EPA 5 Review – Anaesthetise or sedate ASA 1-2, or stable ASA 3 adult patients in the elective setting and manage unstable patients in emergency situations if required, in the rural or remote context.

Description

For low-risk elective procedures, the trainee can anaesthetise or sedate ASA 1-2, or stable ASA 3 adult patients in a rural or regional setting. They can determine when other types of anaesthesia are indicated e.g., spinal anaesthetic, and are able to manage perioperative and anaesthetic crises and unexpected complications in PACU. The trainee can also manage critically ill and unstable patients in emergency situations and prepare patients requiring transfer.

Expected knowledge, skills and attitudes

Assess perioperative risk and identify factors which indicate patients should be transferred to a more specialised centre for anaesthetic care.

Negotiate with other perioperative team members to select an anaesthesia technique which maximises benefits to patients, taking into account patient, anaesthetic, surgical needs and service capability.

Explain various types of anaesthesia to patients in a way in which they understand and obtain informed consent and co-operation.

Perform general anaesthesia or procedural sedation in appropriately selected patients.

Perform a spinal anaesthetic for a non-obstetric procedure and assess its adequacy for surgery and manage as required.

Communicate effectively with perioperative teams and uses communication concepts such as graded assertiveness and closed-loop communication.

Manage patients with complications that occur in the PACU.

Crises

Manage potential perioperative crises which may occur in association with anaesthesia and sedation (e.g., hypoxia, hypertension).

Demonstrate the management of anaesthetic crises such as anaphylaxis, malignant hyperthermia.

Discuss anaesthesia problems and complications that may have occurred during surgery, with patients and families, and provide clear instructions about when to seek assistance.

Emergency

Develop rapport and trust with patients, including in emergency and life-threatening situations where time is limited.

Provide reassurance to patients and check for discomfort, concerns and complications during stressful situations, procedures and/or during conscious sedation.

ANZCA FPM

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RACGP Royal Australian College of General Practitioners

Assess when the benefits to providing emergency care for patients in the rural or remote setting outweigh the risks.

When appropriate, manage complex patients in emergency situations, including those who are/have:

- Unstable > ASA 3
- Critically ill or shocked
- Traumatic injuries, including suspected spinal injuries
- Unfasted, including patients requiring sedation for an emergency procedure

Stabilise and prepare patients requiring transfer.

Workplace-based Assessment

Evidence, which demonstrates competence, must include the following workplace-based assessments as a minimum:

- Mini-CEX – procedural sedation for an adult patient
- DOPS – spinal anaesthesia for a non-obstetric adult patient
- Case based Discussion – the three cases provided by the trainee must include
  - GA for a stable ASA 3 patient ('what if' scenario will be a hypothetical perioperative crisis); and
  - GA a critically ill patient unfasted patient requiring emergency surgery.

Trainee name   _____

Evidence presented by trainee:

Date	WBA type	Case	Level

WBAs were completed by a variety of assessors.   Yes   No

The trainee has:

Completed *EPA 3 – Provide general anaesthesia to ASA 1 and 2 patients* (prerequisite)

Completed the Perioperative Anaphylaxis Response online course or equivalent.

Please select one of the following:

We confirm that the trainee is competent to anaesthetise or sedate ASA 1 and 2, or stable ASA 3 adult patients in the elective setting and manage unstable patients in emergency situations if required, in the rural or remote context.

The trainee must continue to collect evidence to support completion. Please comment on WBAs or other evidence required prior to re-submission for review.

Supervisor name: _____

Signature _____   Date _____

Second Supervisor name _____

Signature _____   Date _____