

BSc (Hons) Healthcare Practice

Anaesthetic Care – Level 7

Module Handbook

Feb. 2022 intake



**Welcome to the Anaesthetic Care module handbook.**

This module covers material examining contemporary anaesthetic practice. During the module you will look at the assessment, planning of care and appropriate interventions for patients undergoing anaesthetic interventions. Some of the material covered in this module, such as anatomy and physiology, draws upon knowledge you have gained so far during your nursing career. We will build upon and contextualise this knowledge and the clinical skills you already have for application in the anaesthetic phase of care. An integral part of this module is the clinical practice that you need to undertake in the anaesthetic phase of perioperative care. Together, the theory and practice will enable you to provide expert support for patients undergoing anaesthetic interventions.

Notes for the seminars are normally available on blackboard a couple of days before each session so that you can print them out and makes notes on them in class if you wish – I will not be providing hard copies for you! Other content is delivered regularly through online PowerPoint narratives and associated questions which you can work through in your own time.

I look forward to spending time with you during the module and hope that you enjoy it!

Dr Luke Ewart – L7 Anaesthetic Care Module leader

RWs12

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Working Timetable - Shaded areas are Self-Directed Study

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| **Programme:** MSc Healthcare Practice **Module Title:** Anaesthetic Care  **Module Code:** MHPMS4ASC **Trimesters:**  2 & 3 (exception) **Module lead:** Luke Ewart **Number of students:** 30 |
| **Wk** | **Date** | **Time** | **Room** | **Group** | **Session Title** | **Last updated** 11/2/22 |
| 24 | Mon 7/2/22 | 09:00 – 12:3013:00 – 16:30 | RWg21(56) | L6 & L7 | Module IntroductionTypes of anaesthesia – Triad of AnaesthesiaIntroduction to Airway Management Begin Spinal and Epidural   | Luke EwartPam Carroll |
| 25 | w/c 14/2/22 | Powerpoint Narratives Bband Qs to answer for feedback  | Introduction to pharmacologyInduction agents and volatile agents |  |
| 26 | w/c21/02/22  | Powerpoint Narratives Bb and Qs to answer for feedback  | Neuromuscular blocking (muscle relaxants)TIVA / TCI |  |
| 27 | Mon28/2/22 | 09:00 – 16:30 | Rws32 (19) | L6 only | Examination Prep’Invasive MonitoringAnti-emetics if timeStudent presentations on a peripheral Block of their choice. | Pam CarrollPam CarrollPam Carroll |
| 28 |  | Self Study | L6 only | Ventilation the anaesthetised patient. – via ReCap Essential Physics – via ReCap  |  |
| 28 | Mon7/3/22Pam A/L | 09:00 – 16:30 | Rwg15 (32) | L7 only | Assignment prep.Ventilation the anaesthetised patient.Essential PhysicsStudent presentations on a peripheral Block of their choice. | Luke EwartLuke Ewart Luke Ewart |
| 28 |  | Self Study | L7 Only  | Invasive Monitoring via ReCapAnti-emetics via ReCap or narrated ppt  |  |
| 29 | w/c14/3/22 | Powerpoint Narrative L6 & L7 | TIVA & TCI |  |
| ` | w/c 21/3/22 | Powerpoint Narrative L6 and L7  | Analgesia Antiemetics – if not covered 28/2 |  |
| 31 | w/c 18/3/22 | Powerpoint Narrative | Anaphylaxis |  |
| 32 | Mon4/4/22Pam A/L | 09:00 – 16:30 | Rwg12 (38) | L6 & L7 | Breathing Systems and Anaesthetic MachineRapid Sequence InductionCricoid pressure Practical  | Luke EwartLuke EwartLuke Ewart |
| 33 | w/c 11/4/22 | Powerpoint Narrative | Obstetric anaesthesia  |  |
| 34 | w/c 18/4/22 | Powerpoint Narrative | Fluids & Fluid Balance |  |
| 35 | Mon25/4/22 | 09:00 – 16:30 | RWg19 (19) | L6 & L7 | Paediatric Anaesthesia Exam revision – L6Assignment prep – L7Module Evaluation | Pam CarrollPam CarrollLuke EwartLuke Ewart |
| 38 | 20/5/22Fri | 09:30 – 12:00 tbc | L6 | \*Exam\*  |
| 38 | 27/5/22Fri | Before 14:00 | L7 | \*Case Study Submission\*  |
| 38 | 27/5/22Fri | \*L7 FULL TIME ROUTE\*Practice Assessment Documentation |
| 49 | 03/8/22Wed | \*L6 and L7 PART TIME ROUTE\*Practice Assessment Documentation |

**ASSESSMENT REQUIREMENTS**

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| **Parent Programme Name** | BSc (Hons) Operating Department Practice |
| **Module Title** | Anaesthetic Care |
| **Module Code** | MHPMS4ASC |
| **Module Start Date / Cohort** | 7th February 2022 |
| **Module Level** | 7 | **Assessment Type(s)** | Case study |
| **Word Length / Duration** | 1. 3000 words +/- 10%2. Completion of Assessment of Practice Documentation (including 450 hours minimum) | **% contribution to module mark** | 100% |
| **Format/Location of submission** | 1. Via Turnitin
2. Practice Assessment Documentation & Hours record Hardcopy to RWs12
 |
| **Deadline (date & time) for Submission** | 20.05.22By 14:00PAD & Hours 03.08.22 tbc | **Assessment feedback date:** | 10.06.22PAD & Hours 24.08.22 tbc |
| **Reassesment Deadline (date & time) for Submission**  | (tbc) | **Reassessment feedback date:** | (tbc) |
| **Assessment Feedback** Feedback is available via Turnitin generally three weeks after submission. Feedback can only be accessed when the mark has been released – thus if an Extenuating Circumstances Request Form (ECRF) is submitted then feedback cannot be accessed until the decision on the ECRF has been made and you have been notified of the outcome. An announcement will be made via the VLE informing students when you can access your mark and feedback.The marker will also indicate in the feedback your Turnitin similarity score and whether this needs to be a concern. Please make sure you read through your feedback as this will help you develop your work for future submissions. Feedback to this submission is given in four ways:* Firstly, there are some formative comments throughout the text which highlight particular strengths and areas where you could have improved your work.
* Secondly, through overall comments which highlight particular sections of good work or areas where you could have developed your work further.
* Thirdly, your work is marked against a standardised CCCU rubric related to this particular assignment.

Finally, you are awarded a summative mark. Feedback on PAD will also be via Turnitin  |
| **Detailed Assessment Guidance**This assignment is a case study. Case studies are an invaluable record of the clinical practices of a profession. While case studies cannot provide specific guidance for the management of successive patients, they are a record of clinical interactions which help us to frame questions for our practice. The following guidelines are intended to give you some further information on how to complete the assignment for this module. However, you should make sure that you refer to the learning outcomes in the module outline and the assessment criteria grid, as these are what your assignment is assessed against. Your assignment is:**Critically analyse and synthesise your experience of a specific non-elective or complex patient whilst providing anaesthetic care.**Your case study needs to be based on an emergency or non-elective anaesthetic case that you have been involved with. The case you choose is up to you, but will need to be a non-elective or complex case (if you are in any doubt about the case you are intending to write about, please contact the module leader). Remember, this is a level 7 assignment so you are expected to be critical and analytical in your discussion of the care delivered to the patient.**Introduction**Your introduction should outline the context of the case and why you have chosen to discuss this particular case. You need to have a clear idea of what is particularly interesting about the case you want to discuss and the introduction is where you convey this to the reader. It is useful to begin by placing the case in context - if there is something especially interesting or challenging about the case you are discussing, now is your chance to bring that out. The introduction should be about 10% of the overall word count and the objective is to have the reader understand clearly, but in a general sense, why it is useful for them to be reading about this case.**Case Presentation**This is the part of the paper in which you describe what happened in this case. You need to include enough detail to make clear what the issue is that you are discussing and other aspects that may be relevant. For example, if you are discussing a patient who went in to laryngospasm, the patient’s oxygen saturations and blood pressure are also important aspects to be aware of.**Management and Outcome**In this section, you should discuss the plan for care, as well as the care which was actually provided, and the outcome. Be as specific as possible in describing the treatment that was used. It does not help the reader to simply say that the patient received “airway management.” Exactly what airway management technique was used? It is useful to include in this section an indication of how and why treatment finished. You need to explain what the measurements were that indicated treatment or management was no longer necessary and how this decision was made. **Discussion** In this section you should identify any questions that this case raises Eg. *The distinction between laryngospasm and bronchospasm is not always clear. However, this case demonstrates several features…*. In the management of the case what role did non-technical skills play? You need to be critical and analytical is discussing how the management of this particular case compared with the evidence base and local or national clinical guidelines. **Conclusion**Finally, you need to summarize the main points about this case and any lessons learned. This should be about 10% of the total word count. Eg. *This case demonstrates a classical presentation of laryngospasm attributed to removal of the supraglottic airway device which resolved quickly following the application of CPAP.* |
| **Contact for Queries**  *Luke Ewart* |
| **Confidentiality/Anonymity Requirements**As this assignment requires you to reflect on your practice experiences, you should make sure you maintain confidentiality at all times. You should remember that you are expected to abide by the relevant NMC Code of Conduct and maintain appropriate levels of confidentiality at all times.  Breaching confidentiality is also breaking professional Codes of Practice.The University and the Faculty of Medicine, Health and Social Care regard breaches of confidentiality as a very serious matter.You must protect the anonymity of time, place, and persons.  It should not be possible to identify patients, service users, clients, staff, carers, colleagues, peers, organisations, agencies or placement areas.This includes in any form of academic work and includes informal conversations in public places e.g on a bus or in a queue at the supermarket or social networking sites.Only information which is available in the public domain may be referenced to a specific organisation: however, it is still essential that no patients, service users, clients, staff, carers, colleagues or peers’ details are identifiable. You should state explicitly that you have maintained anonymity rather than leave it unclear e.g. “All names of patients, service users, clients, staff, carers, colleagues, peers, organisations, agencies and placement areas have been changed in line with professional Codes of Conduct” and appropriately reference to the NMC. **What happens if confidentiality is breached?**A breach of confidentiality in level 7 work will result in a mark of zero and subsequent requirement for resubmission. Serious breaching of confidentiality may also result in further action such as referral to a Fitness to Practice panel. |
| **Ethical Requirements**Due to *the nature of the module content, issues relating to ethical requirements should not arise with this assessment.* |
| **Referencing****Your Essay should be referenced according to CCCU Harvard Standards.****For the University** *guide to Harvard Referencing use this link:*[*CCCU Referencing*](http://www.canterbury.ac.uk/library/citing-references.aspx)*.*[*http://www.canterbury.ac.uk/library/docs/harvard.pdf*](http://www.canterbury.ac.uk/library/docs/harvard.pdf) |
| Prepared by: Dr Luke EwartDate last updated: 06.02.2022 |
| **Detailed Assessment Guidance**This assignment is a case study. Case studies are an invaluable record of the clinical practices of a profession. While case studies cannot provide specific guidance for the management of successive patients, they are a record of clinical interactions which help us to frame questions for our practice. The following guidelines are intended to give you some further information on how to complete the assignment for this module. However, you should make sure that you refer to the learning outcomes in the module outline and the assessment criteria grid, as these are what your assignment is assessed against. Your assignment is:**Write a case study critiquing an aspect of anaesthetic/critical care afforded to a specific patient.**Your case study needs to be based on an anaesthetic or critical care case that you have been involved with. The case you choose is up to you, but will need to be a non-elective or complex case (if you are in any doubt about the case you are intending to write about, please contact the module leader). Remember, this is a level 6 assignment so you are expected to be critical and analytical rather than just describing the care delivered to the patient.**Introduction**Your introduction should outline the context of the case and why you have chosen to discuss this particular case. You need to have a clear idea of what is particularly interesting about the case you want to discuss and the introduction is where you convey this to the reader. It is useful to begin by placing the case in context - if there is something especially interesting or challenging about the case you are discussing, now is your chance to bring that out. The introduction should be about 10% of the overall word count and the objective is to have the reader understand clearly, but in a general sense, why it is useful for them to be reading about this case.**Case Presentation**This is the part of the paper in which you describe what happened in this case. You need to include enough detail to make clear what the issue is that you are discussing and other aspects that may be relevant. For example, if you are discussing a patient who went in to laryngospasm, the patient’s oxygen saturations and blood pressure are also important aspects to be aware of.**Management and Outcome**In this section, you should discuss the plan for care, as well as the care which was actually provided, and the outcome. Be as specific as possible in describing the treatment that was used. It does not help the reader to simply say that the patient received “airway management.” Exactly what airway management technique was used? It is useful to include in this section an indication of how and why treatment finished. You need to explain what the measurements were that indicated treatment or management was no longer necessary and how this decision was made. **Discussion** In this section you should identify any questions that this case raises Eg. *The distinction between laryngospasm and bronchospasm is not always clear. However, this case demonstrates several features…*. In the management of the case what role did non-technical skills play? You need to be critical and analytical is discussing how the management of this particular case compared with the evidence base and local or national clinical guidelines. **Conclusion**Finally, you need to summarize the main points about this case and any lessons learned. This should be about 10% of the total word count. Eg. *This case demonstrates a classical presentation of laryngospasm attributed to removal of the supraglottic airway device which resolved quickly following the application of CPAP.* |

Assessment grading criteria: Level 7 Anaesthetic Care

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| **CRITERION** | **100-80****Distinction** | **79-70****Distinction** | **69-60****Merit** | **59-50****Pass** | **49-40** **Borderline Fail** | **39-20****Fail** | **19-0****Fail** |
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| **PRESENTATION AND STYLE**  |
| **Coherence and organisation of assignment** | Exemplary organisation and coherence clearly enhance the work, and is in a format which may be of publishable standard. | Excellent logical organisation and coherence enhance fulfilment of the assignment objectives, and is in a format which could be of publishable standard with some amendments. | Demonstrates highly logical organisation and coherence. | Demonstrates effective conventional organisation and coherence. | Shows limited organisation and some lack of coherence, but is partially understandable. | Poorly presented and structured work. | Consistently disorganised and/or incoherent.  |
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| **Clarity of expression (incl. accuracy, spelling, grammar, punctuation)** | Exemplary writing control, appropriate to assignment, which enhances the argument. Grammar and spelling accurate. | Highly fluent writing style, appropriate to the assignment. Grammar and spelling accurate. | Fluent writing style. Grammar and spelling accurate. | Meaning clear, but language not always fluent. Grammar and/or spelling mainly accurate. | Generally understandable, but language contains some errors which detract from the argument. | Meaning often unclear and/or frequent errors in grammar and/or spelling. | Meaning unclear. Poor spelling, grammar and punctuation. |
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| **CONFORMING TO INSTRUCTIONS**  |
| **Attention to purpose**  | Addresses the purpose of the assignment comprehensively and imaginatively. | Addresses the full purpose of the assignment with creativity. | Addresses the main purpose of the assignment effectively and with some creativity.  | Addresses the main purpose of the assignment effectively. | Only some of the work is focused on the aims and themes of the assignment. | Mostly fails to address the task set. | Fails to address the task set. |
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| **Referencing** | Outstanding use of sources to support discussion and personal findings. Referencing follows the highest standards of the discipline.  | Excellent use of sources to support discussion and personal findings. Referencing follows highly effectively the standards of the discipline. | Very effective use of sources to support discussion and personal findings. Referencing follows the standards of the discipline very clearly. | Effective use of sources to support discussion and personal findings. Referencing follows the standards of the discipline clearly. | Sources of information acknowledged but integration between text and reference list is inconsistent. Attempts to follow systematic approach, appropriate to the discipline, does not always succeed. | Some sources of information acknowledged but links between text and reference list unclear. Referencing does not follow a systematic approach.  | Little or no acknowledgement of sources of information in text and/or reference list. |
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| **Clarity of objectives and focus of work** | Defines appropriate objectives in detail and systematically addresses them comprehensively and imaginatively. | Defines appropriate objectives in detail and addresses them comprehensively and imaginatively. | Defines appropriate objectives in details and addresses them coherently throughout the work. | Outlines appropriate objectives and addresses them in a manner which gives a focus to the work.  | Uses generalised objectives to provide adequate but limited focus to the work.  | Objectives are not appropriate and/or clearly identified. | No objectives are identified and work lacks focus. |
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| **Addressing the question(s)** | Exemplary engagement with the purpose of the question(s). Response provides original insights informed by the forefront of the field of study and/or professional practice.  | Excellent engagement with the purpose of the question(s). Response provides some original insights informed by the forefront of the field of study and/or professional practice.  | Very effective engagement with the purpose of the question(s). Response provides good insights informed by current research in the field of study and/or professional practice. | Effective engagement with the purpose of the question(s). Response provides some insights informed by research in the field of study and/or professional practice. | Makes an adequate attempt at addressing the question(s), but with some digression and limitation in focus. | Some knowledge displayed but not clearly linked to the question(s). | Does not address the question(s). |
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| **CONTENT AND KNOWLEDGE** |
| **Content and range of knowledge displayed** | Demonstrates an outstandingly comprehensive, detailed and in-depth knowledge base, including new insights at the forefront of the discipline. Shows outstanding capacity to integrate theoretical and substantive knowledge, and an excellent understanding of the limits to knowledge. | Demonstrates an excellent knowledge base, which is detailed, systematic, in-depth, current and informed by insights at the forefront of the discipline. Shows a very good appreciation of the provisional nature of knowledge. | Demonstrates a comprehensive, current, well-organised theoretical and/or substantive knowledge base.Shows a good appreciation of the limits of knowledge.  | Demonstrates an adequate factual and/or conceptual knowledge base, including some current research. Uses appropriate terminology. | Evidence of general knowledge of topic and use of appropriate terminology, but work lacks systematic awareness of current research and/or insights in the discipline. | Some relevant and/or required knowledge missing or confused and/or significant misuse of terminology. | Little or no relevant knowledge included. |
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| **Use of literature / evidence of reading** | Demonstrates outstandingly broad and/or in-depth independent reading from appropriate sources, including the most current ones in the field. Choice of sources highly enhances fulfilment of the assignment objectives. Clear, accurate, systematic application of material with highly developed and/or integrated critical appraisal.  | Demonstrates very broad and/or in-depth independent reading from appropriate sources, including the most current ones in the field. Choice of sources clearly enhances fulfilment of the assignment objectives. Clear, accurate, systematic application of material with well-developed and/or integrated critical appraisal. | Demonstrates broad and/or in-depth independent reading from appropriate sources, including the most current ones in the field. Choice of sources clearly enhances fulfilment of the assignment objectives. Clear, accurate, systematic application of material with developed and/or integrated critical appraisal. | Evidence of independent reading from a wide range of appropriate sources, including current ones. Clear, accurate, systematic application of material. Shows an ability to appraise material critically.  | Limited evidence of broad and independent reading. Application of literature is too descriptive overall. | Very limited evidence of independent reading and/or inappropriate sources used and/or engagement with the literature very superficial. | Little or no evidence of engagement with relevant literature. |
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| **Quality of sources used**  | Outstanding use made of primary sources collated independently, in conjunction with very high-quality secondary sources. Heavily draws upon current research and / or advanced scholarship, at the forefront of the field of study or professional practice. | Excellent use made of primary sources collated independently, in conjunction with high quality secondary sources. Draws upon current research and / or advanced scholarship, at the forefront of the field of study or professional practice. | Uses a wide range and balanced combination of primary sources, collated independently, and high-quality secondary sources. Makes some use of current research and/or advanced scholarship. | Uses an adequate and largely balanced combination of primary sources, collated independently, and secondary sources, including some current sources. | Scope and breadth of sources are limited, and not always current enough.  | Scope and breadth of sources are very limited and not current. | Uses unreliable and / or inappropriate sources. |
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| **Knowledge and application of theory** | Application of knowledge and understanding of theory is outstanding and shows mastery of the discipline and/or professional practice. Appreciation of the limits of theory demonstrated throughout the work. Approach to assessment task is informed by the most up-to-date theories, concepts and practices in the discipline, and own research. | Demonstrates a very detailed, accurate, systematic theoretical understanding. Appropriately selected theoretical knowledge is integrated into the overall assessment task, including up-to-date theories, concepts and practices of the subject area, and own research. | Shows a systematic and accurate understanding of key theories, including the most up-to dates ones, which are appropriately applied, along with own research, within the context of the assessment task.  | Effective application of knowledge of key theories and conclusions resulting from own research.  | Selection of theory is satisfactory but application and/or understanding is limited.  | Knowledge of theory inaccurate and/or incomplete. Choice of theory inappropriate. Application and/or understanding very limited. | Absence of relevant theoretical content and/or use of theory.  |
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| **THINKING / ANALYSIS / CONCLUSION** |
| **Conclusions** | Outstandingly well-developed conclusions which show considerable originality. They form an integrated part of the overall argument and/or discussion, reflecting commanding grasp of theory and/or evidence and/or literature and appropriate forms of conceptualisation. They contribute to the work being of publishable standard. | Very well-developed conclusions, which show clear originality. They are thoroughly grounded in theory and/or evidence and/or literature and use appropriate forms of conceptualisation, forming an integrated part of overall argument and/or discussion. They contribute to the work being of potential publishable standard. | Conclusions show very good development and original insight, and relate clearly and logically to evidence and/or theory and/or literature. | Conclusions are drawn which are clearly derived from evidence and/or theory and/or literature, with some limited originality. | Conclusions drawn are derived from limited understanding of evidence and/or theory and/or literature. | Limited or ineffective attempt to draw together conclusions.  | Lack of conclusions, or unsubstantiated and/or invalid conclusions drawn. |
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| **Critical analysis** | Shows mastery of relevant analytic techniques, and the ability to apply these to new and/or abstract information and situations. Shows an outstanding appreciation of the limits and/or appropriate uses of particular analytic approaches. Ready for doctoral research and potential publication in the discipline area. | Makes excellent use of a range of relevant analytic techniques, and applies these to new and/or abstract information and situations. Shows excellent ability to compare alternative theories and/or analytic approaches (where relevant). | Makes very good use of established techniques of analysis relevant to the discipline. Shows good ability to compare alternative theories and/or analytic approaches (where relevant). | Makes good use of established techniques of analysis and gives some critique of these techniques relevant to the discipline.  | Makes satisfactory but limited use of established techniques of analysis, relevant to the discipline. | Attempts at analysis ineffective and/or uninformed by the discipline.  | Lacks any analysis. |
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| **Critical reasoning** | Highly sophisticated, critical evaluation of recognised and current theories and/or concepts and/or assumptions and/or data which informs the overall approach taken to the assignment. Arguments are very clear, coherent, tenable, and demonstrate considerable originality and independence of judgement. | Sophisticated, critical evaluation of recognised and current theories and/or concepts and/or assumptions and/or data which informs the overall approach taken to the assignment. Arguments are clear, coherent, tenable, and demonstrate originality and independence of judgement. | Very effective critical evaluation of various theories and/or concepts and/or assumptions and/or data which informs the overall approach taken to the assignment. Arguments are clear, coherent, tenable, and demonstrate some originality and independence of judgement. | Effective critical evaluation of theories and/or concepts and/or assumptions and/or data which informs the overall approach taken to the assignment. Arguments are generally clear, coherent, tenable, and demonstrate sound judgement. | Demonstrates limited critical insight and judgement. Recognises alternative positions. | Critical thought and/or judgement very limited and/or incoherent.  | No evidence of critical thought. |

**MODULE DESCRIPTOR**

**Module Title** **Anaesthetic Care**

**Module Code MHPMS4ASC**

**Parent Programme MSc Progressive Health & Care**

**Level** 7

**Credit Rating** 20 credits (10 ECTS)

**Semester/Trimester of Delivery:**  2 & 3 (Exception)

**Academic Direction:** 30 hours academic direction

 170 hours practice learning and independent study

 Minimum 450 hours supervised anaesthetic Practice

**Academic Responsibility** Luke Ewart

**Pre-Requisites** Learners undertaking the module must be a registered practitioner who has worked in the perioperative environment for a minimum of 12 months (full time equivalent) prior to undertaking the module.

**Co-Requisites** Learners must undertake a minimum of 450 supervised hours anaesthetic based clinical practice.

**Module Aims**

The aim of this module is to provide learners with in depth knowledge and understanding of anaesthetic procedures, equipment and underpinning pharmacology to be able to practice in the routine assessment, planning, implementation and evaluation of the anaesthetic phase of care within the perioperative setting.

**Intended Learning Outcomes**

By the end of this module learners should be able to:

1. Demonstrate a critical knowledge and understanding of the challenges involved in maintaining a compassionate person-centred perspective when working collaboratively within the anaesthetic phase of perioperative care;
2. Analyse the complex principles underpinning skills for anaesthetic assistance including the stages of induction, maintenance and reversal and critically analyse the use of invasive anaesthetic interventions and their potential hazards / complications;
3. Demonstrate a critical knowledge and understanding of pharmacology commonly used in anaesthetic practice in accordance with the relevant legislation
4. Analyse current research and apply current evidence based practise to meet the complex physical, psychological and social needs of patients from diverse cultural backgrounds undergoing anaesthesia.

**Indicative Module Content**

This module will examine the fundamental principles of caring for patients from diverse cultural backgrounds undergoing sedation, general, regional or local anaesthesia and will be supported by a minimum of 450 hours supervised clinical practice in the anaesthetic phase of perioperative care. The preparation and use of anaesthetic equipment to meet the needs of the patient undergoing anaesthesia, including anaesthetic machines, breathing circuits and airway management devices, will be examined. A range of invasive and non-invasive anaesthetic monitoring equipment will be studied to provide a basis for relating physiological observations such as temperature, pulse, ECG, blood pressure, SaO2, and respirations to compassionate perioperative patient care. The module will also examine anaesthetic related pharmacology such as induction agents, maintenance agents, neuromuscular blocking agents and their reversal, analgesics, and anti-emetics.

**Specific areas of competence focus on;**

Anaesthetic machines

Gas laws and management of medical gasses

Breathing circuits

Airway management devices

Airway management techniques

Invasive monitoring

Non-invasive monitoring

Drug laws and Legalities of anaesthetic pharmacology

Pharmacology of general anaesthetic agents

Pharmacology of local anaesthetic agents

Regional anaesthesia techniques

Acute pain management

Positioning the surgical patient

Microbiology and pathology

Anaesthetic emergencies

Complications of anaesthesia

**Learning and Teaching Strategies**

This module is delivered using a learner centric blended learning approach. Content delivery is through a blend of face to face teaching and use of online resources such as PowerPoint narratives. During the days that learners attend University, group work, simulation and reflective activities will be used to support learning. Formative assessments will be conducted regularly throughout the module following the delivery of online resources, feedback from which will help focus learning and support the summative assessment. The use of guided reading will encourage independent study and enable learners to examine topics in greater depth. This blended learning approach provides opportunities for more open, flexible, work and home-based study, enabling these CPD students to determine where, when and how they participate in the learning community.

Practice competences demonstrating current evidence based clinical practice will be achieved over a period of two trimesters using an assessment of practice tool. A minimum of 450 hours of supervised clinical practice will be undertaken in order to benchmark the module and meet the AAGBI requirements for anaesthetic assistants to have a nationally recognised qualification.

**Assessment Strategy**

The assessment is in two parts, both of which must be passed for successful completion of the module.

Level 7:

1. An assessment of practice tool (25% of the module = pass / fail).
2. Critically analyse and synthesise your experience of a specific non-elective or complex patient whilst providing anaesthetic care (3000 word) (75% of the module = 100% of the grade).

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| **Activity Type** | **Activity Descriptor** | **Weighting** | **Length / Duration** |
| Essay | Case Study | 100% | 3000 words |
| Work Placement Report | Practice Assessment Record | 0% | Equiv.1000 words |

# Indicative Resources

Allman, K. G. and Wilson, I. H. (2016) *Oxford Handbook of Anaesthesia.* 4th edn. Oxford: Oxford University Press

Al-Shaikh, B. and Stacey, S. (2019) *Essentials of Anaesthetic Equipment*. 5th edn. London: Churchill- Livingstone

Association for Perioperative Practice (2007) *Local anaesthesia and sedation, managing the risk.* Harogate: AfPP

Bruck, L. Donofrio, J. Labus, D. Mayer, B.H. Munson, C. and Schaeffer, L. (eds.) (2013) *Nursing Pharmacology made Incredibly easy.* 3rd edn. Philadelphia: Lippincott Williams & Wilkins

Conway, N. Ong, P. White, N. and Rich, C. (2019) *Clinical Pocket Reference: Operating Department Practice*. 3rd edn. Oxford: Clinical Pocket Reference

England, J. (2017) *Glossary of Anaesthetics: For Nurses, Paramedics and Operating Department Practitioners.* Oxford: Blackwell publishing

Jevon, P. (2007) *Treating the critically ill patient.* London: Blackwell publishing

Jevon, P. and Ewens, B. (2013) *Monitoring the Critically Ill patient* 3rd edn. Oxford: Blackwell publishing

Sassada, M. and Smith, S. (2016) *Drugs in anaesthesia and intensive care*. 5th edn. Oxford: Oxford medical publications

Smith, T. Pinnock, C. and Linn, T. (eds) (2016) *Fundamentals of Anaesthesia.* 4th edn.

Cambridge: Cambridge Medicine

Thompson, J. Moppett, I. and Wiles, M. (eds.) (2019) *Textbook of Anaesthesia.* 7th edn. London: Elsevier

Tortora, G. and Derrickson, B.H. (2017). *Principles of anatomy and physiology.* 14th edn. New York: John Wiley & Sons

**Journals**

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