



Bachelor of Health Science in Perioperative Practice

Clinical Placement Handbook

Student Name:.....

Disclaimer

Please note that this Clinical Placement Handbook is revised before the commencement of each academic year. Updates may be made during the year if there are external or internal changes that impact on the degree programme. All students and stakeholders will be advised of any updates.

Please ensure that you are familiar with the content of the BHSc in Perioperative Practice Handbook before the commencement of your studies in 2024.

AUT University BHSc in Perioperative Practice Clinical Placement Handbook 2024 ©

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Student Covid19 vaccination passport and N95 mask fit testing

Please use this page to include a printed copy of your Covid19 vaccination passport and a record of having taken an approved N95 mask fit test.

Add a printed copy of your Covid19 vaccination passport here
(for reference only)

Please complete the below table as a reminder of your N95 mask fit test. Note, tests are valid for 12 months.

Test provider	Date	Size	Signature

STUDENTS NOTES:

Welcome

Welcome to the clinical placement phase of your BHSc in Perioperative Practice programme at AUT. This handbook is designed to guide you through your placement journey, giving you and any supervising clinicians guidance as well as acting as a tool for feedback to aid in your growth as a novice anaesthetic technician.

This document will outline the clinical aspects of the BHSc in Perioperative Practice programme, how far you are in your training and outline what level of practice you are expected to perform at under direct supervision.

Clinical placement provides invaluable opportunities for integrating theory and practice, developing critical evaluation and reflection, practical skills, refining communication skills, and consolidating knowledge.

This handbook will allow you to keep an accurate and up-to-date record of your placement and will play an important role in your application for registration and employment. AUT may request proof of attendance and other data collected in this document, so it is vital that you keep this document up to date.

AUT's Bachelor of Health Science in Perioperative Practice

During your BHSc in Perioperative Practice programme you will undertake a variety of clinical practice. We offer a large portion of clinical hours within this programme and believe this clinical exposure is an integral part in the development of our students' journey to practice. With increased clinical exposure, we see a growth and richness in the way you can communicate with your patients during their perioperative journey and become an integral part of the operating theatre team and the wider health sector. During your three years, you will complete a total of 360 points of study over 21 individual courses. Embedded within the BHSc in Perioperative Practice programme are various clinical placement opportunities that could include, but are not limited to elective day surgery procedures, post-anaesthetic care unit, obstetrics, acute/emergency operating theatres, paediatric theatres, and clinical simulation.

Mike Smith

Head of Discipline, Perioperative Practice.

School of Clinical Sciences.

Graduate Profile

Apply advanced and current knowledge in perioperative patient care.

- The graduate informs their perioperative practice with applied knowledge of pathology, anatomy, physiology, Pathophysiology, pharmacology, anaesthetic technology, and equipment to a variety of populations and perioperative settings.

Inform practice through continuous professional development.

- The graduate demonstrates a commitment to long-life learning skills through reflection in practice, constructive feedback and furthering education of self and others.

Practice professionally and ethically.

- The graduate demonstrates a commitment to honesty, integrity, and compassion. The graduate acknowledges and is responsive to Te Tiriti o Waitangi and working towards equitable outcomes for patients. Practice is responsive to Rights and culture of patients, whanāu and other professionals within legal and ethical frameworks.

Inquire critically.

- The graduate is informed by evidence-based practice and applies critical analysis, problem solving and innovation to practice.

Practice proficiently and contextually.

- The graduate demonstrates safe and competent patient care informed by clinical reasoning in the context of perioperative practice.

Practice collaboratively.

- The graduate works in partnership with patients, whanāu and others through inclusive and collaborative approaches within legal, ethical and professional frameworks. Values the perspectives and roles of others in the interprofessional environment.
- The graduate utilises a range of communication methods to facilitate sharing of relevant information and education of clients, whanāu and others.

Expectations of Students

- Be punctual
- Ensure mobile phones are on silent mode. Mobile phones should not be used whilst in the operating room. You may be requested to leave your mobile phone outside of the operating room at the discretion of the Clinical Centre Leader and/ or supervisor.
- Ensure social media is used in accordance with AUT social media policies and procedures
- Abide by the operating procedures of the placement organisation where you are completing your placement
- You must always cooperate with and assist your supervisor to the fullest extent
- Any complaints or urgent matters resulting from the work environment must be brought to the attention of your Clinical Centre Leader or shift supervisor, and the Programme Leader or Practicum Leader at AUT Perioperative Practice.
- For any problems arising that are directly related to patient care or operational procedures, contact the AUT Programme Leader or Practicum Leader.
- A breach of clinical safety may result in removal from practicum.
- A breach of clinical safety has the potential to impede a student's ability to complete their course of study and may result in a failing grade.

Appropriate student conduct is further outlined in the BHSc in Perioperative Practice Programme Handbook.

Uniforms

- You must abide by the uniform requirements of the relevant clinical placement provider. This includes wearing hospital-supplied scrub top and pants whilst on placement within the operating room.
- The AUT student operating theatre cap must be worn, unless given alternative direction by the placement provider.
- Suitable operating room footwear must be worn. Footwear must be flat sole, have a wipeable surface (non-fabric), and have antistatic properties. Where footwear which has been used outdoors is worn, shoe coverings must be used at all times.
- The AUT student name badge must be worn on the right side of the chest.
- Uniforms must be clean and well-presented including footwear.
- If your placement is outside of the operating room, such as the Emergency Department, you are to wear the AUT student approved uniform (scrub top, scrub pants, footwear as described above) unless advised otherwise by your placement provider.

Personal Jewellery

- A small, plain silver or gold ear stud is permitted
- Dangling earrings, nose rings/studs, tongue studs/rings or other facial piercings are not permitted to be worn while on placement.
- Rings, i.e., signet, engagement, wedding rings are not permitted. The wearer should be aware there are situations where these can provide a hazard or a potential source of injury to the wearer and patient. Students must be bare below the elbow.
- Necklaces if worn should not be able to be seen.
- Nail polish should not be worn.

Operational Procedures

As part of your clinical time, you are expected to be familiar with the organisation's policies and procedures and to adhere to them.

- During your time on placement, familiarise yourself with the organisation's procedure manuals, such as Fire Safety and Emergency Evacuation procedures, and other relevant documentation as advised by the Clinical Centre Leader which is applicable to the clinical placement. Although you are not an employee, these procedures are relevant to your duties and responsibilities, and you may be required to complete an induction process.
- Please read staff notice boards to keep up to date with current issues.

Programme clinical placement outline- BHSc in Perioperative Practice

Year 1 Semester 1				Year 1 Semester 2			
Lifespan development & communication HEAL504	Human anatomy & physiology I HEAL505	Knowledge, enquiry and communication HEAL506	Health & environment HEAL507 OR Hauora Māori and environment MAOH501	Human anatomy & physiology II HEAL609	Pathology & pathophysiology PARA601	Introduction to anaesthesia & perioperative theory ANAE601	Introduction to anaesthesia & perioperative practice ANAE602 11-14 shifts* 110 hours**
Year 2 Semester 3				Year 2 Semester 4			
Methods of research and enquiry HEAL610	Pharmacology for professional practice PHMY701	Anaesthetic & perioperative practice I (30 points) ANAE603 22-28 shifts* 220 hours**		Fundamentals of surgery ANAE604 9-11 shifts* 90 hours**	Anaesthetic and perioperative practice II ANAE701 11-14 shifts* 110 hours**	Cardiology PARA706	Haemodynamics in the Acute Patient PARA606
Year 3 Semester 5				Year 3 Semester 6			
Clinical risk reduction PARA704	Intermediate Life Support PARA707 9-11 shifts* 90 hours**	Anaesthetic & perioperative practice III (30 points) ANAE702 22-28 shifts* 220 hours**		Health law and policy HLAW701	Clinical Reasoning PARA709	Anaesthetic & perioperative practice IV (30 points) ANAE703 22-28 shifts* 220 hours**	

*shifts may be a mixture of eight (8), nine (9) and ten (10) hour shifts. This may include day, afternoon, evening, and night shifts, including weekends.

**hours requirement is indicative only. Block course hour requirements are additional- please see the relevant Course Placement record (page 31 onwards).

Clinical Placement Opportunities and Focus by Course

Course	Placement Opportunities	Clinical Focus
Semester 2		
ANAE602 Introduction to anaesthesia & perioperative practice	<p>Elective adult day-surgery procedures (including local)</p> <p>Suggested specialities Ophthalmic, Plastics, Gynaecology, Urology, Orthopaedics.</p> <p>This may include: Theatre orientation Theatre Sterile Services Unit (TSSU) Theatre reception/admissions</p>	<p>Basic acquisition and interpretation of patient vital signs, using varying non-invasive techniques and technologies. Involvement with moving, and handling of patients under the direction of a supervisor.</p> <p>Safe and professional communication strategies are developed by engagement with handover processes prior to anaesthesia, and engagement with the Surgical Safety Checklist procedures.</p> <p>Students are taught at the level of Basic Life Support for this course.</p>
Semester 3		
ANAE603 Anaesthetic & perioperative practice I	<p>Elective adult general and regional anaesthesia (SAB/epidural) - ASA1-3 adult patients</p> <p>Pre-anaesthetic assessment</p>	<p>Assist with the delivery of anaesthesia for uncomplicated patient presentations, including general and regional (SAB/epidural) anaesthesia.</p> <p>Experiences should include airway management, and support to the anaesthetist, using a variety of techniques, airway devices and adjuncts. A focus of this course is on ventilation, and pre-anaesthetic assessment.</p>
Semester 4		
ANAE604 Fundamentals of surgery	<p>Surgical ward (1x case study) <<Surg. Ward → Surgery → PACU>></p> <p>- Surgical specialities- shadow "Circulating Practitioner"</p> <p>- Anaesthetic assistance experience - Intravenous Cannulation</p> <p>Optional: Cardiology/CCU (see page 20)</p>	<p>Demonstrates proficiency with the preparation and maintenance of a safe and appropriate surgical environment for a diverse range of elective adult surgical patients.</p> <p>The perioperative journey of a minimum of one surgical patient is observed, from the surgical ward/DOSA, through to the immediate post-anaesthetic care phase.</p>
ANAE701 Anaesthetic & perioperative practice II	<p>Post-Anaesthetic Care Unit (PACU)</p> <p>This may include: Sedative procedures, which may include endoscopy suite, ECT, dental procedures, cardioversion, etc.</p>	<p>Development of clinical assessment and management with emphasis placed on airway management, monitoring, and care provided to patients with altered states of consciousness. This will include pain management, fluid management, and wound care (PACU). Safe patient handover processes are experienced.</p>
Semester 5		
PARA707 Intermediate Life Support	<p>- Post-Anaesthetic Care Unit (PACU) - Perioperative resuscitation</p>	<p>Operate at the level of an AT (Intermediate Life Support) under direct supervision. This will include responding to perioperative and/ or hospital resuscitation events. Experiences will be consolidated in PACU.</p>
ANAE702 Anaesthetic & perioperative practice III	<p>Special population groups Obstetrics, Paediatrics, Shared airway (ENT, MaxFax, Dentals)</p>	<p>Development of anaesthetic practice and response with emphasis on special populations. This includes obstetrics, paediatrics, bariatrics, geriatrics and shared airway cases.</p>
Semester 6		
ANAE703 Anaesthetic & perioperative practice IV	<p>- Acutes and /or Trauma operating theatres - Remote anaesthetising locations - Lead Anaesthetic Technician (supervised)</p> <p>This may include: - Emergency Department - Cardiothoracics</p>	<p>Critically reflect on practice. Integrate all learnings and skill sets in the assessment and management of all patient presentations to the level and within the scope of practice of a novice Anaesthetic Technician. This will include emergency/trauma care.</p>

Students Level of Practice

Year 1 (Semester 2)

This is the first student anaesthetic technician clinical placement. As such, they are beginning their clinical journey to become novice anaesthetic technicians. All students are receiving training to a level where they should be able to operate at a basic life support level and have a basic knowledge of the frameworks of anaesthetic and perioperative services. The primary focus of this semester is introducing students to basic assessments and interventions, communication strategies used to improve patient safety, and the moving, and handling of patients.

Students are currently receiving training aligned to basic life support guidelines, including basic airway manoeuvres and insertion of oropharyngeal, and first/second generation supraglottic airway devices. Student should be encouraged to practice at this level under direct supervision.

Year 2 (Semester 3)

Students are familiarising themselves with the foundations which support anaesthetic and perioperative practice, such as pharmacology, respiratory assessment, and respiratory ventilation. They should be developing skills in communication, assessment and anaesthetic support. These students are aiming to be able to assess and assist with the delivery of anaesthesia for elective adult general and regional (SAB/epidural) for an uncomplicated patient presentation with a non-life-threatening condition/injury by the end of this semester.

Students are currently receiving training which includes:

- 3 lead ECG interpretation, invasive monitoring techniques and management, respiratory assessment, auscultation, ventilation mechanisms and ventilatory modes, anaesthetic machine checks, delivery of adult general and regional anaesthesia, pre-anaesthetic assessment. ****These students are NOT trained in intravenous therapy.***

Year 2 (Semester 4)

These students are currently enrolled in Cardiology and Haemodynamics in the Acute Patient. These students should be competent in the assessment and support provided for the safe delivery of anaesthesia of the uncomplicated adult patient. Students are also enrolled in Fundamentals of Surgery and should experience strategies used for the safe preparation and maintenance of surgical environments, including experiencing the surgical journey from the surgical ward/Day Of Surgery Admissions (DOSA) to PACU for one elective adult patient (minimum), and the role of the circulating practitioner. Students are also receiving training to competently care for adult patients undergoing sedative procedures, and within the PACU environment. This includes airway management, monitoring, and care provided to patients with altered states of consciousness. Students are currently receiving training, which includes:

- 12 lead ECG acquisition and interpretation, manual defibrillation, IV cannulation, IO access, lignocaine (for cannulation and IO), management of the patient post-anaesthesia, wound care, pain management, monitoring of the sedated patient, and PICC line insertion theory.

Year 3 (Semester 5)

These students are in the final year of their training and will be aiming to operate at the level of a novice Anaesthetic Technician (Intermediate Life Support). At this point in their training, they should begin to consistently take a lead role in patient care (under supervision). They should have a thorough knowledge of anaesthetic and perioperative services and be able to manage cases with their preceptor taking a progressively supervisory role in patient care as the semester progresses. Students will begin to apply their practice to varying special population groups such as obstetrics and paediatrics. Students are also receiving education at the level of Intermediate Life Support, and as such, they should be moving towards taking a lead role in resuscitation (where appropriate and under direct supervision) and basing these decisions on knowledge of the laws and ethics that affect healthcare in New Zealand.

Students are currently receiving training, which includes:

- Difficult airway management, TIVA anaesthesia, regional anaesthesia (including nerve blocks and ultrasound assistance), the care of differing population groups (including obstetrics and paediatrics), Synchronised cardioversion, Management of cardiac arrest and CPR.

Year 3 (Semester 6)

This is the student's final semester of the BHSc in Perioperative Practice. It is a time to consolidate three years of university and clinical learning. Students should be able to use clinical reasoning to defend treatment decisions made by the operating theatre team and take a lead role in the management of high acuity, uncomplicated patients at the level of a novice Anaesthetic Technician. Their scope of practice should include all skill sets outlined in the previous semesters and extends to include:

- Management of anaesthetic emergencies, emergency resuscitation, remote site anaesthesia, hospital transfers, and trauma surgery.

Student Conduct

For perioperative services to function effectively in the role of surgical care providers to the community, they have essential disciplines and procedures. This is a high acuity, fast paced and dynamic, multi-professional environment. Services directly delivered within the operating room may be provided by Anaesthetic Technicians, Nurses, and medical specialists such as Anaesthetists and Surgeons. When undertaking a placement in perioperative services, students must abide by the operating procedures of the placement organisation.

Indemnity

Whilst on placement, students are indemnified by the university's insurance policy. Students must make every effort not to breach clinical safety. A breach in clinical safety may result in a student being removed

from practicum, and this may impact upon a student's ability to progress in the BHSc in their chosen programme.

Clinical Placement Policy and Guidelines

All students enrolled in perioperative practice programmes at AUT will be required to complete clinical placements in designated services. These learning experiences are compulsory, and students are required to attend, participate, follow all of the safety and practice expectations relevant to the placement, and also achieve all of the related assessments. The AUT teaching team will collate information from placement providers in relation to learning outcomes and participation in order to inform the grade awarded for each course which includes clinical learning.

It is important to note that the availability of clinical placements in both public and private hospital sectors are increasingly competitive. Whilst student preferences for clinical placement are considered, due to limited placement opportunities these may not be feasible. **Students may be required to undertake clinical placements anywhere within New Zealand.**

Clinical Placement Policy

Students are not normally permitted to make their own arrangements for clinical placement, any requests to do so must be discussed with, and approved by, the clinical placement team peripracplacement@aut.ac.nz

Students are not permitted to swap their allocated placements with other students without the approval of the clinical placement team. A hospital preference form will be available for students to complete prior to clinical placement commencing. This will enable students to identify their preferred hospital for a specific course. AUT will allocate you to a hospital as close to your preferred location as possible. Any requests to amend your clinical placement location after this has been allocated must be communicated to the clinical placement team peripracplacement@aut.ac.nz within five working days of the provisional placement being notified, following the 'Procedure for changing/swapping placement allocations' (see page 15). Include your full name, student ID, and Course in the subject header.

All students must, irrespective of current employment:

- Complete all clinical hours that they are rostered for. Non-attendance of rostered shifts may result in a DNC (Did Not Complete grade) in a course, which in turn will impede a student's ability to complete their chosen programme.
- Make their own transport and accommodation arrangements.
- Have reliable transport to access clinical placement location.
- Be prepared to work shifts, including weekends, evenings and nights.
- Placement is limited and highly valued. No last-minute requests for shift change due to part-time work or personal /family commitments are possible unless this relates to extreme circumstances.
- AUT retains the right to contact the clinical placement provider to share information to ensure that clinical safety of the student, public and provider is not compromised. Clinical placement providers may share information with AUT that relates to student performance, student and/or patient safety and wellbeing. Information shared will ensure patient confidentiality is not compromised.

In the event where AUT staff, placement providers or any member of the public express concerns for the health and well-being of a student, access to clinical placement may be revoked until these concerns can be investigated. Any issues that impact on the ability of students to access clinical learning experiences have the potential to delay the time required to complete the qualification.

Procedure for changing/swapping placement allocations

A request to change/swap a placement **may** be considered if:

The student makes a request to the clinical placement team (email peripracplacement@aut.ac.nz) and provides written evidence of extenuating personal circumstances, e.g. medical condition requiring treatment. Requests based on work commitments or financial challenges/hardship will not be accepted.

Another student enrolled in the same clinical course is willing to exchange their allocation, and both placements fit with both students' overall clinical experience requirements. Both students must contact the clinical placement team peripracplacement@aut.ac.nz with details of the requested allocation change within five working days of the provisional placement being notified: i.e., both parties are required to confirm their willingness to exchange placements. Both students will be advised of the decision of the clinical placement team in writing.

All written evidence is to be addressed to the Practicum Leader peripracplacement@aut.ac.nz. Include your full name, student ID, and Course in the subject header.

Absence from placement policy

- Absence from clinical practice should be for health or close family bereavement reasons only.
- In the event of sickness students must phone their Clinical Center Leader (CCL) at the time agreed during orientation. **It is important that the student personally makes the phone call and does not ask other students, family or parents to give messages regarding sick leave;** unless they are unable to, due to significant injury, illness or bereavement.
- The student, in addition to the above, must also email peripracplacement@aut.ac.nz to confirm their absence immediately. Please include your full name, student ID number, course code, and placement hospital in the subject line (e.g. Absence- Jack Jones 1234567 ANAE602 Auckland City).
- All absences must be recorded by the CCL in the Absence Record (blue pages) for the relevant course in the Placement Record section (page 31 onwards).
- An absence of three consecutive days/shifts requires a Medical Certificate as documentary evidence –and needs to be supplied to the CCL, and peripracplacement@aut.ac.nz. If the student needs to isolate due to Covid-19 then a Medical Certificate is not warranted. The student must follow the service protocols and Ministry of Health guidelines.
- In the event of an absence, the student may be required to apply for an extension or undertake additional placements (due to not attending scheduled placements), therefore the AUT Practicum Leader must be contacted as soon as possible by the student and / or the CCL to facilitate this.
- Any medical/dental appointments must be scheduled so as not to interfere with the placement day or outside of normal working hours where possible. If this is totally unavoidable, students are required to discuss the problem with their supervisor IN ADVANCE of any appointment being made.

Placement matters

- Where possible these matters can be addressed with the individual concerned first. If the matter is not resolved or you are not comfortable dealing with the individual concerned, then please contact the Programme Leader or Practicum Leader. A flowchart for navigating placement matters is provided as Appendix One.

Urgent Matters

- Please contact the on-duty AUT staff member on 09 921 9665.

University Support

- The university is committed to supporting your development and wellbeing. If you need assistance to address any concerns you have during your time with AUT or while on clinical placement, please contact the Programme Leader or Practicum Leader or AUT's counselling services on +64 9 921 9998 or via the AUT website <http://www.aut.ac.nz/being-a-student/current-postgraduates/your-health-and-wellbeing/counselling>

For emergency situations, please contact the on-duty AUT staff member on 09 921 9665. This number is monitored during normal business working hours (Monday – Friday, 0900-1700).

Placement location details

To find out more information regarding each hospital which offers clinical placement, please visit the [programme webpage](#) via the FHES Landing page on Canvas. Each placement provider will have a variety of material for you to review about the experiences they may offer. You should review this material prior to completing the hospital preference form.

Programme webpage: <https://aut.instructure.com/courses/7583/pages/department-of-perioperative-practice>

PLACEMENT OBJECTIVES.

ANAE602

Elective adult day surgery procedures (including local)

This placement introduces first year perioperative practice students to the clinical environment of the operating room. The key focus is to develop an understanding of the frameworks in which anaesthetic technicians work and develop your skills in personal safety; lifting and moving and handling of people; vital sign and medical history acquisition and use of adaptive communication in practice (with patients, other perioperative personnel and within the environments in which anaesthetic technicians work). There is an expectation that health professionals practising in this field will strive for the following attitudes: compassionate/caring, genuine, honest, non-judgemental, open-minded, optimistic, patient, professional, resilient, supportive and understanding. When commenting on an activity or episodes of care, please ensure that the client's right to privacy is always maintained.

Expected Activities:

Airway management

- To support the anaesthetic team with a range of airway management cases in elective adult anaesthesia. This should include BMV, placement of oropharyngeal and supraglottic airway devices under direct supervision, and support provided to the anaesthetist with ETT intubation and extubation.

Manual handling of patients and loads

- Discuss moving and handling techniques used in the operating room and common challenges faced by staff. Assist in the moving and handling of patients where your supervisor sees fit.

Vital signs and medical history acquisition

- Acquire and interpret vital signs using a range of non-invasive techniques and technologies. Acquire appropriate patient medical history which is relevant for safe anaesthesia and request feedback from clinical staff.

Communication

- Explore the information that should be included in patient handover/paperwork when handovers are necessary and seek feedback from clinical staff (ie. Theatre check-in and Sign-In procedures)
- Demonstrates proficiency with the identification of the correct patient and information required for safe surgery at all stages of the perioperative journey.

Clinical reflection

- Reflect on an activity or episode of care in which you have been involved/observed in relation to the communication skills/techniques used (ie. Theatre check-in and Sign-In procedures):
- What went well?
- What did not go so well?
- Identify alternative responses possible for this situation.
- Identify what could be done differently next time.

Health law

- Explore what systems are in place to maintain patient confidentiality.
- Reflect on how consent was obtained before interventions were performed.

ANAE603

Elective adult general and regional (SAB/epidural) anaesthesia

This placement enables the student to transition from an introductory role in supporting anaesthetic delivery, to one of competence with assessing and supporting the delivery of anaesthesia for uncomplicated adult patient presentations. This is limited to elective adult procedures involving general and/or regional (SAB/epidural) anaesthesia only.

Expected Activities:

Airway management

- To support the anaesthetic team with a range of airway management cases in elective adult anaesthesia. This should include BMV, placement of oropharyngeal and supraglottic airway devices under direct supervision, and support provided to the anaesthetist with ETT intubation and extubation. Students should experience (or simulate) a variety of techniques, airway devices, and adjuncts.
- Practice auscultation skills where it is deemed appropriate by the staff.
- Investigate a variety of ventilation methods, modes, and equipment used during artificial patient ventilation.

Anaesthetic competencies

- Explain and demonstrate a safe and appropriate anaesthetic machine check which meets an ANZCA and/ or NZATS recognised standard. (Students are only beginning this activity and will be assessed in Year Three).
- Prepare and assist for a range of uncomplicated elective adult anaesthesia cases within the scope of practice of an anaesthetic technician, including both general and regional (epidural/spinal) anaesthesia cases.

Intravenous fluid therapy

- To demonstrate safe and competent assistance with intravenous cannulation placement.
- Prepare and administer intravenous fluid solutions (under the direction of the anaesthetist)

Manual handling of patients and surgical positioning

- Discuss moving and handling techniques used in the operating room and common challenges faced by staff. Assist in the moving and handling of patients, including safe surgical positioning, where your supervisor sees fit.

Vital signs and patient monitoring

- Demonstrate understanding of the non-invasive techniques and technologies used to acquire and interpret patient physiology. This will include depth of anaesthesia monitoring techniques (EEG).
- Contribute to the preparation and application of invasive monitoring techniques and technologies.

Communication

- Explore the information that should be included in patient handover/paperwork when handovers are necessary and seek feedback from clinical staff (ie. Surgical Safety Checklist, all patient handovers between health professionals).
- Demonstrates proficiency with the identification of the correct patient and information required for safe surgery at all stages of the perioperative journey.
- Discuss and begin to analyse a range of communication styles which support collaboration between health professionals and optimise patient outcomes.

ANAE604

Safe surgery

Students are expected to demonstrate understanding of the frameworks and initiatives which support safe surgery to minimise the risks posed to patients and the health care team. This includes initiatives implemented by the Health Quality and Safety Commission such as the Surgical Safety Checklist and preventing VTEs. Students are also exploring equipment related hazards within the operating room such as diathermy machines and LASERs and how risk mitigation strategies are implemented. Students will be learning about the frameworks which support the safe preparation of patients for surgery, as well as how care plans contribute to safer perioperative care.

Expected Activities:

- Become familiar with other health care providers roles and scope of practice including operating room nurses.
- Assist staff with the day-to-day tasks, provided they are deemed safe to perform and within their scope of practice.
- The student should follow a minimum of two patients through their surgical journey, from surgical ward/Day Of Surgery Admissions (DOSAs), to the PACU environment. Patient confidentiality must always be maintained.
- The student may support the 'Anaesthetic Nurse' role during the administration/emergence of anaesthesia.
- The student is expected to gain experience of the responsibilities of a circulating practitioner whilst under direct supervision. This will include contribution to the preparation and maintenance of a safe and appropriate surgical environment for a diverse range of elective adult surgical patients.
- The student utilises an evidence-based approach to the care of the patient undergoing surgical interventions. This will include:
 - Measures taken to prevent inadvertent hypothermia in the intraoperative phase
 - Measures taken to reduce risk of venous thromboembolism (mechanical and pharmacological) in the intraoperative phase
 - Measures taken to reduce risks of pressure sores in the intraoperative phase
 - Measures taken to prevent surgical site infections in the intraoperative phase, including environmental considerations.
- Demonstrates understanding of the importance of collaborative practice between health professionals within the operating room.

Intravenous cannulation*

These semester four students are usually also enrolled on the hemodynamics course. They therefore may have been signed off to practice IV cannulation, (please check Appendix One). The goals of this placement are to practice vein selection and IV insertion under direct supervision. They should also be gaining further experience with patient history taking, assessment, and understanding the patients journey through perioperative services.

***It is at the employer's discretion whether the student must complete additional employer-based online learning prior to any cannulation skills being practiced under supervision.**

Expected Activities:

- Gain informed consent as a student for all patient interactions and interventions.
- Demonstrate the ability to acquire history and vital sign acquisition in the management of patients using a variety of communication skills.
- Discuss and observe sites and methods for intravenous access. Discuss methods used to draw blood and the clinical significance of these samples. Investigate what diagnostic tools are available within perioperative services.
- Practice IV cannulation
- *Proof of completed online learning must be supplied to the phlebotomist or CCL prior to any cannulation skills being practised. No skills may be practised without proof of completion of the online learning module and without direct supervision.
- Discuss and practice methods used to draw and transfer blood and the clinical significance of these samples.
- Discuss complications associated with IV access.
- Gain IV access under direct supervision, ensuring patient safety after acquiring informed consent. No more than two cannulation attempts may be performed on any one patient.

Optional: Coronary Care Unit (CCU)/Cardiology

These semester four students are currently enrolled on the cardiology course. They should already be proficient in using a structured method to interpret rhythms on a 3 lead ECG. The goals of this placement are to practice acquiring and interpreting 12 lead ECGs, interviewing patients and investigating the continued care received by these patients throughout perioperative services and the wider hospital setting.

Expected Activities:

- Acquire 12 lead ECGs. Interpret ECGs and seek feedback from staff.
- Investigate pharmacological interventions in the acute and chronic management of cardiovascular illness.
- Investigate cardiovascular disease with a focus on epidemiology, pathophysiology and cultural considerations within New Zealand's communities.

ANAE701

Post Anaesthetic Care Unit (PACU) and sedative procedures

These semester four students are currently enrolled on both the cardiology, and haemodynamics course. Students will have been signed off to practice IV cannulation (see ANAE604 and Appendix One) and practice 12 lead ECG acquisition and interpretation (see ANAE604 CCU placement). Where opportunities allow for the student to gain experience in these two areas within PACU, or sedative procedures, the supervisors discretion is advised. Students are also being provided education in the management of post-anaesthetic patients.

Expected Activities:

- Undertakes initial assessment using a systematic approach and, where appropriate, initiates treatment of patients in PACU as part of the MDT
- Management of the adult patient airway during altered states of consciousness during post-anaesthesia and sedative procedures.
To include:
 - Removal & positioning of artificial airways to maintain respiration
 - Manual airway techniques used to assist respiration
- Monitoring, evaluation, and recording of patient fluid balances
May include:
 - Management and care of urinary catheters
 - Management of NG tubes, and drains
- Monitors and interprets patient vital signs using a range of invasive and non-invasive techniques and technologies.
- Recognises clinical deterioration of a patient and reacts safely and appropriately
- Assesses and manages (under the directive of the anaesthetist) patient post-operative pain levels
- Assesses and manages surgical wound site/s.
- Communicates effectively (including ISBAR) with professionals in healthcare settings to facilitate the safe transfer of patients between locations
- Pharmacology of commonly used drugs in the PACU environment and sedative procedures is understood.
- Monitoring respiratory, cardiovascular, and neurological physiology of patients within their care, and demonstrates understanding of appropriate responses to respiratory and cardiovascular deterioration and/or emergencies.
- Acquire 12 lead ECGs. Interpret ECGs and seek feedback from staff.

PARA707

Intermediate Life Support

These semester five students are currently enrolled on the Intermediate Life Support course. Students are being taught to demonstrate competency in intermediate life support skills and rationale. Clinical placement opportunities should include consolidation of post-anaesthetic care unit experience, and may include responding to perioperative resuscitation events under the direct supervision of the Anaesthetic Technician Clinical Co-ordinator (or similar). This may include opportunities to observe resuscitation events outside of the perioperative environment. Student participation in resuscitation events is at the supervisors discretion. In trauma and medical emergencies, it is inappropriate to argue with/about an instruction from a senior staff member or preceptor.

Expected Activities:

- Consolidation of post-anaesthetic care activities performed in ANAE701 to increasing complex patient presentations.
- To support the Anaesthetic Technician Clinical Co-ordinator (or similar) in the response to perioperative resuscitation events **(this may include simulated activities)**.
- Investigate resuscitation algorithms and management strategies when caring for patients requiring resuscitative intervention.
- Familiarise yourself with the coordination strategies, response teams, and treatment plans in place at your clinical placement provider when responding to resuscitation events.
- Discuss the ethical and legal perspectives in resuscitation.

ANAE702

Paediatrics

The key focus is to develop understanding of the anaesthetic and perioperative care provided to a paediatric patient.

Expected Activities:

- Investigate strategies used by staff and the order used to acquire vital signs on children. Acquire vital signs and medical histories from children and seek feedback from staff.
- Compare anaesthetic and pre-anaesthetic assessment and management of the paediatric patient.
- Investigate common airway management strategies used in the operating room for paediatric patients.
- Investigate the emergency management and treatment algorithms of the paediatric patient.
- Practice auscultation of patients' chests where it is deemed suitable by the staff.
- Discuss capacity to gain consent in relation to paediatric patients and the measures used to maintain patient confidentiality.
- Discuss communication strategies employed to support effective paediatric perioperative care.
- Investigate the essential information shared during handover between members of the multi-disciplinary team, including anaesthetists, anaesthetic technicians and nurses.
- Identify common prescription and intravenous medications used in paediatric care.

Obstetrics

The key focus is to develop understanding of the anaesthetic and perioperative care provided to a woman in labour with an emphasis on the complicated birth.

Expected Activities:

- Investigate strategies used by staff to gain a patient's history.
- Assist maternity operating room staff in day-to-day duties where it is deemed safe and appropriate by staff, within the scope of practice of an anaesthetic technician.
- Investigate common airway management strategies used in the operating room for women in labour, including regional anaesthetic options.
- Investigate the emergency management and treatment algorithms of the woman in labour.
- Investigate what diagnostic tools are available within the maternity unit.
- Discuss capacity to gain consent and the measures used to maintain patient confidentiality.
- Investigate the essential information shared during handover between members of the multi-disciplinary team, including anaesthetists, anaesthetic technicians, nurses, and midwives.
- Identify common prescription and intravenous medications used in maternity care.
- Investigate common medical conditions and complications associated with the Anti-natal/birthing/post-natal periods.
- Discuss the role of the midwife during the perioperative phase.

Shared airway

The key focus is to develop understanding of surgical procedures which require access to the patient's airway whilst under anaesthesia.

Expected Activities:

- Discuss the hazards relevant to anaesthesia and airway management in the shared airway surgical case and risk management strategies which are implemented.
- Identify different airway management strategies and devices used for the safe management of the patient's airway and demonstrate understanding to safely prepare these items for use.
- Investigate potential post-operative complications with the shared airway surgical case and management of the complication.
- Investigate supplementary airway adjuncts used to manage and secure the patient's airway for a variety of shared airway interventions.

ANAE703

Clinical placements for this course are separated into two blocks.

Block one: Acutes, Trauma, Emergency surgery, and remote site anaesthesia.

(it is understood that students will not experience all trauma and emergency settings but may include: general acutes, orthopaedic trauma, burns, cardiothoracics, acute obstetrics, emergency department).

This placement introduces third year perioperative practice students to caring for patients undergoing trauma surgery or using acute perioperative services. The key focus is to develop understanding of how anaesthetic and perioperative related care is delivered during altered patient presentations under emergency surgical settings, and how this may differ to elective anaesthesia.

Expected Activities:

- To utilise opportunistic learning experiences that arise in course of placement, which may include discussion with anaesthetic technicians, doctors, nurses and allied health team members
- Investigate strategies used by staff to gain a patient's history under emergency settings.
- Discuss capacity to gain consent and the measures used to maintain patient confidentiality.
- Investigate the essential information shared during handover between members of the multi-disciplinary team within acute care settings, including anaesthetists, anaesthetic technicians, and nurses
- Assist operating room staff in day-to-day duties where it is deemed safe and appropriate by staff, within the scope of practice of an anaesthetic technician
- Investigate common airway management strategies used in the operating room for trauma and emergency surgery, including emergency airway recovery techniques and double lumen tubes.
- Investigate the emergency management and treatment algorithms for a variety of anaesthetic and surgical emergency interventions.
- Investigate what diagnostic tools (eg. blood gas analysis) are available within acute perioperative settings and interpret physiological parameters from sample results. Seek feedback from staff.
- Investigate the resuscitation techniques and devices which are available, including rapid infusion devices and demonstrate understanding to safely prepare these items for use.
- Investigate mechanisms and processes utilised for resuscitating the hypovolaemic patient, including massive transfusion protocols and blood administration.
- Identify common pharmacological interventions used in acute theatre care.
- Investigate common emergency surgery presentations and the role and responsibilities of the Anaesthetic Technician.
- Recognise and reflect on your personal responses to witnessing suffering, loss, grief and delivering potentially distressing information.

Emergency department

Expected Activities:

- Gain informed consent as a student for all patient interactions and interventions.
- Demonstrate the ability to acquire history and vital sign acquisition in the management of the acutely unwell patient using a variety of communication skills.
- Listen to and critique handovers between interprofessional interactions. What went well? What did not go so well? Identify alternative responses possible for this situation and what could be done differently next time.
- Actively engage with ED staff and seek to assist in day-to-day duties where it is deemed appropriate and safe by staff.
- Assist staff to acquire and interpret three or 12 lead ECGs, utilise monitoring devices where appropriate, and seek feedback regarding these skills.
- Discuss the patient care continuum and ongoing investigations and care in the hospital setting.
- Discuss and observe sites and methods for intravenous access. Discuss methods used to draw blood and the clinical significance of these samples. Investigate what diagnostic tools are available within the ED.
- Practice IV cannulation
- Practice auscultation skills where it is deemed appropriate by the staff.
- Research common prescription medications, their contraindications, effects, side effects and associated pathologies.

Remote site anaesthesia

This placement provides students the opportunity to understand the complexity and risks associated with delivering anaesthetic services in remote site locations, and the procedures and professional standards which underpin anaesthetic practice in New Zealand.

Expected Activities:

- Investigate the requirements of professional standards which underpin anaesthetic practice in remote anaesthetising locations.
- Discuss the risks of administering anaesthesia in a remote site and potential management strategies
- Investigate the safe procedures required for conducting patient transport to and from remote anaesthetising locations.

Block two: Lead role Anaesthetic Technician (under supervision).

The student is in their final semester and should be prepared to undertake a lead role in the care of perioperative patients under the scope of practice of an entry-level AT (under supervision).

The student is required to complete three Clinical Competence Evaluations (CCEs) in the role of lead anaesthetic technician for the entirety of the case and require minimal supervision. The student must demonstrate that they have met the expected standards for practice which are outlined within the Competence Standards of an Anaesthetic Technician (Medical Sciences Council of New Zealand). These CCEs may occur at public or private hospital providers and must include adult general anaesthesia patients. Further information regarding this assessment is available on Canvas.

When commenting on any activity or episodes of care, you must ensure that the client's right to privacy is always maintained.

Receiving Feedback

Feedback is an integral part of medical education and, although not always easy to receive, it is there to strengthen your practice and guide you to safe, competent and reflective practice. Giving feedback takes careful thought and considerable effort, often at a time when supervisors/preceptors are busy and hard at work. Please be respectful of the commitment your supervisors/preceptors are making to your development. Take the time to listen and think about what is being said. Avoid the urge to butt in and justify your actions while feedback is being given. This can be taken as argumentative and may cause your supervisor/preceptor to be less willing to give further feedback and guidance. Try not to start your sentences with the word “but”.

Do not be afraid to ask for more feedback. Often you may find that your feedback involves nothing more than “That job went well. Well done” Although complimentary it does not allow you the opportunity to grow. You could ask why they felt it went well, and if they had to choose an area that you could work on to improve your performance on the next job. Forming this habit may change how your supervisor/preceptor gives feedback and increase the amount of constructive points brought to your attention. Placement is limited, and you have a finite time to gain as much as you can from experienced practitioners.

Help your supervisor/preceptor by highlighting any areas you would like to focus on so that they may pay attention and give targeted feedback.

Information for Supervisors and Preceptors

***Further information is available in the Supervision Handbook. Please speak to the CCL.**

Feedback can be given or sought at any point during clinical placement. Supervisors and preceptors are encouraged to give honest feedback on points of strength and points for improvement at any time. It is a fundamental part of anaesthetic technician education. Feedback is not an evaluation or test point. It is an opportunity for the student to grow, consolidate knowledge, be made aware of areas of strength and areas that require development and be compared to an accepted standard. It is a chance for the supervisor/preceptor to share their knowledge and experience and guide novice practitioners. It is a time to develop skills in reflective practice. Giving feedback is a skill. It would be wise for the supervisor/preceptor to reflect on how they delivered feedback so that they may hone their skills over time, gain more enjoyment, and benefit from the task.

Students thrive on feedback and constructive feedback, even if difficult. To give and receive feedback allows for the growth of both practitioners. Giving negative feedback can be compared to delivering tragic news. If feedback is going to be difficult to take, allow for pause. Give the student time to take in and deal with what is being said. Develop an action plan to improve the area of concern so that the student has a sense of this issue being resolved and that they continue to move forward on their journey to becoming an anaesthetic

technician. Students are vulnerable at this point and feedback that is difficult to take should be delivered in a place where they feel safe and have time to reflect. Try to give examples and precise areas to work on rather than vague points. Equally, try not to bombard the student with too many points, which may make them feel overwhelmed, despondent and demotivated.

Any registered health professional supervising a student may provide feedback electronically via a Shift Feedback Report. This is done via scanning a QR code, accessing the URL link, or requesting a printed Report from the student. Please speak to the CCL if you require further information. Feedback provided within the Shift Feedback Report is not there to only show the students in a good light. They are there as a record so that trends can be seen and dealt with. Any feedback should also be provided verbally. **For more urgent feedback, please see page 16.**

We have outlined one method of giving feedback to guide supervisors/preceptors in the process of giving meaningful feedback that can improve practice.

Get a Commitment

i.e. “Based on this patient’s presentation, what was your working diagnosis?”

Probe for Supporting Evidence

i.e. “What factors drove you to this conclusion?”

Reinforce What Was Done Well

i.e. “I’m pleased to see the care you took to maintain the patient’s airway and how you pre-planned the airway requirements of this patient.”

Give Guidance about Errors and Omissions

i.e. “It would have been wise to prepare your airway device for immediate use earlier. This would have allowed you to manage the bronchospasm episode alongside the anaesthetist more effectively, and auscultated the patients chest in a timely manner”

Teach a General Principle

i.e. “Bronchospasm occurs when bronchial tubes go into spasm and contract. It is often characterised by wheezing and may be due to irritation of the airway or an allergic reaction.”

Conclusion

i.e. “I agree with the airway management devices which you had selected. Your airway skills and situational awareness were areas of strength. You should seek to prepare for future cases in a systematic fashion.”

Clinical Matters and Competency

- These matters can be addressed with the individual concerned first. If the matter is not resolved or you are not comfortable dealing with the individual concerned, then please contact the Clinical Centre Leader (CCL) or the Programme Leader or Practicum Leader.

- If the matter is non-urgent, please contact the Programme Leader or Practicum Leader in cases that are un-resolved, or there is continued concern peripracplacement@aut.ac.nz

Urgent, Critically Unsafe, Unlawful Practice, Inappropriate Clinical Practice, Matters of student wellbeing.

- Please contact the on-duty AUT staff member on 09 921 9665.
- Please email the Programme Leader in communication pertaining to clinical competency matters. Include student name and ID in the subject line

Placement record

Please maintain a record of attendance for each clinical shift you attend. This must include the signature and identifiable information of your supervising health professional. Each record should be aligned with the relevant course. For each course there is a required number of total hours to obtain. If you do not meet the total hours requirement, including due to absence/sickness, please contact peripracplacement@aut.ac.nz immediately.

Some courses may include pre-populated text such as 'On-campus practical'. This is either a compulsory tutorial or block course and must be signed by an AUT Lecturer. Further information is available on the relevant Canvas course page. If you do not attend and have the required number of on-campus practical sessions signed-off, you will be required to fulfil an additional clinical shift/s. Please contact peripracplacement@aut.ac.nz immediately.

Placement record for: ANAE602- Introduction to Anaesthetic & Perioperative Practice							
Clinical Placement Record					Student Name:		
Shift:	Date:	Hours	Placement provider	Shift location	Supervisor:	Reg. number	Signature:
e.g.	15-05-2024	Ten	Te Whatu Ora Waitemata		Barry Jones	123456	XXXXXXX
1				On-campus practical			
2				On-campus practical			
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15							
16							
	Total hours		Completed				

Total hours (excluding ‘On-campus practical’)
- 110 hours (11 ten-hour shifts) **OR** 112 hours (14 eight-hour shifts)

Absence record for: ANAE602- Introduction to Anaesthetic & Perioperative Practice					
Student Name:					
	Absence Date:	Hours	Reason (e.g. sick/medical appointment etc):	CCL Name	Signature:
e.g.	15-05-2024	Ten	Sick	Barry Jones	XXXXXXX
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total hours				

Absence from placement policy

- Absence from clinical practice should be for health or close family bereavement reasons only.
- In the event of sickness students must phone their Clinical Center Leader (CCL) at the time agreed during orientation. **It is important that the student personally makes the phone call and does not ask other students, family or parents to give messages regarding sick leave;** unless they are unable to, due to significant injury, illness or bereavement.
- All absences must be recorded by the CCL on the above time sheet.
- For further information on the absence from placement policy, see page 15.

Placement record for: ANAE603- Anaesthetic & Perioperative Practice I							
Clinical Placement Record					Student Name:		
Shift:	Date:	Hours	Placement provider	Shift location	Supervisor:	Reg. number	Signature:
e.g.	15-05-2024	Ten	Te Whatu Ora Waitemata		Barry Jones	123456	XXXXXXX
1				On-campus practical			
2				On-campus practical			
3							
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6							
7							
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30							
	Total hours		Completed				

Total hours (excluding ‘On-campus practical’)
 - 220 hours (22 ten-hour shifts) **OR** 224 hours (28 eight-hour shifts)
This must include (minimum): Two shifts- Pre-anaesthetic assessment experience

Absence record for: ANAE603- Anaesthetic & Perioperative Practice I					
Student Name:					
	Absence Date:	Hours	Reason (e.g. sick/medical appointment etc):	CCL Name	Signature:
e.g.	15-05-2024	Ten	Sick	Barry Jones	XXXXXXX
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total hours				

Absence from placement policy

- Absence from clinical practice should be for health or close family bereavement reasons only.
- In the event of sickness students must phone their Clinical Centre Leader (CCL) at the time agreed during orientation. **It is important that the student personally makes the phone call and does not ask other students, family or parents to give messages regarding sick leave;** unless they are unable to, due to significant injury, illness or bereavement.
- All absences must be recorded by the CCL on the above time sheet.

For further information on the absence from placement policy, see page 15.

Placement record for: ANAE604- Fundamentals of surgery							
Clinical Placement Record					Student Name:		
Shift:	Date:	Hours	Placement provider	Shift location	Supervisor:	Reg. number	Signature:
e.g.	15-05-2024	Ten	Te Whatu Ora Waitemata		Barry Jones	123456	XXXXXXX
1				IV cannulation			
2							
3							
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10							
11							
12							
13							
14							
15							
16							
Total hours			Completed				

Total hours (excluding ‘On-campus practical’)
 - 90 hours (9 ten-hour shifts) **OR** 88 hours (11 eight-hour shifts)

- This must include (minimum):**
- Forty hours- Circulating experience
 - One shift- Surgical ward (follow the surgical patient journey)
 - One shift- Intravenous cannulation

Absence record for: ANAE604- Fundamentals of surgery					
Student Name:					
	Absence Date:	Hours	Reason (e.g. sick/medical appointment etc):	CCL Name	Signature:
e.g.	15-05-2024	Ten	Sick	Barry Jones	XXXXXXX
1					
2					
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4					
5					
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7					
8					
9					
10					
	Total hours				

Absence from placement policy

- Absence from clinical practice should be for health or close family bereavement reasons only.
- In the event of sickness students must phone their Clinical Centre Leader (CCL) at the time agreed during orientation. **It is important that the student personally makes the phone call and does not ask other students, family or parents to give messages regarding sick leave;** unless they are unable to, due to significant injury, illness or bereavement.
- All absences must be recorded by the CCL on the above time sheet.

For further information on the absence from placement policy, see page 15.

Placement record for: ANAE701- Anaesthetic & Perioperative Practice II							
Clinical Placement Record					Student Name:		
Shift:	Date:	Hours	Placement provider	Shift location	Supervisor:	Reg. number	Signature:
e.g.	15-05-2024	Ten	Te Whatu Ora Waitemata		Barry Jones	123456	XXXXXXX
1				On-campus practical			
2				On-campus practical			
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12							
13							
14							
15							
16							
	Total hours		Completed				

Total hours (excluding ‘On-campus practical’)

- 110 hours (11 ten-hour shifts) **OR** 112 hours (14 eight-hour shifts)

This must include (minimum):

- Eighty hours- Post-Anaesthetic Care Unit

Absence record for: ANAE701- Anaesthetic & Perioperative Practice II					
Student Name:					
	Absence Date:	Hours	Reason (e.g. sick/medical appointment etc):	CCL Name	Signature:
e.g.	15-05-2024	Ten	Sick	Barry Jones	XXXXXXX
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total hours				

Absence from placement policy

- Absence from clinical practice should be for health or close family bereavement reasons only.
- In the event of sickness students must phone their Clinical Center Leader (CCL) at the time agreed during orientation. **It is important that the student personally makes the phone call and does not ask other students, family or parents to give messages regarding sick leave;** unless they are unable to, due to significant injury, illness or bereavement.
- All absences must be recorded by the CCL on the above time sheet.

For further information on the absence from placement policy, see page 15.

Placement record for: PARA606- Haemodynamics in the Acute Patient							
Clinical Placement Record					Student Name:		
Shift:	Date:	Session	Placement provider	Shift location	Supervisor:	Reg. number	Signature:
e.g.	15-05-2024				Barry Jones	123456	XXXXXXX
1		One	AUT	On-campus practical			
2		Two	AUT	On-campus practical			
3		Three	AUT	On-campus practical			
	Total hours		Completed				

Requirements

- Attend four on-campus practical sessions at AUT. Available sessions will be communicated via the Canvas course page.

IV OSCE Sign-Off			Student Name:	
Date:	Provider:	Supervisor:	Reg. number	Signature:
15-05-2024		Barry Jones	123456	XXXXXXX
	AUT			

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Placement record for: PARA707- Intermediate Life Support							
Clinical Placement Record					Student Name:		
Shift:	Date:	Hours	Placement provider	Shift location	Supervisor:	Reg. number	Signature:
e.g.	15-05-2024	Ten	Te Whatu Ora Waitemata		Barry Jones	123456	XXXXXXX
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16							
	Total hours		Completed				

Total hours (excluding ‘On-campus practical’)
 - 90 hours (9 ten-hour shifts) **OR** 88 hours (11 eight-hour shifts)

- This must include (minimum):**
- Eighty hours- Post-Anaesthetic Care Unit
 - One shift resuscitation (E.D., resuscitation team, cardioversion, perioperative response).

Absence record for: PARA707- Intermediate Life Support					
Student Name:					
	Absence Date:	Hours	Reason (e.g. sick/medical appointment etc):	CCL Name	Signature:
e.g.	15-05-2024	Ten	Sick	Barry Jones	XXXXXXX
1					
2					
3					
4					
5					
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7					
8					
9					
10					
	Total hours				

Absence from placement policy

- Absence from clinical practice should be for health or close family bereavement reasons only.
- In the event of sickness students must phone their Clinical Center Leader (CCL) at the time agreed during orientation. **It is important that the student personally makes the phone call and does not ask other students, family or parents to give messages regarding sick leave;** unless they are unable to, due to significant injury, illness or bereavement.
- All absences must be recorded by the CCL on the above time sheet.

For further information on the absence from placement policy, see page 15.

Placement record for: ANAE702- Anaesthetic & Perioperative Practice III							
Clinical Placement Record					Student Name:		
Shift:	Date:	Hours	Placement provider	Shift location	Supervisor:	Reg. number	Signature:
e.g.	15-05-2024	Ten	Te Whatu Ora Waitemata		Barry Jones	123456	XXXXXXX
1				On-campus practical			
2				On-campus practical			
3							
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	Total hours		Completed				

Total hours (excluding ‘On-campus practical’)

- 220 hours (22 ten-hour shifts) **OR** 224 hours (28 eight-hour shifts)

This must include (minimum):

- Eighty hours **Obstetrics**, Eighty hours **Paediatrics**, Sixty hours **Shared Airway**

Absence record for: ANAE702- Anaesthetic & Perioperative Practice III					
Student Name:					
	Absence Date:	Hours	Reason (e.g. sick/medical appointment etc):	CCL Name	Signature:
e.g.	15-05-2024	Ten	Sick	Barry Jones	XXXXXXX
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total hours				

Absence from placement policy

- Absence from clinical practice should be for health or close family bereavement reasons only.
- In the event of sickness students must phone their Clinical Center Leader (CCL) at the time agreed during orientation. **It is important that the student personally makes the phone call and does not ask other students, family or parents to give messages regarding sick leave;** unless they are unable to, due to significant injury, illness or bereavement.
- All absences must be recorded by the CCL on the above time sheet.

For further information on the absence from placement policy, see page 15.

Placement record for: ANAE703- Anaesthetic & Perioperative Practice IV							
Clinical Placement Record					Student Name:		
Shift:	Date:	Hours	Placement provider	Shift location	Supervisor:	Reg. number	Signature:
e.g.	15-05-2024	Ten	Te Whatu Ora Waitemata		Barry Jones	123456	XXXXXXX
1				On-campus practical			
2				On-campus practical			
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30							
	Total hours		Completed				

Total hours (excluding ‘On-campus practical’)
- 220 hours (22 ten-hour shifts) **OR** 224 hours (28 eight-hour shifts)
This must include (minimum): 120 hours **Acute/Trauma/Cardiothoracic**, Twenty hours **Remote site anaesthesia**,
Eighty hours **Lead AT role**.

Absence record for: ANAE703- Anaesthetic & Perioperative Practice IV					
Student Name:					
	Absence Date:	Hours	Reason (e.g. sick/medical appointment etc):	CCL Name	Signature:
e.g.	15-05-2024	Ten	Sick	Barry Jones	XXXXXXX
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total hours				

Absence from placement policy

- Absence from clinical practice should be for health or close family bereavement reasons only.
- In the event of sickness students must phone their Clinical Center Leader (CCL) at the time agreed during orientation. **It is important that the student personally makes the phone call and does not ask other students, family or parents to give messages regarding sick leave;** unless they are unable to, due to significant injury, illness or bereavement.
- All absences must be recorded by the CCL on the above time sheet.

For further information on the absence from placement policy, see page 15.

Perioperative Practice Induction Tasks

Please scan and use as a guide for each placement. An additional orientation guide may be found on the departments clinical supervision website.

Area	Task	Outcome	Supervisor	Signature
Hospital Familiarisation	Conduct a perioperative services tour	Perform		
	Locate emergency equipment	Discuss		
	Where are the nearby perioperative staff facilities (change facilities, work, storage, and rest areas)	Discuss		
	Who is your placement Preceptor?	Identify		
	Who is the Clinical Centre Leader?	Identify		
	Who is the Anaesthetic Tech. Leader?	Identify		
	Who is the Theatre Manager?	Identify		
	Restocking of equipment	Perform		
	Cleaning of equipment and theatre	Perform		
Area	Task	Outcome	Supervisor	Signature
Equipment Checks and Familiarisation	Pager/Hospital phones	Use		
	Swipe card	Use		
	Daily AT equipment checks are familiarised	Perform		
	Appropriate uniform and PPE are donned	Perform		
	Information and guidance on health and safety measures are provided to the student	Discuss		
	First aid stations and reporting procedures are identified	Discuss		
	Emergency procedures are explained to the student	Discuss		
	Relevant local policies, including their location, how to access, and content is provided.	Discuss		

Additional Courses Completed

Course(s)	Date	Signature of Instructor

Appendix One

AUT skill sign-off.

Appendix Two

Placement matter flowchart.