

## **APPLICATION FORM** TRAINING EXPANDED PRACTICE

**ANAESTHETIC TECHNICIAN** 

November 2013

### **S**ECTION **1**- TO BE COMPLETED BY THE APPLICANT

| Applicant's Name:   |   | Registration Number: 33-0 |        |      |  |  |
|---|---|---------------------------|--------|------|--|--|
| Email Ad  | ddress:                                 |                           |        |      |  |  |
| Contact   | Number:                                 |                           |        |      |  |  |
| Place of  | Employment:                             |                           |        |      |  |  |
| Applic  | eation for training in (please circle): | PICC                      | PACU   | вотн |  |  |
| I have included the following certified copy documentation with my application:   |   |                           |        |      |  |  |
| A current annual practising certificate   |   |                           |        |      |  |  |
| A summary of relevant post-qualification clinical experience  |   |                           |        |      |  |  |
| Intravenous cannulation certificate   |   |                           |        |      |  |  |
| •   |   |                           |        |      |  |  |
| Evidence of hospital based training in radiation safety   |   |                           |        |      |  |  |
| IV certification  |   |                           |        |      |  |  |
| Written summary of your clinical experience   |   |                           |        |      |  |  |
| I certify that all the information provided in this application is true and correct in every particular. I understand upon approval the Council will place a condition on my annual practising certificate that requires me to work under supervision while completing my training: |   |                           |        |      |  |  |
|   | (Applicant's signature)                 |                           | (Date) |      |  |  |

I



# APPLICATION FORM TRAINING EXPANDED PRACTICE

**ANAESTHETIC TECHNICIAN** 

November 2013

#### SECTION 2- TO BE COMPLETED BY CLINICAL DIRECTOR OF ANAESTHESIA

This section needs to be completed by a registered medical anaesthetist who is responsible for the anaesthetic department at the health care facility

| Name:  | Registration Number:  | _                       |  |
|--|---|-------------------------|--|
| Email Address:   |   | _                       |  |
| Healthcare Facility:   |   | _                       |  |
| Contact Number:  | Position:   |                         |  |
| CONFIRMATION OF TRAINING   | PROGRAMME IN PICC LINE INSERTION  | <b>NS</b>               |  |
| I certify that the applicant will undergo above named healthcare facility that incl                | a training programme in PICC line insertions at ludes the following <b>PICC</b> training: | t the                   |  |
| Pre-insertion Training   |   | $\overline{\mathbf{V}}$ |  |
| <ul> <li>Ultrasound training for vascular access</li> </ul>  | Seldinger Technique   |                         |  |
| CXR Education  | Tip guidance technique  |                         |  |
| Aseptic technique  | <ul> <li>Simulation training of needling techniques</li> </ul>                            |                         |  |
| <ul> <li>Informed consent, Time Out and documentation</li> </ul>                                   | Recommended reading material  |                         |  |
| Insertion Training   |   |                         |  |
| Observe a minimum of five PICC line insertions by the nominated supervisor                         |   |                         |  |
| <ul> <li>Independently scrub and insert a minimum of five PICC lines without difficulty</li> </ul> |   |                         |  |
| <ul> <li>Perform double scrubbing, increasing the</li> </ul>                                       | number of stages independently  |                         |  |
| Assessment of Competence   |   | $\overline{\mathbf{V}}$ |  |
| <ul> <li>Ability to perform all steps of the procedure facility policy</li> </ul>                  | ure independently and according to healthcare   |                         |  |
| the PICC line insertion training programm  | ted supervisor of their successful completion of ne                                       |                         |  |
| Theoretical knowledge  |   |                         |  |
|  |   |                         |  |
| (Signed)   | (Date)  |                         |  |



# APPLICATION FORM TRAINING EXPANDED PRACTICE

**A**NAESTHETIC **T**ECHNICIAN

November 2013

### **CONFIRMATION OF TRAINING PROGRAMME IN PACU**

I certify that the applicant will undergo a training programme at the above named healthcare facility that includes the following PACU training:

| Airway Management   | $\checkmark$            |   | $\checkmark$            |
|---|-------------------------|---|-------------------------|
| <ul> <li>Removal of artificial airways</li> </ul>   |                         | <ul> <li>Maintenance of Universal Precautions</li> </ul>                          |                         |
| <ul> <li>Positioning of artificial airways to maintain respiration</li> </ul>               |                         | <ul> <li>Selection and preparation of<br/>appropriate airway equipment</li> </ul> |                         |
| Monitoring Assessment and Care  | $\overline{\mathbf{A}}$ |   | $\overline{\checkmark}$ |
| Communication with patient  |                         | Plan of care  |                         |
| <ul> <li>Monitoring of fluid balance, fluid therapy</li> </ul>                              |                         | <ul> <li>Monitoring of comfort levels and/or adverse reactions</li> </ul>         |                         |
| <ul> <li>Monitoring of operation sites, drain<br/>and wound care</li> </ul>                 |                         | <ul> <li>Monitoring emergencies – respiratory<br/>and cardiovascular</li> </ul>   |                         |
| <ul> <li>Drug therapy assessment, assessment of pain</li> </ul>                             |                         | <ul> <li>Pharmacology of common drugs used<br/>in the PACU phase</li> </ul>       |                         |
| Patient Care Handover   | $\overline{\mathbf{V}}$ |   | $\checkmark$            |
| • Documentation requirements  |                         | <ul> <li>Handing over to ward staff</li> </ul>                                    |                         |
| <ul> <li>Commination requirements for patient handover</li> </ul>                           |                         | <ul> <li>Handing over to PACU colleague</li> </ul>                                |                         |
| <ul> <li>Accepting handover from the<br/>anaesthetist</li> </ul>                            |                         |   |                         |
| Assessment of Competence  |                         |   |                         |
| <ul> <li>Ability to perform all PACU activities indepolicy</li> </ul>                       | ependen                 | t and according to the healthcare facility  |                         |
| <ul> <li>Documented certification by the nominal<br/>the PACU training programme</li> </ul> | ted supe                | ervisor or their successful completion of   |                         |
| Theoretical knowledge   |                         |   |                         |
| (Signed)  |                         | (Date)  |                         |