



Advanced Obstetric Anaesthesia Training Programme 2026-2028

Advanced Obstetric Anaesthesia Training Programme

Version 2026

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General Information

The advanced obstetric anaesthesia training programme is a two-year course offered by Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI).

Content of the programme

- Two years of clinical training
- A one-month exchange programme.
- Residential courses
- A distance-learning programme
- Research project

After fulfilling the course, the candidate will be awarded an SSAI diploma on obstetric anaesthesia. The course qualifies for being a specialist within the field of obstetric anaesthesia.

Obstetric anaesthesia

Obstetric anaesthesia refers to peripartum anaesthetic and analgesic activities performed during labour, vaginal delivery, caesarean delivery, removal of retained placenta, postpartum haemorrhage, and postpartum tubal ligation.

In a wider perspective, obstetric anaesthesia also includes neonatal resuscitation, caring for the parturient with intercurrent disease, and obstetric intensive care medicine.

Complex patients are approached by interdisciplinary teams that include obstetricians, perinatologists, neonatologists, cardiologists, anaesthetists within other subspecialties and other consultants as needed.

Aims of the programme

This course aims at educating Obstetric Anaesthetists with the overall objectives of enhancing the quality of anaesthetic care for obstetric patients, improving patient safety, reducing the incidence and severity of anaesthesia-related complications, and increasing patient satisfaction in the Scandinavian countries.

Obstetric anaesthesia includes but is not limited to, the following:

- Organisation of local obstetric anaesthesia services
- Practice obstetric anaesthesia
- Training of staff anaesthetists, residents, nurse anaesthetists, midwives, obstetric ward nurses and students
- Regular update of local diagnostic and therapeutic protocols
- Quality assurance activities within the domain of obstetric anaesthesia
- Review relevant literature & attend external platforms to remain updated on new scientific evolutions.
- Participate to the continual development of national clinical guidelines.

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Course participants

Applicants are members of the SSAI with a special interest in obstetric anaesthesia. Participants are selected according to their affiliation, academic merits, clinical skills, and motivation by the discretion of the steering committee of the training programme. The number of participants will be a maximum 24 on each course, which is offered to start every second year.

Educational strategies

The training objectives will be achieved using several training methods. The programme is based on interactive participation and reflection on competence.

A scientific, evidence-based approach to the practical and theoretical work during the participation of the programme is mandatory.

Personal Educational Supervisor	The host department will appoint a personal educational supervisor for the trainee.
Portfolio	Trainees are required to maintain a portfolio - a collection of evidence of learning. The portfolio should be updated continually and reviewed every fourth month by the personal educational supervisor. This will serve as a stimulus to ensure all training requirements are being fulfilled.
Logbook	Trainees will be expected to maintain a logbook of the clinical activities. The logbook is part of the portfolio.
Personal Development Plan	A personal development plan (PDP) is developed in agreement with the educational supervisor every fourth month. The PDP is linked to formal assessment milestones and rotation between hospitals.
Clinical training	<p>During the two-year period the trainee will be employed in an appropriate position at 1 or 2 different departments.</p> <p>A minimum of four months of clinical training should be at a university, or equivalent, clinic. If the home department is at a District General Hospital, four months of training should take place at a university department, or equivalent tertiary referral unit, with more than 2000 deliveries per year.</p> <p>The Trainee is expected to become involved in teaching and training, research and audit, and management of an obstetric anaesthetic service.</p>

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	The Trainee will be a member of the on-call group covering general duties which includes on-call for the Delivery Suite
Appraisal & Assessment	Appraisals will be conducted by the Personal Educational Supervisor every fourth month. A formal assessment of the training will take place at the end of the attachment.
Journal Club	The trainees will be expected to participate in a journal club in the clinical department
Morbidity & Mortality Meetings	A programme of these meetings is to be organised by one of the Consultant Obstetric Anaesthetists and the Trainee will be expected to participate.
E-learning lectures	" Open Anesthesia Lecture Series for Fellows" to be found on www.openanesthesia.org/sections/obstetric-anesthesia 24 lectures should be seen and reviewed.
Exchange Program	The training period includes an exchange programme with a clinic in a foreign country. The exchange period should be 3 to 4 weeks. It can be divided into 4 individual weeks. At least 3 weeks should be in a foreign country.
Residential Courses	SSAI organizes 4 courses, each of 3-4 days duration. The responsibility for organising these courses will circulate between all the Scandinavian countries. Course 1: Introduction and basic skills. Course 2: Current practice of obstetric anaesthesia. Course 3: Obstetric emergencies and clinical decision making. Course 4: Leadership and implementation strategies. Course 5: One course day with programme summary and SSAI congress
Research Project	The programme will end with presentation of a formal research project. In the preparation of the research project, group work is accepted and encouraged. The structure for a paper in Acta Anaesthesiologica Scandinavica should be used but publication of the research project in a peer reviewed journal is not a requirement.

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	Appointing a research mentor is recommended. The mentor should have competence in research. The mentor is recruited primarily from the trainees' own or other Scandinavian countries.
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Requirements to training hospitals.

A minimum of 4 months of training should be provided in a specialist obstetric centre at a university hospital or equivalent tertiary referral unit with more than 2.000 deliveries per year. Up to 20 months of training can be provided at a district general hospital with an obstetric service and more than 1.000 deliveries per year. Emergency calls from the obstetric department, during daytime and during duty hours, should be directed to the trainee for educational purposes.

The host clinics should have an educational climate and culture as well as a structure and organisation (including personal supervisor) that can support the trainee in the program.

Exchange programme

The Exchange Programme aims to encourage mobility and internationalism among obstetric anaesthetists for the exchange of information, ideas and knowledge, and for long-term relationship building. It aims to promote the development of new clinical and research links between obstetric anaesthesia sections in Scandinavian and other countries.

The exchange programme may be organized as:

1. A direct exchange between 1-2 clinics in foreign countries.
2. A visit to 1-3 different clinics in foreign countries and 1 clinic in the home country. (Minimum 1 week in every clinic)
3. A position (locum) at a department in a foreign country.

A plan for the exchange programme must be prepared in collaboration with the personal educational supervisor.

The clinic hosting the trainee during the exchange period will help solving local problems such as accommodation and temporary certification for the trainee.

Supervisors

During the training programme, participants are recommended to have two kinds of supervisor:

1. A personal educational supervisor at the host clinic. The role of the supervisor is to support the clinical learning process by appraisal meetings every fourth month.
2. A research mentor from within or outside the host clinic, may be recruited from the faculty if most appropriate.

Assessment strategies

A portfolio will serve as a tool for collecting documentation of the learning process during the programme. The portfolio will include documentation of learning activities in the clinical training,

such as personal development plans, case reports, courses attended, teaching responsibilities and logbook with collection of procedures and cases managed that will serve as a documentation for clinical experience. The portfolio reflective summary may be discussed with the trainee's faculty mentor during the course of the programme.

Certification

The programme committee will grant participants a diploma on Advanced Obstetric Anaesthesia on the following conditions:

- Completion of the two-year clinical training programme including one month exchange programme
- 24 SOAP video lectures seen and reviewed, on current topics in obstetric anaesthesia.
- Attendance of four residential courses and passing whatever test and task included in those.
- Approval of portfolio including logbook.
- Approval of presentation and report of a Research Project
- An abstract presented at the SSAI congress 202 .

Practical information

The training programme will start simultaneously in all Scandinavian countries every second year.

The home department will employ the trainee in an appropriate position during at least 20 months of the training programme. The home department will cooperate with the steering committee for the programme in organizing an exchange programme with a department in a foreign country. The steering committee refers to the Educational Committee in SSAI.

Salary during the exchange programme may be negotiated by the home department representative and the trainee, thus allowing flexibility regarding costs containment and available resources.

All expenses for this programme (including travel, a fee for each course, and exceptionally, accommodation) are covered by the home department. Other arrangements concerning finances must be approved by the steering committee.

The total cost for all 5 courses are estimated to about 10.000 Euros, excluding travel and rarely accommodation expenses.

The official language is English.

Organisation

A steering committee consisting of one or two members from each Scandinavian country will coordinate the programme. A chairperson is appointed by the steering committee members and this person reports to the Educational Committee in SSAI. The steering committee is commonly referred to as the faculty in relation to activities of programme delivery..

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Learning modules, methods and resources

Module	Learning objectives	Learning methods/assessment	Resources
Pregnant physiology	<ul style="list-style-type: none"> Knowledge of anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: advanced maternal physiology, biochemistry (nitric oxide, prostaglandins), genetic predispositions, and polymorphisms. Knowledge of fetal and placental physiology and pathophysiology, models of uteroplacental perfusion, and pharmacokinetics of placental transfer. 	Individual studies OAA lecturers OAA case task	Book: Chestnut sixth ed. Chapter 2, 3, 4 Online: UpTo Date Soap online lectures
Labour analgesia incl. labour epidural	<ul style="list-style-type: none"> Demonstrate competence in the analgesic/anesthetic management of deliveries, including planned vaginal deliveries with a <i>high-risk maternal co-morbidity</i>. Demonstrate competence in the analgesic/anesthetic management of labor pain, including pain pathways, biochemical mechanisms of labor pain, and modalities for treating labor pain. Be able to diagnose: Spinal haematoma, CNS infections, Other neurological complications. 	Individual studies Case discussions OAA lecturers OAA case task Logbook	Book: Chestnut sixth ed. Chapter 12, 13, 22, 23 Online: UpToDate Soap online lectures
Complications to neuraxial procedures	<ul style="list-style-type: none"> Be able to diagnose and treat PDPH Knowledge of physiologic models explaining PDPH complication Nerve damage' High spinal 	Individual studies OAA lecturers OAA case task	Book: Chestnut sixth ed. Chapter 30, 31 Online: UpToDate Soap online lectures
Caesarean section	<ul style="list-style-type: none"> Demonstrate competence to manage anesthetics during cesarean deliveries with a <i>high-risk maternal co-morbidity</i>. Demonstrate competence in management of anesthesia induced hemodynamic instability during cesarean section. Knowledge of local anesthetic use in obstetrics, including pregnancy-related effects on pharmacodynamics and 	Individual studies OAA lecturers OAA case task Logbook	Book: Chestnut sixth ed. Chapter 26, 27 Online: UpToDate Soap online lectures

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	<p>pharmacokinetics; recognition and treatment of complications; lipid rescue of local anesthetic cardiotoxicity; effects on the fetus in different settings, including prematurity, asphyxia, fetal, cardiovascular and neurological effects; and fetal drug disposition.</p> <ul style="list-style-type: none"> • Knowledge of neuraxial opioid use in obstetrics, including prevention, recognition, and treatment of complications; effects on the fetus; and fetal/neonatal drug disposition. • Knowledge of postpartum pain management in the parturient, including consequences of post-Cesarean delivery pain. 		
Obstetrical Airway	<ul style="list-style-type: none"> • Knowledge of general anesthesia use in obstetrics, including recognition and treatment of complications, alternatives for securing the airway in pregnant women (anticipated/unanticipated difficult airway), consequences on utero-placental perfusion, and opposing maternal-fetal considerations regarding the use of general anesthesia. 	Individual studies OAA lectures OAA case task	Book: Chestnut sixth ed. Chapter 28, 29 Online: UpToDate Soap online lectures
Comorbidities (autoimmune, cardiovascular, endocrine, chronic pain, hematologic/coagulation, liver, malignant hyperthermia, musculoskeletal, neurologic, obesity, renal, respiratory, psychiatric and substance abuse)	<ul style="list-style-type: none"> • Knowledge of medical disease and pregnancy, including hypertensive disorders, morbid obesity, respiratory disorders, cardiac disorders, gastrointestinal diseases, endocrine disorders, autoimmune disorders, hematologic and coagulation disorders, neurologic disorders, substance use disorders, HIV infection, AIDS, and psychiatric diseases. 	Individual studies OAA lectures OAA case task	Book: Chestnut sixth ed. Part X (chapter 40 – 53) Soap online lectures
Postpartum Haemorrhage including placental complications (placental abruption, placenta previa, placenta accreta spectrum, vasa previa, uterine rupture, uterine atony)	<ul style="list-style-type: none"> • Knowledge of anesthetic and obstetric management of obstetric complications and emergencies like hemorrhage, placental abruption, placenta previa, placenta accrete, vasa previa, uterine rupture, uterine atony, and umbilical cord prolapse. 	Individual studies SSAI Lecture Full scale simulation OAA lecturers OAA case task	Book: Chestnut sixth ed. Chapter 37 Online: UpToDate Soap online lectures

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Hypertensive disorders of pregnancy including Preeclampsia/Eclampsia/HELLP	<ul style="list-style-type: none"> Knowledge of anesthetic and obstetric management of obstetric complications and emergencies like Pre-eclampsia/Eclampsia/HELLP, Hypertension in pregnancy. 	Individual studies SSAI lecture Full scale simulation OAA lectures OAA case task Logbook	Book: Chestnut sixth ed. Chapter 35 Online: UpToDate Soap online lectures
Thromboembolism and other complications including Amniotic Fluid Embolism, Fatty liver of pregnancy and Peripartum cardiomyopathy.	<ul style="list-style-type: none"> Be able to recognize and manage obstetric thromboembolic disorders and emergencies like amniotic Fluid Embolism. Be able to recognize: Fatty liver of pregnancy, Peripartum cardiomyopathy. 	Individual studies Full scale simulation OAA lectures OAA case task	Book: Chestnut sixth ed. Chapter 38, 39 Online: UpToDate Soap online lectures
Maternal resuscitation and cardiac arrest Trauma and critical care	<ul style="list-style-type: none"> Be able to perform and lead cardiopulmonary resuscitation (CPR) and advanced cardiac life support of the pregnant woman. Knowledge of how and when to perform peri-mortem cesarean section. 	Individual studies Full scale simulation OAA lectures OAA case task	ERC guidelines: Special circumstances 2021 Book: Chestnut sixth ed. Chapter 54 Soap online lectures
Breastfeeding and anesthetic implications	<ul style="list-style-type: none"> Knowledge of effects of maternal medications on breastfeeding, particularly effects of labor analgesia and postpartum analgesia. 	Individual studies	Online: UpToDate Soap online lectures
Neonatal resuscitation	<ul style="list-style-type: none"> Demonstrate competence in the analgesic/anesthetic management of deliveries, including appropriate interpretation of fetal surveillance and consultation with neonatologists as to the appropriate obstetric interventions and their timing. Knowledge of neonatal physiology and advanced neonatal resuscitation. Knowledge of antepartum and intrapartum fetal monitoring, including, electronic fetal heart monitoring, assessment of uterine contraction pattern and labor, and acid-base status of the fetus. Knowledge of effects of general anesthesia on the mother and fetus, and the effects of fetal circulation and placental transfer on newborn adaptation. 	Individual studies Full scale simulation Skill station Lecture	Book: Chestnut sixth ed. Chapter 5, 9, ERC guidelines: Newborn 2021 Soap online lectures

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Anaesthesia during pregnancy for non-obstetrical surgery	<ul style="list-style-type: none"> • Demonstrate competence to manage anesthetics during the first, second, or third trimesters, other than for Cesarean delivery, including antepartum procedures involving prenatal diagnosis and fetal treatment, maternal cardioversion, or electroconvulsive therapy. • Knowledge of non-obstetric surgery during pregnancy, including laparoscopy and cardiorespiratory effects on the mother and fetus. • Demonstrate competencies in development of an anesthetic care plan that is integrated with the surgical and obstetric care plan and that includes provision for peri-operative fetal monitoring; development of a plan for possible emergency Cesarean delivery if appropriate; provision for postoperative analgesia; and collaboration between anesthesiologists and obstetricians in the development of a plan to prevent preterm birth. • Knowledge of embryology and teratogenicity. • Knowledge of tocolytic therapy 	Individual studies OAA lectures OAA case task	Book: Chestnut sixth ed. Chapter 17 Online: UpToDate Soap online lectures
Organization/ Implementation	<ul style="list-style-type: none"> • Knowledge of organization and management of an obstetric anesthesia service, including implementation of change and improvement of care • Knowledge of legal and ethical issues during pregnancy. • Knowledge of discrimination; substance use disorders; homelessness; and cultural, ethnic, and economic barriers to safe anesthesia care, including strategies to mobilize system resources for disadvantaged women in those situations. • Knowledge of medical economics and public health issues of women during reproductive years as it applies to obstetric anesthesiology, including availability of obstetric analgesia, and Cesarean delivery rates. • Knowledge of tools for making local guideline-driven changes in organizations. 	Individual studies SSAI lecture Case discussions	Book: Kotter, Leading change, 8-step model Resources: www.RickMaurer.com/resources/

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Communication/collabotation/ leadership/ Professionalism	<ul style="list-style-type: none"> • Demonstrate competencies in effective communication with patients and relatives including the need for informed consent and the understanding of ethical, professional, and legal aspects. • Demonstrate competencies in effective communication in a multidisciplinary team and in the ability to set priorities, organize others effectively and to delegate appropriately. • Demonstrate competencies in effective collaboration in a multidisciplinary team and to take leadership in a crisis including the ability to adjust strategies based on information gathered from the environment. • Enhanced knowledge of human factors and crisis resource management skills and attitudes and fully integrate this throughout the organizational culture. 	Individual studies Full scale simulation Group discussion	
Guideline/ Research	<ul style="list-style-type: none"> • Knowledge of principles and ethics of research in pregnant women, their fetuses, and neonates. • Knowledge of processes involved in designing and implementing clinical trials. • Demonstrate competencies in or have knowledge of how to complete a research project (based on for example an investigational project, an audit, case reports or a literature review) • Knowledge of clinical research methodology and the pitfalls of translating results into guidelines including the understanding and appraising the quality of international guidelines. • Be able to run Journal Clubs and organize local meetings comprising the different professions in obstetrical activity. 	Individual studies SSAI lecture Guideline task Research Project	



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Portfolio

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Personal Details

Name	
Status as specialist?	Yes:- year obtained_____ No:- year expected_____
Address	
Mobile telephone number	
Work email address	
Private email address	

Training Details

Period of training covered by this portfolio	
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Training site 1:	Hospital Period
Training site 2	Hospital Period

Exchange programme (Other department, other country)

Exchange site 1	Hospital Period
Exchange site 2	Hospital Period
Exchange site 3	Hospital Period
Exchange site 4	Hospital Period

Personal Development Plan (PDP)

Guidance

Completing a PDP is your chance to set out what you expect to achieve during each placement, and throughout the programme. You can use your PDP to refer to the goals that you set yourself previously, to check your progress against them.

You should develop your PDP with your host clinic supervisor and it should be updated at regular intervals linked to formal assessment milestones and rotation between hospitals.

The personal development plan must be used on each 4th month appraisal meeting with your host clinic supervisor. Specific Objectives: what do you need to learn?

The learning objectives of the SSAI Advanced Obstetric Anaesthesia Training Programme cover the range of core knowledge and skills appropriate to training. Your learning needs will change as you develop through training, and as your experience grows, thus your PDP must be updated every 4th month. Different placements offer different opportunities to gain curriculum competences. As you consider the opportunities available in each placement, you should plan how you intend to make the most of them. In collaboration with your host clinic supervisor, you can develop your PDP to focus on areas highlighted for improvement.

Developing your PDP

As you are progressing, appraisal, direct assessment and reflective practice will all provide different perspectives on your performance and development. It is important to be aware of what information you are using when setting your learning needs and that you are not missing important feedback that may be available to you.

How will these needs be addressed and when?

- Your PDP should identify what you intend to do during each 4-month period, how you will develop your learning and, most importantly, how and when you will be assessed.
- A key goal of the training program is to demonstrate, through portfolio evidence, a series of assessments that show development and progression towards competence.
- Target setting is a way to ensure progress. Discuss and agree realistic and achievable targets for demonstrating progress with your host clinic supervisor and record the agreements.

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Personal Development Plan

Name:	
Date:	
Department:	
Hospital:	

What specific Development needs do I have? (What do you intend to learn)?
How will these objectives be addressed? (Which activities should be planned?)
Evaluation (what documentation should be collected to show the objectives have been achieved?)
4 months later; Date: _____
Evaluation and outcome - Have the objectives been achieved? (If not what should be done?)

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Personal Development Plan

Name:	
Date:	
Department:	
Hospital:	

What specific Development needs do I have? (What do you intend to learn)?
How will these objectives be addressed? (Which activities should be planned?)
Evaluation (what documentation should be collected to show the objectives have been achieved?)
4 months later; Date: _____
Evaluation and outcome - Have the objectives been achieved? (If not what should be done?)

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Personal Development Plan

Name:	
Date:	
Department:	
Hospital:	

What specific Development needs do I have? (What do you intend to learn)?
How will these objectives be addressed? (Which activities should be planned?)
Evaluation (what documentation should be collected to show the objectives have been achieved?)
4 months later; Date: _____
Evaluation and outcome - Have the objectives been achieved? (If not what should be done?)

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Personal Development Plan

Name:	
Date:	
Department:	
Hospital:	

What specific Development needs do I have? (What do you intend to learn)?
How will these objectives be addressed? (Which activities should be planned?)
Evaluation (what documentation should be collected to show the objectives have been achieved?)
4 months later; Date: _____
Evaluation and outcome - Have the objectives been achieved? (If not what should be done?)

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Personal Development Plan

Name:	
Date:	
Department:	
Hospital:	

What specific Development needs do I have? (What do you intend to learn)?
How will these objectives be addressed? (Which activities should be planned?)
Evaluation (what documentation should be collected to show the objectives have been achieved?)
4 months later; Date: _____
Evaluation and outcome - Have the objectives been achieved? (If not what should be done?)

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Personal Development Plan

Name:	
Date:	
Department:	
Hospital:	

What specific Development needs do I have? (What do you intend to learn)?
How will these objectives be addressed? (Which activities should be planned?)
Evaluation (what documentation should be collected to show the objectives have been achieved?)
4 months later; Date: _____
Evaluation and outcome - Have the objectives been achieved? (If not what should be done?)

The record of experience - the logbook

Trainees should record, in a suitable paper or electronic logbook (Daily Training Record), the details of anaesthetics obstetric cases and procedures given by them.

The logbook has the following functions:

- It provides trainees with a personal record of all procedural and other training experiences, which are requirements for satisfactory completion of the relevant training program.
- It provides trainees with the basis for completing the clinical training summaries
- The Training Summaries will be used by the host clinic supervisor to monitor the trainee's experience to ensure that it is appropriate.
- The information will also be used by the SSAI educational committee to monitor the experience provided for trainees by the hospital.

Instructions

All trainees undertaking clinical training are required to record the procedural experiences relevant to their training program. It is advisable to record training experience on a regular basis. At the end of each four-month period it will be necessary for you to transfer the information into the logbook summary as preparation to the 4th monthly appraisal meeting with your host clinic supervisor.

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Date	Pt. initials	Procedure	Type of anaesthesia	Urgency	ASA	Co-morbidity	Complication

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Procedure	<ul style="list-style-type: none"> • Procedure performed by surgeon/obstetrician. <ul style="list-style-type: none"> ○ Obstetric ○ Non-obstetric • Procedure performed by anaesthetist
Type of anaesthesia (Minimum 50 neuraxial obstetrical procedures)	<ul style="list-style-type: none"> • Epidural • Spinal • Spinal & Epidural • General anaesthesia • Combined GA/EDA • Other
Caesarean section (Minimum 20)	<ul style="list-style-type: none"> • Elective • Urgent • Emergency
ASA Physical Status Classification System	<ul style="list-style-type: none"> • A normal healthy patient • A patient with mild systemic disease • A patient with severe systemic disease • A patient with severe systemic disease that is a constant threat to life. • A moribund patient who is not expected to survive without the operation. • A declared brain-dead patient whose organs are being removed for donor purposes
Co-morbidity (Examples)	<ul style="list-style-type: none"> • Obese (BMI 30-40) /Morbidly obese (BMI > 40) • Diabetes • Hypertension • Cardiac • Pulmonary
Complication (Examples)	<ul style="list-style-type: none"> • Eclampsia • Pre-eclampsia • HELLP • Placental abruption • Uterine rupture • Postpartum haemorrhage

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Logbook summary

Name:	
Hospital:	

Summary for period

From:	To:
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Total number of anaesthetics given in this period:	
Total number of labour epidurals given in this period:	
Total number of spinals given in this period:	

Urgency

	Routine	Urgent	Emergency	Total
Caesarean section				
Non-obstetric surgery during pregnancy				
Postpartum haemorrhage				

ASA Grade

ASA	I	II	III	IV	V
Cases (n)					

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	Non-Obese	Obese BMI 30-40	Morbidly obese BMI > 40	Total
Labour EDA				
Labour Spinal				
Labour CSE				
CS Spinal				
CS de novo EDA				
CS pre-exist EDA				
CS GA				

Procedures	Performed	Observed/Assisted
Neonatal resuscitation		
Neonatal intubation		
Umbilical line		
Fiberoptic awake intubation		

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SSAI obstetric anaesthesia specialist courses

Date	Course	Location	Signed by organiser

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Other courses attended:

Course Title:	
Location:	
Date and Duration:	
My educational objective in attending this course:	

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Summary of course content:	
What was good about this course:	
What was bad about this course:	
Were your objectives met?	
Did you speak or ask any questions?	

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Research Project

Investigation, audit, case report or literature review

1	Title of Project:	
2	Source of any funding:	
4	Project supervisor:	
5	Date begun:	

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6	Date completed:	
7	What question are you seeking to answer?	
8	What is the importance of this project?	
9	Describe your methodology:	
10	Describe your results:	

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11	Presentation of this project	
12	Will you be making any personal presentation of these results?	
13	Evaluate the importance of your results:	
14	How much time have you personally spent on this project?	

” Open Anesthesia Lecture Series for Fellows”

To be found on www.soap.org

24 of the lectures available should be seen and reviewed.

<http://www.openanesthesia.org/sections/obstetric-anesthesia/> Each

participant can choose lectures according to a personal interest

No	date	Title of lecture	Three keypoints of interest
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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Teaching Responsibilities and Training

Summary of any significant teaching you have undertaken

Topic	Audience	Location	Date

Summary of any meetings organised by you (and colleagues)

Topic	Participants	Location	Date

Portfolio reflective summary

The aim of the portfolio is that it should at the end of the 2 years provide evidence for learning and professional development as a clinician / teacher / researcher etc.

The portfolio reflective summary is a part of the assessment of your professional development during the two-year programme.

As a part of the two-year Advanced Obstetric Anaesthesia Training Programme, it is expected to do a portfolio reflective summary after the first year and second year. This is an opportunity to reflect on the development of your portfolio over the last year – what have been learned and how to continue to develop professionally. You will be asked to submit this prior to your Annual Review.

Begin by reviewing what is in your portfolio concentrating on things that have been added in the last year.

Choose three things that have been included into your portfolio of which you are particularly proud and summarise why you are proud of them and how you think they have enhanced your development as a clinician, teacher, researcher, or communicator.

Examples of the sorts of things you might want to include are:

- A critical incident or a difficult case and how you learned from it, or a case where things went well, and you felt good about it.
- Plans and copies of AV aids for a successful teaching session. You may feel that you have a teaching session, for example, which demonstrated improved planning and increased confidence in delivery reflected in positive evaluations.
- A summary of a particularly useful course.
- Publications, posters, research report.

Then identify one or two things you would like to have included in your portfolio but haven't managed to achieve. Again, summarise why you think they would enhance your personal/professional development, why you have not managed to achieve them and how you are going to ensure you do achieve them in the next year.

Ask your Educational Supervisor to go through your portfolio with you and help you to identify the strengths as well as the omissions.

This is also an opportunity to move things out of your portfolio to make it more selective.

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Summary:

Three things of which you are particularly proud and why:

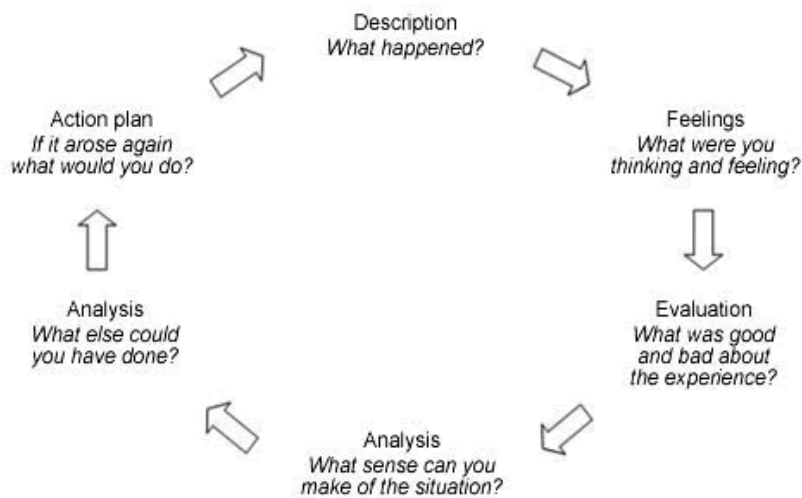
One or two things you wish you had included in your portfolio, why they are not there and how you are going to try and make sure they are there next year:

Reflective Practice

Learning from Experience

Good reflective practice is a core part of any learning program. Being able to identify your challenges & discuss them with your supervisor will help you define future learning opportunities and apply what you're learning in the work environment. Reflective practice will record many of your most challenging or personal experiences. Reflective practice is designed to encourage you to think about your experience in the workplace in a structured way, capturing the elements most pertinent to learning and development.

Gibbs' (1981) model (below) is a simple representation of the reflective practice process.



There is no set formula or format. However, it might be helpful to organise the record into sections such as:

- What happened?
- What and how did I do?
- Why did I do it?
- What did I learn?
- What does it mean?
- What should I have done differently?
- What do I need to do next time?
- What specific areas do I need to improve or extend?
- Which aspects were successful?
- What do I want to investigate further? and
- How does this relate to previous knowledge and experience and to future learning activities?

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Reflective practice record

Name of trainee:		Date:			
Placement:		From:		To:	