

## 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

Plan/participate in the operation room journey				
<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>	Surgery is far more than the technical aspect of the operation. All the steps are important and need to be done well. Being able to consistently perform the following activities notes readiness for a registrar role.			
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Relate diagnosis to the surgery</li> <li>• Arrange pre-operative tests/workup/preparation</li> <li>• Facilitate informed consent</li> <li>• Participate in WHO checklist/pre-operative brief</li> <li>• Participate in positioning of patient</li> <li>• Preparation and draping</li> <li>• Assist/perform surgery under supervision</li> <li>• Document procedure/post-operative care</li> <li>• Communicate with family/staff/ICU</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>	Observed 5+ likely to be PGY3–3+			
<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>Plan/participate in the operating room journey – 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>plan/participate in the operating room journey</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>plan/participate in the operating room journey</b> and demonstrate they can perform this task unsupervised (with supervision at a distance).	
<b>Collaboration &amp; Teamwork</b>	✓
1. Recognise the roles and responsibilities of other professionals within the healthcare team; respect and listen to their concerns about the patient	<input type="checkbox"/>
2. Understand both personal and collective responsibility within the team to ensure the safety of patients	<input type="checkbox"/>
3. Inform the presence or availability of team members to patients	<input type="checkbox"/>
4. Anticipate patient care needs and communicate these to other members of the team	<input type="checkbox"/>
5. Participate in shared decision-making activity involving patients, families and relevant health professionals,	<input type="checkbox"/>
6. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
<b>Communication</b>	
1. Communicate effectively with patients to take clinical history	<input type="checkbox"/>
2. Use a range of strategies to involve patients in discussions and decisions about their care, including presenting options and clarifying understanding.	<input type="checkbox"/>
3. Can explain the common conditions of the unit effectively to patients and undertake informed consent for common elective and emergency conditions. See College position paper for <a href="#">Informed Consent</a> and the <a href="#">Medical Council New Zealand statement</a>	<input type="checkbox"/>
4. Obtain fully informed consent for common elective and emergency conditions	<input type="checkbox"/>
5. Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management	<input type="checkbox"/>
<b>Health Advocacy</b>	
1. Advise families and carers according to the patient's condition and wishes	<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"/>
3. Advise patients (and their families and carers) of relevant risks of options	<input type="checkbox"/>
<b>Judgement &amp; Clinical Decision Making</b>	
1. Identify the common clinical conditions managed by the clinical unit and be fully conversant with the clinical knowledge, key decision-making points and issues that influence decisions within these conditions	<input type="checkbox"/>
2. Can explain indications, contraindications and risks involved in decision making regarding common procedures	<input type="checkbox"/>
3. Recognise personal limitations and ensure appropriate supervision	<input type="checkbox"/>
4. Identify and justify patient management options for common problems and conditions	<input type="checkbox"/>
5. Use mechanisms that minimise error, e.g. clinical checklists, Surgical Safety Checklist, handover protocols, unit protocols	<input type="checkbox"/>

<b>A guide for feedback</b>	
<b>Plan/participate in the operating room journey – expected knowledge, skills and attitudes</b>	
6. Select appropriate procedures, with involvement of senior clinicians and the patient	<input type="checkbox"/>
7. Use investigation findings to refine diagnoses for common conditions	<input type="checkbox"/>
<b>Management &amp; Leadership</b>	
1. Respond positively to direction	<input type="checkbox"/>
2. Take responsibility for any task delegated	<input type="checkbox"/>
3. Able to ensure that ward patients are ready for theatre on time	<input type="checkbox"/>
4. Remain calm under pressure	<input type="checkbox"/>
5. Delegate appropriate tasks to junior members, ensuring supervision is maintained	<input type="checkbox"/>
<b>Medical Expertise</b>	
1. Practise hand hygiene, noting standard precautions, transmission-based precautions, personal protective equipment and aseptic technique	<input type="checkbox"/>
2. Follow stages of a verification process and comply with the organisation's procedures to ensure correct identification of a patient	<input type="checkbox"/>
3. 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"/>
4. 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"/>
5. Prescribe pain therapies to match the patient's analgesia requirements. Be empathic when managing pain and review outcomes when prescribing	<input type="checkbox"/>
6. Be aware of risks associated with common conditions and procedures and implement steps to predict or mitigate them	<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"/>
2. Maintain an appropriate standard of professional practice and work within personal capabilities	<input type="checkbox"/>
3. Deal with ethical uncertainty and conflicting values; maintain ethical standards	<input type="checkbox"/>
4. Respond positively to suggestions for performance improvement	<input type="checkbox"/>
<b>Scholarship &amp; Teaching</b>	
1. Adapt level of supervision to learner's competence and confidence	<input type="checkbox"/>
<b>Technical Expertise</b>	
1. Perform some generic elementary technical skills (refer to <a href="#">Essential Surgical Skills</a> )	<input type="checkbox"/>
2. Engage with Basic and Intermediate surgical constructs see extract from <a href="#">Essential Surgical Skills</a>	<input type="checkbox"/>

<b>A guide for feedback</b>	
<b>Plan/participate in the operating room journey – expected knowledge, skills and attitudes</b>	
	<a href="#">document (pp. 11–12)</a>
3. Able to demonstrate that basic essential surgical skills constructs are well established ( <a href="#">see Essential Surgical Skills</a> )	<input type="checkbox"/>
4. Competent with intermediate and many of the advanced Essential Surgical Skills constructs (refer to pages 12–14 of the <a href="#">Essential Surgical Skills Document</a> )	<input type="checkbox"/>