

Entrustable Professional Activities (EPAs)

List of EPAs for Paediatric Haematology & Oncology

EPA Title	EPA Entrustment Level to be Attained by Exit
<u>EPA 1: Managing patients with acute or chronic paediatric haematology/oncology conditions</u>	Level 4
<u>EPA 2: Performing common procedures</u>	Level 4
<u>EPA 3: Managing patients on clinical trials</u>	Level 4
<u>EPA 4: Integrating palliative care for patients with haematologic and oncologic conditions</u>	Level 4
<u>EPA 5: Facilitating the transition of care</u>	Level 4
<u>EPA 6: Managing long-term follow-up of patient survivors</u>	Level 4

Entrustment Scale

Entrustment Level	Description
1	Not allowed to practise EPA, allowed to observe.
2	Allowed to practise EPA only under proactive, full supervision.
3	Allowed to practise EPA only under reactive/on-demand supervision.
4	Allowed to practise EPA unsupervised.
5	Allowed to supervise others in practice of EPA independently.

Paediatric Haematology & Oncology EPA 1

[Click to return to main list of EPA titles](#)

Title	Managing patients with acute or chronic paediatric haematology/oncology conditions
Specification and limitations	The practice of paediatric hematology/oncology involves a diverse array of diagnoses and clinical situations which the clinician must be prepared to manage. This EPA includes managing patients with acute or chronic paediatric haematology/oncology conditions in the outpatient, inpatient and emergency settings. 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 work-up. 2) Developing an appropriate evidence-based management plan. 3) Assessing the psychosocial needs of the patient and family and determining the impact of those needs on the management plan. 4) Coordinating care that involves a multidisciplinary team of providers. 5) Managing uncertainty (on the part of both the haematologist-oncologist and the patient and family) since some management decisions must be made in the absence of sufficient evidence. The above specific functions apply to the following list of broad-based paediatric hematology/oncology conditions: • Supportive care • Oncological emergency • Benign hematology (includes bone marrow failure) • Malignant hematology • Brain tumours • Solid tumours • Stem cell transplant and cell therapy (general principles) • Inherited predisposition to cancer or blood disorder Limitations: • Does not apply to ages outside paediatrics and Adolescents and Young Adults (AYA) (up to 24 years old) • This EPA does not assess the performance of procedures in the management of these conditions as it is done in EPA 2.
EPA Entrustment Level to be Attained by Exit	Level 4

Paediatric Haematology & Oncology EPA 2

[Click to return to main list of EPA titles](#)

Title	Performing common procedures
Specification and limitations	Specifications 1) Selecting the right procedure for the right patient 2) Discussing and obtaining informed consent for the procedure 3) Performing the procedure safely, and with minimal adverse effects 4) Providing safe pre- and post-procedure care Procedures list: 1) Bone marrow aspiration and trephine biopsy 2) Lumbar puncture and intrathecal chemotherapy 3) Access and de-access of central lines like Port-a-Cath and Hickman lines 4) Prescription and administration of chemotherapy 5) Administration of haematopoietic cellular products e.g., bone marrow, cord blood, peripheral blood, and donor lymphocytes, in a team setting Limitations: 1) Does not apply to technically challenging cases which may require faculty to be directly involved 2) Does not apply to trainees with medical or physical limitations at the time of training (e.g., pregnancy)
EPA Entrustment Level to be Attained by Exit	Level 4

Paediatric Haematology & Oncology EPA 3

[Click to return to main list of EPA titles](#)

Title	Managing patients on clinical trials
Specification and limitations	Specifications 1) Identifies suitable and potential patients for clinical trials. 2) Discusses and participates in the sessions of informed consent-taking from a potential and suitable patient and his / her legal guardian for clinical trial. 3) Explains the details of a clinical trial to the subject and his / her legal guardian of varying educational backgrounds. 4) Checks the inclusion/ exclusion criteria for enrolment in the specific clinical trial. 5) Provides the clinical care to the subject on clinical trial. 6) Adheres to the clinical trial protocol especially relating to patient care, safety, and reporting requirements specific to the patient and associated clinical trial. 7) Monitors, reports, and manages clinical trial related events. Limitations: Does not apply to pharmaceutical company sponsored trials.
EPA Entrustment Level to be Attained by Exit	Level 4

Paediatric Haematology & Oncology EPA 4

[Click to return to main list of EPA titles](#)

Title	Integrating palliative care for patients with haematologic and oncologic conditions
Specification and limitations	The practice of paediatric haematology-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-centred approach that is respectful of cultural and religious diversity. 3) Engaging in symptom management to ensure physical, social, emotional, and spiritual well-being. 4) Recognising when to refer to specialist for complex cases. 5) Including interdisciplinary professionals to optimise patient care. 6) Identifying and attending to advance care planning needs using a model of shared medical decision-making (e.g. preferences around resuscitation and sites of care).
	Limitations: Limited to basic general palliative care.
EPA Entrustment Level to be Attained by Exit	Level 4

Paediatric Haematology & Oncology EPA 5

[Click to return to main list of EPA titles](#)

Title	Facilitating the transition of care
Specification and limitations	During their practice, paediatric haematologists/oncologists transfer the care of patients to other providers (e.g., physician experts, primary care providers, or adult medicine counterparts). This has necessitated an accountability to these patients on the part of a paediatric haematologist/oncologist to ensure a seamless transition process. The specific functions which define this EPA include: 1) Recognising when the patient is ready for transition to another medical service based on age, other socio-demographic factors, or medical issues. 2) Assessing for transition readiness. 3) Effective communication with the patient/family and receiving care team and engaging in a longitudinal process for care transition. 4) Understanding the health care system in order to facilitate continuity of care. Limitations: Subspecialty-specific transition and coordination of care not relevant to haematology / oncology will not be under the purview of this EPA e.g. genetics, neurology.
EPA Entrustment Level to be Attained by Exit	Level 4

Paediatric Haematology & Oncology EPA 6

[Click to return to main list of EPA titles](#)

Title	Managing long-term follow-up of patient survivors
Specification and limitations	Children with haematology/oncology conditions who are treated with modalities including chemotherapy, radiotherapy, surgery, immunotherapy and stem cell therapy, and are long term survivors face increased health risks, including from late effects of treatment, and psychosocial difficulties as they grow up. Their unique long term health care needs are not dissimilar to children with chronic illness or disabilities and require life-long follow up and anticipatory guidance and ultimately transition to adult services (covered in EPA 5). The specific functions which define this EPA include: 1) Educating and counselling survivors regarding the specific risks to which they are susceptible and guidance on self-monitoring for signs of late effects. 2) Develop plan for long-term surveillance based on identified specific risks and coordinate specialists involved in diagnosis and treatment of late effects (e.g, cardiologists, neurologists). 3) Applying preventive approaches known to be effective for the general population, including encouragement of abstinence from tobacco, limited exposure to alcohol, sun protection, physical activity, maintenance of a healthy weight, consumption of a healthy diet. At a minimum, the surveillance techniques for detecting cancer in the general population should be performed as recommended (e.g., screening for cancers of the breast, cervix, and colorectum). 4) Providing psychosocial support services to survivors and their families. 5) Referring to appropriate agencies regarding educational and occupational issues. 6) Providing reproductive and sexuality counselling. 7) Referring for genetic counselling services for individuals with a hereditary cancer and their family members. Limitations: Not available.
EPA Entrustment Level to be Attained by Exit	Level 4