

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

Co-ordinate & lead open disclosure				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	<p>Open disclosure may involve breaking bad news or discussing difficult topics for example, deterioration, poor prognosis, resuscitation, serious complications, missed diagnosis and end-of-life issues. The concept of 'open disclosure' is now well established in ANZ, although the framework used and PGY level to be involved varies.</p> <p>By PGY3 the doctor should be able to co-ordinate and lead open disclosure, as described below.</p>			
Activities	<ul style="list-style-type: none"> • Able to communicate openly with empathy • Actively listens to patient and family and able to adapt communication style Clarifies information as requested • Involves consultant early in process • Follows hospital guidelines & advice • Develops a management plan that addresses needs and preferences of patient 			
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 type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Document each time			
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	
Co-ordinate & lead open disclosure – 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 co-ordinate & lead open disclosure 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 co-ordinate & lead open disclosure and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. Inform the presence or availability of team members to patients	<input type="checkbox"/>
2. Recognise expertise and roles of other health team members and staff	<input type="checkbox"/>
3. 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"/>
4. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
Communication	
1. Provide clear and accurate information to patients for common procedures in the unit and most commonly prescribed medications <ul style="list-style-type: none"> • 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 • 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"/>
2. Has knowledge of the principles of open disclosure: <ul style="list-style-type: none"> • Australian Open Disclosure Framework • Medical Council New Zealand Statement 	<input type="checkbox"/>
3. Comply with organisational policies regarding comprehensive and accurate documentation	<input type="checkbox"/>
4. 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"/>
5. Identify potential areas for communication breakdown and take action to avoid problems of miscommunication	<input type="checkbox"/>
6. Communicate effectively with administrative bodies and support organisations	<input type="checkbox"/>
7. Conform to principles of open disclosure, noting the hospital's policy if involved in an adverse event. <ul style="list-style-type: none"> • Australian Open Disclosure Framework • Medical Council New Zealand Statement 	<input type="checkbox"/>
8. Able to co-ordinate and lead open disclosure discussions	<input type="checkbox"/>
9. Communicate clearly and compassionately when breaking bad news or discussing difficult topics (deterioration, poor prognosis, resuscitation and end-of-life issues)	<input type="checkbox"/>
Health Advocacy	
1. Demonstrate awareness of the cultural diversity and requirements of patients	<input type="checkbox"/>
2. Recognise own cultural values/biases that may impact on role as a doctor and in interactions with others	<input type="checkbox"/>
3. Take into account the impact of history and experience of Indigenous Australians/Māori people, and	<input type="checkbox"/>

A guide for feedback	
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their spirituality and relationship with the land	
4. Adapt communication strategy according to the culture, values and beliefs of each patient	<input type="checkbox"/>
5. 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. Following any error in clinical reasoning, reflect on own clinical reasoning process and learn from mistake	<input type="checkbox"/>
2. Recognise personal limitations and ensure appropriate supervision	<input type="checkbox"/>
3. Has awareness and acknowledges errors or omissions in own decision making	<input type="checkbox"/>
4. Recognise when a management plan is failing and, where appropriate, seek senior input to devise an alternative plan	<input type="checkbox"/>
5. Discuss imperfect management and reflect on one's own clinical reasoning process	<input type="checkbox"/>
Management & Leadership	
1. Know the requirements of mandatory reporting as required by the Medical Board of Australia and the Medical Council New Zealand	<input type="checkbox"/>
2. Use local protocols to respond to patient complaints of a simple nature	<input type="checkbox"/>
3. Document and report adverse events in accordance with local incident reporting systems	<input type="checkbox"/>
4. Articulate the reporting requirements for complaints and adverse events within the hospital	<input type="checkbox"/>
5. Manage patient complaints as advised by the hospital system, and lead a team-based review into complaints and adverse outcomes	<input type="checkbox"/>
Medical Expertise	
1. Seek help when unsure	<input type="checkbox"/>
2. Identify medical errors or adverse events and implement the appropriate clinical protocols to manage them	<input type="checkbox"/>
3. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
4. Audit own and team performance in relation to patient progress and outcome	<input type="checkbox"/>
Professionalism & Ethics	
1. Comply with the legal requirements of being a doctor	<input type="checkbox"/>
2. Adhere to medical codes of practice and model professional behaviours including honesty, integrity, commitment, compassion, respect and altruism	<input type="checkbox"/>
3. Comply with legal requirements in patient care, e.g. Mental Health Act, death certification	<input type="checkbox"/>
4. Aware of the College Code of Conduct and its implications for surgical practice <ul style="list-style-type: none"> • College Code of Conduct 	<input type="checkbox"/>
Scholarship & Teaching	
1. Reflect on and learn from own observations of clinical practice	<input type="checkbox"/>
2. Contribute to unit morbidity/mortality meetings	<input type="checkbox"/>
3. Chair/facilitate morbidity/mortality meetings, and identify desirable changes to processes and systems of care	<input type="checkbox"/>