Medical Indemnity Industry Association of Australia

Forum

Novotel Melbourne on Collins
270 Collins Street
Melbourne

Thursday 4 September 2008
Maintaining Surgical Performance

Julian L. Rait FRACS FRANZCO FAICD, Vice-President, MDA National
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.
What could these three men have in common?

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!


- 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

**Individual related influences**

**Competence**
Competence is what surgeons can do

**Performance**
Performance is what surgeons actually do in their professional practice

**System related influences**

- *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

Situation awareness

Decision making

Communication & team work

Leadership

Element

Gathering information
Understanding information
Projecting/anticipating future state

Considering Options
Selecting/Communicating options
Implementing/reviewing decisions

Exchanging information
Establishing a shared understanding
Co-ordinating team

Setting & maintaining standards
Supporting others
Coping with pressure
Competencies and Patterns of Behaviour

Framework:

- **TECHNICAL EXPERTISE**
  - Recognising conditions amenable to surgery
  - Maintaining dexterity & technical skills
  - Defining scope of practice

- **COMMUNICATION**
  - Gathering & understanding information
  - Planning ahead
  - Communicating effectively

- **JUDGEMENT & DECISION-MAKING**
  - Considering options
  - Selecting & communicating options
  - Implementing & reviewing decisions

- **MEDICAL EXPERTISE**
  - Demonstrating medical skills & expertise
  - Monitoring & evaluating care
  - Managing safety & risk

- **PROFESSIONALISM**
  - Having awareness, & insight
  - Observing ethics & probity
  - Maintaining health & well-being

- **SCHOLARSHIP & TEACHING**
  - Showing commitment to lifelong learning
  - Teaching, supervision & assessment
  - Striving for surgical excellence

- **COLLABORATION & TEAMWORK**
  - Documenting & exchanging information
  - Establishing a shared understanding
  - Playing an active role in clinical teams

- **MANAGEMENT & LEADERSHIP**
  - Setting & maintaining standards
  - Leading that inspires others
  - Supporting others

- **HEALTH ADVOCACY**
  - Caring with compassion & respect for patient rights
  - Meeting patient, carer & family needs
  - Responding to cultural & community needs

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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
- 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.
Surgical Competence & Performance Working Party:

Dr Ian Dickinson, Chair and Orthopaedic surgeon QLD
Professor Guy Maddern, General surgeon SA
Dr Mark Edwards, Cardiothoracic surgeon WA
Professor Andre van Rij, General surgeon NZ
Assoc Professor Peter Woodruff, Vascular surgeon QLD
Dr John Graham, Vascular surgeon NSW
Professor David Watters, General surgeon VIC
Assoc Professor Jenepher Martin, General surgeon VIC
Professor Michael Grigg, Vascular surgeon VIC
Mr Patrick Alley, General surgeon NZ
Mr Simon Williams, Orthopaedic surgeon VIC
Mr Andrew Roberts, Vascular surgeon VIC
Mr Gary Speck, AMA representative and Orthopaedic surgeon VIC
Dr Chris Cain, AMA representative and Orthopaedic surgeon SA
Assoc Professor Julian Rait, MIIAA representative and Ophthalmologist VIC
Dr John Quinn, RACS Executive Director of Surgical Affairs, Australia
Mr John Simpson, RACS Exec. Director of Surgical Affairs, New Zealand
Professor John Collins, RACS Dean of Education
Dr Pam Montgomery, RACS Director, Fellowship and Standards
Dr Ian Graham, RACS Project Manager (SED Health Consulting)
Dr Wendy Crebbin, RACS Manager, Education Development & Research

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