

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

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

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"> • 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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Key Clinical Task

Display professional behaviour at work				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	During the early prevocational years (PGY1–3+), the doctor develops their medical identity which is visible by professional behaviours(s). Much of this should be role-modelled by seniors.			
Activities	<ul style="list-style-type: none"> • Applies hand hygiene in practice having completed hand-hygiene module • Is punctual, efficient and responsive to requests • Dresses appropriately • Moderates behaviour and is tolerant • Makes decisions / communicates with respect • Displays an ethical approach in the workplace • Supportive of no bullying or harassment in the workplace 			
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	Quality senior clinicians should identify with whether the prevocational doctor has achieved suitable level. Could be assessed globally in PGY2–3.			
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	
Display professional behaviour at work – 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 display professional behaviour at work 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 display professional behaviour at work 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	<input type="checkbox"/>
2. Recognise the roles and responsibilities of other professionals within the healthcare team; respect and listen to their concerns about the patient	<input type="checkbox"/>
3. Resolve simple conflict with another team member to the satisfaction of both	<input type="checkbox"/>
4. Awareness and respect of differences, misunderstandings and limitations with other team members	<input type="checkbox"/>
5. Accept responsibility for own roles and tasks	<input type="checkbox"/>
6. Work harmoniously within a team and resolve simple team conflicts	<input type="checkbox"/>
7. Participate in shared decision-making activity involving patients, families and relevant health professionals, such as development of a care plan noting reference to open disclosure in 'Communication' section	<input type="checkbox"/>
8. Identify issues that impede teamwork and suggest actions; after discussion with Unit Head, assist with implementation	<input type="checkbox"/>
9. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
Communication	
1. Provide clear and accurate information to patients for common procedures in the unit and most commonly prescribed medications <ul style="list-style-type: none"> • Build rapport with the patient's family and/or carer(s) • Show respect for diversity, confidentiality and autonomy when communicating with patients e.g. adapt language, use of interpreter services • Actively listen to patients and families using techniques such as appropriate eye contact, attending to verbal and non-verbal cues and clarifying information provided by patient 	<input type="checkbox"/>
2. Communicate effectively within multidisciplinary teams, reflecting an understanding of, and respect for, different health professional perspectives	<input type="checkbox"/>
3. Set an appropriate tone for any communication with patients and their families, peers and colleagues	<input type="checkbox"/>
4. Communicate clearly and compassionately when breaking bad news or discussing difficult topics (deterioration, poor prognosis, resuscitation and end-of-life issues)	<input type="checkbox"/>
Health Advocacy	
1. Is courteous and compassionate to all patients, without discrimination, regardless of a patient's chosen lifestyle, e.g. discuss options, offer choices	<input type="checkbox"/>
2. Note and understand the Enduring Power of Attorney and the Advanced Care Directives	<input type="checkbox"/>
3. 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"/>
4. Contribute to continuing education of patient support network and community groups	<input type="checkbox"/>
5. Contribute to the hospital's work on prioritised health issues	<input type="checkbox"/>
6. Counsel patients appropriately on the benefits and risks of screening and health promotion activities	<input type="checkbox"/>

A guide for feedback	
Display professional behaviour at work – expected knowledge, skills and attitudes	
7. Acknowledge the potential impact of cultural differences in the acceptance of treatment for common conditions and work within those parameters	<input type="checkbox"/>
8. Identify own knowledge gaps in relation to different community groups, their histories and specific health issues and undertake self-directed learning	<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. Recognise personal limitations and ensure appropriate supervision	<input type="checkbox"/>
3. Able to explain processes of diagnostic reasoning	<input type="checkbox"/>
4. Has awareness and acknowledges errors or omissions in own decision making	<input type="checkbox"/>
5. Recognise when a management plan is failing and, where appropriate, seek senior input to devise an alternative plan	<input type="checkbox"/>
6. Recognise instances of uncertainty and conflicting values, and able to alleviate their potential impact	<input type="checkbox"/>
Management & Leadership	
1. Work well with others to gain respect and trust	<input type="checkbox"/>
2. Recognise discrimination, sexual harassment and bullying issues and know the hospital response requirements	<input type="checkbox"/>
3. Prioritise own workload to fit time available	<input type="checkbox"/>
4. Awareness of the stresses of clinical practice and how this can affect you as an individual	<input type="checkbox"/>
5. Participate and demonstrate leadership in patient safety and quality improvement activities	<input type="checkbox"/>
6. Know the hospital protocols for managing disruptive behaviours including bullying, discrimination sexual harassment	<input type="checkbox"/>
7. Contribute actively within a committee structure	<input type="checkbox"/>
8. Demonstrate ways to handle discrimination, bullying and sexual harassment that discourage inappropriate behaviour	<input type="checkbox"/>
9. Remain calm under pressure	<input type="checkbox"/>
10. Able to discuss the structure and function of healthcare systems applicable to specialty and country	<input type="checkbox"/>
11. Accept a hospital committee role, as member of the medical team or as trainee representative	<input type="checkbox"/>
Medical Expertise	
1. Practise hand hygiene , noting standard precautions, transmission-based precautions, personal protective equipment and aseptic technique	<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"> • Accurately and safely prescribe (common) medications and recognise (potential) administration errors • Know the types, causes and risks of medication errors and adverse drug reactions • Use standard reporting mechanisms to report medication errors and adverse drug reactions 	<input type="checkbox"/>
3. Seek help when unsure	<input type="checkbox"/>
4. Recognise when a patient is dying and implement an appropriate care plan	<input type="checkbox"/>
5. Identify medical errors or adverse events and implement the appropriate clinical protocols to manage them	<input type="checkbox"/>
6. Have ongoing awareness of gaps in own knowledge and address these	<input type="checkbox"/>
Professionalism & Ethics	
1. Adhere to medical codes of practice and model professional behaviours including honesty, integrity, commitment, compassion, respect and altruism	<input type="checkbox"/>
2. Recognise and accept responsibility for ethical issues as they relate to patients within the clinical unit	<input type="checkbox"/>
3. Recognise that it is inappropriate to practise when impaired, e.g. fatigue, ill health, alcohol, medications	<input type="checkbox"/>
4. Balance the demands of personal life and work	<input type="checkbox"/>
5. Acknowledge ethical complexity of clinical practice, and follow professional and ethical codes	<input type="checkbox"/>

A guide for feedback	
Display professional behaviour at work – expected knowledge, skills and attitudes	
(Australian Medical Council and Medical Council New Zealand)	
6. Monitor own health and fitness and seek medical help when appropriate	<input type="checkbox"/>
7. Mitigate personal health risks of medical practice, e.g. fatigue, stress	<input type="checkbox"/>
8. Liaise with legal and statutory authorities, including mandatory reporting, where applicable	<input type="checkbox"/>
9. Provide evidence or attend court to support a colleague	<input type="checkbox"/>
10. Prepare police reports, or reports for community advocate/guardian, that have been appropriately reviewed by hospital management's legal advisors	<input type="checkbox"/>
11. Recognise signs of a colleague in difficulty and respond with empathy	<input type="checkbox"/>
12. Deal with ethical uncertainty and conflicting values; maintain ethical standards	<input type="checkbox"/>
Scholarship & Teaching	
1. Apply confidentiality codes relating to the educational environment	<input type="checkbox"/>
2. Attend unit or morbidity/mortality meetings. Identify any personal knowledge, skills or behaviour changes required	<input type="checkbox"/>
3. Seek opportunities for feedback to reflect on and learn from clinical practice	<input type="checkbox"/>
4. 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"/>
5. Reflect on and learn from own observations of clinical practice	<input type="checkbox"/>
6. 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"/>
7. Assist with a research trial being undertaken in the organisation that may lead to presentation or publication <ul style="list-style-type: none"> • Frame a clinical question • Analyse and present outcome of literature search to colleagues, both oral and written form • Apply appropriate statistical methods to answer a clinical question 	<input type="checkbox"/>
8. Contribute to unit morbidity/mortality meetings	<input type="checkbox"/>
9. Use current evidence-based resources in own learning, in communicating with patients and in making decisions about the care of patients	<input type="checkbox"/>
10. Use a range of resources in educational planning <ul style="list-style-type: none"> • Portfolio analysis • Incorporate teaching into clinical work • Undertake induction of medical students, peers and juniors • Identify issues of stress relating to educational activities and promote strategies for positive change 	<input type="checkbox"/>
11. Identify areas of improvement in teaching/ learning activities and work with Unit Head/ Director of Surgery to implement change	<input type="checkbox"/>
12. Use multi-disciplinary team meetings as teaching and educational opportunities	<input type="checkbox"/>
13. Identify personal learning objectives using a learning plan	<input type="checkbox"/>
Technical Expertise	
1. Undertake training through a combination of simulation and direct supervision	<input type="checkbox"/>
2. Attend training sessions undertaken by other members of the multi-disciplinary team	<input type="checkbox"/>
3. 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"/>
4. 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"/>