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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 Mneumonic = STEEEP:
 - Safe
 - Timely
 - Effective
 - Equitable
 - Efficient
 - Patient Centred
- ANZCA = fostering quality & safety of patient care in anaesthesia
- is everyones 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
- paed's - 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

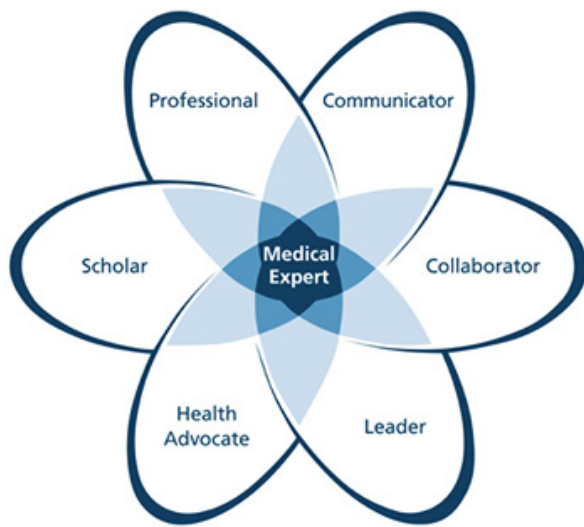
Fundamental Principles

- 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

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 to 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