Contents

General Principles

VIVA format

- generally has 3 sections each getting 3 marks then 1 global mark at the end
- if don't do well in one section then still possible to pass

Levels of Justification

- basic science
- literature
- national groups
- hospital level
- individual -
  - should demonstrate QA to justify decision - audit technique
  - my level of competence due to familiarity of technique

Basic

- Use "I would" statements. Avoid "I would think about" statements
- Use cognitive aids and management cards where possible
- Dont forget post care eg QA, webairs, letter to patient, GP, referral for testing

Buzz Phrases

- Raised level of vigilance & awareness
- Scan monitors in an Anaesthetist ABCD approach
- Ensure assistant available
- Getting help, diagnose & manage simultaneously
- The commonest cause of this is eg aspiration. **I would** treat as this, while being cognisant of the need to change my strategy as more information becomes clear
- Perform a focused examination of the patient
- Our institution has a culture for calling for help early, and sending the help away if they become unneeded
- Ridiculous scenario - "**in this scenario you have described** of x,y,z … it may be reasonable to attempt this management strategy"
- Examination
- Escalating pharmacological strategies …. for all crises
- It is important to have good hands off team leadership in this situation
- Consult widely and freely from other specialities
- I would use policies endorsed by ANZCA

Opening stem

- every word in stem is relevant
- Main questions:
  - What would you assess? …. The main issues i would focus on are
  - What would you do? ….. I would

- Main issues for assessment question:
  - operation to do & relevant issues
  - co-morbidity issues
  - consent
  - practical issues

- History

- Exam
- investigations
- Optimisation

Opening phrases

- Potentially unstable and changing situation - raised level of alertness. First priority is to ensure oxygenation & tissue perfusion
- In a life threatening situation:
  - I would declare this to the surgeon and theatre team
  - get help
  - take a hands off leadership role
  - communicate clearly & effectively
  - would perform rapid check of monitors, and focused examination of patient while simultaneously treating conditions and considering possible causes.
- On the machine i would check ABCDE.
- On the patient i would
  - first ensure a patent airway and deliver 100% O2
  - assess & optimise breathing/oxygenation/ventilation
  - ensure circulation is adequate to perfuse vital organs
- look for the following signs

Issues, Goals & Priorities

- Issues - the main issue here is eg high airway pressure
- Goal - my goal is to eg prevent deterioration.
- Priority - I have conflicting priorities…..

Targets & Endpoints

- Target = what trying to achieve
- Endpoint = when to discontinue treatment and reconsider diagnosis

Graded response to crisis

- 4 levels of emergency:
  - **S** can = this is unusual response, i would raise my level of vigilance and scan monitors more frequently
  - **C** heck = this is an unstable situation, i would start gathering resources to deal with rapid patient deterioration
  - **A** lert & **R** eady = i would perform x,y,z actions as this patient is rapidly deteriorating
  - **E** mergency = declare a crisis and perform immediate actions to prevent/minimse harm to patient
- This could develop into a life threatening emergency
- This is developing into a life threatening emergency

Generic Principles

- 7 factors:
  - declare a crisis
  - anticipate & plan
  - leadership
  - comms
  - call for help
  - use all information
  - task allocation
  - reassess & re-evaluate

EMAC Principles

- know environment
- anticipate plan
- communicate effectively
- call for help early
- distribute workload
- allocate attention wisely
- use all available information wisely

- Generic response
  - Call for help. Give 100% O2 and ensure delivery by the oxygen analyser
  - A - ensure patent airway. Use basic manoeuvres. If unable - proceed to intubation
  - B - ensure adequate oxygenation, via clinical exam, chest movement, fogging etc. Look for monitor signs
  - C - ensure adequate circulation to perfuse vital organs. I would assess this by clinical signs and monitor signs
  - Review

Phrases by Speciality

ICU

Critically Unwell Pt

- "This patient is critically unwell"
- "I would go and assess them immediately"
- "My initial assessment would focus on ensuring no immediate management is required with regards to their
- Airway/ Breathing/ Circulation/ Neurology/ level of consiousness
- Once I was satisfied, I would gather further information in terms of History from patient/ family/ those involved in care/ clinical notes
- Examination
- Investigations

ICU Patient

- My assessment would include:
  - a handover from ICU staff
  - review history
  - examine him
  - review investigations
- Discuss case with ICU/Surgical Consultant
- Optimise ⟹ all systems
- Consider optimal timing of surgery

Something Alarming ⟹ Crisis

- This is something concerning and it demands my immediate attention
- I need to simulatneously diagnose & treat
- I will start with [initial appropriate 1st line management]
- Frequency gambling the most common causes of this problem are….
- I would assess response to treatment of these causes
- However i need to be mindful of other causes including a wider differential diagnosis

Airway

Difficult Airway/POCA Strategy

- The safest way to manage a difficult airway is awake
- Post-induction intubation should only occur if I am confident that I can intubate her within three attempts with the staff and equipment available and safety oxygenate her in between these attempts either by BMV or SGA.
- In the time available I will use her airway history, clinical examination findings, medical records, previous anaesthetic records, and appropriate investigations in order to best construct a **strategy** for her airway management.
- Before starting i will brief the room on my chosen strategy including resuce plans for failure to secure intubation.

Deteriorating Airway

- A red flag is his rapid deterioration. I must assess this man promptly as it is possible that he will need imminent airway management.

- at the bedside I want to rapidly assess the cause, severity and rate of his recent decline while providing basic resuscitation and support.

- In the time available I will use his airway history, clinical examination findings, medical records, previous anaesthetic records, and appropriate investigations in order to best construct a strategy for his airway management. I would like support from an ENT colleague.

- If intubation is appropriate then post-induction intubation should only be planned if I am confident that I can intubate him within three attempts with the staff and equipment available and safety oxygenate him in between these attempts either by BMV or SGA.

- I might need to discuss with oncology about his prognosis and critical care services about his post-intubation placement and care.

ENT

Retrosternal Thyroid with phone consult

- During this conversation I need to ensure the safety of the patient and that my Fellow will receive support appropriate to their abilities.

- Starting with preoperative workup, I would like to know if there is proof of tissue diagnosis, euthyroidism, and clinical and radiological signs of mass effects like compression of airways, major vessels, nerve involvement.

- I will look for red flags that a thoracic surgical approach is required, such as ectopic thyroid tissue, recurrent goitre, possible cancer, or a mass that extends to the posterior mediastinum or aortic arch.

- I need to know that non-thyroid issues have not been neglected, like a routine airway assessment and thorough assessment of past medical, surgical and anaesthetic history. Routine blood tests like FBC, electrolytes, and group and hold. Current pregnancy should be excluded.

- I would suggest that the Fellow liases with the surgeon about the likelihood of sternotomy and whether intraoperative nerve integrity monitoring is required.

- I will ask the Fellow her plans for intraop management, and if required will make arrangements to increase her level of support on the day based on my assessment of her knowledge and abilities.

- Lastly I would like the Fellow to assess whether they think the patient is in the best hospital to receive this surgery and that we have the facilities to offer appropriate postoperative care

-