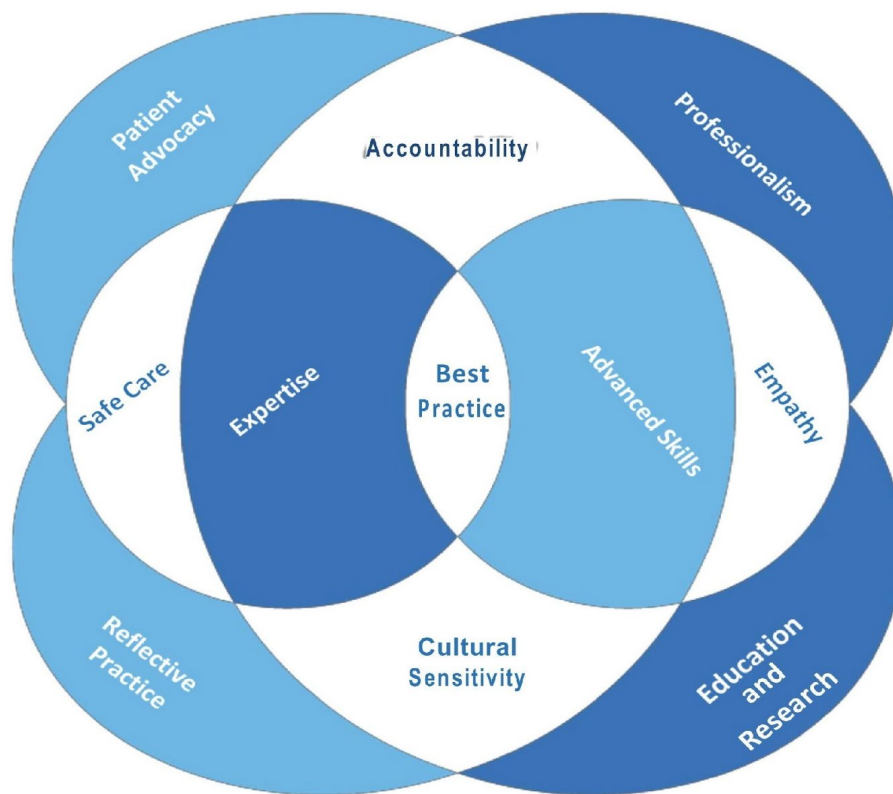


# ACPAN EDUCATION GUIDE



## Training Curricula and Credentialing of Anaesthesia, PACU and Perianaesthesia Nurses and the Pathway for Clinical Fellowship

## PREAMBLE

As the peak representative organisation solely representing the professional interests of Anaesthetic and Post Anaesthetic Nurses, The Australian College of PeriAnaesthesia Nurses (ACPAN) aims to promote the highest standards of perianaesthesia care, based on available evidence, consultation, and expert consensus. Aligning with this objective, ACPAN credentials anaesthetic, PACU and perianaesthesia nurses and provides a Clinical Fellowship program to standardise the level of perianaesthesia knowledge and skill.

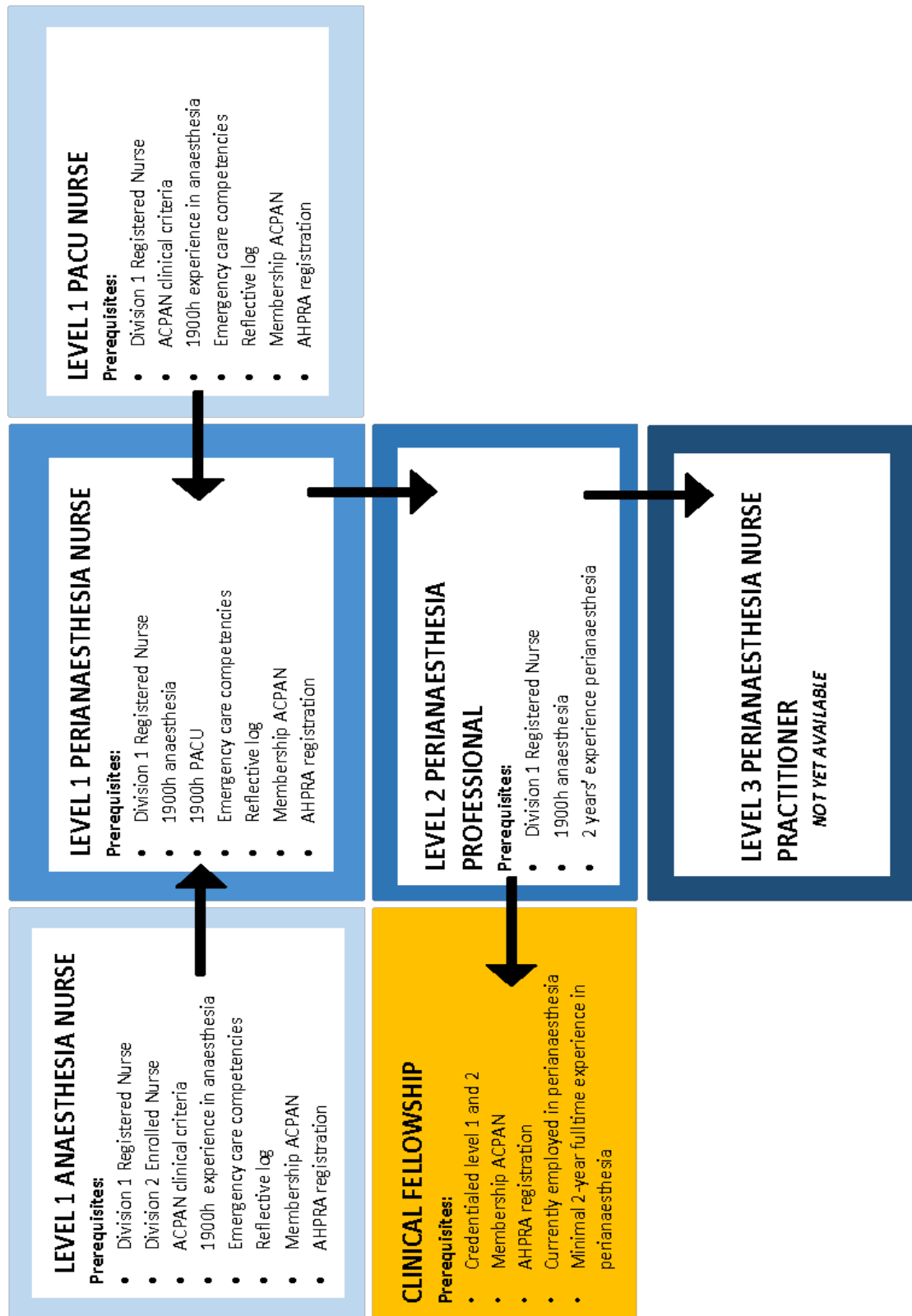
ACPAN is the first Australian specialty nursing college to offer a Clinical Fellowship program based on attainment of a standard of education, training and experience to provide expertise in anaesthetic and post anaesthetic nursing care.

ACPAN credentialed nurses have skill and knowledge levels which promote safe anaesthesia care for all patients. They comply with ACPAN Practice Standards and Monitoring standards and ACPAN Statements about training requirements for anaesthesia and PACU nurses. The program is designed to exceed the need of the Statement on the Assistant for the Anaesthetist (PS08) 2016 and the Statement on the Post-Anaesthesia Care Unit (PS04) 2018, developed by the Australian New Zealand College of Anaesthetists.

In line with this, it is envisaged that ACPAN credentialing will be highly recommended when working within the anaesthesia domain. ACPAN will encourage these positions through lobbying health departments in each jurisdiction with the objective to set a distinction between the ACPAN credentialed nurses and those working in the specialty without having completed an anaesthesia specialty-based program.

It is important to note that ACPAN will maintain focus towards being a credentialing body through the development and release of training curricula. ACPAN acknowledges that individuals working in perianaesthesia across Australia may undertake various education and training activities in the workplace, through varying continuing professional development opportunities and through the attainment of qualifications and these may be delivered in many different formats at many different locations. Furthermore, ACPAN may accredit and support education providers and as such, these will be listed on the ACPAN website as information becomes available. Therefore, it remains outside the scope of ACPAN to provide ALL education and training required to achieve credentialing and fellowship.

# 1. ACPAN EDUCATION PATHWAYS



## 2. CURRICULA

As the peak organisation, representing the professional interests of anaesthetic and post-anaesthetic nurses, The Australian College of PeriAnaesthesia Nurses (ACPAN) aims to promote the highest standards of perianaesthesia care, based on available evidence, consultation, and expert consensus. These documents have been developed in consultation with ANZCA and form the basis for credentialing perianaesthesia nurses in Australia. Additionally, the education standards and education schedule comply with ANZCA PS08 and PS04 and are benchmarked against ANZCA and IFNA guidelines, policies and standards.

The ACPAN curricula intends to produce anaesthesia, PACU and perianaesthesia nurses who:

- Provide perianaesthesia care under direct or indirect supervision, and in cooperation with physician anaesthetists.
- Collaborate with other members of the perioperative team.
- Maintain patient safety and transparency to the public.
- Maintain quality of care and outcomes.
- Participate in adequate continuous education and training.
- Comply with ANZCA and ACORN guidelines

### **ACPAN Support & Information for Credentialing**

- Online support by the ACPAN Education Council;
- ACPAN Education Curriculum Level 1 and Level 2 available;
- Availability of resources;
- Ongoing evaluations to improve the program;
- Online statements; and
- Schematic overview of ACPAN Education Levels.

## **2.1. LEVEL 1 ANAESTHETIC NURSE – CURRICULUM OUTLINE**

The focus of the Level 1 Anaesthesia Nurse curriculum will comprise the following procedures: ophthalmic, minor orthopaedic, plastic, general, gynaecology, urology, ENT, dental, obstetrics, day surgery, and regional anaesthesia. For each category, the topics and objectives are stated.

At the end of this chapter, resources are mentioned which are freely accessible and for your convenience to prepare for the online exam. The online exam questions are not based on these resources alone, but they may help you better understand the topic or give you a broader overview.

### **Category A: The Perianaesthesia Nurse Domain (CanMEDS: all roles)**

Topics:

History of the perianaesthesia nurse, legislation for the perianaesthesia nurse, scope of practice (standards), CanMEDS role model, professional regulation, ethics for the perianaesthesia nurse, cultural issues, and informed consent.

Objectives:

- To describe the historical development of perianaesthesia nurse practice;
- To analyse major legal and ethical issues related to the specialty;
- To describe the significance of scope of practice issues in perianaesthesia nursing;
- To describe the CanMEDS role model and its implication for practice;
- To analyse collaboration and communication with respect to patient safety; and
- To describe characteristics of teamwork and collaboration.

### **Category B: Economics and Organisation (CanMEDS: manager, communicator)**

Topics:

Situational awareness about the different roles in the perioperative environment.

Objectives:

- to analyse the organization and roles within the perioperative environment;
- To demonstrate features of collaboration, workplace and team organisation as well as ethical and professional aspects;
- To demonstrate knowledge of cleaning/sterilisation requirements and indicators of sterility for reusable equipment; and
- To demonstrate knowledge of the basic principles of risk management.

### **Category C: Principles of Anaesthesia (CanMEDS: all roles)**

Perianaesthesia principles associated with specific specialty procedures; management of ASA 1 – 3 patients for elective basic surgery.

Topics:

Non-invasive monitoring, airway anatomy, preoperative assessment, fluid and blood component therapy, patient positioning and transfer, sedation and general anaesthesia, basic ventilation modes and monitoring, documentation, universal precautions and infection control, collaboration, communication, anxiety management and health education.

Objectives:

- To outline the components, perform equipment checks and demonstrate procedures for safe use of the anaesthesia machine and adjunctive equipment;
- To synthesise information obtained in a preoperative evaluation and formulate a basic anaesthesia plan of care, including positioning, fluid administration, basic monitoring, and airway management;
- To synthesise appropriate and safe anaesthetic management plans based on the patient's, pathophysiology and surgical procedure;
- To differentiate surgical and equipment issues, monitoring, and pharmacological considerations unique to the procedures presented;
- To differentiate anatomical and physiological features and positioning considerations associated with procedures presented;
- To demonstrate knowledge of inadvertent perioperative hypothermia and its complications, intraoperative temperature monitoring and utilising appropriate active warming equipment. Knowledge of the difference between active and passive warming on core temperature;
- To synthesise information obtained during perioperative monitoring: data, common interference and signs related to perioperative crisis management;
- To synthesise information obtained from assessing a patient for: airway, ventilation, oxygenation, circulation, depth of anaesthesia, temperature and neuromuscular function;
- To differentiate between sedation and general anaesthesia and the related (monitoring) requirements; and
- To synthesise information obtained during anaesthesia to facilitate a safe and efficient emergence of anaesthesia.

**Category D: Basic Science (CanMEDS: specialist, professional)**

Applied sciences that introduces the basic principles of chemistry, physics and neuroscience and the integration of these principles into the practice of perianaesthesia nursing.

Topics:

Pressure, tension, flow, solubility, gas laws, diffusion, osmosis, vaporization, electricity, anaesthetic agents, mechanisms of general anaesthesia and physiology of acute pain, active and passive warming and gas cylinders/pipelines.

Objectives:

- To synthesise physical principles and their relationship to the practice of anaesthesia;
- To analyse and integrate select principles of organic and inorganic chemistry to the practice of anaesthesia; and
- To understand heat losses in relation to conduction, convection, radiation and evaporation.

**Category E: Pharmacology (CanMEDS: specialist)**

Drug mechanisms, pharmacological effects, drug-receptor site interactions, therapeutic uses and adverse effects of agents used in the perioperative period.

Topics:

Pharmacokinetics/pharmacodynamics of induction drugs, inhalational anaesthetics, benzodiazepines, anxiolytics, intravenous analgesic agents, local anaesthetics, neuromuscular blocking agents and reversals, commonly used autonomic pharmacology cardiovascular pharmacology, antiemetics and NSAIDS.

Objectives:

- To explain the major principles of pharmacokinetics and pharmacodynamics as they relate to inhalational and intravenously administered drugs;
- To analyse the mechanism of action and the pharmacologic effects of specific anaesthetic agents;
- To analyse the mechanism of action and the pharmacologic effects of adjunctive agents used in the perioperative period such as commonly used autonomic pharmacology cardiovascular pharmacology, NSAIDs and antiemetic's;
- To discuss the uses, limitations and contraindications of depolarizing and non-depolarizing neuromuscular blocking agents, local anaesthetics, recognising differences in onset, duration of action, clearance, and side effects; and
- To synthesise appropriate and safe anaesthesia management protocols utilizing the anaesthetic agents discussed.

### **Category F: Physiology (CanMEDS: specialist)**

Topics:

Cardiovascular, respiratory, and cellular physiology, with emphasis on how these systems relate to anaesthesia management.

Objectives:

- To describe the important anatomical structures for each of the body systems presented;
- To discuss the major functions and processes of each of the major body systems;
- To synthesise the complex regulatory processes that produce homeostasis for each of the body systems discussed; and
- To analyse the effects of anaesthesia on select physiologic systems.

### **Category G: Pathophysiology (CanMEDS: specialist)**

Pathophysiologic disorders with emphasis on the surgical patient and implications for safe anaesthesia management.

Topics:

Respiratory disease and cardiovascular diseases.

Objectives:

- To analyse the pathophysiologic basis, manifestations, and treatment options for the disorders discussed; and
- To integrate information regarding the presented pathophysiology with perioperative and anaesthesia management.

### **Category H: Emergency management**

Recognising and assisting in emergency care effectively.

Topics:

Basic Life Support, hypothermia, difficult airway management and CICO, massive blood transfusion, anaphylaxis, local anaesthetic toxicity (lipid rescue), malignant hyperthermia.

Objectives:

- To recall appropriate algorithms for CPR, difficult airway (including failed intubation and can't intubate, can't oxygenate), massive blood transfusion, anaphylaxis, toxicity of local anaesthetics and malignant hyperthermia; and
- To describe the role of the anaesthetic nurse in emergency care.

## **2.2. RESOURCES**

ACPan Standards	<a href="https://acpan.edu.au/">https://acpan.edu.au/</a>
History of perianaesthesia nursing	<a href="https://search.informit.com.au/documentSummary;dn=558214795158166;res=IELHEA">https://search.informit.com.au/documentSummary;dn=558214795158166;res=IELHEA</a>
International Federation of Nurse Anesthetists	<a href="https://ifna.site/">https://ifna.site/</a>
NMBA professional standards and guidelines	<a href="https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx">https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx</a>
Informed consent	<a href="https://www.healthdirect.gov.au/informed-consent">https://www.healthdirect.gov.au/informed-consent</a>
Sterilisation of instruments	<ul style="list-style-type: none"> <li>• <a href="https://pt.halyardhealth.com/media/1514/cleaning_reusable_devices.pdf">https://pt.halyardhealth.com/media/1514/cleaning_reusable_devices.pdf</a></li> <li>• <a href="https://www.health.nsw.gov.au/environment/factsheets/Pages/how-to-sterilise-instruments.aspx">https://www.health.nsw.gov.au/environment/factsheets/Pages/how-to-sterilise-instruments.aspx</a></li> </ul>
Situational awareness in Theatre	<a href="https://www.surgeons.org/media/21070919/2014-11-14_pre_qasm_situationalawareness_profmgripp.pdf">https://www.surgeons.org/media/21070919/2014-11-14_pre_qasm_situationalawareness_profmgripp.pdf</a>
Anaesthesia non-technical skills	<a href="https://ac.els-cdn.com/S000709121733564X/1-s2.0-S000709121733564X-main.pdf?_tid=8e1b9b6a-a0a7-49c6-a207-64170c7852c3&amp;acdnat=1545281889_b71d928d6799bcbb855637db2ab50fe0">https://ac.els-cdn.com/S000709121733564X/1-s2.0-S000709121733564X-main.pdf?_tid=8e1b9b6a-a0a7-49c6-a207-64170c7852c3&amp;acdnat=1545281889_b71d928d6799bcbb855637db2ab50fe0</a>
Risk management	<a href="https://elearning.scranton.edu/resource/business-leadership/purpose-of-risk-management-in-healthcare">https://elearning.scranton.edu/resource/business-leadership/purpose-of-risk-management-in-healthcare</a>
Team communication	<a href="https://research-repository.griffith.edu.au/bitstream/handle/10072/56020/88989_1.pdf;jsessionid=325C02C7984B62F6F319D5EB366EC539?sequence=1">https://research-repository.griffith.edu.au/bitstream/handle/10072/56020/88989_1.pdf;jsessionid=325C02C7984B62F6F319D5EB366EC539?sequence=1</a>
Operating theatre efficiency	<a href="https://www.health.qld.gov.au/__data/assets/pdf_file/0022/640138/qh-gdl-443.pdf">https://www.health.qld.gov.au/__data/assets/pdf_file/0022/640138/qh-gdl-443.pdf</a>
Team roles	<a href="https://healthtimes.com.au/hub/perioperative/46/guidance/nc1/perioperative-nursing/563/">https://healthtimes.com.au/hub/perioperative/46/guidance/nc1/perioperative-nursing/563/</a>
Pre-operative assessment	<a href="http://teachmesurgery.com/perioperative/preoperative/assessment/">http://teachmesurgery.com/perioperative/preoperative/assessment/</a>
Anaesthesia for surgical procedures	<a href="https://books.google.com.au/books?hl=en&amp;lr=&amp;id=ZvLSAAQBAJ&amp;oi=fnd&amp;pg=PR1&amp;dq=anesthesiologist%27s+manual+of+surgical+procedures&amp;ots=Xky8RDHwgn&amp;sig=5tCkHRLh3E2EMrwpD3__tl2060#v=onepage&amp;q=anesthesiologist's%20manual%20of%20surgical%20procedures&amp;f=false">https://books.google.com.au/books?hl=en&amp;lr=&amp;id=ZvLSAAQBAJ&amp;oi=fnd&amp;pg=PR1&amp;dq=anesthesiologist%27s+manual+of+surgical+procedures&amp;ots=Xky8RDHwgn&amp;sig=5tCkHRLh3E2EMrwpD3__tl2060#v=onepage&amp;q=anesthesiologist's%20manual%20of%20surgical%20procedures&amp;f=false</a>
Types of anaesthesia	<a href="https://www.ucl.ac.uk/anaesthesia/StudentsandTrainees/IntroductionToAnaesthesia">https://www.ucl.ac.uk/anaesthesia/StudentsandTrainees/IntroductionToAnaesthesia</a>
Four stages of anaesthesia	<a href="https://en.wikipedia.org/wiki/Guedel%27s_classification">https://en.wikipedia.org/wiki/Guedel%27s_classification</a>
Regional blocks	<ul style="list-style-type: none"> <li>• <a href="https://www.rch.org.au/anaes/pain_management/Regional_Anaesthetic_Infusion_Blocks/">https://www.rch.org.au/anaes/pain_management/Regional_Anaesthetic_Infusion_Blocks/</a></li> <li>• <a href="https://www.nysora.com/">https://www.nysora.com/</a></li> </ul>
Fluid therapy	<a href="https://www.aana.com/docs/default-source/aana-journal-web-documents-1/jcourse2-0614-p235-242.pdf?sfvrsn=12d548b1_6">https://www.aana.com/docs/default-source/aana-journal-web-documents-1/jcourse2-0614-p235-242.pdf?sfvrsn=12d548b1_6</a>
Patient warming	<a href="https://www.aana.com/docs/default-source/aana-journal-web-documents-1/review-evidence-1013-p351-356.pdf?sfvrsn=49a748b1_6">https://www.aana.com/docs/default-source/aana-journal-web-documents-1/review-evidence-1013-p351-356.pdf?sfvrsn=49a748b1_6</a>
Monitoring of ECG	<a href="https://www.youtube.com/watch?v=FThXJUFWUrw">https://www.youtube.com/watch?v=FThXJUFWUrw</a>
Monitoring of NMB agents	<a href="http://www.anaesthesia.med.usyd.edu.au/resources/lectures/nmj_monitoring_clt/nmjmonitoring.html">http://www.anaesthesia.med.usyd.edu.au/resources/lectures/nmj_monitoring_clt/nmjmonitoring.html</a>
Monitoring of BIS	<a href="https://journals.lww.com/anaesthesia-analgesia/Fulltext/2000/05000/Depth_of_Anesthesia_and_Bispectral_Index.21.aspx">https://journals.lww.com/anaesthesia-analgesia/Fulltext/2000/05000/Depth_of_Anesthesia_and_Bispectral_Index.21.aspx</a>
Monitoring of plethysmography	<a href="https://bjanaesthesia.org/article/S0007-0912(17)41407-3/pdf">https://bjanaesthesia.org/article/S0007-0912(17)41407-3/pdf</a>
Monitoring (non-)invasive pressures	<a href="https://www.youtube.com/watch?v=8xpKr1t7YQE">https://www.youtube.com/watch?v=8xpKr1t7YQE</a>
Capnography monitoring	<a href="https://www.youtube.com/watch?v=GUV7BTIGLeM">https://www.youtube.com/watch?v=GUV7BTIGLeM</a>
Patient ventilation	<a href="https://www.youtube.com/watch?v=gk_Qf-JAL84">https://www.youtube.com/watch?v=gk_Qf-JAL84</a>
Complications of anaesthesia	<a href="https://onlinelibrary.wiley.com/doi/epdf/10.1111/anae.14135">https://onlinelibrary.wiley.com/doi/epdf/10.1111/anae.14135</a>
Supraglottic airway devices and malpositioning	<ul style="list-style-type: none"> <li>• <a href="https://www.omicsonline.org/open-access/supraglottic-airway-devices-a-review-in-a-new-era-of-airway-management-2155-">https://www.omicsonline.org/open-access/supraglottic-airway-devices-a-review-in-a-new-era-of-airway-management-2155-</a></li> </ul>



	6148-1000647.php?aid=77389 <ul style="list-style-type: none"> <li>• <a href="https://academic.oup.com/bja/article/116/5/579/2566518">https://academic.oup.com/bja/article/116/5/579/2566518</a></li> </ul>
Anaesthesia breathing systems	<a href="https://www.youtube.com/watch?v=wKhVlq5Lc1U">https://www.youtube.com/watch?v=wKhVlq5Lc1U</a>
Anaesthesia machine and ventilator	<a href="https://www.youtube.com/watch?v=W4UVE3rQgn0">https://www.youtube.com/watch?v=W4UVE3rQgn0</a>
Basic science blood pressure	<a href="https://www.youtube.com/watch?v=Ab9OZsDECZw">https://www.youtube.com/watch?v=Ab9OZsDECZw</a>
Oxygen cylinder operation	<a href="https://www.youtube.com/watch?v=lhFE2WbJWuE">https://www.youtube.com/watch?v=lhFE2WbJWuE</a>
Calculating gas volume in cylinder	<a href="https://www.youtube.com/watch?v=9PSWSMyuacY">https://www.youtube.com/watch?v=9PSWSMyuacY</a>
Thermoregulation	<a href="https://www.youtube.com/watch?v=zcdGJDGXxgs">https://www.youtube.com/watch?v=zcdGJDGXxgs</a>
Haemostasis	<a href="https://www.youtube.com/watch?v=GAcAPDVD3C0">https://www.youtube.com/watch?v=GAcAPDVD3C0</a>
Osmosis and diffusion	<a href="https://www.youtube.com/watch?v=PRi6uHDKeW4">https://www.youtube.com/watch?v=PRi6uHDKeW4</a>
Acute pain pathophysiology	<a href="https://www.youtube.com/watch?v=l7wfDenj6CQ">https://www.youtube.com/watch?v=l7wfDenj6CQ</a>
Dosage anaesthetics	<a href="https://www.e-lfh.org.uk/e-learning-sessions/rcoa-novice/content/e_library/drugs/ANAESTHETIC_DRUG_CRIB_SH EET-8.pdf">https://www.e-lfh.org.uk/e-learning-sessions/rcoa-novice/content/e_library/drugs/ANAESTHETIC_DRUG_CRIB_SH EET-8.pdf</a>
Pharmacology anaesthetics	<a href="https://academic.oup.com/bjaed/article/14/3/100/340780">https://academic.oup.com/bjaed/article/14/3/100/340780</a>
Local anaesthetics	<a href="https://www.amboss.com/us/knowledge/Local_anesthetic_agents">https://www.amboss.com/us/knowledge/Local_anesthetic_agents</a>
Pharmacology	<a href="https://www.pdfdrive.com/pharmacology-for-health-professionals-e36982776.html">https://www.pdfdrive.com/pharmacology-for-health-professionals-e36982776.html</a> (free download available)
Neuromuscular blocking agents	<a href="https://academic.oup.com/bjaed/article/4/1/2/356873">https://academic.oup.com/bjaed/article/4/1/2/356873</a>
Anatomy	<a href="https://www.britannica.com/science/anatomy">https://www.britannica.com/science/anatomy</a>
Lung anatomy and physiology	<a href="https://www.youtube.com/watch?v=kacMYexDgHg">https://www.youtube.com/watch?v=kacMYexDgHg</a>
Cellular anatomy	<a href="https://www.britannica.com/science/physiology">https://www.britannica.com/science/physiology</a>
Cardiovascular system	<a href="https://www.youtube.com/watch?v=_qmNCJxpsr0">https://www.youtube.com/watch?v=_qmNCJxpsr0</a>
Haemoglobin dissociation curve	<a href="https://www.youtube.com/watch?v=BYGPkRFvzOc">https://www.youtube.com/watch?v=BYGPkRFvzOc</a>
Nervous system	<a href="https://www.youtube.com/watch?v=44B0ms3XPku">https://www.youtube.com/watch?v=44B0ms3XPku</a>
Pathophysiology of surgery	Pathophysiology of Major Surgery and the Role of Enhanced Recovery Pathways and the Anesthesiologist to Improve Outcomes <a href="https://dukespace.lib.duke.edu/dspace/bitstream/handle/10161/13961/Scott.%20Pathophysiology%20of%20ERAS.pdf?sequence=1">https://dukespace.lib.duke.edu/dspace/bitstream/handle/10161/13961/Scott.%20Pathophysiology%20of%20ERAS.pdf?sequence=1</a>
Chronic obstructive pulmonary disease and anaesthesia	<a href="https://academic.oup.com/bjaed/article/14/1/1/336087">https://academic.oup.com/bjaed/article/14/1/1/336087</a>
Innovations in management of cardiac disease: drugs, treatment strategies and technology	<a href="https://academic.oup.com/bja/article/119/suppl_1/i23/4638466">https://academic.oup.com/bja/article/119/suppl_1/i23/4638466</a>
Australian and New Zealand College of Anaesthetists (ANZCA) guidelines	<a href="http://www.anzca.edu.au/resources/endorsed-guidelines">http://www.anzca.edu.au/resources/endorsed-guidelines</a>
Australian Resuscitation Council (ARC)	<a href="https://resus.org.au/guidelines/">https://resus.org.au/guidelines/</a>
Local anaesthetic toxicity	<a href="https://www.aana.com/docs/default-source/aana-journal-web-documents-1/jcourse6_0210_p69-78.pdf?sfvrsn=578548b1_6">https://www.aana.com/docs/default-source/aana-journal-web-documents-1/jcourse6_0210_p69-78.pdf?sfvrsn=578548b1_6</a>
National Blood Authority	<a href="https://www.blood.gov.au/pbm-guidelines">https://www.blood.gov.au/pbm-guidelines</a>

## LEVEL 1 PACU NURSE – CURRICULUM OUTLINE

### **2.3. LEVEL 2 PERIANAESTHESIA PROFESSIONALS**

The focus of the Level 2 perianaesthesia nurse professionals will be on the following surgical specialities as well specific populations or environmental considerations: minor and major orthopaedic, plastic, general, gynaecology, urology, neurology, ENT, dental, obstetrics, regional anaesthesia, paediatric patients and geriatric patients, trauma, minor vascular and thoracic procedures, obesity/bariatric procedures and off-site anaesthesia. For each category, the topics and objectives are mentioned.

#### **Category A: The Perianaesthesia Professional domain (CanMEDS: all roles)**

Topics:

Review of the legal aspects governing perianaesthesia practice and the National Safety and Quality Health Service Standards.

Objectives:

- To identify and critically analyse issues regarding collaboration, communication and teamwork, as well as ethical and professional considerations.

#### **Category B: Economics and Organisation (CanMEDS: manager, communicator)**

Topics:

Situational awareness, PACE, organization in the perioperative environment, and development of health policies.

Objectives:

- To analyse the organization, interrelationships among components, and function of the Perioperative Services in the hospital; and
- To analyse contemporary healthcare issues related to perianaesthesia services.

#### **Category C: Principles of Anaesthesia (CanMEDS: all roles)**

Perianaesthesia principles associated with management of ASA 1 – 5 patients and minor and major surgery in all type of patients: paediatric and geriatric patients, bariatric, elective and emergency patients and patients with special problems.

Topics:

Pathophysiology, physiology, monitoring and management principles associated with anaesthesia care for paediatric, geriatric, bariatric, obstetric and emergency patients, and specific diseases relevant for anaesthesia.

Objectives:

- To describe and discuss the components, describe the operation, perform equipment checks and demonstrate procedures for safe use of the anaesthesia machine and adjunctive equipment;
- To synthesise appropriate and safe anaesthetic management plans based on the patient's age, pathophysiology, and surgical procedure;
- To differentiate anatomical and physiological features, equipment issues, and pharmacological considerations unique to paediatric, geriatric, bariatric, obstetric and emergency patients;
- To differentiate surgical and equipment issues, monitoring, and pharmacological considerations unique to the procedures presented;
- To differentiate positioning considerations associated with procedures presented;
- To implement interventions to prevent delirium; and
- To synthesise and analyse non-invasive and invasive monitoring data and trends.

#### **Category D: Principles of Post-Operative Care (CanMEDS: all roles)**

Postoperative care principles associated with specific specialty procedures; management of ASA 1 – 5 patients, paediatric and geriatric patients, bariatric, elective and emergency patients and patients with special problems.

Topics:

Postoperative emesis and pain management, management of postoperative complications, and early recognition of deterioration.

Objectives:

- To describe and troubleshoot the components, perform equipment checks and demonstrate procedures for safe use of equipment and consumables in the post anaesthesia care unit;
- To synthesise information obtained in a systematic handover and formulate a comprehensive post-procedural plan of care based on the patient's age, pathophysiology, and interventions performed;
- To analyse and differentiate postoperative observations, monitoring, and pharmacological considerations unique to the intervention, patient and type of anaesthesia;
- To implement interventions to prevent delirium; and
- To analyse and instigate appropriate action related to managing inadvertent postoperative hypothermia and its complications including temperature monitoring and utilising appropriate active warming equipment.

#### **Category E: Basic Science (CanMEDS: specialist, professional)**

Principles of chemistry, physics and neuroscience and the integration of these principles into the practice of perianaesthesia nursing.

Topics:

Chemistry, physics, neuroanatomy, neurophysiology, radiation, laser, invasive monitoring (arterial BP, CVP and pulmonary catheter), ventilation modes, ultrasound.

Objectives:

- To synthesise physical principles and their relationship to the practice of anaesthesia, especially invasive monitoring, and cell saving techniques;
- To understand and recognise anatomical structures when ultrasound is used for invasive and nerve location; and
- To differentiate anatomy and physiology and describe the effects of anaesthetic medications on neurological systems.

### **Category F: Pharmacology (CanMEDS: specialist)**

Pharmacological effects, drug-receptor site interactions, therapeutic uses and adverse effects of agents used in the perioperative period.

Topics:

Pharmacokinetics/pharmacodynamics of local anaesthetics, cardiovascular and respiratory medication, antacids, histamine antagonists, gastrointestinal prokinetics, diuretics, anticoagulants, antiplatelet agents and thrombolytics.

Objectives:

- To analyse the mechanism of action and the pharmacologic effects of specific anaesthetic agent;
- To analyse the appropriateness of medication considering patient-specific body habitus, age, physiology, concurrent medications, pathophysiology, and the surgical procedure;
- To discuss the uses, limitations and contraindications of medication recognizing differences in onset, duration of action, clearance, and side effects; and
- To synthesise appropriate and safe anaesthesia management protocols utilizing the anaesthetic agents discussed.

### **Category G: Physiology (CanMEDS: specialist)**

Topics:

Cardiac, haematological, hepatic, renal, and neurological physiology, with emphasis on how these systems relate to anaesthesia management.

Objectives:

- To describe the important anatomical structures for each of the body systems presented;
- To discuss the major functions and processes of each of the major body systems;
- To synthesise the complex regulatory processes that produce homeostasis for each of the body systems discussed; and
- To analyse the effects of anaesthesia on select physiologic systems.

### **Category H: Pathophysiology (CanMEDS: specialist)**

Pathophysiologic disorders with emphasis on the surgical patient and implications for safe anaesthesia management.

Topics:

Paediatric disorders, haematological diseases, cardiac disorders and different types of shock.

Objectives:

- To analyse the pathophysiology, manifestations, and treatment options for the disorders discussed; and
- To integrate information regarding the presented pathophysiology with perioperative and anaesthesia management of renal disease, neuromuscular and musculoskeletal disorders, acute pain, psychiatric disorders, liver disease, endocrine disorders, neurological diseases.

### 3. ACPAN LEVEL 1 ANAESTHESIA NURSE

ACPAN Level 1 Anaesthesia Credentialing is designed for practicing anaesthesia nurses who would like to demonstrate their specialisation and compliance with the practice guidelines of the Australian and New Zealand College of Anaesthesia (ANZCA) Statement on the Assistant for the Anaesthetist (PS08; 2016). The process is suitable for Division 1 Registered Nurses and Division 2 Enrolled Nurses with a minimum of 1-year full-time 1900 hours (or equivalent part-time) anaesthetics experience. Once the process is finalised you will be registered as Anaesthetic Nurse in the ACPAN register which is accessible on the ACPAN website and visible for the public.

#### Prerequisite

To be eligible for credentialing as an ACPAN Level 1 Anaesthesia Nurse **all** the following essential criteria must be met:

- ACPAN Clinical Criteria Statement signed and dated by a consultant anaesthetist and clinical nurse or educator in anaesthesia;
- ACPAN Experience Statement signed and dated by employer (nurse manager or equivalent) and consultant anaesthetist: This constitutes 1900 hours' experience in anaesthesia and emergency care competency as per PS08 2016;
- 3 Reflective Logs including corresponding data from ACPAN Clinical Log APP;
- Current Membership of ACPAN; and
- Current full AHPRA registration.

#### ACPAN Clinical Criteria Statement

To be successful for credentialing, your employer and consultant anaesthetist must sign and date the ACPAN Clinical Criteria Statement which validates you are competent in the following clinical skills: *(this template tool can be located online in the resources section)*

##### Airway

- Demonstrates competence in assisting anaesthetist with general anaesthesia using supraglottic airway devices, endotracheal tubes, videolaryngoscopy.
- Demonstrates competence in bag mask ventilation, preoxygenation and airway adjuncts.
- Prepares and assists in the introduction of the different airway options available in the department.
- Demonstrates a proactive approach to airway difficulties and pre-emptive in ensuring use of Guedel airways, bougies, stylets and patient positioning between intubation attempts.
- Demonstrates competence in rapid sequence intubation with cricoid pressure.
- Demonstrates competence in BURP manoeuvre to assist anaesthetist with intubation.
- Care:
  - Performs a pre-anaesthetic assessment and formulates an anaesthesia care plan.
  - Management of fluid and blood component therapy.
  - Blood sampling.
  - Participates in the positioning of patients to prevent injuries. Ensuring anatomical alignment of patients during positioning, use of appropriate equipment and surgical support, assessment of pressure areas and documentation of any concerns.
  - Intraoperative temperature monitoring and utilising appropriate active warming equipment.

- Anaesthesia:
  - Assists in administration of general anaesthesia to patients ASA 1 -3.
  - Assists in the administration and management of spinal and epidural anaesthesia and regional blocks.
  - Assists in the management of complications of spinal and epidural anaesthesia and regional blocks: recognises signs and symptoms of total spinal, local anaesthetic toxicity, itching.
  - Prepares and assists in insertion of arterial line, central venous line and pulmonary catheters including flushing and zeroing).
  - Assists in ultrasound techniques for nerve and vascular location.
- Safety and legal practice:
  - Verifies consent and patient identification and relevant perioperative nursing documentation.
  - Performs the surgical safety check (sign-in, time-out and sign-out).
  - Utilises standard precautions and appropriate infection control measures.
  - Conducts appropriate equipment checks.
  - Checks consumables and equipment for sterility.
  - Adheres to safety standards, identifies problems and takes appropriate actions.
  - Acts to ensure patient's preferences are met, upholds patient's rights and dignity.

### **Experience statement**

To be successful for credentialing, your employer and consultant anaesthetist have to sign the ACPAN Experience Statement.

- You have completed a minimum 1900 hours of anaesthesia practice.
- You are competent in assisting during CPR, difficult airway, CICO, cardiac defibrillation and cardioversion, massive blood transfusion, anaphylaxis and malignant hyperthermia as per ANZCA policy statements.

This is a standardised statement which you can be downloaded from the ACPAN website. Other statements are not valid.

### **Reflective log and ACPAN APP Case Reports**

To be successful for credentialing, you must write 3 reflective logs a complete 3 case reports. The reflective log and case reports must be anaesthesia based. The cases should reflect on your professional practice while providing care in anaesthesia and should clearly demonstrate the application of theory to practice, decision-making and problem solving.

The reflective log template tool is available on the ACPAN website as well as an APP which can be downloaded to your smart phone/ device. The APP will record information about a specific case which will be stored as a case report. Once you have completed the minimum of 3 reflective logs and 3 APP case reports, you can upload these for your credentialing registration.

Possible topics may be:

- Provision of anaesthesia care based on sound principles and research evidence.
- Interpretation and utilisation of data obtained from non-invasive monitoring data.
- Recognition and appropriate response to post-anaesthetic complications (including equipment failure) that occur during the anaesthesia period.
- Utilisation of appropriate verbal, nonverbal, and written communication in the delivery of anaesthesia care. Delivery of culturally competent anaesthesia care.
- Function within appropriate legal requirements, accepting responsibility and accountability for practice.

When writing the reflective log, you can consider the following points:

- Record:
  - Describe the situation (the context),
  - Who was involved with the situation,
  - What did they have to do with the situation?
- Reflect:
  - Think about what are your reactions?
  - What are your feelings?
  - What are the good and the bad aspects of the situation?
  - What you have learned?
- Analyse, explain, gain insight:
  - What was really going on?
  - What sense can you make of the situation?
  - Can you integrate theory into the experience/situation?
  - Can you demonstrate an improved awareness and self-development because of the situation?
- Conclusions:
  - What can be concluded in a general and specific sense from this situation/experience and the analyses you have undertaken?
  - What are you going to do differently in this type of situation next time?
  - What steps are you going to take based on what you have learned?

### **Online exam**

The online exam is the final step in the credentialing process. The exam will contain 100 multiple choice mixed with yes/no questions related to the Level 1 Anaesthesia Nurse education curricula.

The questions will be categorised per topic:

- The perianaesthesia nurse domain
- Economics and organisation
- Principles of anaesthesia
- Basic science
- Pharmacology
- Physiology
- Pathophysiology
- Crisis management

The exam will take maximum 60 minutes and you will have to obtain an 80% pass for **each** topic. If unsuccessful with the multiple-choice exam, you can apply for a resit after 4 weeks (costs \$50).

### **Cost**

Total cost of the ACPAN Credentialing Level 1 Anaesthesia Nurse is \$75 + GST. These costs include:

- Access to the online log book
- Review of your reflective log
- Exam resources
- Online exam
- Registration fee for the Anaesthesia Nurse register.

Cost does NOT include internet or printing costs or other associated costs by undertaking the ACPAN credentialing process.

## **Application**

The ACPAN Level 1 Anaesthesia Nurse Credentialing application process involves three steps:

1. Complete the application form which will require you to upload your ID, AHPRA registration number, ACPAN membership number, ACPAN Clinical Criteria statement, ACPAN Experience Statement and your 3-reflective logs and 3 case reports.
2. Once you have completed your registration, you will receive your login details for the online exam per email.
3. Once you have passed the online exam, your name will be added to the ACPAN Anaesthesia Nurses register which is available to the public.

## **Re-credentialing**

Your credentialing will be valid for three years. After these three years, you can apply for re-credentialing:

- ACPAN experience statement: minimal 270 hours of anaesthesia within the last three years.
- 10 CPD points in Level 1 Anaesthesia related topics.
- ACPAN level 1 online exam
- Costs: \$75



## 4. ACPAN LEVEL 1 PACU NURSE

ACPAN Level 1 PACU<sup>1</sup> Nurse credentialing is designed for practicing PACU nurses who would like to demonstrate their specialisation and compliance with the practice guidelines of the Australian and New Zealand College of Anaesthesia (ANZCA) and ACPAN. The process is suitable for Division 1 Registered Nurses with a minimum of 1-year full-time (or equivalent part-time) PACU experience. Once the process is finalised you will be registered as PACU Nurse in the ACPAN register which is accessible on the ACPAN website and visible for the public.

### Prerequisite

To be eligible for credentialing as PACU nurse **all** the following essential criteria must be met:

- ACPAN clinical criteria statement signed by a consultant anaesthetist and clinical nurse or educator in PACU.
- ACPAN experience statement signed by employer and consultant anaesthetist: 1900 hours' experience in PACU and emergency care competency.
- Reflective log.
- Membership ACPAN.
- AHPRA registration.

### Clinical Criteria statement

To be success for credentialing, your employer and consultant anaesthetist must sign the ACPAN Clinical Criteria statement that you are competent in the following clinical skills:

- Airway
  - Competence in bag mask ventilation, preoxygenation and airway adjuncts.
  - Can prepare and assist in the introduction of the different airway options available in the department.
- Care:
  - Performance a post procedure assessments and formulates a care plan related to the procedure and capacities and needs of the patient.
  - Applies specific observations for special populations (obstetric, paediatric, gerontological, bariatric and cognitively impaired patients)
  - Management of fluid and blood component therapy.
  - Blood sampling.
  - Assessment of pressure areas and documentation of any concerns.
  - Intraoperative temp monitoring and utilising appropriate active warming equipment.
  - Assesses and management of pain in PACU
- Anaesthesia:
  - Assists in the management of complications of spinal and epidural anaesthesia and regional blocks: recognises signs and symptoms of total spinal, local anaesthetic toxicity and itching.
  - Prepares and assists in insertion of arterial lines and central venous lines.
  - Assists in ultrasound techniques for nerve and vascular location.
  - Accesses the anaesthesia record and applies post procedural implications of the techniques and medication used to optimise post procedural care.
  - Assesses and evaluation of reversal from neuromuscular blockade.

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<sup>1</sup> PACU refers to the definition set by ANZCA in the guideline PS04.

- Safety and legal practice:
  - Uses an evidence based systematic process to undertake clinical handover and when there is a transfer of patient care.
  - Verifies patient identification and relevant perioperative nursing documentation.
  - Utilises standard precautions and appropriate infection control measures.
  - Conducts appropriate equipment check.
  - Checks consumables and equipment for sterility.
  - Adheres to safety standards, identifies problems and takes appropriate actions.
  - Acts to ensure patient's preferences are met, upholds patient's rights and dignity.

### **Experience statement**

To achieve credentialing, your employer and consultant anaesthetist must sign the ACPAN Experience Statement.

- You have completed a minimum 1900 hours of PACU practice.
- You are competent in assisting during CPR, difficult airway, CICO, cardiac defibrillation and cardioversion, massive blood transfusion, anaphylaxis and malignant hyperthermia as per ANZCA policy statements.

This is a standardised statement which you can be downloaded from the ACPAN website. Other statements are not valid.

### **Reflective log**

To achieve credentialing, you must write 3 reflective logs a complete 3 case reports that must be PACU based. The cases should reflect on your professional practice while providing care in PACU and should clearly demonstrate the application of theory to practice, decision-making and problem solving.

The reflective log template tool is available on the ACPAN website as well as an APP which can be downloaded to your smart phone/ device. The APP will record information about a specific case which will be stored as a case report. Once you have completed the minimum of 3 reflective logs and 3 APP case reports, you can upload these for your credentialing registration.

Possible topics may be:

- Provision of PACU care based on sound principles and research evidence.
- Interpretation and utilisation of data obtained from non-invasive monitoring data.
- Recognition and appropriate response to post-anaesthetic complications (including equipment failure) that occur during the PACU period.
- Utilisation of appropriate verbal, nonverbal, and written communication in the delivery of PACU care. Delivery of culturally competent PACU care.
- Function within appropriate legal requirements, accepting responsibility and accountability for practice.

### **Online exam**

The online exam is the final step in the credentialing process. The exam will contain 100 multiple choice mixed with yes/no questions related to the Level 1 PACU Nurse education curricula. The questions will be categorised per topic:

- The perianaesthesia nurse domain
- Economics and organisation
- Principles of anaesthesia
- Post anaesthesia care
- Basic science
- Pharmacology

- Physiology
- Pathophysiology
- Crisis management

The exam will take maximum 60 minutes and you will have to obtain an 90% pass for **each** topic. If unsuccessful with the multiple-choice exam, you can apply for a resit after 4 weeks (costs \$50).

### **Cost**

Total cost of the ACPAN Credentialing Level 1 PACU Nurse is \$75 + GST. These costs include:

- Access to the online log book
- Review of your reflective log
- Exam resources
- Online exam
- Registration fee for the Level 1 PACU Nurse register.

Cost do NOT include internet or printing costs or other associated costs by undertaking the ACPAN credentialing process.

### **Application**

The ACPAN Level 1 PACU Nurse Credentialing application process involves three steps:

4. Complete the application form which will require you to upload your ID, AHPRA registration number, ACPAN membership number, ACPAN Clinical Criteria statement and ACPAN Experience statement.
5. After completion of your registration, you will receive per email your login details for access to the ACPAN logbook.
6. Once you have completed the three reflective logs, you will receive per email your login details for the online exam.

### **Re-credentialing**

Your credentialing will be valid for three years. After these three years, you can apply for re-credentialing:

- ACPAN experience statement: minimal 270 hours of PACU within the last three years.
- 10 CPD points in PACU related topics.
- ACPAN level 1 online exam
- Costs: \$75

## 5. CLINICAL FELLOWSHIP

The ACPAN Clinical Fellowship program is designed for practicing peri-anaesthesia nurses who would like to demonstrate their advanced specialisation and emerge as clinical leaders in our field of healthcare. The program is suitable for Registered Nurses with a minimum of 2 years full-time (or equivalent part-time) anaesthetics and post-anaesthetic care (PACU) experience. All applications are assessed for eligibility into the ACPAN Clinical Fellowship by the ACPAN Education Council.

### Prerequisite

To be eligible for the ACPAN Clinical Fellowship Program **all** the following essential criteria must be met:

- Financial Membership of ACPAN
- Registered Nurse (Division 1), registered with AHPRA
- Credentialed to Level 1 anaesthesia and PACU<sup>2</sup>
- Perianaesthesia post graduate qualification or equivalent as per ACPAN Level 2 Education Curriculum.
- Minimum 1900 hours experience in Anaesthetics and 1900 hours experience in PACU.
- Currently employed in the perianaesthesia environment (anaesthesia and/or PACU).

### Program

To successfully complete the clinical fellowship program, candidates are required to meet the following requirements:

- Obtain both Adult and Paediatric Advanced Life Support certification accredited by ACPAN
- Complete a PeriAnaesthesia Crisis Management course accredited by ACPAN
- Pass the ACPAN Oral Viva examination.

### Cost

Total cost of the ACPAN Clinical Fellowship program is \$1500 + GST. These costs include:

- ALS and PALS courses
- Perianaesthesia Crisis Management Course
- Oral Viva Examination fees
- 1 day of ACPAN National Conference attendance (includes academic gown use)
- Administration costs for program.

Cost do NOT include travel, accommodation or other associated costs by undertaking the ACPAN Clinical Fellowship program.

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<sup>2</sup> For applications for the 2019 Clinical Fellowship, credentialing level 1 PACU and 1900 hours PACU experience is not a prerequisite yet. Experience in PACU is however a prerequisite but hours are not specified.

## **Application**

The ACPAN Clinical Fellowship registration commences 1st January and closes 31st of March each calendar year. The Oral Viva examination occurs prior to ACPAN National Conference each year. Dates and location will be announced at ACPAN National Conference each year. ALS/ PALS and PCM dates will be published on the ACPAN website under events. Complete the application form which will require you to upload your CV and certificates. Don't forget to read to Clinical Fellowship Terms & Conditions on the ACPAN website.

### **5.1. PAEDIATRIC & ADULT ADVANCED LIFE SUPPORT**

As clinical leaders of the anaesthetic and post anaesthetic departments, fellows are required to undertake ACPAN accredited Adult and Paediatric Advanced Life support training. This applies irrespective of the predominant practice environment. Exemptions will not apply even if clinical practice is exclusively paediatric or exclusively adult.

ACPAN provides both ALS and PALS programs that fellowship candidates can enrol in as part of the ACPAN Clinical Fellowship Program. These courses will be provided to candidates through an ACPAN education provider and cost are included in Clinical Fellowship enrolment fee.

The program consists of theoretical lectures, skill stations and ALS team scenarios based on the 2016 Australian Resuscitation Council (ARC) guidelines. The ACPAN ALS/ PALS Program covers:

- Priorities of care
- Basic Life Support algorithm and principles
- Advanced Life Support algorithm and principles
- Advanced airway management
- Cardiac Rhythm recognition
- Electrical therapy – defibrillation, synchronised cardioversion, external pacing
- ALS Pharmacology including intraosseous cannulation (where applicable)
- Post resuscitation care
- Team roles
- Legal and ethical issues

Both ALS and PALS skills and knowledge will be tested during a scenario. The assessors will rate your responses and skills on template marking sheets. A pass for both scenarios is necessary for completion of your Clinical Fellowship. If unsuccessful, you will be invited to attend one subsequent attempt with a different assessor.

## **5.2. PERIANAESTHESIA CRISIS MANAGEMENT (PCM)**

Crisis recognition and management is an important element of the fellow's clinical capability. ACPAN Clinical Fellowship will attend the ACPAN Perianaesthesia Crisis Management Course provided by ACPAN cost included in the Clinical Fellowship enrolment fee.

The program consists of theoretical lectures, skill stations and team scenarios. The ACPAN Perianaesthesia Crisis Management Course covers:

- Local Toxicity
- Difficult airway and Can't intubate, Can't Oxygenate
- Malignant Hyperthermia
- Massive Transfusion
- Anaphylaxis
- Cardiovascular incidences

During the PCM course multiple choice questions will be asked. The questions relate directly to the content presented. An 80% success score should be obtained to pass the PCM program.

## **5.3. ORAL VIVA EXAMINATION**

Key to successful performance in all assessments is understanding what is expected of you. Knowing what to expect on the day of the oral viva is an important part of the assessment preparation that you should not overlook.

Candidates will be sent an example of a case, so they have an impression about the questions to expect during the assessment. Critical thinking is the essential competence and will be tested extensively. One hour is allocated for each viva.

You will be assigned an assessment time, and you should present 15 minutes before this time to register and settle into the waiting room environment. You will need current photo ID such as your driver's licence or passport.

Prior to the Oral Viva exam, candidates will be given a pen and a pad and allowed 10 minutes to read their cases and make notes in preparation for the oral viva. At the conclusion of the ten minutes, candidates will be called into the viva room for the oral viva examination. All personal items have to be stored away in a closed bag during the assessment.

The following qualities are assessed:

- Clinical judgment
- The application of the principles of acceptable and safe anaesthetic practice
- Prioritisation
- Interpretation of complex clinical situations
- An ability to make decisions based on a changing clinical situation
- Anticipation of clinical actions and their sequelae
- Effective communication

Your responses will be marked independently as per marking sheet. After the oral viva the assessors will thank you and ask you to return to the waiting area. An 80% pass for the Oral Viva is essential to obtain the Clinical Fellowship. Your answers will determine the merit of your viva responses and the outcome: successful or unsuccessful. If unsuccessful, a second attempt is offered.

## **5.4. ROLES**

### **Assessors**

The assessors are credentialed by the ACPAN board on advice of the Standard Council and Education Council. Credentialing criteria are:

- ACPAN Clinical Fellow.
- Minimal 5 years' experience in anaesthesia, PACU or critical care.
- Experience in performing assessments in perianaesthesia care (portfolio).
- Experience in giving feedback at minimal a team leader, clinical nurse or clinical facilitator level (portfolio).

Each Oral Viva will be done with 2 assessors. The assessors should complement each other in such a manner that knowledge is covered over the whole perianaesthesia domain.

### **Chief Examiner**

The Chief Examiner oversees the organisation and coordination of the Oral Viva of the Clinical Fellowship exam. This includes informing, coaching and instructing assessors. The Chief Examiner also makes the final decision regarding pass/fail Oral Viva.

### **Fellowship Coordinator**

The Fellowship Coordinator acts as a contact person for ACPAN Clinical and Professional Fellows.

## **5.5. CLINICAL FELLOWSHIP RE-CREDENTIALING**

To be eligible for re-credentialing after 3 years of obtaining your Clinical Fellowship degree, you must comply with a few criteria. Evidence of this can be uploaded to the ACPAN website. Without timely uploading of the required evidence, your Clinical Fellowship title will be no longer valid. The re-credentialing process costs \$75.

Re-credentialing criteria:

- ACPAN experience statement (min 270h / 3 years).
- 15 CPD points in perianaesthesia.
- ALS and PALS 3 yearly.
- Perianaesthesia crisis management.
- Anaesthesia & PACU ACPAN level 1 online exam (>90% pass).

## 5.6. ACPAN CLINICAL FELLOWSHIP PROGRAM TERMS & CONDITIONS

The ACPAN Clinical Fellowship registration commences 1st January and closes 31st of March each calendar year. Perianaesthesia Crisis Management Course and Oral Viva examinations occur prior to ACPAN National Conference each year. Dates and location for will be announced at ACPAN National Conference each year. ALS/ PALS dates will be published on the ACPAN website under events.

### Correspondence

All correspondence regarding the ACPAN Clinical Fellowship program must be sent to the ACPAN Fellowship Coordinator email [fellowship@acpan.edu.au](mailto:fellowship@acpan.edu.au) with your ACPAN membership details.

### Fee payment schedule

Total cost of the ACPAN Clinical Fellowship program is \$1500 + GST. This cost includes:

- ALS and PALS courses;
- Perianaesthesia Crisis Management Course;
- Oral Viva Examination fees;
- 1 day of ACPAN National Conference attendance (includes academic gown use); and
- Administration costs for program.

This cost does NOT include travel, accommodation or other associated costs by undertaking the ACPAN Clinical Fellowship program.

Payment of the fee is scheduled as below:

- On acceptance into the ACPAN Clinical Fellowship program \$500 + GST is due within 7 days of invoice.
- All remaining payments must be finalised by 31st March on the year of registration.

### Late payment of fees

Failure to make the scheduled fee payments as outlined above (within 7 days of the due date) will result in cancellation of fellowship candidature and forfeiture of all fees paid.

### Application for extension of fee payment date

Application for extension of fee payment date must be arranged, in writing, with the ACPAN Clinical Fellowship Coordinator at least seven (7) days prior to the fees falling due. Extensions will not be granted for acceptance into the program.

Payment extensions – an administration fee of \$50 + GST will be applied.

### Cancellations/request to transfer

Any cancellation or request to transfer should be made directly to [fellowship@acpan.edu.au](mailto:fellowship@acpan.edu.au).

#### Option 1:

Cancellation may be made at any time prior to the 30th April in the fellowship year. A \$75 + GST administration fee will be deducted from any fees paid. If ALS/ PALS has been undertaken prior to the 30th April in the fellowship year, the fees for fellowship will not be refundable.



**Option 2:**

The Fellowship candidate may request to transfer to the next Fellowship year at no fee (fees already paid will not be refunded but transferred to the following Fellowship year). If fees have increased, the difference in price will be due and payable. ACPAN Clinical Fellowship cannot be extended beyond a two-year timeframe.

**Non-attendance to ACPAN Clinical Fellowship components**

Non-attendance to any ACPAN Clinical Fellowship components, without prior approval by the Clinical Fellowship Coordinator, will result in forfeiture of all fees paid and cancellation of Clinical Fellowship candidature. Permission for non-attendance must be sought at least 10 working days prior to the event from the ACPAN Clinical Fellowship Coordinator: [fellowship@acpan.edu.au](mailto:fellowship@acpan.edu.au)

**5.7. ACPAN CLINICAL FELLOWSHIP EXAM REGULATIONS**

In this chapter further information will be given about the procedures after failing one of the components of the Clinical Fellowship program.

**5.7.1. Assessment principles and guidelines**

- All assessment items are mapped against the Education Curriculum.
- Assessment should assist individuals to build their capacity to:
  - Provide safe and competent nursing care.
  - Maintain currency of knowledge and practice, through the use of lifelong learning skills.
- The pass mark for any assessment item should be 80% except for competency assessment where a pass or fail grade would apply.
- Assessment must provide a strong feedback loop to RNs.
- Assessment items should be thorough, unambiguous and reflect the learning objectives of the course of study.
- Marking criteria for assessment items must be developed at the time of developing an assessment item. The criteria must provide concrete guidance for both students and assessors.
- A thorough moderation process must be conducted to ensure inter-rater reliability. This would include a meeting prior to the marking of assessment items to orientate assessors and clarify expectations, a further meeting as marking progresses to clarify any issues and ensure consistency and a final meeting to compare

**5.7.2. Program evaluation**

Program evaluation is an essential quality assurance mechanism to ensure ongoing integrity of curriculum content, design and implementation. Evaluation is essential to determine program value, worth and suitability. The Clinical fellowship program will be evaluated from a ACPAN perspective and each component will be evaluated by the candidates and assessors.

### **5.7.3. (Paediatric) Advanced Life Support**

#### **Failed first attempt**

If unsuccessful with the multiple-choice exam, you cannot continue with the scenario and you must re-sit the complete program.

If unsuccessful for the scenario, you will be invited to attend one subsequent attempt with a different assessor. After the second attempt, the assessors involved in the first and second attempt will discuss their findings and make a final decision.

#### **Failed second attempt**

If the second attempt is unsuccessful, you must re-sit the complete program. You will be unable to do the Oral Viva unless you are successful for ALS and PALS. See also Terms & Conditions, request for transfer.

### **5.7.4. Perianaesthesia Crisis Management**

#### **Failed first attempt**

If unsuccessful with the multiple-choice questions, you will be invited to attend another PCM program or an oral exam on the same day. This oral exam will discuss similar questions and is done in the presence of two assessors. An 80% pass rate applies to this oral exam.

#### **Failed second attempt**

If the second attempt is unsuccessful, you must re-sit the PCM program. You will be unable to do the Oral Viva unless you have successfully completed PCM. See also Terms & Conditions, request for transfer.

### **5.7.5. Oral Viva**

The candidate Clinical fellow has the right to ask for feedback after completion of the Oral Viva. The candidate must do this at the end of the Oral Viva or the latest when the assessors give the result of the Oral Viva.

After each Oral Viva, the following points will be evaluated by the assessors:

- What did each assessor score on the template marking sheet?
- Is there consensus about the result?
- Where can we help the candidate when feedback is asked?
- What is the advice for the Chief Examiner?

#### **Failed first attempt**

- If unsuccessful, you will be invited to attend one subsequent attempt with different assessors in which the entire process will be repeated.
- If a candidate clinical fellow fails the first attempt of the Oral Viva, the Chief Examiner will select the assessors for the second attempt.
- After a second attempt, the Chief Examiner will ask feedback from the candidate Clinical Fellow and advise from the assessors.
- After consulting the assessors and the candidate Clinical Fellow, the Chief Examiner will then take the final and irrevocable decision with regards to pass/fail Oral Viva.
- The chief examiner will advise the candidate of the outcome.

**Failed second attempt**

- If unsuccessful, the Chief Examiner invites you to discuss the feedback from the assessors.
- The Chief Examiner discusses the option with the Chair of the ACPAN Education Council. Possible options are:
  - Re-sit the Oral Viva Oral Viva next year (\$400, this includes one day conference).
  - Defer for more than one year: Re-sit the complete Clinical Fellowship program (Oral Viva, ALS, PALS and PCM). Full fee as per Clinical Fellowship program applies.

**5.8. MARKING TEMPLATE ORAL VIVA**

*UNDER DEVELOPMENT, EXPECTED IN JUNE 2019*