**ATM in obstetric anesthesia at WPH – lead - Dr Kaskos**

ATM in obstetric anesthesia at WPH. our unite is busy with nearly 5000 deliveries a year, anaesthetists being involved in the care of about half of these patients. Obstetric anaesthesia is covered by 10 consultants(10/10 of labour word sessions covered by consultant)with other cover being provided by specialist doctors and trainees, with no other responsibilities when on duty for labour ward. Labour word has 2 separate theatres for emergencies only. Consultants sessions cover for labour word are separate from Caesarian section list which is happening in a separate theatre and run by another team .We have elective list in every day of the week and 4/5 covered by consultant obstetric anaesthetist .Out of hours consultant supervision of the resident specialist doctor or trainee, is provided by the consultant on call for general theatres and obstetrics, separate from ITU cover. We run weekly obstetric anaesthetic antenatal clinics for the high risk patients, and HDU care can be provided on labour ward in our enhanced recovery rooms or within the main ICU which is close by. We have good No. of high risk parturients that allow the trainee to have exposure to varieties of challenging cases that he need to develop his skills as obstetric anaesthetist

The program will include the following clinical activities

1. On call commitment will be mainly in labour word but might asked to cover general theatres if needed or if the trainee requested to do some of his on call in theatres. The trainee will be directly supervised by a consultant obstetric anesthetist during day time (we have 8/10 session covered by a consultant) and indirect supervision during their on call commitments.
2. Weekly supervised LSCS list to start with and then give him/her solo lists. We will train him/her on the use of cell saver in obstetrics as we have good No. of placenta praevia and we have trained radiologist for embolisation to manage cases of predicted PPH as placenta accreta ( we did one few weeks ago ) .
3. We can organize for the trainee to assist in the high risk LSCS list ( as for cardiac patients) at Oxford to have experience in dealing with such patients.
4. Weekly attendance to high risk ANC (run by consultant)
5. We can organize for the trainee to attend high risk ANC at Oxford to have a wider experience
6. Attendance of high risk obstetric clinic shadowing the obstetrician
7. Weekly gynae list with exposure to different procedures
8. Other lists could be accommodated in accordance with trainee request

The trainee will be involved also in the following activities

1. Supervising / training of CT2 anaesthetic to obtain their basic obstetric anaesthetic competencies
2. Monthly mandatory training for midwives ( including lectures &MDT simulation training in obstetric emergencies for CNST )
3. Involvement in the MDT obstetric simulation course and the maternity critical care study day that we organize at Wexham and it is approved for accreditation by the RcOA.
4. To join the lead obstetric anesthetist the clinical governance meeting joint obstetricians root cause analysis
5. Involvement in audit and research project that he /she want to do or we can offer him/her one
6. Encouraging him/her to attend OAA , GOAL or other obstetric anesthetic meeting and to present a poster or oral presentation.

We had already been successful in training Two of our trainees in ATM in obstetric at WPH in the last few year and the feedback were excellent .

Example for a week ( \*½ day will be free for non-clinical work (research ,teaching etc ...) )

Monday LSCS / flex list

Tuesday ANC /labour word

Wed gynae/Free \*

Thu labour word

Fri Flex lists

We are now having a consultant led obstetric unit 7:30am-7:30pm every day and day time in the WE and a consultant anaesthetist on site till 9:30 pm covering theaters every week day .

**Peri-operative medicine – lead – Dr Ramesh Ramasundaram**

At Wexham Park and Heatherwood hospitals we are able to offer the opportunity to participate in pre-assessment clinics, CPEX clinics, ward rounds with POPS ( perioperative medicine for older people undergoing surgery) and Ortho-geriatric ward rounds. There will be opportunity to follow patient pathways and develop these services further.

**Regional Anaesthesia – lead – Dr Manish Bhardwaj**

The new Heatherwood hospital has 5 dedicated Orthopaedic theatres offering opportunity to practise regional blocks of the upper limb and lower limbs. We run continuous catheter services such as Rectus sheath catheters and thoracic epidurals. There is a national Regional Anaesthesia course that is in its seventh year organised at Wexham that the trainees can organise and lead and the option to help with the Frimley Continuous regional anaesthesia course.