WESSEX DEANERY
Guidelines for Work Place Based Assessments

The CCT in Anaesthetics
Curriculum 2010

CT1 & CT2
(7-24 months)
Basic Anaesthesia

This document has been compiled by Drs Jon Chambers and Richard Jee and adapted by Drs Julie Onslow and Kathy Torlot.
This document is intended as a guide to the work placed based assessments (WPBAs) that are necessary for completion of each unit of training. The new curriculum commencing Aug 2010 does not stipulate the required number of WPBA that are needed for each unit but mentions that between one and three a week should be possible. The 102 page draft RCOA document has been summarised. For each unit of training there are a minimum number of WPBAs that are required. There are many more WPBAs noted in the RCOA curriculum that are appropriate for each unit and there is space to record these.

**EACH TRAINEE WILL BE EXPECTED TO HAVE AT LEAST 30 WPBAs COMPLETED AT THE END OF EACH YEAR FOR THEIR ARCP.**

There are a number of different types of WPBAs that each trainee should obtain. The mix will be different for each unit. These are:
- A Anaesthesia Clinical Evaluation Exercise [A-CEX]
- C Case Based Discussion [CBD]
- D Direct Observation of Procedural Skills [DOPS]
- L Anaesthesia List Management Assessment Tool [ALMAT]
- M Multi-source Feedback [MSF]
- S Simulation

WPBAs must only be undertaken by those who are appropriately trained; if they are performed by others than consultants in anaesthesia, intensive care and pain medicine, a consultant must take ultimate responsibility for the assessment outcome and they should be countersigned by the educational supervisor.

Once the trainee has completed all the minimum clinical learning outcomes identified in ‘The Basis of anaesthetic practice’ and has obtained the IAC, they will move on to the remainder of Basic Level Training. This will provide a comprehensive introduction to all aspects of elective and emergency anaesthetic practice.

The basic anaesthetic units of training are:
- Airway management
- Critical incidents
- Day surgery
- General, urological and gynaecological surgery
- ENT, maxillo-facial and dental surgery
- Intensive care medicine (be delivered as a three month module)
- Non-theatre
- Obstetrics
- Orthopaedic surgery
- Paediatrics
  - Child protection
- Pain medicine
- Regional
- Sedation
- Transfer medicine
- Trauma and stabilisation
Airway Management

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

SUGGESTED WPBAs:

CBD
Explains the methods commonly used for assessing the airway to predict difficulty with tracheal intubation (AM_BK_01)

DOPS
Satisfactorily conducts gaseous induction (AM_BS_07)

A-CEX
Administer anaesthesia for a shared airway procedure (AGB_A02)

SIM
Demonstrates management of ‘can’t intubate, can’t ventilate’ (AM_BS_10)

Additional WPBA
a) 

b) 

MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA

Completion of unit of training form signed off?

3
Critical Incidents

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

SIM
Basic Competences for Critical Incidents – Demonstrates the emergency management of the following critical incidents in simulation:
1. Cardiac and / or respiratory arrest
2. Unexpected Hypoxia with or without cyanosis
3. Unexpected increase in peak airway pressure
4. Progressive fall in minute volume during spontaneous respiration or IPPV
5. Fall in end tidal CO2
6. Rise in end tidal CO2
7. Rise in inspired CO2
8. Unexpected hypotension
9. Unexpected hypertension
10. Sinus Tachycardia
11. Arrhythmias [ST segment changes; sudden tachydysrhythmia; sudden bradycardia; Ventricular Ectopics – Ventricular tachycardia – Ventricular Fibrillation]
12. Convulsions

Demonstrate the management of the following specific conditions in simulation:
1. Aspiration of vomit
2. Laryngospasm
3. Bronchospasm
4. Tension Pneumothorax
5. Gas / Fat / Pulmonary embolus
6. Adverse drug reactions
7. Anaphylaxis
8. Transfusion of miss-matched blood or blood products
9. Malignant hyperpyrexia
10. Inadvertent intra-arterial injection of irritant fluids
11. High spinal block
12. Local Anaesthetic toxicity
13. Failed intubation
14. Difficulty with IPPV and sudden or progressive loss of minute volume

It is not expected that trainees will formally demonstrate simulated management of more than a small number of these specific events but they must know the steps in managing all.

HAS BEEN TO THE NOVICE SIMULATOR COURSE

Completion of unit of training form signed off?
Day Surgery

Learning outcomes:
- To gain knowledge, skills and experience of the perioperative anaesthetic care of ASA 1 and 2 patients presenting in a dedicated Day Surgery Unit involving a range surgical specialities [minimum three]
- Understand and apply agreed protocols with regard to patient selection and perioperative care of day surgery patients
- Understand the importance of minimising postoperative complications, such as nausea and pain, in patients who are returning home the same day

Minimum clinical learning outcome:
- Knows the criteria for patient selection and the anaesthetic requirements for day surgical patients

SUGGESTED WPBAs:

A-CEX
Demonstrates appropriate anaesthetic management of ASA 1 and 2 patients requiring day surgery (DS_BS_02)

CBD
Discuss how the trainee decided that a day patient was fit for discharge home (AGB_C19)

Additional WPBA
a) 

b) 

MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA

Completion of unit of training form signed off?
Learning outcomes:

- To gain knowledge, skills and experience of the peri-operative anaesthetic care of patients requiring elective and emergency general, urological and gynaecological surgery
- To gain understanding of the peri-operative management of patients requiring intra-abdominal laparoscopic surgery and the particular issues related to anaesthetic practice, demonstrating the ability to manage such straightforward cases in adults under distant supervision
- To be able to recognise and manage the peri-operative complications associated with intra-abdominal surgery that are relevant to anaesthesia

Minimum clinical learning outcomes:

- Deliver safe perioperative anaesthetic care to uncomplicated ASA 1-3 adult patients requiring elective and emergency surgery such as body surface surgery, appendicectomy and non-complex gynaecological surgery under distant supervision
- Manage a list with uncomplicated ASA 1-3 adults for elective surgery under distant supervision

SUGGESTED WPBAs:

**DOPS**
Demonstrate use of the nerve stimulator to evaluate neuromuscular block (AGB_D01)

**A-CEX**
Demonstrates the ability to deliver safe perioperative anaesthetic care to ASA1-3 patients for straightforward surgical procedures e.g. body surface surgery, appendicectomy, ERPC (GU_BS_04)

Administer anaesthesia to a patient with ischaemic heart disease (AGB_A06)

**ALMAT**
Demonstrates the ability to manage an elective surgical list with uncomplicated ASA 1-3 adults for straightforward body surface and lower abdominal surgery under distant supervision (GU_BS_05)

**CBD**
Discuss the effects and hazards of the pneumo-peritoneum induced for laparoscopic surgery (AGB_C05)

Discuss the management of anaesthesia in the presence of common inter-current diseases e.g Asthma, COPD, Hypertension, IHD, Rheu A, Steroid therapy, Diabetes (AGB_C10)

**Additional WPBA**

a) 

b) 
MINIMUM REQUIREMENT ONE ALMAT:

Completion of unit of training form signed off?
Learning outcomes:

• Gain knowledge and skills of the perioperative anaesthetic care of patients undergoing minor to intermediate ear, nose and throat [ENT], maxilla-facial and dental surgery
• To be able to recognise the specific problems encountered with a ‘shared airway’ and know the principles of how to manage these correctly

Minimum clinical learning outcome:

• Deliver perioperative anaesthetic care to ASA 1-3 adults, and ASA 1 and 2 children over 5, for non-complex ear, adenotonsillar and nasal surgery under direct supervision

SUGGESTED WPBAs:

A-CEX
The provision of safe perioperative anaesthetic care for a wide range of commonly performed procedures, with good operating conditions and an appropriate level of analgesia, including: (EN_BS_02)
- ENT procedures such as tonsillectomy, septoplasty and myringotomy
- Common dental procedures such as extractions and apicectomies

Administer anaesthesia for a shared airway procedure (AGB_A02)

CBD
Discuss how did the trainee dealt with anticipated problems where surgeon and anaesthetist shared the airway. (AGB_C02)

Additional WPBA
a) __________________________________________

b) __________________________________________

MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA

Completion of unit of training form signed off?
After Basic level training (i.e. after 3 months of post-Foundation training) a trainee should:

- Appreciate the factors involved in the decision to admit to the ICU
- Identify a sick patient at an early stage
- Be able to undertake immediate resuscitation of patients with cardiac arrest and sepsis
- Have an outline understanding of the pathology, clinical features and the management of common problems which present to ICU
- Understand the principles and place of the common monitoring and interventions in ICU
- Be able to follow a management plan for common ICU problems and recognise developing abnormalities, but appreciate that they will need assistance in deciding on an appropriate action.
- Be able to continue the management, with distant supervision, of: a resuscitated patient; a stable post-operative patient; a patient established on non-invasive ventilation

THE MINIMUM REQUIREMENT FOR BASIC LEVEL TRAINING IS: DOPS X3, CEX X2, CBD X1

**DOMAIN 1: Resuscitation and Initial Management of the Acutely Ill Patient**

| ICM-CEX | Manages the patient post resuscitation (1.3) |
| SIM     | Adopts a structured and timely approach to the recognition, assessment and stabilisation of the acutely ill patient with disordered physiology (1.1) |
|         | Manages cardiopulmonary resuscitation (1.2) |

**DOMAIN 2: Diagnosis, Assessment, Investigation, Monitoring and Data Interpretation**

| ACAT    | Monitors and responds to trends in physiological variables (2.7) |
|         | Integrates clinical findings with laboratory investigations to form a differential diagnosis (2.8) |
| CBD     | Undertakes timely and appropriate investigations (2.2) |
| DOPS    | Performs electrocardiography [ECG / EKG] and interprets the results (2.3) |
|         | Obtains and interprets the results from blood gas samples (2.5) |
| ICM-CEX | Obtains a history and performs an accurate clinical examination (2.1) |
|         | Interprets imaging studies (2.6) |
DOMAIN 3: Disease Management

**CBD**
Identifies the implications of chronic and co-morbid disease in the acutely ill patient (3.2)

Recognises and manages the patient following intoxication with drugs or environmental toxins (3.10)

**DOPS**
Manages the care of the critically ill patient with specific acute medical conditions (3.1)

**ICM-CEX or ACAT**
Recognises and manages the patient with circulatory failure (3.3)

Recognises and manages the patient with, or at risk of, acute renal failure (3.4)

Recognises and manages the patient with, or at risk of, acute liver failure (3.5)

Recognises and manages the patient with neurological impairment (3.6)

Recognises and manages the patient with acute gastrointestinal failure (3.7)

Recognises and manages the patient with acute lung injury syndromes [ALI / ARDS] (3.8)

Recognises and manages the septic patient (3.9)

DOMAIN 4: Therapeutic Interventions / Organ System Support in Single or Multiple Organ Failure

**ACAT**
Recognises and manages electrolyte, glucose and acid-base disturbances (4.8)

Co-ordinates and provides nutritional assessment and support (4.9)

**DOPS**
Prescribes drugs and therapies safely (4.1)

Administers blood and blood products safely (4.3)

Initiates, manages, and weans patients from invasive and non-invasive ventilatory support (4.6)

**ICM-CEX**
Manages antimicrobial drug therapy (4.2)

Uses fluids and vasoactive / Inotropic drugs to support the circulation (4.4)
DOMAIN 5: Practical Procedures

**DOPS**
Administers oxygen using a variety of administration devices (5.1)
Performs emergency airway management (5.2)
Performs endotracheal suction (5.4)
Performs chest drain insertion (5.7)
Performs arterial catheterisation (5.8)
Performs ultrasound techniques for vascular localisation (5.9)
Performs central venous catheterisation (5.10)
Performs defibrillation and cardioversion (5.11)
Demonstrates a method for measuring cardiac output and derived haemodynamic variables (5.14)
Performs lumbar puncture [or spinal] under supervision (5.15)

DOMAIN 6: Peri-Operative Care

**CBD**
Manages the pre- and post-operative care of the high risk surgical patient (6.1)

DOMAIN 7: Comfort and Recovery

**ACAT**
Communicates the continuing care requirements of patients at ICU discharge to health care professionals, patients and relatives (7.4)

**CBD**
Identifies and attempts to minimise the physical and psychosocial consequences of critical illness for patients and families (7.1)

**ICM-CEX**
Manages the assessment, prevention and treatment of pain and delirium (7.2)
Manages sedation and neuromuscular blockade (7.3)
DOMAIN 8: End of Life Care

**DOPS**
Discuss end of life care with patients and their families / surrogates (8.2)

**DOMAIN 11: Patient Safety and Health Systems Management**

**CBD**
Identifies and minimises risk of critical incidents and adverse events, including complications of critical illness (11.4)

Critically appraises and applies guidelines, protocols and care bundles (11.6)

Describes commonly used scoring systems for assessment of severity of illness, case mix and workload (11.7)

**DOMAIN 12: Professionalism**

**ACAT**
Ensures continuity of care through effective hand-over of clinical information (12.8)

**DOPS**
Communicates effectively with members of the health care team (12.2)

Maintains accurate and legible records / documentation (12.3)

**Additional WPBA**

a) 

b) 

Completion of unit of training form signed off?
Non-Theatre

Learning outcomes:
- To safely undertake the intra-hospital transfer of the stable critically ill adult patient for diagnostic imaging
- To understand the risks for the patient of having procedures in these sites
- To understand the responsibilities as a user/prescriber of diagnostic imaging services

Minimum clinical learning outcome:
- Can maintain anaesthesia for stable critically ill adult patients requiring diagnostic imaging under distant supervision [in conjunction with their transfer as identified in Transfer Medicine]

**SUGGESTED WPBAs:**

**A-CEX**
Demonstrates the ability to provide safe anaesthesia for a stable adult patient for diagnostic imaging (DI_BS_01)

**Additional WPBA**

a)

b)  

**MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA**

Completion of unit of training form signed off?
The RCOA has produced a specific list of WPBA which are needed for the initial assessment of competence in obstetric anaesthesia.

**All of the following thirteen needs to be completed before the Obstetric Initial assessment of competence certificate can be signed off.**

**A-CEX**  
(Basic Competencies for Obstetric Anaesthesia)

- Conduct epidural analgesia for labour (OB_BTC_A01)  
- Conduct regional anaesthesia for caesarean section (OB_BTC_A02)  
- Conduct general anaesthesia for caesarean section (OB_BTC_A03)

**DOPS**  
(Basic Competencies for Obstetric Anaesthesia)

- Top up epidural for labour analgesia (OB_BTC_D01)  
- Top up epidural for caesarean section (OB_BTC_D02)  
- Perform spinal anaesthesia (OB_BTC_D03)  
- Perform combined spinal/epidural (OB_BTC_D04)

**CBD**  
Discuss how changes in the anatomy and physiology due to pregnancy influenced the conduct of anaesthesia (OB_BTC_C01)
Discuss whether pregnancy influenced the choice of drugs used during anaesthesia (OB_BTC_C02)

Discuss how the conduct of general anaesthesia is affected by late pregnancy (OB_BTC_C03)

Examine the case records of a patient that the trainee has anaesthetised for operative delivery in a situation where major haemorrhage might be expected. Discuss the factors that influence the likelihood of major obstetric haemorrhage, the precautions that should be taken to deal with it and the principles of its management. (OB_BTC_C04)

Examine the case records of a patient with pregnancy associated hypertension that the trainee has treated. Discuss how this influences anaesthetic management. (OB_BTC_C05)

Examine the case records of a patient for whom the trainee provided extradural analgesia for normal labour. Discuss the methods of pain relief available for normal delivery. (OB_BTC_C06)

**Additional WPBA**

a)  __________________________________________________________

b)  __________________________________________________________

**Initial assessment of competence in obstetric anaesthesia certificate signed off?**
Orthopaedic Surgery

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

Minimum clinical learning outcome:
• Deliver perioperative anaesthetic care to uncomplicated ASA 1-3 adult patients for straightforward elective and emergency orthopaedic/trauma surgery to both upper and lower limbs, including Open Reduction Internal Fixation [ORIF] surgery [which includes fractured neck of femur], under distant supervision

SUGGESTED WPBAs:

A-CEX or DOPS
Demonstrates the provision of perioperative anaesthetic care for patients requiring orthopaedic surgery to the upper and lower limbs including but not exclusively: (OR_BS_01)
- ORIF surgery including internal fixation of fractured neck of femur
- Lower limb primary arthroplasty including patients in the lateral position

Demonstrates correct assessment and perioperative management of the elderly patient with a hip fracture (OR_BS_03)

Administer anaesthesia to an elderly patient [> 80 years] (AGB_A07)

Conduct regional anaesthesia for surgery (AGB_A08)

AMLAT
Conduct an appropriate orthopaedic operating list (AGB_L02)

Additional WPBA
a) ........................................................................................................

b) ........................................................................................................

MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA

Completion of unit of training form signed off ?
Paediatrics

Learning outcomes:
• Obtain knowledge of the principles underlying the practice of anaesthesia for children aged 1 year and older and the specific needs therein
• Have completed training in child protection

Minimum clinical learning outcomes:
• Demonstrates correct management of the paediatric airway in the following ways [if case mix allows, down to one year of age, but at least down to five years of age]:
  - Is able to size airway devices correctly [i.e. oral airways and tracheal tubes]
  - Is able to insert airway devices correctly
  - Is able to ventilate an apnoeic child using a bag and mask +/- an oral airway
  - Is able to intubate a child correctly, using the most appropriate size tracheal tube, placed at the correct length
• Maintains anaesthesia in a spontaneously breathing patient via a facemask for a short surgical procedure [less than 15 mins]

SUGGESTED WPBAs:

A-CEX (12-24 months)
Make preoperative assessment of a fit child (PAB_A01)

Administer anaesthesia to a child age>5 spontaneous ventilation (PAB_A02)

Administer anaesthesia to a child age>5 controlled ventilation (PAB_A03)

DOPS (12-24 months)
Conduct IV Induction in a fit child (PAB_D01)

Conduct inhalation induction of fit child (PAB_D02)

Demonstrates ability to manage the airway correctly including selection of the correct masks, airways, laryngeal mask airways and tracheal tubes (PA_BS_06)

SIM
Demonstrates ability to perform paediatric resuscitation as described by the Resuscitation Council [UK] [S] (PA_BS_10)

CBD
Examine the case notes of a child the trainee has anaesthetised and discuss how differences in anatomy from the adult influenced the conduct of the anaesthetic. (PAB_C01)

Discuss how the choice of drugs and drug doses differs from the adult. (PAB_C02)

Discuss airway management and the choice of suitable anaesthetic circuits for a child. (PAB_C03)
Discuss the problems of detecting and reporting child abuse in relation to the case records of a patient that the trainee has dealt with. [Child abuse need not be an issue with the patient but their history and examination should form the basis for the discussion] (PAB_C04)

Discusses the importance of knowing that NIA is not uncommon, is encountered by anaesthetists, that they must act in the child’s best interests and that all hospitals must have a written protocol for its management (CP_BK_01)

Additional WPBA

a) 

b) 

MINIMUM REQUIREMENT IN THIS UNIT IS ONE DOPS AND ONE OTHER WPBA

Completion of unit of training form signed off?
## Pain Medicine

### Learning outcomes:
- To be competent in the assessment and effective management of acute post-operative and acute non post-operative pain
- To acquire knowledge necessary to provide a basic understanding of the management of chronic pain in adults

### Minimum clinical learning outcomes:
- Competence in the assessment of acute surgical and non surgical pain and demonstrate the ability to treat effectively
- To have an understanding of chronic pain in adults

### SUGGESTED WPBAs:

#### A-CEX
Demonstrates the ability to assess manage and monitor acute surgical and non surgical pain and side effects of medication (PM_BS_01)

#### DOPS
Manages epidural analgesia by continuous infusion [6-12 months] AGB_D04

#### CBD
Discuss how the trainee chose a regime for post operative pain relief and how they judged its adequacy (AGB_C15)

Describes a basic understanding of chronic pain in adults (PM_BK_06)

#### Additional WPBA

a) 

b) 

### MINIMUM REQUIREMENT IN THIS UNIT IS ONE CBD

Completion of unit of training form signed off ?
Regional

**Learning outcomes:**
- To become competent in all generic aspects of block performance
- Able to obtain consent for regional anaesthesia from patients
- Create a safe and supportive environment in theatre for awake and sedated patients
- Demonstrate knowledge of the principles of how to perform a number of regional and local anaesthetic procedures
- Be able specifically to perform spinal and lumbar epidural blockade
- Be able to perform some simple upper and lower limb peripheral nerve blocks under direct supervision
- Be able to use a peripheral nerve stimulator or ultrasound to identify peripheral nerves
- Demonstrate clear understanding of the criteria for safe discharge of patients from recovery following surgery under regional blockade
- Recognise that they should not attempt blocks until they have received supervised training, and passed the relevant assessments
- Accepts the right of patients to decline regional anaesthesia – even when there are clinical advantages

**Minimum Clinical Learning outcome:**
- Demonstrates safely at all times during performance of blocks including: marking side of surgery and site of regional technique; meticulous attention to sterility; selecting, checking, drawing up, diluting, and the adding of adjuvants, labelling and administration of local anaesthetic agents
- Establish safe and effective spinal and lumbar epidural blockade and manage immediate complications in ASA 1-2 patients under distant supervision
- Ability to establish a simple nerve block safely and effectively

**SUGGESTED WPBAs:**

**DOPS**
Demonstrates how to undertake a comprehensive and structured pre-operative assessment of patients requiring a subarchnoid blockade, perform the block and manage side effects/complications correctly (RA_BS_04)

Demonstrates how to undertake a comprehensive and structured pre-operative assessment of patients requiring a lumbar epidural blockade, perform the block and manage side effects/complications correctly (RA_BS_05)

Demonstrates how to perform some simple nerve blocks from amongst the following: Femoral; Ankle; Inguinal nerve blockade(RA_BS_11)

**A-CEX**
Conduct anaesthesia for surgery using spinal or epidural anaesthesia (RAB_A01)

Manage the sedative regime of a patient undergoing surgery using regional anaesthesia (RAB_A02)
CBD
Outlines the dangers of accidental intravenous administration of local anaesthetic drugs, signs, symptoms and management, including the role of intra-lipid (RA_BK_12)

Discuss the choice of local anaesthetics & spinal opioids in the context of regional anaesthesia (RAB_C01)

Discuss the innervation and spinal dermatomes of any regional anaesthetic block the trainee has used (RAB_C02)

Discuss the management of the complications of spinal and epidural (including caudal) analgesia [associated hypotension, shivering, nausea & anxiety] (RAB_C03)

Discuss the absolute and relative contraindications to regional blockade (RAB_C04)

Additional WPBA
a) __________________________________________________________
   
   b) __________________________________________________________

MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA

Completion of unit of training form signed off ?
## Sedation

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

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

### SUGGESTED WPBAs:

#### A-CEX
Demonstrates the ability to administer and monitor intravenous sedation to patients for clinical procedures (CS_BS_04)

Manage the sedative regime of a patient undergoing surgery using regional anaesthesia (RAB_A02)

#### CBD
Discuss the trainee’s choice and use of sedatives and tranquillisers (AGB_C04)

#### Additional WPBA

a)  

b)  

### MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA

Completion of unit of training form signed off?
Transfer Medicine

Learning outcomes:
• Correctly assesses the clinical status of patients and decides whether they are in a suitably stable condition to allow intra-hospital transfer [only]
• Gains understanding of the associated risks and ensures they can put all possible measures in place to minimise these risks

Minimum clinical learning outcome
• Safely manages the intra-hospital transfer of the critically ill but stable adult patient for the purposes of investigations or further treatment [breathing spontaneously or with artificial ventilation] with distant supervision

SUGGESTED WPBAs:

**A-CEX**
Demonstrates the necessary organisational and communication skills to plan, manage and lead the intra-hospital transfer of a stable patient (TF_BS_01)

Additional WPBA
a) 

b) 

**MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA**

Completion of unit of training form signed off ?
Learning outcomes:
• To understand the basic principles of how to manage patients presenting with trauma
• To recognise immediate life threatening conditions and prioritise their management

Minimum clinical learning outcome:
• Understands the principles of prioritizing the care of patients with multi-trauma including airway management

SUGGESTED WPBAs:

SIM or DOPS

Demonstrates correct emergency airway management in the trauma patient including those with actual or potential cervical spine damage [S] (MT_BS_02)

Assess a patient’s Glasgow Coma Scale rating and advise appropriate safe levels of monitoring and care [3-6 months] (AGB_D02)

Perform a primary and secondary survey of an injured patient [may be done in simulator] (AGB_D03)

CBD
Discuss the management of cervical spine injuries (AGB_C24)

Additional WPBA

a)  ________________________________

b)  ________________________________

MINIMUM REQUIREMENT IN THIS UNIT IS ONE WPBA

Completion of unit of training form signed off?