Medical Oncology: Transition to Discipline 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

Use Form 1. Form collects information on

- Type of interaction: consultation; follow-up visit
- Type of observation: direct; indirect

Collect 2 observations of achievement

- At least one for each type of interaction
- At least one direct

Relevant milestones

1 **TD ME 1.4 Perform a clinical assessment for a patient with cancer, including relevant psychosocial factors**
2 **TD ME 2.1 Recognize when an outpatient needs more urgent care**
3 **TD ME 1.6 Identify and seek assistance in situations that are complex, uncertain, ambiguous or new**
4 **TD ME 2.2 Assemble data pertinent to the patient's visit, including but not limited to available laboratory, pathology, and medical imaging reports**
5 **TD COM 5.1 Convey the clinical encounter to a supervisor**
6 **TD COL 2.1 Interact professionally with other health care professionals and staff in the outpatient clinic**
7 **TD P 1.1 Demonstrate punctuality**

Medical Oncology: Foundations EPA #1

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
- In Foundations the focus is patients with lung, colorectal, prostate or breast cancer for adjuvant or first-line metastatic treatment
- This EPA includes documenting findings and recommendations in a concise and accurate consultation note conveying recommendations in a structured, comprehensive and succinct manner. The trainee can be entrusted when the document requires minor or no editing.
- The observation of this EPA is divided into two parts: assessment and basic management plan; documentation of the clinical encounter.

Assessment Plan:

Part A: Assessment and basic management plan
Direct and indirect observation (i.e. case discussion) by supervisor

Use Form 1. Form must collect information on:

- Cancer site: lung; breast; colorectal; prostate; other
- If “other” identify cancer site: [input text]
- Goal of management: adjuvant/curative; palliative
- Comorbidities: [input text]
- Type of observation: direct; indirect

Collect at least 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

Part B: Documentation of clinical encounter
Review of consultation note or letter by supervisor with whom the patient was seen

Use Form 1

Collect 5 observations of achievement

Relevant Milestones

Part A - Management

1 **F ME 2.1 Ascertain the patient's understanding of the reason for the consultation**
2 **F ME 2.2 Perform a comprehensive clinical assessment (including performance status and goals of care)**
3 **F 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**
4 **F ME 2.2 Synthesize and interpret information from the clinical assessment and investigations to provide an impression**
5 **F ME 2.2 Stage breast, colorectal, lung, and prostate cancers using the tumour, node, metastasis (TNM) system or other relevant classification system**
6 **F ME 2.4 Develop an initial evidence-based management plan that is aligned with the patient's goals of care**
7 **F ME 2.4** Identify comorbidities and other factors that may impact management plan
8 **F COM 3.1** Provide effective explanations of the proposed goals of treatment and/or management
9 **F COM 3.1** Verify understanding of the information conveyed
10 **F ME 4.1 Identify and perform the steps required to initiate the management plan**
11 **F ME 4.1** Provide recommendations for additional investigations and next steps in management and treatment
12 **F 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
13 **F COM 1.4** Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication with patients
14 **F COM 2.1 Use patient centred interviewing skills to elicit and address the patient's understanding of their diagnosis and prognosis (including fears, concerns and expectations of health care professionals)**
15 **F COM 2.1**Integrate and synthesize and present information about the patient's beliefs, values, context, and expectations with biomedical and psychosocial information
16 **F COM 2.1** Explore the impact of the cancer diagnosis on the patient's ability to achieve their own personal goals
17 **F COL 3.1** Identify patients requiring handover to other physicians or health care professionals
18 **F L 2.1** Recognize financial impact of diagnostic tests and treatments

Part B - Documentation

1 **F ME 3.2 Demonstrate the hallmarks of informed consent**
2 **F COM 5.1 Document clinical encounters in an accurate, timely, and complete manner**
3 **F COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology**
4 **F COL 3.2 Communicate with the patient's primary health care professional about the patient's care**
5 **F COL 3.2 Summarize the patient's issues in the dictated consultation note, including plans to deal with the ongoing issues**
6 **F COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for evidence-based decisions and plans to deal with the ongoing issues**

Medical Oncology: Foundations EPA #2

Providing assessment and basic management for ongoing care

Key Features:

- The focus of this EPA is on providing appropriate follow-up assessment and management of patients with cancer
- 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
- This EPA also includes documenting concise and accurate follow-up clinic notes, conveying recommendations in a structured, comprehensive and succinct manner. The trainee can be entrusted when the document requires minor or no editing.
- The observation of this EPA is divided into two parts: management; documentation of the clinical encounter

Assessment Plan:

Part A: Management
Direct and indirect observation (i.e. case discussion) by supervisor

Use Form 1. Form must collect information on:

- Cancer site: lung; breast; colorectal; prostate; other
- If “other” identify site: [input text]
- Stage of cancer continuum: adjuvant/curative on treatment; metastatic on treatment; surveillance/survivorship; supportive care only; other
- Comorbidities: [input text]
- Type of observation: direct; indirect

Collect 5 observations of achievement

- At least 2 different cancer sites
- At least 3 different stages of the cancer continuum
- At least 2 direct observations
- At least 2 different observers

Part B: Documentation of clinical encounter
Review of clinic note or letter by supervisor with whom the patient was seen.

Use Form 1

Collect 5 observations of achievement

Relevant Milestones

Part A – Management

1. **F ME 2.2 Perform a focused, context-specific clinical assessment, including reassessing the patient's performance status**
2. **F ME 2.2 Select and interpret investigations to assess for tolerance of treatment and response to therapy**
3. **F ME 2.2 Synthesize and interpret information from the clinical assessment and investigations and implement a management plan**
4. **F COL 3.1 Identify patients requiring handover to other physicians or health care professionals**
5. **F ME 2.1** Ascertain and address the patient's and/or the family's understanding of the medical situation and reason for the encounter
6. **F 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. **F ME 4.1** Coordinate investigation, treatment, and follow-up plans when multiple physicians and health care professionals are involved
8. **F COM 2.1** Use patient-centred interviewing skills to effectively gather all relevant biomedical and psychosocial information
9. **F COM 2.2 Manage the flow of challenging patient encounters, including but not limited to those with angry and distressed individuals who are dealing with serious and difficult news**
10. **F COL 1.1** Receive and appropriately respond to questions and input from other health care professionals
11. **F COL 1.2** Recognize when situations of shared or overlapping responsibility arise over the cancer care continuum
12. **F HA 1.3** Work with patients and families to identify opportunities for cancer prevention, health promotion and health protection

Part B - Documentation

1. **F ME 3.2 Demonstrate the hallmarks of informed consent**
2. **F COM 5.1 Document clinical encounters in an accurate, timely, and complete manner**
3. **F COM 5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology**
4. **F COL 3.2 Summarize the patient's issues in the dictated discharge or transfer note, as applicable**
5. **F COM 5.1 Document clinical encounters to adequately convey clinical reasoning, the rationale for evidence-based decisions and plans to deal with the ongoing issues**

Medical Oncology: Foundations EPA #3

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 adjuvant or first line metastatic treatment of patients with breast, colon, lung or prostate cancer.
- This EPA applies to patients that 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

Use Form 1. Form collects information on:

- Cancer site: breast; lung; colorectal; prostate; other
- If “other” identify site: [input text]
- 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
- Direct observation of consent process: yes; no

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 1 direct observation of informed consent process
- At least 3 different observers

Relevant Milestones

1	**F 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
2	**F ME 3.1 Describe the risks and benefits of the proposed systemic therapies (including acute, subacute, long-term and late toxicities from the selected agents)**
3	**F ME 3.2 Obtain informed consent for the selected regimen**
4	**F ME 3.5** Describe institutional standards for prescribing systemic therapies
5	**F ME 3.5** Direct delivery of systemic therapies
6	**F ME 4.1 Implement required adjustments in systemic therapy and/or supportive care**

7 **F ME 5.1** Recognize the occurrence of patient safety incidents, including but not limited to prescription errors (such as wrong drug or dose)
8 **F ME 5.2** Regularly and systematically use strategies to enhance safe prescription of systemic therapies such as reference protocols from a provincial cancer agency, computerized order entry, or pre-printed orders
9 **F ME 3.5 Ensure accurate regimen and dose selection during prescribing process**
10 **F ME 2.2 Ensure bloodwork and other appropriate diagnostic tests are adequate to proceed with selected regimen**
11 **F ME 4.1 Arrange appropriate follow-up including but not limited to pre-therapy bloodwork, clinic visit, and systemic therapy appointment**
12 **F COL 1.2** Respond to questions from pharmacists and nurses about systemic therapy and supportive care orders
13 **F HA 1.1** Demonstrate an approach to working with patients to advocate for the health services or resources they need
14 **F S 3.2.1** Select, navigate, and recognize limitations of pre-appraised resources, including but not limited to provincial drug formulary and regimen information, evidence-based guidelines, risk stratification tools, and nomograms
15 **F P 2.2 Adhere to institutional policies and procedures related to prescribing systemic therapy**

Medical Oncology: Foundations EPA #4
Discussing serious news

Key Features:

- This EPA focuses on managing the flow of conversations held with patients and their families, including but not limited to 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, strong communication skills, and using a patient-centred 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-centred 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”.
- The observation of this EPA is divided into two parts: direct observation by supervisor; multisource feedback from patient and family

Assessment Plan:

Part A: Supervisor observation
Direct observation by supervisor

Use Form 1. Form collects information on:

- Disease context: unexpected adjuvant treatment recommendation; new diagnosis of incurable disease; progressive disease; therapy modification; other
- If “other” identify disease context: [input text]

Collect 3 observations of achievement

Part B: Feedback from patient and family
Multiple observers provide feedback individually, which is then collated into one report

Use form 3 (MSF). Form collects information on:

- Observer: patient; family

Collect 3 observations of achievement

Relevant milestones

Part A: Supervisor observation

1 **F ME 2.1 Ascertain the patient’s and/or the family’s understanding of the medical situation and reason for the encounter**
2 **F COM 1.6 Ascertain the patient’s desire for amount and detail of information**
3 **F COM 3.1 Share information in a compassionate, patient-centred and accurate manner**

4 **F COM 1.4 Identify, verify, and validate cues and respond with appropriate communication techniques to establish rapport**
5 **F COM 1.1** Provide empathic responses, as appropriate
6 **F COM 3.1 Provide effective explanations for the proposed goals of treatment and/or management**
7 **F COM 3.1 Verify understanding of information conveyed**
8 **F ME 2.4** Discuss the degree of uncertainty inherent to the clinical situation
9 **F COM 4.3 Engage the patient in shared decision-making regarding investigations and treatment options**
10 **TD COM 1.6** Assess how each patient's personal story impacts their unique needs and preferences
11 **F COM 2.2 Manage the flow of the encounter**
12 **F COM 2.2 Summarize and close the encounter effectively**

Part B: Feedback from patient and family

1 **F COM 1.1 Listen to patient concerns**
2 **F COM 3.1 Share information in a way that helps patients understand the medical situation**
3 **F COM 4.3 Answer questions in a way that helps patient understand their options**
4 **F COM 1.1 Help patients feel respected and safe**
5 **F COM 3.1 Check that patients understand the next steps in their care**

Medical Oncology: Foundations EPA #5

Assessing and managing urgent or emergent oncology scenarios

Key Features:

- This EPA includes recognizing urgent and emergent scenarios, responding with appropriate timely patient-centred management, and communicating 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)

Use Form 1. Form collects information on

- Comorbidities: [input text]
- Direct observation: yes; no
- Setting: clinical; simulation

Collect 3 observations of achievement

- At least 1 direct observation (may be simulation)
- At least 2 different observers

Relevant Milestones

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

Medical Oncology: Foundations EPA #6

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.
- The observation of this EPA is divided into two parts: coordinating patient care; multisource feedback from the health care team.

Assessment Plan:

Part A: Coordination of patient care
Indirect observation by supervising oncologist (review of case, chart stimulated recall)

Use form 1.

Collect 2 successful observations of achievement

Part B: Multisource feedback
Multiple observers provide feedback individually, which is then collated into one report

Use form 3 (MSF). Form collects information on:

- Healthcare professional role: nurse; pharmacist; other
- If “other” identify role: [input text]

Collect feedback on 2 occasions during Foundations, once within the first 2 months and again at end of stage

- At least 1 nurse
- At least 1 pharmacist

Relevant Milestones

Part A: Coordination of patient care

1 **F ME 4.1 Coordinate investigation, treatment, and follow-up when multiple services are involved**
2 **F COM 5.1 Communicate and document orders and management plan effectively**
3 **F COL 1.2 Delegate or take primary responsibility when situations of shared or overlapping responsibility arise**
4 **F COL 2.1** Recognize and respect the diversity of expertise among health care professionals

5 **F HA 1.1 Work with other health care providers to overcome barriers the patient may encounter in the health care system**

Part B: Multisource feedback

1 **F ME 4.1 Coordinate investigation, treatment, and follow-up when multiple services are involved**
2 **F COM 5.1 Communicate and document orders and management plan effectively**
3 **F COL 1.1 Receive and appropriately respond to questions and input from other health care professionals**
4 **F COL 1.2 Delegate or take primary responsibility when situations of shared or overlapping responsibility arise**
5 **F COL 2.2 Manage differences, and resolve conflicts respectfully**
6 **F HA 1.1 Work with other health care providers to overcome barriers the patient may encounter in the health care system**

Medical Oncology: Core EPA #1

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-centred, 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.
- This EPA also includes documenting findings, assessment and plans in an effective consultation note conveying recommendations in a structured, comprehensive, and succinct manner. 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. The trainee can be entrusted when the document is conceived independently and requires minor or no editing.
- The resident will be responsible for reviewing documentation with the supervisor within one week of the encounter.
- The observation of this EPA is divided into two parts: management; documentation.

Assessment Plan:

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

Use Form 1. Form collects information on:

- Cancer site: [input text]
- Comorbidities: [input text]
- Goal of management: adjuvant; palliative; curative
- Complexity: special population; lack of evidence or uncertainty; other
- Type of observation: direct; indirect

Collect 10 observations of achievement

- At least 5 different cancer sites
- At least 1 hemato-oncology
- At least 1 non-epithelial cancer (e.g. sarcoma, lymphoproliferative)
- At least 2 patients with competing comorbidities
- At least 5 cases dealing with special populations
- At least 1 with a lack of evidence or uncertainty
- At least 3 direct observations
- At least 5 different observers

Part B: Documentation

Review of clinical documentation by supervisor with whom the patient was seen(clinic note or letter, orders, referrals, and requests as applicable)

Use Form 1. Form collects information on:

- Documents reviewed: [input text]

Collect 12 observations of achievement

- At least 10 reviews of chart
- At least 1 clinical note that involve clinical trial discussion
- At least 1 review of correspondence for treatment reimbursement (government or private insurance)

Relevant Milestones

Part A: Management

1 **C ME 1.3 Apply knowledge of the clinical and biomedical sciences to the diagnosis and management of the clinical problem**

2 **C ME 1.3** Apply knowledge of clinical and biomedical sciences as they relate to the management of cancers that arise in special populations, including but not limited to immune suppressed, pregnant, and geriatric populations

3 **C 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 **C ME 1.4 Perform comprehensive clinical assessments of patients presenting with the full range of presentations in Medical Oncology**

5 **C ME 1.6** Develop a plan that considers the complexity, uncertainty, and ambiguity inherent in the practice of Medical Oncology

6 **C 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 **F COM 2.1** Explore the impact of the cancer diagnosis on the patient's ability to achieve their own personal goals

8 **C ME 2.4 Develop and implement evidence-based and patient-centred management plans aligned with the goals of care**

9 **C ME 3.3** Consider appropriate alternatives for therapies or diagnostic or therapeutic procedures based on available resources

10 **C 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 **C COL 1.2** Negotiate and clearly ascertain primary, overlapping, and shared responsibilities with physicians and other colleagues in the health care professions

12 **C 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 they need to effectively treat their cancer**

13 **F HA 1.3** Identify opportunities for fertility preservation

14 **F HA 1.3 Identify opportunities for testing for familial or hereditary disposition to cancer**

15 **C S 3.1** Generate focused questions that address practice uncertainty and knowledge gaps

16 **C S 3.3** Critically evaluate the integrity, reliability, and applicability of health-related research and literature
17 **C S 3.4** Recognize when the best available evidence is limited or of poor quality and develop a strategy to deal with it, including but not limited to determining optimal treatments for rare tumors or under-represented populations
18 **F L 2.2** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios
19 **C ME 2.2 Identify patients that may be eligible for clinical trials**

Part B : Documentation

1 **C ME 3.2 Obtain and document informed consent for therapies and procedures, explaining the risks, benefits and rationale while acknowledging uncertainty**
2 **C COL 1.3 Provide timely and necessary written information to colleagues to enable effective relationship-centred care**
3 **C COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for evidence-based decisions**
4 **C COM 5.1 Identify and correct vague or ambiguous documentation**
5 **C COM 5.1 Document multidisciplinary case conference discussions in a summary report when appropriate**
6 **C COM 5.1 Document and share information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy within the multi-disciplinary team**

Medical Oncology: Core EPA #2

Providing comprehensive assessment and 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
- This includes documenting findings, assessment and plans in an effective note conveying recommendations in a structured, comprehensive and succinct manner. 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. The trainee can be entrusted when the document is conceived independently and requires minor or no editing.
- The resident will be responsible for reviewing documentation with the supervisor within one week of the encounter.
- The observation of this EPA is divided into two parts: management; documentation

Assessment Plan:

Part A: Management
Direct or indirect observation by supervisor (i.e. case discussion)

Use Form 1. Form must collect information on:

- Cancer site: [input text]
- Goal of management: [input text]
- Regimen: [input text]
- Decision (choose all that apply): dose modification or omission; detailed response assessment; modification in supportive care; change in regimen or line of therapy; change in duration of therapy; consultation for therapeutic intervention or symptom management

Collect 20 observations of achievement

- At least 2 cases of each cancer site (breast, CRC, upper GI, lung, prostate, non-prostate GU, lymphoproliferative, gynecologic)
- At least 1 each from melanoma, sarcoma, head and neck
- At least 2 cases involving each systemic therapy modality
- At least 3 cases requiring change in regimen or line of therapy (this will encompass a detailed response assessment)
- At least 2 cases of decision regarding changes to duration of therapy
- At least 3 cases involving consultation to another specialty for either therapeutic intervention or symptom management
- At least 4 different observers

Part B: Documentation
Review of clinical documentation by supervisor with whom the patient was seen (clinic note or letter, orders, referrals, and requests as applicable)

Use Form 1. Form collects information on:

- Documents reviewed: [input text]

Collect 20 observations of achievement
- At least 10 reviews of encounter documents
- At least 2 documents that involve clinical trial discussion
- At least 1 review of correspondence for treatment reimbursement (government or private insurance)
- At least 1 review of correspondence for patient benefits (government, WSIB, private insurance etc)

Relevant Milestones

Part A: Management

1 **C ME 1.4 Make recommendations that are evidence based, organized and aligned with existing or revised goals of care**
2 **C ME 3.2 Obtain and document informed consent for therapies and procedures, explaining the risks, benefits, and rationale while acknowledging uncertainty**
3 **C ME 4.1 Perform clinical assessment including addressing toxicities from therapeutic interventions (acute, subacute, long-term and/or late), symptoms related to cancer and response to therapy**
4 **C ME 4.1 Identify and anticipate a patient's upcoming care needs**
5 **C ME 1.3** Apply knowledge of the clinical and biomedical sciences relevant to Medical Oncology
6 **C ME 2.1** Prioritize issues to be addressed in a patient encounter, including the patient's context and preferences
7 **C ME 2.3** Establish goals of care in collaboration with patients and their families
8 **C ME 4.1 Implement a patient-centred, evidence-based management plan based on clinical assessment**
9 **C 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 **C COM 1.5** Communicate using a patient-centred approach during challenging patient encounters, including when the proposed goals of care articulated by the patient or their family cannot be achieved
11 **C ME 2.4 Consider and recommend appropriate and available clinical trials when assessing patients for change of therapy**
12 **C 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 **C COM 3.2** Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents
14 **F COM 4.1** Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
15 **C COL 1.2** Negotiate and clearly ascertain primary, overlapping, and shared responsibilities with physicians and their colleagues in the health care professions
16 **C 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 **C HA 1.2** Work with the patient and family to increase opportunities to adopt healthy behaviours
18 **C HA 1.3** Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients
19 **C S 3.1** Generate focused questions that address practice uncertainty and knowledge gaps

20 **C S 3.3** Critically evaluate the integrity, reliability, and applicability of health-related research and literature

21 **C S 4.1** Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care

Part B : Documentation

1 **C ME 3.2 Obtain and document informed consent for therapies and procedures, explaining the risks, benefits, and rationale while acknowledging uncertainty**

2 **C COL 1.3 Provide timely and necessary written information to colleagues to enable effective relationship-centred care**

3 **C COL 3.2 Demonstrate safe handover of care, both verbal and written, during patient transitions to and from other members of the multi-disciplinary team**

4 **C COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for evidence-based decisions**

5 **C COM 5.1 Identify and correct vague or ambiguous documentation**

6 **C COM 5.1 Document multidisciplinary case conference discussions in a summary report when appropriate**

7 **C COM 5.1 Document and share information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality and privacy within the multi-disciplinary team**

Medical Oncology: Core EPA #3
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.
- The observation of this EPA is divided into two parts: prescription of therapy; communication and collaboration.

Assessment Plan:

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

Use Form 1. Form must collect information on:

- Cancer site: [input text]
- Regimen: [input text]
- Comorbidities: [input text]
- Direct observation of informed consent: yes; no

Collect 10 observations of achievement

- At least 4 cancer sites
- At least 5 different regimens
- At least 2 modification of therapy
- At least 2 direct observations of informed consent
- At least 4 different observers

Part B: Communication and collaboration
Multiple observers provide feedback individually, which is then collated to one report

Use Form 3 (MSF).

Collect feedback on 2 occasions during Core, once at midpoint and again at end of stage

Relevant Milestones

Part A: Prescription of therapy

1 **C 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 all cancers
2 **C ME 3.1 Describe the risks and benefits of the systemic therapies, individually and collectively, in the selected regimen (including acute, subacute, long-term and late toxicities from the selected agents)**
3 **C ME 3.2 Obtain informed consent for the selected regimen**
4 **F ME 3.5** Describe institutional standards for prescribing systemic therapies
5 **F ME 3.5** Direct the delivery of systemic therapies
6 **C ME 4.1 Implement required initial adjustments in systemic therapy and/or supportive care based on patient's health status, performance status or co-morbidities**
7 **C ME 4.1 Implement required adjustments in systemic therapy and/or supportive care based on evaluation of patient's tolerance of treatment**
8 **C ME 5.1** Recognize the occurrence of patient safety incidents, including but not limited to prescription errors (such as wrong drug or dose)
9 **C ME 5.2** Regularly and systematically use strategies to enhance safe prescription of systemic therapies such as reference protocols from a provincial cancer agency, computerized order entry, or pre-printed orders
10 **F ME 3.5** Ensure accurate regimen and dose selection during prescribing process
11 **C ME 2.2** Ensure bloodwork and other appropriate diagnostic tests are adequate to proceed with selected regimen
12 **F ME 4.1** Arrange appropriate follow-up including but not limited to pre-therapy bloodwork, clinic visit, and systemic therapy appointment
13 **C HA 1.1 Initiate a plan for the patient to access prescribed medications, if necessary**
14 **F S 3.2** Select, navigate, and recognize limitations of pre-appraised resources, including but not limited to provincial drug formulary and regimen information, evidence-based guidelines, risk stratification tools, and nomograms

Part B: Communication and collaboration

1 **C COL 1.2 Respond to questions from pharmacists and nurses about systemic therapy and supportive care orders**
2 **C HA 1.1 Initiate a plan for the patient to access prescribed medications, if necessary**
3 **C COM 3.1 Convey information related to the patient's health status, care and needs in a timely, honest, and transparent manner**
4 **C COL 1.2 Collaborate with healthcare professionals to access prescribed medications**
5 **C COL 1.3 Communicate management plan and level of urgency to other specialties appropriately**
6 **C COL 2.1 Show respect towards other team members**

Medical Oncology: Core EPA #4

Transitioning away from active anti-cancer therapy

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-centred approach to support patients and their families through difficult transitions.
- This EPA includes aspects of pain and symptom management and palliative care (PSMPC) including advanced care planning (ACP) discussions and if raised, medical assistance in dying (MAID).

Assessment Plan:

Direct observation by supervisor

Use Form 1. Form collects information on:

- Setting: outpatient; hospital; scheduled family meeting

Collect 3 observations of achievement

- At least 2 different observers

Relevant milestones

1 **C ME 2.1 Reassess patient's priorities, information preferences and goals of care as the patient's clinical situation evolves**

2 **C ME 2.3 Share concerns about patient's goals that may not be achievable and initiate discussion about addressing these concerns**

3 **C COM 1.6 Explore and confirm the patient's wishes regarding advanced care planning**

4 **C COM 1.5 Respectfully discuss differences of opinion regarding discontinuation of direct anti-cancer therapy**

5 **C 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 **C ME 4.1 Establish and implement ongoing plans for care which include but are not limited to referral to: a family physician; pain and symptom management/palliative care; home care/community services ; psychological and spiritual support services**

7 **C COM 2.2 Manage the flow of challenging and emotionally charged patient encounters**

8 **C COL 3.2 Organize the handover of care to the most appropriate physician or health care professional**

Medical Oncology: Core EPA #5

Providing longitudinal outpatient care to patients

Key Features:

- This EPA focuses on the comprehensive longitudinal management of outpatients as the most responsible physician, including but not limited to: direct patient care, unplanned visits, and indirect patient care (follow up on test results, completing forms, answering phone calls).
- The observation of this EPA is divided into two parts: patient assessment; working effectively with the interprofessional team

Assessment Plan:

Part A: Patient assessment
Direct or indirect observation (i.e. case discussion, review of written notes) by supervisor

Use Form 1. Form collects information on

- Goal of management: adjuvant; neoadjuvant; curative; palliative
- Comorbidities: [input text]
- Direct observation: yes; no

Collect 5 observations of achievement

- At least two direct observations

Part B: Working effectively with the interprofessional team
Multiple observers provide feedback which is then collated into one report

Use Form 3. Form collects information on

- Observer role: clinic manager; secretary/clerk; nurse; pharmacist; other healthcare worker

Collect feedback from a minimum of 3 observers on two occasions during Core

Relevant milestones

Part A: Patient assessment

1 **C ME 4.1 Implement a patient-centred care, evidence-based management plan based on clinical assessment**
2 **C ME 4.1 Refer patients to appropriate supportive care services**
3 **C ME 3.3 Advocate for the timely implementation of a patient's therapies and procedures based on urgency and available resources**
4 **C COL 3.1** Ensure continuity of care when away or unavailable

5 **C 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 to effectively treat their cancer**

Part B: Working effectively with the interprofessional team

1 **C COL 1.2 Respond to the concerns of other health care professionals regarding the patient's management in a timely manner**

2 **C L 4.1 Effectively manage clinical duties including clinic flow, prioritization of cases, and delegation of duties when appropriate**

3 **C P 1.1 Behave in a professional and respectful manner towards staff and patients**

Medical Oncology: Core EPA #6

Working with other physicians and healthcare providers to provide multidisciplinary care

Key Features:

- 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 etc.), and performing appropriate follow up to ensure that the plan is implemented (orders, communication with patient, other MDs, other health care professionals).
- This EPA focuses on the competencies needed to successfully care 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.
- The observation of this EPA is divided into two parts: supervisor observation; feedback from the multidisciplinary team
- This EPA must be observed at least once every 3 months during Core.

Assessment Plan:

Part A: Supervisor observation

Direct observation and/or indirect observation by supervisor. Direct observation will occur at multidisciplinary rounds. Indirect observation may include review of referral, communication and collaboration with other physicians (emails, calls, letters)

Use Form 1. Form collects information on

- Cancer site: [input text]
- Clinical problem: brain metastases; pain; other
- Specialists involved: (choose all that apply): radiation oncologist; surgical oncologist; PSMPC (pain and symptom management palliative care) physician; interventional radiologist; other
- Observation: direct observation of presentation at multidisciplinary rounds; indirect observation

Collect 3 observations of achievement

- At least 2 presentations at multidisciplinary rounds

Part B: Multisource feedback

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

Use Form 3 (MSF). Form collects information on:

- Role of observer: radiation oncologist; surgical oncologist; PSMPC (pain and symptom management palliative care) team member; interventional radiologist; other

Collect feedback on 4 occasions during Core

- At least 2 from the pain symptom management palliative care team

Relevant Milestones

Part A: Supervisor observation

1 **C 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 **C ME 3.1** Describe the indications, contraindications, risks, benefits and alternatives for systemic therapies
3 **C ME 2.2 Evaluate a patient with suspected toxicity from combined modality treatment**
4 **C ME 4.1 Implement an adjustment in systemic therapy and/or supportive care when necessary**
5 **C ME 4.1 Assess a patient's functional status after a local procedure/therapy and determine the appropriate time to start or resume systemic therapy**
6 **C ME 5.1** Recognize and respond to patient safety incidents caused by errors in handover and transitions of care between oncology specialists
7 **C COM 5.1** Document or summarize multidisciplinary case conference discussions
8 **C COL 1.3** Contribute to, and engage in respectful shared decision making at a multidisciplinary case conference meetings to establish a care plan
9 **C L 1.1** Contribute to the improvement of health care delivery in teams
10 **C 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
11 **C S 3.4 Integrate best available evidence into the multi-disciplinary management plan**
12 **C P 2.2** Identify situations when systemic issues compromise the safety of patients undergoing multi-disciplinary care

Part B: Multisource feedback

1 **C COM 5.1 Document and share information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy within the multi-disciplinary team**
2 **C COL 1.1** Anticipate, identify, and respond to patient safety issues related to the function of a team
3 **C COL 1.1 Solicit and respond to input from other members of the multidisciplinary team**
4 **C COL 1.2** Negotiate, and clearly ascertain primary, overlapping, and shared responsibilities with other physicians and other colleagues in the health care professions
5 **C COL 1.3** Engage in respectful shared decision-making with the members of the multidisciplinary cancer care team
6 **C COL 2.2** Identify and manage communication barriers between members of the multi-disciplinary team
7 **C COL 2.2** Implement strategies to promote understanding, manage differences and resolve conflicts among collaborators
8 **C COL 3.2 Demonstrate safe handover of care both verbal and written, during patient transitions to and from other members of the multi-disciplinary team**

C L 4.2 Take on a leadership role of the multi-disciplinary team at the appropriate junctures

C P 1.1 Exhibit appropriate professional behaviours and relationships as part of a multi-disciplinary team

Medical Oncology: Core EPA #7

Providing care for hospitalized patients

Key Features:

- This EPA focuses on the management of inpatients in the role of a consultant or attending including medical decision making, clinical problem solving, time management, and leadership at team multidisciplinary care rounds and family meetings.
- The observation of this EPA is divided into two parts: patient management; working effectively with the interprofessional team

Assessment Plan:

Part A: Patient management
Direct or indirect observation (i.e. case discussion, chart review) by supervisor

Use form 1. Form collects information on:

- Goal of management: curative; palliative
- Reason for admission: [input text]
- Comorbidities: [input text]
- Advanced case of cancer: yes; no

Collect 3 successful observations of achievement

- At least 2 cases of advanced cancer
- At least 2 different observers

Part B: Working effectively with the interprofessional team
Multiple observers provide feedback individually, which is then collated to one report

Use Form 3 (MSF).

Collect feedback on 2 occasions

Relevant milestones

Part A: Patient management

1 **C ME 2.4 Develop and implement evidence-based and patient-centred management plans aligned with the goals of care**
2 **C ME 4.1 Determine the necessity and appropriate timing of further investigations and/or consultations**
3 **C COM 4.3 Use appropriate communication skills and strategies that help patients and their families make informed decisions regarding their health**
4 **C COL 1.2 Communicate and collaborate with other health care services to facilitate patient care**

5 **C HA 1.1 Advocate for resources and services to facilitate patient care and discharge planning**
6 **C COL 1.3 Effectively lead a multidisciplinary family meeting to establish a care plan**
7 **C 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**

Part B: Working effectively with the interprofessional team

1 **C COM 4.3 Receive and respond to patient and family member concerns**
2 **C COL 1.2 Respond to the concerns of other health care professionals regarding the patient's management in a timely manner**
3 **C P 1.1 Behave in a professional and respectful manner towards staff and patients**

Medical Oncology: Transition to Practice EPA #1

Managing an outpatient practice

Key Features:

- This EPA focuses on managing the key elements of an outpatient oncology practice in the face of competing priorities.
- This EPA will require longitudinal supervision and observation throughout the TTP stage by one (or a small number) of assigned faculty.
- This EPA must be observed at least every 2 weeks by meeting regularly with the trainee to assess and provide feedback on progress.

Assessment Plan:

Direct and indirect observation by supervisor

Use Form 1

Collect 3 observations of achievement

Relevant Milestones

1 **TP ME 1.5 Triage patients referred to Medical Oncology**
2 **TP ME 1.5 Prioritize activities in the face of competing demands**
3 **TP L 4.2 Apply knowledge of remuneration models to bill for services provided**
4 **TP ME 1.4 Provide on call services at staff/supervisory/consultant level**
5 **TP L 4.2 Manage clinically related administrative duties including but not limited to lab work, insurance forms, follow up calls to patients, and calls or emails to consultants**
6 **TP L 4.2 Manage non-clinical administrative duties (including but not limited to committee work)**