

Using the Surgical Competence and Performance Guide for Assessment

Competence and Performance

There is an important distinction between competence and performance:

Competence is what we have been trained to do. During training, the process of developing competence is under the supervision of the RACS Education Board. Competence therefore encompasses what we have learned and can do. That involves acquiring and maintaining technical and non-technical knowledge, skills and attitudes.

Performance is what we actually do in day to day practice. How we perform depends on our competence but is also influenced by individual and system related factors.

An example would be that the capacity of a surgeon in the 21st Century to deliver best practice depends upon not only their operating skill, but also on their ability to participate as a member or leader of a multidisciplinary team. Another example is the willingness of a surgeon to participate in audit and peer review, not only to confirm their technical performance, but also to enable opportunities for improvement to be identified.

Individual related influences include personality, health and family issues.

System related influences include those that arise from the hospital or service and relate to matters such as workload, staffing, funding, competing demands for time, and resources.

Behavioural Markers

Surgical performance may be assessed in practice through the use of Behavioural Markers.

Behavioural markers are short descriptions of good and poor behaviour that have been used to structure training and evaluation of non-technical skills in anaesthesia, civil aviation, and the nuclear power industry in order to improve safety and efficiency.

The NOTSS (Non-Technical Skills for Surgeons) system of the Royal College of Surgeons, Edinburgh and the School of Psychology at the University of Aberdeen focuses specifically on the non-technical skills of surgeons in the operating room (Flin et al., 2006a).

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The NOTSS system identifies four categories (situation awareness, decision-making, communication & teamwork, and leadership) that encompass a set of cognitive and interpersonal skills that are important in the operating room environment.

The program developed sets of behavioural markers under each of these headings based on cognitive task analysis with consultant surgeons, and supported by other data, including adverse event reports, observations of surgeons' behaviour in theatre, and attitudes of theatre personnel to error and safety (Flin et al., 2006b) and a literature review (Yule et al., 2006). The following grid is used to assess the performance of surgeons in the operating room according to the identified NOTSS criteria.

Assessing the Performance of Surgeons

The Surgical Competence and Performance Guide can also be used as a tool to assess the performance of individual surgeons. It can be used for self-assessment (as an aid to reflection and professional development); peer assessment (between surgical colleagues); multi-source feedback (360 degree assessment involving colleagues, other staff and patients); and trainee assessment by supervisors.

In order to support these assessment processes, a rating scale is included under each of the three 'Patterns of Behaviour' that are described for each RACS Competency. Although examples of good and poor behavioural markers are provided to assist with the rating process a global assessment of the pattern of behaviour is sought.

Who should perform the Assessment?

A self-assessment can be performed across all of the RACS Competencies and patterns of behaviour. However, peer assessors and multi-source feedback raters (including patients) may only be able to comment on a subset of patterns of behaviour that are relevant to and observable by the rater.

A subset of the patterns of behaviour able to be rated by patients will need to be developed in the future. Patients would be unable to rate the majority of patterns of behaviour in the current Guide and may be overwhelmed by the process.

Instructions

1. Read the descriptions of the patterns of behaviour related to each RACS Competency.

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2. Consider the examples of poor and good behaviours that illustrate the global pattern of behaviour (examples only - not an exhaustive list).
3. When assessing someone else, if you are unable to rate the pattern of behaviour by direct observation, tick 'Unable to Rate'.
- 4 Rate the individual's behaviour using the four point scale. Please provide a comment regarding overall performance under each competency, particularly if you have given any poor or marginal ratings.

Assessment Framework

Competency	Assessment					Comments
1. Medical expertise						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
1.1 Demonstrates medical skills and expertise						
1.2 Monitors and evaluates patient care						
1.3 Demonstrates a patient centred approach to quality, risk and safety						
Comments on overall performance for this competency						
2. Judgement and clinical decision making						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
2.2 Plans ahead and anticipates consequences						
2.3 Considers and discusses options						
2.4 Implements and reviews decisions						
Comments on overall performance for this competency						

3. Technical expertise						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
3.1 Maintains technical skills						
3.2 Operates safely within defined scope of practice						
Comments on overall performance for this competency						
4. Professionalism						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
4.1 Demonstrates awareness and insight						
4.2 Observes ethics and probity						
4.3 Behaves in a respectful and culturally competent manner towards colleagues and team						
4.4 Maintains personal health and wellbeing						
4.5 Demonstrates ethical billing practices						
Comments on overall performance for this competency						
5. Health advocacy						

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Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
5.1 Cares with compassion and respect for patient rights						
5.2 Responds to the social determinants of health						
5.3 Demonstrates a commitment to the sustainability of the health care system						
5.4 Cares for the wellbeing of colleagues						
Comments on overall performance for this competency						
6. Communication						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
6.1 Gathers and understands information						
6.2 Discusses and communicates options						
6.3 Communicates in a respectful manner with patients, families and carers						
6.4 Communicates effectively with team members, staff and colleagues						
Comments on overall performance for this competency						

7. Collaboration and teamwork						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
7.1 Plays an inclusive and active role in clinical teams						
7.2 Establishes a shared understanding through appropriate documentation and exchange of information						
7.3 Demonstrates a willingness to seek or offer a second opinion						
7.4 Fosters an environment where patient safety measures are the team's responsibility						
7.5 Supports conflict resolution and manages differences within the team						
Comments on overall performance for this competency						
8. Leadership and management						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
8.1 Identifies when to lead, manage or take direction as required						
8.2 Leads to inspires others						
8.3						

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Sets and maintains standards						
8.4 Supports others						
Comments on overall performance for this competency						
9. Education and teaching						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
9.1 Shows commitment to lifelong learning						
9.2 Teaches, supervises and participates in assessment						
9.3 Engages with research to improve surgical practice						
Comments on overall performance for this competency						
10. Cultural competence and cultural safety						
Behavioural Markers	Poor	Marginal	Good	Excellent	Unable to Rate	Additional comments
10.1 Indigenous Health. 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						
10.2						

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Fosters a safe and respectful health care environment for all patients, families and carers						
10.3 Promotes an inclusive and safe workplace for all colleagues and team members						
Comments on overall performance for this competency						