



The Society of Cardiopulmonary Technology (NZ) Ltd

c/o Cardiac Physiology, Level3, Auckland City Hospital, Private Bag 92024, Auckland 1142, New Zealand.

www.sct.org.nz Telephone (09) 307-4949 extn. 24323. Email: info@sct.org.nz

Guide for Supervisors

Thank you for taking on the additional workload and responsibility of being a supervisor for your department's trainee(s). The SCT education committee are here to help you with this role so please email us with any questions or concerns (see the contacts list at the end of this document).

As the supervisor you play a crucial role in the trainee's success in achieving their learning goals and ensuring that the required standards of training are achieved within your department. Your responsibility extends to ensuring that all staff within your department, who are involved in training, are aware of the information within this document and that they understand the training requirements, standards, and processes for documentation (logbooks, trainer checklists and assessments/Demonstration of Procedural Skills (DOPS). Your team leader or manager should support you in this role by ensuring you have appropriate time allocated to spend with the trainee(s).

Where to start?

Trainee Cardiac Physiology Technicians will complete the Diploma in Cardiac Physiological Measurement (DipCPM) and Trainee Cardiac Physiologists will complete the Certification of Cardiac Physiologists (CCP) course, which includes completing the DipCPM.

New trainees should apply via the SCT website for the DipCPM or CCP course as soon as possible after their employment contract is signed so that their course application can be processed and they have received their login details by the time they start work. See appendix 1 for email wording that may be used when contacting the new trainee prior to their start date - change the parts in red. It is recommended that you go to the SCT website (sct.org.nz) and look through the DipCPM & CCP application form so that you are familiar with the information required.

The trainees CPRB application is now linked to the SCT application process. See page 8 for the registration and APC initial application process.

During the trainee's orientation period (preferably during the first week) it is recommended that you meet with the trainee to explain how their practical training will take place, check whether they have received their SCT course login details, and show them the online learning website. Explain how the training documents should be used, who can fill them in and when this should be done. The trainee should be made aware that you are there to support them and they can contact you with any questions regarding their training.



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Training Plan

A training plan can help the trainee, and other trainers, know what is expected. It is recommended that a training plan is developed and discussed with the trainee early on and that this is reviewed and adjusted as necessary throughout the training. This plan may include the timing and order for learning each procedure and the approximate duration of training for each procedure. Because these factors vary the training plan will be different at each hospital.

This plan may include approximate dates for regular catchups between you and the trainee to check on their progress, review their training documents, address any issues and plan ahead.

At this early stage it is important to discuss potential causes for delays to their training, such as: everyone learns at a different pace, the number of procedures available for training, other trainees learning ahead of them, availability of qualified staff to perform the training and that the patients and need to get through the workload must be prioritised.

Start of Training

It is recommended, but not essential, that the trainee starts with learning to perform 12 lead ECGs. To assist with this training, they should go to the Electrocardiography module of the DipCPM course, select one of the learning components, scroll down to see the repository, under the ECG technique section they will find the logbook, trainer checklist and competency assessment form to download and print.

Logbook: They should start to fill in the logbook as soon as they start performing the procedure. This document should be kept with them and completed after every patient. An example of how this should be filled in is shown in appendix 2.

Trainer checklist: When there is time, the trainer checklist should be completed during the early stages of training. Ideally within the first few weeks.

Competency assessment: The competency assessment form can also be started early on by checking off column number 1 as competency for each part is achieved. See the explanation on the front page of the assessment form for more detail.

Supervisors are encouraged to log in to the online learning site, using your department's generic login, to become familiar with the structure and content of the course. If you do not know your department's generic login details, please contact the course administrator by emailing: karensctnz@gmail.com

If you have concerns with your trainee's progress, you may request that the course administrator review the trainee's online progress and provide you with this information. Note: as part of the course application the trainees sign that they agree to information on their course progress and results being made available to their supervisor and/or charge physiologist.

Once their training is underway, it is recommended that you have regular meetings with your trainee at which time you may discuss their progress (ask them to login to the online learning site and show you how much they have done), discuss any issues, provide lectures, review ECGs or discuss cases together.



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Towards the end of their training when their logbooks, trainer checklists and competency assessments have been completed, you should have a discussion regarding when they would like to sit the final exam and what support might be required in the lead up to the exam.

This might include: providing study time at work (if possible), repeating lectures, practicing ECG interpretation, and discussing exam technique. You may wish to assess their knowledge before they sit their final exam to make sure they are ready.

You, or the trainee, should email the course administrator to advise when they would like to sit the final exam. SCT will then check the trainee's eligibility to sit the exam which includes: all course work is completed, required documents have been submitted and evaluated as passed and course fees plus the SCT subscription have been paid.

Who can sign off documents?

The person nominated as the supervisor on the trainee's application form may choose to delegate training responsibilities to other qualified staff within the department. The supervisor must ensure that these trainers have adequate knowledge, standards of practice and meet the requirements stated below. The supervisor and delegated trainers must be familiar with the course expectations before completing the forms.

Logbooks, trainer checklists and assessment forms or DOPS's may be completed by those with delegated training responsibilities as outlined below.

Once these have been completed, the nominated supervisor should review each of these documents to ensure they are completed to the required standard and complete the final sign off.

Supervisor and Delegated Trainer Requirements

The practical training is undertaken by qualified and experienced cardiac physiology technicians and/or cardiac physiologists who are regularly performing the procedure which they will be involved in training.

Trainee Cardiac Physiology Technicians (DipCPM course)

- Logbooks – completed by qualified technicians or physiologists, regardless of their years of work experience i.e. there is no minimum years of work experience.
- Trainer checklists and competency assessments – completed by qualified technicians or physiologists with ≥ 1 years' work experience post qualifying.

Trainee Cardiac Physiologists (CCP course)

- Logbooks - completed by qualified physiologists, regardless of their years of work experience i.e. there is no minimum years of work experience.
- CCP trainer checklists and demonstration of procedural skills (DOPS) assessments - completed by qualified physiologists who have ≥ 1 years' work experience post qualifying.

All staff completing training forms must be registered with the Clinical Physiologists Registration Board and hold a current Annual Practicing Certificate (cardiac scope of practice).



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NOTE: Forms that are filled in by staff who do not meet these criteria will not be accepted by SCT.

The department staffing must be sufficient for the practical training to be fully supervised before assessments take place.

Working Independently

Trainees must not work independently in any procedure until the required logbooks, trainer checklists, and practical assessments are completed.

Once the trainee has completed these training documents, they may work independently in that procedure, even if they are not fully qualified. This is at the discretion of the department team leader/charge physiologist. A qualified cardiac physiology technician or cardiac physiologist (as relevant) should be available within the department, for the trainee to contact if a situation arises where they need assistance.

Holter and event analysis reports should be checked by a senior cardiac physiologist, or physician, until the trainee is qualified (minimum requirement).

SCT recommends that trainees do not perform on-call or late work, as there would not be a qualified physiologist available to assist them if required.

Independent trainee before starting the course

Where a trainee has already been working independently in an area before starting the course and has therefore not collected a record of patients/cases for the logbook or completed the trainer checklists the following applies:

- The trainee may use retrospective patients/cases to fill in their logbook (at the supervisor's discretion).
- The trainee should go through the trainer checklists with a trainer/supervisor but instead of the trainer explaining everything, the trainee should explain each of the points to the trainer and the trainer then just fills in any gaps in their knowledge then signs this when completed.
- The competency assessment / DOPS forms must be completed.



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Competency Assessment Forms (DipCPM)

Start the assessment when the trainee is performing the procedure with assistance.

At the end of a session (AM or PM list) the trainer should tick the appropriate competency level for each point. Within each section some points may be level 1, 2 or 3.

Level 1 Able to perform the procedure with assistance

Level 2 Able to perform the procedure with some supervisor input and needs help with difficult situations

Level 3 Able to perform the procedure without input from the supervisor and can handle difficult situations

Where possible, level 3 should be completed by ≥ 2 different supervisors.

Competency is achieved when the trainee is **consistently** achieving at level 3 at which stage the designated supervisor should sign and date that competency has been achieved.

The trainee may then perform this procedure independently but this is at the discretion of the designated supervisor.

Several cases which demonstrate a range of situations should be observed during the assessment process. This may take place over a morning of cases or over multiple days for the trainer to observe all the required skills that are outlined on the assessment form. If all the tasks are not marked with a tick the assessment form will not pass evaluation by the course administrator.

Demonstration of Procedural Skills (DOPS) Instructions (CCP)

The trainee's ability to demonstrate the tasks should be rated in comparison to an independent physiologist performing this role. These tasks may require discussion with the trainee to assess their understanding and should be consistently observed by multiple supervisors.

N/O (not observed) may be relevant for emergency situations, in which case this skill should be discussed and a scenario put to the trainee to assess their knowledge.

N/A (not applicable) may only be used if a particular skill is not performed at your hospital.

All other sections of the form must be completed for the form to be accepted.

Several cases which demonstrate a range of situations should be observed during the DOPS process. This may take place over a morning of cases or over multiple days for the trainer to observe all the required skills that are outlined on the DOPS form. If all the tasks are not marked with a tick the DOPS form will not pass evaluation by the course administrator.

If the trainee is deemed to have insufficient knowledge or skill to perform the procedure/task or requires further supervision when performing this procedure - a period of further training under supervision is required, followed by completion of the assessment/DOPS process again (on new forms). In this situation, feedback regarding where they failed to meet the required standard is very important.



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Instructional videos on how to use the DOPS forms are available on the online learning site. These can be found under the CCP pacemaker implantation and follow-up module/content/Section 4 - Pacemaker Follow-up and Management/Demonstration of Procedural Skills (DOPS) – Documentation/EPA and DOPS Video (there are 2 videos to watch). Please contact the course administrator if you need any further guidance.

Can a trainee start to get their numbers for CCP modules before completing their DipCPM exam?

Yes. They can start getting their numbers straight away. They can do the modules in any order and overlap them if necessary.

CPR Certificate Requirements

The CPR course, required for the working in the hospital module, should include both practical and theory training. If these parts provide separate certificates the trainee is required to scan both the theory and practical certificates and upload them both.

Timing for completing the Post Grad Diploma (MTEC papers) and CCP

The intention of the SCT program is that trainees will, in their first year of training, complete the 1st year course (DipCPM) and will then progress in their second year to the CCP modules including more advanced procedures. The SCT courses cover the *practical* aspects of the role and assisting the trainee in gaining clinical competency.

The Post Graduate Diploma (MTEC papers) is an academic course offered by Otago University which is independent to SCT and provides *theoretical* knowledge required for the job. As this is a level 8 qualification on the NZQA framework, it assumes a prior level of cardiovascular physiology knowledge. This course is at a high academic level and has a high workload (approx. 20hrs/2week).

The timing of completing the SCT courses and PG Dip is dependent on when the trainee enters the workforce, what they have completed previously and the needs of the department in which they are employed. Some trainees have completed the 1st year, that is the Post Grad Certificate, prior to starting work. It is recommended that these trainees put the second year MTEC papers 703 and 704 (Post Grad Diploma) on hold until they are in their second year of practical training as the PGDip content is more suited to the advanced procedures performed in the second year of training.

Working full time, training, completing CCP and the Post Grad Diploma is a high workload. You should regularly communicate with your trainee(s) to assess how they are coping. The department may be able to support the trainee by providing study time during work. Delaying some aspects of their learning may also be an option. You can refer the trainee to the SCT website for accessing “student support” that is available: <https://www.sct.org.nz/>



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Duration of Course Access

When a trainee is enrolled in the SCT online courses, they will have a course access expiry date that is 2 years after their enrolment for DipCPM and 4 years after their enrolment for CCP. If a trainee has not completed the DipCPM or CCP course requirements (all training material submitted and passed and the final exam passed) within the required time frame, they may be awarded an extension.

Please email the course administrator to request an extension and advise SCT of the duration of the extension required.

The trainee will be eligible to sit the final exam after all the required course material is submitted and passed.

Non-Accredited or Joint-Accredited Hospitals

When a hospital has joint accreditation with another hospital, the trainee employed at this hospital may be able to complete some of their training at their place of employment but will have to travel to an accredited hospital to complete some of their work experience and for completion of their competency assessment / DOPS. The employing hospital is responsible for paying for any costs (i.e. travel, accommodation, food) that are associated with the visit to the training hospital. An arrangement will be made between the team leaders/managers of the two hospitals.

The trainee's place of employment may complete the logbook if the procedure and appropriate, qualified staff are available, but the trainer checklist, practical assignments and competency assessments will be carried out by the staff at the accredited hospital.

Supporting Remote Trainees (Trainee Technicians and Physiologists at non-accredited hospitals)

As a supervisor of a trainee at a remote site, the following recommendations can help you in this role:

Create a training plan (as you would for trainees at your own centre), taking into consideration any non-cardiac roles they are required to do at their centre and the time it takes to train for them.

Send each trainee instructions on how to sign up to the various societies (SCT/CPRB). Potentially need to go over this with their manager/team leader at the remote site as well if they do not already know.

The trainee needs regular visits to the supporting hospital for training in each procedure and to complete the trainer checklists and competency assessments. The logbooks may be completed at the place of employment, if appropriate. The trainer is encouraged to attend the trainees place of employment if possible.

Regular catch ups via zoom/email about their progress and any issues with their training or knowledge.

Advise the trainee to contact their supervisor with any questions regarding their training and how to make contact.

Provide lectures if possible - ideally done in person while the trainee is visiting main centre or via zoom. Regular ECG teaching/sending interesting ECGs for them to analyse.

Assess their knowledge before they sit their final exam to ensure they are ready.



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Exam Information

Login to the online learning site and review the exam information module.

Failed Exam Policy

Trainees who fail one or more sections of their DipCPM or CCP final exam are eligible to re-sit only the failed section(s) without completing an exam resit form or paying a resit fee.

If multiple final exam re-sit is failed multiple times, the student required to complete the exam resit form and pay the resit fee. They are required to repeat all sections of the DipCPM or CCP exam (regardless of how many sections were passed). A meeting to discuss how to support the trainee leading up to their exam resit will be held between an SCT education committee member, the trainee and their supervisor, charge technician/physiologist or manager.

Repeated exam failure will be managed on a case-by-case basis.

Registration and Annual Practicing Certificate

The trainee should apply to the Clinical Physiologists Registration Board (CPRB) to be registered and gain an annual practicing certificate (APC). In some hospitals CPRB registration and an APC is required before the trainee can have patient contact. The APC will be issued with conditions: "supervised practice - under supervised professional development".

SCT assists with this process by providing the CPRB with some of the required information. Once the trainee has been accepted for the SCT course, SCT emails the CPRB:

- proof of SCT membership
- proof of enrolment in the approved NZ training pathway for the profession (DipCPM/CCP)
- signed supervisor declaration

The trainee will still need to go to the CPRB website <https://cprb.org.nz> to complete the following:

- add a profile
- attach a PDF copy of their CV
- attach certified copies of qualifications
- attach a copy of photo ID (Driver's licence/passport) name matching qualification

Note: a profile picture of their face is not compulsory.

To do this they will go to the CPRB website, select login and create an account. Then follow the steps under "Looking to register" and "Applying for Registration".

This should be completed as early as possible as it may take up to 2 weeks to process the CPRB application.



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Qualified Cardiac Physiology Technicians

On attainment of the DipCPM qualification and completion of 1 year of full-time work experience you will be awarded “Ordinary” membership with SCT and can apply to the CPRB to have the conditions removed from your APC. You will be registered as a Physiology Technician with a Cardiac Scope of Practice.

Qualified Cardiac Physiologists

On attainment of the CCP qualification, Post Graduate Diploma in Medical Technology and completion of 2 years of full-time work experience you will be awarded “Ordinary” membership with SCT and can apply to the CPRB to have the conditions removed from your APC. You will be registered as a Clinical Physiologist with a Cardiac Scope of Practice.

CCP students will be issued with a DipCPM certificate once all the DipCPM module requirements are completed, the DipCPM final exam is passed.

Updating an APC Post-Qualifying

To remove conditions from an APC, the following need to be completed:

- Proof of the qualification/certification is uploaded to the qualifications page of the CPRB profile.
- An updated CV outlining their current role and responsibilities is uploaded in the CV upload box.
- A letter (PDF) or email from the charge physiologist/team leader, confirming the registrant has met the requirements of professional society and is competent to practice as a clinical physiologist without supervision.

The CPRB Registrar can be contacted at: admin@cprb.org.nz



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Education Committee Contact Details

Please feel free to contact one of the education committee members if you have any questions or issues.

Online course administrators:

Karen Searby	karensctnz@gmail.com
Graham Orsbourn	orsbourng@hotmail.co.nz
Maree Woodhouse	Maree.Woodhouse@southerndhb.govt.nz
Lani Motufoua	lanisctnz@gmail.com

Other Education Committee Members:

Kelly Turner	kellyT6@adhb.govt.nz
Lauren Dabner	Lauren.Dabner@cdhb.health.nz
Vanessa Beukes	Vanessa.Beukes@waikatodhb.health.nz
Samantha Cashell	Samantha.Cashell@ccdhb.org.nz
Liane Dawson	liane.dawson@waitematadhb.govt.nz

SCT Contact Details

General enquiries	info@sct.org.nz
Finance enquiries	sctfinance@outlook.com



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Appendix 1.

The following email wording can be used to send to new trainee technicians and physiologists prior to them starting work. Change the wording in red so it is relevant for your service and the role.

Congratulations on being offered a **Trainee Cardiac Physiology Technician or Trainee Cardiac Physiologist** position at **name of Hospital District**.

We would like to get your training application underway so that you will be able to start the course as soon as possible after you start work.

You will need to enrol in the online learning course offered through the Society of Cardiopulmonary Technology (SCT) – which is the professional body for Cardiac Physiology Technicians and Cardiac Physiologists.

The training course you will be completing over the next year is called the **Diploma in Cardiac in Physiological Measurement (DipCPM) or Certification of Cardiac Physiologists (CCP)**.

To enrol you need to go to the SCT website: <https://www.sct.org.nz/>

Under Application Forms, select DipCPM & CCP

It is very important that the information is filled in correctly to avoid delays and the need to repeat the application process. Please follow all instructions on the application form and if you are unsure, please contact me for clarification.

Use the following information when filling in the form: **(provide the following info for the applicant)**

Job Title:

Name of Department/Hospital/District:

Course Selection:

Invoice option:

Payment option:

Supervisor's Name / Job title / Email / Registration status:

Charge Physiologist's Name / Job title / Email:

Training supported by another hospital:

Once you are accepted for the course, you will be sent a Memorandum of Understanding form to sign. This will also automatically be sent to your supervisor and SCT to sign. Once this has been completed you will receive an email with your username and password **and will be sent an invoice (delete if the hospital is paying). You will need to pay the course fee but you will be reimbursed by the hospital after you submit an expense claim form. (Delete if not applicable)**

Feel free to email me if you have any questions. I look forward to working with you soon.

Kind regards



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Appendix 2:

Example of a correctly filled in logbook for 12 Lead ECG Technique:

4	03/11/11	17/F	Electronic interferences, Electrodes falling off	2	KS.
5	03/11/11	71/F	Interpreter, sitting / SOB	2	KS
6	03/11/11	61/F	V4 difficult, pillow under legs	1	KS.
7	03/11/11	75/F	Muscle artifact removed by relaxing	1	KS
8	04/11/11	66/F	Muscle artifact, fingers under lips, pillow under knees	2	KS
9	4-11-21	74/M	Hairy chest, muscle artifact LA	2-3	KS
10	4/11/11	55/F	Muscle artifact, mastectomy	1-2	KS
11	4/11/21	59/F	LL Fall off	1	KS.
12	4/11/21	80/M	Muscle artifact	2	KS
13	4/11/11	81/F	Cough, changing ECG appearance	1	KS
14	4-11-21	67/M	AC interference, muscle tremor - intermittent	2	KS
15	4-11-21	89/M	Wander - V5 coming off. Vi-V2 - line with sternum. Arrhythmia.	1	KS.
16	4-11-21	65/F	Knee pain - electrode → above knee. Swapped leads & corrected.	1	KS.

55	11/11	78/M	V5 falling off. Power on.	V5, V6 - too close to armpit
56	11/11	77/F	LL/RL muscle artifact	V1-V4 excellent. KS. 3rd 1 space too high
57	11/11	79/F	LL muscle artifact. LVH Print full + 1/2 lead	1 space too high.
58	11/11	71/F	Sunscreen on skin - removed with alcohol wipe	V5+V6 → armpit
59	11/11	72/M	Large chest	Good chest positions
60	11/11	84/F	Artifact on leg → moved lower torso	
61	11/11	88/M	LL artifact - moved electrode	
62	12/11	56/F	Chest positions good. Pt needed to sit up	some help with artifact
63	12/11	59/F	Pt needed to sit up. hairy chest	
			muscle artifact - pillow under legs, & shoulders.	V4 - too low
				V5 - too close to armpit
				V4 to low