



## **Guideline for Anaesthesia Supervisors**

### **Assessment of ICU Trainees Within 12-Month Anaesthesia Rotation**

#### **1. Purpose**

This guideline provides a structured framework for anaesthesia supervisors to assess ICU trainees undertaking a mandatory 12-month anaesthesia rotation, either continuously or in 3-6 months block.

Assessment should:

- Be based on **duration of anaesthesia exposure**
- Consider **progressive acquisition of anaesthetic competencies**
- Benchmark performance against **anaesthetic trainees at comparable stages**
- Reflect expected capability for safe, supervised independent practice appropriate to training level

Supervisors should evaluate performance across:

- Preoperative assessment
- Airway management
- Intraoperative management
- Postoperative care
- Crisis management
- Professionalism and communication
- Procedural competence
- Situational awareness and clinical reasoning

## **Performance Levels**

### **Level: Novice**

**(0–2 months of anaesthesia exposure)**

**Equivalent to ANZCA trainee:** Trainee who has just commenced training **Overall performance**

The trainee:

- Has minimal understanding of anaesthetic workflow
- Requires direct supervision at all times
- Is unfamiliar with anaesthetic equipment and drugs
- May have strong ICU-based knowledge but limited translation into theatre practice

Descriptors for clinical capabilities for a trainee at Novice performance level

### **Preoperative Assessment**

- Performs basic preoperative reviews with guidance
- Requires prompting to identify anaesthesia-specific risks

### **Airway Management**

- Performs bag-mask ventilation with instruction
- Observes intubation; may attempt under close supervision
- Limited understanding of airway planning strategies

### **Intraoperative Management**

- Requires step-by-step guidance for:
  - Induction sequence
  - Drug preparation
  - Monitoring interpretation
- Limited anticipation of haemodynamic changes

### **Procedural Skills**

- IV access: competent (from ICU background)

- Arterial lines: may be competent technically but unfamiliar with theatre workflow
- Central lines: technically capable but may require adaptation to anaesthesia environment

### **Crisis Management**

- Recognizes deterioration but depends on supervisor for management decisions

### **Supervision Level**

- **Direct, hands-on supervision required at all times**
- Not safe for independent case management

## **Level: Introductory Trainee**

**(~6 months of anaesthesia rotation)**

**Equivalent to ANZCA trainee:** End of introductory anaesthetic training

Expected level if trainee has completed 6 months of anaesthesia training

The trainee:

- Understands routine anaesthetic workflow
- Manages straightforward cases with indirect supervision
- Demonstrates improving anticipation and situational awareness
- Integrates ICU physiology knowledge into intraoperative care

## **Clinical Capabilities**

### **Preoperative Assessment**

- Performs structured preoperative evaluations independently
- Identifies common anaesthetic risks
- Proposes reasonable anaesthetic plans for routine cases

### **Airway Management**

- Competent in:
  - Bag-mask ventilation
  - Direct laryngoscopy in uncomplicated airways
- Demonstrates basic airway planning
- Recognizes predictors of difficult airway

### **Intraoperative Management**

- Conducts induction with minimal prompting
- Manages maintenance anaesthesia in ASA I–II and selected stable ASA III patients
- Recognizes and manages common issues:
  - Hypotension
  - Hypertension
  - Bronchospasm (mild)
- Beginning to anticipate physiological responses

## **Procedural Skills**

- Competent in:
  - Arterial line insertion
  - Central venous access
- Basic understanding of neuraxial techniques (may perform under supervision)
- Familiar with ultrasound for vascular access

## **Crisis Management**

- Recognizes common intraoperative crises
- Initiates initial management steps appropriately
- Requires supervisor support for escalation

## **Supervision Level**

- **Indirect supervision for straightforward cases**
- Direct supervision required for complex cases

## **Level: Basic Trainee Level**

### **(End of 12-month anaesthesia rotation)**

**Equivalent to ANZCA Trainee:** Early Basic Anaesthetic Trainee at 6 months  
(Basic Anaesthetic Training = 18 months total)

This is the expected standard upon completion of the ICU trainee's anaesthesia requirement.

Expected level if trainee has completed 12 months of anaesthesia training

The trainee:

- Safely manages routine anaesthetic cases independently with supervision
- Demonstrates structured clinical reasoning in anaesthesia
- Integrates ICU-level physiological understanding into intraoperative decision-making
- Shows early development of independent judgement

## **Clinical Capabilities**

### **Preoperative Assessment**

- Independently conducts comprehensive preoperative evaluation
- Identifies higher-risk patients
- Formulates appropriate anaesthetic plans including:
  - Airway strategy
  - Monitoring plans
  - Postoperative disposition (PACU vs ICU)

### **Airway Management**

- Competent in:
  - Routine direct laryngoscopy
  - Use of supraglottic airway devices
- Demonstrates structured approach to unexpected difficult airway
- Understands escalation pathways

### **Intraoperative Management**

- With supervision can conduct:
  - Induction

- Maintenance
  - Emergence
- Manages haemodynamic instability with appropriate pharmacologic strategies
- Demonstrates anticipation rather than reaction
- Applies ICU-level fluid and vasoactive knowledge appropriately

### **Procedural Skills**

- Competent in:
  - Arterial lines
  - Central lines
- Performs spinal anaesthesia under supervision with appropriate understanding
- Demonstrates safe use of ultrasound

### **Crisis Management**

- Recognizes and initiates structured management of:
  - Hypotension
  - Hypoxia
  - Anaphylaxis (initial steps)
  - Major haemorrhage (initial response)
- Calls for help appropriately
- Maintains situational awareness

### **Supervision Level**

- **Safe for routine lists with supervision**
- Requires direct supervision for:
  - Major cases
  - High-risk patients
  - Complex airway
  - Advanced regional techniques

Could add here are education email address if further questions / unsure