

JDOCS: KEY CLINICAL TASKS

JDocs overview

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

What are Key Clinical Tasks?

Key clinical tasks (KCTs) represent the daily professional activities undertaken by the junior doctor, where the level of performance can be observed and feedback provided. These are multi-competency constructs around real clinical work and are supported by the competencies of the JDocs Framework that describe the skills, knowledge and attitudes expected of the junior doctor. KCTs are based on Entrustable Professional Activities (EPAs; Olle ten Cate¹), where judgements are made against differing levels of supervision to establish a deeper understanding of the acceptable level of clinical competence required for a particular stage of learning (postgraduate year (PGY) 1–3+).

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

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

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

Key Clinical Tasks for Supervisors

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

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

Key Clinical Tasks for Prevocational doctors

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

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

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

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

How to access Key Clinical Tasks

There are two ways to access KCTs.

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

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

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

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

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<http://jdocs.surgeons.org>

Key Clinical Task

Participate in M & M meetings				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	Medical professional role demands that these should be attended, outcomes presented and dialogue about management conducted openly, leading to reasoned conclusions. Consultants can be inconsistent with views. Learning points should be explicit.			
Activities	<ul style="list-style-type: none"> • Recognises quality/safety and education aspects • Presents cases honestly • Participates in discussion • Notes learning achieved • Makes key points explicit • Incorporates into practice 			
Competencies of JDocs Framework	Communication	<input checked="" type="checkbox"/>	Medical Expertise	<input checked="" type="checkbox"/>
	Collaboration & Teamwork	<input checked="" type="checkbox"/>	Professionalism & Ethics	<input checked="" type="checkbox"/>
	Health Advocacy	<input checked="" type="checkbox"/>	Scholarship & Teaching	<input checked="" type="checkbox"/>
	Judgement – Clinical Decision Making	<input checked="" type="checkbox"/>	Technical Expertise	<input checked="" type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Observed 6–8 times			
Performance	1. Needs more supervision for development			<input type="checkbox"/>
	2. Can perform with supervision			<input type="checkbox"/>
	3. Can perform with minimal supervision (observation)			<input type="checkbox"/>
	4. Can perform with supervision at a distance (supervisor not present)			<input type="checkbox"/>
	JDocs competencies can be useful to frame feedback			
Additional comments				
Signed by Supervisor				

A guide for feedback	
Participate in M & M meetings – expected knowledge, skills and attitudes	
Guidance for Supervisors	
Supervisors can observe junior doctors performing this key clinical task, on a number of occasions, and assess their performance using the standards of the JDocs Framework, which may be of assistance in providing feedback. This feedback can be useful to guide ongoing development of the relevant knowledge, skills and attitudes required to proficiently participate in M & M meetings and perform this task unsupervised (with supervision at a distance). Identify areas for further development (✓).	
Guidance for Prevocational Doctors	
The junior doctor is encouraged to seek supervisor support to obtain regular feedback on their proficiency in performing this task. The competencies of the Framework, listed below, describe the levels applicable across the early prevocational years (PGY1–3) and can help the doctor further develop the relevant skills, knowledge and attitudes necessary to proficiently participate in M & M meetings and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. Understand both personal and collective responsibility within the team to ensure the safety of patients	<input type="checkbox"/>
2. Maintain accurate records and follow-up on investigation results	<input type="checkbox"/>
3. Identify issues that impede teamwork and suggest actions; after discussion with Unit Head, assist with implementation	<input type="checkbox"/>
Communication	
1. Explain clinical reasoning to current health team using concise language and a structured approach	<input type="checkbox"/>
2. Set an appropriate tone for any communication with patients and their families, peers and colleagues	<input type="checkbox"/>
3. Contribute to analysis of complex cases and imperfect outcomes, and identify any changes needed to care processes or systems	<input type="checkbox"/>
Health Advocacy	
1. 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"/>
2. Identify key issues on which to advocate for the patient to ensure their immediate clinical care and requirements are achieved	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Following any error in clinical reasoning, reflect on own clinical reasoning process and learn from mistake	<input type="checkbox"/>
2. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
3. Has awareness and acknowledges errors or omissions in own decision making	<input type="checkbox"/>
4. Retrieve, comprehend and apply results of systematic reviews, clinical prediction rules, decision analysis and clinical practice guidelines	<input type="checkbox"/>
Management & Leadership	
1. Work well with others to gain respect and trust	<input type="checkbox"/>
2. Identify hazards within the clinical environment; ensure they are reported and then acted upon	<input type="checkbox"/>
3. Participate and demonstrate leadership in patient safety and quality improvement activities	<input type="checkbox"/>
4. Document and report adverse events in accordance with local incident reporting systems	<input type="checkbox"/>
5. Participate in systemic quality process of evaluation and improvement, such as patient safety initiatives or proposed clinical service changes	<input type="checkbox"/>
Medical Expertise	
1. Work within unit-based protocols with regard to pre-operative assessment and care, operative procedures and post-operative care: <ul style="list-style-type: none"> • apply medical knowledge to clinical practice • implement and evaluate a management plan relevant to the patient following discussion with a senior clinician 	<input type="checkbox"/>

A guide for feedback	
Participate in M & M meetings – expected knowledge, skills and attitudes	
<ul style="list-style-type: none"> • identify when patient transfer is required, and manage risks prior to and during patient transfer • recognise indications for, and risks of, fluid and electrolyte therapy and blood products • provide appropriate aftercare and arrange follow up for common procedures • safely manage anti-coagulant therapy and manage diabetes • recognise acute cardiac events and use relevant resuscitation/drug protocols • initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan • maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use • recognise and manage fluid and electrolyte imbalances in a patient • effectively use semi-automatic and automatic defibrillators • provide appropriate aftercare and arrange follow up for more complex procedures • recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge 	<input type="checkbox"/>
2. Safely prescribe use of antimicrobials and be aware of the influence of the pharmaceutical industry. Clearly understand proper surgical prophylaxis and distinguish this from therapeutic use of antibiotics for bacterial infections	<input type="checkbox"/>
3. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
4. Audit own and team performance in relation to patient progress and outcome	<input type="checkbox"/>
Professionalism & Ethics	
1. Demonstrate flexibility and ability to adapt to change	<input type="checkbox"/>
2. Able to learn from mistakes (own and others)	<input type="checkbox"/>
3. Identify specific strategies for improving performance based on feedback	<input type="checkbox"/>
4. Show insight on what needs to be improved	<input type="checkbox"/>
Scholarship & Teaching	
1. Attend unit or morbidity/mortality meetings. Identify any personal knowledge, skills or behaviour changes required	<input type="checkbox"/>
2. Participate in research, quality improvement and clinical audit activities where possible <ul style="list-style-type: none"> • Participate in research • 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 	<input type="checkbox"/>
3. Reflect on and learn from own observations of clinical practice	<input type="checkbox"/>
4. Contribute to unit morbidity/mortality meetings	<input type="checkbox"/>
5. Identify areas of improvement in teaching/ learning activities and work with Unit Head/ Director of Surgery to implement change	<input type="checkbox"/>
6. Chair/facilitate morbidity/mortality meetings, and identify desirable changes to processes and systems of care	<input type="checkbox"/>
Technical Expertise	
1. Identify common symptoms, signs, clinical problems and conditions <ul style="list-style-type: none"> • see extract from the Australian Doctors Curriculum Framework 	<input type="checkbox"/>
2. Engage with Basic and Intermediate surgical constructs <ul style="list-style-type: none"> • see extract from Essential Surgical Skills document (pp. 11–12) 	<input type="checkbox"/>
3. Competent with intermediate and many of the advanced Essential Surgical Skills constructs <ul style="list-style-type: none"> • refer to pages 12–14 of the Essential Surgical Skills document 	<input type="checkbox"/>