



ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

Supporting Anaesthetists' Professionalism and Performance

A guide for clinicians

February 2017



Supporting Anaesthetists' Professionalism and Performance – A guide for clinicians

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Supporting Anaesthetists' Professionalism and Performance – A guide for clinicians draws extensively on the Royal Australasian College of Surgeons Surgical Competence and Performance Guide (2nd Edition – June 2011) and the Royal Australasian College of Physicians Supporting Physicians' Professionalism and Performance Guide (2011). Both these projects were supported by funding from the Medical Indemnity Industry Association of Australia (MIIAA) and its members, Avant and MDA National.



ANZCA also acknowledges the pioneering work of the University of Aberdeen School of Psychology (Flin R, Yule S et al.) on the use of behavioural markers in the assessment of the performance of anaesthetists (Anaesthetists' Non-Technical Skills – ANTS) and surgeons (Non-Technical Skills for Surgeons – NOTSS), which has also informed the development of this document.

The inspiration for the ANZCA Roles in Practice emerged from the adaptation of the CanMEDS Curriculum Framework. © Copyright 2006: The Royal College of Physicians and Surgeons of Canada. Reproduced and adapted with permission.

Foreword

Dear Colleague



I am pleased to present *Supporting Anaesthetists' Professionalism and Performance – A guide for clinicians*.

This document has been developed to assist Fellows and trainees by providing them with a framework for understanding professionalism and performance as it applies to the practice of anaesthesia.

The guide has been structured to mirror the ANZCA Roles in Practice and provide four “patterns of behaviour” under each role. Each pattern of behaviour is illustrated by a set of eight positive and negative behavioural markers. I hope that you will find this guide a useful tool for yourself and in discussions with your colleagues.

In the appendices of the guide you will find references, resources and an optional assessment tool, all of which are included to provide you with additional support and flexibility to use the guide to support your practice in a way that you feel is the most beneficial.

The guide was released at the ANZCA ASM 2015, piloted for 18 months and modified in the light of that feedback and the work of the ANZCA Bullying, Discrimination and Sexual Harassment Working Group prior to release. I am very grateful to those who took the time to provide feedback to ANZCA during the development of the guide.

Kind Regards

A handwritten signature in black ink that reads "David Scott". The signature is written in a cursive, flowing style.

Professor David A Scott
President

Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA) Professionalism Working Group has developed a performance framework for anaesthetists, to assist them in improving their practice of anaesthesia, perioperative medicine and pain medicine. It can support self assessment, peer assessment and assessment by others, promoting reflective practice, planning and guiding remediation.

ANZCA is committed to fostering the highest standards of anaesthetic, perioperative and pain management practice. Historically, the College has provided excellent training to future Fellows and has supported Fellows to remain current through a robust approach to lifelong continuing professional development. Recently the medical landscape has changed, and community expectations are more explicit, especially in relation to Fellows demonstrating transparency, accountability and consistently professional behaviour. To meet that need, the College is acting to support its Fellows in embodying the highest standards of performance and professionalism to their patients, colleagues, organisations with whom they work – and society in general.

ANZCA has drawn on the principles of the Royal Australasian College of Surgeons (RACS) Surgical Competence and Performance Guide as a basis for development of the framework, and is grateful to RACS for their support and encouragement.



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Competence and performance

There is an important distinction between competence and performance:

Competence is the ability to do what we have been trained to do.

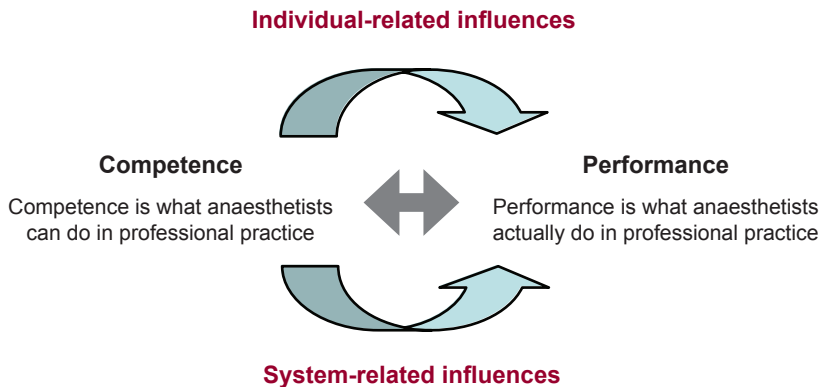
The competence of an anaesthetist is developed during training under supervision. Competence encompasses what we have learned and what we are able to do. This involves acquiring and maintaining clinical, technical and non-technical knowledge, skills and behaviours.

Performance is what we do in day-to-day practice.

Performance depends on the level of competence. However, it is also influenced by individual and system-related factors.

Figure 1 illustrates the relationship between competence and performance and shows how anaesthetist performance in practice is affected by system-related and individual influences.

Figure 1

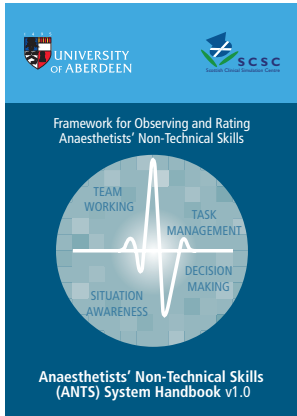


Adapted from Rethans et al (2002)

Individual-related influences include personality, health and family issues. Such influences may vary on a day-to-day basis and performance may be affected accordingly.

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

Behavioural markers



Behavioural markers are short descriptions of good and poor behaviour, which have been used to structure training and assessment of non-technical skills in anaesthesia, surgery, civil aviation and the nuclear power industry in order to improve safety and efficiency in these high risk areas.

The School of Psychology at the University of Aberdeen pioneered the use of behavioural markers in anaesthesia, Anaesthetists' Non-Technical Skills – ANTS, and later developed the Non-Technical Skills for Surgeons - NOTTS system with the Royal College of Surgeons, Edinburgh. Both programs focus specifically on the demonstration of non-technical skills of surgeons in the operating room (Flin et al., 2006a).

The ANTS and NOTSS systems identified key competencies (situational awareness, decision-making, communication and 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 anaesthetists and surgeons and supported by other data, including adverse event reports, observations of practitioners' behaviour in theatre, attitudes of theatre personnel to error and safety (Flin et al., 2006b) and a literature review (Yule et al., 2006). The behavioural markers are used to inform the rating of clinical performance, either by direct observation or subsequent review of video recordings.

The first Royal Australasian College of Surgeons (RACS) Surgical Competence and Performance Working Party reviewed and expanded on the NOTSS behavioural markers to cover both non-technical and technical aspects of performance in and outside the operating theatre and extended the concept to encompass all nine RACS Competencies.

The behavioural markers were revised for the second edition of the Surgical Competence and Performance Guide and then were adapted to the assessment of physician performance by the Supporting Physicians' Professionalism and Performance (SPPP) Working Party in the Royal Australasian College of Physicians.

The ANZCA Professionalism Working Group has further adapted this work in the context of the seven ANZCA Roles in Practice. Four "patterns of behaviour" were identified under each role and anaesthesia-specific sets of behavioural markers were identified by a panel of senior anaesthetists.

Use of the guide

The ANZCA Roles in Practice, patterns of behaviour and behavioural markers are included in the Anaesthetists' Performance Framework in the following format:

- ANZCA Role in Practice:** For example – **Communicator**
Pattern of Behaviour: For example – **Developing rapport and trust**
Behavioural Markers: **Examples of poor and good behaviours**

ANZCA Fellows, trainees, staff and other stakeholders are encouraged to read the document and consider the following:

- Critically reviewing the guide, patterns of behaviour and behavioural markers. Are they meaningful, appropriate and applicable in contemporary anaesthetic practice?
- Using the guide as a self-assessment tool to encourage reflection and help identify opportunities for professional development or areas requiring targeted learning.
- Discussing how the guide might be used to support and enhance the working relationship between anaesthetists, their employers, organisations or practices through credentialing, feedback, professional development and other workplace processes.
- Exploring how the guide might be used within a peer group to help develop consistent approaches to professional practice (for example within a hospital department, private anaesthesia group, subspecialty group or a group of “like” Fellows). Multi-Source Feedback is an example of a performance-assessment tool where a range of colleagues and/or patients may contribute to individuals' performance assessment. The guide, patterns of behaviour and behavioural markers could be used to inform and enhance Multi-Source Feedback.
- Identifying resources that could support ANZCA Fellows and trainees with their professional development and support performance improvement in the workplace. These might include websites, downloads, on-line tools, eLearning resources, courses or support services. Some resources might be available through ANZCA but others may be available from other Colleges, organisations, government departments, health services or hospitals. A preliminary list of resources is included in Appendix 2.

This guide provides a list of examples of good and poor conduct that are practical and can be applied directly to the practice of anaesthetists. It is not a complete code of conduct, but rather provides examples of how such codes can be applied to the practice of anaesthetists. The guide should be read in conjunction with the Medical Board of Australia's “Good medical practice: a code of conduct for doctors in Australia” (Medical Board of Australia, 2014) and the Medical Council of New Zealand's “Good medical practice” (Medical Council of New Zealand, 2016).

Bullying, discrimination and sexual harassment

ANZCA considers bullying, discrimination and harassment unacceptable behaviour that will not be tolerated under any circumstances. Fellows and trainees acting as College representatives are responsible for ensuring an environment free of this behaviour.

It is recognised that the vast majority of health professionals, including specialist anaesthetists and specialist pain medicine physicians and trainees, aim to behave in an extremely professional manner at all times in accordance with relevant codes of professional conduct, as exemplified in this guide. However, the reality is that unprofessional behaviours occur, and even though this may be unintentional or related to stress, it is known that bullying, discrimination, and sexual harassment can have a significant negative impact on an individual, the team and the safety of the work environment. The victim(s) of such behaviours may be impacted to the extent that their health and workplace effectiveness are compromised, career development may be affected and clinical outcomes may be sub-optimal.

Bullying, discrimination and sexual harassment are defined in detail in the relevant ANZCA policies. In summary:

- 'Bullying' is repeated unreasonable behaviour directed towards a person or group that creates a risk to health and safety. It is not the provision of respectful and appropriate formative feedback to trainees, staff or colleagues;
- Discrimination involves behaviour resulting in unfair or unfavourable treatment relating to a person's personal characteristics, or beliefs as defined in legislation (eg age, gender preference, ethnicity);
- Sexual harassment is defined as an unwelcome sexual advance, or an unwelcome request for sexual favours in relation to another person in circumstances in which the other person would be offended, humiliated or intimidated.

ANZCA considers all forms of bullying, discrimination and sexual harassment to be unacceptable.

Feedback

If you have any queries or comments, please contact the ANZCA General Manager of Policy, Safety and Quality at policy@anzca.edu.au.

Medical expert

Integrating and applying knowledge of anaesthesia, clinical skills and professional attitudes in the provision of patient care.

Demonstrating medical skills and expertise

Consistently demonstrating the highest standards of medical knowledge, anaesthetic skills and professional behaviour.

Examples of poor behaviours

- Fails to respond promptly and appropriately to post-anaesthetic issues or concerns about potential complications.
- Introduces new technology or procedures without adequate prior assessment and consultation.
- Rushes or cuts corners in order to complete work.
- Fails to manage workload to avoid working when fatigued.

Examples of good behaviours

- Ensures appropriate pain management is instituted in a timely manner.
- Optimises the patient's condition prior to anaesthesia, taking into account the impact of comorbidities.
- Goes through the appropriate processes when learning a new technique, including observation, supervised training, assessment and certification.
- Modifies clinical practice in response to ageing, impairment or limitation of manual dexterity.

Monitoring and evaluating care

Regularly reviewing and evaluating clinical practice, anaesthetic outcomes, complications, morbidity and mortality.

Examples of poor behaviours

- Makes no comparisons of their work to others' results or agreed standards.
- Fails to regularly attend audit, case discussion and clinical meetings or audit own results.
- When outcomes are poor, inappropriately implicates others in causation.
- Employs new therapy or technique without considering evidence, systematic reviews and organisational or other approval processes.

Examples of good behaviours

- Compares own results with peers, other anaesthetists and with published material.
- Reviews and discusses problem cases.
- Uses clinical data, patient and team feedback to guide, evaluate and improve practice.
- Participates in reporting, investigation, root-cause analyses and other reviews of adverse events.

Managing safety and risk

Ensuring patient safety by understanding and appropriately managing clinical risk.

Examples of poor behaviours

- Lacks insight into own clinical capabilities and is unwilling to seek assistance when needed.
- Undertakes hasty clinical assessment, missing critical issues, for example, anticoagulant use.
- Proceeds with anaesthesia without checking adequacy of equipment, facilities or available assistance.
- Fails to participate in hospital or operating room surgical safety checklist processes.

Examples of good behaviours

- Always undertakes an appropriate pre-anaesthetic assessment of patients.
- Demonstrates awareness of unlikely but serious potential problems and prepares accordingly.
- Willingly works within a scope of practice appropriate to local hospital conditions and support services.
- Evaluates scope of practice in accordance with current qualifications and experience.

Proactively making decisions

Making informed and timely decisions regarding assessment, diagnosis, management and follow-up of anaesthetic patients.

Examples of poor behaviours

- Fails to consider patient specific comorbidities in post-anaesthesia planning.
- Fails to provide an appropriate clinical handover to colleagues.
- Does not help team prepare for predictable or likely events.
- Continues with initial plan in face of predictably poor outcome or when there is evidence of a better alternative.

Examples of good behaviours

- Shows evidence of having a contingency plan, for example, by identifying and asking for equipment that may be required.
- Identifies the level of post-anaesthetic care that will be required and ensures that facilities are appropriate.
- Reconsiders plan in light of changes in patient condition or when problems occur.
- Plans anaesthesia, taking into account patient needs, availability of resources and other services.

Communicator

Communicating effectively with patients, families, carers, colleagues and others involved in health services in order to facilitate the provision of high quality healthcare.

Developing rapport and trust

Developing positive relationships with patients that are characterised by trust and the involvement of patients, families and carers as partners in their care.

Examples of poor behaviours

- Shows insensitivity when communication is impaired by patient illness, disability or language difficulties.
- Fails to consider patient wishes when planning treatment in poor prognostic situations and end-of-life care.
- Engages in clinical discussion in front of the patient before addressing them directly.
- Fails to acknowledge when errors occur or offer the patient an explanation of events.

Examples of good behaviours

- Comforts and reassures patients during stressful situations, procedures or during conscious sedation.
- Encourages patients to ask questions and seek information about their condition and care.
- Considers interpersonal relations and current emotional state of patients and their families, encouraging confidence, allaying anxiety and facilitating co-operation.
- Embraces the principles of open disclosure when an adverse event or error occurs.

Eliciting and synthesising information

Seeking timely and accurate information during the consultation, in the ward or clinic and in the operating room.

Examples of poor behaviours

- Fails to acquire and review information relevant to the consultation, anaesthetic or procedure in a timely manner.
- Fails to review relevant information collected by other clinical team members.
- Fails to check understanding of clinical decisions and plans with patients and their families.
- Responds to individual cues without confirmation.

Examples of good behaviours

- Ensures that all relevant documentation, including notes, results and consent, are available and have been reviewed.
- Reflects on and discusses significance of information.
- Liaises with surgeon or other proceduralist regarding plans for the procedure and asks for regular updates during the procedure.
- Ensures patient condition is monitored and that changes and challenges are responded to appropriately.

Discussing and communicating options

Discussing options with patients and communicating decisions clearly and effectively.

Examples of poor behaviours

- Fails to involve patient and team in anaesthetic and perioperative care planning.
- Appears to make decisions on the run and then responds to difficulties with irritation, aggression or inconsistency.
- Does not consider or discuss alternatives.
- Fails to adequately discuss and ensure documentation about the options and the basis of decision-making.

Examples of good behaviours

- Informs the patient, their family and relevant staff about the expected clinical course.
- Is decisive and has clear goals and plans of management.
- Recognises and articulates problems to be addressed.
- Carefully considers potential contraindications and complications of anaesthesia when planning care.

Effectively communicating information

Exchanging information with patients, families, carers, colleagues and other staff.

Examples of poor behaviours

- Fails to adapt communication to clinical context including emergency and life-threatening situations.
- Is discourteous, interrupts or dismisses the comments of patients, families, colleagues or other staff.
- Uses an unskilled person to translate for the patient when better alternatives are available.
- Talks in technical jargon to patients and doesn't check for adequate understanding or invite questions.

Examples of good behaviours

- Demonstrates empathy and compassion when breaking bad news.
- Shows awareness and sensitivity to patients from different cultural backgrounds and uses interpreters appropriately.
- Provides written or other information to patients and their families as appropriate.
- Appropriately records each episode of anaesthetic care.

Collaborator

Working co-operatively with peers, trainees and other health professionals to develop a shared picture of the clinical situation and facilitate appropriate task delegation, to ensure the delivery of safe, effective and efficient service.

Documenting and exchanging information

Giving and receiving knowledge and information in a timely manner to aid establishment of a shared understanding among team members.

Examples of poor behaviours

- Does not listen to the views and opinions of other team members.
- Demands assistance from team and other staff members but does not make it clear what is required.
- Demonstrates disregard for others' clinical opinions.
- Fails to ensure timely provision of information to other team members.

Examples of good behaviours

- Is collegiate and professional in dealings with members of their department, practice or group.
- Listens to, discusses and appropriately acts upon concerns of team and other staff members.
- Actively works with the team to coordinate safe patient handover including intra- and inter-hospital transfers.
- Records contemporaneous and legible clinical notes.

Establishing a shared understanding

Ensuring that the team has all necessary and relevant clinical information, understands it and that an acceptable shared 'big picture' view is held by members.

Examples of poor behaviours

- Fails to keep surgeon or other proceduralist informed about risks or progress of the anaesthetic.
- Does not welcome discussion or review of the anaesthetic plan and management.
- Does not encourage or accept input from other team members.
- Fails to explain the rationale for decisions, as relevant, to other team members.

Examples of good behaviours

- Provides briefing, clarifies objectives and ensures team understands the anaesthetic plan.
- Encourages input from members of the team including junior medical staff and nurses.
- Debriefs team members, discussing what went well and problems as relevant.
- Actively works with the team to adjust plans in response to changing circumstances.

Playing an active role in clinical teams

Working together with other team members to gain an understanding of the clinical situation and to ensure all management issues are addressed, both for the individual patient and for the service provided.

Examples of poor behaviours

- Proceeds with an anaesthetic without ensuring that everyone is ready.
- Fosters disharmony or conflict in the team.
- Fails to recognise needs of co-workers from different cultural backgrounds.
- Fails to communicate changes in availability in a timely manner.

Examples of good behaviours

- Informs other team members of relevant changes in anaesthetic management.
- Arrives reliably on time to facilitate commencement of the surgery or other procedure.
- Introduces self to new or unfamiliar team members.
- Works effectively and cooperatively with colleagues in other areas to ensure that patient care is seamless.

Working to prevent and resolve conflict

Demonstrating a respectful attitude towards all members of the inter-professional team and acknowledging differences, misunderstandings and limitations in self and other health professionals that may contribute to tension or conflict.

Examples of poor behaviours

- Shows hostility to team members of a different cultural or linguistic background.
- Fails to recognise and respect the roles of other health professionals, team-members, management and staff.
- Undermines the authority of senior colleagues, team-leaders or managers.
- Fosters dissent amongst team members.

Examples of good behaviours

- Ensures delegation of tasks is appropriate to the skills and training of other team members.
- Constructively contributes to health service or private practice planning and management processes.
- Recognises the benefits of shared leadership models where all members can assert their individual leadership qualities.
- Fosters effective working relationships with other leaders and managers.

Leader and Manager

Leading, providing direction, promoting high standards, matching resources to demand for services and showing consideration for all members of staff.

Setting and maintaining standards

Ensuring quality and safety by adhering to accepted principles of anaesthesia, complying with codes of professional conduct, and following clinical and other relevant protocols and procedures.

Examples of poor behaviours

- Is disrespectful to patients, other staff, junior doctors or students.
- Disregards the opinions and concerns of colleagues from other clinical disciplines.
- Is unreliable, frequently uncontactable or chronically late.
- Deliberately excludes a team-member or withholds information vital for effective work performance.

Examples of good behaviours

- Clearly follows hospital, operating room, ward and practice protocols.
- Demonstrates compliance with accepted standards of practice.
- Leads team by example in the observance of standards of anaesthetic practice.
- Acts to identify and address any signs of bullying, discrimination and sexual harassment.

Leadership that inspires others

Retaining control when under pressure by showing effective leadership and supporting team members.

Examples of poor behaviours

- Displays inability to make decisions under pressure.
- Reluctant to seek timely assistance when unexpected developments require other expertise.
- Blames others for errors and does not take personal responsibility.
- Becomes irrational, loses temper repeatedly or inappropriately under pressure.

Examples of good behaviours

- Remains calm under pressure, working methodically towards effective resolution of difficult situations.
- Facilitates change in health care to enhance services and outcomes.
- Acts to foster a cohesive and effective team environment.
- Consistently acts with integrity, respect and fairness.

Supporting others

Providing cognitive and emotional help to team members, assessing their abilities and tailoring one's style of leadership accordingly.

Examples of poor behaviours

- Does not provide recognition or feedback for tasks performed well.
- Fails to recognise the needs of other team members and provide support.
- Shows hostility towards peers and is openly critical of colleagues.
- Repeatedly displays a negative attitude towards junior medical staff, nurses or other healthcare professionals.

Examples of good behaviours

- Adjusts workflow to ensure that trainees and junior staff have time for supervised hands-on experience.
- Ensures delegation of tasks is appropriate.
- Encourages and facilitates briefing and debriefing procedures involving the entire team and provides constructive feedback and recognition of tasks performed well.
- Supports colleagues and other team members, junior staff or students who have been affected by bullying, discrimination or sexual harassment.

Promoting efficiency and cost effectiveness

Balancing safety, effectiveness, efficiency and just allocation of resources in choosing anaesthetic techniques, making equipment and drugs available in multiple locations and providing anaesthetic services in the broader healthcare environment.

Examples of poor behaviours

- Is resistant to change and appropriate systems improvement initiatives.
- Resists working in partnership with health management to ensure efficient and effective operation of health services.
- Exhibits a poor understanding of health funding and the costs of anaesthesia and perioperative care.
- Fails to consider the financial and other consequences of clinical decisions for the individual patient.

Examples of good behaviours

- Manages the changeover of patients in the operating room safely and efficiently.
- Promotes cost-appropriate care and educates junior doctors, students and other team members accordingly.
- Examines evidence to assess value for money, potential harm and side effects of anaesthesia.
- Demonstrates awareness of the cost implications of prescribing.

Health advocate

Identifying and responding to the health needs and expectations of individual patients, families, carers and communities.

Caring with compassion and respect for patient rights

Providing optimum care while respecting patients' rights, choice, dignity, privacy and confidentiality.

Examples of poor behaviours

- Disregards patients' need for privacy.
- Spends insufficient time with a patient, particularly in an emotionally charged situation.
- Gives the impression of being "heartless", lacking empathy or concern for the patient.
- Lacks a patient-centred approach and does not listen closely to patient needs.

Examples of good behaviours

- Treats patients courteously and compassionately, engaging them in decision-making and respecting their choices.
- Is willing to spend further time with a distressed patient to actively listen to their concerns.
- Respects the patient's right to self-determination.
- Responds empathically and in a timely fashion to a patient in pain.

Promoting health and responding to patient needs

Engaging patients and, where appropriate, families or carers in planning and decision-making in order to best meet their needs and expectations.

Examples of poor behaviours

- Cancels cases at short notice without adequate reason.
- Undertakes an inadequate assessment in the context of a patient's physical or cognitive disability.
- Consistently runs late and keeps patients and staff waiting.
- Acts as a poor role model regarding individual health-risk factors.

Examples of good behaviours

- Ensures appropriate communication with family members regarding plans and expectations of anaesthesia.
- Truthfully and sensitively discusses prognosis and possible effects of anaesthesia and the procedure on the quality of life and dignity of the patient.
- Promotes appropriate advanced care planning by patients.
- Identifies smokers and provides them with advice about the risks of smoking and the benefits of smoking cessation.

Responding to community and population needs

Considering the broader health, social and economic needs of the community.

Examples of poor behaviours

- Disregards the community impact of decisions.
- Fails to identify how one's own cultural values can impact on anaesthetic practice.
- Fails to appreciate the cultural beliefs of patients, families and communities.
- Shows a lack of respect for diversity and cultural differences within teams.

Examples of good behaviours

- Strives to improve access to healthcare services.
- Recognises wider health needs of the community in a system with resource limitations.
- Contributes to community education and development.
- Addresses health issues raised by people's cultural and linguistic backgrounds.

Demonstrating cultural awareness and sensitivity

Demonstrating understanding of the impact of culture, ethnicity and spirituality on anaesthetic care.

Examples of poor behaviours

- Shows insensitivity to patients' differing backgrounds or cultural beliefs or attitudes.
- Makes culturally insensitive, sexist or racist remarks.
- Disregards cultural competency as an issue for anaesthetists.
- Discriminates on the basis of culture, ethnicity, gender, gender identity or religion.

Examples of good behaviours

- Develops one's own cultural competency.
- Makes an effort to understand people's cultural background.
- Shows sensitivity towards different patients' backgrounds, cultural beliefs or attitudes.
- Identifies and acts to address cultural bias in colleagues.

Scholar

As scholars and teachers, anaesthetists demonstrate a lifelong commitment to reflective learning, and the creation, dissemination, application and translation of medical knowledge.

Showing commitment to lifelong learning

Engaging in lifelong reflective learning, assimilating knowledge and imparting it to others.

Examples of poor behaviours

- Fails to adjust practice according to evidence.
- Demonstrates critical errors in understanding of available evidence.
- Demonstrates apathy towards training and development of junior staff.
- Avoids involvement in teaching, journal clubs, supervision, mentoring and other educational activities.

Examples of good behaviours

- Engages with all staff and encourages their learning and development.
- Demonstrates awareness of recent literature and considers implications for own clinical practice.
- Participates regularly in conferences, courses, simulation exercises, workshops and assessments of own clinical practice.
- Encourages questioning by colleagues, junior staff, students and patients.

Facilitating the learning of others

Facilitating education of their students, patients, trainees, colleagues, other health professionals and the community.

Examples of poor behaviours

- Demonstrates arrogance, rudeness or disinterest in the training of junior staff or students.
- Fails to delegate appropriately and support junior staff.
- Avoids being involved in identifying and remediating junior staff experiencing difficulties.
- Is openly critical of junior staff and students and belittles them if they are unable to answer questions.

Examples of good behaviours

- Takes education and training seriously, allocating sufficient time for teaching and tutorials.
- Uses clinical encounters as an opportunity for teaching others.
- Provides constructive feedback as required without personalising the issues.
- Encourages and responds to feedback from junior staff and students regarding own teaching.

Critically evaluating and applying information

Critically appraising evidence and integrating and applying evidence-based approaches into clinical practice.

Examples of poor behaviours

- Reacts to information or inducements provided by the health care industry rather than objectively assessing the evidence.
- Only selects information that confirms current approach rather than critically evaluating all relevant information when assessing own practice.
- Deliberately ignores the evidence-base when a treatment or intervention is innovative, new or experimental.
- Uses one anaesthesia technique in a variety of patients and procedures despite evidence that alternative techniques are more appropriate.

Examples of good behaviours

- Participates in the development of policies and protocols designed to protect patients and enhance health care.
- Contributes to governmental, regulatory policy making and other submissions and reports that impact on patient outcomes or the anaesthetist's working environment.
- Actively encourages and promotes benchmarking against like services to improve quality of care.
- Seeks and promotes systematic processes for gathering meaningful feedback from patients and families.

Fostering scientific inquiry in anaesthesia

Evaluating or researching anaesthetic practice, identifying opportunities for improvement and implementing change at individual, organisational and health system levels.

Examples of poor behaviours

- Promotes an "it works for me, therefore it is still right" approach despite current evidence to the contrary.
- Ignores research and ethics approval requirements when conducting clinical trials or evaluating new techniques.
- Deliberately ignores the evidence base regarding emerging therapies and techniques.
- Fails to inform patient when a treatment or intervention is innovative, new, experimental or lacking a strong evidence base.

Examples of good behaviours

- Strives to improve anaesthetic practice through research, innovation and audit of outcomes.
- Actively promotes best practice and evidence-based anaesthetic principles.
- Is prepared to alter clinical practice when audit and peer review suggests there are opportunities to improve.
- Actively promotes research into evidence gaps in anaesthesia practice.

Professional

Demonstrating commitment to patients, the community and the profession through the ethical practice of anaesthesia.

Having awareness and insight

Reflecting upon one's anaesthetic practice and having insight into its implications for patients, colleagues, junior doctors and the community.

Examples of poor behaviours

- Refuses help when it is clearly required.
- Blames junior doctors or other staff for poor outcomes.
- Overlooks the impact of personal value judgements within the context of ethical decision-making.
- Berates, humiliates or harasses colleagues, junior doctors, students or other staff.

Examples of good behaviours

- Adopts a courteous approach to other staff and patients.
- Responds constructively to questioning, suggestions and objective criticism.
- Modifies clinical practice in response to illness, impairment or limitation of cognitive function, decision-making abilities or manual dexterity.
- Seeks out, identifies and explores errors and uses this as a basis for improvement.

Observing ethics and probity

Maintaining standards of ethics, probity and confidentiality and respecting the rights of patients, families and carers.

Examples of poor behaviours

- Seeks to shift blame onto a patient for one's own professional transgressions.
- Exhibits bullying, harassing or sexist attitudes towards others.
- Breaches confidentiality by discussing patient details in public areas or through social networks.
- Engages with the health care industry and other sponsorship without adequate recognition of influence.

Examples of good behaviours

- Provides an ethical role-model for other staff.
- Maintains appropriate personal and sexual boundaries with patients, their families, colleagues, junior doctors students and others at all times.
- Respects the dignity and privacy of patients at all times, including confidentiality of health records.
- Carefully explains examinations or treatments to the patient and obtains informed consent before proceeding.

Maintaining health and well-being

Maintaining personal health and well-being and considering the health and safety needs of colleagues, staff and team members.

Examples of poor behaviours

- Consumes alcohol during working hours, including when on call.
- Abuses prescription medications or uses illegal drugs.
- Fails to recognise and address persistent moodiness or dispirited behaviour.
- “Battles on” even when unwell or overtired without recognising the impact on own and others’ performance.

Examples of good behaviours

- Has a personal general practitioner and attends regularly and appropriately.
- Develops and enjoys leisure activities and interests outside anaesthesia.
- Has regular rest and holidays and does not allow annual leave to accumulate unreasonably.
- Inquires after the welfare of colleagues, junior staff and students and offers support as appropriate.

Adhering to regulatory framework of practice

Fulfilling the regulatory, legal and moral obligations regarding confidentiality, informed consent and all other aspects of anaesthetic practice.

Examples of poor behaviours

- Works outside own defined scope of practice.
- Ignores regulatory and legal requirements when prescribing and using restricted or controlled medications.
- Makes notes that are illegible, incomplete or cannot be understood by other staff caring for the patient.
- Ignores unprofessional behaviour in the workplace, such as confidentiality breaches, bullying, discrimination, and harassment.

Examples of good behaviours

- Acts to protect patients when there are concerns regarding colleagues’ fitness to practice or competence, including notification to regulatory authorities.
- Recognises and manages actual or potential conflicts of interest.
- Acknowledges that reviewing and addressing patient complaints contributes to improving patient care.
- Actively contributes to development of government and regulatory policy making.

Appendix 1

Membership – Professionalism Working Group

The ANZCA Professionalism Working Group comprised the following past and present members during the course of this project:

Dr Leona Wilson, Chair
Anaesthetist (NZ); Executive Director of Professional Affairs; Past President ANZCA

Dr Rod Mitchell
Anaesthetist (SA); Vice President ANZCA; Chair, Professional Affairs
Executive Committee

Dr Jodi Graham
Anaesthetist (WA)

Dr Liz Feeney
Anaesthetist (NSW)

Dr Peter Roessler
Anaesthetist (Vic); Director of Professional Affairs

Dr Lindy Roberts
Anaesthetist and pain medicine physician (WA); Director of Professional Affairs
(Assessor); Past President, ANZCA

Dr Genevieve Goulding
Anaesthetist (Qld); Immediate Past President, ANZCA

Ms Linda Sorrell
Former Chief Executive Officer

Mr Oliver Jones
General Manager, Education Unit

Mr John Biviano
Former General Manager, Policy Unit

Mr Paul Cargill
Former Policy Officer, Community Development

Dr Ian Graham
Dean of Education, ANZCA; former Project Consultant

Appendix 2

Resources

Medical expert

ANZCA emergency response activities

<http://www.anzca.edu.au/fellows/continuing-professional-development/emergency-response-activities> [accessed February 13, 2015]

ANZCA endorsed guidelines

<http://www.anzca.edu.au/resources/endorsed-guidelines> [accessed February 13, 2015]

ANZCA professional documents

<http://www.anzca.edu.au/resources/professional-documents>
[accessed February 13, 2015]

Australian Commission on Safety and Quality in Health Care (2011). Infection Prevention and Control eLearning Modules. Available online:

<http://infectionprevention.e3learning.com.au/> [accessed January 23, 2015]

NSW Department of Health (2005). Patient Safety and Clinical Quality Program.

Available online: http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf [accessed April 18, 2017]

Communicator

WHO Surgical Safety Checklist Aus & NZ Edition

<http://www.anzca.edu.au/documents/who-surgical-safety-checklist>
[accessed April 18, 2017]

ANZCA Intercultural Competency E-Learning (Networks)

ANZCA Indigenous Health Podcasts

<http://www.anzca.edu.au/fellows/community-development/indigenous-health/indigenous-health> [accessed April 18, 2017]

Makoul G (2001). The SEGUE Framework for Teaching and Assessing Communication Skills. Available online: www.sciencedirect.com/science/article/pii/S0738399101001367
[accessed January 23, 2015]

National Health and Medical Research Council (2004). Communication with Patients:

Advice for medical practitioners. Available online: www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e58.pdf [accessed January 23, 2015]

Collaborator

Giddings A, Williamson C & Royal College of Surgeons of England (2007). The Leadership and Management of Surgical Teams. Available online: <https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/leadership-and-management/> [accessed April 18, 2017]

World Health Organisation (2009). Topic 4: Being an effective team player. WHO Patient Safety Curriculum Guide for Medical Schools. www.who.int/patientsafety/education/curriculum/who_mc_topic-4.pdf [accessed January 23, 2015]

Leader and Manager

The Royal Australasian College of Medical Administrators – Links and Resources. http://www.racma.edu.au/index.php?option=com_content&view=article&id=397&Itemid=109 [accessed February 13, 2015]

Health advocate

ANZCA PS12 Guidelines on Smoking as related to the perioperative period. www.anzca.edu.au/resources/professional-documents/pdfs/ps12-2013-guidelines-on-smoking-as-related-to-the-perioperative-period.pdf [accessed February 13, 2015]

ANZCA patient information resources www.anzca.edu.au/patients [accessed April 18, 2017]

Rudolf M (2003). Advocacy Training for Pediatricians: The experience of running a course in Leeds, United Kingdom. Available online: http://pediatrics.aappublications.org/content/112/Supplement_3/749.full.pdf+html [accessed January 23, 2015]

Promoting Health: Advocacy Guide for Health Professionals www.icn.ch/images/stories/documents/publications/free_publications/ICN-NEW-28%203%202010.pdf [accessed February 13, 2015]

IAPB Advocacy for Eye Health. A Practical Guide www.iapb.org/sites/iapb.org/files/Advocacy_Guide_6%202_0.pdf [accessed February 13, 2015]

International Diabetes Foundation Advocacy Kit www.idf.org/advocacy-toolkit [accessed February 13, 2015]

ANZCA PS62 Statement on Cultural Competence: <http://www.anzca.edu.au/resources/professional-documents> [accessed April 18, 2017]

Scholar

ANZCA Academic integrity policy

<http://www.anzca.edu.au/documents/academic-integrity-policy-v1-2-20150224>
[accessed April 18, 2017]

ANZCA Survey Research Policy

<http://www.anzca.edu.au/documents/anzca-survey-research-policy-20120225>
[accessed April 18, 2017]

National Health and Medical Research Council, Australian Research Council & Australian ViceChancellors' Committee (2007). National Statement on Ethical Conduct in Research Involving Humans. Available online:

http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e72.pdf
[accessed January 23, 2015]

Professional

Good Medical Practice: A Code of Conduct for Doctors in Australia

<http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>
[accessed April 18, 2017]

Good Medical Practice: Medical Council of New Zealand

<https://www.mcnz.org.nz/news-and-publications/good-medical-practice/>
[accessed April 18, 2017]

Welfare of Anaesthetists SIG – welfare resources

<http://www.anzca.edu.au/fellows/special-interest-groups/welfare-of-anaesthetists#resources> [accessed April 18, 2017]

ANZCA PS40: Statement on the Relationship between Fellows, Trainees and the Healthcare Industry

<http://www.anzca.edu.au/documents/ps40-2012-statement-on-the-relationship-between-fe.pdf> [accessed April 18, 2017]

ANZCA Corporate Policy: Policy On Bullying, Discrimination And Harassment For Fellows And Trainees Acting On Behalf Of The College Or Undertaking College Functions

<http://www.anzca.edu.au/documents/anzca-policy-on-bullying-discrimination-and-harass> [accessed April 18, 2017]

Appendix 3

Support for Anaesthetists

The College encourages all anaesthetists to recognise and discuss the challenges facing them and to ensure that self care is part of managing professional life. To protect the personal and psychological wellbeing of its Fellows and trainees, ANZCA offers a range of resources through the Welfare of Anaesthetists Special Interest Group: <http://www.anzca.edu.au/resources/doctors-welfare>

Self Care

Self care involves taking care of your physical, mental and emotional health. It also involves eating, sleeping and living well. To ensure anaesthetists enjoy their work and leisure, priorities and boundaries need to be set.

Anaesthetists are at risk from stress, burnout and a range of illnesses. We have a responsibility to be alert to our symptoms and to seek appropriate professional care as patients.

Some relatively straightforward strategies can assist in maintaining your physical and mental health, as well as developing resilience and personal strength. These strategies can assist you to achieve a balance between work and all the other aspects of your life. These can be found at <http://www.anzca.edu.au/documents/fa-wel-sig-rd-01-personal-health-strategies-201610.pdf>

Consult your General Practitioner

Anaesthetists are encouraged to regularly visit a General Practitioner they trust to manage their health care. Encourage your colleagues to do the same. By allowing another doctor to objectively manage your health, you will be free to do what you do best – concentrate on the health of your patients.

Support Networks and Anaesthetic Friends

Maintaining an effective support network is recognised by many specialties in many countries as being the single most important means by which medical practitioners can maintain balance and health in their lives. Support networks can include anaesthetic department heads and peers, colleagues, structured support networks and personal support from family and friends.

Many anaesthetists find it invaluable to select one or two ‘anaesthetic friends’ who are available to help and support in stressful times. This arrangement is best made proactively before specific incidents or trouble occurs.

Welfare Advocates and Peer Support Networks

The College encourages hospital departments to establish Welfare Advocates and structured peer network programs to support anaesthetists, including support after an adverse event.

For further information please refer to <http://www.anzca.edu.au/documents/fa-wel-sig-rd-16-welfare-issues-in-departments-and.pdf>

Strengthening your Skills

There are a number of professional development opportunities and tools available that promote and strengthen skills for managing the challenges and pressures of anaesthetic practice. These include time and practice management skills, coping with stress and burnout, conflict resolution and self care strategies for the healthy doctor.

Need more help?

Crisis Lines

Lifeline Australia: Telephone: +61 13 11 14

Lifeline Aotearoa: Telephone (from New Zealand) 0800 543 354

Bush Crisis Line and Support Services(Australia): +61 1800 805 391 (24hr)

A confidential telephone support and debriefing service for health professionals and their families.

Bullying, Discrimination and Sexual Harassment

If you have experienced or observed inappropriate behaviour by a College representative please bring it to our attention by calling ANZCA CEO John Ilott on +61 3 9510 6299 or emailing ceo@anzca.edu.au. Complaints in New Zealand can be directed to General Manager, New Zealand, Heather Ann Moodie on +64 4 499 1213. Both will ensure they are dealt with appropriately.

For more information about help with these issues, please refer to <http://www.anzca.edu.au/documents/anzca-policy-on-bullying-discrimination-and-harass.pdf>

Doctors' Health Advisory Services

Doctors' health advisory services provide independent, confidential support and medical advice to doctors.

AC

Doctors' Health Advisory Service (24hr)
Helpline: +61 02 9437 6552

NSW

Doctors' Health Advisory Service (24hr)
Helpline: + 61 2 9437 6552

NT

Doctors' Health (24hr)
Helpline: +61 8 8366 0250

SA

Doctors' Health (24hr)
Helpline: +61 8 8366 0250

QLD

Doctors' Health Advisory Service (24hr)
Helpline: +61 7 3833 4352

TAS

Victorian Doctors Health Program (24hr)
Telephone: +61 3 9495 6011

VIC

Victorian Doctors Health Program (24hr)
Telephone: +61 3 9495 6011

WA

Doctors' Health Advisory Service (24hr)
Helpline: +61 8 9321 3098

NZ

Doctors' Health Advisory Service (24hr)
Helpline: 0800 471 2654

Doctors' Health and Wellbeing Information

Australian Medical Association (AMA)

<https://ama.com.au/resources/doctors-health>

New Zealand Medical Association (NZMA)

<https://www.nzma.org.nz/membership/doctors-health-and-wellbeing>

ANZCA Directors of Professional Affairs

The ANZCA Directors of Professional Affairs are Fellows of the College and play an important role in assisting anaesthetists with a range of issues including advice on re-entry to practice and re-skilling (<http://www.anzca.edu.au/documents/ps50-2016-guidelines-on-return-to-anaesthesia-prac.pdf>), and are also a contact point to discuss concerns.

ANZCA Regional/National Committees

Regional/National Committees, consisting of ANZCA Fellows, are available to assist Fellows with local support and advice.

ACT Regional Committee

Telephone: +61 262216003

Email: act@anzca.edu.au

NSW Regional Committee

Telephone: +61 2 9966 9085

Email: nsw@anzca.edu.au

NT Regional Committee

Telephone: +61 8 8239 2822

Email: sa@anzca.edu.au

SA Regional Committee

Telephone: +61 8 8239 2822

Email: sa@anzca.edu.au

QLD Regional Committee

Telephone: +61 7 3846 1233

Email: qld@anzca.edu.au

TAS Regional Committee

Telephone: +61 3 6231 5471

Email: tas@anzca.edu.au

VIC Regional committee

Telephone: +61 3 8517 5313

Email: vic@anzca.edu.au

WA Regional Committee

Telephone: +61 8 6188 4555

Email: wa@anzca.edu.au

NZ National Committee

Telephone: +64 4 499 1213

Email: anzca@anzca.org.nz

Other Support Services

Alcoholics Anonymous

Australia:

Telephone: +61 2 9599 8866

Website: www.aa.org.au

New Zealand:

Telephone: +64 800 229 675

Website: www.alcoholics-anonymous.org.nz

Alcohol and Drug Information Service

Australia:

Telephone: 1800 422 599 (24hrs)

Alcohol Drug Helpline

New Zealand:

Telephone: +64 800 787 797

Website: www.adanz.org.nz

Narcotics Anonymous

Australia:

Telephone: +61 1300 652 820

Website: www.naoz.org.au

New Zealand:

Website: www.nanz.org

Australian Hearing

Telephone: + 61 2 9412 6800

Website: www.hearing.com.au

Hearing Association New Zealand

Telephone: + 64 800 233 445

Website: www.hearing.org.nz

Vision Australia

Telephone: +61 1300 84 74 66

Website: www.visionaustralia.org.au

Anaesthetists are also encouraged to seek counsel from within their community (e.g. local community and church service).

Appendix 4

References

- ANZCA (2016) Anaesthetic Training Program Curriculum, Australian and New Zealand College of Anaesthetists, Revised September, 2016.
- Flin R, Yule S, Paterson-Brown S, Rowley D, Maran N (2006a) The Non-Technical Skills for Surgeons (NOTSS) System Handbook v1.2, University of Aberdeen & Royal College of Surgeons of Edinburgh.
- Flin R, Yule S, McKenzie L, Paterson-Brown S, Maran N (2006b) Attitudes to teamwork and safety in the operating theatre. *The Surgeon*, 2006; 4: 145-151.
- Frank JR, Snell L, Sherbino J (2015) CanMEDS Physician Competency Framework, The Royal College of Physicians and Surgeons of Canada, Ottawa Ca.
- Medical Board of Australia (2014) Good medical practice: a code of conduct for doctors in Australia. <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx> [accessed 30 January, 2017]
- Medical Council of New Zealand (2016) Good medical practice. <https://www.mcnz.org.nz/news-and-publications/good-medical-practice/> [accessed 30 January, 2017]
- RACP (2012) Supporting Physicians' Professionalism and Performance Guide, SPPP Project Office, The Royal Australasian College of Physicians, Sydney.
- RACS (2008) Surgical Competence and Performance Guide, First Edition, Royal Australasian College of Surgeons, Melbourne.
- RACS (2011) Surgical Competence and Performance Guide, Second Edition, Royal Australasian College of Surgeons, Melbourne.
- RCPSC (2015) CanMEDS Curriculum Framework, The Royal College of Physicians and Surgeons of Canada, Ottawa Ca.
- Rethans J-J, Norcini J, Baron-Maldonado M, Blackmore D, Jolly B, LaDuca T, Lew S, Page G, Southgate L. (2002) The relationship between competence and performance: implications for assessing practice performance. *Med Educ* 2002; 36:901-909.
- Yule S, Flin R, Paterson-Brown S, Maran N. (2006) Non-technical skills for surgeons: A review of the literature. *Surgery* 2006; 139: 140-149.

Appendix 5

Optional assessment tool

This guide was developed to provide a practical description of behaviours for use by Fellows and trainees when considering the full scope of anaesthesia practice. You may however wish to use this guide as a tool to assist with assessment including self-assessment (as an aid to reflection and continuing professional development); peer assessment (between anaesthetic colleagues); multi-source feedback (360-degree assessment involving colleagues, other staff and patients); and trainee assessment by supervisors. The following example illustrates how a performance scale might be incorporated into each pattern of behaviour:

Fostering scientific inquiry in anaesthesia

Evaluating or researching anaesthetic practice, identifying opportunities for improvement and implementing change at individual, organisational and health system levels.

Examples of poor behaviours

- Promotes an “it works for me, therefore it is still right” approach despite current evidence to the contrary.
- Ignores research and ethics approval requirements when conducting clinical trials or evaluating new techniques.
- Deliberately ignores the evidence base regarding emerging therapies and techniques.
- Fails to inform patient when a treatment or intervention is innovative, new, experimental or lacking a strong evidence base.

Examples of good behaviours

- Strives to improve anaesthetic practice through research, innovation and audit of outcomes.
- Actively promotes best practice and evidence-based anaesthetic principles.
- Is prepared to alter clinical practice when audit and peer review suggests there are opportunities to improve.
- Actively promotes research into evidence gaps in anaesthesia practice.

Assessment Poor Marginal Good Excellent Unable to rate

Comment regarding professionalism

(required if any poor or marginal ratings have been given, otherwise optional)

Notes

