

## 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 Cate<sup>1</sup>), 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

<sup>1</sup> 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"> <li>• Admit/consult the new patient</li> <li>• Lead a ward round</li> <li>• Manage peri-operative care</li> <li>• Manage the sick patient</li> <li>• Coordinate and lead open disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver bad news</li> <li>• Manage CPR &amp; trauma calls</li> <li>• Communication (Handover/ISBAR)</li> <li>• Participate in M &amp; M meetings</li> <li>• Manage/chair interprofessional ward/unit meeting</li> <li>• Discharge a patient</li> </ul>	<ul style="list-style-type: none"> <li>• Display professional behaviours in the workplace</li> <li>• Supervision of junior doctors</li> <li>• Plan an operating list</li> <li>• Plan/participate in the Op Room journey</li> <li>• Perform basic procedures/operations (MALT)</li> </ul>

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.

### For further information, please contact:

Stephen Tobin, Dean of Education  
[stephen.tobin@surgeons.org](mailto:stephen.tobin@surgeons.org)

Jacky Heath, Manager, Prevocational and Online Education  
[jacky.heath@surgeons.org](mailto:jacky.heath@surgeons.org)

<http://jdocs.surgeons.org>

### Key Clinical Task

Deliver bad news				
<b>First name</b>		<b>Last name</b>		
<b>Date</b>		<b>Hospital</b>		
<b>Term</b>		<b>Supervisor</b>		
<b>Description of task</b>	<p>Patients and their families anticipate that medical diagnoses and situations can include ‘bad news’, such as cancer diagnosis or a non-salvageable situation/futile care.</p> <p>Developing skills and behaviours for this is essential. Honesty about the medical issue should include sensitive dialogue and not abolish hope: steps going forward should be covered.</p>			
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Able to communicate openly with empathy</li> <li>• Actively listens to patient/family</li> <li>• Able to clarify as able</li> <li>• Involves consultant when required</li> </ul>			
<b>Competencies of JDocs Framework</b>	Communication	<input checked="" type="checkbox"/>	Medical Expertise	<input checked="" type="checkbox"/>
	Collaboration & Teamwork	<input checked="" type="checkbox"/>	Professionalism & Ethics	<input checked="" type="checkbox"/>
	Health Advocacy	<input checked="" type="checkbox"/>	Scholarship & Teaching	<input type="checkbox"/>
	Judgement – Clinical Decision Making	<input checked="" type="checkbox"/>	Technical Expertise	<input type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
<b>Assessment guide</b>	Observed 6–8 times			
<b>Performance</b>	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			
<b>Additional comments</b>				
<b>Signed by Supervisor</b>				

<b>A guide for feedback</b>	
<b>Deliver bad news – expected knowledge, skills and attitudes</b>	
<b>Guidance for Supervisors</b>	
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 <b>deliver bad news</b> and perform this task unsupervised (with supervision at a distance). <b>Identify areas for further development (✓).</b>	
<b>Guidance for Prevocational Doctors</b>	
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 <b>deliver bad news</b> and demonstrate they can perform this task unsupervised (with supervision at a distance).	
<b>Collaboration &amp; Teamwork</b>	✓
1. Inform the presence or availability of team members to patients	<input type="checkbox"/>
2. Participate in shared decision-making activity involving patients, families and relevant health professionals, such as development of a care plan noting reference to open disclosure in 'Communication' section	<input type="checkbox"/>
3. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
<b>Communication</b>	
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. Use appropriate techniques and support when responding to patients and families in distress, and facilitate consultant involvement early in the process; to include participation in open disclosure discussions	<input type="checkbox"/>
3. Set an appropriate tone for any communication with patients and their families, peers and colleagues	<input type="checkbox"/>
4. Communicate clearly and compassionately when breaking bad news or discussing difficult topics (deterioration, poor prognosis, resuscitation and end-of-life issues)	<input type="checkbox"/>
<b>Health Advocacy</b>	
1. Consider, and allow, for the impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<input type="checkbox"/>
2. Show respect for patient treatment choices	<input type="checkbox"/>
3. Recognise health needs of an individual patient beyond their immediate condition	<input type="checkbox"/>
4. Arrange appropriate support for a dying patient	<input type="checkbox"/>
5. Consider how culture, beliefs and health literacy can affect patient understanding of their care and expectations	<input type="checkbox"/>
6. Adapt communication strategy according to the culture, values and beliefs of each patient	<input type="checkbox"/>
7. Work with the patient/family/carers to develop a management plan that addresses the needs and preferences of the patient	<input type="checkbox"/>
<b>Judgement &amp; Clinical Decision Making</b>	
1. Recognise when advice and guidance is required in development of management plans	<input type="checkbox"/>
2. Recognise instances of uncertainty and conflicting values, and able to alleviate their potential impact	<input type="checkbox"/>
<b>Management &amp; Leadership</b>	
1. Work well with others to gain respect and trust	<input type="checkbox"/>
2. Recognise stressful situations and know when to ask for help	<input type="checkbox"/>
3. Demonstrate appropriate self-awareness and insight	<input type="checkbox"/>
<b>Medical Expertise</b>	
1. Manage common conditions. See extracts from <a href="#">Australian Curriculum Framework for Junior Doctors (ACJD)</a> and <a href="#">New Zealand Curriculum Framework for Prevocational training (NZCF)</a>	<input type="checkbox"/>

<b>A guide for feedback</b>	
<b>Deliver bad news – expected knowledge, skills and attitudes</b>	
2. Present common cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
3. Perform a comprehensive examination of all systems	<input type="checkbox"/>
4. Provide appropriate aftercare and arrange follow-up for all procedures	<input type="checkbox"/>
5. Identify patients suitable for, and refer to, aged care, rehabilitation or palliative care programs	<input type="checkbox"/>
<b>Professionalism &amp; Ethics</b>	
1. Demonstrate empathy, caring and compassion for patients, their families and carers and treat them with dignity and respect	<input type="checkbox"/>
2. Treat colleagues and other health care workers with respect	<input type="checkbox"/>
3. Deal with ethical uncertainty and conflicting values; maintain ethical standards	<input type="checkbox"/>