Entrustable Professional Activities for the AARA – Clinical Capability Assessment

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Entrustable Professional Activities for the Anaesthesia Associate Registration Assessment – Clinical Capability Assessment

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Introduction

The anaesthesia associate registration assessment – clinical capability assessment (AARA-CCA) consists of entrustable professional activities (EPAs) to assess a student AA's clinical and professional skills. EPAs look across a range of different skills and behaviours to make global decisions about a learner's capability to take on particular responsibilities or tasks. The EPA concept aims to guide learners and clinical educators in establishing a graded increase in autonomy and responsibility towards readiness to perform key tasks of the profession.

Five EPAs have been defined to cover key activities which AAs should be capable of performing (with appropriate supervision) as a newly qualified AA. The level of supervision required for key activities is detailed in each individual EPA. Student AAs will be able to collate evidence that they are able to work at specific levels of supervision with supervised learning events (SLEs) using entrustment scales. When using entrustment scales, clinical educators are assessing competence to perform clinical procedures as well as professional integrity, reliability, humility and willingness to ask for help when needed, to gauge their trust for the level of supervision required for that learner to perform these professional activities. For each EPA, evidence that the student AA has achieved the required entrustment scale will be provided through tools such as Case Based Discussion (CBD), Anaesthesia - Clinical Evaluation Exercise (A-CEX), Direct Observation of Professional Skills (DOPS), Anaesthetic List Management Tool (ALMAT) (ALMAT), Multiple Trainer Report (MTR) and clinical logbooks. Higher Education Institutes may provide their own paper or electronic versions or use these versions.

Graded levels of entrustment for the EPAs are defined as:

> **1a**: Direct supervision – supervisor present in theatre throughout and required to assist case with proactive involvement.
>
> **1b:** Direct supervision – supervisor present in theatre throughout and available to assist reactively when needed.
>
> **2a:** Indirect supervision – supervisor present in theatre suite and available to assist if required.

Limitations

- Student AAs are not registered medical professionals. Entrustment scales are used to gauge the level of supervision at which an assessor would trust a student AA to perform key activities safely on day one of qualification. To maintain safety for patients, student AAs should always be directly supervised in line with their status as a learner, i.e. at level 1.

- In this document we have chosen ASA to describe comorbidity. Like all tools, this carries limitations when used to infer risk and predict outcomes, and should not replace clinical assessment and more individualised risk prediction models.
- These EPAs are set within the context of the theatre suite environment and do not relate to external or remote areas of practice such as preoperative assessment clinics, endoscopy suites, or maternity theatre settings.
- The levels of entrustment in this document relate to student AAs and newly qualified AAs only. It is expected that qualified AAs will progress to higher levels of entrustment subsequently, subject to local governance and appraisal.

EPA 1 – pre-operative assessment

Summary

- EPA 1 is the ability to perform an anaesthetic pre-operative assessment. This includes recognising factors that confer increased perioperative risk and communicating these factors to more experienced colleagues.

Limitations

- Advanced knowledge of perioperative risk stratification and optimisation is not expected at this stage of training.
- Newly qualified AAs should be confident in their scope of practice, identifying and communicating situations where they need help to perform a complete assessment, or where there is higher than anticipated clinical risk. The pre-operative assessment is a key opportunity for AAs and their supervisors to discuss whether a case is suitable for the proposed level of supervision.
- Student and newly qualified AAs are not expected to possess in-depth knowledge of the anaesthetic techniques used for complex surgical procedures, nor should they be expected to take consent for procedures in which they are not trained.
- EPA 1 describes the ability of newly qualified AAs to perform preoperative assessment at entrustment level 2a (indirect supervision).

Key capabilities

- Takes a focused history, performs examination relevant to anaesthetic practice (including airway and cardiorespiratory examination), and interprets relevant investigations.
- Describes the features of the history and examination which confer increased anaesthetic risk and communicates these to senior colleagues, including:
  a) significant comorbidity (ASA ≥ III)
  b) previous anaesthetic complications
  c) abnormal or unexpected examination findings
  d) anticipated or known difficult airway.
- Explains how a patient's past medical, surgical and anaesthetic history influences the safe conduct of anaesthesia.

- Able to formulate, describe and justify an anaesthetic plan to the supervising anaesthetist.
- Communicates the anaesthetic plan to patients in an understandable way, including counselling on commonly occurring risks and addressing patient concerns.
- Demonstrates understanding of the limitations and scope of practice of a student/newly qualified AA, asking for help when appropriate.

EPA 2 – general anaesthesia

Summary

- EPA 2 is the provision of general anaesthesia for patients having surgery. In practice this prepares newly qualified AAs to provide anaesthesia for low-risk patients having planned, unplanned, urgent or emergency surgery.

Limitations

- Does not include the management of previously fit patients with significant physiological derangement such as septic shock or acute blood loss.
- Induction of anaesthesia should be performed at entrustment level 1b (direct supervision).
- Maintenance of anaesthesia should be performed at entrustment level 2a (indirect supervision), reflecting the 2:1 arrangement of qualified AAs to supervising anaesthetist.
- Emergence for non-intubated, non-complex patients should be performed at entrustment level 2a (indirect supervision).
- Emergence for all intubated or complex patients should be performed at entrustment level 1b (direct supervision).
- It is not anticipated that newly qualified AAs will deliver 2:1 care for highly complex or unstable patients; in these settings it is more likely AAs will work under direct supervision. Ultimately there is a responsibility shared between qualified AAs and their supervising colleagues to be certain that a case-mix and supervision model is chosen which maintains patient safety.

Key capabilities

Preoperative preparation

- Relates knowledge underpinning EPA 1 (Anaesthetic pre-operative assessment) to safe perioperative care planning.
- Understands the scope of practice as an inexperienced medical professional and seeks help appropriately.
- Describes starvation policies for administration of general anaesthesia.

- Demonstrates working knowledge of commonly used anaesthetic equipment, including the anaesthetic machine, standard monitoring and airway equipment.
- Demonstrates working knowledge of the commonly used drugs in anaesthesia (preparation/dose/effects/side-effects/cautions):

  a) induction agents

  b) inhalational anaesthetic agents

  c) analgesics

  d) antibiotics

  e) intravenous fluids

  f) muscle relaxants/reversal agents

  g) antiemetics

  h) sympathomimetics/anticholinergics.

Intraoperative care

- Performs airway management including the following techniques:

  a) Mask ventilation

  b) Supraglottic airway insertion

  c) Endotracheal intubation using direct and video laryngoscopy.
- Safely performs induction of anaesthesia at entrustment level 1b (direct supervision).
- Performs rapid sequence induction at entrustment level 1b (direct supervision).
- Provides safe maintenance of general anaesthesia at entrustment level 2a (indirect supervision) for ASA 1-3 adults undergoing non-complex elective and emergency surgery within the general theatre setting.
- Conducts anaesthesia with controlled and spontaneous ventilation.
- Monitors and manages the physiological effects of general anaesthesia.
- Manages the risks posed to patients when positioning them for surgery, in particular related to pressure areas, peripheral nerves and other delicate structures.
- Follows infection prevention and control procedures in the operating theatre.
- Manages emergence of non-intubated, non-complex patients at entrustment level 2a (indirect supervision), which includes the recognition and initial management of common complications occurring during emergence from anaesthesia.

- Performs tracheal extubation at entrustment level 1b (direct supervision), which includes the recognition and initial management of common complications occurring during emergence from anaesthesia.

Postoperative care

- Gives a clear patient handover to recovery team.
- Can anticipate and plan for issues arising in recovery including acute postoperative pain, asking for help when appropriate.

Managing emergencies and simulation

Newly qualified AAs will be expected to have the skills and knowledge to commence the initial management of emergencies relevant to their scope of practice. Many emergencies are uncommon and may be best assessed in a simulated environment.

- Describe and rehearse the Association of Anaesthetists *Quick reference handbook: Guidelines for crises in anaesthesia.*
- Demonstrates the routine for dealing with an unanticipated difficult intubation, including equivalence to Difficult Airway Society guidelines.
- Demonstrates understanding and capability in non-technical skills relevant to their scope of practice including social, cognitive, and personal factors.

EPA 3 – procedural sedation

Summary

EPA 3 is the provision of up to moderate sedation for the newly qualified AA. This may be delivered in conjunction with other anaesthetic techniques such as local, regional or spinal anaesthesia.

Limitations

- EPA 3 describes the ability of newly qualified AAs to administer up to moderate levels of sedation, at entrustment level 1b (direct supervision), in the theatre complex only. Sedation delivered in other settings (such as the endoscopy suite) will require additional appraisal as a qualified AA, subject to local service design and governance.

Key capabilities

- Obtains consent for sedation, covering areas that are unique to this area of anaesthetic practice, eg counsels for likelihood of recall following procedure.
- Conducts appropriate pre-procedural assessment of patients with respect to sedation, understands patient and procedure related risk factors, and plans accordingly.
- Chooses safe and appropriate sedative drugs to deliver moderate sedation, in line with patient age, co-morbidity and medication history.
- Performs procedural sedation for non-complex ASA 1-3 patients at entrustment level 1b (direct supervision).
- Monitors a sedated patient's physiology appropriately.
- Follows infection prevention and control procedures appropriate to the procedure being performed.
- Understands the different levels of sedation and creates a management plan which appreciates the risks associated with these.
- Recognises and manages the complications of sedation, demonstrating awareness of potential complications from the procedure itself which may affect patient's physiology.
- Delivers safe post-procedural care as part of a multi-disciplinary team.

EPA 4 – peripheral regional anaesthesia

Summary

EPA 4 is the provision of effective peripheral nerve blockade for surgical procedures. It includes the ability to deliver an effective block at entrustment level 1a (direct supervision), and the maintenance of effective blockade for the duration of the patient's procedure. Newly qualified AAs are expected to identify and appropriately escalate complications of blockade, including inadequate blockade and pain during surgery.

Limitations

- Exposure to this area of anaesthesia will vary based on local practice. The list of types of block is not prescriptive – students will be expected to demonstrate the core skills outlined in this EPA in the context of the services they are training in.
- Newly qualified AAs are not expected to perform a wide range of peripheral nerve blocks. It is expected their ability in this area will progress after registration, dependent on local services and governance.

Key capabilities

- Explains clearly to patients the risks and benefits of regional anaesthesia.
- Demonstrates working knowledge of drugs and equipment used in regional anaesthesia.
- Describes the indications and contraindications to regional anaesthetic techniques.
- Understands, applies, and demonstrates adherence to processes preventing wrong-site blocks.
- Follows appropriate infection prevention and control procedures.
- Performs peripheral nerve or fascial plane blocks at entrustment level 1a (direct supervision). Experience in more complex plexus blocks (eg brachial, cervical, lumbo-sacral) is not expected.
- Able to set parameters on ultrasound machine and identify appropriate anatomical landmarks for peripheral nerve blockade. Aware of principles for safe needle placement during ultrasound guided blockade.
- Recognises failed or ineffective blockade, able to plan immediate management, and escalates appropriately.

- Identifies and understands processes for initial management of complications of regional anaesthesia including systemic local anaesthetic toxicity.

EPA 5 – spinal anaesthesia

Summary

- EPA 5 is the delivery of spinal anaesthesia to surgical patients. It encompasses preparation, delivery, and follow-up.

Limitations

- Describes newly qualified AAs administering spinal anaesthesia at entrustment level 1b (direct supervision), in the theatre complex.

Key capabilities

- Explains clearly to patients the risks and benefits of spinal anaesthesia.
- Obtains consent for spinal anaesthesia and counsels for risks specific to the spinal approach, including long-term complications.
- Creates an appropriate plan for spinal anaesthesia for ASA 1-3 patients, using the principles of EPA 1 to identify and communicate areas of risk, including contraindications to spinal anaesthesia.
- Prepares patients for the delivery of spinal anaesthesia, which includes recognising and mitigating risk of pressure damage.
- Follows appropriate infection prevention and control procedures.
- Delivers spinal anaesthesia at entrustment level 1b (direct supervision), confirming an appropriate level of blockade before surgery commences.
- Maintains spinal anaesthesia at entrustment level 2a (indirect supervision), appropriately monitoring patients and reacting to evidence of pain or inadequate blockade.
- Provides aftercare as part of a multi-disciplinary team, including adequate handover which addresses pressure area care.
- Identifies and provides initial management for complications specific to spinal anaesthesia, including hypotension, bradycardia and nausea.

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