

STAGE 3 HALO GUIDE

Domains of Learning, Stage Learning Outcomes, and Key Capabilities

Contents

Professional Behaviours and Communication	3
Management and Professional and Regulatory Requirements	5
Team Working	7
Safety and Quality Improvement	9
Safeguarding.....	11
Education and Training.....	12
Research and Managing Data	14
Perioperative Medicine and Health Promotion.....	16
General Anaesthesia	19
Regional Anaesthesia	24
Resuscitation and Transfer	27
Procedural Sedation	29
Pain.....	30
Intensive Care Medicine.....	33
Stage 3 practical procedures (with supervision levels)	34

Professional Behaviours and Communication

Stage learning outcome

Demonstrates the professional values and behaviours required to be a consultant

Key capabilities

A	Leads the management of complications that have arisen in the course of delivery of health care
B	Formulates management plans for patients with complex needs including those beyond guidelines, remaining aware of their own limitations and seeks help where appropriate
C	Takes part in annual appraisal and explains job planning, performance management and the requirement for revalidation
D	Complies with governance frameworks and seeks to ensure that all members of the multidisciplinary team do likewise
E	Acts to optimise health and wellbeing appropriately and supports others to do so, being able to identify colleagues in difficulty and provide appropriate support and escalation when required
F	Works within appropriate equality and diversity legislation

Examples of Evidence

Experience & Logbook

- ▶ range of surgical specialties including special interest areas

Supervised Learning Events (SLEs) can be used to demonstrate:

- ▶ ability to manage lists as a sole anaesthetist including areas of special interest (ALMAT)
- ▶ leadership when discussing the care of a complex patient with the multi-disciplinary team
- ▶ evidence of effective shared decision making with patients and colleagues.

Personal Activities and Personal Reflections may include:

- ▶ courses and eLearning: leadership and management, equality and diversity
- ▶ professional portfolio and CV ready for consultant interview
- ▶ management of a difficult conversation with a colleague, patient or relative
- ▶ reflections on active listening in a range of environments and situations
- ▶ leadership of a quality improvement project
- ▶ training with members of senior hospital management such as clinical governance lead, clinical directors, medical directors
- ▶ experience of the process whereby complaints are dealt with.

Other evidence

- ▶ satisfactory MSF.

Cross links with other domains and capabilities

- ▶ *Management and Professional and Regulatory Requirements*

- ▶ *Education and Training*
- ▶ *Safety and Quality Improvement*
- ▶ *all specialty specific domains*

Management and Professional and Regulatory Requirements

Stage learning outcome

Understands and undertakes managerial, administrative and organisational roles expected of consultants

Key capabilities

A	Explains how the management system and organisational structures at Trust/Health Board level communicate and co-operate
B	Describes the structure and organisation of the NHS including primary care, the community and independent sectors and the wider health and social care landscape
C	Explains the national processes by which health policy are developed, promoted, disseminated, introduced, monitored and modified, and how services are held accountable to the public.
D	Appreciates the roles and practice of different professionals in the organisation and delivery of the health service by promoting inter-professional understanding and working
E	Describes mechanisms for workforce planning and their limitations
F	Applies management and team skills to complex and dynamic situations
G	Describes how healthcare systems are commissioned and funded
H	Knows how to prepare medico-legal statements and co-operate with agencies involved in legal requirements.
I	Works within regulations relating to information governance, data protection and storage
J	Undertakes departmental administrative and managerial roles
K	Engages with their own contractual obligations, appraisal and quality review processes

Examples of Evidence

Experience & Logbook

- ▶ leadership of Anaesthetic Departmental Activities.

Supervised Learning Events (SLEs) can be used to demonstrate:

- ▶ management and team leadership skills with complex cases such as in theatres, pre-operative assessment clinics, obstetrics and intensive care.

Personal Activities and Personal Reflections may include:

- ▶ management responsibility in the anaesthetic department
- ▶ roles in regional training programme such as trainee representative
- ▶ rota management for anaesthetists in training
- ▶ attendance at hospital/Trust Board level meetings
- ▶ training sessions with members of senior management such as clinical directors, medical directors, Trust Chief Executive

- ▶ courses and eLearning: NHS structure and management, information governance, skills to manage difficult interactions, mastering risk
- ▶ training and involvement in investigation of serious incidents
- ▶ involvement in writing a report for the Coroner or other medico-legal indication
- ▶ experience of healthcare systems outside of the UK
- ▶ awareness of relevant government health policies.

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *Team Working*
- ▶ *Safety and Quality Improvement*
- ▶ *Education and Training*
- ▶ all specialty-specific domains.

Team Working

Stage learning outcome

Leads and participates in complex and diverse teams in all situations

Key capabilities

A	Demonstrates the skills to provide clinical leadership in a special interest area of anaesthetic practice
B	Leads the multidisciplinary team in the organisation of complex patient care
C	Engages with all members of the perioperative and theatre teams to work efficiently and effectively
D	Maintains high levels of individual and team situational awareness at all times
E	Seeks and shares information and anticipates future problems to maximise safe practice
F	Critically appraises performance of colleagues, peers and systems to promote best practice
G	Demonstrates appropriate leadership behaviour to nurture teams and promote engagement.
H	Promotes an open and transparent culture, acting as a role model in supporting colleagues and respecting differences of opinion
I	Adapts leadership behaviour to improve engagement and outcomes.
J	Delegates appropriately and effectively
K	Manages and reflects on challenging behaviours within the team and escalate concerns as appropriate
L	Describes contributions to a major incident response

Examples of Evidence

Experience & Logbook

- ▶ range of experience in theatres, obstetrics, pre-operative assessment and including special interest areas.

Supervised Learning Events (SLEs) can be used to demonstrate:

- ▶ leadership of the theatre team in the management of challenging cases
- ▶ leadership of complex resuscitation cases including team debrief discussion.

Personal Activities and Personal Reflections may include:

- ▶ courses and eLearning: leadership and management, human factors, appraisal skills, major incident training, risk management
- ▶ faculty member of simulation courses

- ▶ completion of a project demonstrating leadership and team building.

Other evidence

- ▶ satisfactory MSF.

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *Management and Professional and Regulatory Requirements*
- ▶ *Safety and Quality Improvement*
- ▶ *Resuscitation and Transfer*
- ▶ all specialty specific domains.

Safety and Quality Improvement

Stage learning outcomes

Supervises a local quality improvement project and participates in regional or national quality improvement projects

Uses a systems approach to creating, maintaining and improving safety

Key capabilities

A	Identifies and supervises a quality improvement project, prioritising and evaluating measures and outcomes important to patients in a special interest area of anaesthetic practice
B	Explains how complexity theory applies to healthcare
C	Identifies levers and drivers and the principles of psychology underpinning change management that can be used to develop a shared purpose
D	Identifies and engages with stakeholders affected by potential change
E	Interprets the interplay between psychology, system, process and technical knowledge needed to implement change
F	Promotes a collaborative approach to delivering quality improvement utilising the principles of patient co-design when possible
G	Describes how to sustain improvement
H	Effectively evaluates the impact of a quality improvement intervention
I	Applies safety science principles and practice at individual, team, organisational and system levels
J	Uses measures of process reliability to monitor and improve safety
K	Predicts how system failures will create risks to patients
L	Uses a systems-based approach to proactively assess risk and in the investigation of safety incidents
M	Acts on national regulation and findings of national case studies in patient safety
N	Explains how organisational culture can influence failure or improvement in clinical practice
O	Analyses the strengths and weaknesses of safety interventions
P	Quantifies the effect of contextual factors on safety
Q	Addresses the limitations of the concept of 'human error' in incident investigations and responses
R	Mitigates against fixation error, unconscious and cognitive biases

Examples of Evidence

Experience & Logbook

- ▶ leadership of QI activities within Anaesthetics department and experience of regional or national QI and risk assessment.

Supervised Learning Events (SLEs) can be used to demonstrate:

- ▶ leadership of local QI project and participation in regional or national QI projects (A-QIPAT)
- ▶ presentation of QI project results
- ▶ implementation of QI project outcomes
- ▶ promotion of safety in theatre lists.

Personal Activities and Personal Reflections may include:

- ▶ courses and eLearning: quality improvement methodology, understanding risk, understanding professional interactions, change management, national patient safety legislation, human factors training, complexity theory, safety science
- ▶ involvement with patient safety investigation such as root cause analysis.
- ▶ undertake mortality reviews
- ▶ attendance and presentation at clinical governance meetings.

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *Management and Professional and Regulatory Requirements*
- ▶ *Team Working*
- ▶ all specialty specific domains.

Safeguarding

Stage learning outcome

Evaluates and instigates initial management of safeguarding concerns

Key capabilities

A	Identifies safeguarding concerns and acts to refer to relevant professionals when dealing with vulnerable patient groups.
B	Describes how beliefs, experience and attitudes might influence professional practice, and ensures that these do not exploit patient vulnerability
C	Explains the effect of parental behaviour on children and young people and interagency response
D	Manages the particular needs of vulnerable patients of all types in complex clinical situations
E	Engages in national safeguarding initiatives and Trust mandatory training
F	Determines when and how to safely restrain and safeguard vulnerable patients in distress
G	Applies equality and diversity legislation in the context of vulnerable patient care

Examples of evidence

Experience & Logbook

- ▶ range of surgical specialties and patient groups in theatre setting, obstetrics, pre-operative assessment clinics and Intensive Care Unit.

Supervised Learning Events (SLEs) can be used to demonstrate:

- ▶ management of a vulnerable patient for surgical procedure
- ▶ management of vulnerable patient in distress with potential to require restraint
- ▶ management of a case where cultural or religious differences affect consent and treatment.

Personal Activities and Personal Reflections may include:

- ▶ courses and eLearning: equality and diversity, Prevent/counter terrorism, child and adult safeguarding, mental capacity act
- ▶ participation in best interests decision.

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *Education and Training*

Education and Training

Stage learning outcome

Meets the requirements of a Clinical Supervisor as defined by the GMC

Key capabilities

A	Actively promotes a culture of learning
B	Creates effective learning opportunities
C	Demonstrates leadership in terms of patient safety in the context of clinical supervision
D	Develops a plan for personal life-long learning
E	Participates in planning and delivery of educational programmes using a range of educational methods to deliver teaching
F	Explains how to raise concerns about the performance or behaviour of learners who are under their clinical supervision
G	Assesses the performance of learners fairly and objectively
H	Evaluates, reflects and acts on the effectiveness of their educational activities and learning
I	Applies an understanding of the basis of educational theory that underpins successful adult learning

Examples of Evidence

Experience & Logbook

- ▶ range of clinical experience taking advantage of all opportunities for teaching and learning.

Supervised Learning Events (SLEs) can be used to demonstrate:

- ▶ use of SLEs throughout stage of training to facilitate learning and guide progress
- ▶ completion of SLEs for more junior colleagues with demonstration of constructive feedback.

Personal Activities and Personal Reflections may include:

- ▶ courses: teaching and training courses such as Generic Instructor (GIC), Anaesthetists as Educators, train the trainers
- ▶ acting as part of teaching faculty in simulation courses, exam preparation courses
- ▶ delivery of teaching sessions with feedback
- ▶ organisation of teaching programmes for anaesthetists in training
- ▶ critical appraisal of local teaching programme with suggestions for feedback
- ▶ completion of higher qualification in medical education such as PGCert
- ▶ presentation at regional or national meeting
- ▶ development of eLearning module

- ▶ training sessions with educators such as educational supervisors, College Tutor, Post-graduate Clinical Tutor

Cross links with other domains and capabilities

- ▶ all specialty-specific and generic professional domains.

Research and Managing Data

Stage learning outcome

Is research experienced; has engaged with research, applies the governance involved in research, evaluates and communicates research findings clearly

Key capabilities

A	Practises evidence-based medicine based on critical analysis and awareness of current literature and national and local guidelines, with a detailed knowledge in an area of special interest in anaesthetic or perioperative practice
B	Recognises where research can ask relevant questions, appreciates how to study these, where findings can be applied to patient care, and can communicate these to patients in a meaningful way
C	Promotes a culture of professional critical enquiry with the ability to understand and apply new and future areas of research and related practice eg. informatics, genomics, stratified medicine, population and global health
D	Demonstrates practical knowledge of research principles and governance and how to translate findings into practice
E	Formulates relevant research questions and designs a studies to answer them
F	Demonstrates the processes for effective clinical decision making where research is absent or contradictory

Examples of Evidence

Experience & Logbook

- ▶ inclusion of cases from special interest area(s).

Supervised Learning Events (SLEs) can be used to demonstrate:

- ▶ use of evidence-based medicine
- ▶ management of cases where research data is lacking.

Personal Activities and Personal Reflections may include:

- ▶ attendance at scientific meeting
- ▶ abstract accepted at national or international meeting
- ▶ publication in peer reviewed journal
- ▶ involvement in research project including ethical approval, gaining consent of participants, data analysis
- ▶ leads in development or revision of local guidelines
- ▶ participation in systematic literature review
- ▶ active involvement with local trainee research network (TRN) such as local lead for a TRN study.

Cross links with other domains and capabilities

- ▶ *Safety and Quality Improvement*
- ▶ *Education and Training*

Perioperative Medicine and Health Promotion

Stage learning outcomes

Manages perioperative care at an individual and service-wide level.

Applies the principles of sustainability to clinical practice

Key capabilities A to E

A	Delivers high quality perioperative care of all patients for elective and emergency surgery, developing expertise in an area of anaesthetic special interest
B	Describes the impact of patient mental health and well-being on perioperative care and applies this to practice
C	Describes the principles of person-centred care, including effective self-management, self-care and expert patient support
D	Describes the reasonable limitations of perioperative interventions
E	Can make reasoned clinical decisions in the face of uncertainty

Examples of Evidence

- ▶ SLEs throughout stage of training including special interest area and experience in pre-operative assessment clinics demonstrating, for example:
 - ability to work independently in special interest area (ALMAT)
 - leading a pre-operative assessment clinic
 - discussion and advice on likely outcomes and recovery following anaesthesia and surgery for complex patients
 - discussion of alternative treatment pathways and their relative risks and benefits.

Personal activities and reflections:

- ▶ courses and eLearning: scientific meetings on perioperative medicine.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *General Anaesthesia*
- ▶ areas of special interest

Key capabilities F & G

F	Applies the principles of shared decision making about the suitability of surgery and anaesthesia with high-risk patients and colleagues
G	Evaluates information gained through preoperative assessment and applies the principles of shared decision making with the patient and multi-disciplinary team

Examples of Evidence

- ▶ SLEs throughout stage of training including special interest area and experience in pre-operative assessment clinics demonstrating, for example:
 - Leadership in discussion of patient care with surgical team.

Personal activities and reflections:

- ▶ courses and eLearning: NICE guidance – shared decision making.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *General Anaesthesia*

Key capabilities H & I

H	Acts as an advocate for health promotion and illness prevention in the perioperative period
I	Supports members of the preoperative team to deliver perioperative health promotion strategies

Examples of Evidence

- ▶ SLEs throughout stage of training including special interest areas and experience in pre-operative assessment clinics.

Personal activities and reflections:

- ▶ activities related to enhanced recovery programmes
- ▶ development of preparation for surgery strategies eg RCoA Fitter Better Sooner.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *General Anaesthesia*

Key capability J

J	Promotes strategies to support sustainable healthcare in clinical practice
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Examples of Evidence

- ▶ SLEs throughout stage of training including special interest areas.

Personal activities and reflections:

- ▶ courses and eLearning: environmental impact of anaesthesia
- ▶ quality improvement project looking at sustainability in operating departments.

Suggested supervision level

- ▶ not applicable.

Cross links with other domains and capabilities

- ▶ *Safety and Quality Improvement*
- ▶ *General Anaesthesia*

Key capability K

K	Develops an understanding of the basic principles of global health including governance, health systems and global health risks
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Examples of Evidence

Personal activities and reflections:

- ▶ courses and eLearning: anaesthesia in developing countries.

Suggested supervision level

- ▶ not applicable.

Cross links with other domains and capabilities

- ▶ *Safety and Quality Improvement*
- ▶ *General Anaesthesia*

General Anaesthesia

Stage learning outcome

Provides safe and effective general anaesthesia independently for all patients undergoing non-specialist procedures and for patients within defined areas of a special interest

Key capabilities A to C

A	Provides general anaesthesia for all patients undergoing elective and emergency surgery in general settings including maternity units for common complex surgical procedures
B	Demonstrates the decision making and organisational skills required to manage operating sessions independently ensuring that the care delivered to patients is safe, effective and efficient
C	Applies understanding of co-morbidities in patients requiring general anaesthesia and delivers management strategies to offer individualised care

Examples of Evidence

- ▶ SLEs throughout stage of training including special interest areas and out of hours experience:
 - CBDs and ALMATs from a range of surgical specialties.

Personal activities and reflections:

- ▶ courses and eLearning; scientific meetings related to special interest area.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *Team Working*
- ▶ *Perioperative Medicine and Health Promotion*
- ▶ areas of special interest.

Key capability D

D	Provides safe anaesthetic care for multiply injured patients, from arrival in hospital through definitive treatment, and understands and applies the principles of management for complex situations such as severe burns or poisoning.
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Examples of Evidence

- ▶ SLEs: experience may be gained at major trauma centres, burns units.

Personal activities and reflections:

- ▶ courses and eLearning: trauma management

Suggested supervision level

- ▶ 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ▶ *Resuscitation and Transfer*
- ▶ *Intensive Care*

Key capability E

E	Contributes to departmental expertise in one or more defined areas of special interest
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Examples of Evidence

- ▶ SLEs from experience in special interest areas
- ▶ this may include A-QIPAT for relevant projects.

Personal activities and reflections:

- ▶ teaching delivered
- ▶ quality Improvement project in area of special interest
- ▶ development of local guidelines
- ▶ departmental presentations.

Suggested supervision level

- ▶ not applicable.

Cross links with other domains and capabilities

- ▶ *Safety and Quality Improvement*
- ▶ *Education and Training*
- ▶ *Research and Managing Data*
- ▶ areas of special interest

Key capabilities F & G

F	Manages patients with complex airway disorders in most situations including independent fibre-optic intubation and can recognise when additional assistance is necessary
G	Can manage the anaesthetic challenges of patients needing complex shared airway surgery

Examples of Evidence

- ▶ SLEs including experience in ENT and maxillo-facial surgery.

Personal activities and reflections:

- ▶ courses and eLearning: airway management, scientific meeting on difficult airway management.

Suggested supervision level

- ▶ refer to practical procedures grid for airway management supervision levels.

Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*

Key capability H

H	Provides safe anaesthesia for diagnostic or therapeutic procedures outside of the theatre environment including remote sites
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Examples of Evidence

- ▶ SLEs from experience such as ECT, radiology, interventional cardiology, interventional neuroradiology.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*

Key capability I

I	Provides safe anaesthetic care for the critically ill patient who needs to return to theatre from the intensive care unit
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Examples of Evidence

- ▶ SLEs from experience such as neurosurgery, cardiac surgery, trauma, general surgery.

Personal activities and reflections:

- ▶ courses and eLearning: relevant scientific meetings.

Suggested supervision level

- ▶ 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ▶ *Intensive Care*

Key capability J

J	Provides safe and effective perioperative anaesthetic care to all high risk surgical patients with significant co-morbidities and the potential for massive haemorrhage
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Examples of Evidence

- ▶ SLEs from experience such as neurosurgery, cardiac surgery, trauma, general surgery and obstetrics.

Personal activities and reflections:

- ▶ courses and eLearning: blood transfusion, trauma management.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *General Anaesthesia*
- ▶ *Intensive Care*

Key capability K

K	Manages the anaesthetic implications of previous neurosurgery and/or intracranial pathology in patients presenting for co-incidental surgery
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Examples of Evidence

- ▶ SLEs from experience such as neurosurgery.

Personal activities and reflections:

- ▶ neuro anaesthesia scientific meeting.

Suggested supervision level

- ▶ 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ▶ *General Anaesthesia*
- ▶ *Intensive Care*

Key capability L

L	Manages the anaesthetic implications of congenital or acquired heart disease in patients presenting for co-incidental surgery including referral to a specialist centre when appropriate
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Examples of Evidence

- ▶ SLEs from experience such as cardiac surgery.

Personal activities and reflections:

- ▶ courses and eLearning: adult congenital heart disease.

Suggested supervision level

- ▶ 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ▶ *General Anaesthesia*
- ▶ *Intensive Care*

Obstetric anaesthesia: key capability M

M	Provides safe anaesthetic care for any patient who requires elective or emergency obstetric anaesthesia in a general maternity unit
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Examples of Evidence

- ▶ SLEs from experience in obstetrics.

Personal activities and reflections:

- ▶ attendance at obstetric anaesthesia clinic.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*

Paediatric anaesthesia: key capability N

N	Provides safe anaesthetic care for common non-complex elective and emergency surgical procedures in children aged one year and over
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Examples of Evidence

- ▶ SLEs from experience in paediatric surgery

Personal activities and reflections:

- ▶ Courses and eLearning: scientific meeting paediatric anaesthesia.

Suggested supervision level

- ▶ 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*

Paediatric anaesthesia: key capability O

O	Provides emergency anaesthetic care for paediatric patients pending inter-hospital transfer to a tertiary unit
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Examples of Evidence

- ▶ SLEs.

Personal activities and reflections:

- ▶ Courses and eLearning: paediatric resuscitation.

Suggested supervision level

- ▶ 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.

Cross links with other domains and capabilities

- ▶ *Team Working*
- ▶ *Resuscitation and Transfer*
- ▶ *Intensive Care*

Regional Anaesthesia

Stage learning outcome

Delivers a range of safe and effective regional anaesthetic techniques to cover the upper and lower limb, chest and abdominal wall independently

Key capability A

A	Tailors regional anaesthesia techniques to patients undergoing day surgery
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Examples of Evidence

- ▶ SLEs throughout stage of training in a range of surgical specialties .

Personal activities and reflections:

- ▶ courses and eLearning: regional anaesthesia.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Pain*

Key capability B

B	Manages regional anaesthesia and analgesia safely in the perioperative period in all settings
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Examples of Evidence

- ▶ SLEs throughout stage of training.

Personal activities and reflections:

- ▶ courses and eLearning: regional anaesthesia.

Suggested supervision level

- ▶ refer to practical procedures grid for details

For procedures not listed:

- ▶ lumbar epidural: 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)
- ▶ low thoracic epidural: 3 - supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
- ▶ spinal: 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)
- ▶ combined spinal/epidural: 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Safety and Quality Improvement*
- ▶ *Regional Anaesthesia*
- ▶ *Pain*

Key capability C

C	Performs ultrasound-guided regional anaesthesia for the chest wall independently
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Examples of Evidence

- ▶ SLEs throughout stage of training.

Personal activities and reflections:

- ▶ courses and eLearning: ultrasound, regional anaesthesia, management of chest wall trauma.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Regional Anaesthesia*

Key capability D

D	Performs ultrasound-guided regional anaesthesia for the abdominal wall independently
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Examples of Evidence

- ▶ SLEs throughout stage of training.

Personal activities and reflections:

- ▶ courses and eLearning: ultrasound, regional anaesthesia.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Regional Anaesthesia*

Key capability E

E	Performs ultrasound-guided nerve blocks for lower limb surgery independently
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Examples of Evidence

- ▶ SLEs throughout stage of training
- ▶ experience should include femoral nerve and fascia iliaca blocks.

Personal activities and reflections:

- ▶ courses and eLearning: ultrasound, regional anaesthesia

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Regional Anaesthesia*

Key capability F

F	Performs ultrasound-guided brachial plexus block independently
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Examples of Evidence

- ▶ SLEs throughout stage of training.

Personal activities and reflections:

- ▶ courses and eLearning: ultrasound, regional anaesthesia.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Regional Anaesthesia*

Resuscitation and Transfer

Stage learning outcomes

Is able to lead the multidisciplinary team for all patients requiring resuscitation from any cause, subsequent stabilisation and post-resuscitation care

Able to supervise inter-hospital transfers and evaluate the necessary resources for patient transfers

Key capabilities A to D

A	Maintains resuscitation capabilities achieved in earlier stages
B	Identifies situations where specialist retrieval teams are required
C	Leads the clinical care of patients requiring retrieval/transfer
D	Evaluates the suitability of resuscitation, stabilisation, retrieval or transfer

Examples of Evidence

- ▶ SLEs throughout stage of training including out of hours experience.

Personal activities and reflections:

- ▶ courses and eLearning: trauma resuscitation, transfer, adult and paediatric resuscitation.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Intensive Care*

Key capability E

E	Leads debrief sessions for both staff and relatives in a sensitive, compassionate and constructive manner
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Examples of Evidence

- ▶ SLEs throughout stage of training including out of hours experience.

Personal activities and reflections:

- ▶ courses and eLearning: resuscitation, human factors, breaking bad news.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *Team Working*
- ▶ *Intensive Care*

Key capabilities F & G

F	Evaluates the wider implications of inter-hospital transfer for on-going safe hospital service delivery
G	Explains the requirements for safe patient transfer by air retrieval

Examples of Evidence

- ▶ SLEs throughout stage of training including out of hours experience.

Personal activities and reflections:

- ▶ courses and eLearning: transfer.

Suggested supervision level

- ▶ not applicable.

Cross links with other domains and capabilities

- ▶ *Resuscitation and Transfer*
- ▶ *Intensive Care*

Key capability H

H	Acts as a member of the multidisciplinary trauma team in the initial assessment and stabilisation of the multiple trauma patient and prioritise further management
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Examples of Evidence

- ▶ SLEs throughout stage of training including out of hours experience.

Personal activities and reflections:

- ▶ courses and eLearning: trauma resuscitation, transfer.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Resuscitation and Transfer*
- ▶ *General Anaesthesia*
- ▶ *Intensive Care*

Procedural Sedation

Stage learning outcome

Delivers safe and effective procedural sedation independently

Key capabilities A to D

A	Delivers procedural sedation for all patients in all settings
B	Evaluates the suitability of sedation for a procedure for a given patient, and formulates an alternative strategy when necessary
C	Evaluates and manages the issues posed by provision of sedation in remote sites outside the hospital
D	Describes local and national guidelines regarding sedation practice outside the operating theatre

Examples of Evidence

- ▶ SLEs throughout stage of training in appropriate cases eg ophthalmic surgery, trauma, dentistry, endoscopy, intensive care, cardioversion.

Personal activities and reflections:

- ▶ contribution to safe sedation training across hospital
- ▶ involvement with writing local guidelines relating to sedation.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Safety and Quality Improvement*
- ▶ *Perioperative Medicine and Health Promotion*
- ▶ *Intensive Care*

Pain

Stage learning outcome

Able to initiate complex pain management for in-patients and to sign-post to appropriate pain management services

Key capabilities A to C

A	Applies knowledge and understanding of assessment and management of pain in a multi-professional context
B	Demonstrates safe effective pharmacological management of acute and procedure pain in all age groups
C	Acts as an effective member of the inpatient pain team

Examples of Evidence

- ▶ SLEs throughout stage of training across range of surgical specialties, acute pain ward rounds and from specialist pain clinics; for example:
 - managing and planning analgesia for patients with chronic pain who present for surgery
 - leading an inpatient acute pain round
 - recognition of comorbidities and adjustment of pain medications accordingly

Personal activities and reflections:

- ▶ attendance at pain clinic, multidisciplinary pain meetings
- ▶ development of an individual pain management care plan in pre-operative assessment clinic.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Team Working*
- ▶ *Perioperative Medicine and Health Promotion*
- ▶ *General Anaesthesia*
- ▶ *Regional Anaesthesia*
- ▶ *Intensive Care*

Key capabilities D & E

D	Effectively engages with multi-disciplinary primary and secondary pain services and palliative care when necessary
E	Recognises the need for and complications of interventional pain procedures

Examples of Evidence

- ▶ SLEs throughout stage of training across range of surgical specialties, acute pain ward rounds and from specialist pain clinics; for example:
 - recognition of end-of-life care and adjustments to pain medication accordingly
 - managing and planning analgesia for patients with acute on chronic pain
 - assessing patients with chronic pain.

Personal activities and reflections:

- ▶ experience of management of pain in the terminal care setting
- ▶ attendance at pain intervention lists

Suggested supervision level

- ▶ not applicable.

Cross links with other domains and capabilities

- ▶ *Team Working*
- ▶ *Perioperative Medicine and Health Promotion*
- ▶ *General Anaesthesia*

Key capability F

F	Prescribes appropriately in the perioperative period and recognises the long-term implications of not reviewing patient analgesia in the post-operative period following discharge
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Examples of Evidence

- ▶ SLEs throughout stage of training across range of surgical specialties, acute pain ward rounds, and from specialist pain clinics; for example:
 - managing and planning analgesia for discharge.

Personal activities and reflections:

- ▶ identification and management of complications from patient-controlled analgesia, neuraxial techniques, and continuous regional techniques.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*
- ▶ *General anaesthesia*
- ▶ *Regional anaesthesia*

Key capability G

G	Plans the perioperative management of patients for surgery who are taking high dose opioids and other drugs of potential addiction
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Examples of Evidence

- ▶ SLEs throughout stage of training across range of surgical specialties, acute pain ward rounds, and from specialist pain clinics; for example:
 - management of the intra-venous drug user who presents for surgery
 - managing and planning analgesia for patients with chronic pain who present for surgery.

Suggested supervision level

- ▶ 4 - should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*
- ▶ *General Anaesthesia*
- ▶ *Regional Anaesthesia*

Intensive Care Medicine

Stage learning outcomes

Maintains the capabilities achieved at stage 2

Provides safe and effective care for critically ill patients with specialist help and guidance

Key capabilities

A	Recognises the limitations of intensive care; employs appropriate admission criteria
B	Can safely plan and conduct the transfer from, and return to, the intensive care unit for patients requiring multi-organ support
C	Recognises and manages the surgical patient who would benefit from pre and/or post-operative critical care
D	Provides safe anaesthetic care for the critically ill patient who requires a procedure or investigation outside of the intensive care environment
E	Recognises and manages the patient with sepsis and employs local infection control policies
J	Explains the physiological and pharmacological requirements for the clinical management of the patient for organ donation
K	Supports clinical staff outside the ICU to enable the early detection of the deteriorating patient

Examples of Evidence

Experience & Logbook

- ▶ experience from theatre and on call work in intensive care.

Supervised Learning Events (SLEs) can be used to demonstrate:

- ▶ initial assessment, stabilisation, and management of the critically ill patient including examples from obstetrics, multiple trauma, major surgical haemorrhage
- ▶ anaesthesia for ICU patients requiring surgical intervention such as surgical tracheostomy, laparotomy, trauma surgery
- ▶ emergency surgery in a critically ill patient requiring organ support
- ▶ management of patient for organ donation
- ▶ paediatric resuscitation and stabilisation
- ▶ transfer of critically ill patient to remote sites such as MRI scanner, catheter laboratory
- ▶ discussion with relatives following resuscitation.

Personal Activities and Personal Reflections may include:

- ▶ completion of resuscitation courses
- ▶ simulation training
- ▶ attendance at scientific meetings with focus on intensive care medicine
- ▶ attendance at ICU follow up clinic.

Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*
- ▶ *General Anaesthesia*
- ▶ *Resuscitation and Transfer*

Stage 3 practical procedures (with supervision levels)

These practical procedures should be completed as part of the curriculum.

It is anticipated that these are observed using the DOPS SLE although some might naturally be included in another SLE such as A-CEX or CBD.

		Supervision level for stage 3
Airway management	Insertion of supraglottic airway	4
	Intubation using standard laryngoscope	4
	Intubation using video laryngoscope	4
	Fibreoptic intubation	3
	Intubation in the awake patient	3
	Emergency front of neck access (simulation)	4
	Lung isolation technique (eg. double lumen tube or bronchial blocker)	2a
CVS	Central venous line insertion	4
	Venous access line for renal replacement therapy	3
	Arterial line	4
	Ultrasound guided peripheral venous cannulation	4
Respiratory	Needle thoracocentesis (simulation)	4
	Chest drain insertion (simulation)	4
Regional Techniques	Lumbar epidural	4
	Low thoracic epidural	3
	Spinal anaesthesia	4
	Combined spinal/epidural	4
	Simple peripheral nerve block	4
	Ultrasound guided chest wall plane block	4
	Ultrasound guided abdominal wall plane block	4
	Ultrasound guided lower limb block including femoral nerve block and fascia iliaca block	4
Ultrasound guided upper limb block including brachial plexus block	4	