Entrustable Professional Activities
EPA 1 for Pediatric Hematology-Oncology

EPA 1: Manage Patients with Hematology-Oncology Conditions, Whether Acute or Chronic, Simple or Complex, in an Ambulatory, Emergency, or Inpatient Setting

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision and discussion of information conveyed for most simple and some complex cases
4. Trusted to execute with indirect supervision but may require discussion of information conveyed for a few complex cases
5. Trusted to execute without supervision

Description of the Activity

The practice of pediatric hematology-oncology involves a diverse array of diagnoses and clinical situations which the clinician must be prepared to manage.

The specific functions which define this EPA include:

1. Gathering and integrating available patient data and engaging in sound clinical reasoning to develop an appropriate differential diagnosis and workup
2. Developing the management plan
3. Placing the patient at the center of all management decisions by engaging in bidirectional communication with patients and parents (patient- and family-centered care)
4. Assessing the psychosocial needs of the patient and family and determining the impact of those needs on the management plan
5. Coordinating care that involves a large team of providers
6. Managing uncertainty (on the part of both the hematologist-oncologist and the patient and family) since some management decisions must be made in the absence of sufficient evidence

Judicious Mapping to Domains of Competence

✔ Patient Care
✔ Medical Knowledge
  Practice-Based Learning and Improvement
✔ Interpersonal and Communication Skills
✔ Professionalism
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✓ Systems-Based Practice
✓ Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions*

| PC 2: | Organizing prioritizing responsibilities |
| PC 6: | Using optimal clinical judgment |
| PC 7: | Developing management plans |
| MK 2: | Practicing EBM |
| ICS 1: | Communicating with patients/families |
| ICS 3: | Communicating with health professionals |
| ICS 6: | Maintaining medical records |
| SBP 5: | Working in interprofessional teams |
| PPD 8: | Dealing with uncertainty |

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Context for the EPA

Rationale: Myriad types of cancer or blood disorders may impact the pediatric population, and fellows in training to be pediatric hematologist-oncologists must become proficient in the diagnosis and management of these conditions both acutely and also in the years that follow diagnosis and treatment.

Scope of Practice: Management of these disorders involves not only children, but increasingly our field involves treatment of adolescent and young adult patients. This EPA, and the curricular components described here, is organized to follow the trajectory of a patient’s care, from presentation and diagnosis to treatment and beyond. That said, there are also important elements of the subspecialty that transcend this temporal framework and are relevant across the continuum of care. Optimal clinical care within our specialty is:

- Comprehensive — The pediatric hematologist-oncologist must screen for, diagnose, and treat all diagnoses relevant to the subspecialty. Moreover, pediatric hematologists-oncologists must learn to recognize and manage both short-term and long-term complications of these diagnoses as well as their treatment. This requires a broad fund of knowledge including applicable principles of histology, biochemistry, anatomy, (patho) physiology, genetics, and pharmacology.
- Evidence-based — The pediatric hematologist-oncologist must incorporate the best available evidence into recommendations on screening/diagnosis, treatment, and surveillance of various diseases
- Collaborative/multidisciplinary/interprofessional — Care of our patients involves multiple disciplines such as radiology, radiation oncology, surgical subspecialties, laboratory medicine, blood banking, other medical subspecialties, and allied disciplines such as physical therapy and nursing. We must also collaborate well with social workers, psychologists, chaplains, and other providers to care holistically for patients and their families.
- Culturally sensitive — The pediatric hematologist-oncologist must communicate effectively with patients and
parents, offer adequate psychosocial support, and center the delivery of care around the emotional/psychological/social/spiritual needs of the patient and his/her family. Awareness of the patient’s culture, and that of his or her family, is essential. Beyond culture, other sources of diversity such as faith, gender/sexuality, race/ethnicity, and more should be explicitly considered in the therapeutic relationship.

- Cost-effective — The pediatric hematologist-oncologist must treat patients cognizant of the high cost of health care delivery. An emphasis on value should be the rule.