



Entrustable Professional Activities

EPA 4 for Pediatric Hematology-Oncology

EPA 4: Introduce and Facilitate the Integration of Palliative Care for Patients with Advanced Disease

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 the care of patients with life-threatening and potentially life-limiting illnesses.

The specific functions which define this EPA include:

1. Communicating effectively with children, adolescents, and family members at all points along the trajectory of illness, starting at diagnosis through cure or through end-of-life care and bereavement
2. Eliciting the goals of care using a patient- and family-centered approach that is respectful of cultural and religious diversity
3. Engaging in high quality symptom management to ensure physical, social, emotional, and spiritual well-being.
4. Including interdisciplinary professionals to optimize patient care
5. Identifying and attending to advanced care planning needs using a model of shared medical decision-making (e.g., preferences around resuscitation, inclusion of hospice)
6. Reflecting with interprofessional colleagues before, during, and after a patient's death to allow for bereavement, self-care, and healing for all members of the team

Judicious Mapping to Domains of Competence

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



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Competencies Within Each Domain Critical to Entrustment Decisions

PC 4:	Interviewing patients
PC 7:	Developing management plans
PC 9:	Counseling patients and families
ICS 1:	Communicating with patients/families
ICS 2:	Demonstrating insight into emotion
ICS 3:	Communicating with health professionals
ICS 6:	Maintaining medical records
P 1:	Taking on the values of the profession
P 2:	Demonstrating professional conduct
P 3:	Demonstrating humanism
P 4:	Demonstrating cultural competence
SBP 2:	Coordinating care
PPD 5:	Demonstrating trustworthiness
PPD 7:	Demonstrating self-confidence

Context for the EPA

Rationale: The practice of palliative care medicine focuses towards reducing the burden of serious illness by supporting the best quality of life throughout the course of a disease, and by managing factors that contribute to the suffering of the patient and the patient's family. Pediatric hematologists and oncologists must be able to integrate palliative care for patients who have potentially life-limiting conditions or require end-of-life care. In addition, they must be able to support the best quality of life throughout the course of disease by managing factors that contribute to the suffering of the patient and the patient's family and through shared medical decision-making.

Scope of Practice: The provision of interprofessional and multidisciplinary care is the standard for pediatric hematologists and oncologists. Ideally, the introduction and integration of palliative care into the care model should begin early in the management of the patient's diagnosis with a potentially life-limiting illness. It is beyond the scope of this document to consider the variety of practice settings or contexts in which a pediatric hematologist and oncologist will practice. This document is intended to address the scope or knowledge and skills of a pediatric hematologist and oncologist trainee with access to a specialist in hospice and palliative medicine.

Curricular Components That Support the Functions of the EPA

1. Communicating effectively with children, adolescents, and family members at all points along the trajectory of illness, starting at diagnosis. ICS 1, ICS 2, PC 9, P- Prof, PPD 7
 - Demonstrates effective communication skills in educating patients and families and providing appropriate information to help guide patients and families with shared medical decision-making
 - Provides basic counseling to the bereaved and demonstrates the ability to identify when additional psychosocial referral is required



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2. Eliciting the goals of care using a patient- and family-centered approach that is respectful of cultural and religious diversity. PC4, ICS1, ICS2, P-CC, PPD 7
 - Recognizes and respects unique characteristics of patient's and families' values and goals of care
 - Demonstrates sensitivity to cultural and religious diversity
 - Demonstrates empathy and compassion during communication and adapts the discussion based on the emotional response of the patient and family
 - Leads key events in patient's care such as family meetings, advance directive completion, consultation around goals of care, withdrawal of life-sustaining therapies, and palliative sedation
 - Recognizes ethical dilemmas that arise in the care of these patients and identifies resources and strategies for addressing them
3. Engaging in high quality symptom management to ensure physical, social, emotional, and spiritual well-being. PC7, P-H, P- Prof Cond, PPD 7
 - Performs a thoughtful and comprehensive symptom assessment
 - Uses evidence-based pharmacologic and nonpharmacologic therapies and modifies treatment plan based on response and toxicities
 - Involves multidisciplinary team members in addressing patient and family needs
 - Recognizes symptoms of impending death and provides appropriate support
 - Demonstrates effective communication skills and ability to manage conflict
4. Including interdisciplinary professionals to optimize patient care ICS 3, ICS 6, P- Prof Cond, SBP2, PPD7
 - Evaluates and coordinates interdisciplinary care planning, management, and follow-up of patients with serious illness
 - Utilizes the multidisciplinary team to explore and clarify patient and family values and goals of care
 - Demonstrates consultative skills
 - Demonstrates effective communication skills within and across health care systems
 - Incorporates and coordinates appropriate multidisciplinary care and provides transitions of care safely and effectively
5. Identifying and attending to advanced care planning needs (e.g., preferences around resuscitation, inclusion of hospice) PC 7, ICS 6, PPD5, PPD 7
 - Provides recommendations for medical care based on patient and/or family values and goals
 - Recognizes symptoms of impending death and appropriately cares for the dying patient and his or her family members
 - Recognizes importance of continued involvement of multidisciplinary team to support the patient and family in advanced care planning
6. Reflecting with interprofessional colleagues before, during, and after a patient's death to allow for bereavement, self-care, and healing for all members of the team. ICS 3, P- Prof Cond, P-Prof
 - Appreciates the emotional impact on team members who are managing and supporting patients and families with serious illness



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- Practices self-reflection and effective self-care strategies
- Participates and eventually serves as a team leader in debriefing sessions

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