

EPA 1 , EPA 2 and Learning Outcome 7 (Sedation) Evidence Grid

	Workplace based assessment DOPS,CEX, CBD , ACAT	Teaching	Reflection on case	Course or study day	Logbook	ELearning
EP1 Preoperative assessment						
Takes a focused history, performs appropriate physical examinations and interprets relevant investigations						
Describes the features of the history and examination which confer increased anaesthetic risk and communicates these to senior colleagues, including: <ul style="list-style-type: none"> ▪ Severe comorbidity (ASA ≥ III) ▪ Previous anaesthetic complications ▪ Anticipated or known difficult airway 						
Explains how a patient’s past medical, surgical and anaesthetic history influences the safe conduct of anaesthesia						
Communicates the anaesthetic plan to patients in an understandable way, including counselling on commonly occurring risks and addressing patient concerns						
Demonstrates understanding of the limitations and scope of practice of a novice anaesthetist						
EP2 Preoperative preparation						
Relates knowledge underpinning EPA 1 (Anaesthetic Pre-operative assessment) to safe perioperative care planning						
Understands the scope of practice as an inexperienced practitioner and seeks help appropriately						
Recalls starvation policies for administration of general anaesthesia						
Demonstrates working knowledge of commonly used anaesthetic equipment, including the anaesthetic machine, standard monitoring and airway equipment						

EPA 1 , EPA 2 and Learning Outcome 7 (Sedation) Evidence Grid

<p>Demonstrates working knowledge of the commonly used anaesthetic drugs (preparation/dose/effects/side-effects/ cautions):</p> <ul style="list-style-type: none"> ▪ Induction agents ▪ Muscle relaxants / reversal agents ▪ Volatile anaesthetic agents ▪ Sympathomimetics / anticholinergics ▪ Analgesics 						
Intraoperative Care						
<p>Performs airway management including the following techniques:</p> <ul style="list-style-type: none"> ▪ Mask ventilation ▪ Supraglottic airway insertion ▪ Endotracheal intubation using direct and ▪ Video laryngoscopy 						
Performs a Rapid Sequence Induction						
Conducts anaesthesia with controlled and spontaneous ventilation						
Understands the physiological effects of general anaesthesia						
Manages the risks posed to patients when positioning them for surgery, in particular related to pressure areas, peripheral nerves and other delicate structures						
Follows infection prevention and control procedures in the operating theatre						
Manages tracheal extubation, including common complications occurring during emergence from anaesthesia; e.g. laryngeal spasm						
Postoperative Care						
Gives a clear patient handover to recovery team						
Manages issues arising in recovery including acute postoperative pain, and the use of rescue opiates in recovery						
Managing emergencies and simulation						
Discuss and rehearse the AAGBI Quick Reference Handbook 'Unknowns'						
Demonstrates the routine for dealing with a failed intubation on a manikin as per DAS Guidelines						
Demonstrates understanding and capability in Anaesthetic Non-technical Skills						

EPA 1 , EPA 2 and Learning Outcome 7 (Sedation) Evidence Grid

Procedural Sedation (2a level) L07						
A Conducts appropriate pre assessment of patients with respect to sedation, understands patient related risk factors and plans accordingly						
B Chooses safe, appropriate sedative drugs to deliver conscious sedation						
C Describes the particular dangers associated with the use of single or combinations of sedative drugs, particularly in the frail, elderly, critically ill patient and those requiring transfer						
D Monitors a sedated patients physiology appropriately						
E Ensures the provision of safe post procedural care						
F Explains the different levels of sedation and the risks associated with these						
G Recognises and manages the complications of sedation						

You will need **some** evidence for each curriculum point. You do not need to fill every box! The grid is to help you keep track of which types of evidence you have for each curriculum point. You should aim to have a range of different sorts of evidence and remember you can cross reference one assessment or piece of evidence to multiple different areas of the curriculum! It is **not** compulsory to use this grid

Limitations

Advanced knowledge of perioperative risk stratification and optimisation is not expected at this stage of training. ■ Novice anaesthetists are not expected to possess in-depth knowledge of the anaesthetic techniques used for major surgical procedures, nor should they be expected to take consent for procedures in which they are not trained.

Does not include the unsupervised management of previously fit patients with significant physiological derangement such as septic shock or acute blood loss. ■ Anaesthetists in training who have been awarded the IAC are not expected to be the sole anaesthetist responsible for elective operating lists.