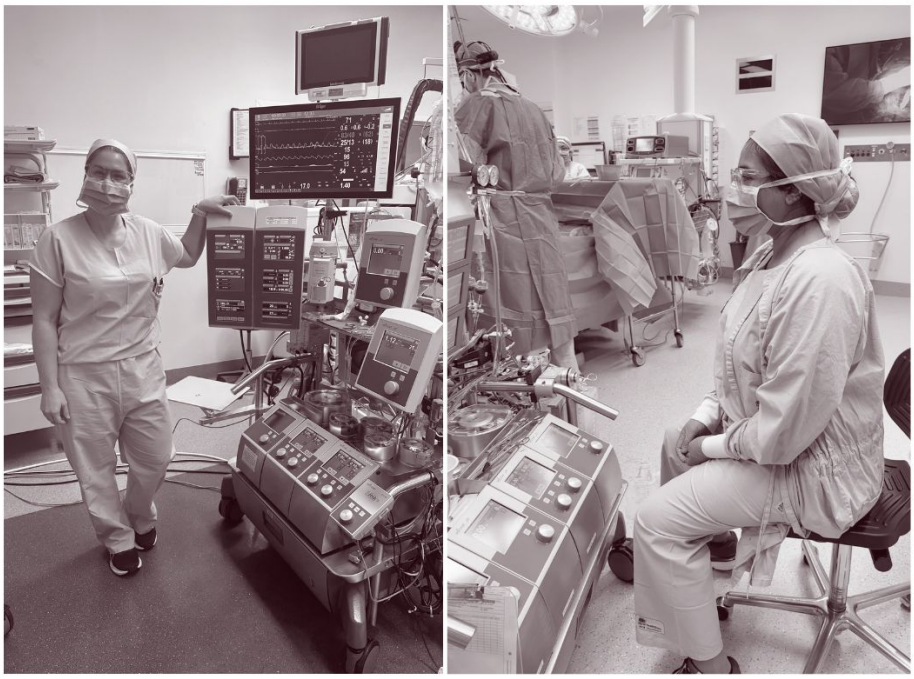
Australian and New Zealand College of Perfusionists ANZCP

Clinical Trainee Guidelines

Trainee Perfusionist Manual



Any inquiries regarding the content of this document should be directed to abcpcoordinator@anzcp.org

INTRODUCTION

The Australian and New Zealand Board of Perfusion (ANZBP) is the recognised certification and education body for clinical perfusionists in Australia and New Zealand. We are committed to ensuring the highest standards of clinical practice and education. Our mission is to:

- Promote excellence in clinical perfusion: We establish and uphold rigorous standards for education, training, and practice.
- Protect the public: By certifying qualified perfusionists, we ensure patients receive safe and effective care.
- Advance the profession: We foster ongoing professional development and research to continuously improve the field of clinical perfusion.

The ANZBP clinical training pathway is a structured professional training program. It combines academic study, supervised clinical practice, Board documentation, professional development, case exposure, reflective practice, research and certification requirements.

As a registered trainee, you may also join the Australian and New Zealand College of Perfusionists (ANZCP) as a Clinical Trainee Member. College membership provides access to professional journals, including Perfusion and the Journal of Extracorporeal Technology, discounted attendance at ANZCP conferences, professional networking opportunities and access to relevant College activities.

1. Message from the ANZBP Chair: Jessica Cantrick

Dear Trainees,

I would like to formally welcome you to the clinical perfusion trainee program. We are extremely excited to have the opportunity of further educating you on your journey to become a clinical perfusionist. Over the next almost 3 years, you will gain the knowledge and clinical skills necessary to make you a competent perfusionist. We will work closely with you and your supervisors to ensure you have the support you need to thrive during the training program and afterwards.

We encourage you to be active contributors to the perfusion community, especially as trainees. The perspective and enthusiasm you bring is invaluable and may challenge many experienced perfusionists ways of thinking. The Board offer a mentoring program that you can opt in to if you desire. You will be paired with a senior perfusionist somewhere within Australia or New Zealand and be able to lean on them for advice, support and guidance outside of your training institution.

Please read these guidelines and all training supporting documentation carefully and reach out to Neesha, the course coordinator, if there is anything you need.

All the best,

Jessica Cantrick, ANZBP Chair.

2. Message from the ANZBP Coordinator

Dear Trainees,

On behalf of the Australian and New Zealand Board of Perfusion (ANZBP), I extend a warm welcome to you, the aspiring perfusionists embarking on this exciting career path.

These guidelines are intended to support you throughout your training by outlining the expectations, responsibilities and requirements that apply as you progress toward certification. They are designed to help you understand not only what is required academically, but also what is required clinically and professionally by the Board.

It is important to understand from the beginning that this pathway is not simply an academic course. It is a dedicated two-to-three-year work-integrated professional training program. Successful completion requires ongoing progress across academic study, supervised clinical practice, case documentation, reflective practice, case observations, research, professional conduct and certification requirements.

The ANZBP is dedicated to fostering a supportive learning environment and providing you with the tools and support necessary to become highly skilled clinical perfusionists. We encourage you to actively engage in your training, ask questions, and seek guidance from your supervisors and colleagues. Their expertise and mentorship are invaluable assets during your learning journey.

As your ANZBP Coordinator, I'm here to support you every step of the way. I've been in your shoes as a trainee myself, so I know how important it is to have someone to turn to. Feel free to reach out with any questions, big or small. I'll be in touch regularly with updates, reminders, and information about the certification exams.

We are thrilled to welcome you to the perfusion community and wish you all the best in your academic and professional endeavors.

Sincerely,

Neesha Ghedia, ANZBP Coordinator

3. Purpose of this document

a) This document outlines the expectations for students enrolled in a certified Clinical Perfusion program within Australia and New Zealand. These guidelines ensure a consistent and high-quality educational experience, preparing graduates for successful careers in clinical perfusion.

b) The ANZBP clinical training pathway is a dedicated work-integrated training program that ordinarily occurs over approximately two to three years. It is not solely an academic course.

c) It is a combined program of:

    i) academic study through the approved postgraduate perfusion program;

ii) supervised clinical practice within an accredited training unit;

iii) progressive Board documentation and competency milestones;

iv) clinical case exposure and reflective practice;

v) case observations at other perfusion units;

vi) completion and presentation of a research, audit or literature review project; and

vii) eligibility for, and successful completion of, the ANZBP certification examination process as outlined in the relevant examination policy.

d) Completion of the academic program is an essential component of training, but does not by itself constitute completion of the ANZBP clinical training pathway.

e) Trainees must actively progress both their academic requirements and their ANZBP Board requirements throughout the training period.

f) The purpose of these guidelines is to ensure that trainees, supervisors and training units have a clear and shared understanding of the requirements for progression toward certification as a Clinical Perfusionist.

4. Overview of the ANZBP Training Program

a) The ANZBP clinical training pathway is designed to develop trainees into safe, competent and independent clinical perfusionists.

b) The pathway requires sustained engagement over the full period of training. While university subjects and assessments have defined deadlines, the Board requirements also have important milestones that must be planned and completed progressively.

c) The ANZBP has identified that some trainees may focus primarily on academic coursework while delaying or overlooking Board requirements.

d) This creates a risk that a trainee may complete academic subjects but remain ineligible for certification because clinical documentation, case observations, research requirements, logbook requirements, supervisor attestations or other Board milestones have not been completed.

e) Trainees must therefore maintain regular progress across all elements of the pathway.

f) Supervisors are expected to support trainees to understand and plan for these requirements. However, the responsibility for tracking progress and submitting required Board documentation ultimately rests with the trainee.

g) Trainees must complete both:

i) Academic requirements

a. These are set by the approved postgraduate perfusion program and include coursework, assessments, academic progression and completion of the approved qualification.

ii) ANZBP Board requirements

a. These are set by the ANZBP and include trainee registration, clinical cases, logbooks, case evaluations, reflections, case observations, supervisor attestations, research presentation, policy compliance and certification examination eligibility.

5. Relationship between Academic and Board requirements

a) The academic program and the ANZBP board requirements are related but separate.

b) You will be required to upload documentation to both the academic program **AND** the ANZBP trainee portal.

c) Documentation uploads are required to ensure appropriate supervision is delivered and allow for the ANZBP to be across progression.

6. Commitment to Trainee Success

a) The ANZBP clinical training pathway is designed to provide trainees with every reasonable opportunity to succeed.

b) The ANZBP has had involvement in the co-design of the academic program to ensure that trainees are well prepared for Certification exams.

c) However, successful progression through the training pathway requires active effort from the trainee. The ANZBP, supervisors and training units can provide teaching, guidance, feedback and opportunities, but they cannot replace the trainee's responsibility to prepare, study, practise, reflect, seek feedback, complete documentation and engage meaningfully with the profession.

d) Trainees are expected to take ownership of their learning and progression. This includes preparing for clinical cases, revising academic content, completing required documentation, responding to feedback, identifying learning needs, asking appropriate questions, and using the supports available to them.

e) A trainee who engages consistently with the academic program, clinical training, Board milestones, supervisor feedback and examination preparation process should be well placed to progress toward certification and succeed.

7. Points of Contact

a) Supervisor

Your supervisor should be your first point of contact for matters relating to your clinical training within your employing unit.

This may include matters including clinical exposure, case allocation, direct supervision, day-to-day clinical feedback, case evaluations, professional behaviour, clinical performance concerns and support with planning the required case observations.

b) ANZBP Coordinator

Neesha Ghedia – abcpcoordinator@anzcp.org

The Course Coordinator is the main point of contact for questions regarding the ANZBP clinical training pathway, Board requirements, documentation, certification eligibility and general progression through training.

They may assist with trainee registration, documentation requirements, case observation requirements, research queries, examination queries, communication with supervisors, progression concerns, remediation or support processes, and general trainee guidance.

Trainees should contact the Course Coordinator early if they are unsure of their requirements or are experiencing difficulty meeting expected milestones.

ADMINISTRATIVE RESPONSIBILITIES

8. Program Completion

a) Trainees and supervisors are jointly responsible for ensuring that the trainee progresses through the clinical training pathway within the expected timeframe.

b) The ANZBP clinical training pathway is ordinarily expected to be completed over approximately two to three years, depending on the trainee's academic progression, clinical exposure, case numbers, training site opportunities, completion of observations, research progress and completion of Board milestones.

c) Completion of training requires more than successful completion of the approved academic program. To complete the ANZBP clinical training pathway, trainees must satisfy all required academic, clinical, professional, documentation and certification requirements.

d) Trainees are responsible for monitoring their own progression and ensuring that required documentation is submitted at the appropriate time. This includes maintaining an accurate case logbook, submitting case evaluations and reflections, organising required case observations, progressing the research requirement and communicating early with the Course Coordinator if they are not meeting expected timelines.

e) Supervisors are responsible for supporting the trainee's development, providing appropriate clinical supervision, completing required evaluations and attestations, and assisting the trainee to plan for clinical exposure and Board milestones.

f) A trainee who completes the academic program but does not complete the required Board milestones will not be considered to have completed the ANZBP clinical training pathway and may not be eligible to sit certification examinations or progress to certification.

9. Employment within an ANZBP-Accredited Training Unit

a) The ANZBP clinical training pathway is a work-integrated training program. Trainees must maintain suitable employment within an ANZBP-accredited training unit in order to continue progressing through the clinical components of the training pathway.

b) It is the trainee's responsibility to maintain employment in a suitable clinical training position for the duration of their training. This includes maintaining communication with their employer, meeting local employment requirements, participating appropriately in the workplace, and notifying the ANZBP Course Coordinator as early as possible if their employment status changes or is at risk of changing.

c) Where a trainee is no longer employed in a suitable ANZBP-accredited training position, the trainee will be required to take an intermission from the approved academic program for one semester, where permitted by the education provider, or withdraw from the academic program and/or ANZBP clinical training pathway until they secure suitable employment within an ANZBP-accredited training unit.

10. Extension of Training

a) Extensions beyond the expected training period may be considered in extenuating circumstances.

b) Extenuating circumstances may include, but are not limited to:

   i) documented medical illness;

   ii) parental leave;

   iii) significant personal circumstances;

   iv) interrupted employment;

   v) reduced access to clinical cases;

   vi) significant disruption to the training unit;

   vii) delayed access to required case observations; or

   viii) other circumstances considered by the ANZBP to have materially affected progression.

c) Extensions are not automatic and are granted at the discretion of the ANZBP and the academic program provider.

d) A request for extension should be made as early as possible. The trainee should contact the Course Coordinator and provide relevant information and supporting evidence where required.

e) The ANZBP may consult with the trainee, supervisor and training unit when considering an extension request.

11. Progression and Milestone Tracking

a) Trainees are expected to demonstrate ongoing progress throughout the training program.

b) Progress should be reviewed regularly by the trainee and supervisor, with attention to both academic progress and Board requirements.

c) The following areas should be reviewed at regular intervals:

   i) academic enrolment and progression;

   ii) number and type of clinical cases completed;

   iii) directly supervised case numbers;

   iv) case logbook completion;

   v) submission of case evaluations and reflections;

   vi) completion of required observations at other units;

   vii) progress toward the research, audit or literature review requirement;

   viii) preparation for certification examinations in accordance with the current ANZBP Certification Examination Policy;

   ix) professional behaviour, communication and clinical development; and

   x) any barriers to progression.

d) Where a trainee is not meeting expected milestones, the trainee should contact the Course Coordinator early. Early communication allows the Board, supervisor and trainee to identify barriers, provide support where appropriate and determine whether a modified progression plan is required.

e) Failure to maintain progress with Board milestones may result in delayed examination eligibility, delayed certification, remediation requirements or other action determined by the ANZBP.

12. Withdrawal

a) If a trainee wishes to withdraw from the ANZBP clinical training pathway, the Course Coordinator or Chair of the ANZBP must be notified in writing by the trainee and/or supervisor.

b) Feedback may be sought by the Course Coordinator from the withdrawing trainee and their supervisor. The purpose of this feedback is to identify ways the ANZBP can better support trainees and supervisors and understand the challenges experienced during training.

c) Withdrawal from the training pathway may affect academic enrolment, clinical employment arrangements, Board registration status and future eligibility for certification.

TRAINEE PROGRESSION

13. Expected Progression

a) Trainees are not expected to be independent at the commencement of training. However, they are expected to demonstrate progressive development over time.

b) Progression should be evident in the trainee's preparation, knowledge, technical skills, communication, documentation, situational awareness, reflective practice and ability to apply feedback.

c) Progression should be reviewed at regular intervals, including at each 20-case milestone.

d) <u>Progression by case milestones</u>

i) By approximately 20 to 40 cases, trainees are generally expected to demonstrate early familiarity with the operating environment, basic equipment, local procedures, documentation requirements and the expectations of supervised practice.

ii) By approximately 60 to 80 cases, trainees are generally expected to demonstrate developing understanding of routine cardiopulmonary bypass setup, case preparation, safety checks, basic monitoring, communication patterns and reflective learning.

iii) By approximately 100 cases, trainees are generally expected to demonstrate meaningful progression from novice performance. This does not mean the trainee is expected to practise independently. However, they should usually be able to demonstrate a developing understanding of routine cardiopulmonary bypass conduct, equipment, safety checks, basic troubleshooting, case preparation, documentation requirements and the application of feedback.

iv) By approximately 120 to 160 cases, trainees are generally expected to demonstrate increasing integration of theoretical knowledge and clinical practice, improved anticipation of routine case requirements, stronger communication with the multidisciplinary team, and greater ability to recognise risk and escalate concerns.

v) By approximately 180 to 200 cases, trainees are generally expected to demonstrate readiness for final consolidation, certification preparation and transition toward entry-level independent practice, subject to satisfactory completion of all academic, clinical, professional and Board requirements.

e) These milestones are a guide only. They do not replace supervisor judgement, local training requirements or ANZBP certification requirements.

14. Unsatisfactory Progress

a) Concerns regarding trainee progression may relate to academic performance, clinical performance, professional behaviour, documentation, engagement, communication, insight or accountability.

b) Examples of concerns may include, but are not limited to:

i) failure to prepare adequately for clinical cases or teaching opportunities;

ii) failure to complete required documentation in a timely manner;
iii) repeated failure to act on feedback;
iv) repeated failure to retain or apply previously taught concepts;
v) repeated reliance on supervisors for information that has already been explained and should reasonably be retained at the trainee's stage of training;
vi) limited insight into performance or learning needs;
vii) lack of accountability for errors, omissions or delayed progression;
viii) limited engagement with the broader requirements of the training pathway;
ix) clinical performance below the expected level for the trainee's stage of training;
x) conduct that undermines trust, safety or professional relationships;
xi) behaviour that raises concern about professional readiness or patient safety; or
xii) failure to demonstrate genuine engagement with clinical perfusion as a profession.

c) Where such concerns are identified, the supervisor should raise them with the trainee clearly, respectfully and as early as possible. Feedback should be specific, objective and supported by examples.
d) Consequences of unsatisfactory progress includes;
    i) Additional supervision
    ii) Targeted remediation
    iii) Requirement to complete further activities
    iv) Withdrawal from the ANZBP clinical training pathway.
    v) Where concerns relate to employment, workplace conduct, local clinical practice, disciplinary matters or termination of employment, these matters are managed by the employing institution in accordance with its own policies, procedures and applicable employment law.

15. Remediation and Support

a) Where a trainee's academic, clinical, professional or Board milestone progression is below expected standards, the ANZBP may support the trainee and supervisor through a structured remediation or support process.
b) This may also involve the faciliators of the academic program.
c) The remediation process may include:
    i) notification to the trainee that remediation or additional support is required;
    ii) a meeting between the trainee, supervisor and Course Coordinator;
    iii) identification of the specific concerns and barriers to progression;
    iv) development of an individualised remediation or support plan;

v) agreed timelines and review points;

vi) additional learning activities, clinical supervision, written work, reflective activities, assessment tasks or competency demonstrations; and

vii) formal review of progress.

d) The aim of remediation is to support the trainee to return to satisfactory progression.

e) However, failure to engage with remediation or failure to demonstrate improvement may affect continued progression, examination eligibility or certification.

ACADEMIC PROGRAM REQUIREMENTS

16. Academic Requirements

a) Academic milestones are those required by the approved postgraduate perfusion program.

b) Trainees must comply with the requirements, policies and timelines of the approved education provider.

c) Successful completion of the approved Masters program allows students to become academically eligible for certification exams.

BOARD TRAINING PROGRAM REQUIREMENTS

17. Trainee Registration

a) It is the trainee's responsibility to ensure that they register as a trainee with the ANZBP and that the ANZBP has their current contact details.

b) Trainees must complete the required trainee registration process upon commencement of training.

c) Documentation must be submitted through the trainee registration portal on the ANZCP website.

d) Required documentation will include;

i) **certified** copy of proof of identity;

ii) **certified** copy of undergraduate qualification;

iii) **certified** copy of undergraduate academic transcript;

iv) proof of employment

18. Documentation required to be uploaded throughout the training program

The templates for the required documents are found on and can be uploaded to the ANZCP Trainee Registration Portal

Every 20 cases, the trainee should arrange a dedicated time with their supervisor before or as soon as practicable after reaching each 20-case milestone. This meeting should allow sufficient time for review of progress, discussion of feedback, identification of learning needs and completion of the case evaluation form

a) Case Evaluation Forms – every 20 cases

i) Filled out by the supervisor with feedback at every section.

b) Trainee Reflection Uploads every 20 cases

i) Case Evaluation forms signed by supervisor and student

c) **Case Logbook – <u>every 20 cases</u>**

19. Case Evaluation Forms

a) These are required at every 20-case interval throughout training.

b) When a trainee is approaching their case review, they must arrange a suitable time with their supervisor to complete the case evaluation process.

c) This should ideally be arranged in advance and should allow sufficient time for meaningful discussion, feedback and completion of the required documentation. As a guide, trainees should allow approximately 30 minutes with their supervisor for this process.

d) The case evaluation process is intended to support progressive feedback and development throughout training. It should not be treated as an administrative task only. Trainees are expected to come prepared to discuss their progress, strengths, areas for development, clinical exposure, learning needs and goals for the next stage of training.

e) Following completion of the case evaluation and reflection documents, the trainee is responsible for ensuring that the required documentation is uploaded to the Trainee Portal.

f) Feedback and reflection guides are included in the ***appendices C and D***.

20. Minimum Case Requirement

a) Students must complete and document all cardiopulmonary bypass cases completed within their training period before being eligible to sit certification exams.

b) ***A minimum case number of 200 is required for certification eligibility***.

c) A case only counts towards their logbook if:

   i) ***The trainee has started and finished all aspects of the case as the primary perfusionist (Note: running only part of the pump does not constitute one case).***

   ii) There has been ANZBP appropriate supervision as per the Clinical Supervision Policy

      a. The approved ANZBP supervisors must have at least 2 years' experience post certification and hold a current CCP (ANZ) or OTP (ANZ).

d) Students are expected to complete at least 3 days in the operating room per week, with at least 1 day per week allocated to non-clinical/study time.

e) Completing a variety of case types with varying complexity, where possible, will also enrich your training, and add to your success within certification exams/viva exams.

f) If you are >10 cases away from the case logbook requirement of 200 cases, your board certification exams will need to be delayed. If you feel that projected numbers may not reach 200 cases in time for the exams, please contact the Course Coordinator at the earliest opportunity to discuss a pathway.

g) Students must be directly supervised for a minimum of 125 cases.

21. Case Observations

a) Students are to observe 15 cases at another perfusion unit comprised of the following:
   i) 10 paediatric cases if from an adult perfusion unit; ***OR***
   ii) 10 adult cases if from a paediatric perfusion unit; ***AND***
   iii) Minimum of 5 cases from another perfusion unit (s)

b) Following the completion of case observations, an observation reflection must be completed for each site visited and submitted to the portal.

c) These case observations must be completed for eligibility to sit certification exams and must be included within the case log.

d) The purpose behind these observations is that it will allow students to gain a more diverse knowledge of cases and perfusion techniques that they may be examined within the certification exams.
   i) Techniques, strategies and modalities, including paediatrics, VADS and IABP are examinable.

e) Students will not be able to sit certification exams until all training requirements are met, including these case observations.

22. Research Project Presentation

a) As a requirement during the program, you will need to complete a research project and present at the ANZCP Annual Scientific Meeting in the year that you graduate.

b) The academic program will include a research proposal subject, however you will be required to conduct the research for presentation at the next ASM.

c) The Course Coordinator will provide you with more information on this.

d) Abstracts for the student presentations must be sent to the ASM Organising Committee and to the Course Coordinator prior to the conference when ‘call for abstracts’ occurs. The College sends out emails notifying you of this.

e) Presenting in person at the conference is a mandatory requirement for certification.

f) Failure to fulfill the presentation requirement may result in the individual's certification being placed on a provisional status until it is completed and revoked if failure to complete.

WORK INTEGRATED LEARNING REQUIREMENTS

23. WIL

a) The ANZBP clinical training pathway is a work-integrated learning pathway. Clinical learning occurs within the workplace, under the supervision and direction of qualified clinical perfusionists and within the policies, procedures and expectations of the employing institution.

b) The trainee must participate appropriately in supervised clinical practice, engage with workplace learning opportunities, comply with local requirements and demonstrate progressive development in the clinical environment.

c) Trainees are required to follow the directions of their supervisors, training unit and employing institution.

d) The level of clinical participation permitted at any stage of training is determined by the supervisor and training unit, based on patient safety, case complexity, local policy, demonstrated competence, professional behaviour and the trainee's stage of progression.

e) Trainees are expected to actively engage with work-integrated learning opportunities.

f) Clinical learning should be progressive. Trainees are not expected to know everything at the beginning of training. However, they are expected to demonstrate development over time, including improved preparation, retention of feedback, increasing technical familiarity, stronger clinical reasoning, clearer communication and greater accountability.

g) Repeated failure to follow supervisor direction, prepare for cases, act on feedback, complete documentation or demonstrate safe professional behaviour may be considered a progression concern.

24. Supervision

a) Clinical supervision must be provided in accordance with the current ANZBP Clinical Supervision Policy and the ANZBP Training Accreditation Policy.

25. On-Call Responsibilities

a) Trainees may participate in their unit's on-call roster only where appropriate supervision is provided.

b) Trainees must not be on-call alone.

c) The amount and nature of on-call participation will depend on the clinical site, trainee experience, local policies and supervision arrangements.

d) On-call responsibilities should be balanced with the trainee's educational requirements, academic workload and examination preparation.

26. Entrustable Professional Activities

a) Entrustable Professional Activities, or EPAs, are key professional tasks or responsibilities that a trainee may be progressively trusted to perform under supervision as they develop competence, judgement and professional readiness.

b) Clinical Progression is not assessed by case numbers alone. Trainees must also demonstrate progressive development in key professional activities required for safe clinical perfusion practice.

c) Supervisors should assess the trainee's development across observable clinical activities.

d) Progression to greater responsibility should be based on demonstrated competence, clinical judgement, preparation, communication, insight and safety awareness, not case numbers alone.

e) Appendix E, EPA Matrix, may be used to guide and assess progression.

CERTIFICATION EXAMS

27. Examination Policy

a) Certification examinations are governed by the current ANZBP Certification Examination Policy.

b) Trainees and supervisors must refer to the current version of that policy for application to sit exams, structure, format, pass requirements, resit provisions, fees, timelines, appeals and any other examination-related requirements.

c) The examination process may be reviewed and amended by the ANZBP from time to time.

d) For this reason, the ANZBP Certification Examination Policy is the authoritative source of information regarding certification examinations.

28. Eligibility for Certification Exams

a) Completion of the approved academic program is required for examination eligibility, but academic completion alone does not guarantee eligibility to sit certification examinations.

b) Trainees who have not completed all required academic and Board milestones may be deemed ineligible to sit certification examinations, even if they have successfully completed the academic program.

c) To be eligible to sit certification examinations, trainees must satisfy all requirements set by the ANZBP, including the requirements outlined in the current ANZBP Certification Examination Policy and any associated trainee documentation requirements .

d) Trainees will be required to present and apply for exams by providing the following documentation;

i) Successfully complete all course work as provided by the approved training provider as designated by the ANZBP.

ii) Submit **certified** copies of the following;

a. Undergraduate Transcript
b. Undergraduate Qualification/Degree
c. Photo Identification
d. Postgraduate Perfusion Program Transcript
e. Postgraduate Perfusion Qualification/Degree

iii) Submission of the following documents every 20 cases:

a. Case Logbook
b. Case Evaluation forms signed by supervisor and student
c. Case Reflection document

iv) Submit clinical case logbook containing;
   a. All cases performed during training period (a minimum of 200 cases)

v) 15 Case observations and completed 15 case reflections
   a. Observed 10 paediatric cases, if from an adult unit; ***OR***
   b. Observed 10 adult cases, if from a paediatric unit; ***AND***
   c. Observed a minimum of 5 cases at another unit

vi) Submit supervisor declaration document for attestation of logbook.

vii) Complete and present a research project at the Annual Scientific Meeting.

viii) Familiarise yourself with the following policies and guidelines of the ANZCP found here and understand the inherent requirements within each policy;
   a. ANZCP Rules
   b. ANZCP Standards and Guidelines
   c. Code of Ethical Standards and Professional Conduct
   d. ANZCP Mandatory Declaration Policy
   e. ANZCP Competency Standards
   f. ANZCP Certification Policy
   g. ANZCP Continuous Professional Development Program

ix) Payment of certification exam fee

e) Communicate with the Course Coordinator about any issues affecting your ability to provide any of these documents.

f) Failure to complete these may result in you not being able to sit certification exams.

POST CERTIFICATION

Once certified, new clinical perfusionists remain part of the wider ANZCP and ANZBP professional community. The ANZBP, ANZCP Executive, senior colleagues and professional networks remain valuable sources of support, advice and guidance.

Newly certified perfusionists are encouraged to continue seeking mentorship and support as they consolidate independent practice.

29. Annual Certification and Continuing Professional Development

a) As a qualified perfusionist, documentation needs to be kept for annual certification which requires CPD points for clinical cases and non-clinical components, such as training/attending conferences. Points are collected according to the calendar year (01 January to 31 December) and submitted in the following year, retrospectively.

b) The Continuing Professional Development Program can be viewed here or on the anzcp.org, and states “Clinical Perfusionists who become certified for the first time by the ANZCP, are required to comply with the CPD requirements in the year in which they become Certified and to demonstrate compliance at Re-Certification. The exception to this requirement, is Clinical Perfusionists who become certified from 1 September onwards in a CPD year and who are only required to comply on a pro rata basis”

c) This means, that as a newly qualified perfusionist, you will need to submit your first annual recertification in the first year of practice.

d) This can include cases that you have already submitted for your trainee case logbook.

e) As per NASRHP standards, new graduates may be audited in their first year following certification.

30. Ability to Supervise

a) Certified perfusionists may become eligible to supervise trainees after meeting the requirements set by the ANZBP Clinical Supervision Policy.

b) The decision to supervise should consider experience, confidence, local support, workload and patient safety.

c) Newly certified perfusionists who are developing toward supervision should seek mentorship from experienced supervisors and discuss opportunities with their head of department or lead supervisor.

31. Get Involved with Professional Development

a) Once you’ve completed your training, consider ways to stay engaged with the perfusion community. This can include participating in research projects, volunteering for leadership roles on the Executive or Board, contributing articles to the ANZBP Gazette, or advocating for the

profession. These opportunities will not only enhance your professional development but also contribute to the growth and advancement of perfusion.

STUDENT EXPECTATIONS

These guidelines outline the expected behaviours for trainee perfusionists throughout their training program. Students are expected to follow both the ANZCP Code of Ethical Practice and Professional Conduct and the ANZCP Competency Standards, which can be found on the College Document part of the ANZCP website here.

32. Professionalism

a) Trainees are expected to conduct themselves in accordance with the ANZCP Code of Ethical Standards and Professional Conduct, ANZCP Competency Standards, ANZCP Standards and Guidelines and any other relevant ANZCP or ANZBP policy.

b) Clinical perfusion is a safety-critical profession. Trainees must demonstrate not only academic ability, but also the professional behaviours, clinical judgement, communication skills, accountability and insight required for safe practice.

c) A trainee's suitability for the profession is assessed progressively throughout training. Suitability is not determined by academic performance alone.

d) Trainees must demonstrate that they can integrate academic knowledge, clinical learning, professional behaviour, reflective practice and patient safety principles into their day-to-day development.

e) The ANZBP recognises that trainees are adult learners. Adult learning requires active participation, self-direction, preparation, reflection and accountability. Supervisors, educators and the ANZBP can provide teaching, feedback, structure and support; however, the trainee must take ownership of their own learning and progression.

33. Engagement

a) The ANZBP clinical training pathway is a combined academic, clinical and professional training pathway. Trainees are expected to engage with all components of the program, not only the academic subjects.

b) It is your responsibility to ensure you meet the requirements for your training. Whilst your supervisors are guides and support, the onus of responsibility to submit any required documentation, such as certified copies of your qualification/undergraduate transcript is your own.

c) It is your responsibility to complete your clinical requirements with the support of your supervisor.

d) If unsure, please communicate with the Course Coordinator, and they will be able to guide and direct you through certain processes.

e) Any extenuating circumstances or requests for leniency should be communicated as soon as possible to the Course Coordinator and/or ANZBP Chair.

34. Commitment and Professional Readiness

a) The ANZBP clinical training pathway is an intensive, work-integrated professional training program that requires sustained commitment over approximately ***three (3)*** years.

b) Trainees should enter and remain in the program with a genuine interest in clinical perfusion and a willingness to engage deeply with the profession.

c) The ANZBP recognises that trainees are learners and are expected to require supervision, teaching and support. Asking questions is encouraged and is an important part of safe clinical learning.

d) However, trainees are also expected to demonstrate that they are listening to feedback, retaining information, preparing independently and progressively applying prior teaching to future cases.

e) Trainees are expected to demonstrate:

   i) accountability for their own learning, documentation and progression;

   ii) professional curiosity and active engagement with clinical perfusion;

   iii) preparation before clinical cases and teaching opportunities;

   iv) insight into their own limitations and learning needs;

   v) responsiveness to feedback;

   vi) willingness to reflect and improve;

   vii) reliability and honesty in communication;

   viii) respectful engagement with supervisors, colleagues and the multidisciplinary team;

   ix) progressive development of clinical reasoning and technical understanding;

   x) recognition that patient safety is the primary priority at all times; and

   xi) commitment to the standards and expectations of the profession.

f) A trainee who repeatedly demonstrates limited engagement, poor preparation, lack of insight, failure to act on feedback, repeated failure to complete required documentation, or inability to apply previously taught concepts may be considered to be progressing below the expected standard for their stage of training.

g) Failure to demonstrate the professional qualities required for clinical perfusion may affect progression through the training pathway, examination eligibility and certification.

35. Organisational Skills

a) Trainees must be able to manage competing priorities across employment, clinical training, academic study, Board milestones, documentation, research requirements, personal responsibilities and wellbeing.

b) The ANZBP recognises that trainees are often balancing multiple demands. However, competing priorities do not remove the trainee's responsibility to plan, communicate and meet required milestones.

c) Trainees are expected to use appropriate organisational strategies, including:

   i) maintaining a calendar of academic deadlines, Board milestones and clinical requirements;

   ii) tracking case numbers from the commencement of training;

   iii) planning for each 20-case evaluation milestone in advance;

   iv) booking time with supervisors for feedback and documentation;

   v) commencing assessment tasks early;

   vi) allowing time for revision and feedback before assessment due dates;

   vii) planning case observations well before they are required;

   viii) identifying conference abstract deadlines early;

   ix) maintaining regular progress on research, audit or literature review requirements;

   x) communicating anticipated conflicts or delays as early as possible; and

   xi) keeping copies of submitted documentation.

d) Repeated failure to plan, repeated missed deadlines, last-minute requests for supervisor input, or delayed submission of known requirements may be considered evidence of insufficient organisation, engagement or accountability.

36. Academic Responsibility

a) Trainees are responsible for understanding the requirements and due dates for all academic assessments within the approved postgraduate perfusion program.

b) As adult learners, trainees are expected to commence assessment tasks early and seek clarification in a timely manner. Trainees should not wait until immediately before an assessment deadline to begin work, request information, ask for supervisor input or seek an extension.

c) Where academic assessments require clinical context, workplace examples, supervisor discussion or access to local information, trainees must communicate with their supervisor early. Supervisors should be given reasonable notice to provide guidance or feedback.

d) Trainees are expected to:

   i) review assessment requirements when they are released;

ii) identify whether supervisor input or workplace information is required;
iii) advise their supervisor of relevant assessment deadlines;
iv) plan study time around clinical and rostered responsibilities;
v) seek clarification from the education provider where required;
vi) avoid leaving assessment tasks to the final days before submission;
vii) communicate early if workload, illness or other circumstances affect progress; and
viii) comply with the education provider's academic policies and extension processes.

e) It is the trainees responsibility to pass subjects, as failure to do so, will mean they are unable to progress to the next semester.

37. Work Integrated Learning Responsibilities

a) Trainees will often need to manage competing clinical, academic, professional and personal demands.
b) Communication with Supervisors
    i) Trainees are expected to communicate with their supervisor about:
        a. clinical progress;
        b. learning goals;
        c. case numbers;
        d. upcoming 20-case milestones;
        e. academic deadlines that may affect clinical training;
        f. assessment tasks requiring supervisor input;
        g. required documentation;
        h. case observation planning;
        i. research or audit requirements;
        j. examination preparation;
        k. concerns about workload or wellbeing;
        l. barriers to progression; and
        m. any uncertainty about expectations.
    ii) Trainees should raise issues early. Supervisors and the ANZBP are better able to provide support when concerns are identified before deadlines are missed or progression is delayed.
c) Receiving and acting on feedback
    i) Trainees are expected to receive feedback professionally, even when the feedback is difficult or identifies areas requiring significant improvement.

ii) Supervisors are expected to provide feedback that is clear, timely, specific and linked to expected standards.

iii) A trainee's response to feedback is an important indicator of professional readiness. Repeated defensiveness, failure to accept responsibility, lack of insight or failure to demonstrate improvement may affect progression.

38. Self-Directed Development

a) The ANZBP clinical training pathway is based on the expectation that trainees are adult learners.

b) Adult learning requires the trainee to take an active role in their own development. Trainees should not rely solely on supervisors to identify every learning need, prompt every task, provide every resource or remind them of every deadline.

c) Self-directed learning does not mean learning without support. It means taking responsibility for using available support effectively.

39. Goal Setting and Reflective Practice

a) It is encouraged to set personal and professional goals throughout your training program.

b) This could involve setting goals for the number of cases observed or performed, specific skills to master, or areas of knowledge to deepen understanding.

c) Regular case evaluations, including debriefing, are an important method of reflecting on clinical practice and the development of skills over time.

d) Reflective practice will reinforce strengths and identify weaknesses and allow for the mastery of clinical perfusion techniques, knowledge and communication skills.

e) Reflective practice resources:

i) Monash: Student Academic Success

ii) NSW Health: Clinical Excellence Commission

iii) HCPC UK

40. Provision of Clinical Care

a) This domain covers the knowledge, skills and attributes a clinical perfusionist needs to practise as a member of the health care team, to develop and manage patient-specific perfusion plans and to safely operate perfusion equipment and instrumentation, to provide safe, high quality, patient-centred care.

b) Perfusionists are expected to;

i) Collect, analyse and interpret patient information relevant to planning and clinical decision-making.

ii) Apply knowledge of biomedical and physical sciences and pump and perfusion technology in planning and clinical decision-making.

iii) Use clinical information management systems appropriately.

iv) Assess the patient's capacity to receive care and prepare patient-specific perfusion plan.

v) Select and set up appropriate perfusion-related equipment, instrumentation, drugs, fluids and consumables.

vi) Deliver patient care.

vii) Prepare, assemble, operate and maintain perfusion equipment and instrumentation.

viii) Deliver patient care in accordance with perfusion standards and guidelines.

ix) Deliver safe and effective administration of pharmaceutical drugs.

x) Recognise personal limitations and seek assistance when required; and

xi) Escalate concerns appropriately

41. Communication and Collaboration

a) This domain covers the clinical perfusionist's responsibility to communicate clearly, effectively and appropriately with patients and to work effectively with other health practitioners, to provide safe, high quality, evidence-informed and patient-centred care.

b) Trainee perfusionists are expected to;

i) Communicate clearly, sensitively and effectively with patients, in accordance with the perfusionist's role in the patient care team.

ii) Collaborate with other healthcare workers and work effectively as part of a multidisciplinary patient care team.

iii) to prioritise patient safety and well-being in all aspects of care.

iv) use respectful language and avoid discriminatory or offensive remarks

v) actively listening to others and acknowledging their contributions.

vi) be comfortable enough to communicate concerns with your supervisors or if you don't feel comfortable doing something.

vii) respect the expertise and experience of senior colleagues.

viii) accurately and meticulously document all patient care activities as per institutional protocols.

42. Ethical Conduct and Professional Accountability

a) This domain covers the clinical perfusionist's responsibility and commitment to act in a professional and ethical manner and to practise within the current medico-legal framework, for the health and wellbeing of their patients and the community. It addresses their responsibility

to ensure that patient confidentiality and privacy is maintained at all times, while recognising the potential need to act as patient advocate.

b) Trainee perfusionists are expected to;
   i) Practise in an ethical and professional manner, consistent with relevant legislation and regulatory requirements.
   ii) Practise within their level of supervision and training.
   iii) Treat each patient with respect, dignity and care.
   iv) Take responsibility and accountability for professional decisions about patient care.
   v) Advocate on behalf of the patient, when appropriate.
   vi) Maintain confidentiality of patient information and adhere to all relevant privacy laws.
   vii) Foster a collaborative and respectful work environment, treating everyone with courtesy and dignity.
   viii) Avoid blaming others for missed responsibilities
   ix) Demonstrate reliability and trustworthiness

c) Clinical perfusion requires a high level of professional trust. A trainee who repeatedly demonstrates lack of accountability, poor insight, unreliable behaviour, dishonesty, poor communication or disregard for feedback may be considered unsuitable for progression.

43. Evidence-Informed Practice

a) This domain covers the clinical perfusionist's responsibility to engage in evidence-informed practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility to identify, plan for and implement professional development to meet their ongoing professional learning needs.

b) Trainee perfusionists are expected to;
   i) Resolve challenges through the application of critical thinking and reflective practice.
   ii) Identify ongoing professional learning needs and opportunities.
   iii) actively engage in ongoing learning activities to stay updated on the latest advancements in perfusion practice.
   iv) demonstrate a commitment to self-improvement and a willingness to learn from experienced perfusionists.

44. Safety and Risk Management

a) This domain covers the responsibility of clinical perfusionists to protect patients, others and the environment from harm by managing and responding to the risks inherent in perfusion practice. It also addresses the responsibility for providing safe, effective and high-quality professional services, for the benefit of patients, their families or carers and the patient care team.

b) Trainee perfusionists are expected to;

i) Perform and provide safe perfusion practice.

ii) Protect and enhance patient safety.

iii) Implement quality assurance processes to ensure perfusion related equipment and instrumentation are operational and fit for purpose.

iv) Maintain safety of the workplace.

v) be aware of the risks to themselves and those around them, including the patient and multidisciplinary team. i.e. handling of blood or cytotoxic material

vi) understand the consequences of actions to patients/other team members

TRAINEE WELLBEING AND SUPPORT

Clinical perfusion training is demanding. Trainees are required to balance clinical responsibilities, academic study, Board documentation, case evaluations, case observations, research requirements, examination preparation, workplace expectations and personal commitments.

The ANZBP recognises that this can be challenging. Trainees are encouraged to seek support early and to develop sustainable strategies for managing workload, stress, fatigue and wellbeing throughout training.

Personal wellbeing is not separate from professional practice. In a safety-critical profession such as clinical perfusion, fatigue, stress, distraction or poor wellbeing may affect concentration, communication, learning, decision-making and patient safety.

Seeking support early is encouraged and will generally be viewed as a sign of insight, professionalism and accountability.

45. Wellbeing Prioritisation

a) Trainees are expected to take reasonable responsibility for monitoring their own wellbeing and fitness to participate safely in clinical training.

b) This includes recognising when fatigue, stress, illness, personal circumstances or workload may affect their ability to learn, communicate, participate safely or meet training requirements.

c) Trainees should communicate early with their supervisor, employer, Course Coordinator or education provider where wellbeing or fatigue is affecting their progression or safe participation in training.

46. Fatigue Management

a) Fatigue may occur during training because of clinical workload, on-call responsibilities, long cases, academic deadlines, study requirements, travel for observations, research work and personal responsibilities.

b) Trainees are expected to develop safe fatigue management habits. This may include:

i) planning study and assessment work early rather than relying on last-minute completion;

ii) allowing time for rest and recovery after demanding clinical periods where possible;

iii) communicating with supervisors if fatigue is affecting learning or safe participation;

iv) recognising the effect of fatigue on concentration, communication and decision-making;

v) avoiding unsafe participation in clinical activities where fatigue creates a risk;

vi) following local workplace policies regarding fatigue, rostering and fitness for duty;

vii) seeking support if fatigue becomes persistent or unmanageable; and

viii) escalating concerns where fatigue may affect patient safety.

47. Stress and Workload Management

a) Stress is a normal response to the demands of clinical perfusion training. However, unmanaged or prolonged stress can affect learning, performance, communication, judgement and wellbeing.

b) Trainees are encouraged to use proactive stress and workload management strategies, including:

i) maintaining regular sleep, nutrition, hydration and exercise where possible;

ii) using calendars, task lists and planning tools to reduce last-minute pressure;

iii) breaking large academic or Board tasks into smaller steps;

iv) commencing assessment tasks early;

v) maintaining regular progress with logbooks and reflections;

vi) seeking feedback early rather than waiting until concerns escalate;

vii) discussing workload concerns with supervisors or the Course Coordinator;

viii) using peer support, mentoring or professional networks;

ix) accessing employee assistance programs, university support services or other wellbeing supports where available; and

x) seeking medical, psychological or professional support where required.

48. Support Pathways and Resources

a) Trainees are encouraged to seek support early if they are experiencing stress, fatigue, illness, personal difficulties, academic pressure, workplace concerns or uncertainty about progression.

b) Support may be available through:

i) Training and workplace supports

ii) Academic supports

iii) Professional and healthcare supports

iv) Australia-based urgent and crisis supports

v) New Zealand-based urgent and crisis supports

c) The appropriate support pathway will depend on the nature and urgency of the concern. Clinical safety concerns should be raised with the supervisor or local clinical team immediately. Academic concerns should be raised with the education provider. Board milestone or progression concerns should be raised with the Course Coordinator.

APPENDIX A: SUGGESTED TRAINING MILESTONE MAP

This appendix provides a suggested timeline for completing the case requirements of the perfusion training program. It is intended as a general guide and may vary depending on the individual training program and the complexity of available cases.

Defer to supervisor, as they also may have a tried and tested method of training.

Case prioritisation is important as you will not be eligible to sit certification exams until a minimum of 200 cases and case observations are completed.

Important Notes;

- There may also be a difference in time between gaining a trainee position and when the course commences, so take this into account and adjust for this.
- This timeline is a suggestion and may be adjusted based on individual progress and program structure.
- The complexity of cases performed will increase throughout the training program.
- Trainees should prioritise completing all required number of cases to meet certification eligibility.
- Regular communication with supervisors is crucial to ensure a well-rounded training experience.

Additional Considerations:

- This timeline does not account for case observations required outside the trainee's primary area of practice (e.g. adult vs. paediatric).
- Trainees should factor in time for attending educational conferences, workshops, and completing research projects as required by the program.

By following a structured approach to case completion, trainees can ensure they gain the necessary experience and competency to excel in their future perfusion careers.

SUGGESTED CLINICAL PROGRESSION				
Stage	**Point in training**	**Trainee focus**	**Expected evidence of progression**	**Supervisor focus**
Commencement and orientation	Start of employment / training	ANZBP registration; academic enrolment; local induction; theatre orientation; introduction to workplace expectations, documentation requirements, safety culture and the role of the perfusionist.	Registration completed; required documents submitted; logbook commenced; supervisor meeting completed; local expectations understood.	Confirm supervision structure; explain local expectations; introduce safety systems, documentation requirements and professional expectations.
Observing only	Initial period	Observe theatre workflow, patient preparation, equipment setup, circuit preparation, cannulation, initiation of bypass, conduct of bypass, cardioplegia delivery, separation from bypass, communication patterns and safety-critical moments.	Can identify key team members, basic circuit components, broad case flow, common terminology and safety-critical points in the case.	Provide explanation; orient trainee to workflow; assess professionalism, engagement, preparedness and situational awareness.
Partial participation in selected components	Before full supervised case participation, or as determined by supervisor	Participate in limited supervised tasks, such as setup, priming, documentation, observing or assisting with the cardioplegia pump, observing or assisting with aspects of the main pump, monitoring displayed values, or other defined tasks approved by the supervisor.	Begins to explain the purpose of selected equipment; follows instructions; communicates clearly; recognises limitations; asks appropriate questions; demonstrates safe behaviour.	Introduce selected components gradually; assess knowledge retention, safety awareness, response to feedback and readiness for fuller supervised case participation.
Early supervised case participation ***ONLY CASES START TO FINISH ARE COUNTERD AS PART OF LOGBOOK***	**0–20 cases**	Begin participating in the broader conduct of cases under direct supervision, including preparation, setup, checks, documentation, monitoring, communication and selected technical components appropriate to competence.	The trainee should focus on early case participation, including preparation, setup, priming, checks, documentation, monitoring, basic equipment recognition, communication patterns and selected technical components appropriate to their competence. The trainee should begin linking observed practice with academic content..	Provide direct teaching; assess professionalism, preparation, communication, safety awareness, documentation habits and early suitability.

SUGGESTED CLINICAL PROGRESSION				
Stage	**Point in training**	**Trainee focus**	**Expected evidence of progression**	**Supervisor focus**
First formal review	**20 cases**	Review early progress, strengths, learning needs, documentation habits and response to feedback.	Case logbook updated; case reflection completed; case evaluation completed with supervisor; documents uploaded. The trainee can discuss what they have learned, identify areas requiring improvement	Provide clear early feedback; identify whether trainee is progressing appropriately; document any concerns early.
Foundational development	**20–40 cases**	Develop familiarity with setup, equipment checks, priming, monitoring, documentation, cardioplegia system, main pump principles, suckers, vents, venous return and arterial flow.	Begins to explain routine circuit path, key safety checks and purpose of major equipment. The trainee demonstrates improved preparation, more accurate documentation, more purposeful questions and evidence of acting on feedback from the first 20-case review.	Assess whether the trainee is retaining teaching, applying feedback and developing accountability.
Developing practice	**40–60 cases**	Supervised practice of cases. The trainee may perform more defined tasks but still requires direct supervision and correction.	Demonstrates improved technical familiarity; follows instructions; communicates clearly; recognises when to ask for help. The trainee should require fewer repeated explanations for basic concepts already taught and should show evidence of reviewing topics between cases.	Provide immediate feedback; assess safety awareness, knowledge retention and response to correction. If any immediate concerns regarding seriousness of purpose or suitability to the profession, document and consider a formal support plan or remediation discussion.
Supervised routine case participation	**60–80 cases**	Link academic knowledge with clinical practice; develop understanding of initiation, maintenance and separation from bypass, basic troubleshooting and team communication.	The trainee demonstrates developing integration of theory and practice, anticipates some routine case steps, recognises changes in flow, pressure, venous return or patient parameters, and can discuss basic troubleshooting options. The trainee applies previous feedback, prepares for cases and identifies learning needs with increasing clarity.	Begin assessing clinical reasoning, not only task performance. Ask “what are you watching,” “what are you expecting next,” and “what would you do if this changed?” Provide structured opportunities to reason through routine events while maintaining close control of safety. Determine whether any concerns require targeted learning goals, additional supervision or documentation before the 100-case point.

SUGGESTED CLINICAL PROGRESSION				
Stage	**Point in training**	**Trainee focus**	**Expected evidence of progression**	**Supervisor focus**
Developing routine case conduct	**80–100 cases**	Consolidate routine CPB concepts, circuit management, cardioplegia principles, safety checks, basic decision-making, parameter interpretation and documentation.	The trainee demonstrates developing clinical judgement, improved situational awareness, clearer understanding of common perfusion decisions, recognition of routine risks and improved ability to prioritise information. The trainee should not require repeated prompting for basic documentation, safety checks or concepts that have been taught multiple times.	Prepare for the midpoint review by comparing performance against prior feedback and expected stage of training. Assess whether the trainee can apply teaching without constant re-teaching. Document whether concerns are improving or persisting. If the trainee remains dependent on repeated prompting for foundational concepts, begin considering a formal support plan. local performance management processes or remediation discussion.
Midpoint progression review	**Around 100 cases**	Demonstrate meaningful progression from early trainee performance.	The trainee demonstrates meaningful progression from early trainee performance. Evidence includes improved preparation, ability to explain routine case conduct, understanding of common parameters, safe participation in supervised components, timely documentation, professional communication and insight into limitations. Repeated inability to retain or apply previously taught concepts at this stage may indicate unsatisfactory progression.	Determine whether progression is appropriate, whether remediation/support is required. Discuss whether the trainee is demonstrating the judgement and professionalism expected. If the supervisor has doubts about eventual attestation, these should be raised now, documented clearly with local performance management processes, and communicated to the Course Coordinator where appropriate.
Increasing supervised responsibility	**100–125 cases**	Improve anticipation, clinical reasoning, parameter interpretation, communication, case planning, response to changes during bypass and understanding of the rationale for routine perfusion decisions.	The trainee can explain the rationale for common perfusion decisions, recognise common risks, escalate appropriately and communicate more effectively with the multidisciplinary team. The trainee demonstrates increasing ability to manage routine components with less prompting while still recognising limitations and seeking help appropriately.	Increase entrustment cautiously and deliberately. Allow the trainee to verbalise plans before acting. Challenge reasoning with “why,” “what if” and “what is your threshold to escalate” questions. Continue to intervene early for safety. Look for consistency across cases and ensure the trainee is not progressing in technical tasks without corresponding judgement and insight. If concerns remain, document them, inform the trainee, notify the Course Coordinator and follow the appropriate remediation, delayed eligibility or suitability review process.

SUGGESTED CLINICAL PROGRESSION				
Stage	**Point in training**	**Trainee focus**	**Expected evidence of progression**	**Supervisor focus**
Indirect supervision review	**125 cases**	Demonstrating independent decision making and manages most of the case without supervisor intervention.	Demonstrates ablity to manage most aspects of the case including the communication with the MDT without reliance on the supervisor to do so.	Determine whether progression is appropriate to indirect supervision, which may include attendance during critical time points such as weaning. Review whether performance is consistent, safe and accountable, not merely satisfactory on isolated cases.
Intermediate consolidation	**125–140 cases**	Integrate physiology, equipment, patient factors, surgical requirements and perfusion strategy.	The trainee demonstrates stronger case preparation, more mature reflective practice, recognition of abnormal trends, developing troubleshooting plans, improved judgement about when to intervene or escalate, and more consistent professional accountability. The trainee is beginning to show integrated thinking across patient, circuit and surgical factors.	Move feedback toward higher-level reasoning and prioritisation. Ask the trainee to prepare a pre-bypass plan, identify likely risks and reflect on intraoperative decisions. Encourage exposure to varied cases where safe. Identify remaining gaps in knowledge, judgement, communication or technical practice while there is still time for targeted development before final consolidation.
Advanced supervised practice	**140–160 cases**	Broader case exposure, unfamiliar techniques. Planning case observations, research progress and early examination preparation.	The trainee demonstrates increasing entrustment under supervision. Evidence includes safe participation in significant portions of routine cases, ability to explain clinical reasoning, improved anticipation of surgeon and anaesthetist requirements, appropriate communication under pressure, recognition of limitations and active preparation for broader professional requirements.	Confirm remaining learning needs and monitor readiness trajectory. Perform troubleshooting simulations with the student to prepare them for independent practice. Move feedback toward higher-level reasoning and prioritisation. Ask the trainee to prepare a pre-bypass plan, identify likely risks and reflect on intraoperative decisions. Encourage exposure to varied cases where safe. Identify remaining gaps in knowledge, judgement, communication or technical practice while there is still time for targeted development before final consolidation.

SUGGESTED CLINICAL PROGRESSION				
Stage	**Point in training**	**Trainee focus**	**Expected evidence of progression**	**Supervisor focus**
Pre-completion planning	**160–180 cases**	Finalise case observations, research, logbook, reflections, documentation and examination preparation plan.	The trainee has current documentation, completed or planned observations, a clear research or presentation pathway, mature understanding of strengths and limitations, consistent preparation and reliable follow-through. The trainee can identify remaining learning needs without excessive prompting.	Confirm outstanding requirements, review professional readiness and identify final gaps. Discuss whether the trainee is demonstrating the judgement and professionalism expected near completion.
Final consolidation	**180–200 cases**	Consolidate safe routine CPB conduct, clinical reasoning, troubleshooting, communication, professional accountability and certification preparation.	High level of detail, and seriousness of purpose. The trainee demonstrates practice approaching the expected standard for entry-level certification eligibility. Evidence includes safe routine case conduct under supervision, integrated clinical judgement, sound technical habits, situational awareness, clear communication, recognition and escalation of risk, reflective insight and completion of required Board milestones.	Consider whether trainee would be able to safely practice independently, and whether any last training needed including simulation for disaster preparedness. Review whether performance is consistent, safe and accountable, not merely satisfactory on isolated cases.
Certification readiness	After required milestones	Examination preparation and final eligibility confirmation.	The trainee has completed academic, clinical, professional and Board requirements and is considered by the supervisor to be suitable for certification examination eligibility. Evidence includes complete documentation, supervisor attestation, examination eligibility under the current policy and professional behaviour consistent with entry-level clinical perfusion practice	Confirm whether trainee is suitable and ready for certification examination eligibility. If concerns remain, document them, inform the trainee, notify the Course Coordinator and follow the appropriate remediation or delayed eligibility process.
Until officially certified but still a trainee	After required milestones	Maintain clinical competency and gain additional experience in areas of interest. Utilise this time to further refine skills, potentially focusing on specific procedures or patient populations.	High level of attention to detail and clinical competence.	A supervisor must not sign completion or documentation if they do not believe the trainee has met the required standard.

APPENDIX B: PROGRESS CHECKLIST

Print/Use this document for your own reference of your progress and tick off tasks as completed

Trainee Documentation		Date
	Submit Trainee Registration Form and following associated documents	
	Certified copy of your identification	
	Certified copy of undergraduate degree qualification	
	Certified copy of undergraduate degree transcript	
	Certified copy of postgraduate Perfusion degree qualification	
	Certified copy of postgraduate Perfusion degree transcript	
Cases Documentation		
	Submit case evaluation, reflection and logbook at 20 cases	
	Submit case evaluation, reflection and logbook at 40 cases	
	Submit case evaluation, reflection and logbook at 60 cases	
	Submit case evaluation, reflection and logbook at 80 cases	
	Submit case evaluation, reflection and logbook at 100 cases	
	Submit case evaluation, reflection and logbook at 120 cases	
	Submit case evaluation, reflection and logbook at 140 cases	
	Submit case evaluation, reflection and logbook at 160 cases	
	Submit case evaluation, reflection and logbook at 180 cases	
	Submit case evaluation, reflection and logbook at 200 cases	
	Complete and submit completed logbook (including observations)	
	Submit signed supervisor logbook declaration	
Case Observations		
	Organise 10 case observations at a paediatric/adult unit (opposite to own unit)	
	Complete 10 case observations	
	Complete and submit case observation reflections	
	Organise a minimum 5 case observations at another unit/s	
	Complete a minimum 5 case observations at another unit/s	
	Complete and submit case observation reflections from another unit/s	

Research project		
	Determine the research project topic and begin to complete	
	Submit abstract to ANZCP when ASM call for abstracts occur	
	Present your research findings at the Annual Scientific Meeting of the ANZCP	
	Ensure leave for conference/pay for conference	
Perfusion disaster simulations with your supervisor or at ASM Simulation Session		
	Changing out an oxygenator	
	Responding to a pump boot rupture	
	Crashing back onto bypass	
	Attending the ASM Simulation Course (optional but strongly encouraged)	
Prior to Certification Exams		
	Completing practice exam material under exam conditions	
	VIVA Exam Practice with supervisor/unit	
	Visiting other units to see other perfusion practices that may be examinable	
	Payment of CCP Exam Fees	

APPENDIX C: REFLECTIVE PRACTICE TOOLS

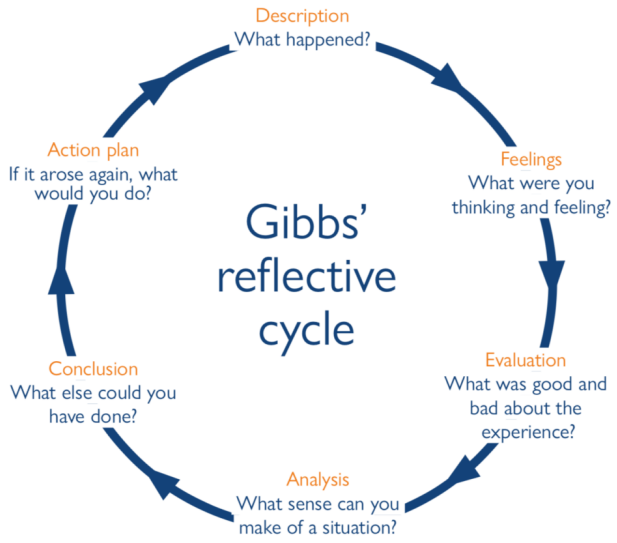
Reflective practice is an essential part of healthcare and in particular, clinical perfusion training. It helps trainees move beyond simply describing what occurred in a case, toward understanding why it occurred, what was learned, what could be improved and how future practice should change, allowing for the development of clinical judgement and reasoning.

Trainees are expected to engage in reflective practice throughout training, including after clinical cases, feedback discussions, challenging events, near misses, unfamiliar procedures and 20-case reviews.

Reflection should demonstrate insight, accountability and a plan for improvement. It should not be limited to a description of the case.

There are two main reflective practice models commonly used:

1. Gibb's Reflective Cycle => structured framework to guide trainees through reflective practice
2. Kolb's Learning Cycle => continuous cycle of experience, reflection, understanding and active experimentation (ie application to future practice)
    a. Useful in later stages of training to develop clinical skills, reasoning and judgement.



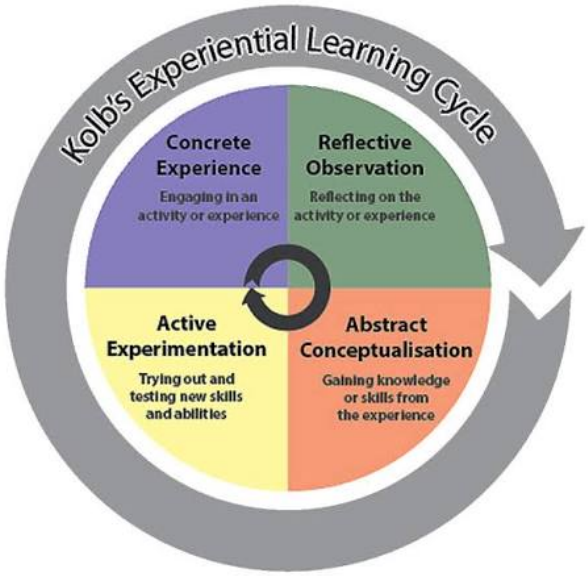


Figure 1: Gibbs' reflective cycle

Reflective Practice Template and Prompts

Case Details:

- Briefly describe the case and your role.

What happened?

- What were the key perfusion considerations?
- What equipment, circuit features or techniques were used?
- Were there any notable patient, surgical or anaesthetic factors?

What did I understand well?

- What aspects of the case made sense to me?
- What knowledge or skills did I apply?
- What feedback or previous learning helped me during this case?

What did I find difficult or uncertain?

- What did I not understand?
- What required prompting or correction?
- What questions did I ask?
- What questions should I have asked?

What feedback did I receive?

- What feedback did my supervisor provide?
- Was the feedback about knowledge, technical skill, communication, preparation, judgement, documentation, professionalism or safety?
- How did I respond to the feedback?

What does this mean for my development?

- What does this case show about my current stage of progression?
- What does it show I am improving in?
- What does it show I still need to work on?
- Did I apply feedback from previous cases?

What is my action plan?

- Before my next case I will …
- Topics I need to revise are ..
- Questions I need to follow up are …

APPENDIX D: FEEDBACK MODELS

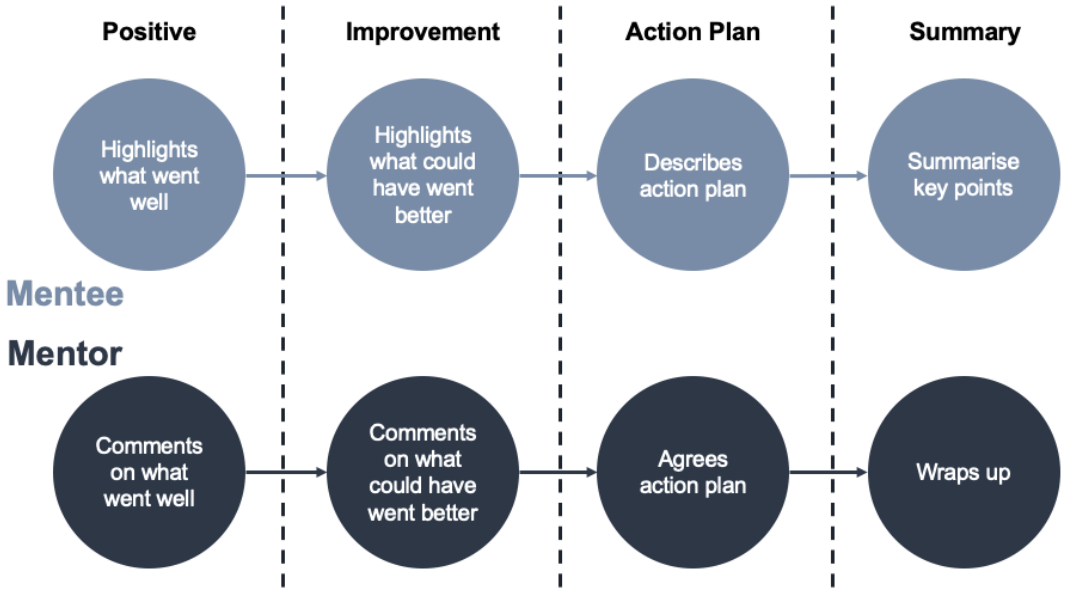
Feedback is a core part of clinical perfusion training. It supports safe practice, professional development, clinical reasoning, technical progression and preparation for certification.

Feedback should be timely, specific, respectful and linked to expected standards. It should identify what was done well, what requires improvement, why it matters and what action is required next.

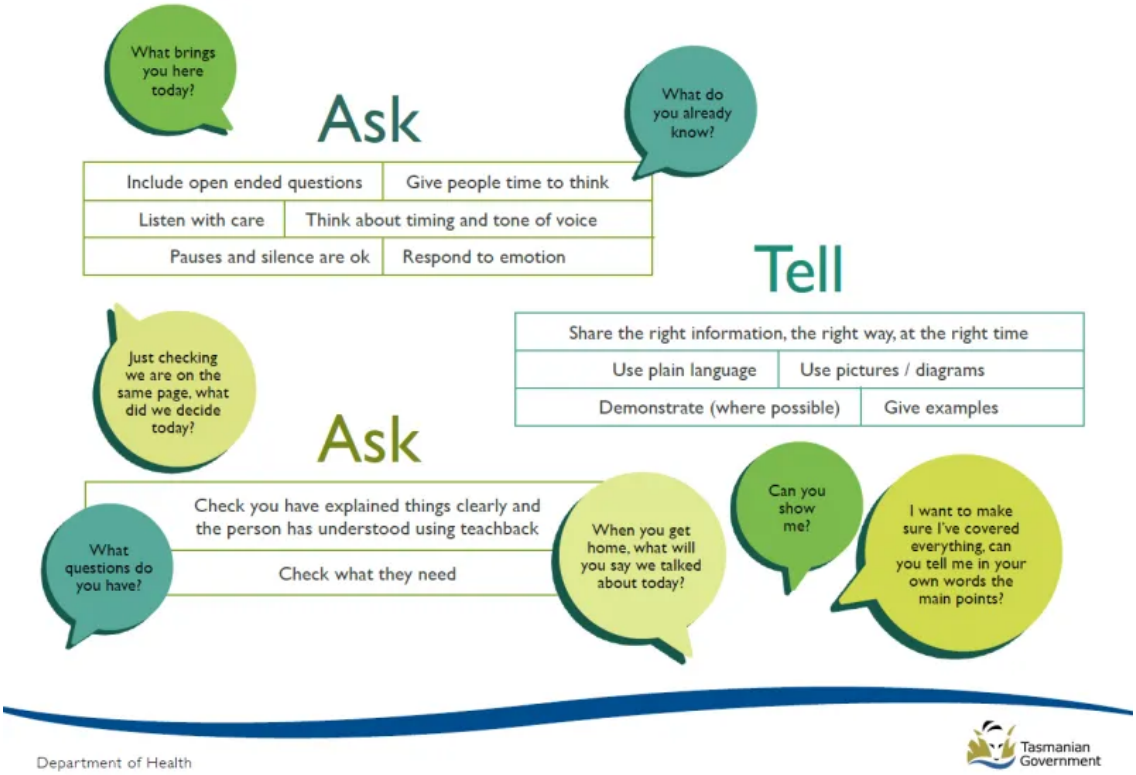
Trainees are expected to actively seek, receive, reflect on and apply feedback. Supervisors are expected to provide honest feedback and document concerns where progression is not meeting the expected standard.

There are a number of feedback frameworks that can be utilised depending on the situation and the point in training.

1. Pendleton's Rules => Structured approach to balanced feedback – Useful in early training



2. Ask-Tell-Ask => Learner Centered and Led
    i. Ask – trainee self-assesses
    ii. Tell – supervisor gives specific feedback
    iii. Ask – trainee responds and identifies learning needs
    iv. Plan – trainee and supervisor agree on action to improve
    v. Revisit – reviewed at next case, next 20-case review



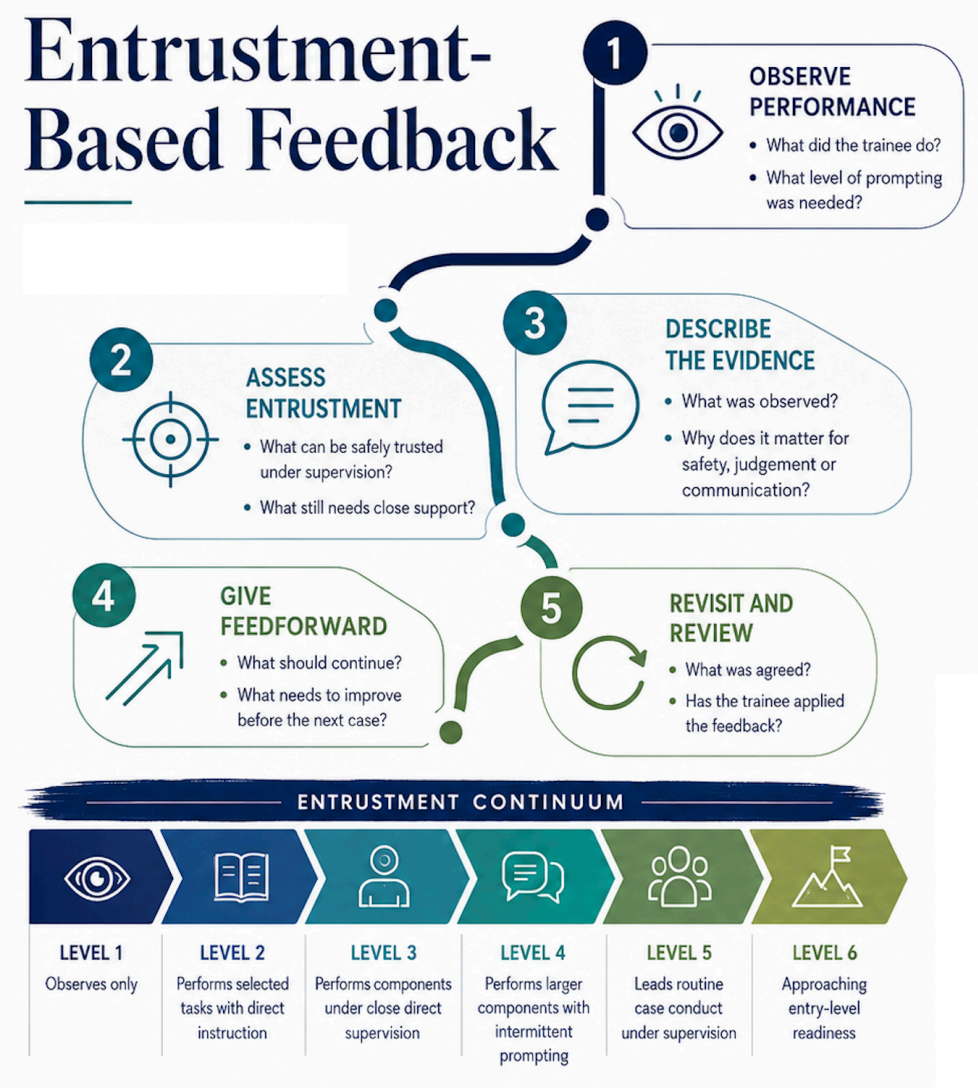
3. SNAPPS => for developing clinical reasoning (student led)
    a. Summarise the clinical situation
    b. Narrow the key issues
    c. Analyse the possible explanation
    d. Probe the supervisor by asking questions
    e. Plan management or next steps
    f. Select a topic for further learning in this area

SNAPPS and One Minute Preceptor Step

Summarize the case	Get the student to commit to a diagnosis and management plan.
Narrow the differential diagnosis	Probe for supporting evidence.
Analyze the differential diagnosis	Teach any general rules that can be applied to this situation and how it can be applied to other situations.
Probe preceptors for uncertainties	Positive Feedback: Reinforce what was done right.
Plan patient management	Constructive Feedback: Correct error.
Select case-related issues for self-study	

Gatewood E, & De Gagne J.C. (2019). The one-minute preceptor model: A systematic review. https://pubmed.ncbi.nlm.nih.gov/30431548/
Wolpaw, T., Wolpaw, D., & Papp, K. (2003). SNAPPS: A learner-centered model for outpatient education. Academic Medicine, 78(9), pp 893-898.

4. Entrustment Based Feedback => towards later end of training whereby preparing for independence
    a. Ask the trainee to present their assessment of the case.
    b. Ask the trainee to identify the key perfusion risks.
    c. Ask the trainee to explain their plan and rationale.
    d. Ask what they would do if the situation changed.
    e. Provide supervisor feedback on judgement, safety and reasoning.
    f. Identify the level of entrustment currently demonstrated.
    g. Agree on one or two higher-level goals for the next case.



APPENDIX E: ENTRUSTABLE PROFESSIONAL ACTIVITIES MATRIX

This Entrustable Professional Activities Matrix is designed to support trainees and supervisors to assess clinical progression in a structured and practical way.

Entrustable Professional Activities, or EPAs, are key professional tasks or responsibilities that a trainee may be progressively trusted to perform under supervision as they develop competence, judgement and professional readiness.

This appendix is intended to assist with:

- setting clear expectations for trainees;
- guiding supervisor feedback;
- supporting 20-case review discussions;
- documenting progression over time;
- identifying learning gaps early;
- supporting remediation where required;
- assisting supervisors to make entrustment decisions; and
- supporting final assessment of readiness for certification examination eligibility.

The matrix does not replace supervisor judgement, local workplace policy, ANZBP policy, the ANZBP Certification Examination Policy or the requirement for appropriate clinical supervision.

Entrustment level	Description
Level 1 – Observes only	The trainee observes the activity and is not yet performing the task. The trainee is expected to watch with purpose, ask appropriate questions and begin developing understanding.
Level 2 – Performs selected tasks with direct instruction	The trainee performs limited parts of the activity only when directly instructed. The supervisor provides step-by-step guidance and remains immediately present.
Level 3 – Performs components under close direct supervision	The trainee performs defined components of the activity under close direct supervision. The supervisor remains present, provides frequent prompting and corrects errors in real time.
Level 4 – Performs larger components with intermittent prompting	The trainee performs larger parts of the activity under supervision. The supervisor remains present and actively monitors but the trainee requires less frequent prompting.
Level 5 – Leads routine activity under supervision	The trainee can lead the activity in routine situations under supervision. The supervisor remains present and ready to intervene but allows the trainee to reason, organise and communicate.
Level 6 – Approaching entry-level readiness	The trainee demonstrates consistent, safe, reflective and accountable performance at the expected level for final consolidation and certification examination eligibility, subject to completion of all ANZBP requirements.

Example: EPA Guide					
EPA	**Description of activity**	**Early stage evidence**	**Developing stage evidence**	**Later-stage / near-ready evidence**	**Supervisor considerations**
Professional readiness and safe participation	Demonstrates professional conduct, punctuality, preparation, insight, accountability and safe behaviour.	Attends prepared, follows instructions, behaves respectfully and practises within supervision.	Demonstrates reliability, accepts feedback, communicates limitations and follows through on actions.	Demonstrates consistent professionalism, accountability, appropriate escalation and readiness for increased supervised responsibility.	Consider trustworthiness, preparation, honesty, feedback response and safety. Lack of accountability or poor insight should be documented early.
Case preparation and patient assessment	Reviews procedure, patient factors and perfusion considerations.	Identifies procedure and basic patient details with prompting.	Identifies relevant patient factors and links these to perfusion strategy.	Presents a structured case plan, identifies risks and explains rationale.	Later-stage trainees should demonstrate anticipatory thinking, not rely on supervisors to provide all information.
Circuit setup and equipment preparation	Prepares, checks and understands CPB circuit components and related equipment.	Identifies major components and assists with selected tasks.	Performs parts of setup under direct supervision and explains major components.	Completes routine setup under supervision, identifies omissions and explains configuration.	Assess attention to detail, checklist use and recognition of safety-critical omissions.
Priming, de-airing and circuit safety	Participates in priming, de-airing and preparation of the circuit.	Observes and assists with priming under direct instruction.	Performs selected priming steps and describes basic principles.	Performs routine priming and de-airing under supervision and escalates concerns.	Ensure trainee understands priming as safety-critical, not merely mechanical.

Example: EPA Guide					
EPA	**Description of activity**	**Early stage evidence**	**Developing stage evidence**	**Later-stage / near-ready evidence**	**Supervisor considerations**
Pre-bypass safety checks	Participates in structured safety checks before CPB.	Observes checklist processes and identifies key checks.	Participates in checks and begins explaining rationale.	Leads routine checks under supervision and identifies missing items.	Assess methodical practice, checklist use and understanding of consequences.
Anticoagulation and coagulation awareness	Understands and participates in monitoring anticoagulation and coagulation considerations.	Observes ACT testing and anticoagulation workflow.	Explains basic ACT targets and heparinisation principles.	Anticipates ACT timing, recognises abnormal results and communicates concerns.	Assess whether trainee understands anticoagulation as a safety issue, not just a number.
Initiation of CPB	Participates in preparation for and initiation of CPB.	Observes initiation and identifies key steps.	Participates in selected aspects and describes sequence.	Leads or significantly participates in routine initiation under supervision.	Assess anticipation, communication, flow, pressure, venous return and escalation.
Main pump operation and arterial flow management	Understands and participates in main pump operation and flow management.	Observes operation and understands broad flow concepts.	Performs selected aspects under close supervision and explains target flows.	Manages routine flow adjustments under supervision and explains rationale.	Assess relationship between flow, pressure, patient physiology and oxygen delivery.
Venous Return and reservoir level management	Monitors venous return, reservoir level and drainage factors.	Observes venous return and reservoir management.	Identifies changes with prompting and discusses common causes.	Recognises and verbalises changes early, considers causes and escalates.	Useful EPA for situational awareness. Repeated failure to communicate changes should be addressed.

Example: EPA Guide					
EPA	**Description of activity**	**Early stage evidence**	**Developing stage evidence**	**Later-stage / near-ready evidence**	**Supervisor considerations**
Cardioplegia delivery and myocardial protection	Understands and participates in cardioplegia delivery and myocardial protection strategy.	Observes setup and delivery.	Assists with delivery and describes sequence, route, pressures and safety considerations.	Manages routine components under supervision, anticipates timing and recognises issues.	Assess understanding of myocardial protection principles, not just pump operation.
Monitoring and interpretation of perfusion parameters	Monitors and interprets patient, circuit and perfusion data.	Observes displayed values and identifies common parameters.	Records and reports values, begins linking changes to physiology.	Interprets trends, recognises abnormal values and communicates concerns.	Assess movement from recording numbers to understanding meaning and risk.
Temperature management	Understands and participates in cooling, warming and temperature monitoring.	Observes temperature monitoring and heat exchanger use.	Explains cooling/warming principles, sites and safety considerations.	Anticipates requirements and recognises unsafe gradients or rewarming concerns.	Link temperature management to organ protection, surgical requirements and separation.
Blood management and haemodilution awareness	Understands blood management, haemodilution and conservation strategies.	Observes blood management decisions.	Discusses haemoglobin/haematocrit, volume and conservation approaches.	Anticipates blood management issues and links decisions to oxygen delivery and patient factors.	Assess ability to connect values, prime, patient size and clinical decisions.

Example: EPA Guide					
EPA	**Description of activity**	**Early stage evidence**	**Developing stage evidence**	**Later-stage / near-ready evidence**	**Supervisor considerations**
Communication with the multidisciplinary team	Communicates appropriately with supervisor, surgeon, anaesthetist and team.	Observes team communication.	Communicates simple information clearly when prompted.	Communicates proactively, calmly and clearly during routine cases.	Assess clarity, timing, confidence, respect and ability to speak up.
Troubleshooting and response to routine problems	Identifies and participates in troubleshooting patient, circuit or equipment issues.	Observes supervisor troubleshooting.	Suggests possible causes with prompting.	Recognises common issues, prioritises causes and proposes initial actions.	Assess judgement, prioritisation, escalation and recognition of limits.
Emergency response and crisis awareness	Demonstrates awareness of emergency processes and participates safely in crises.	Observes emergency responses and follows directions.	Identifies emergency equipment and assists with defined tasks.	Maintains composure, follows crisis roles and communicates clearly.	Do not entrust beyond demonstrated competence in emergencies.
Separation from bypass	Participates in preparation for and separation from CPB.	Observes sequence and team communication.	Identifies key steps and participates with prompting.	Anticipates separation requirements, monitors parameters and communicates concerns.	Assess anticipation, physiology, communication and recognition of concerns.
Post-bypass management and circuit vigilance	Participates in post-bypass monitoring and readiness for possible return to bypass.	Observes responsibilities and remains attentive.	Assists with documentation and monitoring.	Maintains vigilance, anticipates potential return to bypass and communicates concerns.	Assess whether trainee remains attentive until responsibilities are concluded.

Example: EPA Guide					
EPA	**Description of activity**	**Early stage evidence**	**Developing stage evidence**	**Later-stage / near-ready evidence**	**Supervisor considerations**
Documentation, logbook and Board milestone management	Completes documentation, logbooks, reflections and uploads.	Begins logbook entries and learns requirements.	Maintains logbook, completes reflections and arranges reviews with support.	Independently tracks case numbers, organises reviews and uploads documents on time.	Repeated documentation failure may indicate insufficient accountability.
Reflective practice and response to feedback	Uses reflection and feedback to improve performance.	Describes cases and basic learning points.	Links feedback to learning needs and demonstrates some action.	Demonstrates mature reflection, applies feedback and shows improvement over time.	Reflection should lead to changed behaviour; superficial reflection should be addressed.
Case planning and clinical reasoning	Integrates patient, procedure, surgical, anaesthetic and perfusion factors into a supervised plan.	Observes planning and identifies basic case details.	Identifies patient and procedure-specific considerations with prompting.	Presents a structured plan, identifies risks and adapts thinking as case evolves.	Especially useful for later-stage trainees and examination readiness.
Professional identity and readiness for certification	Demonstrates conduct, judgement, accountability and maturity expected of an entry-level clinical perfusionist.	Begins understanding professional expectations.	Demonstrates developing accountability and engagement.	Demonstrates professionalism, safe supervised practice, insight, judgement and readiness for exam eligibility.	Supervisor should only attest readiness where standards are met.

APPENDIX F: INITIAL SUPERVISION AND EARLY TRAINING STRUCTURE GUIDE

This guide supports lead supervisors and training units to establish a consistent approach to the trainee's early clinical learning.

The early phase of training should provide clear expectations, consistent supervision, a standardised workflow, safe progression and timely feedback.

The lead supervisor is responsible for coordinating the trainee's early clinical learning structure. This includes:

- meeting with the trainee at commencement;
- setting expectations for training, communication, documentation and professional behaviour;
- identifying one to two primary supervisors for the early phase of training;
- communicating the agreed approach to all supervisors;
- ensuring the trainee initially learns one consistent workflow;
- monitoring early progression;
- coordinating the first 20-case review; and
- escalating concerns early where required.

The lead supervisor does not need to provide all supervision personally but should ensure that the training approach is clear and consistent.

Suggested Early Training Structure

Phase	Focus	Supervisor approach
Orientation	Local induction, theatre environment, documentation, safety expectations	Lead supervisor sets expectations and explains the training structure
Observation	Purposeful observation of workflow, setup, CPB conduct, cardioplegia and communication	Supervisor explains workflow and checks understanding
Partial participation	Selected tasks such as setup, priming, documentation, cardioplegia or main pump familiarisation	One to two supervisors provide consistent step-by-step teaching
Early supervised cases	Broader supervised participation under close direct supervision	Supervisor provides frequent prompting, correction and feedback
First 20-case review	Review progress, documentation, reflection and feedback response	Supervisor completes evaluation and sets goals for the next stage

Author	*Neesha Ghedia*
Contact	*abcpcoordinator@anzcp.org*
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