

**► Minutes of Education Meeting  
Friday 10<sup>th</sup> October 1330  
Duxton Hotel Wellington**

**Present:** Shawn Mc Flinn, Penny Jurgens, Tania Kennedy, Maslcolm Stuart, Karen Bennett, Brenda Knowles, Michele Peck, Nicols Smith-Guerin, Mike Powell, Cathie Hepworth, Sian Mitchell, Fintan Marshall, Marcel Waayer, Michael Leach, April Savill

**Apologies:** None recieved

**Opening:** Sian welcomed everyone and introductions took place

- **AUT report** – Report from Wendy Emson was read by Sian
- **Diploma Papers**

**Anaesthesia I and Anaesthesia Technology I** – There are no changes planned for these. Tania Kennedy was thanked for looking after these papers for the last 3 years and being one of the 3 markers. Feedback from this paper is that there are continuing issues with legibility of some trainees writing, grammar and spelling. If the writing cannot be read it will not be marked. Feedback to students is written on these papers but as the markers are allocated 5 minutes to mark each paper feedback is limited.

**Worksheets** – Completion of these has increased since the 5% loading was introduced.

**Markers** – Request from persons interested in marking to contact Wendy Emson at AUT. Sian will contact Wendy regarding what the position description and candidate criteria contains as it should be an experienced tech with at least 5 years experience, similar to the National Assessor.

**Anaesthesia II** – Also has 5% loading on workbook. Currently the block course for this is a 1 day course attached the AMERAT and it receives generally poor feedback. There is also a lack of Anaesthetic Technicians to teach on this course currently due to the chronic staffing shortage. Next year this will be trailed as an on-line block course and so students will require computer access at work. AUT will request that this is essential. We are discussing the possibility of on line support being available from a lecturer at the time of sitting.

**Anaesthetic Technology II Manual** – Feedback has been positive on the changes that were made this year. Some comments received that it is difficult to get supervision for case studies. Assessors should be aware that the purpose of assessment of case studies is to identify areas of strength and weakness in the trainees abilities. Assessment should include discussion of both aspects as applicable. These are not pass / fail criteria and should be used as a learning tool for trainees to improve practise.

**Anaesthesia III** – This is a level 7 paper written and managed by Lynne Van der Waardt. No major changes have been made to this as yet. Feedback from markers is that referencing is still not done correctly and trainees should refer to the document available from AUT Online. Trainees have complained at the lack of detailed feedback from markers and continually request model answers for all worksheets. Trainees must take into account that hospital policies and practices differ and it is difficult to generate generic model answers for this reason. Please refer to AUT Online for a breakdown of the

grading system for greater clarity on your progress. Model answers are being generated for the pharmacology section. The block course for this paper has not had great feedback. This year AUT tried to give trainees an introduction to literature critiquing during the pharmacology lecture but this was not found to be beneficial. Sian asked for suggestions on how we can better prepare trainees for their assessment which is based on critiquing academic papers. Case studies (preop through to returning to ward) were suggested as an alternative and this received popular support as an alternative. Sian will feedback to AUT. Lecturers for this block course are difficult to recruit as the it is on a Saturday and the majority of speakers are clinical anaesthetists. AUT will review this block course in 2009.

**Anaesthetic Technology I** – The word “identify “ has caused some confusion and frustration among WPAs for a number of years. To this end, the manual has been reviewed and many instances of “identify” have been changed to more user-friendly terms such as “discuss”; “list” and “explain”. WPAs should still refer to the Definitions & Meanings document available on AUT Online. Still some confusion around signing of manuals – an page has been included in the next print run which explains the rules more clearly. Trainees **MUST** take responsibility for understanding these rule and applying them. . Possibly another 2 WPA courses next year – dates will be advised soon. A reminder that WPA’s should have an active role in teaching trainees. AUT would like to see more of them offering to help out with block courses and we will be actively seeking help from further afield this year.

**Anaesthesia II** – Feedback from markers is that many students write far too detailed answers for their worksheets. There is concern that they do not understand what they are writing. Markers would prefer shorter answers which trainees have written in their own words. It is apparent in the exam that some trainees cannot reproduce the answers they give in their worksheets because they do not understand them.

**AMERAT-** Huge success again this year with great tutors and students enjoy this course. Discussion took place around the suggestion that some time be included to teach students on how exams and OSCE’s work – some felt it was the role of the educator to do this and that students wouldn’t listen to rest of the block weekend only the exam part. This suggestion was also discussed at the examiners meeting and concerns raised of it’s logistics. Some hospitals already run mock OSCE’s. Discussion on this will continue.

**National Assessments** – report read by April Savill – 2 resists to date. Students of a high standard. Not all candidates removed the resuscitation device from its plastic bag to check it. This practise will not be accepted in future. Resuscitation devices must be thoroughly checked (assembly, valve function, leaks etc)... Some candidates need to practise verbalising their checks more clearly.. Air cylinders on machines at Wellington caused issues. The length of the machine check was discussed. The chairperson insists it stays at 20mins as per the current training regulation machine check guidelines.

**Registration Examinations – Report given by Nicola Smith.** A full day Examiners’ meeting was held in August in Christchurch. The guidelines for examiners, exam etiquette, documentation, complaints process and candidate feedback forms amongst other things were discussed. The traditional machine check is no longer part of the registration examination but will form some of the OSCE’s. This change is effective March 2009. Vacancies exist for Registration Examiners.

**General discussion** – changes to HAP papers were discussed. HAP 1 is the new HAP paper and takes one semester to complete. This leaves room for a new paper to be included in the diploma.. The options for this were discussed: possibility to include documentation, circulating skills, patient care aspects, diseases and pre existing conditions, etc. Sian requested feedback from all members on this issue. Sian informed the group that this was going to be discussed in more detail at the Conference in order to get feedback and suggestions from all members.

### **Communicaiton**

National Assessors will be allocated to specific hospitals and their names will be posted on AUT Online and NZATS website. This will enable trainees with issues to communicate with them via their educator or Charge Anaesthetic Technician. Trainees **must not** contact National Assessors directly. NA's also have their own group email which has facilitated discussion around the National Assessments and other matters relevant to NA's. The same idea is planned for Charge Technicians and Educators in order to improve communication between AUT and training hospitals. It is recognised that not all Anaesthetists who hold the SoT position are proactive in this role.

Sian indicated that a mid year educators' meeting is also being planned for 2009. There is not enough time at the Conference meeting to discuss and review all the issues fully.