

Name of Trainee: _____

(b) PRECONDITIONS PRIOR TO OBSTETRIC WORKPLACE ASSESSMENTS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. The trainee has progressed to working with distant supervision in adult non-obstetric practice, is appropriately confident & has undergone satisfactory workplace assessments in this role | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The trainee has had satisfactory workplace assessments in the following topics:
Pre-Operative Assessment & Premedication; Anaesthesia Equipment, Monitoring & Safety; Induction of General Anaesthesia; Intra-Operative Care
(Sections 1-6 of "The CCT in Anaesthesia II (Appendix C)", RCA 2007) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The trainee has an adequate knowledge base (see above) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The trainee has received an appropriate induction to the obstetric unit, including familiarisation with all relevant equipment, protocols & guidelines | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The trainee knows when & how to request more experienced assistance | <input type="checkbox"/> | <input type="checkbox"/> |

This assessment was completed satisfactorily

If not, you must give details

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____ Print name: _____ Date: ___/___/___

Lead Trainer

Signed: _____ Print name: _____ Date: ___/___/___

Trainee

Feedback Given: Yes No

Name of Trainee: _____

(c) COMPETENCE TO ADMINISTER AN EPIDURAL / CSE FOR PAIN RELIEF IN LABOUR

Direct Observation of Procedural Skills Date: ___ / ___ / ___ Location: _____

A tick indicates satisfactory performance in the stated competence

	✓	Initial & Date
1. Chooses the anaesthetic technique appropriately	<input type="checkbox"/>	_____
2. Assesses the patient	<input type="checkbox"/>	_____
3. Obtains informed consent	<input type="checkbox"/>	_____
4. Establishes i.v. access / gives a preload according to local protocol	<input type="checkbox"/>	_____
5. Demonstrates satisfactory aseptic technique	<input type="checkbox"/>	_____
6. Positions patient correctly for the block	<input type="checkbox"/>	_____
7. Inserts epidural catheter satisfactorily using appropriate technique	<input type="checkbox"/>	_____
8. Performs aspiration test and responds appropriately to the result	<input type="checkbox"/>	_____
9. Administers test dose according to local protocol	<input type="checkbox"/>	_____
10. Ensures further care of patient as appropriate	<input type="checkbox"/>	_____
11. Demonstrates good record keeping as required by GMC	<input type="checkbox"/>	_____
12. Demonstrates good behaviour, communication skills and attitudes as required by GMC	<input type="checkbox"/>	_____

This assessment was completed satisfactorily

If not, you must give details

Yes

No

Signed: _____ Print name: _____ Date: ___ / ___ / ___

Lead Trainer

Signed: _____ Print name: _____ Date: ___ / ___ / ___

Trainee

Feedback Given: Yes No

Name of Trainee: _____

(d) **COMPETENCE TO ADMINISTER AN EPIDURAL TOP-UP FOR EMERGENCY CAESAREAN SECTION**

Direct Observation of Procedural Skills Date: ___ / ___ / ___ Location: _____

A tick indicates satisfactory performance in the stated competence	✓	Initial & Date
1. Chooses the anaesthetic technique appropriately	<input type="checkbox"/>	_____
2. Assesses the patient, obtains informed consent & ensures appropriate pre-medication is given	<input type="checkbox"/>	_____
3. Checks equipment, prepares required drugs	<input type="checkbox"/>	_____
4. Establishes appropriate i.v. access	<input type="checkbox"/>	_____
5. Establishes monitoring according to local protocols	<input type="checkbox"/>	_____
6. Prepares & administers epidural drug(s) according to local protocol	<input type="checkbox"/>	_____
7. Positions patient appropriately for top-up & development of block	<input type="checkbox"/>	_____
8. Demonstrates adequate vigilance	<input type="checkbox"/>	_____
9. Treats complications & manages difficulties appropriately	<input type="checkbox"/>	_____
10. Checks adequacy of anaesthesia prior to surgery	<input type="checkbox"/>	_____
11. Gives other intra-operative therapy as required and/or per protocols	<input type="checkbox"/>	_____
12. Maintains a good anaesthetic record	<input type="checkbox"/>	_____
13. Prescribes post-op analgesia & other therapy as per unit protocols	<input type="checkbox"/>	_____
14. Demonstrates good behaviour, communication skills and attitudes	<input type="checkbox"/>	_____

This assessment was completed satisfactorily
If not, you must give details

Yes No

Signed: _____ Print name: _____ Date: ___ / ___ / ___
Lead Trainer

Signed: _____ Print name: _____ Date: ___ / ___ / ___
Trainee

Feedback Given: Yes No

Name of Trainee: _____

(f) **COMPETENCE TO ADMINISTER GENERAL ANAESTHESIA FOR ELECTIVE OR EMERGENCY CAESAREAN SECTION**

Direct Observation of Procedural Skills Date: ___ / ___ / ___ Location: _____

A tick indicates satisfactory performance in the stated competence

	✓	Initial & Date
1. Chooses the anaesthetic technique appropriately	<input type="checkbox"/>	_____
2. Assesses the patient & assesses the airway	<input type="checkbox"/>	_____
3. Obtains informed consent, explains attendant risks & gives pre-induction drugs	<input type="checkbox"/>	_____
4. Checks & prepares equipment & drugs	<input type="checkbox"/>	_____
5. Establishes i.v. access & monitoring according to local protocols	<input type="checkbox"/>	_____
6. Positions patient correctly	<input type="checkbox"/>	_____
7. Pre-oxygenates the patient	<input type="checkbox"/>	_____
8. Performs rapid-sequence induction of anaesthesia	<input type="checkbox"/>	_____
9. Manages the airway satisfactorily	<input type="checkbox"/>	_____
10. Demonstrates vigilance & maintains anaesthesia appropriately	<input type="checkbox"/>	_____
11. Gives other intra-operative therapy as required and/or per protocols	<input type="checkbox"/>	_____
12. Manages emergence from anaesthesia adequately	<input type="checkbox"/>	_____
13. Ensures safe transfer from operating table to bed / trolley & to recovery	<input type="checkbox"/>	_____
14. Maintains a good anaesthetic record	<input type="checkbox"/>	_____
15. Prescribes post-op analgesia & other therapy as per unit protocols	<input type="checkbox"/>	_____
16. Demonstrates good behaviour, communication skills and attitudes	<input type="checkbox"/>	_____

This assessment was completed satisfactorily

If not, you must give details

Yes

No

Signed: _____ Print name: _____ Date: ___ / ___ / ___

Lead Trainer

Signed: _____ Print name: _____ Date: ___ / ___ / ___

Trainee

Feedback Given: Yes No

StR2 WORKPLACE ASSESSMENT SUMMARY (continued)

Name of Trainee: _____

Review 3	Base: from (mm/yr) ____ / ____ to ____ / ____	
Is additional training or experience required before competencies are completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments and Specific Individualised Targets:		
Feedback Given: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Agreed Timescale:		If training completion go to Section B
Signed: <div style="display: flex; justify-content: space-between; width: 100%;"> Lead Trainer + Print Name Trainee </div>		Date: ____ / ____ / ____

B: COMPLETION OF UNIT OF TRAINING Obstetric Anaesthesia

To the best of my belief this trainee has achieved the level of competence required by the RCOA Training Programme. I confirm that I have reviewed the trainee's logbook. Yes No

Signed: <div style="display: flex; justify-content: space-between; width: 100%;"> Lead Trainer + Print Name Trainee </div>	Date: ____ / ____ / ____
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Signed: <div style="display: flex; justify-content: space-between; width: 100%;"> RCA College Tutor (± stamp) Base Hospital </div>	Date: ____ / ____ / ____
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After counter-signing Section B the College Tutor should:

- (a) Retain & keep on file the **original** of the Workplace Assessment Checklist & Workplace Assessment Summary.
- (b) Issue a **Workplace Assessment Record** for this completed Unit of Training, for inclusion in the trainee's Training Portfolio.