MSK Practitioner: Arthroplasty Hip and Knee Work Based Assessment – Peri-operative Care					
Practitioner:			Assessor:	Date:	
Start Time assessment period:			End Time assessment period:	Duration:	
Number of Hip Knee Patients:		Knee	Location of clinic(s):	Difficulties performing WBA:	

Reason for this WBA			
Learning needs assessment (new appointment/new skill area)			
In training – competency level / learning needs assessment			
Annual appraisal competency level assessment			
Practitioner transferring role to new employer			

Score: N = Not observed or not appropriate U = Unmet learning need S = Satisfactory

Level of Supervision 1=not able, 2=direct supervision, 3=limited supervision, 4=Independent

Tasks and Competencies	Score N U S	Comments
Clinic Administration		Circle level of supervision required 1 2 3 4
Ensure all clinical information is available		
referral letter, imaging etc		
Ensure administrative support appropriate		
documentation, letter/e-mail generation		
History Taking		Circle level of supervision required 1 2 3 4
Put patient at ease communicates clearly		-
Full history of presenting complaint		-
Relevant previous medical/surgical history		
Specific questioning to lead to diagnosis		
Specific questioning to detect red flags		
Relevant concurrent medical problems		
Understand social/family/home		
environment		
Assess patients expectations		
Use of appropriate scoring systems if		
required		
Ability to describe & document findings		
Examination		Circle level of supervision required 1 2 3 4
Ensure safety and comfort of patient		
Observes patient walking		
Assess walking aids and prosthetics		
Specific examination of hip / knee		
Examination of other joints / back		
Vascular examination		
Neurological examination		
Additional examination indicated from		
history		
Able to describe and document findings		
Ordering of appropriate investigation		Circle level of supervision required 1 2 3 4
Imaging		
Blood tests		
Other relevant tests]
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Interpretation/relevance of Investigations	Circle level of supervision required 1 2 3 4
Radiographs	
MRI / CT / Ultrasound / Bone Scans	
Blood tests / ESR /CRP / metal ion levels	
Microbiology	
Other tests	
Confirmation of diagnosis	Circle level of supervision required 1 2 3 4
Ability to affirm main diagnosis	
Ability to consider other possible diagnoses	
Clearly able to consider and act on red flags	
Ability to consider further investigation	
Ability to discuss with others	
peers/consultant	
Ability to communicate diagnosis to patient	
Appropriate treatment hip and knee	Circle level of supervision required 1 2 3 4
Ability to consider all therapeutic options	
Use of walking aids and prosthetics	
Ability to understand thresholds for surgery	
Considers risk / benefits of surgery	
Risks benefit of analgesia / anti-	
inflammatories	
Use of injection therapy risk / benefits	
Use of physical therapy	
Ability to give patient treatment advice	
Information concerning hip or knee surgery	Circle level of supervision required 1 2 3 4
Ability to explain risk / benefits to patient	
Description of possible complications	
Provide explanation of inpatient process	
Provide explanation of post-operative	
process	
Explain what patients can expect following surgery	
Preparation of patient for Informed consent	
Ability to manage patient expectation	
Confirming patient has consented to surgery	
Pre-Operative	Circle level of supervision required 1 2 3 4
Changes in condition since pre-op	
assessment	
Assess for foci of infection / skin lesions	
Check all previous test/screening results	
Ensure all imaging is available	
Ensure patient is consented for surgery	
Ensure site of operation is marked	
Ensure WHO form is filled in	
Blood available if necessary	
Assess VTE/bleeding risk	
Mechanical and chemical prophylaxis for DVT	
Antibiotic prophylaxis for infection	
Ensure prescription of normal medication	
Ensure specialist surgical equipment /	
image intensifier is available if required Ensure patient is on operating list	

Check that order of patients on operating	
list is appropriate	
Ensure preparations for discharge in place	
Post-Operative	Circle level of supervision required 1 2 3 4
Check for neurological / vascular deficit	
Assess and ensure appropriate pain relief	
Ordering and review and document appropriate post op blood tests	
Check pressure areas are appropriately protected	
Order Review and document check x-ray identify problems	
Assess fluid balance and blood loss	
Check drains working if used	
Ensure prophylaxis for infection & embolism	
Assess need for post op transfusion	
Ensure postoperative instructions are followed	
Ensure safe removal of drip/drain/catheter	
Ensure patient is appropriately mobilised	
Provision of walking aids (+/-prosthetics)	
Observe for signs of shock, infection, confusion	
Wound check understand wound problems	
Observe for evidence of DVT or PE	
Ensure arrangement in place for discharge	
Ensure follow up appointment in place	
Ensure extended prophylaxis prescribed	
Documentation of care in notes/ GP letter	

Demonstrates underpinning knowledge of:	Suggested learning need
Anatomy of hip and knee joint	
Physiology of hip and knee joint	
Pathology of hip and knee joint	
Pathologies causing lower limb problems	
Types of hip and knee surgery	
Contra-indications and risks of surgery	
Informed consent	
General medical conditions	
Physiological response to surgery	
Post operative care / complications	
Ethical and legal issues	

Oth	er locally agreed tasks & competencies	Circle level of supervision required 1 2 3 4		

Overall Level of safe supervised/independent		Tick	Comments
practice that practitioner can manage peri-			
оре	erative hip & knee patients		
0	Insufficient evidence to observed to support		
	a judgment		
1	Unable to manage peri-operative hip and		
	knee patients		
2	Able to manage peri-operative hip and knee		
	patients under supervision of consultant		
	registrar or senior practitioner		
3	Able to assess manage peri-operative hip		
	and knee patients limited supervision with		
	consultant, registrar or senior practitioner		
	available to attend on site		
4	Able to assess new hip and knee patients		
	independently without direct supervision		
	senior/mentor available		

Action Plan following WBA	
Training needs identified (refer to list above)	
Date to have educational/training plan by	
Approximate date of next WBA	

Practitioner:

Assessor:

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Signed:

Dated:

Dated: