

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

| Supervision of junior doctors | | | |
|--|--|-------------------------------------|--|
| First name | | Last name | |
| Date | | Hospital | |
| Term | | Supervisor | |
| Description of task | Supervision implies that one works with more junior residents. Here, considering PG3/3+ supervising PGY1/2; could be PGY2 with PGY1. Often will be based around daily ward round. Need to delegate/review/assist part of this. | | |
| Activities | <ul style="list-style-type: none"> • Lead on ward round • Manage/supervise delegated tasks <ul style="list-style-type: none"> ○ Review at bedside depending on course • Assist with queries/procedures • Check documentation <ul style="list-style-type: none"> ○ Progress notes; Clear correct drug charts • Plan discharge arrangements <ul style="list-style-type: none"> ○ Home supports; appointments; documents | | |
| 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 checked="" type="checkbox"/> |
| | Judgement – Clinical Decision Making | <input checked="" type="checkbox"/> | Technical Expertise <input checked="" type="checkbox"/> |
| | Management & Leadership | <input checked="" type="checkbox"/> | |
| Assessment guide | Observed 6–8 times | | |
| 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 | |
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| Supervision of junior doctors – 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 supervision of junior doctors 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 supervision of junior doctors 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 the roles and responsibilities of other professionals within the healthcare team; respect and listen to their concerns about the patient | <input type="checkbox"/> |
| 3. Support new unit (team) members | <input type="checkbox"/> |
| 4. Collaborate with colleagues to plan and implement work rosters | <input type="checkbox"/> |
| 5. Effectively prioritise patients with multiple medical conditions of varying disease severity | <input type="checkbox"/> |
| 6. Able to coach or supervise juniors, as required by the clinical task | <input type="checkbox"/> |
| 7. Encourage participation of all team members and allocate appropriate tasks to junior members | <input type="checkbox"/> |
| 8. Engage junior doctors, nursing and ancillary staff in ward rounds | <input type="checkbox"/> |
| Communication | |
| 1. Accurately document medicine prescription, calculations and administration, using recommended terminology, including symbols and abbreviations | <input type="checkbox"/> |
| 2. Demonstrate high-quality written skills to communicate clinical reasoning, e.g. write case notes legibly, concisely and informatively | <input type="checkbox"/> |
| 3. Attend to clarity, structure and appropriate content for specific correspondence, e.g. handover notes and investigation requests | <input type="checkbox"/> |
| 4. Use electronic resources in patient care, e.g. to obtain results, populate discharge summaries, access medicines information and maintain health records | <input type="checkbox"/> |
| 5. Gather information from a variety of sources and use it to ensure continuity of patient care, e.g. referral letters, case records, test results, electronic information | <input type="checkbox"/> |
| 6. 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 | <input type="checkbox"/> |
| 7. Explain clinical reasoning to current health team using concise language and a structured approach | <input type="checkbox"/> |
| 8. Keep patients and significant others informed of management plan progress | <input type="checkbox"/> |
| 9. Set an appropriate tone for any communication with patients and their families, peers and colleagues | <input type="checkbox"/> |
| 10. 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. Is 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. Recognise the interaction between mental, physical and social wellbeing in relation to health | <input type="checkbox"/> |
| 3. Demonstrate awareness of the cultural diversity and requirements of patients | <input type="checkbox"/> |
| 4. Identify key issues on which to advocate for the patient to ensure their immediate clinical care and | <input type="checkbox"/> |

| A guide for feedback | |
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| Supervision of junior doctors – expected knowledge, skills and attitudes | |
| requirements are achieved | |
| 5. Recognise health needs of an individual patient beyond their immediate condition | <input type="checkbox"/> |
| 6. Able to advise on health needs of an individual patient beyond their immediate condition | <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"/> |
| Judgement & Clinical Decision Making | |
| 1. Use available evidence effectively and efficiently to inform clinical decision making | <input type="checkbox"/> |
| 2. Use basic algorithms and decision trees to manage common problems | <input type="checkbox"/> |
| 3. Recognise personal limitations and ensure appropriate supervision | <input type="checkbox"/> |
| 4. Review patients on a regular basis and make decisions based on their response to treatment | <input type="checkbox"/> |
| 5. Recognise when advice and guidance is required in development of management plans | <input type="checkbox"/> |
| 6. Undertake continued timely reviews of patient progress and respond appropriately to any changes of condition | <input type="checkbox"/> |
| 7. Able to explain decision making while performing a simple procedure | <input type="checkbox"/> |
| Management & Leadership | |
| 1. Respond positively to direction | <input type="checkbox"/> |
| 2. Identify and follow patient care protocols, for example: <ul style="list-style-type: none"> • hand hygiene • handover • venous thromboembolism prophylaxis | <input type="checkbox"/> |
| 3. Accept opportunities for increased autonomy and patient responsibility under direction of supervisor | <input type="checkbox"/> |
| 4. Contribute fully in handover of patients within unit | <input type="checkbox"/> |
| 5. Delegate appropriate tasks to junior members, ensuring supervision is maintained | <input type="checkbox"/> |
| 6. Lead handover of patients within unit | <input type="checkbox"/> |
| Medical Expertise | |
| 1. Manage common conditions <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"/> |
| 2. 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 • 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 | <input type="checkbox"/> |
| 3. Safely prescribe use of antimicrobials and be aware of the influence of the pharmaceutical industry. Clearly understand proper surgical prophylaxis and distinguish this from therapeutic use of antibiotics for bacterial infections | <input type="checkbox"/> |

| A guide for feedback | |
|---|--------------------------|
| Supervision of junior doctors – expected knowledge, skills and attitudes | |
| 4. Specify peri-operative management of anticoagulants and antiplatelet agents and recognise prescription and/or administration errors | <input type="checkbox"/> |
| 5. Identify common risks in older and complex patients, e.g. falls risk and cognitive decline | <input type="checkbox"/> |
| 6. Follow-up and interpret investigation results appropriately to guide patient management | <input type="checkbox"/> |
| Professionalism & Ethics | |
| 1. Recognise discrimination, sexual harassment and bullying issues and know the hospital response requirements for such issues | <input type="checkbox"/> |
| 2. Maintain an appropriate standard of professional practice and work within personal capabilities | <input type="checkbox"/> |
| 3. Treat colleagues and other healthcare workers with respect | <input type="checkbox"/> |
| 4. Critically reflect on own performance and make an accurate assessment of this | <input type="checkbox"/> |
| 5. Act as a role model of professional behaviour in the workplace | <input type="checkbox"/> |
| 6. Identify and actively intervene in areas of unprofessional behaviour | <input type="checkbox"/> |
| Scholarship & Teaching | |
| 1. Assist with training of medical students in clinical examination and simple skills | <input type="checkbox"/> |
| 2. Lead the training of junior doctors in clinical examination and teaching of simple skills using a teaching plan | <input type="checkbox"/> |
| 3. Provide constructive, timely and specific feedback to interns based on observation of a junior's performance, encouraging them to reflect on their own learning | <input type="checkbox"/> |
| 4. Provide effective supervision using recognised techniques and skills (availability, orientation, learning opportunities, role modelling, delegation) | <input type="checkbox"/> |
| 5. Adapt level of supervision to learner's competence and confidence | <input type="checkbox"/> |
| 6. Conduct assessments of (e.g. mini-CEX, 360° assessment), and observe, juniors; discuss and escalate performance issues where appropriate | <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. Assist with teaching junior staff | <input type="checkbox"/> |
| 3. Able to demonstrate that basic essential surgical skills constructs are well established <ul style="list-style-type: none"> • see Essential Surgical Skills | <input type="checkbox"/> |
| 4. Able to teach basic Essential Surgical Skills constructs to juniors and supervise their clinical application established <ul style="list-style-type: none"> • see Essential Surgical Skills | <input type="checkbox"/> |