

# CBD-Radiation Oncology

Tracy Sexton

# Faculty/Presenter Disclosure

- \* **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-portfolio




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

**Observed History/Physical Examination  
Radiation Oncology  
London Health Sciences Centre**

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:

- I had to do
- I had to talk them through it
- I needed to prompt
- I needed to be there just in case
- 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

Not observed    In progress    Achieved

<b>1 ME 2.2 Focus the clinical encounter, performing it in a time effective manner, without excluding key elements</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2 ME 2.2 Demonstrate appropriate physical exam skills relevant to each diagnosis</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3 ME 2.2 Respectfully acknowledge patient's cultural values and preferences as relevant to the physical exam</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4 ME 5.2 Apply the principles of situational awareness to clinical practice</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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**