

Preoperative assessment

Learning outcomes:

- To perform a structured preoperative anaesthetic assessment of a patient prior to surgery and recognise when further assessment/optimisation is required
- To explain options and risks of routine anaesthesia to patients, in a way they understand, and obtain their consent for anaesthesia
- To formulate a plan for the management of common co-existing diseases, in particular the perioperative plan for the patient with diabetes

NB: All competencies annotated with the letter 'E' can be examined in any of the components of the Primary examination identified in the FRCA examination blueprint on page B-99 or in the Final examination identified in the Final FRCA blueprint on page C72 of Annex C.

A) History Taking

Objectives:

- To elicit a relevant structured history
- To record the history accurately
- To synthesise the history with the relevant clinical examination

Knowledge

Competence	Description	Assessment Methods	GMP
HT_BK_01	Lists the important elements of anaesthetic history taking	A,C,E	1
HT_BK_02	Recognises that patients do not always present history in a structured fashion	A,C,E	1
HT_BK_03	Lists the likely causes and risk factors for conditions relevant to mode of presentation	A,C,E	1
HT_BK_04	Uses the patient's agenda and history to inform examination, investigation and management	A,C,E	1

Skills

Competence	Description	Assessment Method	GMP
HT_BS_01	Identifies and overcomes barriers to effective communication	A,D	3,4
HT_BS_02	Manages time and draws consultations to a close appropriately	A,D	1,3

HT_BS_03	Recognises that effective history taking in non-urgent cases may require several discussions with the patient and other parties over time	A,C	1
HT_BS_04	Supplements history with standardised instruments or questionnaires when relevant	A,C	3
HT_BS_05	Identifies alternative and conflicting views from family, carers, friends and members of the multi-professional team	C,M	3,4
HT_BS_06	Assimilates history from the available information from the patient and other sources	A,C,M	1,3
HT_BS_07	Interprets and uses non-verbal communication to and from patients and carers	A,D	3,4
HT_BS_08	Focuses on relevant aspects of history.	A,D	1

B) Clinical Examination

Objectives:

- To perform focused, relevant and accurate clinical examination
- To develop the ability to relate physical findings to history in order to establish a diagnosis and formulate a management plan

Knowledge

<i>Competence</i>	<i>Description</i>	<i>Assessment Methods</i>	<i>GMP</i>
CE_BK_01	Describes the need for a targeted and relevant clinical examination	A,C,E	1
CE_BK_02	Describes the basis for clinical signs and the relevance of positive and negative physical signs	A,C,E	1
CE_BK_03	Recognises constraints to performing physical examination and uses strategies to overcome them	A,C	1
CE_BK_04	Recognises the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnoses	A,C	1
CE_BK_05	Offers or uses a chaperone when appropriate	A,C	3,4

Skills

<i>Competence</i>	<i>Description</i>	<i>Assessment Methods</i>	<i>GMP</i>
CE_BS_01	Performs an examination relevant to the presentation and risk factors that is valid, targeted and time efficient	A,D	1
CE_BS_02	Reports the possibility of deliberate harm [both self-harm and harm by others] in vulnerable patients to appropriate agencies	A,C,D	2,4
CE_BS_03	Actively elicits important clinical findings	D	1
CE_BS_04	Performs relevant additional examinations	A,D	1

C) Investigations

Objectives:

- To describe the indications for basic preoperative investigations
- To interpret and act upon basic investigations with relevance to anaesthesia and surgery

Knowledge			
<i>Competence</i>	<i>Description</i>	<i>Assessment Methods</i>	<i>GMP</i>
IN_BK_01 (formerly OA_BS_03)	<p>Interprets clinical data including, but not exclusively:</p> <ul style="list-style-type: none"> • Patient clinical case notes and associated records • Clinical parameters such as: <ul style="list-style-type: none"> ○ BP, Pulse, CVP ○ BMI • Fluid balance • Physiological investigations such as: <ul style="list-style-type: none"> ○ ECGs ○ Echocardiography and stress testing ○ Pulmonary function tests 	A,C,E	1
Skills			
<i>Competence</i>	<i>Description</i>	<i>Assessment Method</i>	<i>GMP</i>
IN_BS_01 (formerly OA_BS_04)	<p>Interprets clinical laboratory data including:</p> <ul style="list-style-type: none"> • Haematology such as <ul style="list-style-type: none"> ○ Routine report of Hb, WBC, haematocrit etc. • Biochemistry such as <ul style="list-style-type: none"> ○ Arterial blood gases/acid-base balance ○ Urea and electrolytes ○ Liver function ○ Endocrine biochemistry such as blood glucose and thyroid function 	A,C,E	1

IN_BS_02 (formerly OA_BS_05)	Identifies normal appearances and significant abnormalities in radiographs including: <ul style="list-style-type: none"> • Chest X-rays • Trauma films – cervical spine, chest, pelvis, long bones • Head CT and MRI showing clear abnormalities 	A,C,E	1
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D) Specific Anaesthetic Evaluation

Objectives:

- To establish a problem list
- To determine whether the patient is risk assessed and optimally prepared
- To plan anaesthesia and postoperative care for common surgical procedures
- To recognise own limitations and reliably determine the level of supervision required
- To explain options and risks of routine anaesthesia to patients, in a way they understand, and obtain their consent for anaesthesia

Knowledge

<i>Competence</i>	<i>Description</i>	<i>Assessment Methods</i>	<i>GMP</i>
OA_BK_01	Gives examples of methods of anaesthesia that are suitable for common operations.	A,C,E	1,2
OA_BK_02	Describes the ASA and NCEPOD classifications and their implications in preparing for and planning anaesthesia and postoperative care	A,C,E	1
OA_BK_03	Explains the indications for and interpretation of preoperative investigations	A,C,E	1
OA_BK_04	Lists the indications for preoperative fasting and appropriate regimens	A,C,E	1
OA_BK_05	Explains the methods commonly used for assessing the airway to predict difficulty with tracheal intubation	A,C,E	1,2
OA_BK_06	Lists the indications for Rapid Sequence Induction	A,C,D,E	1,2
OA_BK_07	Gives examples of the effect of common co-existing diseases on anaesthesia and surgery including but not exclusively: obesity; diabetes; asthma; ischaemic heart disease; hypertension; rheumatoid disease; epilepsy	A,C,E	1
OA_BK_08	Discusses how to manage drug therapy for co-existing disease in the perioperative period including, but not exclusively: diabetic treatment; steroids; anti-coagulants; cardiovascular and respiratory medication; anti-convulsants	A,C,E	1
OA_BK_09	Explains the available methods to minimise the risk of thromboembolic disease following surgery	A,C,E	1,2
OA_BK_10	Describes the complications of anaesthetic drugs [including anaphylaxis, suxamethonium apnoea and malignant hyperpyrexia] and how to predict patients who are at increased risk of these complications	A,C,E	1,2
OA_BK_11	Identifies the principles of consent for surgery and anaesthesia, including the issue of capacity	A,C,E	3,4

OA_BK_12	Explains the guidance given by the GMC on consent, in particular: <ul style="list-style-type: none"> Understands that consent is a process that may culminate in, but is not limited to, the completion of a consent form Understands the particular importance of considering the patient's level of understanding and mental state [and also that of the parents, relatives or carers when appropriate] and how this may impair their capacity for consent 	A,C,E	3,4
OA_BK_13	Summarises the factors determining a patient's suitability for treatment as an ambulant or day-stay patient	A,C,E	1
OA_BK_14	Recalls the factors that affect the risk of a patient suffering post-operative nausea & vomiting	A,C,E	1
Skills			
<i>Competence</i>	<i>Description</i>	<i>Assessment Method</i>	<i>GMP</i>
OA_BS_01	Obtains a history specifically relevant to the planned anaesthesia and surgery including: <ul style="list-style-type: none"> A history of the presenting complaint for surgery A systematic comprehensive relevant medical history Information about current and past medication Drug allergy and intolerance Information about previous anaesthetics and relevant family history 	A,D,E	1
OA_BS_02	Performs a relevant clinical examination including when appropriate: <ul style="list-style-type: none"> Cardiovascular system Respiratory system Central and peripheral nervous system: GCS, peripheral deficit Musculoskeletal system: patient positioning, neck stability/movement, anatomy for regional blockade Other: nutrition, anaemia, jaundice Airway assessment/dentition 	A,D,E	1
OA_BS_06	Makes appropriate plans for anaesthesia: <ul style="list-style-type: none"> Reviews current medication and seeks advice where appropriate Plans appropriate anaesthetic technique[s] Secures consent for anaesthesia Recognises the need for additional investigation and acts accordingly Discusses issues of concern with relevant members of the team Reliably predicts the level of supervision they will require 	A,C,E	1
OA_BS_07	Presents information to patients [and carers] in a format they understand, checking understanding and allowing time for reflection on the decision to give consent	A,M	3,4

OA_BS_08	Provides a balanced view of care options	A,C,E,M	2,3
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