Professional Skills Curriculum
# 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
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
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.
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.
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.
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
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.
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.

<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plays an inclusive and active role in clinical teams</td>
<td>- Engages in timely shared decision making with the patient and the team</td>
<td>- Facilitates agreement on a shared decision making and addresses misunderstandings</td>
<td>- Leads an inclusive team where shared decision making is actively encouraged</td>
</tr>
<tr>
<td></td>
<td>- Completes tasks promptly to address patient management issues</td>
<td>- Ensures patient management issues are promptly addressed</td>
<td>- Delegates management issues to appropriate team member</td>
</tr>
<tr>
<td></td>
<td>-Engages with the team to learn from the expertise of others</td>
<td>- Facilitates team members to contribute and learn from each other</td>
<td>- Teaches junior members of the team</td>
</tr>
<tr>
<td>Establishes a shared understanding through appropriate documentation and exchange of information</td>
<td>- Engages in shared understanding through accurate documentation and timely exchange of information</td>
<td>- Facilitates shared understanding and addresses misunderstandings</td>
<td>- Leads the team to promptly share accurate information</td>
</tr>
<tr>
<td></td>
<td>- Provides succinct and accurate patient information to healthcare professionals</td>
<td>- Exchanges information with healthcare professionals for patients with complex conditions and/or circumstances</td>
<td>- Supervises the timely exchange of necessary and relevant patient information</td>
</tr>
</tbody>
</table>
### Behavioural markers

<table>
<thead>
<tr>
<th>Demonstrates a willingness to seek or offer a second opinion</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>– Engages formally and informally when consulting healthcare teams</td>
<td>– Facilitates junior members to consult with healthcare teams</td>
<td>– Consults widely with healthcare teams</td>
</tr>
<tr>
<td></td>
<td>– Seeks and considers opinions and feedback from colleagues</td>
<td>– Analyses advice and opinions and seeks clarification</td>
<td>– Formulates and offers a second opinion when appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fosters an environment where patient safety measures are the team’s responsibility</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>– Complies with quality and safety policies procedures and patient safety measures</td>
<td>– Facilitates patient safety measures</td>
<td>– Supervises compliance with patient safety measures</td>
</tr>
<tr>
<td></td>
<td>– Engages as part of the team to ensure continuity of patient care</td>
<td>– Facilitates teamwork engagement to ensure continuity of patient care</td>
<td>– Supervises teamwork to provide continuity of patient care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supports conflict resolution and manages differences within the team</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>– Participates in conflict resolution activities when conflict occurs</td>
<td>– Facilitates conflict resolution and considers all perspectives when managing differences</td>
<td>– Anticipates potential areas of conflict and intervenes when appropriate</td>
</tr>
<tr>
<td></td>
<td>– Demonstrates respect for diversity among team members</td>
<td>– Models respect for diversity among team members</td>
<td>– Leads respect for diversity among team members</td>
</tr>
</tbody>
</table>

### 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

- Care of the Critically Ill Surgical Patient (CCrISP®)
- Early Management of Severe Trauma (EMST)
- Feedback for Trainees
- 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: Patient centred communication
- Human Factors: Situation awareness
- Human Factors: Decision making
- Human Factors: Conflict management
- Human Factors: Team dynamics
- Human Factors: Stress and resilience
- Human Factors: Speaking up and responding to unacceptable behaviour
- Non-technical Skills for Surgeons (NOTSS)
- Clinical Decision Making (CDM)
- Process Communication Model, Seminars 1 and 2 (PCM)
- Conflict and You (CAY)
- Surgeons as Leaders in Everyday Practice (SAL)
- Safer Surgical Teamwork (SST)
- Leading out of drama (LOD)
- CPD: Recognising and Responding to Sexual Harassment
SUGGESTED REFERENCES

DECISION MAKING

FEEDBACK

PATIENT CENTRED CARE

PATIENT SAFETY

ROLE MODELLING

TEAMWORK
## 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.

<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathers and understands information</td>
<td>- Collates information pertinent to decision making, patient management and treatment within appropriate timeframes</td>
<td>- Synthesises relevant information pertinent to decision making, patient management and treatment within appropriate timeframes</td>
<td>- Reconciles disparate or conflicting information pertinent to decision making, patient management and treatment from multiple sources within appropriate timeframes</td>
</tr>
<tr>
<td></td>
<td>- Seeks timely and accurate information during the consultation, in the ward or clinic and in the operating room.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discusses and communicates options</td>
<td>- Demonstrates rapport when meeting with patients</td>
<td>- Demonstrates rapport with patients with complex conditions and/or healthcare needs</td>
<td>- Models rapport with patients</td>
</tr>
<tr>
<td></td>
<td>- Discusses treatment options and management plans, with patients and engages them in shared decision making</td>
<td>- Communicates complex information, including full disclosure and engages patients in shared decision making</td>
<td>- Engages vulnerable patients with complex conditions and care needs in shared decision making and addresses uncertainties</td>
</tr>
<tr>
<td></td>
<td>- Uses appropriate professionals and modes of communication based on the specific needs of the patient</td>
<td>- Facilitates patient interactions with other professionals and modes of communication</td>
<td>- Leads use of appropriate modes of communication during complex interactions</td>
</tr>
<tr>
<td>Communicates in a respectful manner with patients, family, carers</td>
<td>- Organises an appropriate environment to share confidential or sensitive information with patients</td>
<td>- Ensures privacy when sharing sensitive or complex information with patients</td>
<td>- Models sharing sensitive information during complex interactions</td>
</tr>
<tr>
<td></td>
<td>- Demonstrates patient safety by respecting patients’ personal circumstances, culture, beliefs or practices</td>
<td>- Responds with dignity and respect to patients with complex social or cultural safety needs</td>
<td>- Models responding respectfully to patients during complex interactions</td>
</tr>
<tr>
<td></td>
<td>- Discusses how personal beliefs and unconscious bias can frame interactions with patients</td>
<td>- Manages own personal beliefs or unconscious biases during interactions with patients</td>
<td>- Teaches how to recognise and mitigate against bias</td>
</tr>
</tbody>
</table>
## Behavioural markers

<table>
<thead>
<tr>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates effectively with team members, staff and colleagues</td>
<td>Facilitates respectful communications to build and maintain positive working relationships</td>
<td>Models positive working relationships</td>
</tr>
<tr>
<td>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.</td>
<td>Shares patient information accurately and clearly to maximise colleagues’ and teams’ understanding</td>
<td>Models clear and concise verbal and written skills to share patient information accurately</td>
</tr>
<tr>
<td>Engages with feedback from others to learn and to identify strengths and opportunities for improvement</td>
<td>Seeks, receives and gives constructive feedback with colleagues and teams</td>
<td>Supervises sharing patient information to maximise team understanding</td>
</tr>
<tr>
<td>– Communicates respectfully with colleagues and teams to establish positive working relationships</td>
<td>– Facilitates respectful communications to build and maintain positive working relationships</td>
<td>– Leads a culture of initiating and engaging with feedback</td>
</tr>
</tbody>
</table>

### 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

- Care of the Critically Ill Surgical Patient (CCrISP®)
- Early Management of Severe Trauma (EMST)
- Feedback for Trainees
- 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: Patient centred communication
- Human Factors: Situation awareness
- Human Factors: Decision making
- Human Factors: Conflict management
- Human Factors: Team dynamics
- Human Factors: Stress and resilience
- Human Factors: Speaking up and responding to unacceptable behaviour
- Clinical Decision Making (CDM)
- Induction for Surgical Supervisors and Trainees (ISST)
- Foundation Skills for Surgical Educators (FSSE)
- Non-technical Skills for Surgeons (NOTSS)
- Process Communication Model, Seminars 1 and 2
- Keeping Trainees on Track (KTOT)
- Conflict and You (CAY)
- Surgeons as Leaders in Everyday Practice (SAL)
- Safer Surgical Teamwork (SST)
- Leading out of Drama (LOD)
- CPD: Informed Consent
- CPD: Open Disclosure
- CPD: Recognising and Responding to Sexual Harassment
SUGGESTED REFERENCES

BIAS

COMMUNICATION
- Bradford VTS. Bradford VTS online resources: Communication skills [Internet]. [cited 9 Feb 2022] Available from: https://www.bradfordvts.co.uk/communication-skills/

DECISION MAKING

FEEDBACK

PATIENT CENTRED CARE
PATIENT SAFETY


TELEHEALTH

### 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.

<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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</strong></td>
<td>Discusses the impact of cultural competence and cultural safety on equitable healthcare</td>
<td>Develops own strategies for equitable healthcare that incorporate cultural competence and cultural safety</td>
<td>Promotes cultural competence and cultural safety and care to achieve equitable healthcare outcomes</td>
</tr>
<tr>
<td></td>
<td>Engages in activities to learn about the special status of First Peoples</td>
<td>Demonstrates culturally safe strategies based on evidence when caring for Aboriginal and Torres Strait Islander peoples and Māori</td>
<td>Evaluates risk factor audit data and develops culturally safe strategies to address health inequities</td>
</tr>
<tr>
<td></td>
<td>Responds to the specific healthcare needs and rights of Aboriginal and Torres Strait Islander Peoples and Māori patients and communities</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Develops personal cultural competence and cultural safety skills, through RACS Indigenous Health and Cultural Safety eLearning Course 1 or NZ MIHI course</td>
<td>Develops strategies to identify the special status of Aboriginal and Torres Strait Islander Peoples and Māori to address risk factors associated with Indigenousity, through RACS Indigenous Health and Cultural Safety eLearning Course 2 or NZ MIHI course</td>
<td>Leads a culturally safe and culturally competent healthcare environment</td>
</tr>
<tr>
<td><strong>Fosters a safe and respectful healthcare environment for all patients, families and carers</strong></td>
<td>Engages in activities that contribute to awareness of personal and institutional biases and level of cultural competence and stereotype threat</td>
<td>Develops strategies and skills to ensure a culturally safe and culturally competent healthcare environment for all patients</td>
<td>Teaches strategies to recognise and respond to the social and cultural determinants of health to improve healthcare outcomes</td>
</tr>
<tr>
<td></td>
<td>Responds to patients’ cultural and social determinants of health that impact equitable access to healthcare</td>
<td>Develops a safe and inclusive environment through applying strategies that address equitable access to healthcare</td>
<td>Models safe, respectful and effective communication when engaging with all patients</td>
</tr>
<tr>
<td></td>
<td>Demonstrates effective communication strategies by recognising social, cultural and language diversity</td>
<td>Develops strategies to facilitate socially and culturally safe and respectful communication with all patients</td>
<td>Promotes safe and respectful patient care developed in collaboration with local communities</td>
</tr>
<tr>
<td></td>
<td>Demonstrates strategies that promote safe, respectful and effective interactions with patients, management plans and ongoing care</td>
<td>Develops strategies to facilitate safe, respectful and effective patient care with all patients</td>
<td></td>
</tr>
</tbody>
</table>

*Course 1 or NZ MIHI course Cultural Safety eLearning, Indigenous Health and Cultural Safety*
<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promotes an inclusive and safe workplace for all colleagues and team members</strong></td>
<td>Engages in activities that contribute to an inclusive and safe workplace for all colleagues by recognising diversity of culture and language</td>
<td>Develops strategies and skills to foster an inclusive and safe workplace for all colleagues</td>
<td>Promotes an inclusive and safe workplace by working in partnership with colleagues from different backgrounds, organisations and communities</td>
</tr>
<tr>
<td></td>
<td>Responds to differences and engages in activities to build common understanding in the workplace</td>
<td>Develops strategies and skills to respond to differences and negotiates resolution to build common understanding</td>
<td>Leads by anticipating differences and negotiating resolution and common understanding</td>
</tr>
<tr>
<td></td>
<td>Discusses own attitudes and behaviours to identify biases and works to avoid stereotyping by being open to feedback from colleagues</td>
<td>Develops strategies and skills to mitigate bias and differences in understanding</td>
<td>Teaches self-awareness of biases and how these can impact interactions</td>
</tr>
<tr>
<td></td>
<td>Discusses factors that contribute to an environment in which learners and colleagues feel safe to speak up and responds appropriately</td>
<td>Develops strategies and skills to create an environment where learners and colleagues feel safe to speak up</td>
<td>Leads an environment where all learners and colleagues feel safe to speak up</td>
</tr>
<tr>
<td></td>
<td>Engages respectfully with colleagues</td>
<td>Communicates in a respectful manner with all colleagues</td>
<td>Leads communicating in a respectful manner with all colleagues</td>
</tr>
<tr>
<td></td>
<td>Engages with supervisors to learn and develop cultural safety skills</td>
<td>Develops the strategies and cultural safety skills and leads by example</td>
<td>Facilitates others to develop culturally safe environments</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

**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
- Process communication Model Seminars 1 and 2 (PCM)
- CPD: Recognising and Responding to Sexual Harassment

SUGGESTED REFERENCES

ABORIGINAL, TORRES STRAIT ISLANDER AND MĀORI

CULTURAL SAFETY

DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT

PATIENT RIGHTS

ROLE MODEL

TRANSLATION SERVICES
# 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.

<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cares with compassion and respect for patient rights</td>
<td>- Demonstrates patient centred care by treating patients with compassion and respect for patients' rights</td>
<td>- Advocates for patient centred care and respect for patients' rights</td>
<td>- Teaches patient centred care and patients' rights</td>
</tr>
<tr>
<td></td>
<td>- Assists patients to evaluate treatment options and choose treatment that meets their needs and expectations</td>
<td>- Models patient centred decision making</td>
<td>- Advocates for patient centred decision making</td>
</tr>
<tr>
<td>Responds to the social determinants of health</td>
<td>- Discusses how social determinants impact on health and healthcare</td>
<td>- Optimises practical interventions to minimise the effects of the social determinants of health and improve outcomes</td>
<td>- Advocates for equitable and culturally safe healthcare</td>
</tr>
<tr>
<td></td>
<td>- Discusses how the health system and design impacts on patients and their health outcomes</td>
<td>- Discusses ideas how the health system could work differently</td>
<td>- Discusses different models for health system transformation and their implementation</td>
</tr>
<tr>
<td>Demonstrates a commitment to the sustainability of the healthcare system</td>
<td>- Discusses value based healthcare and the financial and environmental costs of healthcare</td>
<td>- Evaluates treatment plans from the perspective of financial and environmental considerations</td>
<td>- Demonstrates commitment to the sustainability and efficiency of the healthcare system</td>
</tr>
<tr>
<td></td>
<td>- Uses an evidence-based approach to identify investigations or procedures that are shown to have minimal or marginal improvement possibilities for patients</td>
<td>- Applies an evidence-based approach to identify situations where no intervention is the best strategy</td>
<td>- Teaches an evidence-based approach to evaluation of investigations and interventions</td>
</tr>
<tr>
<td>Cares for the wellbeing of colleagues</td>
<td>- Discusses potential impairment of colleagues and discusses strategies to care for peers and other staff</td>
<td>- Implements strategies for care, support and assistance for colleagues</td>
<td>- Leads an environment of caring for the wellbeing of colleagues</td>
</tr>
<tr>
<td></td>
<td>- Discusses circumstances where escalation may be required</td>
<td>- Articulates methods and pathways where escalation is required for patient safety</td>
<td>- Teaches strategies to identify colleagues’ impairment to ensure patient care is uninterrupted</td>
</tr>
</tbody>
</table>
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)
- Promoting and Advancing Surgical Education (PrASE)
- Intercultural Learning for Medical Specialists
- Human Factors: Patient centred communication
SUGGESTED REFERENCES

DECISION MAKING

HEALTH SYSTEMS

PATIENT CENTRED CARE

PATIENT RIGHTS
PATIENT SAFETY


SOCIAL DETERMINANTS OF HEALTH

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.

<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognises conditions and circumstances where surgery may be needed</td>
<td>- Selects appropriate treatment pathways incorporating risks and benefits of intervention for common procedures</td>
<td>- Selects a management plan for common procedures, anticipating risks and benefits, incorporating patients’ circumstances, values and goals of care for an individual patient</td>
<td>- Selects appropriate treatment pathways incorporating risks and benefits of intervention for complex conditions</td>
</tr>
<tr>
<td></td>
<td>- Establishes patients’ circumstances, values and goals of care</td>
<td>- Evaluates patients’ circumstances, values and goals of care and the impact on decisions</td>
<td>- Creates management plan for complex procedures, anticipating risks and benefits, incorporating individual patients’ circumstances, values and goals of care</td>
</tr>
<tr>
<td>Considers and discusses options</td>
<td>- Discusses what additional information and resources may be required to inform decision making</td>
<td>- Seeks additional information and resources to reduce uncertainty, recognising that ambiguity will exist and influence decision making</td>
<td>- Models awareness of ambiguity and uncertainty while still making decisions that are safe and in the interests of patients</td>
</tr>
<tr>
<td></td>
<td>- Recognises the differing levels of importance of clinical information to the patient, carers and the team</td>
<td>- Stratifies clinical information into different levels of clinical importance</td>
<td>- Evaluates the importance of information received and incorporates into decision making</td>
</tr>
<tr>
<td></td>
<td>- Discusses how biases may impact decision making and develops strategies to counteract bias</td>
<td>- Demonstrates minimising the impact of bias on decision making to ensure equitable outcomes</td>
<td>- Facilitates others to learn strategies to counteract bias on decision making</td>
</tr>
<tr>
<td>Makes decisions</td>
<td>- Utilises rule-based and analytical decision making as appropriate</td>
<td>- Demonstrates knowledge and application of alternative decision-making strategies including shared decision making</td>
<td>- Utilises a variety of decision making styles, choosing the appropriate method for the situation</td>
</tr>
<tr>
<td></td>
<td>- Discusses the need for prioritisation of patients in the health care system</td>
<td>- Prioritises patients according to need, urgency and available resources</td>
<td>- Organises patients according to priority, balancing complex competing needs in emergency and elective situations</td>
</tr>
<tr>
<td></td>
<td>- Discusses environmental, personnel and patient related factors and discusses circumstances that may affect treatment outcome</td>
<td>- Assesses environmental, personnel and patient related factors that may affect treatment outcome</td>
<td>- Modifies environmental, personnel and patient related factors that may affect treatment outcome, adjusting decisions accordingly</td>
</tr>
</tbody>
</table>
### Behavioural markers

<table>
<thead>
<tr>
<th>Plans ahead and anticipates consequences</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Discusses patients’ expected journey recognising possible complications and need for modifications over time</td>
<td>Plans and continuously evaluates patients’ journey, recognises deviation and acts appropriately</td>
<td>Anticipates potential deviations in patients’ journey and plans accordingly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implements and reviews decisions</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undertakes the chosen course of action and continually reviews its suitability in light of changes in the patient’s condition.</td>
<td>Undertakes timely review and follow-up</td>
<td>Evaluates and adjusts timely review and follow up</td>
<td>Models self-reflection to continually review the suitability of decisions and actions</td>
</tr>
<tr>
<td></td>
<td>Discusses the impacts of self-reflection and patient safety on decision making</td>
<td>Analyses own and others’ decision-making process</td>
<td></td>
</tr>
</tbody>
</table>

### 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®)
- Early Management of Severe Trauma (EMST)
- Training in Professional Skills (TIPS)
- Human Factors: Situation awareness
- Human Factors: Decision making
- Human Factors: Conflict management
- Human Factors: Team dynamics Non-technical Skills for Surgeons (NOTSS)
- Clinical Decision Making (CDM)
- Safer Surgical Teamwork (SST)
SUGGESTED REFERENCES

BIAS

DECISION MAKING

JUDGEMENT AND CLINICAL DECISION MAKING

PATIENT SAFETY

REFLECTION
# 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.

<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies when to lead, manage or take direction as required</td>
<td>- Contributes to the team by leading, managing or following and taking direction</td>
<td>- Judges when to lead, manage or follow and take direction</td>
<td>- Teaches junior team members when to lead, manage or follow and take direction</td>
</tr>
<tr>
<td></td>
<td>- Completes delegated tasks competently and promptly</td>
<td>- Coordinates the completion of delegated tasks based on the individual’s skills and the tasks required</td>
<td>- Leads by appropriately delegating responsibilities</td>
</tr>
<tr>
<td>Leads to inspire others</td>
<td>- Engages proactively to learn team leadership skills</td>
<td>- Demonstrates the ability to lead</td>
<td>- Models integrity and high professional standards; clearly articulates a vision and purpose and empowers others to achieve</td>
</tr>
<tr>
<td></td>
<td>- Demonstrates safe work practice</td>
<td>- Facilitates safe working environments</td>
<td>- Leads safe working environments</td>
</tr>
<tr>
<td></td>
<td>- Discusses damaging behaviours and unprofessional conduct and strategies to speak up to address behaviours</td>
<td>- Advises colleagues on support systems in place to assist with speaking up</td>
<td>- Creates an environment where speaking up is encouraged, safe and normalised</td>
</tr>
<tr>
<td></td>
<td>- Discusses high pressure situations and strategies to maintain calm</td>
<td>- Demonstrates the ability to remain calm and contributes to positive outcomes</td>
<td>- Implements strategies to reduce stress and enable the team to remain calm under pressure</td>
</tr>
<tr>
<td>Sets and maintains standards</td>
<td>- Demonstrates adherence to quality and safety standards</td>
<td>- Supports team members to adhere to quality and safety standards</td>
<td>- Supervises adherence to quality and safety standards</td>
</tr>
<tr>
<td></td>
<td>- Discusses how local health service delivery and professional bodies may contribute to the surgical profession</td>
<td>- Demonstrates engaging with local health service delivery and professional bodies</td>
<td>- Leads engagement with health service delivery strategies and professional bodies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Behavioural markers

**Supports others**

Provides collegial and emotional support to team members as required. Assesses their abilities and tailors one’s style of leadership accordingly.

<table>
<thead>
<tr>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Participates in supporting others and seeks support as required</td>
<td>– Demonstrates supporting others</td>
<td>– Maintains an environment where colleagues support each other</td>
</tr>
<tr>
<td>– Discusses strategies to tailor styles of leadership to meet the needs of others</td>
<td>– Tailors one’s leadership style according to team needs</td>
<td>– Fosters leadership in junior members of the team</td>
</tr>
</tbody>
</table>

### 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

DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT

LEADERSHIP

ROLE MODEL
### Professionalism

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

<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demonstrates awareness and insight</strong></td>
<td>– Discusses own professional practice to improve outcomes for patients, colleagues and the community</td>
<td>– Reflects on own professional practice and discusses plans to improve outcomes</td>
<td>– Implements strategies to constantly improve professional practice</td>
</tr>
<tr>
<td>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.</td>
<td>– Participates in audit processes and procedures</td>
<td>– Analyses surgical practice through audit procedures</td>
<td>– Teaches strategies to lead an audit</td>
</tr>
<tr>
<td></td>
<td>– Participates in open disclosure and error recovery events</td>
<td>– Makes changes to practice based on identified areas for improvement</td>
<td>– Facilitates others to learn strategies to identify areas for improvement by leading open disclosure and error recovery discussions</td>
</tr>
<tr>
<td><strong>Observes ethics and probity</strong></td>
<td>– Complies with the RACS standards of ethics, probity and confidentiality in all professional interactions</td>
<td>– Demonstrates treating all patients with dignity and respect</td>
<td>– Supervises compliance with the RACS standards of ethics, probity and confidentiality in all professional interactions</td>
</tr>
<tr>
<td>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.</td>
<td>– Demonstrates professional behaviour when using information technology</td>
<td></td>
<td>– Models treating all patients with dignity and respect</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>– Models professional behaviour when using information technology</td>
</tr>
<tr>
<td><strong>Behaves in a respectful and culturally competent manner towards colleagues and the team</strong></td>
<td>– Demonstrates a respectful and inclusive attitude towards colleagues, co-workers, Trainees and students</td>
<td>– Models respectful relationships with colleagues to maintain a safe workplace</td>
<td>– Facilitates others to learn strategies to remediate inappropriate behaviour</td>
</tr>
<tr>
<td>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.</td>
<td>– Discusses zero-tolerance attitude to microaggressions and discrimination, bullying and sexual harassment</td>
<td>– Speaks up when unprofessional behaviour occurs; when it is safe to do so</td>
<td>– Acts as a role model for the team and consistently speaks up about unprofessional conduct</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Behavioural markers

<table>
<thead>
<tr>
<th>Maintains personal health and wellbeing</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>- Develops strategies to maintain personal health and wellbeing and seeks support when required</td>
<td>- Maintains personal health and wellbeing to optimise performance</td>
<td>- Models strategies to maintain personal health and wellbeing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates ethical billing practices</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>- Discusses the ethical use of Medical Benefit Schedule Item Numbers or local equivalent</td>
<td>- Discusses ethical and unethical billing practices</td>
<td>- Advises on situations where personal advantage may have been gained at a patients’ expense</td>
</tr>
<tr>
<td>- Discusses anticipated costs with the team before informing patients</td>
<td>- Discusses all anticipated costs with patients during consultation or in advance of surgery</td>
<td>- Demonstrates offering appropriate surgical treatment without influence of inducement or profit or personal gain</td>
<td>- Models informing patients of all anticipated costs when discussing informed financial consent</td>
</tr>
<tr>
<td>- Discusses appropriate surgical treatment without influence of inducement or profit or personal gain</td>
<td>- Facilitates others to learn ethical approaches to surgical treatment and healthcare services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 (CCIISP®)
– Early Management of Severe Trauma (EMST)
– Operating with Respect (eLearning) module (OWR)
– Operating with Respect (face to face) course (OWR)
– Operating with Respect for Trainees (OWR)
– Training in Professional Skills (TIPS)
– Non-technical Skills for Surgeons (NOTSS)
– Induction to Surgical Supervision and Training (ISST)
– Preparation for Practice
– CPD: Informed Financial Consent
– CPD: Open Disclosure
– CPD: Reflective Practice
– CPD: Surgeon Self Care

SUGGESTED REFERENCES

AUDIT AND MM MEETINGS


CODES, REGULATIONS AND STANDARDS

**SUGGESTED REFERENCES (CONT)**


**DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT**


**PATIENT RIGHTS**


**PERSONAL HEALTH AND WELLBEING**


**PROFESSIONALISM AND ETHICS**


**REFLECTION**


**TECHNOLOGY**

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.

<table>
<thead>
<tr>
<th>Behavioural markers</th>
<th>Stage 1: Learning outcomes</th>
<th>Stage 2: Learning outcomes</th>
<th>Stage 3: Graduate outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows commitment to lifelong learning</td>
<td>Discusses goals and learning opportunities to develop knowledge and skills with Supervisor(s) and Trainers</td>
<td>Revises goals and implements learning plans both independently and with Supervisor(s) and Trainers</td>
<td>Teaches use of strategies to continually develop knowledge and skills</td>
</tr>
<tr>
<td></td>
<td>Reflects on performance and discusses areas for development with Supervisor(s) and Trainers</td>
<td>Modifies practice after reflecting and discussing performance with Supervisor(s) and Trainers</td>
<td>Teaches how to critically reflect on own performance and facilitates learning in others</td>
</tr>
<tr>
<td>Teaches, supervises and participates in assessment</td>
<td>Teaches junior colleagues in an organised, coherent manner, using appropriate teaching tools</td>
<td>Demonstrates a structured methodology for teaching adapted to learner needs</td>
<td>Evaluates own teaching efficacy by discussing feedback and assessing learner performance</td>
</tr>
<tr>
<td></td>
<td>Engages in the process of supervision, teaching and assessment</td>
<td>Conducts planned and opportunistic teaching and assessment sessions</td>
<td>Supervises the teaching and assessment of junior colleagues</td>
</tr>
<tr>
<td></td>
<td>Engages with constructive feedback by discussing areas for focus and development</td>
<td>Demonstrates giving, receiving and acting on constructive feedback</td>
<td>Facilitates a culture of giving and receiving constructive feedback</td>
</tr>
<tr>
<td>Engages in research to improve surgical practice</td>
<td>Appraises research to assess the rigour of the study and validity of the findings</td>
<td>Undertakes research relevant to surgical practice</td>
<td>Assists junior colleagues to engage with research</td>
</tr>
<tr>
<td></td>
<td>Discusses rationale for evidence based improvements to practice</td>
<td>Evaluates evidence when implementing changes to practice</td>
<td>Advocates for evidence based changes to practice</td>
</tr>
</tbody>
</table>
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)
- Operating with Respect (face to face) course (OWR)
- Operating with Respect for Trainees (OWR)
- Feedback for Trainees
- Induction for Surgical Supervisors and Trainers (ISST)
- Foundation Skills for Surgical Educators (FSSE)
- Promoting Advanced Surgical Education (PrASE)
- Clinical Studies
- Critical Literature Evaluation and Research (CLEAR)
- Critical Literature Evaluation and Research (CLEAR) Course for Consultants
- Developing a Career and Skills in Academic Surgery (DCAS)
- Promoting Advanced Surgical Education
- Keeping Trainees on Track (KTOT)
- Difficult Conversations with Underperforming Trainees
- Academy of Surgical Educators Forum
- Educator Studio Session
- 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/


FEEDBACK


REFLECTION


ROLE MODEL


TEACHING


Glossary

**Education terms**

**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.
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


Acknowledgements

Development of the RACS Professional Skills Curriculum (2022) was led by the Professional Skills Curriculum Working Group. Membership of this group changed during the course of the project:

Dr Rebecca Garland (Chair), Otolaryngology Head and Neck Surgeon, NZ
Dr Sarah Aitken, Vascular Surgeon, NSW
Dr David Bartle, Orthopaedic Surgeon, NZ
Ms Monica Carrarini, Director, Education and Training, General Surgeons Australia, Vic
Ms Sally Drummond, RACS Education Design Specialist, Vic
Prof Marc Gladman, General Surgeon, SA
Dr Sarah Hulme, Plastic and Reconstructive Surgeon, NZ
A/Prof Ian Incoll, Orthopaedic Surgeon, NSW
Dr Erica Jacobson, Neurosurgeon, NSW
Dr Sanjeev Khurana, Paediatric Surgeon, SA
Dr Marianne Lill, General Surgeon, NZ
A/Prof Andrew MacCormick, General Surgeon, NZ
Dr Andrew Malcolm, Urology Surgeon, NZ
Dr Philip Morreau, Paediatric Surgeon, NZ
Dr Zaita Oldfield, RACS Manager, Education Design and Development, Vic
Dr Maxine Ronald, General Surgeon, NZ
A/Prof Philip Truskett AM, General Surgeon, NSW

We sincerely thank the working group participants for their guidance, commitment and dedication to the development of this curriculum.

We sought broad engagement and would like to thank and acknowledge those who have provided feedback on the curriculum, including:

- Board of Surgical Education and Training members
- College Sections and Special Interest Groups
- Education Board members
- Executive Directors for Surgical Affairs (Australia and Aotearoa New Zealand)
- Indigenous Health Committee members
- Māori Health Advisory Group members
- RACS Community Representatives
- RACS Trainees’ Association
- Specialty Medical Colleges
- Surgical Specialty Associations and Societies

We would like to acknowledge Fellows and other stakeholders involved in developing the founding principles that RACS has defined for Fellows in the RACS Surgical Competence and Performance Guide, which underpin this framework.