## ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR OBSTETRICS AND GYNECOLOGY (2019)

## Obstetrics & Gynecology: Core EPA #13

## Assessing and managing patients with gynecologic malignancies

## Key Features:

- This EPA focuses on clinical assessment of malignant gynecologic conditions, including recognizing the risk factors for gynecologic malignancies, initial investigations and procedures (including biopsies, paracentesis), counselling regarding initial surgical or medical management, prioritizing referrals/assessment, post-treatment follow-up, and palliative care.
- This EPA includes basic counselling regarding indications and common side effects of radiation therapy and chemotherapy; discussing difficult news/poor prognosis is an EPA of the Transition to Practice stage.

#### Assessment Plan:

Direct observation by gynecology-oncologist, or gynecology-oncology subspecialty trainee

#### Use Form 1. Form collects information on:

- Setting: outpatient; inpatient; emergency room
- Tumour site: ovarian/fallopian tube/primary peritoneal; endometrial/sarcoma; cervix; vulva/vagina; gestational trophoblastic disease (GTD); other
- If 'other' please indicate disease: [free text]
- Palliation: yes; no

#### Collect 5 observations of achievement

- At least 1 cervical cancer
- At least 1 complex adnexal mass/ovarian cancer
- At least 1 endometrial cancer
- At least 1 palliation
- At least 2 different faculty observers

## Relevant Milestones:

- **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
- **2 COM 1.2** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 3 ME 1.5 Perform clinical assessments that address all relevant issues
- 4 ME 2.2 Select appropriate investigations and interpret the results
- 5 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 6 COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately
- 7 S 3.4 Integrate best evidence and clinical expertise into decision-making

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- 8 COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences
- **9 ME 3.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 10 ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context
- 11 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions
- 12 L 2.1 Use clinical judgment to minimize wasteful practices
- 13 HA 1.1 Facilitate timely patient access to services and resources