Royal College of Anaesthetists

Initial Assessment of Competence in Obstetric Anaesthesia (IACOA)

Entrustable Professional Activities 3 and 4

WORKBOOK

Contents

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Introduction

The Initial Assessment of Competence in Obstetric Anaesthesia (IACOA) is an important milestone in the initial training period of obstetric anaesthesia in stage 1. The indicative time-course for attaining the IACOA is a minimum of 3 months and usually commences after 1 year of anaesthetic training. Award of the IACOA allows the anaesthetist in training to take part in the obstetric on call rota. Acheiving the IACOA does not fulfil the obstetric anaesthesia capabilities of stage 1 training and anaesthetists in training will need further exposure during this stage. The IACOA will need to be completed by the end of 2 years of anaesthesia training.

Entrustable Professional Activities (EPA) 3 & 4 describe the core learning outcomes for the IACOA.

- **EPA 3:** Administration of pain relief for labour
- **EPA 4:** Anaesthesia for obstetric operative procedures including category 1-3 LSCS

Each EPA is underpinned by **Key Capabilities**. These are the essential areas of knowledge, skills, attitudes and behaviours required for safe practice. **To be awarded the IACOA, Anaesthetists in training must demonstrate capability to perform EPAs 3 & 4 with supervision Level 3** (see Table 1). This workbook details the learning activities needed to achieve the Key Capabilities, and explains the summative assessment.

Based on this encounter, what level of supervision does the trainee require for this case?	
1	Direct supervisor involvement, physically present in theatre throughout.
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals.
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance.
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance.
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols).

Table 1: RCoA Supervision Scale

Obstetric training faculty

A dedicated faculty of obstetric trainers should deliver obstetric anaesthesia training in each department where possible. This is to improve the consistency of supervision for learners and to facilitate faculty judgements for summative assessment.

IACOA Learning Activities

Evidence of learning should be linked to the Key Capabilities for EPAs 3 & 4 on the Lifelong Learning Platform (LLP). To reduce the assessment burden, related capabilities have been clustered together, and evidence of achievement should be linked to each cluster. EPA 3 has a single cluster of Key Capabilities. EPA 4 has four clusters, arranged under the headings of 'Pre-operative Preparation', 'Intra-operative Care', 'Post-operative Care' and 'Management of Emergencies & Simulation'.

The types of evidence that can be used are shown in table 2. **These learning activities are formative in nature. No single activity is intended to be used in isolation as an assessment of clinical capability.**

Type of evidence	Examples and purpose
Supervised Learning Events (SLEs)	■ These are low-stakes episodes of feedback and reflection in the workplace used to improve performance. ■ Select A-CEX, DOPS, CBD or ALMAT tools as appropriate. ■ Feedback for SLEs is enhanced by the use of supervision levels, which may also be used to demonstrate learning progression over time. ■ **There is no minimum number of SLEs that is required to progress.**
Personal activities	■ These may include attendance at relevant courses, departmental teaching or private study. ■ Simulation based learning is used for the management of emergencies as part of EPA 4 ■ **The simulation requirements are detailed in Appendix 2.**
Personal reflections	■ Reflective practice should be used to consolidate learning from clinical and other educational experiences, such as, courses attended, personal reading, teaching and simulation. ■ Reflections can be used as evidence of achievement of the Key Capabilities for each EPA. ■ Personal reflections should be written in accordance with published College guidance and should not contain patient identifiable information.
Logbook of cases	■ This demonstrates the range of anaesthetic techniques undertaken and the caseload experienced during the period of training.

Table 2: recording learning activities for the IACOA

SLEs and supervision levels
WHAT WE MEAN

- ✓ Make SLEs a regular part of everyday clinical training.
- ✓ Complete them contemporaneously where possible.
- ✓ Use SLEs to show progression, showing evidence of learners taking greater responsibility for patient care.
- ✓ The Supervision Level for an SLE is a judgement made by the supervisor. It should reflect the level of supervision they feel the learner **would need**, if dealing with a similar clinical case or activity again **right here, right now**.
- ✓ Supervision levels are adjuncts to feedback which can demonstrate progress when reviewed over time.

SLEs and supervision levels
WHAT WE DON'T MEAN

- × SLEs are summative assessments.
- × An SLE must be recorded for every capability within each cluster.
- × SLEs **must** reach supervision level 3 for **all** Key Capability clusters to enable award of the IAC.

IACOA Summative Assessment

Summative assessment for award of the IACOA should be a holistic judgement made by the obstetric trainer faculty, supported by evidence from a range of sources (Table 3). **The faculty must judge whether the anaesthetist in training can be entrusted to perform EPAs 3 & 4 at Supervision Level 3.**

Evidence of learning activities undertaken must be linked to each Key Capability cluster. Strict requirements or 'tickbox' lists have been avoided and consistent, thoughtful engagement is encouraged. Evidence requirements may be used flexibly; some anaesthetists in training may require less evidence to progress, for example those with prior obstetric anaesthetic experience. Regular progress reviews by the Educational Supervisor/ obstetric trainer are recommended, with targeted learning activities to address performance gaps.

Source of evidence	Explanation
Multiple Trainer Report Tool (MTR)	■ The MTR is a flexible tool used to collate consultant feedback. ■ One MTR is required for the IACOA. It should be completed by a minimum of 3 consultant respondents, selected by the Educational Supervisor. ■ Several domains of the MTR (e.g. Intensive Care Medicine) do not apply to the IACOA and can be marked 'unable to comment'. ■ Comments would be expected on Professionalism,Perioperative Medicine, General Anaesthesia, Regional Anaesthesia and Pain.
LLP review	■ Learners should record a range of evidence for each cluster of Key Capabilities. ■ Review of SLEs and assessment of progress: › Progression towards supervision level 3. › Evidence of increasing practice independence ■ Personal activities. ■ Personal reflections.
Simulation training	■ Ensuring exposure to rare, life threatening emergencies (See Appendix 2)
Logbook review	■ Ensuring appropriate clinical exposure to a range of cases in elective and emergency settings on labour ward, in obstetric theatres and in the ante and post-natal wards. ■ Procedural skills undertaken with particular reference to spinals, epidurals and obstetric airway management.
Observation in clinical practice	■ Not all relevant information is recorded in the LLP and the collective judgements of experienced trainers are valid in the performance of summative assessment.

Table 3: sources of evidence that support summative assessment

EPA 3: Administration of pain relief in labour

Summary

EPA 3 is the ability to administer pain relief in labour . This includes providing epidural analgesia in patients with straightforward anatomy and recognising factors that may confer increased difficulty for the insertion of the epidural and communicating these factors to more experienced colleagues.

Limitations

- Anaesthetists in training should seek help accordingly when factors are identified that may increase the difficulty of the insertion of the epidural such as the morbidly obese.

Key capabilities

- Explains the progress of labour and discusses the various pain relief options available to women in labour
- Demonstrates understanding of the risks, benefits and contraindications associated with the different types of pain relief
- Appropriately assesses a patient prior to lumbar epidural insertion, and identifies risk factors and communicates these to senior colleagues
- Plans and performs insertion of a lumbar epidural catheter for labour analgesia
- Manages epidural analgesia for labour including the prescription of analgesic regimes, and follow up of the patient.
- Troubleshoots problems that may occur with analgesic techniques including epidurals
- Demonstrates the knowledge of the management of complications of regional techniques e.g. Post Dural Puncture Headache

EPA 4: Anaesthesia for obstetric operative procedures including category 1-3 LSCS

Summary

EPA 4 is the provision of anaesthesia for ASA I/II patients having uncomplicated urgent or emergency obstetric surgery including category 1-3 LSCS, trial of forceps, manual removal of placenta and perineal repair. In practice this prepares Anaesthetists in training to provide anaesthesia while carrying out their obstetric on-call duties.

Limitations

- This does not include anaesthesia for ASA 3 or 4 patients.
- You are expected to commence initial management of obstetric emergencies but would seek assistance at an early stage for further management.

Key capabilities

Preoperative preparation

Performs an anaesthetic pre-operative assessment of women presenting for urgent or emergency obstetric surgery and recognises features that confer increased perioperative risk including common diseases related to pregnancy.

Describes the anatomy and physiology of pregnancy, labour, and their relevance to the conduct of anaesthesia.

Understands the scope of practice as an inexperienced practitioner and calls for help appropriately.

Intraoperative care

Plans and delivers safe regional anaesthesia to appropriate patients including the following techniques:

- Spinal Anaesthesia
- Epidural Top up

Plans and delivers general anaesthesia with rapid sequence induction to appropriate patients

Demonstrates knowledge of the following intra-operative complications:

- Difficult airway encountered after the induction of anaesthesia in a simulated environment until appropriate help arrives
- Management of anaesthesia related hypotension
- Failed regional technique
- Breakthrough pain

Postoperative care

Identifies and manages post-operative issues including pain, nausea and vomiting, fluid requirements and VTE prophylaxis for the obstetric patient

Managing emergencies and simulation

Demonstrates ability to provide general anaesthesia for LSCS in a simulated environment

Demonstrates management of failed intubation drill in an obstetric patient according to DAS/OAA guidelines in a simulated environment

Demonstrates knowledge of common obstetric emergencies:

- Maternal Haemorrhage
- Maternal Collapse

Appendix 1: Process map for IACOA

Record learning activities

Supervised Learning Events

- Link to Key Capability Clusters
- Show progression towards required supervision level

Personal activities

- Simulation for managing emergencies
- Courses, private study etc.

Personal reflections

- Reflections on learning development

- Select '*Add Milestone*' in LLP to add simulation to IACOA Certificate
- Link simulation activities to EPA4 to IACOA

IACOA sign-off

ES reviews progress and porfolio

ES initiates Multiple Trainer Report Tool

Trainee initiates 'HALO' for EPAs 3&4

Trainee initiates IACOA Certificate. Select and link related MTR

Completed by a minimum three faculty members

Link MTR to all EPAs
Send EPAs 3&4 to designated obstetric trainer

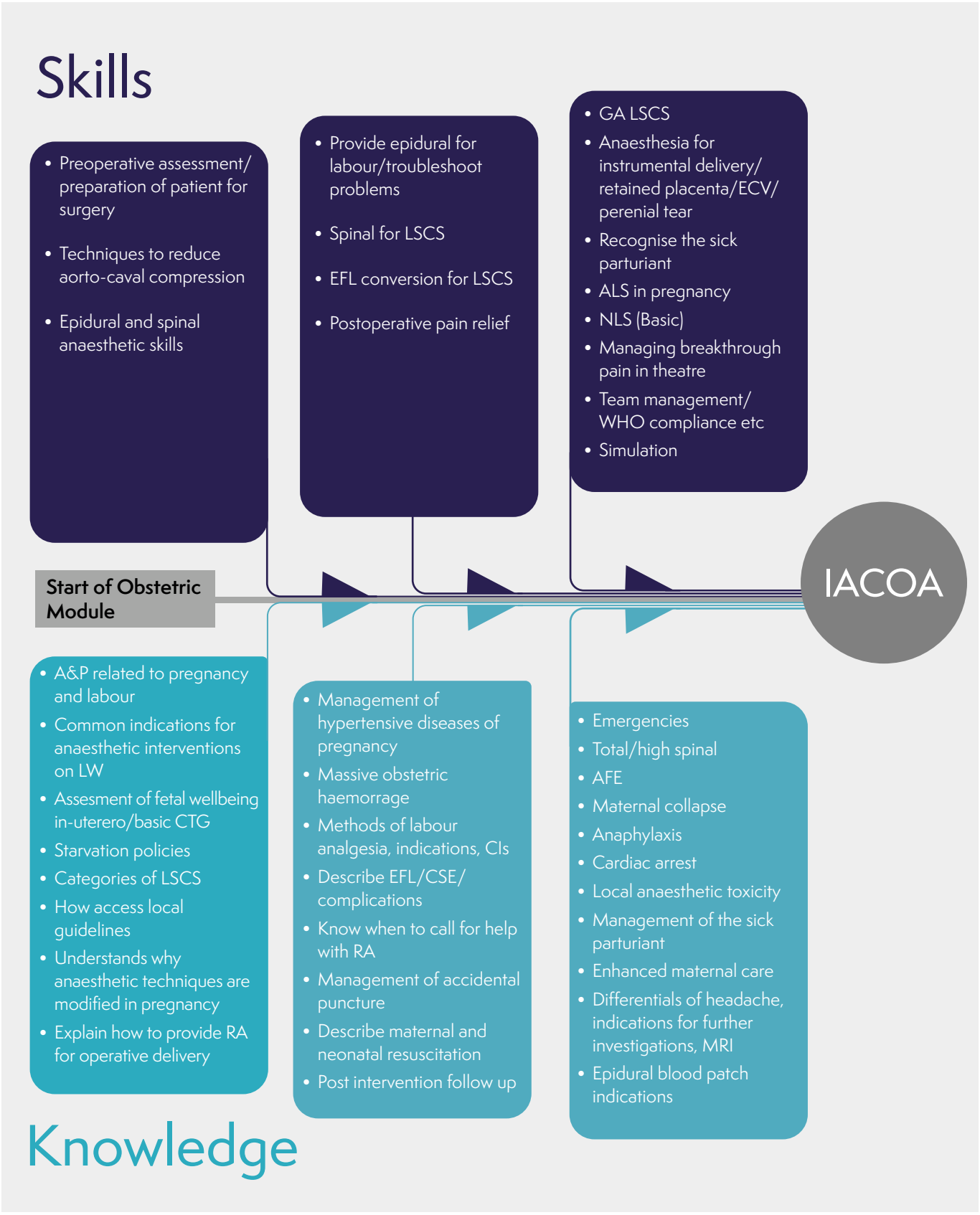
IACOA: Select two appropriate obstetric trainers as signatories

Appendix 2: Simulation syllabus for IACOA

Name of training	Obstetric Anaesthesia
Learning outcomes	Prepare for initial assessment of competence in obstetric anaesthesia. Demonstrate ability to provide analgesia and anaesthesia for the majority of the women in the delivery suite. Discuss and rehearse the management of common obstetric emergencies and be capable of performing immediate resuscitation and care of acute obstetric emergencies [eg eclampsia; pre-eclampsia; haemorrhage], under distant supervision but recognising when additional help is required. Rehearse provision of general anaesthesia for caesarean section. Rehearse management of failed intubation drill in an obstetric patient according to DAS guidelines.
Timing	CT1-2, ACCS CT2-3.
Delivery methods minimum requirements	Fidelity should permit ability to rehearse in context and demonstrate technical and non-technical skills. To include the discussion of the management of common obstetric emergencies. Scenarios should be rehearsed as part of a team. Could be multi-professional.
Equipment minimum requirements	A manikin, monitor and equipment to allow recognition and management of routine obstetric procedures, cases and emergencies.
Faculty minimum requirements	Two clinically credible faculty members appropriately trained to deliver obstetric scenarios using a manikin and lead de-briefs.
Location of training	In-situ or simulation suite.

Name of training	Assessment of general anaesthesia for Caesarean section
Learning outcomes	Demonstrates ability to provide general anaesthesia for caesarean section. Demonstrates management of failed intubation drill in an obstetric patient according to DAS guidelines.
Timing	CT1-2, ACCS CT2-3.
Delivery methods minimum requirements	Fidelity should permit ability to assess performance in context and demonstrate technical and non-technical skills. Each individual must demonstrate competency for dealing with failed intubation on a manikin.
Equipment minimum requirements	A manikin, monitor and equipment to allow recognition and management of failed intubation.
Faculty minimum requirements	*One faculty member approved to sign off IACOA.*
Location of training	In-situ or simulation suite.

Appendix 3: Knowledge and skills topic list for IACOA



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