

## EPA: Follow-up Visit, On-going care

### Demographics

Completed by trainee or assessor

#### Details on Case Complexity

- **Uncomplicated:** straight-forward patient case/problem
- **Complicated:** the patient has additional co-morbidities including family, social, psychological and societal issues (e.g. considering chemotherapy for an elderly person who lives alone)
- **Complex:** the patient requires more advanced medical expertise (e.g. considering platinum based chemotherapy to a patient with renal insufficiency)

**Trainee:** [pull-down menu of names]

**Assessor:** [pull-down menu of names]

**Type of Assessment:**  Direct Observation  Case Discussion

**PGY:**  PGY 4  PGY 5

**Stage of Residency:** [pull-down menu]

1. Transition to disciple (TTD)
2. Foundations of disciple (FOD)
3. Core of discipline (COD)
4. Transition to practice (TTP)

**Rotation Service:** [pull-down menu]

Med Onc  
Hematology  
Palliative Medicine  
Radation Oncology  
Other: \_\_\_\_\_

**Hospital/service:**  MSH  SHSC-OCC  THP-CV  UHN-PMCC  Other: \_\_\_\_\_

**Tumour site:** [pull-down menu]

Breast  
Colorectal  
Lung  
Prostate  
Other tumour sites \_\_\_\_\_

**Case Complexity:**  Uncomplicated  Complicated  Complex  Other: \_\_\_\_\_

**Goal of consult:** [pull-down menu]

Adjuvant or curative, on treatment  
Non-curative, on treatment  
Non-curative, off treatment  
Supportive care alone  
Survivorship  
Other: \_\_\_\_\_

**Therapeutic modality:** [pull-down menu]

Endocrine  
Chemotherapy  
Targeted/biologic therapy  
Immune therapy  
Clinical trial  
Other: \_\_\_\_\_

## Assessment

Completed by assessor

Indicate the rating that best applies:

1. Needs considerable coaching or feedback in this element
2. Needs some support and refinement in this element
3. Competent in THIS element
4. Proficient in THIS element

NOTE: If unable to assess, indicate No Rating (NR)

Enter self-assigned 4-digit signature code: \_\_\_\_\_

<b>Perform a focused clinical assessment appropriate to the context of the encounter including reassessing the patient's performance status:</b>	<input type="radio"/> NR	<input type="radio"/> 1 Needs considerable coaching or feedback	<input type="radio"/> 2 Needs some support and refinement	<input type="radio"/> 3 Competent in THIS element	<input type="radio"/> 4 Proficient in THIS element
<b>Select and interpret diagnostic tests appropriate to the context of the encounter:</b>	<input type="radio"/> NR	<input type="radio"/> 1 Needs considerable coaching or feedback	<input type="radio"/> 2 Needs some support and refinement	<input type="radio"/> 3 Competent in THIS element	<input type="radio"/> 4 Proficient in THIS element
<b>Identify symptoms related to a patient's treatment or cancer and implement an adjustment in systemic therapy and/or supportive care when necessary:</b>	<input type="radio"/> NR	<input type="radio"/> 1 Needs considerable coaching or feedback	<input type="radio"/> 2 Needs some support and refinement	<input type="radio"/> 3 Competent in THIS element	<input type="radio"/> 4 Proficient in THIS element
<b>Develop and implement a management plan based on synthesis and interpretation of information from the clinical assessment and investigations:</b>	<input type="radio"/> NR	<input type="radio"/> 1 Needs considerable coaching or feedback	<input type="radio"/> 2 Needs some support and refinement	<input type="radio"/> 3 Competent in THIS element	<input type="radio"/> 4 Proficient in THIS element
<b>Identify patients requiring handover to other physicians or health care professionals:</b>	<input type="radio"/> NR	<input type="radio"/> 1 Needs considerable coaching or feedback	<input type="radio"/> 2 Needs some support and refinement	<input type="radio"/> 3 Competent in THIS element	<input type="radio"/> 4 Proficient in THIS element
<b>Document the encounter in a concise, complete and timely manner:</b>	<input type="radio"/> NR	<input type="radio"/> 1 Needs considerable coaching or feedback	<input type="radio"/> 2 Needs some support and refinement	<input type="radio"/> 3 Competent in THIS element	<input type="radio"/> 4 Proficient in THIS element

## FEEDBACK & COMMENTS

2-3 Focused Suggestions for Improvement

**Describe strengths:**

**Actions or areas for Improvement:**

**Other comments:**

### OVERALL Entrustment in the EPA at this time

**Follow-up Visit, On-going care:**     No, not entrusted                       Yes, entrusted

**Reason not entrusted:**    [pull-down menu]

Needs some support and refinement in THIS activity at this time

Needs considerable coaching and development with THIS activity at this time

Other

**Other:** \_\_\_\_\_