CBD-Radiation Oncology

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Faculty: Tracy Sexton Radiation Oncology

Relationships with commercial interests:
I have no potential for a conflict of interest with this event.
What’s been involved

Workshop 1 (March 2016)
- CBD Concepts and Background
- Training outcomes, stages, EPA’s, CBD assessment

Workshop 2 (November 2016)
- Final EPA’s, milestones
- Link program of assessment to EPA’s

Workshop 3 (June 2017)
- Finalize standards, implementation, e-portfoli
What have you been most worried about?
BUY IN
What has been the most helpful thing you’ve done to aid the transition?
* Give updates/teaching monthly at department meeting
* Piloted simple evaluation forms based on royal college assessment forms
DATE:                    ______________
Resident:   _____________________________________________
Evaluator:  _____________________________________________

Level (please check):

☐ PGY1  ☐ PGY2  ☐ PGY3  ☐ PGY4  ☐ PGY5

You may evaluate one or more skills per encounter and feedback should be given to the resident at the time of the encounter. Please evaluate a min. of 1 skill each week and both direct and indirect observations are required over the course of the rotation.

Skill being evaluated: ☐ History taking  ☐ Physical exam  ☐ Management plan
☐ Informed consent  ☐ Consult note  ☐ Other

Observation was:  ☐ Direct  ☐ Indirect
Complexity:  ☐ Basic  ☐ Complex (eg. multiple comorbidities, social situation, retreatment, CIs)

Please rate this resident’s overall performance during this encounter:

- o I had to do
- o I had to talk them through it
- o I needed to prompt
- o I needed to be there just in case
- o I didn’t need to be there

Two areas done particularly well (mandatory):


Two suggestions for improvement (mandatory):


Do you have any concerns regarding this resident’s professionalism during this encounter?

☐ YES  ☐ NO

If yes, please elaborate


Pulling it together

* EPA
  * Key features that describe the EPA
  * Milestones that define the EPA (per canmeds)
  * Evaluation tools
    * who
    * How many
    * Direct vs indirect
    * Specialty specific requirements
Form 1 – Core EPA 1 – Performing and presenting a radiation oncology initial assessment

Key Features:
- The focus of this EPA is the ability to do a history and physical relevant to radiation oncology patient new consultations, including new presenting issues with known patients
- This EPA includes reviewing completed investigations (e.g., laboratory tests and diagnostic imaging) done to date
- This EPA does not include the ordering of new investigations to guide management nor the development of a management plan.
- Specific physical exam skills may be required by site (e.g. gynecology speculum exam, upper airway endoscopy)
- The observation of this EPA is divided into three parts: history, physical examination and specific procedures

Part B – Physical Exam

Date: ___________________________ Resident: ___________________________ Evaluator: ___________________________

Observation: Direct

Setting: ○ Outpatient Clinic ○ Inpatient ○ Emergency Room ○ Other

Tumour site (Breast, CNS, etc) ___________________________________________________________

Radiation Oncology Emergency ○ Yes ○ No

Based on this observation overall:
○ I had to do
○ I had to talk them through
○ I needed to prompt
○ I needed to be there just in case
○ I didn’t need to be there

Relevant Milestones (Part B): Physical Exam

<table>
<thead>
<tr>
<th>Milestone Description</th>
<th>Observed</th>
<th>In Progress</th>
<th>Achieved</th>
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</thead>
<tbody>
<tr>
<td>1 ME 2.2 Focus the clinical encounter, performing it in a time effective manner,</td>
<td></td>
<td></td>
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<tr>
<td>without excluding key elements</td>
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<td></td>
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<tr>
<td>2 ME 2.2 Demonstrate appropriate physical exam skills relevant to each diagnosis</td>
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<tr>
<td>3 ME 2.2 Respectfully acknowledge patient’s cultural values and preferences as</td>
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<tr>
<td>relevant to the physical exam</td>
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<tr>
<td>4 ME 5.2 Apply the principles of situational awareness to clinical practice</td>
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</tbody>
</table>

Free text comment
Final thoughts

* Remember who is doing the evaluating; keep forms simple and doable
* Keep the number of EPA’s/milestones and evaluations manageable
* Start early-pilot
* Embrace the process
Radiation Oncology EPA Summary List

Transition to Discipline
1. Performing and documenting a history and physical exam
2. Completing a patient handover

Foundations
1. Assessing and managing patients with common medical and surgical problems in various settings
2. Identifying learning needs from clinical encounters and addressing one’s own gaps in knowledge and skills with guidance
3. Managing a medical error/adverse event
4. Assessing and managing patients with a cancer diagnosis in various settings
Core
1. Performing and presenting a radiation oncology initial assessment
2. Developing and communicating a management plan (including but not limited to radiation, systemic therapies, and supportive care) for patients with cancer
3. Developing, evaluating and implementing a radiation treatment plan
4. Managing patients with cancer through their treatment
5. Developing a plan for follow-up, surveillance, and survivorship, for patients with cancer
6. Teaching and dissemination of radiation oncology knowledge

Transition to Practice
1. Creating a professional development and personal wellness plan
2. Assessing and managing patients with cancer, or other indications, for radiation therapy, at a consultant level
3. Managing the day-to-day aspects of a radiation oncology practice
4. Completing a scholarly project