

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

Manage CPR & trauma calls				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	<p>These are unplanned. Note ability to present, take team role or lead depending on situation. Ability to sum up the situation and liaise with intensivists and surgeons as needed. When able, document. When able, communicate with family.</p>			
Activities	<ul style="list-style-type: none"> • Has done hospital CPR course • Has done – planning EMST • Able to lead as part of team approach • Able to be part of team • When able, review patient file for CPR • When able, plan next steps for trauma <ul style="list-style-type: none"> ○ Primary to secondary surveys whilst support ○ Discuss management with senior doctor 			
Competencies of JDocs Framework	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 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 8–10+			
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	
Manage CPR & trauma calls – 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 manage CPR & trauma calls 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 manage CPR & trauma calls and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. Respond positively to requests for help from team, as needed	<input type="checkbox"/>
2. Adopt flexible roles within different teams and accept assigned tasks	<input type="checkbox"/>
3. Self-awareness of how one’s views may contribute to team tension	<input type="checkbox"/>
4. Recognise issues that impede teamwork and suggest/implement actions to improve it	<input type="checkbox"/>
5. Recognise expertise and roles of other health team members and staff	<input type="checkbox"/>
6. Work within the team to identify and remedy errors, particularly using a systems approach	<input type="checkbox"/>
7. Encourage participation of all team members and allocate appropriate tasks to junior members	<input type="checkbox"/>
Communication	
1. Keep patients and significant others informed of management plan progress	<input type="checkbox"/>
2. Use graded assertiveness where appropriate	<input type="checkbox"/>
Health Advocacy	
1. Note and understand the Enduring Power of Attorney and the Advanced Care Directives	<input type="checkbox"/>
2. Consider how culture, beliefs and health literacy can affect patient understanding of their care and expectations	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
2. Implement the ISBAR approach of identification, description of case, clinical background, assessment and recommendation for discussion	<input type="checkbox"/>
3. Recognise when advice and guidance is required in development of management plans	<input type="checkbox"/>
4. Recognise when a management plan is failing and, where appropriate, seek senior input to devise an alternative plan	<input type="checkbox"/>
5. Discuss imperfect management and reflect on one’s own clinical reasoning process	<input type="checkbox"/>
6. Recognise instances of uncertainty and conflicting values, and able to alleviate their potential impact	<input type="checkbox"/>
Management & Leadership	
1. Recognise stressful situations and know when to ask for help	<input type="checkbox"/>
2. Use existing systems to manage adverse events and near misses	<input type="checkbox"/>
3. Delegate appropriate tasks to junior members, ensuring supervision is maintained	<input type="checkbox"/>
Medical Expertise	
1. Recognise and effectively assess acutely ill, deteriorating and dying patients	<input type="checkbox"/>
2. Perform basic emergency and life support procedures while continuing full assessment of the patient to include: <ul style="list-style-type: none"> • 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 	<input type="checkbox"/>

A guide for feedback	
Manage CPR & trauma calls – expected knowledge, skills and attitudes	
<ul style="list-style-type: none"> • Identify indications for advanced airway management • Participate in decision making, and debriefing, about cessation of resuscitation 	<input type="checkbox"/>
3. Identify medical errors or adverse events and implement the appropriate clinical protocols to manage them	<input type="checkbox"/>
4. Audit own and team performance in relation to patient progress and outcome	<input type="checkbox"/>
Scholarship & Teaching	
1. 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"/>
Technical Expertise	
1. Perform some generic elementary technical skills <ul style="list-style-type: none"> • see Essential Surgical Skills 	<input type="checkbox"/>
2. Perform generic elementary technical skills <ul style="list-style-type: none"> • see Essential Surgical Skills 	<input type="checkbox"/>
3. 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"/>
4. Able to demonstrate that basic essential surgical skills constructs are well established <ul style="list-style-type: none"> • see Essential Surgical Skills 	<input type="checkbox"/>
5. 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 <ul style="list-style-type: none"> • refer to pages 12–14 of the Essential Surgical Skills document 	<input type="checkbox"/>
6. 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"/>