

2.5.3

Anesthesia department Reforms



**DR.VASANTRAO PAWAR MEDICAL COLLEGE, HOSPITAL & RESEARCH
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Department Of Anaesthesiology

WORKPLACE BASED ASSESSMENT

The postgraduate resident students are assessed in the following procedures-

1. Airway assessment
2. Laryngoscopy and Endotracheal intubation
3. Spinal Anaesthesia
4. Brachial plexus blocks

Steps of Assessment

1. The procedure is demonstrated initially and the student is asked to read the theory part .
2. The student is well prepared with the Topic and observes the teacher performing the procedure.
3. The student performs the procedure under the teacher's guidance.
4. The student independently performs the procedure while the teacher observes.
5. The teacher gives feedback to the students about their performance.





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Airway Assessment

Sr. No.	Checklist	Yes/No
1	Greets the patient	
2	Brief History : Takes a brief Medical, surgical or anaesthetic history	
3	Does a general, physical and regional examination that is teeth, tongue and oral cavity	
4	Does the Mallampatti test	
5	Checks Atlanto occipital joint (AO) extension	
6	Checks the thyromental (T-M) distance	
7	Checks the sterno-mental distance	
8	Checks the mandibulo-hyoid distance	
9	Checks the Inter-incisor distance	
10	Checks the neck mobility	
11	Does the LEMON airway assessment method	

LEMON airway assessment method

The score with a maximum of 10 points is calculated by assigning 1 point for each of the following LEMON criteria: 12, 13 score predictive of difficult intubation

- L = Look externally (facial trauma, large incisors, beard or moustache, large tongue)
- E = Evaluate the 3-3-2 rule (incisor distance-3 finger breadths, hyoid-mental distance-3 finger breadths, thyroid-to-mouth distance-2 finger breadths)
- M = Mallampati (Mallampati score > 3).
- O = Obstruction (presence of any condition like epiglottitis, peritonsillar abscess, trauma).
- N = Neck mobility (limited neck mobility)



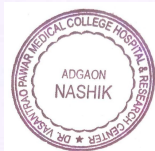


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Laryngoscopy and endotracheal intubation

Sr. No.	Checklist	Yes/No
1.	Explain the procedure	
2.	Monitors are attached	
3.	Induction of anaesthesia	
4.	Give flexion at neck and slight extension at atlanto-occipital joint by using ring pillow	
5.	After patient is relaxed open the mouth with cross finger technique	
6.	Laryngoscope is held in left hand and opened	
7.	Insert the blade of laryngoscope from right angle of the mouth	
8.	Take blade to the right side of tongue and push tongue to left	
9.	Look for the epiglottis	
10.	Push tip of blade in the glosso-epiglottic fold and lift the epiglottis to view the vocal cords or the laryngeal inlet	
11.	Pass proper sized endotracheal tube under vision	
12.	Check for correct tube placement by auscultation and capnography	
13.	Cuff inflated and tube is fixed	





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Spinal Anaesthesia

Sr. No.	Check-list	Yes/No
1.	Explain the procedure	
2.	Monitors are attached	
3.	Positioning of the patient	
4.	Painting is done with sterile antiseptic solution and sterile draping is done	
5.	Calculated dose of Local anaesthetic drug is withdrawn into syringe after proper checking the drug and its expiry date	
6.	The ASIS is palpated and L3-L4 inter-spinous space is identified	
7.	The patient is informed before taking a prick	
8.	Local anaesthesia given at the site of injection	
9.	Spinal needle introduced slowly and felt for the loss of resistance	
10.	After feeling the second give way stylet is removed and free flow of CSF is obtained	
11.	After free and clear aspirate of CSF drug is injected slowly into the sub-arachnoid space	
12.	Monitoring the level of spinal anaesthesia and vital parameters	





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Brachial plexus blocks

Sr. No.	Check-list	Yes/No
1.	Explain the procedure to the patient	
2.	Monitors are attached	
3.	Positioning of the patient	
4.	Painting is done with sterile antiseptic solution and sterile draping is done	
5.	Calculated dose of Local anaesthetic drug is withdrawn into syringe after proper checking the drug and its expiry date	
6.	Nerve locator is attached and set to proper current and frequency	
7.	Landmarks are palpated and marking done	
8.	Local anaesthetic injected at the site of insertion of needle	
9.	Needle introduced slowly after informing the patient	
10.	Check for desired response and lower the current	
10.	Start injecting drug and see for positive Raj's test and inject the required volume of local anaesthetic agent	
11.	Monitor the patient for potential complications	

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Self-assessment

Self-assessment is done in the routine operative procedures. One student is asked to demonstrate the correct technique of the following procedures:

1. Checking of the anaesthesia workstation
2. Pre operative preparation of the patient
3. Preparation of anaesthesia trolley

The peer students will comment on the discrepancies in the technique of the performing student. Finally the teacher summates the correct method of the technique Thus self-assessment enhances self-directed student learning.



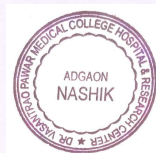


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Checking of the anaesthesia workstation

Sr. No.	Checklist	Yes/No
1.	Verify auxiliary oxygen cylinder and self-inflating manual ventilation device are available & functioning	
2.	Verify patient suction is adequate to clear the airway	
3.	Turn on anesthesia delivery system and confirm that AC power is available.	
4.	Verify availability of required monitors and check alarms	
5.	Verify that pressure is adequate on the spare oxygen cylinder mounted on the anesthesia machine.	
6.	Verify that piped gas pressures are ≥ 50 psig.	
7.	Verify that vaporizers are adequately filled and, if applicable, that the filler ports are tightly closed.	
8.	Verify that there are no leaks in the gas supply lines between the flowmeters and the common gas outlet	
9.	Calibrate, or verify calibration of, the oxygen monitor and check the low oxygen alarm	
10.	Verify carbon dioxide absorbent is not exhausted	
11.	Breathing system pressure and leak testing	
12.	Verify that gas flows properly through the breathing circuit during both inspiration and exhalation	
13.	Document completion of checkout procedures.	
14.	Confirm ventilator settings and deliver anesthesia care.	





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Preoperative preparation of the patient

Sr. No.	Checklist	Yes/No
1.	Greet the patient	
2.	Check the patient file for name and surgery posted	
3.	Explain the procedure of anaesthesia	
4.	Ask about the NBM status of the patient	
5.	Check the consent	
6.	Ask for medication taken on the day of surgery	
7.	Communicate and counsel the relatives of the patient	
8.	Shift patient into the OT	
9.	Check for IV line and its patency	
10.	Attach the monitors	
11.	Record the preoperative vital parameters	
12.	Check all the lab reports, ASA grading and anaesthesia fitness	





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Checklist for Anaesthesia safety

Sr. No.	Checklist	Yes/No
1.	Is an experienced and trained assistant available to help you with induction	
2.	Has the patient had no food or drink for the appropriate time period?	
3.	Is there intravenous access that is functional?	
4.	Is the patient on a table that can be rapidly tilted into a head-down position in case of sudden hypotension or vomiting?	
5.	Equipment check: If compressed gas will be used, is there enough gas and a reserve oxygen cylinder	
6.	Anesthetic vaporizers are connected?	
7.	Breathing system that delivers gas to the patient is securely and correctly assembled? Breathing circuits are clean?	
8.	Needles and syringes are sterile? Drugs are drawn up into labelled syringes?	
9.	Emergency drugs are present in the room, if needed?	
10	AED/ defibrillator charge	
11	Difficult airway cart	





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Criteria for shifting the patient to the recovery room

Sr. No.	Checklist	Yes/ No
1.	Is the patient extubated?	
2.	If yes is the breathing spontaneous and regular?	
3.	Is the patient awake?	
4.	Is there spontaneous eye opening?	
5.	Does the patient respond to verbal commands?	
6.	Are there any signs of residual muscle paralysis?	
7.	Is there any residual sedation?	
8.	Is there shivering?	
9.	Does the patient have any airway obstruction?	
10.	Nausea or vomiting?	
11.	Adequate pain relief?	
12.	GA?	
13.	NAB?	
14.	Scoring system ?	

Apikodure

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Blue Printing of PG question papers

Question pattern/type	No. of items	Marks	Marks including options
LAQs	2 (25 marks each)	50	50
SAQs	5 out of 6 (10 marks each)	50	60
Total	8	100	110



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Paper I : Basic Sciences as applied to Anaesthesiology

Weightage Method : High/ Moderate/ Little application (3/2/1)

S.No.	Topic	Weightage	Marks Alloted	LAQs	SAQs
1.	History	1	7		1
2.	Anatomy	3	22	1	
3.	Physiology	3	22	1	
4.	Pathology	2	15		1
5.	Pharmacology	3	22		2
6.	Physics	1	7		1
7.	Instruments and Equipments	2	15		1
	Total	15	110	2	6

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**Paper II : Practice of Anaesthesia : Anaesthesia in relation to associated
systemic and medical diseases**

Weightage Method : Impact factor 3/2/1 X Frequency 3/2/1 (W=IXF)

S.No.	Topic	Weightage	Marks Alloted	LAQs	SAQs
1.	CVS	9	18	1	
2.	RS	9	18	1	
3.	Geriatric/Paediatric	6	12		1
4.	Metabolic	4	8		1
5.	Emergency Medicine	9	18	1	
6.	Ortho/Ophthalm/Dental/Radiodignosis	4	8		1
7.	Obstetrics	6	12	1	1
8.	Haematology	4	8		1
9.	CNS	4	8		1
	Total	55	110	2	6

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Paper III : Anaesthesia in relation to subspecialities/ superspecialities

Weightage Method : Impact factor^{3/2/1} X Frequency^{3/2/1} (W=IXF)

S.No.	Topic	Weightage	Marks Alloted	LAQs	SAQs
1.	Regional An./Nerve blocks	9	24	1	1
2.	Cardiac Anaesthesia	6	16	1	1
3.	Neuro Anaesthesia	6	16	1	
4.	Paediatric Anaesthesia	6	16		1
5.	Anaesthesia outside OR	4	11		1
6.	Transplant Anaesthesia	4	11		1
7.	Plastic/ Burns	6	16		1
	Total	41	110	2	6

AP/6/20
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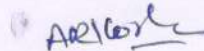
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Paper IV : Intensive Care Medicine, Pain Medicine and Recent advances

Weightage Method : Impact factor $3/2/1$ X Frequency $3/2/1$ (W=IXF)

S.No.	Topic	Weightage	Marks Alloted	LAQs	SAQs
1.	Intensive care	9	16.5	1	
2.	Pain	6	11		1
3.	Labor Analgesia	6	11		1
4.	Simulators	6	11		1
5.	Robotic/Laser	6	11		1
6.	CPR	9	16.5	1	
7.	Recent drugs	6	11		1
8.	Recent Instruments	6	11		1
9.	Newer Monitoring methods	6	11		1
	Total	60	110	2	6


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OSCE for Evaluation of a patient in the pre-operative period

Sr. No	Performance	Marks
1	Introduce yourself to the patient giving your name and status as a student.	
2	Ask for permission to take a history and perform a physical examination	
3	Personal history:	
4	Present illness:	
5	Past medical	
6	Co morbidities	
7	Past surgical	
8	previous operations and post-op. complications	
9	Enquire about previous types of anaesthesia received	
10	Medications	
11	Allergies	
12	Family history	
13	Dental	
14	Social	





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OSCE for Preoperative assessment

Sr. No.	Performance	marks
1	A) Definition of preoperative period.	
2	B) Indications of preoperative evaluation	
3	C) Evaluation of a patient in the pre-operative period	
4	I. History taking	
5	II. Examination.	
6	III. ASA Classification	
7	IV. Investigations	
8	V. Consent.	
9	VI. Premedication	
10	VII. Preoperative starvation	





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-OSCE For Central venous canulation

Sr. No	Performance	Marks
1	Introduce yourself Greet the patient	1
2	Explain procedure	1
3	Assemble equipments	1
4	Wash your hands and wear gloves	1
5	Patient in supine, at least 15° head down position, head turned away	1
6	Clean skin, use lidocaine if patient awake.	1
7	Introduce needle attached to syringe in the center of triangle formed by two lower heads of sternomastoid muscle and clavicle	1
8	Direct needle caudally, parallel to sagittal plane	1
9	If vein not entered, withdraw needle and redirect it 5 to 10 degrees laterally	1
10	Advance needle while withdrawing plunger of syringe	1
11	When blood appears and vein entered, remove syringe and insert catheter to predetermined depth.	1
12	Remove needle and connect catheter to IV tubing	1
13	Cover puncture site, and affix catheter in place	1





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OSCE For Spinal Anaesthesia

Sr. No.	Performance	Marks
1	Taking Consent from the patient	1
2	Assessment (indications and contraindications)	1
3	Insert iv fluids	1
4	Mask, cap, gown and gloves	1
5	Prepare the back with antiseptic	1
6	Place a sterile Drape Over The Area	1
7	Identify the anatomical landmarks	1
8	Inject local anaesthetic into the skin and deeper tissue	1
9	Insert the large introducer needle into the selected spinal interspace	1
10	Direct the spinal needle through the introducer and into the Subarachnoid space	1
11	Free flow of CSF confirms proper placement	1
12	Aspirate for CSF if clear inject the proper anaesthetic	1
13	Remove the needle, introducer and drape sheet	1
14	Have the patient lie down	1





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OSCE for Performance Steps of Bag mask Ventilation

Sr. No.	Performance	Marks
1	Correctly Perform head tilt-chin lift.	
2	Perform suctioning within 10 seconds	
3	Assembles bag and chooses appropriate size mask	
4	Choose appropriate size OPA (Oropharyngeal Airway) or NPA (Nasopharyngeal Airway) and Inserts device.	
5	.. Hold and seal mask with 1 hand. Ventilate at proper rate (1 breath every 5 to 6 seconds)	
6	Produce noticeable chest rise	
7	Deliver each ventilation over 1 second	
8	Release bag completely between ventilations	
9	Hold and seals mask correctly with 2 hands	





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OSCE for Performance Steps Of Laryngeal Mask Airway

Sr. No.	Performance	Marks
1	Prepare and assemble all necessary equipment	
2	Choose appropriate size LMA	
3	Test integrity of cuff by inflating it.	
4	Deflate cuff on a flat surface and lubricate LMA on posterior surface only for use.	
5	Open the mouth using the "crossed fingers" technique or by performing a tongue-Jaw lift;	
6	Insert tube into mouth and place it so that the curvature is the same as that of the Pharynx, directing it posteriorly until resistance is felt	
7	Inflate the cuff with the appropriate amount of air corresponding to the size of the tube , remove syringe.	
8	Produce noticeable chest rise; auscultate breath sounds.	
9	Confirm correct positioning of LMA by colorimetric ETCO" capnograph.	
10	Insert bite block Secure LMA in place	
11	Perform correct ventilation	
12	Demonstrate complete release of bag between ventilation	





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OSCE for PIH

Sr. No.	Features	Marks
1	Greet the patient and introduce herself	1/2
2	Wear gloves before touching patient	1/2
3	Gain verbal consent	1/2
4	Take chief complaint as(pedal edema, headache, blurring of vision, epigastric pain,oliguria, convulsion)	2
5	Take past medical history as(HT,DM,BA,TB)	1
6	Take past obstetric history(Gravida, Parity, Abortion, Dead, similar complaint in past)	2
7	Treatment history about antihypertensive, low molecular wt heparin, MgSO ₄ therapy	2
8	General examination(pulse, BP-palpatory and auscultatory method , RR)	1
9	Airway examination(MPG, jaw protrusion, upper lip bite test, thyromental distance)	3
10	Abdominal examination	1
11	Ensure that patient has emptied her bladder to avoid discomfort	1/2
12	Maintain privacy of the patient	1
13	Position patient appropriately-supine-head and top of shoulder supported by pillow-hand by side-be aware of supine hypotensive syndrome	2
14	Inspect the abdomen (shape,size,scar,linea nigra, striae ,movement)	2
15	Perform all 4 fundal and pelvic grip on patient	2
16	Palpate abdomen for(fundal height,movement,fetal part,no.of fetus,lie position,presentation and engagement)	2
17	Auscultate fetal heart rate	1
18	Diagnosis on basis of history,clinical examination and lab investigationas(URINE DIPSTICK,Sr.bilirubin,Sr.creatinine,LFT,CBC)	2

Station 2

Sr. No	Features	Marks
1.	Classification of HTN disorder in pregnancy	3
2.	Pathogenesis of PIH	3





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Station 3

Sr. No	Features	Marks
1.	Preop evaluation (PT,INR BT,CT LFT RFT Platlets S.electrolyte,S.Mg Urine routine and microscopy Dip stick test BSL)	6

Station 4

Sr. No	Features	Marks
1.	Choice of anaesthesia	3
2.	GA technique for the patient	3

Station 5-(Any 1 for 6 marks)

Sr. No	Features	Marks
1.	HELLP Syndrome	
2.	PPH management	
3.	Management of labour analgesia in PIH patient	
4.	PDPH Management	
5	Regimes of MgSO ₄ therapy	





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Case of Thyriod		
Station 1		
Sr. No	Features	Marks
1.	Greet the patient and introduce himself	1/2
2.	Wear gloves before touching the patient	1/2
3.	Gain verbal consent	1/2
4.	Take chief complaints (Swelling in the neck,palpitation,tremors,heat/cold intolerance,weight gain/loss,oedema,disturbed sleep,altered appetite,hoarseness of voice,breathing difficulty)	2
5.	Take past history - (Similar complaints in the past,H/o medical treatment for thyriod disorders)	1
6.	Take treatment history (Antithyriod drugs, β blockers,Sterioids,Amiodarone)	1
7.	Take H/o endemicity	1
8.	Take dietary history (Intake of iodise salt,intake of goitrogens like cabbage)	1
9.	Take menstrual history	1/2
10.	General examination (Resting PR,BP,RR) (Look for arrhythemias)	2
11.	Airway examination (MPG,jaw protrusion,upper lip bite test,TM test)	2
12.	Measures neck circumference	1/2
13.	Verbal consent for Local examination and explains the procedure to the patient	1/2
14.	Does local examination from front and behind	1/2
15.	Flexes patients neck while examination	1/2
16.	Describe swelling(Shape,size,extent, appearance)	1
17.	Does the test like swallowing test,Prominence of SCM,tracheal deviation	2
18.	Palpates the swelling after informing the patient and performs test like elicit tenderness,getting below the sewlling,Kocher's test	2
19.	Look for carotid pulsation,Horner syndrome,cervical LN	2
20.	Examine for toxic signs-eye sign	2
21.	Look for retrosternal extension Pemberton's sign	1
22.	Does systemic examination(CVS,RS,CNS,P/A)	2
23.	Draw differential diagnosis based on clinical examination and history	2





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Station 2

Sr. No	Features	Marks
1.	Discuss innervation of larynx and draw diagram	3

Station 3

Sr. No	Features	Marks
1.	Preop evaluation/investigation TFT CBC RFT Serum Electrolyte ECG X RAY-1) chest x ray- PA view 2) neck – lateral and PA view IDL USG THYROID BSL CT CHEST	5

Station 4

Anaesthesia Management

Sr. No	Features	Marks
1	Premedication – antithyroid , beta blocker,anxiolytic	1
2	Airway Management	3
3	Awake FOB procedure	2
4	Extubation	2
5	Post-op Management	2

Station 5

Special scenarios		
1	Complaining of retrosternal goiter	1
2	I/O Thyroid storm	1
3	Hypocalcemia	1
4	Post op hematoma in neck	1





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Case of TURP

Station 1

Sr. No.	Features	Marks
1	Common co morbid conditions of geriatric patients	2
2	History of IHD, MI h/o oral anticoagulants therapy Bridge therapy	3

Station 2

Sr. No.	Features	Marks
1	Pre-op evaluation – ECG-look for signs suggestive of MI CBC RFT SR ELECTROLYTES PT/INR,BT,CT CHEST X-RAY 2D ECHO USG ABDOMEN CORONARY ANGIOGRAPHY	5

Station 3

Sr. No.	Features	Marks
1	Choice of anaesthesia	1
2	Likely intra operative complications	2
3	IV fluids management	2
4	TURP syndrome prophylaxis	2
5	Irrigation fluid used and it's side effects	2
6	Management of hyponatremia	2
7	Management of hypothermia	1
8	Positioning during TURP	

Station 4

Sr. No.	Features	Marks
1	Preoperative MI management	2





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OSCE For IV canulation

Sr. No	Performance	Marks
1	Greets pt and introduces himself	1
2	Explains the procedure and obtain informed written consent	1
3	Check the necessary equipments and makes necessary preparation for the procedure	1
4	Sanitises hand and wears gloves	1
5	Applies tourniquet	1
6	Identifies a peripheral vein	1
7	Cleanses skin over the vein	1
8	Stretches the skin distal to vein and warns the patient about the prick	1
9	Inserts cannula at 30° and observers for flashback of blood	1
10	Withdraws stellate a bit and intoduces the cannula further	1
11	Releases tourniquet	1
12	Applies pressure over proximal vein and removes the stellate completely	1
13	Flushes the cannula with NS and attach i.v. fluid drip	1
14	Fixes the cannula properly over skin	1
15	Properly disposes the stellate and the used gloves	1





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OSCE For Post-operative monitoring

Sr. No	Performance	Marks
1	Checks the patient name and surgery of the patient.	1
2	Confirm the type of anaesthesia	1
3	Checks the vital parameters of the patient like pulse BP respiration on table	1
4	Checks off O2 saturation	1
5	Communicates with patient to check alertness.	1
6	Informs patient about shifting to recovery room.	1
7	Shifts with monitors attached to the recovery room	1
8	Attach monitors like Pulse ,BP, ECG	1
9	Connect to oxygen source if needed	1
10	Start iv fluid as directed by anaesthetist	1
11	Inform seniors before shifting to ward	1





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OSCE for Laryngoscopy and Intubation

Sr. No	Performance	Marks
1	Greets the patient and introduces himself	1
2	Explains the procedure and obtains informed consent	1
3	Check the necessary equipment and makes necessary preparations for the procedure	1
4	Wears gloves	1
5	Positions patient properly	1
6	Preoxygenates	1
7	Bag mask ventilation	1
8	Laryngoscopy	1
9	Visualization of vocal cords	1
10	Insertion of the endotracheal tube at adequate depth	1
11	Inflation of cuff	1
12	Ventilation with ambu	1
13	Auscultation with stethoscope	1
14	Fixation of the endotracheal tube	1

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