

## 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

<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

current level of proficiency in performing a task. In addition to any verbal feedback, a supervisor may use the 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

Manage peri-operative care			
<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>	Medical management of the surgical patient should be integral to the resident role in PGY1–3. Asking for senior and/or physician review is part of this. By PGY3 the doctor should be competent across the many threads of care as described below.		
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Able to communicate clearly</li> <li>• Able to work well within a team</li> <li>• Provides effective supervision</li> <li>• Able to recognise and respond to instances of uncertainty</li> <li>• Prescribe and administers pain management safely (noting local approaches)</li> <li>• Understands medicines with high-risk results               <ul style="list-style-type: none"> <li>○ Diabetes</li> <li>○ Anticoagulation/ DVT prophylaxis</li> <li>○ Cardiac and respiratory issues</li> <li>○ Fluid management</li> <li>○ Sensible use of blood products</li> <li>○ Antibiotic prophylaxis (cf. treatment)</li> </ul> </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 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"/>	
<b>Assessment guide</b>	Observe 6–8 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>Manage peri-operative care – 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>manage peri-operative care</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>manage peri-operative care</b> and demonstrate they can perform this task unsupervised (with supervision at a distance).	
<b>Collaboration &amp; Teamwork</b>	✓
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. Maintain clear, accurate and concise patient records of assessment, clinical issues and planned management	<input type="checkbox"/>
4. Work within the team to identify and remedy errors, particularly using a systems approach	<input type="checkbox"/>
5. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
6. Encourage participation of all team members and allocate appropriate tasks to junior members	<input type="checkbox"/>
<b>Communication</b>	
1. Accurately document medicine prescription, calculations and administration, using recommended terminology, including symbols and abbreviations	<input type="checkbox"/>
2. Provide updates to the current health team, e.g. new critical issues or changes in a patient's condition	<input type="checkbox"/>
3. Attend to clarity, structure and appropriate content for specific correspondence, e.g. handover notes and investigation requests	<input type="checkbox"/>
4. Keep patients and significant others informed of management plan progress	<input type="checkbox"/>
5. Communicate effectively within multidisciplinary teams, reflecting an understanding of, and respect for, different health professional perspectives	<input type="checkbox"/>
6. Communicate clearly and compassionately when breaking bad news or discussing difficult topics (deterioration, poor prognosis, resuscitation and end-of-life issues)	<input type="checkbox"/>
7. Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management	<input type="checkbox"/>
8. Contribute to analysis of complex cases and imperfect outcomes, and identify any changes needed to care processes or systems	<input type="checkbox"/>
<b>Health Advocacy</b>	
1. Demonstrate awareness of the cultural diversity and requirements of patients	<input type="checkbox"/>
2. Advise families and carers according to the patient's condition and wishes	<input type="checkbox"/>
3. Note and understand the Enduring Power of Attorney and the Advanced Care Directives	<input type="checkbox"/>
4. Recognise health needs of an individual patient beyond their immediate condition	<input type="checkbox"/>
5. Take into account the impact of history and experience of Indigenous Australians/Māori people, and their spirituality and relationship with the land	<input type="checkbox"/>
6. Identify any gaps between management plan and patient wishes	<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. Use basic algorithms and decision trees to manage common problems	<input type="checkbox"/>
2. Recognise personal limitations and ensure appropriate supervision	<input type="checkbox"/>
3. Use mechanisms that minimise error, e.g. clinical checklists, Surgical Safety Checklist, handover	<input type="checkbox"/>

protocols, unit protocols	
4. Retrieve and use high-quality information from electronic sources for clinical decision making. Document decisions and reasons for same	<input type="checkbox"/>
5. Recognise when advice and guidance is required in development of management plans	<input type="checkbox"/>
6. Undertake continued timely reviews of patient progress and respond appropriately to any changes of condition	<input type="checkbox"/>
7. Recognise when a management plan is failing and, where appropriate, seek senior input to devise an alternative plan	<input type="checkbox"/>
8. Recognise instances of uncertainty and conflicting values, and able to alleviate their potential impact	<input type="checkbox"/>
<b>Management &amp; Leadership</b>	
1. Identify and follow patient care protocols, for example: <ul style="list-style-type: none"> <li>• <a href="#">hand hygiene</a></li> <li>• handover</li> <li>• venous thromboembolism prophylaxis</li> </ul>	<input type="checkbox"/>
2. Accept opportunities for increased autonomy and patient responsibility under direction of supervisor	<input type="checkbox"/>
3. Demonstrate appropriate self-awareness and insight	<input type="checkbox"/>
<b>Medical Expertise</b>	
1. Identify and provide relevant and succinct information when ordering investigations. Ensure tests and results are documented	<input type="checkbox"/>
2. 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 <ul style="list-style-type: none"> <li>• Accurately and safely prescribe (common) medications and recognise (potential) administration errors</li> <li>• Know the types, causes and risks of medication errors and adverse drug reactions</li> <li>• Use standard reporting mechanisms to report medication errors and adverse drug reactions</li> </ul>	<input type="checkbox"/>
3. Understand the key features of antibiotic prophylaxis and appropriate therapeutic use, noting local protocols and the Therapeutic Guidelines (Antibiotics)	<input type="checkbox"/>
4. 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"/>
5. Follow-up and interpret investigation results appropriately to guide patient management	<input type="checkbox"/>
6. 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"> <li>• apply medical knowledge to clinical practice</li> <li>• implement and evaluate a management plan relevant to the patient following discussion with a senior clinician</li> <li>• identify when patient transfer is required, and manage risks prior to and during patient transfer</li> <li>• recognise indications for, and risks of, fluid and electrolyte therapy and blood products</li> <li>• provide appropriate aftercare and arrange follow up for common procedures</li> <li>• safely manage anti-coagulant therapy and manage diabetes</li> <li>• recognise acute cardiac events and use relevant resuscitation/drug protocols</li> <li>• initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan</li> <li>• maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use</li> <li>• recognise and manage fluid and electrolyte imbalances in a patient</li> <li>• effectively use semi-automatic and automatic defibrillators</li> <li>• provide appropriate aftercare and arrange follow up for more complex procedures</li> <li>• recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge</li> </ul>	<input type="checkbox"/>
7. Can supervise/advise and understands medicines with high risk of adverse events. Double check and document dose calculations	<input type="checkbox"/>
8. Evaluate outcomes of medication therapy. Monitor and review the patient's response to treatment (aligned to <a href="#">NPS MedicineWise</a> )	<input type="checkbox"/>
9. Provide appropriate aftercare and arrange follow-up for all procedures	<input type="checkbox"/>
10. Review and update unit protocols manual regarding pre-operative assessment and care, operative	<input type="checkbox"/>

procedures and post-operative care	
<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"/>
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. Critically reflect on own performance and make an accurate assessment of this	<input type="checkbox"/>
5. Recognise signs of a colleague in difficulty and respond with empathy	<input type="checkbox"/>
6. Act as a role model of professional behaviour in the workplace	<input type="checkbox"/>
<b>Scholarship &amp; Teaching</b>	
1. Attend unit or morbidity/mortality meetings. Identify any personal knowledge, skills or behaviour changes required	<input type="checkbox"/>
2. Participate in departmental or other continuing education opportunities, e.g. journal club	<input type="checkbox"/>
3. Reflect on and learn from own observations of clinical practice	<input type="checkbox"/>
4. Use a range of strategies aimed at improving patient education	<input type="checkbox"/>
5. Use multi-disciplinary team meetings as teaching and educational opportunities	<input type="checkbox"/>
6. Provide effective supervision using recognised techniques and skills (availability, orientation, learning opportunities, role modelling, delegation)	<input type="checkbox"/>
<b>Technical Expertise</b>	
1. Engage with Basic and Intermediate surgical constructs <ul style="list-style-type: none"> <li>• see extract from <a href="#">Essential Surgical Skills</a> document (pp. 11–12)</li> </ul>	<input type="checkbox"/>
2. Assist with teaching the ten most common skills to junior staff	<input type="checkbox"/>
3. Able to assess advanced <a href="#">Essential Surgical Skills</a> constructs (competent with basic and intermediate; pp. 12–14), both for use in current position as well as for surgical education and training (SET) application – career pathway	<input type="checkbox"/>