



**New Zealand Anaesthetic Technicians' Society Inc**

**PROFESSIONAL DEVELOPMENT PORTFOLIO  
NATIONAL TEMPLATE  
ANAESTHETIC TECHNICIANS**

**Name**  
**Anaesthetic Technician**

# PROFESSIONAL DEVELOPMENT PORTFOLIO TEMPLATE ANAESTHETIC TECHNICIANS

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## **Background**

The completion of a professional development portfolio (PDP) is an important tool in which Anaesthetic Technicians can provide evidence that organisational, legal, social, economic and professional practice requirements are met.

Professional Portfolios enable Anaesthetic Technicians to provide documentation to demonstrate NZATS standards and scopes of practice are achieved in a structured format.

Why do we keep a portfolio?

### **Continuing competency requirements:**

With the introduction of the HPCA Bill and the Social Workers Registration Act (2003), practitioners will be required to demonstrate their ongoing professional competency according to the requirements of their professional group's registering authority

### **Performance review:**

In conjunction with annual performance review process, Anaesthetic Technicians may use documentation within their portfolio to demonstrate evidence of achievement of objectives.

## **Features of a Professional Development Portfolio**

The contents and indexing of the portfolio are the responsibility of the individual Anaesthetic Technician according to their current needs as outlined below:

- A collection of personal material that serves as an ongoing record of an individual's professional development and achievement;
- Evidence of acquired knowledge, skills and outcomes that demonstrate good professional practice;
- Appropriate documentation (evidence) to use as proof of Continuing Competency as required by the practitioner's registering authority;
- Reflections on past and present professional practice that have resulted in new or enhanced skills;
- Details regarding the achievement of goals and strategies for the current professional development plan

It is an expectation that all Anaesthetic Technicians will develop and maintain a current professional portfolio throughout their careers

## **Putting Together Your Portfolio**

### **Guidelines for the Content of a Portfolio**

A PDP is an individual and personal document.

The layout will therefore suit the individual practitioner.

There are two sections.

Section one is compulsory.

### **Title Page**

#### **1. Contents**

State the page number(s) where evidence of each activity is in your portfolio.

Include an appendix for additional documentation e.g. letters of confirmation, copies of power point presentations etc.

List each document included in your portfolio. This will be used when assessing your portfolio.

#### **2. Personal Information**

This set of information describes you as a professional and your current role.

##### **2.1 Header Sheet**

- Name
- Position
- Service/Team setting
- Start Date
- Employment Number

##### **2.2 Copies of the following:**

- Current Position Description
- Annual Practising Certificate/Card
- A current performance review (completed within the last 12 months) which includes your performance objectives set for the following 12 months and your managers assessment of your achievement of your performance objectives from the previous 12 months.

#### **3. Clinical Practice**

##### **3.1 Information Related to your Current Position:**

- A description of your current roles and responsibilities in your department.
- Discuss how you fulfil the requirements of NZATS standards of practice one, two and four in your daily clinical practice within your description.

#### 4. Education

##### 4.1 Professional Development

###### Formal learning

Provide a statement to show how you have met NZATS standards of practice three.

Provide two pieces of evidence for Professional Development.

- write a brief summary about the course/lecture attended, what you learnt and how it contributed to improving your clinical knowledge and practice.
- Provide certificates

Examples:

- In-service training
- Postgraduate study
- Conferences / Courses attended
- Seminars
- Workshops
- Professional leadership, teaching, learning and development

#### 5. Professional Activity Summary

This section is the documentation of compulsory annual competencies successfully completed.

#### Annual Compulsory Updates

<b>Course Completed</b>	<b>Date</b>	<b>Managers Signature</b>
CPR / ACLS		
Fire & Disaster		
Machine Check		
Point of Care Testing		

## **Section two**

Section two is voluntary. It is designed for Anaesthetic Technicians who want to be involved with the development of Quality initiatives with their hospitals and profession.

Provide at least two pieces of evidence for each of the following points:

### **6. Case Study**

Case studies are a description of a patient's journey through a surgical case.

Write about:

- Patient history
- Anaesthetic considerations,
- Anaesthetic plan.
- Surgical case – what the surgery involves and what it means to the patient
- Post operative outcome

### **7. Work projects / activities**

- Describe any changes, developments or initiatives you have been involved in regarding your current role.
- Describe any involvement related to your service under different headings, e.g. Quality projects, Health and safety initiatives, theatre management groups, senior meetings, Charge Technician meetings. Detail the amount of time this involves and how it contributes to the service.

### **8. Research, presentations and supervision**

- Describe the type of student and/or staff supervision you have offered and achieved.(mentoring)
- Describe any presentations you have provided. In detail discuss objectives set before the lecture .
- Discuss the group receiving the lecture, time taken to research and develop power point presentations.
- Discuss benefits these experiences have contributed to your own clinical development.

### **9. Professional Practice**

This section relates to any work covering the development of your profession

- Describe any involvement related to your profession e.g. committee or work for your professional body
- Discuss any articles submitted to professional newsletter. Describe the length of time and amount of time involved
- Include any evidence of research undertaken

**Other Updates (service/area specific e.g. Calming and Restraint)**

<b>Course</b>	<b>Date</b>	<b>Signature</b>

**Attendance Record**

**Inservice sessions, Study Days and teaching sessions attended**

<b>Date</b>	<b>Speaker</b>	<b>Title</b>

**Formal education attended**

<b>Date</b>	<b>Venue/Institution</b>	<b>Title</b>

**Committee / Working Group Participation**

<b>Date</b>	<b>Title</b>	<b>Role</b>

**Teaching sessions presented**

<b>Date</b>	<b>Venue</b>	<b>Title</b>

## **Appendix : NZATS Standards of Practice**

### **Standard One: Professionalism**

**Anaesthetic technicians are accountable for their practice and will promote equality for all.**

#### Objectives

- 1a. To comply with the Code of Health and Disability Services Consumers' Rights.
- 1b. To incorporate the Treaty of Waitangi into all aspects of the workplace.
- 1c. To recognise and incorporate into daily work practices the diverse cultural needs of the community, individual beliefs and identity.

#### Process

- 1a. Anaesthetic technicians will be educated to, and will practice according to authorised ethical codes. These include Codes of Ethics and Patients' Code of Rights contained in the Health and Disability Service Act.
- 1b. Anaesthetic technicians will be educated and will practice according to the principles of the Treaty of Waitangi and will be encouraged to attend cultural study days.
- 1c. Anaesthetic technicians will have the resources readily available to recognise the diverse cultural needs and the personal beliefs of their clients. Anaesthetic technicians will adjust their practice to reflect this

#### Outcomes

- 1a. Patients will be informed of their rights and be able to exercise these rights and choices and decisions made will be treated with respect. Patient and staff confidentiality and privacy will be maintained at all times. Services will be provided in a manner that respects the dignity and individuality of the person concerned.
- 1b. Anaesthetic technicians practice within the principles of the Treaty of Waitangi - Protection, Partnership and Participation. Practice will be adjusted where possible to enable the patient to feel culturally and spiritually respected. Staff will work in partnership with local Iwi to ensure culturally safe practice.
- 1c. Anaesthetic care is provided in a non-judgemental, skilled manner that incorporates patients' individual, cultural, racial and religious needs.

### **Standard Two: Scope of Practice**

**Anaesthetic technicians are, within their scope of practice, responsible for the safety of their patients and colleagues.**

#### Objectives

- 2a. To provide a practice that protects patients from physical danger and avoidable risk.
- 2b. To provide practice that is safe, legal and that meets the Australian New Zealand College Of Anaesthetists (ANZCA) guidelines, the New Zealand Anaesthetic Technicians' Society Inc. (NZATS), Peri-operative Nurses College of the New Zealand Nurses Organisation and the requirements of the Clinical Training Agency (CTA).
- 2c. To provide a process that enables continuous evaluation of practices to provide safe outcomes for both patients and staff.
- 2d. To fully participate in the process of quality assurance.

### Process

- 2a. i) Anaesthetic technicians will become familiar with, and participate in, the development of the Health and Safety, Infection Control manuals/policies and Quality Assurance programmes in their workplace. Anaesthetic technicians will practice within the stated guidelines. Guidelines, manuals, policies and clinical practice documentation must be readily accessible for their reference.
- 2a. ii) Anaesthetic technicians will be familiar with relevant legislation. Anaesthetic technicians will be orientated to departmental policies and aware of their hospitals' requirements for compliance to the Medicines Act (1981).
- 2b. Anaesthetic technicians will practise according to the ANZCA guidelines and the manufacturers' guidelines for the use and maintenance of the particular units of anaesthetic equipment in their hospital. The documentation relating to the above is to be readily available for reference. Documentation must be reviewed on a regular basis for accreditation purposes.
- 2c. Anaesthetic technicians will take part in regular in-services and educational initiatives.
- 2d. There will be timely and regular reviews of clinical and technical skills and ongoing critique and review of personal practice. Anaesthetic technicians will participate in the development of clinical practices and policy documentation. Clinical practices and policies will be researched, implemented and reviewed to meet accreditation standards.

### Outcomes

- 2a. Anaesthetic technicians have a good understanding of their practice and provide a safe working environment for both patients and colleagues.
- 2b. Anaesthetic technicians provide a service that meets both the legal requirements of the employing hospital, the ANZCA guidelines and the NZATS Regulations and NZATS Training Regulations.
- 2c. Processes are in place for continuous revision of practice for the safe outcome of patients and staff.
- 2d. Quality assurance indicators are attained. The anaesthetic technician practices as a role model for peers, junior and other staff. Accreditation will be achieved.

### **Standard Three: Professional Development**

#### **Professional Development: Anaesthetic technicians are committed to professional development**

### Objectives

To ensure:

- 3a. That the anaesthetic technician reviews and develops knowledge in current clinical and technical anaesthesia practice and procedures.
- 3b. The anaesthetic technician actively participates in the education of peers, colleagues and other staff.
- 3c. The anaesthetic technician systematically evaluates the standard and appropriateness of individual practice through research, feedback and discussion.
- 3d. Anaesthetic technicians are active members of the relevant professional organisation.

### Process

- 3a. (i) It is the responsibility of the individual to maintain and develop their clinical practice.
- 3a. (ii) It is the responsibility of the anaesthetic technician to be familiar with the NZATS anaesthetic technician training programme, Scopes of Practice and the current guidelines of ANZCA.
- 3a. (iii) Anaesthetic technicians are active in, and contribute to, the education of colleagues and students through regular in-service and teaching. The individual should identify current and relevant information from resources such as the anaesthetic technician educator, the education folder, library and other relevant sources. The information sourced will include journal articles and information from manufacturers, drug companies, professional bodies and reference material.
- 3a. (iv) The anaesthetic technician will maintain a portfolio which will be a documented record of attendance at educational and in-service sessions, clinical and technical assessments and teaching sessions, presentations and attendance at conferences.
- 3b. (i) Practice is evaluated yearly through performance appraisal, peer review, audits and assessment.
- 3b. (ii) Anaesthetic technicians research, critique and address needs to ensure their practice is current and correct. Issues concerning the practice of colleagues will also be identified and addressed.
- 3c. Anaesthetic technicians are current members of the NZATS.

### Outcomes

- 3a. The anaesthetic technician maintains current knowledge in anaesthesia and actively participates in the education of peers, colleagues and other staff.
- 3b. A portfolio system will identify areas of practice to be reviewed or reassessed.
- 3c. Anaesthetic technicians belong to a governing body that develops models and guidelines based on the highest standards of practice.

## **Standard Four: Roles and Responsibilities**

**Anaesthetic technicians will provide dedicated professional, clinical and technical assistance to the anaesthetist.**

### Objectives

- 4a. To follow the recommendations ANZCA PS8 document 'Assistant to the Anaesthetist' (review date 2002).
- 4b. To work in partnership with the anaesthetist and identify the requirements for the anaesthetic procedure.
- 4c. To work in a systematic and planned approach in order to meet the needs of the individual patients.

### Process

- 4a. The anaesthetic technician will be appropriately educated. The technician will demonstrate the application of knowledge based on scientific and anaesthetic principles.
- 4b. The anaesthetic technician will work in partnership with the anaesthetist. The technician will support the anaesthetist until excused from that duty and will identify their whereabouts to the anaesthetist and other team members.

- 4c. The anaesthetic technician will communicate and work closely with the anaesthetist to develop an anaesthetic plan for each patient.
- 4d. The anaesthetic technician will have sound knowledge of operating theatre environment, procedures and policies.
- 4e. The anaesthetic technician will have sound knowledge of safety and security systems within their employing hospital.
- 4f. The anaesthetic technician will provide support for colleagues, technicians, nurses and other team members as appropriate.

### Outcomes

4a. The anaesthetic technician displays a sound knowledge of the following and demonstrates this in their daily practice:

- The principles and process of anaesthetic practice.
- Understanding the principles of, and the requirements for, surgical and investigative procedures.
- The equipment required for anaesthetic procedures, including physics, functions, application and hazards in practice.
- Cleaning, decontamination and/or sterilisation, storage, care and maintenance of anaesthetic equipment. Appropriate disposal of single use items is understood and processes followed as part of daily practice.
- The principles and practice of aseptic technique, Universal Standards, Infection Control, Occupational Health and Safety, waste management and risk management are applied to daily practice.

The anaesthetic technician will understand the medico-legal requirements and responsibilities. Practice will be based on departmental, ANZCA and NZATS guidelines and requirements.

4b. The anaesthetic technician will be allocated to an area where an anaesthetic procedure will be carried out. The technician will work in partnership with the anaesthetist

4c. The anaesthetic technician will work in a systematic manner.

The technician will:

- Check all required anaesthetic, ancillary, monitoring, fluid replacement, warming and other relevant equipment and ensure it is functional and safe to use.
- Confirm patient identity, allergy status and procedure. Ensure informed consent if appropriate
- Act as the patient advocate.
- Assist with patient positioning, ensuring their privacy and dignity is maintained throughout the procedure.
- Anticipate and meet the needs of the anaesthetist before, during and after the procedure.
- Function as a member of the multidisciplinary team.
- Appropriately document the care provided.

- Ensure documentation is clear, readily available, non-judgemental and correct.

## **Standards of Practice**

### **APPENDIX A**

#### Standards on Infection Control

##### **Definitions**

- *Decontamination* - The process of removing infective and unwanted matter from the surface of an object, i.e. thorough cleaning.
- *Disinfection*: - A process that eliminates many or all micro-organisms except spores.
- *High Level Disinfection* – A process that uses a decontaminant that kills vegetative bacteria, tubercule bacilli, some spores, fungi and viruses (when used according to manufacturers' instructions).
- *Pasteurisation* – A process that employs time and hot water to achieve high-level disinfection.
- *Sterilisation*: – A process that leads to the complete elimination of all micro-organisms.
- *Asepsis*: - The prevention of contact with micro-organisms.

For disinfection, pastuerisation or sterilisation to occur there must have been previous thorough decontamination.

For technical aspects of these procedures the reader is referred to the Code of Practice for Cleaning, Disinfecting and Sterilising Reusable Medical and Surgical Instruments and Equipment, and Maintenance of Associated Environments in Health Care Facilities (AS 4187-1994).

##### Standards to apply in all situations

These standards are to apply in all anaesthesia situations including general inhalational, general and total intravenous anaesthesia, regional and local anaesthetic procedures.

##### Risks to patients

- The patient must be protected from acquiring infection through all anaesthesia procedures including airway and invasive procedures.
- Appropriate levels of sterility, disinfection and decontamination are to be applied at all times.

##### Hand washing

Hand washing is the most important infection control measure.

Hands must be washed before:

- Handling a new patient
- Hands washed or gloves changed when:
  - preparing equipment to be used on a new patient
  - between procedures on an individual patient
  - whenever the hands have become contaminated
  - before any invasive procedure.

The use of alcohol hand rubs is highly recommended

All cuts on the hands should be adequately covered with a waterproof dressing both for the technician's safety and that of the patient.

### Operating room preparation

- The operating room will be appropriately prepared for each new patient.
- The room must have an adequately functioning air conditioning with a minimum of 15 – 20 complete air changes per hour.
- The operating room must be cleaned and appropriately decontaminated from the previous patient.

This must include:

- Theatre floor mopped of obvious soiling and contamination
- All usable surfaces cleaned
- Anaesthesia procedure trolleys working surfaces cleaned
- Anaesthesia machine working surface cleaned and other areas of obvious soiling and contamination.
- All material from the previous patient is disposed of, preferably out of the room, but as a minimum, where no contamination to following patients can occur.
- All drugs from the previous patient are disposed of.
- All containers used with the previous patient such as drug trays, airway trays etc. are removed from the room.

### Anaesthesia equipment

All anaesthesia equipment, in addition to that mentioned above, must be appropriately prepared as outlined below prior to the patient's arrival in the operating room.

Principles of aseptic technique must be applied to all invasive anaesthetic procedures.

Any ancillary devices such as blood pressure cuffs, pulse oximetry probes, ECG leads must be cleaned after use and between patient contacts and decontaminated as required.

### Airway equipment

- Devices that pass through the mouth or nose should be kept sterile until use. Laryngeal masks must be decontaminated and then sterilised prior to each use. Re-useable facemasks must be decontaminated following manufacturers' instructions.
- Laryngoscope blades must be decontaminated and sterilised prior to use. Storage of blades must be such that they cannot become contaminated from touch, splash or aerosols by patient body fluids - individual packaging is preferred to ensure integrity.
- Single use items must be disposed after individual use.

*Where the manufacturer states that an item should be sterilised before use that recommendation should be taken.*

- Clean and contaminated equipment must be separated.
- Used airway equipment that is expected to be reused on the same patient should be placed in an appropriate receptacle that reduces the risk of surface contamination.
- The laryngoscope handle must be decontaminated between all cases and when ever there is obvious contamination.

### Breathing Circuit

- For each patient the breathing circuit should be sterile or, decontaminated and disinfected or protected by the use of an appropriate filter.
- The use of a filter does not eliminate the requirement to ensure that the remainder of the circuit is not contaminated.
- Filters are single-use items.
- Items such as in-line or side stream sampling should be placed such that the filter protects them.

### Anaesthetic Machine

Internal components of the anaesthetic machine and breathing circuits should be cleaned regularly according to departmental and manufacturers' guidelines

### Carbon Dioxide Absorbers

Sterilisation of the absorber is not necessary or practical before each case. An appropriate filter should protect it. The unidirectional valves should be disinfected regularly.

### Ventilators

These should be cleaned regularly and disinfected as required.

### Flexible scopes

Should be sterilised according to the Australian and New Zealand Standards Flexible Endoscopes Recommendations and incorporating the manufacturer's recommendation.

### Drugs for injection

Multiple dose vials and ampoules for more than one patient are not recommended unless all doses are drawn up before the administration of the first dose to a patient.

All doses drawn up for subsequent patients must be kept covered and in an area where there is no risk of contamination from touch, splash or aerosols

The contents of a single ampoule are to be used only for a single patient.

### **Invasive procedures**

#### Vascular cannulation

Hands must be washed prior to insertion and gloves used for the operator's protection. The skin should be disinfected with an appropriate preparation prior to insertion. Needle insertion should ensure that the needle tip and shaft of the cannula remain sterile. The sharp must be disposed of in an appropriate container. Any spill of blood should be immediately cleaned and the area decontaminated. Intravenous administration sets, including pump and infusion lines are single use items.

Soiled and contaminated tourniquets should be sent for full decontamination/disinfection.

Syringes, needles, drugs and contents of intravenous trays and dishes are for single patient use only.

#### Central Vascular Cannulation

The surface on to which the equipment is to be opened should be disinfected with the use of a suitable surface cleaner. Prior to the opening of sterile equipment and gowns, the anaesthetic technician will wash their hands.

Central cannulation should be carried out using full aseptic technique:

- Mask
- Gloves
- Gown
- Appropriately prepared skin

- Use of a sterile field bound by sterile drapes.

### Regional Anesthesia

The surface on to which the equipment is to be opened should be disinfected with the use of a suitable surface cleaner. Prior to the opening of sterile equipment and gowns the anaesthetic technician must hand wash.

### Regional blocks

The anaesthetist's hands should be washed and sterile gloves worn. The skin should be suitably prepared and the procedure performed in such a manner that all equipment remains sterile.

For an epidural or spinal procedure, or where a catheter is to remain insitu, full sterile technique must be used including:

- Mask
- Gloves
- Gown
- Appropriately prepared skin
- Use of a sterile field bound by sterile drapes

### Personal Protection

Gloves should be worn during patient contact. Gloves should be changed appropriately. Where there is a high risk of aerosols or splashes face masks and eye protection must be worn. Facemasks must be appropriate to their situation e.g. high-filtration masks in a case of a laser plume. Any blood/body fluid exposure should be treated according to hospital policies.

### Other information

ANZCA policy on Infection Control in Anaesthesia P28

Local hospital policies.