

JDOCS: KEY CLINICAL TASKS

JDocs overview

[JDocs](#) is a Framework that describes the many tasks, skills and behaviours that should be achieved by doctors at defined early post-graduate year levels, and will assist in their development towards a surgical or other proceduralist career. It provides guidance and support in becoming a safe, competent, professional doctor at work and a collaborative member of the healthcare team. To relate the Framework to the workplace, key clinical tasks have been developed that represent professional activities undertaken in the clinical workplace, e.g. leading a ward round and discharging a patient.

What are Key Clinical Tasks?

Key clinical tasks (KCTs) represent the daily professional activities undertaken by the junior doctor, where the level of performance can be observed and feedback provided. These are multi-competency constructs around real clinical work and are supported by the competencies of the JDocs Framework that describe the skills, knowledge and attitudes expected of the junior doctor. KCTs are based on Entrustable Professional Activities (EPAs; Olle ten Cate¹), where judgements are made against differing levels of supervision to establish a deeper understanding of the acceptable level of clinical competence required for a particular stage of learning (postgraduate year (PGY) 1–3+).

KCTs use the following levels of supervision to inform feedback and help the doctor gauge his/her progress as they develop their skills and knowledge to demonstrate their readiness for the registrar role.

1. Needs more supervision for development	<input type="checkbox"/>
2. Can perform with supervision	<input type="checkbox"/>
3. Can perform with minimal supervision (observation)	<input type="checkbox"/>
4. Can perform with supervision at a distance (supervisor not present)	<input type="checkbox"/>

Proficiency in each task at supervision level 4 (*Can perform with supervision at a distance – supervisor not present*) should be achievable by the end of PGY3. Assessment of a KCT can be captured in a number of ways, e.g. signed KCT, as part of an end-of-term assessment, and/or built into references and referee reports. Evidence of progress and performance in these tasks can be uploaded to the JDocs ePortfolio.

Key Clinical Tasks for Supervisors

Supervisors can observe junior doctors performing a KCT on a number of occasions and judge their performance using the levels of supervision. The competencies of the JDocs Framework that describe the task are progressive (PGY1–3+) and can be useful when providing feedback to the prevocational doctor; they can also be used to encourage ongoing development of the relevant knowledge, skills and attitudes necessary to proficiently perform a task unsupervised (with supervision at a distance).

Successful completion of a task at supervision level 4 demonstrates the junior doctor has performed the task safely and reliably without direct supervision. The supervisor will have also checked with the doctor and the senior nurse (or other) afterwards that all had gone well. To ensure authenticity using the mobile version of a task, the supervisor will receive email notification where he/she has judged the doctor's performance at supervision level 4.

Key Clinical Tasks for Prevocational doctors

The doctor is encouraged to seek supervisor support to be observed on a number of occasions, to gauge their current level of proficiency in performing a task. In addition to any verbal feedback, a supervisor may use the

¹ Olle ten Cate. Nuts and Bolts of Entrustable Professional Activities: J Grad Med Educ. 2013 Mar; 5(1): 157–158. doi: 10.4300/JGME-D-12-00380.1

competencies of the Framework to help guide further development of relevant skills, knowledge and attitudes to proficiently perform a task unsupervised (with supervision at a distance). Successful completion of a task at supervision level 4 demonstrates the doctor can perform the task safely and reliably without direct supervision. To ensure authenticity using the mobile version of a task, the Supervisor will receive email notification where he/she has judged the doctor’s performance at supervision level 4.

Following supervisor observation using the mobile version of the KCT, the doctor’s progress will be automatically recorded in the JDocs ePortfolio, where the doctor can access feedback to help prompt reflection and guide further personal learning and development.

How to access Key Clinical Tasks

There are two ways to access KCTs.

1. Download as a PDF document from [JDocs website \(http://jdocs.surgeons.org\)](http://jdocs.surgeons.org)

Key clinical tasks		
<ul style="list-style-type: none"> • Admit/consult the new patient • Lead a ward round • Manage peri-operative care • Manage the sick patient • Coordinate and lead open disclosure 	<ul style="list-style-type: none"> • Deliver bad news • Manage CPR & trauma calls • Communication (Handover/ISBAR) • Participate in M & M meetings • Manage/chair interprofessional ward/unit meeting • Discharge a patient 	<ul style="list-style-type: none"> • Display professional behaviours in the workplace • Supervision of junior doctors • Plan an operating list • Plan/participate in the Op Room journey • Perform basic procedures/operations (MALT)

2. Access the mobile KCT form from the JDocs ePortfolio (available only via JDocs [subscription](#))

Doctors can prepare the KCT form on a mobile device in readiness for observation, then hand the mobile device to the supervisor. The supervisor is then able to review the task, enter free text comments and/or use the competencies of the Framework and levels of supervision to inform feedback. Feedback is then recorded directly in the individual’s JDocs Portfolio as a PDF document. There is no supervisory workflow for the JDocs ePortfolio and feedback is for the prevocational doctor’s information only.

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Key Clinical Task

Admit/consult the new patient				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	Being able to reliably admit or consult the new patient, in Outpatient Clinic, Emergency Department or Ward, through to agreed and documented management plan is part of the registrar role. The stages of this can be worked through in the PGY1–3 years. By PGY3, the doctor should be able to admit/consult the new patient, as described below.			
Activities	<ul style="list-style-type: none"> • Perform history/examination • Assimilate tests/define working diagnosis • Propose a management plan • Discuss/present with Consultant where required/accept advised plan • Describe plan/timelines to patient • Achieve understanding/agreement/consent to procedure 			
Competencies of JDocs Framework	Communication	<input type="checkbox"/>	Medical Expertise	<input type="checkbox"/>
	Collaboration & Teamwork	<input type="checkbox"/>	Professionalism & Ethics	<input type="checkbox"/>
	Health Advocacy	<input type="checkbox"/>	Scholarship & Teaching	<input type="checkbox"/>
	Judgement – Clinical Decision Making	<input type="checkbox"/>	Technical Expertise	<input type="checkbox"/>
	Management & Leadership	<input type="checkbox"/>		
Assessment guide	Best assessed by seniors during the term, noted as part of end-of-term assessment			
Performance	1. Needs more supervision for development			<input type="checkbox"/>
	2. Can perform with supervision			<input type="checkbox"/>
	3. Can perform with minimal supervision (observation)			<input type="checkbox"/>
	4. Can perform with supervision at a distance (supervisor not present)			<input type="checkbox"/>
	JDocs competencies can be useful to frame feedback			
Additional comments				
Signed by Supervisor				

A guide for feedback	
Admit/consult the new patient – expected knowledge, skills and attitudes	
Guidance for Supervisors	
Supervisors can observe junior doctors performing this key clinical task, on a number of occasions, and assess their performance using the standards of the JDocs Framework, which may be of assistance in providing feedback. This feedback can be useful to guide ongoing development of the relevant knowledge, skills and attitudes required to proficiently admit/consult the new patient and perform this task unsupervised (with supervision at a distance). Identify areas for further development (✓).	
Guidance for Prevocational Doctors	
The junior doctor is encouraged to seek supervisor support to obtain regular feedback on their proficiency in performing this task. The competencies of the Framework, listed below, describe the levels applicable across the early prevocational years (PGY1–3) and can help the doctor further develop the relevant skills, knowledge and attitudes necessary to proficiently admit/consult the new patient and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Communication	✓
1. Identify and overcome communication barriers that may occur due to a patient’s age, physical impairment, cognitive ability or literacy level	<input type="checkbox"/>
2. Comply with organisational policies regarding comprehensive and accurate documentation	<input type="checkbox"/>
3. Demonstrate high-quality written skills to communicate clinical reasoning, e.g. write case notes legibly, concisely and informatively	<input type="checkbox"/>
4. Can explain the common conditions of the unit effectively to patients and undertake informed consent for common elective and emergency conditions <ul style="list-style-type: none"> • See College position paper for Informed Consent and the Medical Council New Zealand statement • Build rapport with the patient’s family and/or carer(s) • Show respect for diversity, confidentiality and autonomy when communicating with patients e.g. adapt language, use of interpreter services 	<input type="checkbox"/>
5. Actively listen to patients and families using techniques such as appropriate eye contact, attending to verbal and non-verbal cues and clarifying information provided by patient	<input type="checkbox"/>
6. Communicate effectively with complex patients to take clinical history, identifying key comorbidities, e.g. use open and closed questions to elicit information	<input type="checkbox"/>
7. Demonstrate high-quality written skills to communicate clinical actions, e.g. discharge summaries and completion of tasks before discharge	<input type="checkbox"/>
8. Obtain fully informed consent for common elective and emergency conditions	<input type="checkbox"/>
Health Advocacy	
1. Be courteous and compassionate to all patients, without discrimination, regardless of a patient’s chosen lifestyle, e.g. discuss options, offer choices	<input type="checkbox"/>
2. Take into account the impact of history and experience of Indigenous Australians/Māori people, and their spirituality and relationship with the land	<input type="checkbox"/>
3. Work with the patient/family/carers to develop a management plan that addresses the needs and Is preferences of the patient	<input type="checkbox"/>
4. Adapt communication strategy according to the culture, values and beliefs of each patient	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Identify significant clinical issues from history and examination	<input type="checkbox"/>
2. Synthesise clinical information to generate a graded problem list, containing appropriate provisional diagnoses as part of the clinical reasoning process	<input type="checkbox"/>
3. Able to explain processes of diagnostic reasoning	<input type="checkbox"/>
4. Retrieve and use high-quality information from electronic sources for clinical decision making. Document decisions and reasons for same	<input type="checkbox"/>
5. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
6. Direct/oversee the request of diagnostic tests for common conditions	<input type="checkbox"/>
7. Use investigation findings to refine diagnoses for common conditions	<input type="checkbox"/>
8. Discuss imperfect management and reflect on one’s own clinical reasoning process	<input type="checkbox"/>

A guide for feedback	
Admit/consult the new patient – expected knowledge, skills and attitudes	
Management & Leadership	✓
1. Take responsibility for any task delegated	<input type="checkbox"/>
2. Accept opportunities for increased autonomy and patient responsibility under direction of supervisor	<input type="checkbox"/>
Medical Expertise	
1. Undertake a comprehensive and focussed history, eliciting symptoms and signs relevant to the presenting problem or condition. Note medication history, including medicine allergies and previous adverse drug reactions	<input type="checkbox"/>
2. Recognise common symptoms and signs <ul style="list-style-type: none"> • See extracts from Australian Curriculum Framework for Junior Doctors (ACJD) and New Zealand Curriculum Framework for Prevocational training (NZCF) 	<input type="checkbox"/>
3. Perform a comprehensive examination of all systems	<input type="checkbox"/>
4. Follow-up and interpret investigation results appropriately to guide patient management	<input type="checkbox"/>
5. Work within unit-based protocols with regard to pre-operative assessment and care, operative procedures and post-operative care: <ul style="list-style-type: none"> • apply medical knowledge to clinical practice • implement and evaluate a management plan relevant to the patient following discussion with a senior clinician • identify when patient transfer is required, and manage risks prior to and during patient transfer • recognise indications for, and risks of, fluid and electrolyte therapy and blood products • provide appropriate aftercare and arrange follow up for common procedures • safely manage anti-coagulant therapy and manage diabetes • recognise acute cardiac events and use relevant resuscitation/drug protocols • initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan • recognise and manage fluid and electrolyte imbalances in a patient • effectively use semi-automatic and automatic defibrillators • provide appropriate aftercare and arrange follow up for more complex procedures • recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge 	<input type="checkbox"/>
6. Specify peri-operative management of anticoagulants and antiplatelet agents	<input type="checkbox"/>
7. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
8. Be aware of risks associated with common conditions and procedures and implement steps to predict or mitigate them	<input type="checkbox"/>
Professionalism & Ethics	
1. Adhere to medical codes of practice and model professional behaviours including honesty, integrity, commitment, compassion, respect and altruism	<input type="checkbox"/>
2. Treat colleagues and other health care workers with respect	<input type="checkbox"/>
3. Acknowledge ethical complexity of clinical practice, and follow professional and ethical codes (Australian Medical Council and Medical Council New Zealand)	<input type="checkbox"/>
4. Critically reflect on own performance and make an accurate assessment of this	<input type="checkbox"/>
5. Respond positively to suggestions for performance improvement	<input type="checkbox"/>
Technical Expertise	
1. Perform some generic elementary technical skills <ul style="list-style-type: none"> • see Essential Surgical Skills 	<input type="checkbox"/>
2. Identify common symptoms, signs, clinical problems and conditions <ul style="list-style-type: none"> • see extract from the Australian Doctors Curriculum Framework 	<input type="checkbox"/>
3. Perform generic elementary technical skills <ul style="list-style-type: none"> • see Essential Surgical Skills 	<input type="checkbox"/>
4. Competent with basic and intermediate essential surgical skills: <ul style="list-style-type: none"> • Able to assess advanced Essential Surgical Skills constructs (competent with basic and intermediate; pp. 12–14), both for use in current position as well as for surgical education and 	<input type="checkbox"/>

A guide for feedback	
Admit/consult the new patient – expected knowledge, skills and attitudes	
training (SET) application – career pathway	
5. Competent with intermediate and many of the advanced essential surgical skills <ul style="list-style-type: none"> • Essential Surgical Skills constructs (pp. 12–14) 	<input type="checkbox"/>