**13. Perioperative Medicine (Core)**

**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 unit. The learning outcomes are applicable to all patients and will be achievable during clinical practice whilst undertaking the other units of training. However, Perioperative Medicine elements remain within the obstetric and paediatric units of training as these elements are less transferable to other areas of anaesthesia.**

**Learning outcomes:**

* **⮚  Explains the main patient, anaesthetic and surgical factors influencing patient outcomes**
* **⮚  Describes the benefits of patient-centred, multidisciplinary care**
* **⮚  Delivers high quality preoperative assessment, investigation and perioperative management of ASA 1-3 patients for elective and emergency surgery with**

**emphasis on the perioperative management of co-existing medical conditions**

* **⮚  Delivers high quality individualised anaesthetic care to ASA 1-2 [E] patients, focusing on optimising patient experience and outcome**
* **⮚  Plans and implements high quality individualised post-operative care for ASA 1-2 [E] patients**

*NB: All competencies annotated with the letter ‘E’ can be examined in any of the components of the Primary examination identified in the FRCA examination blueprint on page B-99 or in the Final examination identified in the Final FRCA blueprint on page C72 of Annex C.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge: Preoperative** | **Trainer** | **Date** | **WPBA** |
| Describes the importance of comorbid disease in the planning and safe conduct of anaesthesia |  |  |  |
| Describes the role of ‘do not resuscitate’ procedures |  |  |  |
| Describes the effects of acute and chronic disease on patient outcomes after surgery |  |  |  |
| Describes the requirements for preoperative investigations including indications for specific tests |  |  |  |
| Interprets fundamental preoperative investigations |  |  |  |
| Describes the adjustments needed to provide anaesthesia for the following patient groups: the elderly, pregnant women, patients with cognitive impairment, patients with chronic pain, and substance misusers |  |  |  |
| Recounts implications of lifestyle factors such as smoking, alcohol intake and substance abuse on patient outcomes |  |  |  |
| Discusses the management of concurrent medication in the perioperative period |  |  |  |
| Describes thromboprophylaxis in the perioperative period |  |  |  |
| Describes methods of risk assessment and stratification relevant to the provision of perioperative care |  |  |  |
| Describes methods of patient optimisation which reduce risk in the perioperative period |  |  |  |
| Describes how integrated perioperative care pathways in primary and secondary care affect patient outcomes |  |  |  |
| Describes specific organisational interventions which improve patient outcomes (e.g. care bundles, enhanced recovery pathways) |  |  |  |
| Describes the legal and ethical principles for obtaining informed consent in adults and the correct processes for patients who are unable to consent |  |  |  |
| Describes the legal and ethical considerations for determining mental capacity |  |  |  |
| Explains how patients requiring emergency surgery may differ from those presenting for elective surgery in terms of physiology, psychology and preparation |  |  |  |
| Describes optimal perioperative fluid and feeding regimes and the impact of nutritional status on patient outcomes |  |  |  |
| Describes the effects of ethnicity on physiology |  |  |  |
| **Skills: Preoperative**  [S] could be undertaken in simulation | **Trainer** | **Date** | **WPBA** |
| Conducts a comprehensive preoperative assessment in the outpatient clinic |  |  |  |
| Assesses patient suitability for day case admission |  |  |  |
| Evaluates co-morbidity in ASA 1-3 patients |  |  |  |
| Initiates optimisation where appropriate |  |  |  |
| Organises appropriate special investigations and makes appropriate referrals to other specialties when required |  |  |  |
| Works in a multi-professional team and ensures effective communication with other members |  |  |  |
| Communicates anaesthetic options with patients or surrogates effectively |  |  |  |
| Synthesises relevant information to develop a safe anaesthetic plan, taking the patient’s wishes into consideration |  |  |  |
| Treats all patients with respect and compassion, especially those with particular physical, psychological and educational needs (See Annex A, Domain 10 of CCT in Anaesthetics, 2010) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge: Intraoperative** | **Trainer** | **Date** | **WPBA** |
| Describes risks and benefits of different anaesthetic techniques including their effect on early mobilisation and restoration of function |  |  |  |
| Describes the effect of perioperative analgesia on patient outcome |  |  |  |
| Describes strategies to minimise the risk of infection in the postoperative period |  |  |  |
| Describes the effect of hypothermia on patient outcome |  |  |  |
| Develops an effective patient-specific strategy to minimise post-operative nausea and vomiting |  |  |  |
| Lists the risk factors for postoperative cognitive dysfunction |  |  |  |
| Recalls principles of advanced haemodynamic monitoring |  |  |  |
| Describes perioperative fluid management strategies, with reference to maintaining homeostasis |  |  |  |
| **Skills: Intraoperative**  [S] could be undertaken in simulation | **Trainer** | **Date** | **WPBA** |
| Uses operating theatre safety checklists effectively (at the appropriate time, avoiding distraction and engaging the full team) |  |  |  |
| Administers intravenous fluids and blood products appropriately |  |  |  |
| Uses non-invasive and invasive monitoring appropriately |  |  |  |
| Employs effective techniques to minimise the risk of aspiration of gastric contents in at-risk patients |  |  |  |
| Employs effective strategies to maintain normal body temperature intraoperatively |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge: Postoperative** | **Trainer** | **Date** | **WPBA** |
| Describes the consequences of postoperative malnutrition |  |  |  |
| Describes a patient-centred approach to postoperative analgesia and demonstrates understanding of the importance of providing adequate analgesia in the context of perioperative care |  |  |  |
| Describes the indications for Critical Care admission postoperatively |  |  |  |
| Describes the components of a safe and effective immediate postoperative plan (e.g. oxygen therapy, frequency and nature of observations, antibiotic prescription, thromboprophylaxis, management of glycaemic control etc.) |  |  |  |
| **Skills: Postoperative**  [S] could be undertaken in simulation | **Trainer** | **Date** | **WPBA** |
| Recognises limits of competence and seeks advice where appropriate when managing of postoperative complications |  |  |  |
| Plans the transition from intravenous to enteral hydration, nutrition and analgesia where appropriate |  |  |  |
| Manages postoperative nausea and vomiting effectively |  |  |  |
| Manages coexisting disease and medications in the immediate postoperative period in ASA 1-3 patients |  |  |  |
| Recognises common anaesthetic and surgical complications |  |  |  |
| Demonstrates a multidisciplinary approach by ensuring effective handover of care to other professionals |  |  |  |

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

|  |  |  |
| --- | --- | --- |
| **Requirements of Training:** | | **Achieved** |
| Core clinical learning outcomes completed | |  |
| Sessions attended | |  |
| A-CEX | |  |
| DOPS | |  |
| CBD | |  |
| **Name:** | **GMC Number** | | **Signed** | **Date** |
| Trainee: |  | |  |  |
| Supervising Consultant: |  | |  |  |