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Quality
- Definition of Quality = degree to which health services ↑ likelihood of desired health outcome & consistent with current knowledge
  - Desired health outcome defined by avoided 5Ds:
    - Death
    - Disease
    - Discomfort
    - Disability
    - Dissatisfaction
  - Quality Mnemonic = STEEEP:
    - Safe
    - Timely
    - Effective
    - Equitable
    - Efficient
    - Patient Centred
- ANZCA = fostering quality & safety of patient care in anaesthesia
  - is everyone’s responsibility
  - Defined by professional documents ⇒ safety machine, transporting, staff resources etc
- Anaesthesia KPI’s:
  - preAx
  - PONV
  - Unexpected ICU admission
  - anaesthesia records
  - acute pain reviews
- ANZCA mortality during procedure = 1:58,000
- Crude mortality peri-op 0.5-1%
- Quality Improvement Program Design:
  - PDSA Cycles - Plan, Do, Study, Act
  - cycles of testing so plan continues to change & incremental changes be made

ANZCA Code of conduct

Patients
- standards of clinical practice (PS16):
  - high standard of clinical care (within constraints of system)
  - ensure adequate pre & post anaesthesia care
  - ensure adequate clinical cover throughout day/night
  - take all steps to manage pain asap
  - only manage cases within your scope of competence
  - reduce risk of infection
  - check equipment before using
  - care for patients in keeping with best available evidence
  - provide second opinions when sought
  - ensure adequate handover of care
  - be able to attend within appropriate time for emergency call
- record keeping:
  - legible contemporaneous records which signed & dated
- communication, cultural sensitivity
- informed consent
- relationships with patients -
  - pt is vulnerable - treat with dignity & dont abuse your position
  - generally unwise to care medically for close relations
- paeds - communicate with them at their level
- end of life care -
withholding or withdrawing life prolonging treatment does not = withdrawal of care.
Dont provide treatment which be of no benefit or would harm pt or unethical

Workplace
- familiarise yourself with workplace
- treat pts in place with suitable equipment & resources or transfer them

Maintenance of Professional Standards
- see below - professional standards

Health
- physical, psychological & emotional health of practionner are important:
  - no chemicals/fatigue/stress
  - ageing effects performance
  - take steps to improve own performance
  - take action if concerns abotu other colleagues
  - volunteer to be tested if concern you ay have transmissible disease

Relationship with Colleagues
- act co-operatively with colleagues & respect others knowledge & experience

Education
- teach others

Research
- optional engagement
  - if so must adhere to local, regional policies for ethics, conflict of interest etc

Business
- be open about financial interests
- avoid inducements which may be seen to affect judgement

Community
- public health matters
- expert witnesses
- don’t torture people

Professionalism
- Core attributes:
  - competence
  - conduct
  - health

Fundamental Principles
- Pt welfare - dedication to serving the patient
- patient autonomy - respect patients & empower them to make appropriate decisions
- social justice - fair distribution of health care resources & to eliminate healthcare discrimination

Set of Responsibilities
- professional responsibilities:
  - competence
  - honesty
  - confidentiality
  - appropriate relationships
  - commitment to quality improvement - self audit
  - commitment to improving access - social equality
  - commitment to just distribution of finite resources
  - commitment to scientific knowledge
  - manage conflict of interest
  - commitment to profession:
- collaboration
- respect
- regulation of profession:
  - remediation
  - discipline
- education - auditing self
- standard setting
- individual and collective
- internal assessment & external scrutiny
CanMEDS Version of Professionalism

ANZCA Examples

Medical Expert
ie integrating & applying knowledge of anaesthesia, clinical skills & prof attitudes
- demonstrate medical skills & expertise:
  › good = timely pain management, preop optimisation
  › poor = ignores post op concerns, cuts corners at work
- monitoring & evaluating care:
  › good = audits own work, reviews & discusses problems
  › poor = no audit, blames others for bad outcomes
- safety & risk:
  › good = good preAx of all, plans for potential problems
  › poor = lacks insight into own limitations, anaesthesia without checking equipment
- proactively making decisions:
  › good = having a back up plan, identifies those need ↑ ed post op care
  › bad = ignores pts PMH, fails to handover to colleagues

Communicator
- developing rapport & trust:
  › good= comforts & reassures pts, encourages pts to ask questions
  › poor= insensitivity if pt difficulties communicating, clinical discussion in front of pt
- eliciting & synthesising information:
  › good= reviewed all notes, reflects on info
  › poor = ignores pt info, ignores info from other team members
- discussing & communicating options:
  › good= empathy when breaking bad news, written info for families
  › bad= discourteous to pt/family, uses unskilled translator

Collaborator
- documenting & exchanging info:
  › good=listens to team concerns, good handover
  › bad=ignores team, disregards others opinions
- establishing shared understanding:
  › good=debriefs team, encourages input from junior staff
  › bad=does not welcome discussion about plans
- active role in clinical teams:
  › good=punctual, introduces self
  › bad=fosters disharmony, ignores needs of co-workers
- prevents & resolves conflict:
  › good=effective delegation, benefits of shared leadership models
  › bad=hostility to different team members, undermines work of managers

Leader
- setting & maintaining standards:
  › good=follows protocols, standards
  › bad=ignores them, disorganised
- leadership that inspires others:
  › good=calm under pressure, manages conflict well
  › bad=unable to make decision under pressure, blames others
- supporting others:
  › good=delegation, constructive feedback to team members
  › bad=no recognition or feedback, -ve attitude to junior staff
- promotes efficiency & cost effectiveness:
  › good=manages changeover of pts in OT well, implications of drugs costs
  › bad=resistant to improvement initiatives

Health Advocate
- caring with compassion & respect for pts rights:
  › good=spend further time with distressed pt
  › bad=disregards pts need for privacy & self esteem, heartless
promoting health & responding to pt needs:
- good = good comm with pt family members, promotes advanced care planning
- bad = cancels cases with no reason, runs late

responding to community & popn needs:
- good = strive ti improve access to healthcare, community education
- bad = ignores cultural beliefs of pt or family

cultural awareness & sensitivity:
- good = effort to understand cultural background, addresses colleagues cultural bias
- bad = insensitivity to pts based on culture, discriminates based on religion

Scholar
- commitment to lifelong learning:
  - good = awareness of recent literature, encourages questions from junior colleagues
  - bad = ignores evidence in adjusting practise, apathy towards teaching juniors
- facilitating learning of others:
  - good = education & training seriously, clinical encounters as learning opportunities
  - bad = arrogant, rude or disinterested in training junior staff
- critically evaluating & applying info:
  - good = develops policy & protocol to enhance pt care
  - bad = reacts to inducements by companies, only selects some information from literature
- fostering scientific inquiry in anaesthesia:
  - good = improve anaesthetic practise through research, alters practise after audit
  - bad = promotes 'it works for me' strategy despite best evidence, ignores evidence base

Professional
- Awareness & insight:
  - good = seeks out & identifies errors to improve self, responds positively to questioning & criticism
  - bad = stubbornly refuses help, blames others
- ethics & probity:
  - good = ethical role model for other staff, appropriate sexual boundaries
  - bad = bullying, harassing, breaching confidentiality
- health & well being:
  - good = has own GP, enjoys leisure activity outside anaesthesia
  - bad = consumes alcohol during work, illegal meds
- regulatory framework of practise:
  - good = protects pts if concerns over colleague, addressing pt complaints improves pt care
  - bad = works outside of scope of practise, illegible notes

Declaration of Helsinki

= ethical principles of research

Fundamental principles
- fundamental principle is respect for individual:
  - right to self determination
  - right to make informed decisions about participation in research at any time
- investigators duty is solely to patient/volunteer
- welfare of subject must take precedence over interests of science & society
- ethical considerations take precedence over law & regulation
- need ↑ vigilance due to vulnerability of subject:
  - if incapacitated or a minor then surrogate consent is possible

Operational Principles
- research based on
  - thorough knowledge of scientific background
  - assessment of risks & benefits
  - reasonable likelihood of benefit to population studied
conducted by trained investigators
approved protocols subject to independent ethics review & oversight by committee
research protocol should address ethical issues & indicate in compliance with this declaration
if original considerations no longer satisfied ⇒ should stop study
info about study publicly available
experimental methods compared against best current methods but under certain situations placebo or no treatment

Key Curriculum Points
- commitment to your own health:
  - ↑ed chance of error if:
    - H ungry
    - A ngry
    - L ate
    - T ired
- commitment to sustainable practise
- commitment to support colleagues
- commitment to patient, profession & society through ethical practise
- commitment to cultural awareness & sensitivity
- adhere to regulatory framework

Limitations in Work
- yourself
- patient
- environment - eg PACU staff, techs
- organisational eg ICU beds

Cultural Competence
- MCNZ - Best practise when providing care for indigenous peoples
- Adhere to regulatory framework of practise ⇒
  - informed consent
  - confidentiality
  - advanced care directives
  - regulatory & legal requirements

Impaired colleagues
- Mandatory reporting but not a criminal offence to avoid doing it
- Although can be brought to task by professional colleague

Responsibilities to:
- Patient
- colleague
- employer
- regulatory authority
- college