

WSOA Training Opportunities

Stage Three 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.

RED	This key capability won't be possible at this trust – plan to obtain experience and evidence of it during another placement.
AMBER	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.
GREEN	This key capability is easily achievable at this trust (with appropriate planning).

Perioperative Medicine and Health Promotion <i>Manages perioperative care at an individual and service-wide level. Applies the principles of sustainability to clinical practice.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Delivers high quality perioperative care of all patients for elective and emergency surgery, developing expertise in an area of anaesthetic special interest. B. Describes the impact of patient mental health and well-being on perioperative care and applies this to practice. C. Describes the principles of person-centred care, including effective self-management, self-care and expert patient support. D. Describes the reasonable limitations of perioperative interventions. E. Can make reasoned clinical decisions in the face of uncertainty.	4						
F. Applies the principles of shared decision making about the suitability of surgery and anaesthesia with high-risk patients and colleagues. G. Evaluates information gained through preoperative assessment and applies the principles of shared decision making with the patient and multi-disciplinary team.	4						
H. Acts as an advocate for health promotion and illness prevention in the perioperative period I. Supports members of the preoperative team to deliver perioperative health promotion strategies	4						
J. Promotes strategies to support sustainable healthcare in clinical practice.	n/a						
K. Develops an understanding of the basic principles of global health including governance, health systems and global health risks.	n/a						

General Anaesthesia <i>Provides safe and effective general anaesthesia independently for all patients undergoing non-specialist procedures and for patients within defined areas of a special interest.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Provides general anaesthesia for all patients undergoing elective and emergency surgery in general settings including maternity units for common complex surgical procedures. B. Demonstrates the decision making and organisational skills required to manage operating sessions independently ensuring that the care delivered to patients is safe, effective and efficient. C. Applies understanding of co-morbidities in patients requiring general anaesthesia and delivers management strategies to offer individualised care.	4						*1
D. Provides safe anaesthetic care for multiply injured patients, from arrival in hospital through definitive treatment, and understands and applies the principles of management for complex situations such as severe burns or poisoning.	3						*1

E. Contributes to departmental expertise in one or more defined areas of special interest.	n/a						
F. Manages patients with complex airway disorders in most situations including independent fibre-optic intubation and can recognise when additional assistance is necessary.	*						
G. Can manage the anaesthetic challenges of patients needing complex shared airway surgery.							
[*Supervision levels as per practical procedures grid]							
H. Provides safe anaesthesia for diagnostic or therapeutic procedures outside of the theatre environment including remote sites.	4						*1
I. Provides safe anaesthetic care for the critically ill patient who needs to return to theatre from the intensive care unit.	3						*1
J. Provides safe and effective perioperative anaesthetic care to all high-risk surgical patients with significant co-morbidities and the potential for massive haemorrhage.	4						
K. Manages the anaesthetic implications of previous neurosurgery and/or intracranial pathology in patients presenting for co-incidental surgery.	3						
L. Manages the anaesthetic implications of congenital or acquired heart disease in patients presenting for co-incidental surgery including referral to a specialist centre when appropriate.	3						
M. Provides safe anaesthetic care for any patient who requires elective or emergency obstetric anaesthesia in a general maternity unit.	4						W
N. Provides safe anaesthetic care for common non-complex elective and emergency surgical procedures in children aged one year and over. Supervision level 2b for children aged 1-3. Supervision level 3 for children aged 3 and over.	2b/3						*2 W K
N. Provides emergency anaesthetic care for paediatric patients pending inter-hospital transfer to a tertiary unit.	3						*2 W

Regional Anaesthesia <i>Delivers a range of safe and effective regional anaesthetic techniques to cover the upper and lower limb, chest and abdominal wall independently.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Tailors regional anaesthesia techniques to patients undergoing day surgery. B. Manages regional anaesthesia and analgesia safely in the perioperative period in all settings. C. Performs ultrasound-guided regional anaesthesia for the chest wall independently. D. Performs ultrasound-guided regional anaesthesia for the abdominal wall independently. E. Performs ultrasound-guided nerve blocks for lower limb surgery independently. F. Performs ultrasound-guided brachial plexus block independently.	4					*3	*1

Pain <i>Able to initiate complex pain management for in-patients and to signpost to appropriate pain management services.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Applies knowledge and understanding of assessment and management of pain in a multi-professional context. B. Demonstrates safe effective pharmacological management of acute and procedure pain in all age groups. C. Acts as an effective member of the inpatient pain team.	4						
D. Effectively engages with multi-disciplinary primary and secondary pain services and palliative care when necessary. E. Recognises the need for and complications of interventional pain procedures.	n/a						

F. Prescribes appropriately in the perioperative period and recognises the long-term implications of not reviewing patient analgesia in the post-operative period following discharge.	4						
G. Plans the perioperative management of patients for surgery who are taking high dose opioids and other drugs of potential addiction.	4						

Procedural Sedation <i>Delivers safe and effective procedural sedation independently.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Delivers procedural sedation for all patients in all settings. B. Evaluates the suitability of sedation for a procedure for a given patient and formulates an alternative strategy when necessary. C. Evaluates and manages the issues posed by provision of sedation in remote sites outside the hospital. D. Describes local and national guidelines regarding sedation practice outside the operating theatre.	4						*1

Resuscitation and Transfer <i>Is able to lead the multidisciplinary team for all patients requiring resuscitation from any cause, subsequent stabilisation and post-resuscitation care. Able to supervise inter-hospital transfers and evaluate the necessary resources for patient transfers.</i>	Supervision Level	UHCW	SWFT	GEH	GHH	BHH	WAHT
A. Maintains resuscitation capabilities achieved in earlier stages. B. Identifies situations where specialist retrieval teams are required. C. Leads the clinical care of patients requiring retrieval/transfer. D. Evaluates the suitability of resuscitation, stabilisation, retrieval or transfer.	4						*1
E. Leads debrief sessions for both staff and relatives in a sensitive, compassionate and constructive manner.	4						
F. Evaluates the wider implications of inter-hospital transfer for on-going safe hospital service delivery. G. Explains the requirements for safe patient transfer by air retrieval.	n/a						
H. Acts as a member of the multidisciplinary trauma team in the initial assessment and stabilisation of the multiple trauma patient and prioritise further management.	4						*1

Intensive Care Medicine <i>Maintains the capabilities achieved at stage 2. 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. B. Can safely plan and conduct the transfer from, and return to, the intensive care unit for patients requiring multi-organ support. C. Recognises and manages the surgical patient who would benefit from pre and/or postoperative critical care. D. Provides safe anaesthetic care for the critically ill patient who requires a procedure or investigation outside of the intensive care environment. E. Recognises and manages the patient with sepsis and employs local infection control policies. J. Explains the physiological and pharmacological requirements for the clinical management of the patient for organ donation. K. Supports clinical staff outside the ICU to enable the early detection of the deteriorating patient.	n/a						

Notes	
GHH	<i>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.</i>
BHH	<ol style="list-style-type: none"> 1. May be difficult to achieve as major head and neck services moves to other hospitals within UHB. 2. Achievable, but the number of lists is limited. Elective learning opportunities should be carefully planned, and emergency opportunities should be prioritised when they arise. 3. Limited access to chest wall and abdominal wall blocks. <p style="text-align: center;"><i>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.</i></p>
WAHT	<ol style="list-style-type: none"> 1. Some experience possible in Redditch, but more experience available at Worcester. <p><i>W. Not easily achievable in Redditch, but achievable with experience at Worcester.</i></p> <p><i>K. Not easily achievable in Redditch, but achievable with experience at Kidderminster.</i></p>