

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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<http://jdocs.surgeons.org>

Key Clinical Task

Plan an Operating List			
First name		Last name	
Date		Hospital	
Term		Supervisor	
Description of task	This task needs to take into account the surgical team, the anesthetic considerations, the medical aspects and theatre resources, such as radiology. Needs to allow for day case discharge and may need review if emergency demands		
Activities	<ul style="list-style-type: none"> • Plan allowing for elective and ward patients • Note medical and strategic issues <ul style="list-style-type: none"> ○ Diabetes, anticoagulation etc.; day case vs. inpatient etc. • Work out (provisional) appropriate order • Review with consultant <ul style="list-style-type: none"> ○ Discuss with op. theatre, anaesthetic team etc. ○ Make sure ward nurses informed • Patient issues attended • Behave professionally; the best planned operating list may still have events 		
Competencies of JDocs Framework	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"/>	
Assessment guide	Observed 10+		
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	
Plan an operating list – 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 plan an operating list 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 plan an operating list and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. Establish respectful good working relationships with team members and other healthcare professionals	<input type="checkbox"/>
2. Recognise expertise and roles of other health team members and staff	<input type="checkbox"/>
3. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
Communication	
1. Provide updates to the current health team, e.g. new critical issues or changes in a patient's condition	<input type="checkbox"/>
2. Communicate effectively within multidisciplinary teams, reflecting an understanding of, and respect for, different health professional perspectives	<input type="checkbox"/>
3. Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management	<input type="checkbox"/>
Health Advocacy	
1. Demonstrate awareness of the cultural diversity and requirements of patients	<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"/>
Judgement & Clinical Decision Making	
1. Select appropriate procedures, with involvement of senior clinicians and the patient	<input type="checkbox"/>
2. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
3. Plan the order of an operating list and discuss with consultant	<input type="checkbox"/>
Management & Leadership	
1. Able to ensure that ward patients are ready for theatre on time	<input type="checkbox"/>
2. Remain calm under pressure	<input type="checkbox"/>
Medical Expertise	
1. Identify and provide relevant and succinct information when ordering investigations. Ensure tests and results are documented	<input type="checkbox"/>
2. Understand the key features of antibiotic prophylaxis and appropriate therapeutic use, noting local protocols and the Therapeutic Guidelines (Antibiotics)	<input type="checkbox"/>
3. 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 	<input type="checkbox"/>

A guide for feedback	
Plan an operating list – expected knowledge, skills and attitudes	
<ul style="list-style-type: none"> • 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 • maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use • 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 • Follow-up and interpret investigation results appropriately to guide patient management 	<input type="checkbox"/>
4. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
Professionalism & Ethics	
1. Mindful of potential impact of resource constraint on patient care	<input type="checkbox"/>