent to the College Tutor for sign off.

The Introduction to Anaesthesia - the start of training (3-6 months)

Perioperative medicine

Preoperative assessment

Learning outcomes
To perform a structured preoperative anaesthetic assessment prior to surgery and recognise when further assessment/optimisation is needed
To explain options and risks of routine anaesthesia to patients in a way they understand and obtain consent for anaesthesia
To formulate a plan for the management of common coexisting diseases

Competence	Description	Trainer	Date
A-CEX			
OA_BS_01	Obtains history relevant to the planned anaesthesia and surgery including: i. A history of the presenting complaint for surgery ii. A systematic comprehensive relevant medical history iii. Information about current and past medication iv. Drug allergy and intolerance v. Information about previous anaesthetics and relevant family history		
OA_BS_06	Makes appropriate plans for surgery: i. Manages co-existing medicines in the perioperative period ii. Plans an appropriate anaesthetic technique[s] iii. Secures consent for anaesthesia iv. Recognises the need for additional work-ups and acts accordingly v. Discusses issues of concern with relevant members of the team vi. Reliably predicts the level of supervision they will require		
DOPS			
CE_BS_01	Performs an examination relevant to the presentation and risk factors that is valid, targeted and time efficient		
CE_BS_04	Performs relevant additional examinations		
CBD			
OA_BK_02	Describes the ASA and NCEPOD classifications and their implications in preparing for and planning anaesthesia		
OA_BK_04	Lists the indications for preoperative fasting and understand appropriate regimens		
OA_BK_05	Explains the methods commonly used for assessing the airway to predict difficulty with tracheal intubation		
OA_BK_08	Discusses how to manage drug therapy for co-existing disease in the perioperative period including, but not exclusively: obesity, diabetic treatment, steroids, anti-coagulants, cardiac medication and antiepileptics		

☐ **Unit of training sign off complete**

Date: _____

Premedication

Learning outcomes
To prescribe premedication when indicated, especially for the high risk population

Competence	Description	Trainer	Date
A-CEX			
PD_BK_02	Lists basic indications for prescription of premedicant drugs		
PD_BK_07	Describes the application of local/national guidelines on management of thrombo-embolic risk		
DOPS			
PD_BS_01	Prescribes appropriate agents to reduce risk of regurgitation and aspiration		
CBD			
PD_BK_05	Recalls the factors that influence the risk of gastric reflux/aspiration and lists strategies to reduce it		

☐ **Unit of training sign off complete**

Date: _____

Postoperative and recovery room care

Learning outcomes
To manage the recovery of patients from general anaesthesia
To describe the organisation and requirements of a safe recovery room
To identify and manage common postoperative complications in patients with a variety of co-morbidities
To manage postoperative pain and nausea and vomiting
To manage postoperative fluid therapy
Safely manage emergence from anaesthesia and extubation
Shows awareness of common immediate postoperative complications and how to manage them
Prescribes appropriate postoperative fluid, analgesic regimes
Assess and treats PONV

Competence	Description	Trainer	Date
A-CEX			
PO_BK_07	In respect of postoperative pain: i. Describes how to assess the severity of acute pain ii. Knows the 'analgesic ladder' and identifies appropriate postoperative analgesic regimes including types of drugs and doses iii. Knows how to manage 'rescue analgesia' in patient with severe pain iv. Lists the complications of analgesic drugs		
PO_BK_08	In respect of PONV: i. Recognises the impact of PONV ii. List the factors that predispose to PONV iii. Describes the basic pharmacology of anti-emetic drugs iv. Describes appropriate regimes for prevention and treatent of PONV		
DOPS			
PO_BS_01	Performs safe tracheal extubation		
PO_BS_03	Transfers an unconscious patient from the operating theatre to the recovery room		
CBD			
PO_BS_10	Recognises when discharge criteria have been met for patients going home or to the ward		

☐ **Unit of training sign off complete**

Date: _____

Perioperative management of emergency patients

Learning outcomes
Delivers safe perioperative care to adult ASA 1E and/or 2E patients requiring uncomplicated emergency surgery

Competence	Description	Trainer	Date
A-CEX			
ES_BK_02	In respect to the preparation of acutely ill patients for emergency surgery: i. Describes the resuscitation of the patient with hypovolaemia and electrolyte abnormalities ii. Discusses how patients may be inadequately fasted and how this problem is managed iii. Discusses the management of acute preoperative pain		
DOPS			
ES_BS_01	Resuscitates acutely ill patients and identifies the need for appropriate plans for intra and postoperative care.		
CBD			
ES_BK_03	Lists the indicators of severe illness		

☐ **Unit of training sign off complete**

Date: _____

Conduct of anaesthesia

Induction of general anaesthesia

Learning outcomes
To conduct safe induction of anaesthesia in ASA grade 1-2 patients confidently
To recognise and treat immediate complications of induction, including tracheal tube misplacement and adverse drug reactions
To conduct anaesthesia for ASA 1E and 2E patients requiring emergency surgery for common conditions
Demonstrates safe practice behaviours including briefings, checklists and debriefs
Demonstrates correct pre-anaesthetic check of all equipment required ensuring its safe functioning
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

Competence	Description	Trainer	Date
A-CEX			
IG_BK_01	i. Recalls the pharmacology and pharmacokinetics, including doses, interactions and significant side effects of drugs used during induction of anaesthesia ii. Describes the factors that contribute to drug errors in anaesthesia and strategies used to reduce them		
IG_BK_03	In respect of the induction of anaesthesia: i. Describes the effect of pre-oxygenation and knows correct technique ii. Explains the techniques of intravenous and inhalational induction and understands the advantages and disadvantages of both techniques iii. Describes how to recognise an intra-arterial injection of a harmful substance and its appropriate management iv. Identifies the special problems of induction associated with cardiac disease, respiratory disease, musculoskeletal disease, obesity and those at risk of regurgitation/pulmonary aspiration.		
DOPS			
IG_BS_01	Demonstrates safe practice in checking the patient in anaesthetic room		
IG_BS_04	Selects, checks, draws up, dilutes, labels and administers drugs safely		
CBD			
IG_BK_05	In respect of tracheal intubation: i. Lists its indications ii. Lists available types of tracheal tube and identifies their applications iii. Explains how to choose the correct size and length of tracheal tube iv. Explains the advantages/disadvantages of different types of laryngoscopes and blades		
IG_BS_14	Demonstrates safe perioperative management of ASA 1 and 2 patients requiring emergency surgery		

☐ **Unit of training sign off complete**

Date: _____

Intra-operative care

Learning outcomes
The ability to maintain anaesthesia for elective and emergency surgery
The ability to use the anaesthesia monitoring systems to guide the progress of the patient and ensure safety
Considers the effects that co-existing disease and planned surgery may have on the progress of anaesthesia and plans for the management of significant co-existing diseases
Recognise the importance of working as a member of the theatre team
Safely maintains anaesthesia and shows awareness of potential complications and their management

Competence	Description	Trainer	Date
A-CEX			
IO_BS_04	Uses a nerve stimulator to assess the level of neuromuscular blockade		
DOPS			
IO_BS_01	Directs 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_03	Maintains anaesthesia with a face mask in the spontaneously breathing patient		
CBD			
IO_BS_06	Maintains accurate, detailed, legible anaesthetic records and relevant documentation		
IO_BS_10	Manages common co-existing medical problems [with appropriate supervision] including but not exclusively: Diabetes, hypertension, ischaemic heart disease, asthma and COPD Patients on steroids		

☐ **Unit of training sign off complete**

Date: _____

Management of respiratory and cardiac arrest in adults and children

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
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 or Instructor candidate, may be assumed to have achieved this outcome]

Valid Advanced Life Support/ALS instructor and EPLS or similar		

OR

Certificate from trust resuscitation officer after completion of CASTest		

OR

Competence	Description	Trainer	Date
A-CEX			
RC_BK_19	Identifies the signs indicating return of a spontaneous circulation		
DOPS			
RC_BS_06	Performs external cardiac compression		
RC_BS_08	Uses a manual or automated defibrillator to safely defibrillate a patient		
CBD			
RC_BK_17	Recalls/describes the Adult and Paediatric Advanced Life Support algorithms		
RC_BK_16	Recalls/discusses the reversible causes of cardiac arrest and their treatment, including but not limited to: i. Hypoxia ii. Hypotension iii. Electrolyte and metabolic disorders iv. Hypothermia v. Tension pneumothorax vi. Cardiac tamponade vii. Drugs and toxins viii. Coronary or pulmonary thrombosis		

If you have a valid ALS certificate, save it as library evidence and send a DOPS to the assessor. You can get your CUT form for this module signed off with one WPBA provided you have completed your Advanced Life Support within the validity period.

☐ **Unit of training sign off complete**

Date: _____

Control of infection

Learning outcomes
To understand the need for infection control processes
To understand types of infections contracted by patients in clinical setting
To understand and apply most appropriate treatment for contracted infection
To understand the risks of infection and apply mitigation policies and strategies
To be aware of the principles of surgical antibiotic prophylaxis
The acquisition of good working practices in the use of aseptic techniques

Competence	Description	Trainer	Date
A-CEX			
IF_BS_03	Administers IV antibiotics taking into account i. Risk of allergy ii. Anaphylaxis		
DOPS			
IF_BS_01	Identifies patients at risk of infection and applies an infection mitigation strategy		
IF_BS_05	Demonstrates the correct use of disposable filters and breathing systems		
CBD			
IF_BK_05	Explains the need for antibiotic policies in hospitals		
IF_BK_09	Recalls/explains the need for, and methods of, sterilisation		

☐ **Unit of training sign off complete**

Date: _____

Core Anaesthesia - (3/6 months to 24 months)

Airway management

Core clinical learning outcomes
Able to predict airway difficulty at preoperative assessment and obtain appropriate help
Able to maintain an airway and provide definitive airway management as part of emergency resuscitation
Demonstrates the safe management of the can't intubate, can't ventilate scenario
Maintains anaesthesia in a spontaneously breathing patient via a facemask for a short surgical procedure [less than 30 mins]

Competence	Description	Trainer	Date
A-CEX			
AM_BK_08	With respect to oxygen therapy: i. Lists its indications ii. Knows techniques for oxygen therapy and discuss available devices iii. Describes the correct prescribing of oxygen iv. Recalls/explains the causes and management of stridor		
DOPS			
AM_BS_07	In respect of inhalational induction of anaesthesia: i. Satisfactorily communicates with the patient during induction ii. Satisfactorily conducts induction		
AM_BS_09	Demonstrates failed intubation drill in line with DAS guidelines		
AM_BS_15	Demonstrates surgical cricothyrotomy		
CBD			
AM_BK_13	Discusses the different types of laryngoscope blades available in routine practice and the indications for their use		
AM_BK_15	Outlines the indications for fibre-optic intubation and how awake intubation may be achieved		

☐ **Unit of training sign off complete**

Date: _____

Critical incidents

Core clinical learning outcomes
To gain knowledge of the principle causes, detection and management of critical incidents that can occur in theatre
To be able to recognise critical incidents early and manage them with appropriate supervision
To learn how to follow through a critical incident with reporting, presentation at audit meetings, and discussions with patients
To recognise the importance of personal non-technical skills and the use of simulation in reducing the potential harm caused by critical incidents

Attendance at the Anaesthetic Crisis Resource Management Course (or similar)		

OR

Competence	Description	Trainer	Date
A-CEX			
CI_BK_02	Unexpected fall in SpO_2 with or without cyanosis		
DOPS			
CI_BS_01	Demonstrates good non-technical skills such as effective communication, team-working, leadership, decision-making and maintenance of high situation awareness		
CBD			
CI_BK_25	Inadvertent intra-arterial injection of irritant fluids		
CI_BK_26	High spinal block		

If the trainees attended a Critical Incident Simulation course and produces a certificate of attendance, the Educational Supervisor can sign-off the module by completing the CUT form.

☐ Attended **Anaesthetic Crisis Resource Management Course (or similar)** on _____

☐ **Unit of training sign off complete**

Date: _____

Day surgery

Learning outcomes
To gain knowledge, skills and experience of the perioperative anaesthetic care of ASA 1 and 2 patients presenting in a dedicated day surgery unit involving a range of surgical specialities
Understand and apply agreed protocols with regard to patient selection and perioperative care of day surgery patients
Understand the importance of minimising postoperative complications, such as nausea and pain, in patients who are returning home the same day
Core clinical learning outcome
Knows the criteria for patient selection and the anaesthetic requirements for day surgical patients

Competence	Description	Trainer	Date
A-CEX			
DS_BK_06	Explains the potential causes of unanticipated in-patient admission following day surgery		
DS_BS_03	Demonstrates appropriate postoperative care of patients who have undergone day surgery including control of pain, nausea, fluid management & assessment of fitness for discharge		
DOPS			
DS_BS_02	Demonstrates appropriate anaesthetic management of ASA 1 and 2 patients requiring day surgery		
CBD			
DS_BK_03	Describes protocols for selection of day surgery patients including medical, surgical and social factors		
DS_BK_04	Explains the importance of providing appropriate postoperative instructions to patients and relatives following day surgery including, but not confined to, level of care required following discharge, transport arrangements and when to drive		
DS_BK_09	Describes strategies to reduce postoperative nausea and vomiting in day case patients		

☐ **Unit of training sign off complete**

Date: _____

General, urological and gynaecological surgery

Learning outcomes
To gain knowledge, skills and experience of the perioperative anaesthetic care of patients requiring general, urological and gynaecological surgery
To gain understanding of perioperative management of patients for intra-abdominal laparoscopic surgery and demonstrating the ability to manage under distant supervision
To be able to recognise and manage the perioperative complications associated with intra-abdominal surgery that are relevant to anaesthesia
To gain understanding of special peri-operative needs of elderly, frail patients
Core clinical learning outcome
Deliver safe perioperative anaesthetic care to uncomplicated ASA 1-3 adult patients requiring elective and emergency surgery under distant supervision
Manage a list with uncomplicated ASA 1-3 adults for similar elective surgery under distant supervision

Competence	Description	Trainer	Date
A-CEX			
GU_BK_02	Describes the anaesthetic management of urological procedures like TURP and its management [including the TURP syndrome] and procedures on the kidney and urinary tract		
DOPS			
GU_BS_04	Demonstrates the ability to deliver safe perioperative anaesthetic care to ASA1-3 patients for straightforward surgical procedures		
CBD			
GU_BK_02	Describes the anaesthetic management of intra-abdominal major general surgery procedures like i. Elective colorectal resection ii. Surgery for peptic ulcer disease		
GU_BK_03	Explains the physical and physiological effects of laparoscopic surgery including the effects of positioning in the setting of laparoscopic surgery		
GU_BK_07	Recalls/describes the management of major haemorrhage		
GU_BK_09	Explains the specific problems of anaesthesia for non-obstetric surgery in the pregnant patient		
ALMAT			
GU_BS_05	Demonstrates the ability to manage an elective surgical list with uncomplicated ASA 1-3 adults for: i. General surgical: hernia repair or similar ii. Gynaecology: non-complex total abdominal hysterectomy or similar		

☐ **Unit of training sign off complete**

Date: _____

Head, neck, maxillo-facial and dental surgery

Learning outcomes
Gain knowledge and skills of the perioperative anaesthetic care of patients undergoing minor to intermediate ear, nose and throat [ENT], maxilla-facial and dental surgery
To be able to recognise the specific problems encountered with a 'shared airway' and know the principles of how to manage these correctly
Core clinical learning outcome
Deliver perioperative anaesthetic care to ASA 1-3 adults, and ASA 1-2 children over 5, for non-complex ear, adenotonsillar and nasal surgery under direct supervision

Competence	Description	Trainer	Date
A-CEX			
EN_BK_01	Lists specific conditions that may complicate airway management [e.g. anatomical variation; tumour; bleeding]		
DOPS			
EN_BS_02	The provision of safe perioperative anaesthetic care with good operating conditions and an appropriate level of analgesia, for procedures including: i. ENT procedures such as tonsillectomy, septoplasty and myringotomy ii. Common dental procedures such as extractions and apicectomies		
EN_BS_03	Demonstrates the correct use of a variety of specialised airway devices, including preformed tubes, LMAs, throat packs and intubating forceps		
CBD			
EN_BK_02	Describes how the surgeon operating in the airway, or requiring access via the airway, complicates anaesthesia for this type of surgery		
EN_BK_03	Recalls/describes the pathophysiology of obstructive sleep apnoea and its relevance to anaesthesia		
EN_BK_07	Recalls/explains the principles of correct and timely recognition and management of bleeding tonsils		

☐ **Unit of training sign off complete**

Date: _____

Non-theatre

Learning outcomes
To safely undertake the intra-hospital transfer of the stable critically ill adult patient for diagnostic imaging
To understand the risks for the patient of having procedures in these sites
To understand the responsibilities as a user/prescriber of diagnostic imaging services
Core clinical learning outcome
Can maintain anaesthesia for stable critically ill adult patients requiring diagnostic imaging under distant supervision [in conjunction with their transfer as identified in Transfer Medicine]

Competence	Description	Trainer	Date
A-CEX			
DI_BK_01	Explains risks and benefits to patients, and risks to staff from common radiological investigations and procedures, including the use of contrast media		
DOPS			
DI_BS_01	Demonstrates the ability to provide safe anaesthesia for a stable adult patient for diagnostic imaging		
CBD			
DI_BK_03	Explains the general safety precautions and equipment requirements in specific environments e.g. MRI suites		

☐ Attended Transfer course at _____ on _____

☐ **Unit of training sign off complete**

Date: _____

Orthopaedic surgery

Learning outcomes
To gain knowledge, skills and experience of the perioperative anaesthetic care of patients requiring orthopaedic surgery including patients with long-bone fractures
To understand the relevance of diseases of bones and joints to anaesthesia
To be able to recognise and manage the perioperative complications of orthopaedic surgery relevant to anaesthesia

Core clinical learning outcome
Deliver perioperative anaesthetic care to uncomplicated ASA 1-3 adult patients for elective and emergency orthopaedic/trauma surgery to both upper and lower limbs, including open reduction internal fixation surgery [which includes fractured neck of femur], under distant supervision

Competence	Description	Trainer	Date
A-CEX			
OR_BK_01	Recalls/describes the perioperative implications of rheumatological disease including but not limited to rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis		
DOPS			
OR_BS_01	Demonstrates the provision of perioperative anaesthetic care for patients requiring orthopaedic surgery to the upper and lower limbs like: i. ORIF surgery including internal fixation of fractured neck of femur ii. Lower limb primary arthroplasty		
OR_BS_03	Demonstrates correct assessment and perioperative management of the elderly patient with a hip fracture		
CBD			
OR_BK_03	Recalls the problems associated with limb tourniquets		
OR_BK_06	Recalls/describes the pathophysiology, diagnosis and management of specific orthopaedic surgical complications like: i. Bone cement Implantation Syndrome ii. Diagnosis and management of fat embolism iii. Upper and lower limb compartment syndromes		
OR_BK_13	Recalls/describes the peri-operative care of the elderly		

☐ **Unit of training sign off complete**

Date: _____

Paediatrics

Learning outcomes
Obtain knowledge of the principles underlying the practice of anaesthesia for children aged 1 year and older and the specific needs therein
Have completed training in child protection
Core clinical learning outcome
Demonstrates correct management of the paediatric airway in the following ways [if case mix allows, down to one year of age, but at least down to five years of age]: i. Is able to size and insert airway devices correctly [i.e. oral airways and tracheal tubes] ii. Is able to ventilate an apnoeic child using a bag and mask +/- an oral airway iii.   Is able to intubate a child , using the most appropriate size tracheal tube, placed at the correct length
Maintains anaesthesia in a spontaneously breathing patient via a facemask for a short surgical procedure [less than 15 mins]

Competence	Description	Trainer	Date
A-CEX			
PA_BK_09	Recalls/explains how blood volume is estimated and how correct solutions and volumes are used for replacement of fluid loss. Particular attention must be given to the risks of hyponatraemia if hypotonic solutions are used for fluid resuscitation		
PA_BK_15	Explains the choice of breathing systems and the fresh gas flow rates		
PA_BS_02	Demonstrates ability to anaesthetise fit children aged over 5 for elective and urgent minor surgery. This includes induction, maintenance and re-covery [including management of pain, nausea and vomiting]		
DOPS			
PA_BS_01	Undertakes satisfactory preoperative assessment of fit children over 5 yrs		
PA_BS_06	Demonstrates ability to manage the airway correctly including selection of the correct masks, airways, laryngeal mask airways and tracheal tubes		
PA_BS_07	Demonstrates ability to perform both intravenous and gaseous induction of general anaesthesia in children		
CBD			
PA_BK_11	Describes how pain-relief is provided for children undergoing surgery including the use of regional techniques		
PA_BK_12	Explains the place of premedication, including topical anaesthesia for venepuncture		
PA_BK_16	Explains the importance of identifying when upper respiratory tract infections are not significant and, as a result, when to cancel operations		
	Attended Child protection training (mandatory)		

☐ **Unit of training sign off complete**

Date: _____

Pain medicine

Learning outcomes
To be competent in the assessment and effective management of acute post-operative and acute non postoperative pain
To acquire knowledge necessary to provide a basic understanding of the management of chronic pain in adults
To recognise the special circumstances in assessing and treating pain in children, the older person and those with communication difficulties
To demonstrate an understanding of basic principles of post-op analgesia requirements for children, the older person and those with communication difficulties
Core clinical learning outcome
Competence in the assessment of acute surgical and non surgical pain and demonstrate the ability to treat effectively
To have an understanding of chronic pain in adults

Competence	Description	Trainer	Date
A-CEX			
PM_BK_02	Describes drugs used to manage pain and their pharmacology: opioids, NSAIDs, Coxibs, local anaesthetics and drugs used to manage neuropathic pain		
PM_BK_04	Describes the methods of assessment of pain		
DOPS			
PM_BS_03	Demonstrates the safe use of equipment used to manage pain including equipment used for PCA, epidurals and inhalational techniques		
CBD			
PM_BK_06	Describes a basic understanding of chronic pain in adults		
PM_BK_08	Describes the organisation and objectives of an acute pain service		

☐ **Unit of training sign off complete**

Date: _____

Perioperative Medicine

Learning outcomes
Explains the main patient, anaesthetic and surgical factors influencing patient outcomes
Describes the benefits of patient-centred, multidisciplinary care
Delivers high quality preoperative assessment, investigation and perioperative management of ASA 1-3 patients for elective and emergency surgery with emphasis on the perioperative management of co-existing medical conditions
Delivers high quality individualised anaesthetic care to ASA 1-2 [E] patients, focusing on optimising patient experience and outcome
Plans and implements high quality individualised post-operative care for ASA 1-2 [E] patients

Competence	Description	Trainer	
Pre-operative care			
A-CEX			
POM_BK_13	Describes specific organisational interventions which improve patient outcomes (e.g. care bundles, enhanced recovery pathways)		
DOPS			
POM_BS_10	Treats all patients with respect and compassion, especially those with particular physical, psychological and educational needs		
CBD			
POM_BK_10	Describes methods of risk assessment and stratification relevant to the provision of perioperative care		
Intra-operative care			
A-CEX			
POM_BK_26	Recalls principles of advanced haemodynamic monitoring		
DOPS			
POM_BS_11	Uses operating theatre safety checklists effectively		
CBD			
POM_BK_23	Describes the effect of hypothermia on patient outcome		
Post-operative care			
A-CEX			
POM_BK_32	Describes the indications for Critical Care admission postoperatively		
DOPS			
POM_BK_31	Describes a patient-centred approach to postoperative analgesia and understands the importance of providing adequate analgesia in the context of perioperative care		
CBD			
POM_BK_30	Describes the consequences of postoperative malnutrition		

☐ **Unit of training sign off complete**

Date: _____

Regional anaesthesia

Learning outcomes
Able to obtain consent for regional anaesthesia from patients
Demonstrate knowledge of the principles of how to perform a number of regional and local anaesthetic procedures - to perform spinal and lumbar epidural blockade - to perform simple upper and lower limb peripheral nerve blocks under supervision
Be able to use a peripheral nerve stimulator or ultrasound to identify peripheral nerves
Demonstrate clear understanding of the criteria for safe discharge of patients from recovery following surgery under regional blockade
Core clinical learning outcome
Demonstrates safely at all times during performance of blocks including: marking side of surgery and site of regional technique; meticulous attention to sterility; selecting, checking, drawing up, diluting, and the adding of adjuvants, labelling and administration of local anaesthetic agents
Establish safe and effective spinal and lumbar epidural blockade and manage immediate complications in ASA 1-2 patients under distant supervision

Competence	Description	Trainer	Date
A-CEX			
RA_BK_05	Describes how to obtain consent from patients undergoing regional blocks		
RA_BK_14	Demonstrates understanding of the methods of sedation used in conjunction with regional anaesthesia		
RA_BK_15	Recalls/describes absolute and relative contraindications to regional blocks		
RA_BS_05	Demonstrates how to undertake a comprehensive and structured pre-operative assessment of patients requiring a lumbar epidural block, perform the block and manage side effects/complications correctly		
RA_BS_10	Demonstrates how to use epidural techniques for post-operative pain management		
DOPS			
RA_BS_08	Demonstrates the management of hypotension, nausea, anxiety and shivering induced by spinal or epidural blockade		
RA_BS_19	Demonstrates how to identify peripheral nerves using basic ultrasound technology [e.g. the median, radial and ulnar in the arm]		
CBD			
RA_BK_09	Recalls/discusses the complications of spinal and epidural analgesia and their management including, but not exclusively, accidental total spinal blockade and accidental dural tap and post-dural puncture headache		
RA_BK_22	Recalls the relevant basic physics and clinical application of ultrasound to regional anaesthesia in respect of: i. The components of ultrasound machine and interaction with tissues ii. Picture optimisation using adjustment of depth, gain and focus		

☐ **Unit of training sign off complete**

Date: _____

Sedation

Learning outcomes
To gain a fundamental understanding of what is meant by conscious sedation and the risks associated with deeper levels of sedation
To be able to describe the differences between conscious sedation and deeper levels of sedation, with its attendant risks to patient safety
Understands the particular dangers associated with the use of multiple sedative drugs especially in the elderly
To be able to manage the side effects in a timely manner, ensuring patient safety is of paramount consideration at all times
To be able to safely deliver pharmacological sedation to appropriate patients and recognise their own limitations

Core clinical learning outcome
Provision of safe and effective sedation to ASA 1 and 2 adult patients, aged less than 80 years of age using a maximum of two short acting agents

Competence	Description	Trainer	Date
A-CEX			
CS_BK_01	Can explain: i. What is meant by conscious sedation and why understanding the definition is crucial to patient safety ii. The differences between conscious sedation and deep sedation and GA iii. The fundamental differences in techniques /drugs used /patient safety iv. The significant risks to patient safety associated with sedation		
CS_BS_05	Demonstrates the ability to recognise and manage the complications of sedation techniques appropriately, including recognition and correct management of loss of verbal responsiveness		
DOPS			
CS_BS_02	Demonstrates ability to explain sedation to patients and to obtain consent		
CS_BS_04	Demonstrates the ability to administer and monitor intravenous sedation to patients for clinical procedures		
CBD			
CS_BK_10	Can explain the use of single, multiple drug & inhalation techniques		
CS_BK_13	Explains the need for robust recovery and discharge criteria when conscious sedation is used for out-patient procedures and the importance of ensuring appropriate escort arrangements are in place		

☐ **Unit of training sign off complete**

Date: _____

Transfer medicine

	Learning outcomes
	Correctly assesses the clinical status of patients and decides whether they are in a suitably stable condition to allow intra-hospital transfer [only]
	Gains understanding of the associated risks and ensures they can put all possible measures in place to minimise these risks
	Core clinical learning outcome
	Safely manages the intra-hospital transfer of the critically ill but stable adult patient for the purposes of investigations or further treatment [breathing spontaneously or with artificial ventilation] with distant supervision

Attendance at the Transfer training Course		

OR

Competence	Description	Trainer	Date
A-CEX			
TF_BK_02	Explains the risks/benefits of intra-hospital transfer		
TF_BK_03	Recalls/describes the minimal monitoring requirements for transfer		
TF_BS_01	Demonstrates the necessary organisational and communication skills to plan, manage and lead the intra- hospital transfer of a stable patient		
DOPS			
TF_BS_02	Demonstrates how to set up the ventilator and confirm correct functioning prior to commencing transfer		
TF_BS_03	Demonstrates safety in securing the tracheal tube securely prior to commencing the movement/transfer		
TF_BS_07	Demonstrates appropriate choices of sedation, muscle relaxation and analgesia to maintain the patient's clinical status during transfer		
CBD			
TF_BK_05	Outlines the physical hazards associated with intra-hospital transfer		

☐ Attended transfer training course at _____ on _____

☐ **Unit of training sign off complete**

Date: _____

Trauma and stabilisation

Learning outcomes	Achieved	Date
To understand the basic principles of how to manage patients presenting with trauma		
To recognise immediate life threatening conditions and prioritise their management		
Core clinical learning outcome		
Understands the principles of prioritizing the care of patients with multi-trauma including airway management		

Competence	Description	Trainer	Date
A-CEX			
MT_BK_11	Understands the importance of preventing hypothermia and acidosis in the trauma patient		
DOPS			
MT_BS_07	Demonstrates provision of safe perioperative anaesthetic management of ASA 1 and 2 patients with multiple trauma		
CBD			
MT_BK_01	Explains the principles of the primary and secondary survey in trauma patients		
MT_BK_15	Describes the causes and mechanisms for the prevention of secondary brain injury		
MT_BK_16	Outlines the particular problems associated with patients presenting with actual or potential cervical spine injuries particularly airway management		

☐ **Unit of training sign off complete**

Date: _____

Assessments for the Initial Assessment for Competence in Obstetric Anaesthesia

A-CEX		
Assessment Code	*Assessment*	*Trainer/Date*
OB_BTC_A01	Basic Competencies for Obstetric Anaesthesia – conduct epidural analgesia for labour [12-24 months]	
OB_BTC_A02	Basic Competencies for Obstetric Anaesthesia – conduct regional anaesthesia for caesarean section [12-24 months]	
OB_BTC_A03	Basic Competencies for Obstetric Anaesthesia – conduct general anaesthesia for caesarean section [12-24 months]	

DOPS		
Assessment Code	*Assessment*	*Trainer/Date*
OB_BTC_D01	Basic Competencies for Obstetric Anaesthesia – top up epidural for labour analgesia [12-24 months]	
OB_BTC_D02	Basic Competencies for Obstetric Anaesthesia – top up epidural for caesarean section [12-24 months]	
OB_BTC_D03	Basic Competencies for Obstetric Anaesthesia – Perform spinal anaesthesia [12-24 months]	

CBD		
Assessment Code	*Assessment*	*Trainer/Date*
OB_BTC_C01	Discuss how changes in the anatomy and physiology due to pregnancy influenced the conduct of anaesthesia	
OB_BTC_C02	Discuss whether pregnancy influenced the choice of drugs used during anaesthesia	
OB_BTC_C03	Discuss how the conduct of general anaesthesia is affected by late pregnancy	
OB_BTC_C04	Examine the case records of a patient that the trainee has anaesthetised for operative delivery in a situation where major haemorrhage might be expected. Discuss the factors that influence the likelihood of major obstetric haemorrhage, the precautions that should be taken to deal with it and the principles of its management.	
OB_BTC_C05	Examine the case records of a patient with pregnancy associated hypertension that the trainee has treated. Discuss how this influences anaesthetic management.	
OB_BTC_C06	Examine the case records of a patient for whom the trainee provided extradural analgesia for normal labour. Discuss the methods of pain relief available for normal delivery.	

The IACOA should be completed on LLP in the 'milestones and certificates' section and sent to the College Tutor for sign off.

Obstetrics - Core level training

Learning outcomes
To gain knowledge, skills and experience of the treatment of the healthy pregnant woman
Core clinical learning outcome
To pass the formal practical initial assessment of competence in obstetric anaesthesia and, having achieved this, be able to provide analgesia and anaesthesia as required for the majority of the women in the delivery suite
To understand the management of common obstetric emergencies and be capable of performing immediate resuscitation and care of acute obstetric emergencies [e.g. eclampsia; preeclampsia; haemorrhage], under distant supervision but recognising when additional help is required

Competence	Description	Trainer	Date
A-CEX			
OB_BK_01	Lists common obstetric indications for anaesthetic intervention on the delivery suite		
OB_BK_08	Explains the thromboprophylaxis requirements in pregnancy		
OB_BK_16	Recalls/describes maternal and basic neonatal resuscitation		
DOPS			
OB_BS_01	Undertakes satisfactory preoperative assessment of the pregnant patient		
CBD			
OB_BK_09	Describes the grading of urgency of Caesarean section		
OB_BK_15	Describes the immediate management of accidental dural puncture		
OB_BS_10	Demonstrates safe and effective management of post-delivery pain relief		

☐ Attended Obstetric Simulation Course at _____ on _____

☐ **Unit of training sign off complete**

Date: _____

Intensive Care Medicine

This document is based on Basic ICM level of the Royal College of Anaesthetists 2010 Curriculum (Annex F Edition 2 August 2010 Version 1.8) however the competencies have been reduced to those that anaesthetic trainees can reliably achieve. (This is an excerpt from ACCS handbook) Please note **ALL the Principle and Additional competencies** must be signed off.
Principle competencies must be done in the ICM training module and additional competencies may be obtained outside the ICM module.

Record of assessments

To facilitate keeping track of your progress, record the completion of the assessments by dating them in the trainee evidence column.
At least one piece of suitable evidence is required for each of the relevant competencies. One clinical encounter can be used to cover multiple curriculum competencies.

A single patient encounter involving a history, examination, differential diagnosis and construction and implementation of a management plan could assess many of the competencies together. For example, a trainee may see a patient in the acute admission unit, assess them, start investigations, diagnose their pneumonia, start the patient on antibiotics and bring them to the ICU where they may need respiratory support. In such a scenario the trainee can, via the use of CBD, DOPS or ICEX, bundle together assessment of competencies such as:

> 1.1 - Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology
>
> 2.1 - Obtains a history and performs an accurate clinical examination
>
> 2.2 - Undertakes timely and appropriate investigations
>
> 2.5 - Obtains and interprets the results of blood gas samples
>
> 3.1 - Manages the care of the critically ill patient with specific acute medical conditions
>
> 4.2 - Manages antimicrobial drug therapy
>
> 5.8 - Performs arterial catheterisation

CAT Target Level

'CAT Target Level' indicates the final competency level for this stage of training. Trainees should not normally be marked higher than these levels at the end of CAT, unless in exceptional circumstances with accompanying evidence, therefore you are unlikely as a trainee to be graded higher than level 2 for most competencies. Please see the full ICM Syllabus for details of the knowledge, skills and behaviours which make up each competency.

Level	Task orientated competence	Knowledge orientated competence	Patient management competence
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 straightforward 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 alternatives and contraindications	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 most cases, can plan management and manage divergences. May need specialist help for some cases.
4	Independent [consultant] practice	Expert level of knowledge	Specialist

Section 1 – Principle assessments

(These competencies must be assessed during the ICM module)

ICM Domain and Competencies	CAT Target Level	Level Achieved	Assessment Tools	Trainee Evidence Date & Assessment (eg D1, D2 etc)
Domain 1: Resuscitation and management of the acutely ill patient				
1.1 Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology	1		I, C	
1.4 Triages and prioritises patients appropriately, including timely admission to ICU	1		C	
Domain 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation				
2.1 Obtains a history and performs an accurate clinical examination	1		I	
2.2 Undertakes timely and appropriate investigations	1		I, C	
2.4 Obtains appropriate microbiological samples and interprets results	1		D, C	
2.5 Obtains and interprets the results from blood gas samples	1		D, C	
2.8 Integrates clinical findings with laboratory investigations to form a differential diagnosis	1		I, C	
Domain 3: Disease Management				
3.2 Identifies the implications of chronic and co-morbid disease in the acutely ill patient	1		C	
3.3 Recognises and manages the patient with circulatory failure	1		I, C	
3.4 Manages the patient with, or at risk of, acute renal failure	1		I, C	
3.6 Recognises and manages the patient with neurological impairment	1		I, C	
3.9 Recognises and manages the septic patient	1		I, C	
Domain 4: Therapeutic interventions/ Organ support in single or multiple organ failure				
4.2 Manages antimicrobial drug therapy	2		I, C	
4.4 Uses fluids and vasoactive / inotropic drugs to support the circulation	2		I, C	
4.6 Initiates, manages, and weans patients from invasive and non-invasive ventilatory support	1		D, C	
4.8 Recognises and manages electrolyte, glucose and acid-base disturbances	1		I, C	

Domain 7: Comfort and recovery				
7.2 Manages the assessment, prevention and treatment of pain and delirium	2		D, I, C	
7.3 Manages sedation and neuromuscular blockade	2		D, I, C	
7.4 Communicates the continuing care requirements of patients at ICU discharge to health care professionals, patients and relatives	1		M, I	
7.5 Manages the safe and timely discharge of patients from the ICU	1		M, I	
Domain 8: End of life				
8.1 Describes the process of withholding or withdrawing treatment with the multi-disciplinary team	1		C	
Domain 9: Paediatric Care				
9.2 Describes national legislation and guidelines relating to child protection and their relevance to critical care	1		C (Child safeguarding certificate)	
Domain 10: Transport				
10.1 Undertakes transport of the mechanically ventilated critically ill patient outside the ICU	1		D, I (Transfer course)	
Domain 11: Patient safety and health systems management				
11.2 Complies with local infection control measures	3		D, C	
Domain 12: Professionalism				
12.8 Ensures continuity of care through effective hand-over of clinical information	2		C, M, I	

Principle ICM competencies module sign-off: (should be signed by the ICM Educational Supervisor)

To be completed following ICM module and acquisition of principle competencies. (See also the   sign off for Additional competencies below)

Date:

Trainer Signature: _____ Trainer Name (Print): _____

Trainee Signature: _____ Trainee Name (Print): _____

Comments:

Section 2 – Additional assessments (Required but may be obtained and signed outside ICM) These competencies are not mandatory for assessment within the 3/12 ICM block in Core Level training and trainees may acquire them during the non-ICM part of core training time. This table provides the opportunity to demonstrate this competency acquisition.

ICM Domain and Competencies	CAT Target	Level Achieved	Assessment Tools	Trainee Evidence date & assessment (eg D1, D2)
Domain 1: Resuscitation and management of the acutely ill patient				
1.2 Manages cardiopulmonary resuscitation – ALS recommended	3		ALS certificate	
1.3 Manages the patient post resuscitation	1		I, S	
1.5 Assesses and provides initial management of the trauma patient	1		D, I, C	
Domain 3: Disease Management				
3.1 Manages the care of the critically ill patient with specific acute medical conditions e.g. liver failure, gastrointestinal failure	2		I, C	
3.10 Recognises and manages the patient following intoxication with drugs or environmental toxins	2		I, C, S	
Domain 4: Therapeutic interventions/ Organ support in single or multiple organ failure				
4.8 Understands the assessment and management of nutritional support on the intensive care unit	2		C	
Domain 5: Practical procedures				
5.8 Performs arterial catheterisation			D, C	
5.9 Performs ultrasound techniques for vascular localisation			D	
5.10 Performs central venous catheterisation			D, C	
5.14 Demonstrates a method for measuring cardiac output and derived haemodynamic variables			D, C	
5.19 Performs nasogastric tube placement			D	
Domain 12: Professionalism				
12.14 Participates in multidisciplinary teaching	2		M	
12.2 Communicates effectively with members of the health care team	2		M	
12.13 Seeks learning opportunities and integrates new knowledge into clinical practice	2		M	

Basic Final ICM competencies module sign-off: (should be signed by the ICM Educational Supervisor)

To be completed following acquisition of principle and additional competencies.

Date:

Trainer Signature: _____ Trainer Name (Print): _____

Trainee Signature: _____ Trainee Name (Print): _____

Comments:

EDUCATIONAL DIARY

Educational Diary

This is a deanery assigned document which helps portray your teaching schedule and other educational and curricular activities. You can add any teaching and learning sessions attended during your core training such as local and regional teaching, journal club and clinical governance sessions, conferences and seminars. This also makes it easier when completing the ESSR in the run up to an ARCP.

Date	Hospital	Topic/Name of meeting

Date	Hospital	Topic/Name of meeting