

ST3-ADM-AOP-EPA4 – Review incident or complaint

Area of practice	Medical administration	EPA identification	ST3-ADM-AOP-EPA4	
Stage of training	Stage 3 – Advanced	Version	v0.2 (EC-approved 10/04/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Demonstrate leadership skills in a review of an incident or complaint.			
Description Maximum 150 words	The trainee demonstrates the ability to participate in a team that is reviewing an incident or investigating a complaint.			
Detailed description If needed	Teams could include: root cause analysis teams, London Protocol teams, complaint or incident investigation teams. (Note: investigation of personal grievances are not included in the scope of this EPA.)			
Fellowship competencies	ME	3, 4, 5, 6, 7, 8	HA	1, 2
	COM	1	SCH	1, 2, 3
	COL	1, 2, 3, 4	PROF	1, 2, 3, 4, 5
	MAN	1, 2, 3, 4, 5		
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Understands the review or investigation process and is familiar with the relevant policy and procedure. • Understands his or her role as a member of the review or investigation team. • Understands the roles and responsibilities of other team members. • Understands the principles of team and group dynamics. • Understands the concept of clinical governance. • Understands the context of the incident or complaint from a variety of perspectives. • Understands relevant professional or legal concepts applicable to the review (eg. qualified privilege, conflict of interest). <p>Skills</p>			

	<ul style="list-style-type: none"> • Exhibits social awareness and the ability to manage professional relationships, including team conflict. • Demonstrates the ability to participate in a team discussion that is focused, client centred and time managed. • Integrates the information from review or investigation of the incident to form a view on the pertinent issues. • Contributes to the formulation of the recommendations of the review or investigation team report. • Exhibits self-awareness and self-management relevant to his or her roles. • Demonstrates the use of feedback in relation to his or her own performance. • Builds partnerships and networks to influence outcomes positively for patients. • Demonstrates critical and strategic thinking in relation to the systems in which he or she works. • Navigates sociopolitical environments. • Demonstrates an ability to effect continuous quality improvement. <p>Attitude</p> <ul style="list-style-type: none"> • Values the contribution of professionals involved to enhance collaborative practice. • Maintains appropriate boundaries whilst developing leadership role. • Demonstrates personal integrity and character. • Demonstrates commitment to patient safety and high-quality outcomes for patients and carers. • Demonstrates a commitment to a learning organisation approach and avoidance of a blame culture.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p>Suggested assessment method details (These include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> • Feedback from review or investigation team members. • Mini-Clinical Evaluation Exercise. • Case-based discussion. • Direct Observation of Procedural Skills (DOPS). • Discussion of relevant literature.
<p>References</p> <p>GITLIN MJ. A psychiatrist's reaction to a patient's suicide. <i>Am J Psychiatry</i> 1999; 156: 1630–4.</p> <p>GOLDMANN D. System failure versus personal accountability – the case for clean hands. <i>N Eng J Med</i> 2006; 355: 121–3.</p> <p>MARX D. <i>Patient safety and the 'just culture': a primer for health care executives</i>. New York: DM Consulting, April 2001. Viewed 30 March 2015 <psnet.ahrq.gov/resource.aspx?resourceID=1582>.</p> <p>NATIONAL RESEARCH COUNCIL. <i>To err is human: building a safer health system</i>. Washington, DC: The National Academies Press, 2000.</p>	

O'CONNOR N, KOTZE B & WRIGHT M. Blame and accountability 1: understanding blame and blame pathologies. *Australas Psychiatry* 2011; 19: 113–8.

O'CONNOR N, KOTZE B & WRIGHT M. Blame and accountability 2: on being accountable. *Australas Psychiatry* 2011; 19: 119–24.

WILSON RM & VAN DER WEYDEN MB. The safety of Australian healthcare: 10 years after QAHCS. *Med J Aust* 2005; 182: 260–1.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar