



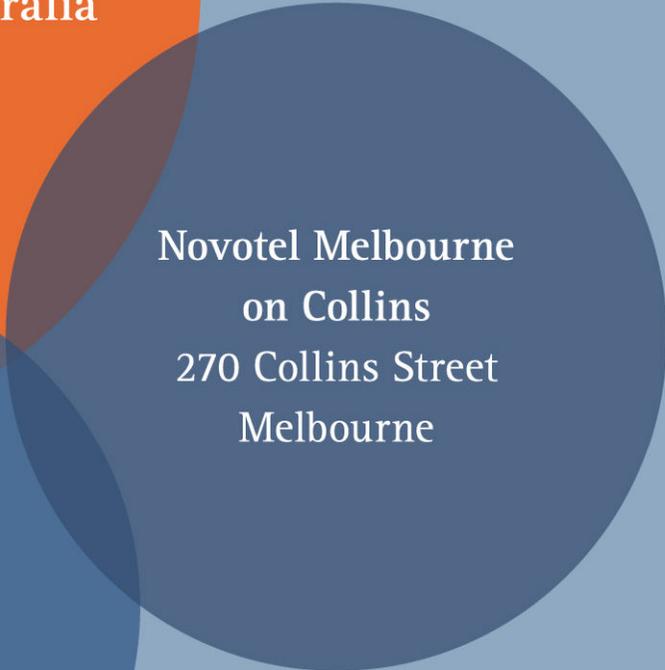
Medical Indemnity
Industry Association of Australia

forum



MIIAA

MEDICAL INDEMNITY INDUSTRY ASSOCIATION OF AUSTRALIA



Novotel Melbourne
on Collins
270 Collins Street
Melbourne



Thursday
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2008

MDA National



Maintaining Surgical Performance

Julian L. Rait FRACS FRANZCO FAICD, Vice-President, MDA National

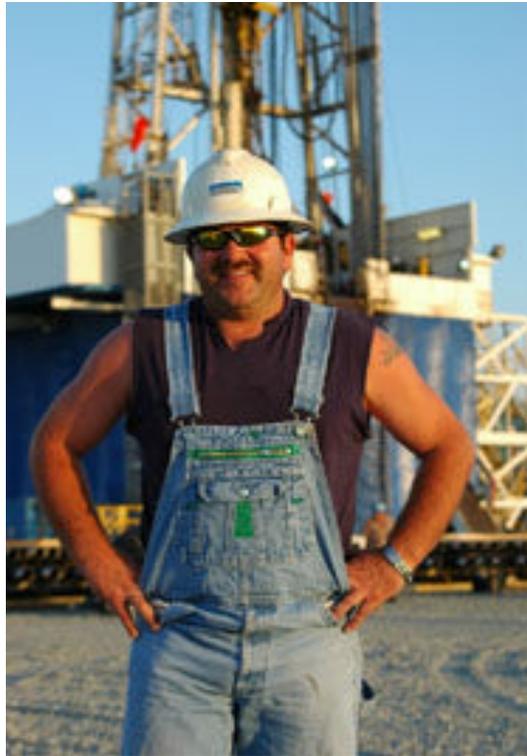
Support. Protect. Promote.



Surgical Competence & Performance WP

- **RACS Council & the MIIAA identified the need to develop guidelines to assess competence and improve the performance of surgeons**
- **the intent was to complement the existing CPD recertification program**
- **SCPWP was particularly concerned with the non-technical and behavioural aspects of surgical performance**
- **behavioural markers correlate to personal well-being and system factors which reduce risk**

MDA National



What could these three men have in common?



Support. Protect. Promote.

Unmasking manly men on oil rigs

Robin J. Ely and Debra Meyerson HBR July 2008

- study of life on two oil platforms, observations over a 19 month period of living, eating, and working alongside crews offshore.
- platforms studied had deliberately jettisoned their hard-driving, macho cultures in favor of an environment in which :
 - men admit when they've made mistakes
 - they explore how anxiety, stress, or lack of experience may have caused errors;
 - they appreciate and affirm one another publicly
 - they routinely ask for and offer help
- **shift their masculinity to more compelling goals: maximizing the safety and well-being of their coworkers and doing their jobs more effectively**

Nice guys finish first!

D. Goleman Working with emotional intelligence 1999, p 189.

- the best US Navy commands were run by “nice guys”:

Superior leaders:

- positive & outgoing
- emotionally expressive
- more appreciative
- warmer, more sociable

Mediocre leaders:

- legalistic & negative
- authoritarian
- disapproving
- cold and aloof

- i.e. an authoritarian emotional style didn't work – even in the military !

NOTSS behaviour rating system (Non-technical skills for Surgeons)

- **research drew from Scottish studies on surgical competence and professionalism**
- **certain cognitive and interpersonal skills were identified as being relevant for surgeons to operate reliably and safely**
- **behavioural aspects of performance in the operating theatre that underpin medical expertise, equipment and drug administration**
- **it is a system to observe, rate and provide feedback to surgeons in a structured and constructive manner**

Two broad areas of interest of SCPWP

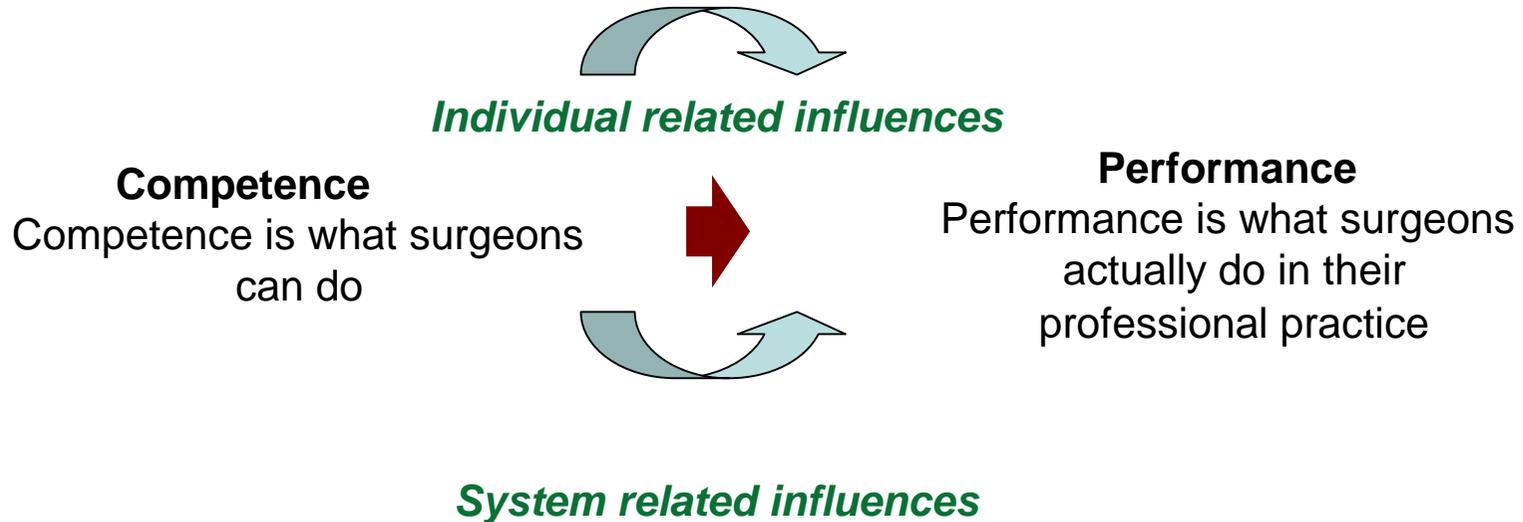
Surgical outcomes

- a process to manage outliers
- a complaints investigation process
- remedial interventions for the above

Non-technical & behavioural issues

- medical & technical expertise
- professionalism & health advocacy
- communication, collaboration & teamwork
- management and leadership
- scholarship and teaching
- judgement and decision making

Competence and Performance



- **Competence** is what we have been trained to do, **performance** is about our practice.
- Surgical performance in practice can be assessed by identifying broad patterns of behaviour and a series of behavioural markers.

Competence

- **what we have learned and all that we have been trained to do...**
- **skills obtained under the supervision of the RACS Education Board**
- **competence involves acquiring and maintaining skills and expertise**

Performance

- is all about how we practice
- what we actually do on a day-to-day basis
- performance is influenced by a variety of abilities:
 - technical
 - non-technical / behavioural
- individual related influences include personality, health & family issues and systems issues such a workload, staffing and competing demands

NOTSS Skills Taxonomy v1.2

Category

Element

Situation awareness

Gathering information
Understanding information
Projecting/anticipating future state

Decision making

Considering Options
Selecting/Communicating options
Implementing/reviewing decisions

Communication & team work

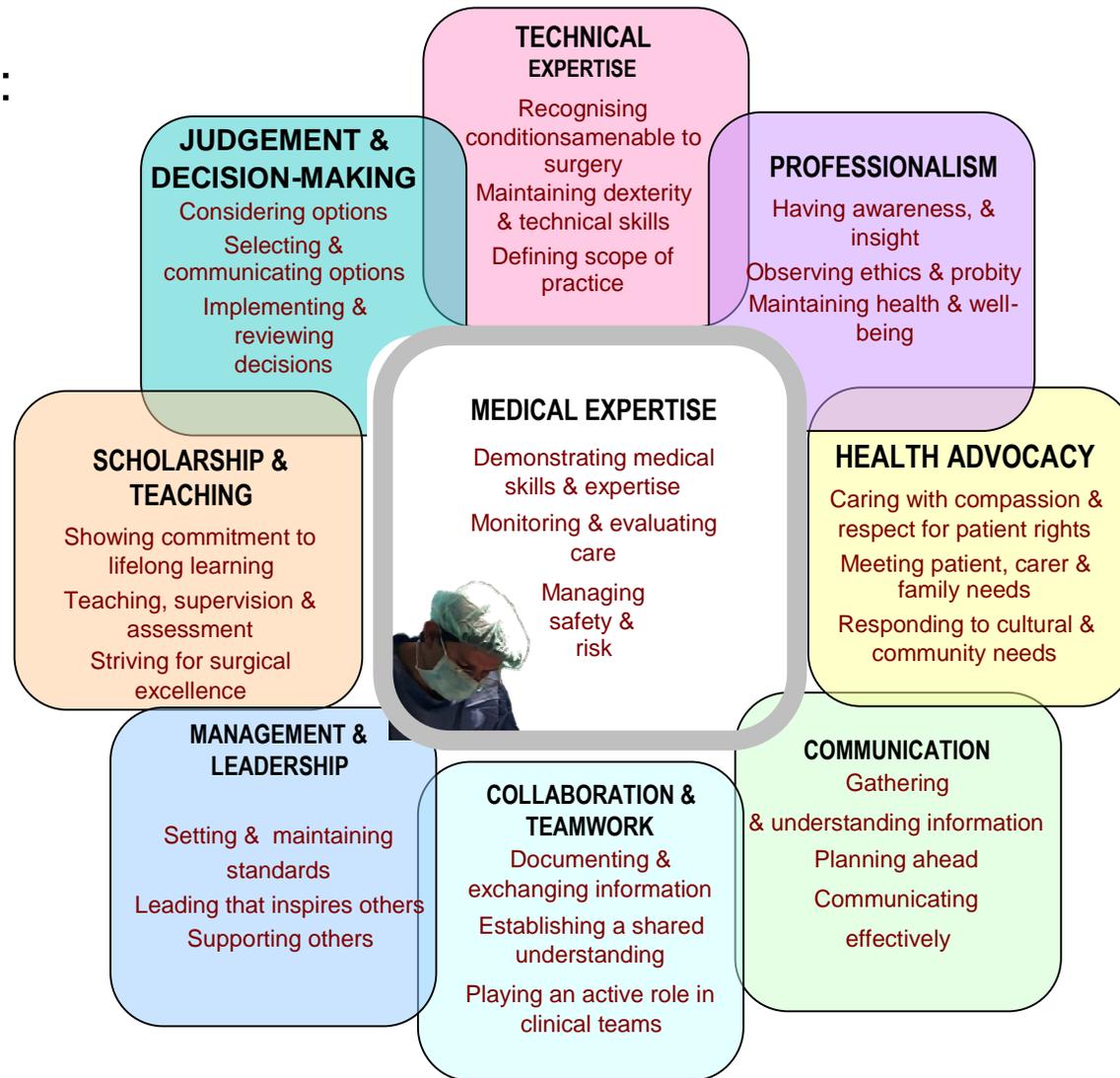
Exchanging information
Establishing a shared understanding
Co-ordinating team

Leadership

Setting & maintaining standards
Supporting others
Coping with pressure

Competencies and Patterns of Behaviour

Framework:



Behavioural Markers: Example 1

Competence: Management & Leadership

Pattern of behaviour: Supporting others

Behavioural markers:

Good: *provides constructive criticism to team members*

Poor: *puts down junior staff or other hospital workers who don't know issue*

Behavioural Markers: Example 2

Competence:

Communication

Pattern of behaviour:

Communicating effectively

Behavioural markers:

Good: *demonstrates empathy and compassion when breaking bad news*

Poor: *is discourteous to staff or patients*

Behavioural Markers: Example 3

Competence: Judgement & Decision Making

Pattern of behaviour: Considering Options

Poor behaviours

- No consideration or discussion of options
- Does not solicit views of other team members
- Fails to adequately discuss and document options and the basis of decision making
- Unwilling to alter decision as other information/ alternatives become available

Tools for Assessing Performance

- **Markers are specific and observable descriptions of behaviour both in and outside of the operating theatre**
 - Good: exemplary/ role model
 - Poor: early indication of underperformance and/ or need for support/ remediation
- **Final guide describes a range of tools to assess performance for self assessment and assessment of others including:**
 - Surgical audit
 - Performance review
 - Review of complaints and adverse incidents
 - Case review
 - Multi-source feedback
 - Specific surgical competences

How do we enhance performance?

- **behavioural markers are indicators of the well-being of surgeons and integration of their competencies**
- **impaired performance can be a sign of impending burn-out or personal issues**
- **enhancing the well being of surgeons and their personal functioning will enhance performance**
- **the behavioural markers can be used for self-reflection, self awareness and personal improvement**

Support for Surgeons:

- **All Fellows are encouraged to recognise and discuss their challenges and ensure that self care is part of managing their professional life.**
- **Final protocol describes a range of activities and support services to help surgeons in need, including:**
 - Promoting self care and having a regular GP
 - Maintaining support networks
 - Strengthening skills through training (e.g. Beating Burnout, Work/Life Balance)
 - Contact numbers for RACS or MDO assistance, Specialty Society Peer Networks, Doctor's Health Advisory Services and community based support.

Competence and Performance: The Next steps

- Refining 'good' and 'poor' behavioural markers, following consultation with the fellowship
- A protocol for assessment of performance in practice approved by RACS Council June 2008
- Publication of RACS booklet and promulgation to the Fellowship.



Competence and Performance: Future considerations

- **how will the College use the behavioural marker framework?**
- **how can we improve the measurement and assessment of performance?**
- **how will this link with the existing CPD (recertification) program?**
- **adaptation of competence and performance protocol through CPMC for other medical colleges.**

Conclusions:

- the MDO's , the College and the regulators have a role to support and work with the underperforming surgeon.
- the College sets standards for surgery and needs appropriate support and mechanisms in place to assist Surgeons to practice effectively.
- the Surgical Competence and Performance Project has produced a protocol for the assessment, support and remediation of surgical competence and performance.
- the protocol defines acceptable standards of surgery for every day practice and encourages self reflection, discussion and disclosure by peers to facilitate early identification of underperformance.

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**Contributions have also been made by many other individual
Fellows. We gratefully acknowledge all of them.**