Royal Australasian College of Surgeons

RESPONSE TO THE 2022 AMC MONITORING SUBMISSION

Thank you for the opportunity to provide the AMC with further information about the RACS External Validation of Professional Performance (EVOPP) pilot program. Below is the response to the request for additional information sent on the 11th of October 2022.

The project timeline for completion of the pilot phase and proposed implementation

RACS developed the pilot External Validation of Professional Performance (EVOPP) assessment model in 2018. The first four EVOPP pilots were conducted in 2018, 2019 and 2020 by trained RACS Fellows in Orthopedic Surgery, Urology and General Surgery in Queensland, New South Wales and Victoria. However, EVOPP pilots were paused in March 2020 due to the COVID19 travel restrictions and limited access to hospital sites. Uncertainty regarding ongoing restrictions, together with difficulties in recruiting suitable staff limited the ability of RACS to confidently plan in the first half of 2022. In July 2022 RACS employed a dedicated Project Manager and commenced planning further pilots.

Below is the list of activities undertaken since then:

- EVOPP Assessor Training
  A critical factor to the success of EVOPP is well trained assessors. The EVOPP Assessor Workshops are a one-day face to face program to prepare assessors to understand all the assessment tools used in EVOPP and how to assess each of the 10 RACS competencies. Some of these assessment tools are unfamiliar to the assessors. On 10 September 2022 a workshop was held for 10 assessors. A second EVOPP Assessor Workshop is scheduled for 18 February 2023.

- 3 EVOPP pilots have been scheduled throughout October and November 2022

- RACS has engaged Prof Lambert Schuwirth, an expert in assessment of medical competence and performance, to assist with the development of the evaluation strategy to determine the validity and ability of the EVOPP to replace Fellowship exams for some SIMGs.

- RACS will evaluate the pilots prior to any decision regarding implementation. Whilst there is every reason to be confident that the EVOPP process will prove satisfactory, it remains possible that the process may not identify more subtle underperformance. For example, it seems likely that EVOPP will not be as robust a measure of medical expertise as the Fellowship Examination, however, it will enable a better assessment of non-technical competencies such as communication and collaboration. It will be important to ensure uniformity between the nine surgical specialties and such dialogue and collaboration may take time. Therefore, it is not possible to commit currently to a definite implementation date.

- RACS requests understanding regarding the delays in implementing the pilot process, as effectively 2 years were lost due to COVID 19. RACS wishes to reassure the AMC that it remains committed to a comprehensive delivery and evaluation of the pilot phase of this important project.

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A summary of the pilots undertaken and planned (location, number of specialist international medical graduate participants, and how the participants are selected, new process being applied in the pilots and whether this is the same process in each of the pilots or whether the pilots have applied different processes/variations in processes)?

Below is the list of the pilots undertaken and planned by the end of 2022. The exact number of pilots required in 2023 will be determined in consultation with Prof Schuwirth and may be determined based on an SIMG's surgical specialty, country of training and current hospital setting (regional/metropolitan). For geographical reasons, it is usually only possible to assess one SIMG at a time.

SIMG Specialty	Location	Primary Hospital	EVOPP Pilot Dates
ORT	QLD	Logan Hospital, Loganlea Rd, Meadowbrook QLD 4131	31/10 -1/11/2018
URO	QLD	Redcliffe Hospital, Anzac Ave, Redcliffe QLD 4020	19/11 – 20/11/2018
URO	NSW	Albury Hospital, Borella Road, ALBURY, NSW 2640	18/2 – 19/2/2019
GEN	VIC	Swan Hill District Health, 48 Splatt St, Swan Hill VIC 3585	28/1 – 29/1/2020
VAS	WA	Royal Perth Hospital, Victoria Square, Perth WA 6000	31/10 - 1/11/2022
GEN	NSW	Royal Prince Alfred Hospital, Camperdown, NSW 2050	3/11/ - 4/11/2022
GEN	NSW	John Hunter Hospital, Lookout Rd, New Lambton Heights NSW 2305	17 /11 - 18/11/2022

Initial pilots were selected opportunistically, based on suitable SIMGs. Current selection criteria of SIMGs for EVOPP pilots includes:

- must be deemed partially comparable
- achieved 9-12 months of satisfactory term reports in the previous 12 months.

The EVOPP process is a comprehensive two-day assessment undertaken onsite at an SIMG's hospital and is conducted by two RACS Fellows within the same surgical specialty. EVOPP Assessors use a variety of assessment tools including direct observation of the SIMG in the workplace (clinic/outpatients, theatre, ward round), interviews with clinical and non-clinical staff, case-based discussion and script concordance. The aim is to assess the RACS 10 competencies. The process is the same across all specialties and is outlined below:

Attached is the EVOPP Assessor Training Booklet that provides further detail about the two-day assessment process.

Currently there are 47 SIMGs on a pathway to Fellowship of RACS. 10 SIMGs have been assessed as substantially comparable and 37 IMGs have been assessed as partially comparable. Below is a breakdown of partially comparable SIMGs by state and rurality:

State	MMM Classification[1]		
	MM 1	MM 2	MM 3
ACT / NSW	10		
NT		4	
QLD	4	5	
SA	1		
VIC	8		
WA	3		2

[1] Modified Monash Model (MMM) defines whether a location is a city, rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash (MM) category MM 1 to MM 7. MM1 is a major city and MM 7 is very remote. Areas classified MM 2 to MM7 are rural or remote.

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Learning/evaluation of the pilots already conducted and implications for changes to the process

Feedback from the four pilots held so far is positive. The SIMGs report that the process is manageable, and that the feedback to them is helpful. The assessors all report that they were able to confidently assess the 10 competencies. They also felt confident to assess the SIMG's readiness for independent practice. The final question for the assessors was modified after the first pilot, as it was felt to better reflect the ultimate decision required.

RACS does not anticipate any further changes to the pilots. However, changes may be required as the range of specialties, SIMG backgrounds and practice locations expands. As mentioned above, RACS will work closely with Prof Schuwirth to develop the evaluation framework for the pilots.

For further queries regarding any of the information above, please contact Angela Burden, Head of Rural and Training Operations, at angela.burden@surgeons.org or 0411 283 190.

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Committed to Indigenous health

EXTERNAL VALIDATION OF PROFESSIONAL PERFORMANCE (EVOPP)

ASSESSOR TRAINING PROGRAM

EVOPP Assessor Training Workshop

Objectives

By the end of this training, you will be able to:

1) Identify the components of the RACS EVOPP independent assessment process including pre assessment, visit and post assessment requirements.
2) Revise principles of assessment including assessor impact on validity and reliability.
3) Practice formulating and asking interview questions to gather information on RACS 10competencies.
4) Practice case-based discussion using script concordance methodology.
5) Discuss how to manage issues that may arise during visit.
6) Practice assessing the RACS 10 competencies using the report template.
7) Practice giving end of visit feedback in a role play

Agenda

Time	Topic	Facilitator	Objective
10:15 - 10:30	Welcome, Objectives & Pilot Process	SIMG Clinical Director, RACS	
10:30 – 11:10	EVOPP Process	SIMG Clinical Director, RACS	1
11:10 – 11:35	Principles of Assessment	Head of Education Services, RACS	2
11:35 – 12:20	Questioning	Head of Education Services, RACS	3
12:20 - 13:00	**LUNCH**		
13:00 - 13:50	Case based discussion with script concordance theory	SIMG Clinical Director, RACS	4
13:50 - 14:20	Discussion: How to manage issues that may arise during visits	SIMG Clinical Director, RACS	5
14:20 – 14:30	**AFTERNOON TEA**		
14:30 – 15:30	Report Writing	Head of Education Services, RACS	6
15:30 - 16:00	Verbal Feedback	SIMG Clinical Director, RACS	7
16:00 – 16:15	Summary & Way Forward	SIMG Clinical Director, RACS	

EVOPP Procedure

Identification of SIMG for EVOPP

- Identified at interview as on the pathway for a EVOPP.
- At 9-month mark – review of supervisor reports by Director of SIMGs – if satisfactory notify SIMG, supervisor and training board that EVOPP will proceed. If unsatisfactory, EVOPP will not proceed and Refer to training board.
- Contact hospital DMS to notify them of the planned visit and get consent to proceed.

Pre Visit Admin

- Identify the Assessors (at least one interstate)
- Ensure no conflict of interest with the assessors for the specific SIMG
- Confirm date visit
- Request interviews for SIMG to arrange
    - Standard list populated with – name of supervisor, name of DMS, any special requests from assessors
- Send timetable template to SIMG to complete including when theatre, ward round, clinic and ward round visits will be.
- Confirm timetable at least 2 weeks prior to visit
- Collate and disseminate the documents for assessors including;
    - copies of SIMGs WBA assessments (DOPS, Mini CEX, Supervisor reports),
    - CPD including learning plan,
    - EVOPP Visit template,
    - Master File summary,
    - Report template
- Organise pre visit teleconference with Director SIMG – at least one week before visit to:
    - Clarity of process
    - Appropriate documentation review has been completed and the assessors have the full documentation they require
    - Review of the EVOPP assessment process visit timetable
    - Clarify report writing requirements
    - Answer any assessor questions

At the visit

The visit will occur over a two-day period. The essential requirements of the visit are:

- Direct Observations:
    - An elective theatre list (2.5 hours)
    - A ward round
    - An outpatient clinic (1.5 hours)

- Interviews:

Interviewee	Timing
SIMG	1 hour
Supervisor	1 hour
Anaesthetist	1 hour
Head of Department	1 hour
Peer (may be from other specialty e.g. ED, ICU)	1 hour
Junior doctor 1	30 mins
Junior doctor 2	30 mins
NUM Ward	30 mins
Ward nurse	30 mins
NUM OT	30 mins
Hospital Administrator	30 mins

- Review of notes – SIMG to supply 20 patient records across the breadth of their practice
- Case Based Discussion with SIMG – 1.5 hours – approximately 5 cases which are modified based on script concordance methodology.

At the end of the visit assessors are to provide verbal feedback to the SIMG and their supervisor regarding their general impressions and any specific issues that arose during the visit. They need to be informed that a decision regarding the outcome of the visit will be forthcoming.

If issues of concern arise assessors are to contact CDSIMGAS. The CDSIMGAS may require notification of the DMS.

Prior to leaving the hospital the assessors need to:

- Attempt to reach a consensus recommendation
- Complete a draft report using the report template

Post Visit

- Assessors complete the report, sign and submit electronically.
- Report is presented to SIMG committee

BLUEPRINT OF RACS COMPETANCIES

Competency	Dimensions	Assessment – how would you gather information
Medical Expertise	Across age groups	Review of cases, CBD, Interviews with peers
	Elective and emergency	Review of cases, CBD, Interviews with peers
	Monitoring and evaluating care	Review of cases, CBD, Interviews with peers, Audit
	Manages safety and risk	Review of cases, CBD, Interviews with peers
Judgement and Decision Making	Considers options	CBD, Observation in theatre, clinic and ward, Interviews with peers
	Plans ahead	Review of cases, CBD, Observation in theatre, clinic and ward, All Interviews
	Implements and reviews decisions	Review of cases, CBD, Observation in theatre, clinic and ward, Interviews with peers
Technical Expertise	Recognises when surgery may be necessary	Review of cases, CBD, All interviews
	Dexterity and technical skills	Observation in theatre, Interviews with Peers and anaesthetist
	Defining scope of practice	Audit
Professionalism	Awareness and insight	Interview with SIMG, All interviews
	Observing ethics and probity	Interview with SIMG, All interviews
	Knows own limitations	Interview with SIMG, All interviews
	Accountability for decisions	Interview with SIMG, All interviews
	No evidence of DBSH	Interview with SIMG, All interviews
	Adopts reflective practice	Interview with SIMG,
	Appropriate informed consent practices	Review of cases
Health Advocacy	Caring with compassion and respect for patient rights	All interviews, Observation of interactions with patients
	Maintaining health and wellbeing (self)	Interview with SIMG, All interviews
	Responds to cultural and community needs	All interviews

Competency	Dimensions	Assessment – how would you gather information
	Contributes to health care system improvements	Interviews with hospital management
Communication	Patients	Direct Observation, All interviews
	Junior doctors	Interviews with junior doctors, and nursing staff
	Nursing and Allied Health	Interviews with nursing staff and allied health, and hospital management
	Other Senior colleagues	Interviews with peers
Collaboration and Teamwork	Documenting and exchanging information	Review of cases, Observation in theatre, clinic and ward, All Interviews
	Playing an active role in clinical teams	Observation in theatre, clinic and ward, All interviews
Management and Leadership	Setting and maintaining standards	Observation in theatre, clinic and ward, All interviews
	Inspiring and supporting others	All interviews
	Contribution to clinical governance	Interview with Hospital Administration
Scholarship and Teaching	Commitment to lifelong learning	Evidence of CPD, Interview with SIMG
	Teaching, supervision and assessment	Interview with IMG, Interview with junior doctors
Cultural competence and cultural safety	Understands special status of indigenous peoples	All interviews
	Actively works to develop these skills to achieve optimal health outcomes	All interviews
	Fosters a safe and respectful health care environment for all patients, families and carers	All interviews
	Provides safe, respectful and effective communication and care for all team members	All interviews

EVOPP Assessment element vs RACS competency

Assessment Process	Competency
Observation in Theatre	• Judgement and decision making (considers options, plans ahead, implements and reviews decisions) • Technical Expertise (dexterity and technical skills) • Collaboration and teamwork (documenting and exchanging information, playing an active role in clinical teams) • Management and Leadership (setting and maintaining standards)
Observation in Clinics	• Judgement and decision making (considers options, plans ahead, implements and reviews decisions) • Collaboration and teamwork (documenting and exchanging information, playing an active role in clinical teams) • Management and Leadership (setting and maintaining standards) • Health Advocacy (caring with compassion and respect for patient rights, responds to cultural and community needs)
Observation on Ward Round	• Judgement and decision making (considers options, plans ahead, implements and reviews decisions) • Collaboration and teamwork (documenting and exchanging information, playing an active role in clinical teams) • Management and Leadership (setting and maintaining standards) • Health Advocacy (caring with compassion and respect for patient rights, responds to cultural and community needs)
Review of Notes	• Medical Expertise (Across age groups, elective and emergency, monitoring and evaluating care, manages safety and risk) • Judgement and decision making (plans ahead, implements and reviews decisions) • Technical expertise (recognises when surgery may be necessary) • Professionalism (appropriate informed consent practices) • Collaboration and teamwork (documenting and exchanging information)
CBD	• Medical Expertise (Across Age groups, elective and emergency, monitoring and evaluating care, manages safety and risk) • Judgement and decision making (considers option, plans ahead, implements and reviews decisions) • Technical expertise (recognises when surgery may be necessary)

Assessment Process	Competency
Interview with SIMGs	• Professionalism (Awareness and Insight, observing ethics and probity, knows own limitations, accountability for decisions, Adopts reflective practice) • Health Advocacy (Maintaining own health and wellbeing, contribution to health care system) • Scholarship and teaching (commitment to lifelong learning, teaching supervision and assessment) • Cultural Competence and Cultural Safety (Understands special status of indigenous peoples, Actively works to develop these skills to achieve optimal health outcomes, Fosters a safe and respectful health care environment for all patients, families and carers, Provides safe, respectful and effective communication and care for all team members)
Interview with Anesthetist	• Technical Expertise (dexterity and technical skills) • Judgement and decision making (plans ahead) • Professionalism (Awareness and Insight, observing ethics and probity, knows own limitations, accountability for decision) • Communication (other senior colleagues) • Collaboration and Teamwork (Documenting and exchanging information, playing an active role in clinical teams) • Management and Leadership (setting and maintaining standards, inspiring and supporting others) • Cultural Competence and Cultural Safety (Understands special status of indigenous peoples, actively works to develop these skills to achieve optimal health outcomes, Fosters a safe and respectful health care environment for all patients, families and carers, Provides safe, respectful and effective communication and care for all team members)
Interview with Peers	• Medical Expertise (Across Age groups, elective and emergency, monitoring and evaluating care, manages safety and risk) • Judgement and decision making (considers options, plans ahead, implements and reviews decisions) • Technical Skills (recognises when surgery may be necessary, dexterity and technical skills, Defining scope of practice) • Professionalism (Awareness and Insight, observing ethics and probity, knows own limitations, accountability for decisions, no evidence of DBSH). • Health Advocacy (caring with compassion and respect for patient rights, maintaining own health and wellbeing, responds to cultural and community needs) • Communication (other senior colleagues) • Collaboration and Teamwork (Documenting and exchanging information, playing an active role in clinical teams) • Management and Leadership (setting and maintaining standards, inspiring and supporting others) • Cultural Competence and Cultural Safety (Understands special status of indigenous peoples, Actively works to develop these

Assessment Process	Competency
	skills to achieve optimal health outcomes, Fosters a safe and respectful health care environment for all patients, families and carers, Provides safe, respectful and effective communication and care for all team members)
Interview with junior doctors	• Judgement and decision making (considers options, plans ahead, implements and reviews decisions) • Professionalism (Awareness and Insight, observing ethics and probity, knows own limitations, accountability for decisions, no evidence of DBSH). • Health Advocacy (caring with compassion and respect for patient rights, responds to cultural and community needs) • Communication (patient, junior doctors and nursing staff) • Collaboration and Teamwork (Documenting and exchanging information, playing an active role in clinical teams) • Management and Leadership (setting and maintaining standards, inspiring and supporting others) • Scholarship and Teaching (Teaching, supervision and assessment) • Cultural Competence and Cultural Safety (Understands special status of indigenous peoples, actively works to develop these skills to achieve optimal health outcomes, Fosters a safe and respectful health care environment for all patients, families and carers, Provides safe, respectful and effective communication and care for all team members)
Interview with Nursing staff	• Professionalism (Awareness and Insight, observing ethics and probity, knows own limitations, accountability for decisions, no evidence of DBSH). • Health Advocacy (caring with compassion and respect for patient rights, responds to cultural and community needs) • Communication (patients, junior doctors, and nurses) • Collaboration and Teamwork (Documenting and exchanging information, playing an active role in clinical teams) • Management and Leadership (setting and maintaining standards, inspiring, and supporting others) • Cultural Competence and Cultural Safety (Understands special status of indigenous peoples, actively works to develop these skills to achieve optimal health outcomes, fosters a safe and respectful health care environment for all patients, families and carers, Provides safe, respectful and effective communication and care for all team members)
Interview with Hospital Administration	• Professionalism (Awareness and Insight, observing ethics and probity, knows own limitations, accountability for decisions, no evidence of DBSH). • Health Advocacy (contributes to health care system improvements)

Assessment Process	Competency
	• Management and Leadership (Contribution to clinical governance) • Cultural Competence and Cultural Safety (Understands special status of indigenous peoples, actively works to develop these skills to achieve optimal health outcomes, fosters a safe and respectful health care environment for all patients, families and carers, Provides safe, respectful and effective communication and care for all team members)
Evidence of CPD	• Scholarship and Teaching (commitment to lifelong learning) • Cultural Competence and Cultural Safety (e.g., completion of RACS eLearning module)

EVOPP Visit Timetable Template

Essential requirements:

- Observation of theatre list by assessor A – 2.5 hours
- Observation of ward round Assessors A & B
- Observation of clinic by assessor B – 1.5 hours
- Interviews:

Who	Timing	Number of Assessors
SIMG	1 hour	Both A & B
Supervisor	1 hour	Both A & B
Anaesthetist	1 hour	Assessor A &B
Head of Department	1 hour	Assessor A
Peer (may be from other specialty e.g. ED, ICU)	1 hour	Assessor B
Junior doctor 1	30 mins	Assessor A
Junior doctor 2	30 mins	Assessor B
NUM Ward	30 mins	Assessor B
Ward nurse	30 mins	Assessor B
NUM OT	30 mins	Assessor B
Hospital Administrator	30 mins	Assessor B

- Review of notes – SIMG to supply 20 patient records across the breadth of their practice –Assessors A & B – 3 hours
- Case Based Discussion with SIMG – 1.5 hours

Sample Timetable

Day 1

Assessor A		Assessor B	
8.00 -9.00	Interview with SIMG	8.00 -9.00	Interview with SIMG
9.00 – 9.30	Interview with Junior doctor	9.00 -10.30	Clinic
9.30 – 10.30	Interview with HOD		
10.30 – 11.30	Morning tea and Assessor meeting	10.30 – 11.30	Morning tea and Assessor meeting
11.30 – 12.30	Interview with supervisor	11.30 – 12.30	Interview with supervisor
12.30 – 1.00	Interview with DMS	12.30 – 1.00	Interview with junior doctor
1.00 – 1.30	Lunch	1.00 – 1.30	Lunch
1.30 – 3.30	Theatre	1.30 – 2.00	Interview with Peer
1.30 – 2.00			
2.00 – 2.30		2.00 – 2.30	Interview with NUM ward
2.30 – 3.00		2.30 – 3.00	Interview with NUM OT
3.00 – 3.30		3.00 – 3.30	Interview with RN
3.30 – 4.30	Interview with Anaesthetist	3.30 – 4.30	Interview with Anaesthetist
4.30 – 5.30	Assessor meeting	4.30 – 5.30	Assessor meeting

Day 2

Time	Event	Assessor
8.00 – 9.00	Ward round	Both A & B
9.00 – 12.00	Review of Patient Records	Both A & B
12.00 – 12.30	Lunch	Both A & B
12.30 – 2.00	Case Based Discussion with SIMG	Both A & B
2.00 – 4.00	Report writing Assessment	Both A & B
4.00 – 4.30	Meeting with IMG and Supervisor	Both A & B

Tips for EVOPP Assessors

The following tips have been compiled to assist the RACS EVOPP Assessors.

Questioning

Prior to the visit

- It is important that prior to the visit you are thoroughly familiar with the RACS 10 competencies and their definitions. EVOPP Assessors are encouraged to review the "surgical competencies and performance" booklet which outlines these and gives examples.

- Prepare some questions for each competency relevant to the person you are interviewing. Refer to the mapping document to assist with this. For example, if you need to gather information from the Anaesthetist on the SIMG's communication what question will you ask.

During the interviews

- It is important to set the scene adequately so that the person you are interviewing is put at ease. Explain the purpose of the visit and that information they give you will be confidential. It is important to stress that the visit is not because there is a problem with the IMGs performance i.e. this is not a remediation process.

- It will be important to also explain that you will be taking notes during the interview as you will need this record later in the visit when you are writing your report. Where there are two assessors one could ask questions and one can take notes, however, if there is only one assessor you will need to do both.

- Use a variety of open and closed questions. Open questions are good for encouraging conversation and opinion, closed for gathering facts.

- Remember that you are gathering information on the SIMGs performance in order for you to make a recommendation. Be careful to avoid questions that ask those you are interviewing to make the judgement e.g. do you think Dr X is a good communicator? Rather you may ask "How would you describe Dr X's communication with the nursing staff?"
- Avoid "leading" questions e.g. Is the SIMG slow in theatre?

- If someone you are interviewing offers an opinion or provides feedback on the SIMG you need to ask them to elaborate with examples.

- You need to be triangulating evidence so if you have information from other interviews you may use this to ask specific questions of other interviewees. E.g. if the junior doctors talk about concerns regarding the SIMGs decision making you need to check this with the anaesthetist and the other surgeons

Providing Feedback at the end of the Visit

- This feedback should be done with the SIMG and their supervisor

- Start the feedback session by explaining the purpose and setting the ground rules. The purpose of the feedback is to provide a summary of general impressions not what recommendation is going to be made. Remember that the judgement is made by the SIMG committee not by the assessors so what you recommend may not be the final decision.
- The purpose is not to encourage self-reflection by the SIMG but rather to provide observations made by the assessors. Therefore, a structure such as the Pendelton model of feedback is probably not appropriate for this purpose. However, the principles of good feedback are still very valid. The feedback should be:
    - Based on your observations
    - Non judgemental
    - Non emotive
    - Specific
    - Objective
    - Respectfully given

- Ask the SIMG how they found the process. Important to listen to any concerns
- Share information on what you found was being done well – any specific areas you felt were very impressive
- Share information on what you though could be improved e.g. communication with nursing staff.
- It is not up to the clinical assessors to come up with strategies to address any areas for improvement however it is alright to offer suggestions. Focus on the partnership between the SIMG and their supervisor when offering suggestions e.g. “you and your supervisor may like to consider ….”

EVOPP REPORT TEMPLATE

Details

Name of SIMG	
Hospital	
Principal Assessor	
Assessor	
Date of Visit	

Interview Details

Name of Person Interviewed	Profession

Recommendation

Recommendation	Yes/No
Ready for independent practice	
Other requirements	
Consensus recommendation	

General Comments

Supporting Comments

Competency	Comments
Medical Expertise	
Judgement and Decision Making	
Technical Expertise	
Professionalism	

Competency	Comments
Health Advocacy	
Communication	
Collaboration and Teamwork	
Management and Leadership	

Competency	Comments
Scholarship and Teaching	
Cultural competence and cultural safety	