

QRGP Prevocational Training Program: anaesthetics training outcomes

Learning objectives



Anaesthetic Care

RG prevocational doctors require experience in assessing and managing an airway and caring for patients undergoing an anaesthetic procedure. Learning activities include:

- preoperative assessment of patients.
- prescribing analgesia.
- the administration of induction, anaesthetic, sedative, local anaesthetic agents, and regional blocks.
- the use and interpretation of monitoring systems.
- positioning an airway and providing basic airway support, and insertion of an LMA.
- bag and mask ventilation.
- the provision of postoperative care.

10-week placements are highly desirable, 5-week placements are acceptable.
This placement would be suitable for perioperative care experience.

QRGP Prevocational Logbook

The QRGP Prevocational Logbook anaesthetic skills are outlined below. Logbook items **marked in blue** are also suitable for an Entrustable Professional Activity (EPA). While it is not a requirement, trainees seeking out a supervisor to sign off these logbook items, may wish to consider asking their supervisor to undertake an EPA at the same time as this would substantially enhance the learning obtained from this episode of care.

Anaesthetics

A - Prevocational doctor operating independently – demonstrate on a real patient
IV access
Blood transfusion
Oxygen saturation monitoring
Digital nerve block
Conduct pain management review of a chronic pain patient Note: This activity is suitable for EPA 3
B - Performed to a pass standard in a certified course in a simulated environment
Oropharyngeal airway
Nasopharyngeal airway
Laryngeal mask
Endotracheal intubation
Bag/mask ventilation
External cardiac massage
Defibrillation
Synchronised DC cardioversion
Adult sedation
C – Practitioner under supervision – performed on a real patient
Rapid sequence induction Note: As this activity must have taken place under supervision, it would be particularly suitable for either EPA 2 or 3 depending on the scenario

EPAs

As in any 10-week clinical placement, the Australian Medical Council (AMC) requires two EPAs: EPA1 plus one of either EPAs 2, 3 or 4.

EPA 1 – Clinical Assessment	e.g. preoperative assessment
plus one of either	
EPA 2 – Recognition and care of an acutely unwell patient	e.g. stabilisation / resuscitation of a patient requiring emergency surgery <ul style="list-style-type: none"> - rapid sequence induction - failed intubation - advanced airway management - stabilisation / resuscitation of a patient intraoperatively
OR	
EPA 3 – Prescribing	e.g. prescribing analgesia <ul style="list-style-type: none"> - choosing the appropriate agent and technique for administering local anaesthesia - conscious sedation - induction and maintenance of anaesthesia - administration of fluid and blood
OR	
EPA 4 – Handover	e.g. handover of care to recovery <ul style="list-style-type: none"> - handover of care to the ward from theatre, recovery, ICU or high dependency surgical unit

Many of the items listed in the QRGP Prevocational Logbook are suitable for an EPA and can serve as a valuable learning opportunity. EPAs which are not suggested in the QRGP Logbook can and are encouraged to be undertaken. While undertaking EPAs of Logbook items is not a QRGP requirement, the list does provide Rural Generalist trainees valuable guidance on the types of everyday clinical tasks that are important for vocational training and can assist to meet EPA requirements.

The QRGP recommends that two anaesthetic, two O&G and two paediatric EPAs are undertaken during prevocational training. These EPAs do not necessarily need to be undertaken during dedicated anaesthetic, O&G or paediatric terms. Rather, they can be undertaken in any clinical placement providing the appropriate opportunity and supervision.

The QRGP has provided four examples of suitable anaesthetic EPAs (unrelated to the QRGP Logbook) overleaf to assist trainees to identify suitable cases and understand the standard that is expected. *These are intended as a guide to fulfilling the AMC's two EPAs per term requirement.*

Anaesthetics EPA1: Preoperative assessment

Title	Conduct a preoperative assessment of a patient including history, examination, airway assessment, medication review, risk assessment and formulation of a management plan.
Focus and Context	<p>This EPA is based on EPA 1 and applies to the preoperative assessment of a patient by the referring GP Resident, ED doctor, admitting doctor and anaesthetic resident.</p> <p>This activity can be undertaken in multiple settings (urban, regional or rural) including, GP clinic, emergency department, outpatient clinic, hospital ward, theatre and in the care of different populations, (e.g. children, adults and the elderly).</p>
Description	<p>This activity requires the ability to, where appropriate or possible:</p> <ol style="list-style-type: none"> 1. Obtain a focused history, including relevant past-history, current medication, allergies, previous procedures, anaesthetics and complications. 2. Examine the patient, including cardiovascular, respiratory and airway assessment. 3. Consider and integrate information from the patient's social circumstances and support, clinical record, clinical assessments, relevant facility protocols, guidelines or literature. 4. Identify any potential risks. 5. Produce a management plan, confirm as appropriate with a senior colleague, and communicate with relevant team members and the patient. 6. Implement the management plan. 7. Initiate or perform appropriate investigations and procedures. 8. Involve patients in decisions regarding their care. 9. Ensure the patient is fully informed about the procedure, risks and associated implications. 10. Where appropriate, considering the procedure, given doctor knowledge and seniority, obtain informed consent.

Anaesthetic EPA2: Recognition and care of the acutely unwell patient requiring an emergency operative procedure and/or airway management

Title	Assess clinical and situational risk, identify unstable or potentially unstable scenarios and escalate as indicated, examine, investigate, diagnose and manage patients requiring an emergency operative procedure or emergency airway management.
Focus and Context	<p>This EPA is based on EPA2 and applies in a patient requiring emergency operative management and/or emergency airway management, stabilisation or resuscitation prior to or during an operative procedure, or patients whose preoperative risk assessment requires proactive management during induction, anaesthesia, surgery, or postoperatively.</p> <p>The critical aspects that differentiate it from EPA 1 are for the PGY1/PGY2 doctor to:</p> <ol style="list-style-type: none"> 1. Undertake a clinical and situational risk assessment. 2. Discuss and assist in the proactive planning management of induction, anaesthesia or surgery. 3. Discuss and assist in the planning and management of an at risk airway. 4. recognise the acutely unwell and/or deteriorating patient. 5. act immediately, demonstrating a timely approach to management and escalate when appropriate. 6. Anticipate patients requiring urgent transfer to another facility and notify retrieval services and receiving hospital.
	<p>Suitable scenarios include:</p> <ol style="list-style-type: none"> 1. Stabilisation / resuscitation of a patient requiring emergency surgery. 2. Rapid sequence induction. 3. Failed intubation. 4. Advanced airway management. 5. Stabilisation / resuscitation of a patient intraoperatively. 6. Patient requiring admission to an intensive care unit. <p><i>Perform this activity in multiple settings, including inpatient, intensive care units and emergency departments.</i></p>
Description	<p>This activity requires the ability to:</p> <ol style="list-style-type: none"> 1. Assess clinical and situational risk. 2. Assess and manage an airway. 3. Anticipate potential problems and take appropriate steps to manage risk. 4. Recognise clinical deterioration or acutely unwell patients. Respond by initiating immediate management, including basic life support if required. 5. Seek appropriate assistance, including following local processes for escalation of care. 6. Communicate critical information in a concise, accurate and timely manner to facilitate decision-making.

Anaesthetic EPA3: Prescribing anaesthetic agents

Title	Appropriately prescribe therapies (drugs, fluids, blood products, inhalational therapies including oxygen) tailored to patients' needs and conditions.
Focus and Context	<p>This EPA is based on EPA3 and applies to a patient suffering from pain or expected to suffer from pain. It may involve:</p> <ol style="list-style-type: none"> 1. Prescribing autonomously, considering the doctor's registration, health service, state and national policies regarding restricted medication, individual confidence and experience with that drug or product. In particular, the safe dosing and administration of analgesics, narcotics and sedatives. 2. Prescribing as directed by a senior team member, taking responsibility for the completion of the order to ensure it is both accurate and appropriate for the patient. <p><i>Perform this activity in multiple settings (urban, regional or rural) including GP clinic, theatre, inpatient and ambulatory care settings or in emergency departments.</i></p>
Description	<p>This activity requires the ability to, as appropriate and where possible:</p> <ol style="list-style-type: none"> 1. Respond to requests from team members to prescribe analgesia. 2. Assess the patient's underlying condition, the nature and severity of their pain. 3. Obtain and interpret medication histories, side effects and allergies. 4. Consider whether a prescription is appropriate. 5. Choose appropriate analgesic medications. 6. Where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration. 7. Actively consider drug—drug interactions and/or allergies and if identified check whether to proceed. 8. Provide instruction on medication administration, effects and adverse effects using appropriate resources. 9. Elicit any patient concerns about benefits and risks, and, as appropriate, seek advice and support to address those concerns. 10. Write or enter accurate and clear prescriptions or medication charts. 11. Monitor medications for efficacy, safety, adverse reactions and concordance. 12. Review medications and interactions, and cease medications where indicated, in consultation with senior team members, including a pharmacist.

Anaesthetic EPA3: Prescribing pain relief

Title	<p>Assessment of a patient suffering from pain, or expected to suffer from pain postoperatively, and provide appropriate analgesia.</p>
Focus and Context	<p>This EPA is based on EPA3 and applies to the assessment of a patient suffering from pain or expected to suffer from pain.</p> <p>It may involve:</p> <ol style="list-style-type: none"> 1. Prescribing autonomously when appropriate, considering the doctor's registration, health service policies, state and national policies regarding restricted medication, individual confidence and experience with that drug or product. In particular, the safe dosing and administration of analgesics and narcotics. 2. Prescribing as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate for the patient. <p><i>Perform this activity in multiple settings (urban, regional or rural) including, GP clinic, inpatient and ambulatory care settings or in emergency departments and in the care of different populations (for example children, adults and the elderly).</i></p>
Description	<p>This activity requires the ability to, as appropriate and where possible:</p> <ol style="list-style-type: none"> 1. Respond to requests from team members to prescribe analgesia. 2. Assess the patient's underlying condition, the nature and severity of their pain. 3. Obtain and interpret medication histories, side effects and allergies. 4. Consider whether a prescription is appropriate. 5. Choose appropriate analgesic medications. 6. Where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration. 7. Actively consider drug—drug interactions and/or allergies and if identified check whether to proceed. 8. Provide instruction on medication administration, effects and adverse effects using appropriate resources. 9. Elicit any patient concerns about benefits and risks, and, as appropriate, seek advice and support to address those concerns. 10. Write or enter accurate and clear prescriptions or medication charts. 11. Monitor medications for efficacy, safety, adverse reactions and concordance. 12. Review medications and interactions, and cease medications where indicated, in consultation with senior team members, including a pharmacist.

Anaesthetic EPA4: Team communication, documentation and handover

Title	Communicate about patient care, including accurate documentation to facilitate high-quality care at transition points and referral.
Focus and Context	<p>This is based on EPA3 and applies to the postoperative handover of care:</p> <ol style="list-style-type: none"> 1. Communicate timely, accurate and concise information to facilitate transfer of care. 2. Produce timely, accurate and concise documentation of an episode of anaesthetic care. <p><i>Perform this activity in multiple settings where the patient has undergone an anaesthetic procedure including, theatre, ICU, ED, or Mental Health Unit (ECT).</i></p>
Description	<p>This activity requires the ability to:</p> <ol style="list-style-type: none"> 1. Communicate effectively to: <ul style="list-style-type: none"> • facilitate high-quality care. • ensure continuity of care. • share patient information with other health care providers and multidisciplinary teams in conjunction with the transfer of responsibility for patient care. • use local agreed modes of information transfer, including oral, electronic and written formats to communicate: <ul style="list-style-type: none"> • patient demographics. • a concise medical history and relevant physical examination findings. • current problems and issues. • details of relevant and pending investigation results. • medical and multidisciplinary care plans. • planned outcomes and indications for follow-up. 2. Document effectively to: <ul style="list-style-type: none"> • enable other health professionals to understand the issues and continue care. • produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation. • produce accurate records appropriate for secondary purposes. • complete accurate medical certificates, death certificates and cremation certificates. • enable the appropriate use of clinical handover tools.

ACRRM Anaesthetic Prevocational Training Requirements

While a 10-week anaesthetic prevocational clinical experience is an ACRRM prevocational training requirement, it is a valuable experience for all QRGP prevocational trainees. Accordingly, all QRGP are required to undertake an anaesthetic clinical experience.

While ACRRM provides alternate options for trainees to acquire the prerequisite skills, trainees, supervisors and training hospitals should be aware that trainees are expected to achieve the same level of competency and capability in other ways. The concession to allow 5 week placements comes at some inconvenience to trainees, who must undertake supplementary training to comply with college fellowship curriculum requirements. It can be particularly problematic for trainees to fulfil these requirements once they have left the hospital training environment. Training hospitals, supervisors and trainees have a shared responsibility to proactively ensure trainees have the clinical opportunities they need to fulfil college training requirements.

Prevocational doctors who do not undertake a 10-week placement (e.g. a 5-week Anaesthetic placement or PIERCE) will need to provide:

1. Their end of term assessment
2. A log of 50 procedures selected from the anaesthetic component in the ACRRM procedural skills log book using the ACRRM Case Log Proforma: https://www.acrrm.org.au/docs/default-source/all-files/case-log-proforma.docx?sfvrsn=c8109feb_14

Please refer to the ACRRM Fellowship Training Program Handbook for further details on strategies to meet the anaesthetic prevocational training requirement prior to Fellowship : https://www.acrrm.org.au/docs/default-source/all-files/handbook-fellowship-training.pdf?sfvrsn=bdb27590_45