

*Operational Plan for  
Training of MBBS Doctors  
for  
Life Saving Anesthetic Skills*



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Department of Family Welfare  
Ministry of Health & Family Welfare  
Government of India  
New Delhi*

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**OPERATIONAL PLAN FOR  
TRAINING OF MBBS DOCTORS  
FOR  
LIFE SAVING ANESTHETIC SKILLS**

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# Operational Plan for Training of MBBS Doctors for Life Saving Anesthetic Skills

1. The training Programme should be conducted at medical colleges identified by the State Governments as per the suggested criteria. The duration of the training Programme should be 18 weeks and out of this at least 4 weeks should be spent in a district hospital.

2. Two Faculty members from each of the State Medical Colleges identified for training, should be given orientation to the training Programme for two days. These trained faculty will then train the anesthetists from the District Hospitals where the training Programme for the MBBS doctors will be conducted.

3 It would be necessary to equip

- ✓ The Medical Colleges where training is held with at least one manikin for facilitating hands on training of the participants. The specifications for the manikin shall be finalised in consultation with the Chairman of the Expert Group and will follow.
- ✓ The district hospitals where training is held as also the First Referral Unit where the trainees are to be posted after completion of their training, should be equipped with a Boyle's apparatus. The specifications currently in use for this equipment in the RCH Programme are considered adequate.
- ✓ The district hospitals where training is held as also the FRUs should be provided with the necessary anesthetic and resuscitation drugs.
- ✓ Resuscitation kits as detailed at **Annexure-VI**, should be provided at each of the First Referral Units.

4 **Funding:** Funding for the above activities is to be made from funds available under flexi-funds of RCH – II and must be reflected in the PIP. It is also mandatory that from the financial year 2006-07 onwards, a separate sub-head under the flexi-pool for training of MBBS doctors in life saving anesthetic skills be indicated and a quarterly report on its physical and financial progress be sent to GOI. While indicating the fund for the training, it is desirable that RCH training norms be adhered to.

The preparation for the training should be conducted as per the **Annexure** enclosed.

## Guidelines for conducting the Training Programme for MBBS Doctors on Life Saving Anesthetic Skills For Emergency Obstetric Care

### 1. Identification of training centers

- Only such medical colleges, which have sufficient case load in their casualty/emergency departments and also perform sufficient number of cesarean sections; with adequate faculty (preferably 50% of sanctioned strength of faculty) in position in their departments of Anaesthesia should be identified. The identification of training centers may be done jointly by the State and Central Govt.
- Preference should be given to colleges, which are recognized by Medical Council of India (MCI) / Diplomate of National Boards (DNB) for PG training in Anaesthesia.
- The senior faculty of these colleges will need to be oriented on various aspects of this training programme at least for two days.
- Availability of accommodation for housing the trainees should also be taken care of.
- The possibility of having regional medical colleges / institutes as centers for the training should be explored particularly keeping in view the needs of smaller states which do not have a medical college.
- The identified medical colleges must have provision of necessary equipment as well as at least one manikin as this is considered to be a critical input for hands-on-training.

### 2. Selection of Participants/Trainees

- The selected participants should have put in at least 5 years service and should not have less than 10 years service left in the State Services.
- While selecting the participants it would be desirable to enlist only such MBBS doctors who are willing to undergo this training programme and undertake to serve in the identified FRUs after their return from their training.

3. Undertaking by State Government

UNDERTAKING

The Government of .....nominates.....(List enclosed) Medical Officers, working in the State Health Services for undergoing 18 weeks Training Programme on Anesthesia for Emergency Obstetric Care being organized by Government of India at the All India Institute of Medical Sciences (AIIMS), New Delhi. It is certified :

- The participants have been selected as per the criteria laid down for the Training Programme.
- That the First Referral Units (FRUs) / Community Health Centres (CHCs) where the participants will be posted after completion of the above mentioned training have been identified keeping in view the fact that these will become fully operational for providing emergency obstetric care with the posting of the nominated officer after they return from their training. A list of such FRUs/CHCs is enclosed.
- That the nominated participants will be posted at the identified FRUs/CHCs on return from their training for a period of not less than 3 years.
- That the willingness of the nominated officers has been taken for undergoing the Training Programme along with an undertaking that they are willing to serve in the identified FRUs after their return from training for not less than 3 years.

(Secretary)  
Government of.....

- An undertaking to be furnished by the state government as above.
- The State Government should take steps to indemnify or insure the trained medical officers against any Court proceedings / Civil suits if arising out of Emergency obstetric care at FRUs.

#### 4. Procedures for Certification

During the training in Medical College, review and assessment of training and trainees will be done preferably by a Expert Group member/representative. The detailed procedure is given as below:

##### Criteria for certification of successful trainees of Life Saving Anesthetic Skills for Emergency Obstetric Care

A trainee must have done the below mentioned procedures required number of times and shall be confident in doing the same procedure in future in obstetric patients.

	Procedure	Number
1.	Intravenous Canulations	50
2.	Central Venous Canulations	10
3.	Maintenance of airway and oxygenation	25
4.	Laryngeal mask airway Insertion	25
5.	Endotracheal Intubations and Extubation	25
6.	Lumbar Puncture & Spinal Anaesthesia	50
7.	CPCR	20

To detect and treat the following if required in emergency

- Airway Obstruction
- Hypovolemic Shock
- Cardio respiratory Arrest

**The overall assessment of the trainees will be three tier.**

**Tier I** Internal Assessment by Trainers at AIIMS/ State Training Institute, which will be done in two Mid Term Internal Exams of 100 marks each. These exams will contribute 40% in the final assessment and will have 70% and 30% practical.

**Tier II** This will be Internal Assessment by the HOD Anaesthesia at the State Medical Colleges. This will comprise of 100 marks and will have practical component only and will contribute 20% to final assessment.

**Tier III** The final assessment will be held at AIIMS/ State Medical College/ Certifying Institute and will be of 200 marks. Assessment will be done by 3 or 4 examiners. Two of them will be Core Group Members, one internal and one external expert.

The overall break up will be as follows:

	<b>Theory</b>	<b>Practical</b>
Tier I	140	60
Tier II		100
Tier III	100	100
Total	<hr/> 240	<hr/> 260



5. Trainee’s Day-to-day logbook

Trainee’s day-to-day logbook for procedures/competencies achieved is placed below.

Trainees’s day to day logbook for clinical procedures/competencies achieved.								
Procedure	Intravenous canulations	Lumber Puncture & Spinal Anaesthesia	Maintenance of airway and oxygenation	LMA insertion/ tracheo oesophageal combitube	Endotracheal intubations & extubation	CPCR	Central Venous Canulations	Signature of the Supervisor with the date
Number	50	50	25	25	25	20	10	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								

26.									
27.									
28.									
29.									
30.			Supervisor's remarks on Detection and Treatment of - Air way Obstruction - Hypovolemic Shock - Cardio Respiratory Arrest.  (Satisfactory/Good/Very Good.)						
31.									
32.									
33.									
34.									
35.									
36.									
37.									
38.									
39.									
40.			Any other remarks:          Name: Signature of the Supervisor: Date:						
41.									
42.									
43.									
44.									
45.									
46.									
47.									
48.									
49.									
50.									

Instructions for filling the logbook.

- 1) The Trainees in groups of 1-2 should be put under the guidance/supervision of one of the faculty members during their posting in O.T.'s etc. The supervisor should be responsible for overseeing of their day-to-day progress.
- 2) Dates of the procedures to be filled in columns by the trainees.
- 3) Supervisors should put initials every day.
- 4) The minimum required number of the procedures is indicated under each head.
- 5) The final signature of the supervisor to be put at the end of the training.

## 6. Suggested weekly schedule of training

**SCHEDULE FOR THE TRAINING “ TRAINING PROGRAMME FOR MBBS DOCTORS  
ON LIFE SAVING ANAESTHETIC SKILLS FOR EMERGENCY OBSTRETRIC CARE”**

**Posting Schedule (18 weeks)**

## A) Medical College / Training Center

- 1) Emergency Services/Casualty : Six weeks
- 2) Operation Theatre
  - General Surgery : Two Weeks
  - Obstetric : Four Weeks

## B) District Hospital / Similar Setup : Four to Six Weeks

**Schedule for Lectures / Demonstrations (To be covered at Training Institutes/ Medical College)****WEEK - ONE**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Introduction To The programme				
2	Basics of Anaesthesia				
3	Operation Room Management				
4	Medico Legal Implications of the course				
5					
6	Recapitulation				
S	U	N	D	A	Y

**WEEK -TWO**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Airway Anatomy & Positioning	Dummy Exercises			
2	Spinal Anatomy & Positioning				
3	Changes in Pregnancy				
4	Physiology of Spinal Anaesthesia				
5	Physiologic Considerations in Pregnancy				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK -THREE**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Observe Spinal A. & Q and Ans.				
2	Observe Intubation & (Q&A)				
3	Intubation Practice- Dummy				
4	Intubation Practice- Dummy				
5	Airway Gadgets- ET-Tube LMA OPA TE-Combitube				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK-FOUR**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Components of machine				
2	Maintenance of machine				
3	Readiness/ Checking of machine				
4	Pre Anaesthetic check up				
5	Pre medication				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK-FIVE**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Cardiopulmonary Resuscitation				
2	Vascular Cannulation- IJV, SV				
3	Ventilation with Ambu bag with OEA				
4	Defibrillation				
5	Fluid Therapy				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK-SIX**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Acid base/ Electrolyte				
2	Modalities of pain relief				
3	General anaesthesia				
4	Regional block				
5	Regional Anaesthesia (Spinal & Epidural A)				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK-SEVEN**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Post anaesthesia care/ recovery				
2	Discharge from the recovery				
3	Side Effects/ Complication of Anaesthesia				
4	Difficult Intubation Cart & Drill				
5	Anaesthesia Record Keeping				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK-EIGHT**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Anaemia & Pregnancy				
2	COPD & Pregnancy				
3	Diabeties Mellitus				
4	Hypertension/Pre-eclampsia/Eclampsia				
5	Chronic renal failure & Pregnancy				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK-NINE**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	RHD & Pregnancy				
2	Liver disease & Pregnancy				
3	Trauma & Pregnancy				
4	APH & PPH				
5	Difficult Airway & Pregnancy				
6	Recapitulation				
S	U	N	D	A	Y

**Recommended Resuscitation Kit**

1. Adult/Neonatal Ambu Bag with o2 Reservoir
2. Anatomical Face Mask. No. 0-5
3. Oropharyngeal Airways. 0-5
4. Laryngoscope-Curved Blade
5. Laryngoscope-Straight Blade
6. Endo Tracheal tubes size 0-8. 6 of each to be replaced every year.
7. Oxygen Cylinder with Oxygen therapy devices.
8. Emergency Drugs. I.V. Canulae, I.V. Fluids, I.V. Sets.
9. Naso pharyngeal Airways
10. Adhesive Tape
11. Laryngeal Mask Airway, All Types
12. TO Combitube
13. Manual Suction
14. Chest Seal
15. Emergency Chest Drained Kit
16. Mini Tracheostomy/Cricothyrotomy Kit
17. Magill's Forceps
18. Bain's Circuit



**WEEK -TEN**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Inhalational anaesthetic agent				
2	Intravenous agents				
3	Opiod Analgesic				
4	Non-Narcotic Analgesic				
5	Drugs for premedication				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK-ELEVEN**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Depolarizing M. Relaxant				
2	N.Depolarising M. & Reversal Agents				
3	Local Anesthetic Agents				
4	Vasoactive & Sympathomimetics				
5	Prokinetics & Antiemetics				
6	Recapitulation				
S	U	N	D	A	Y

**WEEK-TWELVE**

DAY	Theory/ Demonstration Class	Practical Exercise	Trainer's Name	Remarks	
1	Case Presentation- APH with FD				
2	C.P-RHD with Pregnancy				
3	C.P- Difficult airway with pregnancy				
4	Discussion on Instruments				
5	Mid Training Evaluations				
6	Recapitulation				
S	U	N	D	A	Y