

**ST3-ADM-AOP-EPA6 – Clinical governance committee**

<b>Area of practice</b>	Medical administration	<b>EPA identification</b>	ST3-ADM-AOP-EPA6	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	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.				
<b>Title</b>	<b>Demonstrate leadership skills through participation in a clinical governance committee.</b>			
<b>Description</b> Maximum 150 words	The trainee demonstrates the ability to actively participate as a member of a clinical governance committee.			
<b>Detailed description</b> If needed	Examples include: medication review committee, ECT review committee, quality improvement committee, patient safety committee, Mental Health–Emergency Department liaison committee.			
<b>Fellowship competencies</b>	<b>ME</b>	4, 5, 6, 7, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2, 3
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 3, 4, 5
	<b>MAN</b>	1, 2, 3, 4, 5		
<b>Knowledge, skills and attitude required</b> 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><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands his or her role as a member of the committee.</li> <li>• Understands the committee’s terms of reference.</li> <li>• Understands the principles of committee and group dynamics.</li> <li>• Understands the concept of clinical governance.</li> <li>• Understands the policy and practice context of the committee.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Demonstrates the ability to participate in committee discussion and decision making.</li> <li>• Follows through on the actions that he or she is assigned.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Integrates the information from activity, performance and outcome data.</li> <li>• Contributes to the formulation of the recommendations of the committee.</li> <li>• Participates on working groups delegated by the committee to achieve a particular goal of the committee.</li> <li>• Exhibits self-awareness and self-management relevant to his or her roles.</li> <li>• Demonstrates the use of feedback in relation to his or her own performance.</li> <li>• Builds partnerships and networks to influence outcomes positively for patients.</li> <li>• Demonstrates critical and strategic thinking in relation to the systems in which he or she works.</li> <li>• Navigates sociopolitical environments.</li> <li>• Demonstrates an ability to effect continuous quality improvement.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Values the contribution of professionals involved to enhance collaborative practice.</li> <li>• Maintains appropriate boundaries whilst developing leadership role.</li> <li>• Demonstrates personal integrity and character.</li> <li>• Demonstrates commitment to patient safety and high-quality outcomes for patients and carers.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b> (These include, but are not limited to, WBAs)	<ul style="list-style-type: none"> <li>• Feedback from committee members.</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> <li>• Discussion of relevant literature.</li> </ul>
<p><b>References</b></p> <p>BALDING C. From quality assurance to clinical governance. <i>Aust Health Rev</i> 2008; 32: 383–91.</p> <p>BRAITHWAITE J &amp; TRAVAGLIA JF. An overview of clinical governance policies, practices and initiatives. <i>Aust Health Rev</i> 2008; 32: 10–22.</p> <p>CLASSEN D, RESAR R, GRIFFIN F et al. ‘Global trigger tool’ shows that adverse events in hospitals may be ten times greater than previously measured. <i>Health Aff (Millwood)</i> 2011; 30: 1–9.</p>	

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