

## JDOCS: KEY CLINICAL TASKS

### JDocs overview

[JDocs](#) is a Framework that describes the many tasks, skills and behaviours that should be achieved by doctors at defined early post-graduate year levels, and will assist in their development towards a surgical or other proceduralist career. It provides guidance and support in becoming a safe, competent, professional doctor at work and a collaborative member of the healthcare team. To relate the Framework to the workplace, key clinical tasks have been developed that represent professional activities undertaken in the clinical workplace, e.g. leading a ward round and discharging a patient.

### What are Key Clinical Tasks?

Key clinical tasks (KCTs) represent the daily professional activities undertaken by the junior doctor, where the level of performance can be observed and feedback provided. These are multi-competency constructs around real clinical work and are supported by the competencies of the JDocs Framework that describe the skills, knowledge and attitudes expected of the junior doctor. KCTs are based on Entrustable Professional Activities (EPAs; Olle ten Cate<sup>1</sup>), where judgements are made against differing levels of supervision to establish a deeper understanding of the acceptable level of clinical competence required for a particular stage of learning (postgraduate year (PGY) 1–3+).

KCTs use the following levels of supervision to inform feedback and help the doctor gauge his/her progress as they develop their skills and knowledge to demonstrate their readiness for the registrar role.

1. Needs more supervision for development	<input type="checkbox"/>
2. Can perform with supervision	<input type="checkbox"/>
3. Can perform with minimal supervision (observation)	<input type="checkbox"/>
4. Can perform with supervision at a distance (supervisor not present)	<input type="checkbox"/>

Proficiency in each task at supervision level 4 (*Can perform with supervision at a distance – supervisor not present*) should be achievable by the end of PGY3. Assessment of a KCT can be captured in a number of ways, e.g. signed KCT, as part of an end-of-term assessment, and/or built into references and referee reports. Evidence of progress and performance in these tasks can be uploaded to the JDocs ePortfolio.

### Key Clinical Tasks for Supervisors

Supervisors can observe junior doctors performing a KCT on a number of occasions and judge their performance using the levels of supervision. The competencies of the JDocs Framework that describe the task are progressive (PGY1–3+) and can be useful when providing feedback to the prevocational doctor; they can also be used to encourage ongoing development of the relevant knowledge, skills and attitudes necessary to proficiently perform a task unsupervised (with supervision at a distance).

Successful completion of a task at supervision level 4 demonstrates the junior doctor has performed the task safely and reliably without direct supervision. The supervisor will have also checked with the doctor and the senior nurse (or other) afterwards that all had gone well. To ensure authenticity using the mobile version of a task, the supervisor will receive email notification where he/she has judged the doctor's performance at supervision level 4.

### Key Clinical Tasks for Prevocational doctors

The doctor is encouraged to seek supervisor support to be observed on a number of occasions, to gauge their current level of proficiency in performing a task. In addition to any verbal feedback, a supervisor may use the

<sup>1</sup> Olle ten Cate. Nuts and Bolts of Entrustable Professional Activities: J Grad Med Educ. 2013 Mar; 5(1): 157–158. doi: 10.4300/JGME-D-12-00380.1

competencies of the Framework to help guide further development of relevant skills, knowledge and attitudes to proficiently perform a task unsupervised (with supervision at a distance). Successful completion of a task at supervision level 4 demonstrates the doctor can perform the task safely and reliably without direct supervision. To ensure authenticity using the mobile version of a task, the Supervisor will receive email notification where he/she has judged the doctor’s performance at supervision level 4.

Following supervisor observation using the mobile version of the KCT, the doctor’s progress will be automatically recorded in the JDocs ePortfolio, where the doctor can access feedback to help prompt reflection and guide further personal learning and development.

## How to access Key Clinical Tasks

There are two ways to access KCTs.

1. Download as a PDF document from [JDocs website \(http://jdocs.surgeons.org\)](http://jdocs.surgeons.org)

Key clinical tasks		
<ul style="list-style-type: none"> <li>• Admit/consult the new patient</li> <li>• Lead a ward round</li> <li>• Manage peri-operative care</li> <li>• Manage the sick patient</li> <li>• Coordinate and lead open disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver bad news</li> <li>• Manage CPR &amp; trauma calls</li> <li>• Communication (Handover/ISBAR)</li> <li>• Participate in M &amp; M meetings</li> <li>• Manage/chair interprofessional ward/unit meeting</li> <li>• Discharge a patient</li> </ul>	<ul style="list-style-type: none"> <li>• Display professional behaviours in the workplace</li> <li>• Supervision of junior doctors</li> <li>• Plan an operating list</li> <li>• Plan/participate in the Op Room journey</li> <li>• Perform basic procedures/operations (MALT)</li> </ul>

2. Access the mobile KCT form from the JDocs ePortfolio (available only via JDocs [subscription](#))

Doctors can prepare the KCT form on a mobile device in readiness for observation, then hand the mobile device to the supervisor. The supervisor is then able to review the task, enter free text comments and/or use the competencies of the Framework and levels of supervision to inform feedback. Feedback is then recorded directly in the individual’s JDocs Portfolio as a PDF document. There is no supervisory workflow for the JDocs ePortfolio and feedback is for the prevocational doctor’s information only.

### For further information, please contact:

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<http://jdocs.surgeons.org>

### Key Clinical Task

Discharge a patient				
<b>First name</b>		<b>Last name</b>		
<b>Date</b>		<b>Hospital</b>		
<b>Term</b>		<b>Supervisor</b>		
<b>Description of task</b>	The doctor can produce succinct discharge summaries and understand the importance of clinical records. Community-based management of many problems, as well as discharge, should involve the GP.			
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Exhibits a patient centred approach to care</li> <li>• The medical aspects of aftercare are well sorted</li> <li>• Follow-up is planned (may not always be with the hospital)</li> <li>• Family and GP are informed</li> <li>• Delegates tasks to junior members where appropriate</li> <li>• Documentation is clear and informative</li> </ul>			
<b>Competencies of JDocs Framework</b>	Communication	<input checked="" type="checkbox"/>	Medical Expertise	<input checked="" type="checkbox"/>
	Collaboration & Teamwork	<input checked="" type="checkbox"/>	Professionalism & Ethics	<input type="checkbox"/>
	Health Advocacy	<input checked="" type="checkbox"/>	Scholarship & Teaching	<input type="checkbox"/>
	Judgement – Clinical Decision Making	<input type="checkbox"/>	Technical Expertise	<input type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
<b>Assessment guide</b>	Observed 5–6 times			
<b>Performance</b>	1. Needs more supervision for development			<input type="checkbox"/>
	2. Can perform with supervision			<input type="checkbox"/>
	3. Can perform with minimal supervision (observation)			<input type="checkbox"/>
	4. Can perform with supervision at a distance (supervisor not present)			<input type="checkbox"/>
	JDocs competencies can be useful to frame feedback			
<b>Additional comments</b>				
<b>Signed by Supervisor</b>				

<b>A guide for feedback</b>	
<b>Discharge a patient – expected knowledge, skills and attitudes</b>	
<b>Guidance for Supervisors</b>	
Supervisors can observe junior doctors performing this key clinical task, on a number of occasions, and assess their performance using the standards of the JDocs Framework, which may be of assistance in providing feedback. This feedback can be useful to guide ongoing development of the relevant knowledge, skills and attitudes required to proficiently <b>discharge a patient</b> and perform this task unsupervised (with supervision at a distance). <b>Identify areas for further development (✓)</b> .	
<b>Guidance for Prevocational Doctors</b>	
The junior doctor is encouraged to seek supervisor support to obtain regular feedback on their proficiency in performing this task. The competencies of the Framework, listed below, describe the levels applicable across the early prevocational years (PGY1–3) and can help the doctor further develop the relevant skills, knowledge and attitudes necessary to proficiently <b>discharge a patient</b> and demonstrate they can perform this task unsupervised (with supervision at a distance).	
<b>Collaboration &amp; Teamwork</b>	✓
1. 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"/>
2. Able to coach or supervise juniors, as required by the clinical task	<input type="checkbox"/>
<b>Communication</b>	
1. Comply with organisational policies regarding comprehensive and accurate documentation	<input type="checkbox"/>
2. Use electronic resources in patient care, e.g. to obtain results, populate discharge summaries, access medicines information and maintain health records	<input type="checkbox"/>
3. Prepare discharge summaries and include current list of medication and reasons for any medication changes	<input type="checkbox"/>
4. Keep patients and significant others informed of management plan progress	<input type="checkbox"/>
5. Communicate effectively with administrative bodies and support organisations	<input type="checkbox"/>
6. Demonstrate high-quality written skills to communicate clinical actions, e.g. discharge summaries and completion of tasks before discharge	<input type="checkbox"/>
7. Set an appropriate tone for any communication with patients and their families, peers and colleagues	<input type="checkbox"/>
<b>Health Advocacy</b>	
1. Is courteous and compassionate to all patients, without discrimination, regardless of a patient's chosen lifestyle, e.g. discuss options, offer choices	<input type="checkbox"/>
2. Consider, and allow, for the impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<input type="checkbox"/>
3. Able to advise on, or help to arrange, ambulatory and community care services appropriate for each patient	<input type="checkbox"/>
4. Identify key issues on which to advocate for the patient to ensure their immediate clinical care and requirements are achieved	<input type="checkbox"/>
5. Recognise health needs of an individual patient beyond their immediate condition	<input type="checkbox"/>
6. Adapt communication strategy according to the culture, values and beliefs of each patient	<input type="checkbox"/>
7. Work with the patient/family/carers to develop a management plan that addresses the needs and preferences of the patient	<input type="checkbox"/>
<b>Judgement &amp; Clinical Decision Making</b>	
1. Synthesise clinical information to generate a graded problem list, containing appropriate provisional diagnoses as part of the clinical reasoning process	<input type="checkbox"/>
<b>Management &amp; Leadership</b>	
1. Take responsibility for any task delegated	<input type="checkbox"/>
2. Delegate appropriate tasks to junior members, ensuring supervision is maintained	<input type="checkbox"/>
3. Able to discuss the structure and function of healthcare systems applicable to specialty and country	<input type="checkbox"/>

<b>A guide for feedback</b>	
<b>Discharge a patient – expected knowledge, skills and attitudes</b>	
<b>Medical Expertise</b>	✓
1. Manage common conditions <ul style="list-style-type: none"> <li>• See extracts from <a href="#">Australian Curriculum Framework</a> for Junior Doctors (ACJD) and <a href="#">New Zealand Curriculum Framework for Prevocational training</a> (NZCF)</li> </ul>	<input type="checkbox"/>
2. Identify common risks in older and complex patients, e.g. falls risk and cognitive decline. Take appropriate actions to prevent or minimise harm	<input type="checkbox"/>
3. Provide appropriate aftercare and arrange follow-up for all procedures	<input type="checkbox"/>
4. Identify patients suitable for, and refer to, aged care, rehabilitation or palliative care programs	<input type="checkbox"/>
<b>Professionalism &amp; Ethics</b>	
1. Demonstrate empathy, caring and compassion for patients, their families and carers and treat them with dignity and respect	<input type="checkbox"/>
<b>Scholarship &amp; Teaching</b>	
1. Reflect on and learn from own observations of clinical practice	<input type="checkbox"/>
2. Provide constructive, timely and specific feedback to interns based on observation of a junior's performance, encouraging them to reflect on their own learning	<input type="checkbox"/>