Supplemental Materials for

Assessing post-radiotherapy handover notes from a family physician perspective

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Listing of Supplemental Material(s):

Supplemental Appendix 1: Treatment Completion Note – Satisfactory Score (TCN – SS)

Supplemental Appendix 2: LM HIM Transcription Services Standard Text Insert
**SUPPLEMENTAL APPENDIX 1**

**Treatment Completion Note – Satisfactory Score (TCN – SS)**

First, we would like to get your opinion on the old Therapy Completion Note (TCN) that you received previously, and also attached in this mailed letter.

Please read the attached dictated letter and rate the following items in reference to the **old** TCN:

1. **Was it clear who was responsible for the patient follow-up from the letter?**

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<td>Not clear</td>
<td>Neutral</td>
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2. **Was the follow-up schedule clear?**

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3. **Were potential treatment side effects clearly described in the letter?**

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4. **Was it clear to you how and when to contact the oncologist?**

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5. **Were you happy with how the institute transitioned patient care back to you?**

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<td>Not happy</td>
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*TCN is equivalent to post-RT handover note*
A. PATIENT DETAILS
Diagnosis and stage: ____________________________________________________________
Goal of treatment: _____________________________________________________________
Prognosis and functional status: ________________________________________________

MANAGEMENT
Recommended action for GP to perform:
(A) Immediate: _________________________________________________________________
(B) Future: _________________________________________________________________

Cancer treatment given: Radiotherapy was provided at the centre, to the patient for the above-stated diagnosis and goal of treatment.

The radiotherapy dose was _______ Gy over ________ fractions using _________________________ technique and was completed on__________________________.

Planned next steps by radiation oncologist:
(A) The next follow-up visit is ________________ and will occur ________________. The ultimate follow-up plan by the oncologist is ________________________________.
(B) Investigations that radiation oncologist will order: ___________________________

Recommended next steps by other providers: ________________________________________

Side effects from radiotherapy:
(A) Current/end of treatment: _________________________________________________
(B) Anticipated: ____________________________________________________________

Medication changes/additions: _________________________________________________
Other changes/new issues: _____________________________________________________
Treatments or actions to avoid: ________________________________________________

Patient understanding/preferences:
(A) Of prognosis: ____________________________________________________________
(B) Advanced directives in place: ______________________________________________
(C) DNR status: ____________________________________________________________