**Introduction to Core Training in**

**Obstetric Anaesthesia in Southampton**

Welcome to obstetric anaesthesia core training in Southampton.

This is a double module with the first half (Obs T) dedicated to directly supervised practice prior to working with indirect supervision. During your 8 week Obs T module your daytime work will be spent on labour ward (LW) but your on-calls will be on the CT2 rota on main site. The requirement for this period of training is a minimum of 20 supervised training sessions. The aim of this block is to complete all the workplace based assessments (WPBAs) required for Initial Assessment of Competency in Obstetric Anaesthesia. This is **mandatory** prior to working with indirect supervision. The list of WPBAs required for the Initial Assessment of Competency in Obstetric Anaesthesia is pinned to the board in the obstetric anaesthetic office or can be found in the RCoA Basic level training curriculum 2010 document ([Annex B](http://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXB.pdf)). Please note that all of these must be completed by a consultant anaesthetist.

Prior to going on-call in obstetrics you must complete the IACOA, plus you will meet with the module lead, Poppy Mackie, to discuss your experience to date and this will include some feedback too. You will need a logbook summary at this stage too. There will be opportunities prior to going on call to cover the scenarios of failed intubation in obstetrics, maternal resuscitation and familiarise yourself with the environment, including the obstetric anaesthetic guidelines.

The second half (8 weeks) of the module will allow you to consolidate your practice and you will work with distant supervision out-of-hours on the obstetric anaesthetic on-call rota. Please continue to do 3 further WPBAs (one of each type) during this period. Please contact Poppy Mackie at the end of your module to arrange a meeting to complete your core level training unit. This will require a short appraisal meeting which will include some further feedback. Please also maintain an obstetric logbook for this period of training (Royal College Logbook).

We have pulled together some resources to complement your learning. This includes a recommended approach to learning the skill of epidurals.

If you have any queries or concerns during this module then please ask. You can either contact Poppy Mackie or discuss with any of the consultants who are covering obstetrics everyday.

Poppy Mackie – Module lead

March 2017

Find IACOA Assessment requirement here:

<http://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXB.pdf>

Please note requirement to state assessment code here:

<http://www.rcoa.ac.uk/system/files/EP-IAC-IACOA-GUIDANCE.pdf>

**Essential components to be completed in addition to Initial Assessment of Competency in Obstetric Anaesthesia.**

Evidence of 20 sessions minimum of direct supervision (sign and date each session (am or pm).

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Discussions prior to on-call:

Read local guidelines:

Date:

Signed:

Familiar with environment e.g. blood fridge, difficult intubation trolley, eclampsia trolley (PAH induction including how to call for help):

Date:

Signed:

Discuss Failed intubation drill:

Date:

Signed:

Discuss/sim maternal resuscitation drill:

Date:

Signed:

Initial Assessment of Competence in Obstetric Anaesthesia Certificate completed

(on eportfolio) <http://www.rcoa.ac.uk/system/files/TRG-InitialAssessCompObstetrics2016.pdf>

Date:

Signed:

Competent to assume on-call duties.

Date:

Signed:

**Training in Neuraxial Block Techniques**

In order to learn the techniques for neuraxial blocks in obstetric anaesthesia we recommend the following:

* For the first week of your core obstetric training join the consultant anaesthetist doing the elective caesarean section list in the morning. This will familiarise you with the process of caesarean section and improve your skills in spinal anaesthesia. At this stage it is helpful to discuss and consolidate your knowledge of the anatomy and physiology of neuraxial anaesthesia (please see resources below). Prior to any attempts at epidural it is essential that you have secured a good knowledge of the anatomy.
* During the afternoons you will spend time on labour ward.

* When the opportunity arises, we recommend that you first observe at least 2 epidurals being performed (at least one by a consultant).
* The next step is to practice on the simulator.
* You are now ready to attempt your first epidural. This must be with a consultant anaesthetist scrubbed up with you too and it may be that for your first 2 attempts you locate the landmarks and interspinous ligament and the consultant completes the procedure. This may vary depending on other factors.
* Following this you may perform epidurals supervised by a consultant or a senior trainee. You should continue being supervised until you have had approximately 5 successful epidurals and you feel happy performing them with local supervision. Aim for 3 of these to be supervised by a consultant and when deemed proficient after this you can be signed off for this procedure.

You can record your procedures in these tables:

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| Epidural Analgesia: |
| Direct Supervision  | Successful |  |  |  |  |  |  |  |  |  |
| Unsuccessful |  |  |  |  |  |  |  |  |  |
| Indirect Supervision | Successful |  |  |  |  |  |  |  |  |  |
| Unsuccessful |  |  |  |  |  |  |  |  |  |
| Regional Anaesthesia: |
| Direct Supervision  | Successful |  |  |  |  |  |  |  |  |  |
| Unsuccessful |  |  |  |  |  |  |  |  |  |
| Indirect Supervision | Successful |  |  |  |  |  |  |  |  |  |
| Unsuccessful |  |  |  |  |  |  |  |  |  |
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| General anaesthesia: |
| Direct SupervisionIndirect Supervision |  |  |  |  |  |  |  |  |  |
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**Knowledge Resources to assist learning and WPBAs**

(Please see [RCoA Annex B](http://www.rcoa.ac.uk/system/files/TRG-CCT-ANNEXB.pdf) for list of WPBAs and Core curriculum)

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| Anatomy – spine, airway, changes in pregnancy\*this is essential early on\* | <http://e-safe-anaesthesia.org/> (e-learning section 8 = obstetric anaesthesia; section 9 = regional techniques)[Spinal anatomy virtual simulator](http://pie.med.utoronto.ca/VSpine/VSpine_content/assets/applications/virtualSpine/LumbarAnatomy.htm)  |
| Pregnancy and labour physiology | [BJA Education- Physiology of pregnancy: clinical anaesthetic implications](https://doi.org/10.1093/bjaceaccp/mkt036) <http://e-safe-anaesthesia.org/> section 08 01 |
| Basic obstetrics, including basic fetal monitoring | Best learnt by attending ward round, look at CTG stickers, Further information [ATOTW](https://www.aagbi.org/sites/default/files/294%20Fetal%20Heart%20Rate%20Monitoring.%20Principles%20and%20Interpretation%20of%20Cardiotocography%20LR%5B1%5D.pdf) |
| Pharmacology, including oxytocics, | [www.frca.co.uk/articleaspx?articleid=100657](http://www.frca.co.uk/articleaspx?articleid=100657)  |
| Obstetric general anaesthesia, including failed intubation drill | <http://e-safe-anaesthesia.org/> section 08\_05, [DAS/OAA guideline](http://www.oaa-anaes.ac.uk/assets/_managed/cms/files/01-15%20DAS-algorithms-web-PRINT20092015%281%29.pdf) SAFE checklist |
| Epidural or CSE analgesia in labour | [www.labourpains.com](http://www.labourpains.com)[OAA epidural card](http://www.oaa-anaes.ac.uk/assets/_managed/editor/File/Info%20for%20Mothers/EIC/2008_eic_english.pdf) |
| Regional anaesthesia for operative delivery | (including management of hypotension, total spinal and accidental IV injection local anaesthetic)<http://e-safe-anaesthesia.org/> e-learning section 08\_04, section 09 |
| Management of major haemorrhage | See **Local guideline**Further information for interest - PROMPT manual, [Green top guideline](http://bit.ly/GTG52ePDF), <http://e-safe-anaesthesia.org/> section 08\_07), [BJA Education](https://doi.org/10.1093/bjaceaccp/mku049) |
| Management of pre-eclampsia and eclampsia | See **Local guideline**Further information for interest - PROMPT manual, [NICE guideline](https://www.nice.org.uk/guidance/cg107), [BJA education](https://doi.org/10.1093/bjaceaccp/mkv020) |
| Maternal collapse & Resuscitation | [BJA Education](https://doi.org/10.1093/bjaceaccp/mku028), PROMPT manual |