**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 patient  Institutes 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: |  | |  |  |