

# OXFORD SCHOOL OF ANAESTHESIA

## Competency Based ST1/2 Training Programme

### Initial Test of Competency

Before being permitted to practice anaesthesia without *immediate supervision*<sup>1</sup>, all trainees must achieve a satisfactory standard in an assessment of competency involving at least two consultant anaesthetists who meet the criteria to be trainers. This applies to both new trainees and to more experienced trainees working in the United Kingdom for the first time. Although the assessment process is the responsibility of the College Tutor, it can be delegated to other trainers, as appropriate.

This initial assessment is designed to demonstrate the possession of basic key components of clinical skill, knowledge and other attributes necessary to progress in the specialty. Until this assessment is completed successfully, no trainee can deliver anaesthesia without immediate supervision either during daytime or 'out-of-hours'.

It is intended that this assessment should be completed by a typical trainee after approximately 3 months of full-time training in anaesthesia, but the exact timing will need to be determined on an individual basis. More experienced trainees who are working in the United Kingdom for the first time, whatever their grade, could be assessed much earlier than 3 months, after a relatively short period of familiarisation.

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### Completion of Initial Test of Competency

Name of trainee \_\_\_\_\_

Has been assessed and has been shown to have reached an appropriate standard in all of the following areas :

	Date
a) Preoperative assessment	
b) General anaesthesia for ASA I or II patients (including equipment and anaesthetic machine checks)	
c) Rapid sequence induction	
d) CPR skills	
e) Clinical judgement, attitudes and behaviour	

This trainee may now begin to practice without immediate supervision and may be given increased clinical responsibility (for example by working on the 'on-call' rota with local or distant supervision.)

Signed.....Print name.....Date.....

Signed.....Print name.....Date.....

**NB Please ensure that all parts of each form are completed before signing above.**

<sup>1</sup> Levels of supervision are defined in *The CCST in Anaesthesia, I: General Principles*

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#### a) Pre-operative assessment of patients

The trainee must be accompanied on a pre-operative round of patients.

Name of trainee.....

#### The Trainee:

	Yes	No
Communicates in a satisfactory manner with patients	<input type="checkbox"/>	<input type="checkbox"/>
Obtains relevant history	<input type="checkbox"/>	<input type="checkbox"/>
Undertakes any physical examination (if indicated)	<input type="checkbox"/>	<input type="checkbox"/>
Assesses the airway	<input type="checkbox"/>	<input type="checkbox"/>
Understands the pre-operative investigations	<input type="checkbox"/>	<input type="checkbox"/>
Explains anaesthesia clearly	<input type="checkbox"/>	<input type="checkbox"/>
Discusses pain and explains post operative analgesia clearly	<input type="checkbox"/>	<input type="checkbox"/>
Prescribes pre-operative medication as needed	<input type="checkbox"/>	<input type="checkbox"/>
Understands the ASA classification	<input type="checkbox"/>	<input type="checkbox"/>
Understands consent for anaesthesia and operation	<input type="checkbox"/>	<input type="checkbox"/>
This assessment was completed satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, GIVE REASONS:		

Signed .....

Print name.....

Date .....

Signed .....

Print name.....

Date .....

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#### b) Ability to administer a general anaesthetic competently to an elective ASA I or II patient. (i) General anaesthesia with spontaneous respiration

Name of trainee .....

The Trainee must demonstrate the following :

	Yes	No
Properly prepares the anaesthetic room and operating theatre	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily conducts a pre-operative equipment check (including the anaesthetic machine and breathing system)	<input type="checkbox"/>	<input type="checkbox"/>
Has properly prepared and assessed the patient for surgery	<input type="checkbox"/>	<input type="checkbox"/>
Chooses an appropriate anaesthetic technique	<input type="checkbox"/>	<input type="checkbox"/>
Establishes IV access	<input type="checkbox"/>	<input type="checkbox"/>
Establishes ECG and pulse oximetry in the anaesthetic room	<input type="checkbox"/>	<input type="checkbox"/>
Measures the patients blood pressure prior to induction	<input type="checkbox"/>	<input type="checkbox"/>
Pre-oxygenates as necessary	<input type="checkbox"/>	<input type="checkbox"/>
Induces anaesthesia satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>
Manages airway competently	<input type="checkbox"/>	<input type="checkbox"/>
I) Face mask (+/-) airway	<input type="checkbox"/>	<input type="checkbox"/>
II) LMA	<input type="checkbox"/>	<input type="checkbox"/>
Makes satisfactory transfer to operating theatre	<input type="checkbox"/>	<input type="checkbox"/>
Positions patient safely	<input type="checkbox"/>	<input type="checkbox"/>
Maintains and monitors anaesthesia satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>
Conducts emergence and recovery safely	<input type="checkbox"/>	<input type="checkbox"/>
Keeps an appropriate and legible anaesthetic record	<input type="checkbox"/>	<input type="checkbox"/>
Prescribes analgesia appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Properly supervises discharge of patient from recovery	<input type="checkbox"/>	<input type="checkbox"/>
Understands the need for oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
This assessment was completed satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>

IF NO, GIVE REASONS:

Signed .....Print name..... Date.....

Signed .....Print name..... Date.....

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### Initial Test of Competency

**b) Ability to administer a general anaesthetic competently to an elective ASA I or II patient. (ii) General anaesthesia with endotracheal intubation.**

Name of trainee.....

In addition to the above, the trainee must demonstrate the following:

	Yes	No
Assesses the airway properly	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of factors which may make intubation difficult	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory use of laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>
Correct placement of endotracheal tube*	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates position of endotracheal tube by	<input type="checkbox"/>	<input type="checkbox"/>
(i) observation	<input type="checkbox"/>	<input type="checkbox"/>
(ii) auscultation	<input type="checkbox"/>	<input type="checkbox"/>
(iii) capnography	<input type="checkbox"/>	<input type="checkbox"/>
This assessment was completed satisfactorily IF NO, GIVE REASONS:	<input type="checkbox"/>	<input type="checkbox"/>

Signed.....Print name.....Date.....

Signed .....Print name.....Date .....

\*If intubation is not possible, the trainee should maintain the airway and allow the assessor to intubate the patient.

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#### c) Assessment of Rapid Sequence Induction (RSI)

Name of trainee.....

The Trainee must demonstrate:

	Yes	No
Preparation of the anaesthetic room and operating theatre	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily checking of the anaesthetic machine, sucker etc.	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of the patient (information and positioning)	<input type="checkbox"/>	<input type="checkbox"/>
An understanding of the mandatory periods for pre-operative fasting	<input type="checkbox"/>	<input type="checkbox"/>
An understanding of the indications for RSI	<input type="checkbox"/>	<input type="checkbox"/>
An adequate explanation of RSI to the patient, including cricoid pressure	<input type="checkbox"/>	<input type="checkbox"/>
To the assistant how to apply cricoid pressure	<input type="checkbox"/>	<input type="checkbox"/>
Proper pre-oxygenation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
The undertaking of a RSI	<input type="checkbox"/>	<input type="checkbox"/>
Correct placement of tracheal tube	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates position of endotracheal tube	<input type="checkbox"/>	<input type="checkbox"/>
This assessment was completed satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>

IF NO, GIVE REASONS:

Signed..... Print name

Date .....

Signed .....Print name

Date .....

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#### d) Assessment of Cardiopulmonary resuscitation

This assessment may be undertaken at any time and may be combined with a practical teaching session.

Name of trainee.....

#### The Trainee:

	Yes	No
Ensures personal safety and that of the staff	<input type="checkbox"/>	<input type="checkbox"/>
Calls for help	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates the diagnostic method	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates mask to mouth rescue breathing.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ventilation with mask and bag	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates satisfactory insertion of and ventilation with ET tube	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates satisfactory cardiac compression.	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactorily interprets common arrhythmias on ECG monitor.	<input type="checkbox"/>	<input type="checkbox"/>
Understands the indications for defibrillation.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates correct use of defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Understands the use of appropriate drugs during resuscitation	<input type="checkbox"/>	<input type="checkbox"/>
Can undertake the lead role in directing CPR.	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates moving a patient into the recovery position	<input type="checkbox"/>	<input type="checkbox"/>
<b>This assessment was completed satisfactorily</b>	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, GIVE REASONS		

Signed..... Print name..... Date .....

Signed..... Print name..... Date .....

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*If a trainee has completed an ALS course within the last 12 months, the assessment of CPR competency can be assumed and signed with a comment made to that effect under the signature(s).*

#### e) **Assessment of clinical judgement, attitudes and behaviour**

Name of trainee \_\_\_\_\_

To the best of my knowledge and belief this trainee has

- Shown care and respect for patients
- Demonstrated a willingness to learn
- Asked for help appropriately
- Appeared reliable and trustworthy

Signed.....Print name.....Date.....

Signed.....Print name.....Date.....

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