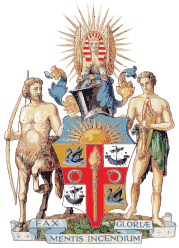
Royal Australasian College of Surgeons

JDocs Framework

A guide for junior doctors

Version 2: 2016



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

jdocs

Best Practice,
Better Practitioners

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Table of contents

Terms and abbreviations 3

Section 1: Introduction 4

The JDocs Framework 4

Key clinical tasks 4

JDocs resources 4

Using the JDocs Framework 5

In summary 6

Section 2: The JDocs Framework 7

Section 3: Using the JDocs Framework 32

Key clinical tasks examples 34

Section 4: Assessment strategies/tools 35

Direct observation 35

Multi-source feedback 35

Summative work-based assessments 36

Simulation 36

Reflective learning tools and learning portfolios 36

Knowledge assessment 36

Section 6: JDocs tools and resources 37

The JDocs website 37

The JDocs ePortfolio 38

Subscription to JDocs 39

Section 7: Acknowledgements 40

Section 8: References 41

Section 9: Appendices 42

Essential Surgical Skills Document 42

Key Clinical Task – Lead a ward round 61

Terms and abbreviations

The following terms and abbreviations are used throughout this document.

ACF Australian Curriculum Framework for Junior Doctors

DCT Director of Clinical Training

DPET Director of Prevocational Education and Training

ESS Essential Surgical Skills

MEO Medical Education Officer

PGY Post-graduate Year

SET Surgical Education and Training

Section 1: Introduction

Increased numbers of medical graduates and limited vocational training places have resulted in junior doctors spending more time in non-accredited positions, with subsequent uncertainty about their career path and learning expectations.

To help guide junior doctor career development during the early prevocational years, The Royal Australasian College of Surgeons (the College) has established JDocs, a competency framework (JDocs Framework) supported by a suite of learning and assessment resources. JDocs is available to any doctor registered in Australia and New Zealand, from and including internship. JDocs aims to supports self-directed learning where junior doctors take the initiative in:

- diagnosing their learning needs
- formulating their learning goals
- identifying human and material resources for learning
- choosing and implementing appropriate learning strategies, and evaluating these.

Although JDocs does not guarantee selection into any procedural specialty training program, by engaging with the JDocs Framework and its supporting resources, the junior doctor can recognise the skills and performance standards expected prior to applying to vocational specialist training.

The JDocs Framework

The JDocs Framework is aligned to the College's nine surgical core competencies (p. 8) and describes the many tasks, skills and behaviours that the junior doctor should achieve at defined levels during post-graduate years (PGY) 1 to 3 and beyond. Whilst some components of the Framework are surgically focussed, JDocs covers many of the generic aspects of being a competent, safe doctor. (Refer to p. 7 for further information).

Key clinical tasks

To complement the JDocs Framework, a number of key clinical tasks have been developed to facilitate assessment of the junior doctor's level of performance in the workplace. The key clinical tasks are multi-competency constructs around real clinical work, for example, leading a ward round or looking after a sick patient, and are applicable to many procedural medical careers. (Refer to pp. 32–34)

JDocs resources

The following have been developed to support the JDocs Framework.

1. JDocs website

The website provides detailed information about JDocs, with access to:

- online and downloadable versions of the JDocs Framework and key clinical tasks
- information and guidance about the General Surgical Sciences Examination (GSSE)
- accredited courses and events for junior doctors
- links to the College's surgical skills videos and practise tasks
- links to other relevant external resources.

Please refer to p. 40 for further information.

2. JDocs ePortfolio

The JDocs ePortfolio is available by subscribing to JDocs and enables doctors to access a variety of educational tools and resources to support their personal and professional development. Engagement with the ePortfolio also allows doctors to create a profile that documents evidence of their work-based assessment, achievements and experiences, which can support an application to advanced specialty training, including Surgical Education and Training (SET; refer to p. 41).

Using the JDocs Framework

The JDocs Framework is designed to support the following groups.

1. The junior doctor

A doctor, recently graduated from university, is going to have to negotiate ever-increasing pressures and demands in order to develop the qualities and skills required for their professional advancement. The JDocs Framework will help guide career development during the early prevocational years and should assist with supporting ongoing development against the many generic attributes of 'being a safe and competent clinician at defined PGY levels. Being a competent and safe clinician is more than just having technical skills; it requires interpersonal skills and cultural awareness, which allow the junior doctor to listen, lead, learn, effectively communicate, make appropriate decisions, empathise and understand.

To link the many tasks, skills and behaviours of the JDocs Framework to everyday clinical practice, key clinical tasks, which are meaningful for the junior doctor, have been developed, examples being leading a ward round and managing a sick patient. When undertaking any of these tasks, the junior doctor is encouraged to seek the support of their supervisor to have their learning assessed.

Junior doctors are eligible to apply for the General Surgical Sciences Examination (GSSE). This exam tests anatomy, physiology and pathology to a high level. Access to a multiple choice (MCQ) practice bank is available as part of the JDocs annual subscription fee.

2. Directors of Clinical Training, Directors of Prevocational Education and Training, Supervisors and Medical Education Officers

The JDocs Framework can be used as a tool to support assessment of the junior doctor's progress against the relevant learning outcomes and expected levels of competency. It can also be useful in identifying gaps in learning and training, and in guiding relevant and appropriate clinical development.

The College recognises that a range of work-based assessments are currently used for prevocational doctors around Australia and New Zealand and will participate in ongoing engagement with hospitals to discuss how the JDocs Framework can complement existing prevocational education and training programs.

In summary

JDocs is a competency framework supported by a suite of learning and assessment resources that:

- is useful for identifying those skills required to pursue a procedural medical career;
- promotes flexible and self-directed learning;
- provides guidance for the self-directed, motivated junior doctor considering applying to specialty training programs; and
- provides assessment opportunities to record and log surgical experiences, and to capture evidence of work-based assessment and personal achievements.

It is also anticipated that:

- The self-directed, motivated junior doctor will work with hospital supervisors, consultants, medical education officers (MEOs) and others in the workplace to identify those clinical placement and development opportunities that align to the JDocs Framework.
- The workplace will be able to use the JDocs Framework to support the junior doctor in identifying those learning outcomes that can be attained on clinical placements, and provide opportunities for assessment and feedback.
- Providers of educational resources can use the JDocs Framework to identify those activities or events that can be accredited by the College, with approval to use the College's accreditation logo.

Section 2: The JDocs Framework

The JDocs Framework is a competency framework based on the College's nine surgical core competencies. It describes the many tasks, skills and behaviours expected of the junior doctor at defined levels during PGY1–3.

The development of JDocs has been guided by the following aims.

- To identify the knowledge, skills and behaviours expected of junior doctors during the early post-graduate years.
- To provide the self-directed junior doctor with tools and resources to support the development of their professional profile, which documents evidence of work-based assessment, achievements and experiences.
- To provide a range of work-based assessment strategies and tools to identify the clinical situations and ways in which a junior doctor can demonstrate the achieved learning outcomes and professional standards of the JDocs Framework.
- To provide supervisors, hospitals and educators with a clear understanding of the expectations of the junior doctor who wants to pursue a proceduralist career, and how they can be supported to build up evidence of achieved skills and standards.
- To provide education providers with the opportunity to have their prevocational courses, events and activities accredited by the College and recommended as a resource suitable for JDocs.

Within the Framework, each of the College's nine surgical core competencies has been described in stages appropriate for each of the three PGY levels, as well as those beyond this. Each competency is of equal importance.

As shown in Figure 1, all competencies are equally important and describe the expected key attributes of a junior doctor in becoming:

- a safe, competent clinician
- a professional in the workplace
- a collaborative member of a team.

It is therefore possible that through demonstration of a particular task, a junior doctor can complete a number of learning outcomes.

FIGURE 1

The daily professional tasks undertaken by a junior doctor in a clinical environment can be described noting these competencies, and represent the level of performance that the junior doctor should be working towards.

Effective communication and teamwork

Communication	Collaboration & teamwork	Management & leadership
Communicating effectively with patients, families, carers, colleagues and others involved in health services in order to facilitate the provision of high-quality health care. • Gathering and understanding of information • Discussing and communicating options to patients and colleagues • Communicating effectively to patients and colleagues	Ability to work co-operatively with peers, trainees and other health professionals to develop a shared picture of the clinical situation and facilitate appropriate task delegation to ensure the delivery of safe, effective and efficient surgical care. • Documenting and exchanging information • Establishing a shared understanding • Playing an active role in clinical teams	Leading, providing direction, promoting high standards, matching resources to demand for services and showing consideration for all members of staff. • Setting and maintaining standards • Leadership that inspires others • Supporting others

Year	Standards: Communication	Standards: Collaboration & teamwork	Standards: Management & leadership
PGY1	1. Provide clear and accurate information to patients for common procedures in the unit and most commonly prescribed medications • 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	1. Establish respectful, good working relationships with team members and other healthcare professionals 2. Recognise the roles and responsibilities of other professionals within the healthcare team; respect and listen to their concerns about the patient 3. Respond positively to requests for help from team, as needed 4. Adopt flexible roles within different teams and accept assigned tasks	1. Work well with others to gain respect and trust 2. Recognise discrimination, sexual harassment and bullying issues response requirements 3. Prioritise own workload to fit time available 4. Awareness of the stresses of clinical practice and how this can affect you as an individual 5. Respond positively to direction 6. Take responsibility for any delegated task

Year	Standards: Communication	Standards: Collaboration & teamwork	Standards: Management & leadership
PGY1	2. Has knowledge of the principles of open disclosure (Australian Open Disclosure Framework)[1] & (Medical Council New Zealand Statement)[2] 3. Accurately document medicine prescription, calculations and administration using recommended terminology, including symbols and abbreviations 4. Identify and overcome communication barriers that may occur due to a patient's age, physical impairment, cognitive ability or literacy level 5. Communicate effectively with patients to take clinical history 6. Provide updates to the current health team, e.g. new critical issues or changes in a patient's condition 7. Recognise and respond appropriately to graded assertiveness 8. Comply with organisational policies regarding comprehensive and accurate documentation 9. Demonstrate high-quality written skills to communicate clinical reasoning, e.g. write case notes legibly, concisely and informatively	5. Understand both personal and collective responsibility within the team to ensure the safety of patients 6. Resolve simple conflict with another team member to the satisfaction of both 7. Self-awareness of how one's views may contribute to team tension 8. Awareness and respect of differences, misunderstandings and limitations with other team members 9. Well prepared for ward rounds and patient management 10. Inform the presence or availability of team members to patients 11. 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 12. Maintain accurate records and follow-up on investigation results 13. Accept responsibility for own roles and tasks	7. Identify hazards within the clinical environment; ensure they are reported and then acted upon 8. Identify and follow patient care protocols, e.g. hand hygiene[3] , handover, venous thromboembolism prophylaxis 9. Know the requirements of mandatory reporting as required by the Medical Board of Australia and the Medical Council New Zealand 10. Use local protocols to respond to patient complaints of a simple nature 11. Participate and demonstrate leadership in patient safety and quality improvement activities

Year	Standards: Communication	Standards: Collaboration & teamwork	Standards: Management & leadership
PGY1	10. Attend to clarity, structure and appropriate content for specific correspondence, e.g. handover notes and investigation requests 11. Use electronic resources in patient care, e.g. to obtain results, populate discharge summaries, access medicines information and maintain health records 12. 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 13. Participate in clinical handover in a manner that ensures patient safety and continuity of care 14. Prepare discharge summaries, and include current list of medication and reasons for any medication changes		

Year	Standards: Communication	Standards: Collaboration & teamwork	Standards: Management & leadership
PGY2	1. Use a range of strategies to involve patients in discussions and decisions about their care, including presenting options and clarifying understanding. This should lead to recommendation and decision about management 2. Use appropriate techniques and support when responding to patients and families in distress, and involve consultant early; to include participation in open disclosure discussions 3. Can explain the common conditions of the unit effectively to patients and undertake informed consent for common elective and emergency conditions. (See College position paper[4] and Medical Council New Zealand)[5] 4. Explain clinical reasoning to current health team using concise language and a structured approach 5. Keep patients and significant others informed of management plan progress 6. Identify potential areas for communication breakdown and take action to avoid problems of miscommunication	1. Anticipate patient care needs and communicate these to other members of the team 2. Recognise issues that impede teamwork and suggest/implement actions to improve it 3. Work harmoniously within a team and resolve simple team conflicts 4. Recognise expertise and roles of other health team members and staff 5. Support new unit (team) members 6. Collaborate with colleagues to plan and implement work rosters 7. 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 8. Maintain clear, accurate and concise patient records of assessment, clinical issues and planned management	1. Know the hospital protocols for managing disruptive behaviours including bullying, discrimination sexual harassment 2. Recognise stressful situations and know when to ask for help 3. Document and report adverse events in accordance with local incident reporting systems 4. Articulate the reporting requirements for complaints and adverse events within the hospital 5. Accept opportunities for increased autonomy and patient responsibility under the direction of supervisor 6. Contribute fully in handover of patients within unit 7. Contribute to multidisciplinary team briefings about patients, e.g. ward meetings 8. Able to ensure that ward patients are ready for theatre on time 9. Contribute actively within a committee structure

Year	Standards: Communication	Standards: Collaboration & teamwork	Standards: Management & leadership
PGY2	7. Communicate effectively within multidisciplinary teams, reflecting an understanding of, and respect for, different health professional perspectives 8. Communicate effectively with administrative bodies and support organisations 9. Demonstrate high-quality written skills to communicate clinical actions, e.g. discharge summaries and completion of tasks before discharge		

Year	Standards: Communication	Standards: Collaboration & teamwork	Standards: Management & leadership
PGY3	1. Use effective strategies to deal with difficult or vulnerable patients 2. Conform to principles of open disclosure, noting the hospital's policy if involved in an adverse event. (Australian Open Disclosure Framework)[1] & (Medical Council New Zealand Statement)[2] 3. Able to co-ordinate and lead open disclosure discussions 4. Obtain fully informed consent for common elective and emergency conditions 5. Set an appropriate tone for any communication with patients and their families, peers and colleagues 6. Communicate effectively with complex patients to take clinical history, identifying key comorbidities, e.g. use open and closed questions to elicit information 7. Communicate clearly and compassionately when breaking bad news or discussing difficult topics (e.g. deterioration, poor prognosis, resuscitation and end-of-life issues)	1. Identify issues that impede teamwork and suggest actions; after discussion with Unit Head, assist with implementation 2. Identify and manage fatigue with the team 3. Work within the team to identify and remedy errors, particularly using a systems approach 4. Predict and manage conflict between members of the healthcare team 5. Collaborate effectively with other specialist teams involved in the patient's care 6. Effectively prioritise patients with multiple medical conditions of varying disease severity 7. Able to coach or supervise juniors, as required by the clinical task 8. Encourage participation of all team members and allocate appropriate tasks to junior members 9. Engage junior doctors, nursing and ancillary staff in ward rounds	1. Demonstrate ways to handle discrimination, bullying and sexual harassment that discourage inappropriate behaviour 2. Use existing systems to manage adverse events and near misses 3. Remain calm under pressure 4. Demonstrate appropriate self-awareness and insight 5. Manage patient complaints as advised by the hospital system, and lead a team-based review into complaints and adverse outcomes 6. Delegate appropriate tasks to junior members, ensuring supervision is maintained 7. Lead handover of patients within unit 8. Chair a clinical meeting effectively 9. Participate in systemic quality process of evaluation and improvement, such as patient safety initiatives or proposed clinical service changes

Year	Standards: Communication	Standards: Collaboration & teamwork	Standards: Management & leadership
PGY3	8. Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management 9. Contribute to analysis of complex cases and imperfect outcomes, and identify any changes needed to care processes or systems 10. Use graded assertiveness, where appropriate		10. Able to discuss the structure and function of healthcare systems applicable to specialty and country
PGY3+			1. Accept a hospital committee role, as member of the medical team or as trainee representative

Professionalism

Professionalism & ethics	Health advocacy	Scholarship & teaching
Demonstrating commitment to patients, the community and the profession through the ethical practise of surgery • Having awareness and insight • Observing ethics and probity • Maintaining health and wellbeing	Identifying and responding to the health needs and expectations of individual patients, families, carers and communities • Caring with compassion and respect for patient rights • Meeting patient, carer and family needs • Responding to cultural and community needs	As scholars and teachers, surgeons demonstrate a lifelong commitment to reflective learning, and the creation, dissemination, application and translation of medical knowledge • Showing commitment to lifelong learning • Teaching, supervision and assessment • Improving surgical practice

Year	Standards: Professionalism & ethics	Standards: Health advocacy	Standards: Scholarship & teaching
PGY1	1. Comply with the legal requirements of being a doctor 2. Adhere to medical codes of practice and model professional behaviours, including honesty, integrity, commitment, compassion, respect and altruism 3. Recognise discrimination, sexual harassment and bullying issues and know the hospital response requirements for such issues	1. Advocate for healthy lifestyle, and explain the environmental and lifestyle risks to health to patients, e.g. promote screening programs, vaccinations, cessation of smoking 2. Maintain confidentiality and privacy within the clinical setting 3. Is courteous and compassionate to all patients, without discrimination, regardless of a patient's chosen lifestyle, e.g. discuss options, offer choices	1. Teaching is based on adult learning principles 2. Plan educational activities to address the needs of all learners 3. Assist with training of medical students in clinical examination and simple skills 4. Evaluate and learn from feedback regarding own teaching 5. Apply confidentiality codes relating to the educational environment

Year	Standards: Professionalism & ethics	Standards: Health advocacy	Standards: Scholarship & teaching
PGY1	4. Recognise and accept responsibility for ethical issues as they relate to patients within the clinical unit 5. Demonstrate empathy, caring and compassion for patients, their families and carers, and treat them with dignity and respect 6. Maintain and respect patient privacy and confidentiality 7. Maintain an appropriate standard of professional practice and work within personal capabilities 8. Treat colleagues and other healthcare workers with respect 9. Demonstrate flexibility and ability to adapt to change 10. Able to learn from mistakes (own and others) 11. Identify specific strategies for improving performance based on feedback 12. Maintain fitness for work 13. Recognise that it is inappropriate to practise when impaired, e.g. fatigue, ill health, alcohol, medications 14. Balance the demands of personal life and work	4. Recognise the interaction between mental, physical and social wellbeing in relation to health 5. Demonstrate awareness of the cultural diversity and requirements of patients 6. 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 7. Advise families and carers according to the patient's condition and wishes 8. Able to advise on, or help to arrange, ambulatory and community care services appropriate for each patient 9. Show respect for patient treatment choices	6. Determine each patient's level of health literacy and use available resources to deliver health education 7. Attend unit or morbidity/mortality meetings. Identify any personal knowledge, skills or behaviour changes required 8. Participate in departmental or other continuing education opportunities, e.g. journal club 9. Seek opportunities for feedback to reflect on and learn from clinical practice 10. Participate in research, quality improvement and clinical audit activities, where possible • Undertake literature searches relevant to the clinical care of patients, including use of PubMed, Medline and Cochrane reviews • Apply critical appraisal skills when reading medical literature • Compare outcomes of published research studies relating to clinical care within the unit 11. Reflect on own skills and personal attributes when investigating a range of career options 12. Reflect on and learn from own observations of clinical practice

Year	Standards: Professionalism & ethics	Standards: Health advocacy	Standards: Scholarship & teaching
PGY2	1. Acknowledge ethical complexity of clinical practice, and follow professional and ethical codes (Medical Board of Australia and the Medical Council New Zealand) 2. Comply with legal requirements in patient care, e.g. Mental Health Act, death certification 3. Comply with requirements of medico-legal reports 4. Mindful of potential impact of resource constraint on patient care 5. Monitor own health and fitness, and seek medical help when appropriate 6. Mitigate personal health risks of medical practice, e.g. fatigue, stress 7. Critically reflect on own performance and make an accurate assessment of this 8. Show insight on what needs to be improved	1. Note and understand the Enduring Power of Attorney and the Advanced Care Directives 2. Identify key issues on which to advocate for the patient to ensure their immediate clinical care and requirements are achieved 3. Recognise health needs of an individual patient beyond their immediate condition 4. Arrange appropriate support for a dying patient 5. Identify the common health issues relating to the clinical service and associated advocacy work undertaken by the hospital/health service 6. Recognise vulnerable or marginalised populations who may have limited access to healthcare resources within the hospital community 7. Consider how culture, beliefs and health literacy can affect patient understanding of their care and expectations 8. Recognise own cultural values/biases that may impact on role as a doctor and in interactions with others	1. Develop a curriculum suitable for teaching medical students over one term 2. Use varied approaches to teaching small and large groups; apply different learning styles and different technologies to teaching/learning activities 3. Lead the training of junior doctors in clinical examination, and teaching of simple skills using a teaching plan 4. Provide constructive, timely and specific feedback to interns based on observation of a junior's performance, encouraging them to reflect on their own learning 5. Use a range of strategies aimed at improving patient education

Year	Standards: Professionalism & ethics	Standards: Health advocacy	Standards: Scholarship & teaching
PGY2		9. Take into account the impact of history and experience of Indigenous Australians/Maori people, and their spirituality and relationship with the land 10. Adhere to the limits of patient information that can be divulged in different settings, e.g. family and carers, ward rounds, handover	6. Assist with a research trial being undertaken in the organisation that may lead to presentation or publication • Frame a clinical question • Analyse and present outcome of literature search to colleagues, in both oral and written form • Apply appropriate statistical methods to answer a clinical question 7. Contribute to unit morbidity/mortality meetings 8. Use the Plan, Do, Study, Act audit cycle, and take an audit through the first steps 9. Use current evidence-based resources in own learning, in communicating with patients and in making decisions about the care of patients

Year	Standards: Professionalism & ethics	Standards: Health advocacy	Standards: Scholarship & teaching
PGY3	1. Liaise with legal and statutory authorities, including mandatory reporting where applicable 2. Provide evidence or attend court to support a colleague 3. Prepare police reports, or reports for community advocate/guardian, that have been appropriately reviewed by hospital management's legal advisors 4. Recognise signs of a colleague in difficulty and respond with empathy 5. Act as a role model of professional behaviour in the workplace 6. Identify and actively intervene in areas of unprofessional behaviour 7. Aware of the College Code of Conduct[6] and its implications for surgical practice 8. Deal with ethical uncertainty and conflicting values; maintain ethical standards 9. Respond positively to suggestions for performance improvement	1. Contribute to continuing education of patient support network and community groups 2. Contribute to the hospital's work on prioritised health issues 3. Counsel patients appropriately on the benefits and risks of screening and health promotion activities 4. Acknowledge the potential impact of cultural differences in the acceptance of treatment for common conditions and work within those parameters 5. Identify own knowledge gaps in relation to different community groups, their histories and specific health issues, and undertake self-directed learning 6. Able to advise on health needs of an individual patient beyond their immediate condition 7. Identify any gaps between management plan and patient wishes 8. Adapt communication strategy according to the culture, values and beliefs of each patient	1. Use a range of resources in educational planning • Portfolio analysis • Incorporate teaching into clinical work • Undertake induction of medical students, peers and juniors • identify issues of stress relating to educational activities and promote strategies for positive change 2. Educate other team members about procedures/ medications used within the clinical unit 3. Identify areas of improvement in teaching/ learning activities and work with Unit Head/ Director of Surgery to implement change 4. Use multidisciplinary team meetings as teaching and educational opportunities 5. Provide effective supervision using recognised techniques and skills (for example, availability, orientation, learning opportunities, role modelling, delegation) 6. Adapt level of supervision to learner's competence and confidence

Year	Standards: Professionalism & ethics	Standards: Health advocacy	Standards: Scholarship & teaching
PGY3		9. Work with the patient/family/carers to develop a management plan that addresses the needs and preferences of the patient 10. Advise patients (and their families and carers) of relevant risks of options	7. Conduct assessments of (e.g. mini-CEX, 360° assessment) and observe juniors; discuss and escalate performance issues, where appropriate 8. Chair/facilitate morbidity/mortality meetings, and identify desirable changes to processes and systems of care 9. Identify personal learning objectives using a learning plan 10. Involvement with a research trial, research based on multidisciplinary care, or quality improvement activities being undertaken in the organisation • Write an abstract for submission to an appropriate health/clinical meeting • Write a scientific paper • Present a research paper at a conference • Interpret confidence intervals, level of significance (*p* values), and study power when reviewing results of clinical trials

Year	Standards: Professionalism & ethics	Standards: Health advocacy	Standards: Scholarship & teaching
PGY3			11. Support audit by junior medical trainees and within the multidisciplinary team • Apply evidence to a specific clinical situation and describe how findings influence practice • Use audit findings to develop and implement change
PGY3+			1. Enrol in a post-graduate course related to clinical career pathway (or more broadly, such as education) 2. Research years (pre- or post-acceptance into specialty training program) 3. Assist with curriculum development, e.g. online resources for a university medical school

Being a safe and competent clinician

Medical expertise	Judgement – clinical decision making	Technical expertise
The acquisition, integration and application of medical knowledge, clinical skills and professional attitudes in the provision of patient care • Demonstrating medical skills and expertise • Monitoring and evaluating care • Managing safety and risk	Making informed and timely decisions regarding assessment, diagnosis, surgical management, follow-up, health maintenance and promotion • Considering options • Planning ahead • Implementing and reviewing decisions	Safely and effectively assisting with, or performing, appropriate surgical procedures • Recognising conditions for which surgery may be necessary • Developing dexterity and technical skills • Recognising one's level of skill development

Year	Standards: Medical expertise	Standards: Judgement – clinical decision making	Standards: Technical expertise
PGY1	1. Practise hand hygiene[3], noting standard precautions, transmission-based precautions, personal protective equipment and aseptic technique 2. Follow stages of a verification process and comply with the organisation's procedures to ensure correct identification of a patient	1. Identify significant clinical issues from history and examination 2. Identify the common clinical conditions managed by the clinical unit and be fully conversant with the clinical knowledge, key decision-making points and issues that influence decisions within these conditions 3. Make well-reasoned diagnosis for common problems with assistance from senior clinician	1. Identify infection control practices 2. Undertake training through a combination of simulation and direct supervision 3. Perform some generic elementary technical skills (refer to Section 9, Appendices, Essential Surgical Skills document, pp. 49-54)

Year	Standards: Medical expertise	Standards: Judgement – clinical decision making	Standards: Technical expertise
PGY1	3. Undertake a comprehensive and focussed history, eliciting symptoms and signs relevant to the presenting problem or condition. Note medication history, including medicine allergies and previous adverse drug reactions 4. Identify and provide relevant and succinct information when ordering investigations. Ensure tests and results are documented 5. Know and work within hospital, state and government policies and legislation relating to prescribing. Make use of guidelines and standard documents, e.g. National Inpatient Medication Chart • Accurately and safely prescribe (common) medications and recognise (potential) administration errors • Know the types, causes and risks of medication errors and adverse drug reactions • Use standard reporting mechanisms to report medication errors and adverse drug reactions 6. Understand the key features of antibiotic prophylaxis and appropriate therapeutic use, noting local protocols and the Therapeutic Guidelines (Antibiotics)	4. Able to explain indications, contraindications and risks involved in decision making regarding common procedures 5. Can differentiate between available investigations by identifying their risks and benefits 6. Use available evidence effectively and efficiently to inform clinical decision making 7. Use basic algorithms and decision trees to manage common problems 8. Following any error in clinical reasoning, reflect on own clinical reasoning process and learn from mistakes 9. Synthesise clinical information to generate a graded problem list, containing appropriate provisional diagnoses as part of the clinical reasoning process 10. Recognise personal limitations and ensure appropriate supervision	4. Identify common symptoms, signs, clinical problems and conditions. (See extract from: Australian Curriculum Framework for Junior Doctors (ACJD) p. 31 and New Zealand Curriculum Framework for Prevocational training (NZCF)[7]

Year	Standards: Medical expertise	Standards: Judgement – clinical decision making	Standards: Technical expertise
PGY1	7. Recognise and effectively assess acutely ill, deteriorating and dying patients 8. Perform basic emergency and life support procedures while continuing full assessment of the patient to include: • Apply principles of triage and medical prioritisation • Identify patients requiring immediate resuscitation and when to call for help, e.g. Code Blue, MET calls • Implement basic airway management, ventilatory and circulatory support • Identify indications for advanced airway management • Participate in decision making, and debriefing, about cessation of resuscitation 9. Recognise common symptoms and signs 10. Manage common conditions. See extract from Australian Curriculum Framework for Junior Doctors (ACJD) p. 31 and New Zealand Curriculum Framework for Prevocational training (NZCF)[7] 11. Seek help when unsure		

Year	Standards: Medical expertise	Standards: Judgement – clinical decision making	Standards: Technical expertise
PGY2	1. Present common cases effectively to senior medical staff and other health professionals 2. Perform a comprehensive examination of all systems 3. Identify common risks in older and complex patients, e.g. falls risk and cognitive decline. Take appropriate actions to prevent or minimise harm 4. Follow-up and interpret investigation results appropriately to guide patient management 5. Work within unit-based protocols with regard to pre-operative assessment and care, operative procedures and post-operative care: • 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	1. Identify and justify patient management options for common problems and conditions 2. Able to explain processes of diagnostic reasoning 3. Use mechanisms that minimise error, e.g. clinical checklists, Surgical Safety Checklist, handover protocols, unit protocols 4. Review patients on a regular basis and make decisions based on their response to treatment 5. Retrieve and use high-quality information from electronic sources for clinical decision making. Document decisions and reasons for same 6. Select appropriate procedures, with involvement of senior clinicians and the patient 7. Able to succinctly present the patient scenario and discuss management plan 8. Implement the ISBAR approach of identification, description of case, clinical background, assessment and recommendation for discussion	1. Attend training sessions undertaken by other members of the multidisciplinary team 2. Perform generic elementary technical skills (refer to Section 9, Appendices, Essential Surgical Skills document, pp. 49–54) 3. Engage with Basic and Intermediate surgical constructs (refer to Section 9, Appendices, Essential Surgical Skills document, pp. 55–56) 4. Assist with teaching the ten most common skills to junior staff

Year	Standards: Medical expertise	Standards: Judgement – clinical decision making	Standards: Technical expertise
PGY2	• 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 6. 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	9. Recognise when advice and guidance is required in development of management plans 10. Has awareness of and acknowledges errors or omissions in own decision making	

Year	Standards: Medical expertise	Standards: Judgement – clinical decision making	Standards: Technical expertise
PGY2	7. Specify peri-operative management of anticoagulants and antiplatelet agents, and recognise prescription and/or administration errors 8. Identify common risks in older and complex patients, e.g. falls risk and cognitive decline 9. Recognise when a patient is dying and implement an appropriate care plan 10. Follow-up and interpret investigation results appropriately to guide patient management 11. Prescribe pain therapies to match the patient's analgesia requirements. Be empathic when managing pain, and review outcomes when prescribing 12. Identify medical errors or adverse events and implement the appropriate clinical protocols to manage them 13. Understand recommendations for user-applied labelling of injectable medicines, fluids and lines 14. Deal with common (presenting) symptoms and signs, and common conditions (See extract from: Australian Curriculum Framework for Junior Doctors (ACJD) p. 24 and New Zealand Curriculum Framework for Prevocational training (NZCF))[7]		

Year	Standards: Medical expertise	Standards: Judgement – clinical decision making	Standards: Technical expertise
PGY3	1. Present complex cases effectively to senior medical staff and other health professionals 2. Able to supervise/advise and understand medicines with high risk of adverse events. Double check and document dose calculations 3. Understand the actions and interactions, indications, monitoring requirements, contraindications and potential adverse effects of each medication used 4. Evaluate outcomes of medication therapy. Monitor and review the patient's response to treatment (aligned to NPS MedicineWise)[8] 5. Aware of risks associated with common conditions and procedures, and implement steps to predict or mitigate these 6. Provide appropriate aftercare and arrange follow-up for all procedures 7. Identify patients suitable for, and refer to, aged care, rehabilitation or palliative care programs 8. Apply the criteria for referral or consultation relevant to a particular problem or condition	1. Direct/oversee the request of diagnostic tests for common conditions 2. Use investigation findings to refine diagnoses for common conditions 3. Undertake continued timely reviews of patient progress and respond appropriately to any changes in condition 4. Recognise when a management plan is failing and, where appropriate, seek senior input to devise an alternative plan 5. Retrieve, comprehend and apply results of systematic reviews, clinical prediction rules, decision analysis and clinical practice guidelines 6. Discuss imperfect management and reflect on one's own clinical reasoning process 7. Recognise instances of uncertainty and conflicting values, and able to alleviate their potential impact 8. Plan the order of an operating list and discuss with consultant	1. Able to demonstrate that basic Essential Surgical Skills constructs are well established (Refer to Section 9, Appendices, Essential Surgical Skills document, pp. 55–56) 2. Able to teach basic Essential Surgical Skills constructs to juniors and supervise their clinical application established (Refer to Section 9, Appendices, Essential Surgical Skills document, pp. 55–56) 3. Able to assess advanced Essential Surgical Skills constructs (competent with basic and intermediate), both for use in current position as well as for surgical education and training (SET) application – career pathway. (Refer to Section 9, Appendices, Essential Surgical Skills document, pp. 57–58) 4. Competent with intermediate and many of the advanced Essential Surgical Skills constructs. (Refer to Section 9, Appendices, Essential Surgical Skills document, pp. 55–56)

Year	Standards: Medical expertise	Standards: Judgement – clinical decision making	Standards: Technical expertise
PGY3	9. Have ongoing awareness of gaps in own knowledge and address these 10. Audit own and team performance in relation to patient progress and outcome 11. Review and update unit protocols manual regarding pre-operative assessment and care, operative procedures and post-operative care	9. Able to explain decision making while performing a simple procedure 10. Present case management reports on common cases to unit meeting	

Common symptoms, signs, clinical problems and conditions

The following table is an extract from the Australian Curriculum Framework for Junior Doctors (ACFJD). Doctors should be able to accurately identify the symptoms of patients presenting with common clinical problems and/or conditions, and use that information to further manage the patient, consistent with their level of responsibility by the end of PGY 1. Assessment and management of these common conditions will vary depending on the setting in which they are seen.

Common symptoms and signs	Common clinical problems and conditions	

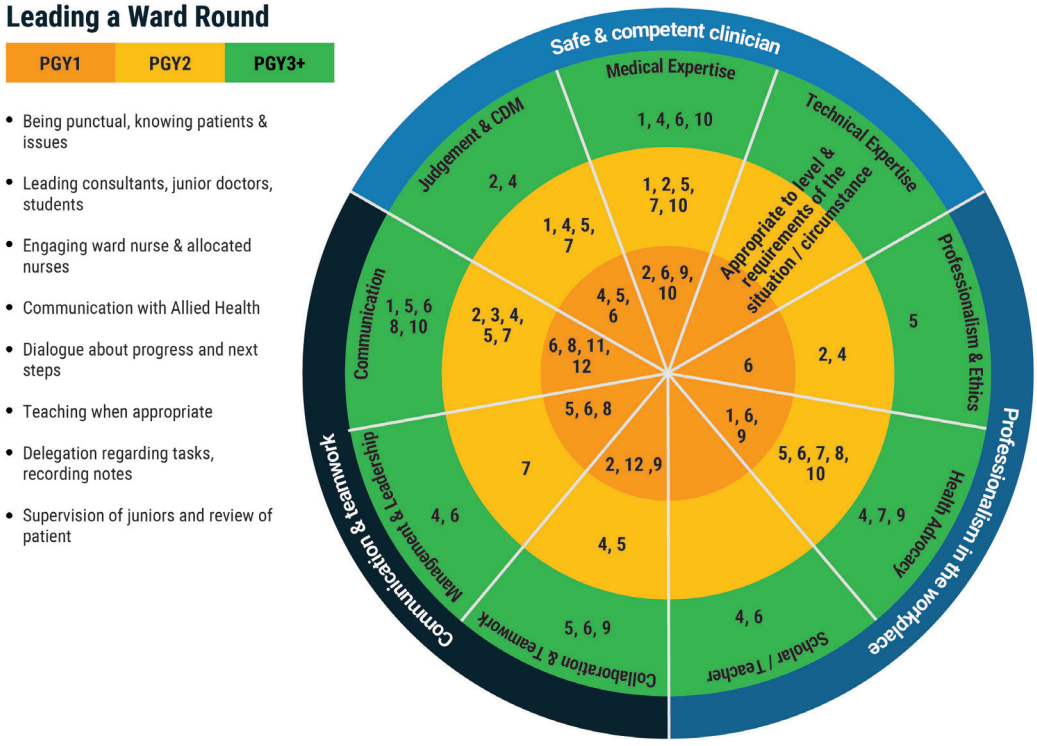
• Fever
• Dehydration
• Loss of consciousness
• Syncope
• Headache
• Toothache
• Upper airway obstruction
• Chest pain
• Breathlessness
• Cough
• Back pain
• Nausea and vomiting
• Jaundice
• Abdominal pain
• Gastrointestinal bleeding
• Constipation
• Diarrhoea
• Dysuria or frequent micturition
• Oliguria and anuria
• Pain and bleeding in early pregnancy
• Agitation
• Depression
• Confusion
	• Non-specific febrile illness
	• Sepsis
	• Shock
	• Anaphylaxis
	• Envenomation
	• Diabetes mellitus and direct complications
	• Thyroid disorders
	• Electrolyte disturbances
	• Malnutrition
	• Obesity
	• Red, painful eye
	• Cerebrovascular disorders
	• Meningitis
	• Seizure disorders
	• Delirium
	• Common skin rashes and infections
	• Burns
	• Fractures
	• Minor trauma
	• Multiple trauma
	• Osteoarthritis
	• Rheumatoid arthritis
	• Gout
	• Septic arthritis
	• Hypertension
	• Heart failure
	• Ischaemic heart disease
	• Cardiac arrhythmias
	• Thromboembolic disease
	• Limb ischaemia
	• Leg ulcers
	• Oral infections
	• Periodontal disease
		• Asthma
		• Respiratory infection
		• Chronic obstructive pulmonary disease
		• Obstructive sleep apnoea
		• Liver disease
		• Acute abdomen
		• Renal failure
		• Pyelonephritis and urinary tract infections
		• Urinary incontinence and retention
		• Menstrual disorders
		• Sexually transmitted infections
		• Anaemia
		• Bruising and bleeding
		• Management of anticoagulation
		• Cognitive or physical disability
		• Substance abuse and dependence
		• Psychosis
		• Depression
		• Anxiety
		• Deliberate self-harm and suicidal behaviours
		• Paracetamol overdose
		• Benzodiazepine and opioid overdose
		• Common malignancies
		• Chemotherapy and radiotherapy side effects
		• The sick child
		• Child abuse
		• Domestic violence
		• Dementia
		• Functional decline or impairment
		  • Falls, especially in the elderly
		  • Elder abuse
		  • Poisoning/overdose

Section 3: Using the JDocs Framework

The JDocs Framework will guide learning, including experiential learning, of the junior doctor. By referring to the learning outcomes of the Framework, the range of daily clinical tasks to be achieved by the junior doctor prior to entry into a specialist training program can be made explicit.

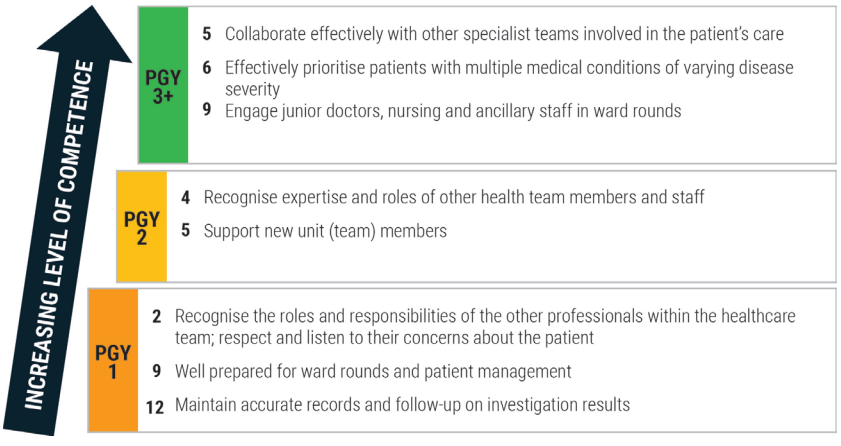
Clinical experience leading to achievement and mastery across the spectrum of a junior doctor's daily tasks, e.g. leading a ward round or managing the sick patient, when mapped to the JDocs Framework, can be an indicator of the doctor's readiness to move into more responsible roles. One of the major outcomes of the JDocs Framework is to establish readiness for procedural speciality training programs.

The following example illustrates how the junior doctor can use the **Lead a ward round** daily clinical task to gauge development of the competencies at a defined PGY level and demonstrate proficiency by PGY 3.



This singular task comprises a number of learning outcomes and professional standards, increasing in complexity with PGY progression as illustrated below with the **Collaboration and Teamwork** competency.

Proficiency in this task should be achievable by the end of PGY3 and be reliably performed in PGY4. The main unit ward rounds involve consultants, so it should be easily observed. Observation may need to be explicit and feedback should be provided.



It requires:

- General medical knowledge, knowledge of the specialty content, skills of assimilation of medical data about a group of patients, and the ability to present succinctly. The ability to summarise progress and discuss the next steps in the patient's management is highly valued.
- Punctuality, professional demeanour and communication. The ward functions as a complex healthcare team, within which the junior doctor has a collaborative role. The junior doctor should have a positive attitude and be able to delegate tasks to the medical team during the round. When done well, teaching can be included or conducted after the main round.

Support for this task can be accessed as follows:

- Subscription to the JDocs ePortfolio is available from the JDocs website to help support the skills and knowledge acquisition as defined by the JDocs Framework. The level of engagement is self-directed, with individual choice of which activities and resources are accessed or completed.
- The informed junior doctor will be able to articulate needs and seek guidance from their Director of Prevocational Education and Training, Supervisor and/or MEO to discuss clinical placement assessment opportunities.

Assessment of this task could be captured in a number of ways:

- As part of the end-of-term assessment
- Signed key clinical task document (refer to Section 9, Appendices, Key Clinical Task, p. 64)
- Recorded by uploading the relevant documents into the ePortfolio
- Signed direct observation of procedural skills (DOPS)
- Signed mini-clinical evaluation exercise (Mini-CEX)
- Referee reports/references

Following three well-performed ward rounds, one could accept that the junior doctor could be trusted to perform the rounds to a suitable standard in the absence of the supervising consultants. Post–ward round follow-up could include discussion with the senior ward nurses and the more junior doctors about how the ward rounds were being done. An extensive scoring sheet is not required, but the supervising consultants need to consciously observe and follow-up as described.

In summary, the key clinical tasks can be used to demonstrate achievement of the competencies and standards outlined in the JDocs Framework.

Key clinical tasks examples

Further examples of key clinical tasks could include the following. The list is not in any way exhaustive, but does cover all nine of the College's core competencies, and the tasks are applicable to many procedural medical careers.

- Admit/consult the new patient
- Lead a ward round
- Manage peri-operative care
- Manage the sick patient
- Co-ordinate & lead open disclosure
- Deliver bad news
- Manage CPR & trauma calls
- Demonstrate efficient communication skills
- Participate in M & M meetings
- Manage/chair interprofessional ward/unit meeting
- Discharge a patient
- Display professional behaviour at work
- Supervision of junior doctors
- Plan/participate in the operating room journey
- Plan an operating list
- Perform basic procedures/operations

Opportunities for further clinical and professional development are also described as Experiences for further guidance and support.

- Undertake clinical teaching activities
- Undertake scholarly activities
- Undertake professional development activities

Detailed descriptors of these tasks are available from the Framework menu on the JDocs website.

An example of a key clinical task for **Lead a Ward Round** (refer to Section 9, Appendices, Key Clinical Task, p. 64)

Section 4: Assessment strategies/tools

The College recognises that a range of work-based assessments are used for prevocational doctors around Australia and New Zealand. The JDocs Framework does not favour any one type of assessment as there will be a variety of ways, and clinical situations, in which a junior doctor will be able to demonstrate they have met the learning outcomes at the standard required.

Regular assessment is recommended and, consequently, the range of assessment strategies recommended in this document should help the junior doctor describe progress, including performance of the key clinical tasks.

The following assessment strategies have been provided as examples. It is the responsibility of the individual doctor to check with their Director of Clinical Training and/or Head of Clinical Unit about the relevant tools and how to access these.

Direct observation

Examples of the assessment tools are available from the JDocs website.

Junior doctors can use these methods to:

- assess themselves against important criteria as they perform practical tasks;
- build on assessor feedback;
- chart their own progress; and
- produce evidence of competence for final review.

Mini-clinical evaluation exercise (Mini-CEX)	• The Mini-CEX is a formative assessment that involves the clinical assessor observing the junior doctor interacting with a patient in a normal clinical encounter.
Direct observation of procedural skills (DOPS)	• DOPS is a method of assessing performance during routine surgical practice in wards, outpatient clinics or operating theatre.
Key clinical tasks	• Key clinical tasks represent daily professional activities for the medical professional role at the early registrar level, where the level of performance can be assessed.

Multi-source feedback

Multi-source feedback tool	• Multi-source feedback and 360° feedback approaches may be employed in some hospitals for prevocational doctors. If used, then reflection about results from the approaches and subsequent learning plans could be entered into the ePortfolio.

Summative work-based assessments

Progress reports	• Progress reports from each rotation. • Mid-year and end-of-year term assessments. • The format of these will vary in Australian and New Zealand hospitals: regular, structured assessment that complements more frequent formative feedback is favoured.

Simulation

Training courses	• Participation in and evidence of completion of training simulation courses, for example, Early Management of Severe Trauma (EMST) or Care of the Critically Ill Surgical Patient (CCrISP). • Some hospitals and networks have well-established simulation activities for both technical and non-technical skills. They may also support deliberate practice. Outcomes from such activities or courses could be certified and/or noted in the ePortfolio.

Reflective learning tools and learning portfolios

Morbidity Audit & Logbook Tool (MALT)	• The College's Morbidity Audit and Logbook Tool (MALT) includes a junior doctor logbook, where cases and procedures against different levels of supervision can be logged. This is based on the international Systematised Nomenclature of Medicine (SNOMED) descriptors of medical illness, treatments and operations. • Tailored reporting of supervised (key) procedures can be generated in a format for supervisor sign off.
RACS ePortfolio	• The College's ePortfolio reinforces lifelong learning principles to enable the junior doctor to record, manage and update their personal profile, and record evidence of clinical experience, achievements and assessments, together with opportunities for personal reflection.

Knowledge assessment

Generic Surgical Science Examination (GSSE)	• The exam tests anatomy, physiology and pathology to a high standard. Practice MCQ bank resources are available as part of the JDocs subscription fee.

Section 6: JDocs tools and resources

The JDocs website

http://jdocs.surgeons.org

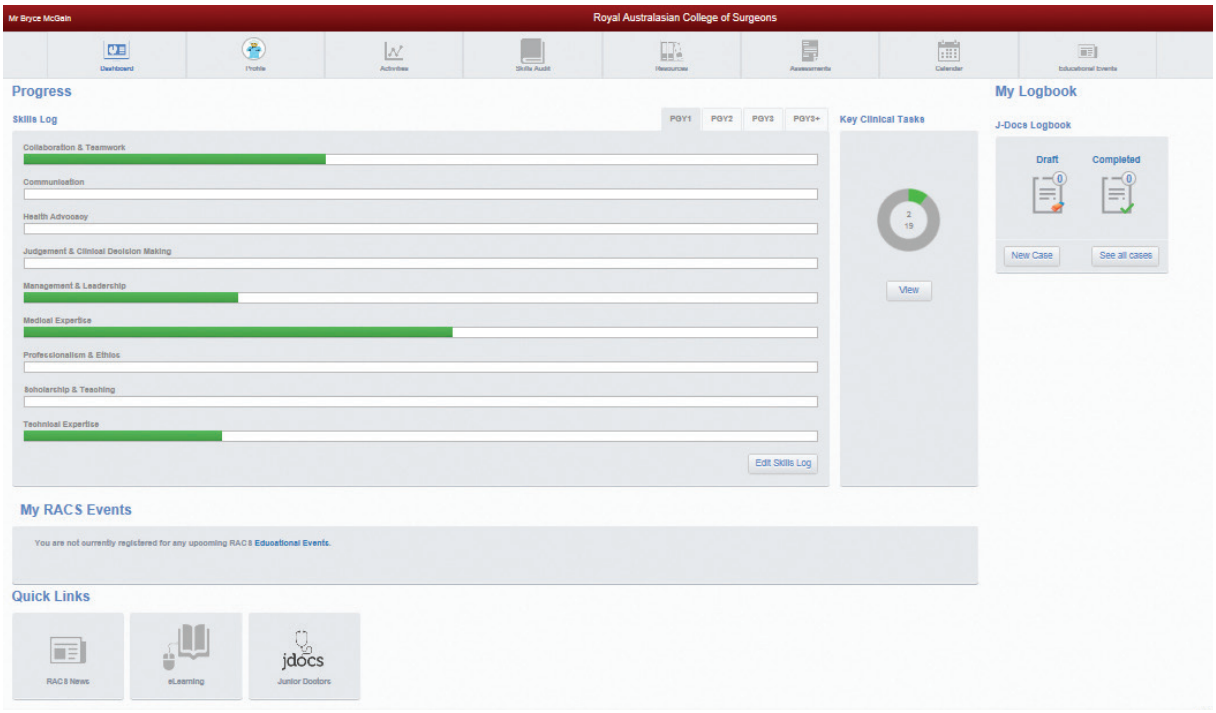
The website provides information and guidance about how the JDocs Framework can support:

- a prevocational doctor
- a director of clinical training, supervisor and/or a medical education officer
- an education provider.

It provides open access to:

- online and downloadable versions of the JDocs Framework and key clinical tasks
- information and guidance for the GSSE
- courses and events accredited by the College for junior doctors
- links to College surgical skills videos and practise tasks
- links to other useful external resources
- JDocs subscription form.

The JDocs ePortfolio



From the JDocs website, doctors can subscribe to the JDocs ePortfolio and access resources and tools to help develop their professional profile, which documents evidence of work-based assessment, achievements and experiences that can support an application to advanced speciality training, including SET.

Engagement with the JDocs ePortfolio will enable doctors to:

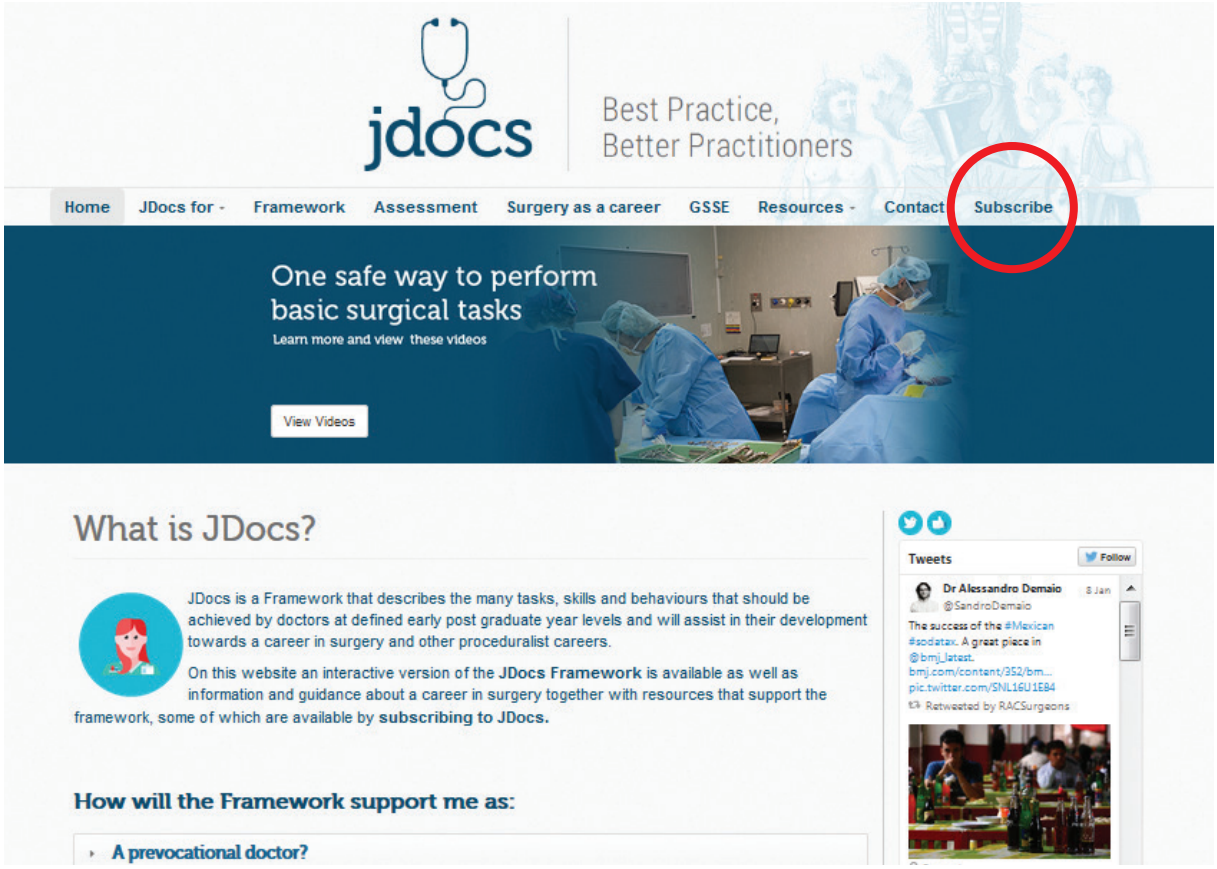
- manage and update their personal profile
- self-assess current skills and knowledge against the Framework and check progress against each of the surgical nine core competencies
- access JDocs eLearning and GSSE resources
- access online library resources
- access the MALT online surgical skills logbook tool
- upload evidence of clinical experience, achievements and assessments (e.g. certificates, end-of-term report, Mini-CEX, DOPS, key clinical tasks)
- upload any additional documentation
- extract a report of work-based assessment, experiences and achievements that can support application to advanced specialty training.

New Zealand Interns

New Zealand interns will engage with the mandated prevocational ePortfolio during PGY 1–2, and can access the JDocs ePortfolio as an additional resource to support their personal and professional development. JDocs is not mandated for entry to SET.

Subscription to JDocs

To subscribe to JDocs, please visit the JDocs website and select the 'Subscribe' link from the home page.



JDocs subscription fee (2016)

- $300 plus GST
- Subscription to JDocs is valid for 12 months following the date of registration

Re-subscription to JDocs

- Reminder notices will be sent prior to the 12-month expiration date with a link to the re-subscription registration form.

Non-re-subscription to JDocs

- If doctors choose not to re-subscribe to JDocs by the expiration date, access to the ePortfolio will be read only, with no access to eLearning, library resources or the MALT logbook.
- Doctors will still be able to:
  - view any completed activities
  - access any uploaded documentation
  - extract their professional profile report.

Section 7: Acknowledgements

The detail of the JDocs Framework has been compiled by the College, with reference to the following resources:

- ASSET Committee – ASSET surgical skills videos
- Australian Medical Council (AMC): Prevocational Standards for Accreditation
- Confederation of Postgraduate Medical Education Councils (CPMEC): Curriculum Framework for Junior Doctors
- Frank, J.R. (Ed) 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada (CanMEDS http://www.royalcollege.ca/portal/page/portal/rc/canmeds)
- Medical Council New Zealand
- Royal Australasian College of Surgeons. Becoming a competent and proficient surgeon: Training standards for the nine RACS Competencies
- Royal Australasian College of Surgeons: Essential Surgical Skills

The JDocs Framework has been developed by:

- Stephen Tobin, Dean of Education
- Kathleen Hickey, Director, Education Development and Assessment
- Jacky Heath, Manager, Prevocational & Online Education

Section 8: References

[1] Australian Commission on Quality and Safety in Healthcare (2013), *Australian Open Disclosure Framework*, ACSQHC, Sydney. Available from: <http://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf> [21st December 2015]

[2] Medical Council of New Zealand (2010), *Disclosure of harm following an adverse event*. Available from: <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Disclosure-of-harm.pdf> [21st December 2015]

[3] Hand Hygiene Australia (2006), *The Royal Australasian College of Surgeons Hand Hygiene Online Learning Package*. Available from: <http://www.hha.org.au/home/racs.aspx> [January 2016]

[4] The Royal Australasian College of Surgeons (2006), *Informed Consent*. Available from: <http://www.surgeons.org/media/312206/2014-08-29_pos_fes-pst-042_informed_consent.pdf > [21st December 2015]

[5] Fyfe J, Connolly A, Bond B 2013. *Informed consent*. Chapter 10 in St George IM (ed.). Cole's medical practice in New Zealand, 12th edition. Medical Council of New Zealand, Wellington. Available from: <https://www.mcnz.org.nz/assets/News-and-Publications/Coles/Chapter-10.pdf> [21st December 2015]

[6] The Royal Australasian College of Surgeons (2012), *Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies*. Available from: <http://www.surgeons.org/media/21706014/mnl_2012-02-24_training_standards_final_formatted.pdf> [21st December 2015]

[7] Medical Council of New Zealand (2014), *New Zealand Curriculum Framework for Prevocational Medical Training, V1*. Available from: < https://www.mcnz.org.nz/assets/News-and-Publications/NZCF26Feb2014.pdf> [21st December 2015]

[8] NPS MEDICINEWISE (2013). Available from: < http://www.nps.org.au/medicines/brain-and-nervous-system> [21st December 2015]

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Essential Surgical Skills

Recommended skills to be gained by the end of Post Graduate Year 2 (PGY2) prior to entry into Surgical Education and Training (SET)

Recommended skills for General Practice Proceduralists

Produced by
Skills Education Committee
Royal Australasian College of Surgeons

January 2015

Contents

Introduction **3**

Achieving competency in Essential Surgical Skills 3

Key terms 3

Progression of surgical skills acquisition (Figure 1) 4

Section 1. Generic elementary surgical skills **5**

Generic elementary surgical skills 5

Section 2. Surgical Constructs **11**

Levels of surgical constructs 11

Basic constructs 12

Intermediate constructs: *Generic for pre-vocational doctors* 12

Intermediate: Specialty requirements for SET applicants 13

Advanced constructs (early SET) 14

Section 3. Procedures for GP Proceduralists **15**

Level 1 procedures 15

Level 2 procedures 15

Level 3 procedures 16

References **19**

Introduction

The information provided in this document is intended as a guide for:

- **Medical students and pre-vocational doctors** to build their portfolio as they prepare for application to surgical training
- **Hospital supervisors** to assist them in providing relevant clinical experience for residents intending to apply for surgical education and training; and
- **Educators** to assist them in developing learning resources relevant for surgical education and training

This document complements the **RACS Junior Doctors Framework**, **Australian Curriculum Framework for Junior Doctors** and should be read in conjunction with the **RACS Nine Surgical Competencies**.

This document is intended as a guide. Specialty training boards may identify which skills are specific for their SET selection criteria.

Achieving competency in Essential Surgical Skills

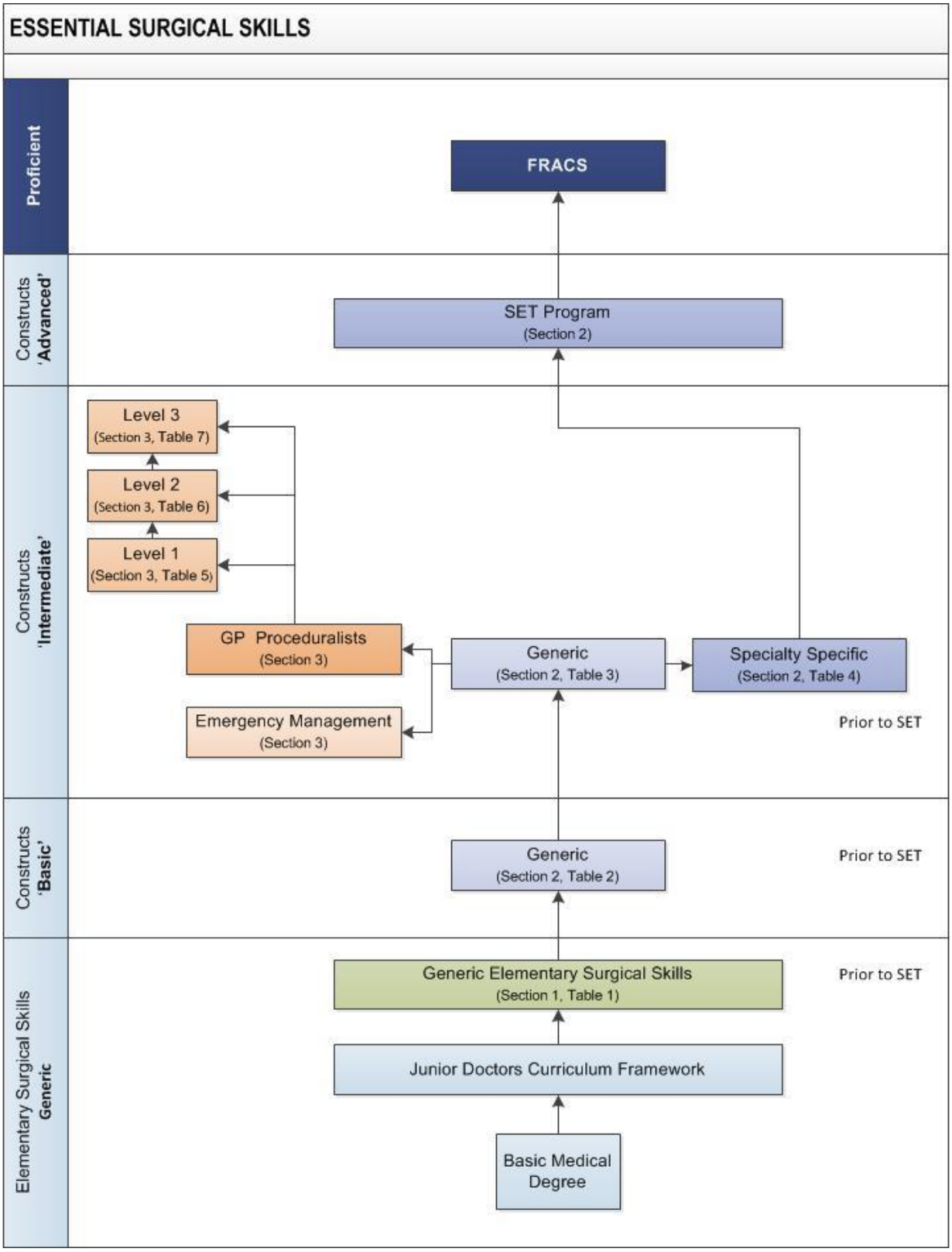
The surgical skills and constructs outlined in this document may be tracked and assessed through a variety of methods including log books, training portfolios and completion of skills courses. Each specialty training board determines the assessment requirements for achieving these skills as part of the SET selection criteria for that specialty.

Key terms

PGY:	Post Graduate Year
SET:	Surgical Education and Training (RACS surgical training program)
RACS:	Royal Australasian College of Surgeons
College:	Royal Australasian College of Surgeons
GP:	General Practice

Progression of surgical skills acquisition

Figure 1



Section 1. Generic elementary surgical skills

There are nine generic elementary surgical skills which can be acquired in a supervised clinical or simulated environment prior to application to SET.

Skill 1 Standard precautions
Skill 2 Instrumentation
Skill 3 Diathermy
Skill 4 Using sutures, surgical knots, needles
Skill 5 Surgical wounds and tissue handling
Skill 6 Insertion and care of wounds and drains
Skill 7 Splinting and immobilisation
Skill 8 Local anaesthetic (dermal and sub-cutaneous)
Skill 9 Peri-operative life support

Generic elementary surgical skills

Table 1

Skill 1 - Standard precautions			
Elements	**Observe**	**Describe**	**Perform**
Standard precautions			
Infection control	✓	✓	✓
Safe management of sharps	✓	✓	✓
Positioning the patient			
Understanding pressure points and potential injury	✓	✓	
Neurovascular protection	✓	✓	
Joint and axial skeleton protection	✓	✓	
Patient security	✓	✓	
Personal protection			
Scrubbing	✓	✓	✓
Gowning	✓	✓	✓
Gloving	✓	✓	✓
Splash protection	✓	✓	✓
Prepping and draping			
Establish and maintain sterility and integrity of operative field	✓	✓	✓
Appropriate selection and application of skin preparation agent	✓	✓	✓
Surgical etiquette			
Participate in surgical checklist	✓	✓	✓
Participate in team time out	✓	✓	✓

Skill 2 - Instrumentation			
Elements	**Observe**	**Describe**	**Perform**
Scissors			
Able to name types of scissors and explain indications for appropriate and safe use	✓	✓	✓
Safe and correct handling and use	✓	✓	✓
Understands mechanism of action of scissors	✓	✓	✓
Care of scissor blades	✓	✓	✓
Demonstrates ability to pass and receive scissors safely	✓	✓	✓
Needle holders			
Selects needle holder of appropriate weight and length	✓	✓	✓
Safe and correct handling and use	✓	✓	✓
Pass and receive needle holders safely	✓	✓	✓
Tissue holding forceps			
Selection of appropriate forceps	✓	✓	✓
Thumb (non-locking) forceps	✓	✓	✓
Locking forceps	✓	✓	✓
Tooth and non-tooth	✓	✓	✓
Safe and correct handling and use	✓	✓	✓
Retractors			
Selection of appropriate retractors	✓	✓	✓
Hand held	✓	✓	✓
Self-retaining	✓	✓	✓
Safe, correct handling; use and risk of tissue damage	✓	✓	✓
Scalpel			
Select appropriate blade	✓	✓	✓
Safe and correct mounting of blade	✓	✓	✓
Principles of holding and using	✓	✓	✓
Able to pass scalpel safely using a safety dish	✓	✓	✓
Able to perform a long cut with square edges at appropriate depth, without slicing or multiple passes	✓	✓	✓
Skin staples			
Indications for use of skin staples	✓	✓	✓
Correct application	✓	✓	✓
Safe removal	✓	✓	✓

Skill 3 - Diathermy			
Elements	**Observe**	**Describe**	**Perform**
Diathermy action as they relate to:			
Monopolar	✓	✓	
Bipolar	✓	✓	
Cutting	✓	✓	
Coagulation	✓	✓	
Electrosurgical circuit		✓	
Impedance and capacitance		✓	
Indications for use		✓	
Diathermy safety			
Heat dissipation, capacitive coupling, short circuit, tissue impedance (including risk to pedicles) and the effect of dessication, arcing, insulation failure, plume management, ignition hazards and with implanted devices		✓	

Skill 4 - Using sutures, surgical knots, needles			
Elements	**Observe**	**Describe**	**Perform**
Suture selection			
Synthetic versus organic	✓	✓	
Braided vs monofilament	✓	✓	
Absorbable vs non-absorbable	✓	✓	
Tensile strength	✓	✓	
Suture needles			
Round bodied vs cutting	✓	✓	
Needle size and curvature	✓	✓	
Single vs double armed	✓	✓	
Correct mounting on needle holder	✓	✓	✓
Knot tying, principles and practice			
Selection of appropriate materials	✓	✓	✓
Knot security	✓	✓	✓
Able to tie a square knot proficiently	✓	✓	✓
Instrument technique	✓	✓	✓
One handed technique	✓	✓	✓
Two handed technique	✓	✓	✓

Skill 5 - Surgical wounds and tissue handling			
Elements	**Observe**	**Describe**	**Perform**
Wound management			
Wound classification	✓	✓	
Clean versus contaminated	✓	✓	
Necrotising infections	✓	✓	
Mechanism of wounding	✓	✓	
Wound healing & factors affecting wound healing	✓	✓	
Dressings	✓	✓	✓
Debridement	✓	✓	✓
Wound closure	✓	✓	✓
Healing by primary intention	✓	✓	✓
Healing by secondary intention	✓	✓	
Delayed primary closure	✓	✓	
Vacuum assisted wound management	✓	✓	✓
Atraumatic tissue management			
Careful tissue handling	✓	✓	✓
Traction and retraction	✓	✓	✓
Correct application of instruments	✓	✓	
Neuro-vascular protection	✓	✓	

Skill 6 - Insertion and care of tubes and drains			
Elements	**Observe**	**Describe**	**Perform**
Use of drains and tubes			
Indications for safe use		✓	
Functions of tubes		✓	
Drain security	✓	✓	✓
Drain complications	✓	✓	
Urinary catheter			
Urethral	✓	✓	✓
Supra-pubic	✓	✓	
Nephrostomy tube	✓	✓	
Wound drains			
Suction versus passive	✓	✓	
Open versus closed	✓	✓	
Vascular			
Arterial	✓	✓	✓
Venous	✓	✓	✓
Peripheral	✓	✓	✓
Central	✓	✓	
Other drains and tubes			
Naso-gastric/Naso-enteric	✓	✓	✓
Intercostal catheter - Under water seal drains	✓	✓	✓
Gastrostomy	✓	✓	
Jejunostomy	✓	✓	
Radiologically placed drains	✓	✓	

Skill 7 - Splinting and immobilisation			
Elements	**Observe**	**Describe**	**Perform**
Principles of immobilisation			
Indications for immobilisation		✓	
Preservation of position and function		✓	
Prevention of complications			
Pressure point		✓	✓
Compartment syndrome		✓	✓
Selection of appropriate materials	✓	✓	✓
Correct and safe application			
Limb splint	✓	✓	✓
Plaster of Paris cast– upper limb /lower limb	✓	✓	✓
Skin traction		✓	
Hand splints	✓	✓	✓
Spine and pelvic immobilisation	✓	✓	✓

Skill 8 - Local anaesthetic (dermal and sub-cutaneous)			
Elements	**Observe**	**Describe**	**Perform**
Safe and appropriate use of local anaesthetic agents for minor procedures			
Wound infiltration	✓	✓	✓
Skin infiltration	✓	✓	✓
Digital nerve blocks	✓	✓	✓
Selection of appropriate agent			
Short acting	✓	✓	✓
Long acting	✓	✓	✓
Vaso-active agents	✓	✓	✓
Pharmacokinetics			
Dosage	✓	✓	
Duration of action	✓	✓	
Adverse effects and management			
Local injury		✓	
Systemic effects		✓	

Skill 9 - Peri-operative life support			
Elements	**Observe**	**Describe**	**Perform**
Basic airway management			
Clearing the airway	✓	✓	✓
Oxygen delivery	✓	✓	✓
Bag mask ventilation	✓	✓	✓
Oxygen delivery			
Nasal prongs	✓	✓	✓
Mask	✓	✓	✓
Reservoir mask	✓	✓	✓
CPAP	✓	✓	✓
Indications for ventilatory support	✓	✓	
Indications for definitive airway	✓	✓	
Safe practices for circulatory support			
Emergency venous access	✓	✓	✓
Monitoring and assessment	✓	✓	✓
External haemorrhage control	✓	✓	✓
IV fluid resuscitation	✓	✓	✓
Transfusion of blood	✓	✓	✓
Transfusion of blood products	✓	✓	✓
Management of complications	✓	✓	✓
Prevention of hypothermia	✓	✓	✓

Section 2. Surgical Constructs

A surgical construct is an assembly of elementary surgical skills (listed in Section 1) that forms a component of a surgical procedure.

For example, to undertake a procedure a Trainee, under appropriate supervision, would:

- perform a checklist
- position the patient appropriately
- scrub, gown and glove
- prepare and drape the area
- select the appropriate instruments
- maintain infection control
- handle tissues appropriately
- manage the wound

As a Trainee acquires more skills, they are able to perform larger constructs and more complex procedures.

The extent of supervision required varies according to the level of skills acquired by the doctor. Throughout a doctor's training, a Trainee acquires experience across the nine RACS surgical competencies until able to safely manage the condition of the surgical patient.

A doctor in an emergency department or a rural hospital who is not a surgeon or surgical Trainee may possess the skills required to undertake some surgical constructs.

This means that the skills listed in Table 1 can be combined to construct a range of tasks that doctors as part of a surgical "team" could perform with varying degrees of supervision by a consultant surgeon. Figure 1 (below) sets out diagrammatically the configuration of constructs that doctors in different clinical settings may be able to perform providing they have the required elementary surgical skills. Each level or group corresponds to a table that lists the skills or constructs that should be attained. The boxes shaded in blue represent the pathway for doctors who enter the SET Program to achieve FRACS.

Levels of surgical constructs

Surgical constructs are divided into three levels:

Basic Basic constructs are of a generic nature that doctors should be able to perform at time of applying to surgical training (Table 2). These constructs combine only a few elementary skills.

Intermediate Intermediate constructs are either:
- Generic for pre-vocational doctors (Table 3)
- Required by the specialty training boards for SET applicants (Table 4)

Advanced Advanced constructs are those which Trainees may be expected to perform during early SET as defined by the individual specialty training boards.

Some basic, intermediate and advanced constructs may be applicable to non-surgeon proceduralists.

Basic constructs

Table 2

Construct	Observe	Describe	Perform
Closure of a superficial wound	✓	✓	✓
Care of wound healing by secondary intention	✓	✓	✓
Removal of sutures and staples	✓	✓	✓
Removal of wound drain	✓	✓	✓
Excision of skin lesion	✓	✓	✓
Debridement of superficial contaminated wound	✓	✓	✓
Incision and drainage of sub cutaneous abscess	✓	✓	✓
Insertion of intercostal drain	✓	✓	✓
Placement of urethral catheter	✓	✓	✓
Placement of naso gastric tube	✓	✓	✓
Applying a plaster backslab splint	✓	✓	✓
Insertion of IV canula	✓	✓	✓
Pleural/peritoneal tap	✓	✓	✓
Removal of foreign body from eye, ear and nose	✓	✓	✓
Advanced life support	✓	✓	✓
Haemorrhage control - Superficial wound haemostasis	✓	✓	✓
Haemorrhage control - Epistaxis	✓	✓	✓

Intermediate constructs: *Generic for pre-vocational doctors*

Table 3

Construct	Observe	Describe	Perform
Emergency assessment and management plan of			
Post-operative bleed	✓	✓	✓
Miscarriage	✓	✓	✓
Abdominal sepsis	✓	✓	✓
Closed head injury	✓	✓	✓
Compartment syndrome	✓	✓	✓
Septic shock	✓	✓	✓
Trauma	✓	✓	✓
Acute limb ischaemia	✓	✓	✓
Acute abdomen	✓	✓	✓
Tendon injury	✓	✓	✓
Long bone fractures	✓	✓	✓
Burns	✓	✓	✓
GI bleeding	✓	✓	✓

Intermediate: Specialty requirements for SET applicants

Table 4

Construct	Observe	Describe	Perform
Entry level specialty specific			
Includes Level 2 Constructs Generic *(Table 3)*			
Paediatric Surgery			
Insertion of IV canula in children	✓	✓	✓
Maintenance of IV fluid management for infants and children	✓	✓	✓
IV fluid resuscitation for neonates and children	✓	✓	✓
Advanced Paediatric Life Support	✓	✓	✓
Appropriate prescribing of analgesia for a child	✓	✓	✓
Neurosurgery			
Care of closed head injury	✓	✓	✓
Clinical assessment of multi trauma patient	✓	✓	✓
Clinical neurological assessment	✓	✓	✓
Cranial operating room positioning	✓	✓	✓
Cranioplasty	✓	✓	
Craniotomy flaps	✓	✓	
Drilling bone dissections	✓	✓	
Drilling burr holes	✓	✓	✓
ICP monitoring	✓	✓	✓
Image guidance registration	✓	✓	✓
Lumbar puncture	✓	✓	✓
Management of potential spinal injury	✓	✓	✓
Operating microscope set up and use	✓	✓	✓
Post-operative bleed	✓	✓	
Spinal Operating room positioning	✓	✓	✓
Ultrasonic aspirator	✓	✓	✓
Ventriculostomy placement	✓	✓	✓
VP strut	✓	✓	
Cardiothoracic Surgery			
Exposure & Mobilisation of the Saphenous	✓	✓	✓
Chest Drain	✓	✓	✓
Harvesting of Radial Artery	✓	✓	
General Surgery			
Orthopaedic Surgery			
Recognises and initiates management of orthopaedic emergencies Open fractures Compartment syndrome Cauda equina syndrome Acute bone and joint infection/sepsis	✓	✓	✓
Recognises and diagnoses common orthopaedic presentations	✓	✓	✓
Common fracture classification application	✓	✓	✓
Principles of closed reduction of simple fractures and dislocations	✓	✓	
Application of common upper and lower limb plaster casts	✓	✓	✓
Draping for upper and lower limb orthopaedic procedures	✓	✓	✓
Principles and methods of fracture fixation	✓	✓	

Construct	Observe	Describe	Perform
Ordering equipment for uncomplicated primary hip and knee joint replacement surgery	✓	✓	✓
Supervised surgery for common upper and lower limb fractures Ankle fracture Neck of femur fracture Forearm fracture	✓	✓	✓
Reduction of Colles' wrist fracture	✓	✓	✓
Reduction of shoulder dislocation	✓	✓	✓
Post-operative care of common orthopaedic elective and trauma procedures	✓	✓	✓
Post-operative physiotherapy and rehabilitation after common orthopaedic elective and trauma procedures	✓	✓	
Venous thromboembolism prevention in orthopaedic conditions	✓	✓	
Otolaryngology Head and Neck Surgery			
Plastic and Reconstructive Surgery			
Urology			
Vascular Surgery			
Assessment of Acute limb ischaemia	✓	✓	✓
Investigation and management of patients with	✓	✓	✓
Pre-operative assessment, investigation	✓	✓	
Calculation of Ankle Brachial Index	✓	✓	✓
Care of angiographic puncture sites	✓	✓	✓

Advanced constructs (early SET)

As described by specialty training curriculum modules.

Section 3. Procedures for GP Proceduralists

Vocationally trained general practitioners may undertake training to develop the skills necessary to perform some surgical procedures.

The elementary surgical skills (Table 1) and some of the surgical constructs (Tables 2, 3 and 4) may be combined with the *Skills for GP Proceduralists* to form a range of tasks that doctors as a part of a surgical team could perform either independently or with varying degrees of supervision.

Skills for GP Proceduralists are sourced from the RACS Guidelines and Position Paper "Training for GP Proceduralists". Procedures are divided into three levels based on the level of training and resources required.

Level 1 procedures that require minimal training (Table 5)

Level 2 procedures that require higher level training (Table 6)

Level 3 procedures that require at least one year of training with RACGP or ACRRM surgical proceduralist training programs and an ongoing mentoring relationship with a RACS Fellow (Table 7)

Level 1 procedures

Table 5

Construct	Observe	Describe	Perform
Excision of cutaneous lesions with simple closure	✓	✓	✓
Suture and repair of lacerations	✓	✓	✓
Removal of superficial palpable foreign bodies	✓	✓	✓
Removal of toenail	✓	✓	✓
Application of plaster for undisplaced fractures of the upper	✓	✓	✓
Incision and drainage of cutaneous abscesses	✓	✓	✓

Level 2 procedures

Table 6

Construct	Observe	Describe	Perform
Wedge excision of toenail bed	✓	✓	✓
Toenail ablation	✓	✓	✓
Cauterisation or freezing of skin lesions	✓	✓	✓
Incisional biopsy of skin lesions	✓	✓	✓
Clinical assessment of multi trauma patient	✓	✓	✓
Punch biopsy of skin lesions	✓	✓	✓
Closed reduction of fractures	✓	✓	✓
Neurosurgical			
Care of closed head injury	✓	✓	
Management of potential spinal injury	✓	✓	
Vascular - Diagnosis and non-operative management			
Arterial/venous ulcers	✓	✓	✓
Peripheral Vascular disease/claudication	✓	✓	✓
Superficial thrombophlebitis	✓	✓	✓
Calculation of Ankle Brachial Index	✓	✓	✓

Level 3 procedures

Table 7

Skin/subcutaneous tissue			
Elements	**Observe**	**Describe**	**Perform**
Excision and suture of complex wounds	✓	✓	✓
Drainage/debridement of infected or contaminated wound	✓	✓	✓
Drainage of deep abscess	✓	✓	✓
Drainage of haematomas	✓	✓	✓
Removal of deep foreign bodies	✓	✓	✓
Simple flap closure of wounds	✓	✓	✓
Skin grafts – Partial/ Full thickness	✓	✓	✓
Burns			
Dressings/diagnosis	✓	✓	✓
Escarotomy	✓	✓	✓
Criteria for referral	✓	✓	✓
Head and Neck			
Elements	**Observe**	**Describe**	**Perform**
Facial injuries (complex)			
Airway protection	✓	✓	✓
Suture lacerations	✓	✓	✓
Mandible stabilisation	✓	✓	✓
Cricothyroidotomy	✓	✓	✓
Open head injuries			
Suture --> transfer arrangements	✓	✓	✓
ENT Emergencies			
Epistaxis control	✓	✓	✓
Nasal packing	✓	✓	✓
Incision & drainage abscesses	✓	✓	✓
Deafness, ear infection			
Canal toilet	✓	✓	✓
Eye trauma			
Burns - major/minor	✓	✓	✓
Penetrating injuries – assessment and referral	✓	✓	✓
Lump in neck			
Diagnosis	✓	✓	✓
Breast			
Elements	**Observe**	**Describe**	**Perform**
Breast abscess/infection			
Drainage	✓	✓	✓
Breast lump			
Triple assessment and referral	✓	✓	✓

Chest			
Elements	**Observe**	**Describe**	**Perform**
Chest pain			
Diagnosis	✓	✓	✓
Chest trauma			
Closure open wounds	✓	✓	✓
Pneumothorax - chest tubes	✓	✓	✓
Pleural tap	✓	✓	✓
Pericardial aspirate - emergency	✓	✓	✓
Exposure & Mobilisation of the Saphenous Vein at the Ankle	✓	✓	✓
Chest Drain	✓	✓	✓
Harvesting of Radial Artery	✓	✓	
Abdomen			
Elements	**Observe**	**Describe**	**Perform**
Bowel obstruction, diagnosis-resuscitation	✓	✓	✓
Perforated viscus, diagnosis-resuscitation	✓	✓	✓
Abdominal trauma, diagnosis-resuscitation	✓	✓	✓
Abdominal mass, diagnosis	✓	✓	✓
Rigid / fibre optic sigmoidoscopy	✓	✓	✓
Acute GI bleeding Diagnosis-resuscitation	✓	✓	✓
Abdominal pain			
Diagnosis and management plan	✓	✓	✓
Appendicitis			
Diagnosis	✓	✓	✓
Appendicectomy	✓	✓	✓
Peri-anal			
Elements	**Observe**	**Describe**	**Perform**
Peri-anal/ischio-rectal abscess drainage	✓	✓	✓
Laying open pilonidal sinus	✓	✓	✓
Peri-anal haematoma (incision and drainage)	✓	✓	✓
Genitourinary			
Elements	**Observe**	**Describe**	**Perform**
Groin/scrotal lumps	✓	✓	✓
Testicular torsion	✓	✓	✓
Testicular trauma	✓	✓	✓
Vasectomy	✓	✓	✓
Circumcision	✓	✓	✓
Renal pain diagnosis	✓	✓	✓
Prostate disease diagnosis	✓	✓	✓
Urinary tract infection diagnosis/treatment	✓	✓	✓
Voiding difficulties			
Catheterisation	✓	✓	✓
Urethral dilatation	✓	✓	✓
Suprapubic catheter	✓	✓	✓
Gynaecology/Obstetric (diagnosis and management)			
Elements	**Observe**	**Describe**	**Perform**
Acute gynaecology conditions	✓	✓	✓
Obstetric emergency	✓	✓	✓
Ectopic pregnancy	✓	✓	✓

Vascular			
Elements	**Observe**	**Describe**	**Perform**
Acute Ischaemic limb Diagnosis and non-operative	✓	✓	✓
Compartment syndromes – Emergency Fasciotomy	✓	✓	✓
Arterial trauma - Haemorrhage control	✓	✓	✓
Ruptured abdominal aortic aneurysm - assessment and resuscitation	✓	✓	✓
Musculoskeletal			
Elements	**Observe**	**Describe**	**Perform**
Hand injuries			
Abscess drainage	✓	✓	✓
Tendon sheath drainage	✓	✓	✓
Terminalisation of digit	✓	✓	✓
Joint pain/injuries			
Intra-articular steroids	✓	✓	✓
Ligament injuries			
Diagnosis/splinting	✓	✓	✓
Limb fractures/dislocations			
Simple fracture management	✓	✓	✓
Relocation dislocations	✓	✓	✓
Nerve entrapment			
Carpel tunnel release	✓	✓	✓

References

1. Anderson, I.D. (2003) *Care of the Critically Ill Surgical Patient*, RCS
2. *ATLS Students' Course Manual* 8th Edition. American College of Surgeons.
3. Royal Australasian College of Surgeons (2009) *Australian and New Zealand Surgical Skills Education and Training Course*.
4. Royal Australasian College of Surgeons (2008) *Fundamental Skills for Surgery* McGraw-Hill, San Francisco
5. Royal Australasian College of Surgeons Position Paper *Training for GP Proceduralists* 2007
6. Royal Australasian College of Surgeons *Informed Consent Policy* 2006
7. Medical Council of New Zealand
8. National Screening Unit New Zealand
9. Examples of Informed Consent in Australia
10. RACS Informed Consent Workshops
11. S.S. Amarasekera and R.O. Lander (2008) "Understanding of informed consent and surgeon liability by the public and patients" *Journal of Orthopaedic Surgery* 2008;16(2):141-5
12. Practical Skin Wound Management CD-ROM
13. RACS STEM Resource Unit The Operation
14. Tissue approximation, Cuschiari, Czabo
15. Australian Red Cross guidelines
16. Bloodsafe – online
17. CSL website
18. NSW Institute of Trauma & Injury Management
19. Department of Health Victoria

Key clinical task
Lead a ward round

jdocs Best Practice, Better Practitioners

First name	**Last name**
Date	**Hospital**
Term	**Supervisor/ other healthcare professional**

Description of task	**Lead a ward round**			
	The ward round is the key vehicle for coordinating care for every hospital inpatient; the information shared is crucial to the ongoing care plan. A junior doctor can contribute to this task from their first day and work towards the 'lead role' whilst bringing together many of the core competencies. By PGY3 the doctor should be able to lead a ward round, as described below.			
Activities	• Is punctual, knows patients & issues • Able to lead consultants, junior doctors, students • Engages with ward nurse & allocated nurse • Communicates with allied health • Engages dialogue about progress/next steps • Teaches when appropriate (during/after) • Delegates tasks • Records notes • Supervises juniors/ review of patients			
Competencies of JDocs Framework	Communication	☒	Management and Leadership	☒
	Collaboration and Teamwork	☒	Medical Expertise	☒
	Health Advocacy	☒	Professionalism and Ethics	☒
	Judgement – Clinical Decision Making	☒	Scholarship and Teaching	☒
	Technical Expertise	☐		
Assessment	Observed 6-8 times			
Performance	Done well ☐ *Needs more development ☐			

*Use JDocs competencies to frame feedback

Other comments

Signed
Supervisor/other healthcare professional _____

Guidance notes

Guidance for supervisors/other healthcare professionals

The key clinical task, achievable by PGY3, is intended as a guide for feedback/assessment of the junior doctor in the workplace against defined standards of the JDocs Framework. The table below describes the relevant skills, knowledge and attitudes required by the doctor to proficiently **lead a ward round** that could also be used to inform feedback.

Guidance for prevocational doctors

The doctor is encouraged to seek the support of his/her supervisor, to obtain feedback on their proficiency in performing this task at the standards described below. This task should be achievable by PGY3. Evidence of proficiency in this task can be recorded in the JDocs ePortfolio.

Lead a ward round: Knowledge, skills attitudes (PGY3-3+)

Communication

- Use effective strategies to deal with difficult or vulnerable patients ☐
- Set an appropriate tone for any communication with patients and their families, peers and colleagues ☐
- Communicate effectively with complex patients to take clinical history, identifying key comorbidities, e.g. use open and closed questions to elicit information ☐
- Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management ☐
- Use graded assertiveness where appropriate ☐

Collaboration and teamwork

- Collaborate effectively with other specialist teams involved in the patient's care ☐
- Effectively prioritise patients with multiple medical conditions of varying disease severity ☐
- Engage junior doctors, nursing and ancillary staff in ward rounds ☐

Management and leadership

- Demonstrate appropriate self-awareness and insight ☐
- Delegate appropriate tasks to junior members, ensuring supervision is maintained ☐

Professionalism and ethics

- Act as a role model of professional behaviour in the workplace ☐

Health advocacy

- Acknowledge the potential impact of cultural differences in the acceptance of treatment for common conditions and work within those parameters ☐
- Identify any gaps between management plan and patient wishes ☐
- Work with the patient/family/carers to develop a management plan that addresses the needs and preferences of the patient ☐

Scholarship and teaching

- Use multi-disciplinary team meetings as teaching and educational opportunities ☐
- Adapt level of supervision to learner's competence and confidence ☐

Judgement and clinical decision making

- Use investigation findings to refine diagnoses for common conditions ☐
- Recognise when a management plan is failing and, where appropriate, seek senior input to devise an alternative plan ☐

Medical expertise

- Present complex cases effectively to senior medical staff and other health professionals ☐
- Evaluate outcomes of medication therapy. Monitor and review the patient's response to treatment (aligned to NPS MedicineWise) ☐
- Provide appropriate aftercare and arrange follow-up for all procedures ☐
- Audit own and team performance in relation to patient progress and outcome ☐