

This document is to be used in conjunction with the *Pathway to Competence User Guide*, which is available on the Royal College's website.

This document is effective July 1, 2022, for current residents who have not yet entered the stage(s) containing revised EPAs and for new residents who begin training on or after that date.

MEDICAL EXPERT MILESTONES: RESIDENCY

	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
1. Practise medicine within their defined scope of practice and expertise				
1.1 Demonstrate a commitment to high-quality care of their patients	Demonstrate compassion for their patients		Demonstrate a commitment to high-quality care	
1.2 Integrate the CanMEDS Intrinsic Roles into their practice of Medical Oncology			Integrate the CanMEDS Intrinsic Roles into their practice of Medical Oncology	
1.3 Apply knowledge of the clinical and biomedical sciences relevant to the practice of Medical Oncology		Demonstrate knowledge of the clinical and biomedical sciences relevant to Medical Oncology <ul style="list-style-type: none"> basic sciences as they relate to the development, diagnosis, and management of cancer 	Apply knowledge of the clinical and biomedical sciences relevant to Medical Oncology c2 <ul style="list-style-type: none"> mechanism of action, indications, principles of administration, complications, and expected outcomes of established and emerging systemic therapeutic modalities, 	Apply knowledge of the clinical and biomedical sciences that are relevant to caring for patients with complex presentations of cancer

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		<ul style="list-style-type: none"> • screening and preventive methods for different cancers • diagnostic tools to establish diagnosis and evaluate patients with cancer • medical emergencies arising from cancer or systemic therapies • diagnosis and management of paraneoplastic syndromes <p>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 F1</p> <ul style="list-style-type: none"> • staging and risk stratification of cancers using the tumour-node-metastasis (TNM) staging system, other relevant classification systems, and applicable predictive and prognostic indices • indications, complications, and expected outcomes of surgery, radiation therapy, radiopharmaceuticals, and multimodality therapy for patients with cancer 	<p>including cytotoxic therapy, hormonal therapy, molecular targeted therapy, immunotherapy, stem cell transplantation relevant to cancer, and supportive care for prevention and treatment of complications of systemic therapy</p> <p>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</p> <ul style="list-style-type: none"> • staging and risk stratification of cancers using the tumour-node-metastasis (TNM) staging system, other relevant classification systems, and applicable predictive and prognostic indices • indications, complications, and expected outcomes of surgery, radiation therapy, radiopharmaceuticals, and multimodality therapy for patients with cancer • toxicities and adverse outcomes of multimodality therapeutic interventions as they relate to systemic therapies • supportive and palliative care of patients with cancer • principles of medical assistance in dying (MAID) 	
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		<p>Describe the natural history of common cancers, incorporating stage, prognostic, and predictive factors</p> <p>Apply knowledge of conventional systemic therapy, including pharmacology, expected adverse events and their prevention/management^{F3}</p>	<ul style="list-style-type: none"> resources for the caregivers and family of the patient with cancer issues related to cancer survivorship, including physical, psychological, emotional, vocational, sexual, financial, lifestyle, and fertility effects <p>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 ^{c1}</p> <p>Apply knowledge of the clinical and biomedical sciences to the diagnosis and management of the clinical problem ^{c1}</p> <p>Apply knowledge of systemic therapy, including pharmacology, expected adverse events and their prevention/management ^{c3}</p> <p>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 ^{c1}</p>	
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<p>1.4 Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner</p>	<p>Demonstrate the ability to perform a clinical assessment and physical examination of a patient with cancer at the level of an internist</p> <p>Perform a clinical assessment, including relevant psychosocial factors TPD1</p>	<p>Perform focused clinical assessments of patients presenting with the common presentations in Medical Oncology and make recommendations that are organized and well-documented</p>	<p>Perform a comprehensive clinical assessment c1</p> <p>Make recommendations that are evidence-based, organized, and aligned with existing or revised goals of care c2</p>	<p>Respond to and address time sensitive clinical questions TTP1</p>
<p>1.5 Carry out professional duties in the face of multiple competing demands</p>	<p>Recognize when multiple competing patient demands may impact the ability to provide patient-centred care</p>	<p>Prioritize multiple competing tasks F5</p>	<p>Maintain duty of care and safe management of patients in the face of multiple competing demands</p> <p>Prioritize patients on the basis of clinical presentations</p>	<p>Carry out professional duties in the face of multiple competing demands</p> <p>Triage patients referred to Medical Oncology TTP1</p> <p>Prioritize activities in the face of competing demands TTP1</p>
<p>1.6 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in clinical practice</p>	<p>Recognize that there is a degree of uncertainty in clinical situations</p> <p>Identify and seek assistance in situations that are complex, uncertain, ambiguous, or new TPD1</p>	<p>Identify clinical situations in which complexity, uncertainty, and ambiguity inherent in the practice of Medical Oncology exist, including conveying information related to prognosis, and therapeutic decisions in the absence of Level I evidence</p>	<p>Develop a plan that considers the complexity, uncertainty, and ambiguity inherent in the practice of Medical Oncology c1</p>	<p>Recognize, respond to, and adapt care to the complexity, uncertainty, and ambiguity inherent in the practice of Medical Oncology</p> <p>Recognize the limitations of knowledge with regards to the understanding and management of patients with the full breadth of cancers, take steps to rectify these limitations, and make decisions within the confines of these</p>

				limitations
2. Perform a patient-centred clinical assessment and establish a management plan				
2.1 Prioritize issues to be addressed in a patient encounter based on level of urgency of the situation, the reason for the consultation or visit, the patient's and family's understanding of the reason for referral, and their goals for the visit	<p>Ascertain the referring physician's reason for consultation</p> <p>Recognize when an outpatient needs more urgent care TTD1</p>	<p>Ascertain the patient's understanding of the reason for the consultation F1</p> <p>Ascertain the patient's and/or the family's understanding of the medical situation and reason for the encounter F2 F4</p> <p>Recognize an urgent or emergent oncology situation and respond in a timely manner F5</p>	<p>Prioritize which issues to address at current encounter, future visits, or with other health care practitioners based on clinical urgency, feasibility, and availability of resources</p> <p>Prioritize issues to be addressed in a patient encounter, including the patient's context and preferences c2</p> <p>Reassess the patient's priorities, information preferences, and goals of care as the clinical situation evolves c4</p>	<p>Manage situations where patient and physician priorities may differ</p>
2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion	<p>Perform a history and physical for a patient with cancer</p> <p>Assemble data pertinent to the patient's visit, including available laboratory, pathology, and medical imaging reports TTD1</p>	<p>Elicit a history from the patient, appropriate to the context of the encounter (which may include initial consultation, active treatment, follow-up of treatment, recurrence, progression, or survivorship), and informed by the patient's symptoms, diagnosis, prognosis, and anticipated toxicities of treatment for common cancer presentations</p>	<p>Elicit a history from the patient, appropriate to the context of the encounter (which may include initial consultation, active treatment, follow-up of treatment, recurrence, progression, or survivorship), and informed by the patient's symptoms, diagnosis, prognosis, and anticipated toxicities of treatment for the breadth of cancer presentations</p>	<p>Conduct a clinical assessment in challenging or unusual situations</p> <p>Identify limitations of standard diagnostic tests and explore and order other modalities if required</p>

	<p>Perform a physical examination that is appropriate to the context of the encounter (which may include initial consultation, active treatment, follow-up of treatment, or survivorship), and informed by the patient's symptoms, diagnosis, prognosis, and anticipated toxicities of treatment for common cancer presentations</p> <p>Elicit a history from the patient and perform a physical examination that is appropriate to the context of the oncology patient seen in the emergency department or on the inpatient service</p> <p>Perform a comprehensive clinical assessment, including performance status, psychosocial issues, and goals of care F1</p> <p>Perform a focused, context-specific clinical assessment, including reassessing the patient's performance status F2</p> <p>Assess/reassess the patient's performance status and functional status and assign an Eastern Cooperative Oncology Group (ECOG) or Karnofsky Performance Status (PS) to patients</p>	<p>Perform a physical examination that is appropriate to the context of the encounter (which may include initial consultation, active treatment, follow-up of treatment, or survivorship), and informed by the patient's symptoms, diagnosis, prognosis, and anticipated toxicities of treatment for the breadth cancer presentations</p> <p>Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management of disease, prevention, and health promotion for patients with cancer that is suspected, diagnosed, under observation or treatment, or cured</p> <p>Determine a patient's functional status (including performance status and independence with activities of daily living) to allow goals of care and patient-centred management plans to be established</p> <p>Stage a wide range of cancers using the tumour, node, metastasis (TNM) system or other relevant classification system</p>	
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	<p>Select and interpret appropriate diagnostic tests (such as laboratory, molecular and standard pathology, diagnostic and functional imaging, and endoscopy) appropriate to the context of the encounter (which may include initial consultation, active treatment, follow-up of treatment, recurrence, progression, or survivorship), and informed by the patient's symptoms, diagnosis, prognosis, and anticipated toxicities of treatment</p> <p>Interpret available investigations and ascertain which additional investigations/diagnostic tests are required to complete the assessment and allow formulation of a management plan F1</p> <p>Select appropriate investigations and interpret their results to stage common cancers using the tumour, node, metastasis (TNM) system or other relevant classification system</p> <p>Select appropriate investigations to restage common cancer and interpret their results</p>	<p>Synthesize and interpret information from the clinical assessment and investigations to allow goals of care and patient-centred management plans to be established for patients across the breadth of presentations of cancer</p> <p>Synthesize and interpret investigations, and order additional investigations required to complete staging and provide additional information needed to make treatment decisions c1</p> <p>Identify patients who should be discussed at multidisciplinary case conferences, prepare cases for presentation, and contribute medical expertise to the decision-making process c6</p> <p>Identify patients that may be eligible for clinical trials c1</p>	
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	<p>Select and interpret investigations to assess for tolerance of treatment and response to therapy F2</p> <p>Stage breast, colorectal, lung, and prostate cancers using the tumour, node, metastasis (TNM) system or other relevant classification system F1</p> <p>Synthesize and interpret information from the clinical assessment and investigations to provide an impression F1</p> <p>Synthesize and interpret information from the clinical assessment and investigations to allow goals of care and patient-centred management plans to be established for patients with common presentations of cancer</p> <p>Synthesize and interpret information from the clinical assessment and investigations and implement a management plan F2</p> <p>Assess a patient's suitability to proceed with systemic therapy F3 C3</p>		
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<p>2.3 Establish goals of care in collaboration with patients and their families¹, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation</p>	<p>Describe the spectrum of goals of care in cancer treatment, including curative and palliative treatment</p>	<p>Identify the appropriate spectrum of goals of care for the patient based on the clinical assessment and discussion with the patient and family</p> <p>Work with the patient and family to understand relevant options for care</p> <p>Identify available resources to help the patient and their family understand relevant options for care, including decision aids and nomograms</p>	<p>Establish goals of care in collaboration with patients and their families c2</p> <p>Revisit goals of care in collaboration with patients and their families as their clinical condition evolves</p> <p>Use available resources to help the patient and their family understand relevant options for care</p> <p>Share concerns about patient goals of care that may not be achievable and initiate discussion about addressing these concerns c4</p>	<p>Establish goals for care when there are significant disagreements about what is achievable</p>
<p>2.4 Establish a patient-centred management plan</p>	<p>Recognize, diagnose, and initiate treatment for emergencies arising from cancer or systemic therapies</p> <p>Recognize urgent oncologic problems that may need the involvement of more experienced colleagues and seek their assistance immediately</p> <p>Describe the resources that are available to help implement a patient-centred management plan</p>	<p>Identify available management options based on the clinical assessment and established goals of care</p> <p>Identify comorbidities and other factors that may impact management plan F1</p> <p>Develop an initial evidence-based management plan that is aligned with the patient's goals of care F1</p>	<p>Develop and implement evidence-based and patient-centred management plans aligned with the goals of care c1 c7</p> <p>Select and prescribe the appropriate dose and regimen c3</p> <p>Implement required adjustments in systemic therapy and/or supportive care based on patient's health status, performance status, or co-morbidities c3</p>	<p>Establish a patient-centred management plan</p> <p>Establish and implement patient-centred management plans for complex presentations of cancer and/or situations</p> <p>Contribute medical expertise to multidisciplinary case conferences and morbidity and mortality rounds to improve care delivered by the</p>

¹ Throughout this document, phrases such as “patients and their families” are intended to include all those who are personally significant to the patient and are concerned with their care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardian, and substitute decision-makers.

Identify the purpose of multidisciplinary case conferences and morbidity rounds

Develop and implement a management plan aligned with the patient's preferences and goals of care F5

Select and prescribe the standard dose and regimen F3

Select and prescribe supportive care to optimize patient comfort and mitigate adverse effects F3 C3

Implement appropriate monitoring strategies F3 C3

Develop and implement initial management plans that address common symptom complexes, including infusional drug reactions, nausea and vomiting, pain, and diarrhea

Manage emergencies arising from cancer or systemic therapies

Discuss the degree of uncertainty inherent to the clinical situation F4

Participate in multidisciplinary case conferences and morbidity rounds

Develop and implement management plans that address paraneoplastic syndromes

Develop and implement management plans that address multiple or complicated symptom complexes, including complex pain, malignant bowel obstruction, shortness of breath, and delirium

In collaboration with the patient and family, develop a plan to deal with clinical uncertainty

Solicit and incorporate the input of other members of the cancer care team as appropriate

Consider and recommend appropriate and available clinical trials when assessing patients for change of therapy C2

multidisciplinary and intraprofessional team

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

3.1 Determine the most appropriate procedures or therapies

Describe the indications, contraindications, risks, benefits, and alternatives for the following:

- tissue procurement (image- or endoscopically guided, surgical)
- lumbar puncture
- bone marrow aspiration and biopsy
- diagnostic paracentesis, thoracentesis, and pericardiocentesis
- systemic therapy for common presentations of cancer, including cytotoxic therapy, hormonal therapy, molecular targeted therapy, and immunotherapy
- other cancer treatment modalities, with or without systemic therapy, for common presentations of cancer
- supportive care, including blood products, and medications to prevent or reduce adverse effects or treat symptoms, as appropriate
- therapeutic procedures, including use of sclerosing agents and

Describe the indications, contraindications, risks, benefits, and alternatives for the following:

- systemic therapy for the full breadth of cancers, including cytotoxic therapy, hormonal therapy, molecular targeted therapy, and immunotherapy
- other cancer treatment modalities, with or without systemic therapy, for the full breadth of cancers
- minimally invasive procedures for relief or palliation of symptoms

Integrate all sources of information to develop a procedural and/or therapeutic plan that is safe, patient-centred, and considers the risks and benefits of all approaches for full breadth of cancers

Integrate planned procedures or therapies into global assessment and management plans for full breadth of cancers

		<p>placement of indwelling catheters (paracentesis, thoracocentesis, pericardiocentesis)</p> <ul style="list-style-type: none"> • palliative care <p>Integrate all sources of information to develop a procedural and/or therapeutic plan that is safe, patient-centred and considers the risks and benefits of all approaches for common presentations of cancer</p> <p>Integrate planned procedures or therapies into global assessment and management plans for common presentations of cancer</p>		
3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy		<p>Obtain and document informed consent, explaining the risks, benefits, and rationale while acknowledging uncertainty F3 C2 C3</p>		
3.3 Prioritize a procedure or therapy, taking into account clinical urgency and available resources		<p>Consider the patient's clinical status and potential for deterioration or adverse impact on goals of care (including delays in adjuvant or curative therapies) and available resources in prioritizing therapies and procedures</p>	<p>Prioritize therapies and procedures appropriate to both the clinical situation and the local health care system's available resources</p>	<p>Prioritize a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources</p>

			<p>Advocate for the timely implementation of a patient’s therapies and procedures based on urgency and available resources c5</p> <p>Consider appropriate alternatives for therapies or diagnostic or therapeutic procedures based on available resources c1</p> <p>Prioritize systemic cancer therapies taking into account clinical urgency and available resources</p>	
3.4 Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances			<p>Perform bone marrow aspiration and/or biopsy skilfully and safely</p> <p>Establish and implement a plan for post-procedure care</p> <p>Document procedures accurately</p>	
3.5 Provide systemic therapy for management of cancer in a time frame appropriate to the clinical situation and commensurate with the local health care system’s resources		<p>Identify the need for and manage central venous access</p> <p>Prescribe systemic therapies and associated supportive medications in a skilful and safe manner, taking into account patient needs and funding models for common cancer presentations</p>	<p>Prescribe systemic cancer therapies in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances</p> <p>Administer intrathecal chemotherapy via lumbar puncture or Ommaya reservoir</p>	<p>Prescribe systemic therapies and associated supportive medications in a skilful and safe manner, taking into account patient needs and funding models, for complex clinical scenarios and adapting to unanticipated findings, side effects, or changing clinical circumstances</p>

		<p>Direct the delivery of systemic therapies</p> <p>Manage the acute effects of administration of systemic therapy</p> <p>Manage serious adverse events resulting from systemic therapy or complications of cancer F5</p>		
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4. Establish plans for ongoing care and, when appropriate, timely consultation

<p>4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation</p>	<p>Determine the expected response to systemic therapy for patients on active treatment</p> <p>Identify toxicities seen in the patient that are attributable to systemic therapy</p>	<p>Describe the trajectory of care for individual cancer patients and anticipate care needs at upcoming junctures</p> <p>Identify and perform the steps required to initiate the management plan F1</p> <p>Provide recommendations for additional investigations and next steps in management and treatment F1</p> <p>Order secondary screening and apply preventative measures for common cancers</p> <p>Identify acute, subacute, long-term and/or late effects from cancer diagnosis and/or therapeutic interventions, and initiate basic management plan F2</p>	<p>Implement a patient-centred, evidence-based management plan based on clinical assessment c2 c5</p> <p>Identify and anticipate a patient's upcoming care needs c2</p> <p>Order secondary screening and apply preventative measures for the full breadth of cancers</p> <p>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 c2</p>	<p>Implement a multidisciplinary patient-centred care plan that supports ongoing care</p> <p>Determine, discuss, and revise plan of care at points of transition in the cancer continuum</p> <p>Anticipate and recognize potential gaps in ongoing care and prevent and/or close these gaps by advocating for the patient</p>
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	<p>Propose resources to the patient and family required to implement management plan, such as assistance with transportation, assistance with accessing necessary medications</p> <p>Coordinate investigation, treatment, and follow-up plans when multiple physicians and health care professionals are involved</p> <p>F2 F6</p>	<p>Evaluate patients for treatment toxicity and response, and interpret or resolve situations with uncertain, conflicting, or ambiguous data</p> <p>Identify subacute, long-term, and late toxicities from therapeutic interventions across the full breadth of cancers</p> <p>Determine the necessity and appropriate timing of further investigations and/or consultations c7</p> <p>Refer patients to appropriate supportive care services c5</p> <p>Establish plans for ongoing care, taking into consideration the patient's clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence</p> <p>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 c4</p>	
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5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

<p>5.1 Recognize and respond to harm from health care delivery, including patient safety incidents</p>	<p>Differentiate the following forms of harm from each other:</p> <ul style="list-style-type: none"> • outcomes of medical conditions and diseases • complications related to inherent risks of treatments • patient safety incidents 	<p>Recognize the occurrence of patient safety incidents, including</p> <ul style="list-style-type: none"> • prescription errors (such as wrong drug or dose) • administration errors (such as extravasation) • missed diagnosis (such as spinal cord compression) • wrong diagnosis (such as histology and biomarkers that would influence treatment decisions) • errors in handover and transition of care plans • failure to provide timely care <p>Consider iatrogenic causes in the differential diagnoses of a presentation</p> <p>Prioritize the initial medical response to adverse events to mitigate further injury</p>	<p>Report patient safety incidents to appropriate institutional representatives</p> <p>Recognize and respond to patient safety incidents caused by errors in handover and transitions of care between oncology specialists c6</p> <p>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 c9</p> <p>Recognize near misses in real time and respond to correct them before they affect patient care</p> <p>Optimally manage the consequences of adverse events</p> <p>Participate in an analysis of patient safety incidents as opportunity arises</p> <p>Identify potential opportunities for improvement that arise from harmful patient safety incidents and near misses</p>	<p>Recognize and respond to harm from health care delivery, including patient safety incidents</p> <p>Identify available tools/resources to improve health care delivery</p>
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<p>5.2 Adopt strategies that promote patient safety and address human and system factors</p>		<p>Use the reminders and clinical practice guidelines that are built into the health care records to enhance care</p> <p>Follow standard procedures when ordering and/or administering systemic therapy F3</p>	<p>Respond to feedback on their own practice and patient outcomes</p> <p>Actively encourage all involved in health care, regardless of their role, to report and respond to unsafe situations</p>	<p>Adopt strategies that promote patient safety and address human and system factors</p>
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COMMUNICATOR MILESTONES: RESIDENCY

	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
1. Establish professional therapeutic relationships with patients and their families				
1.1 Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion	Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion	Listen to patient concerns Provide empathic responses, as appropriate F4 Help patients feel respected and safe		
1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety	Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety			
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			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 c2	
1.4 Respond to patients' non-verbal behaviours to enhance communication	Identify, verify, and validate non-verbal cues on the part of patients and their families	Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication with patients F1		

	Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to patients and their families	Identify, verify, and validate cues and respond with appropriate communication techniques to establish rapport F4		
1.5 Manage disagreements and emotionally charged conversations appropriately, including discussions regarding diagnosis, prognosis, treatment, goals of care and end-of-life care	Demonstrate empathic responses for distressed patients	Respond appropriately to challenging patient encounters	<p>Convey complex or sensitive information regarding prognosis, plan of care, change in clinical status, or uncertainty in a clear, compassionate, respectful, and accurate manner c4</p> <p>Respectfully discuss differences of opinion regarding discontinuation of direct anti-cancer therapy c4</p> <p>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 c2</p>	<p>Manage disagreements and potentially emotionally charged conversations, including diagnosis, prognosis, progressive cancer, goals of care, and end-of-life care</p> <p>Adapt to unexpected circumstances</p>
1.6 Adapt to the unique needs and preferences of each patient and to their clinical condition and circumstances	<p>Assess how each patient's personal story impacts their unique needs and preferences F4</p> <p>Explore and acknowledge each individual patient's personal story</p>	Ascertain the patient's desire for amount and detail of information F4	<p>Relate to the patient in a way that honours their unique needs and preferences</p> <p>Explore and confirm the patient's wishes regarding advance care planning c4</p>	Adapt communication strategy to the unique needs and preferences of each patient, including language, culture, and clinical circumstances

		<p>Tailor approaches to decision-making to the patient's expressed desire for information, capacity, values, and preferences</p> <p>Adapt to the unique needs and preferences of each patient and to their clinical condition and circumstances</p>	
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2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

<p>2.1 Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information</p>	<p>Conduct a patient-centred interview, gathering relevant biomedical and psychosocial information</p> <p>Ascertain and address the patient's and/or the patient's family's understanding of the reason for referral and goals for the visit</p>	<p>Use patient-centred interviewing skills to effectively gather all relevant biomedical and psychosocial information F2</p> <p>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) F1</p> <p>Actively listen and respond to patient cues</p> <p>Elicit the patient's understanding of their diagnosis and prognosis, including fears, concerns, and expectations of health care professionals</p>	<p>Use patient interviewing skills to effectively gather relevant information</p> <p>Explore and address the impact of the cancer diagnosis on the patient's ability to achieve their goals, such as travelling, fertility, and working</p>	
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		<p>Integrate, synthesize, and present information about the patient's beliefs, values, context, and expectations with biomedical and psychosocial information F1</p> <p>Explore the impact of the cancer diagnosis on the patient's ability to achieve their own personal goals F1 C1</p>		
2.2 Provide a clear structure for and manage the flow of an entire patient encounter	<p>Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to patient cues and responses</p>	<p>Manage the flow of the encounter F4</p> <p>Manage the flow of challenging patient encounters, including those with angry and distressed individuals who are dealing with serious and difficult news F2</p> <p>Summarize and close the encounter effectively F4</p>	<p>Manage the flow of challenging and emotionally charged patient encounters c4</p>	
2.3 Seek and synthesize relevant information from other sources, including the patient's family with the patient's consent	<p>Identify when it is appropriate/necessary to seek information from other sources</p> <p>Gather information from other sources with the patient's consent</p>	<p>Integrate and synthesize relevant information from other sources</p>		

3. Share health care information and plans with patients and their families

<p>3.1 Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding</p>	<p>Participate in an information sharing session with a patient and be open to feedback about clarity and pace of the interaction</p>	<p>Provide effective explanations of the proposed goals of treatment and/or management F1 F4</p> <p>Share information in a compassionate, patient-centred, and accurate manner F4</p> <p>Verify understanding of information conveyed F1 F4</p> <p>Recognize and adapt the discussion in response to the patient's emotional response</p> <p>Recognize when to ask for assistance from a supervisor when providing explanations to the patient and family</p>	<p>Share information and explanations that are clear, accurate, and timely while checking for patient and family understanding</p> <p>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 c1 c2</p>	<p>Acknowledge uncertainty when answering questions and, if possible, propose options to address that uncertainty</p>
<p>3.2 Disclose harmful patient safety incidents to patients and their families accurately and appropriately</p>		<p>Describe the steps involved in providing disclosure after a patient safety incident</p>	<p>Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents c2</p> <p>Apologize appropriately for a harmful patient safety incident</p>	<p>Disclose patient safety incidents to the patient and family accurately and appropriately</p> <p>Plan and document follow-up to harmful patient safety incidents</p>

4. Engage patients and their families in developing plans that reflect the patient’s health care needs and goals

<p>4.1 Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe</p>	<p>Communicate with cultural awareness and sensitivity</p>		<p>Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe c2</p>	
<p>4.2 Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health</p>			<p>Assist the patient and their family to identify, make use of, and be aware of the limitations of information and communication technologies to support care and manage health</p>	
<p>4.3 Use communication skills and strategies that help patients and their families make informed decisions regarding their health</p>		<p>Engage the patient in shared decision-making f4</p> <p>Answer questions in a way that helps patients understand their options</p> <p>Discuss advance health care directives</p>	<p>Receive and respond to patient and family member concerns c7</p> <p>Engage the patient in shared decision-making regarding enrolment in clinical trials</p> <p>Use communication skills and strategies that help patients and their families make informed decisions regarding their health c7</p>	

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

<p>5.1 Document clinical encounters in an accurate, concise, complete, timely, and accessible manner, in compliance with regulatory and legal requirements</p>	<p>Convey the clinical encounter to a supervisor TTD1</p>	<p>Convey clinical reasoning and the rationale for decisions F7 C8</p> <p>Document all relevant findings and investigations F7 C8</p> <p>Communicate and document orders and management plan effectively F6</p> <p>Organize information in appropriate sections F7 C8</p> <p>Provide a clear plan for ongoing management F7 C8</p> <p>Complete clinical documentation in a timely manner F7 C8</p>	<p>Write chemotherapy orders that are clear, accurate, and timely, using a written health record, electronic medical record, or other digital technology</p> <p>Document or summarize multidisciplinary case conference discussions c6</p>	<p>Document clinical encounters in an accurate, concise, complete, timely, and accessible manner</p>
<p>5.2 Communicate effectively using a written health record, electronic medical record, or other digital technology</p>		<p>Communicate effectively using a written health record, electronic medical record, or other digital technology</p>		

<p>5.3 Share information with patients and others in a manner that respects patient privacy and confidentiality, and enhances understanding</p>	<p>Assess patients' needs and preferences with respect to methods of information sharing</p> <p>Describe the advantages, Limitations, and risks of using electronic communication directly with patients (including telehealth) and strategies to reduce these risks</p>		<p>Adapt written and electronic communication to the specificity of the discipline and to the expectations of patients</p>	<p>Share information with patients in a way that enhances understanding</p>
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COLLABORATOR MILESTONES: RESIDENCY

Transition to discipline

Foundations of discipline

Core of discipline

Transition to practice

1. Work effectively with other physicians and other colleagues in the health care professions

<p>1.1 Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care</p>	<p>Identify and introduce oneself to the members of the cancer care team</p>	<p>Receive and appropriately respond to questions and input from other health care professionals F2 F6</p> <p>Differentiate between task and relationship issues among health care professionals</p>	<p>Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care</p> <p>Solicit and respond to input from other members of the multidisciplinary team c6</p> <p>Support relationship-centred collaborative care and safe, efficient, timely and appropriate patient-centred care c9</p> <p>Establish and maintain positive relationships with referring physicians in the care of patients with cancer, including active treatment in remote sites, surveillance and survivorship, and end-of-life care</p>	<p>Establish relationships and partnerships with physicians and other health professional colleagues, despite possible differences in opinion regarding patient management</p> <p>Supervise and support care administered by other cancer care providers</p>
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<p>1.2 Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care</p>	<p>Describe the roles and responsibilities of a medical oncologist and other health care professionals in the management of cancer patients</p>	<p>Demonstrate an understanding of the roles of interdisciplinary and inter-professional teams in Medical Oncology practice</p>	<p>Respect the diverse roles and responsibilities of other health professionals and work with them to provide patient-centred care c9</p>	<p>Help coordinate optimal patient care across medical disciplines and health care professions, while taking local resources and policies into consideration</p>
		<p>Identify other health care professionals involved in a specific patient's care</p>	<p>Communicate and collaborate with other health care services to facilitate patient care c7</p>	
		<p>Work effectively with the health care team f3 c3</p>	<p>Negotiate and clearly ascertain primary, overlapping, and shared responsibilities with physicians and other colleagues in the health care professions c1 c2</p>	
		<p>Recognize when situations of shared or overlapping responsibility arise over the cancer care continuum f2</p>	<p>Negotiate overlapping and shared care responsibilities with physicians and other health care professionals in situations requiring episodic and/or longitudinal care</p>	
		<p>Delegate or take primary responsibility when situations of shared or overlapping responsibility arise f6</p>	<p>Respond to the concerns of other health care professionals regarding the patient's management in a timely manner c7</p>	
			<p>Consult as needed with other health care professionals, including other physicians</p>	

			<p>Share ongoing and episodic care responsibilities with physicians and other colleagues in the health care professions</p> <p>Identify the roles of the referring physician and the medical oncologist clearly in the ongoing management plan c8</p>	
<p>1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions</p>	<p>Identify the stakeholders involved in shared decision-making</p> <p>Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care</p>	<p>Listen, without judgment, to the perspective of those involved in the patient's care</p> <p>Engage in interactions with collaborators</p> <p>Communicate with other health care professionals to advocate for the timely management of the patient f5</p> <p>Engage professionally with the team at the multidisciplinary case conference meetings</p>	<p>Effectively lead family meetings to establish a comprehensive care plan c7</p> <p>Communicate effectively with physicians and colleagues in the health care professions</p> <p>Contribute to and engage in respectful shared decision-making at a multidisciplinary case conference meetings to establish a care plan c6</p>	<p>Engage in respectful shared decision-making in complex situations where there is a difference of opinion between physicians and other health care professionals</p> <p>Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise</p>

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

<p>2.1 Show respect toward collaborators</p>	<p>Convey information thoughtfully</p> <p>Respond to requests and feedback in a respectful and timely manner</p> <p>Demonstrate respectful behavior to fellow trainees and staff in the emergency department during interactions with them relating to disposition of oncology</p> <p>Interact professionally with other health care professionals and staff in the outpatient clinic 1001</p>	<p>Actively listen to and engage in interactions with collaborators</p> <p>Recognize and respect diversity of expertise among health professionals F6</p>	<p>Delegate tasks and responsibilities in an appropriate and respectful manner</p> <p>Treat collaborators in a respectful manner c9</p>	
<p>2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture</p>		<p>Identify communication barriers between health care professionals</p> <p>Listen to, understand, and find common ground with collaborators</p> <p>Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts</p>	<p>Analyze team dynamics</p> <p>Gather the information and resources needed to manage differences and resolve conflicts among collaborators</p> <p>Gain consensus among colleagues to resolve conflicts</p>	<p>Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture</p>

3. Hand over the care of a patient to another health professional to facilitate continuity of safe patient care

<p>3.1 Determine when care should be transferred to another physician or health care professional</p>		<p>Identify patients requiring handover to other physicians or health care professionals F1 F2</p> <p>Provide handover to other physicians or health care professionals F5</p>	<p>Determine when care should be transferred to another physician or health care professional</p> <p>Ensure continuity of care when away or unavailable c5</p>	<p>Effectively coordinate transfer of care of patients at all levels of complexity in a timely fashion</p>
<p>3.2 Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care</p>	<p>Describe specific information required for safe and effective handover during transitions in care</p>	<p>Communicate with the patient's primary health care professional about the patient's care</p> <p>Communicate with the receiving physicians or health care professionals during transitions in care, and clarify issues after the transfer if needed</p>	<p>Organize the handover of care to the most appropriate physician or health care professional c4</p> <p>Provide guidance for results of outstanding investigations and/or next steps for management c8</p> <p>Demonstrate safe handover of care c7</p>	

			<p>Demonstrate safe handover of care, both verbal and written, during patient transitions to a different health care professional, setting or stage of care c2</p> <p>Analyze gaps in communication between health care professionals during transitions in care</p> <p>Recognize and act on patient safety issues in the transfer of care</p>	
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LEADER MILESTONES: RESIDENCY

	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
1. Contribute to the improvement of health care delivery in teams, organizations, and systems				
1.1 Apply the science of quality improvement to contribute to improving systems of patient care	Demonstrate an understanding of the local /regional cancer care system and institutional practices	Describe quality improvement methodologies	<p>Contribute to the improvement of health care delivery in teams c6</p> <p>Apply evidence-based practice guidelines to routine patient care</p> <p>Routinely apply patient safety initiatives</p> <p>Seek data to inform practice and engage in a reiterative process of improvement</p> <ul style="list-style-type: none"> conducting a patient safety and/or quality improvement investigation participating in morbidity and mortality rounds conducting a chart review <p>Identify problems and potential gaps in health care delivery</p> <p>Compare and contrast the traditional methods of research design with those of improvement science</p>	<p>Apply the science of quality improvement to contribute to improving systems of patient care</p> <p>Participate in the development and implementation of patient safety initiatives</p>

			Compare and contrast system theory with traditional approaches to quality improvement	
1.2 Contribute to a culture that promotes patient safety		Demonstrate knowledge of institutional standards for patient safety reporting tools Report and respond to unsafe situations	Model a just culture to promote openness and increased reporting Actively encourage all involved in health care, regardless of their role, to report and respond to unsafe situations Engage patients and their families in the continuous improvement of patient safety	Contribute to a culture that promotes patient safety
1.3 Analyze patient safety incidents to enhance systems of care		Describe the available supports for patients and health care professionals when patient safety incidents occur		Analyze harmful patient safety incidents and near misses to enhance systems of care
1.4 Use health informatics to improve the quality of patient care and optimize patient safety	Integrate data from health information systems in patient care	Describe the data available from health information systems in Medical Oncology to optimize patient care	Use data on measures of clinical performance during team discussions to support team decision-making Utilize institutional health information systems for quality and safety improvement initiatives	Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

<p>2.1 Allocate cancer care resources for optimal patient care</p>	<p>Describe the costs of common diagnostic imaging and therapeutic interventions relevant to Medical Oncology, including positron emission tomography (PET) and oncotype</p>	<p>Recognize the financial impact of diagnostic tests and treatments F1</p> <p>Describe models for resource stewardship in health care used at the institutional level</p>	<p>Use clinical judgment and evidence (when available) to minimize wasteful practices</p> <p>Develop practice-based and system-based rules for resource allocation</p>	<p>Allocate health care resources for optimal patient care</p>
<p>2.2 Apply evidence and management processes to achieve cost-appropriate care</p>		<p>Apply evidence and guidelines with respect to resource utilization in common clinical scenarios C1</p>	<p>Determine cost discrepancies between best practice and their current practice</p> <p>Optimize practice patterns for cost-effectiveness and cost control</p>	<p>Apply evidence and management processes to achieve cost-appropriate care</p>

3. Demonstrate leadership in professional practice

<p>3.1 Demonstrate leadership skills to enhance health care</p>			<p>Take on a leadership role in the clinical, academic, or administrative setting</p> <p>Analyze their own leadership styles, including strengths, weaknesses, and biases</p>	<p>Contribute to a health care change initiative</p>
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3.2 Facilitate change in health care to enhance services and outcomes

Analyze patient feedback to help improve patient experiences and clinical outcomes

Describe key health policy and organizational issues in Medical Oncology

Develop a strategy for implementing change in health care with patients, physicians, and other health care professionals

Analyze ongoing changes occurring in health care delivery

Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in a practice

<p>4.1 Set priorities and manage time to integrate practice and personal life</p>	<p>Align priorities with expectations for professional practice</p>	<p>Organize work using strategies that address strengths and identify areas to improve in personal effectiveness</p> <p>Build relationships with mentors</p>	<p>Effectively manage clinical duties, including clinic flow, prioritization of cases, and delegation of duties when appropriate</p> <p>Manage practice by keeping an appropriate balance between clinical responsibilities, administrative and teaching commitments</p>	<p>Set priorities and manage time to fulfil diverse responsibilities TPP1</p> <p>Integrate supervisory and teaching responsibilities into the overall management of the clinical service TPP1</p>
<p>4.2 Manage a career and a practice</p>	<p>Review opportunities for practice preparation, including choices available for further training</p> <p>Maintain a portfolio and reflect on professional development</p>	<p>Examine personal interests and seek career mentorship and counselling</p>	<p>Reconcile expectations for practice with job opportunities and workforce needs</p> <p>Adjust educational experiences to gain competencies necessary for future independent practice</p> <p>Describe remuneration models as they pertain to Medical Oncology</p>	<p>Manage a career and a practice</p> <p>Plan private practice office management, including renting/buying office space, hiring MOA, billing/finances</p> <p>Plan personal finances, including debt management, personal investment for retirement considering short- and long-term goals</p>

				<p>Manage clinically related administrative duties, including lab work, insurance forms, follow-up calls to patients, and calls or emails to consultants</p> <p>TTP1</p>
<p>4.3 Implement processes to ensure personal practice improvement</p>	<p>Describe how practice standardization can improve the quality of health care</p>		<p>Improve personal practice by evaluating a problem, setting priorities, executing a plan, and analyzing the results</p>	<p>Implement processes to ensure personal practice improvement</p>

HEALTH ADVOCATE MILESTONES: RESIDENCY

Transition to discipline

Foundations of discipline

Core of discipline

Transition to practice

1. Respond to an individual patient’s health needs by advocating with the patient within and beyond the clinical environment

<p>1.1 Work with patients to address determinants of health that affect them and their access to needed health services or resources</p>	<p>Evaluate the patient’s access to third party insurance</p> <p>Identify a given patient’s needs (including psychosocial, financial, and vocational) for health services or resources related to their cancer diagnosis</p> <p>Identify resources that address the health needs of cancer patients</p>	<p>Demonstrate an approach to working with patients to advocate for the health services or resources they need</p> <p>Work with other health care providers to overcome barriers the patient may encounter in the health care system F6</p> <p>Describe how systemic therapies are approved and funded locally, provincially, and nationally</p>	<p>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 c1 c5</p> <p>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 c6</p> <p>Advocate for resources and services to facilitate patient care and discharge planning c7</p>	<p>Work with patients to address the determinants of health and clinical trials that affect them and their access to needed cancer care services or resources</p> <p>Advocate for resources and services for a patient if the usual avenues for access have been declined</p> <p>Discuss options for addressing access to resources that are not routinely funded or available</p>
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<p>1.2 Work with patients and their families to increase opportunities to adopt healthy behaviours</p>	<p>Identify the behaviours that negatively impact the health of an individual patient</p>	<p>Describe the impact of the unhealthy behaviour to the patient</p> <p>Select patient educational resources related to Medical Oncology</p>	<p>Work with the patient and family to increase opportunities to adopt healthy behaviours c2</p> <p>Identify and refer patients to resources that facilitate the adoption of healthy behaviours</p>	
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<p>1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients</p>		<p>Work with patients and families to identify opportunities for cancer prevention, health Promotion, and health protection F2</p> <p>Describe the potential benefits and harms of primary or secondary screening for cancer</p> <p>Identify opportunities for fertility preservation c1</p> <p>Identify opportunities for testing for familial or hereditary disposition to cancer c1</p>	<p>Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients c2</p> <p>Work with the patient and family to act upon opportunities for cancer prevention (including smoking cessation programs) and health promotion/protection (including surveillance for new primary or secondary cancers or for late side effects of treatment)</p> <p>Evaluate with the patient the potential benefits and harms of primary or secondary screening for cancer</p> <p>Counsel and refer patients regarding reproductive matters (including fertility preservation) and pregnancy following cancer treatment</p> <p>Counsel patients regarding risk reducing measures if they have a familial or hereditary cancer syndrome</p>	
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<p>1.4 Propose and organize additional resources to help patients and/or their families access options for mitigating the impact of their illness and implementing the management/treatment plan, including nursing, social work, psychosocial supports, and home care services</p>				<p>Propose and organize additional resources to help patients and/or their families access options for mitigating the impact of their illness and implementing the management/treatment plan, including nursing, social work, psychosocial supports, and home care services</p>
<p>2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner</p>				
<p>2.1 Work with a community or population to identify the determinants of health that affect them</p>			<p>Identify communities or populations with higher incidence/prevalence of cancer because of environmental/ occupational exposures, genetic factors, or barriers or inequities in accessing care and resources</p> <p>Analyze current cancer control policies or policy developments that affect the communities or populations they serve</p>	<p>Work with a community or population to identify the most important determinants of cancer control that affect them</p> <p>Identify avenues to rectify discrepancies</p>

<p>2.2 Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities</p>				<p>Identify gaps and lobby for resources needed to provide optimal care to the community and population they serve</p>
<p>2.3 Contribute to a process to improve health in the community or population they serve</p>	<p>Describe the organizational structure of local, provincial/territorial, and national cancer care systems</p>	<p>Identify barriers that prevent physicians from providing appropriate care</p>	<p>Identify opportunities within the system to remove barriers or support physicians in providing appropriate care</p> <p>Partner with others to identify the health needs of the community or population they serve</p>	<p>Identify opportunities for patient and/or physician advocacy within local, provincial/territorial, and national cancer care systems</p>
<p>2.4 Demonstrate an understanding of the structures of local, provincial/territorial, and national cancer care systems, and identify opportunities for patients and/or physician advocacy within those systems</p>			<p>Demonstrate an understanding of the structures of local, provincial/territorial, and national cancer care systems, and identify opportunities for patients and/or physician advocacy within those systems</p>	

SCHOLAR MILESTONES: RESIDENCY

	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
1. Engage in the continuous enhancement of their professional activities through ongoing learning				
1.1 Develop, implement, monitor, and revise a personal learning plan to enhance professional practice	Describe medical oncologists' obligations for lifelong learning and ongoing enhancement of competence	<p>Create a learning plan in collaboration with a designated supervisor and others as needed, and identify learning needs related to Medical Oncology</p> <p>Use technology to develop, record, monitor, revise, and report on learning in Medical Oncology</p> <p>Demonstrate a structured approach to monitoring progress of learning in the clinical setting, and establish an e-portfolio</p>	<p>Review and update earlier learning plan(s) with input from others, and identify learning needs within all the CanMEDS Roles and Milestones to generate immediate and longer-term career goals</p>	Devise and implement a personal learning plan to enhance professional practice
1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance, using various internal and external data sources	Identify important questions that arise in the assessment and management of cancer patients, and use independent resources to increase knowledge base and address clinical problems, including ASCO, ESMO, and updates in oncology	<p>Regularly engage in personal learning by drawing upon various sources (including daily work, literature, and formal or informal education sessions) to identify and prioritize learning needs</p> <p>Identify and record learning needs that arise in daily work, and apply strategies to address those gaps</p>	<p>Seek and interpret multiple sources of performance data and feedback (with guidance) to identify opportunities for learning and improvement</p> <p>Prioritize and respond to learning needs that arise in daily work</p> <p>Seek help or pursue learning opportunities after reaching limits of current expertise</p>	

			Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance, using various internal and external data sources	
1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice		Identify the learning needs of a health care team	Demonstrate an understanding of the utility of practice audits Provide teaching points to improve quality of care	Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum		Identify behaviours associated with positive and negative role-modelling	Use strategies for deliberate positive role-modelling	Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
2.2 Promote a safe and respectful learning environment		Explain how power differentials between learners and teachers can affect the learning environment		Ensure a safe learning environment for all members of the team
2.3 Ensure patient safety is maintained when learners are involved		Identify unsafe clinical situations involving learners and manage them appropriately	Supervise learners to ensure they work within limitations, seeking guidance and supervision when needed	Ensure patient safety is maintained when learners are involved

			Balance clinical supervision and graduated responsibility, ensuring the safety of patients and learners	
2.4 Plan and deliver learning activities		Choose appropriate content, teaching format, and strategies, and tailor them to a specific educational context, including teaching in the clinic or didactic sessions	Plan and deliver a learning activity Describe sources of information to assess learning needs Define learning objectives for a teaching activity	
2.5 Provide feedback to enhance learning and performance	Describe the key elements of constructive feedback	Provide written or verbal feedback to other learners, faculty, and other members of the team	Act as a role model by seeking feedback and engaging in regular self-assessment	Provide feedback to enhance learning and performance
2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner			Appropriately assess junior learners, teachers, and educational programs	Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

<p>3.1 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them</p>		<p>Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to Medical Oncology</p>	<p>Generate focused questions that can address practice uncertainty and knowledge gaps c1 c2</p>	
<p>3.2 Identify, select, navigate, and recognize limitations of pre-appraised resources</p>		<p>Assess the quality of various pre-appraised resources</p> <p>Identify and determine the applicability of a particular pre-appraised resource in a specific clinical setting</p>		

<p>3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature</p>	<p>Know the definitions and basic methodology of the various study designs used in Medical Oncology</p>	<p>Compare and contrast the various study designs used in Medical Oncology</p> <p>Interpret study findings and critique their relevance to Medical Oncology practice</p> <p>Determine the validity and risk of bias in a source of evidence</p>	<p>Critically evaluate the integrity, reliability, and applicability of health-related research and literature C1 C2</p> <p>Evaluate the applicability (external validity or generalizability) of evidence from various resources, including new study designs which incorporate genomic and translational data</p> <p>Describe study results (including median survival, hazard ratios, relative risk reduction, absolute risk reduction, clinical significance, and risk benefit ratios) in both quantitative and qualitative terms</p>	
<p>3.4 Integrate evidence into decision-making in their practice</p>		<p>Describe how various sources of information, including studies, expert opinion, and practice audits, contribute to the evidence base of Medical Oncology practice</p> <p>Discuss the barriers to and facilitators of applying evidence into practice</p>	<p>Identify new evidence through quality-appraised evidence-alerting services</p> <p>Integrate best evidence and clinical expertise into decision-making C8</p> <p>Integrate best available evidence into the multi-disciplinary management plan C6</p>	<p>Integrate best evidence and clinical expertise into decision-making in their practice</p>

			<p>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 c1</p> <p>Explain how various scholarly sources, such as studies, expert opinion, and audits, inform practice</p>	
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4. Contribute to the creation and dissemination of knowledge and practices applicable to health

<p>4.1 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care</p>		<p>Discuss the roles and responsibilities of researchers, both principal investigators and collaborators, and how they differ from the roles and responsibilities of clinical care</p>	<p>Contribute to a scholarly investigation or the dissemination of research findings in Medical Oncology</p> <p>Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care c2</p>	
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<p>4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations</p>		<p>Discuss and provide examples of the ethical principles applicable to health research and scholarly inquiry relevant to Medical Oncology</p>		<p>Identify ethical principles for research and incorporate them into obtaining informed consent, considering harm and benefits, and considering vulnerable populations</p>
<p>4.3 Contribute to the work of a research program</p>		<p>Compare and contrast the roles and responsibilities of members of a research team and describe how they differ from clinical and other practice roles and responsibilities</p>	<p>Demonstrate awareness of available clinical trials, and promote patient enrollment, as appropriate</p>	
<p>4.4 Pose questions amenable to scholarly investigation and select appropriate methods to address them</p>		<p>Describe and compare the common methodologies used for scholarly inquiry in Medical Oncology</p>	<p>Select appropriate methods of addressing a given scholarly question Discuss and critique the possible methods of addressing a given scholarly question</p>	<p>Pose medically and scientifically relevant and appropriately constructed questions amenable to scholarly investigation Participate in a research or scholarly project relevant to Medical Oncology</p>
<p>4.5 Summarize and communicate to professional and lay audiences, including patients and their families, findings of relevant research and scholarly work</p>		<p>Summarize and communicate to peers the findings of applicable research and scholarship</p>		<p>Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry</p>

				Prepare a manuscript suitable for publication in a peer-reviewed journal
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PROFESSIONAL MILESTONES: RESIDENCY

	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards				
1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality	Prioritize the needs of patients to ensure their needs are met Consistently prioritize the needs of patients and others to ensure a patient's legitimate needs are met Treat patients and families with respect Demonstrate punctuality TTD1 Complete assigned responsibilities	Maintain the confidentiality of patients under their care Identify breaches of confidentiality	Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality Behave in a professional and respectful manner c7 c9 Intervene when behaviours toward colleagues and learners undermine a respectful environment	Exhibit appropriate professional behaviours and relationships in all aspects of practice
1.2 Demonstrate a commitment to excellence in all aspects of practice		Demonstrate a commitment to excellence in all aspects of practice	Analyze how the system of care supports or jeopardizes excellence	Model a commitment to excellence in all aspects of practice

<p>1.3 Recognize and respond to ethical issues encountered in research and in caring for patients with cancer</p>		<p>Recognize and respond to ethical issues, including</p> <ul style="list-style-type: none"> • truth telling/full disclosure regarding issues, including near misses and medical errors • informed decision-making/consent • end-of-life care • medical assistance in dying (MAID) • inequities in accessing cancer care 	<p>Manage ethical issues encountered in the clinical and academic setting, including issues surrounding funding of cancer therapies and technologies and conflicts of interest</p>	<p>Identify and manage ethical issues in all aspects (clinical, research, teaching and administration) of practice</p>
<p>1.4 Recognize and manage conflicts of interest</p>		<p>Identify different types of conflicts of interest</p>	<p>Proactively resolve real, potential, or perceived conflicts of interest transparently and in accordance with ethical, legal, and moral obligations</p>	<p>Recognize and manage conflicts of interest in independent practice</p>
<p>1.5 Exhibit professional behaviours in the use of technology-enabled communication</p>	<p>Describe how to use technology-enabled communication professionally</p>		<p>Intervene when aware of breaches of professionalism involving technology-enabled communication</p>	<p>Exhibit professional behaviours in the use of technology-enabled communication</p>

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care

<p>2.1 Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians</p>		<p>Describe the tension between the physician's role as advocate for individual patients and the need to manage scarce resources</p>	<p>Demonstrate a commitment to the promotion of the public good in health care, including stewardship of resources</p> <p>Maintain and continually enhance competence</p>	<p>Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession</p> <p>Manage the tension between societal and physicians' expectations</p>
<p>2.2 Demonstrate a commitment to patient safety and quality improvement</p>	<p>Identify situations when an individual patient's safety is at risk</p>		<p>Identify situations when systemic issues compromise the safety of a group of patients</p> <p>Identify situations when systemic issues compromise the safety of patients undergoing multi-disciplinary care</p>	<p>Demonstrate a commitment to patient safety and quality improvement</p>

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

<p>3.1 Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice</p>	<p>Fulfil and adhere to the professional and ethical standards of practice</p>	<p>Describe the relevant codes, policies, standards, and laws governing physicians and the profession, including standard setting and disciplinary and credentialing procedures</p>		<p>Describe how to respond to, cope with, and constructively learn from a complaint or legal action</p> <p>Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice</p>
<p>3.2 Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions</p>	<p>Identify and respond to lapses in professional conduct by peers</p>		<p>Identify the appropriate regulatory body's codes and procedures relevant to investigating a case of serious unprofessional behaviour or practice</p>	<p>Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions</p>
<p>3.3 Participate in peer assessment and standard setting</p>			<p>Prepare a morbidity and mortality report or chart review</p> <p>Participate in the assessment of junior learners</p>	<p>Participate in the review of practice, standard setting, and quality improvement activities</p> <p>Participate in peer assessment and standard setting</p>

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

<p>4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance</p>	<p>Describe the difference between self-reflection and rumination</p>	<p>Manage the impact of physical and environmental factors on performance</p> <p>Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks</p>	<p>Integrate skills that support adaptation and recovery in challenging situations</p>	<p>Exhibit self-awareness and effectively manage influences on personal wellbeing and professional performance</p>
<p>4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle</p>	<p>Describe strategies to manage the stress inherent in the transition from Internal Medicine to Medical Oncology training</p>	<p>Describe the influence of personal and environmental factors on the development of a career plan</p>	<p>Demonstrate strategies to manage competing personal and professional priorities</p> <p>Using personal examples, reflect on the risk of compassion fatigue and burnout and use strategies to mitigate this risk</p>	<p>Demonstrate strategies to manage personal and professional demands for a sustainable practice throughout the physician life cycle</p>
<p>4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need</p>	<p>Recognize when colleagues are in need</p>	<p>Demonstrate compassion and support to colleagues in need</p> <p>Use strategies to mitigate the impact of patient safety incidents</p>	<p>Support others in their professional transition</p>	<p>Promote a culture that recognizes, supports, and responds effectively to colleagues in need</p> <p>Provide mentorship to colleagues</p>