

# **STAGE 1 HALO GUIDE**

*Domains of Learning, Stage Learning Outcomes, and Key Capabilities*

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## Change log

### 22 July 2021

- ▶ Supervision level for *Procedural Sedation* changed from 2b to 2a.

# Professional Behaviours and Communication

## Stage learning outcome

*Demonstrates the professional values and behaviours required of doctors in training*

## Key capabilities

A	Demonstrates the personal and professional values and behaviours set out in Good Medical Practice
B	Communicates effectively with patients, their relatives and members of the multidisciplinary team with whom they work including being open and honest when things go wrong
C	Practices effective interpersonal skills, emphasising empathy, compassion, courtesy and respect
D	Appreciates how their own behaviour affects patients and members of the multidisciplinary team and acts accordingly
E	Reflects on their own clinical practice in order to achieve insight and gain meaningful learning from experiences
F	Obtains valid consent following the associated legal and professional principles
G	Participates in GMC National Training Survey and other quality control, management and assurance processes as required by the regulator
H	Produces accurate, legible, contemporaneous notes relating to all clinical practice
I	Appreciates the importance of physical and mental health in self and others

## 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:

- ▶ effective communication skills with patients during pre-operative assessment
- ▶ accurate recording of details of pre-operative assessment on anaesthetic chart
- ▶ discussion of event where demonstration of duty of candour is appropriate
- ▶ safe and effective handover to another member of the health care team
- ▶ high standards in prescribing medication
- ▶ active involvement with safety checks in theatre eg WHO checklist.

### Personal Activities and Personal Reflections may include:

- ▶ maintenance of professional portfolio on LLP including evidence of regular meetings with educational supervisor

- ▶ completion of GMC trainee survey
- ▶ reflection on examples of good and poor behaviour by members of the multidisciplinary team
- ▶ demonstration of confidentiality within all means of communication including social media
- ▶ simulation training: critical incidents, transfers
- ▶ attendance at quality improvement/clinical governance meetings.

#### **Other evidence**

- ▶ multi-source feedback
- ▶ thank you cards/letters/emails from patients and colleagues.

#### **Cross links with other domains and capabilities**

- ▶ *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 all doctors*

## Key capabilities

A	Describes the management structure and processes of the anaesthetic department within the wider hospital environment
B	Explains employment law and the relevance of the working time regulations
C	Works within local and national systems for clinical governance and data protection
D	Stays up to date, and complies, with relevant guidance from the GMC and other professional bodies
E	Commits to the objectives of the hospital as an organisation
F	Understands equality and diversity legislation
G	Complies with health and safety legislation in the context of patient care

## Examples of evidence

### Experience & Logbook:

- ▶ engagement with Anaesthetic Departmental activities.

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

- ▶ application of principles of information governance
- ▶ knowledge of guidance from GMC and other professional bodies.

### Personal Activities and Personal Reflections may include:

- ▶ equality and diversity training
- ▶ attendance at hospital induction and completion of mandatory training requirements
- ▶ attendance at departmental clinical governance meetings
- ▶ e-learning or reading literature on employment law
- ▶ presentation at clinical governance meeting
- ▶ attendance at junior doctors' forum meetings.

## Cross links with other domains and capabilities

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

# Team Working

## Stage learning outcome

*Works effectively as a member of a clinical team*

## Key capabilities

A	Actively participates and contributes to the work and success of a team
B	Demonstrates appropriate clinical leadership behaviour in the workplace
C	Demonstrates the importance of non-technical behaviour in the functioning of a successful team
D	Describes leadership responsibilities
E	Explains why effective leadership is central to safe and effective care
F	Provides, accepts and acts on constructive and appropriately framed feedback

## 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:

- ▶ evidence of good team working through reflection
- ▶ participation with teams in theatre (eg ALMAT)
- ▶ acting as a member of Medical Emergency Team
- ▶ management of the critically ill patient as part of the ICU team.

### Personal Activities and Personal Reflections may include:

- ▶ completion of resuscitation courses
- ▶ simulation training
- ▶ multi-source feedback.

## Cross links with other domains and capabilities

# Safety and Quality Improvement

## Stage learning outcomes

*Understands and applies quality improvement methodology*

*Applies the principles of patient safety to their own clinical practice*

## Key capabilities

A	Describes quality improvement theories and methodologies
B	Contrasts quantitative and qualitative analysis and the diagnostic tools used to understand the system
C	Compares audit, research and quality improvement
D	Commits to the principles of continuous quality improvement
E	Describes the common threats to patient safety in theatre and the perioperative period, and describes how these are minimised by day-to-day work routines
F	Describes the benefits of learning by sharing patient safety problems and solutions by means of critical incident reporting and improving care through morbidity or mortality reviews
G	Understands the importance of recognising and rewarding excellence in quality and safety, not simply mistakes and errors
H	Demonstrates the importance of the non-technical aspects of care such as situation awareness, task management, decision making and team working in anaesthetic practice.
I	Understands the importance of interpersonal skills, structured communication and the use of cognitive aids in managing critical emergencies, and recognises the role of simulation in rehearsal
J	Describes the benefits and limitations of technology and equipment in maintaining patient safety
K	Describes the requirements and processes for raising concerns
L	Explains and demonstrates duty of candour
M	Prescribes and administers drugs safely

## Examples of evidence

### Experience & Logbook

- ▶ involvement in QI activities within Anaesthetics department as a minimum requirement.

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

- ▶ understanding of quality improvement methodology (A-QIPAT for relevant projects)

- ▶ engagement with surgical safety initiatives and departmental guidelines relating to patient safety
- ▶ learning from critical incidents
- ▶ learning from pre-briefs and de-briefs on own and team's performance
- ▶ evidence of applying good non-technical skills and effective multi-disciplinary team working (eg ALMAT)
- ▶ safe prescription and administration of drugs.

**Personal Activities and Personal Reflections may include:**

- ▶ attendance at quality improvement training
- ▶ involvement with local, regional or national quality improvement projects
- ▶ submission of excellence and incident reports
- ▶ simulation training eg crisis resource management, critical incident, resuscitation
- ▶ attendance at local clinical governance/quality improvement meetings
- ▶ self-directed learning regarding duty of candour
- ▶ multi-source feedback.

**Cross links with other domains and capabilities**

- ▶ *Professional Behaviours and Communication*
- ▶ *Team working*
- ▶ all specialty specific domains.



# Safeguarding

## Stage learning outcome

Describes the importance of safeguarding vulnerable people

## Key capabilities

A	Explains local procedures for safeguarding vulnerable children and adults
B	Discusses the principles of adult safeguarding; empowerment, prevention, proportionality, protection, partnership, accountability
C	Communicates effectively with vulnerable patients
D	Recognises potential forms of abuse of vulnerable adult and children and the various contexts in which they may occur
E	Classifies the different forms of maltreatment that can occur
F	Complies with professional requirements and legal processes when obtaining consent from vulnerable patients
G	Describes escalation triggers and processes

## Examples of evidence

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

- ▶ management of consent in an adult who does not have capacity
- ▶ knowledge of the local procedure for referral of an adult for safeguarding concerns
- ▶ involvement with cases where there are safeguarding issues with children or adults.

### Personal Activities and Personal Reflections may include:

- ▶ attendance at local mandatory training including safeguarding
- ▶ eLearning: child and adult safeguarding
- ▶ eLearning: mental capacity act.

## Cross links with other domains and capabilities

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

# Education and Training

## Stage learning outcome

Takes responsibility for their own education and training needs and contributes to departmental education

## Key capabilities

A	Demonstrates that providing high quality patient care is always the priority in the context of education
B	Manages their own programme of learning
C	Describes the importance of and participates in induction and orientation of new staff
D	Explains the role of different learning opportunities, within the workplace and beyond, making use of a range of techniques including e-learning and simulation
E	Explains the need for, reflects and acts on feedback on their education and training, including at local, regional and national level
F	Describes the importance of patient education
G	Records educational activities appropriately, including reflection on learning
H	Promotes and participates in inter-professional learning
I	Contributes to departmental educational programmes

## Examples of evidence

### Experience & Logbook

- ▶ use of SLEs throughout stage of training to facilitate learning and guide progress.

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

- ▶ reflection on learning in the workplace and response to feedback

### Personal Activities and Personal Reflections may include:

- ▶ maintenance of professional portfolio on LLp
- ▶ setting out and review of personal development plans
- ▶ record of attendance at local and regional/school teaching sessions
- ▶ completion of GMC trainee survey
- ▶ teaching session delivered (presentation slides)
- ▶ attendance at pre-assessment (POA) or perioperative medicine (POM) clinic and reflection on learning
- ▶ production of patient educational materials
- ▶ attendance at hospital induction session(s)
- ▶ mandatory training

- ▶ simulation training
- ▶ use of eLearning Anaesthesia
- ▶ engagement with feedback on education and training
- ▶ personal learning activities such as journal articles read and reflections on them

### **Cross links with other domains and capabilities**

- ▶ all specialty-specific and generic professional domains

# Research and Managing Data

## Stage learning outcome

*Is research aware: demonstrates an understanding of the evidence-based approach to anaesthetic and perioperative care*

## Key capabilities

A	Demonstrates knowledge of different research approaches in scientific enquiry
B	Develops the skills required to be current with national guidelines, best practice and relevant publications, appreciating the principles of an unbiased literature search
C	Explains the principles of Good Clinical Practice (GCP)
D	Explains the role of research evidence in clinical practice
E	Describes essential statistical techniques used in research

## Examples of evidence

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

- ▶ use of evidence-based national or local guidelines
- ▶ accessing and interpreting evidence from the literature to aid shared-decision making.

### Personal Activities and Personal Reflections may include:

- ▶ presentation at journal club: academic paper, review article, national reports or guidelines such as CEMACH, NCEPOD, NICE
- ▶ undertaking or completed GCP certificate
- ▶ assisting with data collection for research project
- ▶ involvement in review article / literature review
- ▶ awareness of local Trainee Research Network activity (TRN).

## Cross links with other domains and capabilities

- ▶ *Safety and Quality Improvement*

# Perioperative medicine and health promotion

## Stage learning outcomes

Identifies clinical and social challenges that increase risk for patients undergoing surgery

Appreciates the principles of sustainability in clinical practice

## Key Capabilities A to F

A	Explains the patient, anaesthetic and surgical factors influencing patient outcomes
B	Applies a structured approach to preoperative anaesthetic assessment of ASA 1-3 patients prior to surgery and recognises when further assessment and optimisation is required
C	Explains the effect that co-existing disease, subsequent treatment and surgical procedure may have on the conduct of anaesthesia and plans perioperative management accordingly
D	Explains individualised options and risks of anaesthesia and pain management to patients
E	Describes the importance of perioperative nutrition and fasting
F	Recognises and acts on the specific perioperative care requirements in frail and elderly patients and those with cognitive impairment

## Examples of evidence

- ▶ EPA 1, 2 and 4
- ▶ SLEs throughout stage of training across range of surgical specialties and experience in pre-operative assessment clinics.

## Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance

## Cross links with other domains and capabilities

- ▶ *General Anaesthesia*

## Key capability G

G	Considers patient informed preference when obtaining consent for anaesthetic procedures
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## Examples of evidence

- ▶ EPA 1
- ▶ SLEs throughout stage of training across range of surgical specialties and experience in pre-operative assessment clinics.

## Suggested supervision level

- ▶ Not applicable.

## Cross links with other domains and capabilities

- ▶ *General Anaesthesia*
- ▶ *Regional Anaesthesia*

## Key capabilities H & I

H	Describes and recognises the role of socio-economic, environmental and lifestyle factors in health and illness
I	Identifies appropriate opportunities to educate patients in health matters

### Examples of evidence

- ▶ EPA 1
- ▶ SLEs throughout stage of training across range of surgical specialties and experience in pre-operative assessment clinics.

### Suggested supervision level

- ▶ Not applicable.

### Cross links with other domains and capabilities

- ▶ *General Anaesthesia*

## Key Capability J

J	Describes and utilises appropriate antibiotic prophylaxis and prevention and treatment of infections
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### Examples of evidence

- ▶ EPA 2 and 4
- ▶ SLEs throughout stage of training across range of surgical specialties.

### Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

### Cross links with other domains and capabilities

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

## Key capability K

K	Explains the environmental impact of healthcare and the principles of sustainable clinical practice
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties
- ▶ Demonstration of learning through reflection of journal articles, texts, eLearning, webinars, courses etc.

### Suggested supervision level

- ▶ Not applicable.

### Cross links with other domains and capabilities

- ▶ *Intensive Care*

### Key capability L

L	Applies local policies to prevent venous thromboembolism and understands the implications for anaesthetic practice on an individualised basis
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### Examples of evidence

- ▶ EPAs 1,2,3 and 4
- ▶ SLEs throughout stage of training across range of surgical specialties.

### Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

### Cross links with other domains and capabilities

- ▶ *General Anaesthesia*
- ▶ *Regional Anaesthesia*

### Paediatric anaesthesia: key capability M

M	Explains the specific perioperative care requirements of children including anxiety management
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of paediatric surgical specialties.

### Suggested supervision level

- ▶ 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

### Cross links with other domains and capabilities

- ▶ *General Anaesthesia*

### Obstetric anaesthesia: key capability N

N	Explains the perioperative implications of pregnancy, and initiates management of common serious diseases relating to pregnancy
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### Examples of evidence

- ▶ EPA 4
- ▶ SLEs throughout stage of training in obstetrics.

### Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

### Cross links with other domains and capabilities

- ▶ *General Anaesthesia*
- ▶ *Regional Anaesthesia*

## Key capability O

O	Liases with critical care when appropriate for post-operative care
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties.

### Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

### Cross links with other domains and capabilities

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

## Key capability P

P	Describes the perioperative requirements for day case surgery
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### Examples of evidence

- ▶ EPAs 1 and 2
- ▶ SLEs throughout stage of training across range of surgical specialties.

### Suggested supervision level

- ▶ Not applicable.

### Cross links with other domains and capabilities

- ▶ *General Anaesthesia*

## Key capability Q

Q	Safely prescribes and administers blood products
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties
- ▶ Blood transfusion training
- ▶ EPA 4.

### 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*



# General Anaesthesia

## Stage learning outcome

Provides safe and effective general anaesthesia with distant supervision for ASA 1-3 patients undergoing non-complex elective and emergency surgery within a general theatre setting

## Key capabilities A to D

A	Conducts comprehensive pre-anaesthetic and pre-operative checks
B	Safely manages induction and maintenance of anaesthesia by inhalational and intravenous techniques, extubation and emergence from anaesthesia
C	Plans recovery care, and manages recovery from anaesthesia utilising safe discharge criteria
D	Diagnoses and manages common peri-operative complications

## Examples of evidence

- ▶ EPA 1 and 2
- ▶ SLEs throughout stage of training across range of surgical specialties
- ▶ simulation training: critical incidents.

## Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

## Cross links with other domains and capabilities

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

## Key capability E

E	Recognises anaesthetic critical incidents and explains their causes and management
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## Examples of evidence

- ▶ EPA 2
- ▶ SLEs throughout stage of training across range of surgical specialties
- ▶ simulation training: critical incidents.

## Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

## Cross links with other domains and capabilities

- ▶ *Team Working*
- ▶ *Safety and Quality Improvement*

## Key capabilities F & G

F	Demonstrates knowledge of standard equipment used in anaesthetic practice with an understanding of relevant underpinning physics and clinical measurement involved.
G	Demonstrates knowledge of anatomy, physiology, biochemistry and pharmacology relevant to anaesthetic practice

### Examples of evidence

- ▶ EPAs 1, 2, 3 and 4
- ▶ SLEs throughout stage of training across range of surgical specialties
- ▶ Primary FRCA.

### Suggested supervision level

- ▶ Not applicable.

### Cross links with other domains and capabilities

- ▶ *Education and Training*

## Key capabilities H to J

H	Provides safe general anaesthesia with distant supervision for ASA 1- 3 adults undergoing non-complex elective and emergency surgery within the general theatre setting.
I	Describes the specific needs of the obese, frail and elderly patient undergoing general anaesthesia
J	Manages intra-operative fluid balance appropriately

### Examples of evidence

- ▶ EPAs 1, 2, and 4
- ▶ SLEs throughout stage of training across range of surgical specialties.

### Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

### Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*

## Key capabilities K & L

K	Can identify patients with difficult airways, demonstrates management of the 'cannot intubate cannot oxygenate' scenario in simulation, and describes difficult airway guidelines
L	Recognises the challenges associated with shared airway surgery

### Examples of evidence

- ▶ EPAs 1, 2, 3 and 4
- ▶ SLEs throughout stage of training across range of surgical specialties including ENT, Head & Neck
- ▶ simulation training: airway management.

### Suggested supervision level

- ▶ 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

### Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*

### Key capability M

M	Provides safe anaesthesia for diagnostic or therapeutic procedures in the non-theatre environment for ASA 1- 2 adults with local supervision
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties.
- ▶ experience in different settings such as radiology, CT, MRI, ECT, Emergency Department.

### Suggested supervision level

- ▶ 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

### Cross links with other domains and capabilities

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

### Key capability N

N	Explains the principles of anaesthetic care for patients presenting with major trauma
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### Examples of evidence

- ▶ SLEs throughout stage of training across relevant surgical specialties.
- ▶ emergency resuscitation in the Emergency Department setting
- ▶ simulation training: trauma resuscitation.

### Suggested supervision level

- ▶ 1 - direct supervisor involvement, physically present in theatre throughout.

### Cross links with other domains and capabilities

- ▶ *Intensive Care*

## Paediatric anaesthesia: key capabilities O & P

O	Explains the principles of paediatric anaesthesia taking into account the anatomical, physiological, psychological and pharmacological differences from adults and their implications for safe anaesthetic practice
P	Provides safe general anaesthesia for ASA 1- 2 children 5 years and over with local supervision and 10 years with distant supervision undergoing non-complex elective and emergency surgery.

### Examples of evidence

- ▶ SLEs throughout stage of training across relevant paediatric cases.

### Suggested supervision levels

ASA 1-2 children aged 5-10:

- ▶ 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals

ASA 1-2 children aged over 10:

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

### Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*

## Obstetric anaesthesia: key capabilities Q & R

Q	Explains the anaesthetic implications of pregnancy, and undertakes safe general anaesthesia for ASA 1- 3 obstetric patients
R	Performs immediate resuscitation and care for patients with acute obstetric emergencies under distant supervision, recognizing when additional help is required

### Examples of evidence

- ▶ EPAs 3 and 4
- ▶ SLEs throughout stage of training across relevant obstetric cases.

### 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*

## Key capability S

S	Describes the principles of total intravenous anaesthesia and uses it safely in clinical practice for non-complex cases
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**Examples of evidence**

- ▶ SLEs throughout stage of training across range of surgical specialties.

**Suggested supervision level**

- ▶ 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

**Cross links with other domains and capabilities**

- ▶ *Procedural Sedation*

# Regional Anaesthesia

## Stage learning outcome

*Performs simple peripheral nerve blocks and performs spinal anaesthesia and lumbar epidural anaesthesia/analgesia independently*

## Key capabilities A to C

A	Explains clearly to patients the risks and benefits of regional anaesthesia
B	Describes the indications and contraindications to regional anaesthetic techniques
C	Practices measures to avoid wrong-site blocks

## Examples of evidence

- ▶ EPAs 3 and 4
- ▶ SLEs throughout stage of training across range of surgical specialties including obstetrics
- ▶ these should include demonstration of Stop Before You Block measures.

## 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

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

## Key capability D

D	Performs spinal anaesthesia for ASA 1-3 surgical patients independently
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## Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties.
- ▶ EPA 4.

## 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

- ▶ *Regional Anaesthesia*

## Key capability E

E	Performs simple peripheral nerve blocks with ultrasound
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties.

### Suggested supervision levels

for simple peripheral nerve block such as wrist block:

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance

for ultrasound guided upper limb plexus block:

- ▶ 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

### Cross links with other domains and capabilities

- ▶ *Regional Anaesthesia*

### Key capability F

F	Performs ultrasound-guided femoral or fascia iliaca blocks independently
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties.

### Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

### Cross links with other domains and capabilities

- ▶ *Regional Anaesthesia*

### Obstetric anaesthesia: key capabilities G to I

G	Identifies and initiates initial management of complications of regional anaesthesia including systemic local anaesthetic toxicity, high spinal and dural puncture headache
H	Provides epidural or combined spinal-epidural analgesia for labour in the ASA 1-3 obstetric patient, and offers other forms of pain relief when neuraxial analgesia is contraindicated
I	Provides neuraxial anaesthesia for operative delivery and other obstetric procedures in ASA 1-3 patients and manages the inadequate neuraxial block

### Examples of evidence

- ▶ EPAs 3 and 4
- ▶ SLEs throughout stage of training across range of surgical specialties including obstetrics.

### 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*
- ▶ *Regional Anaesthesia*

## Key capability J

J	Discusses the scientific basis of ultrasound and the generation of ultrasound images
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties.
- ▶ Primary FRCA.

### Suggested supervision level

- ▶ Not applicable.

### Cross links with other domains and capabilities

- ▶ *Regional Anaesthesia*

## Key capability K

K	Discusses drugs and equipment used in regional anaesthesia
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties.

### Suggested supervision level

- ▶ Not applicable.

### Cross links with other domains and capabilities

- ▶ *Regional Anaesthesia*



# Resuscitation and Transfer

## Stage learning outcomes

Able to recognise and initiates resuscitation of the deteriorating patient

Works as an effective member of the medical emergency team.

Cares for stable critically ill adult patients independently during inter-hospital transfers by road

## Key capabilities A to D

A	Explains of the pathophysiology of respiratory and cardiac arrest
B	Initiates resuscitation appropriately in all patient groups in accordance with the latest guidance
C	Describes ethical and legal issues associated with resuscitation including advance directives
D	Participates in debrief sessions for staff and relatives in a sensitive, compassionate and constructive manner

## Examples of evidence

- ▶ SLEs throughout stage of training across relevant cases including cases managed as part of the medical emergency team.
- ▶ successful completion of adult and paediatric life support courses
- ▶ simulation training
- ▶ personal activity or reflection on attendance at debrief session.

## Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

## Cross links with other domains and capabilities

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

## Key capabilities E to G

E	Demonstrates the safe management of the inter-hospital transfer of the critically ill but stable adult patient by road
G	Assesses the clinical risks associated with transfer for individual patients
H	Safely performs intra-hospital transfer of patients, including retrieval of patients newly referred to critical care.

## Examples of evidence

- ▶ SLEs throughout stage of training across relevant cases

- ▶ simulation training
- ▶ successful completion of a transfer course.

**Suggested supervision level**

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

**Cross links with other domains and capabilities**

- ▶ *Team Working*
- ▶ *Safety and Quality Improvement*
- ▶ *Intensive Care*

**Key capability H**

F	Explains scoring systems in the management of deteriorating patients, and responds appropriately
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**Examples of evidence**

- ▶ SLEs throughout stage of training across relevant cases.
- ▶ Simulation.

**Suggested supervision level**

- ▶ Not applicable.

**Cross links with other domains and capabilities**

- ▶ *Intensive Care*

# Procedural sedation

## Stage learning outcome

Provides safe procedural sedation to ASA 1 to 3 adult patients within the theatre complex

## Key capabilities A to G

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 or critically ill patient and those requiring transfer
D	Monitors a sedated patient's physiology appropriately
F	Ensures the provision of safe post-procedural care
E	Explains the different levels of sedation and appreciates the risks associated with these
G	Recognises and manages the complications of sedation

## Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties

## Suggested supervision level

- ▶ 2a - Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals

## Cross links with other domains and capabilities

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

# Pain

## Stage learning outcomes

Recognises, assesses and treats acute pain independently

Differentiates between acute and chronic pain

## Key capabilities A to C

A	Can recognise, examine, assess and manage acute pain in the surgical and non-surgical patient
B	Is able to safely and appropriately prescribe medication for pain management
C	Demonstrates effective communication skills regarding pain management with patients, relatives and carers

## Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties including acute pain rounds
- ▶ safe and appropriate prescribing of medication for pain management in the perioperative period.

## Suggested supervision level

- ▶ 2b - supervisor within hospital for queries, able to provide prompt direction/assistance.

## Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*

## Key capabilities D & E

D	Demonstrates the basic assessment and management of acute on chronic and chronic pain in adults
E	Describes the concept of biopsychosocial multi-disciplinary pain management

## Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties including acute pain rounds
- ▶ personal activities such as teaching sessions, e-learning, attending pain clinic.

## Suggested supervision level

- ▶ 2a - supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.

## Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*

## Key capability F

F	Describes the special circumstances in assessing and managing perioperative pain in specific patient groups including children, pregnancy and breast feeding, the elderly and frail, those with learning and communication difficulties, autism, dementia, renal and hepatic impairment and substance abuse
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties including those from obstetrics and paediatrics
- ▶ EPAs 3 and 4.

### Suggested supervision level

- ▶ Not applicable.

### Cross links with other domains and capabilities

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

### Key capability G

G	Demonstrates the safe use of equipment used in pain management
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### Examples of evidence

- ▶ SLEs throughout stage of training across range of surgical specialties eg setting up PCA pump
- ▶ EPA 3.

### 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

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

# Intensive Care

## Stage learning outcome

Provides safe and effective care for critically ill patients under close supervision

### Key capability A

A	Recognises the limitations of intensive care; employs appropriate admission criteria
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#### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases.

#### Suggested supervision level

- ▶ FICM capability level 2 (see below for details).

#### Cross links with other domains and capabilities.

- ▶ *Resuscitation and Transfer*

### Key capability B

B	Performs safely and effectively the clinical invasive procedures required to maintain respiratory, cardiovascular and renal, support
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#### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases.

#### Suggested supervision level

- ▶ FICM capability level 2 (see below for details).

#### Cross links with other domains and capabilities.

- ▶ *Resuscitation and Transfer*

### Key capability C

C	Recognises, assesses and initiates management for acutely ill adults across the spectrum of single or multiple organ failure
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#### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases
- ▶ simulation training including adult resuscitation courses.

#### Suggested supervision level

- ▶ FICM capability level 2 (see below for details).

#### Cross links with other domains and capabilities.

- ▶ *Resuscitation and Transfer*

## Key capability D

D	Recognises the acutely ill child and initiates management of paediatric emergencies
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### Examples of evidence

- ▶ SLEs throughout stage of training for relevant cases
- ▶ simulation training including paediatric resuscitation courses.

### Suggested supervision level

- ▶ FICM capability level 1 (see below for details).

### Cross links with other domains and capabilities.

- ▶ *Resuscitation and Transfer*

## Key capability E

E	Recognises and manages the patient with sepsis and employs local infection control policies
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### Examples of evidence

- ▶ SLEs throughout stage of training for relevant cases.

### Suggested supervision level

- ▶ FICM capability level 2 (see below for details).

### Cross links with other domains and capabilities

- ▶ *Perioperative Medicine and Health Promotion*

## Key capability F

F	Undertakes and evaluates laboratory and clinical imaging investigations to manage patients while critically ill during their intensive care stay
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### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases.

### Suggested supervision level

- ▶ FICM capability level 2 (see below for details).

### Cross links with other domains and capabilities

- ▶ *Resuscitation and Transfer*

## Key capability G

G	Manages the medical / surgical needs and organ support of patients during their critical illness, including the holistic care of patients and relatives
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### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases.

### Suggested supervision level

- ▶ FICM capability level 2 (see below for details).

### Cross links with other domains and capabilities

- ▶ *Resuscitation and Transfer*

### Key capability H

H	Plans and communicates the appropriate discharge of patients from intensive care to health care professionals, patients and relatives
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### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases.

### Suggested supervision level

- ▶ FICM capability level 2 (see below for details).

### Cross links with other domains and capabilities

- ▶ *Professional Behaviours and Communication*

### Key capability I

I	Manages end of life care within the intensive care environment with patients, relatives and the multi-professional team
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### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases.

### Suggested supervision level

- ▶ FICM capability level 1 (see below for details).

### Cross links with other domains and capabilities

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

### Key capability J

J	Liaises with transplant services when appropriate, can perform brain stem death testing and provides the physiological support of the donor
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### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases
- ▶ simulation training
- ▶ personal activity and reflection: journal article, eLearning.

### Suggested supervision level

- ▶ FICM capability level 0 (see below for details).



## Key capability K

K	Supports clinical staff outside the ICU to enable the early detection of the deteriorating patient
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### Examples of evidence

- ▶ SLEs throughout period of training for relevant cases.

### Suggested supervision level

- ▶ FICM capability level 1 (see below for details).

### Cross links with other domains and capabilities

- ▶ *Resuscitation and Transfer*

## FICM Capability Levels

Level	Task orientated capability	Knowledge orientated capability	Patient management capability
1	Performs task under direct supervision.	Very limited <u>knowledge</u> : requires considerable guidance to solve a problem within the area.	Can take history, <u>examine</u> and arrange investigations for straight forward case (limited differential diagnosis). Can initiate emergency management and continue a management plan, <u>recognising</u> acute divergences from the plan. Will need help to deal with these.
2	Performs task in straightforward circumstances, requires help for more difficult situations. Understands indications and complications of task.	Sound basic <u>knowledge</u> : requires some guidance to solve a problem within the area. Will have knowledge of appropriate guidelines and protocols.	Can take history, <u>examine</u> and arrange investigations in a more complicated case. Can initiate emergency management. In a straightforward case, can plan management and manage any divergences in short term. Will need help with more complicated cases.
3	Performs task in most circumstances, will need some guidance in complex situations. Can manage most complications, has a good understanding of contraindications and alternatives.	Advanced knowledge and understanding; only requires occasional advice and assistance to solve a problem. Will be able to assess evidence critically.	Can take history, <u>examine</u> and arrange investigations in a more complex case in a focused manner. Can initiate emergency management. In a most cases, can plan management and manage any divergences. May need specialist help for some cases.

## Stage 1 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 within another SLE such as A-CEX or CBD.

		Supervision level for stage 1
<b>Airway management</b>	Insertion of supraglottic airway	3
	Intubation using standard laryngoscope	3
	Intubation using video laryngoscope	2a
	Fibreoptic intubation	1
	Intubation in the awake patient	1
	Emergency front of neck access (simulation)	2a
	Lung isolation technique (eg double lumen tube or bronchial blocker)	0
<b>CVS</b>	Central venous line insertion	2b
	Venous access line for renal replacement therapy	2b
	Arterial line	2b
	Ultrasound guided peripheral venous cannulation	2b
<b>Respiratory</b>	Needle thoracocentesis (simulation)	2b
	Chest drain insertion (simulation)	2a
<b>Regional Techniques</b>	Lumbar epidural	3
	Low thoracic epidural	0
	Spinal anaesthesia	3
	Combined spinal/epidural	2b
	Simple peripheral nerve block	2b
	Ultrasound guided chest wall plane block	2a
	Ultrasound guided abdominal wall plane block	2a
	Ultrasound guided lower limb block including femoral nerve block and fascia iliaca block	2a
	Ultrasound guided upper limb block including brachial plexus block	2a