

**CORE TRAINING
IN ANAESTHESIOLOGY – INTRODUCTION
YEAR**

Portfolio

2013



*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 the Logbook in the Curriculum for Specialist training in Anaesthesiology - Core Training programme for Introduction year.. The following contains a short description of the procedures concerning workplace based training. 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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Karen Skjelsager
Chair of the Educational Committee
DASAIM
2013

Workplace based training tools

Training plans and learning report

Training plans/reports should be prepared every 3rd month as a part of the advisor interviews during the introductory training. The training plans and the learning report contribute to ensure responsibility for the trainee's own learning and methodology, which ensures learning and documentation of the acquired knowledge.

General assessment

During the training course, often after 6 and again after 9 months, a regular formative general assessment is 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.

Mini CEX

Twice during the training course, after approx. 6 and again after 9 months, a formative assessment is conducted of the trainee's handling and behaviour during on-call execution.

For both the General assessment and the Mini CEX the advisor should provide constructive feedback for the trainee when the assessments have been conducted. The assessments are used to indicate areas where the trainee could improve or needs to make improvements. The advisor should ensure that the interview is constructive and that the advisor and the trainee at the end of the interview agree on possible focus areas. If an assessment is below expected the 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.

The general assessment also includes a continuous monitoring of quality of work, such as *Cusum Scoring of procedures and experience registration*.

The assessments are conducted in relation to the objectives (please see the statement of aims) 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

During the last part of the introductory training, when the last general assessment and the last Mini Cex have been conducted, these along with the specific workplace based assessments form the basis for approval of the introductory training. If this is not the case, early measures have to be implemented, possibly in co-operation with the regional secretariat for continuing medical education, Det Regionale Videreuddannelsessekretariat. The final assessment should be conducted by the the head physician responsible for education with the trainee and his/her advisor.

Workplace based training using specific methods

The training includes some 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. Among other things 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. Among other things this review is used as basis for assessment of all seven competences, especially anaesthesiological expertise.

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 and experience registration

The general assessment also includes a continuous registration of quantity and quality of work, such as Cusum Scoring of procedures and experience registration. During the clinical working day the form for experience registration in the Portfolio can be used. It is important to register as many activities as possible. At the introductory interview, this is agreed in detail with the head physician responsible for education. As a minimum, the registrations are reviewed at the midway assessment interview to adjust the clinical activities and thereby ensure extensive experience as evidence of participation in department activities. At the final

assessment interview the head physician responsible for education certificates review of the experience registration and the trainee holds the documents in the portfolio.

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 supervisor or another staff member.

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 a 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 3rd attempt, something is wrong, and the head physician responsible for education should be included in the assessment.

The trainee keeps the approved form 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.

Courses

Speciality-specific courses are held in all three regions.

The course series for the speciality-specific courses are organised by the regional departments of anaesthesiology collaboratively. The course series differs slightly from region to region. The scope and content of the courses are included in the training programme of the departments.

The speciality-specific courses are a supplement to the clinical training and are primarily aimed at content that is assumed to be difficult to learn for the individual trainee doctor, i.e. difficult to comprehend, difficult to put into practice or where group work is necessary, such as communication, management or co-operation between team members.

It is recommended that all resident physicians are offered these courses, but it is not a mandatory element.

Training Course Approval

Obtaining competences must be documented by signature in the logbook, typical in connection with advisor interview, where the trainee presents his/her approved competence maps and other assessments. The logbook can be found in the Documentation Part, section 4.2 of the statement of aims.

The training is approved based on the collected documentation of competences.

The head of department or the consultant responsible for education conducts an overall certification of the introductory training. The certification is given in the document "Attestation for tidsmæssigt gennemført uddannelseselement" (Certification of timely completion of training element), which can be found on www.SST.dk.

Assessment of the learning framework

The assessment of the department and the learning framework for the training serves the purpose of gathering information about the trainees' opinion of the quality of the department's educational measures. This assessment is conducted according to the guidelines of the Danish Health and Medicines Authority and the regional secretariats for continuing medical education.

Overall list of workplace based assessments

The specific workplace based assessments are numbered
(The mandatory specific competence assessments are numbered)

Competence		Method	Time
Anaesthesiological expertise		General assessment <i>Cusum Scoring</i> Experience registration	After 6th and 9th mth.
		MiniCex	After 6th, 9th and 11th mth.
Anaesthesia/perioperative medicine			
1	Airway Management	Observation	Before 3rd mth.
2	Anaesthesia device	Observation	Before 3rd mth.
3	General anaesthesia	Observation	Before 3rd mth.
4	Anaesthesia for acute patient	Observation	Before 3rd mth.
5	Spinal anaesthesia	Observation	
6	Epidural anaesthesia	Observation	
7	Central venous catheter	Observation	
8	Anaesthesia for patients with complicated conditions	Written assignment	Before 3rd mth.
Intensive Care Therapy			
9	Fluid/nutrition plan	Record review	
10	Respirator treatment	Observation	
11	Ward round, intensive care patient	Observation	
Acute conditions			
12	Advanced resuscitation	Observation	Before 3rd mth.
Communication			
		General assessment and Mini Cex	After 6th and 9th mth.
13	Preoperative patient consultation	Observation	Before 3rd mth.
Pain Management			
14	Postoperative pain management	Structured advisor interview	Before 3rd mth.
Co-operation			
		General assessment and Mini Cex	After 6th and 9th mth.
Organisation/management			
		General assessment and Mini Cex	After 6th and 9th mth.
15	Organisation of work during the shift	Observation	
Academic competence			
		General assessment	After 6th and 9th mth.
16	Reflection on patient courses	Reflective report	
Professionalism			
		General assessment	After 6th and 9th mth.

Plan for training

The trainee prepares the plan for the training and hands it to the supervisor at least 3 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.

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 3 days prior to the meeting and is then discussed.

Is filed in the trainee's portfolio.

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

Action way

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		
Anaesthesiological expertise Demonstrates a theoretical, clinical and situational knowledge and understanding in the handling of anaesthesiological work and issues. Demonstrates sufficient clinical skills equivalent to the expected level.	<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 Co-operates 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:

Specific method (enclosed) *Observation of the trainee* *Review of record material* *Discussion with the trainee* *Feedback from others* *Other (please specify)*

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

<i>Experience</i>	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 Examination (Mini Cex)

Name, Trainee:

Training element (hospital, department, ward):

Date: **Assessed by physician:**

Competence assessment:

This assessment of the trainee should be conducted at 3 times during the introductory training. The schedules are included in the training programme. The trainee schedules the assessment with the on-call specialist anaesthesiologist at the beginning of the shift.

Prior to finishing the shift, the form is completed and the specialist doctor gives constructive feedback with focus on development areas. The assessment should be present at the advisor interviews.

The last assessment should be in "expected level" or "above expected level". If this is not the case, the head physician 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	<input type="checkbox"/>								
Prioritisation of tasks	<input type="checkbox"/>								
Communication with team about execution of tasks	<input type="checkbox"/>								
Communication with collaborators from other departments	<input type="checkbox"/>								
Knowledge about own competences/limitations – relevant request for assistance	<input type="checkbox"/>								
Sense of perspective and organising of tasks/resources	<input type="checkbox"/>								
Demonstrates receptiveness towards team member experience	<input type="checkbox"/>								
Contributes actively to constructive co-operation	<input type="checkbox"/>								

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 at the assessment of under expected level

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 2 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 2 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 Airway management – *structured observation*

Name of trainee

Competence assessment:

This competence is a structured observation, which should demonstrate the trainee's ability to manage airway management.

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

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

YES

Communicates adequately with the patient and prepares the patient according to the situation

Correct use of mask during spontaneous respiration and assisted ventilation

Is able to account for the choice of endotracheal tube

Positions the patient optimally for airway management

Performs oral intubation and tests tube position

Exercise caution in relation to teeth during intubation

Performs smooth arousal and extubation of the patient

Is orderly and systematic in the practical handling of the tasks

Is able to account for anatomical conditions of importance for airway management (mouth, teeth, nasopharynx, larynx and conditions related to head/throat)

Is able to perform a preoperative airway assessment, including assessment of difficult airways

Is able to account for purpose and indication for intubation

Is able to account for prevention of and precautions in relation to dental trauma

Is able to account for indication and contraindication for use of laryngeal mask

Is able to account for the choice of relaxants and monitoring of neuromuscular blockade in connection with intubation (non-depolarizing and depolarizing agents) as well as reversal of this

Is able to briefly account for the difficult airway algorithm

The overall assessment for this competence is approved

Supervisor's signature:

Date:

2 Anaesthesia device – structured observation

Name of trainee

Workplace based assessment:

This competence is a structured observation, which should demonstrate the trainee's knowledge about and ability to test an anaesthesia device. The supervisor observes the trainee during the practical course and performs continuous and subsequent assessment according to the below items.

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

YES

Is able to account for design and function of an anaesthesia device, including gas supply, gas pressure, flow conditions in the device, flow meters, valves, absorber, vaporizer, suction

Account for volume and pressure-controlled ventilation

Is able to use monitoring equipment correctly, ECG, BP, Pulse oximeter, Capnograph, TOF

Is able to account for function and sources error in monitoring equipment ECG monitor, blood pressure device, pulse oximeter, capnograph and gas monitoring device

Demonstrates sufficient test of an anaesthesia device

Is orderly and systematic in the practical handling of the tasks

Finds and corrects 3 errors in the device inflicted by the supervisor

Is able to account for handling of a situation with anaesthesia ventilator failure

Is able to account for handling of a situation with oxygen supply failure

Is able to account for location and conditions for gas storage

The overall assessment for this competence is approved

Supervisor's signature:

Date:

3 General anaesthesia, uncomplicated elective patient – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured observation, which should demonstrate the trainee's ability to manage general anaesthesia.

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

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

YES

Is able to account for a plan for anaesthesia, including appropriate choice of anaesthetics, medical/pharmacological reason for dosing conditions and sequence of administration

Prepares preoperative holding area and/or operating room adequately

Performs satisfactory test of anaesthesia device and suction

Accounts for plan for anaesthesia, including choice and dosing of anaesthetics

Verifies patient identity

Communicates adequately with the patient and prepares the patient according to the situation

Positions the patient appropriately

Establishes appropriate monitoring prior to induction

Performs preoxygenation, if necessary

Manages "smooth" anaesthesia induction

Maintains anaesthesia appropriately, including fluid administration, heat loss prevention and administration of any medicine

Performs smooth arousal of the patient

Is orderly and systematic in the practical handling of the tasks

Communicates and co-operates adequately with the team

Keeps anaesthesia record with care

Accounts for prevention of PONV

Prescribes postoperative treatment (fluid, analgesics, observation, other)

The overall assessment for this competence is approved

Supervisor's signature:

Date:

4 General anaesthesia for acute patient – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured observation, which should demonstrate the trainee's ability to manage general anaesthesia for an acute patient.

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

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

YES

Formulates a plan for anaesthesia

Prepares preoperative holding area and remedies adequately

Verifies patient identity

Communicates adequately with the patient and prepares the patient according to the situation, including positioning

Performs preoxygenation correctly

Utilises an appropriate sequence and dose of anaesthetics for induction

Is orderly and systematic in the practical handling of the tasks

Communicates and co-operates adequately with the team

Keeps anaesthesia record with care and accuracy

Is able to account for rules for fasting period that affect gastric emptying

Is able to account for indication of acute initiation

Is able to account for the physiology of preoxygenation

Is able to account for the prevention of reflux, predisposing factors for reflux, indication for gastric emptying and the acute treatment of pulmonary aspiration

Is able to account for causes of sudden hypoxia during anaesthesia and describe 1 troubleshooting action as well as a plan of action.

Is able to account for causes of sudden decrease in BP during anaesthesia and account for management plan

The overall assessment for this competence is approved

Supervisor's signature:

Date:

5 Spinal anaesthesia – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured observation, which should demonstrate the trainee's ability to induce and manage spinal anaesthesia.

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

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

YES

Prepares preoperative holding area and/or operating room adequately

Is able to account for choice and dosing of anaesthetic and dose and equipment for the planned procedure

Formulates plan for handling of side effects or undesirable and toxic effects

Communicates adequately with the patient and provides the patient with guidance regarding procedure, purpose and positioning during insertion

Set-up of procedure table and verification of medicine and instruments

Positioning of patient with assistant

Identifies relevant insertion point

Disinfection and draping of insertion area

Insertion technique and ensuring positioning prior to injection of anaesthetic

Observation of the patient after induction of spinal anaesthesia.

Manages circulatory support measures in connection with spinal anaesthesia

Tests and specifies level of anaesthesia distribution

Is orderly and systematic in the practical handling of the tasks

Communicates and co-operates adequately with the team

Is able to account for indications and contraindications for spinal anaesthesia

Is able to mention 3 significant complications and risks of spinal anaesthesia, account for precautions in relation to prevention of these as well as account for relevant management of these complications.

The overall assessment for this competence is approved

Supervisor's signature:

Date:

6 Epidural block – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured observation, which should demonstrate the trainee's ability to induce and manage epidural anaesthesia.

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

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

YES

- | | |
|--|--------------------------|
| Is able reason for choice of anaesthetic and dose for the epidural block | <input type="checkbox"/> |
| Communicates adequately with the patient and provides the patient with guidance regarding procedure, purpose and positioning | <input type="checkbox"/> |
| Set-up of procedure table and verification of medicine and instruments | <input type="checkbox"/> |
| Positioning of patient in recumbent and sitting position with assistant | <input type="checkbox"/> |
| Identification of insertion level for the relevant operation | <input type="checkbox"/> |
| Disinfection of insertion area and draping | <input type="checkbox"/> |
| Insertion of epidural needle | <input type="checkbox"/> |
| Identification of epidural space – loss of resistance | <input type="checkbox"/> |
| Insertion and adequate fixation of epidural catheter | <input type="checkbox"/> |
| Test of catheter placement – explain background for testing | <input type="checkbox"/> |
| Accounts for choice of anaesthetic, dose and side effects and toxic effects of this | <input type="checkbox"/> |
| Performs relevant observation of the patient after induction and adequate management of circulatory support treatment | <input type="checkbox"/> |
| Is able to identify area of distribution – with specification of levels | <input type="checkbox"/> |
| Communicates and co-operates adequately with the team | <input type="checkbox"/> |
| Is able to mention indications and contraindications for insertion of epidural catheter | <input type="checkbox"/> |
| Is able mention 3 significant complications, account for prevention and treatment of these | <input type="checkbox"/> |
| The overall assessment for this competence is approved | <input type="checkbox"/> |

Supervisor's signature:

Date:

7 Central venous catheter – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured observation, which should demonstrate the trainee's ability to insert a central venous catheter.

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

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

YES

Is able to specify indications and contraindications for CVC insertion – in relation to the actual patient

Is able to mention 2 frequently used CVC approaches and argue for the choice of vein for CVC in relation to anatomical conditions as well as pros and cons

Communicates adequately with the patient and informs the patient about purpose, procedure and positioning

Set-up of procedure table

Positioning of the patient

Sterile technique and draping

Reasons for choice of anaesthetic and performs satisfactory application

US-guided catheter insertion, including pass, insertion of guide wire and catheter as well as verification of position

Tests catheter function and is able to account for indications for x-ray verification of catheter and particular points of interest during assessment of x-rays

Is orderly and systematic in the practical handling of the tasks

Communicates and co-operates adequately with the team

Is able to account for 3 significant complications for CVC insertion, precautions in relation to prevention of these

Keeps record notes, including any prescription in relation to observation, use and discontinuation of CVC

The overall assessment for this competence is approved

Supervisor's signature:

Date:

8 Anaesthesia for patients with complicated conditions – *written report*

Name, Trainee

Workplace based assessment:

The assignment is submitted to the advisor, 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.

The assignment:

This assignment consists of several case scenarios. For all scenarios, the patient is to undergo elective, medium-sized lower abdominal surgery. For case 1 you should describe perioperative management in connection with general anaesthesia. The description should contain: Reason for preoperative preparation and any medication, choice and dosage of anaesthetics and anaesthesia technique (induction, relaxation, maintenance, reversal), choice of fluid/electrolyte administration and postoperative pain management. For each of the following scenarios, 2-11, you should account for any changes in your choice of preoperative management of the patient and provide a pharmacological reason for this.

1. The patient is age 36, female, 60 kg, and otherwise healthy
2. The patient is similar to item 1, but is suffering from insulin-dependent diabetes mellitus
3. The patient is similar to item 1, but is suffering from moderate asthma, is using beta-2 agonist and inhalation steroid
4. The patient is similar to item 1, but age 86
5. The patient is similar to item 1, but weighs 120 kg
6. The patient is similar to item 1, but is 4 months pregnant
7. The patient is similar to item 1, but is breastfeeding her child
8. The patient is similar to item 1, but is on anticoagulation treatment due to previous deep vein thrombosis
9. The patient is similar to item 1, but former drug addict, on methadone treatment now. Suffered from hepatitis earlier, liver parameters now normal
10. The patient is age 50, but is suffering from mild renal impairment and well-managed hypertension
11. The patient is age 60, but suffering from ischaemic heart disease, previous myocardial infarction and is being treated for incompensation.

A report is prepared (max 5 A4 pages, 1.5 line spacing) and submitted to the advisor. The report is assessed according to the below form.

Assessment of the report based on the below items:

	YES
Acceptable and well-founded choice of perioperative management of the patient in case 1	<input type="checkbox"/>
- the patient in case 2	<input type="checkbox"/>
- the patient in case 3	<input type="checkbox"/>
- the patient in case 4	<input type="checkbox"/>
- the patient in case 5	<input type="checkbox"/>
- the patient in case 6	<input type="checkbox"/>
- the patient in case 7	<input type="checkbox"/>
- the patient in case 8	<input type="checkbox"/>
- the patient in case 9	<input type="checkbox"/>
- the patient in case 10	<input type="checkbox"/>
- the patient in case 11	<input type="checkbox"/>

The overall assessment for this competence is approved

Supervisor's signature:

Date:

9 Fluid/nutrition plan for intensive care patient – *structured observation*

Name of trainee

Workplace based assessment:

This workplace based assessment is a structured review with presentation of 3 fluid plans prepared by the trainee.

Supervisor assesses the trainee according to the below items.

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

- | | YES |
|--|--------------------------|
| Is able to account for clinical and paraclinical indicators, which are used to assess a patient's fluid status | <input type="checkbox"/> |
| Is able to account for clinical and paraclinical indicators, which are used to assess the patient's nutrition status | <input type="checkbox"/> |
| Is able to calculate a patient's daily nutritional needs | <input type="checkbox"/> |
| Is able to account for the need for blood product substitution and potential complications from this according to clinical and paraclinical indicators | <input type="checkbox"/> |
| Is able to account for possible routes of administration for fluid, nutrition and medicine as well as pros and cons for these | <input type="checkbox"/> |
| Is able to account for the term renal clearance and its clinical importance | <input type="checkbox"/> |
| The overall assessment for this competence is approved | <input type="checkbox"/> |

Supervisor's signature:

Date:

10 Respiration supportive treatment – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured observation which should demonstrate the trainee's ability to manage an otherwise uncomplicated patient with need for respirator treatment.

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

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

YES

Is able to account for the principle of volume and pressure-controlled ventilation and NIV

Is able set up respirator for uncomplicated intensive care patient, including alarm limits and trigger level as well as explain the importance of this

Communicates adequately with the patient and prepares the patient according to the situation

Accounts for choice of dosing of anaesthetics for induction of an intensive care patient

Is able to outline adequate plan for respirator treatment and account for monitoring in relation to clinical data and respiratory physiological phenomena

Is able to account for and reason for changes in respirator settings in relation to monitoring data and clinical data

Is able to discuss indications and methods for sedation relaxation during respirator treatment

Accounts for importance of daily wake-up call as well as indication for extubation of respirator-treated patients

Is able to account for 3 significant complications for respirator treatment, the prevention and any treatment of them

Is able to discuss indications for respirator treatment in relation to clinical and paraclinical indicators

Is able to describe ethical dilemmas regarding basis for withholding respirator treatment

The overall assessment for this competence is approved

Supervisor's signature:

Date:

11 Ward round for uncomplicated intensive care patient – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured observation, which should demonstrate the trainee's ability to manage ward round for uncomplicated intensive care patient.

The supervisor observes and assesses the trainee's considerations during the practical course and performs continuous and subsequent assessment according to the below items.

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

YES

Is able to account for the patient's cerebral condition, including use of sedation scale

Is able to assess the patient's respiratory status in relation to clinical and paraclinical variables

Is able to assess the patient's circulatory status in relation to clinical and paraclinical variables

Is able to assess the patient's gastrointestinal function in relation to clinical and paraclinical variables

Is able to assess the patient's renal function, including hydration status, in relation to clinical and paraclinical variables

Is able to assess the patient's additional medical issues, such as infection status, coagulation status, endocrine disturbances

Is able to define and formulate the significant, actual issue

Is able to present relevant considerations regarding examinations and treatment plan for the next 24 hours according to the issue

Is orderly and systematic in the practical handling of the tasks

Is respectful in relation to patient integrity during ward round and communicates adequately with the patient

Communicates and co-operates adequately with the team

Is able to present patient case systematically at conference

Is able to discuss communication issues in relation to patient and relatives as well as ethical dilemmas, e.g. in relation to legislation for disclosure of patient information and patient confidentiality

The overall assessment for this competence is approved

Supervisor's signature:

Date:

12 Advanced resuscitation – *structured observation*

Name, Trainee

Workplace based assessment:

This competence is assessed during the introductory training, no later than 3 months after employment. The assessment is made by the advisor during observation and discussion of the below items with the trainee. The assessment can be made in the clinic or on a phantom.

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

YES

Is able to demonstrate utilisation of algorithm according to international standard for resuscitation

Is able to account for indication for defibrillation and to demonstrate use of device as well as dosing in adults and children

Is able to account for indication for use of different standard medicine as well as standard dosing conditions in adults and children

Is able to account for routine procedures during cardiac arrest in operating room as well as in hospital at locations with defibrillators and is able to demonstrate the use of these

Is able to account for indications for and use of external pacemaker

Is able to account for the organisation of the hospital's cardiopulmonary resuscitation, the role of the department of anaesthesiology in the cardiac arrest team and the role of other staff groups. Is able to account for own role in the cardiac arrest team as well as any changes in this as team member/team leader under special circumstances

Is able to account for indications for post cardiac arrest induced hypothermia

Is able to account for ethical dilemmas and basis for decision regarding initiation and discontinuation of resuscitation

Is able to account for indication for subsequent assisted ventilation/respirator treatment in connection with resuscitation

The overall assessment for this competence is approved

Supervisor's signature:

Date:

13 Preoperative patient course – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured observation, which should demonstrate the trainee's ability to manage premedication.

The supervisor observes and assesses the trainee's considerations during the practical course and performs continuous and subsequent assessment according to the below items.

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

YES

Records relevant anamnesis

Performs relevant objective examination, including assessment of airway and teeth status

Demonstrates receptiveness, responds adequately to patient concerns and problems

Explains anaesthesia as well as sequence of events to the patient

Explains and instructs the patient in preoperative precautions, such as fasting, medication. etc.

Discusses the influence of smoking and alcohol on the postoperative course with the patient, if relevant

Obtains informed consent for relevant specific procedures and treatments

Discusses postoperative pain regimen with the patient

Encourages the patient to dialogue about participation in the decision about the anaesthesiological course, to the extent the patient wishes, and if medically possible and safe

Provides the patient with information that is understandable and ensures understanding of the information

Prescribes relevant preoperative medicine, examinations, fluid, etc.

Checks preoperative examinations and any ordering of blood

Is able to account for the ASA classification system

Is able to account for circumstances regarding patient conditions or constitution, the expected difficulty for intubation and precautions in these cases

Is able to account for rules related to informed consent in relation to people without legal capacity, such as children and people with dementia

The overall assessment for this competence is approved

Supervisor's signature:

Date:

14 Postoperative pain management – *structured observation*

Name of trainee

Workplace based assessment:

This competence is a structured advisor interview and record review of 2 anaesthesia courses. One where the patient is under general anaesthesia without block, and a course where the patient besides general anaesthesia is receiving pain management in the form of nerve block.

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

YES

Accounts for the pain systems involved in the transmission of pain

Accounts for the pharmaceuticals used for conventional pain management, their indications, contraindications and treatment of their side effects

Accounts for indications, contraindications and complications for the use of epidural for postoperative pain management

Accounts for the course of conventional postoperative pain management of a patient who you anaesthetised, prepared plan for the postoperative pain management and assessed for the first 48 hours (please bring copy of anaesthesia and recovery form as well as record notes)

Accounts for the course of the postoperative pain management of a patient who besides general anaesthesia received nerve block, and who you anaesthetised, prepared plan for the postoperative pain management and assessed for the first 48 hours (please bring copy of anaesthesia and recovery form as well as record notes)

Accounts for the utilisation of the VAS scale for the assessment of postoperative pain

Accounts for the possibilities in prevention and treatment of postoperative nausea

The overall assessment for this competence is approved

Supervisor's signature:

Date:

15 Reflection on patient courses – *reflective report*

Name of trainee

Workplace based assessment:

The patient course description is meant to demonstrate the trainee's ability to assess practice and reflect on this.

The trainee chooses a patient course. The following patient course description should contain theoretical considerations in relation to the practical circumstances and conditions. Notes should be taken during the actual course. Then the trainee performs an analysis of actual course.

According to the analysis and in cooperation with your advisor, please define the problem you want to clarify further through a search in literature Assess the literature and discuss the outcome in relation to the problem.

A report on the patient course is prepared (max 10 A4 pages, 1.5 line spacing), which should contain a description of the below items and a copy of the anaesthesia form and observation form from the recovery room. Please provide appropriate references. The report is submitted to the advisor 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

Short and sufficient description of the patient and the planned operation

Theoretical and practical considerations regarding choice of anaesthetic technology (type of anaesthesia, technique, procedures, monitoring, etc.) in relation to patient's condition and wishes as well as the upcoming surgical procedure and the organisational conditions.

Account for the actual course of anaesthesia and recovery.

Analysis of the course and any complications

Formulation of the problem and questions, which can be answered through a search in literature

Conclusion based on the results found in literature in relation to the problem

Conclusion and any implications for own or department practice

The overall assessment for this competence is approved

Supervisor's signature:

Date: