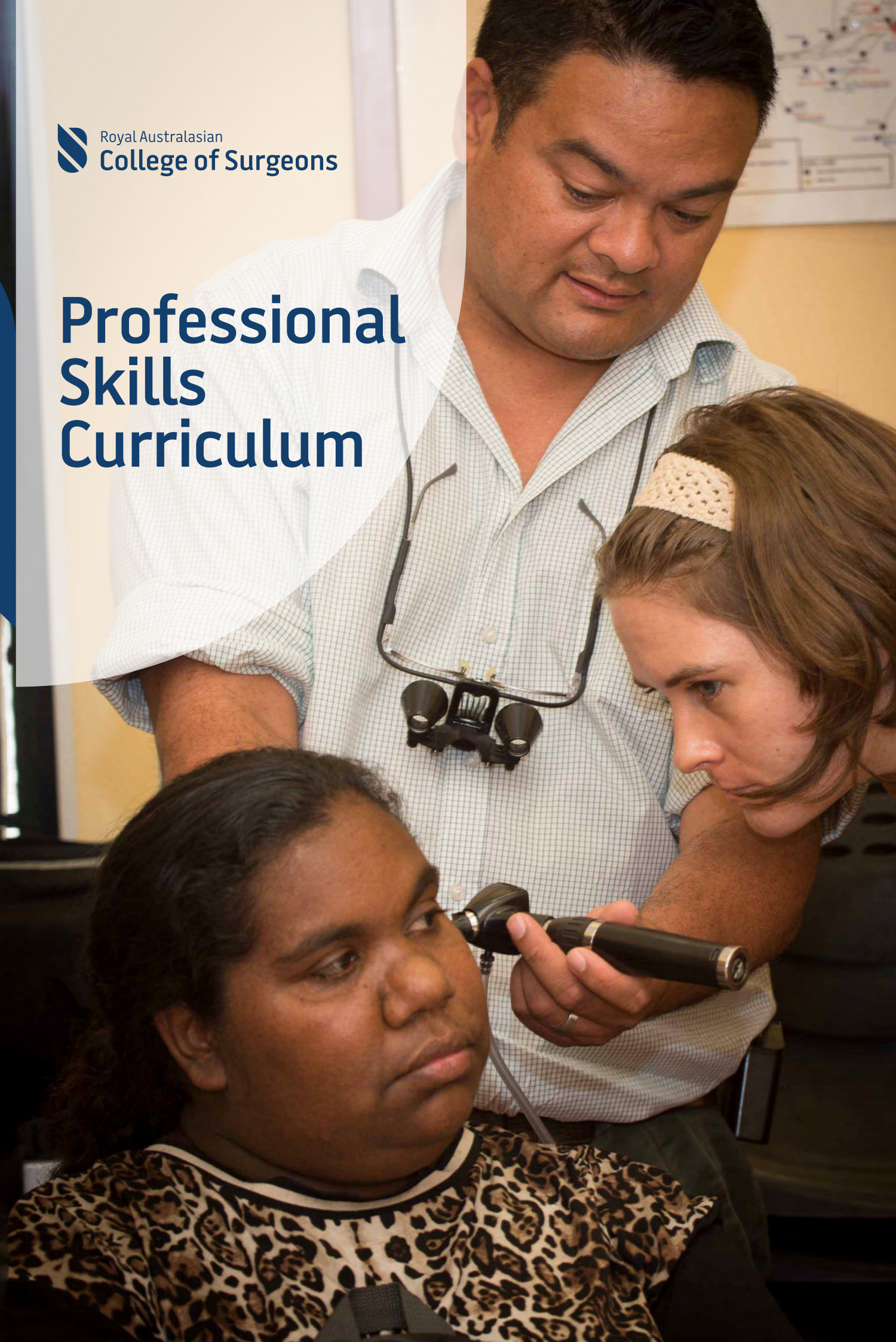


# Professional Skills Curriculum



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## Table of contents

3	— Foreword
4	— Introduction to the Royal Australasian College of Surgeons
5	— Professional Skills Curriculum
5	Development of the RACS PSC
5	Aim and objectives
6	— RACS statements on professionalism
6	Principles supporting the RACS Professional Skills Curriculum
7	— How to use this curriculum
7	Understanding the format
7	Using the learning outcomes and graduate outcomes
8	Using the RACS PSC in specialty surgical training
9	— Stages of training
10	— Teaching and learning activities
10	— Courses
11	— Terms used in the RACS PSC
12	— Professional Skills Curriculum
13	Collaboration and teamwork
17	Communication
21	Cultural competence and cultural safety
25	Health Advocacy
29	Judgement and clinical decision making
33	Leadership and management
37	Professionalism
41	Scholarship and teaching
45	— Glossary
45	Education terms
46	Medical terms
47	— References
52	— Acknowledgements

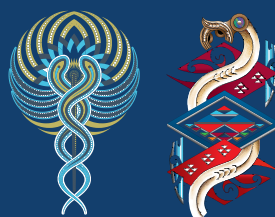
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Committed to Indigenous health

*Service | Integrity | Respect | Compassion | Collaboration*



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## Foreword

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and Aotearoa New Zealand. The College has a proud history of facilitating the education and training of surgeons, supporting surgeons and surgeons-in-training, and leading advocacy around professional standards, and patient care. The Professional Skills Curriculum reflects the standards we hold as a profession and our commitment to the community to deliver high quality patient-centred surgical care.

Patient-centred care and shared decision making are central to the RACS Professional Skills Curriculum. Helping our surgeons, surgical trainees and specialist international medical graduates (SIMGs) to recognise and respect the individual, social and cultural needs of our patients to ensure that they are the focus of our interactions is paramount to safe modern surgical practice.

This curriculum supports our future surgeons to instil habits of focussed reflection, leading to life-long learning and continual improvement. Throughout surgical training and beyond, there will be many opportunities to enact the competencies described in the Professional Skills Curriculum. These complement the medical and technical curricula of each specialty group, articulating the behaviours that are required to meet these professional standards.

RACS is committed to education that meets the learning needs of all surgical trainees and SIMGs. This curriculum supports trainees and SIMGs to develop and extend skills in the complex range of competencies required to deliver the highest standards of surgical care to communities throughout Australia and Aotearoa New Zealand.

**Dr Sally Langley**

President,  
Royal Australasian College  
of Surgeons

**Dr Adrian Anthony**

Censor in Chief,  
Education Committee

**Dr Rebecca Garland**

Chair, Professional Skills  
Curriculum Working Party

## Introduction to the Royal Australasian College of Surgeons Professional Skills Curriculum

The RACS Professional Skills Curriculum (PSC) is intended to guide the development of professional skills in surgical Trainees and Specialist International Medical Graduates (SIMGs), leading to behaviour expected of Fellows of RACS.

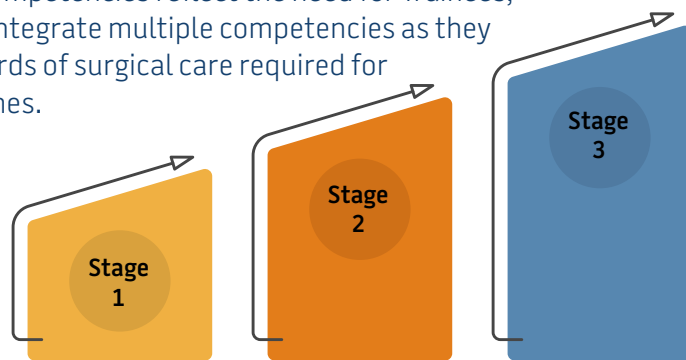
The RACS PSC prioritises patient-centred care and highlights skills and behaviours that are essential for optimal surgical practice, supporting our patients and our communities. This curriculum will assist surgeons, Trainees, SIMGs and our colleagues to understand and navigate the complex skills required in modern surgical training and practice.

The RACS PSC describes the knowledge, skills and behaviour expected of surgical Trainees in eight of the ten RACS competencies — Collaboration and teamwork, Communication, Cultural competence and cultural safety, Health advocacy, Judgement and clinical decision making, Leadership and management, Professionalism, and Scholarship and teaching. These eight professional competencies complement specialty surgical training in the RACS competencies of Medical expertise and Technical expertise. Safe, high standard surgical practice necessitates Fellows of RACS to be competent across all ten RACS competencies.

To guide Trainees' progress through three stages of the RACS Surgical Education and Training (SET) program, the RACS PSC identifies learning and graduate outcomes for each of the eight professional competencies. These learning and graduate outcomes are aligned to behavioural markers that RACS has defined for Fellows in the [RACS Surgical Competence and Performance Guide](#). The curriculum will also guide SIMGs on their pathway to Fellowship.

The RACS PSC will support Fellows to supervise, teach, and assess Trainees' and SIMGs' performance as they undertake clinical activities in the workplace. The curriculum will also enrich and anchor feedback discussions that guide Trainee and SIMG development.

The eight professional competencies are presented as discrete categories in the RACS PSC. The appreciable commonality and overlap between the competencies reflect the need for Trainees, SIMGs, and Fellows to integrate multiple competencies as they pursue the high standards of surgical care required for optimal patient outcomes.





## Professional Skills Curriculum

### Development of the RACS Professional Skills Curriculum

The RACS Board of Surgical Education and Training envisioned a curriculum that would reflect RACS' commitment to leading surgical standards, professionalism and education across Australia and Aotearoa New Zealand. A need to clarify RACS' standards of professionalism and professional skills throughout surgical education and training (SET) was identified as RACS surgical specialties had grappled with teaching and assessing these core skills. Specialty-specific curricula reflected individual specialty priorities, but no comprehensive curriculum existed.

The new curriculum would define standards of professional behaviour expected of Trainees and SIMGs, and clearly uphold professional aspects of performance set out for Fellows in the [RACS Surgical Competence and Performance Guide](#). The curriculum would enhance training, learning, and assessment of professional skills and would be suited to all RACS surgical specialty training programs.

In 2019, RACS' Board of Surgical Education and Training convened a working group of Fellows and RACS education staff to develop this curriculum. Members of the working group were committed to enhancing professionalism in the surgical workforce and brought expertise in training from the spectrum of RACS surgical specialties. The working group collaborated with other subject experts to identify behaviours and refine performance standards leading to competence in the eight RACS professional skills. RACS specialty craft groups reviewed curriculum drafts and contributed feedback to enhance the relevance and usability of the PSC.

### ASSESSING TRAINEE AND SIMG PERFORMANCE IN PROFESSIONAL SKILLS

Development of the curriculum has focused on identifying standards of Trainee behaviour longitudinally through SET. Once the RACS PSC has been finalised, RACS will develop assessment protocols and assessment tools to support specialty training boards and committees to implement the PSC and assess Trainee and SIMG performance. Assessment protocols will be developed in consultation with specialty craft groups to prioritise effective and feasible assessment delivery, and valid and reliable assessment outcomes.

### Aim and objectives

The PSC aims to facilitate patient care by integrating professional skills into RACS surgical education and training.

Objectives are:

- To define standards of professional behaviour throughout SET.
- To align the curriculum to the RACS competencies.
- To enable Trainees and SIMGs to learn and refine professional skills.
- To support competency-based learning and assessment.
- To support Supervisors to teach and assess skills across the gamut of RACS professional competencies.

---

## RACS statements on Professional Skills

The concept of professionalism underpins the RACS Professional Skills Curriculum.

**Professionalism** comprises the values, behaviours, and relationships that underpin the trust patients and the public have in doctors.

**Professionalism** is the ethical values that drive the ability to regulate personal behaviour (as a healer) according to the social contract that is based on the highest level of clinical training, a professional code of conduct, and a commitment to personal wellbeing, continuing professional development, and lifelong learning.

**Professionalism** is demonstrated through a commitment to patient-centred care that is based on respectful and inclusive relationships with colleagues and empowers patients, families and carers to co-decide a course of treatment that is in the best interest of the patient.

**Professionalism** is a commitment to professional responsibilities that comply with clinical standards and improvements to contemporary health care practices, facilitates an equitable distribution of services to the community and acting as a collective, advocates for advances to the health care system for the welfare of society.

### Principles supporting the RACS Professional Skills Curriculum

#### Work-based training

Professional skills are taught, learned, and assessed in the context of providing healthcare to actual patients in clinics and hospitals.

#### Patient-centred care

Professionalism puts patient wellbeing and patient outcomes at the forefront of treatment and management. The RACS PSC reflects this emphasis on patient needs, particularly in shared decision-making, cultural competence, and cultural safety.

#### Learner-centred training

Trainees with their Supervisors frame their SET program of learning and assessment. Flexible approaches to training prioritise Trainee wellbeing and learning. Feedback and formative assessments help learners understand where they are in their development and guide their next steps.

#### Competency-based education and assessment

Standards of behaviour are defined by the learning outcomes and graduate outcomes in eight competencies. As Trainees progress through the SET program, they undertake increasingly complex tasks with decreasing levels of supervision – a graded increase in responsibility commensurate with their demonstrated performance – leading to professional standards of behaviour expected of RACS Fellows. Trainee progress and completion of the SET program is contingent on them meeting standards through demonstrations of competence.

#### Structured program

SET is structured around placements (or rotations) in accredited training posts usually for six month periods. To move to the next stage of training Trainees must demonstrate the standards required at their current stage of training. Program requirements, learning outcomes, and graduate outcomes are defined, are publicly available, are achievable for all Trainees and Specialist International Medical Graduates (SIMGs), and are aligned to the [RACS Surgical Competence and Performance Guide](#).

# How to use this curriculum

## UNDERSTANDING THE FORMAT

This first edition of the RACS PSC sets out three stages of Surgical Education and Training (SET) for each of the eight RACS professional competencies. Learning outcomes are specified for the Early and Mid stages of SET. These learning outcomes define standards of behaviour expected of Trainees as they progress through SET. Graduate outcomes are defined for the third, or Late stage of SET. These graduate outcomes are closely aligned to behavioural markers for RACS Fellows, set out in the RACS [Surgical Competence and Performance Guide](#), and all surgical Trainees are expected to demonstrate these standards of behaviour by the conclusion of their SET program.

## USING THE LEARNING OUTCOMES AND GRADUATE OUTCOMES

The RACS PSC learning outcomes and graduate outcomes cover aspects of performance both in and outside the operating theatre. These are intended to provide points of reference to assist surgical supervisors, trainers, and learners to identify particular aspects of behaviour that RACS considers to be important to the development of professional surgeons. As there are considerable synergies across the RACS competencies, it is anticipated that learning outcomes in multiple competencies can be taught, learned, or assessed concurrently.

Example of part of a competency, showing behavioural markers, learning outcomes and graduate outcomes

12 [History taking and examination of the patient](#)

Professional Skills Curriculum

13

**Collaboration and teamwork**

Works cooperatively with peers, trainees and other health professionals to develop a shared picture of the clinical situation and facilitates appropriate task delegation to ensure the delivery of safe, effective and efficient surgical care. Works collaboratively to optimise teamwork and a patient centred care plan.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<p><b>Plays an inclusive and active role in clinical teams</b></p> <p>Works together with all team members to gain an understanding of the clinical situation and to ensure all management issues are addressed, both for the patient and for the service provided. Actively promotes shared decision making, values the contribution and expertise of other team members, and multi-disciplinary team (MDT) engagement where appropriate.</p>	<ul style="list-style-type: none"><li>Engages in timely shared decision making with the patient and the team</li><li>Completes tasks promptly to address patient management issues</li><li>Engages with the team to learn from the expertise of others</li></ul>	<ul style="list-style-type: none"><li>Facilitates agreement on a shared decision making and addresses misunderstandings</li><li>Ensures patient management issues are promptly addressed</li><li>Facilitates team members to contribute and learn from each other</li></ul>	<ul style="list-style-type: none"><li>Leads an inclusive team where shared decision making is actively encouraged</li><li>Delegates management issues to appropriate team member</li><li>Teaches junior members of the team</li></ul>
<p><b>Establishes a shared understanding through appropriate documentation and exchange of information</b></p> <p>Ensures all necessary and relevant clinical information has been communicated in a timely manner to the patient's general practitioner and other relevant healthcare professionals.</p>	<ul style="list-style-type: none"><li>Engages in shared understanding through accurate documentation and timely exchange of information</li><li>Provides succinct and accurate patient information to healthcare professionals</li></ul>	<ul style="list-style-type: none"><li>Facilitates shared understanding through accurate documentation and addresses misunderstandings</li><li>Exchanges information with healthcare professionals for patients with complex conditions and/or circumstances</li></ul>	<ul style="list-style-type: none"><li>Leads the team to promptly share accurate information</li><li>Supervises the timely exchange of necessary and relevant patient information</li></ul>

**COMPETENCY**

**DESCRIPTION OF COMPETENCY**

**BEHAVIOURAL MARKER**

**LEARNING & GRADUATE OUTCOMES**



### SUPPORTING SUPERVISORS, TRAINEES AND SIMGS

The curriculum has been developed for RACS Trainees and SIMGs to learn professional skills under supervision. RACS Supervisors and Trainers can use the curriculum to frame their assessments of Trainee and SIMG performance.

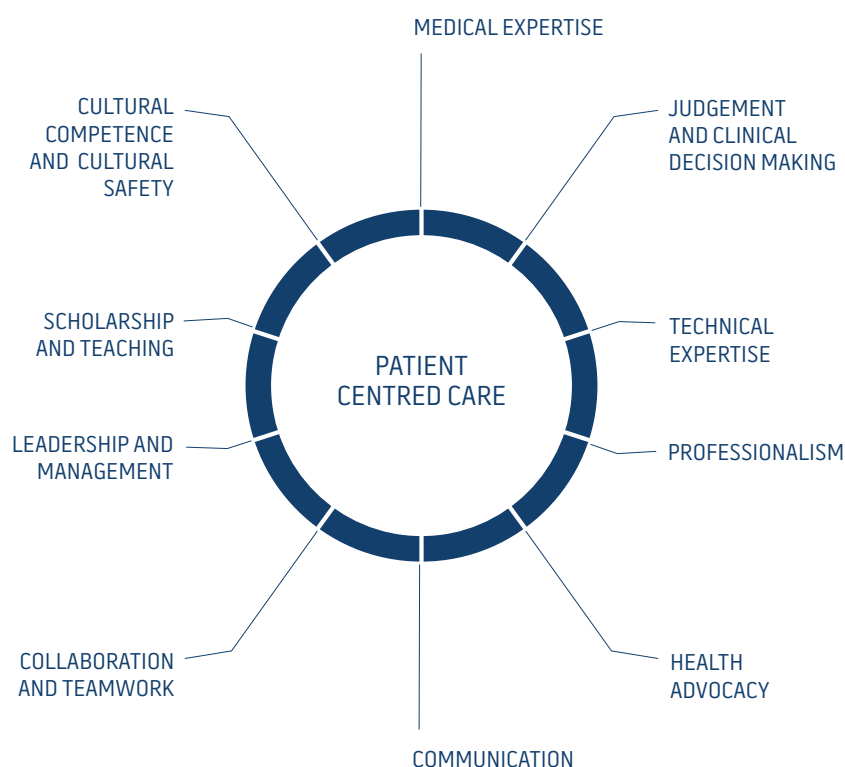
Supervisors and Trainees may find it helpful to refer to learning outcomes and graduate outcomes when setting learning goals throughout training. Supervisors and Trainers may use specific learning outcomes and graduate outcomes to frame performance feedback to Trainees and SIMGs and to guide any remediation activities. Learning outcomes and graduate outcomes may also be useful in the development of assessment rubrics and in confirming required standards of performance. Trainees and SIMGs may similarly use the learning outcomes and graduate outcomes to confirm performance standards and to self-assess.

### USING THE RACS PSC IN SPECIALTY SURGICAL TRAINING

The RACS PSC encompasses the eight RACS professional competencies: Collaboration and teamwork, Communication, Cultural competence and cultural safety, Scholarship and teaching, Health advocacy, Judgement and clinical decision making, Leadership and management, and Professionalism and ethics. Learning outcomes and graduate outcomes in these competencies apply equally to each of the RACS surgical specialties.

The RACS competencies of Medical expertise and Technical expertise are not included in the RACS PSC as learning outcomes and graduate outcomes in these competencies and curricula are specific to each specialty's domain of practice.

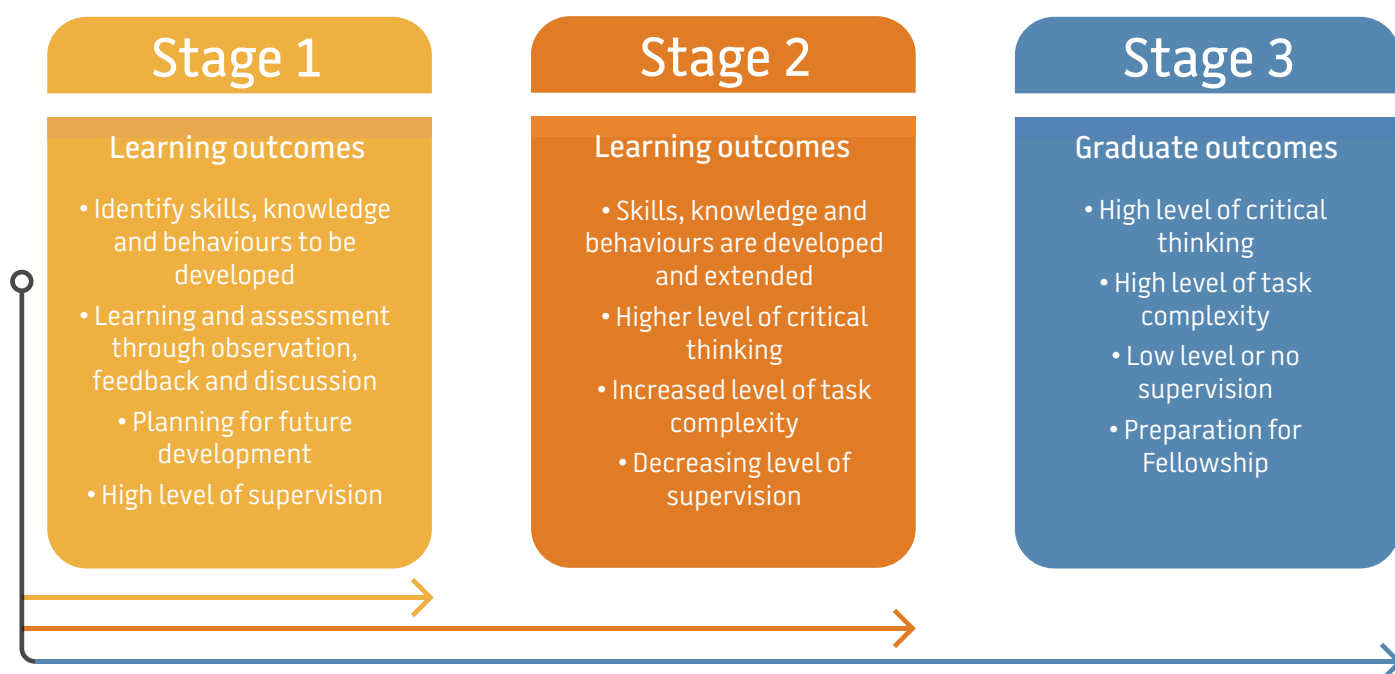
The RACS PSC can complement specialty-specific curricula to integrate specified professional standards of behaviour into training and practice. Some standards set out in the RACS PSC are specified for the first time, and thus provide opportunities for specialty boards to establish how they might teach and assess these skills. The RACS PSC can provide a scaffold or mapping framework as boards revise their own curricula.



# Training and learning

## Stages of training

The RACS PSC specifies three stages of training: Stage 1, Stage 2, and Stage 3. Learning outcomes and graduate outcomes define standards of performance for each of the stages of training. Learning may occur at any time, but Trainees must demonstrate the indicated standards by the end of a stage in order to progress to the next stage. Some specialties set out timeframes for stages of training to ensure that trainees meet required performance standards in a timely manner. RACS recognises that some Trainees and SIMGs might be performing at a higher standard in some competencies earlier in the program than is required. Stages also help to identify Trainees who might be struggling to achieve the required standards of performance within specified timeframes, so appropriate supports can be implemented.



*Performance may be at different standards in different competencies*

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## Teaching and learning activities

The RACS PSC includes some teaching and learning activities for each competency. These suggestions are not an exhaustive list but are examples of activities that might allow Trainees and SIMGs to learn and demonstrate professional skills. It is hoped that these examples will stimulate learners, trainers and assessors to identify appropriate activities in their own specialties.

Teaching and learning activities may be planned or *ad hoc*. Activities to stimulate, guide and evaluate learning include:

- Discussion and questioning
- Feedback conversations
- Formative assessments
- Lectures, case-based discussions, tutorials, and demonstrations
- Observation of Trainee and SIMG performance
- Team debriefs
- Team teaching with colleagues
- Family conferences
- Conference or seminars
- Bootcamps/workshops
- Case-based discussions
- Personal reflection

Trainee and SIMG learning takes place in varied environments where clinical and professional interactions occur, such as:

- Clinics
- Emergency departments
- Journal clubs
- Morbidity and mortality meetings
- Multidisciplinary team meetings
- Operating rooms
- Quality assurance and audit meetings
- Ward rounds

## Courses

The RACS PSC identifies courses for each competency. These suggestions are not compulsory and are not an exhaustive list. These suggestions are examples of RACS courses that might allow Trainees and SIMGs to learn and demonstrate professional skills. Some surgical specialty training programs have mandated some of these courses. Learners, trainers and supervisors may also identify additional specialty-specific courses, or other relevant courses. Trainees and supervisors are advised to check their specialty requirements, specified in each specialty's training regulations.



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## Terms used in the RACS PSC

The RACS PSC often uses the singular form when referring to multiple people and team members. The following terms have specific meanings in this curriculum:

### Patient

- Includes people requesting or receiving professional health care, and their family, carers, whānau and community elders.

### Colleagues

- Health care professionals working throughout the health care system, including direct team members, nursing staff, allied health professionals, general practitioners, specialists, students, Trainees, SIMGs and administrators.

### Trainee

- Trainees are enrolled in the RACS Surgical Education and Training (SET) program in one of the nine RACS specialties.

### Specialist International Medical Graduate (SIMG)

- Surgeons who have completed specialist surgical training overseas.

### Supervisors

- Surgeons who are in RACS appointed Supervisor of Training roles and surgeons who supervise Trainees on a day-to-day basis and Supervisors of Specialist International Medical Graduates (SIMGs) on a pathway to Fellowship. RACS has developed a Supervisor Framework for those in a supervisory role.

### Team

- Includes intra-profession teams, interdisciplinary teams and multidisciplinary teams.

### Multidisciplinary team (MDT)

- Multidisciplinary teams comprise health practitioners from many fields working together to achieve optimal patient outcomes. MDTs may be formally structured, or informal arrangements; they could include colleagues such as anaesthetists, radiologists, other surgical specialists, duty managers, nursing colleagues, theatre or equipment technicians, and other health professionals.

### Shared decision-making

- Collaboration between patients and health professionals to decide on a course of action. Shared decision-making integrates the patient's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person.









## Collaboration and teamwork

Works cooperatively with peers, Trainees and other health professionals to develop a shared picture of the clinical situation and facilitates appropriate task delegation to ensure the delivery of safe, effective and efficient surgical care. Works collaboratively to optimise teamwork and a patient centred care plan.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<p><b>Plays an inclusive and active role in clinical teams</b></p> <p>Works together with all team members to gain an understanding of the clinical situation and to ensure all management issues are addressed, both for the patient and for the service provided. Actively promotes shared decision making, values the contribution and expertise of other team members, and multidisciplinary team (MDT) engagement where appropriate.</p>	<ul style="list-style-type: none"> <li>Engages in timely shared decision making with the patient and the team</li> <li>Completes tasks promptly to address patient management issues</li> <li>Engages with the team to learn from the expertise of others</li> </ul>	<ul style="list-style-type: none"> <li>Facilitates agreement on a shared decision making and addresses misunderstandings</li> <li>Ensures patient management issues are promptly addressed</li> <li>Facilitates team members to contribute and learn from each other</li> </ul>	<ul style="list-style-type: none"> <li>Leads an inclusive team where shared decision making is actively encouraged</li> <li>Delegates management issues to appropriate team member</li> <li>Teaches junior members of the team</li> </ul>
<p><b>Establishes a shared understanding through appropriate documentation and exchange of information</b></p> <p>Ensures all necessary and relevant clinical information has been communicated in a timely manner to the patient's general practitioner and other relevant healthcare professionals.</p>	<ul style="list-style-type: none"> <li>Engages in shared understanding through accurate documentation and timely exchange of information</li> <li>Provides succinct and accurate patient information to healthcare professionals</li> </ul>	<ul style="list-style-type: none"> <li>Facilitates shared understanding and addresses misunderstandings</li> <li>Exchanges information with healthcare professionals for patients with complex conditions and/or circumstances</li> </ul>	<ul style="list-style-type: none"> <li>Leads the team to promptly share accurate information</li> <li>Supervises the timely exchange of necessary and relevant patient information</li> </ul>



Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Demonstrates a willingness to seek or offer a second opinion</b> Consults widely among the healthcare team in both an informal and formal manner. Seeks and provides a second opinion in the best interests of the patient, when appropriate.	<ul style="list-style-type: none"> <li>Engages formally and informally when consulting healthcare teams</li> <li>Seeks and considers opinions and feedback from colleagues</li> </ul>	<ul style="list-style-type: none"> <li>Facilitates junior members to consult with healthcare teams</li> <li>Analyses advice and opinions and seeks clarification</li> </ul>	<ul style="list-style-type: none"> <li>Consults widely with healthcare teams</li> <li>Formulates and offers a second opinion when appropriate</li> </ul>
<b>Fosters an environment where patient safety measures are the team's responsibility</b> Complies with and respects policies and procedures that contribute to patient safety. Understands the positive impact of team competence on the continuity of care for the patient.	<ul style="list-style-type: none"> <li>Complies with quality and safety policies procedures and patient safety measures</li> <li>Engages as part of the team to ensure continuity of patient care</li> </ul>	<ul style="list-style-type: none"> <li>Facilitates patient safety measures</li> <li>Facilitates teamwork engagement to ensure continuity of patient care</li> </ul>	<ul style="list-style-type: none"> <li>Supervises compliance with patient safety measures</li> <li>Supervises teamwork to provide continuity of patient care</li> </ul>
<b>Supports conflict resolution and manages differences within the team</b> Acts to resolve conflict within the team and encourages respect for diversity among team members. Facilitates discussion when required and considers all perspectives when resolving differences.	<ul style="list-style-type: none"> <li>Participates in conflict resolution activities when conflict occurs</li> <li>Demonstrates respect for diversity among team members</li> </ul>	<ul style="list-style-type: none"> <li>Facilitates conflict resolution and considers all perspectives when managing differences</li> <li>Models respect for diversity among team members</li> </ul>	<ul style="list-style-type: none"> <li>Anticipates potential areas of conflict and intervenes when appropriate</li> <li>Leads respect for diversity among team members</li> </ul>

## SUGGESTED TEACHING AND LEARNING ACTIVITIES

- Demonstrate team introductions to build engagement and situational awareness
- Demonstrate actively participating in shared decision making with team members, patients and families
- Review unit policy and protocols and discuss strategies to improve consistency and patient safety
- Facilitate others to observe guidelines, protocols and checklists to improve patient safety
- Assist a patient to seek a second opinion
- Discuss the role of team behaviour and workplace practices on individual and team outcomes
- Workshop the impact of group dynamics on team decision making and patient safety measures
- Communicate appropriate documentation and exchange of information with a GP
- Develop a portfolio of professional practitioners, healthcare service and training hospital contacts to establish a network
- Discuss principles of conflict resolution and strategies to manage differences within the team
- Consult with the healthcare team to seek a or provide a second opinion
- Engage in a team debrief to identify what happened, what the team learnt and what could be done differently next time

## SUGGESTED RACS COURSES

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>– Care of the Critically Ill Surgical Patient (CCrISP®)</li> <li>– Early Management of Severe Trauma (EMST)</li> <li>– Feedback for Trainees</li> <li>– Training in Professional Skills (TIPS)</li> <li>– Operating with Respect (eLearning) module (OWR)</li> <li>– Operating with Respect (face to face) course (OWR)</li> <li>– Operating with Respect for Trainees (OWR)</li> </ul> | <ul style="list-style-type: none"> <li>– Human Factors: Patient centred communication</li> <li>– Human Factors: Situation awareness</li> <li>– Human Factors: Decision making</li> <li>– Human Factors: Conflict management</li> <li>– Human Factors: Team dynamics</li> <li>– Human Factors: Stress and resilience</li> <li>– Human Factors: Speaking up and responding to unacceptable behaviour</li> <li>– Non-technical Skills for Surgeons (NOTSS)</li> </ul> | <ul style="list-style-type: none"> <li>– Clinical Decision Making (CDM)</li> <li>– Process Communication Model, Seminars 1 and 2(PCM)</li> <li>– Conflict and You (CAY)</li> <li>– Surgeons as Leaders in Everyday Practice (SAL)</li> <li>– Safer Surgical Teamwork (SST)</li> <li>– Leading out of drama (LOD)</li> <li>– CPD: Recognising and Responding to Sexual Harassment</li> </ul> |
|--|--|---|

## SUGGESTED REFERENCES

### DECISION MAKING

- Australian Commission on Safety and Quality in Healthcare. Decision support tools for consumers [Internet]. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/decision-support-tools-consumers>
- Australian Commission On Safety and Quality in Health Care. Shared decision making [Internet]. 2019 [cited 2022 Feb 11]. Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making>
- Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, et al. Shared Decision Making: A Model for Clinical Practice. *J Gen Intern Med* [Internet]. 2012 Oct 23 [cited 2019 Feb 27];27(10):1361–7. Available from: <http://link.springer.com/10.1007/s11606-012-2077-6>
- Flin R, Youngson G, Yule S. How do surgeons make intraoperative decisions? *Qual Saf Health Care*. 2007;16(3):235–239. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464983/pdf/235.pdf>
- Health Navigator New Zealand. Shared decision making for clinicians [Internet]. 2022 [cited 2022 Feb 11]. Available from: <https://www.healthnavigator.org.nz/clinicians/s/shared-decision-making-for-clinicians/>
- Hoffmann TC, Légaré F, Simmons MB, McNamara K, McCaffery K, Trevena LJ, et al. Shared decision making: What do clinicians need to know and why should they bother? *Med J Aust*. 2014;201(1):35–9. Available from: [https://www.mja.com.au/system/files/issues/201\\_01/hof00002.pdf](https://www.mja.com.au/system/files/issues/201_01/hof00002.pdf)
- Thistlethwaite J. Shared decision making and decision aids – a literature review. *Repr from Aust Fam Physician* [Internet]. 2006 [cited 2018 Apr 12];35(7). Available from: <https://www.racgp.org.au/afpbbackissues/2006/200607/20060705thistlethwaite.pdf>

### FEEDBACK

- Archer JC, Mcavoy P. Factors that might undermine the validity of patient and multi-source feedback. *Med Educ*. 2011[Cited 2019 May 9];45(9):886–93.
- Archer JC. State of the science in health professional education: Effective feedback. *Med Educ* [Internet]. 2010 Jan [cited 2019 May 9];44(1):101–8. Available from: <http://doi.wiley.com/10.1111/j.1365-2923.2009.03546.x>
- Coggins A, Zaklama R, Szabo R, Diaz-Navarro C, Scalese R, Krogh K et al. Twelve tips for facilitating and implementing clinical debriefing programmes. *Med Teach*. 2020;43(5):509–517. doi: 10.1080/0142159x.2020.1817349
- Kornegay JG, Kraut A, Manthey D, Omron R, Caretta-Weyer H, Kuhn G, et al. Feedback in Medical Education: A Critical Appraisal. *AEM Educ Train*. 2017;1(2):98–109. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001508/>
- McGinness HT, Caldwell PHY, Gunasekera H, Scott KM. An educational intervention to increase student engagement in feedback. *Med Teach* [Internet]. 2020 Nov 1 [cited 2021 Jan 15];42(11):1289–97. Available from: <https://www.tandfonline.com/doi/full/10.1080/0142159x.2020.1804055>

### PATIENT CENTRED CARE

- Bauman A, Fardy H, Harris P. Getting it right: Why bother with patientcentred care? *Med J Aust*. 2003;179(5):253–256. doi: 10.5694/j.1326-5377.2003.tb05532.x
- Epstein R, Street R. The values and value of patient-centered care. *Ann Fam Med*. 2011;9(2):100–103. doi: 10.1370/afm.1239
- Institute for Patient and Family Centered Care. Patient- and Family- Centered Care Defined [Internet]. 2020 [cited 2022 Feb 9]. Available from: <https://www.ipfcc.org/bestpractices/sustainable-partnerships/background/pfcc-defined.html>
- Jo Delaney L. Patient-centred care as an approach to improving health care in Australia. *Collegian* [Internet]. 2018;25(1):119–23. Available from: <https://doi.org/10.1016/j.colegn.2017.02.005>
- Karen L, Donella P, Nicola D, Naomi P. Patient-centred care: Improving quality and safety by focusing care on patients and consumers. *Aust Comm Saf Qual* [Internet]. 2010;(September):1–75. Available from: <https://www.safetyandquality.gov.au/sites/default/files/migrated/PCCC-DiscussPaper.pdf>

### PATIENT SAFETY

- Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. [Internet]. Sydney; 2021. Available from: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)
- Grattan Institute. Safer care saves money: How to improve patient care and save public money at the same time [Internet]. 2018 [cited 2020 Jan 23]. Available from: <https://grattan.edu.au/wp-content/uploads/2018/08/Safer-care-saves-money.pdf>
- Makary MA, Sexton JB, Freischlag JA, Millman EA, Pryor D, Holzmueller C, et al. Patient Safety in Surgery. *Ann Surg* [Internet]. 2006 May [cited 2018 Apr 12];243(5):628–35. Available from: <https://insights.ovid.com/crossref?an=00000658-200605000-00008>
- Royal Australasian College of Surgeons. Surgical Safety Checklist [Internet]. Melbourne; 2009. p. 1. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst\\_2009\\_surgical\\_safety\\_check\\_list\\_-australia\\_and\\_new\\_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst_2009_surgical_safety_check_list_-australia_and_new_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538)
- World Alliance for Patient Safety. WHO Patient Safety Curriculum Guide For Medical Schools [Internet]. 2009. p. 1–12. Available from: <https://www.who.int/publications/i/item/WHO-IER-PSP-2009.3S>
- World Health Organisation. Definitions of Key Concepts from the WHO Patient Safety Curriculum Guide [Internet]. 2011. Available from: [https://www.who.int/patientsafety/education/curriculum/course1a\\_handout.pdf?ua=1](https://www.who.int/patientsafety/education/curriculum/course1a_handout.pdf?ua=1)
- World Health Organisation. Global Patient Safety Action Plan 2021–2030 [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>

### ROLE MODEL

- Benbassat J. Role Role Modeling in Medical Education: The Importance of Reflective Imitation. *Acad Med* [Internet]. 2014 Apr [cited 2021 Mar 3];89(4):550–4. Available from: <http://journals.lww.com/00001888-201404000-00015>
- Passi V, Johnson S, Peile E, Wright S, Hafferty F, Johnson N. Doctor role modelling in medical education: BEME Guide No. 27. *Med Teach* [Internet]. 2013 Sep;35(9). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2013.806982?needAccess=true>

### TEAMWORK

- Aveling EL, Stone J, Sundt T, Wright C, Gino F, Singer S. Factors Influencing Team Behaviors in Surgery: A Qualitative Study to Inform Teamwork Interventions. *Ann Thorac Surg* [Internet]. 2018;106(1):115–20. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6021556/>
- DiPierro K, Lee H, Pain K, Durning S, Choi J. Groupthink among health professional teams in patient care: A scoping review. *Med Teach*. 2021;1–10. doi: 10.1080/0142159X.2021.1987404
- Kawaguchi A, Kao L. Teamwork and surgical team-based training. *Surg Clin North Am*. 2021;101(1):15–27. doi: 10.1016/j.suc.2020.09.001
- Kennedy TJT, Lingard L, Baker GR, Kitchen L, Regehr G. Clinical oversight: Conceptualizing the relationship between supervision and safety. *J Gen Intern Med*. 2007;22(8):1080–5. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2305735/>
- Royal Australasian College of Surgeons. Surgical Safety Checklist [Internet]. Melbourne; 2009. p. 1. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst\\_2009\\_surgical\\_safety\\_check\\_list\\_-australia\\_and\\_new\\_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst_2009_surgical_safety_check_list_-australia_and_new_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538)
- Schmutz J, Kolbe M, Eppich W. Twelve tips for integrating team reflexivity into your simulation-based team training. *Med Teach*. 2018;40(7):721–727. doi: 10.1080/0142159X.2018.1464135
- Wilbur K, Teunissen P, Scheele F, Driessen E. Team member expectations of trainee communicator and collaborator competencies – so shines a good deed in a weary world? *Med Teach*. 2021;43(5):531–537. doi: 10.1080/0142159X.2021.1874325







# Communication

Communicates effectively in a culturally competent manner with patients, families, carers, colleagues and others involved in health services in order to facilitate the provision of high quality healthcare. Operates with respect, denouncing unprofessional conduct including discrimination, bullying and harassment.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Gathers and understands information</b> Seeks timely and accurate information during the consultation, in the ward or clinic and in the operating room.	<ul style="list-style-type: none"> <li>– Collates information pertinent to decision making, patient management and treatment within appropriate timeframes</li> </ul>	<ul style="list-style-type: none"> <li>– Synthesises relevant information pertinent to decision making, patient management and treatment within appropriate timeframes</li> </ul>	<ul style="list-style-type: none"> <li>– Reconciles disparate or conflicting information pertinent to decision making, patient management and treatment from multiple sources within appropriate timeframes</li> </ul>
<b>Discusses and communicates options</b> Works to build rapport and trust with patients, their families and carers and engages them in the decision-making process. Communicates decisions clearly and effectively to all involved parties and ensures patients understand the information provided, employing interpreters, or alternative methods of communication suitable for patients as required.	<ul style="list-style-type: none"> <li>– Demonstrates rapport when meeting with patients</li> <li>– Discusses treatment options and management plans, with patients and engages them in shared decision making</li> <li>– Uses appropriate professionals and modes of communication based on the specific needs of the patient</li> </ul>	<ul style="list-style-type: none"> <li>– Demonstrates rapport with patients with complex conditions and/or healthcare needs</li> <li>– Communicates complex information, including full disclosure and engages patients in shared decision making</li> <li>– Facilitates patient interactions with other professionals and modes of communication</li> </ul>	<ul style="list-style-type: none"> <li>– Models rapport with patients</li> <li>– Engages vulnerable patients with complex conditions and care needs in shared decision making and addresses uncertainties</li> <li>– Leads use of appropriate modes of communication during complex interactions</li> </ul>
<b>Communicates in a respectful manner with patients, family, carers</b> Takes care during the communication process not to diminish or invalidate a patient's personal circumstances or cultural beliefs and practices. Arranges an appropriate environment to discuss confidential information and is mindful of how their own personal beliefs may impact on patient care, including unconscious bias.	<ul style="list-style-type: none"> <li>– Organises an appropriate environment to share confidential or sensitive information with patients</li> <li>– Demonstrates patient safety by respecting patients' personal circumstances, culture, beliefs or practices</li> <li>– Discusses how personal beliefs and unconscious bias can frame interactions with patients</li> </ul>	<ul style="list-style-type: none"> <li>– Ensures privacy when sharing sensitive or complex information with patients</li> <li>– Responds with dignity and respect to patients with complex social or cultural safety needs</li> <li>– Manages own personal beliefs or unconscious biases during interactions with patients</li> </ul>	<ul style="list-style-type: none"> <li>– Models sharing sensitive information during complex interactions</li> <li>– Models responding respectfully to patients during complex interactions</li> <li>– Teaches how to recognise and mitigate against bias</li> </ul>

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<p><b>Communicates effectively with team members, staff and colleagues</b></p> <p>Communicates with all members of the healthcare team in an effective and respectful manner. Adapts communication techniques dependent on individual circumstances and acknowledges that good communication is the key to better team and patient outcomes. Demonstrates the ability to provide timely and constructive feedback to team members.</p>	<ul style="list-style-type: none"> <li>Communicates respectfully with colleagues and teams to establish positive working relationships</li> <li>Shares patient information accurately and clearly to maximise colleagues' and teams' understanding</li> <li>Engages with feedback from others to learn and to identify strengths and opportunities for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Facilitates respectful communications to build and maintain positive working relationships</li> <li>Models clear and concise verbal and written skills to share patient information accurately</li> <li>Seeks, receives and gives constructive feedback with colleagues and teams</li> </ul>	<ul style="list-style-type: none"> <li>Models positive working relationships</li> <li>Supervises sharing patient information to maximise team understanding</li> <li>Leads a culture of initiating and engaging with feedback</li> </ul>

## SUGGESTED TEACHING AND LEARNING ACTIVITIES

- Demonstrate using plain language and checking back when engaging with a patient
- Conduct a telehealth consultation to identify and address patient healthcare needs
- Use appropriate personal or method of communication to engage a patient, e.g. interpreters, telehealth or written information
- Discuss communication strategies for a patient with cognitive impairment or at risk of delirium. Use the Australian Commission on Safety and Quality in Healthcare [A better way to care: patients with cognitive impairment or at risk of delirium in acute health services](#) to facilitate discussion
- Discuss strategies for recognising and supporting a patient at risk of family violence
- Ask questions to check the team has an acceptable shared picture of the situation, with accurate and up to date patient details
- Discuss communication strategies that contribute to team performance and patient outcomes
- Manage emotionally challenging interactions with patients who have communication barriers such as complex cognitive or sensory/verbal impairments, monitoring for signs of anxiety, withdrawal or antagonism
- Demonstrate culturally safe strategies when working in partnership with local healthcare professionals, Aboriginal and Torres Strait Islander and Māori healthcare workers and community organisations

## SUGGESTED RACS COURSES

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>– Care of the Critically Ill Surgical Patient (CCrISP®)</li> <li>– Early Management of Severe Trauma (EMST)</li> <li>– Feedback for Trainees</li> <li>– Training in Professional Skills (TIPS)</li> <li>– Operating with Respect (eLearning) module (OWR)</li> <li>– Operating with Respect (face to face) course (OWR)</li> <li>– Operating with Respect for Trainees (OWR)</li> <li>– Human Factors: Patient centred communication</li> </ul> | <ul style="list-style-type: none"> <li>– Human Factors: Situation awareness</li> <li>– Human Factors: Decision making</li> <li>– Human Factors: Conflict management</li> <li>– Human Factors: Team dynamics</li> <li>– Human Factors: Stress and resilience</li> <li>– Human Factors: Speaking up and responding to unacceptable behaviour</li> <li>– Clinical Decision Making (CDM)</li> <li>– Induction for Surgical Supervisors and Trainers (ISST)</li> <li>– Foundation Skills for Surgical Educators (FSSE)</li> <li>– Non-technical Skills for Surgeons (NOTSS)</li> </ul> | <ul style="list-style-type: none"> <li>– Process Communication Model, Seminars 1 and 2</li> <li>– Keeping Trainees on Track (KTOT)</li> <li>– Conflict and You (CAY)</li> <li>– Surgeons as Leaders in Everyday Practice (SAL)</li> <li>– Safer Surgical Teamwork (SST)</li> <li>– Leading out of Drama (LOD)</li> <li>– CPD: Informed Consent</li> <li>– CPD: Open Disclosure</li> <li>– CPD: Recognising and Responding to Sexual Harassment</li> </ul> |
|--|---|---|

## SUGGESTED REFERENCES

### BIAS

- Project Implicit. Take a test: Implicit association test [Internet]. 2011. [cited 9 Feb 2022] Available from: <https://implicit.harvard.edu/implicit/takeatest.html>
- Saposnik G, Redelmeier D, Ruff C, Tobler P. *Cognitive biases associated with medical decisions: a systematic review*. BMC Med Inform Decis Mak. 2016;16(1). Available from: <https://bmcmmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-016-0377-1>

### COMMUNICATION

- Australian Commission on Safety and Quality in Health Care. A better way to care: Safe and high-quality care for patients with cognitive impairment or at risk of delirium in acute health services (2nd Ed). [Internet]. Sydney; 2019. Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/better-way-care-second-edition>
- Bradford VTS. Bradford VTS online resources: Communication skills [Internet]. [cited 9 Feb 2022] Available from: <https://www.bradfordvts.co.uk/communication-skills/>
- Chan J, Gupta A, Stewart S, Babidge W, McCulloch G, Worthington M et al. “Nobody told me”: Communication issues affecting Australian cardiothoracic surgery patients. Ann Thorac Surg. 2019;108(6):1801-1806. doi: 10.1016/j.athoracsur.2019.04.116
- Newcomb A, Allred C, Grove C, Newcomb H, Mohess D, Griffen M et al. *Surgeon communication and family understanding of patient prognosis in critically ill surgical patients: A qualitative investigation informs resident training*. J Surg Educ. 2019;76(6):e77-e91. doi: 10.1016/j.jsurg.2019.05.017

### DECISION MAKING

- Australian Commission on Safety and Quality in Healthcare. Decision support tools for consumers [Internet]. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/decision-support-tools-consumers>
- Australian Commission On Safety and Quality in Health Care. Shared decision making [Internet]. 2019 [cited 2022 Feb 11]. Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making>
- Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, et al. Shared Decision Making: A Model for Clinical Practice. J Gen Intern Med [Internet]. 2012 Oct 23 [cited 2019 Feb 27];27(10):1361–7. Available from: <http://link.springer.com/10.1007/s11606-012-2077-6>
- Health Navigator New Zealand. Shared decision making for clinicians [Internet]. 2022 [cited 2022 Feb 11]. Available from: <https://www.healthnavigator.org.nz/clinicians/s/shared-decision-making-for-clinicians/>
- Hoffmann TC, Légaré F, Simmons MB, McNamara K, McCaffery K, Trevena LJ, et al. Shared decision making: What do clinicians need to know and why should they bother? Med J Aust. 2014;201(1):35–9. Available from: [https://www.mja.com.au/system/files/issues/201\\_01/hof00002.pdf](https://www.mja.com.au/system/files/issues/201_01/hof00002.pdf)
- Thistlethwaite J. Shared decision making and decision aids – a literature review. Repr from Aust Fam Physician [Internet]. 2006 [cited 2018 Apr 12];35(7). Available from: <https://www.racgp.org.au/afpbackissues/2006/200607/20060705thistlewaite.pdf>

### FEEDBACK

- Archer JC, Mcavoy P. *Factors that might undermine the validity of patient and multi-source feedback*. Med Educ. 2011[Cited 2019 May 9];45(9):886–93.
- Archer JC. State of the science in health professional education: Effective feedback. Med Educ [Internet]. 2010 Jan [cited 2019 May 9];44(1):101–8. Available from: <http://doi.wiley.com/10.1111/j.1365-2923.2009.03546.x>
- Coggins A, Zaklams R, Szabo R, Diaz-Navarro C, Scalese R, Krogh K et al. *Twelve tips for facilitating and implementing clinical debriefing programmes*. Med Teach. 2020;43(5):509–517. doi: 10.1080/0142159x.2020.1817349
- Kornegay JG, Kraut A, Manthey D, Omron R, Caretta-Weyer H, Kuhn G, et al. Feedback in Medical Education: A Critical Appraisal. AEM Educ Train. 2017;1(2):98–109. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001508/>
- McGinness HT, Caldwell PHY, Gunasekera H, Scott KM. An educational intervention to increase student engagement in feedback. Med Teach [Internet]. 2020 Nov 1 [cited 2021 Jan 15];42(11):1289–97. Available from: <https://www.tandfonline.com/doi/full/10.1080/0142159X.2020.1804055>

### PATIENT CENTRED CARE

- Astbury J, Atkinson J, Duke J, Easteal P, Kurrle S, Tait P, et al. The impact of domestic violence on individuals. Med J Australia [Internet]. 2000 [cited 2022 Jul 22];173(8):427–31. Available from: <https://www.mja.com.au/journal/2000/173/8/impact-domestic-violence-individuals>
- Bauman A, Fardy H, Harris P. Getting it right: Why bother with patient-centred care? Med J Aust. 2003;179(5):253–256. Available from: <https://onlinelibrary.wiley.com/doi/full/10.5694/j.1326-5377.2003.tb05532.x>
- Epstein R, Street R. The values and value of patient-centered care. Ann Fam Med. 2011;9(2):100–103. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3056855/>
- Institute for Patient and Family Centered Care. Patient- and Family- Centered Care Defined [Internet]. 2020 [cited 2022 Feb 9]. Available from: <https://www.ipfcc.org/bestpractices/sustainable-partnerships/background/pfcc-defined.html>
- Jo Delaney L. Patient-centred care as an approach to improving health care in Australia. Collegian [Internet]. 2018;25(1):119–23. Available from: <https://doi.org/10.1016/j.collegian.2017.02.005>
- Karen L, Donella P, Nicola D, Naomi P. Patient-centred care: Improving quality and safety by focusing care on patients and consumers. Aust Comm Saf Qual [Internet]. 2010;(September):1–75. Available from: <https://www.safetyandquality.gov.au/sites/default/files/migrated/PCCC-DiscussPaper.pdf>
- State of Victoria. Royal Commission into Family Violence: Report and recommendations [Internet]. Vol. IV. 2016. Available from: <http://rcfv.archive.victoria.commission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-IV.pdf>
- Tieu E, Mukherjee P. Addressing domestic violence: the surgeon's role. ANZ J Surg [Internet]. 2020;90(5):881–4. Available from: <http://anzast.org/wp-content/uploads/2020/07/ANZ-JS-domestic-violence.pdf>



## PATIENT SAFETY

- Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. [Internet]. Sydney; 2021. Available from: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)
- Grattan Institute. Safer care saves money: How to improve patient care and save public money at the same time [Internet]. 2018 [cited 2020 Jan 23]. Available from: <https://grattan.edu.au/wp-content/uploads/2018/08/Safer-care-saves-money.pdf>
- Makary MA, Sexton JB, Freischlag JA, Millman EA, Pryor D, Holzmueller C, et al. Patient Safety in Surgery. Ann Surg [Internet]. 2006 May [cited 2018 Apr 12];243(5):628–35. Available from: <https://insights.ovid.com/crossref?an=00000658-200605000-00008>
- Royal Australasian College of Surgeons. Surgical Safety Checklist [Internet]. Melbourne; 2009. p. 1. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst\\_2009\\_surgical\\_safety\\_check\\_list\\_-australia\\_and\\_new\\_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B008CBFC19EE6A6538](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst_2009_surgical_safety_check_list_-australia_and_new_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B008CBFC19EE6A6538)
- World Alliance for Patient Safety. WHO Patient Safety Curriculum Guide For Medical Schools [Internet]. 2009. p. 1–12. Available from: <https://www.who.int/publications/i/item/WHO-IER-PSP-2009.3S>
- World Health Organisation. Definitions of Key Concepts from the WHO Patient Safety Curriculum Guide [Internet]. 2011. Available from: [https://www.who.int/patientsafety/education/curriculum/course1a\\_handout.pdf?ua=1](https://www.who.int/patientsafety/education/curriculum/course1a_handout.pdf?ua=1)
- World Health Organisation. Global Patient Safety Action Plan 2021–2030 [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>

## TELEHEALTH

- Australian Medical Association. 10 Minimum Standards for Telemedicine [Internet]. 2013 [cited 2022 Feb 11]. Available from: <https://www.ama.com.au/articles/10-minimum-standards-telemedicine>



# Cultural competence and cultural safety

Demonstrates a willingness to embrace diversity among all patients, families, carers and the healthcare team and respects the values, beliefs and traditions of individual cultural backgrounds which are different to their own. Promotes self-reflection, acknowledges their own biases, prejudices and stereotypes and works to mitigate their effects. Promotes a safe and inclusive healthcare environment and works to eliminate health inequities.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<p><b>Promotes cultural competence and cultural safety across the whole health system in order to achieve equitable healthcare for Aboriginal and Torres Strait Islander peoples and Māori</b></p> <p>Understands the special status of Aboriginal and Torres Strait Islander peoples in Australia, and Māori in Aotearoa New Zealand as Indigenous people, and actively works to develop personal cultural competence and cultural safety skills to achieve optimal health outcomes.</p>	<ul style="list-style-type: none"> <li>– Discusses the impact of cultural competence and cultural safety on equitable healthcare</li> <li>– Engages in activities to learn about the special status of First Peoples</li> <li>– Responds to the specific healthcare needs and rights of Aboriginal and Torres Strait Islander Peoples and Māori patients and communities</li> <li>– Develops personal cultural competence and cultural safety skills, through RACS Indigenous Health and Cultural Safety eLearning Course 1 or NZ MIHI course</li> </ul>	<ul style="list-style-type: none"> <li>– Develops own strategies for equitable healthcare that incorporate cultural competence and cultural safety</li> <li>– Demonstrates culturally safe strategies based on evidence when caring for Aboriginal and Torres Strait Islander peoples and Māori</li> <li>– Uses evidence to identify biases and prejudices to address the special status and specific healthcare needs of Aboriginal and Torres Strait Islander peoples and Māori patients and communities</li> <li>– Develops strategies to identify the special status of Aboriginal and Torres Strait Islander Peoples and Māori to address risk factors associated with Indigeneity, through RACS Indigenous Health and Cultural Safety eLearning Course 2 or NZ MIHI course</li> </ul>	<ul style="list-style-type: none"> <li>– Promotes cultural competence and cultural safety and care to achieve equitable healthcare outcomes</li> <li>– Evaluates risk factor audit data and develops culturally safe strategies to address health inequities</li> <li>– Evaluates own cultural world view to identify personal biases and prejudices and the implications for healthcare when caring for Aboriginal and Torres Strait Islander peoples and Māori and develops strategies to be actively anti-racist at a personal and organisational level</li> </ul>
<p><b>Fosters a safe and respectful healthcare environment for all patients, families and carers</b></p> <p>Creates a safe and inclusive environment that considers cultural and social determinants of health for patients, families and carers to address equitable access to healthcare. Provides safe, respectful and effective communication and care.</p>	<ul style="list-style-type: none"> <li>– Engages in activities that contribute to awareness of personal and institutional biases and level of cultural competence and stereotype threat</li> <li>– Responds to patients' cultural and social determinants of health that impact equitable access to healthcare</li> <li>– Demonstrates effective communication strategies by recognising social, cultural and language diversity</li> <li>– Demonstrates strategies that promote safe, respectful and effective interactions with patients, management plans and ongoing care</li> </ul>	<ul style="list-style-type: none"> <li>– Develops strategies and skills to ensure a culturally safe and culturally competent healthcare environment for all patients</li> <li>– Develops a safe and inclusive environment through applying strategies that address equitable access to healthcare</li> <li>– Develops strategies to facilitate socially and culturally safe and respectful communication with all patients</li> <li>– Develops strategies to facilitate safe, respectful and effective patient care with all patients</li> </ul>	<ul style="list-style-type: none"> <li>– Leads a culturally safe and culturally competent healthcare environment</li> <li>– Teaches strategies to recognise and respond to the social and cultural determinants of health to improve healthcare outcomes</li> <li>– Models safe, respectful and effective communication when engaging with all patients</li> <li>– Promotes safe and respectful patient care developed in collaboration with local communities</li> </ul>



Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<p><b>Promotes an inclusive and safe workplace for all colleagues and team members</b></p> <p>Fosters a workplace that is inclusive of diversity of colleagues, team members and other staff. Helps to negotiate differences and build a common understanding in the workplace environment. Demonstrates self awareness of biases and works to mitigate differences in understandings. Provides an environment where all learners feel safe to speak up. Communicates in a respectful manner and acts as a role model in the teaching environment.</p>	<ul style="list-style-type: none"> <li>Engages in activities that contribute to an inclusive and safe workplace for all colleagues by recognising diversity of culture and language</li> <li>Responds to differences and engages in activities to build common understanding in the workplace</li> <li>Discusses own attitudes and behaviours to identify biases and works to avoid stereotyping by being open to feedback from colleagues</li> <li>Discusses factors that contribute to an environment in which learners and colleagues feel safe to speak up and responds appropriately</li> <li>Engages respectfully with colleagues</li> <li>Engages with supervisors to learn and develop cultural safety skills</li> <li>Researches articles related to the health of Aboriginal and Torres Strait Islander peoples and Māori pre-colonisation and discusses and presents on the impact of colonisation and institutional racism on Indigenous peoples' health inequities</li> </ul>	<ul style="list-style-type: none"> <li>Develops strategies and skills to foster an inclusive and safe workplace for all colleagues</li> <li>Develops strategies and skills to respond to differences and negotiates resolution to build common understanding</li> <li>Develops strategies and skills to mitigate bias and differences in understanding</li> <li>Develops strategies and skills to create an environment where learners and colleagues feel safe to speak up</li> <li>Communicates in a respectful manner with all colleagues</li> <li>Develops the strategies and cultural safety skills and leads by example</li> <li>Researches articles of audit data to identify how Indigeneity is a marker of exposure to risk factors that impact healthcare outcomes; develops, teaches and leads evidence-based strategies to address health inequities to achieve optimal health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Promotes an inclusive and safe workplace by working in partnership with colleagues from different backgrounds, organisations and communities</li> <li>Leads by anticipating differences and negotiating resolution and common understanding</li> <li>Teaches self-awareness of biases and how these can impact interactions</li> <li>Leads an environment where all learners and colleagues feel safe to speak up</li> <li>Leads communicating in a respectful manner with all colleagues</li> <li>Facilitates others to develop culturally safe environments</li> </ul>

## CULTURAL COMPETENCE

Cultural competency is a set of skills and “congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations” to provide an optimal clinical interaction. Importantly, cultural competency while necessary is not adequate without cultural safety.

*Australian Human Rights Commission 2011.*

## CULTURAL SAFETY

The need for doctors and organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.



### SUGGESTED TEACHING AND LEARNING ACTIVITIES

- Lead Trainee inservice presentations
- Critique equity data and scientific papers related to Aboriginal and Torres Strait Islander People and Māori patients
- Engage with local community groups and healthcare services to identify available resources
- Lead a case based discussion to analyse equity systems and application
- Discuss anti-racism strategies
- Research local community to identify cultural groups and develop or download applicable multicultural resources
- Engage in activities to gain awareness of personal and institutional biases and level of cultural competence, stereotype threat and patient feelings of anxiety and vulnerability
- Engage extended family and/or community in decision making discussions and consent process
- Engage with local healthcare providers and community support groups
- Develop strategies to be actively anti-racist at a personal and organisational level
- Develop strategies to support LGBTQIA+ patients
- Engage in activities that contribute to safe and respectful healthcare environments such as awareness of personal and institutional biases and level of cultural competence, stereotype threat and patient feelings of anxiety and vulnerability
- Discuss social diversity of culture and language and reflect on the breadth of our multicultural environment
- Demonstrate practising in a culturally competent manner
- Model strategies to mitigate differences in understanding
- Engage in science of implicit bias: how implicit bias influences behaviours and patient outcomes and how implicit bias influences others, to learn strategies to overcome implicit bias
- Undertake a cultural audit of your practice to identify areas where you can be more responsive to the cultural and healthcare needs of patients
- Keep a self reflective journal of cross cultural interactions

## SUGGESTED RACS COURSES

- Cultural Safety eLearning Course 1 or NZ MIHI course or equivalent of 10 hours of face to face cultural safety training specific to medical colleges
- Cultural Safety eLearning Course 2 or NZ MIHI course or equivalent of 10 hours of face to face cultural safety training specific to medical colleges
- Intercultural Learning for Medical Specialists
- Feedback for Trainees
- Operating with Respect (eLearning) module (OWR)
- Operating with Respect (face to face) Course (OWR)
- Operating with Respect for Trainees (OWR)
- Induction for Surgical Supervisors and Trainers (ISST)
- Foundation Skills for Surgical Supervisors (FSSS)
- Difficult Conversations with Underperforming Trainees
- Keeping Trainees on Track (KTOT)
- Conflict and You (CAY)
- Leading out of Drama (LOD)
- Process communication Model Seminars 1 and 2 (PCM)
- CPD: Recognising and Responding to Sexual Harassment

## SUGGESTED REFERENCES

### ABORIGINAL, TORRES STRAIT ISLANDER AND MĀORI

- Australian Commission on Safety and Quality in Health Care. NSQHS standards user guide for Aboriginal and Torres Strait Islander health [Internet]. 2017. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health>
- Northern Territory General Practice Education. CommDoc Community Consultation Language App [cited 2020 Feb 16] Available from: <http://www.ntgpe.org/commdoc/#about>
- Queensland Health - Cultural Capability Team. Communicating effectively with Aboriginal and Torres Strait Islander people Demonstrating understanding [Internet]. Cultural Capability Team. 2015 [cited 2017 Aug 29]. Available from: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0021/151923/communicating.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0021/151923/communicating.pdf)
- Royal Australasian College of Surgeons. Royal Australasian College of Surgeons reconciliation action plan 2020-2022 [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/interest-groups-sections/indigenous-health/RACSIInnovateReconciliationActionPlan20202022.pdf>
- University of Otago. MIHI 501 health Professionals course: Application of the Hui Process / Meihana Model to Clinical Practice [Internet]. [cited 14 Feb 2022] Available from: <https://www.otago.ac.nz/continuingeducation/about/otago731553.html>

### BIAS

- Project Implicit. Take a test: Implicit association test [Internet]. 2011. [cited 9 Feb 2022] Available from: <https://implicit.harvard.edu/implicit/takeatest.html>
- Saposnik G, Redelmeier D, Ruff C, Tobler P. *Cognitive biases associated with medical decisions: a systematic review*. BMC Med Inform Decis Mak. 2016;16(1). Available from: <https://bmcmmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-016-0377-1>

### CULTURAL SAFETY

- Australian Human Rights Commission. Chapter 4: Cultural safety and security: Tools to address lateral violence - Social Justice Report 2011 [Internet]. Australian Human Rights Commission. 2011 [cited 2022 Sep 26]. Available from: <https://humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice>
- Burgess D, Warren J, Phelan S, Dovidio J, van Ryn M. Stereotype threat and health disparities: What medical educators and future physicians need to know. J Gen Intern Med. 2010;25(S2):169-177. Available from: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847106/pdf/11606\\_2009\\_Article\\_1221.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847106/pdf/11606_2009_Article_1221.pdf)
- Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, Paine SJ, et al. Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. Int J Equity Health [Internet]. 2019;18(1):1–17. Available from: <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-1082-3>
- Rashid P, Ronald M, Kong K. Cultural safety and racism. ANZ J Surg. 2021 [cited 2022 Feb 16]; Available from: <https://onlinelibrary.wiley.com/doi/10.1111/ans.17250>

### DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT

- Royal Australasian College of Surgeons Expert Advisory Group on Discrimination Bullying and Sexual Harassment. Building Respect, Improving Patient Safety From Awareness to Action Report and recommendations of RACS Expert Advisory Group [Internet]. 2022. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/BRIPS/EAG-Report\\_Reccs-and-Actions\\_for-upload.pdf?rev=c9c0dfbb0826432b8d61bb52c00ff27f&hash=76E8CF727CF767A407D9A92670C08FC8](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/BRIPS/EAG-Report_Reccs-and-Actions_for-upload.pdf?rev=c9c0dfbb0826432b8d61bb52c00ff27f&hash=76E8CF727CF767A407D9A92670C08FC8)
- Royal Australasian College of Surgeons. Speaking up [Internet]. 2021. Available from: <https://www.surgeons.org/speaking-up>

### PATIENT RIGHTS

- Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights [Internet]. [cited 14 Feb 2022] Available from: <https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights/supportive-resources-second-edition-australian-charter-healthcare-rights>
- Medical Council of New Zealand. Your rights as a patient [Internet]. [cited 9 Feb 2022] Available from: <https://www.mcnz.org.nz/support/support-for-patients/your-rights-as-a-patient/>
- Medical Council of New Zealand. Information, choice of treatment and informed consent [Internet]. 2019. [cited 10 Feb 2022] Available from: [https://www.mcnz.org.nz/assets/MediaReleases/f74334fa3c/2019-Review\\_Appendix-1\\_Draft-informed-consent-statement.pdf](https://www.mcnz.org.nz/assets/MediaReleases/f74334fa3c/2019-Review_Appendix-1_Draft-informed-consent-statement.pdf)
- Royal Australasian College of Surgeons. Informed consent (2019) [Internet]. 2019. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/about-racs/position-papers/informed-consent-2019>

### ROLE MODEL

- Benbassat J. Role Modeling in Medical Education: The Importance of Reflective Imitation. Acad Med [Internet]. 2014 Apr [cited 2021 Mar 3];89(4):550–4. Available from: <http://journals.lww.com/00001888-201404000-00015>
- Passi V, Johnson S, Peile E, Wright S, Hafferty F, Johnson N. Doctor role modelling in medical education: BEME Guide No. 27. Med Teach [Internet]. 2013 Sep;35(9). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2013.806982?needAccess=true>

### TRANSLATION SERVICES

- Australian Government, Department of Home Affairs. Translating and Interpreting Service (TIS) [Cited 9 Feb 2020] Available from: <https://www.tisnational.gov.au/>
- Victorian Government of Australia. Health translations: Languages [Internet]. [cited 9 Feb 2022] Available from: <https://www.healthtranslations.vic.gov.au/search-by-language>
- Victorian Government of Australia. Health translations: Tools for professionals [Internet]. [cited 9 Feb 2022] Available from: <https://www.healthtranslations.vic.gov.au/tools-for-professionals>



# Health advocacy

Identifies and responds to the health needs and expectations of patients, families, carers and members of the healthcare team. Responds to the health needs of communities and the health system by supporting rational, evidence-based measures to improve health outcomes in the wider community. Promotes cultural competence and safety to improve health outcomes in the broader community.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Cares with compassion and respect for patient rights</b> Provides optimal care while respecting patients' rights, choices, dignity, privacy and confidentiality. Engages patients and where appropriate, families or carers in planning and decision-making in order to best meet their needs and expectations.	<ul style="list-style-type: none"> <li>– Demonstrates patient centred care by treating patients with compassion and respect for patients' rights</li> <li>– Assists patients to evaluate treatment options and choose treatment that meets their needs and expectations</li> </ul>	<ul style="list-style-type: none"> <li>– Advocates for patient centred care and respect for patients' rights</li> <li>– Models patient centred decision making</li> </ul>	<ul style="list-style-type: none"> <li>– Teaches patient centred care and patients' rights</li> <li>– Advocates for patient centred decision making</li> </ul>
<b>Responds to the social determinants of health</b> Is aware of how social determinants of health and the health system can impact on patients and their health outcomes. Advocates for better healthcare to assist in more equitable health outcomes for patients, especially those living in rural and remote areas, those affected by disadvantage related to disability, education, geography, nutrition and living standards, and with particular reference to Aboriginal and Torres Strait Islander people and Māori.	<ul style="list-style-type: none"> <li>– Discusses how social determinants impact on health and healthcare</li> <li>– Discusses how the health system and design impacts on patients and their health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>– Optimises practical interventions to minimise the effects of the social determinants of health and improve outcomes</li> <li>– Discusses ideas how the health system could work differently</li> </ul>	<ul style="list-style-type: none"> <li>– Advocates for equitable and culturally safe healthcare</li> <li>– Discusses different models for health system transformation and their implementation</li> </ul>
<b>Demonstrates a commitment to the sustainability of the healthcare system</b> Gives due consideration to the financial and environmental effects relating to healthcare sustainability. Does not undertake investigations or procedures that are shown to have minimal or marginal improvement possibilities for patients.	<ul style="list-style-type: none"> <li>– Discusses value based healthcare and the financial and environmental costs of healthcare</li> <li>– Uses an evidence-based approach to identify investigations or procedures that are shown to have minimal or marginal benefits for patients</li> </ul>	<ul style="list-style-type: none"> <li>– Evaluates treatment plans from the perspective of financial and environmental considerations</li> <li>– Applies an evidence-based approach to identify situations where no intervention is the best strategy</li> </ul>	<ul style="list-style-type: none"> <li>– Demonstrates commitment to the sustainability and efficiency of the healthcare system</li> <li>– Teaches an evidence-based approach to evaluation of investigations and interventions</li> </ul>
<b>Cares for the wellbeing of colleagues</b> Recognises potential impairment in colleagues and its impact on patient and personal outcomes. Responds to circumstances that need to be escalated.	<ul style="list-style-type: none"> <li>– Discusses potential impairment of colleagues and discusses strategies to care for peers and other staff</li> <li>– Discusses circumstances where escalation may be required</li> </ul>	<ul style="list-style-type: none"> <li>– Implements strategies for care, support and assistance for colleagues</li> <li>– Articulates methods and pathways where escalation is required for patient safety</li> </ul>	<ul style="list-style-type: none"> <li>– Leads an environment of caring for the wellbeing of colleagues</li> <li>– Teaches strategies to identify colleagues' impairment to ensure patient care is uninterrupted</li> </ul>

## SUGGESTED TEACHING AND LEARNING ACTIVITIES

- Engage patients in discussing causal health issues and healthy options
- Research life circumstances that may disadvantage patients with reference to Aboriginal, Torres Strait Islanders and Māori, to identify risks factors that impact on health inequities and that can be modified
- Discuss strategies for recognising and supporting a patient at risk of family violence
- Develop culturally sensitive treatment options to motivate patient compliance and follow up
- Prioritise patient centred care when making decisions with family or carers for minors or impaired adults
- Arrange available support services when patients require ongoing care and/or assistance
- Teach how to assist patients to deal with system complexities
- Discuss differences between equality and equity and strategies to mitigate differences
- Promote strategies to advocate for equitable patient care
- Discuss mandatory reporting requirements and the circumstances that may need to be escalated using resources such as the RACS Code of Conduct, policies, and legislation
- Discuss the role of the healthcare system to address the distribution of healthcare across cultural and socioeconomic groups
- Develop a care plan for a patient living in temporary accommodation
- Engage in activities to identify local healthcare services and resources that are available
- Complete an inventory of surgical and practise equipment
- Develop strategies to advocate for specific resources
- Develop a patient care plan in collaboration with other healthcare professionals and providers and transport services when arranging a patient transfer in a non urban setting

## SUGGESTED RACS COURSES

- |  |  |  |
|--|--|--|
| – Training in Professional Skills (TIPS)             | – Intercultural Learning for Medical Specialists | – Human Factors: Patient centred communication |
| – Promoting and Advancing Surgical Education (PrASE) |  |  |

## SUGGESTED REFERENCES

### DECISION MAKING

- Australian Commission on Safety and Quality in Healthcare. Decision support tools for consumers [Internet]. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/decision-support-tools-consumers>
- Australian Commission On Safety and Quality in Health Care. Shared decision making [Internet]. 2019 [cited 2022 Feb 11]. Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making>
- Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, et al. Shared Decision Making: A Model for Clinical Practice. *J Gen Intern Med* [Internet]. 2012 Oct 23 [cited 2019 Feb 27];27(10):1361–7. Available from: <http://link.springer.com/10.1007/s11606-012-2077-6>
- Health Navigator New Zealand. Shared decision making for clinicians [Internet]. 2022 [cited 2022 Feb 11]. Available from: <https://www.healthnavigator.org.nz/clinicians/s/shared-decision-making-for-clinicians/>
- Hoffmann TC, Légaré F, Simmons MB, McNamara K, McCaffery K, Trevena LJ, et al. Shared decision making: What do clinicians need to know and why should they bother? *Med J Aust*. 2014;201(1):35–9. Available from: [https://www.mja.com.au/system/files/issues/201\\_01/hof00002.pdf](https://www.mja.com.au/system/files/issues/201_01/hof00002.pdf)
- Thistlethwaite J. Shared decision making and decision aids – a literature review. *Repr from Aust Fam Physician* [Internet]. 2006 [cited 2018 Apr 12];35(7). Available from: <https://www.racgp.org.au/afpbbackissues/2006/200607/20060705thistlethwaite.pdf>

### HEALTH SYSTEMS

- Australian Health Research Alliance. Health Systems Improvement and Sustainability [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://ahra.org.au/our-work/health-systems-improvement-and-sustainability/>
- Australian Productivity Commission. Improving Australia's health system: what we can do now [Internet]. 2015. Available from: <https://www.pc.gov.au/news-media/articles/pc-news/pc-news-may-2015/improving-australia-health-system>

### HEALTH AND WELLBEING

- Field E, Lingard L, Cherry R, Van Koughnett J, DeLuca S, Taylor T. The fatigue paradox: Team perceptions of physician fatigue. *Med Educ*. 2021;55(12):1388–1393. doi: 10.1111/medu.14591
- Australian and New Zealand College of Anaesthetists. Doctors Health and Wellbeing: Library guide and toolkit [Internet] 2022 [cited 9 Feb 2022] Available from: <https://www.anzca.edu.au/about-us/doctors-health-and-wellbeing>
- Royal Australian College of General Practitioners. Keeping the Doctor Alive: A Self-care Guide for Medical Practitioners [Internet]. 2005 [cited 9 Feb 2022] Available from: <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20resources/Keeping-the-doctor-alive.pdf>
- Royal Australasian College of Surgeons. Surgeons wellbeing: Wellbeing charter for doctors [Internet]. 2021. [cited 9 Feb 2022] Available from: <https://www.surgeons.org/about-racs/surgeons-wellbeing#Wellbeing%20charter%20for%20doctors>

### PATIENT CENTRED CARE

- Astbury J, Atkinson J, Duke J, Easteal P, Kurrle S, Tait P, et al. The impact of domestic violence on individuals. *Med J Australia* [Internet]. 2000 [cited 2022 Jul 22];173(8):427–31. Available from: <https://www.mja.com.au/journal/2000/173/8/impact-domestic-violence-individuals>
- Bauman A, Fardy H, Harris P. Getting it right: Why bother with patientcentred care? *Med J Aust*. 2003;179(5):253–256. doi: 10.5694/j.1326-5377.2003.tb05532.x
- Epstein R, Street R. The values and value of patient-centered care. *Ann Fam Med*. 2011;9(2):100–103. doi: 10.1370/afm.1239
- Institute for Patient and Family Centered Care. Patient- and Family- Centered Care Defined [Internet]. 2020 [cited 2022 Feb 9]. Available from: <https://www.ipfcc.org/bestpractices/sustainable-partnerships/background/pfcc-defined.html>
- Jo Delaney L. Patient-centred care as an approach to improving health care in Australia. *Collegian* [Internet]. 2018;25(1):119–23. Available from: <https://doi.org/10.1016/j.colegn.2017.02.005>
- Karen L, Donella P, Nicola D, Naomi P. Patient-centred care: Improving quality and safety by focusing care on patients and consumers. *Aust Comm Saf Qual* [Internet]. 2010;(September):1–75. Available from: <https://www.safetyandquality.gov.au/sites/default/files/migrated/PCCC-DiscussPaper.pdf>
- State of Victoria. Royal Commission into Family Violence: Report and recommendations [Internet]. Vol. IV. 2016. Available from: <http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-IV.pdf>
- Tieu E, Mukherjee P. Addressing domestic violence: the surgeon's role. *ANZ J Surg* [Internet]. 2020;90(5):881–4. Available from: <http://anzast.org/wp-content/uploads/2020/07/ANZ-JS-domestic-violence.pdf>

### PATIENT RIGHTS

- Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights [Internet]. [cited 14 Feb 2022] Available from: <https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights/supportive-resources-second-edition-australian-charter-healthcare-rights>
- Medical Council of New Zealand. Your rights as a patient [Internet]. [cited 9 Feb 2022] Available from: <https://www.mcnz.org.nz/support/support-for-patients/your-rights-as-a-patient/>
- Medical Council of New Zealand. Information, choice of treatment and informed consent [Internet]. 2019. [cited 10 Feb 2022] Available from: [https://www.mcnz.org.nz/assets/MediaReleases/f74334fa3c/2019-Review\\_Appendix-1\\_Draft-informed-consent-statement.pdf](https://www.mcnz.org.nz/assets/MediaReleases/f74334fa3c/2019-Review_Appendix-1_Draft-informed-consent-statement.pdf)
- Royal Australasian College of Surgeons. Informed consent (2019) [Internet]. 2019. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/about-racs/position-papers/informed-consent-2019>



**PATIENT SAFETY**

- Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. [Internet]. Sydney; 2021. Available from: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)
- Grattan Institute. Safer care saves money: How to improve patient care and save public money at the same time [Internet]. 2018 [cited 2020 Jan 23]. Available from: <https://grattan.edu.au/wp-content/uploads/2018/08/Safer-care-saves-money.pdf>
- Makary MA, Sexton JB, Freischlag JA, Millman EA, Pryor D, Holzmueller C, et al. Patient Safety in Surgery. Ann Surg [Internet]. 2006 May [cited 2018 Apr 12];243(5):628–35. Available from: <https://insights.ovid.com/crossref?an=0000658-200605000-00008>
- Royal Australasian College of Surgeons. Surgical Safety Checklist [Internet]. Melbourne; 2009. p. 1. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst\\_2009\\_surgical\\_safety\\_check\\_list\\_-australia\\_and\\_new\\_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst_2009_surgical_safety_check_list_-australia_and_new_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538)
- World Alliance for Patient Safety. WHO PATIENT SAFETY CURRICULUM GUIDE FOR MEDICAL SCHOOLS [Internet]. 2009. p. 1–12. Available from: <https://www.who.int/publications/i/item/WHO-IER-PSP-2009.3S>
- World Health Organisation. Definitions of Key Concepts from the WHO Patient Safety Curriculum Guide [Internet]. 2011. Available from: [https://www.who.int/patientsafety/education/curriculum/course1a\\_handout.pdf?ua=1](https://www.who.int/patientsafety/education/curriculum/course1a_handout.pdf?ua=1)
- World Health Organisation. Global Patient Safety Action Plan 2021–2030 [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>

**SOCIAL DETERMINANTS OF HEALTH**

- Australian Institute of Health and Welfare. Social determinants of health [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>
- Australian Institute of Health and Welfare. Australia's health 2020 data insights [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.aihw.gov.au/getmedia/be95235d-fd4d-4824-9ade-34b7491dd66f/aihw-aus-231.pdf>
- Barrios AM, Mns Q, Rubén J, Romero De La Osa M, Mercedes J, Ferrán B. Reducing health inequalities among most disadvantaged type 2 diabetes patients: A cross-sectional exploratory pilot study. J Nurs Sch. 2022;00:1–10. [cited 16 May 2022] Available from: <https://www.tandfonline.com/doi/full/10.1080/10872981.2022.2070940>
- Health Quality & Safety Commission New Zealand. Atlas of Healthcare Variation [Internet]. 2021. [cited 9 Feb 2022] Available from: <https://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/>
- Torrens University Australia Public Health Information Development Unit. Social health atlases [Internet]. [cited 9 Feb 2022] Available from: <https://phidu.torrens.edu.au/social-health-atlases>
- World Health Organization. Social determinants of health [Internet]. [cited 9 Feb 2022] Available from: <https://www.who.int/health-topics/social-determinants-of-health>
- World Health Organization. Inequities are killing people on grand scale, reports WHO's Commission [Internet]. 2009. [cited 9 Feb 2022] Available from: <https://www.who.int/news/item/28-08-2009-inequities-are-killing-people-on-grand-scale-reports-who-s-commission>

# Judgement and clinical decision making

Makes informed and timely decisions regarding assessment, diagnosis, preoperative preparation, surgical management and postoperative follow up. Encourages preventative health measures to optimise patient outcomes. Promotes culturally competent and culturally safe behaviours. Understands that surgery is not always the best option for patients.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Recognises conditions and circumstances where surgery may be needed</b>  Demonstrates an understanding of indications and contraindications based on contemporary best practice, and the individual patient's circumstances, expectations, risks and comorbidities.	<ul style="list-style-type: none"> <li>– Selects appropriate treatment pathways incorporating risks and benefits of intervention for common procedures</li> <li>– Selects a management plan for common procedures, anticipating risks and benefits, incorporating patients' circumstances, values and goals of care for an individual patient</li> <li>– Establishes patients' circumstances, values and goals of care</li> </ul>	<ul style="list-style-type: none"> <li>– Evaluates patients' circumstances, values and goals of care and the impact on decisions</li> </ul>	<ul style="list-style-type: none"> <li>– Selects appropriate treatment pathways incorporating risks and benefits of intervention for complex conditions</li> <li>– Creates management plan for complex procedures, anticipating risks and benefits, incorporating individual patients' circumstances, values and goals of care</li> <li>– Models tailoring each patients' journey to reflect an understanding of indications and contraindications for surgery</li> </ul>
<b>Considers and discusses options</b>  Considers options or treatment pathways, including conservative options. Assesses and discusses the risks and benefits of all options with the patient, family or carer and respects the patient's decision. Works to minimise the impact of bias on decision making to ensure equitable outcomes.	<ul style="list-style-type: none"> <li>– Discusses what additional information and resources may be required to inform decision making</li> <li>– Recognises the differing levels of importance of clinical information to the patient, carers and the team</li> <li>– Discusses how biases may impact decision making and develops strategies to counteract bias</li> </ul>	<ul style="list-style-type: none"> <li>– Seeks additional information and resources to reduce uncertainty, recognising that ambiguity will exist and influence decision making</li> <li>– Stratifies clinical information into different levels of clinical importance</li> <li>– Demonstrates minimising the impact of bias on decision making to ensure equitable outcomes</li> </ul>	<ul style="list-style-type: none"> <li>– Models awareness of ambiguity and uncertainty while still making decisions that are safe and in the interests of patients</li> <li>– Evaluates the importance of information received and incorporates into decision making</li> <li>– Facilitates others to learn strategies to counteract bias on decision making</li> </ul>
<b>Makes decisions</b>  Makes clear ethical and timely decisions, using appropriate styles of decision making.  Makes shared and autonomous decisions using situational awareness and judgement, and considers patients, colleagues, circumstances and resource management. Accountable for making the decision and its impact.	<ul style="list-style-type: none"> <li>– Utilises rule-based and analytical decision making as appropriate</li> <li>– Discusses the need for prioritisation of patients in the health care system</li> <li>– Discusses environmental, personnel and patient related factors and discusses circumstances that may affect treatment outcome</li> </ul>	<ul style="list-style-type: none"> <li>– Demonstrates knowledge and application of alternative decision-making strategies including shared decision making</li> <li>– Prioritises patients according to need, urgency and available resources</li> <li>– Assesses environmental, personnel and patient related factors that may affect treatment outcome</li> </ul>	<ul style="list-style-type: none"> <li>– Utilises a variety of decision making styles, choosing the appropriate method for the situation</li> <li>– Organises patients according to priority, balancing complex competing needs in emergency and elective situations</li> <li>– Modifies environmental, personnel and patient related factors that may affect treatment outcome, adjusting decisions accordingly</li> </ul>

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Plans ahead and anticipates consequences</b> Uses surgical knowledge and experience to understand the likely outcomes of interventions or conservative treatment in the individual patient context. Anticipates possible complications and takes appropriate precautions to minimise harm.	<ul style="list-style-type: none"> <li>– Discusses patients' expected journey recognising possible complications and need for modifications over time</li> </ul>	<ul style="list-style-type: none"> <li>– Plans and continuously evaluates patients' journey, recognises deviation and acts appropriately</li> </ul>	<ul style="list-style-type: none"> <li>– Anticipates potential deviations in patients' journey and plans accordingly</li> </ul>
<b>Implements and reviews decisions</b> Undertakes the chosen course of action and continually reviews its suitability in light of changes in the patient's condition.	<ul style="list-style-type: none"> <li>– Undertakes timely review and follow-up</li> <li>– Discusses the impacts of self-reflection and patient safety on decision making</li> </ul>	<ul style="list-style-type: none"> <li>– Evaluates and adjusts timely review and follow up</li> <li>– Analyses own and others' decision-making process</li> </ul>	<ul style="list-style-type: none"> <li>– Models self-reflection to continually review the suitability of decisions and actions</li> </ul>

### SUGGESTED TEACHING AND LEARNING ACTIVITIES

- Discuss a patient management plan that incorporates circumstances, values and goals of care for an individual patient
- Manage a case with complex peri-operative needs due to surgical or patient factors and implement appropriate care plans
- Describe decision making process, and factors influencing the decision making cycle
- Organise necessary resources to ensure safe and effective surgery in a non urban setting
- Manage environmental, personnel and patient related factors that may adversely affect treatment outcome in a non urban setting
- Discuss how self reflection assists the process of continual learning and improves patient safety
- Reflect on decision making in present and past cases and discuss the outcomes of these decisions

### SUGGESTED RACS COURSES

- |   |  |                                  |
|---|--|----------------------------------|
| – Care of the Critically Ill Surgical Patient (CCrISP®) | – Human Factors: Situation awareness                                     | – Clinical Decision Making (CDM) |
| – Early Management of Severe Trauma (EMST)              | – Human Factors: Decision making   | – Safer Surgical Teamwork (SST)  |
| – Training in Professional Skills (TIPS)                | – Human Factors: Conflict management                                     |                                  |
|   | – Human Factors: Team dynamics Non-technical Skills for Surgeons (NOTSS) |                                  |

## SUGGESTED REFERENCES

### BIAS

- Project Implicit. Take a test: Implicit association test [Internet]. 2011. [cited 9 Feb 2022] Available from: <https://implicit.harvard.edu/implicit/takeatest.html>
- Saposnik G, Redelmeier D, Ruff C, Tobler P. *Cognitive biases associated with medical decisions: a systematic review*. BMC Med Inform Decis Mak. 2016;16(1). Available from: <https://bmcmmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-016-0377-1>

### DECISION MAKING

- Australian Commission on Safety and Quality in Healthcare. Decision support tools for consumers [Internet]. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/decision-support-tools-consumers>
- Australian Commission on Safety and Quality in Health Care. Shared decision making [Internet]. 2019 [cited 2022 Feb 11]. Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making>
- Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, et al. Shared Decision Making: A Model for Clinical Practice. J Gen Intern Med [Internet]. 2012 Oct 23 [cited 2019 Feb 27];27(10):1361–7. Available from: <http://link.springer.com/10.1007/s11606-012-2077-6>
- Health Navigator New Zealand. Shared decision making for clinicians [Internet]. 2022 [cited 2022 Feb 11]. Available from: <https://www.healthnavigator.org.nz/clinicians/s/shared-decision-making-for-clinicians/>
- Health Navigator New Zealand. Shared decision making for clinicians [Internet]. 2022 [cited 2022 Feb 11]. Available from: <https://www.healthnavigator.org.nz/clinicians/s/shared-decision-making-for-clinicians/>
- Hoffmann TC, Légaré F, Simmons MB, McNamara K, McCaffery K, Trevena LJ, et al. Shared decision making: What do clinicians need to know and why should they bother? Med J Aust. 2014;201(1):35–9. Available from: [https://www.mja.com.au/system/files/issues/201\\_01/hof00002.pdf](https://www.mja.com.au/system/files/issues/201_01/hof00002.pdf)
- Thistlethwaite J. Shared decision making and decision aids – a literature review. Repr from Aust Fam Physician [Internet]. 2006 [cited 2018 Apr 12];35(7). Available from: <https://www.racgp.org.au/afpbackissues/2006/200607/20060705thistlewaite.pdf>

### JUDGEMENT AND CLINICAL DECISION MAKING

- Crebbin W, Beasley S, Tobin S, Guest G, Duvivier R, Watters D. *Judgement: Clinical decisionmaking as a core surgical competency*. ANZ J Surg. 2019;89(6):760–763. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/ans.15098>
- Flin R, Youngson G, Yule S. How do surgeons make intraoperative decisions? Qual Saf Health Care. 2007;16(3):235–239. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464983/pdf/235.pdf>

### PATIENT SAFETY

- Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. [Internet]. Sydney; 2021. Available from: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)
- Grattan Institute. Safer care saves money: How to improve patient care and save public money at the same time [Internet]. 2018 [cited 2020 Jan 23]. Available from: <https://grattan.edu.au/wp-content/uploads/2018/08/Safer-care-saves-money.pdf>
- Makary MA, Sexton JB, Freischlag JA, Millman EA, Pryor D, Holzmueller C, et al. Patient Safety in Surgery. Ann Surg [Internet]. 2006 May [cited 2018 Apr 12];243(5):628–35. Available from: <https://insights.ovid.com/crossref?an=00000658-200605000-00008>
- Royal Australasian College of Surgeons. Surgical Safety Checklist [Internet]. Melbourne; 2009. p. 1. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst\\_2009\\_surgical\\_safety\\_check\\_list\\_-australia\\_and\\_new\\_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst_2009_surgical_safety_check_list_-australia_and_new_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538)
- World Alliance for Patient Safety. WHO PATIENT SAFETY CURRICULUM GUIDE FOR MEDICAL SCHOOLS [Internet]. 2009. p. 1–12. Available from: <https://www.who.int/publications/i/item/WHO-IER-PSP-2009.3S>
- World Health Organisation. Definitions of Key Concepts from the WHO Patient Safety Curriculum Guide [Internet]. 2011. Available from: [https://www.who.int/patientsafety/education/curriculum/course1a\\_handout.pdf?ua=1](https://www.who.int/patientsafety/education/curriculum/course1a_handout.pdf?ua=1)
- World Health Organisation. Global Patient Safety Action Plan 2021–2030 [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>

### REFLECTION

- Academy of Medical Royal Colleges. Facilitating reflection - A guide for supervisors [Internet]. 2019. [cited 14 Feb 2022] Available from: <https://www.aomrc.org.uk/reports-guidance/facilitating-reflection-a-guide-for-supervisors/>
- Aronson L. Twelve tips for teaching reflection at all levels of medical education. Med Teach. 2011;33(3):200–5.
- Sandars J. The use of reflection in medical education: AMEE Guide No. 44. Med Teach [Internet]. 2009;31(8):685–95. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19811204>





# Leadership and management

Leading, providing direction, promoting high standards, matching resources to demand for services, and showing respect for all members of staff. Encourages leadership across all levels of the team.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Identifies when to lead, manage or take direction as required</b> Recognises own ability to lead or take direction when there are others who are better equipped to lead or manage a situation. Appropriately delegates responsibilities according to the skills of the person.	<ul style="list-style-type: none"> <li>– Contributes to the team by leading, managing or following and taking direction</li> <li>– Completes delegated tasks competently and promptly</li> </ul>	<ul style="list-style-type: none"> <li>– Judges when to lead, manage or follow and take direction</li> <li>– Coordinates the completion of delegated tasks based on the individual's skills and the tasks required</li> </ul>	<ul style="list-style-type: none"> <li>– Teaches junior team members when to lead, manage or follow and take direction</li> <li>– Leads by appropriately delegating responsibilities</li> </ul>
<b>Leads to inspire others</b> Exhibits leadership behaviours to inspire others and actively promotes a safe working environment. Speaks up against damaging behaviours and unprofessional conduct including discrimination, bullying and harassment. Remains calm and in control in high pressure situations.	<ul style="list-style-type: none"> <li>– Engages proactively to learn team leadership skills</li> <li>– Demonstrates safe work practice</li> <li>– Discusses damaging behaviours and unprofessional conduct and strategies to speak up to address behaviours</li> <li>– Discusses high pressure situations and strategies to maintain calm</li> </ul>	<ul style="list-style-type: none"> <li>– Demonstrates the ability to lead</li> <li>– Facilitates safe working environments</li> <li>– Advises colleagues on support systems in place to assist with speaking up</li> <li>– Demonstrates the ability to remain calm and contributes to positive outcomes</li> </ul>	<ul style="list-style-type: none"> <li>– Models integrity and high professional standards; clearly articulates a vision and purpose and empowers others to achieve</li> <li>– Leads safe working environments</li> <li>– Creates an environment where speaking up is encouraged, safe and normalised</li> <li>– Implements strategies to reduce stress and enable the team to remain calm under pressure</li> </ul>
<b>Sets and maintains standards</b> Ensures quality and safety by actively complying with accepted principles of surgery, codes of professional conduct, and by following clinical and operating room protocols. Engages in local health service delivery strategies and professional bodies to contribute to the betterment of the surgical profession.	<ul style="list-style-type: none"> <li>– Demonstrates adherence to quality and safety standards</li> <li>– Discusses how local health service delivery and professional bodies may contribute to the surgical profession</li> </ul>	<ul style="list-style-type: none"> <li>– Supports team members to adhere to quality and safety standards</li> <li>– Demonstrates engaging with local health service delivery and professional bodies</li> </ul>	<ul style="list-style-type: none"> <li>– Supervises adherence to quality and safety standards</li> <li>– Leads engagement with health service delivery strategies and professional bodies</li> </ul>



Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Supports others</b> Provides collegial and emotional support to team members as required. Assesses their abilities and tailors one's style of leadership accordingly.	<ul style="list-style-type: none"> <li>– Participates in supporting others and seeks support as required</li> <li>– Discusses strategies to tailor styles of leadership to meet the needs of others</li> </ul>	<ul style="list-style-type: none"> <li>– Demonstrates supporting others</li> <li>– Tailors one's leadership style according to team needs</li> </ul>	<ul style="list-style-type: none"> <li>– Maintains an environment where colleagues support each other</li> <li>– Fosters leadership in junior members of the team</li> </ul>

### SUGGESTED TEACHING AND LEARNING ACTIVITIES

- Workshop a scenario about one of the following: codes of professional conduct, operating room protocols or quality and safety standards
- Discuss unprofessional behaviour and strategies for speaking up
- Discuss strategies to remain calm in stressful situations
- Discuss referral pathways and assistance offered by the RACS Support Program
- Develop professional networks with specialists, professional bodies, metropolitan hospitals and rural hospitals
- Research local health services to identify networks that contribute to patient care and the surgical profession

### SUGGESTED RACS COURSES

- Training in Professional Skills (TIPS)
- Operating with Respect (eLearning) module (OWR)
- Operating with Respect (face to face) course (OWR)
- Operating with Respect for Trainees (OWR)
- Human Factors: Conflict management
- Human Factors: Team dynamics
- Human Factors: Speaking up and responding to unacceptable behaviour
- Non-technical Skills for Surgeons (NOTSS)
- Process Communication Model, Seminars 1 and 2 (CDM)
- Surgeons as Leaders in Everyday Practice (SAL)
- Induction to Surgical Supervision and Training (ISST)
- Promoting Advanced Surgical Education (PrASE)
- Safer Surgical Teamwork (SST)
- Keeping Trainees on Track (KTOT)
- Conflict and You (CAY)
- Leading out of Drama (LOD)
- Preparation for Practice
- CPD: Recognising and Responding to Sexual Harassment



## SUGGESTED REFERENCES

### CODES, REGULATIONS AND STANDARDS

- Australian Commission on Safety and Quality in Health Care. NSQHS standards user guide for Aboriginal and Torres Strait Islander health [Internet]. 2017. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health>
- Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights [Internet]. [cited 14 Feb 2022] Available from: <https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights/supportive-resources-second-edition-australian-charter-healthcare-rights>
- Australian Commission on Safety and Quality in Healthcare. The Australian open disclosure framework [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework>
- Australian Ethical Health Alliance [Internet]. [cited 9 Feb 2022] Available from: <https://www.ethicalhealth.org.au/>
- Australian Health Practitioner Regulation Agency. Guidelines for advertising a regulated health service [Internet]. [cited 9 Feb 2022] Available from: <https://www.ahpra.gov.au/publications/advertising-hub/advertising-guidelines-and-other-guidance/advertising-guidelines.aspx>
- Australian Health Practitioner Regulation Agency. Social media: How to meet your obligations under the National Law [Internet]. 2019. [cited 9 Feb 2022] Available from: <https://www.ahpra.gov.au/Publications/Social-media-guidance.aspx>
- Australian Medical Association. A guide to social media & medical professionalism: The tips and traps every doctor and medical student should know [Internet]. 2019. [cited 9 Feb 2022] Available from: [https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL\\_0.pdf](https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL_0.pdf)
- Medical Board of Australia. Codes, guidelines and policies [Internet]. [cited 9 Feb 2022] Available from: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx>
- Medical Council of New Zealand. Your rights as a patient [Internet]. [cited 9 Feb 2022] Available from: <https://www.mcnz.org.nz/support/support-for-patients/your-rights-as-a-patient/>
- Medical Council of New Zealand. Disclosure of harm following and adverse event [Internet]. 2010. [cited 10 Feb 2022] Available from: <https://www.mcnz.org.nz/assets/standards/b17273cc08/Disclosure-of-harm.pdf>
- Royal Australasian College of Surgeons. Code of conduct [Internet]. 2016. [cited 9 Feb 2022] Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/2016-04-29\\_mnl\\_racs\\_code\\_of\\_conduct.pdf](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/2016-04-29_mnl_racs_code_of_conduct.pdf)
- Royal Australasian College of Surgeons. Research & audit [Internet]. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/research-audit>
- Royal Australasian College of Surgeons. Surgical audit guide [Internet]. 2021. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/surgical-audit-and-peer-review-guide.pdf>

### DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT

- Royal Australasian College of Surgeons Expert Advisory Group on Discrimination Bullying and Sexual Harassment. Building Respect, Improving Patient Safety from Awareness to Action Report and recommendations of RACS Expert Advisory Group [Internet]. 2022. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/BRIPS/EAG-Report\\_Reccs-and-Actions\\_for-upload.pdf?rev=c9c0dfbb0826432b8d61bb52c00ff27f&hash=76E8CF727CF767A407D9A92670C08FC8](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/BRIPS/EAG-Report_Reccs-and-Actions_for-upload.pdf?rev=c9c0dfbb0826432b8d61bb52c00ff27f&hash=76E8CF727CF767A407D9A92670C08FC8)
- Royal Australasian College of Surgeons. Speaking up [Internet]. 2021. Available from: <https://www.surgeons.org/speaking-up>

### LEADERSHIP

- Arnold L, Cuddy P, Hathaway S, Quaintance J, Kanter S. Medical leaders identify personal characteristics and experiences that contribute to leadership success in medicine. MedEdPublish. 2019;8:206. Available from: <https://mededpublish.org/articles/8-206>
- Beasley S., Smith K, Watters DA. *What leadership means as a core surgical competence in everyday practice*. ANZ J Surg [Internet]. 2020 [cited 2022 Feb 16];90(1–2):154–8. Available from: <https://pubmed.ncbi.nlm.nih.gov/31943600/>
- Hu Y, Parker S, Lipsitz S, Arriaga A, Peyre S, Corso K et al. Surgeons' leadership styles and team behavior in the operating room. J Am Coll Surg. 2016;222(1):41–51. Available from: <https://oae.ovid.com/article/00019464-201601000-00005/HTML>
- McKimm J, Ramani S, Forrest K, Bishop J, Findyartini A, Mills C, et al. Adaptive leadership during challenging times: Effective strategies for health professions educators: AMEE Guide No. 148. Med Teach [Internet]. 2022 [cited 2022 Jun 15];1–11. Available from: <https://doi.org/10.1080/0142159X.2022.2057288>
- Parker S, Flin R, McKinley A, Yule S. The Surgeons' Leadership Inventory (SLI): a taxonomy and rating system for surgeons' intraoperative leadership skills. Am J Surg. 2013;205(6):745–751. doi: 10.1016/j.amjsurg.2012.02.020
- Torti JMI, Inayat H, Inayat A, Lingard L, Haddara W, Sultan N, et al. Perspectives on Physician Leadership: The Role of Character-based Leadership in Medicine. Med Educ [Internet]. 2022 [cited 2022 Jul 15]; Available from: <https://doi.org/10.1111/medu.14875>

### ROLE MODEL

- Benbassat J. Role Role Modeling in Medical Education: The Importance of Reflective Imitation. Acad Med [Internet]. 2014 Apr [cited 2021 Mar 3];89(4):550–4. Available from: <http://journals.lww.com/00001888-201404000-00015>
- Passi V, Johnson S, Peile E, Wright S, Hafferty F, Johnson N. Doctor role modelling in medical education: BEME Guide No. 27. Med Teach [Internet]. 2013 Sep;35(9). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2013.806982?needAccess=true>







# Professionalism

Demonstrates commitment to patients, the community and the profession through the ethical practice of surgery and demonstration of cultural competence and cultural safety.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Demonstrates awareness and insight</b> Reflects upon one's surgical practice and has insight into changes that may occur, and its implications for patients, colleagues, Trainees and the community. Makes appropriate changes to practice as areas of improvement are identified.	<ul style="list-style-type: none"> <li>– Discusses own professional practice to improve outcomes for patients, colleagues and the community</li> <li>– Participates in audit processes and procedures</li> <li>– Participates in open disclosure and error recovery events</li> </ul>	<ul style="list-style-type: none"> <li>– Reflects on own professional practice and discusses plans to improve outcomes</li> <li>– Analyses surgical practice through audit procedures</li> <li>– Makes changes to practice based on identified areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>– Implements strategies to constantly improve professional practice</li> <li>– Teaches strategies to lead an audit</li> <li>– Facilitates others to learn strategies to identify areas for improvement by leading open disclosure and error recovery discussions</li> </ul>
<b>Observes ethics and probity</b> Maintains standards of ethics, probity, and confidentiality. Accepts the rights of the individual and acts in a respectful manner towards patients, families and carers. Works within the standards of the regulatory bodies regarding advertising and self-promotion.	<ul style="list-style-type: none"> <li>– Complies with the RACS standards of ethics, probity and confidentiality in all professional interactions</li> <li>– Demonstrates treating all patients with dignity and respect</li> <li>– Demonstrates professional behaviour when using information technology</li> </ul>		<ul style="list-style-type: none"> <li>– Supervises compliance with the RACS standards of ethics, probity and confidentiality in all professional interactions</li> <li>– Models treating all patients with dignity and respect</li> <li>– Models professional behaviour when using information technology</li> </ul>
<b>Behaves in a respectful and culturally competent manner towards colleagues and the team</b> Models a respectful and collegial attitude towards the entire healthcare team to contribute to an inclusive workplace. Acts as a role model for the team and actively demonstrates a zero-tolerance attitude towards unprofessional conduct including discrimination, bullying and sexual harassment.	<ul style="list-style-type: none"> <li>– Demonstrates a respectful and inclusive attitude towards colleagues, co-workers, Trainees and students</li> <li>– Discusses zero-tolerance attitude to microaggressions and discrimination, bullying and sexual harassment</li> </ul>	<ul style="list-style-type: none"> <li>– Models respectful relationships with colleagues to maintain a safe workplace</li> <li>– Speaks up when unprofessional behaviour occurs; when it is safe to do so</li> </ul>	<ul style="list-style-type: none"> <li>– Facilitates others to learn strategies to remediate inappropriate behaviour</li> <li>– Acts as a role model for the team and consistently speaks up about unprofessional conduct</li> </ul>



Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Maintains personal health and wellbeing</b> Maintains personal, mental and physical health for the wellbeing of the surgeon, and to optimise performance during surgical practice for the benefit of colleagues and patients.	<ul style="list-style-type: none"> <li>– Develops strategies to maintain personal health and wellbeing and seeks support when required</li> </ul>	<ul style="list-style-type: none"> <li>– Maintains personal health and wellbeing to optimise performance</li> </ul>	<ul style="list-style-type: none"> <li>– Models strategies to maintain personal health and wellbeing</li> </ul>
<b>Demonstrates ethical billing practices</b> Maintains billing practices that are justifiable, proportionate and reasonable and does not exploit or financially disadvantage a patient or family. Takes responsibility to ensure an honest and open agreement of informed financial consent occurs between the treating team and the patient or family. Ensures only appropriate surgical treatment is offered without influence of inducement or profit or personal gain.	<ul style="list-style-type: none"> <li>– Discusses the ethical use of Medical Benefit Schedule Item Numbers or local equivalent</li> <li>– Discusses anticipated costs with the team before informing patients</li> <li>– Discusses appropriate surgical treatment without influence of inducement or profit or personal gain</li> </ul>	<ul style="list-style-type: none"> <li>– Discusses ethical and unethical billing practices</li> <li>– Discusses all anticipated costs with patients during consultation or in advance of surgery</li> <li>– Demonstrates offering appropriate surgical treatment without influence of inducement or profit or personal gain</li> </ul>	<ul style="list-style-type: none"> <li>– Advises on situations where personal advantage may have been gained at a patients' expense</li> <li>– Models informing patients of all anticipated costs when discussing informed financial consent</li> <li>– Facilitates others to learn ethical approaches to surgical treatment and healthcare services</li> </ul>



## SUGGESTED TEACHING AND LEARNING ACTIVITIES

- Discuss analytical thinking to identify learning that occurs when reflecting on a clinical case or situation. Use the Facilitating reflection: A guide for supervisors to stimulate discussion.
- Discuss scope of practise and strategies for requesting help when required
- Present at an audit or at a morbidity and mortality meeting an analysis of ethical and management issues
- Recommend practice change based on ethical and management issues arising in audit and/or morbidity and mortality meeting presentations
- Chair an audit and/or morbidity and mortality meeting and evaluate the outcomes to address ethical and management issues
- Discuss regulations that protect own and other's personal or sexual boundaries in all professional interactions
- Discuss the patient's right to refuse care or to seek alternative treatment options
- Manage potential conflicts of interest according to college policy to facilitate wellbeing of self, patients, colleagues and organisations
- Facilitate an open disclosure and error recovery event discussion. Access the Australian Commission on Safety and Quality in Healthcare Resource library or the Medical Council of New Zealand Disclosure of harm following and adverse event for information to facilitate the discussion.
- Discuss the legal and ethical dimensions of self promotion by referring to regulatory bodies standards on advertising and promotion
- Develop a personal wellness plan to manage workload, including strategies for when performance is impaired by fatigue, stress or illness
- Establish a relationship with a role model or mentor
- Discuss Medicare coding and reimbursement procedures
- Use Medicare system to identify costs for common diagnostic test and/or a speciality specific surgical procedure

## SUGGESTED RACS COURSES

- |   |   |                                   |
|---|---|-----------------------------------|
| – Care of the Critically Ill Surgical Patient (CCrISP®) | – Operating with Respect for Trainees (OWR)             | – CPD: Informed Financial Consent |
| – Early Management of Severe Trauma (EMST)              | – Training in Professional Skills (TIPS)                | – CPD: Open Disclosure            |
| – Operating with Respect (eLearning) module (OWR)       | – Non-technical Skills for Surgeons (NOTSS)             | – CPD: Reflective Practice        |
| – Operating with Respect (face to face) course (OWR)    | – Induction to Surgical Supervision and Training (ISST) | – CPD: Surgeon Self Care          |
|   | – Preparation for Practice                              |                                   |

## SUGGESTED REFERENCES

### AUDIT AND MM MEETINGS

- Lui C, Boyle F, Wysocki A, Baker P, D'Souza A, Faint S et al. How participation in surgical mortality audit impacts surgical practice. BMC Surg. 2017;17:42. doi: 10.1186/s12893-017-0240-z
- Medical Council of New Zealand. Audit of medical practice [Internet]. [cited 2022 Feb 9]. Available from: <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/audit-of-medical-practice/>

### CODES, REGULATIONS AND STANDARDS

- Australian Commission on Safety and Quality in Health Care. NSQHS standards user guide for Aboriginal and Torres Strait Islander health [Internet]. 2017. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health>
- Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights [Internet]. [cited 14 Feb 2022] Available from: <https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights/supportive-resources-second-edition-australian-charter-healthcare-rights>
- Australian Commission on Safety and Quality in Healthcare. The Australian open disclosure framework [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework>
- Australian Ethical Health Alliance [Internet]. [cited 9 Feb 2022] Available from: <https://www.ethicalhealth.org.au/>
- Australian Health Practitioner Regulation Agency. Guidelines for advertising a regulated health service [Internet]. [cited 9 Feb 2022] Available from: <https://www.ahpra.gov.au/publications/advertising-hub/advertising-guidelines-and-other-guidance/advertising-guidelines.aspx>
- Australian Health Practitioner Regulation Agency. Social media: How to meet your obligations under the National Law [Internet]. 2019. [cited 9 Feb 2022] Available from: <https://www.ahpra.gov.au/Publications/Social-media-guidance.aspx>
- Australian Medical Association. A guide to social media & medical professionalism: The tips and traps every doctor and medical student should know [Internet]. 2019. [cited 9 Feb 2022] Available from: [https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL\\_0.pdf](https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL_0.pdf)
- Medical Board of Australia. Codes, guidelines and policies [Internet]. [cited 9 Feb 2022] Available from: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx>
- Medical Council of New Zealand. Disclosure of harm following and adverse event [Internet]. 2010. [cited 10 Feb 2022] Available from: <https://www.mcnz.org.nz/assets/standards/b17273cc08/Disclosure-of-harm.pdf>

## SUGGESTED REFERENCES (CONT)

- Royal Australasian College of Surgeons. Code of conduct [Internet]. 2016. [cited 9 Feb 2022] Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/2016-04-29\\_mnl\\_racs\\_code\\_of\\_conduct.pdf](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/2016-04-29_mnl_racs_code_of_conduct.pdf)
- Royal Australasian College of Surgeons. Research & audit [Internet]. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/research-audit>
- Royal Australasian College of Surgeons. Surgical audit guide [Internet]. 2021. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/surgical-audit-and-peer-review-guide.pdf>

## DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT

- Royal Australasian College of Surgeons Expert Advisory Group on Discrimination Bullying and Sexual Harassment. Building Respect, Improving Patient Safety from Awareness to Action Report and recommendations of RACS Expert Advisory Group [Internet]. 2022. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/BRIPS/EAG-Report\\_Recs-and-Actions\\_for-upload.pdf?rev=c9c0dfbb0826432b8d61bb52c00ff27f&hash=76E8CF727CF767A407D9A92670C08FC8](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/BRIPS/EAG-Report_Recs-and-Actions_for-upload.pdf?rev=c9c0dfbb0826432b8d61bb52c00ff27f&hash=76E8CF727CF767A407D9A92670C08FC8)
- Royal Australasian College of Surgeons. Speaking up [Internet]. 2021. Available from: <https://www.surgeons.org/speaking-up>

## PATIENT RIGHTS

- Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights [Internet]. [cited 14 Feb 2022] Available from: <https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights/supportive-resources-second-edition-australian-charter-healthcare-rights>
- Medical Council of New Zealand. Your rights as a patient [Internet]. [cited 9 Feb 2022] Available from: <https://www.mcnz.org.nz/support/support-for-patients/your-rights-as-a-patient/>
- Medical Council of New Zealand. Information, choice of treatment and informed consent [Internet]. 2019. [cited 10 Feb 2022] Available from: [https://www.mcnz.org.nz/assets/MediaReleases/f74334fa3c/2019-Review\\_Appendix-1\\_Draft-informed-consent-statement.pdf](https://www.mcnz.org.nz/assets/MediaReleases/f74334fa3c/2019-Review_Appendix-1_Draft-informed-consent-statement.pdf)
- Royal Australasian College of Surgeons. Informed consent (2019) [Internet]. 2019. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/about-racs/position-papers/informed-consent-2019>

## PERSONAL HEALTH AND WELLBEING

- Al-Ghunaim T, Johnson J, Biyani CS, O'connor DB. How UK surgeons experience burnout and the link between burnout and patient care: A qualitative investigation. *Scottish Med Journal* [Internet]. 2022 [cited 2022 Sep 26];1–10. Available from: <https://journals.sagepub.com/doi/pdf/10.1177/00369330221122348>
- Field E, Lingard L, Cherry R, Van Koughnett J, DeLuca S, Taylor T. The fatigue paradox: Team perceptions of physician fatigue. *Med Educ*. 2021;55(12):1388–1393. doi: 10.1111/medu.14591
- Australian and New Zealand College of Anaesthetists. Doctors Health and Wellbeing: Library guide and toolkit [Internet] 2022 [cited 9 Feb 2022] Available from: <https://www.anzca.edu.au/about-us/doctors-health-and-wellbeing>
- Royal Australian College of General Practitioners. Keeping the Doctor Alive: A Self-care Guide for Medical Practitioners [Internet]. 2005 [cited 9 Feb 2022] Available from: <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20resources/Keeping-the-doctor-alive.pdf>
- Royal Australasian College of Surgeons. Surgeons wellbeing: Wellbeing charter for doctors [Internet]. 2021. [cited 9 Feb 2022] Available from: <https://www.surgeons.org/about-racs/surgeons-wellbeing#Wellbeing%20charter%20for%20doctors>

## PROFESSIONALISM AND ETHICS

- Australian Ethical Health Alliance [Internet]. [cited 9 Feb 2022] Available from: <https://www.ethicalhealth.org.au/>
- Australian Medical Council Limited. Good Medical Practice: Professionalism Ethics and Law [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://www.amc.org.au/amc-good-medical-practice/>
- Brennan T, Blank L, Cohen J, Kimball H, Smeler N Medical Professionalism in the New Millennium: A Physician Charter. *Clinical Medicine*. 2003;2(2):116–118. Available from: <https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC4952370&blobtype=pdf>
- Medical Deans: Australia and New Zealand. Professionalism and professional identity of our future doctors [Internet]. 2021. Available from: <https://medicaldeans.org.au/md/2021/02/Professionalism-and-professional-identity-of-our-future-doctors-2021-FEB.pdf>
- Royal Australasian College of Surgeons. RACS Social Media Policy [Internet]. 2021. [cited 10 Feb 2022] Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/People-and-Culture-5000-5999/POL-5518\\_Social\\_Media.pdf?rev=acd0e61a4c684aeebf0d3d2ba575ab8f&hash=D098FE6147E43A66C0AA8C2708D59323](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/People-and-Culture-5000-5999/POL-5518_Social_Media.pdf?rev=acd0e61a4c684aeebf0d3d2ba575ab8f&hash=D098FE6147E43A66C0AA8C2708D59323)
- Royal Australasian College of Surgeons. Open disclosure (2015) [Internet]. 2015. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/about-racs/position-papers/open-disclosure>
- Royal Australasian College of Surgeons. Surgeons fees (2019) [Internet]. 2019. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/about-racs/position-papers/surgeons-fees-2019>
- Sullivan HO, Mook Wvan, Fewtrell RAY, Wass VAL, Sullivan HO, Mook WVAN, et al. Integrating professionalism into the curriculum: AMEE Guide No. 61. 2012;(61). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2012.655610?needAccess=true>
- Royal Australasian College of Surgeons Research, Audit and Academic Surgery. Guideline reference document for conducting effective morbidity and mortality meetings for improved patient care [Internet]. 2017. [cited 10 Feb 2022] Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/position-papers/2017-04-12\\_gdl\\_conducting\\_effective\\_morbidity\\_and\\_mortality\\_meetings\\_for\\_improved\\_patient\\_care.pdf](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/position-papers/2017-04-12_gdl_conducting_effective_morbidity_and_mortality_meetings_for_improved_patient_care.pdf)

## REFLECTION

- Academy of Medical Royal Colleges. Facilitating reflection - A guide for supervisors [Internet]. 2019. [cited 14 Feb 2022] Available from: <https://www.aomrc.org.uk/reports-guidance/facilitating-reflection-a-guide-for-supervisors/>
- Aronson L. Twelve tips for teaching reflection at all levels of medical education. *Med Teach*. 2011;33(3):200–5.
- Sanders J. The use of reflection in medical education: AMEE Guide No. 44. *Med Teach* [Internet]. 2009;31(8):685–95. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19811204>

## TECHNOLOGY

- Australian Health Practitioner Regulation Agency. Social media: How to meet your obligations under the National Law [Internet]. 2019. [cited 9 Feb 2022] Available from: <https://www.ahpra.gov.au/Publications/Social-media-guidance.aspx>
- Australian Medical Association. A guide to social media & medical professionalism: The tips and traps every doctor and medical student should know [Internet]. 2019. [cited 9 Feb 2022] Available from: [https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL\\_0.pdf](https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL_0.pdf)



# Scholarship and teaching

As scholars and teachers, surgeons demonstrate a lifelong commitment to surgical practice through reflective learning and the creation, dissemination, application and translation of medical knowledge for optimal patient outcomes.

Behavioural markers	Stage 1: Learning outcomes	Stage 2: Learning outcomes	Stage 3: Graduate outcomes
<b>Shows commitment to lifelong learning</b> Commits to lifelong reflective learning and practice, including technical and non-technical skills, and disseminates knowledge to others. Identifies own limitations and seeks opportunities to continuously improve.	<ul style="list-style-type: none"> <li>– Discusses goals and learning opportunities to develop knowledge and skills with Supervisor(s) and Trainers</li> <li>– Reflects on performance and discusses areas for development with Supervisor(s) and Trainers</li> </ul>	<ul style="list-style-type: none"> <li>– Revises goals and implements learning plans both independently and with Supervisor(s) and Trainers</li> <li>– Modifies practice after reflecting and discussing performance with Supervisor(s) and Trainers</li> </ul>	<ul style="list-style-type: none"> <li>– Teaches use of strategies to continually develop knowledge and skills</li> <li>– Teaches how to critically reflect on own performance and facilitates learning in others</li> </ul>
<b>Teaches, supervises and participates in assessment</b> Facilitates the education of students, trainees, colleagues and other health professionals. Fosters the learning of others by promoting a positive culture, and safe teaching and learning environment for all. Adopts effective methods of communicating feedback to facilitate the learning of others.	<ul style="list-style-type: none"> <li>– Teaches junior colleagues in an organised, coherent manner, using appropriate teaching tools</li> <li>– Engages in the process of supervision, teaching and assessment</li> <li>– Engages with constructive feedback by discussing areas for focus and development</li> </ul>	<ul style="list-style-type: none"> <li>– Demonstrates a structured methodology for teaching adapted to learner needs</li> <li>– Conducts planned and opportunistic teaching and assessment sessions</li> <li>– Demonstrates giving, receiving and acting on constructive feedback</li> </ul>	<ul style="list-style-type: none"> <li>– Evaluates own teaching efficacy by discussing feedback and assessing learner performance</li> <li>– Supervises the teaching and assessment of junior colleagues</li> <li>– Facilitates a culture of giving and receiving constructive feedback</li> </ul>
<b>Engages in research to improve surgical practice</b> Translates evidence-based research, experience and data into practice. Evaluates or researches surgical practice, identifies opportunities for improvement and implements change at individual, organisational and health system levels.	<ul style="list-style-type: none"> <li>– Appraises research to assess the rigour of the study and validity of the findings</li> <li>– Discusses rationale for evidence based improvements to practice</li> </ul>	<ul style="list-style-type: none"> <li>– Undertakes research relevant to surgical practice</li> <li>– Evaluates evidence when implementing changes to practice</li> </ul>	<ul style="list-style-type: none"> <li>– Assists junior colleagues to engage with research</li> <li>– Advocates for evidence based changes to practice</li> </ul>



### SUGGESTED TEACHING AND LEARNING ACTIVITIES

- Ask questions to identifying knowledge and performance gaps contextualised to a learner's medical education level
- Engage in case and inquiry-based learning discussions
- Engage in problem-solving scenarios that focus on uncertainty in clinical practice
- Critique evidence based research and practice data to identify opportunities for improvement
- Demonstrate receiving or giving timely constructive feedback to identify and support learning opportunities
- Teach junior doctors how to develop professional skills
- Teach statistics and research methods
- Teach learning strategies that support curiosity, normalise cognitive dissonance, embrace uncertainty, promote active inquiry and consider failure an opportunity for growth
- Develop reliable assessment tools that have validity evidence
- Discuss strategies to seek and learn from constructive feedback
- Reflect on performance and develop goals and learning plans to identify learning opportunities
- Complete a research project
- Complete a literature review on a particular subject
- Publish a research protocol or paper
- Present research finding e.g. to team meeting or conference
- Develop own teaching strategies

### SUGGESTED RACS COURSES

- |  |  |   |
|--|--|---|
| – Operating with Respect (eLearning) module (OWR)        | – Promoting Advanced Surgical Education (PrASE)                              | – Promoting Advanced Surgical Education                 |
| – Operating with Respect (face to face) course (OWR)     | – Clinical Studies   | – Keeping Trainees on Track (KTOT)                      |
| – Operating with Respect for Trainees (OWR)              | – Critical Literature Evaluation and Research (CLEAR)                        | – Difficult Conversations with Underperforming Trainees |
| – Feedback for Trainees                                  | – Critical Literature Evaluation and Research (CLEAR) Course for Consultants | – Academy of Surgical Educators Forum                   |
| – Induction for Surgical Supervisors and Trainers (ISST) | – Developing a Career and Skills in Academic Surgery (DCAS)                  | – Educator Studio Session                               |
| – Foundation Skills for Surgical Educators (FSSE)        |  | – Graduate Programs in Surgical Education               |
|  |  | – CPD: Reflective Practice                              |
|  |  | – CPD: Recognising and Responding to Sexual Harassment  |

## SUGGESTED REFERENCES

### EDUCATION

- Blooms Taxonomy: Resource for Educators [Internet]. [cited 2022 Feb 10]. Available from: <https://www.bloomstaxonomy.net/>
- Desy JR, Reed DA, Wolanskyj AP. Milestones and Millennials: A Perfect Pairing—Competency-Based Medical Education and the Learning Preferences of Generation Y. *Mayo Clin Proc* [Internet]. 2017;92(2):243–50. Available from: <http://dx.doi.org/10.1016/j.mayocp.2016.10.026>
- Forehand M. Bloom's Taxonomy. Vanderbilt University Centre for Teaching. 2016. Available from: <https://cft.vanderbilt.edu/wp-content/uploads/sites/59/BloomsTaxonomy-mary-forehand.pdf>
- Frank JR, Mungroo R, Ahmad Y, Wang M, De Rossi S, Horsley T. Toward a definition of competency-based education in medicine: A systematic review of published definitions. *Med Teach*. 2010;32(8):631–7.
- International Bureau of Education. Glossary of Curriculum Terminology | International Bureau of Education [Internet]. UNESCO. 2022 [cited 2022 Feb 7]. Available from: <http://www.ibe.unesco.org/en/glossary-curriculum-terminology>
- Kornegay JG, Kraut A, Manthey D, Omron R, Caretta-Weyer H, Kuhn G, et al. Feedback in Medical Education: A Critical Appraisal. *AEM Educ Train*. 2017;1(2):98–109. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001508/>
- McGinness HT, Caldwell PHY, Gunasekera H, Scott KM. An educational intervention to increase student engagement in feedback. *Med Teach* [Internet]. 2020 Nov 1 [cited 2021 Jan 15];42(11):1289–97. Available from: <https://www.tandfonline.com/doi/full/10.1080/0142159X.2020.1804055>

### FEEDBACK

- Archer JC, Mcavoy P. Factors that might undermine the validity of patient and multi-source feedback. *Med Educ*. 2011[Cited 2019 May 9];45(9):886–93.
- Archer JC. State of the science in health professional education: Effective feedback. *Med Educ* [Internet]. 2010 Jan [cited 2019 May 9];44(1):101–8. Available from: <http://doi.wiley.com/10.1111/j.1365-2923.2009.03546.x>
- Coggins A, Zaklama R, Szabo R, Diaz-Navarro C, Scalese R, Krogh K et al. Twelve tips for facilitating and implementing clinical debriefing programmes. *Med Teach*. 2020;43(5):509–517. doi: 10.1080/0142159x.2020.1817349
- Kornegay JG, Kraut A, Manthey D, Omron R, Caretta-Weyer H, Kuhn G, et al. Feedback in Medical Education: A Critical Appraisal. *AEM Educ Train*. 2017;1(2):98–109. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001508/>
- McGinness HT, Caldwell PHY, Gunasekera H, Scott KM. An educational intervention to increase student engagement in feedback. *Med Teach* [Internet]. 2020 Nov 1 [cited 2021 Jan 15];42(11):1289–97. Available from: <https://www.tandfonline.com/doi/full/10.1080/0142159X.2020.1804055>

### REFLECTION

- Academy of Medical Royal Colleges. Facilitating reflection - A guide for supervisors [Internet]. 2019. [cited 14 Feb 2022] Available from: <https://www.aomrc.org.uk/reports-guidance/facilitating-reflection-a-guide-for-supervisors/>
- Aronson L. Twelve tips for teaching reflection at all levels of medical education. *Med Teach*. 2011;33(3):200–5.
- Sanders J. The use of reflection in medical education: AMEE Guide No. 44. *Med Teach* [Internet]. 2009;31(8):685–95. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19811204>

### ROLE MODEL

- Benbassat J. Role Modeling in Medical Education: The Importance of Reflective Imitation. *Acad Med* [Internet]. 2014 Apr [cited 2021 Mar 3];89(4):550–4. Available from: <http://journals.lww.com/00001888-201404000-00015>
- Passi V, Johnson S, Peile E, Wright S, Hafferty F, Johnson N. Doctor role modelling in medical education: BEME Guide No. 27. *Med Teach* [Internet]. 2013 Sep;35(9). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2013.806982?needAccess=true>

### TEACHING

- Pierce C, Corral J, Aagaard E, Harnke B, Irby DM, Stickrath C. A BEME realist synthesis review of the effectiveness of teaching strategies used in the clinical setting on the development of clinical skills among health professionals: BEME Guide No. 61. *Med Teach* [Internet]. 2020 Jun 2 [cited 2020 Jul 14];42(6):604–15. Available from: <https://www.tandfonline.com/doi/full/10.1080/0142159X.2019.1708294>
- Schmutz J, Kolbe M, Eppich W. Twelve tips for integrating team reflexivity into your simulation-based team training. *Med Teach*. 2018;40(7):721–727. doi: 10.1080/0142159x.2018.1464135
- Sanders J. The use of reflection in medical education: AMEE Guide No. 44. *Med Teach*. 2009;31(8):685–695. doi: 10.1080/01421590903050374
- Taylor DCM, Hamdy H. Adult learning theories: Implications for learning and teaching in medical education: AMEE Guide No. 83. *Med Teach*. 2013;35(11). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2013.828153?needAccess=true>
- Thistlethwaite JE, Davies D, Ekeocha S, Kidd JM, MacDougall C, Matthews P, et al. The effectiveness of case-based learning in health professional education. A BEME systematic review: BEME Guide No. 23. *Med Teach*. 2012;34(6):142–59. Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2012.680939>





# Glossary

## Education terms

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### COMPETENCY BASED EDUCATION

#### Competency based

- Flexible and varied approaches to education, structured around specific competencies and leading to graduate outcomes that have been identified in response to societal needs. It focusses on learners' demonstrations of competence and de-emphasizes time-based training.

#### Competence

- Demonstration of knowledge, skills and behaviours required to perform a task competently and safely.

#### Competency

- Knowledge, skills or behaviours that set out standards of performance in the workplace. RACS has defined 10 essential competencies in the Surgical Competence and Performance Guide.

#### Integrated competencies

- Holistic approach combines multiple competencies that can be taught, learned and assessed concurrently.

#### Competency standards

- Learning outcomes and assessment benchmarks required to demonstrate professional behaviour in the workplace.
- 

### EDUCATIONAL TAXONOMY

#### Framework

- Defines competencies essential to performance standards required of a professional.

#### Curriculum

- Systematic and structured program of learning that outlines and educational approach, competencies, learning and graduate outcomes and teaching and learning activities.

#### Syllabus

- Synopsis of what is taught and assessed; describes the learning activities, assessments, resources and mode of delivery for a topic, module, unit or course.

#### Behavioural marker

- Concise descriptions of behaviour that set out standards of performance in the workplace.

#### Learning outcome

- Statement that describes the standard of performance expected by end of a stage of training.

#### Graduate outcomes

- Statement that describes the standard of performance expected by the end of a training program.

#### Stages of training

- Periods of learning on developmental continuum within a training program.

#### Standard of performance

- Describe the competence and proficiency with which a task is performed.

#### Adult learning

- Andragogy is a pragmatic approach based on holistic, meaningful experiential activities that supports independent experienced learners and stimulates self directed and reflective learning.

#### Learner centred training

- Flexible approaches to training that foster the skills and strategies for Trainees have agency and autonomy as partners in their own learning and assessment.

#### Feedback

- A process of two way discussion to share information about a current performance. Feedback is often used to identify and plan future activities.

#### Reflection

- Metacognitive process occurs before, during and after situations to develop greater understanding of the self and the situation.

#### Self directed learning

- Learners reflect to identify learning opportunities and plan their own learning and assessment pathway.

#### Teaches

- Facilitates the education of students, trainees, colleagues and other health professionals.

#### Leads

- Demonstrates integrity and high professional standards; clearly articulates a vision and purpose and empowers others to achieve

#### Coordinates

- Oversee task completion by organising team, resources and environment



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**TEACHING AND LEARNING ACTIVITIES****Activities**

- Teaching and learning activities to stimulate, guide, and evaluate learning may be planned or ad hoc.

**Case based discussions**

- Shared analytical reflection to evaluate clinical situations.

**Clinical activities**

- Tasks that are undertaken in the context of providing healthcare to patients in clinics and hospitals. These provide opportunities for trainees to develop knowledge and expertise through hands-on experience and for supervisors to observe and assess trainees demonstrating patient care.

**Role model**

- Demonstrating the integration of behaviours and skills into practice being conscious that your standard of performance is observed and possibly emulated.

## Medical terms

**Audit**

- Systematic, critical analysis of surgical care reviewed by peers against explicit criteria or recognised standards, to inform and improve surgical practice to improve patient care.

**Evidence based**

- Apply the best available evidence gained from a scientific method to clinical decision making.

**Patient centred care**

- Puts patient wellbeing and patient outcomes at the forefront of treatment and management. Planning, delivery, and evaluation of health care grounded in mutually beneficial partnerships among health care providers, patients, and families.

**Patient journey**

- The sequence of events that a patient experiences as they interact with the healthcare system.

**Patient safety**

- Reduction of avoidable harm to patients to improve patient care and safety.

**Shared decision making**

- Collaboration between patients and health professionals to decide on a course of action. Shared decision-making integrates the patient's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person.

**Systems improvement**

- Evaluation of operational methods, processes and infrastructure to implement changes to improved quality and safety.



# References

- Academy of Medical Royal Colleges. Facilitating reflection - A guide for supervisors [Internet]. 2019. [cited 14 Feb 2022] Available from: <https://www.aomrc.org.uk/reports-guidance/facilitating-reflection-a-guide-for-supervisors/>
- Al-Ghunaim T, Johnson J, Biyani CS, O'connor DB. [How UK surgeons experience burnout and the link between burnout and patient care: A qualitative investigation](#). Scottish Med Journal [Internet]. 2022 [cited 2022 Sep 26];1–10. Available from: <https://journals.sagepub.com/doi/pdf/10.1177/00369330221122348>
- Archer JC, Mcavoy P. [Factors that might undermine the validity of patient and multi-source feedback](#). Med Educ. 2011[Cited 2019 May 9];45(9):886–93.
- Archer JC. State of the science in health professional education: Effective feedback. Med Educ [Internet]. 2010 Jan [cited 2019 May 9];44(1):101–8. Available from: <http://doi.wiley.com/10.1111/j.1365-2923.2009.03546.x>
- Arnold L, Cuddy P, Hathaway S, Quaintance J, Kanter S. Medical leaders identify personal characteristics and experiences that contribute to leadership success in medicine. MedEdPublish. 2019;8:206. Available from: <https://mededpublish.org/articles/8-206>
- Aronson L. Twelve tips for teaching reflection at all levels of medical education. Med Teach. 2011;33(3):200–5.
- Astbury J, Atkinson J, Duke J, Eastaer P, Kurrle S, Tait P, et al. [The impact of domestic violence on individuals](#). Med J Australia [Internet]. 2000 [cited 2022 Jul 22];173(8):427–31. Available from: <https://www.mja.com.au/journal/2000/173/8/impact-domestic-violence-individuals>
- Australian Commission on Safety and Quality in Healthcare. Australian Charter of Healthcare Rights [Internet]. [cited 14 Feb 2022] Available from: <https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights/supportive-resources-second-edition-australian-charter-healthcare-rights>
- Australian Commission on Safety and Quality in Healthcare. The Australian open disclosure framework [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework>
- Australian Commission on Safety and Quality in Healthcare. Decision support tools for consumers [Internet]. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making/decision-support-tools-consumers>
- Australian Commission on Safety and Quality in Health Care. NSQHS standards user guide for Aboriginal and Torres Strait Islander health [Internet]. 2017. [cited 9 Feb 2022] Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health>
- Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. [Internet]. Sydney; 2021. Available from: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)
- Australian Commission on Safety and Quality in Health Care. A better way to care: Safe and high-quality care for patients with cognitive impairment or at risk of delirium in acute health services (2nd Ed). [Internet]. Sydney; 2019. Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/better-way-care-second-edition>
- Australian Commission on Safety and Quality in Health Care. Shared decision making [Internet]. 2019 [cited 2022 Feb 11]. Available from: <https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making>
- Australian Ethical Health Alliance [Internet]. [cited 9 Feb 2022] Available from: <https://www.ethicalhealth.org.au/>
- Australian Government, Department of Home Affairs. Translating and Interpreting Service (TIS) [Cited 9 Feb 2020] Available from: <https://www.tisnational.gov.au/>
- Australian Health Practitioner Regulation Agency. Guidelines for advertising a regulated health service [Internet]. [cited 9 Feb 2022] Available from: <https://www.ahpra.gov.au/publications/advertising-hub/advertising-guidelines-and-other-guidance/advertising-guidelines.aspx>
- Australian Health Practitioner Regulation Agency. Social media: How to meet your obligations under the National Law [Internet]. 2019. [cited 9 Feb 2022] Available from: <https://www.ahpra.gov.au/Publications/Social-media-guidance.aspx>
- Australian Health Research Alliance. Health Systems Improvement and Sustainability [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://ahra.org.au/our-work/health-systems-improvement-and-sustainability/>
- Australian Human Rights Commission. Chapter 4: Cultural safety and security: Tools to address lateral violence - Social Justice Report 2011 [Internet]. Australian Human Rights Commission. 2011 [cited 2022 Sep 26]. Available from: <https://humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice>
- Australian Institute of Health and Welfare. Social determinants of health [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>
- Australian Institute of Health and Welfare. Australia's health 2020 data insights [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.aihw.gov.au/getmedia/be95235d-fd4d-4824-9ade-34b7491dd66f/aihw-aus-231.pdf>
- Australian Medical Council Limited. Good Medical Practice: Professionalism Ethics and Law [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://www.amc.org.au/amc-good-medical-practice/>
- Australian Medical Association. 10 Minimum Standards for Telemedicine [Internet]. 2013 [cited 11 Feb 2022]. Available from: <https://www.ama.com.au/articles/10-minimum-standards-telemedicine>

- Australian Medical Association. A guide to social media & medical professionalism: The tips and traps every doctor and medical student should know [Internet]. 2019. [cited 9 Feb 2022] Available from: [https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL\\_0.pdf](https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL_0.pdf)
- Australian and New Zealand College of Anaesthetists. Doctors Health and Wellbeing: Library guide and toolkit [Internet]. 2022 [cited 9 Feb 2022] Available from: <https://www.anzca.edu.au/about-us/doctors-health-and-wellbeing>
- Australian Productivity Commission. Improving Australia's health system: what we can do now [Internet]. 2015. Available from: <https://www.pc.gov.au/news-media/articles/pc-news/pc-news-may-2015/improving-australia-health-system>
- Bauman A, Fardy H, Harris P. Getting it right: Why bother with patientcentred care? *Med J Aust*. 2003;179(5):253-256. Available from: <https://onlinelibrary.wiley.com/doi/full/10.5694/j.1326-5377.2003.tb05532.x>
- Beasley S., Smith K, Watters DA. What leadership means as a core surgical competence in everyday practice. *ANZ J Surg* [Internet]. 2020 [cited 2022 Feb 16];90(1–2):154–8. Available from: <https://pubmed.ncbi.nlm.nih.gov/31943600/>
- Benbassat J. Role Role Modeling in Medical Education: The Importance of Reflective Imitation. *Acad Med* [Internet]. 2014 Apr [cited 2021 Mar 3];89(4):550–4. Available from: <http://journals.lww.com/00001888-201404000-00015>
- Blooms Taxonomy: Resource for Educators [Internet]. [cited 2022 Feb 10]. Available from: <https://www.bloomstaxonomy.net/>
- Bradford VTS. Bradford VTS online resources: Communication skills [Internet]. [cited 9 Feb 2022] Available from: <https://www.bradfordvts.co.uk/communication-skills/>
- Brennan T, Blank L, Cohen J, Kimball H, Smeler N Medical Professionalism in the New Millennium: A Physician Charter. *Clinical Medicine*. 2003;2(2):116–118. Available from: <https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC4952370&blobtype=pdf>
- Burgess D, Warren J, Phelan S, Dovidio J, van Ryn M. Stereotype threat and health disparities: What medical educators and future physicians need to know. *J Gen Intern Med*. 2010;25(S2):169–177. doi: 10.1007/s11606-009-1221-4
- Chan J, Gupta A, Stewart S, Babidge W, McCulloch G, Worthington M et al. “Nobody told me”: Communication issues affecting Australian cardiothoracic surgery patients. *Ann Thorac Surg*. 2019;108(6):1801–1806. doi: 10.1016/j.athoracsur.2019.04.116
- Coggins A, Zaklama R, Szabo R, Diaz-Navarro C, Scalese R, Krogh K et al. Twelve tips for facilitating and implementing clinical debriefing programmes. *Med Teach*. 2020;43(5):509–517. doi: 10.1080/0142159x.2020.1817349
- Crebbin W, Beasley S, Tobin S, Guest G, Duvivier R, Watters D. Judgement: Clinical decisionmaking as a core surgical competency. *ANZ J Surg*. 2019;89(6):760–763. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/ans.15098>
- Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, Paine SJ, et al. Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *Int J Equity Health* [Internet]. 2019;18(1):1–17. Available from: <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-1082-3>
- Desy JR, Reed DA, Wolanskyj AP. Milestones and Millennials: A Perfect Pairing—Competency-Based Medical Education and the Learning Preferences of Generation Y. *Mayo Clin Proc* [Internet]. 2017;92(2):243–50. Available from: <http://dx.doi.org/10.1016/j.mayocp.2016.10.026>
- DiPierro K, Lee H, Pain K, Durning S, Choi J. Groupthink among health professional teams in patient care: A scoping review. *Med Teach*. 2021;1–10. doi: 10.1080/0142159X.2021.1987404
- Elwyn G, Frosch D, Thomson R, Joseph-Williams N, Lloyd A, Kinnersley P, et al. Shared Decision Making: A Model for Clinical Practice. *J Gen Intern Med* [Internet]. 2012 Oct 23 [cited 2019 Feb 27];27(10):1361–7. Available from: <http://link.springer.com/10.1007/s11606-012-2077-6>
- Epstein R, Street R. The values and value of patient-centered care. *Ann Fam Med*. 2011;9(2):100–103. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3056855/>
- Forehand M. Bloom's Taxonomy. Vanderbilt University Centre for Teaching. 2016. Available from: <https://cft.vanderbilt.edu/wp-content/uploads/sites/59/BloomsTaxonomy-mary-forehand.pdf>
- Frank JR, Mungroo R, Ahmad Y, Wang M, De Rossi S, Horsley T. Toward a definition of competency-based education in medicine: A systematic review of published definitions. *Med Teach*. 2010;32(8):631–7.
- Flin R, Youngson G, Yule S. How do surgeons make intraoperative decisions? *Qual Saf Health Care*. 2007;16(3):235–239. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464983/pdf/235.pdf>
- Grattan Institute. Safer care saves money: How to improve patient care and save public money at the same time [Internet]. 2018 [cited 2020 Jan 23]. Available from: <https://grattan.edu.au/wp-content/uploads/2018/08/Safer-care-saves-money.pdf>
- Health Navigator New Zealand. Shared decision making for clinicians [Internet]. 2022 [cited 2022 Feb 11]. Available from: <https://www.healthnavigator.org.nz/clinicians/s/shared-decision-making-for-clinicians/>
- Health Quality & Safety Commission New Zealand. Atlas of Healthcare Variation [Internet]. 2021. [cited 9 Feb 2022] Available from: <https://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/>

- 
- Hoffmann TC, Légaré F, Simmons MB, McNamara K, McCaffery K, Trevena LJ, et al. Shared decision making: What do clinicians need to know and why should they bother? *Med J Aust*. 2014;201(1):35–9. Available from: [https://www.mja.com.au/system/files/issues/201\\_01/hof00002.pdf](https://www.mja.com.au/system/files/issues/201_01/hof00002.pdf)
- Hu Y, Parker S, Lipsitz S, Arriaga A, Peyre S, Corso K et al. Surgeons' leadership styles and team behavior in the operating room. *J Am Coll Surg*. 2016;222(1):41–51. Available from: <https://oce.ovid.com/article/00019464-201601000-00005/HTML>
- Institute for Patient and Family Centered Care. Patient- and Family- Centered Care Defined [Internet]. 2020 [cited 2022 Feb 9]. Available from: <https://www.ipfcc.org/bestpractices/sustainable-partnerships/background/pfcc-defined.html>
- International Bureau of Education. Glossary of Curriculum Terminology | International Bureau of Education [Internet]. UNESCO. 2022 [cited 2022 Feb 7]. Available from: <http://www.ibe.unesco.org/en/glossary-curriculum-terminology>
- Jo Delaney L. Patient-centred care as an approach to improving health care in Australia. *Collegian* [Internet]. 2018;25(1):119–23. Available from: <https://doi.org/10.1016/j.colegn.2017.02.005>
- Karen L, Donella P, Nicola D, Naomi P. Patient-centred care: Improving quality and safety by focusing care on patients and consumers. *Aust Comm Saf Qual* [Internet]. 2010;(September):1–75. Available from: <https://www.safetyandquality.gov.au/sites/default/files/migrated/PCCC-DiscussPaper.pdf>
- Kawaguchi A, Kao L. [Teamwork and surgical team-based training](#). *Surg Clin North Am*. 2021;101(1):15–27. doi: 10.1016/j.suc.2020.09.001
- Kennedy TJT, Lingard L, Baker GR, Kitchen L, Regehr G. Clinical oversight: Conceptualizing the relationship between supervision and safety. *J Gen Intern Med*. 2007;22(8):1080–5. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2305735/>
- Kornegay JG, Kraut A, Manthey D, Omron R, Caretta-Weyer H, Kuhn G, et al. Feedback in Medical Education: A Critical Appraisal. *AEM Educ Train*. 2017;1(2):98–109. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001508/>
- Lui C, Boyle F, Wysocki A, Baker P, D'Souza A, Faint S et al. [How participation in surgical mortality audit impacts surgical practice](#). *BMC Surg*. 2017;17:42. doi: 10.1186/s12893-017-0240-z
- McGinness HT, Caldwell PHY, Gunasekera H, Scott KM. An educational intervention to increase student engagement in feedback. *Med Teach* [Internet]. 2020 Nov 1 [cited 2021 Jan 15];42(11):1289–97. Available from: <https://www.tandfonline.com/doi/full/10.1080/0142159X.2020.1804055>
- McKimm J, Ramani S, Forrest K, Bishop J, Findyartini A, Mills C, et al. Adaptive leadership during challenging times: Effective strategies for health professions educators: AMEE Guide No. 148. *Med Teach* [Internet]. 2022 [cited 2022 Jun 15];1–11. Available from: <https://doi.org/10.1080/0142159X.2022.2057288>
- Medical Board of Australia. Codes, guidelines and policies [Internet]. [cited 9 Feb 2022] Available from: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx>
- Medical Council of New Zealand. Audit of medical practice [Internet]. [cited 2022 Feb 9]. Available from: <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/audit-of-medical-practice/>
- Medical Council of New Zealand. Disclosure of harm following and adverse event [Internet]. 2010. [cited 10 Feb 2022] Available from: <https://www.mcnz.org.nz/assets/standards/b17273cc08/Disclosure-of-harm.pdf>
- Medical Council of New Zealand. Information, choice of treatment and informed consent [Internet]. 2019. [cited 10 Feb 2022] Available from: [https://www.mcnz.org.nz/assets/MediaReleases/f74334fa3c/2019-Review\\_Appendix-1\\_Draft-informed-consent-statement.pdf](https://www.mcnz.org.nz/assets/MediaReleases/f74334fa3c/2019-Review_Appendix-1_Draft-informed-consent-statement.pdf)
- Medical Council of New Zealand. Your rights as a patient [Internet]. [cited 9 Feb 2022] Available from: <https://www.mcnz.org.nz/support/support-for-patients/your-rights-as-a-patient/>
- Medical Deans: Australia and New Zealand. Professionalism and professional identity of our future doctors [Internet]. 2021. Available from: <https://medicaldeans.org.au/md/2021/02/Professionalism-and-professional-identity-of-our-future-doctors-2021-FEB.pdf>
- Newcomb A, Allred C, Grove C, Newcomb H, Mohess D, Griffen M et al. Surgeon communication and family understanding of patient prognosis in critically ill surgical patients: A qualitative investigation informs resident training. *J Surg Educ*. 2019;76(6):e77–e91. doi: 10.1016/j.jsurg.2019.05.017
- Northern Territory General Practice Education. CommDoc Community Consultation Language App [cited 2020 Feb 16] Available from: <http://www.ntgpe.org/commdoc/#about>
- Parker S, Flin R, McKinley A, Yule S. [The Surgeons' Leadership Inventory \(SLI\): a taxonomy and rating system for surgeons' intraoperative leadership skills](#). *Am J Surg*. 2013;205(6):745–751. doi: 10.1016/j.amjsurg.2012.02.020
- Passi V, Johnson S, Peile E, Wright S, Hafferty F, Johnson N. Doctor role modelling in medical education: BEME Guide No. 27. *Med Teach* [Internet]. 2013 Sep;35(9). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2013.806982?needAccess=true>



Pierce C, Corral J, Aagaard E, Harnke B, Irby DM, Stickrath C. A BEME realist synthesis review of the effectiveness of teaching strategies used in the clinical setting on the development of clinical skills among health professionals: BEME Guide No. 61. Med Teach [Internet]. 2020 Jun 2 [cited 2020 Jul 14];42(6):604–15. Available from: <https://www.tandfonline.com/doi/full/10.1080/0142159X.2019.1708294>

Project Implicit. Take a test: Implicit association test [Internet]. 2011. [cited 9 Feb 2022] Available from: <https://implicit.harvard.edu/implicit/takeatest.html>

Queensland Health - Cultural Capability Team. Communicating effectively with Aboriginal and Torres Strait Islander people Demonstrating understanding [Internet]. Cultural Capability Team. 2015 [cited 2017 Aug 29]. Available from: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0021/151923/communicating.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0021/151923/communicating.pdf)

Rashid P, Ronald M, Kong K. Cultural safety and racism. ANZ J Surg. 2021 [cited 2022 Feb 16]; Available from: <https://onlinelibrary-wiley-com.ezproxy.surgeons.org/doi/pdfdirect/10.1111/ans.17250>

Richardson D, Kinnear B, Hauer KE, Turner TL, Warm EJ, Hall AK, et al. Growth mindset in competency-based medical education. Med Teach [Internet]. 2021 [cited 2021 Aug 24]

Royal Australian College of General Practitioners. Keeping the Doctor Alive: A Self-care Guide for Medical Practitioners [Internet]. 2005 [cited 9 Feb 2022] Available from: <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20resources/Keeping-the-doctor-alive.pdf>

Royal Australasian College of Surgeons Expert Advisory Group on Discrimination Bullying and Sexual Harassment. Building Respect, Improving Patient Safety from Awareness to Action Report and recommendations of RACS Expert Advisory Group [Internet]. 2022. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/BRIPS/EAG-Report\\_Recs-and-Actions\\_for-upload.pdf?rev=c9c0dfbb0826432b8d61bb52c00ff27f&hash=76E8CF727CF767A407D9A92670C08FC8](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/BRIPS/EAG-Report_Recs-and-Actions_for-upload.pdf?rev=c9c0dfbb0826432b8d61bb52c00ff27f&hash=76E8CF727CF767A407D9A92670C08FC8)

Royal Australasian College of Surgeons. Code of conduct [Internet]. 2016. [cited 9 Feb 2022] Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/2016-04-29\\_mnl\\_racs\\_code\\_of\\_conduct.pdf](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/2016-04-29_mnl_racs_code_of_conduct.pdf)

Royal Australasian College of Surgeons. Informed consent (2019) [Internet]. 2019. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/about-racs/position-papers/informed-consent-2019>

Royal Australasian College of Surgeons. Open disclosure (2015) [Internet]. 2015. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/about-racs/position-papers/open-disclosure>

Royal Australasian College of Surgeons. Research & audit [Internet]. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/research-audit>

Royal Australasian College of Surgeons. Surgeons fees (2019) [Internet]. 2019. [cited 10 Feb 2022] Available from: <https://www.surgeons.org/about-racs/position-papers/surgeons-fees-2019>

Royal Australasian College of Surgeons. Surgeons wellbeing: Wellbeing charter for doctors [Internet]. 2021. [cited 9 Feb 2022] Available from: <https://www.surgeons.org/about-racs/surgeons-wellbeing#Wellbeing%20charter%20for%20doctors>

Royal Australasian College of Surgeons. Speaking up [Internet]. 2021. Available from: <https://www.surgeons.org/speaking-up>

Royal Australasian College of Surgeons. Surgical Audit Guide [Internet]. 2021. Available from: <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/surgical-audit-and-peer-review-guide.pdf?rev=8c6d405564b84c5ea96e6991a9378b86&hash=F2595498AB95EE4DC227237D11875F26>

Royal Australasian College of Surgeons. Surgical Competence and Performance: A guide to aid the assessment and development of surgeons [Internet]. 2019 [cited 2021 May 20]. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/surgical-competence-and-performance-framework\\_final.pdf?rev=067a2522753242508d24856ba6a0a1d8&hash=95E99562E235FD2DAEF71D85265DF4D0](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/reports-guidelines-publications/manuals-guidelines/surgical-competence-and-performance-framework_final.pdf?rev=067a2522753242508d24856ba6a0a1d8&hash=95E99562E235FD2DAEF71D85265DF4D0)

Royal Australasian College of Surgeons. Surgical Safety Checklist [Internet]. Melbourne; 2009. p. 1. Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst\\_2009\\_surgical\\_safety\\_check\\_list\\_-australia\\_and\\_new\\_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/member-benefits/lst_2009_surgical_safety_check_list_-australia_and_new_zealand-.pdf?rev=f8cd355f833547839ee5193e79f1f9b2&hash=491EB144A6FD89B00BCBFC19EE6A6538)

Royal Australasian College of Surgeons. Royal Australasian College of Surgeons reconciliation action plan 2020-2022 [Internet]. 2020. [cited 9 Feb 2022] Available from: <https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/interest-groups-sections/indigenous-health/RACSIInnovateReconciliationActionPlan20202022.pdf>

Royal Australasian College of Surgeons Research, Audit and Academic Surgery. Guideline reference document for conducting effective morbidity and mortality meetings for improved patient care [Internet]. 2017. [cited 10 Feb 2022] Available from: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/position-papers/2017-04-12\\_gdl\\_conducting\\_effective\\_morbidity\\_and\\_mortality\\_meetings\\_for\\_improved\\_patient\\_care.pdf](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/position-papers/2017-04-12_gdl_conducting_effective_morbidity_and_mortality_meetings_for_improved_patient_care.pdf)

Sandars J. The use of reflection in medical education: AMEE Guide No. 44. Med Teach [Internet]. 2009;31(8):685–95. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19811204>

– Saposnik G, Redelmeier D, Ruff C, Tobler P. Cognitive biases associated with medical decisions: a systematic review. BMC Med Inform Decis Mak. 2016;16(1). Available from: <https://bmcmmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-016-0377-1>

Schmutz J, Kolbe M, Eppich W. Twelve tips for integrating team reflexivity into your simulation-based team training. Med Teach. 2018;40(7):721–727. doi: 10.1080/0142159x.2018.1464135

State of Victoria. Royal Commission into Family Violence: Report and recommendations [Internet]. Vol. IV. 2016. Available from: <http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-IV.pdf>

Sullivan HO, Mook Wvan, Fewtrell RAY, Wass VAL, Sullivan HO, Mook WVAN, et al. Integrating professionalism into the curriculum: AMEE Guide No. 61. 2012;(61). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2012.655610?needAccess=true>

Taylor DCM, Hamdy H. Adult learning theories: Implications for learning and teaching in medical education: AMEE Guide No. 83. Med Teach. 2013;35(11). Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2013.828153?needAccess=true>

ten Cate O. Competency-Based Postgraduate Medical Education: Past, Present and Future. GMS J Med Educ [Internet]. 2017;34(5):Doc69. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29226237%0Ahttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC5704607>

Thistlethwaite J. Shared decision making and decision aids – a literature review. Repr from Aust Fam Physician [Internet]. 2006 [cited 2018 Apr 12];35(7). Available from: <https://www.racgp.org.au/afpbackissues/2006/200607/20060705thistlewaite.pdf>

Thistlethwaite JE, Davies D, Ekeocha S, Kidd JM, MacDougall C, Matthews P, et al. The effectiveness of case-based learning in health professional education. A BEME systematic review: BEME Guide No. 23. Med Teach. 2012;34(6):142–59. Available from: <https://www.tandfonline.com/doi/pdf/10.3109/0142159X.2012.680939>

Tieu E, Mukherjee P. Addressing domestic violence: the surgeon's role. ANZ J Surg [Internet]. 2020;90(5):881–4. Available from: <http://anzast.org/wp-content/uploads/2020/07/ANZ-JS-domestic-violence.pdf>

Torrens University Australia Public Health Information Development Unit. Social health atlases [Internet]. [cited 9 Feb 2022] Available from: <https://phidu.torrens.edu.au/social-health-atlases>

Torti JMI, Inayat H, Inayat A, Lingard L, Haddara W, Sultan N, et al. Perspectives on Physician Leadership: The Role of Character-based Leadership in Medicine. Med Educ [Internet]. 2022 [cited 2022 Jul 15]; Available from: <https://doi.org/10.1111/medu.14875>

Victorian Government of Australia. Health translations: Languages [Internet]. [cited 9 Feb 2022] Available from: <https://www.healthtranslations.vic.gov.au/search-by-language>

Victorian Government of Australia. Health translations: Tools for professionals [Internet]. [cited 9 Feb 2022] Available from: <https://www.healthtranslations.vic.gov.au/tools-for-professionals>

Wilbur K, Teunissen P, Scheele F, Driessen E. Team member expectations of trainee communicator and collaborator competencies – so shines a good deed in a weary world? Med Teach. 2021;43(5):531–537. doi: 10.1080/0142159X.2021.1874325

World Health Organisation. Definitions of Key Concepts from the WHO Patient Safety Curriculum Guide [Internet]. 2011. Available from: [https://www.who.int/patientsafety/education/curriculum/course1a\\_handout.pdf?ua=1](https://www.who.int/patientsafety/education/curriculum/course1a_handout.pdf?ua=1)

World Health Organisation. Global Patient Safety Action Plan 2021–2030 [Internet]. 2021 [cited 2022 Feb 10]. Available from: <https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>

World Health Organization. Social determinants of health [Internet]. [cited 9 Feb 2022] Available from: <https://www.who.int/health-topics/social-determinants-of-health>

World Health Organization. Inequities are killing people on grand scale, reports WHO's Commission [Internet]. 2009. [cited 9 Feb 2022] Available from: <https://www.who.int/news/item/28-08-2009-inequities-are-killing-people-on-grand-scale-reports-who-commission>

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RACS Trainees' Association

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