

## WSOA Training Opportunities

### Stage Two Training

This document contains a list of the learning opportunities available at each trust within the school, mapped to the key capabilities of the stage one curriculum. You can use it to plan which areas of clinical practice to focus on during each rotation.

<b>RED</b>	This key capability won't be possible at this trust – plan to obtain experience and evidence of it during another placement.
<b>AMBER</b>	It may be possible to obtain experience and evidence of this key capability, but it isn't readily achievable or may not be achievable in full to the correct supervision level. Look out of these opportunities as they arise but make a contingency plan to obtain experience and evidence during another placement.
<b>GREEN</b>	This key capability is easily achievable at this trust (with appropriate planning).

<b>Perioperative Medicine and Health Promotion</b> <i>Works with patients to reduce the risks associated with surgery.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Delivers high quality, individualised perioperative care to ASA 1-4 patients for elective surgery and ASA 1-3 emergency patients, focusing on optimising patient experience and outcome. B. Liaises appropriately with other healthcare professionals to optimise patient care. C. Explains the principles of shared decision making. D. Makes appropriate plans to mitigate co-morbidities and their treatment in the perioperative period, with particular reference to less common cardiovascular, neurological, respiratory, endocrine, haematological and rheumatological diseases. E. Appreciates how integrated care pathways influence patient outcomes. F. Describes the use and limitations of common risk-scoring systems. G. Recognises when advanced physiological testing is indicated, interpreting the data to help stratify risk. H. Applies basic sciences to perioperative care.	3						
I. Applies the principles of public health interventions such as smoking cessation, reducing obesity and alcohol intake. J. Recognises the potential harms of health care interventions. K. Explains how religious, cultural, and lifestyle factors may influence healthcare choices, such as blood transfusions, implants and use of animal derived products.	2b						
L. Describes the needs and roles of carers and those providing support in the perioperative period and applies this to practice.	n/a						
M. Describes the requirement for postoperative organ support and its limitations. N. Applies end of life care as part of a multidisciplinary team.	3						
O. Explains and acts on the importance of perioperative management of haematological conditions including anaemia and coagulopathy. P. Recognises the factors associated with abnormal perioperative nutritional status and applies strategies to mitigate risks where appropriate. Q. Applies adjustments required that co-existing disease and surgical complexity have on the conduct of anaesthesia and perioperative care, including frailty, cognitive impairment and the impact of substance abuse or obesity.	2b						
R. Demonstrates adjustments in perioperative care for children with co-morbidity.  <i>Supervision level 2a for ASA 1-3 children aged 1-5. Supervision level 2b for ASA 1-3 children aged 5 and over.</i>	2a/ 2b						



V. Explains the principles of anaesthetic care for children of all ages with complex medical problems and/or requiring complex surgical procedures. W. Explains the principles of the general anaesthetic care of neonates.  <i>Supervision level 2a for ASA 1-3 children aged 1-5. Supervision level 2b for ASA 1-3 children aged over 5.</i>							
X. Uses total intravenous anaesthesia safely in all areas of clinical anaesthetic practice.	2b						

<b>Regional Anaesthesia</b> <i>Performs a wider range of regional anaesthetic techniques.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Performs ultrasound-guided brachial plexus blocks.	3						
B. Performs ultrasound-guided fascial plane blocks for the chest or abdominal wall.	3						
C. Demonstrates how to achieve an optimal ultrasound image and recognises common ultrasound artefact.							
D. Describes ophthalmic blocks for patients undergoing awake ophthalmic surgery.	n/a						
E. Involves the patient in planning and understanding potential complications of regional anaesthesia.	3						
F. Assesses when a regional technique is not appropriate.							
G. Manages inadequate block in the awake patient and in recovery if used as an adjunct to general anaesthesia.	3						
H. Describes the longer-term management of complications of regional anaesthesia.	n/a						
I. Discusses the use of regional anaesthesia in the presence of abnormalities of coagulation.	n/a						

<b>Pain</b> <i>Understands the aetiology and management of acute, acute on chronic and chronic pain.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Utilises a multi-disciplinary approach to the management of complex pain within a biopsychosocial model of care.	3						
B. Can confidently manage acute pain in the whole perioperative pathway in a timely manner.							
C. Is able to assess patients, interpret investigations and initiate management of chronic malignant and non-malignant pain in a timely manner under distant supervision.	2b						
D. Can assess and manage acute on chronic and chronic in-patient pain in adults and recognise when referral to specialist pain services is appropriate.							
E. Identify barriers to effective pain management including those related to patient beliefs, society, culture, and healthcare provision.							
F. Explains the risk factors for persistent post-surgical pain including measures to minimise its occurrence.	n/a						

<b>Procedural Sedation</b> <i>Provides safe sedation to ASA 1 to 3 adults and children in any location within the hospital</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Utilises appropriate sedation techniques by a variety of routes of administration and multiple drug combinations, including target-controlled infusions. B. Utilises sedation protocols and scoring systems. C. Explains the risks of delivering sedation outside the operating theatre and acts to mitigate these risks. D. Recognises when the use of sedation is inappropriate and formulates an alternative safe plan.	3						*1
<b>Resuscitation and Transfer</b> <i>Able to manage the on-going care of post-resuscitation patients. Independently cares for critically ill adult patients during inter-hospital transfers by road.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Leads a multidisciplinary resuscitation team from the initial assessment and management of a critically ill patient, through to handover to Critical Care or another specialist team. B. Maintains contemporary knowledge and skills required for the delivery of successful resuscitation.	3						
C. Demonstrates resuscitation skills in neonates and children.	2b						W
D. Undertakes discussions with patients, families and colleagues to aid decision making on resuscitation, including DNACPR 'do not attempt cardiopulmonary resuscitation' orders.	3						
E. Demonstrates knowledge and skills in resuscitation of the patient with major trauma.	2b			*2		*1	*1
F. Manages inter-hospital transfers of adults and children by land, including time-critical transfers, in line with local and regional policy.	3					*1	
G. Manages the resuscitation, stabilisation and transfer of patients with acute neurological deterioration.	3					*1	
<b>Intensive Care Medicine</b> <i>Provides safe and effective care for critically ill patients with specialist help and guidance.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Recognises the limitations of intensive care; employs appropriate admission criteria	3						
B. Performs safely and effectively the clinical invasive procedures required to maintain respiratory, cardiovascular and renal support	3						
C. Recognises, assesses and initiates management for acutely ill adults across the spectrum of single or multiple organ failure	3						
D. Recognises the acutely ill child and initiates management of paediatric emergencies	3						W
E. Recognises and manages the patient with sepsis and employs local infection control policies	3						
F. Undertakes and evaluates laboratory and clinical imaging investigations to manage patients while critically ill during their intensive care stay	3						
G. Manages the medical / surgical needs and organ support of patients during their critical illness, including the holistic care of patients and relatives	3						
H. Plans and communicates the appropriate discharge of patients from intensive care to healthcare professionals, patients and relatives	3						
I. Manages end of life care within the intensive care environment with patients, relatives and the multi-professional team	2						

J. Liaises with transplant services when appropriate, can perform brain stem death testing and provides the physiological support of the donor.	1						
K. Supports clinical staff outside the ICU to enable the early detection of the deteriorating patient	2						

Notes	
<b>GEH</b>	1. Limited availability of paediatric lists, but the key capability can be achieved with respect to other patient groups. 2. No major trauma, so practical experience not readily available.
<b>GHH</b>	<b>Remember that GHH is part of UHB, and the opportunity to gain experience in other hospitals within the trust may be possible. Discuss this with your ES and CT.</b>
<b>BHH</b>	1. Limited transfer opportunities – consider liaising with ACCOTS team to arrange some shadowing shifts to achieve these key capabilities. <b>Remember that BHH is part of UHB, and the opportunity to gain experience in other hospitals within the trust may be possible. Discuss this with your ES and CT.</b>
<b>WAHT</b>	1. Some experience possible in Redditch, but more experience available at Worcester.  <b>W. Not easily achievable in Redditch, but achievable with experience at Worcester.</b> <b>K. Not easily achievable in Redditch, but achievable with experience at Kidderminster.</b>