

SUPERVISOR TRAINING RESOURCES

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 ability 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.

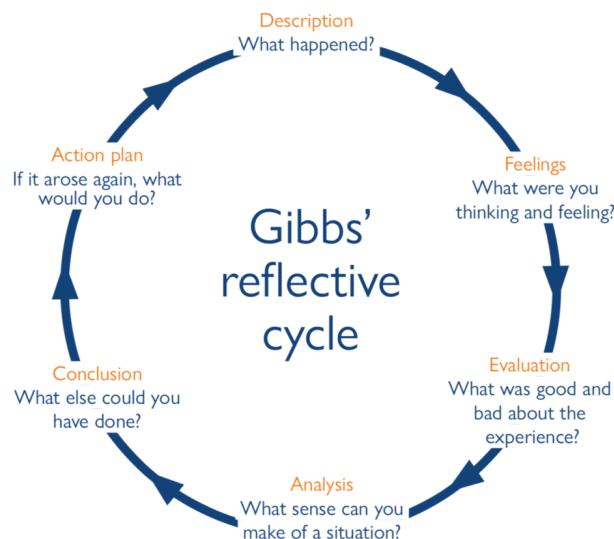
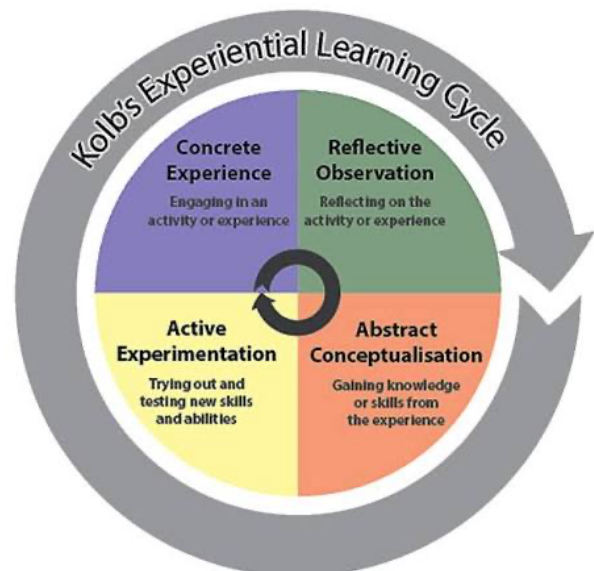


Figure 1: Gibb's reflective cycle



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

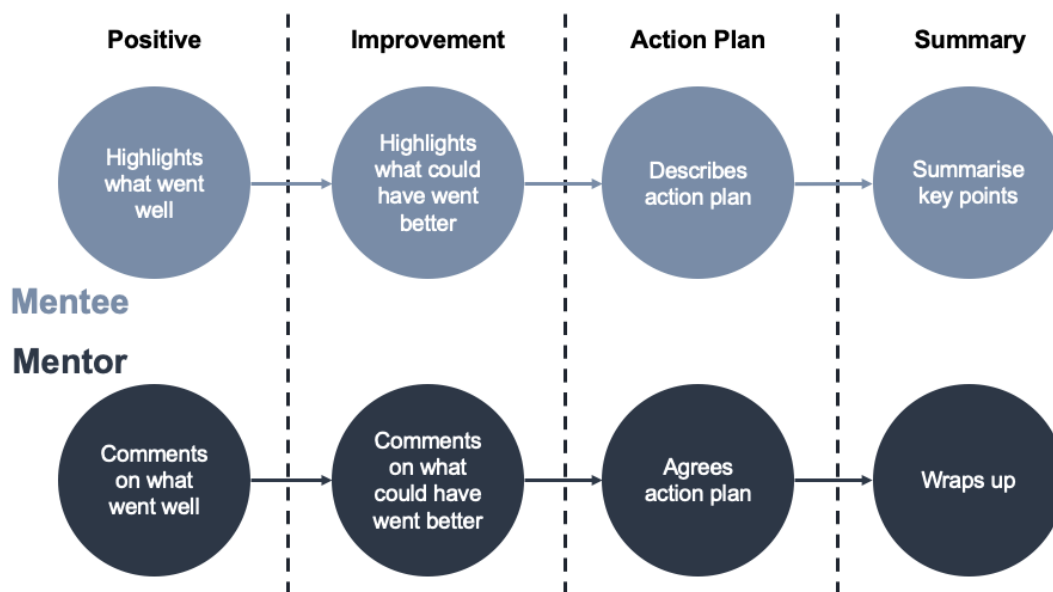
Feedback is a core part of clinical perfusion training. It supports safe practice, professional development, clinical reasoning, technical progression and preparation for certification.

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.

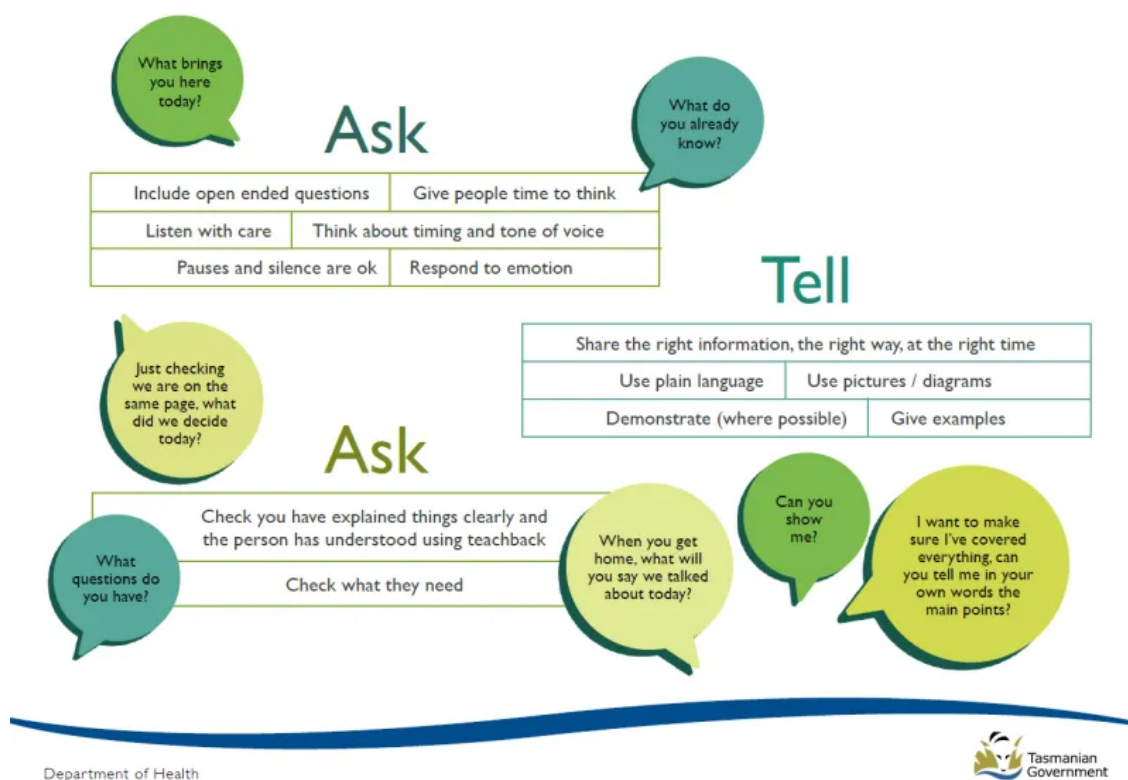
There are a number of feedback frameworks that can be utilised depending on the situation and the point in training.

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)

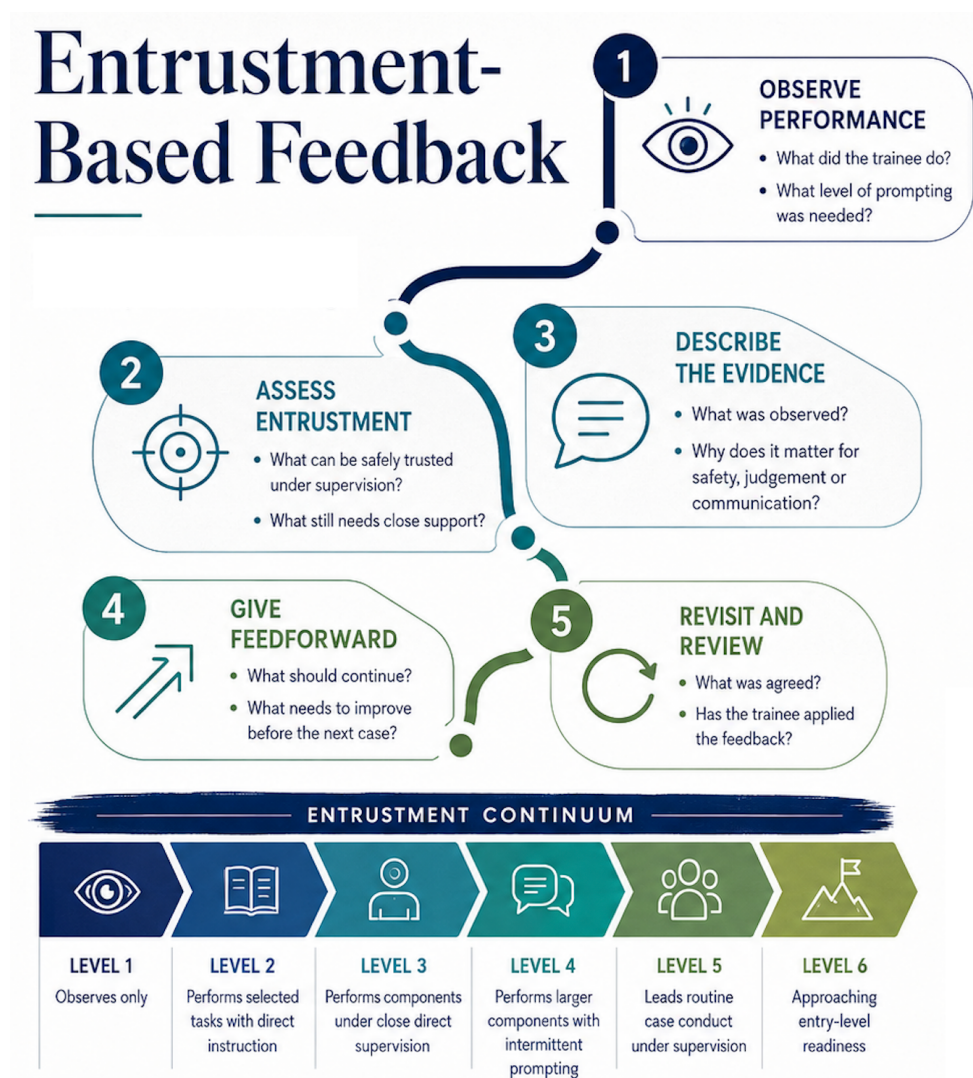
- Summarise the clinical situation
- Narrow the key issues
- Analyse the possible explanation
- Probe the supervisor by asking questions
- Plan management or next steps
- Select a topic for further learning in this area

SNAPPS and One Minute Preceptor Step

S ummarize the case	Get the student to commit to a diagnosis and management plan.
N arrow the differential diagnosis	Probe for supporting evidence.
A nalyze the differential diagnosis	Teach any general rules that can be applied to this situation and how it can be applied to other situations.
P robe preceptors for uncertainties	Positive Feedback: Reinforce what was done right.
P lan patient management	Constructive Feedback: Correct error.
S elect 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/Contact	Neesha Ghedia
Contact	abcpcoordinator@anzcp.org
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