

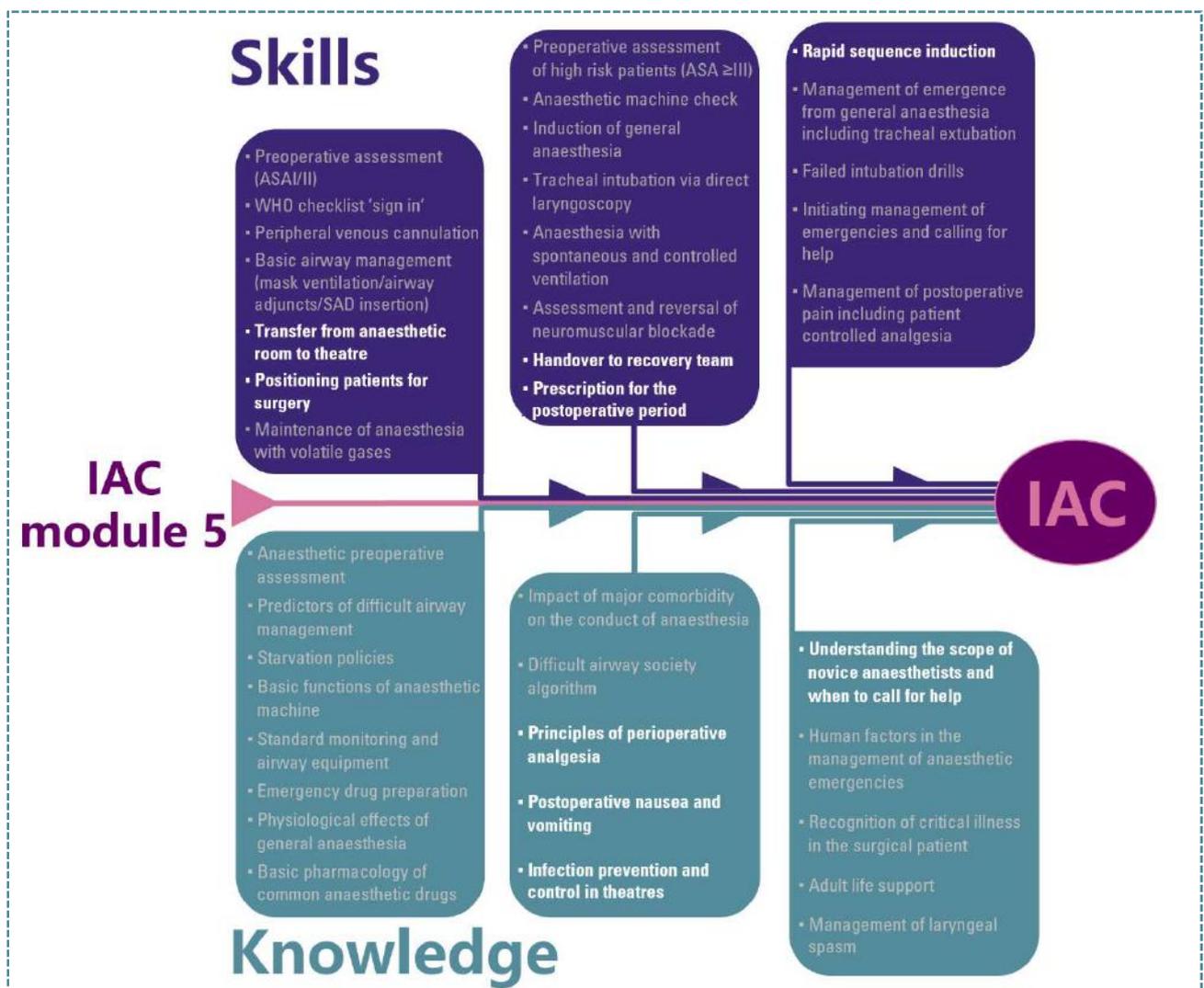
## Learning outcomes

By the end of IAC Module 5 the learner will:

- Have an understanding of issues surrounding the care of emergency patients
- Be able to discuss rapid sequence induction (RSI) and have used RSI checklists
- Understand the risks associated with transfer of patients to theatre
- Have an overview of patient positioning and how to avoid iatrogenic injury
- Given a virtual handover to recovery following emergency surgery
- Have used a structured approach to managing a virtual patient with PONV
- Know the NICE guidance on perioperative pain management and have a strategy for assessing and managing perioperative pain

## Trainer information

During the module learners will be developing skills and knowledge mapped to the RCoA IAC curriculum (see figure below).



IAC Module 5 continues the virtual night shift started in IAC module 4. The learner is provided with an anaesthetic preassessment performed by a senior anaesthetic trainee on a virtual patient who needs an appendectomy.

The narrative continues with an interactive RSI performed on the patient including the use of the adapted Difficult Airway Society (DAS) intubation checklist. The patient is then transferred to theatre and a review is provided on transfer and positioning. This includes emphasis on 'mind the gap' during transfer from the findings of NAP 5: *Accidental awareness during General Anaesthesia*.

The anaesthetic is without incident and an anaesthetic chart tailored to the learners decisions is provided. The learner can use this, and the provided recovery checklist, to consider the relevant points when handing over the virtual patient to staff in recovery.

In recovery the patient has PONV and is in pain. Literature review summaries are provided on the management of PONV and pain including a summary of the relevant sections of NICE guideline 180 *Perioperative care of adults*. The learner then makes decisions to progress the narrative and manage the virtual patient.

## Trainer information - discussion

Discussion of the case should develop naturally according to the individual's learning needs in a similar fashion to a CbD in a clinical setting. The learner should be encouraged to develop their own professional judgment according to required curriculum competence areas. The learner should be aware of these as they are stated at the start and on completion of each Module.

Other points for discussion could include:

- Who needs an RSI?
- Why do we use checklists for things like RSI?
- What do we do to avoid iatrogenic injury in anaesthetised patients?
- Who is at high risk of PONV?
- How would you treat a patient in recovery who is vomiting?
- How would you assess a patient in pain?

## Appendix 1: IAC Module 4 transcript

**Jonus Dalby:** *Thought I had a bug, ate something I shouldn't, took myself off to bed with a bucket, couldn't really see what all the fuss was about. Now some surgeon is here telling me I have to have a big operation because my innards are blocked. Can't really understand it. I'm fit as a fiddle me.*

**Molly Dalby:** *Tell them really been happening Jonus. He's been really poorly, not well, for two weeks at least, not been keeping anything down, not done number two for all that time, he's too light headed to stand up even, and not quiet right for months before that, a bit pale and sluggish. Loosing weight, he's not one to be off his food.*

**Jonus:** *Don't fuss Mol. I can tell the doctor. It is true I've been tired a lot lately, sleeping more. I've got an allotment and it's been hard work recently. I've still been going on my bike but half an hour with a spade and I'm fair done in, last season I'd spend the day there and stop off for a game of darts on the way home. Not now! The last week I've not even left my bed, it's not surprising though, I haven't eaten anything for days.*

**Molly:** *It's not like him. He doesn't bother the doctor for anything usually. Wouldn't set foot in a hospital if he could help it. Just gets his blood pressure checked once a year with the nurse. He's taken ramipril for donkeys years, never missed a day, and that's it.*

**Jonus:** *I had my tonsils out as a child, didn't have any problems but it was enough to put me off. I don't understand this all. I feel like I've done my bit, gave up smoking forty years ago when I met my Mol. Just a couple of halves of bitter when I'm playing darts, otherwise I don't drink. I like my dinner's, but who doesn't?*

**Molly:** *He's not even allergic to anything.*

**Jonus:** *No, nothing. All my own teeth too, dentist says I've got the teeth of a man half my age. One filling and all the rest sound as a bell. Not that their going to do me any good now. But once I've had this operation I'll be back to the allotment in no time.*