

MODULE TITLE:	COLLABORATION	01-Jan-2009
DEVELOPED BY:	Wendy Crebbin	
Module Rationale and Objectives	<p>In today's multi-professional environment, the necessity for collaboration and integration is stronger than ever. As collaborators, surgeons work within a healthcare team to achieve optimal patient-centred care. Modern healthcare can include anything from a group of healthcare professionals working in partnership at one site, such as a ward team to extended teams with a variety of perspectives and skills, in several locations.</p> <p>At graduation the trainee will be able to:</p> <ul style="list-style-type: none"> ▪ work in collaboration with members of interdisciplinary teams where appropriate ▪ effectively work with other health professionals to minimise inter-professional conflict and maximise patient care 	
Suggested Reading	<p>There are no prescribed texts; trainees will be expected to keep abreast with current literature. Suggested reading:</p> <p>Available via the ProQuest database:</p> <p>R Faulkner and M Amodeo, 1999, 'Interdisciplinary teams in health care and human services settings: are they effective?', Health & Social Work, Silver Spring: vol. 24, no. 3, pg. 210: http://proquest.umi.com/pqdlink?did=44514688&sid=7&Fmt=4&clientId=57938&RQT=309&VName=PQD</p> <p>Oliver, D. Porock, D. Demris G. and Courtney, K., 2005, 'Patient and Family Involvement in Hospice Interdisciplinary Teams', Journal of Palliative Care, vol. 21, no. 4, pp.270-276: http://proquest.umi.com/pqdlink?did=967561041&Fmt=7&clientId=57938&RQT=309&VName=PQD</p> <p>Available online:</p> <p>Australian Council for Safety and Quality in Health Care, 2005, 'Being a team player and showing leadership', National Patient Safety Education Framework, pp. 96-105: refer to requirements for Level 3: http://www.safetyandquality.org/framework0705.pdf</p> <p>Dixon, D. 2003, 'New Perspectives on Interdisciplinary Teams in Long-term Care', Caring for the Ages, American Medical Directors Association, vol. 4, no. 3: http://www.amdacmedirect.com/cmecdirect/caring/march2003/leadership.htm</p> <p>Baker, D. Gustafson S. et al, 2005, 'Team Training in Health Care: A Review of Team Training Programs and a Look Toward the Future', Advances in Patient Safety: From Research to Implementation, vol. 1-4: http://www.air.org/teams/publications/mtt/adv_pub_safety.pdf</p> <p>G Crawford and S Price, 2003, 'Team working: palliative care as a model of interdisciplinary practice', Medical Journal of Australia, vol.179, pp. S32-34: http://www.mja.com.au/public/issues/179_06_150903/cra10363_fm.html</p>	
Learning Opportunities and Methods	<ul style="list-style-type: none"> ▪ Online ▪ Literature review 	
How this unit will be assessed	<ul style="list-style-type: none"> ▪ Half yearly Supervisor's reports ▪ Examination 	

MODULE OBJECTIVES	
<p>Work in collaboration with members of interdisciplinary teams where appropriate</p>	<p>Collaborate with other professionals in the selection and use of various types of treatments assessing and weighing the indications and contraindications associated with each type:</p> <ul style="list-style-type: none"> ▪ recognise the need to solve problems beyond the scope of expertise and training of any one provider ▪ involve other professionals in diagnosis, treatment and management of patient care ▪ develop strong working relationships with others
<p>Effectively work with other health professionals to minimise inter-professional conflict and maximise patient care</p>	<p>Demonstrate a respectful attitude towards other colleagues and members of inter-professional teams:</p> <ul style="list-style-type: none"> ▪ establish a commitment to engage in shared learning and dialogue ▪ identify the ethical obligations of members of the interdisciplinary team in patient care ▪ distinguish the legal obligations of members of the interdisciplinary team from own legal obligations ▪ develop interdependence built on trust and commitment ▪ set goals and deadlines for patient care collectively ▪ share resources, decision-making and responsibilities ▪ develop a high level of communication skills ▪ listen to and consider the input of other professionals, and acknowledge their point of view despite disagreement ▪ integrate the patient and family into the interdisciplinary team structure and process where appropriate <p>Develop a care plan for a patient in collaboration with members of an interdisciplinary team:</p> <ul style="list-style-type: none"> ▪ acknowledge collaborative practice arrangement improves the overall quality of health care services rendered ▪ make strong commitment to accomplishing shared goals and outcomes ▪ balance discipline expertise with collective shared knowledge ▪ establish a sense of team responsibility for the wellbeing of the patient <p>Recognise the need to refer patients to other professionals:</p> <ul style="list-style-type: none"> ▪ recognise other health care professionals have separate and important knowledge, technical skills, and perspectives ▪ establish the most efficient use of all kinds and levels of health professionals through cooperation and collaboration ▪ recognise discipline boundaries that promote interdependence ▪ maintain close working relationships with other health professionals ▪ recognise and act upon the limitation of own knowledge <p>Initiate the resolution of misunderstandings or disputes:</p> <ul style="list-style-type: none"> ▪ identify barriers to collaborative practice ▪ when disagreement occurs develop a new consensus on the best course of action ▪ recognise any inequality of authority and responsibility in inter-professional, inter-physician, and student-teacher relationships ▪ recognise disagreement can lead to a more complete inter-professional discussion of patient care ▪ resolve conflict productively and solve problems by using appropriate techniques

SELF ASSESSMENT

Working in collaboration:

Two questions to consider when working in collaboration with members of interdisciplinary teams:

- Who has the ultimate responsibility and/or authority?
- What contexts contribute to the definition of this?

Minimising inter-professional conflict and maximising patient care:

Consider the following case study:

You are part of a team doing sign-out rounds at the end of the day. You notice that most of the patients are referred to by their proper names and are they are dealt with in a respectful manner. There are two patients on the ward who have been particularly difficult to deal with and the team considers them to be demanding, non-compliant and to be taking up a tremendous amount of time compared to other patients. In discussion some of the members of the team refer to these patients in pejoratively as "the drunken Indian in room 618" and "the hysteric in room 625".

- What are your initial thoughts or reactions to the situation being described?
- What kind of a learning environment would such a situation create?
- What options could you pursue in responding to a situation like this?
- What do you think you would do if you were involved in such a situation?
- Have you ever encountered a situation like this and if so what did you do?

Source: CanMEDS Teaching the Professional Role. Available online via http://rcpsc.medical.org/publications/roles_e.html#casestudy

MODULE TITLE:	COMMUNICATION	01-Jan-2009
DEVELOPED BY:	Wendy Crebbin	
Module Rationale and Objectives	<p>It is now widely accepted that the quality of practitioner-patient communication is fundamental to effective health care. Good communication is therefore an essential competence for all surgeons whether it is with patients and their families, or with professional colleagues and team members. All Trainees and Surgeons are required to develop the necessary knowledge, motivation and skills to interact effectively and appropriately with people from all sectors of the community.</p> <p>At graduation the trainee will be able to:</p> <ul style="list-style-type: none"> ▪ establish a therapeutic relationship with patients (and their families) characterised by understanding, trust, respect, empathy and confidentiality ▪ communicate information to patients (and their family) about procedures, potentialities, and risks associated with surgery in ways that encourage their participation in informed decision making ▪ communicate with the patient (and their family) the treatment options, potentials, complications, and risks associated with the use of drugs ▪ use effective listening skills and elicit and provide information through appropriate non-verbal communication and open, clarifying questioning ▪ communicate with and co-ordinate surgical teams to achieve an optimal surgical environment ▪ communicate effectively with all persons involved in the care of the surgical patient ▪ initiate the resolution of misunderstandings or disputes ▪ appropriately adjust the way they communicate with patients to accommodate cultural and linguistic differences ▪ maintain clear, accurate and appropriate records ▪ communicate information (in oral and written form) about own and other's research 	
Suggested Reading	<p>There are no prescribed texts; trainees will be expected to keep abreast with current literature. Suggested reading:</p> <p>Australian Council for Safety and Quality in Health Care, 2005, 'Communicating Effectively', National Patient Safety Education Framework, pp. 3-44: refer to requirements for Level 3 http://www.safetyandquality.org/framework0705.pdf</p> <p>W Baile, R Buckman, R Lenzi et al., 2000, 'A six-step protocol for delivering bad news: Application to the patient with cancer', The Oncologist, 5:4, pp.302-311 http://theoncologist.alphamedpress.org/cgi/reprint/5/4/302?ijkey=31c929d85ebace64f5a8609bf70c7941df60ed4e</p> <p>Cultural Competence Training: Literature Review Abstracts http://www.diversityrx.org/html/RCPROJ_B_01.htm#section</p> <p>Kline, J. 2004, Leaders communicating effectively http://www.au.af.mil/au/awc/awcgate/au-24/kline.pdf</p> <p>Lee, S. Back, A. Block, S. & Stewart, S. 2002, 'Enhancing physician-patient communication', Hematology, pp. 464483 http://www.asheducationbook.org/cgi/reprint/2002/1/464</p> <p>Maguire, P. & Pitceathly, C. 2002, 'Key communication skills and how to acquire them', BMJ, 325: 697-700: http://bmj.bmjournals.com/cgi/reprint/325/7366/697</p> <p>National Health and Medical Research Council, 2004, Communicating with Patients: Advice for medical practitioners; and General Guidelines for medical practitioners on providing information to patients: http://www.nhmrc.gov.au/publications/ehome.htm</p> <p>Queensland Government, (2003) Cultural Diversity A guide for Health Professionals http://www.health.qld.gov.au/multicultural/cultdiv/default.asp</p>	
Learning Opportunities and Methods	<ul style="list-style-type: none"> ▪ Online ▪ Literature review 	
How this unit will be assessed	<ul style="list-style-type: none"> ▪ 360 degree evaluation ▪ Half yearly Supervisor's reports 	<ul style="list-style-type: none"> ▪ Examination

MODULE OBJECTIVES	
Basic communication skills	<ul style="list-style-type: none"> ▪ Provide information in a clear, truthful, considerate, and responsive manner ▪ Communicate information to patients (and their family) about procedures, potentialities, and risks associated with surgery, as well as any possible alternatives, in ways that encourage their participation in informed decision making ▪ Discuss with the patient (and their family) the treatment options associated with pre and post-operative treatments in order to maximise the chance that the patient will follow agreed decisions about treatment and/or lifestyle ▪ Maintain patient confidentiality and trust ▪ Ensure appropriate levels of privacy
Communication as interaction	<ul style="list-style-type: none"> ▪ Aware of others in the interaction and treat patients as people ▪ Elicit a patient's problem, their perceptions and concerns about the problem, and the potential impact of the problem on their lifestyle ▪ Actively listen ▪ Check to ensure understanding (their own as much as the patient's) through summarising and clarifying questions ▪ Continuously self-monitor ▪ Avoid interrupting the patient (or family) in ways that reduce their capacity to provide information ▪ Encourage patients (and their family) to ask questions
Respond appropriately to the communication context	<ul style="list-style-type: none"> ▪ Are consciously and consistently competent in intercultural communications ▪ Maintain an open-minded and non-judgemental approach to patients (their families) and colleagues ▪ Adjust communication in response to feedback (verbal and non-verbal) from others throughout the interaction ▪ Appropriately adjust communication style to the kind of information that is being conveyed
Cultural awareness	<ul style="list-style-type: none"> ▪ Aware of own cultural expectations and potential biases ▪ Recognise and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy (their own as well as others') Examples of culturally competent care include: <ul style="list-style-type: none"> ▪ strive to overcome cultural, language, and communications barriers; ▪ provide an environment in which patients from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options; ▪ use community workers as a check on the effectiveness of communication and care; ▪ encourage patients to express their spiritual beliefs and cultural practices; and ▪ being knowledgeable about and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans ▪ Adjust communication to accommodate the effects of differences in the cultures of staff and patients on clinical and other workforce encounters, including effects of the culture of western medicine and clinical training ▪ Effectively communicate among staff and patients of different cultures and different languages, including working with interpreters ▪ Resolve racial, ethnic, or cultural misunderstandings or disputes between staff and patients ▪ Access interpreters and translated written materials
Non-verbal communication	<ul style="list-style-type: none"> ▪ Ensure that non-verbal communication is appropriate for the message that is to be conveyed ▪ Coordinate non-verbal and verbal communication ▪ Maintain an interactive posture throughout an encounter with patients and other professionals ▪ Be knowledgeable about different non-verbal communication rules in the cultures of patients and co-workers ▪ Supplement verbal explanations with written materials written in lay language

MODULE OBJECTIVES	
Delivering bad news	<ul style="list-style-type: none"> ▪ Identify when a patient has interpreted information as 'bad news' ▪ Acknowledge and address emotions (the patient's and own) ▪ Provide information according to each patient's priorities and needs ▪ Enable patients to talk about their fears and concerns ▪ Identify problematic responses and be able to deescalate them ▪ Manage time constraints and potential interruptions
Communicating with colleagues and team members	<ul style="list-style-type: none"> ▪ Maintain clear and accurate records of case-notes and patient files ▪ Identify and communicate the most salient information effectively ▪ Establish and maintain an effective working environment characterised by respect ▪ Demonstrate and utilise conflict resolution techniques
Communicating about research	<ul style="list-style-type: none"> ▪ Effectively communicate information about research interests and findings in conferences, seminars and/or journals ▪ Analyse research relevant to specific cases and communicate this to patients and/or colleagues

SELF ASSESSMENT

Communication:

Consider the following case study:

You have just completed your rounds and you have an appointment with the resident who has been on your service to go over his end-of-rotation evaluation. You have discussed the resident's performance with the other preceptors and you have all concluded that the resident's performance is unsatisfactory. The resident enters your office and instead of telling him the truth you tell him that although his performance is below average you still grade it satisfactory overall. You are concerned that if you submit an evaluation that is unsatisfactory you may be exposing yourself to an appeal which will be time-consuming and likely confrontational.

- What professional issues have been raised in this scenario?
- What are your initial thoughts or reactions to the situation being described? How would you describe the attitude of the supervisor?
- What options could you pursue in a situation like this?
- What do you think you would do if you were involved in such a situation?
- What might the personal consequences of such an action be for you?
- Have you ever encountered a situation like this and if so what did you do?
- How did you feel about what you did afterward?

Source: CanMEDS Teaching the Professional Role. Available online via: http://rcpsc.medical.org/publications/roles_e.html#casestudy

Respond appropriately to the communication context (Basic communication skills; Non-verbal communication):

Reflect on one of your recent cases in which there may have been a break-down in communication.

- Visualise the body language of the people involved and review the non-verbal messages you were interpreting
- Visualise the body language of the people involved and review the non-verbal messages were sending
- Replay in your mind some of the dialogue and consider the extent to which you were ensuring understanding
- Identify any elements that contributed to the break-down in communication
- Identify what could have been done differently and how

Cultural awareness:

Consider the following case study which is part of an extract from research carried out with Aboriginal patients in Darwin.

Physician: How much are you drinking? How much water?

Patient: Little bit water tea, little bit ga bilin ["that's it"]

Physician: How much each day? Water, tea?

Patient: Three cup, two cup, little bit [said very confidently]

The physician believed that the patient had a clear understanding of the question and was describing the amount of fluid drunk daily. However, it later became clear that the patient responded this way because she knew what was expected. Her understanding of fluid restriction was that she should drink only two cups of "fizzy drink" per day, but that drinking tea or water whenever she felt like it was acceptable.

Cass, A. Lowell, A. Christie, M. Snelling, P. Flack, M. Marrnganyin B. & Brown, I. 2002, Sharing the true stories: improving communication between Aboriginal patients and healthcare workers, MJA 176 (10): 466-470
http://www.mja.com.au/public/issues/176_10_200502/cas10830_fm.html

- What cultural mode of discourse does this interaction represent?
- What aboriginal cultural restrictions might be involved and/or contradicted in this interaction?
- How might a medical practitioner in a similar situation ensure that they were getting accurate information?
- What other cultures are you aware of where there are restrictions on who may ask for, or give, specific information; or information about personal issues; or where it is considered impolite to directly contradict or to respond negatively, particularly in encounters of unequal power or when the participants lack a close relationship.
- Do you know how to access the appropriate cultural services in your hospital?

Delivering bad news:

- Indicate some of the issues that need to be taken into consideration when delivering what might be perceived as bad news
- Identify your own perceptions of the barriers to delivering bad news to patients and families
- List the necessary steps a trainee or surgeon must follow to overcome these
- Describe a situation where you had to deliver bad news to a patient and/or their family and how you handled their response

Communicating with colleagues and team members:

Consider the following case study:

You are making rounds in the hospital one morning and as you arrive on one of the teaching wards you see one of your senior colleagues and a group of house staff standing in the nursing station. When you get closer you realise that your colleague is berating one of the residents over a mistake which was made. Your colleague appears angry, is speaking in a loud voice and is referring to the resident as "stupid", is making disparaging remarks about his previous education and the fact that someone like him will never succeed in the discipline. The resident in question is obviously very distressed by what is going on as are all the other students and residents in the group.

- What professional and communication issues have been raised in this scenario?
- What are your initial thoughts or reactions to the situation being described? How would you describe the attitude of the teacher?
- What options could you pursue in reacting to a situation like this?
- What do you think you would do if you were involved in such a situation?
- What might the personal consequences of such an action be for you?
- Have you ever encountered a situation like this and if so what did you do?
- Why did you do what you did? How did you feel about what you did afterward?

Source: CanMEDS Teaching the Professional Role. Available online via: http://rcpsc.medical.org/publications/roles_e.html#casestudy

Communicating about research:

- Refer to the Scholar and Teacher module

MODULE TITLE:	HEALTH ADVOCACY	01-Jan-2009
DEVELOPED BY:	Wendy Crebbin	
Module Rationale and Objectives	<p>In fulfilling the role of Health Advocate, surgeons need to be able to recognise the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of patients and society. They should recognise advocacy as an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community.</p> <p>At graduation the trainee will be able to:</p> <ul style="list-style-type: none"> ▪ define and adopt the roles and responsibilities of surgeons as health advocates ▪ identify the important determinants of health affecting patients ▪ contribute effectively to improved health of patients and communities ▪ recognise and respond to those issues where advocacy is appropriate ▪ discuss relevant health issues with patients and promote patient's health maintenance ▪ promote health maintenance of colleagues ▪ look after their own health 	
Suggested Reading	<p>There are no prescribed texts; trainees will be expected to keep abreast with current literature. Suggested reading:</p> <p>Australian Council for Safety and Quality in Health Care, 2005, 'Providing continuity of care', National Patient Safety Education Framework, pp. 121-129: refer to requirements for Level 3 www.safetyandquality.org/framework0705.pdf</p> <p>Chapman, S. 2004, 'Advocacy for public health: a primer', Journal of Epidemiology and Community Health, v. 58, pp. 361-365: www.racp.edu.au/public/ccch/cph_thrMay2.pdf</p> <p>There are many documents which offer advice on managing specific conditions. The University of Sydney, School of Public Health provides lists of references www.health.usyd.edu.au/current/research/media.php under the headings of 'Advocacy' and 'Risk Reportage and Perception'.</p> <p>The following site also provides access to FAQs and articles on a variety of conditions: http://www.canadian-health-network.ca/404/?404; http://www.canadian-health-network.ca/html/help/netinfoe.html</p> <p>The AMA has a range of publications relating to public health issues on www.ama.com.au/web.nsf/topic/policy-public-health</p> <p>Requirements and references specific to New Zealand are available on www.moh.govt.nz/moh.nsf/0/B13E45ADA9BC8943CC256EC4000A8749/\$File/12PublicHealthInfrastructure.doc</p>	
Learning Opportunities and Methods	<ul style="list-style-type: none"> ▪ Online ▪ Literature review ▪ Participation in Unit audits and reviews 	
How this unit will be assessed	<ul style="list-style-type: none"> ▪ Half yearly Supervisor's reports ▪ Examination 	

MODULE OBJECTIVES	
Identifying and responding to important determinants of health effecting patients	<ul style="list-style-type: none"> Identify the patient's status with respect to one or more of the determinants of health (e.g. unemployment, poverty); adapting the assessment and management accordingly Provide information to patients about ways in which they can improve/maintain their health Discuss with patients the significance of current research on improving/maintaining health with their condition Advise patients on possible life-style changes that would improve their health
Contribute effectively to improved health of patients and communities	<ul style="list-style-type: none"> Identify the most important determinants of, be familiar with the underlying research evidence, and applying this to, common problems and conditions in your chosen area of surgery Describe how public policy is developed; identifying current policies that affect health, either positively or negatively; and cite examples of how policy has been changed as a result of actions by medical professionals
Promote health maintenance of patients	<ul style="list-style-type: none"> Provide education and information Promote wellness and healthy behaviour Support self-management Provide health care across the disease continuum Able to share power and involve patients in all aspects of health care decision-making
Recognise and respond to those issues where advocacy is appropriate	<ul style="list-style-type: none"> Describe the key issues currently under debate regarding changes in the national health care system, indicating how these changes might affect societal health outcomes, and advocate to decreasing the burden of illness through a relevant medical society or community advocacy group/organisation In the analysis of the specialist's practice population, work with specialty society and other associations in identifying current "at risk" groups within the specialty and applying the available knowledge about prevention to "at risk" groups Participate in unit discussions about maintenance/improvement of theatre and ward resources for their specialty and where appropriate be involved in advocacy support for these resources within the hospital community Be able to write a discussion paper addressed to hospital administration/JRs and/or government agencies about issues which potentially jeopardise their specialty's capacity to maintain patient focused services
Promote health maintenance of colleagues to look after their own health	<ul style="list-style-type: none"> Recognise when members of the team are not working at their optimal level due to ill health (from any cause) and be prepared to address this in a timely fashion Take responsibility to ensure that whenever they are on duty, or on-call, that they are at optimal level of performance by abstaining from alcohol or any other performance changing drugs

SELF ASSESSMENT

Identifying and responding to important determinants of health effecting patients, and

Contribute effectively to improved health of patients and communities:

- In assessing a patient, how much priority do you give (for example, how much information do you seek) to the wide range of health determinants which effect their current health and potential recovery?
- How well informed are you about current research on improving/maintaining health in the range of conditions that are regularly met within your specialty?
- How well informed are you about current research on improving/maintaining health in the wider range of conditions which are likely to lead to chronic, rather than acute, health conditions
- Do you conscientiously contribute to surveys, audits, etc. that seek information that could contribute to public policy on improving health?

Promote health maintenance of patients:

- What proportion of your patients require changes of life style to improve their longer-term prognosis?
- With what percentage of such patients do you take the time to advocate appropriate life style changes?

- When a patient asks a question about health maintenance (relating to their condition) how effectively do you respond?
- Are you always able to provide them with additional sources of information, or direct them towards places where such information can be found?
- To what extent do you promote appropriate life style changes if those changes are not directly related to their current presenting condition?

Recognise and respond to those issues where advocacy is appropriate:

- List the ways in which you have been involved in health advocacy in the community
- List the ways that you have been involved in advocating for better resources for surgery in general, or your surgical specialty in your hospital and/or region
- List the areas in your hospital and/or region in which you could be involved to improve education and or resources

Promote health maintenance of colleagues to look after their own health:

Consider the following case study:

You are part way through an operation when you become aware that one of the members of the team is under the influence of a drug which is effecting their capacity to function professionally.

- What issues have been raised in this scenario?
- What are your initial thoughts or reactions to the situation being described?
- What level of responsibility are you obliged to take, and what options could you pursue in a situation like this?
- What do you think you would do if you were involved in such a situation?
- What might the personal consequences of such an action be for you?
- Have you ever encountered a situation like this and if so what did you do?
- How do you feel about what you did?

MODULE TITLE:	MANAGEMENT & LEADERSHIP	01-Jan-2009
DEVELOPED BY:	Wendy Crebbin	
Module Rationale and Objectives	<p>Management, leadership and team co-ordination represent a vital role in error management in the operating theatre, and can have a significant impact on clinical team performance and consequently, on patient safety. This module draws attention to many of the essential management issues a clinician is likely to meet as a manager.</p> <p>At graduation the trainee will be able to:</p> <ul style="list-style-type: none"> ▪ allocate finite healthcare resources appropriately to practice decisions ▪ manage and lead clinical teams ▪ manage their practice and career effectively ▪ serve in administration and leadership roles, as appropriate 	
Suggested Reading	<p>There are no prescribed texts; trainees will be expected to keep abreast with current literature. Suggested reading:</p> <p>Australian Council for Safety and Quality in Health Care, 2005, 'Managing Risk', National Patient Safety Education Framework, pp. 55-62: refer to requirements for Level 3 http://www.safetyandquality.org/framework0705.pdf</p> <p>Flin R. and Yule, S. 2004, 'Leadership for safety: industrial experience', Quality Safety Health Care, v. 13, pp.45-51: http://www.abdn.ac.uk/iprc/papers%20reports/Leadership_4_safety_ind_experience.pdf</p> <p>Flin R. and Yule, S., 2005, 'Advances in patient safety: non-technical skills in surgery' Surgeons' News, v.4, i.3: http://www.abdn.ac.uk/~psy296/dept/surgeonsnews%20N20July05.pdfOTSS%</p> <p>Plesk P. and Wilson, T. 2001, 'Complexity, leadership, and management in healthcare organisations', British Medical Journal, v.323 (7315), pp.746-749: http://bmj.bmjournals.com/cgi/content/full/323/7315/746</p>	
Learning Opportunities and Methods	<ul style="list-style-type: none"> ▪ Online ▪ Literature review 	
How this unit will be assessed	<ul style="list-style-type: none"> ▪ Half yearly Supervisor's reports ▪ Examination 	

MODULE OBJECTIVES	
<p>Allocate finite healthcare resources appropriately to practice decisions</p>	<p>Effectively use resources to balance patient care and systemic demands:</p> <ul style="list-style-type: none"> ▪ identify the availability of healthcare resources ▪ constantly seek ways to maximise healthcare resources for patients ▪ identify methods that enhance patient care without increasing overall healthcare costs <p>Identify and differentiate between systemic demands and patient needs:</p> <ul style="list-style-type: none"> ▪ customise care according to patients' needs and values, anticipating, rather than reacting to, patient's needs ▪ provide care that is respectful of and responsible to individual patient preferences, needs and values ▪ ensure patient values guide all clinical decisions ▪ show patience and empathy in giving bad news to a patient and/or their family ▪ balance the interest of patients with hospital needs without sacrificing patient trust or care ▪ view patient as the source of control, as opposed to traditional approach of professionals as the source of control ▪ identify methods that provide access to basic healthcare for all people ▪ prioritise patient list for ward rounds on an on-going basis <p>Apply a wide range of information to prioritise needs and demands:</p> <ul style="list-style-type: none"> ▪ ensure all procedures are followed, such as, obtaining consent and ordering of tests ▪ review patient records before dispensing treatment ▪ immediately record treatment plans and medications to ensure all member of the team understand what is required ▪ consult with other professionals to ensure the most appropriate patient care
<p>Manage and lead clinical teams</p>	<p>Is respectful of the different kinds of knowledge and expertise which contribute to the effective functioning of a clinical team:</p> <ul style="list-style-type: none"> ▪ co-ordinate treatment plans with other doctors and health professionals, including where appropriate, with other units ▪ involve subordinates and provide opportunities for them to participate in decision-making ▪ share information and agree on treatment plans with allied health staff ▪ show consideration for the needs of team members ▪ ensure team members have a shared picture of the situation and can complete tasks effectively <p>Communicate with and co-ordinate surgical teams to achieve an optimal surgical environment:</p> <ul style="list-style-type: none"> ▪ develop active listening techniques to enhance understanding and show empathy ▪ give and receive appropriate feedback ▪ establish effective communication techniques to deal with difficult situations ▪ identify barriers to effective communication ▪ manage performance of individuals in teams ▪ address issues and problems of individuals in teams ▪ respond to performance related issues quickly and in confidence ▪ use negotiating skills in dealing with other departments, hospitals, patients, and family members

MODULE OBJECTIVES	
Manage and lead clinical teams	<p>Recognise and demonstrate the different leadership styles which are appropriate for each different setting, e.g. theatre, ICU:</p> <ul style="list-style-type: none"> ▪ accept the requirements of different roles and responsibilities within different settings ▪ build respect, support and commitment within the work team ▪ develop and maintain personal competence
Manage their practice and career effectively	<p>Use time management skills appropriately:</p> <ul style="list-style-type: none"> ▪ assess the financial health of your practice ▪ promote efficiency by understanding basic accounting ▪ manage personal work goals ▪ set and meet your own work/life priorities ▪ recognise the effect of poor organisation and its relationship to stress ▪ identify and control major time-wasters ▪ analyse your time utilisation ▪ set up and use a personalised time management system ▪ reduce patient waiting time and the sometimes harmful delays for both those who receive and those who give care <p>Maintain accurate and up-to-date patient records:</p> <ul style="list-style-type: none"> ▪ use electronic health care systems ▪ maintain currency with medical confidentiality laws ▪ maintain patient confidentiality ▪ create or update patient record as soon as the episode of care is completed/ ensure patient record is completed in a timely manner ▪ establish that the correct spelling of names is used, particularly for unusual names ▪ minimise errors, and maintain data quality and integrity ▪ assess patient treatment plans and test results ▪ establish contingency management skills to deal with patient treatment plans not proceeding as planned ▪ address information gaps in patient historical records
Serve in administration and leadership roles, as appropriate	<p>Plan relevant elements of health care delivery:</p> <ul style="list-style-type: none"> ▪ plan healthcare delivery consistent with government regulations and hospital policy ▪ plan healthcare delivery within budgetary constraints ▪ create effective work schedules ▪ recognise and reward team members ▪ identify and deal with any discrimination, sexual harassment or bullying in the workplace ▪ be familiar with employer and manager liabilities and responsibilities ▪ work to minimise organisational risk ▪ remain current with internal and external grievance resolution procedures ▪ acknowledge the obligation of medical practitioners under various statutory bodies ▪ recognise the requirements of medical practitioners in relation to court procedures, giving evidence and medico-legal examinations ▪ minimise medico-legal risk ▪ harness the natural creativity and organising ability of clinical staff and stakeholders

MODULE OBJECTIVES	
	<ul style="list-style-type: none"> ▪ establish a constructive approach to variation in areas of practice where there is only moderate certainty and agreement ▪ establish high standards of clinical practice and care ▪ provide direction to others when necessary ▪ organise the resources, personnel and activities required to achieve goals ▪ recognise the importance of participative, transformational leadership styles for safety performance <p>Chair or participate effectively in committees, meetings:</p> <ul style="list-style-type: none"> ▪ shape/set clear and relevant meeting agenda ▪ participate actively ▪ make positive and constructive contributions ▪ ask relevant questions when appropriate ▪ advance the core goals of the committee ▪ develop /enhance skills in lateral, as well as analytical thinking ▪ develop succession planning skills

SELF ASSESSMENT

Allocating resources:

Identify and prioritise the patient and resource issues that need be taken into consideration in making a choice about who should be given priority for an expensive operation and/or therapeutic treatment when:

- One patient is teenager and the other is middle aged
- One patient is a smoker and the other is obese
- One patient is male and the other is female
- One patient has had previous delays in their treatment and their health is deteriorating and the other is in better health and more likely to benefit

Identify a situation in your own experience where a choice needed to be made and re-assess the factors that impinged on that decision

Managing and leading teams:

Identify the management and leadership issues in the following scenario.

To be added

Managing practice and career:

- List your own work priorities and goals
- Identify any elements of your current work practices that may be hindering you in achieving those priorities and goals
- Evaluate the way that you respond to those hindering elements

Administrative and leadership roles:

Explain the administrative issues in the following scenario and describe the positive/creative ways in which those issues can be managed.

To be added

MODULE TITLE:	PROFESSIONALISM & ETHICS	01-Jan-2009
DEVELOPED BY:	Wendy Crebbin	
Module Rationale and Objectives	<p>All surgical trainees are required to have a thorough understanding of the ethical principles of medicine and how these apply to medical practice. They are also required to adopt an ethical approach to all aspects of their professional practice. This module draws trainees' attention to the aspects of ethical and legal issues; medical indemnity and risk management; time management; and health advocacy, as well as management and leadership.</p> <p>At graduation the trainee will be able to:</p> <ul style="list-style-type: none"> ▪ identify ethical expectations that impinge on the most common medico-legal issues ▪ interpret ethical and legal requirements of the medical profession into their daily practice ▪ act ethically towards their patients and colleagues and consistently apply ethical principles ▪ handle complaints including self-criticism or criticism from colleagues or patients ▪ approach and deal with all patients with a non-discriminatory, non-judgmental attitude ▪ employ a consultative approach with colleagues and other professionals ▪ recognise the need to refer patients to other professionals ▪ respect the different kinds of knowledge and expertise which contribute to the effective functioning of a clinical team ▪ maintain professional standards in their role as a surgeon and a Fellow of the College 	
Suggested Reading	<p>There are no prescribed texts; trainees will be expected to keep abreast with current literature. Suggested reading:</p> <p>Australian Council for Safety and Quality in Health Care, 2005, 'Being ethical', National Patient Safety Education Framework, pp. 140-158: refer to requirements for Level 3 http://www.safetyandquality.org/framework0705.pdf</p> <p>Breen, K. Plueckhahn V. & Cordner, S. 1997, Ethics, Law and Medical Practice, Allen & Unwin. ISBN 1-86448-407-1</p> <p>AMA Code of Ethics, 2003, available from the AMA website: http://www.ama.com.au/web.nsf/doc/WEEN-5WW598</p> <p>Communicating with patients: advice for medical practitioners (draft version), available from the NHMRC website: http://www7.health.gov.au/nhmrc/publications/synopses/e58syn.htm</p> <p>National Privacy Principles and Associated State Legislation: Application of the privacy laws to medical records in Victoria is available from AMA Victoria. Email address is amavic@amavic.com.au</p> <p>New Zealand Medical Association, Code of Ethics, http://www.nzma.org.nz/about/ethics/codeofethics.pdf</p> <p>National Health and Medical Research Council (NHMRC) Ethical Issues, 2004: http://www.nhmrc.gov.au/ethics/human/issues/index.htm</p> <p>NSW Health, 2005, Guidelines for end-of-life care and decision making: http://www.health.nsw.gov.au/pubs/2005/pdf/end_of_life_care.pdf</p> <p>Pathfinder, Australian Health Law: http://www.law.usyd.edu.au/~library/pathfind/health_p.htm</p>	
Learning Opportunities and Methods	<ul style="list-style-type: none"> ▪ Online ▪ Literature review 	
How this unit will be assessed	<ul style="list-style-type: none"> ▪ Half yearly Supervisor's reports ▪ Examination 	

MODULE OBJECTIVES	
Ethical issues	<ul style="list-style-type: none"> ▪ Identify and demonstrate the qualities of an ethical practitioner (altruism, honesty, patient autonomy, beneficence, non-maleficence, fidelity, social justice, utility, accountability, respect) ▪ Accurately describe the ethical rights of patients ▪ Critically evaluate their own communication skills with patients and colleagues ▪ Is accountable for their decisions and actions ▪ Acknowledge their own limitations ▪ Acknowledge and learn from mistakes ▪ Appropriately adjust the way they communicate with patients (and their families) to accommodate cultural and linguistic differences and to facilitate their informed decision making and consent ▪ Conduct examinations in a culturally appropriate manner ▪ Manage patients in ways that demonstrate sensitivity to their physical, social, cultural, and psychological needs ▪ Act responsibly ▪ Apply state/regional privacy principles in their medical practice
Legal issues	<ul style="list-style-type: none"> ▪ Accurately describe the legal rights of patients ▪ Distinguish between the different requirements for medical records, reports and certificates ▪ Identify the most salient points in relation to medical registration and discipline
Medical indemnity and risk management	<ul style="list-style-type: none"> ▪ Explain the standards of 'informed consent' ▪ Summarise the key issues in relation to professional liability and negligence ▪ Outline the mechanisms of qualified privilege and confidentiality ▪ Identify and manage risk ▪ Communicate information to patients (and their family) about potentialities and risks of treatment options ▪ Plans, and where necessary implements, a risk management plan ▪ Describe, and if necessary implement, the approach for dealing with and reporting adverse events
Time management	<ul style="list-style-type: none"> ▪ Maintain comprehensive, accurate and timely records ▪ Initiate time management strategies in relation to their own practices
Health advocacy	<ul style="list-style-type: none"> ▪ Maintain their own health ▪ Advises patients on ways to promote and/or maintain their health ▪ Advocates for patient health ▪ Supports colleagues to maintain health
Management and leadership	<ul style="list-style-type: none"> ▪ Identify local requirements for practice and credentialing ▪ Identify and differentiate between resources of the health care delivery system and individual patient needs ▪ Apply a wide range of information to prioritise needs and demands ▪ Effectively assess and manage systemic risk factors ▪ Review the obligations of medical practitioners under various statutes ▪ Resolve conflicts ▪ Summarise the standards of care as defined by the college and relevant statutory bodies ▪ Describe the health complaints system ▪ Review the requirements of medical practitioners in relation to court procedures, giving evidence and medico-legal examinations ▪ Communicating with patients, parents, peers and other professionals

SELF ASSESSMENT

Ethical practitioner:

Consider the following case study:

You are asked to see a 50-year old physician's wife who is hospitalised because of a seizure. During the course of your history taking, the patient informs you that she has been taking very large amounts of a tranquilliser and analgesics containing narcotics for control of symptoms of a stress related disorder. These drugs have been prescribed, on an ongoing basis, by her husband who appears to be acting as her physician.

- What are your initial thoughts or reactions to the situation being described?
- What options could you pursue in reacting to a situation like this?
- What do you think you would do if you were involved in such a situation?
- What might the personal consequences of such an action be for you?
- Have you ever encountered a situation like this and if so what did you do?
- Why did you do what you did? How did you feel about what you did afterward?

Source: *CanMEDS Teaching the Professional Role*. Available online via http://rcpsc.medical.org/publications/roles_e.html#casestudy

Legal issues, medical indemnity and risk management:

Identify and compare the legal and risk management issues of gaining informed consent from a person who is:

- 12 years old
- 15 years old
- 40 years old suffering from schizophrenia
- a teenager who is an emergency admission

Ensure that you are aware of the regulations for the region (and the hospital) in which you are working.

Health advocacy:

See Health Advocacy module

Management and leadership:

See Management and Leadership module

MODULE TITLE:	SCHOLAR & TEACHER	01-Jan-2009
DEVELOPED BY:	Wendy Crebbin	
Module Rationale and Objectives	<p>Surgeons engage in a lifelong commitment to reflective learning both through their own learning and by passing on their scholarly knowledge to others. As scholars, they need to recognise the need for continual learning and model this for others. As teachers, they should recognise the importance of facilitating education of their students, patients, colleagues, other health professionals, and the community. This module draws Trainees' attention to the skills needed for successful on-the-job clinical teaching – the core of a surgeon's professional development.</p> <p>At graduation the trainee will be able to:</p> <ul style="list-style-type: none"> ▪ assume responsibility for their own ongoing learning ▪ critically evaluate medical information and its sources, and apply appropriately to practice decisions ▪ facilitate the learning of patients, families, trainees, other health professionals, and the community ▪ contribute to the development, dissemination, application, and translation of new medical knowledge and practices 	
Suggested Reading	<p>There are no prescribed texts: trainees will be expected to keep abreast with current literature. Suggested reading:</p> <p>Australian Council for Safety and Quality in Health Care, 2005, 'Continuing Learning', National Patient Safety Education Framework, pp. 160-175: refer to requirements for Level 3 www.safetyandquality.org/framework0705.pdf</p> <p>Anderson, W. Cordner C. and Breen, K. 'Strengthening Australia's framework for research oversight', March 2006, <i>Medical Journal of Australia</i>, v 184 no. 6, pp.261-263: www.mja.com.au/public/issues/184_06_200306/and10129_fm.html</p> <p>'Teaching on the Run Tips', 2004, <i>Medical Journal of Australia</i> (MJA): www.mja.com.au/Topics/Education.html This link provides access to a series of at least 12 articles exploring basic educational principles applied in the clinical setting for all phases of learning and teaching with students, junior doctors and specialty trainees.</p> <p>Schwenk, T.L. 'Clinical Teaching', 1987, Centre for Research on Learning and Teaching, University of Michigan, Available online: www.crlt.umich.edu/crlttext/occ1text.html This document is a research paper which describes the key features of the teaching-learning process and explores the specific application of these factors to a common format of medical teaching: bedside teaching.</p> <p>'Disseminating and applying best evidence' from: www.mja.com.au/public/issues/mar16/phillip/phillip.html</p> <p>World Health Organization (WHO), May 2006, 'Research for Health: A Position Paper on WHO's Role and Responsibilities in Health Resources, pp.1-28: www.who.int/rpc/meetings/position_paper.pdf</p>	
Learning Opportunities and Methods	<ul style="list-style-type: none"> ▪ Online ▪ Literature review 	
How this unit will be assessed	<ul style="list-style-type: none"> ▪ Half yearly Supervisor's reports ▪ Examination ▪ Research 	

MODULE OBJECTIVES	
<p>Assume responsibility for personal ongoing learning</p>	<p>Access and interpret relevant evidence:</p> <ul style="list-style-type: none"> ▪ research information using surgery journals, reference books and databases ▪ use the internet for research purposes and conduct advanced online searches ▪ analyse information and reflect on the implications of new information ▪ recognise when not to use unrelated and relatively useless facts ▪ ask appropriate questions ▪ draw own conclusions <p>Integrate new learning into practice:</p> <ul style="list-style-type: none"> ▪ apply new scholarly knowledge ▪ share relevant knowledge with patients ▪ use non-traditional learning aides with trainees and patients, including online, simulated patients, videos, computers and virtual technology ▪ demonstrate problem-solving and clinical reasoning skills <p>Document and evaluate any changes in own practice and/or approach to patients</p> <ul style="list-style-type: none"> ▪ reflect on own learning ▪ conduct a personal practice audit
<p>Critically evaluate medical information and its sources, and apply appropriately to practice decisions</p>	<p>Draw on different kinds of knowledge in order to weigh up patients' problems in terms of context, issues, needs and consequences:</p> <ul style="list-style-type: none"> ▪ focus on the patient versus the condition ▪ demonstrate an understanding of the impact of socio-economic circumstances ▪ establish patients' medical and personal needs ▪ provide solutions to patients' concerns <p>Describe the principles of critical appraisal:</p> <ul style="list-style-type: none"> ▪ distinguish between sources of information ▪ develop and practise critical judgement ▪ compare information and sources <p>Critically appraise new trends in surgery:</p> <ul style="list-style-type: none"> ▪ use critical judgement ▪ keep up-to-date with medical news and developments ▪ subscribe to professional journals ▪ read newspapers ▪ join professional associations ▪ attend conferences ▪ visit and navigate through reputable medical websites, such as the Royal Australasian College of Surgeons (RACS) and international colleges worldwide ▪ join reputable online medical and health-related discussion groups ▪ critique sources

MODULE OBJECTIVES

Collaboratively identify the learning needs and desired learning outcomes of others:

- demonstrate an ability to negotiate with trainees regarding appropriate educational objectives and goals
- distinguish between what students want to learn and what you want to teach
- negotiate appropriate educational objectives and goals with trainees

Describe principles of learning relevant to medical education:

- identify teaching needs in a clinical situation
- provide regular feedback
- set specific, achievable and measurable expectations
- encourage reflection

Develop teaching skills and facilitate medical student learning:

- plan learning activities in the clinical setting
- motivate trainees
- use relevant topics
- provide experience-centred focused learning
- recognise the 'teaching moment' in a clinical situation
- apply appropriate level of knowledge
- set clear learning goals and outcomes
- provide the opportunity for students to be actively involved
- pose relevant clinical questions
- probe trainee's depth of knowledge through deep rather than superficial questions
- develop an atmosphere of sufficient trust ensuring students are comfortable sharing ideas, and thoughts
- recognise the educational environment
- support/encourage a positive learning atmosphere
- stimulate and engage trainees
- be approachable to discuss problems

Provide effective feedback through both individual and group discussion:

- observe and assess students' performance
- focus on positive critique
- provide feedback at appropriate times
- give specific feedback
- handle any errors made with a no-blame approach, explore all contributing factors and discuss how to prevent a similar problem next time
- help provide solutions for areas of weakness
- allow trainee to comment
- involve attentive listening
- answer questions and provide explanations
- encourage self-assessment

Facilitate the learning of patients, families, trainees, other health professionals, and the community

MODULE OBJECTIVES	
<p>Contribute to the development, dissemination, application, and translation of new medical knowledge and practices</p>	<p>Select and apply appropriate methods to address a research question:</p> <ul style="list-style-type: none"> ▪ undertake research ▪ record findings ▪ attribute sources ▪ produce answer to research questions ▪ publish results ▪ present results, for example, at a conference <p>Describe the principles of research ethics:</p> <ul style="list-style-type: none"> ▪ ensure that all relevant ethical approvals are obtained prior to conducting research ▪ achieve and maintain the highest standards of intellectual honesty in the conduct of research ▪ obtain information through honest means ▪ show respect for people and their privacy and avoidance of harm to them, as well as respect for non-human subjects of research ▪ promote the highest standard of research at all times ▪ avoid conflict of interest ▪ comply with relevant state and federal laws and codes of conduct relating to matters such as privacy, confidentiality, consent, bio-safety, professional standards and radiation <p>Conduct a systematic search for evidence:</p> <ul style="list-style-type: none"> ▪ identify sources ▪ gather information ▪ evaluate information ▪ use different research methods to triangulate findings ▪ ensure information is accurate and reliable ▪ compare and contrast research findings

SELF ASSESSMENT

Personal learning:

- List the eight different ways in which you have taken responsibility for your own learning in the last week
- Identify instances when you could have been more pro-active in your learning

Evaluation of sources:

- Classify the sources of information which you draw upon most frequently and identify the criteria that you use to evaluate the efficacy of that information
- Pinpoint any instances when your decisions may have been more effective if you had drawn on different information and/or had judged the information differently

Facilitate learning:

Consider the following case study:

You have just completed your rounds and you have an appointment with the resident who has been on your service to go over his end-of-rotation evaluation. You have discussed the resident's performance with the other preceptors and you have all concluded that the resident's performance is unsatisfactory. The resident enters your office and instead of telling him the truth you tell him that although his performance is below average you still grade it satisfactory overall. You are concerned that if you submit an evaluation that is unsatisfactory you may be exposing yourself to an appeal which will be time-consuming and likely confrontational.

- What professional issues have been raised in this scenario?
- What are your initial thoughts or reactions to the situation being described? How would you describe the attitude of the teacher?
- What options could you pursue in reacting to a situation like this?
- What do you think you would do if you were involved in such a situation?
- What might the personal consequences of such an action be for you?
- Have you ever encountered a situation like this and if so what did you do?
- Why did you do what you did? How did you feel about what you did afterward?

Source: CanMEDS Teaching the Professional Role. Available online via: http://rcpsc.medical.org/publications/roles_e.html#casestudy

Research:

What are the issues in the following scenario and what are the most appropriate ways to address those issues?

Under appropriate research guidelines a colleague of yours has developed a surgical technique which has a very specific range of applications. He has used the technique successfully and has demonstrated it to other surgeons who have been very interested. Another surgeon has learned the technique and is now applying it in his own practice, expanding the use of the technique beyond the range of applications where it has been accredited as being effective and safe.

- Identify the issues in this scenario that are problematic
- List the necessary steps that a surgeon must follow in developing a new surgical technique and/or expanding the use of a procedure beyond that which it is approved for
- List the appropriate steps that must be followed by a surgeon who has knowledge of a colleague who is using a surgical procedure beyond that which it is approved for