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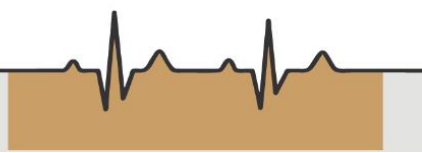
جامعة الإمارات العربية المتحدة  
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# NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

## NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Medical Oncology

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## **Medical Oncology**

### **EPA 1: Assessing and managing a patient in the outpatient clinic**

Key Features: The focus of this EPA is the application of the skills of Internal Medicine in the environment of the outpatient cancer clinic.

- This includes performing a tailored clinical assessment, accessing and compiling available data, ordering investigations and follow-up appointments, and presenting and documenting the case.
- This EPA also includes working effectively with members of the outpatient team and accessing their expertise to provide patient care.
- This EPA does not include managing oncology-specific issues.

#### Assessment Plan:

Direct and/or indirect observation (i.e., case discussion) by supervisor

Assessment form collects information on:

- Type of interaction: consultation (inpatients and outpatients); follow-up visit,
- Type of observation: direct; indirect

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement:

- At least 1 for each type of interaction
- At least 1 direct observation

When is unsupervised practice expected to be achieved: 1<sup>st</sup> year of fellowship.

#### Relevant Tasks:

- 1 ME 1.4 Perform a clinical assessment, including relevant psychosocial factors for both patient and family members
- 2 ME 2.1 Recognize when an outpatient needs more urgent care
- 3 ME 1.6 Identify and seek assistance in situations that are complex, uncertain, ambiguous, or new
- 4 ME 2.2 Assemble data pertinent to the patient's visit, including available laboratory, pathology, and medical imaging reports
- 5 COM 5.1 Convey the clinical encounter to a supervisor
- 6 COL 2.1 Interact professionally with other health care professionals and staff in the outpatient clinic
- 7 P 1.1 Demonstrate punctuality

## **Medical Oncology**

### **EPA 2: Providing an assessment and basic management plan for patients seen in consultation**

Key Features: The focus of this EPA is the demonstration of a rational and consistent approach to patient consultation.

- This includes gathering clinical and diagnostic information related to new patients seen in consultation; assimilating this information to provide an oncologic assessment; developing a basic management plan which includes appropriate next steps.
- This EPA focuses on patients with lung, colorectal, prostate, or breast cancer for adjuvant or first-line metastatic treatment.

#### Assessment Plan:

Direct and indirect observation (i.e., case discussion) by supervisor

Assessment form collects information on:

- Cancer site: breast gastrointestinal/colorectal; lung; prostate; other
- Goal of management: adjuvant/curative; palliative

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement:

- At least 2 different cancer sites
- At least 2 different goals of management
- At least 2 direct observations
- At least 2 different observers

When is unsupervised practice expected to be achieved: 1st year of fellowship.

#### Relevant Tasks:

- 1 ME 2.1 Ascertain the patient's understanding of the reason for the consultation
- 2 ME 2.2 Perform a comprehensive clinical assessment, including performance status, psychosocial issues, and goals of care
- 3 COM 2.1 Use patient-centered interviewing skills to elicit and address the patient's understanding of their diagnosis and prognosis (including fears, concerns, and expectations of health care professionals)
- 4 COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviors to enhance communication with patients
- 5 COM 2.1 Integrate, synthesize, and present information about the patient's beliefs, values, context, and expectations with biomedical and psychosocial information
- 6 COM 2.1 Explore the impact of the cancer diagnosis on the patient's ability to achieve their own personal goals

- 7 ME 2.2 Interpret available investigations and ascertain which additional investigations/diagnostic tests are required to complete the assessment and allow formulation of a management plan
- 8 ME 2.2 Synthesize and interpret information from the clinical assessment and investigations to provide an impression
- 9 ME 2.2 Stage all solid tumors ~~breast, colorectal, lung, and prostate~~ cancers using the tumor, node, metastasis (TNM) system or other relevant classification system
- 10 ME 2.4 Identify comorbidities and other factors (e.g socioeconomic factors )that may impact the management plan
- 11 ME 2.4 Develop an initial updated evidence-based management plan that is aligned with the patient's goals of care
- 12 COM 3.1 Provide effective explanations of the proposed goals of treatment and/or management
- 13 COM 3.1 Verify understanding of the information conveyed
- 14 ME 4.1 Identify and perform the steps required to initiate the management plan
- 15 ME 4.1 Provide recommendations for additional investigations and next steps in management and treatment
- 16 ME 1.3 Apply a broad base and depth of knowledge of the clinical and biomedical sciences as they apply to the development, diagnosis, and management of common cancers
- 17 COL 3.1 Identify patients requiring handover to other physicians or health care professionals
- 18 L 2.1 Recognize financial impact of diagnostic tests and treatments

## **Medical Oncology**

### **EPA 3: Providing assessment and basic management for ongoing care**

Key Features: This EPA focuses on providing appropriate follow-up assessment and management of patients with cancer (adjuvant, first-line metastatic).

- This EPA includes assessing response to treatment, recognizing, and assessing treatment-related toxicities and complications of cancer, implementing supportive measures or a change or discontinuation of therapy when necessary, and arranging subsequent investigations, consultations, and follow-up.

#### Assessment Plan:

Direct and indirect observation (i.e., case discussion) by supervisor

Assessment form collects information on:

- Cancer site: breast; colorectal; lung; prostate; other

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement:

- At least 2 different cancer sites
- At least 2 direct observations
- At least 2 different observers

When is unsupervised practice expected to be achieved: 2nd year of fellowship.

#### Relevant Tasks:

- 1 ME 2.2 Perform a focused, context-specific clinical assessment, including reassessing the patient's performance status
- 2 ME 2.2 Select and interpret investigations to assess for tolerance of treatment and response to therapy
- 3 ME 2.2 Synthesize and interpret information from the clinical assessment and investigations and implement a management plan
- 4 COL 3.1 Identify patients requiring handover to other physicians or health care professionals
- 5 ME 2.1 Ascertain the patient's and/or the family's understanding of the medical situation and reason for the encounter
- 6 ME 4.1 Identify acute, subacute, long-term and/or late effects from cancer diagnosis and/or therapeutic interventions, and initiate basic management plan
- 7 ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and health care professionals are involved
- 8 COM 2.1 Use patient-centered interviewing skills to effectively gather all relevant biomedical and psychosocial information

- 9      COM 2.2 Manage the flow of challenging patient encounters, including those with angry and distressed individuals who are dealing with serious and difficult news
- 10     COL 1.1 Receive and appropriately respond to questions and input from other health care professionals
- 11     COL 1.2 Recognize when situations of shared or overlapping responsibility arise over the cancer care continuum
- 12     HA 1.3 Work with patients and families to identify opportunities for cancer prevention, health promotion, and health protection

## Medical Oncology

### EPA 4: Prescribing systemic therapy (basic contexts)

Key Features: This EPA focuses on prescribing systemic therapies and associated supportive medications in basic contexts, such as regimens used for the neoadjuvant/adjuvant or first-line metastatic treatment of patients with breast, colon, lung, or prostate cancer.

- This EPA applies to patients who do not require initial dose modification for age, performance status, or co-morbidities, and to regimens for which there are no drug access issues.
- This EPA includes identifying risks and benefits of systemic therapy; obtaining informed consent; maintaining safe prescription practice, including evaluation of the patient for relevant toxicities/changes in performance status; and arranging appropriate investigations and follow-up.

#### Assessment Plan:

Direct or indirect observation (i.e., case discussion) by supervisor.

Assessment form collects information on:

- Cancer site: breast; colorectal; lung; prostate; other
- Goal of management: adjuvant/curative; neoadjuvant; palliative
- Type of order: new order; repeat order; modification for toxicity
- Type of therapy (choose all that apply): oral; IV; cytotoxic; hormonal; targeted; immunotherapy.

#### Basis for formal entrustment decisions:

Collect at least 5 observations of achievement:

- At least 2 cancer sites
- At least 1 modification of therapy for toxicity
- At least 2 different types of therapies or combinations
- At least 2 different observers

When is unsupervised practice expected to be achieved: 2<sup>nd</sup> year of fellowship.

#### Relevant Tasks:

- 1 ME 1.3 Apply knowledge of conventional systemic therapy, including pharmacology, expected adverse events and their prevention/management
- 2 ME 2.2 Assess a patient's suitability to proceed with systemic therapy
- 3 ME 2.4 Select and prescribe the standard dose and regimen
- 4 ME 2.4 Implement appropriate monitoring strategies
- 5 ME 2.4 Select and prescribe supportive care to optimize patient comfort and mitigate adverse effects

- 6 COL 1.2 Work effectively with the health care team
- 7 ME 5.2 Follow standard procedures when ordering and/or administering systemic therapy
- 8 ME 3.2 Obtain and document informed consent, explaining the risks, benefits, and rationale while acknowledging uncertainty

## **Medical Oncology**

### **EPA 5: Discussing serious news**

Key Features: This EPA focuses on managing the flow of conversations held with patients and their families, such as serious diagnoses, prognosis of cancer, changes in status, or transitions to different goals of treatment.

- This EPA includes applying a depth of knowledge of cancer and strong communication skills, using a patient-centered approach to support patients and their families through difficult discussions.
- It includes listening to, informing, and involving patients in their care.
- The Institute of Medicine (IOM) defines patient-centered care as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."

#### Assessment Plan:

Direct observation by supervisor

Use assessment Form.

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 2 different observers

When is unsupervised practice expected to be achieved: 2nd year of fellowship.

#### Relevant Tasks:

- 1 ME 2.1 Ascertain the patient's and/or the family's understanding of the medical situation and reason for the encounter
- 2 COM 1.6 Ascertain the patient's desire for amount and detail of information
- 3 COM 3.1 Share information in a compassionate, patient-centered, and accurate manner, simplified in a language the patient may understand without excessive medical jargon
- 4 COM 1.4 Identify, verify, and validate cues and respond with appropriate communication techniques to establish rapport
- 5 COM 1.1 Provide empathic responses, as appropriate
- 6 COM 3.1 Provide effective explanations for the proposed treatment and/or management
- 7 COM 3.1 Verify understanding of the information conveyed
- 8 ME 2.4 Discuss the degree of uncertainty inherent to the clinical situation
- 9 COM 4.3 Engage the patient in shared decision-making.
- 10 COM 1.6 Assess how each patient's personal story impacts their unique needs

and preferences

11 COM 2.2 Manage the flow of the encounter

12 COM 2.2 Summarize and close the encounter effectively while allowing patient and family to ask and clarify any questions and offering a follow up visit for more information if needed.

## **Medical Oncology:**

### **EPA 6: Assessing and managing urgent or emergent oncology scenarios**

Key Features: This EPA includes recognizing urgent and emergent scenarios, responding with appropriate timely management, and working effectively with other health care professionals.

- This EPA may be observed in the clinical or simulation setting.

#### Assessment Plan:

Direct and/or indirect observation by supervisor (i.e., case discussion, written notes, verbal communication, reflective case review with resident, and/or handover reports)

Assessment form collects information on:

- Setting: clinical; simulation

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

- At least 2 different observers

When is unsupervised practice expected to be achieved: 2nd year of fellowship.

#### Relevant Tasks:

- 1 ME 2.1 Recognize an urgent or emergent oncology situation and respond in a timely manner
- 2 ME 1.5 Prioritize multiple competing tasks
- 3 ME 2.4 Develop and implement a management plan aligned with the patient's preferences and goals of care
- 4 ME 3.5 Manage serious adverse events resulting from systemic therapy or complications of cancer
- 5 COL 1.3 Communicate with other health care professionals to advocate for the timely management of the patient
- 6 COL 3.1 Provide handover to other physicians or health care professionals

## **Medical Oncology**

### **EPA 7: Coordinating patient care to access health services**

Key Features: This EPA includes applying knowledge of the roles of other members of the health care team, communicating effectively with team members when receiving and acting on their input, identifying barriers to patients receiving the health services they need, and using knowledge of the system to work with the team to overcome those barriers. Trainees will be expected to work effectively in a collaborative, primarily interdisciplinary environment.

- This EPA may be observed in any clinical context and applies to accessing diagnostics, therapeutics, and any other resources.
- When this EPA is achieved the supervisor is able to trust that the trainee can work collaboratively with the team members to get the patient and family the services they need.

#### Assessment Plan:

Indirect observation by supervising oncologist (review of case, chart-stimulated recall)  
Use assessment Form.

#### Basis for formal entrustment decisions:

Collect 2 observations of achievement.

When is unsupervised practice expected to be achieved: 1st year of fellowship.

#### Relevant Tasks:

- 1 ME 4.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and health care professionals are involved
- 2 COM 5.1 Communicate and document orders and management plan effectively
- 3 COL 1.1 Receive and appropriately respond to questions and input from other health care professionals
- 4 COL 1.2 Delegate or take primary responsibility when situations of shared or overlapping responsibility arise
- 5 COL 2.1 Recognize and respect the diversity of expertise among health care professionals
- 6 HA 1.1 Work with other health care providers to overcome barriers the patient may encounter in the health care system

## **Medical Oncology**

### **EPA 8: Documenting clinical encounters**

Key Features: This EPA focuses on the application of written communication skills in a variety of formats: consultations; progress notes.

- This includes a synthesis of the pertinent clinical findings, investigations, and management plan.
- This EPA may be observed in any care setting and with any patient presentation.

#### Assessment Plan:

Review of clinical documentation by supervisor

Assessment form collects information on:

- Document: consultation; follow-up note

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 of each type of document
- At least 2 different observers

When is unsupervised practice expected to be achieved: 1st year of fellowship.

#### Relevant Tasks:

- 1 COM 5.1 Organize information in appropriate sections
- 2 COM 5.1 Document all relevant findings and investigations
- 3 COM 5.1 Convey clinical reasoning and the rationale for decisions
- 4 COM 5.1 Provide a clear plan for ongoing management
- 5 COM 5.1 Complete clinical documentation in a timely manner

## **Medical Oncology**

### **EPA 9: Assessing new patients seen in consultation and planning management**

Key Features: This EPA builds on the competencies achieved in Foundations and expands to include detailed evidence-based management recommendations and encompass consultations for all new patients across the cancer spectrum.

- This EPA includes gathering and incorporating all necessary clinical and diagnostic information, providing management plan recommendations that are evidence-based and patient-centered, carrying out comprehensive consent discussions for any form of systemic therapy using language tailored to the individual patient, and making referrals to appropriate specialists and resources as required.
- At this stage, this includes patients who represent the full complexity of presentations, including patients with other medical conditions that impact upon their cancer management plan (e.g., renal dysfunction), special populations (the frail elderly, women of child-bearing age), and patients with cancers in whom there is a lack of evidence or uncertainty in treatment.

#### Assessment Plan:

Direct and indirect observation (i.e., case discussion, simulated chart review) with document review by supervisor

Assessment form collects information on:

- Cancer site (write in): all sites can be included (solid tumors)

#### Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- At least 5 different cancer sites
- At least 3 direct observations
- At least 5 different observers

When is unsupervised practice expected to be achieved: 1st year of fellowship.

#### Relevant Tasks:

- 1 ME 1.3 Apply knowledge of the clinical and biomedical sciences to the diagnosis and management of the clinical problem
- 2 ME 1.3 Apply knowledge of clinical and biomedical sciences as they relate to the management of cancers that arise in special populations, including immune-suppressed, pregnant, and geriatric populations
- 3 ME 1.3 Apply knowledge of the natural history of cancers, including risk factors, incidence and prevalence, genetic predisposition, growth and dissemination patterns, and prognostic variables across the full range of cancer presentations

- 4 ME 1.4 Perform a comprehensive clinical assessment
- 5 ME 1.6 Develop a plan that considers the complexity, uncertainty, and ambiguity inherent in the practice of Medical Oncology
- 6 ME 2.2 Synthesize and interpret investigations, and order additional investigations required to complete staging and provide additional information needed to make treatment decisions
- 7 COM 2.1 Explore the impact of the cancer diagnosis on the patient's ability to achieve their own personal goals
- 8 ME 2.4 Develop and implement evidence-based and patient-centered management plans aligned with the goals of care
- 9 ME 3.3 Consider appropriate alternatives for therapies or diagnostic or therapeutic procedures based on available resources
- 10 COM 3.1 Convey information regarding diagnosis, prognosis, plan of care, change in clinical status, or uncertainty in a clear, compassionate, respectful, and accurate manner to the patient and family
- 11 COL 1.2 Negotiate and clearly ascertain primary, overlapping, and shared responsibilities with physicians and other colleagues in the health care professions
- 12 HA 1.1 Advocate effectively for individual patients to help them overcome barriers to accessing the most effective evidence-based therapies and receive the health services or resources they need
- 13 HA 1.3 Identify opportunities for fertility preservation
- 14 HA 1.3 Identify opportunities for testing for familial or hereditary disposition to cancer and precision medicine tool like next generation sequencing and ctDNA tools.
- 15 S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps
- 16 S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 17 S 3.4 Recognize when the best available evidence is limited or of poor quality and develop a strategy to deal with it, including determining optimal treatments for rare tumors or under- represented populations
- 18 L 2.2 Apply evidence and guidelines with respect to resource utilization in common clinical scenarios
- 19 ME 2.2 Identify patients who may be eligible for clinical trials

## **Medical Oncology**

### **EPA 10: Providing assessment and comprehensive management for ongoing care**

Key features: The focus of this EPA is the provision of ongoing care to patients across the cancer spectrum, including those with ambiguous, complex, or rare problems.

#### Assessment Plan:

Direct or indirect observation (i.e., case discussion) by supervisor

Assessment form collects information on:

- Cancer site: breast; colorectal; gynecologic; head and neck; lung; lymphoproliferative; melanoma; non-prostate GU; prostate; sarcoma; upper GI; other

#### Basis for formal entrustment decisions:

Collect 20 observations of achievement:

- At least 2 cases of each cancer site: breast, colorectal, gynecologic, lung, lymphoproliferative, non-prostate GU, prostate, upper GI
- At least 1 case of each cancer site, head and neck, melanoma, sarcoma
- At least 4 different observers

When is unsupervised practice expected to be achieved: 2nd year of fellowship.

#### Relevant Tasks:

- 1 ME 1.4 Make recommendations that are evidence-based, organized, and aligned with existing or revised goals of care
- 2 ME 3.2 Obtain and document informed consent, explaining the risks, benefits, and rationale while acknowledging uncertainty
- 3 ME 4.1 Perform a clinical assessment including addressing toxicities from therapeutic interventions (acute, subacute, long-term and/or late), symptoms related to cancer, and response to therapy
- 4 ME 4.1 Identify and anticipate a patient's upcoming care needs
- 5 ME 1.3 Apply knowledge of the clinical and biomedical sciences relevant to Medical Oncology
- 6 ME 2.1 Prioritize issues to be addressed in a patient encounter, including the patient's context and preferences
- 7 ME 2.3 Establish goals of care in collaboration with patients and their families
- 8 ME 4.1 Implement a patient-centered, evidence-based management plan based on clinical assessment
- 9 COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly

- 10 COM 1.5 Communicate using a patient-centered approach during challenging patient encounters, including when the proposed goals of care articulated by the patient or their family cannot be achieved
- 11 ME 2.4 Consider and recommend appropriate and available clinical trials when assessing patients for change of therapy
- 12 COM 3.1 Convey information regarding diagnosis, prognosis, plan of care, change in clinical status, or uncertainty in a clear, compassionate, respectful, and accurate manner to the patient and family
- 13 COM 3.2 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents
- 14 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 15 COL 1.2 Negotiate and clearly ascertain primary, overlapping, and shared responsibilities with physicians and other colleagues in the health care professions
- 16 COL 3.2 Demonstrate safe handover of care, both verbal and written, during patient transitions to a different health care professional, setting, or stage of care
- 17 HA 1.2 Work with the patient and family to increase opportunities to adopt healthy behaviors
- 18 HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients
- 19 S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps
- 20 S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 21 S 4.1 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

## Medical Oncology

### EPA 11: Prescribing systemic therapy

Key Features: The focus of this EPA is prescribing systemic therapies and associated supportive medications to a wide range of patients. It includes evaluation for relevant toxicities, co-morbidities and/or changes in performance status, the appropriate choice and prescription of treatment. It also includes discussing the prescription with the patient to obtain appropriate informed consent.

- This EPA builds on the competencies of Foundations to add cases of greater complexity (all cancers, all systemic therapies, complex patient factors (social, psychologic, co-morbidities, venous access)) and includes neoadjuvant, second line and beyond, and complex regimens, as well as patients requiring initial dose modifications.

#### Assessment Plan:

Direct or indirect observation (i.e., case discussion) by supervisor, with review of consult or progress notes, and systemic therapy order entry

Assessment form collects information on:

- Cancer site (write in): any solid tumor
- Regimen (write in): as per the indication for the type of the solid tumor

#### Basis for formal entrustment decisions:

Collect 10 observations of achievement:

- At least 4 cancer sites
- At least 5 different regimens
- At least 4 different observers

When is unsupervised practice expected to be achieved: 2nd year of fellowship.

#### Relevant Tasks:

- 1 ME 1.3 Apply knowledge of systemic therapy, including pharmacology, expected adverse events and their prevention/management
- 2 ME 2.2 Assess a patient's suitability to proceed with systemic therapy
- 3 ME 2.4 Select and prescribe the appropriate dose and regimen
- 4 ME 2.4 Implement required adjustments in systemic therapy and/or supportive care based on patient's health status, performance status, or co-morbidities
- 5 ME 2.4 Implement appropriate monitoring strategies
- 6 ME 2.4 Select and prescribe supportive care to optimize patient comfort and mitigate adverse effects
- 7 ME 3.2 Obtain and document informed consent, explaining the risks, benefits, and rationale while acknowledging uncertainty
- 8 COL 1.2 Work effectively with the health care team

## **Medical Oncology**

### **EPA 12: Transition to Palliative care and advance care planning (ACP)**

Key Features: This EPA focuses on the conversations held with patients and their families regarding changes in status of prognosis with a transition away from active anti-cancer therapy to supportive/end-of-life care.

- This EPA includes applying a depth of knowledge of cancer and strong communication skills, using a patient-centered approach to support patients and their families through difficult transitions.
- This EPA includes aspects of pain and symptom management and palliative care (PSMPC), including advance care planning (ACP) discussions and, if raised, medical assistance in dying (MAID).

#### Assessment Plan:

Direct observation by supervisor

Use assessment Form.

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement:

- At least 2 different observers

When is unsupervised practice expected to be achieved: 2nd year of fellowship.

#### Relevant Tasks:

- 1 ME 2.1 Reassess the patient's priorities, information preferences, and goals of care as the clinical situation evolves
- 2 ME 2.3 Share concerns about patient goals that may not be achievable and initiate discussion about addressing these concerns
- 3 COM 1.6 Explore and confirm the patient's wishes regarding advance care planning
- 4 COM 1.5 Respectfully discuss differences of opinion regarding discontinuation of direct anti-cancer therapy
- 5 COM 1.5 Convey complex or sensitive information regarding prognosis, plan of care, change in clinical status, or uncertainty in a clear, compassionate, respectful, and accurate manner
- 6 ME 4.1 Establish and implement an ongoing plan for care, which may include referral to a family physician; pain and symptom management/palliative care; home care/community services; psychological and spiritual support services
- 7 COM 2.2 Manage the flow of challenging and emotionally charged patient encounters
- 8 COL 3.2 Organize the handover of care to the most appropriate physician or health care professional

## **Medical Oncology**

### **EPA 13: Providing longitudinal outpatient care**

Key Features: This EPA focuses on the comprehensive longitudinal management of outpatients as the most responsible physician, including direct patient care, unplanned visits, and indirect patient care (follow-up on test results, completing forms, answering phone calls).

Assessment Plan:

Direct or indirect observation (i.e., case discussion, review of written notes) by supervisor  
Use assessment Form.

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

When is unsupervised practice expected to be achieved: this should start at the first month of the 2<sup>nd</sup> year of the fellowship.

Relevant Tasks:

- 1 ME 4.1 Implement a patient-centered, evidence-based management plan based on clinical assessment
- 2 ME 4.1 Refer patients to appropriate supportive care services
- 3 ME 3.3 Advocate for the timely implementation of a patient's therapies and procedures based on urgency and available resources
- 4 COL 3.1 Ensure continuity of care when away or unavailable
- 5 HA 1.1 Advocate effectively for individual patients to help them overcome barriers to accessing the most effective evidence-based therapies and receive the health services or resources they need

## **Medical Oncology**

### **EPA 14: Working with other physicians and health care providers to provide multidisciplinary care**

Key Features: This EPA focuses on the competencies needed to successfully care for and advocate for a patient within a multidisciplinary team of specialists. This includes leadership in the planning and coordination of care, effective and timely communication, and the application of skills in conflict resolution.

- This EPA includes recognizing when input from other specialists is required for optimal oncological management (curative or palliative), presenting, and advocating for that patient in multidisciplinary rounds (e.g., site-specific cancer board, minimally invasive palliative procedure conference), and performing appropriate follow-up to ensure that the plan is implemented (orders, communication with patient, other MDs, other health care professionals).
- The observation of this EPA may include direct observation at multidisciplinary rounds as well as review of referrals and communication/collaboration with other physicians by email, telephone, or letters (indirect observation).

#### Assessment Plan:

Direct and/or indirect observation by supervisor

Assessment form collects information on:

- Observation: presentation at multidisciplinary rounds; interaction with pain and symptom management team; other

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement:

- At least 5 presentations at multidisciplinary rounds
- At least 1 interaction with the pain and symptom management team

When is unsupervised practice expected to be achieved: 1st year of fellowship.

#### Relevant Tasks:

- 1 ME 2.2 Identify patients who should be discussed at multidisciplinary case conferences, prepare cases for presentation, and contribute medical expertise to the decision-making process
- 2 ME 5.1 Recognize and respond to patient safety incidents caused by errors in handover and transitions of care between oncology specialists
- 3 COM 5.1 Document or summarize multidisciplinary case conference discussions
- 4 COL 1.3 Contribute to and engage in respectful shared decision-making with other physicians to establish a care plan

- 5 L 1.1 Contribute to the improvement of health care delivery in teams
- 6 HA 1.1 Work with patients and their families to identify and facilitate their access to needed health services or resources required to complete the multidisciplinary treatment plan
- 7 S 3.4 Integrate best available evidence into the multidisciplinary management plan
- 8 P 2.2 Identify situations when systemic issues compromise the safety of patients undergoing multidisciplinary care
- 9 COL 1.1 Solicit and respond to input from other members of the multidisciplinary team

## Medical Oncology

### EPA 15: Leading a consultancy service

Key Features: This EPA focuses on the role of the medical oncologist as the expert providing oncologic advice and guidance to inpatient and/or on-call services and health providers, including other institutions and groups, providing clinical care for patients with cancer.

- This includes interactions with patients and families in the consultant role.
- Observation of this EPA is not based on a single patient encounter, but instead on a period of time (duration to be determined by the residency program).

#### Assessment Plan:

Direct or indirect observation (i.e., case discussion, chart review) by supervisor

Use assessment Form.

#### Basis for formal entrustment decisions:

Collect 2 successful observations of achievement:

- At least 2 different observers

When is unsupervised practice expected to be achieved: 3rd year of fellowship.

#### Relevant Tasks:

- 1 ME 2.4 Develop and implement evidence-based and patient-centered management plans aligned with the goals of care
- 2 ME 4.1 Determine the necessity and appropriate timing of further investigations and/or consultations
- 3 COM 4.3 Use communication skills and strategies that help patients and their families make informed decisions regarding their health
- 4 COM 4.3 Receive and respond to patient and family member concerns
- 5 COL 1.2 Communicate and collaborate with other health care services to facilitate patient care
- 6 HA 1.1 Advocate for resources and services to facilitate patient care and discharge planning
- 7 COL 1.3 Effectively lead family meetings to establish a comprehensive care plan
- 8 COL 3.2 Demonstrate safe handover of care
- 9 COL 1.2 Respond to the concerns of other health care professionals regarding the patient's management in a timely manner
- 10 P 1.1 Behave in a professional and respectful manner

## **Medical Oncology**

### **EPA 16: Documenting clinical encounters**

Key Features: This EPA focuses on the application of written communication skills to provide an informative note about the rationale for patient care decisions at the consultant level.

- This includes a synthesis of the pertinent clinical findings, investigations, and management plan, as well as clear articulation of the role of the medical oncologist and the referring physician in further care.
- The documentation should include goals of therapy; summary of therapy, including incremental magnitude of benefit and key side effects; as well as patient-specific concerns and modifications.
- It may include linking the recommendations to evidence-based guidelines or other educational references for the referring physician.
- The documents submitted for review must be the sole work of the resident.
- This EPA may be observed in any care setting and any patient presentation.

#### Assessment Plan:

Review of clinical documentation by supervisor

Use assessment Form.

#### Basis for formal entrustment decisions:

Collect 5 observations of achievement:

- At least 2 different observers

When is unsupervised practice expected to be achieved: 3rd year of fellowship.

#### Relevant Tasks:

- 1 COM 5.1 Organize information in appropriate sections
- 2 COM 5.1 Document all relevant findings and investigations
- 3 COM 5.1 Convey clinical reasoning and the rationale for decisions
- 4 COM 5.1 Provide a clear plan for ongoing management
- 5 COL 1.2 Identify the roles of the referring physician and the medical oncologist clearly in the ongoing management plan
- 6 COL 3.2 Provide guidance for results of outstanding investigations and/or next steps for management
- 7 S 3.4 Integrate best evidence and clinical expertise into decision-making
- 8 S 1.3 Provide teaching points to improve quality of care
- 9 COM 5.1 Complete clinical documentation in a timely manner

## **Medical Oncology**

### **EPA 17: Working with the interprofessional team**

Key Features: This EPA focuses on the role of the medical oncologist in coordinating the complex care needs of patients with cancer. This includes collaboration with an interprofessional team as well as ensuring continuity across care settings.

- The observation of this EPA is not based on a single patient encounter, but rather on the resident's performance over a period of time. Feedback will be collected and collated from multiple observers at intervals, on at least 3 occasions (at least 3 months apart).

#### Assessment Plan:

Multiple observers provide feedback individually, which is then collated into one report.

Assessment form collects information on:

- Observer role: medical oncologist; nurse; head/charge nurse; social worker; dietician; pharmacist; physiotherapist; occupational therapist; other physician/surgeon; other health professional; drug access navigator

#### Basis for formal entrustment decisions:

Collect feedback on interprofessional interactions for at least 3 time points during training (at least 3 months apart):

- At least 5 observers on each occasion
- At least 2 different categories of health professionals on each occasion

When is unsupervised practice expected to be achieved: 1st year of fellowship.

#### Relevant Tasks:

- 1 COL 1.1 Support relationship-centered collaborative care and safe, efficient, timely, and appropriate patient-centered care
- 2 COL 2.1 Treat collaborators in a respectful manner
- 3 COL 1.2 Respect the diverse roles and responsibilities of other health professionals and work with them to provide patient-centered care
- 4 ME 5.1 Identify situations in which patient safety may be a concern and coordinate with members of the health care team to respond to and prevent adverse events
- 5 P 1.1 Behave in a professional and respectful manner

## **Medical Oncology**

### **EPA 18: Managing an outpatient practice**

Key Features: This EPA focuses on managing an outpatient oncology practice in the face of competing priorities, including managing the workload, clinically related administrative duties, and teaching.

- This EPA will require longitudinal supervision and observation by one (or a small number) of assigned faculty.
- Observation of this EPA must be documented at least every 2 weeks, meeting regularly with the trainee to assess and provide feedback on progress.

#### Assessment Plan:

Direct and indirect observation by supervisor  
Use assessment Form.

#### Basis for formal entrustment decisions:

Collect 3 observations of achievement.

When is unsupervised practice expected to be achieved: 1st year of fellowship

#### Relevant Tasks:

- 1 ME 1.5 Triage patients referred to Medical Oncology
- 2 ME 1.5 Prioritize activities in the face of competing demands
- 3 ME 1.4 Respond to and address time-sensitive clinical questions
- 4 L 4.2 Manage clinically related administrative duties, including lab work, insurance forms, follow-up calls to patients, and calls or emails to consultants
- 5 L 4.1 Set priorities and manage time to fulfil diverse responsibilities
- 6 L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service

