

GUIDELINE FOR
THE STRUCTURED ASSESSMENT OF TRAINEE COMPETENCE
PRIOR TO SUPERVISION BEYOND LEVEL ONE

August 2007

The following guideline was developed by a Working Party convened by the ANZCA Education and Training Committee comprising:

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ANZCA Supervisors of Training and Module 1 Supervisors may use this as a syllabus to guide the teaching of novice anaesthetists and as a template to develop a structured assessment of novice trainees as per the requirements of Module 1 *Introduction to Anaesthesia and Pain Management*. Modification of this template may be required depending upon local factors (for example, case mix that includes obstetric analgesia/anaesthesia and availability of assessment methodologies such as simulation). Although the template assessment sheets include space for sign-off on two occasions this is a minimum. Reliability of assessments is increased as the sample size increases, and SOTs might wish to obtain more assessments of each trainee.

Lindy Roberts
Chair ANZCA Education and Training Committee
August 2007

The College would be grateful to receive feedback about this document. Please email comments to The Chair of the ANZCA Education and Training Committee, c/ cwilkinson@anzca.edu.au

INTRODUCTION

Supervision at Level One is where a supervisor is rostered to supervise one trainee and is available solely to that trainee (see College Professional Document TE3 *Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia*). *Supervision at Level Two* is where a supervisor must be readily available to each of two trainees anaesthetising in close proximity. These levels of Supervision must be provided for all cases during at least the first six months for trainees without previous anaesthesia experience.

Before being permitted to practice anaesthesia beyond Level One supervision, all trainees without prior anaesthetic experience must achieve a satisfactory standard in a Structured Assessment of Competence for Beyond Level One Supervision performed by at least two designated consultant anaesthetists. Each part of the assessment can be assessed by one or more supervisors, but not all parts can be signed off by the same single supervisor to complete the overall assessment. Multiple assessors are shown to give a more reliable outcome of assessment.

Direct questioning of knowledge and judgement is combined with observation of the trainee over a number of sessions during the first 3-6 months of training. The trainee is observed performing the required clinical duties and skills and demonstrating appropriate professional behaviour. Certain procedural skills may need to be observed multiple times before a supervisor or group of supervisors can sign-off that the trainee is competent in that area. These assessments may occur either at specified, pre-arranged encounters or may be undertaken during the performance of regular clinical duties, or a combination of both.

Each Department will have differing caseloads/ sub-specialty and trainee requirements along with differing rostering arrangements. Within the suggested framework of assessment, modifications will need to be made to individualise the Structured Assessment. It is only after the assessment in a structured form has been satisfactorily completed that the trainee can progress beyond direct (Level One) supervision. It is the responsibility of the Supervisor of Training or the Module One Supervisor, the Head of Department and the trainee to ensure this occurs.

Working under less supervision fosters independent thought and work practice. It improves self-confidence and job satisfaction but should not be motivated by a need to fulfil departmental service requirements. Feedback to the trainee as part of an ongoing process of In-training Assessment is still important, as is the trainee's feedback to assessors as to his/her response and comfort with the increased responsibilities.

ASSESSMENT STRUCTURE

1. CLINICAL DUTIES OF AN ANAESTHETIST

This part of the assessment is completed by observation and questioning the trainee about:

- Pre-operative assessment
- Planning of anaesthesia management
- Planning of early postoperative care
- Providing anaesthesia for ASA I or II patients including equipment and anaesthesia machine checks

2. TECHNICAL SKILLS REQUIRED FOR THE PROVISION OF ANAESTHESIA SERVICES

This part of the assessment is completed by questioning, observation and may require the use of manikins where appropriate

- Rapid Sequence Induction and Failed Intubation Drill
- Acute resuscitative skills for medical, surgical and anaesthesia emergencies (CPR)

3. PROFESSIONAL ATTRIBUTES

This part of the assessment is completed by observation, questioning and discussion.

- Clinical judgement, attitude and behaviour
- Appropriate guidance seeking
- Interaction with patients
- Interaction with staff and colleagues

SYLLABUS FOR STRUCTURED ASSESSMENT OF BEYOND LEVEL ONE COMPETENCY

1. PRE-OPERATIVE ASSESSMENT AND PLANNING PERIOPERATIVE CARE

The trainee must be satisfactorily able to:

- Take a relevant history in a manner appropriate to the patient and surgical requirements
- Perform an appropriate examination and be able to assess the airway
- Explain the necessary aspects of anaesthesia to the patient and demonstrate satisfactory communication with staff, patient and family
- Interpret basic investigations (FBE, U&E's, ECG, CXR)
- Choose and explain the appropriate premedication and management of postoperative pain and symptom control
- Demonstrate knowledge of:
 1. The ASA scale
 2. The relevance of common co-morbidities
 3. Consent for anaesthesia
 4. Predictors of difficult intubation
- Recognise potential problems that will require the presence of a senior colleague for assistance

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

The trainee must be satisfactorily able to:

- Carry out appropriate equipment checks (including anaesthesia machine)
- Detect and correct simple equipment problems
- Place an appropriate intravenous cannula with hygienic and safe sharps disposal technique
- Attach monitoring prior to induction and measure appropriate parameters
- Pre-oxygenate and explain the rationale for its use
- Apply the appropriate technique and choice of induction agents to the clinical situation
- Manage the airway with a facemask
- Manage the airway with a LMA
- Manage the airway with an endotracheal tube as required
- Maintain anaesthesia and analgesic requirements with vigilance
- Interpret intra-operative monitoring, recognise and immediately manage intra-operative events
- Institute appropriate measures during emergence and/or extubation
- Carry out satisfactory handover to recovery room staff
- Adequately and accurately complete the anaesthesia records and other records
- Prescribe the appropriate postoperative analgesia, anti-emetic, oxygen and fluid requirements
- Demonstrate a basic and adequate pharmacological knowledge of induction agents, volatile agents, opioids, muscle relaxants and reversal drugs

3. TECHNICAL SKILLS

FAILED INTUBATION AND RAPID SEQUENCE INDUCTION

The trainee must be satisfactorily able to:

- Detect risk factors related to aspiration risk
- Demonstrate an understanding of the pharmacological and other management of prophylaxis against aspiration
- Explain and demonstrate an understanding of the use of pre-oxygenation and cricoid pressure
- Choose appropriate induction and relaxant drugs, and relevant equipment
- Demonstrate proper technique of Rapid Sequence Induction
- Discuss the Failed Intubation Drill and/or perform on a manikin

CARDIO-PULMONARY RESUSCITATION (CPR) AND MANAGEMENT OF CRITICAL INCIDENTS

The trainee must be satisfactorily able to:

- 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
- 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

4. PROFESSIONAL ATTRIBUTES

The trainee must be able to satisfactorily demonstrate the following:

- Care and respect for the patient
- Appropriate self-confidence
- Willingness to learn
- Willingness and the insight to ask for help appropriately
- Reliability, punctuality and trustworthiness
- Ability to communicate appropriately with staff and colleagues
- Adequate vigilance and concentration
- Ability to respond appropriately in a crisis (many staff sources may be used to gain feedback on this attribute)

ASSESSMENT FOR BEYOND LEVEL ONE SUPERVISION

Name of Trainee: _____

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

Assessment 1		Assessment 2	
Yes	No	Yes	No

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: _____

ASSESSMENT FOR BEYOND LEVEL ONE SUPERVISION

Name of Trainee: _____

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

Assessment 1		Assessment 2	
Yes	No	Yes	No

Yes	No	Yes	No

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: _____

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

Assessment 1		Assessment 2	
Yes	No	Yes	No

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: _____

ASSESSMENT FOR BEYOND LEVEL ONE SUPERVISION

Name of Trainee: _____

2B INDUCTION

The Trainee has demonstrated that he/she can:

- Place an appropriate intravenous cannula with hygienic and safe sharp disposal technique
- Attach monitoring prior to induction and measure appropriate parameters
- Pre-oxygenate and explain the rationale for its use
- Apply the appropriate technique and choice of induction agents to the clinical situation
- Manage the airway with a facemask
- Manage the airway with a LMA
- Manage the airway with an endotracheal tube as required

Assessment 1		Assessment 2	
Yes	No	Yes	No

Yes	No	Yes	No

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: _____

2C MAINTENANCE AND POSTOPERATIVE CARE

The Trainee has demonstrated that he/she can:

- Show a basic pharmacological knowledge of induction agents, volatile agents, opioids, muscle relaxants and reversal drugs
- Maintain anaesthesia and analgesic requirements with vigilance
- Interpret intra-operative monitoring, recognise and immediately manage intra-operative events
- Institute appropriate measure during emergence and/or extubation
- Carry out satisfactory handover to recovery room staff
- Adequately and accurately complete the anaesthesia records and other records
- Prescribe the appropriate postoperative analgesia, anti-emetic, oxygen and fluid requirements

Assessment 1		Assessment 2	
Yes	No	Yes	No

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

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IF NO, GIVE REASONS

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				
	Yes	No	Yes	No
All 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: _____

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:

	Assessment 1		Assessment 2	
	Yes	No	Yes	No
- 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				

	Yes	No	Yes	No
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:

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

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

IF NO, GIVE REASONS

Name and signature (1): _____

Date: _____

Name and signature (2): _____

Date: _____

REFERENCES

1. CCT in Anaesthesia II: Competency Based Basic Level (ST Years 1 and 2) Training and Assessment. A manual for trainees and trainers. Available at www.rcoa.ac.uk
2. College Professional Document TE3 *Policy on Supervision of Clinical Experience for Vocational Trainees in Anaesthesia.*
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