

# 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	
2. Can perform with supervision	
3. Can perform with minimal supervision (observation)	
4. Can perform with supervision at a distance (supervisor not present)	

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>&</sup>lt;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



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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)

Key clinical tasks							
<ul> <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> <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> <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.

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# Key Clinical Task

	Perform basic proc	edures	operations				
First name	Las	Last name					
Date	Но	spital					
Term	Su	Supervisor					
Description of task	The Essential Surgical Skills (ESS) document describes well the many skills and aptitudes to be developed in PGY years. Prevocational doctors will differ with development and experiences. Working through the ESS document and practice is advised. Well-developed skills in minor operations, components of larger operations and ward procedures should be noted – the mix and numbers will vary.						
Activities	<ul> <li>Competent/independent with minor operations         <ul> <li>Note levels/constructs in <u>ESS document</u></li> </ul> </li> <li>Competent at components of major operations             <ul></ul></li></ul>						
Resources	<ul> <li>Essential surgical skills videos</li> <li>Essential surgical skills document</li> <li>Hand Hygiene module (only this version accepted for SET Registration)</li> <li>MALT Logbook (available upon subscription to JDocs)</li> </ul>						
	Communication	X	Medical Exper	tise	X		
Competencies	Collaboration & Teamwork	×	Professionalism & Ethics				
of JDocs	Health Advocacy		Scholarship &	Teaching	X		
Framework	Judgement – Clinical Decision Making	X	Technical Expertise				
	Management & Leadership	X					
Assessment guide	<ul> <li>Non-technical skills: observed 6–8 times</li> <li>Technical skills:         <ul> <li>Doctors can use the MALT JDocs Logbook to log essential surgical skills described in the Technical Competency. Supervisors can sign off logged procedures in the MALT Logbook by agreeing to be a nominated Supervisor.</li> <li>OR</li> <li>Doctors can print off logged procedure reports for signature by Supervisor. These reports can then be manually uploaded to JDocs ePortfolio.</li> </ul> </li> </ul>						
	1. Needs more supervision for develo	pment					
	2. Can perform with supervision						
Performance	3. Can perform with minimal supervision (observation)						
	4. Can perform with supervision at a distance (supervisor not present)						
	JDocs competencies can be useful to frame feedback						
Additional comments		_			_		
Signed by Supervisor							



✓

# A guide for feedback

# Perform basic procedures/operations – 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 **perform basic procedures/operations** and perform this task unsupervised (with supervision at a distance). **Identify areas for further development (** $\checkmark$ **)**.

# **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 **perform basic procedures/operations** and demonstrate they can perform this task unsupervised (with supervision at a distance).

# Collaboration & Teamwork

- 1. Establish respectful good working relationships with team members and other healthcare professionals
- 2. Respond positively to requests for help from team, as needed
- 3. Understand both personal and collective responsibility within the team to ensure the safety of patients
- 4. Recognise issues that impede teamwork and suggest/implement actions to improve it
- 5. Support new unit (team) members
- 6. Able to coach or supervise juniors, as required by the clinical task
- 7. Encourage participation of all team members and allocate appropriate tasks to junior members

Communication

- 1. Identify potential areas for communication breakdown and take action to avoid problems of miscommunication
- 2. Use graded assertiveness where appropriate

# Judgement & Clinical Decision Making

- 1. Can explain indications, contraindications and risks involved in decision making regarding common procedures
- 2. Select appropriate procedures, with involvement of senior clinicians and the patient
- 3. Able to explain decision making while performing a simple procedure

Management & Leadership

- Respond positively to direction
   Identify hazards within the clinical environment; ensure they are reported and then acted upon
   Recognise stressful situations and know when to ask for help
- 4. Accept opportunities for increased autonomy and patient responsibility under direction of supervisor
- 5. Demonstrate ways to handle discrimination, bullying and sexual harassment that discourage inappropriate behaviour
- 6. Demonstrate appropriate self-awareness and insight

# **Medical Expertise**

- 1. Practise hand hygiene, noting standard precautions, transmission-based precautions, personal protective equipment and aseptic technique
- 2. Specify peri-operative management of anticoagulants and antiplatelet agents and recognise prescription and/or administration errors
- Understand recommendations for user-applied labelling of injectable medicines, fluids and lines
   Be aware of risks associated with common conditions and procedures and implement steps to predict or mitigate them



	A guide for feedback						
	Perform basic procedures/operations – expected knowledge, skills and attitudes						
Scl	holarship & Teaching	✓					
1.	Assist with training of medical students in clinical examination and simple skills						
2.	Lead the training of junior doctors in clinical examination and teaching of simple skills using a teaching plan						
3.	Provide constructive, timely and specific feedback to interns based on observation of a junior's performance, encouraging them to reflect on their own learning						
Те	Technical Expertise						
1.	Perform some generic elementary technical skills (see Essential Surgical Skills)						
2.	Able to demonstrate that basic essential surgical skills constructs are well established (see <u>Essential</u> <u>Surgical Skills</u> )						
3.	Able to teach basic Essential Surgical Skills constructs to juniors and supervise their clinical application established (see <u>Essential Surgical Skills</u> )						
4.	Competent with intermediate and many of the advanced Essential Surgical Skills constructs (refer to pages 12–14 of the Essential Surgical Skills Document)						