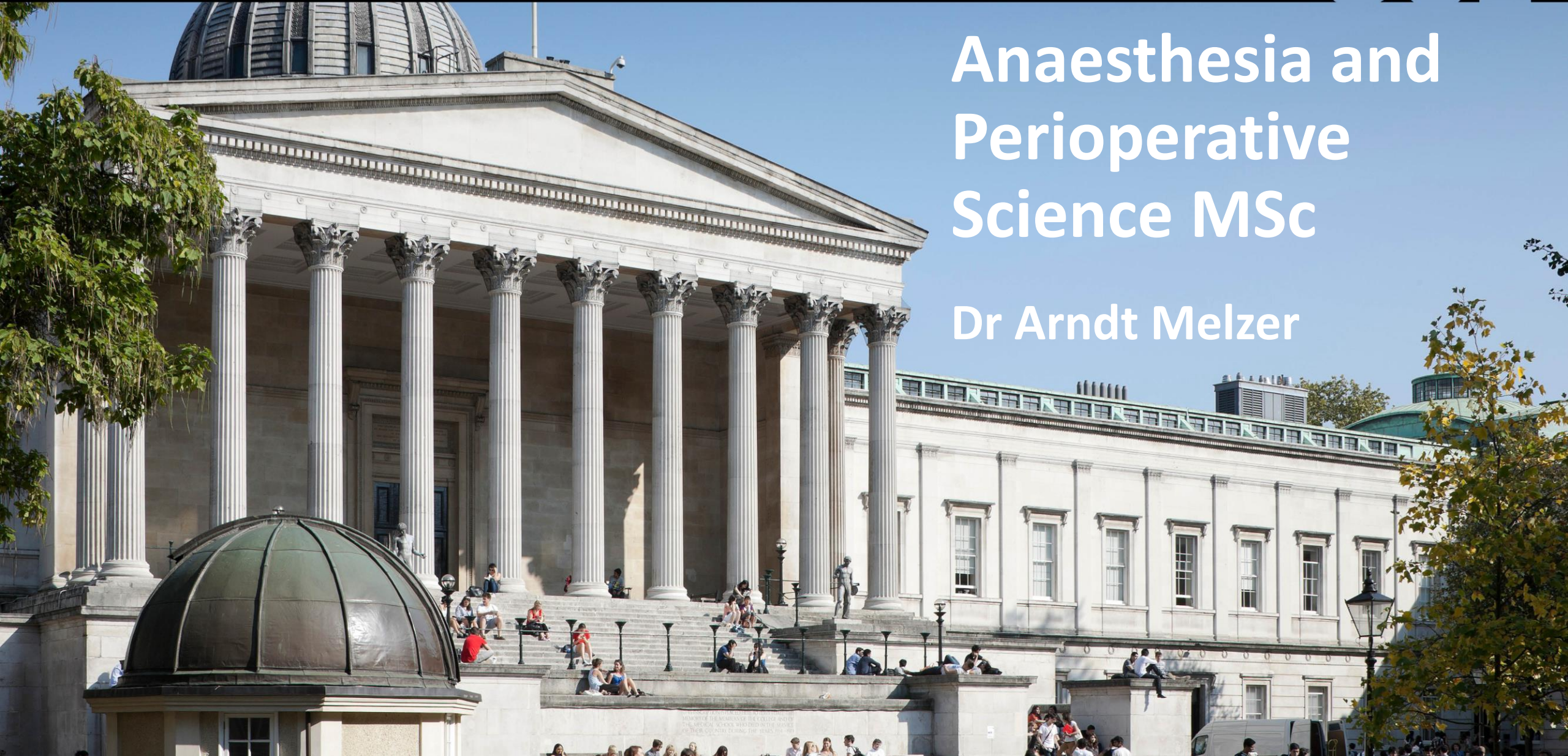


Anaesthesia and Perioperative Science MSc

Dr Arndt Melzer



We pride ourselves on our academic excellence.

30 Nobel laureates

1st in UK for research strength

11 academic faculties

440 undergraduate programmes

43,800 students

150+ nationalities represented by student body

14,300 employees

675 postgraduate programmes

Our community sits at the heart of one of the world's most dynamic cities.

Financial District

Tate Modern

Houses of Parliament

Royal Courts of Justice

Great Ormond Street Hospital

British Museum

BBC

◀ UCL East campus

◀ King's Cross and St Pancras Station



University College Hospital

▼ Euston Station

Wellcome Trust

Why?

- Old problems still present
- Supply vs demand
- Support is there

How?

- 2+ years in the making
- Mountain of administration and so many acronyms!
- Professor David Walker and Dr Ali Carter
- Dr Arndt Melzer

Who?

- UCLH Charity – financial support
- Howard de Walden Estate – financial support
- UCLH – time, understanding, faculty
- UCL – admin, marketing, admissions, legal

What?

- Curriculum design and development
 - Dr John Bugo, Dr Pete Odor, Mr Chris Leck
- Networking with GMC, AAA, RCoA, UoB
- Lots of marketing
- Rigorous interview process

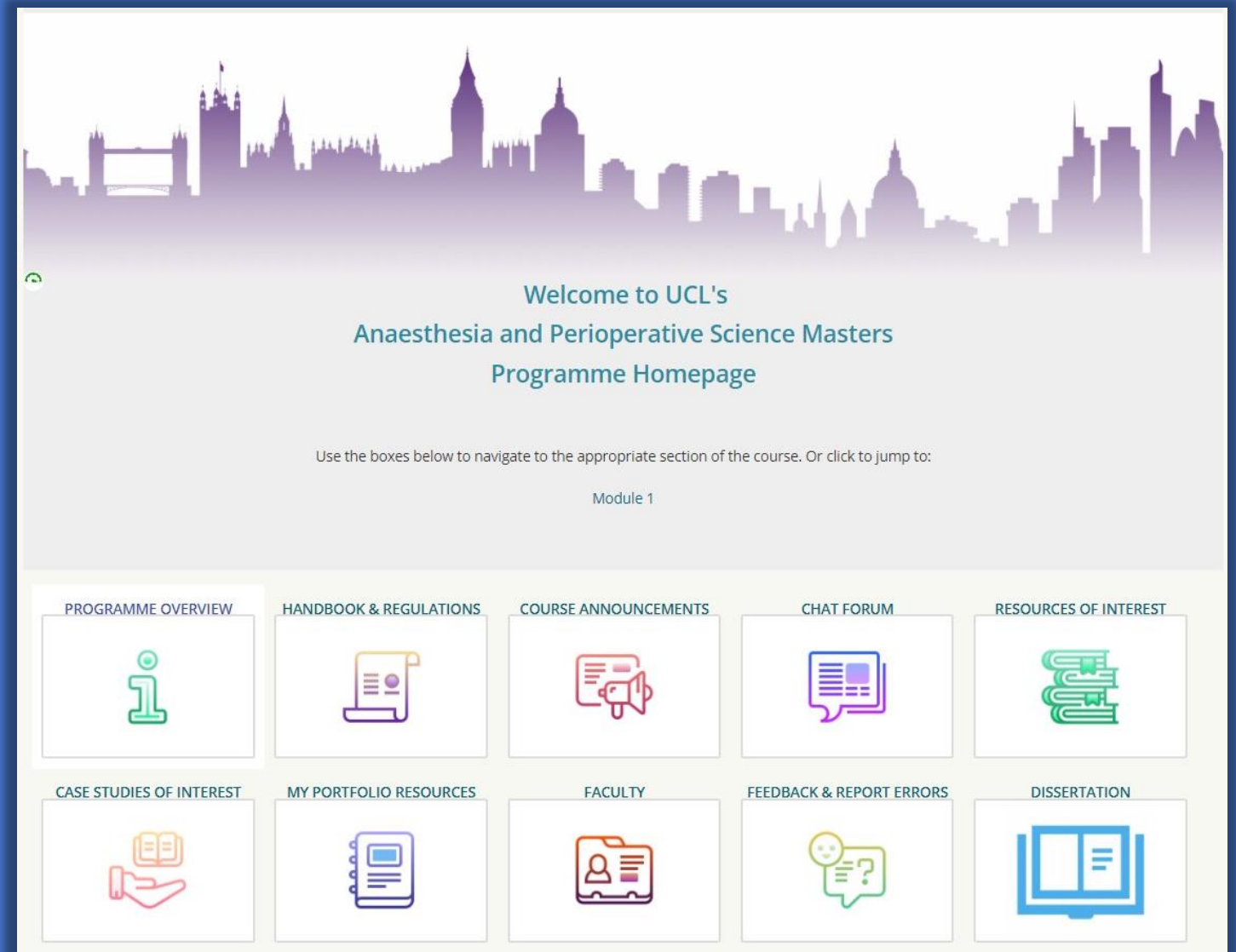
Faculty

- UCLH staff
- UCL honorary (senior) clinical teaching fellows
- Dedicated Educational Supervisors

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	Mr Lee Varney	Module 2 Lead			Dr Emilie Hoogenboom	Module 8 Lead	e.hoogenboom@ucl.ac.uk
	Dr Shaima El Nour	Module 3 Lead					

Moodle











- Old faithful
- Blood, sweat and tears repetitive strain injury went into the construction
- POM MSc team were invaluable



Welcome to UCL's
Anaesthesia and Perioperative Science Masters
Programme Homepage

Use the boxes below to navigate to the appropriate section of the course. Or click to jump to:

Module 1

<p>PROGRAMME OVERVIEW</p> 	<p>HANDBOOK & REGULATIONS</p> 	<p>COURSE ANNOUNCEMENTS</p> 	<p>CHAT FORUM</p> 	<p>RESOURCES OF INTEREST</p> 
<p>CASE STUDIES OF INTEREST</p> 	<p>MY PORTFOLIO RESOURCES</p> 	<p>FACULTY</p> 	<p>FEEDBACK & REPORT ERRORS</p> 	<p>DISSERTATION</p> 

eLectures

- Written by volunteers from our department and beyond
- Students work through in own time

Lecture 1.2 > Anaesthetic monitoring



GETTING STARTED

Lecture Overview

LEARNING MATERIAL

Why do we Monitor Patients Under Anaesthesia?

Anaesthetic Equipment

How do we Monitor the Patient?

It is important to understand the impact of basic non-invasive monitoring on anaesthetic safety. Monitoring will not prevent all adverse incidents in the perioperative period but there is substantial evidence that it reduces the risks of incidents and accidents both by detecting the consequences of errors and by early warning of patient deterioration.

Intended Learning Outcomes

By the end of this lecture you should be able to describe:

- 1 The minimum monitoring standards
- 2 The limits of monitoring equipment
- 3 The principles of calibration of monitoring equipment



PREVIOUS ACTIVITY
Lecture 1.1 > SI units

NEXT ACTIVITY
Lecture 1.3 > Infusion pumps and syringe drivers

Tutorials

- Face to face or virtual
- Attempted to 'covid-proof' module 1
- Tutorial plans provided for partner trusts to deliver

Week 3	
Title	Mental health and wellbeing
Learning points	Importance of looking after your mental health and wellbeing COVID-19 impact
ILOs	<ul style="list-style-type: none"> • Discuss the extensive impact that the global pandemic had on the health service, both worldwide and locally • Discuss the impact on the mental health of NHS staff and the public • Understands the importance of looking after your own mental health and wellbeing • Be introduced to some mindfulness tools to help your wellbeing • Understand you can always discuss your wellbeing needs with your peers/colleagues/supervisors/mentors
Format	Group discussion
Materials required	Computer and internet access
Room requirements	MS Teams
Approximate duration	2 hours
Tutor allocation	Mel Same Kyna Houston

Week 4	
Title	Regulations and responsibilities
Learning points	Role of the MAP Importance of consent Controlled drugs Presentation practice
ILOs	<ul style="list-style-type: none"> • Describe the responsibilities, limitations and legal boundaries relating to the role of the MAP • Understands the different consent forms and their appropriate use • Can match scenarios to the appropriate consent form • Understands the meaning and importance of verbal and implied consent • Understands their role as the patients' advocate • Understands the policy and procedure of obtaining controlled drugs • Ask each student to prepare a short 2-5 minute viva style verbal presentation on one drug (presentation, preparation, storage, usage, etc) as introduced to this concept in week 2.
Format	Group discussion Role playing Presenting
Materials required	Consent forms scanned for screen-sharing Computer and internet access
Room requirements	None MS Teams
Approximate duration	2 hours
Tutor allocation	Katie Higginson (Pharmacy to discuss CD policy and procedures) Kyna Houston

Assessment

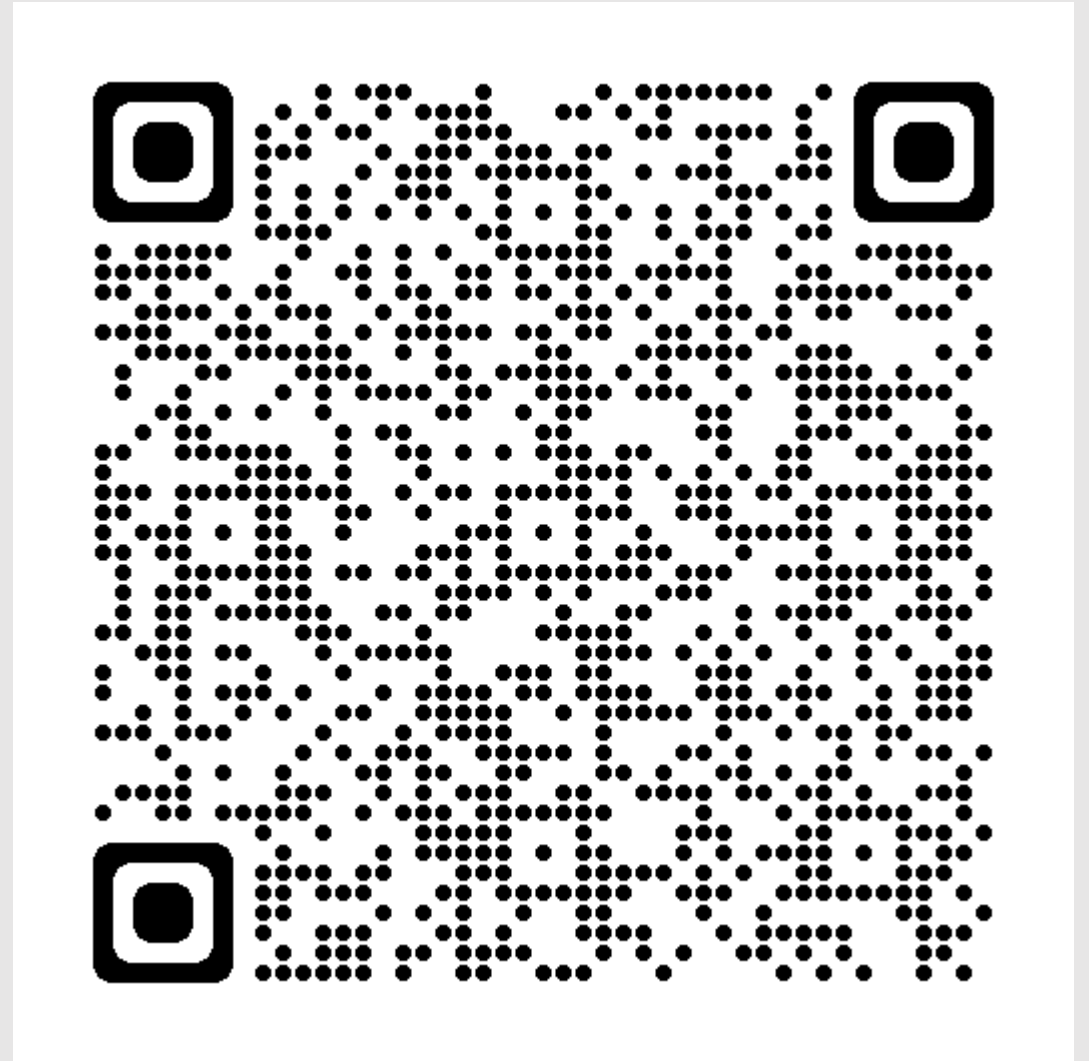
- GMC guidance

Promoting excellence: standards for medical education and training

CODE	THEME	CARE	CLINICAL	CP	DESCRIPTION	A-CEX	CBD	ALMAT
AIRWAYS								
A1	Anaesthesia	C1	Use of aseptic technique	CP1	Pre-operative assessment			
A2	Basic airway management	C2	Patient positioning	CP2	Pre-operative preparation			
A3	Face mask ventilation	C3	Safely transferring patient	CP3	Discussion of patient history			
A4	Oropharyngeal airway	-	Urinary catheterisation	CP4	Discussion of patient history			
A5	Nasopharyngeal airway	-	Urinary catheterisation	CP5	Use of simulation			
A6	Laryngeal mask airway	DRUGS			CP6	Use of simulation		
A7	Endotracheal intubation	D1	Preparation of drugs	CP7	Use of simulation			
A8	Rapid sequence induction	D2	Intravenous drugs	CP8	Intra-operative management			
A9	Surgical airway	D3	Subcutaneous drugs	CP9	RSI			
A10	Orogastrostomy	D4	Intramuscular drugs	CP10	Discussion of patient history			
A11	Nasogastric tube	D5	Intraoperative drugs	CP11	Management of simulation			
A12	Throat pack	D6	Management of drugs	CP12	Management of simulation			
-	Endotracheal intubation	D7	Management of drugs	CP13	Management of simulation			
-	Use of video laryngoscopy	EQUIPMENT			CP14	Transfer of patient		
-	Jet ventilation	E1	Assessment of equipment	CP15	Positioning of patient			
BLOOD PRODUCTS								
B1	Peripheral intravenous cannula	E2	12-lead ECG	CP16	Management of simulation			
B2	Peripheral intravenous cannula	E3	Oesophagogram	CP17	Management of simulation			
B3	Arterial cannula	E4	Programme of simulation	CP18	Use of simulation			
B4	Arterial cannula	E5	Programme of simulation	CP19	Management of simulation			
B5	Central venous catheter	-	Cardiac pacemaker	CP20	Assessment of patient			
B6	Venous cannula	-	Cardioversion	CP21	Intra-operative management			
B7	Blood transfusion	-	Cardioversion	CP22	Management of simulation			
B8	Checklist	-	Setting up	CP23	Recording of simulation			
B9	Arterial cannula	-	Use of deep sedation	CP24	Management of simulation			
-	Arterial cannula	-		CP25	Management of simulation			
-	Insertion of cannula	-		CP26	Management of simulation			
-	Insertion of cannula	-		CP27	Management of simulation			
-	Insertion of cannula	-		CP28	Adult advanced life support			
CP29	Discuss how the choice of post-op analgesics and antiemetics was made						<input type="checkbox"/>	
CP30	Discuss how the choice of post-op oxygen therapy was made						<input type="checkbox"/>	
CP31	Handover of patient to recovery						<input type="checkbox"/>	
ADVANCED								
CP32	Pre-op assessment of high-risk patients (ASA 3/4)					<input type="checkbox"/>	<input type="checkbox"/>	
CP33	Inhalational induction of anaesthesia					<input type="checkbox"/>		
CP34	Discussion of adverse events in theatre (Duty of Candour)						<input type="checkbox"/>	
CP35	Working with wider MDT to effectively manage list							<input type="checkbox"/>
CP36	Management of consent in adults who lack capacity						<input type="checkbox"/>	
CP37	Safe administration of blood products					<input type="checkbox"/>	<input type="checkbox"/>	
CP38	Specific anaesthetic requirements of different patient groups (e.g. obese, elderly, frail)					<input type="checkbox"/>	<input type="checkbox"/>	
CP39	Management of intra-operative fluid balance and goal-directed fluid therapy					<input type="checkbox"/>	<input type="checkbox"/>	
CP40	Management of anaesthesia for robotic surgery					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CP41	Safe anaesthesia for shared airway surgery (including use of throat packs)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CP42	Safe anaesthesia for diagnostic and therapeutic procedures outside theatre					<input type="checkbox"/>	<input type="checkbox"/>	
CP43	Management of anaesthesia using TIVA (non-complex cases)					<input type="checkbox"/>	<input type="checkbox"/>	
CP44	Safely transfers an intubated patient from theatre to ICU					<input type="checkbox"/>	<input type="checkbox"/>	
CP45	Handover of patient to ICU/PACU/HDU					<input type="checkbox"/>	<input type="checkbox"/>	
CP46	Pre-assessment of patients for procedural sedation					<input type="checkbox"/>	<input type="checkbox"/>	
CP47	Safe administration of conscious sedation (including appropriate monitoring)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CP48	Safe administration of deep sedation (including appropriate monitoring)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CP49	Management of MH crisis (simulation)						<input type="checkbox"/>	
CP50	Management of LA toxicity (simulation)						<input type="checkbox"/>	
CP51	Management of mains electricity / oxygen failure (simulation)						<input type="checkbox"/>	
CP52	Management of major haemorrhage (simulation)						<input type="checkbox"/>	
CP53	Adult advanced life support					<input type="checkbox"/>	<input type="checkbox"/>	

What next?

- Nationally for September 2022 admission
- New prospectus published (errors!)
- Applications March 2022
- Partnership hospitals required



 **UCL** Disruptive
thinking
since
1826.

#MadeAtUCL