

County Durham and Darlington



NHS Foundation Trust

## Theatre Practitioners Competency Pack (Module 1)



# Recovery and Anaesthetic Practitioners competencies

Name .....

Mentor/preceptor.....

Date commenced Anaesthetic and Recovery competencies.....

## INDUCTION

The aim of this section is to ensure that you receive a full induction into Theatres to not only ensure that you are competent, but to foster a sense of belonging.

It is mandatory that all sections are completed according to your needs; if you have any difficulties with completing these outcomes let your assessor know as soon as possible.

### Supernumerary time

Within theatres you can expect a supernumerary period; this is based on current experience and will be negotiated at the start of your post. As a general rule if you already have experience within theatres you will be entitled to 1-2 days within scrub/circulation and 1-2 days within recovery anaesthetics. If you are completely new to theatres you will be entitled to 2 weeks within scrub/circulation and 2 weeks within recovery anaesthetics.

### Off-duty for allocation

Week commencing	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
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### Where to report on the first day?

Darlington Memorial Hospital

To theatre main reception which can be found on the 1st floor.

University Hospital North Durham

To theatre main reception which can be found on the 2nd floor.

Bishop Auckland Hospital

To theatre main reception which can be found on the 2nd floor.

Shotley Bridge Hospital

Theatre Recovery

Ask for you mentor by name (they will be aware that you are coming)

## **What should I wear?**

A scrub suit, 'blues' a hat and footwear will be provided. In line with the local policy we ask that you don't wear jewellery with the exception of a plain wedding band. All other visible piercing should be removed.

## **Anaesthetic and Theatre – DMH/ UHND/ BAGH/SBH**

Theatre is a 24-hour, 7 day a week service that requires the deployment of a sufficient number of appropriately trained and experienced specialists and support staff. This is reflected in the multi disciplinary approach we take to patient management.

We have twenty four theatres across four sites providing Major, Minimal invasive and Day Surgery in ENT, Maxillofacial, Ophthalmology, Plastic, Gynaecology/ Obstetrics, Orthopaedics/ Trauma, Urology, Breast, Dentals Vascular, Colorectal and upper GI surgery.

Patients who come to the department at DMH/UHND are ASA classification 1 – 6 and at BAGH/SBH classification 1 -3 (see classification guide)

The organisation of care is on a team basis to ensure the patients safety and meet their individual needs. Although no one model of care can encapsulate the diverse and changing needs of the patients within the critical care environment, a combination of a nursing model (Henderson's activities of daily living) and the medical model (concentrating on systems of the body), coupled with the nursing process ensures that the patient is perceived and treated in a humanistic and holistic way.

## **Philosophy of Care for Theatres**

Every Patient in our care can be expected to be treated with respect, dignity and individuality in a friendly and competent manner throughout their visit.

In line with the Patients Charter and our professional codes of conduct  
Our multidisciplinary team will provide individual holistic care  
And endeavour to provide this to the highest possible standard at all times  
Developing an environment of mutual trust and respect  
Orientation and Induction for Qualified Practitioners

Reviewed June 2009

**Induction checklist** – This must be completed along with Trust Local induction paperwork within the first week of employment

<b>Subject to be discussed and signed off</b>	<b>Date</b>	<b>Learners Signature</b>	<b>Assessors Signature</b>
Completion of the Trust local induction checklist and personnel details for major incident file			
Orientation to the department			
Location of – Fire exits, transfer points and fire fighting equipment			
Action to be taken when fire alarm is heard, differentiate between intermittent and continuous siren			
Evacuation Procedure			
Location of medical emergency alarms – Recovery Room			
Location of medical emergency room equipment – Recovery Room/crossroads at UHND			
Location of Department policy and procedure files			
Location of staff / patient accident / incident book			
Location of department communication books			
Orientation to rest of hospital if base is elsewhere			

## **Introduction to the Competency Pack**

The aim of our training programme is to ensure that new members of the team are supported as they develop competence in the theatre environment. As a “novice “(Brenner 1984), each practitioner will be supported by an experienced Theatre practitioner who will act as a preceptor to the novice.

Within theatre, successful ongoing professional development is supported through a culture, which values staff and their contribution to the delivery of high quality care. The concept of continuing professional development or lifelong learning has been promoted by the Nursing and Midwifery council (2002).

The Anaesthetic/ Theatre Service programme for staff new to this speciality is designed to facilitate the development of knowledge, skills and attitudes for caring for the patients during their stay in Theatres, in a structured and progressive way in line with the Knowledge and Skills Framework (2004)

There are several components to the programme. These include a structured and supportive preceptor period, in house induction, a competency book, ongoing mentorship and regular clinical supervision.

### The overall aims of the programme are:

- To introduce the new staff member to the theatre environment its philosophy, the role of the nurse/ODP, and to the multi-disciplinary team who are vital to the patient’s care delivery.
- To help develop practical skills, both existing and new ones in a structured and progressive way, underpinned by evidence-based theoretical knowledge
- To set foundation for further professional development in Theatres

### Competency programme aim to ensure:

- The development of skills and knowledge that can be applied to any patient in any clinical setting.
- Guidance is given to the learners as to what they can learn, and the rate of progression that is expected of them.
- To provide an objective framework for assessment of development and performance, through formative methods (competencies, clinical reviews and discussion on action through reflective practice)

## Competence and Competencies

Competence is used to “describe the skills and ability to practice safely and effectively without the need for direct supervision” (UKCC 1999, p35)

Competencies can be used to describe and demonstrate our practice, endorsing what we know, what we do, what we want others to learn (Cutler 2000). The use of competencies is broadly recognised in both pre- and post-registration education.

Within theatres, new staff members are expected to develop competence in a structured and progressive way, to enable them to develop the required skills and knowledge to care patients in the theatre setting. This will also facilitate the development of a variety of other attributes, including communication and interpersonal skills, and problem solving and analytical skills.

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Each competency has key skills required for that competency and an assessment criterion, which the learner will have to fulfil in order to achieve that particular key skill. The record of achievement provides documented evidence to support your progress.

The assessment criteria for each key skill will be discussed and assessed in relation to the patient the learner and mentor are caring for, to enable the learner to demonstrate application of knowledge and skills. A resource area with computer is available in the department to aid teaching, please ensure all resources are kept within the area.

The competencies are structured to the learners experience and to enable progressive development in order to fully develop as a competent practitioner. Regular meetings between novice and preceptor will highlight strengths and weaknesses. You are required to meet with your mentor informally during each month, these meetings will then take place until all competencies/learning objectives have been achieved, if it is felt necessary by the mentor /or the novice discussions can take place more frequently.

Some competencies will only be achievable as the clinical opportunity/exposure arises, and in these cases the use of the brief reflective form can be completed to demonstrate achievement.

## Training and Development Records

The competency package and all development records are your personal property, and the onus is on you to keep them safe. However, you must make the package available for review at any given time, whether this is by the practice development team, your mentor or any other member of the senior nursing staff who may require to see evidence of your progress.

The following records include:

- Training records; these are for any formal study days attended during this period, including induction, Mandatory Training and any others.
- Self directed study records; these incorporate any guided study packs or other forms of focused projects that help with your development. I.e. online learning.
- Reflective pieces; these should be completed in order to support you demonstrate competence.
- Record of review/action plans; these demonstrate any meetings or discussions with your mentor or practice development staff including any action plans/objectives set.

The maintenance of accurate training and development records is important in order

- To monitor and gauge your progression with both competency achievement, as well as your general confidence and development within your role.
- To identify any specific areas of development
- To monitor and audit all meetings with your mentor and the quality of any set of objectives, and to support any application for more formal education such as courses
- To help you demonstrate that you have met the professional requirements for development



## Preceptor Period

**It is recognised that each individual practitioner will develop their practice at their own speed. This programme will act as a framework to enable the novice to develop a portfolio of evidence, which demonstrates the practitioners continuing development.**

## Clinical Support

### Preceptorship

It appears that if novices are to be supported well, they need the guidance of an experienced practitioner who can act as a clinical role model, providing advice and enabling the novice to develop the skills of reflective practice. Within the theatre environment the individual providing this support will be known as a preceptor.

A form of educational and supportive relationship, lasting for at least four months which is intended to provide a newly qualified practitioner, someone who has changed their role or a practitioner returning to practice with:

- Access to an experienced and competent role model
- Opportunity to practice in accordance with the *NMC & HPC codes of professional conduct: standards for conduct, performance and ethics*
- Opportunity to develop confidence in their competence as a nurse or Operating Department Practitioner.

Your preceptor and team will be assigned to you by the practice development staff. You will work clinically with your assigned preceptor and other trained practitioners during this time, on day shifts, aiming to complete the preceptorship competencies. During the first five weeks the preceptor and novice will discuss progress on a weekly basis. This discussion will allow the novice to summarise their feelings regarding the previous week, reflect on any problems encountered, and consider any remedial action necessary to overcome these. The novice should identify personal strengths and weaknesses and plan what learning will take place in the forthcoming week. The preceptor will reflect upon the novices report and provide appropriate guidance for the next week, together they should identify competencies/learning objectives that have been achieved and set targets for the forth-coming week.

## ASA Physical Status Classification System

**ASA 1** A normal healthy patient

**ASA 2** A patient with mild systemic disease

**ASA 3** A patient with severe systemic disease

**ASA 4** A patient with severe systemic disease that is a constant threat to life

**ASA 5** A moribund patient who is not expected to survive without the operation

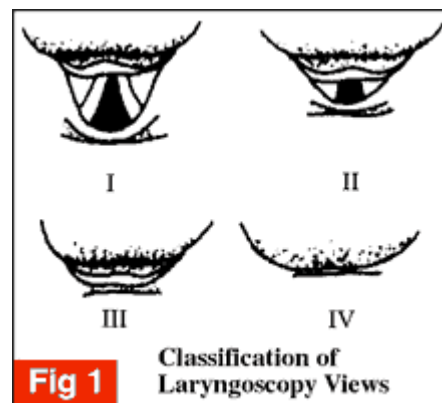
**ASA 6** A declared brain-dead patient whose organs are being removed for donor purposes

**These definitions appear in each annual edition of the ASA (American Society of Anaesthesiologists) Relative Value Guide 2008.**

### Intubation risk classification

**There have been various attempts at defining what is meant by a difficult intubation. Repeated attempts at intubation, the use of a bougie or other intubation aid have been used in some papers, but perhaps the most widely used classification is by Cormack and Lehane [1] which describes the best view of the larynx seen at laryngoscopy (figure 1).**

- Class I: the vocal cords are visible
- Class II the vocals cords are only partly visible
- Class III only the epiglottis is seen
- Class IV the epiglottis cannot be seen



Cormack RS, Lehane J. "Difficult intubation in obstetrics." *Anaesthesia* 1984;39:1105-11

## **Evidence key used to demonstrate competency**

The practitioner is required to use different sources of evidence to demonstrate their competency in all aspects of Anaesthetic and Recovery practice.

### **S - Simulation**

To produce evidence of skills that cannot be observed unless during emergency procedures

### **O – Observed practice**

The mentor may feel that the practitioner has acted professionally and/or within their own limitations and this is reflected in their behaviour or skills.

### **WR – Written reflection**

I.e. reflective diary, project, assignment and care plans. These should demonstrate how the theory relates to practice

### **D – Discussion**

This can be used to demonstrate knowledge of issues or topics.

### **SD – Study day**

Completion of study day and production of certificate can be used as evidence.

### **C – Competency**

Practice competencies must be achieved to demonstrate that the practitioner is competent to practice.

### **T – Testimony**

Other trained practitioners in the workplace are asked to produce written comment on the work or skills of the practitioner. The written testimony should clearly relate to the competencies being assessed and not be general comments.

The Practitioner will be given a mentor throughout their training.

## **PROCEDURE RECORD**

The procedure record is designed to keep an account of the procedures that the learner gains experience in during their preceptorship. It is not a task list but an account of the procedures and the different level of competence achieved.

The four areas of experience are;

- Circulating
- Surgical Scrub
- Anaesthetics
- Recovery

The mentor assigned to the learner during their preceptorship will sign and date the appropriate column. The three column headings are;

- Taught
- Maximum Supervision
- Minimum supervision

The same mentor does not have to sign all three columns; a qualified experienced mentor can sign in the absence of the mentor allocated.

Please photocopy the procedure record as required.

## PROCEDURE RECORD SHEET

Please complete this log in order to keep an account of the procedures that you are involved in during your preceptor period.

DATE	PROCEDURE	TAUGHT	MINIMUM SUPERVISION	MAXIMUM SUPERVISION

SIGNATURE .....  
Practice development/Team leader

SIGNATURE .....  
Preceptor



## SELF-DIRECTED STUDY RECORD

Please include any guided study packs, problem-based scenarios or any other significant project work that has helped in your development.

<b>Date Commenced</b>	<b>Title/description</b>	<b>Date of completion</b>	<b>Comments</b>	<b>Verifier &amp; date</b>

## REFLECTIVE PRACTICE RECORD

Choose an aspect of professional practice that you have experienced during this programme and which directly relates to one of the competency outcomes. Use the following form to reflect on your experiences and the development as a result of this. If you would prefer to choose a different model of reflection, please do so but ensure that you have inserted this into this section of your package.

Date:

Brief description of experience

Description of events:

How did you feel at the time, and what were you thinking about?



What aspects were difficult for you to deal with?

What aspects did you find went well or became a positive outcome in this situation?

How differently might you have approached this experience on reflection?

What was the satisfactory outcome?

Has this incident improved your practice, and what changes might you make?

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## Progress review / Action plan Initial Interview

Please record any meetings or reviews by your mentor / team leader /Practice Development Practitioner

Comments of reviewer	Comments of learner	Action planned	Reviewer sign and date	Learner sign and date
		<p>Read introduction of pack</p> <p>Discuss pack &amp; timelines to ensure staff understands how to fulfil requirements of pack</p> <p>Maintain procedure record sheet</p> <p>Ensure minimum of 2 shifts/wk with preceptor</p> <p>Identify and highlight the competencies to be completed within your supernumery period</p> <p>Complete statutory checklist</p> <p>Link clinical situations to competencies</p> <p>Inform your preceptor, team leader or practice development practitioner of problems</p>		

**Progress review / Action plan – To be completed at end of supernumery period**

Please record any meetings or reviews by your mentor / team leader /practice development practitioner

<b>Comments of reviewer</b>	<b>Comments of learner</b>	<b>Action planned</b>	<b>Reviewer sign and date</b>	<b>Learner sign and date</b>

## Progress review / Action plan – To be completed at three months

Please record any meetings or reviews by your mentor / team leader /practice development practitioner

Comments of reviewer	Comments of learner	Action planned	Reviewer sign and date	Learner sign and date

## Progress review / Action plan – To be completed at six months

Please record any meetings or reviews by your mentor / team leader /practice development practitioner

Comments of reviewer	Comments of learner	Action planned	Reviewer sign and date	Learner sign and date

## Progress review / Action plan – To be completed at twelve months

Please record any meetings or reviews by your mentor / team leader /practice development practitioner

Comments of reviewer	Comments of learner	Action planned	Reviewer sign and date	Learner sign and date



## THEATRE / ANAESTHETIC & RECOVERY COMPETENCY BASED EDUCATIONAL PROGRAMME

**ANAESTHETIC/RECOVERY** practice can be defined as the total care and management of the patient being prepared for, undergoing, and recovering from anaesthesia; this is broadly defined as the peri-operative period.

The anaesthetic/recovery practitioner functions mainly within the operating department, however the training programme should prepare the practitioner to care for patients and to work with the anaesthetist in any of the other settings where anaesthetics are administered.

**THEATRE PRACTICE** can be defined as the total care and management of the patient being prepared for, undergoing, and recovering from Surgery, broadly defined as the peri-operative period.

The preceptor will guide and support the learner through the training programme; however the learner as a registered practitioner is expected to take responsibility for their own learning making good use of available resources.

### **OVERALL OBJECTIVES – Anaesthetic**

On completion of the in-service training programme, the practitioner will: -

1. Be skilled in all aspects of anaesthetic and recovery care
2. Be competent in the use of anaesthetic equipment
3. Be skilled in communication with and establishing good relationships with patient and colleagues
4. Demonstrate knowledge of and be involved in basic teaching
5. Demonstrate an understanding of the management and organisation of the anaesthetic/recovery service, and how this is related to the rest of the operating department/Trust.
6. Continue to develop beyond the training programme to keep up to date with relevant developments and cascade information to colleagues.

### **OVERALL OBJECTIVES – Theatre**

On completion of the in-service training programme, the practitioner will: -

1. Be skilled in all aspects of Theatre care
2. Be competent in the use of theatre equipment
3. Be skilled in communication with and establishing good relationships with patient and colleagues
4. Demonstrate knowledge of and be involved in basic teaching

5. Demonstrate an understanding of the management and organisation of the theatre scrub service, and how this is related to the rest of the operating department/Trust.
6. Continue to develop beyond the training programme to keep up to date with relevant developments and cascade information to colleagues.

## **ASSESSMENT OF TRAINING PROGRAMME**

There will be a progressive assessment of skills, knowledge and attitudes throughout the programme. Assessment will be both practical and verbal as appropriate. The programme should be completed within 52 weeks – 58 weeks exclusive of holidays. The training plan below is not rigid, but a guide to development enabling the learner to progress to a competent anaesthetic/recovery / theatre practitioner. Progress will be individual and the regular meetings between learner and mentor. will highlight strengths and weaknesses. Service demands will also be influential in the training plan being adhered to or not.

You will be rotated around the various areas this will be lead by your team leader

## COMPETENCY STATEMENT 1

The learners will demonstrate an understanding of the role of the anaesthetic practitioner within the anaesthetic team and the operating department

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Appreciation of the practitioner's role in the anaesthetic team and the operating department.	The practitioner will discuss their role in the anaesthetic/recovery and operating department team, and recognise the importance of the role	D			

## COMPETENCY STATEMENT 2

The learners will demonstrate an understanding of the psychological and emotional reactions of patients to operative procedures and to the operating department and its environment

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Knowledge and appreciation of the emotional and psychological reactions of patients undergoing surgery	Discuss: <ul style="list-style-type: none"><li>• The psychological and emotional reactions, which may occur to patients undergoing surgery.</li><li>• The reactions of patients to the operating department.</li><li>• Show consideration for the patient's individuality and self-esteem</li><li>• Appreciate the importance of establishing an immediate rapport with patients in order to allay their fears and anxieties.</li></ul>	O, D			

### COMPETENCY STATEMENT 3

The learners will demonstrate competence in the use of the equipment and supplies within the anaesthetic room

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
The routine preparation and maintenance of the anaesthetic rooms, including equipment and supplies	The practitioner will: <ul style="list-style-type: none"><li>• Carry out the preparation and maintenance of the anaesthetic room. Demonstrate practice 5 times and complete log at back of pack</li><li>• Identify and describe the equipment used in the anaesthetic room, including its maintenance.</li><li>• Ensure adequate supplies are available in this area, and state person to contact regarding supplies.</li></ul>	O. T C  O  O			

## COMPETENCY STATEMENT 4

The learners will demonstrate an understanding of anaesthetic machines and ventilators

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Knowledge, preparation, use and maintenance of the anaesthetic machines and ventilators used in the department and in other anaesthetic areas	<p>The practitioner will:</p> <ul style="list-style-type: none"> <li>• Explain the use/function of the various components of the anaesthetic machines and ventilators.</li> <li>• Demonstrate the procedure for checking the anaesthetic machine 5 times and complete log at back of pack</li> <li>• Explain the procedure for checking anaesthetic machines as per guidelines from Association of Anaesthetists.</li> <li>• Explain procedure for dealing with faulty anaesthetic machines or ventilators</li> <li>• Demonstrate ability to acquire urgent service / engineer attention when required</li> </ul>	<p>O, D</p> <p>C, O</p> <p>D</p> <p>D, O</p> <p>D,O</p>			



## COMPETENCY STATEMENT 6

The learners will demonstrate an understanding of infection control in all areas of the department

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
The appreciation of the importance of maintaining high standards of aseptic discipline and practice in all areas of the department.	The practitioner will: <ul style="list-style-type: none"> <li>• Define cross-infection and discuss its prevention</li> <li>• Perform mask, scrub, and gown and glove techniques</li> <li>• Demonstrate an aseptic technique in the anaesthetic room</li> </ul>	<p style="text-align: center;"><b>D</b></p> <p style="text-align: center;"><b>O.T</b></p> <p style="text-align: center;"><b>O.T</b></p>			
The appreciation of the importance of maintaining high standards infection control practices in all areas of the department	The practitioner will: <ul style="list-style-type: none"> <li>• Discuss infection control protocols and Policies</li> <li>• Demonstrate / discuss care of the patient with the following               <ul style="list-style-type: none"> <li>○ Pulmonary tuberculosis</li> <li>○ MRSA</li> <li>○ CJD</li> <li>○ HIV</li> <li>○ Hepatitis A, B and C</li> <li>○ Latex allergy</li> </ul> </li> </ul>				

## COMPETENCY STATEMENT 7

The learners will demonstrate an understanding of anatomy and physiology of the nervous, respiratory and cardiovascular systems

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Knowledge of the anatomy and physiology of the nervous, respiratory and cardiovascular systems as applied to anaesthesia.	The practitioner will: <ul style="list-style-type: none"><li>Describe the basic anatomy and physiology of the nervous respiratory and cardiovascular systems in relation to anaesthesia.</li></ul>	D, WR			



## COMPETENCY STATEMENT 8

The learners will demonstrate an knowledge and understanding of the common drugs used in anaesthetic practice

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Basic pharmacology of the drugs used in anaesthetic practice	The practitioner will: <ul style="list-style-type: none"><li>• Identify and classify the drugs used in anaesthesia.</li><li>• Explain their effects on the various systems of the body.</li><li>• Maintain adequate quantities of necessary drugs.</li><li>• Follow correct procedure for their storage, security, recording and administration.</li><li>• Checking of controlled drugs as per policy</li></ul>	O, D  O, D  O, D  O, D			

## COMPETENCY STATEMENT 9

The learners will demonstrate knowledge and skills in the use of specialised anaesthetic equipment

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Understanding and efficient handling of specialised anaesthetic equipment. Evidence can be demonstrated by medical devices training and records	<p>The practitioner will:</p> <ul style="list-style-type: none"> <li>• Discuss the use of specialised items of anaesthetic equipment and be able to demonstrate their use and application. <ul style="list-style-type: none"> <li>• Blood Warmer</li> <li>• Haemacue</li> <li>• Blood Glucose monitor</li> <li>• Central venous and arterial monitoring equipment</li> <li>• 12 lead ECG</li> <li>• Pulse oximeter</li> <li>• Temperature monitoring equipment</li> <li>• ECG monitor</li> <li>• Bair Hugger</li> <li>• Nerve stimulator-Stimuplex</li> <li>• Oxygen analyser</li> <li>• Defibrillator</li> <li>• Fibreoptic Laryngoscope</li> <li>• Gum Elastic Bougie</li> <li>• Face masks</li> <li>• Endotracheal tubes</li> <li>• Laryngeal masks</li> <li>• Laryngoscopes</li> <li>• Guedel airways</li> <li>• Naso-pharyngeal airways</li> <li>• Filters</li> <li>• Catheter mounts</li> </ul> </li> </ul>	<p>C</p> <p>C</p> <p>C</p> <p>C, O</p> <p>C, SD</p> <p>O, D</p> <p>O, D</p> <p>O, D</p> <p>O, D</p> <p>O, D</p> <p>O, D</p> <p>O, D</p> <p>O, D</p> <p>SD,O</p> <p>O,D</p> <p>O,D</p> <p>O,D</p> <p>C,O</p> <p>C, O</p> <p>C, O</p> <p>C, O</p> <p>O, D</p> <p>O, D</p> <p>O, D</p>			

	<ul style="list-style-type: none"><li>• Stilettes</li><li>• Suction Equipment</li><li>• Double lumen E,T tubes</li><li>• Bronchocaths</li></ul>	<b>O, D</b> <b>O, D</b>			
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## COMPETENCY STATEMENT 10

The learners will demonstrate knowledge and skills in the principles of anaesthetic practice

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
The understanding and appreciation of the principles of anaesthetic and recovery practice	<p>The practitioner will:</p> <ul style="list-style-type: none"> <li>• Define anaesthetic/recovery practice.</li> <li>• Discuss individualised perioperative care</li> <li>• Visit patients preoperatively and plan care.</li> <li>• Receive, identify and prepare patients for anaesthesia</li> <li>• Remain with, and care for, the patient throughout induction, maintenance, and reversal of anaesthesia. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Transfer patient to care of recovery practitioner or care for the patient until he is transferred to his ward.</li> <li>• Visit patients postoperatively to evaluate care.</li> <li>• Appreciate the needs of the unconscious patient by: Providing care and management to the unconscious patient.</li> <li>• Prepare general and specific equipment for anaesthetic administration. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Assist the anaesthetist during induction, maintenance and reversal of anaesthesia. Demonstrate practice 5 times and complete log at back of pack</li> </ul>	<p><b>D</b> <b>D</b> <b>O,D</b> <b>O,C</b></p> <p><b>O, C</b></p> <p><b>C</b> <b>O, D</b></p> <p><b>C</b></p> <p><b>O, C</b></p> <p><b>O,C</b></p>			
To develop skills in assisting					

extubation	<p>The practitioner will</p> <ul style="list-style-type: none"> <li>• Assist the anaesthetist during the extubation phase</li> <li>• Discuss the potential problems they may encounter during extubation</li> <li>• Demonstrate the process of transferring a patient into recovery</li> <li>• Discuss the equipment that should accompany the patient into recovery</li> <li>• Discuss the paperwork that should accompany the patient into recovery</li> </ul>	<p>O,D D O,D O,D D</p>			
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## COMPETENCY STATEMENT 11

The learner will demonstrate knowledge and understanding of consent

Key skills	Assessment Criteria	Essential evidence	Date	Assessors signature	Learner signature
Develop knowledge and understanding of consent	Discuss the different areas of consent including Adults and paediatrics	<b>D</b>			
	Discuss the mental capacity act with reference to consent	<b>D</b>			
	Demonstrate documentation used to consent patients	<b>D.O</b>			

## COMPETENCY STATEMENT 12

The learners will demonstrate knowledge and skills in the preparation of intravenous therapy and blood transfusions

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Care and management of patients having IV therapy and blood transfusion  NB Staff will need to complete the blood administration competency as directed by the Trust transfusion team	The practitioner will: <ul style="list-style-type: none"><li>• Prepare the patient and equipment for IV therapy/blood transfusion as per Trust protocols. Demonstrate practice 5 times and complete log at back of pack</li><li>• Assist the anaesthetist to establish, and ensure the patients safety and comfort during IV therapy/blood transfusion.</li><li>• State the hazards of IV therapy and their prevention.</li></ul>	<b>O, C, SD</b>  <b>BT C</b>  <b>D, SD</b>			

### COMPETENCY STATEMENT 13

The learners will demonstrate an understanding of maintenance of the airway, endotracheal intubation and controlled ventilation

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Maintenance of the airway and ventilation of the lungs	<p>The practitioner will:</p> <ul style="list-style-type: none"> <li>• State the causes, recognition and methods of relief of airway obstruction.</li> <li>• Demonstrate ability to maintain the airway and ventilate the lungs using circuit and manual rebreathing bag.</li> <li>• Prepare necessary equipment for, and assist with endotracheal intubation of adults. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Prepare necessary equipment for, and assist with endotracheal intubation of paediatrics. Demonstrate practice 5 times and complete log at back of pack</li> </ul>	<p><b>D</b></p> <p><b>O, SD</b></p> <p><b>O, C, T</b></p> <p><b>O,C,T</b></p> <p><b>C,O, T</b></p>			



## COMPETENCY STATEMENT 14

The learners will demonstrate an understanding of maintenance of clinical and general observations of the anaesthetised patient

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
The appreciation of the importance of constant surveillance of the patient.	The practitioner will: <ul style="list-style-type: none"><li>• Carry out continuous assessment of the changing condition of the anaesthetised patient, reading monitoring instruments correctly.</li><li>• Interpret observation and determine appropriate action.</li><li>• Record observations accurately and maintain records.</li><li>• State the problems and complications, which may occur during anaesthesia and the appropriate actions taken.</li></ul>	<p style="text-align: center;">O O O D, WR</p>			

## COMPETENCY STATEMENT 15

The learners will demonstrate an understanding of emergency procedures within theatres

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
The provision of competent assistance during emergency procedures	The practitioner will: <ul style="list-style-type: none"> <li>• Discuss the principles of cardio-respiratory failure/arrest.</li> <li>• Perform competently resuscitation and external cardiac compression.</li> <li>• Explain electrocardiography and arrhythmia's, their interpretation and treatment.</li> <li>• Explain the use of defibrillators and assist with defibrillation.</li> <li>• Explain the procedure for failed intubation</li> </ul>	D,SD SD, S  D  D,SD  D			

## COMPETENCY STATEMENT 16

The learners will demonstrate an understanding of emergency anaesthesia – rapid sequence induction

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Care and management of the patient, and effective assistance during crash induction	<p>The practitioner will:</p> <ul style="list-style-type: none"><li>List the instances when rapid sequence is used and explain principles involved.</li><li>Prepare the patient for, and assist the anaesthetist during rapid sequence. Demonstrate practice 5 times and complete log at back of pack</li><li>Perform effective cricoid pressure. Demonstrate practice 5 times and complete log at back of pack</li></ul>	<p><b>D</b></p> <p><b>O,T,C</b></p> <p><b>O,T,C</b></p>			

## COMPETENCY STATEMENT 17

The learners will demonstrate an understanding of central venous and arterial monitoring

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Care and management of the patient during central venous and arterial monitoring	<p><b>SPECIFIC OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• The practitioner will:</li> <li>• Prepare equipment for the insertion of CV and arterial lines. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Assist the anaesthetist with the insertion of CV and arterial lines.</li> <li>• Read and record observation of CV and arterial pressures, and discuss interpretation of observations.</li> <li>• Monitor the patient's condition during these procedures and give supportive care as required.</li> <li>• Discuss the hazards involved in invasive monitoring, and their prevention.</li> </ul>	<p>O, C</p> <p>O, T</p> <p>O, D</p> <p>O</p> <p>D</p>			

## COMPETENCY STATEMENT 18

The learners will demonstrate an understanding of specific anaesthetic / surgical procedures

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
surgical procedures	<p>The practitioner will:            Prepare and care for the patients and assist with anaesthesia for various types of surgery.            Demonstrate practice 5 times for each speciality and complete log at back of pack</p> <ul style="list-style-type: none"> <li>• General</li> <li>• Emergency surgery</li> <li>• Arterial</li> <li>• Obstetric</li> <li>• Gynaecological</li> <li>• Orthopaedic</li> <li>• Plastics</li> <li>• Cardioversions</li> <li>• Dentals</li> <li>• Ophthalmic</li> </ul>	<p>C, O            C, O            C, O            C, O            C, O            C, O            C, O            C, O            C, O</p>			

## COMPETENCY STATEMENT 19

The learners will demonstrate knowledge and skills in paediatric anaesthesia and recovery

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
<p>Key skills Care and management of the paediatric patient during the perioperative period.</p>	<ul style="list-style-type: none"> <li>• Discuss the role of the parents when admitting a child to the operating dept</li> <li>• Prepare necessary equipment for, and assist with endotracheal intubation of paediatrics. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Demonstrate how you would you calculate the length and size of a endotracheal tube for A child under one year old A child over one year old</li> <li>• Demonstrate how you would ensure a child stays normothermic throughout the perioperative period.</li> <li>• Discuss the formula and prepare intravenous fluids for a child</li> <li>• Demonstrate the preparation of a morphine PCA for a child</li> <li>• Discuss the importance of a child's weight prior to induction of anaesthesia</li> <li>• Discuss baseline observations of a child and demonstrate taking BP. Pulse and respirations</li> </ul>	<p><b>D</b> <b>D.C.O</b> <b>C O</b> <b>O,D</b> <b>D.O</b> <b>D.O,C</b> <b>D.O</b> <b>D/O/C</b></p>			

## COMPETENCY STATEMENT 20

The learners will demonstrate an knowledge and skills regional anaesthesia

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Care and management of the patient, and assisting the anaesthetist during regional anaesthesia	<p>The practitioner will:</p> <ul style="list-style-type: none"> <li>• Explain the differences between epidural and spinal blocks.</li> <li>• Discuss the uses of epidural and spinal anaesthetics, their effects and complications, and the monitoring of patients during same.</li> <li>• Prepare the patient and equipment for, and assist the anaesthetist during spinal and epidural anaesthesia. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Give supportive care and monitor the patient during spinal and epidural anaesthesia. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Record, interpret and report observations.</li> </ul>	<p><b>D</b></p> <p><b>D</b></p> <p><b>C</b></p> <p><b>C</b></p> <p><b>C,O, D</b></p>			

## COMPETENCY STATEMENT 21

The learners will demonstrate knowledge and skills during elective and emergency caesarean sections

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Care and management of the patient during caesarean sections					



## Section 2

**Aim - At the end of the programme the practitioner will be competent to care for patients within the recovery setting**

### COMPETENCY STATEMENT 1

The learners will demonstrate an understanding of the common complications pre, peri and post anaesthetic

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
The practitioner will demonstrate knowledge of the common pre, peri and post anaesthetic complications	<p>Discuss how to recognise the following complications and describe what action should be taken</p> <ul style="list-style-type: none"> <li>• Scoline apnoea</li> <li>• Malignant Hyperpyrexia</li> <li>• Anaphylaxis</li> <li>• Wound haemorrhage</li> <li>• Laryngospasm</li> <li>• Broncho spasm</li> <li>• Asthma</li> <li>• Diabetes</li> <li>• Rapid sequence induction</li> <li>• Difficult intubations - Demonstrate practice 5 times and complete log at back of pack</li> <li>• Epidural Anaesthesia</li> <li>• Spinal Anaesthesia</li> <li>• Regional Blocks</li> <li>• Sedation</li> <li>• Intermittent Positive Pressure ventilation</li> <li>• Local Anaesthetic</li> </ul>	<p>D, WR  D, WR  D, WR  D, O  D, O  D, O  D, O,  D, O,  D, O  D, O,C    D, O  D, O  D, O  D,O  D, O  D,O  D,O</p>			

## COMPETENCY STATEMENT 2

The learners will demonstrate an understanding of Recovery from anaesthesia

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
Short term care and management of the patient recovering from anaesthesia/surgery, and to appreciate the importance of constant awareness of the need for continuity of patient care and of good communication	<p>The practitioner will:</p> <ul style="list-style-type: none"> <li>• Prepare the recovery area for reception of the unconscious post-operative patient</li> <li>• State how to clear and maintain the airway.</li> <li>• Maintain the airway using necessary equipment, including suction.</li> <li>• Specify the care required by the unconscious post-operative patient.</li> <li>• State the rationale for implement and maintain oxygen therapy.</li> <li>• Explain the levels of consciousness.</li> <li>• Make accurate assessment of levels of consciousness.</li> <li>• Accurately monitor and record the patient's status.</li> <li>• Recognise and report abnormalities.</li> <li>• Perform care of the unconscious/sedated patient, giving due regard to the surgical procedure. Demonstrate practice 5 times and complete log at back of pack</li> <li>• State the hazards of incorrect positioning.</li> <li>• Specify and perform the care required for the patient following regional blocks.</li> </ul>	<p>D, O D, S, SD</p> <p>D, S, SD</p> <p>D</p> <p>D</p> <p>D</p> <p>O, D,C</p> <p>O, D,C O, D, C D</p> <p>O, D,C</p> <p>D, S, WR</p> <p>D, S, O</p>			

	<ul style="list-style-type: none"> <li>• State and recognise the clinical features of shock and take appropriate action.</li> <li>• State the causes of post-anaesthetic respiratory depression and its treatment.</li> <li>• Recognise respiratory depression and take necessary action.</li> <li>• State the causes of post-operative cardiovascular changes.</li> <li>• Recognise post-operative cardiovascular changes and take appropriate action.</li> <li>• State the clinical features of and the procedure for dealing with cardiac arrest.</li> <li>• State the causes of post-operative restlessness.</li> <li>• Recognise post-operative restlessness, assess cause and take appropriate action.</li> <li>• State the principles involved in post-operative analgesia/sedation.</li> <li>• Administer analgesia to patients in the recovery area. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Fulfil criteria for and attend study sessions regarding the administration of intravenous injections.</li> <li>• Recognise the significance of the team and his/ her role within that team.</li> <li>• Constantly pay regard to maintaining the patients individuality.</li> <li>• Discuss ethical and moral issues pertaining to</li> </ul>	<p>O, D, S</p> <p>D</p> <p>SD, D, O</p> <p>D</p> <p>D</p> <p>D, O,SD</p> <p>D</p> <p>O, C,</p> <p>D</p> <p>SD,C</p> <p>O,D,C</p> <p>D</p> <p>O,D</p>			
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	<p>care of the peri-operative patient.</p> <ul style="list-style-type: none"> <li>• Develop a calm and methodical approach to all situations.</li> <li>• Demonstrate the criteria used to assess the suitability of patients to be discharged from the recovery room. Demonstrate practice 5 times and complete log at back of pack</li> <li>• Transfer patients back to the wards, giving adequate verbal and written reports to ward staff.</li> <li>• Develop high standards of patient care</li> </ul>	<p><b>D</b> <b>O</b></p> <p><b>D, O, C</b></p> <p><b>D, O, C</b></p> <p><b>O</b></p>			
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### COMPETENCY STATEMENT 3

The learners will demonstrate an understanding of the management of high dependency patients post recovery

<b>Key skills</b>	<b>Assessment Criteria</b>	<b>Essential evidence</b>	<b>Date</b>	<b>Assessor signature</b>	<b>Learner signature</b>
The practitioner wherever possible will be given the opportunity to work for 2 weeks within I.T.U. environment.					

## COMPETENCY STATEMENT 4

The learners will demonstrate an understanding of pain relief

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
To understand and appreciate the principles and practices of pain relief after surgery	<ul style="list-style-type: none"> <li>To understand and appreciate the principles and practices of pain relief after surgery.</li> <li>Gain basic understanding of the different methods of pain control and assessment.</li> <li>Understanding how and why analgesics work.</li> <li>Awareness of the problem of administration of analgesia and the associated side effects.</li> <li>Able to re-charge the PCA and Epidural pump.</li> <li>Change batteries and re-programme the pumps.</li> <li>Appreciate the safety aspects involved.</li> <li>Competent to pass on knowledge and skills to other members of staff in theatre and ward.</li> <li>Demonstrate correct loading and administration of epidural infusions</li> </ul>	<p>SD, D</p> <p>SD, D</p> <p>SD, D</p> <p>SD, D</p> <p>C, D, O</p> <p>C, D, O</p> <p>C, D, O</p> <p>C, D, O</p>			

## COMPETENCY STATEMENT 5

The learners will demonstrate an understanding of communication and inter-personnel issues

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
<p>At the end of the programme, the practitioner will be skilled in communication and in establishing good relationships with patients and colleagues.</p>	<p>The practitioner will:</p> <ul style="list-style-type: none"> <li>• Discuss the psychology of human relationships.</li> <li>• Discuss the factors, which contribute to good relationships.</li> <li>• Explain communication techniques, and how they are applied to communication and rapport within the department and with personnel of other hospital departments.</li> <li>• Discuss the effects of, and methods of dealing with breakdown in communication.</li> <li>• During the normal course of work, display effective communication:               <ul style="list-style-type: none"> <li>a. Within the department</li> <li>b. With staff from other parts of the hospital</li> <li>c. with patients.</li> </ul> </li> <li>• To be an active member of theatre working groups periodically eg:               <ul style="list-style-type: none"> <li>a. Audit</li> <li>b. Clinical governance</li> <li>c. Theatre policies</li> <li>d. Standard setting</li> </ul> </li> </ul> <p>To maintain continuing professional development by attending study days and mandatory training            To reflect upon the knowledge and skills required to ensuring a safe anaesthetic practitioner.            Ensure confidentiality.            Demonstrate a positive approach to teaching in the theatre environment.</p>	<p style="text-align: center;">D D D D</p> <p style="text-align: center;">O, D SD Mandatory training Mentor training</p>			

## COMPETENCY STATEMENT 6

The learners will demonstrate an understanding of clinical teaching

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
As a result of knowledge of, and interest in, clinical teaching methods, the practitioner will teach staff in the department.	The practitioner will: <ul style="list-style-type: none"> <li>• Explain the principles and methods of learning, teaching and assessing.</li> <li>• Appreciate the importance of teaching and display willingness to develop her/his potential for teaching.</li> <li>• Accept responsibility for continuing self-development.</li> <li>• Teach staff within the department.</li> </ul>	D D O O, D O, mentor training			



## COMPETENCY STATEMENT 7

The learners will demonstrate an understanding of management and organisational issues

Key skills	Assessment Criteria	Essential evidence	Date	Assessor signature	Learner signature
At the end of the programme, the practitioner will have knowledge of, and involvement in, the management and organisation of the anaesthetic. recovery services.	<p>The practitioner will:</p> <ul style="list-style-type: none"> <li>• Explain the overall organisation within the anaesthetic and recovery areas.</li> <li>• Organise and implement off-duty and daily deployment of staff to these areas in relation to lists and daily requirements.</li> <li>• Maintain adequate levels of stock, showing awareness of the relative cost of all materials and maintenance, and the needs for reasonable economy.</li> <li>• Explain procedures for ensuring the servicing and general maintenance of equipment.</li> <li>• Give an outline of the heating, lighting, ventilation and air-conditioning within the department, and the procedure for reporting faults of same.</li> <li>• State and adhere to departmental policies.</li> <li>• Discuss the importance of teamwork and good staff co-operation, and the need for good working relations.</li> <li>• Be familiar with the permit to work policy</li> </ul>	<p>D</p> <p>D, O</p> <p>O, D</p> <p>D</p> <p>D</p> <p>D, O</p> <p>D</p> <p>D</p> <p>D</p>			

## Practice Competencies

Demonstrate the procedure for checking the Anaesthetic machine  
This can be found in competency 4

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Prepare general and specific equipment for Anaesthetic administration  
This can be found in competency 3 and 10

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Assist the Anaesthetist during induction, maintenance and reversal of Anaesthesia  
This can be found in competency 10

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Remain with and care for the patient throughout induction, maintenance and reversal of Anaesthesia.  
This can be found in competency 10

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Prepare the necessary equipment for and assist with endotracheal intubation of adults  
 This can be found in competency 12

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Prepare the necessary equipment for and assist with endotracheal intubation of paediatrics  
 This can be found in competency 12 and 19

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Demonstrate effective cricoid pressure  
 This can be found in competency 16

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Practice effective skills during rapid sequence induction  
 This can be found in competency 16

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Demonstrate effective skills during difficult intubation

This can be found in section 2 competency 1

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Prepare equipment for the insertion of CV and arterial lines

This can be found in competency 17

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Prepare the patient and equipment for IV therapy and blood transfusion  
This can be found in competency 12

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Prepare the patient for and assist the anaesthetist during spinal and epidural anaesthetic  
This can be found in competency 20

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Give supportive care and monitor the patient during spinal and epidural anaesthesia  
This can be found in competency 20

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Demonstrate effective skills in the following specialities:  
These can be found in competency 18

### **General**

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

### **Emergency surgery**

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

### **Vascular**

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

### **Obstetrics**

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

### **Gynaecology**

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

## Plastics

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

## Orthopaedics

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

## Cardioversions

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Perform care of the unconscious/sedated patient giving due regard to the surgical procedure  
 This can be found in section 2 competency 2

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Discharge patient from the recovery room using the discharge criteria  
 This can be found in section 2 competency 2

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

Administer analgesia to patients in recovery as hospital policy  
 This can be found in section 2 competency 2

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

IV medicines study day and competencies for this have to be completed

Set up PCA infusion.  
 Demonstrate correct loading and setting of PCA's.  
 Demonstrate the setting and administration of the loading dose.  
 These competencies can be achieved by attending Alaris training sessions and competency assessment.



Demonstrate correct loading and administration of epidural infusions  
This can be found in section 2 competency 4

Date:	Date:	Date:	Date:	Date:
Mentor:	Mentor:	Mentor:	Mentor:	Mentor:
Comment:	Comment:	Comment:	Comment:	Comment:

## Essential Reading List

- Avidan, M., Harvey, A., Ponte, J. & Wendon. Ginsburg, R. (2003) **Perioperative Care, Anaesthesia, Pain Management and Intensive Care**. London: Churchill Livingstone.
- Hatfield. A. & Tronson. M. (2001) **The Complete Recovery Room Book**. 3rd ed. Oxford: Oxford University Press.
- Hind, M. & Wicker, P. (2000) **Principles of Perioperative Practice**. London: Churchill Livingstone.
- Kumar, B. (1997) **Working in the Operating Department**. London: Churchill Livingstone.
- Phillips, N. (2007) **Berry & Kohns Operating Room Technique**. 11th ed. St. Louis: Mosby.
- Al- Shaikh, B. & Stacy, S. (2007) **Essentials of Anaesthetic Equipment**. 3rd ed. London: Churchill Livingstone.
- Simpson. P. & Popat. M.T. (2002) **Understanding Anaesthesia** 4th Edition London: Butterworth Heinemann.
- Smith. B., Rawling. P., Wicker. P. & Jones. C.(2007) **Core Topics in Operating Department Practice- Anaesthesia & Critical Care**.Cambridge:CambridgeUniversity Press.
- Waugh. A. & Grant. A. (2006) **Ross and Wilson Anatomy and Physiology in Health and Illness**. London: Churchill Livingstone.
- William. T.& Smith. B. & (2008) **Operating Department Practice A-Z 2nd ed**. Cambridge:CambridgeUniversity Press.

## Recommended

- Aitkenhead, A., Rowbottom. D. & Smith, G. (2007) **Textbook of Anaesthesia**. 5th ed. London: Churchill Livingstone.
- Clarke, P. & Jones, J. (1998) **Brigdens Operating Room Practice**.London: Churchill Livingstone.
- Conway . N., Ong. P., Bowers.M. & Grimmett (2007) **Operating Department Practice** (Clinical Pocket Reference) Oxford: Pennant Health Publishing.
- Davey, A. (2002) **Fundamentals of Operating Department Practice** London: Grennwich Medical Media Ltd.
- Grace. P.A. & Borley. N.R. (2006) **Surgery at a Glance**. 3rd ed. Oxford: Wiley Blackwell.
- Pinnock. C., Lin. T., Smith. T. & Jones. R. (2008) **Fundamentals of Anaesthesia**. 2nd ed. Cambridge: Cambridge University Press.
- Wicker. P. & O'Neill. J. (2006) **Caring for the Perioperative Patient: Essential Clinical Skills**. Oxford: Wiley Blackwell.
- Woodhead. K. & Wicker. P. (2005) **A Textbook of Perioperative Care**. 2nd ed. London: Churchill Livingstone.

## **Journals**

Technic  
The British Journal of Perioperative Nursing  
Journal of Advanced Perioperative Care  
AORN Journal  
Anaesthesia and Intensive Care  
Surgery  
Evidence Based Practice

## **Electronic**

CODP Website  
<http://www.aodp.org/>

Gray's Anatomy and other useful reference volumes  
<http://www.bartleby.com/107/>

Association for Perioperative Practice (AfPP)  
<http://www.afpp.org.uk/>

The Association of Anaesthetists of Great Britain and Northern Ireland. Lots of useful information here.  
<http://www.aagbi.org/>

British Heart Foundation  
<http://www.bhf.org.uk/>

Nursing and Midwifery Council  
<http://www.nmc-uk.org/>