

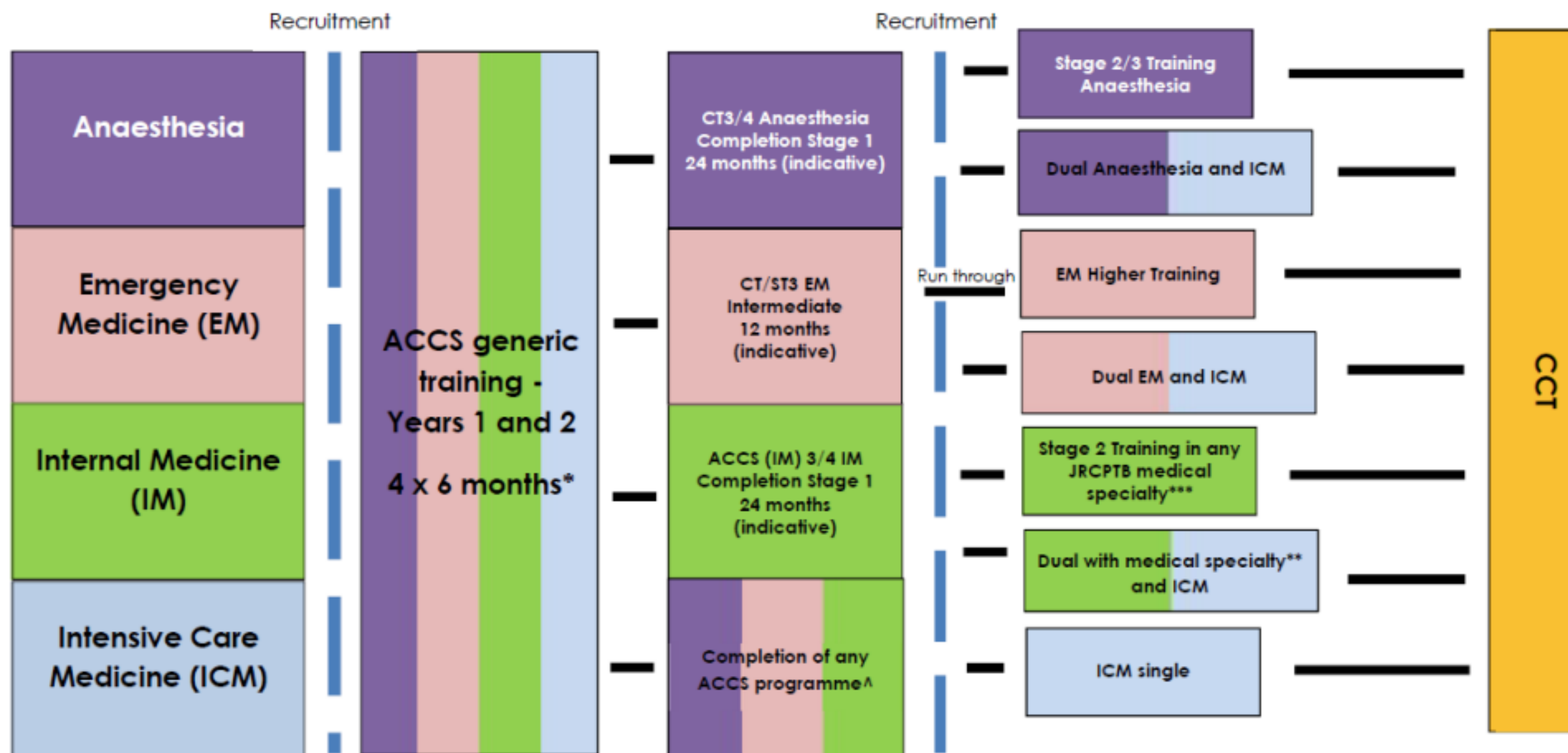


ACCS Training in Wales

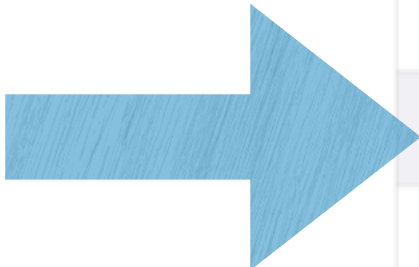
ANAESTHESIA Placement

August 2021

ACCS Training Pathways



ACCS Learning Outcomes (ACCS LOs)



ACCS Learning Outcomes (ACCS LOs)

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| 1 | Care for a physiologically stable patient across the full range of complexity |
| 2 | Make safe clinical decisions, appropriate to level of experience, knowing when and how to seek effective support |
| 3 | Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop |
| 4 | Care for an injured patient across the full range of complexity |
| 5 | Deliver key ACCS procedural skills |
| 6 | Deal with complex and challenging situations in the workplace |
| 7 | Provide safe basic anaesthetic care including sedation |
| 8 | Manage patients with organ dysfunction and failure |
| 9 | Support, supervise and educate |
| 10 | Participate in research and manage data appropriately |
| 11 | Participate in and promote activity to improve the quality and safety of patient care |

7. Provide safe basic anaesthetic care including sedation

Key ACCS capabilities	<p>At completion of ACCS a trainee will be able to:</p> <ul style="list-style-type: none"> • pre-operatively assess, optimise and prepare patients for anaesthesia • safely induce, maintain and support recovery from anaesthesia including recognition and management of complications • provide urgent or emergency anaesthesia to ASA 1-3 patients requiring uncomplicated surgery including stabilisation and transfer • provide safe procedural sedation for ASA 1-3 patients.
Descriptors	<ul style="list-style-type: none"> • Understand the risks, aetiology, treatment and control processes of infection including the need for and ability to perform an aseptic non-touch technique • Pre-operatively assess patients' suitability for anaesthesia, prescribe suitable pre-medication, recognise when further investigation or optimisation is required prior to commencing surgery and adequately communicate this to the patient or their family • Safely induce anaesthesia in ASA 1-3 patients, recognise and deal with common and important complications associated with induction • Maintain anaesthesia for the relevant procedure, utilise appropriate monitoring and effectively interpret the information it provides to ensure the safety of the anaesthetised patient, as a member of the multidisciplinary theatre team

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L0 7 - ANAESTHESIA & SEDATION

	<ul style="list-style-type: none"> • Safely care for a patient recovering from anaesthesia, recognise and treat the common associated complications and manage appropriate post-operative analgesia, anti-emesis and fluid therapies • Provide urgent or emergency anaesthesia to ASA 1-3 patients requiring uncomplicated surgery • Plan and deliver safe sedation using appropriate agents for ASA 1-3 patients requiring procedures
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Entrustment matrix for placements

Learning Outcome	EM	AM	Anaes	ICM
1. Care for physiologically stable adult patients presenting to acute care across the full range complexity	2b	2b		
2. Support the team by answering questions and making safe decisions	2a	2a		
3. Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop	2b	2b	2b	2b
4. Care for acutely injured patients across the full range of complexity	2b			
6. Deal with complex and challenging situations in the workplace	2a	2a	2a	2a
7. Deliver safe anaesthesia and sedation			2b/2a	
8. Manage patients with organ dysfunction and failure				2a

Entrustment Level 2a=Supervisor on the 'shop-floor' (theatres)
 Entrustment Level 2b=Supervisor within hospital



Royal College of Anaesthetists

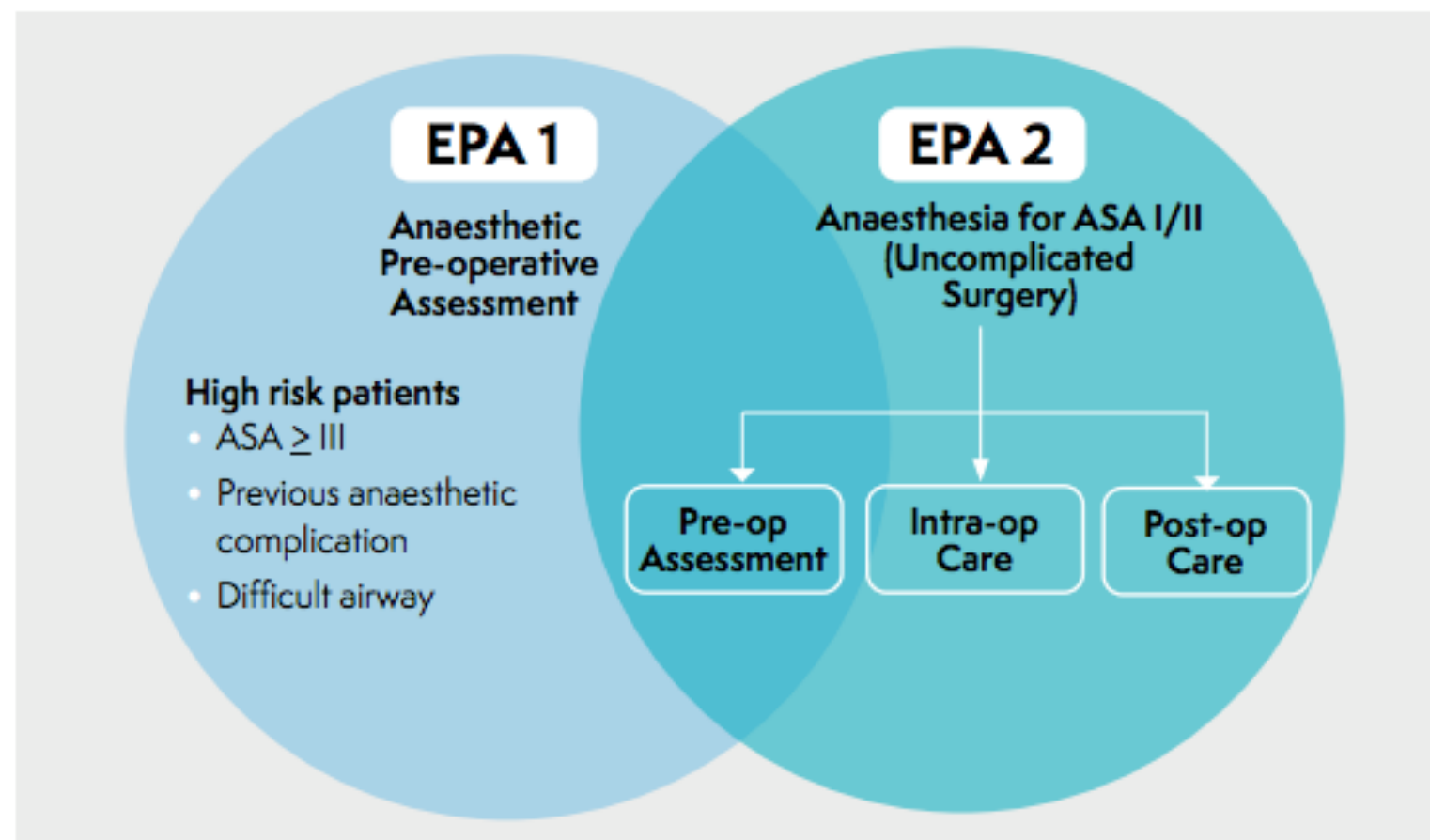
Initial Assessment of Competence (IAC)

Introduction

The Initial Assessment of Competence (IAC) is the first milestone in Anaesthetics training. We use the term 'novice anaesthetist', to describe a learner who is yet to achieve their IAC. During the novice period, which can last up to 6 months, trainees must acquire the fundamental knowledge, skills and attitudes needed to provide safe anaesthetic care to patients. The IAC is the foundation of training in Anaesthetics and is also a mandatory component of Core Training in Emergency and Intensive Care Medicine.

The IAC consists of the two Entrustable Professional Activities (EPA) shown in Figure 1. Each EPA is described in greater detail below.

Figure 1: EPA 1 and EPA 2 Description and Overlap



The practice of novice anaesthetists is always supervised by consultants or by registrars outside of normal working hours. Award of the IAC is framed around the entrustment scale shown in Table 1.

To attain the IAC, anaesthetists in training must be able to perform each EPA at supervision level 2B.

Start of Novice Period

IAC

- Anaesthetic preoperative assessment
- Predictors of difficult airway management
- Starvation policies
- Basic functions of anaesthetic machine
- Emergency drug preparation
- Physiological effects of general anaesthesia
- Basic pharmacology of common anaesthetic drugs

- Impact of major comorbidity on the conduct of anaesthesia
- Difficult Airway Society algorithm
- Principles of perioperative analgesia
- Postoperative nausea and vomiting
- Infection prevention and control in theatres

- Understand scope of novice anaesthetists' practice and when to call for help
- Human factors in the management of anaesthetic emergencies
- Recognition of critical illness in the surgical patient
- Adult Advanced Life Support
- Management of laryngeal spasm

Knowledge

Skills

- Pre-operative assessment (ASA 1/II)
- WHO checklist 'sign in'
- Peripheral venous cannulation
- Basic airway management (mask ventilation/airway adjuncts/SAD insertion)
- Transfer from anaesthetic room to theatre
- Positioning patients for surgery
- Maintenance of anaesthesia with volatile gases

- Preoperative assessment of high risk patients (ASA \geq III)
- Anaesthetic machine check
- Induction of general anaesthesia
- Tracheal intubation (direct and video laryngoscopy)
- Anaesthesia with spontaneous and controlled ventilation
- Assessment and reversal of neuro-muscular blockade
- Handover to recovery team
- Prescription for the postoperative period

- Rapid Sequence Induction (RSI)
- Management of emergence from general anaesthesia including tracheal extubation
- Failed intubation drills (simulation)
- Initiating management in emergencies and calling for help (simulation)
- Management of postoperative pain including patient controlled analgesia

Start of Novice Period

IAC

ACCS Procedural Skills

5. Deliver key ACCS procedural skills	
Key ACCS capabilities	<p>At completion of ACCS a trainee:</p> <ul style="list-style-type: none"> • Will have the clinical knowledge to identify when key practical emergency skills are indicated • Will have the knowledge and psychomotor skills to perform the skill safely and in a timely fashion
Descriptors	<ul style="list-style-type: none"> • Pleural aspiration of air • Chest drain: Seldinger and open technique • Establish invasive monitoring (CVP and Artline) • Vascular access in emergency- IO, femoral vein • Lumbar puncture • Fracture/dislocation manipulation • External pacing • Point of care ultrasound- Vascular access and Fascia iliaca block
GPCs	<p>Domain 1: Professional values and behaviours</p> <p>Domain 2: Professional skills</p> <ul style="list-style-type: none"> • practical skills • communication and interpersonal skills • dealing with complexity and uncertainty
Evidence to inform decision includes	<p>DOPs</p> <p>Logbook Entrustment decision</p> <p>MSF</p>

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Achievable during Anaesthetics placement

“It’s not what you know, it’s....”

Who to ask for help?

- ◆ Clinical Supervisor - current placement
- ◆ Educational Supervisor - overall programme supervision
- ◆ Your hospital ACCS Trainee Rep
- ◆ Your hospital ACCS Lead, or Stage 1 Anaesthetics College Tutor
- ◆ Lead Anaesthetist for ACCS in Wales:
louise.allman2@wales.nhs.uk

Anaesthetic College Tutors in Wales (stage 1 training)

- ◆ Bangor - Dr Suman Mitra
- ◆ Wrexham - Dr Harsha Reddy
- ◆ Prince Charles - Dr Matt Williams
- ◆ Grange - Dr Non Morris
- ◆ UHW - Dr David Leslie
- ◆ POW - Dr Paulo Antoniazzi
- ◆ Morriston - Dr Kate Harvey

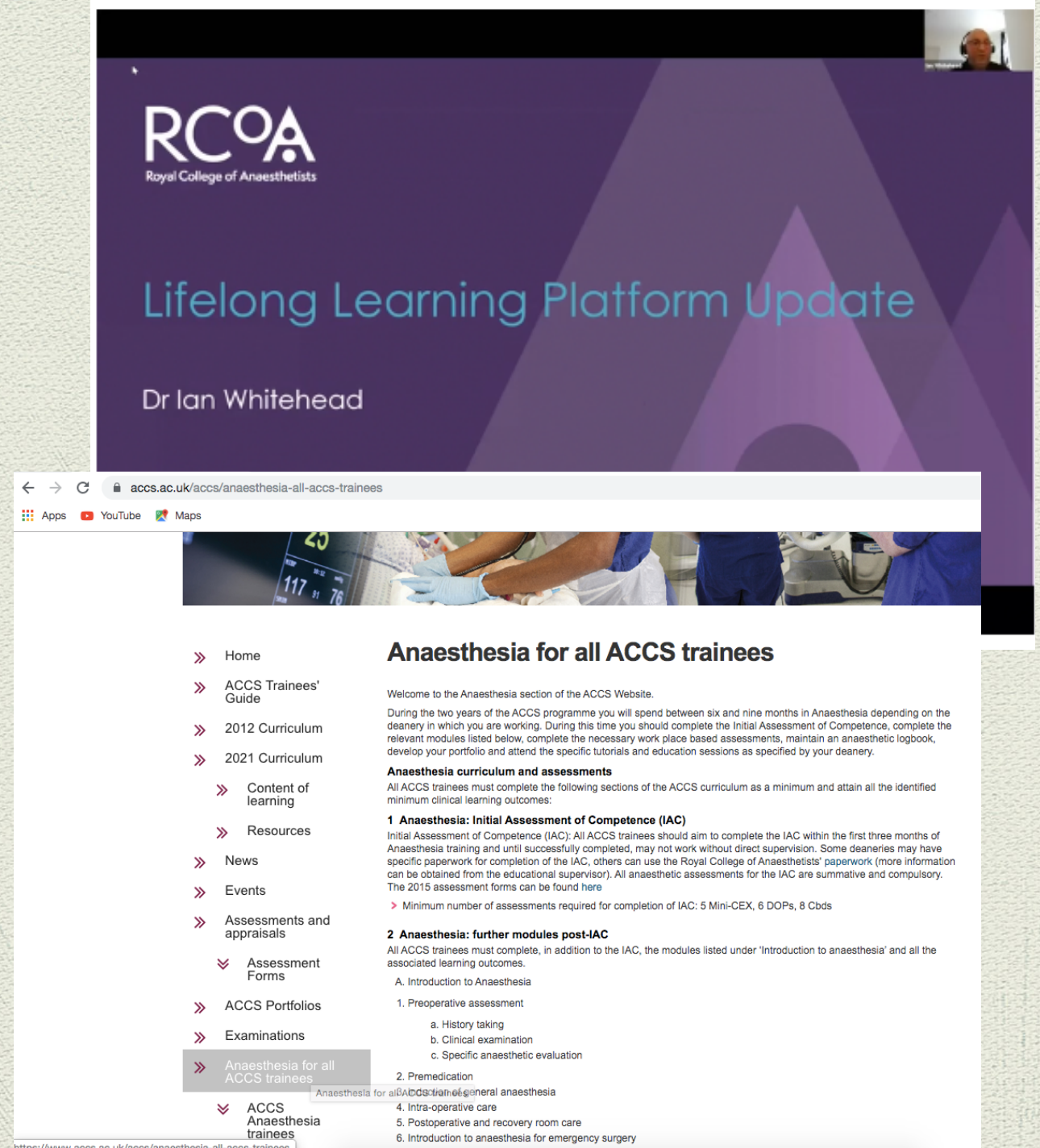
Lifelong Learning Platform

- ◆ All Anaesthetic doctors in training to use LLP as their e-portfolio
- ◆ <https://rcoa.ac.uk/form/anaesthetist-training-registration-form-accs-core-specialty>
- ◆ Once registered an LLP account will be created

Anaesthesia Curriculum & LLP videos

❖ <https://rcoa.ac.uk/training-careers/training-anaesthesia/2021-anaesthetics-curriculum/2021-curriculum-resources/2021>

❖ <https://www.accs.ac.uk/accs/anaesthesia-all-accs-trainees>



The video player shows a presentation slide with the RCoA logo and the title 'Lifelong Learning Platform Update' by Dr Ian Whitehead. Below the video, the ACCS website page 'Anaesthesia for all ACCS trainees' is displayed. The page includes a navigation menu on the left with links to Home, ACCS Trainees' Guide, 2012 Curriculum, 2021 Curriculum, Content of learning, Resources, News, Events, Assessments and appraisals, Assessment Forms, ACCS Portfolios, Examinations, and Anaesthesia for all ACCS trainees. The main content area is titled 'Anaesthesia for all ACCS trainees' and contains a welcome message, a paragraph about the ACCS programme, and sections for 'Anaesthesia curriculum and assessments' and 'Initial Assessment of Competence (IAC)'. The 'Initial Assessment of Competence (IAC)' section lists the minimum clinical learning outcomes and the minimum number of assessments required for completion of IAC: 5 Mini-CEX, 6 DOPs, 8 Cbds. The '2 Anaesthesia: further modules post-IAC' section lists the modules to be completed in addition to the IAC, including 'Introduction to anaesthesia' and 'all the associated learning outcomes'.

And finally....

