



## WBAs AND COVID-19

31 March 2020

ANZCA has received a number of questions about workplace based assessments (WBAs) during COVID-19 and for the 2020 training year.

This document describes:

- General principles regarding WBAs during COVID-19.
- Rationale regarding WBA advice during COVID-19.
- Key WBAs for each core unit that could be completed mapped to the curriculum.
- Some suggestions for ensuring optimum educational outcomes from WBAs.

The college has approved that infection control specialists can complete relevant nonspecific WBAs for trainees during the 2020 training year. To do this:

- Complete in [paper form](#) and send to ANZCA (which will then be transcribed by the Training and Assessment (TA) team in the Training Portfolio System (TPS)), OR
- Contact the [TA team](#) at ANZCA who can provide temporary access to the TPS.

### Key principles regarding WBAs during COVID-19 pandemic

- ANZCA recognises disruption from COVID-19.
- ANZCA does not expect trainees to complete a run rate of WBAs at this time. While WBAs are encouraged if circumstances allow and to ensure training requirements are completed, there is no expectation for completion of any WBAs at this time.
- WBAs may be postponed to the next core unit if trainees are completing a core unit review in the 2020 training year.
- Donning and doffing of personal protective equipment (PPE) is an ideal direct observation of procedural skills (DOPS) or clinical evaluation exercise (CEX) during any core unit and maps closely to the curriculum (IT\_SQ 2.2, 2.4 and 2.7 – see below). Do not utilise PPE unnecessarily to complete a WBA.
- It would be **inappropriate** for some trainees to be undertaking some procedures on COVID-19 positive patients as a learning exercise or to perform a WBA (for example intubation for ITs due to it being an aerosol generating procedure).
- WBAs may be completed on paper forms and sent to ANZCA if they are supervised by intensivists or infection control practitioners who do not have access to the TPS.
- Fellows completing WBAs will have continuing professional development (CPD) points credited as usual.

### Rationale regarding WBA advice during COVID-19 pandemic

- Trainees are not “bad” or “good” if they complete WBAs and will not be viewed in this way by supervisors of training or ANZCA.
- At a time of heightened anxiety it is acknowledged that one coping strategy is to take action on things that are within one’s sphere of influence. Some trainees may find that completing select WBAs helps them to feel more in control particularly in relation to the ANZCA training program and improves their confidence with management of COVID-19 patients.

- There are extremely useful learning opportunities presented by the COVID-19 crisis, both during simulation exercises and in clinical practice.
- WBAs provide a formal framework to get the most out of this learning as they mandate that both the learner and assessor reflect on the procedure using a structured approach. Self/team reflection is a critical skill to use during this crisis since procedures such as donning and doffing of PPE and the sequence of intubation and extubation are very complicated and novel to many anaesthetists.
- There are opportunities for usual WBAs because patients will still require urgent surgery for non-COVID related illnesses. Pain rounds and perioperative clinics may still occur. There are also opportunities for WBAs in regional and local anaesthesia as anaesthetists may favour these techniques in preference to aerosol generating procedures.

## Key WBAs required for each core unit, mapped to the curriculum and appropriate during COVID-19 pandemic

### Introductory training

Clinical fundamental	Focus of assessment	Assessment	Number
Airway management	Airway intubation, RSI, extubation.	DOPS	1

Code	Learning outcome
IT_AM 2.6	Perform endotracheal intubation, minimising the risk of dental damage and including correct use of the laryngoscope.
IT_AM 2.8	Demonstrate use of a bougie or stylet to assist in endotracheal intubation.
IT_AM 2.10	Perform rapid sequence induction, including preoxygenation and directing appropriate cricoid pressure.
IT_AM 2.12	Demonstrate confirmation of endotracheal intubation including the use of capnography.
IT_AM 2.14	Demonstrate safe extubation of a patient.

It is suggested that this DOPS is performed either on a patient without COVID-19 undergoing urgent surgery OR is completed during a simulation exercise for COVID-19. The latter option is ideal since the sequencing during intubation and extubation is quite different for COVID-19 positive patients.

While there is adequate workforce, most institutions are recommending that anaesthetic led intubation teams have two anaesthetists and that the most skilled proceduralist (often a specialist anaesthetist) performs the intubation. It would be inappropriate for ITs to be intubating COVID-19 positive patients or patients at high risk of COVID-19 as a learning exercise or to perform a DOPS. Intubation is an aerosol generating procedure that significantly increases the risks of transmitting COVID-19 to healthcare staff.

Clinical fundamental	Focus of assessment	Assessment	Number
Any clinical fundamental	Not specified – may select low-risk cases of low complexity in their clinical practice.	CEX	4

Code	Learning Outcome
IT_SQ 2.2	Protect themselves other staff and patients from medical expert (ME) environmental hazards such as ionising radiation.
IT_SQ 2.4	Apply standard precautions including: <ul style="list-style-type: none"> <li>• Hand washing before and after patient contact.</li> <li>• Use of gloves and personal protective equipment when there is risk of exposure to body fluids.</li> <li>• Safe disposal of sharps and waste (refer to College professional document: <i>PS28 Guidelines on Infection Control in Anaesthesia</i>).</li> </ul>
IT_SQ 2.7	Adhere to local infection control policies when treating patients ME colonised with resistant organisms.

Donning and doffing of PPE either in simulation or in clinical practice would be an appropriate non-specified CEX or DOPS under supervision of an intensivist, anaesthetist or infection control practitioner.

## Basic Training

Clinical fundamental	Focus of assessment	Assessment	Number
General anaesthesia and sedation	Central venous cannulation with the use of ultrasound guidance.	DOPS	1

Code	Learning Outcome
BT_GS 2.1	Use ultrasound to facilitate central or peripheral intravenous ME cannulation.
BT_GS 2.2	Perform central venous cannulation (V) (Refer to endorsed guideline from ANZICS: <i>Central Line Insertion and Maintenance Guideline 2012</i> ).

Unwell COVID-19 positive patients will require central venous cannulation either at the time of intubation or in ICU. This is an appropriate DOPS to complete in clinical practice with supervision from an intensivist or anaesthetist.

Clinical fundamental	Focus of assessment	Assessment	Number
General anaesthesia and sedation	Arterial cannulation.	DOPS	1

Code	Learning Outcome
BT_GS 2.3	Perform arterial cannulation.
BT_GS 2.4	Set up a transducer system for invasive pressure monitoring and correct equipment related problems (also refer to monitors and monitoring standards, which is covered in the <i>Safety and quality in anaesthetic practice clinical fundamental</i> ).

Unwell COVID-19 positive patients will require arterial cannulation either at the time of intubation or in ICU. This is an appropriate DOPS to complete in clinical practice with supervision from an intensivist or anaesthetist.

Clinical fundamental	Focus of assessment	Assessment	Number
Regional and local anaesthesia	Performance of a spinal block on a patient who is not anatomically difficult.	DOPS	1

Code	Learning Outcome
BT_RA 2.6	Perform a spinal block on a patient who is not anatomically difficult according to the principles for the safe conduct of major regional anaesthesia, as outlined in College professional document <i>PS03 Guidelines for the Management of Major Regional Analgesia</i> .

It is likely that care of patients requiring urgent surgery for non-COVID-19 related illnesses will involve regional anaesthesia including spinals where possible to minimise the use of aerosol generating procedures. This is an appropriate DOPS to complete in clinical practice with supervision from an anaesthetist.

Clinical fundamental	Focus of assessment	Assessment	Number
Resuscitation, trauma and crisis management	Discussion of their management of crises.	M-CBD	1

Code	Learning Outcome
BT_RT 2.3	Manage the following when occurring in association with anaesthesia or sedation: dyspnoea, hypoxia, hypotension, high airway pressures.
BT_RT 2.4	Initiate the management of patients with the following life threatening conditions: respiratory arrest, shock, tension pneumothorax.

This CBD may be assessed by an anaesthetist or an intensivist.

Clinical fundamental	Focus of assessment	Assessment	Number
Any specialised study unit	Select from any required M-DOPS identified in the specialised study units.	M-DOPS	8
Any clinical fundamental or specialised study unit	Not specified – may select procedures encountered in their clinical practice.	DOPS	
Any specialised study unit	Select from any required M-CEX identified in the specialised study units.	M-CEX	11
Any clinical fundamental or specialised study unit	Not specified – may select cases of moderate complexity encountered in their clinical practice.	CEX	

Code	Learning Outcome
BT_AM 2.2	Demonstrate the setting of appropriate ventilator parameters to deliver volume and pressure-controlled ventilation and adjust according to the clinical situation.

Unwell COVID-19 positive patients will require careful management of ventilation as per ARDS principles. This is an appropriate DOPS to complete in clinical practice with supervision from an intensivist or anaesthetist.

Code	Learning Outcome
BT_AM 2.3	Demonstrate the use of different laryngoscopes, such as video laryngoscopes, or blades, such as Straight, Kessel, Polio, McCoy blades to visualise the larynx.

It is suggested that this DOPS is performed either on a patient without COVID-19 undergoing urgent surgery OR is completed during a simulation exercise for COVID-19. The latter option is ideal since the sequencing during intubation and extubation is quite different for COVID-19 positive patients. Most institutions are recommending use of a video laryngoscope for intubation of COVID-19 positive patients if possible.

While there is adequate workforce, most institutions are recommending that anaesthetic led intubation teams have two anaesthetists and that the most skilled proceduralist (often a specialist anaesthetist) performs the intubation. It would be inappropriate for BTs to be intubating COVID-19 positive patients or patients at high risk of COVID-19 as a learning exercise or to perform a DOPS. Intubation is an aerosol generating procedure that significantly increases the risks of transmitting COVID-19 to healthcare staff.

Code	Learning Outcome
BT_GS 2.6	Perform conscious sedation in appropriately selected patients.
BT_RA 2.1	Adhere to the principles for the safe conduct of major regional anaesthesia as outlined in College professional document <i>PS03 Guidelines for the Management of Major Regional Analgesia</i> .
BT_RA 2.2	Perform an appropriate preoperative patient assessment when a regional technique will be used and select an appropriate technique taking into account patient needs and surgical requirements.
BT_RA 2.3	Perform regional blockade safely and gently.
BT_RA 2.4	Assess adequacy of block for surgery and describe measures to manage an inadequate block
BT_RA 2.5	Perform an epidural block on a patient who is not anatomically difficult according to the principles for the safe conduct of major regional anaesthesia, as outlined in College professional document <i>PS03 Guidelines for the Management of Major Regional Analgesia</i> .

It is likely that care of patients requiring urgent surgery for non-COVID-19 related illnesses will involve regional analgesia and/or sedation where possible to minimise the use of aerosol generating procedures. All of these learning outcomes may be assessed as a non-specified DOPS by an anaesthetist.

Code	Learning Outcome
IT_SQ 2.2	Protect themselves other staff and patients from ME environmental hazards such as ionising radiation.
IT_SQ 2.4	Apply standard precautions including: <ul style="list-style-type: none"> <li>• Hand washing before and after patient contact.</li> <li>• Use of gloves and personal protective equipment when there is risk of exposure to body fluids.</li> <li>• Safe disposal of sharps and waste (refer to college professional document: <i>PS28 Guidelines on Infection Control in Anaesthesia</i>).</li> </ul>
IT_SQ 2.7	Adhere to local infection control policies when treating patients ME colonised with resistant organisms.

There are no specific medical expert skills relating to PPE in BT. However, donning and doffing of PPE either in simulation or in clinical practice would be an appropriate non-specified CEX or DOPS under supervision of an intensivist, anaesthetist or infection control practitioner.

## Advanced Training

Clinical fundamental	Focus of assessment	Assessment	Number
Regional and local anaesthesia	Performance of an upper limb plexus block.	DOPS	1
Regional and local anaesthesia	Performance of a lower limb plexus block. May include a block of the femoral, obturator or sciatic nerve.	DOPS	1

Code	Learning Outcome
AT_RA 2.1	When performing regional anaesthesia the trainee should comply with the recommendations contained in college professional document <i>PS03: guidelines for the management of major regional anaesthesia</i> .
AT_RA 2.2	Use ultrasound to image the anatomy and facilitate block performance.
AT_RA 2.3	Perform a plexus block on an upper limb.
AT_RA 2.4	Perform a plexus block on a lower limb.
AT_RA 2.10	Perform central neuraxial blocks on anatomically difficult patients and in patients with significant co-morbidities.

It is likely that care of patients requiring urgent surgery for non-COVID-19 related illnesses will involve regional anaesthesia where possible to minimise the use of aerosol generating procedures. These are appropriate DOPS to complete in clinical practice with supervision from an anaesthetist.

Clinical fundamental	Focus of assessment	Assessment	Number
Resuscitation, trauma and crisis management	Discussion of their management of crises.	M-CBD	2

Code	Learning Outcome
AT_RT 2.1	Manage the following life-threatening conditions particularly occurring in the perioperative period: respiratory arrest, shock, tension pneumothorax.
AT_RT 2.4	Diagnose and manage the following conditions when they occur in association with anaesthesia and sedation: Dyspnoea, hypoxia, hypotension, high airway pressures, tension pneumothorax.

These CBDs may be assessed by an anaesthetist or an intensivist.

Clinical fundamental	Focus of assessment	Assessment	Number
Any specialised study unit	Select from any required M-DOPS identified in the specialised study units.	M-DOPS	6
Any clinical fundamental or specialised study unit	Not specified – may select procedures encountered in their clinical practice.	DOPS	
Any specialised study unit	Select from any required M-CEX identified in the specialised study units.	M-CEX	15
Any clinical fundamental or specialised study unit	Not specified – may select cases of high complexity encountered in their clinical practice.	CEX	
Any clinical fundamental or specialised study unit	Not specified – may select cases including those of high complexity encountered in their clinical practice.	CBD	5

Code	Learning Outcome
AT_GS 2.4	Perform central venous cannulation via all routes (internal jugular, subclavian, femoral).

Unwell COVID-19 positive patients will require central venous cannulation either at the time of intubation or in ICU. This is an appropriate DOPS to complete in clinical practice with supervision from an intensivist or anaesthetist.

Code	Learning Outcome
IT_SQ 2.2	Protect themselves other staff and patients from ME environmental hazards such as ionising radiation.
IT_SQ 2.4	Apply standard precautions including: <ul style="list-style-type: none"> <li>Hand washing before and after patient contact.</li> <li>Use of gloves and personal protective equipment when there is risk of exposure to body fluids.</li> <li>Safe disposal of sharps and waste (refer to college professional document: <i>PS28 Guidelines on Infection Control in Anaesthesia</i>).</li> </ul>
IT_SQ 2.7	Adhere to local infection control policies when treating patients ME colonised with resistant organisms.

There are no specific medical expert skills relating to PPE in AT. However, donning and doffing of PPE either in simulation or in clinical practice would be an appropriate non-specified CEX or DOPS under supervision of an intensivist, anaesthetist or infection control practitioner.

Code	Learning Outcome
IT_AM 2.6	Perform endotracheal intubation, minimising the risk of dental damage and including correct use of the laryngoscope.
IT_AM 2.8	Demonstrate use of a bougie or stylet to assist in endotracheal intubation.
IT_AM 2.10	Perform rapid sequence induction, including preoxygenation and directing appropriate cricoid pressure.
IT_AM 2.12	Demonstrate confirmation of endotracheal intubation including the use of capnography.
IT_AM 2.14	Demonstrate safe extubation of a patient.

There are no specific medical expert skills regarding airway management in AT that are suitable to routine use during the COVID-19 crisis. It is suggested that a non-specified DOPS or CEX is performed either on a patient without COVID-19 undergoing urgent surgery OR is completed during a simulation exercise for COVID-19. The latter option is ideal since the sequencing during intubation and extubation is quite different for COVID-19 positive patients.

While there is adequate workforce, most institutions are recommending that anaesthetic led intubation teams have two anaesthetists and that the most skilled proceduralist (often a specialist anaesthetist) performs the intubation. It would be **inappropriate** for ATs to be intubating COVID-19 positive patients or patients at high risk of COVID-19 as a learning exercise or to perform a DOPS. Intubation is an aerosol generating procedure that significantly increases the risks of transmitting COVID-19 to healthcare staff.

## Provisional Fellowship Training

Focus of assessment	Assessment	Number
Negotiated as part of an approved provisional fellowship training program	CEX	neg
Negotiated as part of an approved provisional fellowship training program	DOPS	neg
Negotiated as part of an approved provisional fellowship training program	CBD	2

While there is not mandatory requirement for CEX or DOPS to be completed during provisional fellowship year (PF), some trainees may wish to complete WBAs.

Donning and doffing of PPE either in simulation or in clinical practice would be an appropriate non-specified CEX or DOPS under supervision of an intensivist, anaesthetist or infection control practitioner.

It is suggested that a DOPS or CEX on intubation and extubation of COVID-19 positive patients is completed during a simulation exercise. PFs are appropriately skilled to be the airway doctor on an intubation team. They would benefit from practice and feedback using a formalised WBA as the sequencing is complicated.

## Suggestions for ensuring optimal educational outcomes from WBAs during COVID-19 pandemic

- WBAs provide an opportunity for practising self-reflection and debriefing in a structured manner.
- WBA assessors should aim to provide actionable feedback.
- Careful observation and feedback particularly for donning and doffing and intubation/extubation may be life-saving. These procedures are highly complex and improve with practice.