**Perioperative Medicine (Intermediate)**

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| This unit of training is intended to run in parallel with other units of training and is **not designed to be undertaken as a standalone dedicated module**. The learning outcomes are applicable to all patients and will be achievable during clinical practice whilst undertaking the other units of training. **Attendance at a medically led preoperative assessment clinic is a mandatory component of this unit of training.** **Learning outcomes:** To deliver high quality preoperative assessment, investigation and management of ASA 1-4 patients for elective and emergency surgery  To deliver high quality individualised anaesthetic care to ASA 1-3 [E] patients, focusing on optimising patient experience and outcome  To plan and implement high quality individualised post-operative care for ASA 1-3 [E] patients  |

| **Preoperative care: Knowledge** | **Trainer** | **Date** | **WPBA** |
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| Describes the uses and limitations of common risk scoring systems  |  |  |  |
| Describes the use of ‘do not resuscitate’ procedures and appropriate limitations of care  |  |  |  |
| Describes strategies for prehabilitation and patient optimisation and the limits of such strategies  |  |  |  |
| Recalls the principles of enhanced recovery pathways  |  |  |  |
| Describes the requirements for investigations in patients with complex comorbidities  |  |  |  |
| Lists methods of assessment of functional cardiorespiratory capacity  |  |  |  |
| Describes appropriate preoperative strategies for minimising the use of blood products  |  |  |  |
| Describes the effects of ethnicity on pre-operative assessment  |  |  |  |

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| **Preoperative care: Skills Demonstrates the ability to** | **Trainer** | **Date** | **WPBA** |
| Assesses the patient with complex comorbidities, taking into account their individual needs and requirements  |  |  |  |
| Liaises effectively with colleagues in Intensive Care in planning care  |  |  |  |
| Explains risks and benefits of available anaesthetic techniques to patients in a manner they can understand and formulates an individualised perioperative plan with the patient, using an evidence-based approach  |  |  |  |
| Balances the need for early surgery against the need for further investigation, prehabilitation and pre-optimisation  |  |  |  |
| Responds appropriately to investigation results when planning perioperative care  |  |  |  |
| Demonstrates the ability to communicate with other specialists as part of integrated care  |  |  |  |
| Conducts a comprehensive preoperative assessment for a patient with multiple co-morbidities in the outpatient pre- assessment clinic  |  |  |  |
| Manages existing medications and makes appropriate changes  |  |  |  |
| Discusses the risks and benefits of the transfusion of blood products with patients  |  |  |  |
| Discusses requirements of postoperative organ support and its limitations  |  |  |  |

| **Intraoperative care: Knowledge** | **Trainer** | **Date** | **WPBA** |
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| Describes the concept of Goal-Directed Therapy  |  |  |  |
| Describes the use of different types of intravenous fluid  |  |  |  |
| Explains the potential impact of anaesthetic technique on patient outcome  |  |  |  |
| Describes the effects of deviation from normal physiological parameters on short and long-term outcomes  |  |  |  |
| Describes rationale for point of care testing  |  |  |  |
| Recalls the principles and interpretation of depth of anaesthesia monitoring  |  |  |  |
| Explains how ethnicity may influence conduct of anaesthesia  |  |  |  |

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| **Intraoperative care: Skills Demonstrates the ability to** | **Trainer** | **Date** | **WPBA** |
| Chooses appropriate anaesthetic technique for patients with complex comorbidities  |  |  |  |
| Interprets information from commonly used modalities for advanced haemodynamic monitoring  |  |  |  |
| Uses results from point of care testing to direct treatment  |  |  |  |
| Demonstrates the use of appropriate blood conservation strategies  |  |  |  |
| Assumes a leadership role in patient safety in the perioperative period  |  |  |  |
| Recognises the deteriorating perioperative patientInstitutes appropriate measures to stabilise the deteriorating patient  |  |  |  |
| Communicates effectively with and leads the theatre team where there is cause for concern over patient condition  |  |  |  |
| Uses antibiotics and other measures to reduce the risk of infection  |  |  |  |
| Uses strategies to minimise post-operative cognitive dysfunction  |  |  |  |
| Uses strategies to minimise the risk of accidental awareness under general anaesthesia  |  |  |  |

| **Postoperative care: Knowledge** | **Trainer** | **Date** | **WPBA** |
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| Explains how a multidisciplinary team approach improves patient recovery and outcomes  |  |  |  |
| Manages common anaesthetic and surgical complications safely as part of a multidisciplinary team  |  |  |  |

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| **Postoperative care: Skills Demonstrates the ability to** | **Trainer** | **Date** | **WPBA** |
| Plans appropriate postoperative analgesia using multimodal techniques, including those required for patients with complex analgesic needs  |  |  |  |
| Initiates communication with patients regarding adverse events and organises appropriate follow up  |  |  |  |
| Contributes to discharge planning  |  |  |  |
| Plans postoperative care in keeping with relevant enhanced recovery pathways  |  |  |  |
| Describes the effects of ethnicity in postoperative management, including pain management  |  |  |  |

**Complete the following to sign off the unit of training: Perioperative**

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| **Requirements of Training:** | **Achieved** |
| Core clinical learning outcomes completed |  |
| Appropriate case number and mix |  |
| A-CEX |  |
| DOPS |  |
| CBD |  |
| **Name:** | **GMC Number** | **Signed** | **Date** |
| Trainee: |  |  |  |
| Supervising Consultant: |  |  |  |