

AN EVALUATION FRAMEWORK FOR THE ROYAL AUSTRALASIAN COLLEGE OF SURGERY BUILDING RESPECT, IMPROVING PATIENT SAFETY ACTION PLAN

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1. Building Respect, Improving Patient Safety Action Plan

1.1 Background

Action Plan history

In 2015, the Royal Australasian College of Surgeons (RACS) established an Expert Advisory Group (EAG) to investigate the extent of discrimination, bullying and sexual harassment within the surgical profession. EAG research revealed widespread discrimination, bullying and sexual harassment in the practice of surgery. This raised serious concerns for the wellbeing of individual surgeons and surgical trainees, of surgical teams and especially for the quality of care and safety of patients.

RACS responded to these issues by apologising to all people affected by unacceptable behaviours, accepting all of the EAG's recommendations and developing an Action Plan, *Building Respect, Improving Patient Safety* (Action Plan), which outlines how RACS intends to counter and drive out unacceptable behaviours from surgical practice and surgical training.

Action Plan vision

The Action Plan's vision is to *build a culture of respect in surgical practice and education*, which will contribute towards:

- Improved patient safety.
- Surgical workplaces that are safe and free from unacceptable behaviours.
- A surgical profession that is more representative of the cultural and gender diversity across the community.

1.2 Action Plan values and goals

The Action Plan aims to bring significant, but necessary changes to the culture of health workplaces and surgical training. It has been developed to reflect the principles of the Vanderbilt Model¹.

Values underpinning the Action Plan

- Every healthcare worker has the right to a workplace free of unacceptable behaviours and every student/Trainee has the right to an education free of unacceptable behaviours.
- Patient safety should be the absolute and common priority in the workplace and every patient has the right to expect that their healthcare will not be compromised by unacceptable behaviours.
- Every applicant, trainee and surgeon has the right to be treated equally and with respect, regardless of their gender or cultural background.
- Teams work most effectively when there is respect for the skills, experience and contribution of each member.
- The success of work-based teams is measured by the safety of the workplace and the educational environment and by the extent to which all team members recognise

¹ Hickson GB, Pichert J, WEBB LE, Gabbe SG. A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. *Acad. Med.* 2007 Nov;82(11):1040-8

that what they achieve together is more valuable than anything they can achieve on their own.

Action Plan goals

The Action Plan outlines how RACS Council intends to achieve the vision and demonstrate the values. It provides details on the actions needed to address each of the EAG recommendations. The Action Plan addresses eight goals, arranged under the three key action areas identified by the EAG. These goals are supported by a comprehensive workplan, which has been prioritised and gradually implemented. Progress reports on implementation and Action Plan achievements are regularly released and widely distributed.

Building Respect, Improving Patient Safety Action Plan Goals

Cultural Change and Leadership

Goal 1: Build a culture of respect and collaboration in surgical practice and education.

Goal 2: Respecting the rich history of the surgical profession, advance the culture of surgical practice so there is no place for discrimination, bullying and sexual harassment (DBSH).

Goal 3: Build and foster relationships of trust, confidence and cooperation on DBSH issues with employers, governments and their agencies in all jurisdictions.

Goal 4: Embrace diversity and foster gender equity.

Goal 5: Increase transparency, independent scrutiny and external accountability in College activities.

Surgical Education

Goal 6: Improve the capability of all surgeons involved in surgical education to provide effective surgical education based on the principles of respect, transparency and professionalism.

Goal 7: Train all Fellows, Trainees and International Medical Graduates to build and consolidate professionalism including:

- Fostering respect and good behaviour;
- Understanding DBSH: legal obligations and liabilities;
- 'Calling it out'/not walking past bad behaviour;
- Resilience in maintaining professional behaviour.

Complaints Management

Goal 8: Revise and strengthen RACS complaints management process, increasing external scrutiny and demonstrating best practice complaints management that is transparent, robust and fair.

2. The Evaluation Framework

2.1 Objectives, scope and audience of the Evaluation Framework

Objectives

The *Building Respect, Improving Patient Safety* Action Plan Evaluation Framework (Evaluation Framework) has been developed in response to the requirement for clear, transparent and rigorous evaluation of the commitment by RACS to driving out unacceptable behaviours from surgical practice and training.

The first step towards evaluation is development of a comprehensive Evaluation Framework. The Evaluation Framework provides a guide to objectively analyse how effectively the Action Plan has been implemented, whether its intended outcomes have been achieved and what benefits have been delivered. It provides a structure for gathering the information required to gain an understanding of the Action Plan's performance, build capacity, support improvement and contribute to long-term planning.

The Evaluation Framework applies to three evaluations of different aspects of the Action Plan, to be conducted over a period of eight years. It provides key evaluation questions (KEQ), indicators and data sources designed to assess the evaluation criteria of effectiveness, efficiency, appropriateness, equity, impact and sustainability across the three major Action Plan areas.

Scope

This Evaluation Framework covers the breadth of work outlined in the *Building Respect, Improving Patient Safety* Action Plan.

Audience

Evaluation of this Action Plan is intended to be transparent and widely reported. The audience for each evaluation report will include:

- Fellows, Trainees and International Medical Graduates (IMGs);
- RACS Council and major committees;
- Building Respect Implementation Working Group;
- Building Respect Expert Advisory Group; and
- External stakeholders/public.

2.2 Structure of the *Building Respect, Improving Patient Safety* Action Plan Evaluation Framework

Purpose of the Evaluation Framework

The Evaluation Framework is intended to give the evaluation team a 'roadmap' from which to conduct each of the three planned evaluations. It consists of a series of structured questions, indicators and data sources, which are intended to support learning and continuous improvement. The Evaluation Framework is a guide and emerges from the context in which the Action Plan is operating. It should therefore be reviewed for its applicability at the commencement of each evaluation, and adjusted, if necessary, to ensure

each evaluation provides the most practical and useful information for reporting and improvement.

Features of the Framework

The major features of the Evaluation Framework are summarised below:

- It forms the roadmap for three evaluations;
- The Key Evaluation Questions cover all eight Action Plan Goals;
- Each evaluation is linked in time to the outcomes from the Program Logic;
- Repetition of questions, where possible, allows for comparability;
- Data collection is built on what is already in place;
- Prevalence survey will be a key data source;
- The evaluation survey/interviews will supplement existing data sources;
- Multiple data sources will allow for triangulation of findings to increase validity; and
- Fellows, Trainees and IMGs will be consulted via survey, interview and focus group.

How the Evaluation Framework will be used

The working sections of this document are the Program Logic Model (Attachment 3.4), the Program Evaluation Summary and Schedule (Attachment 3.5) and the Evaluation Framework (Attachment 3.6).

The Program Logic Model describes the changes that the Action Plan aims to achieve, and the major steps towards achieving them. It provides a common understanding of the Action Plan and forms the basis from which all of the evaluation questions have been developed. It will remain relevant for each evaluation because it identifies how the Action Plan was intended to be delivered and provides a basis from which to assess whether the planned actions and outcomes were delivered as intended. It will be reviewed and updated after each evaluation to ensure it is current and describes the next phase of the Action Plan.

The Program Evaluation Summary and Schedule identifies when each evaluation is due to take place and which areas of the program are within scope for each evaluation.

The Evaluation Framework includes the Key Evaluation Questions and sub-questions for each evaluation, including how they will be answered (indicators) and where the information will come from (data sources). It provides the roadmap for the evaluation team and will be used to develop the detailed Evaluation Plan.

At the beginning of each evaluation, a detailed Evaluation Plan and methodology will be developed, based on these source documents. The Evaluation Plan will include a timeline, data collection instruments such as surveys, interview guides and data collection spreadsheets and a stakeholder communication strategy.

2.3 The Key Evaluation Questions

The three evaluation Phases and the Key Evaluation Questions are shown in the table below. The full set of evaluation questions, including the more detailed sub-questions, indicators and data sources can be found in the Evaluation Framework Final Report (available on request).

Key Evaluation Questions for each Evaluation Phase

<p>PHASE 1: 2018/19</p> <ul style="list-style-type: none"> • Measure whether program implementation, governance and oversight are proceeding as intended. • Measure whether early outcomes (delivery of pathways for identifying and addressing concerns about behaviour; program reach; target audience perceptions of the Action Plan) are being achieved as intended. • Identify program strengths, what is working well, barriers to progress. • Make recommendations on areas for program adjustment or improvement, based on findings.
KEQ 1: Has the Action Plan been implemented as intended to date?
KEQ 2: Is program governance and oversight effectively supporting delivery of the Action Plan?
<p>PHASE 2: 2020</p> <ul style="list-style-type: none"> • Measure whether program implementation, governance and oversight are proceeding as intended. • Measure whether short-term outcomes (awareness of standards of respectful behaviour and approaches to address unacceptable behaviours; delivery of policy framework to underpin respectful behaviours; key partnerships formed; better educator skills; focus of surgical education on principles of respect, transparency and professionalism, complaints management process) are being achieved as intended. • Identify program strengths, what is working well, barriers to progress. • Make recommendations on areas for program adjustment or improvement, based on findings.
KEQ 1: Has the Action Plan been implemented as intended to date?
KEQ 2: Is program governance and oversight effectively supporting delivery of the Action Plan?
KEQ 3: To what extent has awareness of the standards of respectful behaviour increased across the surgical profession?
KEQ 4: To what extent has awareness of approaches to address unacceptable behaviours increased across the surgical profession?
KEQ 5: Has RACS put in place structures and a policy framework to support respectful behaviours?
KEQ 6: To what extent have relationships of trust, confidence and cooperation on Discrimination, Bullying, Sexual Harassment issues supported progress towards RACS Action Plan goals?
KEQ 7: To what extent has surgical education improved and focussed on the principles of respect, transparency and professionalism?
KEQ 8: To what extent is the RACS complaints management process transparent, robust and fair?

PHASE 3: 2026

The 2026 evaluation has been planned to provide a guide for future thinking. However, because it is eight years away, the questions provided should be considered indicative at this stage. We have also made the assumptions that the Action Plan will be revised after the 2020 evaluation and a new program of work will be developed going forward.

- Measure whether program implementation, governance and oversight are proceeding as intended.
- Measure whether intermediate/long-term outcomes (normalisation of respectful behaviours, key partnerships, focus of surgical education on principles of respect, transparency and professionalism, complaints management process, incorporation of respectful behaviours into RACS strategic plan, policies and activities, reduction of cultural and gender barriers) are being achieved as intended.
- Identify program strengths, what is working well, barriers to progress.
- Make recommendations on areas for program adjustment or improvement, based on findings.

KEQ 1: Has ongoing program activity been implemented as intended to date?

KEQ 2: Is program governance and oversight effectively supporting delivery of the program of work?

KEQ 3: To what extent are respectful behaviours normalised across the surgical profession and within surgical education?

KEQ 4: To what extent have relationships of trust, confidence and cooperation on Discrimination, Bullying, Sexual Harassment issues supported progress towards RACS Action Plan goals?

KEQ 5: To what extent has surgical education improved and focussed on the principles of respect, transparency and professionalism?

KEQ 6: To what extent is the RACS complaints management process transparent, robust and fair?

KEQ 7: To what extent has the Building Respect Action Plan achieved its intended outcomes?