

Entrustable Professional Activities for Radiation Oncology

2019

VERSION 1.0

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Radiation Oncology: Transition to Discipline EPA #1

Performing and documenting a history and physical exam

Key Features:

- This EPA includes obtaining a complete history, performing a physical examination appropriate to the case, and recording the information into the medical record, for a patient presenting to the radiation oncology service
- This EPA also includes recognizing a patient in distress and responding to the patient's needs in a timely fashion
- This EPA may be observed in any clinical setting

Assessment Plan:

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Portion observed (*check all that apply*): history; physical exam; case presentation; documentation; patient in distress

Collect 5 observations of achievement

- At least one direct observation of history
- At least one direct observation of physical exam
- At least one case presentation
- At least one review of the documentation
- At least one direct observation of an interaction with a patient in distress (psychological, physical, emotional)
- At least 2 assessors

Relevant Milestones:

- 1 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
- 2 ME 2.2 Elicit a thorough history relevant to the presentation**
- 3 ME 2.2 Perform a physical exam relevant to the presentation, including breast and/or pelvi-rectal assessment, as appropriate**

- 4 COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
- 5 COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement and safety**
- 6 COM 2.2 Conduct a patient encounter using an organized framework**
- 7 COM 5.1 Organize information in appropriate sections within an electronic or written medical record**
- 8 COM 5.1 Document a clinical encounter to include all relevant information**
- 9 P 1.5 Follow relevant policies regarding the appropriate use of electronic medical records**

Radiation Oncology: Transition to Discipline EPA #2

Completing a patient handover

Key Features:

- This EPA is focused on an organized approach to accepting responsibility for patient care (on-call, holidays, ward, etc.), and passing on responsibility to maintain continuity of patient care between providers
- This EPA may be observed in the inpatient, outpatient or afterhours setting

Assessment Plan:

Direct or indirect observation by supervisor (can include senior trainee)

Use Form 1

Collect 1 observation of achievement

Relevant Milestones:

- 1 ME 2.4 Identify patients who require a transfer of care**
- 2 COM 5.1 Summarize the patient's issues in the transfer summary, including plans to deal with ongoing issues**
- 3 COM 5.1 Organize information in appropriate sections within an electronic or written medical record**
- 4 COM 5.1 Maintain accurate and up-to-date problem and medication lists**
- 5 COL 2.1 Respond to requests in a respectful and timely manner**
- 6 COL 3.2 Communicate with the receiving physician(s) or health care professional during transition in care, clarifying issues as needed**
- 7 COL 3.2 Describe specific information required for safe and effective handover during transitions in care**
- 8 P 1.1 Demonstrate punctuality**
- 9 P 1.1 Complete assigned responsibilities**

Radiation Oncology: Foundations EPA #1

Assessing and managing patients with common medical and surgical problems in various settings

Key Features:

- This EPA focuses on the care of patients with common conditions encountered in inpatient and outpatient settings, and includes recognizing and providing initial management and stabilization when the patient is acutely ill
- This EPA also includes the aspects of care that involve discussing the plan of care and/or other information with the patient and/or family, discussing and documenting informed consent, and providing handover of patient care
- The observation of this EPA is divided into 4 parts: patient management; plan of care discussion; informed consent; handover

Assessment Plan:

Part A: Management

Direct or indirect observation by supervisor (may be staff or senior trainee)

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Setting: inpatient; emergency department; clinic; operating room
- Clinical conditions (*check all that apply*): acute abdomen; acute cardiovascular event; acute respiratory illness; hemodynamic instability; metabolic abnormalities; neuropsychiatric crisis; sepsis or serious infection/abscess; uncontrolled pain

Collect 6 observations of achievement

- At least 5 different clinical conditions
- At least one observation of uncontrolled pain
- At least 6 assessors, 3 of whom must be attending staff

Part B: Plan of care discussion

Indirect observation by supervisor

Use Form 1. Form collects information on:

- Issue: level of care; change in management plan; resuscitation status

Collect 2 observations of achievement

- At least two different issues
- At least one resuscitation status

Part C: Informed consent

Direct observation by supervisor

Use Form 1. Form collects information on:

- Issue: blood transfusion; operative procedure; request for postmortem autopsy; other
- Type of operative procedure: (*write in*)

Collect 2 observations of achievement

- At least two different issues

Part D: Handover

Direct or indirect observation by supervisor (staff, senior resident, or other health professional)

Use Form 1. Form collects information on:

- After-call shift: yes; no
- Acutely unwell patient: yes; no
- Patient discharge or transfer: yes; no

Collect 2 observations of achievement

- At least one acutely unwell patient

Relevant Milestones:

Part A: Management

- 1 ME 1.4 Perform focused clinical assessments with management recommendations that are well documented**
- 2 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
- 3 COM 2.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation**
- 4 ME 2.2 Select and interpret imaging relevant to the clinical situation**
- 5 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 6 ME 2.4 Develop and implement an initial management plan for common medical problems, considering the perspective of the patient and family**
- 7 ME 2.4 Manage patients in the acute post-operative period with regards to analgesia, fluid and nutritional requirements and antibiotic therapy**
- 8 ME 2.4 Utilize pain management algorithms in the administration and monitoring of analgesia, including opiates, and anticipate side effects related to analgesic use**

- 9 **ME 3.3 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy**
- 10 **ME 4.1 Ensure follow-up on results of investigation and response to treatment**
- 11 **COM 5.1 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions**
- 12 **COL 1.1** Receive and appropriately respond to input from other health care professionals
- 13 **S 2.4** Demonstrate basic skills in teaching others, including peers
- 14 **P 2.2** Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures

Part B: Patient Discussion

- 1 **ME 2.1** Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient's situation evolves
- 2 **ME 2.3 Work with the patient and their family to understand relevant options for care**
- 3 **ME 2.3** Address with the patient and their family their ideas about the nature and cause of the health problem, fears and concerns, and expectations of health care professionals
- 4 **ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy**
- 5 **COM 2.1** Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with biomedical and psychosocial information
- 6 **COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent**
- 7 **COM 3.1 Provide information on the results of clinical assessments and diagnostic testing, and treatment plans**

Part C: Informed Consent

- 1 **ME 1.3** Apply knowledge of the indications and techniques for surgical procedures
 - 2 **COM 3.1 Provide information on diagnosis, prognosis and plan of care in a clear, compassionate manner**
 - 3 **ME 3.2 Explain the risks and benefits of, and the rationale for a proposed procedure**
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- 4 COM 4.3 Use communication skills and strategies that help patients make informed decisions**
- 5 COM 2.1 Actively listen and respond to patient cues**
- 6 ME 3.2 Use shared decision-making in the consent process**
- 7 ME 2.3** Share concerns, in a constructive and respectful manner, with patients and their families about their goals of care when they are not felt to be achievable
- 8 COM 5.1 Document the consent discussion in an accurate and complete manner**
- 9 COM 1.3** Demonstrate sensitivity for different religious and cultural expectations of care

Part D: Handover

- 1 COL 3.1 Identify patients requiring handover to other physicians or health care professionals**
- 2 COL 3.2 Summarize the patient's issues, including plans to deal with ongoing issues**
- 3 COL 3.2 Communicate with the receiving physician(s) or health care professional during transitions in care, clarifying issues as needed**
- 4 COL 3.2 Provide anticipatory guidance for results of outstanding investigations and/or next steps for management**

Radiation Oncology: Foundations EPA #2

Identifying learning needs from clinical encounters and addressing one's own gaps in knowledge and skills, with guidance

Key Features:

- This EPA focuses on identifying, reflecting on and addressing gaps in knowledge and skills based on self-assessment from clinical encounters. This includes understanding one's own limitations and seeking assistance and information
- The observation of this EPA is based on the resident's submission of a personal learning project (PLP). The submission should include the identified learning need or clinical question, and the strategy used/planned to address that gap

Assessment Plan:

Review of resident personal learning plan submission by supervisor (mentor, senior resident, or off-service attending physician)

Use Form 1. Form collects information on:

- Focus of PLP: clinical question; performance gap; CanMEDS role; other (*write in*)

Collect 5 observations of achievement

- At least one PLP must be focused on an intrinsic CanMEDS Role

Relevant Milestones:

- 1 S 1.2 Identify and record learning needs**
- 2 S 3.1 Develop a search strategy**
- 3 S 3.3 Collect, extract and synthesize evidence**
- 4 S 3.3 Interpret and adapt evidence**
- 5 S 1.1 Plan to implement and evaluate learning**

Radiation Oncology: Foundations EPA #3

Managing medical error and adverse events

Key Features:

- This EPA includes identifying, responding to, disclosing, and documenting an adverse event, as well as analyzing the event and potential improvements in health care delivery
- The observation of this EPA is divided into two parts: managing the medical error or adverse event; and written reflection on the causes of the event and potential changes for improvement or prevention

Assessment Plan:

Part A: Managing the medical error or adverse event

Direct or indirect observation by senior resident, staff, other health professionals

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Setting: inpatient; clinic; operating room; emergency department; other

Collect 1 observation of achievement

Part B: Self-reflection

Faculty advisor review of resident's submission of a self-reflection

Use Form 4

Relevant Milestones:

Part A: Managing the medical error or adverse event

- 1 ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered**
- 2 ME 5.1 Prioritize the initial medical response to adverse events to mitigate further injury**
- 3 ME 5.1 Identify a patient safety incident in a timely manner**
- 4 COM 3.2 Communicate the reasons for unanticipated clinical outcomes and disclose patient safety incidents**
- 5 COM 4.3 Answer questions from the patient and family about next steps**
- 6 ME 5.1 Report harmful patient safety incidents as per institutional processes**
- 7 COL 2.2 Communicate clearly and directly with team/colleagues to promote understanding and resolve conflicts**

8 COL 3.2 Communicate with interprofessional team members to help address issues during transitions in care, clarifying issues after transfer as needed

Part B: Self-Reflection

- 1 ME 5.1** Consider harm from health care delivery in a differential diagnosis, when appropriate
- 2 ME 5.1** Identify safety issues that may arise, including systemic therapy, surgical oncology, and palliative care
- 3 ME 5.1** Describe an approach to analyzing an adverse medical event
- 4 ME 5.1** Identify what measures should be taken after an incident to contribute to process improvement
- 5 ME 5.2** Describe strategies to address the effects of human and system factors on clinical practice
- 6 S 2.1** Identify behaviours associated with positive and negative role-modeling by learners and teachers
- 7 P 4.1** Manage the impact of physical and environmental factors on health professionals' performance
- 8 P 4.1** Demonstrate an awareness of the importance of personal health and emotional well-being while delivering care to patients

Radiation Oncology: Foundations EPA #4

Assessing and managing symptoms and complications in patients with a cancer diagnosis, in various settings

Key Features:

- This EPA focuses on the assessment, triage, and management of significant symptoms and complications in patients with cancer, in the setting of collaborative patient care
- This includes acute and chronic presentations of diverse oncologic problems (disease-related or treatment-related such as hypercalcemia, bone metastases, bowel obstruction), pain and symptom management for patients with cancer, and recognition and management of complications of oncologic treatments
- This EPA also include discussions of goals of care/level of care specific to patients with cancer
- The observation of this EPA is divided into two parts: assessment and management; goals of care discussion

Assessment Plan:

Part A: Assessment and management

Direct or indirect observation by supervisor (staff or senior trainee)

Use Form 1. Form collects information on:

- Issue: febrile neutropenia; oncological emergency; uncontrolled symptom (e.g. dyspnea, bleeding, delirium or pain)

Collect 10 observations of achievement

- A least one from each symptom type listed above
- At least 6 assessors

Part B: Goals of care discussion

Direct observation by supervisor (staff or senior trainee)

Use Form 1

Collect 3 observations of achievement

Relevant Milestones:

Part A: Patient management

- 1 ME 1.1 Apply the principles and practice of sterile practice, and hand hygiene and infection control with relation to oncology patients**
- 2 ME 2.2 Perform preoperative assessment of patients prior to oncologic surgery, including the risks associated with comorbidities and medications**
- 3 ME 1.4 Perform focused clinical assessments with management**

recommendations that are well-documented

- 4 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues, and seek their assistance**
- 5 ME 2.2 Gather various types of laboratory and pathology reports (including special stains, molecular tests, and flow cytometry) and integrate the information into patient assessment**
- 6 ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy**
- 7 ME 1.3 Apply knowledge of the potential risks of systemic agents related to timing of radiation and surgical treatments**
- 8 ME 2.4 Anticipate, identify and manage side effects of systemic therapy (e.g. anaphylactic reactions, neutropenic sepsis)**
- 9 ME 4.1 Coordinate investigation, treatment, and follow up plans when multiple physicians and health care professionals are involved**
- 10 ME 2.2 Select and interpret multimodality medical imaging in the management of cancer patients**
- 11 ME 4.1 Ensure follow-up on results of investigation and response to treatment**
- 12 ME 2.4 Utilise pain management algorithms in the administration and monitoring of analgesia, including opiates, and anticipate side effects related to analgesic use**
- 13 ME 5.2 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety**
- 14 COM 2.1 Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations, with biomedical and psychosocial information**
- 15 COM 2.2 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses**
- 16 COM 4.1 Engage in discussions with patient and family regarding expectations of care and specific wishes and options related to end of life decision making**
- 17 COL 1.2 Describe the roles and scopes of practice of other health care professionals related to Radiation Oncology**
- 18 COL 3.1 Identify patients requiring handover to other physicians or health care professionals**
- 19 COL 3.2 Summarize the patient's issues including plans to deal with ongoing issues**

- 20 **HA 1.1** Demonstrate an approach to working with patients to advocate for health services or resources
- 21 **L 2.2** Apply evidence and guidelines with respect to resource utilization, specific to diagnostic imaging and laboratory investigations
- 22 **P 4.1** Demonstrate an ability to regulate attention, emotions, thoughts and behaviours while maintaining capacity to perform professional tasks

Part B: Goals of care

- 1 **COM 1.6** Identify patients who lack decision-making capacity and seek out their substitute decision maker
- 2 **COM 1.2 Optimize the physical environment for patient comfort, privacy, engagement and safety**
- 3 **COM 1.4 Identify, verify and validate non-verbal cues**
- 4 **ME 2.3 Discuss and clarify previously established advanced directives and goals of care**
- 5 **ME 2.4 Discuss with the patient and family the degree of uncertainty inherent in all clinical situations**
- 6 **ME 2.3** Work with the patient and their family to understand relevant options for care
- 7 **COM 5.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care**
- 8 **P 3.1 Adhere to institutional policies and procedures relevant to advance directives and goals of care**
- 9 **P 3.1** Apply the laws governing substitute decision making

Radiation Oncology: Core EPA #1

Performing and presenting initial assessments

Key Features:

- The focus of this EPA is the clinical skills of history and physical examination relevant to the assessment of new consultations, including new issues in known patients
- This includes the review of investigations to date (e.g., laboratory tests and diagnostic imaging) as part of the history of the presentation
- This EPA includes the specific physical exam skills required by site (i.e., gynecologic speculum exam, upper airway endoscopy)
- This EPA does not include the ordering of new investigations to guide management nor the development of a management plan
- The observation of this EPA is divided into three parts: history; physical examination; and specific clinical procedures

Assessment Plan:

Part A: History

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Setting: clinic; inpatient; emergency department; other
- Case mix: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions
- Radiation oncology emergency: yes; no

Collect 12 observations of achievement

- At least 5 direct observations
- At least one from each case mix other than benign
- At least one radiation oncology emergency
- At least 5 assessors

Part B: Physical Examination

Direct observation by supervisor

Use Form 1. Form collects information on:

- Setting: clinic; inpatient; emergency department; other
- Case mix: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions
- Patient age: adult; child
- Radiation oncology emergency: yes; no

Collect 10 observations of achievement

- At least one from each case mix
- At least one child

- At least one radiation oncology emergency
- At least 5 assessors

Part C: Specific procedures
Direct observation by supervisor

Use Form 2. Form collects information on:

- Exam type: upper airway endoscopy; speculum exam

Collect 10 observations of achievement:

- 5 upper airway endoscopy
- 5 speculum exam
- At least two assessors for each exam type

Relevant Milestones:

Part A: History

- 1 ME 2.2 Focus the clinical encounter, performing it in a time effective manner, without excluding key elements**
- 2 ME 2.2 Gather various types of laboratory and pathology reports (including special stains, molecular tests, and flow cytometry) and integrate the information into patient assessment**
- 3 ME 2.2 Gather various types of medical imaging reports and integrate report information into patient assessment**
- 4 COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication**
- 5 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately (Distress screening)**
- 6 COM 2.1 Integrate, summarize, and present the biopsychosocial information obtained from a patient centred interview**
- 7 COM 2.2 Manage the flow of challenging patient encounters, including those with angry, distressed or excessively talkative individuals**
- 8 COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent**
- 9 COL 1.2 Consult as needed with other health care professionals, including identification of urgency, e.g. psychological emergencies**
- 10 S 1.2 Seek and interpret multiple sources of performance data and feedback, with guidance, to continuously improve performance using self-reflections**

Part B: Physical

- 1 ME 2.2 Focus the clinical encounter, performing it in a time effective manner, without excluding key elements**
- 2 ME 2.2 Demonstrate appropriate physical exam skills relevant to the patient's diagnosis**
- 3 ME 2.2 Respectfully acknowledge patient's cultural values and preferences as relevant to the physical exam**
- 4 ME 5.2 Apply the principles of situational awareness to clinical practice**

Part C: Specific procedures

- 1 ME 3.4 Gather and assess required information prior to the procedure**
- 2 ME 3.4 Gather and/or manage the availability of appropriate instruments and materials**
- 3 ME 3.4 Prepare and position the patient for the procedure**
- 4 ME 3.4 Demonstrate aseptic technique: skin preparation, establishing and respecting the sterile field**
- 5 ME 3.4 Perform the procedure skillfully, positioning the instrument accurately and as required**
- 6 ME 3.4 Identify normal and abnormal findings**
- 7 COM 5.1 Document the procedure appropriately**
- 8 COM 5.1 Document all relevant findings**

Radiation Oncology: Core EPA #2

Developing and communicating a management plan

Key Features:

- This EPA focuses on the integration of basic science and clinical information (investigations, staging, prognosis, efficacy of treatments, goals of care) to formulate a management plan (including options, alternatives, and recommendations), communicate that plan to the patient and family/caregiver, and document the plan in the initial RT form/requisition in preparation for treatment planning
- This includes plans for systemic therapies, radiation and supportive care, and all goals of management (i.e. curative, palliative, adjuvant, neo-adjuvant)
- The observation of this EPA is divided into three parts: development, communication and documentation of the management plan; clinical documentation (i.e. consult letter); and interaction with the interprofessional oncology team
- A logbook to track the case mix of patients is an optional feature of this EPA

Assessment Plan:

Part A: Management plan

Direct or indirect observation by supervisor (includes senior trainee)

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Case mix: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions
- Goal of management: curative; palliative; adjuvant; neo-adjuvant; no radiotherapy
- Radiation oncology emergency: yes; no
- Complexity: yes; no
- Types of complexity: uncertainty about diagnosis or management plan; atypical presentation of a common cancer; management issue related to social determinants of health or cultural issues; re-irradiation of overlapping region; comorbidity which directly affects management plan (e.g., inflammatory bowel disease, connective tissue disorder, pregnancy); other

Collect 20 successful observations of achievement

- At least one from each of the case mix
- No more than two observations in each tumour site
- At least 5 of curative intent
- At least 5 of palliative intent
- At least 1 radiation oncology emergency
- At least 5 complex cases
- At least 8 assessors

Part B: Consultation letter

Review of documentation by supervisor

Use Form 1

Collect 10 observations of achievement

- At least 5 different assessors

Part C: Interaction with team members

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

Use Form 3. Form collects information on:

Observer role: radiation oncologist; medical oncologist; surgeon; gynecologic oncologist; hematologic oncologist; other physician; nurse; social worker; dietician; other health care professional

Competence Committee reviews one collated report from at least 10 observers

- At least 4 physicians
- At least 4 health care professionals other than physicians
- No more than 2 assessors from the same health profession discipline or specialty

Part D: Logbook (Optional)

Submit logbook of cases

Logbook tracks case mix

- Case mix: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions
- Stage of cancer: (*write in*)
- Goal of management: curative; palliative; adjuvant; neo-adjuvant; no radiotherapy

Relevant Milestones:

Part A: Management plan

- 1 ME 1.3 Apply clinical and biomedical evidence and sciences to manage core presentations in Radiation Oncology**
- 2 ME 2.4 Develop and implement management plans that consider all of the patient's health problems and context, tumour factors and relevant treatment options, in collaboration with the patient and family**
- 3 ME 2.2 Select and appropriately prioritize additional investigations required prior to treatment**
- 4 COM 3.1 Provide information on diagnosis, prognosis, and plan of care in a clear, compassionate manner**
- 5 COM 3.1 Provide information about the radiation treatment plan, planning process, and management through treatment clearly and in language that the patient understands**

- 6 ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed radiation therapy, respecting patient capacity, values, and preferences**
- 7 COM 3.1 Use strategies to verify and validate the understanding of the patient and family to facilitate learning**
- 8 ME 2.4 Complete the radiotherapy treatment requisition accurately and completely, including selection of the appropriate type of external beam radiation equipment, intracavitary or interstitial radiation techniques or radioisotopes for therapeutic use**
- 9 ME 2.4 Consider and recommend appropriate and available clinical trials**
- 10 S 4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering harm and benefits, and considering vulnerable populations**
- 11 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety or sadness) are affecting an interaction and respond appropriately (Distress screening)**
- 12 COM 1.5 Establish boundaries as needed in emotional situations**
- 13 COM 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**
- 14 L 1.1 Analyze and provide feedback on processes seen in one's own practice, team, organization or system**
- 15 L 2.1 Use clinical judgement to minimize wasteful practices**
- 16 HA 1.1 Facilitate timely patient access to radiation therapy treatment**
- 17 P 1.1 Manage complex issues while preserving confidentiality**

Part B: Consultation Letter

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

Part C: Interaction with team members

- 1 ME 1.1 Demonstrate commitment and accountability for patients in their care**
- 2 COL 1.1 Work effectively with physicians and other health care professionals within the interprofessional team as a management plan is developed**
- 3 COL 1.1 Anticipate, identify, and respond to patient safety issues related to the function of a team**
- 4 COL 1.2 Consult as needed with other health care professionals, including other physicians as a management plan is developed**
- 5 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions**
- 6 COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**
- 7 COL 2.2 Demonstrate awareness of team dynamics and analyze strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture**
- 8 P 1.1 Respond punctually to requests from patients or other health care professionals**
- 9 P 1.1 Exhibit appropriate professional behaviours**

Radiation Oncology: Core EPA #3

Developing, evaluating and implementing radiation treatment plans

Key Features:

- This EPA integrates clinical factors, basic science principles and treatment planning logistics to develop, evaluate, and implement a radiation treatment plan, including selecting cases for peer review
- This EPA also includes demonstration of technical proficiency in brachytherapy procedures
- This EPA must be observed in a breadth of indications for radiation therapy, including case mix, case complexity and treatment modality
- The observation of this EPA is divided into two parts: radiation treatment planning; performing brachytherapy procedures

Assessment Plan:

Part A: Treatment planning

Direct observation by supervisor

Use Form 1. Form collects information on:

- Case mix: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions
- Radiation oncology emergency: yes; no
- Complexity: yes; no
- Type of complexity: retreatment; brachytherapy; IMRT; SRS; SBRT; IGRT; other

Collect 10 observations of achievement

- At least 6 different examples of the case mix
- At least 4 complex (see list above)
- At least 1 SBRT
- At least 1 SRS
- At least 1 cervix brachytherapy
- At least 1 prostate brachytherapy
- At least 4 assessors

Part B: Brachytherapy procedures

Direct observation by supervisor

Use Form 2. Form collects information on:

- Site for brachytherapy: cervical with tandem +/- ovoids; prostate (HDR or LDR); breast (HDR or LDR); vaginal vault; head and neck; gastrointestinal (esophageal, rectum, anal canal); lung; ocular plaque; other

Collect 2 observations of achievement

- At least one cervical brachytherapy
- At least one from any other brachytherapy treatment site

Relevant Milestones:

Part A: Treatment planning

- 1 **ME 3.5 Use treatment simulation equipment effectively (including defining appropriate immobilization, patient preparation and techniques to minimize/account for organ motion)**
- 2 **ME 3.5 Integrate information from relevant clinical examinations and imaging (CT, PET, MR and Ultrasound), and pathology reports**
- 3 **ME 3.5 Perform contouring, applying the rationale for definition of GTV (+/- GTV2)**
- 4 **ME 3.5 Perform contouring, applying the rationale for definition of CTV (+/- CTV2)**
- 5 **ME 3.5 Perform contouring, applying the rationale for definition of PTV (+/- PTV2)**
- 6 **ME 3.5 Perform contouring of normal structures relevant to the case**
- 7 **ME 3.5 Evaluate the radiation prescription, providing rationale for suggested energy**
- 8 **ME 3.5 Evaluate the radiation prescription, providing rationale for dose/fractionation**
- 9 **ME 3.5 Evaluate the radiation plan for target coverage**
- 10 **ME 3.5 Evaluate normal tissue constraints/dose to organs at risk**
- 11 **ME 3.5 Suggest modification or approve plan, as required**
- 12 **ME 3.5 Order appropriate imaging for treatment verification**
- 13 **L 1.1 Identify appropriate cases for oncology-related peer review and quality assurance activities**
- 14 **COM 5.1 Document radiation therapy plans in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements**

Part B: Brachytherapy procedure

- 1 **ME 2.2 Interpret imaging studies to determine procedural plan**

- 2 ME 3.4 Gather and/or manage the availability of appropriate instruments and materials**
- 3 ME 3.4** Prepare and position the patient for the procedure
- 4 ME 3.4** Determine a plan for sedation and monitoring appropriate to the patient's condition and the clinical setting
- 5 ME 3.4 Apply knowledge of anatomy, key landmarks and the procedure**
- 6 ME 3.4 Demonstrate aseptic technique: skin preparation, establishing and respecting the sterile field**
- 7 ME 3.4 Perform the procedure skillfully, positioning the instrument accurately and as required**
- 8 ME 3.4 Use image guidance effectively including planning, registration, and navigation**
- 9 ME 3.4** Demonstrate intraprocedural judgment and fluidity of movement
- 10 ME 3.4** Determine that the procedure is complete, e.g. correct placement achieved
- 11 ME 3.4** Monitor patient comfort and safety, and modify the procedure as needed
- 12 COL 1.2 Communicate effectively with nurses and assistants during the procedure**
- 13 ME 3.4** Identify and react to immediate complications of the procedure
- 14 ME 4.1** Provide discharge instructions and plan for follow-up
- 15 COM 5.1 Document the procedure appropriately**
- 16 P 1.1** Work within personal limitations, asking for assistance as needed

Radiation Oncology: Core EPA #4

Managing patients with cancer throughout their treatment

Key Features:

- This EPA focuses on the care of patients throughout their course of radiotherapy, including technical issues that may arise during therapy
- This EPA includes managing radiotherapy-related acute toxicities, urgent or emergent issues arising during therapy, pertinent complications from other modalities (systemic therapy, surgery), complications of disease, psychosocial issues, and supportive care issues
- The observation of this EPA is divided into three parts: providing care to patients on treatment; troubleshooting issues related to the technical provision of radiotherapy; and interaction with members of the interprofessional radiation therapy team

Assessment Plan:

Part A: Patient care on-treatment

Direct observation by supervisor

Use Form 1. Form collects information on:

- Case mix: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions
- Radiation oncology emergency: yes; no
- Complexity: yes; no
- Type of complexity: compliance with therapy; psychosocial distress; end of treatment anxiety; financial stress; complications from radiotherapy +/- concurrent therapies; progression of disease

Collect 12 observations of achievement

- All from different types of case mix
- At least three patients with complications from radiotherapy +/- concurrent therapies
- At least one other or psycho-social issue affecting therapy
- At least 5 different assessors

Part B: Technical issues on-treatment

Indirect observation by supervisor

Use Form 1. Form collects information on:

- Technical issue: need for re-plan; verification and approval of day 1 SBRT/SRS matching; queries regarding setup or on-treatment imaging; other (*write in*)

Collect 3 observations of achievement

- At least two different technical issues

Part C: Interaction with team members

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

Use Form 3. Form collects information on:

- Observer role: radiation oncologist; medical oncologist; surgeon; gynecologic oncologist; hematologic oncologist; other physician; therapist; medical physicist, nurse; social worker; dietician; other health care professional

Competence Committee reviews one collated report, from at least 10 observers

- At least 4 physicians
- At least 4 health care professionals other than physicians
- No more than 2 assessors from the same health profession discipline or specialty

Relevant Milestones:

Part A: Patient care on-treatment

- 1 ME 1.1 Demonstrate commitment and accountability for patients in their care**
- 2 ME 1.4 Perform clinical assessments for patients undergoing radiation treatment that address the breadth of issues in each case**
- 3 ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves**
- 4 ME 2.2 Recognize emergencies arising during treatment (e.g. febrile neutropenia, pulmonary emboli) and need for admission as applicable**
- 5 ME 3.4 Recognize and manage acute radiation reactions**
- 6 ME 3.4 Establish and implement a plan for post-radiation care**
- 7 COM 3.2 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents**
- 8 COM 5.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, and in compliance with legal and privacy requirements**
- 9 COL 1.2: Consult as needed with other health care professionals, including other physicians to manage a patient through radiation therapy**
- 10 L 2.2 Apply evidence and guidelines with respect to resource utilization in patients undergoing radiation treatment**

Part B: Technical issues on-treatment

- 1 ME 3.5 Adapt radiation plans as needed during treatment**
- 2 ME 5.1 Recognize near-misses in real time and respond to correct them, preventing them from reaching the patient**

3 COL 1.1 Anticipate, identify, and respond to patient safety issues related to the function of a team

Part C: Interaction with team members

1 ME 1.1 Demonstrate commitment and accountability for patients in their care

2 COL 1.1 Work effectively with physicians and other health care professionals within the interprofessional team during radiation planning

3 COL 1.1 Anticipate, identify, and respond to patient safety issues related to the function of a team

4 COL 1.2 Consult as needed with other health care professionals, including other physicians to manage a patient through radiation therapy

5 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions

6 COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner

7 COL 2.2 Demonstrate awareness of team dynamics and analyze strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture

8 P 1.1 Respond punctually to requests from patients or other health care professionals

9 P 1.1 Exhibit appropriate professional behaviours

Radiation Oncology: Core EPA #5

Developing plans for follow-up, surveillance, and survivorship, for patients with cancer

Key Features:

- This EPA focuses on the plans to follow patients after treatment for cancer. This includes follow up by oncologists or outlining a discharge plan for follow up by other health care providers
- This EPA includes the management of long-term toxicities of radiotherapy and oncology treatment, addressing long term complications of treatments and disease, addressing psychosocial and supportive care issues, as well as identification and management of recurrent disease
- The observation of this EPA is divided into three parts: development of a followup plan; communication with receiving physician via discharge or transfer letter; communication with patient and/or family regarding recurrent disease

Assessment Plan:

Part A: Follow up plan

Direct or indirect observation by supervisor or other health professionals (e.g. GP oncologist, nurse practitioner, clinical nurse specialist)

Use Form 1. Form collects information on:

- Type of observation: direct; indirect
- Case mix: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions
- Setting: clinic; inpatient

Collect 6 observations of achievement

- At least 2 direct observation
- All must be from different case mix
- At least one pediatric oncology
- At least one gynecologic oncology
- At least one head and neck
- At least 4 assessors

Part B: Discharge or transfer of care letter

Review of clinical documentation by supervisor

Use Form 1

Collect one observation of achievement

Part C: Breaking bad news
Direct observation by supervisor

Use Form 1. Form collects information on:

- Case mix: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions

Collect two observations of achievement

Relevant Milestones:

Part A: Follow-up

- 1 ME 1.6** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
- 2 ME 1.6** Seek assistance in situations that are complex or new
- 3 ME 2.1** Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners
- 4 ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of ongoing follow-up in a time efficient and focused manner**
- 5 ME 2.3** Share concerns, in a constructive and respectful manner, with the patient and family about goals of care that are not felt to be achievable
- 6 ME 2.3** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 7 ME 4.1 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**
- 8 ME 4.1 Identify and manage subacute and chronic sequelae of treatments of radiation therapy**
- 9 ME 4.1 Discuss diagnosis of recurrent disease and initiate management**
- 10 COM 4.1** Explore the perspectives of the patient and others when developing plans for ongoing care
- 11 COL 1.2 Determine the necessity of involving other health care professionals, and incorporate their perspectives as appropriate**
- 12 L 2.1 Use clinical judgment to minimize wasteful practices**
- 13 L 2.2 Apply evidence and guidelines with respect to resource utilization in radiation oncology follow-up/surveillance/survivorship**

- 14 HA 1.1 Facilitate timely patient access to health services and resources related to follow-up, surveillance, and survivorship**
- 15 HA 1.2 Apply the principles of behaviour change during conversations with patients about adopting health behaviours
- 16 HA 1.3 Evaluate with the patients the potential benefits and harms of health screening
- 17 HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients**
- 18 HA 2.3 Distinguish between the potentially competing health interests of the individuals, communities and populations they serve
- 19 P 2.1 Demonstrate a commitment to the promotion of health care in society, including stewardship of resources**

Part B: Discharge or transfer of care letter

- 1 **COL 1.2** Consult as needed with other health care professionals, including other physicians for the purposes of ongoing care and survivorship
- 2 **COL 1.2** Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions to coordinate ongoing care
- 3 **COL 1.3 Provide timely and necessary written information to colleagues in the health care professions to enable effective relationship-centred care with respect to follow-up / surveillance/survivorship**
- 4 **COL 3.2 Organize the handover of care to the most appropriate physician or health care professional with appropriate community supports as applicable**
- 5 **COL 3.2 Demonstrate safe transition of care, both verbal and written, during patient transitions to a different health care professional, setting, or stage of care**
- 6 **L 2.1** Apply knowledge of health care resources available in other care settings
- 7 **L 2.2 Apply evidence and guidelines with respect to resource utilization in radiation oncology follow-up/surveillance/survivorship**

Part C: Breaking bad news

- 1 **ME 2.3** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
- 2 **ME 2.3** Share concerns, in a constructive and respectful manner, with the patient and family about goals of care that are not felt to be achievable

- 3 ME 4.1 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**
- 4 **COM 1.4** Respond to patient's non-verbal communication and use appropriate non-verbal behaviours to enhance communication
- 5 **COM 1.5** Establish boundaries as needed in emotional situations
- 6 COM 1.6 Tailor approaches to decision-making to patient capacity, values and preferences**
- 7 **COM 2.2 Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals**
- 8 **COM 3.1** Share information and explanations that are clear and accurate while checking for understanding
- 9 **COM 3.1 Provide information on diagnosis, prognosis and plan of care in a clear, compassionate manner**
- 10 COM 4.1 Engage in discussions with patient and family regarding expectations of care and specific wishes and options related to end of life decision making**
- 11 **COM 4.1** Explore the perspectives of the patient and others when developing plans for ongoing care
- 12 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe**
- 13 **COM 4.3** Use communication skills and strategies that help the patient make informed decisions
- 14 **P 1.3** Demonstrate ethical behaviour in identifying, communicating, and managing adverse sequelae from treatment and/or disease

Radiation Oncology: Core EPA #6

Delivering scholarly teaching to a wide variety of audiences

Key Features:

- This EPA focuses on the skills of critical appraisal as well as presentation and teaching skills

Assessment Plan:

Direct observation by supervisor, peer or other health care professional, patient/families

Use Form 1. Form collects information on:

- Topic: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone; pediatric oncology, benign conditions; radiation oncology emergencies; medical physics; radiobiology; treatment planning; other
- Audience: patients and families (e.g., group teaching sessions); health professionals and learners; public
- Teaching activity: patient education; academic half day teaching; journal club presentations; divisional/departmental rounds; other

Collect 5 observations of achievement

- Different topics
- At least one to patients and families
- At least one to health professionals and learners
- At least 3 different teaching activities
- At least 4 different assessors

Relevant Milestones:

- 1 COM 5.2 Adapt communication strategies to the patient's and family's health literacy to facilitate patient education**
- 2 S 1.3 Collaborate with other members of the health care team to facilitate learning**
- 3 S 1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice**
- 4 S 2.4 Identify the learning needs and desired learning outcomes of others**
- 5 S 2.4 Develop learning objectives for a teaching activity**
- 6 S 2.4 Describe sources of information used to assess learning, teaching, and evaluation**

- 7 S 3.3 Critically evaluate the integrity, reliability and applicability of health related research and literature**
- 8 S 2.4 Present the information in an organized manner to facilitate understanding**
- 9 S 2.4 Use audiovisual aids effectively**
- 10 S 2.4 Provide adequate time for questions and discussion**
- 11 S. 2.5 Provide written or verbal feedback to other learners, faculty, and other members of the team to enhance learning and performance**
- 12 S 4.5 Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry**

Radiation Oncology: Transition to Practice EPA #1

Providing radiation oncology consultation and management for patients with cancer or other indications for radiation therapy

Key Features:

- The focus of this EPA is the longitudinal management of patients referred to the radiation oncology service, from initial consultation, through treatment planning, provision of and supervision of care during radiation treatment, and final followup
- This EPA integrates the resident's medical decision making abilities for individual cases with their abilities to function effectively in the outpatient setting; managing a clinic load, making appropriate clinical decisions, staying on time and working effectively with other health professionals
- This also includes completing and signing off relevant documentation (dictations, RT forms/requisitions), and reviewing results of bloodwork and imaging in a timely fashion
- This EPA includes working effectively as a member of the radiation oncology team
- This EPA must be observed in a range of indications for radiation oncology referral
- The observation of this EPA is divided into two parts: provision of radiation oncology care; and interaction with team members

Assessment Plan:

Part A: Patient management

Chart or case review by supervisor (attending staff or mentor) of at least 10 patients followed from initial consult to first followup

Use Form 1. Form collects information on:

- Number of charts/cases reviewed: (*write in*)
- Tumour site: breast; central nervous system (CNS) and eye; gastrointestinal (GI); genitourinary (GU); gynecologic; head, neck and thyroid; lung/mediastinum; lymphoma/hematologic; skin; soft tissue/bone

Collect 2 observations of achievement; each observation not less than 2 months apart

- At least 10 cases in each review
- At least 4 of the tumour sites
- At least two assessors

Part B: Interaction with team members

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

Use Form 3. Form collects information on:

- Observer role: radiation oncologist; medical oncologist; surgeon; gynecologic oncologist; hematologic oncologist; other physician; therapist; medical physicist; nurse; social worker; administrative assistant; other health care professional

Competence Committee reviews one collated report, from at least 10 observers

- At least 4 physicians
- At least 4 health care professionals other than physicians

- No more than 2 assessors from the same health profession discipline or specialty

Relevant Milestones:

Part A: Patient management

- 1 ME 1.1** Demonstrate a commitment to high-quality care of their patients
- 2 ME 1.1 Assume primary responsibility for the longitudinal management of a cohort of patients from presentation through treatment and follow-up**
- 3 ME 1.3 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in their discipline**
- 4 ME 1.4** Perform appropriately timed clinical assessments addressing the breadth of the discipline with recommendations that are well organized and properly documented in written and/or oral form
- 5 ME 1.6** Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
- 6 ME 3.5 Develop and sign off plans and take responsibility to have attending co-sign**
- 7 COM 3.2** Disclose patient safety incidents to the patient and family accurately and appropriately
- 8 COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements**
- 9 ME 4.1 Identify indications for and seek a second opinion, as appropriate**
- 10 COL 3.1** Determine when care should be transferred to another physician or health care professional
- 11 L 4.2 Apply appropriate strategies and processes to track pending patient care issues**
- 12 L 4.2 Manage online approvals/completing forms in a time effective manner**
- 13 HA 1.1** Work with patients to address the determinants of health that affect them and their access to needed health services or resources
- 14 S 3.4 Integrate best evidence and clinical expertise into decision making in practice**
- 15 P 3.1** Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice

Part B: Interaction with team members

- 1 ME 3.4 Perform procedures in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 2 **ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
- 3 **ME 1.5 Prioritize clinical tasks, e.g. radiotherapy planning, returning patient phone calls, following up on investigations, completing paperwork**
- 4 ME 2.1 Prioritize which issues need to be addressed during future visits or with other health care providers
- 5 **COM 1.5 Manage disagreements and emotionally charged conversations**
- 6 **COM 2.2 Provide a clear structure for and manage the flow of an entire patient encounter**
- 7 **COM 4.1** Facilitate discussions with the patient and family in a way that is respectful, non-judgmental and culturally safe
- 8 **COM 4.3** Use communication skills and strategies that help patients make informed decisions
- 9 **COL 1.3 Engage in respectful shared decision making with physicians and other health care professionals**
- 10 **COL 1.2 Negotiate overlapping and shared care responsibilities with physicians and other health care professionals**
- 11 **COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture**
- 12 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
- 13 **S 2.3** Ensure patient safety is maintained when learners are involved
- 14 L 2.1 Allocate health care resources for optimal patient care
- 15 **L 4.2 Apply appropriate strategies for organizing and scheduling of clinic flow, including timely start and finish of clinics**
- 16 **P 1.1 Exhibit appropriate professional behaviours**
- 17 **P 2.2** Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice

18 P 3.1 Fulfil and adhere to the regulatory and medicolegal requirements for practice and demonstrate understanding of how radiation oncologists contribute to these

19 P 3.2 Recognize and respond in an appropriate and constructive manner to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions

20 P 4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need

Radiation Oncology: Transition to Practice EPA #2

Contributing to administrative and professional aspects of a radiation oncology practice

Key Features:

- This EPA focuses on activities beyond clinical work that contribute to the program, the institution or the discipline; engaging with others and sharing one's own expertise, and functioning within the medicolegal, professional and administrative environment.
- This may include administrative activities such as program development, quality and safety committee, multidisciplinary tumour conferences, residency selection committee, CARMS interviews, residency training committee, call schedule generation, and clinic scheduling
- This may include developing areas of special interest including but not limited to research, administration, leadership, and quality assurance.
- The assessment of this EPA is based on a summary of the resident's activities, and the submission of a self-reflection on those activities, discussed with the resident's mentor, to the Competence Committee

Assessment Plan:

Competence Committee assesses achievement based on review of resident submissions, to include:

- A summary of their administrative and professional activities
- A self-reflection on those activities, reviewed with mentor

Use Form 4

Relevant Milestones:

- 1 ME 1.5** Triage new referrals considering tumour site-specific clinical indications and urgency, patient condition and competing new referrals
- 2 COL 1.3** Work effectively with physicians and other colleagues
- 3 COL 2.2** Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- 4 L 1.1** Apply the science of quality improvement to contribute to improving systems of patient care
- 5 L 1.3** Analyze harmful patient safety incidents and near misses to enhance systems of care
- 6 L 2.2** Apply evidence and management processes to achieve cost appropriate care
- 7 L 3.1** Participate in leadership opportunities and development

- 8 L 3.2** Facilitate change in health care to enhance services and outcomes
- 9 HA 2.2** Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 10 S 1.1** Develop, implement, monitor and revise a personal learning plan to enhance professional practice
- 11 S 1.2** Identify opportunities for learning and improvement by regularly reflecting on and assessing own performance using various internal and external data sources
- 12 P 2.1** Contribute through active participation in the activities of the profession
- 13 P 3.3** Participate and present in peer review process (i.e. tumour board discussions or QA rounds)
- 14 P 4.2** Apply strategies to mitigate against the emotional and physical impact of chronic stress on physicians

Radiation Oncology TTP EPA #3

Executing a scholarly project relevant to Radiation Oncology

Key features:

- This EPA includes all aspects of performing scholarly work: identification of a question for investigation, literature review, data gathering, data analysis, reflective critique and dissemination
- This may include scholarly research, quality assurance, or educational projects

Assessment plan:

Observation by project supervisor or scholarship coordinator based on submission of a completed scholarly project, with or without an observation of the presentation of the scholarly work

Use Form 1

Relevant Milestones:

- 1 COL 1.1** Collaborate with other members of the team
- 2 L4.1 Organize work to manage clinical, scholarly and other responsibilities**
- 3 S 3.3 Evaluate the applicability (external validity or generalizability) of evidence from a source**
- 4 S 4.2 Apply required standards of research ethics, as appropriate to the scholarly project**
- 5 S 4.3** Actively participate as a project team member, balancing the roles and responsibilities of a project leaders with the clinical roles and responsibilities of a physician
- 6 S 4.4 Pose medically and scientifically relevant and appropriately constructed questions amenable to scholarly inquiry**
- 7 S 4.4 Select appropriate methods of addressing a given scholarly question**
- 8 S 4.4 Collect data for a scholarly project**
- 9 S 4.4** Perform data analysis
- 10 S 4.5 Complete and disseminate a work of scholarship**
- 11 S 4.5** Summarize and communicate the findings of applicable research and scholarly inquiry

12 S 4.5 Prepare a completed work suitable for dissemination in an appropriate media/forum

13 HA 2.3 Appraise available resources to support the health needs of communities or populations served by radiation oncologists

14 P 1.2 Demonstrate a commitment to excellence in all aspects of scholarly activity