



Australian and New Zealand Board of Perfusion Clinical Supervision Guidelines

Benefits of Clinical Supervision

Particular requirements must be met in order for clinical supervision to be successful for workers and the organisations employing them; specifically, clinical supervision must be accessible, regular, and consistent and must be provided by clinical supervisors who have the necessary experience, skills and knowledge to meet the demands of the work.

Effective clinical supervision that workers perceive to be at least satisfactory or of high-quality benefits them, their organisations and their clients in the following ways:

- Aids trainees' acquisition of complex clinical skills, expands their clinical practice, and increases their competence and confidence
- Fosters professional development of perfusionists at all experience levels
- Potentially improves communication and team cohesion among cardiothoracic teams
- Promotes development of specified skills and competencies to bring about measurable outcomes
- Raises the level of accountability in services and programs
- Provides a mechanism by which consistency in treatment modalities and other service delivery standards can be established across the organisation
- Ensures patient welfare in relation to clinical safety and competence, professional and ethical standards and organisational service delivery protocol, thereby functioning as a risk-management tool.

ANZBP Clinical Supervision Guidelines

1. Policy Statement

- 1.1 The ANZBP accredited training institution must provide clinical supervision for all trainee staff. Clinical supervision is adaptable and relevant to the profession and service components within the service
- 1.2 Clinical supervision will allow trainees to develop and improve their clinical skills to give their patients the best possible care
- 1.3 The provision of clinical supervision to trainees will be equitable, systematic and responsive to supervision needs
- 1.4 The training institution ensures that all trainees have access to appropriate **direct or indirect** supervision by ANZBP approved supervisors for every case undertaken as a trainee
 - 1.4.1 The trainee must have "**direct**" supervision (a clinical supervisor needs to be present in the same room as the trainee) for the **first 125 cases**. Where the clinical supervisor deems appropriate, "**indirect**" supervision (the supervisor needs to be close or a call away and must not be simultaneously responsible for another procedure) can occur for the remainder of the training period
 - 1.4.2 The supervised cases must include all aspects of running the heart-lung machine (HLM)/extracorporeal life support (ECLS) pump (from the administration of heparin to protamine). Cases where this does not occur, cannot be counted in the trainee case log
 - 1.4.3 Trainees must be supervised (direct or indirect) for all ECLS shifts and procedures
 - 1.4.4 Standby cardiopulmonary bypass (CPB) or ECLS cases can be indirectly supervised – if CPB or ECLS is needed, the standard supervision requirement applies
 - 1.4.5 The trainee must not be on-call on their own

2. Rationale

- 2.1 Clinical supervision occurs within ANZBP and Training Institution frameworks to promote quality clinical practice, professional standards and competencies.

3. Outcome Standards/Performance Indicator(s)

- 3.1 All trainees who have clinical contact with patients must have access to supervision
- 3.2 All supervision is provided by qualified and experienced ANZBP approved supervisors (either a lead supervisor or clinical supervisor)

3.2.1 The lead supervisor must hold a current CCP (ANZ) or OTP (ANZ) and have at least five years' experience post board certification or have at least five years' experience in perfusion post perfusion qualification (OTP)

3.2.2 The clinical supervisor must hold a current CCP (ANZ) or OTP (ANZ) and have at least two years' experience post perfusion qualification

3.3. Supervision between supervisors and trainees will be planned

3.4. The quality of clinical practice and the professional needs of trainees are identified and monitored

3.5. Supervision will contribute to the development of professional standards of service provision to patients

4. Evaluation Method

4.1. The lead supervisor will be responsible for keeping records to monitor the trainee receiving supervision and the degree of supervision received. These records will form part of the trainee's 200 case log

4.2 After every 50 cases a trainee outcome evaluation must be conducted by the trainees and lead supervisor to review the supervision process and clinical practice progress made. These evaluation forms are available on the Trainee Portal on the College website and must be uploaded as they are completed

4.3 Trainee outcome evaluations must assess the following:

- Communication, morale, teamwork
- Work role
- Knowledge of perfusion
- Clinical competence
- Confidence in the operating theatre
- Attitude towards patients
- Perfusion skills
- Working with other disciplines

5. Key Principles of Supervision

5.1 Lead supervision is defined as a form of supervision by a person with specific expertise in clinical practice. This is distinguished from line management and clinical supervisors

5.2 "Direct Supervision" refers to a supervising perfusionist being physically present in the location where the trainee perfusionist is performing routine clinical functions

- 5.3 "Indirect supervision" means the supervising perfusionist is not in the physical location of the trainee but must be in close proximity to, and available to go to, that location immediately should the need arise (*i.e. not doing a case in one theatre while supervising a trainee in another theatre*)
- 5.4 All trainees must be supervised on an individual basis during their employment
- 5.5 Functions of lead supervisor will include:
- Review and assessment of clinical work
 - Clinical Feedback
 - Problem Solving
 - Setting Clinical goals
 - Education and Professional Development
 - Support
 - Liaising with the ANZBP Course Coordinator
- 5.6 Clinical supervision should be focused on clinical practice. If personal issues are of concern to either trainee or supervisor, the other forms of support need to be considered through the head of the department or human resources department
- 5.7 Supervisors are responsible for:
- Maintaining an ongoing commitment to clinical supervision and incorporating it into their work practice
 - Discussing the clinical supervision arrangement with the trainee on a case-by-case basis
 - Utilising the principles of ethical practice with respect to confidentiality and accountability. Confidentiality can be breached if the supervisor has sufficient concerns about a trainee's practice and the issue cannot be resolved with the trainee
 - Maintaining professional development and practice that is required to provide quality clinical supervision
 - Ensuring the trainee completes their 200 cases in the two-three-year training period, **prior** to final CCP examinations
 - Advising the ANZBP if the employment contract of the trainee ceases during the traineeship
- 5.8 Supervisor expectations:
- Building a positive relationship with your trainee includes:
 - Being available – schedule meeting times with your trainee, touch base with them regularly and stop to listen when they approach you outside of supervision
 - Being aware – supervisors need to be aware of the trainee's level of competence, the scope of practice, their learning style and what the trainee's learning objectives are

- Being organised – making the most of the time for clinical supervision activities by being organised and prepared
- Being empathetic – remember that we all started as learners and that everyone has a first time that can make them nervous and anxious. Use this insight to support and understand your learner
- Showing respect – regardless of any individual differences (such as age, gender, race, religion, sexual orientation or other) and regardless of the level of experience, respect should form the basis of the supervisory relationship
- Developing trust – show confidence and trust in your trainee, allowing them some autonomy to seek learning opportunities and activities that interest them
- Setting expectations – setting clear expectations and objectives prevent uncertainty, frustration, and resentment, which can cause a breakdown of a positive relationship
- Maintaining confidentiality – trainees will feel more comfortable confiding in you about matters of a more sensitive nature and be honest about errors or lack of capability if they know it is in confidence. However, disclosure of confidential matters should be escalated to management when there are serious concerns or breaches of policy and protocol
- Being friendly and approachable – trainees that feel comfortable and happy in the company of their supervisor are more likely to communicate with and learn from their supervisor
- Setting boundaries – ensuring clear boundaries help to minimise stress and conflict in the supervisory relationship, and it is essential to let the trainee know what is and is not acceptable behaviour, practice, conduct, and topic for discussion (i.e. personal matters)
- Providing explanations – setting rules or giving instruction without explanation can be confusing and discouraging for your trainee if they do not fully understand the rationale or implications
- Being supportive and positive – encouragement and enthusiasm from the supervisor promotes an honest collaborative supervisory relationship

6. Trainees

6.1 All trainees are responsible for:

- Ensuring they are registered with the ANZBP as a trainee via the portal on the College website prior to commencing training
- Knowing who their supervisor is on a case-by-case basis
- Initiating clinical discussion, when required, with the case supervisor
- Ensuring supervision arrangements are reviewed, and assessment is undertaken as required by the ANZBP
- Ensuring a commitment to presenting their research project at the Annual Scientific Meeting (ASM) in the year of completion of their training

- Contacting the ANZBP if they feel their supervision is inadequate or not up to an acceptable standard for their professional development

7. Managers

7.1 Managers are responsible for:

- Ensuring their trainee is registered with the ANZBP via the portal on the College website prior to them commencing training
- Ensuring all trainees know the policy and procedures and have access to clinical supervision
- Arranging and approving all supervision requirements
- Reviewing and discussing supervision arrangements as required
- Providing information on available supervisors to trainees
- Supporting trainees to attend the ASM in the year of completion of their training, for the purpose of presenting their research project

9. ANZBP certification exams

9.1 The student will be eligible to sit their CCP exams after the completion of the Structured Course in Clinical Perfusion or the approved Masters degree in perfusion, including all clinical and non-clinical requirements set by the ANZBP (i.e. clinical competencies, 200-case logbook, paediatric/adult observations). The course coordinator is to be contacted to assess the students eligibility for certification exams and will discuss any outstanding documentation with the supervisor and trainee abcpcordinator@anzcp.org

9.2 The CCP examinations are held twice per year with time, dates and location to be set by the ANZBP. Exam fees must be paid prior to sitting exams. Students will be notified no less than 3 months prior to exam dates. They will take place over two consecutive days:

Day 1 Multiple-choice exam

- 120 questions
- 2-hour duration

Short answer questions

- 10 Questions
- 3-hour duration

Day 2 Oral (viva) examination

- Two examination rooms / two-three examiners per room
- Two questions per room
- Approx. 15-20 minutes per question

9.3 The student and supervisor will be informed of the examination results within 3 weeks of exam completion.

9.4 Upon successful completion of the certification exams the new graduate will receive their CCP certificate and be required to complete ongoing CPD to maintain their currency, as per the *ANZBP CPD Policy*.

9.5 Students agree to present their research project at the ASM of the year of completion or risk having their certification voided.