TRAINING IN OBSTETRIC ANAESTHESIA

INTRODUCTION:

The following brief curriculum outline and suggested assessment schedule was devised by an OAA working party. Originally written for the Royal College of Anaesthetists, it was considered for inclusion in the ‘CCST in Anaesthesia’, 2003. However, the Training Committee of the RCA did not wish to be unduly prescriptive about the detail of assessments (except for the initial assessment of anaesthetic competency). The following schedule was therefore greatly abridged before inclusion in the final RCA document. Nevertheless, it is felt by the OAA that it may be helpful to trainers and trainees. We would welcome any feedback that you have about any aspect of these documents (to secretariat@oaa-anaes.ac.uk) and would point out that these assessments have not yet been rigorously tested in practice. Future revision will reflect experience and feedback.

- The curriculum consists of four separate units of training. Only [1] (below) is reproduced in this document.

[1] The initial training and assessment of trainees prior to working with distant supervision.
1. THE INITIAL TRAINING AND ASSESSMENT OF TRAINEES PRIOR TO WORKING WITH DISTANT SUPERVISION IN OBSTETRIC ANAESTHESIA.

We consider that initial training in obstetric anaesthesia for a ‘typical’ SHO should consist of a minimum of 20 directly supervised obstetric anaesthesia sessions taken within a 4 month period, in a reasonably busy unit. At least 50% of these sessions should be supervised by a consultant. We would expect the majority of trainees to have successfully completed this training and assessment by the end of their SHO training. More experienced trainees, whatever their grade, may be deemed ready for assessment after a relatively short period of supervision.

**KNOWLEDGE**

The following broad topics include what we consider to be the minimum knowledge base required before a trainee could be expected to work with distant supervision. Obviously these are all huge topics, and judgment is required as to the detail necessary at this stage of training. We have not suggested an assessment schedule for knowledge per se, but leave this to the discretion of trainers and trainees. There are ‘tick boxes’ after each topic; these could be used to record a discussion between trainer and trainee (initials and date), or alternatively for trainees to record their own learning.

1. Labour analgesia (including options other than regional anaesthesia)
2. Anatomy – spine, airway, obstetric
3. Labour physiology
4. Basic obstetrics, including basic fetal assessment
5. Relevant pharmacology, including oxytocics, vasopressors, magnesium sulphate etc
6. Obstetric general anaesthesia; including revision of failed intubation protocols
7. Epidural or CSE analgesia in labour
8. Regional anaesthesia for operative delivery – including management of hypotension, total spinal anaesthesia and accidental intravenous injection of local anaesthesia
9. Recognition and initial management of major haemorrhage
10. Recognition and initial management of pre-eclampsia and eclampsia

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* The supervising consultant should be a specialist in obstetric anaesthesia.
WORKPLACE ASSESSMENT

There are four assessments covering four different procedures which the trainee should be directly observed performing.

This assessment applies to trainees new to obstetric anaesthesia, to more experienced trainees who are working in the United Kingdom for the first time, and to newly appointed SpRs (or experienced SHOs who have changed posts) who have not successfully completed this formal assessment of their obstetric anaesthetic practice to enable them to work with distant supervision.

If assessment is unsatisfactory:
If the trainee fails the assessment then they may need targeted instruction before a re-test. Whether the whole assessment is to be repeated, or targeted at deficient areas is a decision to be taken locally, with regard to local circumstances, and is left to the discretion of the assessors.

Initial Assessment of Competency in Obstetric Anaesthesia:
Preconditions prior to workplace assessments

Name of trainee

Trainer should initial and date boxes when satisfied that preconditions are met:

1. The Trainee has progressed to working with distant supervision in adult non-obstetric practice. He/She is appropriately confident and has undergone satisfactory workplace assessments in this role.

2. The trainee has had satisfactory workplace assessments in the following topics:
   - Pre-operative assessment, premedication, anaesthesia equipment: monitoring and safety, induction of general anaesthesia, intraoperative care, and postoperative care
   - (5,6,7,8,9 and 10 in The CCST in Anaesthesia, II, Royal College of Anaesthetists, 2003).

3. The trainee has an adequate knowledge base (see above for details)

4. The trainee has received an appropriate induction to the obstetric unit, including familiarization with all relevant equipment, protocols and guidelines

5. The Trainee knows when and how to request more experienced assistance.

Each part of each of the following assessments can be assessed by one (or more) trainers, but not all parts can be "signed off" by the same single trainer. At least two consultants with fixed sessions in obstetric anaesthesia must be involved in the overall assessment. One of these should be the supervising consultant. The checklists are given as a guide, and may be useful in providing feedback. The checklists may be modified to suit local protocols.
# Assessment of competence to administer an epidural / CSE for pain relief in labour

**Name of trainee**

**Date of assessment**

**Place of assessment**

## Direct observation of procedural skills

The checklist below may be used, and may be particularly helpful if the overall assessment is not satisfactory.

A tick indicates satisfactory performance in the stated competence

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1. Assesses the patient
2. Chooses anaesthetic technique appropriately
3. Obtains informed consent
4. Establishes IV access / gives a preload according to local protocol.
5. Demonstrates satisfactory aseptic technique
6. Positions patient correctly for the block
7. Inserts epidural catheter satisfactorily using appropriate technique
8. Performs aspiration test and responds appropriately to the result
9. Administers test dose according to local protocol.
10. Ensures further care of patient as appropriate
11. Demonstrates good record keeping.
12. Demonstrates good behaviour, communication skills and attitudes

**This assessment was completed satisfactorily : Yes / No**

If not, you must give details overleaf

Signed .................. Name.................(Lead trainer) Date......

Signed .................. Name....................(Trainee) Date......
2. Assessment of competence to administer an epidural top-up for an emergency Caesarean section

Name of trainee

Date of assessment

Place of assessment

Direct observation of procedural skills

The checklist below may be used, and may be particularly helpful if the overall assessment is not satisfactory.

A tick indicates satisfactory performance in the stated competence

1. Assesses the patient, obtains informed consent and ensures an appropriate pre-medication is given

2. Chooses the anaesthetic technique appropriately

3. Checks equipment, prepares required drugs

4. Establishes appropriate IV access

5. Establishes monitoring according to local protocols

6. Prepares and administers epidural drug(s) according to local protocol.

7. Positions patient appropriately for the top up and development of the block

8. Demonstrates adequate vigilance

9. Treats complications and manages difficulties appropriately

10. Checks adequacy of anaesthesia prior to surgery

11. Gives other intra-operative therapy as required and/or per protocols

12. Maintains a good anaesthetic record

13. Prescribes post-operative analgesia and other therapy as per unit protocols

14. Demonstrates good behaviour, communication skills and attitudes

This assessment was completed satisfactorily: Yes / No

If not, you must give details overleaf

Signed .................. Name...............(Lead trainer) Date.....

Signed .................. Name...................(Trainee) Date.....
3. Assessment of competence to administer a spinal / CSE for elective or emergency Caesarean section

Name of trainee

Date of assessment

Place of assessment

Direct observation of procedural skills

The checklist below may be used, and may be particularly helpful if the overall assessment is not satisfactory.

A tick indicates satisfactory performance in the stated competence

1. Assesses the patient, obtains informed consent and ensures appropriate pre-medication is given

2. Chooses the anaesthetic technique appropriately

3. Checks equipment, prepares required drugs

4. Establishes IV access and commences pre-load as per unit standards

5. Establishes monitoring

6. Positions patient

7. Performs spinal or CSE anaesthesia

8. Manages the patient appropriately during onset of anaesthesia

9. Manages the patient appropriately during surgery

10. Gives other intra-operative therapy as required and/or per protocols

11. Maintains a good anaesthetic record

12. Prescribes post-operative analgesia and other therapy as per unit protocols

13. Demonstrates good behaviour, communication skills and attitudes

This assessment was completed satisfactorily: Yes / No

If not, you must give details overleaf

Signed .................. Name..................(Lead trainer) Date......

Signed .................. Name..................(Trainee) Date......
4. Assessment of competence to administer general anaesthesia for elective or emergency Caesarean section

Name of trainee …………………………………………………………………………

Date of assessment Place of assessment

Direct observation of procedural skills

The checklist below may be used, and may be particularly helpful if the overall assessment is not satisfactory.

A tick indicates satisfactory performance in the stated competence

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<tbody>
<tr>
<td>1</td>
<td>Chooses the anaesthetic technique appropriately</td>
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<tr>
<td>2</td>
<td>Assesses the patient (including airway)</td>
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<tr>
<td>3</td>
<td>Obtains informed consent and gives pre-induction drugs</td>
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<tr>
<td>4</td>
<td>Checks and prepares equipment and drugs</td>
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<td>5</td>
<td>Establishes iv access and monitoring</td>
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<td>6</td>
<td>Positions patient</td>
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<td>7</td>
<td>Preoxygenates the patient</td>
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<td>8</td>
<td>Performs rapid sequence induction of anaesthesia</td>
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<td>9</td>
<td>Manages the airway satisfactorily</td>
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<tr>
<td>10</td>
<td>Demonstrates vigilance and maintains anesthesia appropriately</td>
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<tr>
<td>11</td>
<td>Gives other therapy as required and/or per protocol</td>
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<td>12</td>
<td>Manages emergence from anaesthesia adequately</td>
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<td>13</td>
<td>Ensures safe transfer from operating table to bed / trolley and to recovery</td>
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<td>14</td>
<td>Maintains a good anaesthetic record</td>
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<tr>
<td>15</td>
<td>Prescribes post-operative analgesia and other therapy</td>
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<tr>
<td>16</td>
<td>Demonstrates good behaviour, communication skills and attitudes</td>
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This assessment was completed satisfactorily: Yes / No

If not, you must give details below

Signed ………………. Name……………..(Lead trainer) Date……

Signed ………………. Name……………..(Trainee) Date……