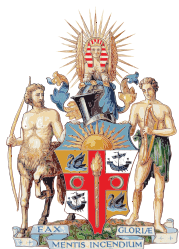


Royal Australasian College of Surgeons

JDocs Key Clinical Tasks

A guide for junior doctors to gauge their level of workplace performance and seek feedback

Version 2: 2017



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



Best Practice,
Better Practitioners



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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

Admit/consult the new patient				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	Being able to reliably admit or consult the new patient, in Outpatient Clinic, Emergency Department or Ward, through to agreed and documented management plan is part of the registrar role. The stages of this can be worked through in the PGY1–3 years. By PGY3, the doctor should be able to admit/consult the new patient, as described below.			
Activities	<ul style="list-style-type: none"> • Perform history/examination • Assimilate tests/define working diagnosis • Propose a management plan • Discuss/present with Consultant where required/accept advised plan • Describe plan/timelines to patient • Achieve understanding/agreement/consent to procedure 			
Competencies of JDocs Framework	Communication	<input checked="" type="checkbox"/>	Medical Expertise	<input checked="" type="checkbox"/>
	Collaboration & Teamwork	<input type="checkbox"/>	Professionalism & Ethics	<input checked="" type="checkbox"/>
	Health Advocacy	<input checked="" type="checkbox"/>	Scholarship & Teaching	<input type="checkbox"/>
	Judgement – Clinical Decision Making	<input checked="" type="checkbox"/>	Technical Expertise	<input checked="" type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Best assessed by seniors during the term, noted as part of end-of-term assessment			
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	
Admit/consult the new patient – 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 admit/consult the new patient 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 admit/consult the new patient and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Communication	✓
1. Identify and overcome communication barriers that may occur due to a patient's age, physical impairment, cognitive ability or literacy level	<input type="checkbox"/>
2. Comply with organisational policies regarding comprehensive and accurate documentation	<input type="checkbox"/>
3. Demonstrate high-quality written skills to communicate clinical reasoning, e.g. write case notes legibly, concisely and informatively	<input type="checkbox"/>
4. Can explain the common conditions of the unit effectively to patients and undertake informed consent for common elective and emergency conditions <ul style="list-style-type: none"> See College position paper for Informed Consent and the Medical Council New Zealand statement 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 	<input type="checkbox"/>
5. 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"/>
6. Communicate effectively with complex patients to take clinical history, identifying key comorbidities, e.g. use open and closed questions to elicit information	<input type="checkbox"/>
7. Demonstrate high-quality written skills to communicate clinical actions, e.g. discharge summaries and completion of tasks before discharge	<input type="checkbox"/>
8. Obtain fully informed consent for common elective and emergency conditions	<input type="checkbox"/>
Health Advocacy	
1. Be 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. 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"/>
3. Work with the patient/family/carers to develop a management plan that addresses the needs and preferences of the patient	<input type="checkbox"/>
4. Adapt communication strategy according to the culture, values and beliefs of each patient	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Identify significant clinical issues from history and examination	<input type="checkbox"/>
2. Synthesise clinical information to generate a graded problem list, containing appropriate provisional diagnoses as part of the clinical reasoning process	<input type="checkbox"/>
3. Able to explain processes of diagnostic reasoning	<input type="checkbox"/>
4. Retrieve and use high-quality information from electronic sources for clinical decision making. Document decisions and reasons for same	<input type="checkbox"/>
5. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
6. Direct/oversee the request of diagnostic tests for common conditions	<input type="checkbox"/>
7. Use investigation findings to refine diagnoses for common conditions	<input type="checkbox"/>
8. Discuss imperfect management and reflect on one's own clinical reasoning process	<input type="checkbox"/>

A guide for feedback	
Admit/consult the new patient – expected knowledge, skills and attitudes	
Management & Leadership	✓
1. Take responsibility for any task delegated	<input type="checkbox"/>
2. Accept opportunities for increased autonomy and patient responsibility under direction of supervisor	<input type="checkbox"/>
Medical Expertise	
1. Undertake a comprehensive and focussed history, eliciting symptoms and signs relevant to the presenting problem or condition. Note medication history, including medicine allergies and previous adverse drug reactions	<input type="checkbox"/>
2. Recognise common symptoms and signs <ul style="list-style-type: none"> See extracts from Australian Curriculum Framework for Junior Doctors (ACJD) and New Zealand Curriculum Framework for Prevocational training (NZCF) 	<input type="checkbox"/>
3. Perform a comprehensive examination of all systems	<input type="checkbox"/>
4. Follow-up and interpret investigation results appropriately to guide patient management	<input type="checkbox"/>
5. 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"> apply medical knowledge to clinical practice implement and evaluate a management plan relevant to the patient following discussion with a senior clinician identify when patient transfer is required, and manage risks prior to and during patient transfer recognise indications for, and risks of, fluid and electrolyte therapy and blood products provide appropriate aftercare and arrange follow up for common procedures safely manage anti-coagulant therapy and manage diabetes recognise acute cardiac events and use relevant resuscitation/drug protocols initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan recognise and manage fluid and electrolyte imbalances in a patient effectively use semi-automatic and automatic defibrillators provide appropriate aftercare and arrange follow up for more complex procedures recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge 	<input type="checkbox"/>
6. Specify peri-operative management of anticoagulants and antiplatelet agents	<input type="checkbox"/>
7. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
8. Be aware of risks associated with common conditions and procedures and implement steps to predict or mitigate them	<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. Treat colleagues and other health care workers with respect	<input type="checkbox"/>
3. Acknowledge ethical complexity of clinical practice, and follow professional and ethical codes (Australian Medical Council and Medical Council New Zealand)	<input type="checkbox"/>
4. Critically reflect on own performance and make an accurate assessment of this	<input type="checkbox"/>
5. Respond positively to suggestions for performance improvement	<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. Identify common symptoms, signs, clinical problems and conditions <ul style="list-style-type: none"> see extract from the Australian Doctors Curriculum Framework 	<input type="checkbox"/>
3. Perform generic elementary technical skills <ul style="list-style-type: none"> see Essential Surgical Skills 	<input type="checkbox"/>
4. Competent with basic and intermediate essential surgical skills: <ul style="list-style-type: none"> Able to assess advanced Essential Surgical Skills constructs (competent with basic and intermediate; pp. 12–14), both for use in current position as well as for surgical education and 	<input type="checkbox"/>

A guide for feedback	
Admit/consult the new patient – expected knowledge, skills and attitudes	
training (SET) application – career pathway	
5. Competent with intermediate and many of the advanced essential surgical skills <ul style="list-style-type: none"> Essential Surgical Skills constructs (pp. 12–14) 	<input type="checkbox"/>

Key Clinical Task

Co-ordinate & lead open disclosure				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	<p>Open disclosure may involve breaking bad news or discussing difficult topics for example, deterioration, poor prognosis, resuscitation, serious complications, missed diagnosis and end-of-life issues. The concept of 'open disclosure' is now well established in ANZ, although the framework used and PGY level to be involved varies.</p> <p>By PGY3 the doctor should be able to co-ordinate and lead open disclosure, as described below.</p>			
Activities	<ul style="list-style-type: none"> • Able to communicate openly with empathy • Actively listens to patient and family and able to adapt communication style Clarifies information as requested • Involves consultant early in process • Follows hospital guidelines & advice • Develops a management plan that addresses needs and preferences of patient 			
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 type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Document each time			
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	
Co-ordinate & lead open disclosure – 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 co-ordinate & lead open disclosure 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 co-ordinate & lead open disclosure and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. Inform the presence or availability of team members to patients	<input type="checkbox"/>
2. Recognise expertise and roles of other health team members and staff	<input type="checkbox"/>
3. 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"/>
4. 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. Has knowledge of the principles of open disclosure: <ul style="list-style-type: none"> Australian Open Disclosure Framework Medical Council New Zealand Statement 	<input type="checkbox"/>
3. Comply with organisational policies regarding comprehensive and accurate documentation	<input type="checkbox"/>
4. Use appropriate techniques and support when responding to patients and families in distress, and facilitate consultant involvement early in the process; to include participation in open disclosure discussions	<input type="checkbox"/>
5. Identify potential areas for communication breakdown and take action to avoid problems of miscommunication	<input type="checkbox"/>
6. Communicate effectively with administrative bodies and support organisations	<input type="checkbox"/>
7. Conform to principles of open disclosure, noting the hospital's policy if involved in an adverse event. <ul style="list-style-type: none"> Australian Open Disclosure Framework Medical Council New Zealand Statement 	<input type="checkbox"/>
8. Able to co-ordinate and lead open disclosure discussions	<input type="checkbox"/>
9. 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. Demonstrate awareness of the cultural diversity and requirements of patients	<input type="checkbox"/>
2. Recognise own cultural values/biases that may impact on role as a doctor and in interactions with others	<input type="checkbox"/>
3. Take into account the impact of history and experience of Indigenous Australians/Māori people, and	<input type="checkbox"/>

A guide for feedback	
Co-ordinate & lead open disclosure – expected knowledge, skills and attitudes	
their spirituality and relationship with the land	
4. Adapt communication strategy according to the culture, values and beliefs of each patient	<input type="checkbox"/>
5. Work with the patient/family/carers to develop a management plan that addresses the needs and preferences of the patient	<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. Has awareness and acknowledges errors or omissions in own decision making	<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"/>
Management & Leadership	
1. Know the requirements of mandatory reporting as required by the Medical Board of Australia and the Medical Council New Zealand	<input type="checkbox"/>
2. Use local protocols to respond to patient complaints of a simple nature	<input type="checkbox"/>
3. Document and report adverse events in accordance with local incident reporting systems	<input type="checkbox"/>
4. Articulate the reporting requirements for complaints and adverse events within the hospital	<input type="checkbox"/>
5. Manage patient complaints as advised by the hospital system, and lead a team-based review into complaints and adverse outcomes	<input type="checkbox"/>
Medical Expertise	
1. Seek help when unsure	<input type="checkbox"/>
2. Identify medical errors or adverse events and implement the appropriate clinical protocols to manage them	<input type="checkbox"/>
3. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
4. Audit own and team performance in relation to patient progress and outcome	<input type="checkbox"/>
Professionalism & Ethics	
1. Comply with the legal requirements of being a doctor	<input type="checkbox"/>
2. Adhere to medical codes of practice and model professional behaviours including honesty, integrity, commitment, compassion, respect and altruism	<input type="checkbox"/>
3. Comply with legal requirements in patient care, e.g. Mental Health Act, death certification	<input type="checkbox"/>
4. Aware of the College Code of Conduct and its implications for surgical practice <ul style="list-style-type: none"> • College Code of Conduct 	<input type="checkbox"/>
Scholarship & Teaching	
1. Reflect on and learn from own observations of clinical practice	<input type="checkbox"/>
2. Contribute to unit morbidity/mortality meetings	<input type="checkbox"/>
3. Chair/facilitate morbidity/mortality meetings, and identify desirable changes to processes and systems of care	<input type="checkbox"/>

Key Clinical Task

Deliver bad news				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	<p>Patients and their families anticipate that medical diagnoses and situations can include 'bad news', such as cancer diagnosis or a non-salvageable situation/futile care.</p> <p>Developing skills and behaviours for this is essential. Honesty about the medical issue should include sensitive dialogue and not abolish hope: steps going forward should be covered.</p>			
Activities	<ul style="list-style-type: none"> • Able to communicate openly with empathy • Actively listens to patient/family • Able to clarify as able • Involves consultant when required 			
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 type="checkbox"/>
	Judgement – Clinical Decision Making	<input checked="" type="checkbox"/>	Technical Expertise	<input type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Observed 6–8 times			
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	
Deliver bad news – 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 deliver bad news 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 deliver bad news and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. Inform the presence or availability of team members to patients	<input type="checkbox"/>
2. 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"/>
3. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
Communication	
1. Identify and overcome communication barriers that may occur due to a patient's age, physical impairment, cognitive ability or literacy level	<input type="checkbox"/>
2. Use appropriate techniques and support when responding to patients and families in distress, and facilitate consultant involvement early in the process; to include participation in open disclosure discussions	<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. Consider, and allow, for the impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<input type="checkbox"/>
2. Show respect for patient treatment choices	<input type="checkbox"/>
3. Recognise health needs of an individual patient beyond their immediate condition	<input type="checkbox"/>
4. Arrange appropriate support for a dying patient	<input type="checkbox"/>
5. Consider how culture, beliefs and health literacy can affect patient understanding of their care and expectations	<input type="checkbox"/>
6. Adapt communication strategy according to the culture, values and beliefs of each patient	<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"/>
Judgement & Clinical Decision Making	
1. Recognise when advice and guidance is required in development of management plans	<input type="checkbox"/>
2. 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 stressful situations and know when to ask for help	<input type="checkbox"/>
3. Demonstrate appropriate self-awareness and insight	<input type="checkbox"/>
Medical Expertise	
1. Manage common conditions. See extracts from Australian Curriculum Framework for Junior Doctors (ACJD) and New Zealand Curriculum Framework for Prevocational training (NZCF)	<input type="checkbox"/>

A guide for feedback Deliver bad news – expected knowledge, skills and attitudes	
2. Present common cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
3. Perform a comprehensive examination of all systems	<input type="checkbox"/>
4. Provide appropriate aftercare and arrange follow-up for all procedures	<input type="checkbox"/>
5. Identify patients suitable for, and refer to, aged care, rehabilitation or palliative care programs	<input type="checkbox"/>
Professionalism & Ethics	
1. Demonstrate empathy, caring and compassion for patients, their families and carers and treat them with dignity and respect	<input type="checkbox"/>
2. Treat colleagues and other health care workers with respect	<input type="checkbox"/>
3. Deal with ethical uncertainty and conflicting values; maintain ethical standards	<input type="checkbox"/>

Key Clinical Task

Demonstrate efficient communication skills				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	The ability to logically describe a patient in 6 to 8 sentences; could be structured as ISBAR; covers logical clinical decision-making, as well as clear communication.			
Activities	<ul style="list-style-type: none"> For discussion with consultant & handovers* <ul style="list-style-type: none"> Identify Situation Background Assessment Recommendation (*example of system) Considered assessment by senior doctor receiving discussion or handover will inform this 			
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 type="checkbox"/>
	Judgement – Clinical Decision Making	<input checked="" type="checkbox"/>	Technical Expertise	<input type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Observed 6–8 times			
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	
Demonstrate efficient communication skills – 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 demonstrate efficient communication skills 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 demonstrate efficient communication skills and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. Understand both personal and collective responsibility within the team to ensure the safety of patients	<input type="checkbox"/>
2. Perform effective handover in a structured format, e.g. team member to team member, or hospital to GP, to ensure patient safety and continuity of care	<input type="checkbox"/>
3. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
Communication	
1. Recognise and respond appropriately to graded assertiveness	<input type="checkbox"/>
2. Attend to clarity, structure and appropriate content for specific correspondence, e.g. handover notes and investigation requests	<input type="checkbox"/>
3. Participate in clinical handover in a manner that ensures patient safety and continuity of care	<input type="checkbox"/>
4. Explain clinical reasoning to current health team using concise language and a structured approach	<input type="checkbox"/>
5. Use graded assertiveness where appropriate	<input type="checkbox"/>
Health Advocacy	
1. Consider, and allow, for the impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<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. Identify any gaps between management plan and patient wishes	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Make well-reasoned diagnosis for common problems with assistance from senior clinician	<input type="checkbox"/>
2. Synthesise clinical information to generate a graded problem list, containing appropriate provisional diagnoses as part of the clinical reasoning process	<input type="checkbox"/>
3. Implement the ISBAR approach of identification, description of case, clinical background, assessment and recommendation for discussion	<input type="checkbox"/>
4. Recognise when advice and guidance is required in development of management plans	<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. Plan the order of an operating list and discuss with consultant	<input type="checkbox"/>
Management & Leadership	
1. Contribute fully in handover of patients within unit	<input type="checkbox"/>
2. Lead handover of patients within unit	<input type="checkbox"/>
Medical Expertise	
1. Recognise common symptoms and signs. See extracts from: <ul style="list-style-type: none"> Australian Curriculum Framework for Junior Doctors (ACJD) New Zealand Curriculum Framework for Prevocational training (NZCF) 	<input type="checkbox"/>

A guide for feedback	
Demonstrate efficient communication skills – expected knowledge, skills and attitudes	
2. Seek help when unsure	<input type="checkbox"/>
3. Present common cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
4. Recognise when a patient is dying and implement an appropriate care plan	<input type="checkbox"/>
5. Deal with common (presenting) symptoms and signs and common conditions. See extracts from: <ul style="list-style-type: none"> Australian Curriculum Framework for Junior Doctors (ACJD) New Zealand Curriculum Framework for Prevocational training (NZCF) 	<input type="checkbox"/>
6. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
Professionalism & Ethics	
1. Demonstrate flexibility and ability to adapt to change	<input type="checkbox"/>

Key Clinical Task

Discharge a patient					
First name			Last name		
Date			Hospital		
Term			Supervisor		
Description of task	The doctor can produce succinct discharge summaries and understand the importance of clinical records. Community-based management of many problems, as well as discharge, should involve the GP.				
Activities	<ul style="list-style-type: none"> Exhibits a patient centred approach to care The medical aspects of aftercare are well sorted Follow-up is planned (may not always be with the hospital) Family and GP are informed Delegates tasks to junior members where appropriate Documentation is clear and informative 				
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 type="checkbox"/>	
	Judgement – Clinical Decision Making	<input type="checkbox"/>	Technical Expertise	<input type="checkbox"/>	
	Management & Leadership	<input checked="" type="checkbox"/>			
Assessment guide	Observed 5–6 times				
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	
Discharge a patient – 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 discharge a patient 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 discharge a patient and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. 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"/>
2. Able to coach or supervise juniors, as required by the clinical task	<input type="checkbox"/>
Communication	
1. Comply with organisational policies regarding comprehensive and accurate documentation	<input type="checkbox"/>
2. Use electronic resources in patient care, e.g. to obtain results, populate discharge summaries, access medicines information and maintain health records	<input type="checkbox"/>
3. Prepare discharge summaries and include current list of medication and reasons for any medication changes	<input type="checkbox"/>
4. Keep patients and significant others informed of management plan progress	<input type="checkbox"/>
5. Communicate effectively with administrative bodies and support organisations	<input type="checkbox"/>
6. Demonstrate high-quality written skills to communicate clinical actions, e.g. discharge summaries and completion of tasks before discharge	<input type="checkbox"/>
7. Set an appropriate tone for any communication with patients and their families, peers and colleagues	<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. Consider, and allow, for the impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<input type="checkbox"/>
3. Able to advise on, or help to arrange, ambulatory and community care services appropriate for each patient	<input type="checkbox"/>
4. Identify key issues on which to advocate for the patient to ensure their immediate clinical care and requirements are achieved	<input type="checkbox"/>
5. Recognise health needs of an individual patient beyond their immediate condition	<input type="checkbox"/>
6. Adapt communication strategy according to the culture, values and beliefs of each patient	<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"/>
Judgement & Clinical Decision Making	
1. Synthesise clinical information to generate a graded problem list, containing appropriate provisional diagnoses as part of the clinical reasoning process	<input type="checkbox"/>
Management & Leadership	
1. Take responsibility for any task delegated	<input type="checkbox"/>
2. Delegate appropriate tasks to junior members, ensuring supervision is maintained	<input type="checkbox"/>
3. Able to discuss the structure and function of healthcare systems applicable to specialty and country	<input type="checkbox"/>

A guide for feedback Discharge a patient – expected knowledge, skills and attitudes	
Medical Expertise	✓
1. Manage common conditions <ul style="list-style-type: none"> See extracts from Australian Curriculum Framework for Junior Doctors (ACJD) and New Zealand Curriculum Framework for Prevocational training (NZCF) 	<input type="checkbox"/>
2. 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"/>
3. Provide appropriate aftercare and arrange follow-up for all procedures	<input type="checkbox"/>
4. Identify patients suitable for, and refer to, aged care, rehabilitation or palliative care programs	<input type="checkbox"/>
Professionalism & Ethics	
1. Demonstrate empathy, caring and compassion for patients, their families and carers and treat them with dignity and respect	<input type="checkbox"/>
Scholarship & Teaching	
1. Reflect on and learn from own observations of clinical practice	<input type="checkbox"/>
2. 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"/>

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"/>

Key Clinical Task

Lead a Ward Round				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	The ward round is the key vehicle for coordinating care for every hospital inpatient; the information shared is crucial to the ongoing care plan. A junior doctor can contribute to this task from their first day and work towards the 'lead role' whilst progressing through the performance levels.			
Activities	<ul style="list-style-type: none"> • Is punctual, knows patients, aware of current issues and manages ward round allowing for patient workload • Demonstrates systematic approach to assessing patients • Develops good rapport with patients and relatives • Works well & communicates effectively with team members to provide clear instructions • Lead consultants, junior doctors, students • Discusses management plan effectively with consultant ; able to share this with patient • Teaches when appropriate (could be after the ward round) • Delegates tasks, reviews notes • Supervises juniors including review of patients later in the day 			
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 type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Best assessed by seniors during the term, noted as part of end-of-term assessment			
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	
Lead a Ward Round – 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 lead a ward round 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 lead a ward round and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
1. Recognise and respect roles and responsibilities of other professionals within the team	<input type="checkbox"/>
2. Well prepared for ward rounds and patient management	<input type="checkbox"/>
3. Maintain accurate records and follow-up investigation results	<input type="checkbox"/>
4. Recognise expertise and roles of other health team members and staff	<input type="checkbox"/>
5. Support new unit (team) members	<input type="checkbox"/>
6. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
7. Effectively prioritise patients with multiple medical conditions of varying severity	<input type="checkbox"/>
8. Engage junior doctors, nursing and ancillary staff in ward rounds	<input type="checkbox"/>
Communication	
1. Provide updates to the current health team, e.g. new critical issues or changes in a patient's condition	<input type="checkbox"/>
2. Gather a variety of information to ensure continuity of patient care	<input type="checkbox"/>
3. Can explain the common conditions and undertake informed consent	<input type="checkbox"/>
4. Explain clinical reasoning using concise language and a structured approach	<input type="checkbox"/>
5. Keep patients and significant others informed of management plan progress	<input type="checkbox"/>
6. Communicate effectively and respectfully within multidisciplinary teams	<input type="checkbox"/>
7. Use effective strategies to deal with difficult or vulnerable patients	<input type="checkbox"/>
8. Use appropriate tone for communication with patients, and their families, peers and colleagues	<input type="checkbox"/>
9. Use graded assertiveness where appropriate	<input type="checkbox"/>
Health Advocacy	
1. Advocate for healthy lifestyle, and explain any risks to health	<input type="checkbox"/>
2. Considerate of impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<input type="checkbox"/>
3. Show respect for patient treatment choices	<input type="checkbox"/>
4. Recognise own cultural values/biases that may impact with others	<input type="checkbox"/>
5. Acknowledge impact of cultural differences in acceptance of treatment for common conditions	<input type="checkbox"/>
6. Identify any gaps between management plan and patient wishes	<input type="checkbox"/>
7. Work with the patient and family/carers to develop a management plan that meets their needs	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Can explain indications, contraindications and risks within decision making	<input type="checkbox"/>
2. Use available evidence effectively and efficiently to inform clinical decision making	<input type="checkbox"/>
3. Identify and justify patient management options for common problems and conditions	<input type="checkbox"/>
4. Review patients on a regular basis and make decisions based on their response to treatment	<input type="checkbox"/>
5. Retrieve and use high-quality information for clinical decision making	<input type="checkbox"/>
6. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
7. Use investigation findings to refine diagnoses for common conditions	<input type="checkbox"/>

A guide for feedback Lead a Ward Round – expected knowledge, skills and attitudes	
8. Recognise when a management plan is failing and, where appropriate, seek senior input	<input type="checkbox"/>
Management & Leadership	
1. Respond positively to direction	<input type="checkbox"/>
2. Take responsibility for any task delegated	<input type="checkbox"/>
3. Identify and follow patient care protocols, e.g. hand hygiene/handover	<input type="checkbox"/>
4. Demonstrate appropriate self-awareness and insight	<input type="checkbox"/>
5. Delegate appropriate tasks to junior members, ensuring supervision is maintained	<input type="checkbox"/>
Medical Expertise	
1. Understand the key features of antibiotic prophylaxis and appropriate therapeutic use	<input type="checkbox"/>
2. Able to manage common conditions	<input type="checkbox"/>
3. Perform a comprehensive examination of all systems	<input type="checkbox"/>
4. 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"> • apply medical knowledge to clinical practice • implement and evaluate a management plan relevant to the patient following discussion with a senior clinician • identify when patient transfer is required, and manage risks prior to and during patient transfer • recognise indications for, and risks of, fluid and electrolyte therapy and blood products • provide appropriate aftercare and arrange follow up for common procedures • safely manage anti-coagulant therapy and manage diabetes • recognise acute cardiac events and use relevant resuscitation/drug protocols • initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan • maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use • recognise and manage fluid and electrolyte imbalances in a patient • effectively use semi-automatic and automatic defibrillators • provide appropriate aftercare and arrange follow up for more complex procedures • recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge 	<input type="checkbox"/>
5. Specify peri-operative management and recognise prescription and/or administration errors	<input type="checkbox"/>
6. Follow-up and interpret investigation results	<input type="checkbox"/>
7. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
8. Provide appropriate aftercare and arrange follow-up for all procedures	<input type="checkbox"/>
9. Reflect on own and team performance in relation to patient progress and outcome	<input type="checkbox"/>
Professionalism & Ethics	
1. Maintain and respect patient privacy and confidentiality	<input type="checkbox"/>
2. Comply with legal requirements in patient care	<input type="checkbox"/>
3. Mindful of potential impact of resource constraint on patient care	<input type="checkbox"/>
4. Act as a role model of professional behaviour in the workplace	<input type="checkbox"/>
Scholarship & Teaching	
1. Use multi-disciplinary team meetings as teaching and educational opportunities	<input type="checkbox"/>
2. Adapt level of supervision to learner's competence and confidence	<input type="checkbox"/>

Key Clinical Task

Manage/chair interprofessional ward/unit meeting				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	Really promotes the healthcare team. Needs ability to put the medical view/summary, but able to assimilate the many views. Work out a plan going forward. May need observation by seniors including ward/unit manager.			
Activities	<ul style="list-style-type: none"> Often significant allied health role <ul style="list-style-type: none"> Orthopedics, Neurosurgery May overlap ward round/be followed up Medical summary/plan Receive & respect input from allied health Consensus plan 			
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 type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Observed 6–8 times			
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/chair interprofessional ward/unit meeting – 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/chair interprofessional ward/unit meeting 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/chair interprofessional ward/unit meeting and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
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. Work harmoniously within a team and resolve simple team conflicts	<input type="checkbox"/>
3. Recognise expertise and roles of other health team members and staff	<input type="checkbox"/>
4. 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"/>
5. Identify and manage fatigue with the team	<input type="checkbox"/>
6. Predict and manage conflict between members of the healthcare team	<input type="checkbox"/>
Communication	
1. Provide updates to the current health team, e.g. new critical issues or changes in a patient's condition	<input type="checkbox"/>
2. Demonstrate high-quality written skills to communicate clinical reasoning, e.g. write case notes legibly, concisely and informatively	<input type="checkbox"/>
3. Gather information from a variety of sources and use it to ensure continuity of patient care, e.g. referral letters, case records, test results, electronic information	<input type="checkbox"/>
4. Explain clinical reasoning to current health team using concise language and a structured approach	<input type="checkbox"/>
5. Communicate effectively within multidisciplinary teams, reflecting an understanding of, and respect for, different health professional perspectives	<input type="checkbox"/>
6. Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management	<input type="checkbox"/>
Health Advocacy	
1. Recognise the interaction between mental, physical and social wellbeing in relation to health	<input type="checkbox"/>
2. Consider, and allow, for the impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<input type="checkbox"/>
3. Able to advise on, or help to arrange, ambulatory and community care services appropriate for each patient	<input type="checkbox"/>
4. Identify key issues on which to advocate for the patient to ensure their immediate clinical care and requirements are achieved	<input type="checkbox"/>
5. Recognise health needs of an individual patient beyond their immediate condition	<input type="checkbox"/>
6. Take into account the impact of history and experience of Indigenous Australians/Maori people, and their spirituality and relationship with the land	<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"/>
Judgement & Clinical Decision Making	
1. Identify the common clinical conditions managed by the clinical unit and be fully conversant with the	<input type="checkbox"/>

A guide for feedback Manage/chair interprofessional ward/unit meeting – expected knowledge, skills and attitudes	
clinical knowledge, key decision-making points and issues that influence decisions within these conditions	
2. Can explain indications, contraindications and risks involved in decision making regarding common procedures	<input type="checkbox"/>
3. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
4. Present case management reports on common cases to unit meeting	<input type="checkbox"/>
Management & Leadership	
1. Work well with others to gain respect and trust	<input type="checkbox"/>
2. Contribute to multi-disciplinary team briefings about patients, e.g. ward meetings	<input type="checkbox"/>
3. Chair a clinical meeting effectively	<input type="checkbox"/>
Medical Expertise	
1. Manage common conditions <ul style="list-style-type: none"> See extracts from Australian Curriculum Framework for Junior Doctors (ACJD) and New Zealand Curriculum Framework for Prevocational training (NZCF) 	<input type="checkbox"/>
2. Present common cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
3. 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"/>
4. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
5. Be aware of risks associated with common conditions and procedures and implement steps to predict or mitigate them	<input type="checkbox"/>
6. Provide appropriate aftercare and arrange follow-up for all procedures	<input type="checkbox"/>
7. Identify patients suitable for, and refer to, aged care, rehabilitation or palliative care programs	<input type="checkbox"/>
Professionalism & Ethics	
1. Maintain an appropriate standard of professional practice and work within personal capabilities	<input type="checkbox"/>
2. Demonstrate flexibility and ability to adapt to change	<input type="checkbox"/>
3. Critically reflect on own performance and make an accurate assessment of this	<input type="checkbox"/>
4. Deal with ethical uncertainty and conflicting values; maintain ethical standards	<input type="checkbox"/>
Scholarship & Teaching	
1. Use multi-disciplinary team meetings as teaching and educational opportunities	<input type="checkbox"/>

Key Clinical Task

Manage CPR & trauma calls			
First name		Last name	
Date		Hospital	
Term		Supervisor	
Description of task	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.		
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 	
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"/>

Key Clinical Task

Manage peri-operative care				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	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.			
Activities	<ul style="list-style-type: none"> • Able to communicate clearly • Able to work well within a team • Provides effective supervision • Able to recognise and respond to instances of uncertainty • Prescribe and administers pain management safely (noting local approaches) • Understands medicines with high-risk results <ul style="list-style-type: none"> ○ Diabetes ○ Anticoagulation/ DVT prophylaxis ○ Cardiac and respiratory issues ○ Fluid management ○ Sensible use of blood products ○ Antibiotic prophylaxis (cf. treatment) 			
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	Observe 6–8 times			
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 peri-operative care – 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 peri-operative care 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 peri-operative care and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
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"/>
Communication	
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"/>
Health Advocacy	
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"/>
Judgement & Clinical Decision Making	
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"/>
Management & Leadership	
1. Identify and follow patient care protocols, for example: <ul style="list-style-type: none"> hand hygiene handover venous thromboembolism prophylaxis 	<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"/>
Medical Expertise	
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"> 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. 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"> apply medical knowledge to clinical practice implement and evaluate a management plan relevant to the patient following discussion with a senior clinician identify when patient transfer is required, and manage risks prior to and during patient transfer recognise indications for, and risks of, fluid and electrolyte therapy and blood products provide appropriate aftercare and arrange follow up for common procedures safely manage anti-coagulant therapy and manage diabetes recognise acute cardiac events and use relevant resuscitation/drug protocols initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use recognise and manage fluid and electrolyte imbalances in a patient effectively use semi-automatic and automatic defibrillators provide appropriate aftercare and arrange follow up for more complex procedures recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge 	<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 NPS MedicineWise)	<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	
Professionalism & Ethics	
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"/>
Scholarship & Teaching	
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"/>
Technical Expertise	
1. 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"/>
2. Assist with teaching the ten most common skills to junior staff	<input type="checkbox"/>
3. Able to assess advanced Essential Surgical Skills 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"/>

Key Clinical Task

Manage the sick patient				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	The ability to demonstrate a systematic approach to managing the acutely, seriously sick patient on the ward or Emergency Department during PGY1–3 is essential. This includes sensible review and tests. By PGY3 the doctor should be able to manage the sick patient as described.			
Activities	<ul style="list-style-type: none"> • Able to recognise clinical signs of life threatening acute illness and initiate management • Demonstrates judgement & decision making in uncertain situations • Supports patient in locality; tests sent • Is able to ask for help • Is able to delegate tasks • Effectively communicates with senior doctors • Plans transfer if required (ICU, op. theatre) • Effectively communicates with patient/family • Aware of relevance of CCrISP® course 			
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 type="checkbox"/>
	Judgement – Clinical Decision Making	<input checked="" type="checkbox"/>	Technical Expertise	<input checked="" type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>		
Assessment guide	Best assessed by seniors during the term, noted as part of end-of-term assessment			
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 the sick patient – 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 the sick patient 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 the sick patient and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
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. Respond positively to requests for help from team, as needed	<input type="checkbox"/>
3. 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"/>
4. Encourage participation of all team members and allocate appropriate tasks to junior members	<input type="checkbox"/>
Communication	
1. Provide updates to the current health team, e.g. new critical issues or changes in a patient's condition	<input type="checkbox"/>
2. Participate in clinical handover in a manner that ensures patient safety and continuity of care	<input type="checkbox"/>
3. Use appropriate techniques and support when responding to patients and families in distress, and facilitate consultant involvement early in the process; to include participation in open disclosure discussions	<input type="checkbox"/>
4. Explain clinical reasoning to current health team using concise language and a structured approach	<input type="checkbox"/>
5. Communicate clearly and compassionately when breaking bad news or discussing difficult topics (deterioration, poor prognosis, resuscitation and end-of-life issues)	<input type="checkbox"/>
6. Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management	<input type="checkbox"/>
Health Advocacy	
1. Demonstrate awareness of the cultural diversity and requirements of patients	<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. Arrange appropriate support for a dying patient	<input type="checkbox"/>
4. Adapt communication strategy according to the culture, values and beliefs of each patient	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Recognise personal limitations and ensure appropriate supervision	<input type="checkbox"/>
2. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
3. Implement the ISBAR approach of identification, description of case, clinical background, assessment and recommendation for discussion	<input type="checkbox"/>
4. Recognise when advice and guidance is required in development of management plans	<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"/>
Management & Leadership	
1. Recognise stressful situations and know when to ask for help	<input type="checkbox"/>
2. Contribute fully in handover of patients within unit	<input type="checkbox"/>
3. Remain calm under pressure	<input type="checkbox"/>

A guide for feedback Manage the sick patient – expected knowledge, skills and attitudes	
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 & when to call for help, e.g. Code Blue, MET calls • implement basic airway management, ventilatory and circulatory support • identify indications for advanced airway management • participate in decision making, and debriefing, about cessation of resuscitation 	<input type="checkbox"/>
3. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
4. Understand the actions and interactions, indications, monitoring requirements, contraindications and potential adverse effects of each medication used	<input type="checkbox"/>
5. Initiate referral or consultation relevant to a particular problem or condition	<input type="checkbox"/>
Professionalism & Ethics	
1. Demonstrate empathy, caring and compassion for patients, their families and carers and treat them with dignity and respect	<input type="checkbox"/>
2. Demonstrate flexibility and ability to adapt to change	<input type="checkbox"/>
3. Comply with legal requirements in patient care, e.g. Mental Health Act, death certification	<input type="checkbox"/>
4. Act as a role model of professional behaviour in the workplace	<input type="checkbox"/>
Technical Expertise	
1. Able to assess advanced Essential Surgical Skills 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"/>
2. Competent with intermediate and many of the advanced Essential Surgical Skills constructs (pp. 12–14)	<input type="checkbox"/>

Key Clinical Task

Participate in M & M meetings				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	Medical professional role demands that these should be attended, outcomes presented and dialogue about management conducted openly, leading to reasoned conclusions. Consultants can be inconsistent with views. Learning points should be explicit.			
Activities	<ul style="list-style-type: none"> • Recognises quality/safety and education aspects • Presents cases honestly • Participates in discussion • Notes learning achieved • Makes key points explicit • Incorporates into practice 			
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	Observed 6–8 times			
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	
Participate in M & M meetings – 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 participate in M & M meetings 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 participate in M & M meetings and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
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. Identify issues that impede teamwork and suggest actions; after discussion with Unit Head, assist with implementation	<input type="checkbox"/>
Communication	
1. Explain clinical reasoning to current health team using concise language and a structured approach	<input type="checkbox"/>
2. Set an appropriate tone for any communication with patients and their families, peers and colleagues	<input type="checkbox"/>
3. Contribute to analysis of complex cases and imperfect outcomes, and identify any changes needed to care processes or systems	<input type="checkbox"/>
Health Advocacy	
1. Consider, and allow, for the impact of social, economic and political factors, as well as culture, ethnicity, sexuality, disability and spirituality, on patient illness and health	<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"/>
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. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
3. Has awareness and acknowledges errors or omissions in own decision making	<input type="checkbox"/>
4. Retrieve, comprehend and apply results of systematic reviews, clinical prediction rules, decision analysis and clinical practice guidelines	<input type="checkbox"/>
Management & Leadership	
1. Work well with others to gain respect and trust	<input type="checkbox"/>
2. Identify hazards within the clinical environment; ensure they are reported and then acted upon	<input type="checkbox"/>
3. Participate and demonstrate leadership in patient safety and quality improvement activities	<input type="checkbox"/>
4. Document and report adverse events in accordance with local incident reporting systems	<input type="checkbox"/>
5. Participate in systemic quality process of evaluation and improvement, such as patient safety initiatives or proposed clinical service changes	<input type="checkbox"/>
Medical Expertise	
1. 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"> • apply medical knowledge to clinical practice • implement and evaluate a management plan relevant to the patient following discussion with a senior clinician 	<input type="checkbox"/>

A guide for feedback	
Participate in M & M meetings – expected knowledge, skills and attitudes	
<ul style="list-style-type: none"> • identify when patient transfer is required, and manage risks prior to and during patient transfer • recognise indications for, and risks of, fluid and electrolyte therapy and blood products • provide appropriate aftercare and arrange follow up for common procedures • safely manage anti-coagulant therapy and manage diabetes • recognise acute cardiac events and use relevant resuscitation/drug protocols • initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan • maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use • recognise and manage fluid and electrolyte imbalances in a patient • effectively use semi-automatic and automatic defibrillators • provide appropriate aftercare and arrange follow up for more complex procedures • recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge 	
2. 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"/>
3. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
4. Audit own and team performance in relation to patient progress and outcome	<input type="checkbox"/>
Professionalism & Ethics	
1. Demonstrate flexibility and ability to adapt to change	<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. Show insight on what needs to be improved	<input type="checkbox"/>
Scholarship & Teaching	
1. Attend unit or morbidity/mortality meetings. Identify any personal knowledge, skills or behaviour changes required	<input type="checkbox"/>
2. 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"/>
3. Reflect on and learn from own observations of clinical practice	<input type="checkbox"/>
4. Contribute to unit morbidity/mortality meetings	<input type="checkbox"/>
5. Identify areas of improvement in teaching/ learning activities and work with Unit Head/ Director of Surgery to implement change	<input type="checkbox"/>
6. Chair/facilitate morbidity/mortality meetings, and identify desirable changes to processes and systems of care	<input type="checkbox"/>
Technical Expertise	
1. Identify common symptoms, signs, clinical problems and conditions <ul style="list-style-type: none"> • see extract from the Australian Doctors Curriculum Framework 	<input type="checkbox"/>
2. 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"/>
3. 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"/>

Key Clinical Task

Perform basic procedures/operations				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	<p>The Essential Surgical Skills (ESS) document describes well the many skills and aptitudes to be developed in PGY years.</p> <p>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.</p>			
Activities	<ul style="list-style-type: none"> Competent/independent with minor operations <ul style="list-style-type: none"> Note levels/constructs in ESS document Competent at components of major operations <ul style="list-style-type: none"> Usually supervised directly Assists consultant as required Novice level, commencing procedures <ul style="list-style-type: none"> CVC lines, endoscopy (simulation equipment) Practises where able <ul style="list-style-type: none"> Local hospital courses/simulation 			
Resources	<ul style="list-style-type: none"> Essential surgical skills videos Essential surgical skills document Hand Hygiene module (only this version accepted for SET Registration) MALT Logbook (available upon subscription to JDocs) 			
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 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	<p>Non-technical skills: observed 6–8 times</p> <p>Technical skills:</p> <ul style="list-style-type: none"> 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. <p>OR</p> <ul style="list-style-type: none"> Doctors can print off logged procedure reports for signature by Supervisor. These reports can then be manually uploaded to JDocs ePortfolio. 			
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	
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 (✓).	
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	<input type="checkbox"/>
2. Respond positively to requests for help from team, as needed	<input type="checkbox"/>
3. Understand both personal and collective responsibility within the team to ensure the safety of patients	<input type="checkbox"/>
4. Recognise issues that impede teamwork and suggest/implement actions to improve it	<input type="checkbox"/>
5. Support new unit (team) members	<input type="checkbox"/>
6. Able to coach or supervise juniors, as required by the clinical task	<input type="checkbox"/>
7. Encourage participation of all team members and allocate appropriate tasks to junior members	<input type="checkbox"/>
Communication	
1. Identify potential areas for communication breakdown and take action to avoid problems of miscommunication	<input type="checkbox"/>
2. Use graded assertiveness where appropriate	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Can explain indications, contraindications and risks involved in decision making regarding common procedures	<input type="checkbox"/>
2. Select appropriate procedures, with involvement of senior clinicians and the patient	<input type="checkbox"/>
3. Able to explain decision making while performing a simple procedure	<input type="checkbox"/>
Management & Leadership	
1. Respond positively to direction	<input type="checkbox"/>
2. Identify hazards within the clinical environment; ensure they are reported and then acted upon	<input type="checkbox"/>
3. Recognise stressful situations and know when to ask for help	<input type="checkbox"/>
4. Accept opportunities for increased autonomy and patient responsibility under direction of supervisor	<input type="checkbox"/>
5. Demonstrate ways to handle discrimination, bullying and sexual harassment that discourage inappropriate behaviour	<input type="checkbox"/>
6. Demonstrate appropriate self-awareness and insight	<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. Specify peri-operative management of anticoagulants and antiplatelet agents and recognise prescription and/or administration errors	<input type="checkbox"/>
3. Understand recommendations for user-applied labelling of injectable medicines, fluids and lines	<input type="checkbox"/>
4. Be aware of risks associated with common conditions and procedures and implement steps to predict or mitigate them	<input type="checkbox"/>

A guide for feedback	
Perform basic procedures/operations – expected knowledge, skills and attitudes	
Scholarship & Teaching	✓
1. Assist with training of medical students in clinical examination and simple skills	<input type="checkbox"/>
2. Lead the training of junior doctors in clinical examination and teaching of simple skills using a teaching plan	<input type="checkbox"/>
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	<input type="checkbox"/>
Technical Expertise	
1. Perform some generic elementary technical skills (see Essential Surgical Skills)	<input type="checkbox"/>
2. Able to demonstrate that basic essential surgical skills constructs are well established (see Essential Surgical Skills)	<input type="checkbox"/>
3. Able to teach basic Essential Surgical Skills constructs to juniors and supervise their clinical application established (see Essential Surgical Skills)	<input type="checkbox"/>
4. Competent with intermediate and many of the advanced Essential Surgical Skills constructs (refer to pages 12–14 of the Essential Surgical Skills Document)	<input type="checkbox"/>

Key Clinical Task

Plan an Operating List			
First name		Last name	
Date		Hospital	
Term		Supervisor	
Description of task	This task needs to take into account the surgical team, the anesthetic considerations, the medical aspects and theatre resources, such as radiology. Needs to allow for day case discharge and may need review if emergency demands		
Activities	<ul style="list-style-type: none"> Plan allowing for elective and ward patients Note medical and strategic issues <ul style="list-style-type: none"> Diabetes, anticoagulation etc.; day case vs. inpatient etc. Work out (provisional) appropriate order Review with consultant <ul style="list-style-type: none"> Discuss with op. theatre, anaesthetic team etc. Make sure ward nurses informed Patient issues attended Behave professionally; the best planned operating list may still have events 		
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 type="checkbox"/>
	Judgement – Clinical Decision Making	<input checked="" type="checkbox"/>	Technical Expertise <input type="checkbox"/>
	Management & Leadership	<input checked="" type="checkbox"/>	
Assessment guide	Observed 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	
Plan an operating list – 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 plan an operating list 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 plan an operating list 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 expertise and roles of other health team members and staff	<input type="checkbox"/>
3. Collaborate effectively with other specialist teams involved in the patient's care	<input type="checkbox"/>
Communication	
1. Provide updates to the current health team, e.g. new critical issues or changes in a patient's condition	<input type="checkbox"/>
2. Communicate effectively within multidisciplinary teams, reflecting an understanding of, and respect for, different health professional perspectives	<input type="checkbox"/>
3. Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management	<input type="checkbox"/>
Health Advocacy	
1. Demonstrate awareness of the cultural diversity and requirements of patients	<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. Identify any gaps between management plan and patient wishes	<input type="checkbox"/>
Judgement & Clinical Decision Making	
1. Select appropriate procedures, with involvement of senior clinicians and the patient	<input type="checkbox"/>
2. Able to succinctly present the patient scenario and discuss management plan	<input type="checkbox"/>
3. Plan the order of an operating list and discuss with consultant	<input type="checkbox"/>
Management & Leadership	
1. Able to ensure that ward patients are ready for theatre on time	<input type="checkbox"/>
2. Remain calm under pressure	<input type="checkbox"/>
Medical Expertise	
1. Identify and provide relevant and succinct information when ordering investigations. Ensure tests and results are documented	<input type="checkbox"/>
2. Understand the key features of antibiotic prophylaxis and appropriate therapeutic use, noting local protocols and the Therapeutic Guidelines (Antibiotics)	<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"> • apply medical knowledge to clinical practice • implement and evaluate a management plan relevant to the patient following discussion with a senior clinician 	<input type="checkbox"/>

A guide for feedback	
Plan an operating list – expected knowledge, skills and attitudes	
<ul style="list-style-type: none"> • identify when patient transfer is required, and manage risks prior to and during patient transfer • recognise indications for, and risks of, fluid and electrolyte therapy and blood products • provide appropriate aftercare and arrange follow up for common procedures • safely manage anti-coagulant therapy and manage diabetes • recognise acute cardiac events and use relevant resuscitation/drug protocols • initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan • maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use • recognise and manage fluid and electrolyte imbalances in a patient • effectively use semi-automatic and automatic defibrillators • provide appropriate aftercare and arrange follow up for more complex procedures • recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge • Follow-up and interpret investigation results appropriately to guide patient management 	
4. Present complex cases effectively to senior medical staff and other health professionals	<input type="checkbox"/>
Professionalism & Ethics	
1. Mindful of potential impact of resource constraint on patient care	<input type="checkbox"/>

Key Clinical Task

Plan/participate in the operation room journey				
First name		Last name		
Date		Hospital		
Term		Supervisor		
Description of task	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.			
Activities	<ul style="list-style-type: none"> • Relate diagnosis to the surgery • Arrange pre-operative tests/workup/preparation • Facilitate informed consent • Participate in WHO checklist/pre-operative brief • Participate in positioning of patient • Preparation and draping • Assist/perform surgery under supervision • Document procedure/post-operative care • Communicate with family/staff/ICU 			
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	Observed 5+ likely to be PGY3–3+			
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	
Plan/participate in the operating room journey – 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 plan/participate in the operating room journey 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 plan/participate in the operating room journey and demonstrate they can perform this task unsupervised (with supervision at a distance).	
Collaboration & Teamwork	✓
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"/>
Communication	
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 Informed Consent and the Medical Council New Zealand statement	<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"/>
Health Advocacy	
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"/>
Judgement & Clinical Decision Making	
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"/>

A guide for feedback	
Plan/participate in the operating room journey – expected knowledge, skills and attitudes	
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"/>
Management & Leadership	
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"/>
Medical Expertise	
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"> • apply medical knowledge to clinical practice • implement and evaluate a management plan relevant to the patient following discussion with a senior clinician • identify when patient transfer is required, and manage risks prior to and during patient transfer • recognise indications for, and risks of, fluid and electrolyte therapy and blood products • provide appropriate aftercare and arrange follow up for common procedures • safely manage anti-coagulant therapy and manage diabetes • recognise acute cardiac events and use relevant resuscitation/drug protocols • initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan • maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use • recognise and manage fluid and electrolyte imbalances in a patient • effectively use semi-automatic and automatic defibrillators • provide appropriate aftercare and arrange follow up for more complex procedures • recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge 	<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"/>
Professionalism & Ethics	
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"/>
Scholarship & Teaching	
1. Adapt level of supervision to learner's competence and confidence	<input type="checkbox"/>
Technical Expertise	
1. Perform some generic elementary technical skills (refer to Essential Surgical Skills)	<input type="checkbox"/>
2. Engage with Basic and Intermediate surgical constructs see extract from Essential Surgical Skills	<input type="checkbox"/>

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

Key Clinical Task

Supervision of junior doctors			
First name		Last name	
Date		Hospital	
Term		Supervisor	
Description of task	Supervision implies that one works with more junior residents. Here, considering PG3/3+ supervising PGY1/2; could be PGY2 with PGY1. Often will be based around daily ward round. Need to delegate/review/assist part of this.		
Activities	<ul style="list-style-type: none"> • Lead on ward round • Manage/supervise delegated tasks <ul style="list-style-type: none"> ○ Review at bedside depending on course • Assist with queries/procedures • Check documentation <ul style="list-style-type: none"> ○ Progress notes; Clear correct drug charts • Plan discharge arrangements <ul style="list-style-type: none"> ○ Home supports; appointments; documents 		
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	Observed 6–8 times		
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	
Supervision of junior doctors – 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 supervision of junior doctors 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 supervision of junior doctors 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. Support new unit (team) members	<input type="checkbox"/>
4. Collaborate with colleagues to plan and implement work rosters	<input type="checkbox"/>
5. Effectively prioritise patients with multiple medical conditions of varying disease severity	<input type="checkbox"/>
6. Able to coach or supervise juniors, as required by the clinical task	<input type="checkbox"/>
7. Encourage participation of all team members and allocate appropriate tasks to junior members	<input type="checkbox"/>
8. Engage junior doctors, nursing and ancillary staff in ward rounds	<input type="checkbox"/>
Communication	
1. Accurately document medicine prescription, calculations and administration, using recommended terminology, including symbols and abbreviations	<input type="checkbox"/>
2. Demonstrate high-quality written skills to communicate clinical reasoning, e.g. write case notes legibly, concisely and informatively	<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. Use electronic resources in patient care, e.g. to obtain results, populate discharge summaries, access medicines information and maintain health records	<input type="checkbox"/>
5. Gather information from a variety of sources and use it to ensure continuity of patient care, e.g. referral letters, case records, test results, electronic information	<input type="checkbox"/>
6. Can explain the common conditions of the unit effectively to patients and undertake informed consent for common elective and emergency conditions <ul style="list-style-type: none"> See College position paper for Informed Consent and the Medical Council New Zealand statement 	<input type="checkbox"/>
7. Explain clinical reasoning to current health team using concise language and a structured approach	<input type="checkbox"/>
8. Keep patients and significant others informed of management plan progress	<input type="checkbox"/>
9. Set an appropriate tone for any communication with patients and their families, peers and colleagues	<input type="checkbox"/>
10. Collect and collate relevant information from other team members or specialist teams pertinent to decision making or patient management	<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. Recognise the interaction between mental, physical and social wellbeing in relation to health	<input type="checkbox"/>
3. Demonstrate awareness of the cultural diversity and requirements of patients	<input type="checkbox"/>
4. Identify key issues on which to advocate for the patient to ensure their immediate clinical care and	<input type="checkbox"/>

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requirements are achieved	
5. Recognise health needs of an individual patient beyond their immediate condition	<input type="checkbox"/>
6. Able to advise on health needs of an individual patient beyond their immediate condition	<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"/>
Judgement & Clinical Decision Making	
1. Use available evidence effectively and efficiently to inform clinical decision making	<input type="checkbox"/>
2. Use basic algorithms and decision trees to manage common problems	<input type="checkbox"/>
3. Recognise personal limitations and ensure appropriate supervision	<input type="checkbox"/>
4. Review patients on a regular basis and make decisions based on their response to treatment	<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. Able to explain decision making while performing a simple procedure	<input type="checkbox"/>
Management & Leadership	
1. Respond positively to direction	<input type="checkbox"/>
2. Identify and follow patient care protocols, for example: <ul style="list-style-type: none"> • hand hygiene • handover • venous thromboembolism prophylaxis 	<input type="checkbox"/>
3. Accept opportunities for increased autonomy and patient responsibility under direction of supervisor	<input type="checkbox"/>
4. Contribute fully in handover of patients within unit	<input type="checkbox"/>
5. Delegate appropriate tasks to junior members, ensuring supervision is maintained	<input type="checkbox"/>
6. Lead handover of patients within unit	<input type="checkbox"/>
Medical Expertise	
1. Manage common conditions <ul style="list-style-type: none"> • See extracts from Australian Curriculum Framework for Junior Doctors (ACJD) and New Zealand Curriculum Framework for Prevocational training (NZCF) 	<input type="checkbox"/>
2. 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"> • apply medical knowledge to clinical practice • implement and evaluate a management plan relevant to the patient following discussion with a senior clinician • identify when patient transfer is required, and manage risks prior to and during patient transfer • recognise indications for, and risks of, fluid and electrolyte therapy and blood products • provide appropriate aftercare and arrange follow up for common procedures • safely manage anti-coagulant therapy and manage diabetes • recognise acute cardiac events and use relevant resuscitation/drug protocols • initiate resuscitation of the unwell patient. Recognise indicators for sepsis and implement clinically relevant plan • maintain a clinically relevant patient management plan of fluid, electrolyte and blood product use • recognise and manage fluid and electrolyte imbalances in a patient • effectively use semi-automatic and automatic defibrillators • provide appropriate aftercare and arrange follow up for more complex procedures • recognise when patients are ready for discharge and arrange referral to relevant members of the healthcare team to promote planning for safe discharge 	<input type="checkbox"/>
3. 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"/>

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4. Specify peri-operative management of anticoagulants and antiplatelet agents and recognise prescription and/or administration errors	<input type="checkbox"/>
5. Identify common risks in older and complex patients, e.g. falls risk and cognitive decline	<input type="checkbox"/>
6. Follow-up and interpret investigation results appropriately to guide patient management	<input type="checkbox"/>
Professionalism & Ethics	
1. Recognise discrimination, sexual harassment and bullying issues and know the hospital response requirements for such issues	<input type="checkbox"/>
2. Maintain an appropriate standard of professional practice and work within personal capabilities	<input type="checkbox"/>
3. Treat colleagues and other healthcare workers with respect	<input type="checkbox"/>
4. Critically reflect on own performance and make an accurate assessment of this	<input type="checkbox"/>
5. Act as a role model of professional behaviour in the workplace	<input type="checkbox"/>
6. Identify and actively intervene in areas of unprofessional behaviour	<input type="checkbox"/>
Scholarship & Teaching	
1. Assist with training of medical students in clinical examination and simple skills	<input type="checkbox"/>
2. Lead the training of junior doctors in clinical examination and teaching of simple skills using a teaching plan	<input type="checkbox"/>
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	<input type="checkbox"/>
4. Provide effective supervision using recognised techniques and skills (availability, orientation, learning opportunities, role modelling, delegation)	<input type="checkbox"/>
5. Adapt level of supervision to learner's competence and confidence	<input type="checkbox"/>
6. Conduct assessments of (e.g. mini-CEX, 360° assessment), and observe, juniors; discuss and escalate performance issues where appropriate	<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. Assist with teaching junior staff	<input type="checkbox"/>
3. 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"/>
4. Able to teach basic Essential Surgical Skills constructs to juniors and supervise their clinical application established <ul style="list-style-type: none"> see Essential Surgical Skills 	<input type="checkbox"/>