

Core Training in Anaesthesiology

Portfolio

July 2018



DASAIM

*Danish Society of Anaesthesiology
and Intensive Care Medicine*

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Foreword

This portfolio contains templates for preparation of training plan; forms and competence cards for the mandatory workplace-based training assessments. Monitoring of whether the objectives for the training have been achieved are kept in logbog.net in the Curriculum for Specialist Training in Anaesthesiology - Core Training Programme. The following contains a short description of the procedures concerning workplace-based training assessment. The anaesthesia training manual contains a more detailed description of how the assessment is conducted in practice.

The portfolio for specialist training in anaesthesiology is produced by a designated work group under the Danish Society of Anaesthesiology and Intensive Care Medicine (DASAIM).

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July 2018

Workplace-based assessment

Plans for training

A training plan should be prepared for each core training element. Long-term elements can include several training plans.

General assessment and Mini Clinical Evaluation Exercise (Mini Cex)

During the training course, a regular *formative* general assessment and a *formative* Mini Cex are conducted of the trainee's handling and behaviour, i.e. how the trainee *performs* in practice. This assessment is related to the described competence objectives.

The general assessment and Mini Cex are conducted before the end of every relevant training element, such as thoracic anaesthesia, neuroanaesthesia, intensive care therapy, or after a more precise period of time. The schedules are included in the training programmes. It does not concern direct approval or non-approval following each element based on the above assessment. The assessment should be used to indicate areas where the trainee could improve or needs to make improvements. The supervisor should ensure that the interview is constructive and that the supervisor and the trainee at the end of the interview agree on possible focus areas. If an assessment is below the expected level, a written plan of action for improvements for the next assessment is prepared, as well as how and when the next assessment is conducted. At the end of each training element, the last (summative) general assessment and the last (summative) Mini Cex are conducted, and these are considered sufficient when the assessment of the competences is at or above the expected level. If the assessment indicates that this is unachievable, early measures have to be implemented, possibly in cooperation with the regional secretariat for continuing medical education, Det Regionale Videreuddannelsessekretariat. The general assessment also includes a continuous monitoring of quality of work, such as registration of experience.

The assessments are conducted in relation to the objectives with specification of the basis of assessment, which can include one or several of the following methods:

- Assessment using specific methods
- Observation of the trainee
- Review of record material
- Discussion with the trainee
- Feedback from others
- Other

Workplace-based training using specific methods

The training includes a number of mandatory specific assessments during the course of training. Furthermore, in some cases the different wards and departments will choose to use specific methods for assessment of competences in selected areas. This will appear from the training programmes.

Observation of the trainee

Observation of the trainee during his/her work performance and the trainee's contribution at conferences and professional discussions etc. is an important source of information about his/her competences.

Review of record material

Records are an important source for assessment of the trainee's competences. It can be helpful to organise the review and in advance prepare for areas of interest. Record review combined with a discussion with the

trainee may be useful. The structured interview conducted by the supervisor could be based on record review with fixed subjects for discussion.

Discussion with the trainee

Regularly, the supervisor will discuss different issues and tasks with the trainee. These discussions serve to identify whether the trainee possesses the necessary background knowledge and is able to link this to practice. Finally, the discussion may include considerations regarding generalisation according to concrete examples. During the interviews the discussion is focused on whether the trainee's progress on training course is satisfactory. The logbook, the general assessment and Mini Cex are reviewed as documentation. This review is used as basis for assessment of all seven competences, especially expertise within the anaesthesia specialty.

Feedback from others

In many cases, the supervisor will not supervise the trainees directly during his/her work. This is partly due to logistic issues, and partly because it is important, that the trainee develops independence in his/her work. In many cases, the supervisor will have to rely on statements about the trainee from other people. Several different people, who work closely with the trainee, would be able to provide different types of information regarding the trainee's competences.

Feedback regarding the trainee's work method from other people can be both positive and negative. It is the responsibility of the supervisor to ensure that the information is as valid and reliable as possible. It can be useful to specify the desired or available information and, if necessary, organise the collection of information.

Other

The portfolio can include several types of quality documentation of the work performance and of the way that different issues and tasks are being handled. For instance, it could be written statements from other people, course certificates, reports on management of particular issues, etc. The trainee presents this documentation to the supervisor when he/she is going to conduct the general assessment. The documentation is filed in the portfolio. The trainee is free to collect different types of documentation in the portfolio. It is recommended to collect documentation of specific activities, such as specific or complicated patients, management of difficult issues, statements from others, direct assessment of performances, prepared instructions for the department, QA projects, etc.

Cusum Scoring

Cusum Scoring of the four procedures: spinal anaesthesia, epidural anaesthesia, CVC, and artery needle are not mandatory during core training but can be useful to use in periods where the trainee or the clinical supervisor thinks that there are issues with the performance of one or more of the four procedures. The Cusum Scoring can be utilised as periodic tool for quality documentation of the procedures performed.

Experience registration and experience objectives

The trainee conducts continuous experience registration of selected performances in the anaesthesia specialty and patient categories after agreement with the head doctor responsible for education or the clinical supervisor of a given department or ward. Items for the experience registration are based on the key performances and patients treated. At the training interview the experience registration is reviewed to adjust the clinical activities to meet the experience registration objectives of the department. The consultant responsible for education or the clinical advisor then certifies the completion of the department's/ward's

requirement for the experience registration. This certification will be part of the overall assessment of the training course.

Registration of experience is an important tool for documentation of appropriate breadth and volume of clinical learning activities, and functions as a personal registration of whether a sufficient number of the different procedures have been completed. Additionally, experience registration serves as documentation of the necessary acquired breadth and volume. When starting in a department or ward (introductory interview), the procedures for experience registration and the number of procedures for completion are arranged in cooperation with the consultant responsible for education or the clinical supervisor.

Specific assessments

DASAIM recommends several mandatory specific assessments, which are included in this portfolio. The criteria for assessment are included in forms, which can be found in the portfolio. The specific assessments can be conducted by the primary supervisor or another supervisor.

In order to achieve an overall approval of the performance, the supervisor must be able to respond with YES to all items in a form. A YES next to an item means, that the item has been completed sufficiently and with sufficient quality. It is the responsibility of the individual supervisor to assess "the sufficiency" based on the supervisor's professional responsibility for good medical practice. Finally, the supervisor presents an overall assessment of the performance and decides whether it can be approved, and if so, he/she signs the map.

If the workplace-based training cannot be approved, the trainee will receive indications of areas where he/she needs to make improvements as well as the measures to achieve this. A new assessment is conducted when the trainee believes to be ready for this. If a performance cannot be approved after the third attempt, something is wrong, and the consultant responsible for education should be included in the assessment.

The trainee keeps the approved form as documentation and uploads it to logbog.net as documentation and presents it to the supervisor at the meetings. To receive approval for the entire training course, all specific objectives must be achieved.

Research training module

The organisation of the research training module is slightly different in the three regions. It consists of a common three-day standard module for all specialities. The graduate studies consist of a module with up to four days for courses and three days for seminars and presentation of a project plus 10 days for data collection, processing and preparation of a report. Time and method for the completion of the element are described in the training programme.

Certification of course participation

The course leaders certify in logbog.net that the courses have been completed sufficiently. It is the responsibility of the trainee to obtain the documentation in logbog.net.

Training course approval

The training is approved based on the collected documentation of competences, which can be found in the portfolio: general assessments, on-call competence (Mini Cex), certification of Cusum Scoring (when applied), and experience registration (when applied), specific competence assessments and certification of course participation. Obtained competences must be documented logbog.net in connection with supervisor interview. The procedure for application of recognition as specialist doctor can be found on SST.dk and logbog.net.

Certification of a training element from the consultant responsible for education

The consultant responsible for education in a department or a ward conducts an overall certification of the training element. Certification of timely completion of training element is given in logbog.net.

A training element is approved when the following has been completed:

1. The mandatory assessments included in the element must be "approved". Some assessments are achievable in several different elements, but from the training programme, it must be apparent which assessment should be completed and when. The trainee is obliged to upload approved competences in logbog.net.
2. The trainee scores "expected level" or "above expected level" in handling and behaviour in relation to the general objectives. If the trainee scores "below expected level", a written clarification and instruction for improvements must be presented, and the head doctor responsible for education must be informed – this should be done in agreement with the trainee.
3. The trainee has achieved appropriate breadth, volume and quality in relation to the objectives of the period. If the experience registration cannot be approved, a written clarification and instruction for improvements must be presented.

Approval of the specialist training by the consultant responsible for education

During the last training element, the consultant responsible for education conducts an overall assessment of the entire specialist training. This assessment is conducted together with the trainee. The assessment is conducted based on all documentation, i.e. approved mandatory assessments, the general assessments, Mini Cex, certification of course participation, and approved research training course. In the last general assessment and the last Mini Cex, the score should be "within expected level" or "above expected level". The last "Certification for completion of training element" is approved in logbog.net.

Please follow the instructions for application of recognition as specialist in anaesthesiology on SST.dk and logbog.net.

The core training can be approved if:

1. an overall assessment of the general assessments from the different constituent elements of the training can be approved. The decision is made in consultation with the trainee. If doubts exist, the secretariat for continuing medical education is included and often represented by the postgraduate clinical associate professor.
2. an overall assessment of trainee's experience breadth and volume can be approved.
3. certification of achievement of all specific objectives according to the logbook exists.
4. certification of participation in all mandatory courses exists.
5. approved research training element.

Overall list of workplace-based assessment

Competence		Method	Time
Expertise within the anaesthesia specialty		General assessment Mini Cex Training plan/report Cusum Scoring/Experience registration	Following each clinical rotation stay
Card	Anaesthesia/perioperative medicine		
1	Anaesthesia for major (open) abdominal surgery, ASA 3-4	Structured observation	
2	Ultrasound guided peripheral nerve block	Structured observation	
3	Patient course description, ASA 3-5 patient, major surgery	Reflective report	
4	Thoracic anaesthesia, heart surgery	Structured observation	
5	Thoracic anaesthesia, pulmonary surgery	Structured observation	
6	Anaesthesia for vascular surgery	Structured observation	
7	Neuroanaesthesia	Structured observation	
8	Anaesthesia for children > 2 years	Structured observation	
9	Anaesthesia for section	Structured observation	
10	The bleeding patient	Reflective report	
11	Anaesthesia for a patient with expected difficult airway	Structured observation	
	Intensive care therapy		
12	Admission of new intensive care patient	Structured observation	
13	Ward rounds for complex intensive care patient	Structured observation	
14	Specific disease treatment – intensive care patient	Structured conversation with supervisor	
15	Quality regarding intensive care therapy	Audit of 5 records	
	Pain management		
16	Review of pain record - malignant/non-malignant pain	Structured conversation with supervisor	
	Emergency, trauma and prehospital medicine		
17	Emergency medical and trauma treatment	Structured conversation with supervisor	
Communication		General assessment On-call competence – Mini Cex	Following each clinical rotation stay
18	The difficult conversation	Structured observation	
Cooperation			
	Cooperation, conflict management	General assessment On-call competence – Mini Cex	Following each clinical rotation stay
Organisation/management		General assessment On-call competence – Mini Cex	Following each clinical rotation stay
	Organisation/management of workflow	360° assessment	
19	Management of work conferences	Structured observation	
Academic competence		General assessment Training plan/report	Following each clinical rotation stay
	Oral presentation/lecture	Research training project	
Professionalism		General assessment	Following each clinical rotation stay
20	Patient safety	Reflective report	

Plan for training

The trainee prepares the plan for the training and hands it to the supervisor at least three days prior to the meeting. The plan is discussed with the supervisor and may be adjusted later on. The plan is filed in the trainee's portfolio and can be uploaded to logbog.net.

Training plan for clinical stay Name, Trainee Ward or department Hospital Period from to	
Name, Trainee Name, Supervisor Date of the meeting Date of the next meeting	
Learning need/interest	
Learning objective: Which objectives are there for this time period?	
Activities: Which activities are needed to complete the objective, and when are they to be performed?	
Assessment criteria: Which type of documentation should be collected to demonstrate that the objective has been completed?	

Learning report

Following the end of the time period, the trainee prepares a report on the acquired knowledge according to the training plan. The report is given to the supervisor at least three days prior to the meeting and is then discussed. Is filed in the trainee's portfolio.

<p>Training plan for clinical stay</p> <p>Name, Trainee</p> <p>Ward or department</p> <p>Hospital</p> <p>Period from to</p>	
<p>Name, Trainee</p> <p>Name, Supervisor</p> <p>Date of the meeting</p>	
<p>Learning objective: Which objectives have been completed for this time period?</p>	
<p>Assessment criteria: How has the completion of the objective been documented?</p>	
<p>Insufficiencies: Which objectives have not been met? Reason? Could/should measures be implemented, and if so, which/how?</p>	
<p>Reflection: Thoughts and considerations of the course of training and the acquired knowledge. Visions for the future, own and the profession's practice.</p>	

General assessment										
Name, Trainee										
Training element (hospital, department, ward)										
Period: From date To date										
During the past period, the trainee has demonstrated the following action way and behaviour:	Can not be assessed	1 Poor	2	3	4	5	6	7	8	9 Excellent
		Below expected level			Expected level			Above expected level		
Expertise within the anaesthesia specialty Demonstrates a theoretical, clinical and situational knowledge and understanding in the handling of work and issues within the anaesthesia specialty. Demonstrates sufficient clinical skills equivalent to the expected level.	<input type="checkbox"/>								
	<input type="checkbox"/>								
Communication Handles communication as characterised by understanding and respect for the recipient's wish and need for information and dialogue.	<input type="checkbox"/>								
Cooperation Cooperates with others with respect and attention to their professionalism, situational roles and functions and contributes with own expertise.	<input type="checkbox"/>								
Organisation/management Organises and prioritises work respecting demands for efficiency and safety in patient management and in consideration of own and organisational resources. Assumes team leader position if appropriate.	<input type="checkbox"/>								
Academic competence Demonstrates will and ability to continuously search for new knowledge, assess and develop own expertise as well as contribute to the development of other people and the profession in general.	<input type="checkbox"/>								
Professionalism Demonstrates responsibility in the execution of practice in relation to patients, the organisation, the profession and the surroundings.	<input type="checkbox"/>								
Any comments and proposals for improvements must be present in case of assessment below expected level										

Date:

Signature:

General assessment (page 2 of 2) Name, Trainee:

The above general assessment is conducted based on one or more of the following methods:

<i>Specific method (enclosed)</i>	<i>Observation of the trainee</i>	<i>Review of record material</i>	<i>Discussion with the trainee</i>	<i>Feedback from others</i>	<i>Other (please specify)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments and proposals for improvements regarding handling and behaviour are enclosed: YES
 (**must** be available at assessments 1, 2 and 3)

Experience	YES	NO
The trainee has achieved appropriate breadth, volume, and quality in relation to the objectives of the period.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cusum Scoring (enclosed)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Review of experience registration</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Observation of the trainee</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Discussion with the trainee</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Feedback from others</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (please specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Date:

Signature:

On-call competence – Mini Clinical Evaluation Exercise (Mini Cex)

Name, Trainee

Training element (hospital, department, ward)

Date Assessed by supervisor

Focus (please choose): Team member function Team leader function On-call execution/handling

Competence card:

This assessment of the trainee should be conducted during each training stay including on-call work, approx. four times a year, the appointed times can be found in the training programme. The trainee schedules the assessment with the on-call anaesthesiologist at the beginning of the shift. The focus of the assessment is arranged – team member function or team leader function or on-call execution. Prior to finishing the shift, the form is completed, and the specialist doctor gives constructive feedback with focus on development areas. The assessments should be present at the supervisor interviews.

During the last training stay, the assessment is conducted halfway through the stay. At this assessment, the assessments must be at expected level or above expected level. If this is not the case, the consultant responsible for education is involved and a plan of action is agreed upon, possibly with the involvement of the Continuing Medical Education (Den Lægelige Videreuddannelse).

During the past period, the trainee has demonstrated the following handling and behaviour:	Can not be assessed	1 Poor	2	3	4	5	6	7	8	9 Excellent
		Below expected level			Expected level			Above expected level		
Acquaints oneself with the on-call tasks at the beginning of the shift
Prioritisation of tasks
Communication with team about execution of tasks
Communication with collaborators from other departments
Knowledge about own competences/limitations – relevant request for assistance
Sense of perspective and organising of tasks/resources
Demonstrates receptiveness towards team member experience
Contributes actively to constructive cooperation

Feedback: Very good performance by the trainee

Feedback: Room for improvements by the trainee:

Feedback: Scheduled plan for improvements:

Any comments and proposals for improvements **must** be present in case of assessment below expected level

360° assessment regarding organisation, cooperation and communication

Name, Trainee

Competence card:

This assessment of the trainee should be conducted at least two times during the core training. It is conducted in an anaesthesia ward and/or an intensive care department during the sixth month of the core training and again when six months remains of the core training. The trainee hands out assessment forms to 10-15 persons who work closely with the trainee: six colleagues (older and younger), four anaesthetic/intensive care nurses, five other collaborators (e.g. surgeons, surgical nurses). The trainee selects the persons. The supervisor receives a list of the selected persons from the trainee.

The outline of the hand-out can be found on the next page. The response is sent (or e-mailed) to the trainee's supervisor. The trainee is responsible for ensuring that the respondents receive their name and address of the hospital (and e-mail address) of the supervisor.

The supervisor prepares an overall assessment based on the forms and uses the form on this page for summary. The overall assessment is reviewed at an interview conducted by the supervisor to which the trainee brings his/her self-assessment on the following page. The interview is a formative assessment where the trainee is provided with prospective feedback and strong points are emphasised. If improvements are required in one or several areas, the possibilities for this are discussed and a training plan is prepared, and a follow-up interview is scheduled. It may be useful for the supervisor to prepare for the interview in cooperation with the consultant responsible for education.

	Satisfactory YES
Treats patients politely and considerately	<input type="checkbox"/>
Uses situation-appropriate language	<input type="checkbox"/>
Listens actively and lets others participate in conversations	<input type="checkbox"/>
Communicates effectively with collaborator regarding plan for execution and prioritising of tasks	<input type="checkbox"/>
Is helpful and flexible	<input type="checkbox"/>
Utilises knowledge and experience from other staff members	<input type="checkbox"/>
Prioritises own tasks rationally	<input type="checkbox"/>
Performs follow-up on own tasks	<input type="checkbox"/>
Demonstrates responsibility towards common tasks	<input type="checkbox"/>
Completes own tasks in due time	<input type="checkbox"/>
Assesses own competences realistically and involves colleagues when necessary	<input type="checkbox"/>
Has sense of perspective – is predictive in situations where special attention is required and reacts adequately in these	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>
Supervisor's signature:	Date:

360° assessment

As part of the assessment of my competence in the areas of communicator, collaborator and manager/organiser, I kindly ask you to fill in this questionnaire.

Name of anaesthesiologist:

All your answers are anonymous. However, we need to know your professional title – please tick the relevant box. Please add your name. This will only be visible to the trainee supervisor.

- Anaesthesiologist, higher rank
 Anaesthesiologist, same rank
 Anaesthetic nurse
 Recovery nurse
 Surgical nurse
 Surgeon
 Other (please elaborate)
 Preferably name.....

During the past period, the trainee has demonstrated the following handling and behaviour:	Can not be assessed	1	2	3	4	5	6	7	8	9
		Poor								
		Below expected level			Expected level			Above expected level		
Treats patients politely and considerately	<input type="checkbox"/>								
Uses situation-appropriate language	<input type="checkbox"/>								
Listens actively and lets others participate in conversations	<input type="checkbox"/>								
Communicates with collaborators regarding plan for execution and prioritising of tasks	<input type="checkbox"/>								
Is helpful and flexible	<input type="checkbox"/>								
Utilises knowledge and experience from other staff members	<input type="checkbox"/>								
Prioritises own tasks rationally	<input type="checkbox"/>								
Performs follow-up on own tasks	<input type="checkbox"/>								
Demonstrates responsibility towards common tasks	<input type="checkbox"/>								
Completes own tasks in due time	<input type="checkbox"/>								
Assesses own competences realistically and involves colleagues, when necessary	<input type="checkbox"/>								
Has sense of perspective – is predictive in situations where special attention is required and reacts adequately in these	<input type="checkbox"/>								
Please enter positive comments and/or suggestions for improvements on the back										

CUSUM SCORE, qualitative scoring of performance

Name, Trainee:

Qualitative registration of success rate for: epidural, spinal, CVC, and artery needle. The form can be used during periods when you wish to Cusum Score one or more of the specified procedures. The scoring is applied as below, and a continuous summary is performed for each procedure. It is useful to complete the registration electronically, www.dasaim.dk.

Procedure and definition of "failed"

Epidural: failed is missing take, dura puncture or more than two passes. New pass is defined as at new level or shift from median to paramedian technique. Accidental pass in vessels does not count as a pass.

Spinal: failed is missing take or more than two passes, definition similar to epidural.

CVC: failed is new vein attempt.

Artery needle: failed is new artery attempt.

	Epidural	Spinal	CVC	A needle
Scores for fail	+ 0.93	+ 0.86	+ 0.91	+ 0.71
Scores for success	÷ 0.07	÷ 0.14	÷ 0.09	÷ 0.29
Max acceptable score	+ 2.94	+ 2.71	+ 1.81	+ 2.24

Procedure number	Epidural	Spinal	CVC	A needle
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Experience registration, qualitative registration of anaesthesia service

Name, Trainee

Please specify the following for each patient: Date, age, sex, ASA group, risk factors, type of surgery, elective/emergency, type of anaesthesia, procedures, complications

The form can be used to enter notes continually.

1	
2	
3	
4	
5	
6	
7	
8	

1 Anaesthesia for major (open) abdominal surgery, ASA 3-4 – structured observation

Name, Trainee

Competence card:

This competence card is based on the trainee’s ability manage anaesthesia and postoperative treatment in patients undergoing major open surgery or a laparoscopic procedure in the abdomen (abdominal surgery, gynaecology, urology). Optimally, the trainee performs all of the preoperative course: preoperative anaesthetic assessment, management of following anaesthesia and the postoperative plan.

The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

- | | |
|--|--------------------------|
| | YES |
| Describes the ASA class of the patient based on comorbidity, treatment hereof and effect on the planned operation | <input type="checkbox"/> |
| Presents a plan for the overall perioperative course | <input type="checkbox"/> |
| Accounts for type of anaesthesia, monitoring, procedures in relation to patients’ comorbidity and wishes for the upcoming surgical procedure | <input type="checkbox"/> |
| Provides anaesthesia in cooperation with surgical team | <input type="checkbox"/> |
| Communicates and cooperates adequately with the surgical team in the operating theatre in order for the team to have a common situation-awareness during the operation | <input type="checkbox"/> |
| Accounts for the most important complications related to the procedure as well as diagnosis and treatment | <input type="checkbox"/> |
| Performs transfer to postoperative ward and accounts for postoperative observation, possible complications and planned pain management | <input type="checkbox"/> |
| Accounts for considerations in connection with a theoretical case regarding pneumoperitoneum (circulatory, respiratory and renally) and discussion of strategy for minimisation of morbidity and complications | <input type="checkbox"/> |

The overall assessment for this competence is approved

Supervisor's signature: **Date**

2 Ultrasound guided peripheral nerve block – *structured observation*

Name, Trainee

Competence card:

This competence card is based on a structured observation which should demonstrate the trainee's ability to perform ultrasound guided peripheral nerve block for intraoperative and postoperative analgesia. Optimally, the trainee performs preoperative anaesthetic supervision and manages the following anaesthesia.

The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Accounts for preoperative assessment of the patient and usage of nerve block in the perioperative course	<input type="checkbox"/>
Communicates adequately with the patient regarding the performance of the relevant peripheral nerve block and plan for anaesthesia for possible missing take	<input type="checkbox"/>
Describes basic functionality of ultrasound device and provides reasons for choice of transducer for the planned block	<input type="checkbox"/>
Demonstrates image optimisation and understanding of relevant sonoanatomy	<input type="checkbox"/>
Provides reasons for choice of block needle and demonstrates optimal imaging of needle and block in relation to relevant anatomic structures	<input type="checkbox"/>
Accounts for systemic side effects, overdose, toxicity, and complications as well as relevant prevention, diagnosis, and treatment of these	<input type="checkbox"/>
Tests block take sufficiently and describes plan for missing take	<input type="checkbox"/>
Describes indication, choice, and dosage of local anaesthetics, method for procedure and effects, side effects and complications of an upper extremity block, a lower extremity block and a trunk block	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

3 Patient course description, ASA 3-5 patient, major surgery – *reflective report*

Name, Trainee

Competence card:
 The patient course description is meant to demonstrate the trainee's ability to assess practice and reflect on this in relation to theoretical, clinical, and situational knowledge and understanding.
 The trainee chooses a patient course and manages the perioperative course. Based on a specific issue, the reflective report is prepared in relation to the choice of anaesthesia, monitoring or another issue that the trainee has been wondering about following the specific patient course. It could be an issue which developed during the course or a reflection on the practice of the department.
 The issue is chosen with the supervisor. With focus on the chosen issue(s), a report on the patient course (max 10 pages in A4 format, 1.5 spacing), reflection and relevant references with a description in relation to the items listed below is prepared.
 The chosen subject matter is elaborated in relation to relevant references, the applied practice and possible renewal of practice.
 The report is submitted to the supervisor, who reviews it according to this form and provides a follow-up with specific and constructive oral and written feedback. Any lack of approval must be substantiated, and focus areas should be defined.

Assessment of the report based on the below items:	YES
Describes the chosen patient course	<input type="checkbox"/>
Considers choices of monitoring and anaesthetic methods and accounts for potential difficulties or complications which could arise during the course	<input type="checkbox"/>
Accounts for the chosen issue	<input type="checkbox"/>
Accounts for the academic approach including literature search for accounting for theoretical considerations for the chosen issue	<input type="checkbox"/>
Accounts for the actual course of anaesthesia and recovery	<input type="checkbox"/>
Reflects on the theoretical, practical implications for other similar patient categories	<input type="checkbox"/>
Reflects on the theoretical, practical implications for department practice	<input type="checkbox"/>
The report contains appropriate references	<input type="checkbox"/>

The overall assessment for this competence is approved

Supervisor's signature: Date

4 Thoracic anaesthesia, heart surgery – *structured observation*

Name, Trainee

Competence card:

This competence card is based on a structured observation which should demonstrate the trainee's ability to manage anaesthesia in patients undergoing heart surgery with use of extracorporeal circulation under supervision. Optimally, the trainee performs preoperative anaesthetic supervision and manages the following anaesthesia.

The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below. Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Accounts for patient's cardiac status and preoperative assessment	<input type="checkbox"/>
Discusses the correlation between the paraclinical cardiac examination results and the patient's clinical picture, functional level, symptoms, and clinical findings	<input type="checkbox"/>
Prepares a plan for perioperative management of patient and accounts for choice of strategy and method regarding anaesthesia, monitoring and perioperative treatment for the relevant heart surgery	<input type="checkbox"/>
Performs anaesthesia and perioperative management – under supervision – including performing relevant procedures according to the statement of aims and performs relevant interpretation of monitoring data compared with clinical observations	<input type="checkbox"/>
Communicates and cooperates adequately with the surgical team in the operating theatre in order for the team to have a common situation-awareness during the operation	<input type="checkbox"/>
Accounts for the most important complications in the initial postoperative phase, the prevention, diagnosis, and treatment of these	<input type="checkbox"/>
Accounts for haemodynamic variables and pathophysiological phenomena during placement of invasive haemodynamic monitoring	<input type="checkbox"/>
Discusses the most important methods for measuring/estimating cardiac output and their pros and cons	<input type="checkbox"/>
Accounts for dose/effect of dopamine, adrenaline, dobutamine, noradrenaline, isoprenaline, milrinone, nitro-glycerine and beta blockers on the cardiovascular variables, including cardiac output and, myocardial oxygen consumption	<input type="checkbox"/>
Accounts for how variations in heart rate and blood pressure affect the cardiac function in patients with aortic stenosis, patients with mitral insufficiency, patients with coronary atherosclerosis, and in patients with cardiac insufficiency	<input type="checkbox"/>
Discusses rational handling of a patient with mechanical valve, angina pectoris former AMI and EF or valve stenosis undergoing emergency abdominal surgery	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

5 Thoracic anaesthesia, pulmonary surgery – *structured observation*

Name, Trainee

Competence card:

This competence card is based on a structured observation which should demonstrate the trainee's ability to manage anaesthesia in patients undergoing pulmonary surgery with lung separation. Optimally, the trainee performs preoperative anaesthetic supervision and manages the following anaesthesia.

The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Accounts for patient's pulmonary status and preoperative assessment	<input type="checkbox"/>
Discusses the correlation between the paraclinical pulmonary examination results and the patient's clinical picture, functional level, symptoms, and clinical findings	<input type="checkbox"/>
Prepares a plan for perioperative management of patient, including account for choice of strategy and method regarding anaesthesia, monitoring and perioperative treatment for the relevant pulmonary surgery	<input type="checkbox"/>
Performs anaesthesia and perioperative management – under supervision – including performing relevant procedures and performing relevant interpretation of monitoring data	<input type="checkbox"/>
Communicates and cooperates adequately with the surgical team in the operating theatre in order for the team to have a common situation-awareness during the operation	<input type="checkbox"/>
Accounts for the most important complications in the initial postoperative phase, the prevention, diagnosis and treatment of these	<input type="checkbox"/>
Discusses rational management of patient with severe pulmonary disease or single-lung, who is undergoing emergency abdominal surgery	<input type="checkbox"/>
Accounts for respiratory and haemodynamic variables and pathophysiological phenomena in connection with intubation, intermittent pressure ventilation and single-lung ventilation.	<input type="checkbox"/>
Accounts for shunt and dead space	<input type="checkbox"/>
Accounts for how intravenous anaesthetics, inhalation anaesthetics and epidural blockade affect VA/Q conditions and postoperative respiratory muscle function	<input type="checkbox"/>

The overall assessment for this competence is approved

Supervisor's signature: **Date**

6 Anaesthesia for vascular surgery – *structured observation*

Name, Trainee

Competence card:

This competence card is based on a structured observation which should demonstrate the trainee's ability to manage anaesthesia in patients undergoing vascular surgery under supervision. Optimally, the trainee performs preoperative anaesthetic supervision and manages the following anaesthesia. The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below. Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Accounts for special conditions in the patient group (characteristics, comorbidity) and special areas of attention during the supervision of anaesthesia management	<input type="checkbox"/>
Compares the patient characteristics to the risk assessment and perioperative mortality	<input type="checkbox"/>
Prepares a plan for perioperative handling of the patient and accounts for choice of strategy and method regarding anaesthesia, monitoring, blood component therapy as well as use of coagulation analysis	<input type="checkbox"/>
Performs anaesthesia and perioperative management – under supervision – including performing relevant procedures and performing relevant interpretation of monitoring data compared with clinical observations	<input type="checkbox"/>
Performs the perioperative course under supervision	<input type="checkbox"/>
Accounts for haemodynamic changes and measures to react on such in connection with clamping/opening aorta, including reperfusion syndrome	<input type="checkbox"/>
Communicates and cooperates adequately with the surgical team in the operating theatre in order for the team to have a common situation-awareness during the operation	<input type="checkbox"/>
Accounts for the most significant risks and therapy objectives during the postoperative phase, prevention, diagnosis, and treatment for non-ruptured and ruptured AAA	<input type="checkbox"/>
Accounts for the risks of patient transport with ruptured AAA and describes patient preparation (monitoring, IV access, blood products, and personnel)	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

7 Neuroanaesthesia – structured observation

Name, Trainee

Competence card:

This competence card is based on a structured observation of (possibly several) patient course which should demonstrate the trainee's ability to manage anaesthesia in patients undergoing neurosurgery as well as monitoring and treatment of Increased Intracranial Pressure (ICP).

The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Prepares a plan for perioperative management of the patient including discussion of the rationale behind the choice of anaesthetics as well as management of patient with increased intracranial pressure for intubation	<input type="checkbox"/>
Discusses the rationale for perioperative hyperventilation, including pros and cons	<input type="checkbox"/>
Accounts for the correlation between intracranial pressure, blood pressure and perfusion pressure	<input type="checkbox"/>
Accounts for the effects of anaesthetics on the cerebral metabolism and cerebral blood flow	<input type="checkbox"/>
Accounts for at least three types of treatment for acute reduction of intracranial pressure	<input type="checkbox"/>
Accounts for specific types of neurointensive observation and monitoring	<input type="checkbox"/>
Accounts for timely prioritisation and indication of neuroradiological examination and neurosurgical intervention in acute intracranial bleeding in relation to localisation and type of bleeding	<input type="checkbox"/>
Accounts for conditions regarding positioning which affect intracranial pressure	<input type="checkbox"/>
Utilises the Glasgow Coma Scale and accounts for the patient type relevant for the observations scale	<input type="checkbox"/>
Accounts for prognostic factors and indicators during the initial phase in patients with head trauma	<input type="checkbox"/>
Discusses general considerations regarding primary admission as well as inter-hospital transfer of patient with intracranial bleeding and increased intracranial pressure	<input type="checkbox"/>
Accounts for specific conditions in prioritisation and initiation of treatment at scene of accident for patient with head trauma in relation to extracranial injuries	<input type="checkbox"/>

The overall assessment for this competence is approved

Supervisor's signature: **Date**

8 Anaesthesia for children > 2 years – *structured observation*

Name, Trainee

Competence card:

This competence card is based on a structured observation which should demonstrate the trainee's ability to manage anaesthesia in patients above two years of age. The trainee performs review of children in the pre, per- and postoperative course – optimally for the same child.

The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Formulates a plan for anaesthesia, including calculation of fluid, blood loss compensation, anaesthetics, heat loss prevention and perioperative pain management	<input type="checkbox"/>
Accounts for rules for fasting period for children, disadvantages in long-term fasting, and factors that affect gastric emptying as well as accounts for rapid sequence induction for children	<input type="checkbox"/>
Accounts for the specific conditions related to airway anatomy and standard tube sizes for different age groups of children	<input type="checkbox"/>
Discusses the rationale for choice of intubation vs. laryngeal mask airway in children in relation to surgery and comorbidity	<input type="checkbox"/>
Accounts for indication and practical execution of sedation	<input type="checkbox"/>
Discusses alternatives to IV administration of fluid and medication, and intraosseous infusion	<input type="checkbox"/>
Utilises an appropriate sequence of anaesthetics for induction and utilises dilution of medication in relation to the instructions of the department as well as utilises appropriate dose of anaesthetics for maintenance	<input type="checkbox"/>
Accounts for pharmacokinetics and -dynamics for the chosen pharmaceuticals	<input type="checkbox"/>
Performs sufficient ventilation and intubation, including positioning of the head	<input type="checkbox"/>
Accounts for the most frequent causes of sudden hypoxia in children during anaesthesia and describe a troubleshooting algorithm as well as a plan of action	<input type="checkbox"/>
Communicates and cooperates adequately with the surgical team in the operating theatre in order for the team to have a common situation-awareness during the operation as well as prepares preoperative holding area and remedies adequately	<input type="checkbox"/>
Communicates adequately with the child and relatives and utilises techniques to prevent involuntary retention	<input type="checkbox"/>
Is orderly and systematic in the practical handling of the tasks	<input type="checkbox"/>
Accounts for specific ethical issues regarding informed consent of children	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

9 Anaesthesia for sectio – structured observation

Name, Trainee

Competence card:

This competence is based on a structured observation which should demonstrate the trainee's ability to manage anaesthesia in patients undergoing sectio. The trainee performs preoperative anaesthetic supervision, manages the following anaesthesia, and plans the postoperative pain management. The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Accounts for the physical changes for pregnant women which affects the anaesthesia	<input type="checkbox"/>
Accounts for rules for fasting period and factors that affect gastric emptying in pregnant women	<input type="checkbox"/>
Discusses choice of anaesthesia type: general vs. regional (spinal, epidural) in acute section (and formulates a plan for anaesthesia)	<input type="checkbox"/>
Communicates adequately with patient regarding the imminent sequence of events	<input type="checkbox"/>
Manages relevant anaesthesia induction	<input type="checkbox"/>
Cooperates adequately with the team and communicates clearly on situation specific roles and tasks including preparation of preoperative holding area, remedies and table for resuscitation of newborns	<input type="checkbox"/>
Accounts for treatment of bleeding from atony	<input type="checkbox"/>
Accounts for specific precautions regarding anaesthesia induction in relation to effects on the child, partly directly through the used anaesthetics, partly indirectly through the effect on the circulation of the mother	<input type="checkbox"/>
Explains the guidelines for handling of newborns in relation to gestational age and Apgar scoring, including fluid management and standard dosing of adrenaline and naloxone	<input type="checkbox"/>
Accounts for specific precautions for anaesthesia in patient with pre-eclampsia and eclampsia	<input type="checkbox"/>
Accounts for specific ethical dilemmas in acute sectio in relation to mother and child	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

10 The bleeding patient – *reflective report*

Name, Trainee

Competence card:

The reflective report serves to demonstrate the trainee's ability to assess a bleeding patient who requires balanced blood component therapy. The trainee is expected to respond critically to theoretical, clinical and situational knowledge and understanding.

The trainee chooses a patient course which he/she has participated in the management of. The reflective report is prepared based on record material, own experience of the situation, and any interview with collaborators.

The report should contain theoretical considerations in relation to the practical circumstances and conditions. A report on the patient course is prepared (max 10 pages in A4 format, 1.5 spacing) which should contain a description of the items listed below. Please provide appropriate references.

The report is submitted to the supervisor, who reviews it according to this form and provides a follow-up with constructive and specific oral and written feedback. Any lack of approval must be substantiated, and focus areas should be defined.

Assessment of the report based on the items listed below

YES

Describes shortly the patient and the relevant patient course

Analyses the course:

- describes shortly deviations from the expected course
- discusses current and potential medical affect in patient coagulation in consideration of any comorbidity of the patient
- discusses possible clinical/paraclinical assessment of coagulation status
- relates to the transfusion strategy of the Danish Health Authority
- discusses current and potential transfusion
- discusses team resources and logistical considerations

Discusses transfusion complications

Discusses the importance of patient's coagulation status for in surgical and anaesthesiologic procedures

Accounts for medical and mechanical methods for minimising transfusion requirements

Describes and discusses possible measures that were and could have been initiated

Discusses how the management of the bleeding patient can contribute to individual and organisational learning and development

The overall assessment for this competence is approved

Supervisor's signature: Date

11 Anaesthesia for patient with expected difficult airway – *structured observation*

Name, Trainee

Competence card:

This competence card is based on a structured observation which should demonstrate the trainee's ability to manage anaesthesia for a patient with expected difficult airway. Optimally, the trainee manages all of the perioperative course: preoperative anaesthetic assessment, management of following anaesthesia and the postoperative plan.

The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Creates an overview of the pathoanatomic issue and the urgency of the procedure	<input type="checkbox"/>
Accounts for the plan for the airway management including relevant alternative plans	<input type="checkbox"/>
Accounts for the choice of anaesthesia, devices, monitoring, and procedures	<input type="checkbox"/>
Performs anaesthesia in cooperation with the anaesthetic and surgical teams	<input type="checkbox"/>
Communicates and cooperates adequately with the surgical team in the operating theatre in order for the team to have a common situation-awareness during the airway management	<input type="checkbox"/>
Accounts for the most important perioperative complications caused by the airway management as well as diagnosis and treatment	<input type="checkbox"/>
Plans extubation and the postoperative course (observation, possible complications, and planned pain management)	<input type="checkbox"/>
Performs transfer to postoperative ward and accounts for postoperative plan	<input type="checkbox"/>
Accounts for considerations in handling an emergency patient (awake or impaired consciousness) with preserved respiratory drive who is suffering from haemorrhage or oedema in the upper airways: type of anaesthesia, airway management plans, devices, personnel resources including back-up at the hospital with or without ear, nose, and throat expertise	<input type="checkbox"/>
Discusses differences between emergency airway management in the surgical ward and outside the surgical ward; type of anaesthesia, airway management plans, devices, personnel resources including back-up at the hospital with or without ear, nose, and throat expertise	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

12 Admission of new intensive care patient – *structured observation*

Name, Trainee

Competence card:

This competence card is a structured observation which should demonstrate the trainee's ability to admit, initiate treatment and conduct a full assessment of a new intensive care patient.

The supervisor observes the trainee during the practical course and conducts a continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Conducts a systematic initial assessment of the patient with prioritisation of the immediate measures	<input type="checkbox"/>
Initiates relevant monitoring	<input type="checkbox"/>
Assesses the airway and presents a plan for the airway management	<input type="checkbox"/>
Initiates respiratory support therapy if indication is given	<input type="checkbox"/>
Initiates circulatory support therapy if indication is given	<input type="checkbox"/>
Conducts adequate objective examination	<input type="checkbox"/>
Collects information via verbal handover and if possible, through the patient's record on previous treatment and disease development and adjusts the treatment accordingly	<input type="checkbox"/>
Presents tentative diagnosis in collaboration with the relevant specialities and initiates relevant examination programme and treatment	<input type="checkbox"/>
Collaborates adequately with the team and communicates clearly on situation-specific roles and tasks in the patient treatment	<input type="checkbox"/>
Documents the course and treatment in the record	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

13 Ward rounds for complex intensive care patient – *structured observation*

Name, Trainee

Competence card:

This competence is a structured observation which should demonstrate the trainee's ability to organise and perform ward rounds on a patient with failure of at least three organ systems.

The supervisor observes the trainee during the practical course with focus on the practical approach to the acute and critically ill intensive care patient and conducts continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Establishes the framework for ward rounds, clarifies who participate during ward rounds, and agrees with the nursing staff how they are performed	<input type="checkbox"/>
Reviews records, surveys the previous patient course	<input type="checkbox"/>
Includes nursing staff observations and other information	<input type="checkbox"/>
Conducts a systematic, relevant and complete review of the clinical condition of the patient	<input type="checkbox"/>
Handles continuous professional communication with the patient and staff	<input type="checkbox"/>
Identifies the most important issues for clarification with the team	<input type="checkbox"/>
Summarises ward round with the team to identify: <ul style="list-style-type: none"> • issues that have been treated/can be treated here and now • issues that need further clarification before decision making (possible examinations, consultation of another colleague) • issues that need handling during conference • formulates a plan for the future course and criteria for adjustment of the plan 	<input type="checkbox"/>
Arranges which type of information should be communicated at the conference, to the team on call or other colleagues, to the patient and any relatives or others	<input type="checkbox"/>
Ensures systematics and flow in practical handling of tasks	<input type="checkbox"/>
Documents the course and treatment in the records	<input type="checkbox"/>

The overall assessment for this competence is approved

Supervisor's signature: Date

14 Specific disease treatment - intensive care patient – *structured conversation with supervisor*

Name, Trainee

Competence card:

This competence card is a structured conversation with supervisor which should demonstrate the trainee's ability to initiate and perform treatment of intensive care patients in the three major patient categories – sepsis, respiratory failure and renal insufficiency.

The conversation with the supervisor is based on intensive care record(s) of patient(s) with the above clinical pictures (can be three patients with individual problems or one patient with all three issues).

The supervisor and the trainee review the courses and organise the interview based on the sub-items below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

Selects the relevant issues	YES <input type="checkbox"/>
By sepsis:	
• defines sepsis and septic shock	<input type="checkbox"/>
• accounts for Surviving Sepsis Campaign Guidelines and the core for treatment of the septic patient	<input type="checkbox"/>
• monitors the septic patient accordingly	<input type="checkbox"/>
By respiratory failure:	
• accounts for indications for and contraindications to invasive and non-invasive mechanical ventilation types	<input type="checkbox"/>
• accounts for different modes of mechanical ventilation	<input type="checkbox"/>
• accounts for initial ventilation strategy for patients who are admitted to the intensive care ward	<input type="checkbox"/>
• defines and accounts for the ARDS condition and for lung protective ventilation	<input type="checkbox"/>
• accounts for respirator step down principles, including daily wake-up-call and SBT (spontaneous breathing trials)	<input type="checkbox"/>
• accounts for possible complications of respirator treatment	<input type="checkbox"/>
By renal insufficiency:	
• accounts for indication areas for and contraindications to starting CRRT	<input type="checkbox"/>
• accounts for the different types of CRRT	<input type="checkbox"/>
• accounts for complications of CRRT	<input type="checkbox"/>
• accounts for different possibilities for anticoagulation for CRRT	<input type="checkbox"/>
• accounts for initial settings on the CRRT equipment	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

15 Quality regarding intensive care medicine – *audit of five records*

Name, Trainee

Competence card:

This is a task in critical reflection of practice regarding management of intensive care patients. The trainee chooses and prepares a plan in cooperation with the supervisor within a well-defined subject matter (e.g. sedation, nutrition, antibiotics, maintenance/discontinuation of usual medication or of own choice). Five records are selected and reviewed in a complete report using own checklist. The trainee prepares a complete report on the five records (max 10 pages, 1.5 spacing, including tables). Please provide appropriate references.

The report should contain:

1. Short description of the patients (max 1 page), such as cause of admission, primary issue, diagnosis
2. Result summary of record audit: how many records contained a description of and a position statement on the chosen subject matter
3. Discussion of choice of subject matter in relation to literature
4. General discussion of the result in relation clinical practice and organisational considerations
5. Conclusion and possible suggestions for improvements

The report is submitted to the supervisor who reviews it according to this form and provides a follow-up with specific and constructive oral and written feedback. Any lack of approval must be substantiated, and focus areas should be defined.

Assessment of the report based on the below items:

YES

The report contains short and clear description of the five patients

The report contains a clear and sufficient description of the result of the record audit

The report contains a relevant discussion of the results of the chosen subject matter

The report contains a complete general discussion of the results in relation to clinical practice and organisational considerations

The report includes a clear conclusion in accordance with the findings

Contains appropriate references

The overall assessment for this competence is approved

Supervisor's signature: Date

16 Review of pain record – *structured conversation with supervisor*

Malignant or non-malignant pain

Name, Trainee

Competence card:

This *assessment* is *designed as a structured conversation conducted by* the supervisor based on a pain patient record where the trainee is the treating doctor. The trainee brings the record to the scheduled interview and has provided the supervisor with a copy beforehand. The supervisor organises the conversation based on the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

Collection of information

YES

Presents a clear formulation of the actual issue, including patient assumption and information

Presents relevant and adequate information on the patient's history in relation to the pain issue

Presents a clear formulation of objective findings, including any important negative findings

Problem definition

Presents a clear formulated conclusion of information, objective examination and pain analysis

Presents a clear formulation of the issue and differential diagnosis

Examination and treatment plan

Presents an appropriate examination and treatment plan

Presents a plan for monitoring the course, indicators and guidelines for changes of the plans

Patient information

Presents a clear specification of the patient's wishes for information

Provides a clear and sufficient description of information provided to the patient and any relatives

Accounts for strategy regarding palliative treatment (besides pain management) of terminal patients, including possibilities of referral to palliative unit/hospice

The overall assessment for this competence is approved

Supervisor's signature: Date.....

17 Emergency medical and trauma treatment – *structured conversation with supervisor*

Name, Trainee

Competence card:

This assessment is designed as a structured conversation conducted by the supervisor based on experience registration from two records; one regarding trauma patient and one regarding emergency patient. The trainee brings two records to the scheduled interview and has provided the supervisor with a copy of both beforehand. The supervisor and the trainee review the records. The supervisor organises the conversation based on the sub-items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

Reviews the patient courses structurally	YES <input type="checkbox"/>
Describes the courses according to:	
<ul style="list-style-type: none"> • Medical professional perspective, including description of algorithms, techniques and pharmacology <input type="checkbox"/> • Discusses level of monitoring for actual patients <input type="checkbox"/> • Discusses internal and external patient transport with a description of the competences of the participating personnel <input type="checkbox"/> • Describes team cooperation, communication, division of labour during the actual course <input type="checkbox"/> 	
Describes considerations in relation to potential difficulties or complications that developed during the courses and the rationale for strategies and decisions as they emerged	<input type="checkbox"/>
Discusses possible measures that could have been initiated to improve the actual course	<input type="checkbox"/>

The overall assessment for this competence is approved

Supervisor's signature: **Date**

18 The difficult conversation – *structured observation*

Name, Trainee

Competence card:

This competence is based on a structured observation of a difficult conversation observed by the supervisor. The conversation could be with relatives and/or patients.

The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Is appropriately prepared prior to the conversation. Has reviewed the patient record and the patient plans	<input type="checkbox"/>
Chooses appropriate physical settings for the conversation	<input type="checkbox"/>
Introduces himself/herself to patient and relatives	<input type="checkbox"/>
Formulates an objective for the conversation and ensures that the patient/relatives have understood the information	<input type="checkbox"/>
Informs the patient and/or relatives empathically and professionally	<input type="checkbox"/>
Demonstrates receptiveness towards patient/relatives and is able to satisfy their need for information and handle their emotional reactions	<input type="checkbox"/>
Uses easily understandable language	<input type="checkbox"/>
Keeps brief records of the provided information as well as decisions and arrangements made with the patient/relatives	<input type="checkbox"/>
Accounts for and relates to the course of the conversation as well as provide suggestions for improvements	<input type="checkbox"/>
Discusses the management of relatives who are apathic, aggressive or in denial	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

19 Management of work conference – *structured observation*

Name of trainee

Competence card:

This competence card is an assessment of the trainee's ability to manage a work conference. Depending on local conditions, a work conference can be a premedication meeting, a training session, or an intensive conference. Participants from one or several staff groups should attend the conference. The supervisor observes the trainee during the practical course and performs continuous assessment according to the items listed below.

Regardless of approved or failed competence, the supervisor provides specific and constructive feedback to the trainee.

	YES
Establishes the framework for the conference. Relates to a possible agenda and time frame. Is responsible for the presence of all relevant persons	<input type="checkbox"/>
Presents or requests that relevant persons provide important information that is relevant for the conference	<input type="checkbox"/>
Demonstrates receptiveness towards the participants and responds adequately to their contributions	<input type="checkbox"/>
Utilises time efficiently and ensures that the participants stick to the relevant issues in a respectful manner	<input type="checkbox"/>
Contributes actively to constructive working climate	<input type="checkbox"/>
Summarises the issue or question for clarification	<input type="checkbox"/>
Ensures clear agreements, distribution of responsibility and follow-up	<input type="checkbox"/>
The overall assessment for this competence is approved	<input type="checkbox"/>

Supervisor's signature: Date

20 Patient safety – *reflective report*

Name, Trainee

Competence card:

The report is meant to demonstrate the trainee's ability to assess practice and reflect on practice in relation to theoretical, clinical and situational knowledge and understanding. The report should demonstrate an understanding of and the implementation of patient safety in the daily clinical work.

The trainee chooses a sequence of events which he/she has participated in the management of.

A report on the patient course is prepared (5-10 pages in A4 format, 1.5 spacing), which should contain a description of the items listed below. Please provide appropriate references.

The reflective report is prepared based on record material, own experience of the situation, and any interview with collaborators. The report should contain theoretical considerations in relation to the practical circumstances and conditions. Furthermore, the report should also contain a reflection on the actual handling of the event – both on the personal and organisational level as well as a discussion of the actual outcome and the future significance of this. The report is submitted to the supervisor who reviews it according to this form and provides follow-up in form of a discussion and constructive feedback. Any lack of approval must be substantiated, and focus areas should be defined.

	YES
Short chronological description of the sequence of events concerning the adverse event, including what happened and who was involved in the course	<input type="checkbox"/>
Description of considerations in relation to difficulties, issues or complications, which developed during the course and the rationale for strategies and decisions as they emerged	<input type="checkbox"/>
Description of the subsequent handling of the course, such as handling the personnel/team (debriefing, feedback etc.), information to patient and relatives, reporting of the event (adverse health care event), audit, training initiatives, reporting to the Danish Patient Safety Authority and/or internal discussion in the department and with the department management	<input type="checkbox"/>
Analysis of the course according to the following perspectives:	
• Medical professional perspective (medication error, defect equipment, improper use of equipment)	<input type="checkbox"/>
• Staff and own resources, competences and qualifications	<input type="checkbox"/>
• Team cooperation, communication, division of labour	<input type="checkbox"/>
• Organisational and physical settings barriers significant to the event	<input type="checkbox"/>
Which individual and organisational measures/barriers have been initiated to prevent similar events in the future?	<input type="checkbox"/>
• The trainee	
• The department and organisation	
• The future patient safety	

The overall assessment for this competence is approved

Supervisor's signature: Date