1. PRE-OPERATIVE ASSESSMENT

1A. COMPETENCY ASSESSMENT
The Trainee has demonstrated that he/she can:

- Take a relevant history
- Perform an appropriate examination including airway assessment
- Communicate appropriately with patients and staff
- Interpret basic investigations (FBE, U&E’s, ECG, CXR)
- Choose and explain the appropriate premedication and management of postoperative pain and symptom control

All the above objectives have been completed satisfactorily:

IF NO, GIVE REASONS

Name and signature (1): ___________________________ Date: __________

Name and signature (2): ___________________________ Date: __________
1B KNOWLEDGE ASSESSMENT

The Trainee has demonstrated sufficient understanding of:

- The ASA scale
- The relevance of common co-morbidities
- Consent for anaesthesia
- Predictors of difficult intubation
- The Trainee can recognise potential problems that will require the presence of a senior colleague for assistance

All the above objectives have been completed satisfactorily:

<table>
<thead>
<tr>
<th>Assessment 1</th>
<th></th>
<th>Assessment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Name and signature (1): ____________________________  Date: ____________

Name and signature (2): ____________________________  Date: ____________
ASSESSMENT FOR BEYOND LEVEL ONE SUPERVISION

Name of Trainee:__________________________________________________

2. PROVISION OF SAFE ANAESTHESIA FOR ASA I OR II PATIENTS

2A EQUIPMENT

The Trainee has demonstrated that he/she can:

- Carry out appropriate equipment checks (including anaesthesia machine)
- Detect and correct simple equipment problems

<table>
<thead>
<tr>
<th>Assessment 1</th>
<th>Assessment 2</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

All the above objectives have been completed satisfactorily:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

IF NO, GIVE REASONS

Name and signature (1):_____________________________ Date:_____________

Name and signature (2):_____________________________ Date:_____________
ASSESSMENT FOR BEYOND LEVEL ONE SUPERVISION

Name of Trainee:__________________________________________________

### 2B INDUCTION

The Trainee has demonstrated that he/she can: Assessment 1 Assessment 2

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>- Place an appropriate intravenous cannula with hygienic and safe sharp disposal technique</td>
<td></td>
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<tr>
<td>- Attach monitoring prior to induction and measure appropriate parameters</td>
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<td>- Pre-oxygenate and explain the rationale for its use</td>
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<tr>
<td>- Apply the appropriate technique and choice of induction agents to the clinical situation</td>
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<tr>
<td>- Manage the airway with a facemask</td>
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<tr>
<td>- Manage the airway with a LMA</td>
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<tr>
<td>- Manage the airway with an endotracheal tube as required</td>
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</tbody>
</table>

All the above objectives have been completed satisfactorily:  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

IF NO, GIVE REASONS

Name and signature (1):______________________________  Date:___________

Name and signature (2):______________________________  Date:___________
# ASSESSMENT FOR BEYOND LEVEL ONE SUPERVISION

**Name of Trainee:**

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## 2C MAINTENANCE AND POSTOPERATIVE CARE

The Trainee has demonstrated that he/she can:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Assessment 1</th>
<th>Assessment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Show a basic pharmacological knowledge of induction agents, volatile agents, opioids, muscle relaxants and reversal drugs</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>- Maintain anaesthesia and analgesic requirements with vigilance</td>
<td></td>
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</tr>
<tr>
<td>- Interpret intra-operative monitoring, recognise and immediately manage intra-operative events</td>
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<tr>
<td>- Institute appropriate measure during emergence and/or extubation</td>
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<td>- Carry out satisfactory handover to recovery room staff</td>
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<tr>
<td>- Adequately and accurately complete the anaesthesia records and other records</td>
<td></td>
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<tr>
<td>- Prescribe the appropriate postoperative analgesia, anti-emetic, oxygen and fluid requirements</td>
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<td></td>
</tr>
</tbody>
</table>

**All the above objectives have been completed satisfactorily:**

Yes No

**IF NO, GIVE REASONS**

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**Name and signature (1):**

---

**Date:**

---

**Name and signature (2):**

---

**Date:**
ASSESSMENT FOR BEYOND LEVEL ONE SUPERVISION

Name of Trainee:__________________________________________________

3. TECHNICAL SKILLS:

3A. FAILED INTUBATION AND RAPID SEQUENCE INDUCTION

The Trainee has an adequate understanding of:                        Assessment 1   Assessment 2
                                      Yes  No     Yes  No
- Risk factors related to aspiration risk
- Prophylaxis against aspiration                                    
- Pre-oxygenation and cricoid pressure and can demonstrate their use
- Appropriate induction drugs and relaxants and relevant equipment
- Rapid Sequence Induction and can demonstrate its use
- The Failed Intubation Drill                                       
- Documentation requirements and patient notification of failed or difficult intubation

All above objectives have been completed satisfactorily:
                                      Yes  No     Yes  No

IF NO, GIVE REASONS

Name and signature (1):__________________________________________ Date:____________

Name and signature (2):__________________________________________ Date:____________
3B. CARDIO-PULMONARY RESUSCITATION (CPR) AND MANAGEMENT OF CRITICAL INCIDENTS

On a manikin or in a viva setting the Trainee has demonstrated that he/she can:

- Recognise cardiac and respiratory arrest
- Manage an airway during CPR
- Perform CPR single-handed or as a member of a team
- Use a defibrillator
- Interpret common arrhythmias
- Perform resuscitation sequences for ventricular tachycardia, ventricular fibrillation, asystole and electromechanical dissociation
- Ensure the safety of self and staff during resuscitation
- Call for help when required
- Diagnose and manage intra-operative cyanosis, hyper/hypotension, high and low airway pressures, hyper/hypocapnia and hyper/hypothermia
- Manage suspected anaphylaxis
- Diagnose and manage postoperative crises such as postoperative severe pain, vomiting, confusion and respiratory difficulties

All the above objectives have been completed satisfactorily:

IF NO, GIVE REASONS

Name and signature (1): ____________________________ Date: __________
Name and signature (2): ____________________________ Date: __________
ASSESSMENT FOR BEYOND LEVEL ONE SUPERVISION

Name of Trainee: ________________________________________________

4 PROFESSIONAL ATTRIBUTES

It is important that the following attributes are considered to have been appropriately demonstrated ONLY AFTER DISCUSSION with several colleagues and other staff members, including surgeons or nurses where appropriate (“360 degree assessment”)

The Trainee has demonstrated the following attributes:

<table>
<thead>
<tr>
<th></th>
<th>Assessment 1</th>
<th>Assessment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>- Care and respect for the patient</td>
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<td>- Appropriate self-confidence</td>
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<td>- Willingness to learn</td>
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<td>- Willingness and the insight to ask for help appropriately</td>
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<tr>
<td>- Reliability, punctuality and trustworthiness</td>
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<td>- Ability to communicate appropriately with staff and colleagues</td>
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<td>- Adequate vigilance and concentration</td>
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<td>- Ability to respond appropriately in a crisis (many staff sources may be used to gain feedback on this attribute)</td>
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</tbody>
</table>

All the above objectives have been completed satisfactorily: Yes No Yes No

IF NO, GIVE REASONS

Name and signature (1): ___________________________ Date: __________

Name and signature (2): ___________________________ Date: __________