

## 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:

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<http://jdocs.surgeons.org>

### Key Clinical Task

| Demonstrate efficient communication skills |   |                                     |                          |                                     |
|--|---|-------------------------------------|--------------------------|-------------------------------------|
| <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>                 | The ability to logically describe a patient in 6 to 8 sentences; could be structured as ISBAR; covers logical clinical decision-making, as well as clear communication.   |                                     |                          |                                     |
| <b>Activities</b>                          | <ul style="list-style-type: none"> <li>• For discussion with consultant &amp; handovers*               <ul style="list-style-type: none"> <li>○ Identify</li> <li>○ Situation</li> <li>○ Background</li> <li>○ Assessment</li> <li>○ Recommendation (*example of system)</li> </ul> </li> <li>• Considered assessment by senior doctor receiving discussion or handover will inform this</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>Demonstrate efficient communication skills – 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>demonstrate efficient communication skills</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>demonstrate efficient communication skills</b> and demonstrate they can perform this task unsupervised (with supervision at a distance).               |                          |
| <b>Collaboration &amp; Teamwork</b>  | ✓                        |
| 1. Understand both personal and collective responsibility within the team to ensure the safety of patients   | <input type="checkbox"/> |
| 2. Perform effective handover in a structured format, e.g. team member to team member, or hospital to GP, to ensure patient safety and continuity of care  | <input type="checkbox"/> |
| 3. Collaborate effectively with other specialist teams involved in the patient's care  | <input type="checkbox"/> |
| <b>Communication</b>   |                          |
| 1. Recognise and respond appropriately to graded assertiveness   | <input type="checkbox"/> |
| 2. Attend to clarity, structure and appropriate content for specific correspondence, e.g. handover notes and investigation requests  | <input type="checkbox"/> |
| 3. Participate in clinical handover in a manner that ensures patient safety and continuity of care   | <input type="checkbox"/> |
| 4. Explain clinical reasoning to current health team using concise language and a structured approach  | <input type="checkbox"/> |
| 5. Use graded assertiveness where appropriate  | <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. Identify key issues on which to advocate for the patient to ensure their immediate clinical care and requirements are achieved  | <input type="checkbox"/> |
| 3. Identify any gaps between management plan and patient wishes  | <input type="checkbox"/> |
| <b>Judgement &amp; Clinical Decision Making</b>  |                          |
| 1. Make well-reasoned diagnosis for common problems with assistance from senior clinician  | <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. Implement the ISBAR approach of identification, description of case, clinical background, assessment and recommendation for discussion  | <input type="checkbox"/> |
| 4. Recognise when advice and guidance is required in development of management plans   | <input type="checkbox"/> |
| 5. Recognise when a management plan is failing and, where appropriate, seek senior input to devise an alternative plan   | <input type="checkbox"/> |
| 6. Plan the order of an operating list and discuss with consultant   | <input type="checkbox"/> |
| <b>Management &amp; Leadership</b>   |                          |
| 1. Contribute fully in handover of patients within unit  | <input type="checkbox"/> |
| 2. Lead handover of patients within unit   | <input type="checkbox"/> |
| <b>Medical Expertise</b>   |                          |
| 1. Recognise common symptoms and signs. See extracts from: <ul style="list-style-type: none"> <li>• <a href="#">Australian Curriculum Framework for Junior Doctors (ACJD)</a></li> <li>• <a href="#">New Zealand Curriculum Framework for Prevocational training (NZCF)</a></li> </ul>   | <input type="checkbox"/> |

| <b>A guide for feedback</b>   |                          |
|---|--------------------------|
| <b>Demonstrate efficient communication skills – expected knowledge, skills and attitudes</b>  |                          |
| 2. Seek help when unsure  | <input type="checkbox"/> |
| 3. Present common cases effectively to senior medical staff and other health professionals  | <input type="checkbox"/> |
| 4. Recognise when a patient is dying and implement an appropriate care plan   | <input type="checkbox"/> |
| 5. Deal with common (presenting) symptoms and signs and common conditions. See extracts from: <ul style="list-style-type: none"> <li>• <a href="#">Australian Curriculum Framework for Junior Doctors (ACJD)</a></li> <li>• <a href="#">New Zealand Curriculum Framework for Prevocational training (NZCF)</a></li> </ul> | <input type="checkbox"/> |
| 6. Present complex cases effectively to senior medical staff and other health professionals   | <input type="checkbox"/> |
| <b>Professionalism &amp; Ethics</b>   |                          |
| 1. Demonstrate flexibility and ability to adapt to change   | <input type="checkbox"/> |