**WOSSA** www.jet5.com/**wossa**

****

**WEST OF SCOTLAND SCHOOL OF ANAESTHESIA**

**ADVANCED OBSTETRIC ANAESTHESIA TRAINING**

**APPLICATION FORM**

PLEASE READ THE NEXT SECTION BEFORE COMPLETING THE FORM

General information

Please read eligibility and desirable attributes for applicants before completing the form.

The deadline for submission is usually the last Friday of July. For current deadlines and additional information please follow visit www.wosoa.org.uk

Please Email your completed form to

Dr Alison White

alison.white7@ggc.scot.nhs.uk
Consultant Anaesthetist
2nd Floor, Department of Anaesthetics
Queen Elizabeth University Hospital1345 Govan Road

Completing the sections

Personal details

Please provide an Email/ phone on which we can contact you reliably.

Clinical experience

This is for your Obstetric experience only. Remember to add high risk obstetrics/ critically ill mothers/ transfers. Brief details are sufficient. There are two sections – the first one for training posts and the second for non training posts.

Audit, research and QI

Please focus on recent Obstetric anaesthesia or related projects you have been involved in. It is very important you let us know your precise role in all the projects (your original idea/ lead/ helped with surveys/ statistics etc). We are keen to know your other projects too, especially if they were important and interesting projects and you had a major role in conducting them.

You only need to provide full details for TWO projects of your choice. List the other projects.

Teaching

This is regarding teaching/ training you have provided. Remember to add if you organised/ initiated the teaching programme.

Presentations and publications

Please focus on recent and Obstetric Anaesthesia presentations and publications.

Management experience

Include management roles, organisation, courses attended.

AOAT and career plans

Let us know what you plan to do during your AOAT if selected. Please be precise, add ideas/ summaries of written proposals. If you have an idea of the time scale, add that to the details.

It is very important to let us know your career plans especially in terms of your interest in Obstetrics anaesthesia.

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Email/ Contact Tel. |  |
| NTN |  |
| Part time/ full time |  |
| Level of training |  |
| Base Hospital |  |
| Current location/ rotation |  |
| Projected date of CCT |  |

**PREFERENCE FOR AOAT START DATE**

*(Rate from 1 – first preference to 4 – last preference. Leave blank if no preference)*

|  |  |
| --- | --- |
| February |  |
| May |  |
| August |  |
| November |  |

TRAINING IN OBSTETRIC ANAESTHESIA

|  |
| --- |
| Obstetric Modules |
| Module | Hospital | Date of completion | Completion of Unit (CUT) form available |
| Basic |  |  | Y/ n |
| Intermediate |  |  | Y/ n |
| Higher*(expected date of completion if not yet completed)* |  |  | Y/ n |

|  |
| --- |
| Obstetric Log book summary – Training posts *(all levels of experience during your CT/ ST / LAT ST training)* |
| Technique | Supervised | Unsupervised |
| Labour epidurals |  |  |
| Elective C sections |  |  |
| Emergency C sections |  |  |
| Spinal (total) |  |  |
| CSE (total) |  |  |
| GA (total) |  |  |
| Other clinical experience |
| High risk pregnancy/ Critically ill mothers (brief summary) |  |
| Overseas experience |  |

|  |
| --- |
| Obstetric anaesthesia experience in non training posts *(Staff/ trust grade/ overseas)* |
| Technique | Supervised | Unsupervised |
| Labour epidurals |  |  |
| Elective C sections |  |  |
| Emergency C sections |  |  |
| Spinal (total) |  |  |
| CSE (total) |  |  |
| GA (total) |  |  |
| Other clinical experience |
| High risk pregnancy/ Critically ill mothers (brief summary) |  |
| Overseas experience |  |

**AUDIT/RESEARCH/QI**

|  |  |
| --- | --- |
| **Section 1** | *Details of any* ***TWO projects,*** *preferably recently completed and with relevance to Obstetric Anaesthesia* |
| **Year/****Location of project** | **Details of the project*****Aims******Methods******Results******Conclusions and summary*** | **Your level of involvement*****(Lead/ Data collection/ Writing up results/ Statistics)*** | **Presented?*****Location - Local/ regional/ national******Type – oral/ poster******Prizes/ Awards*** |
|  |  |  |  |
|  |  |  |  |
| **Section 2** | **ALL OTHER PROJECTS***(Please* ***list*** *all other projects in the table below.* ***Obstetric projects followed by others.*** *Add more rows if needed)* |
| **Year/****Location of project** |  **Title of project** | **Your level of involvement *(lead, data collector, stats)*** | **Presented?*****Type – oral/ poster*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Courses/ qualification in RESEARCH/ EBM** (*including GCP, statistics. Planned/ booked dates for courses)*

**TEACHING**

*(All teaching you have delivered, from recent to past. Include faculty role for ALS/ PROMPT/MOET and similar courses, Simulation. Add more rows to the table if needed)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Year/****Location** | **Title/ Description** | **Groups taught****\*Anaesthetists/ Consultants/ Trainees/ Medical students etc** | **Approximate****numbers** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Courses/ qualification in TEACHING/ MEDICAL EDUCATION**

*(include faculty courses for ALS/ ATLS/ IMPACT/ PROMPT/ and similar courses)*

**PRESENTATIONS AND PUBLICATIONS**

**PRESENTATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Title/ Topic** | **Type*****Oral/ poster*** | **Location*****Local/ regional/ national/ international*** | **Prizes/ Awards** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PUBLICATIONS** *(include CPD articles/ protocols/ guidelines)*

Format *- Authors, Title, Journal.(Year). Vol (issue)*

1.

2.

3.

**Courses and meetings attended** *(Add more rows if needed)*

|  |  |  |
| --- | --- | --- |
| **Year** | **Title** | **Delegate/ Faculty/ Speaker** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MANAGEMENT EXPERIENCE**

*(Management roles, meetings attended/ organised, management courses attended/ taught)*

**MEMBERSHIPS (societies)**

**AOAT OBJECTIVES**

What are your objectives/ plans for your AOAT if successful?

*(Clinical experience, research/ audit/ teaching/ guidelines/ protocols, management roles/ course attendance. Ideas/ informal or formal proposals for projects including ongoing projects. If known, planned, include time frame.)*

**CAREER OBJECTIVES**

**What are your career objectives?**

*(Are you hoping to work as a consultant with an interest in Obstetric Anaesthesia/ Mainly generalist with Obstetric interest? Specific areas within Obstetric anaesthesia/ Obstetric critical care/ Tertiary centre vs DGH)*

***Use extra page if needed****)*