# UPMC Hematology/Oncology Fellowship Program Curriculum

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10/2015

#### **GENERAL OVERVIEW**

The UPMC Hematology/Oncology Fellowship Program provides advanced clinical and laboratory training under the supervision of specialists. Our curriculum involves at least 18 months of clinical inpatient and outpatient practice education and the rest as research training. Fellowship trainees are expected to participate in all three years of training for combined board certification, which allows our graduates to be ABIM eligible for hematology and medical oncology.

#### **MISSION and GOALS**

MISSION and GOALS The mission of the Hematology/Oncology Fellowship Program is to train the next generation of cancer researchers and clinical leaders. In addition to extensive clinical exposure, fellows have structured, protected time to develop a foundation for becoming leading laboratory, translational, and clinical researchers. The Hematology/Oncology Fellowship Program seeks to capitalize on the scientific, clinical, and educational resources available through collaborations within the Division of Hematology/Oncology, the University of Pittsburgh Cancer Institute, and UPMC Cancer Center.

#### **LEADERSHIP**

	Responsibilities	Member(s)	Frequency of Meetings
Program Director	Authority and accountability for the operation of the program.	Ed Chu, MD	
Associate Program Directors	Assist with the operation of the program	Vida Passero, MD and Annie Im, MD	
Chief Fellow	Assist with the operation of the program, schedule, moonlighting schedules	Melissa Burgess, MD and Aju Mathew, MD	
Program Coordinator	Assist with the operation of the program	Patty O'Kelly	
Clinical Competency Committee	Interpret and discuss milestone evaluations to develop a consensus decision on the progress of each fellow	See CCC tab	Every other month
Program Evaluation Committee	Participate in developing and reviewing the educational activities of the program. Address areas of non-compliance with ACGME standards. Must document annually a formal, systematic evaluation of the curriculum.		Every other month
Key Clinical Faculty	Planning, implementation, monitoring, and evaluation of the fellows' clinical and	See KCF tab	

	research education	
Advisors	Mentoring of fellows from the start of	Changes annually
	fellowship to graduation	
Research Mentors	Monitoring and guiding a fellow through	Changes annually and per fellow
	their research and career commitments	
Participating Site - Local Director   Accountable for fellow education at VA		Vida Passero, MD
at VA		
Participating Site - Local Director	Accountable for fellow education at ITxM	Joseph Kiss, MD
at Institute for Transfusion		
Medicine		
Participating Site - Local Director	Accountable for fellow education at Magee	Shannon Puhalla, MD
at Magee		

NUMBER OF FELLOWS	22
ADVANCEMENT/PROGRESSION	
OF FELLOWS	
1st Year Fellow	ABIM/ACGME Internal Medicine Subspecialty Reporting Milestones and the ASH/ASCO Curriculum Milestones
2nd Year Fellow	ABIM/ACGME Internal Medicine Subspecialty Reporting Milestones and the ASH/ASCO Curriculum Milestones
3rd Year Fellow	A summative evaluation is provided and completed by the program director upon a fellow's completion of the
	program

#### **CURRICULUM ORGANIZATION**

- 1. A minimum of 18 months must be devoted to clinical experience. Of this time, nine months must be hematology and nine months must be in medical oncology. At least 50% of the medical oncology clinical experience must occur in the outpatient setting.
- 2. The program must provider at least one month of clinical experience in autologous and allogeneic bone marrow transplantation.

### **PROGRAM RESOURCES**

American Board of Internal <a href="http://www.abim.org/certification/policies/imss/medon.aspx">http://www.abim.org/certification/policies/imss/medon.aspx</a>			
Medicine (ABIM)			
Accreditation Council for	http://www.acgme.org/acgmeweb/Portals/0/PFAssets/2013-PR-FAQ-		
Graduate Medical Education	PIF/155 hematology oncology int med 07132013.pdf		

(ACGME)	
Fellowship website link	http://www.upci.upmc.edu/hemOncFellowship/

## **ACTIVE PARTICIPATING SITES**

Veterans Affairs Pittsburgh Healthcare System	
Institute for Transfusion Medicine	
Magee-Womens Hospital of UPMC	
Magee's Specialty Center at the Hillman Cancer Center	

## **GENERAL ROLES AND RESPONSIBILITIES OF TEAM MEMBERS**

Attending	The attending is ultimately responsible for the patient's care. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback as to the appropriateness of that care. Faculty members must teach and supervise the fellows in the performance and interpretation of procedures, which must be documented in each fellow's record, including indications, outcomes, diagnoses, and supervisor (s).
Fellow	The fellow acts in a consultative role to other physicians and health professionals. The fellow must demonstrate team leadership skills and the ability to work with an interdisciplinary team by identifying essential team members, defining the roles of team members, and evaluating the role of the interdisciplinary team. Fellows should serve in a supervisory role of senior and junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. Fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
Resident	Residents gain progressive responsibility to include serving as the direct provider, the leader or member of a multi-disciplinary team of providers, a consultant to other physicians, and a teacher to the patient and other physicians. Senior residents should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.
Intern	The intern learns progressive responsibility to include serving as the direct provider, the leader or member of a multi-disciplinary team of providers, a consultant to other physicians, and a teacher to the patient and other physicians.

# ~~~~~~ Rotations ~~~~~~~~~

ROTATION	LEUKEMIA		
SUPERVISION	Leukemia attending		
SOFERVISION	Leukenna attenung		
GENERAL STRUCTURE	Weekdays	7a-7p	
	Weekends	7a-7p on Sundays	
OVERNIGHT COVERAGE	In House: Nocturnist	7р-7а	
	Home Call: Fellow	7р-7а	
ROTATION SPECIFIC DIDACTICS	Hemepath Review Tuesday 8:30am - Microscope room, 7Main (fellow is responsible for organizi		
	cases, see below)		
	Transplant Conference Alternating Tuesdays 4pm Cooper conference room		
	Heme malignancies Journal	One Tuesday/month	
	Club	4pm Lemieux conference room	
	BMT/Leukemia lecture series	Thursday 12pm-1pm	
		7West conference room	
PROCEDURES	Bone marrow biopsy		
	Intrathecal chemotherapy		
EVALUATION PROCESS	ABIM/ACGME Internal Medicine	Subspecialty Reporting Milestones and the ASH/ASCO Curriculum Milestones	
	360 degree evaluations		

EDUCATIONAL MATERIALS	
Recommended Reference Books:	1) Williams Hematology/Wintrobe's Clinical Hematology
	2) Manual of Stem Cell and Bone Marrow Transplantation (Antin)
	3) Thomas' Hematopoietic Cell Transplantation (don't buy this)
	4) Chronic Graft versus Host Disease (Vogelsang and Pavletic)
	5) www.marrow.org (National Marrow Donor Program website)
	6) Devita: Cancer, Principles of Oncology

#### **FELLOW TIPS!**

- 1) Microscope room code: 215
- 2) Supply room code: 215 (get the marrow kits here)
- 3) Hemepath lab at SHY (to schedule marrows) 412-623-6011
- 4) Hemepath PUH (to get preliminary reads and push them to sign reports) 412-647-5191
- 5) Cytogenetics lab (to get prelim results and make sure studies are ordered) 412-641-5558

Fax: 412-641-2255 (if you need to order anything you can write on a prescription pad and fax to them OR print the cytogenetics and fax to them. Form attached here and found in this website: http://pittgenetics.com/PDFfiles/Oncology%20Cytogenetics%20Requisition%20formJH.pdf)

- 6) Molecular lab (to get prelim results and make sure studies are ordered) 412-864-6145
- Fax: 412-864-6140 (same as above. Prescription pad or form which is attached here or: http://path.upmc.edu/divisions/mdx/Forms/ONCREQ.pdf)
- 7) Leukemia teleconference (at the microscope room every Tuesday at 8:30am)

Before Tuesday: Call hemepath PUH above and ask who will be doing the teleconference that week. Email that person with the pt name and MRN whom you wish to have them present. On Tuesday at 8:30: Set it up. The hematopathologist will be waiting for you to call through the system below:

- 1. Click the following link from the TV in the microscope Room (Tuesdays at 8:30 AM). <a href="https://global.gotomeeting.com/join/739267805">https://global.gotomeeting.com/join/739267805</a>
- 2. Follow instructions that come up on the site.
- 3. Call in using the telephone in the room (turn speakerphone on). Dial +1 (213) 493-0014

Access Code/MeetingID: 739-267-805 Audio PIN: Shown after joining the meeting

# **CORE COMPETENCY-BASED GOALS AND OBJECTIVES**

1) Patient Care
-----------------

1. Gathers and synthesizes patient and disease specific information necessary to understand the presenting hematologic or oncologic disorder. (PC1a)					
Critical Deficiencies			Ready for unsupervised practice	Aspirational	
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	Inconsistently gathers and synthesizes critical information related to the patient and the pathophysiology to define the disorder(s)	Consistently gathers and synthesizes critical information related to the patient and the pathophysiology of common disorders	Consistently gathers and synthesizes critical information related to the patient pathophysiology of complex disorders	Role models and teaches how to gather and synthesize information about patients and is able to teach about the patient pathophysiology of complex disorders	
Comments:					

2. Demonstrates abi (PC2a)	<b>`</b>											orders	adult age g	roups.	
Critical Deficiencies									Rea		nsupervis ctice	sed		Aspirat	ional
Unfamiliar with common staging or severity scores	app: eval	onsistently ropriate si uate comi irders	tudies t	0	appro radio studio stage	istently or opriate lab graphic di es and cor and/or se mmon disc	ooratory iagnosti rectly a everity s	c ssigns	appropradiog studies stage a	raphic di s and cor	oratory ar agnostic rectly assi verity sco	gns	use o labor diagn assign sever	f appropria atory and nostic studi nment of st	radiographic es in the tage and/or to complex
			]				]			[		[			
Comments:															

3. Formulates the ov	verall plan for hematology ar	nd oncology disorders, includi	ing urgent/emergent conditions	s. (PC2b)					
Critical Deficiencies			Ready for unsupervised practice	Aspirational					
Unable to determine the most appropriate management plan for common disorders	Inconsistently proposes the most appropriate treatment for common disorders	Consistently develops appropriate management plans for common disorders, including urgent or emergent conditions	Consistently develops appropriate management plans for complex disorders including comprehensive management plans for urgent or emergent conditions	Role models and teaches development of comprehensive management plans for complex specialty disorders and for urgent or emergent conditions					
Comments:	Comments:								

4. Demonstrates ability to analyze response to treatment and adjust therapy for hematology or oncology disorders over time using standard measurements and guidelines. (PC2c)												
Critical Deficiencies							Rea	idy for unsuperv practice	Aspirational			
Unable to accurately monitor treatment responses for specialty conditions	dem with mea inco dem und	onsistently nonstrates familia n standard nsurements and onsistently nonstrates erstanding of thei lication		know guide meas situat	knowledge of consensus kguidelines and standard gmeasurement scales in most insituations and modifies k			Consistently applies knowledge of consensus guidelines and standard scales in complex specialty disorders and modifies therapy accordingly			Role models and teaches purpose of staging and analysis of therapeutic response using specific measurements and guidelines	
Comments:												

5. Demonstrates the	ability to anticipate, recogn	nize and effectively manage to	xicities of systemic therapies. (	PC2d)
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not demonstrate understanding of toxicity of common therapies	Inconsistently identifies risk of and management of toxicity in patients receiving systemic therapy	Consistently identifies risk of and management of common or severe toxicities in patients receiving systemic therapy	Consistently identifies risk of and management of common, uncommon and complex toxicities in patients receiving systemic therapy	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies
Comments:				

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not recognize patients who may be candidates for inclusion in clinical trials	Inconsistently recognizes patients who may be candidates for clinical trials and has a poor understanding of eligibility requirements	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and participates in patient enrollment with assistance	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and independently manages the enrollment process	Role models and teaches discussion of clinical trial participation with patient, including how to incorporate ethical decision making in the process

Critical Deficiencies									Rea	idy for un pract		sed		Aspirat	ional	
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	need geria reha and, appr	ensistently d to incorp atric and/ abilitation /or consultropriate in atric patie	orate or princip tation a the car	les s	Consistently recognizes the need to incorporate geriatric and/or rehabilitation medicine principles and/or consultation as appropriate in the care of geriatric patients, including those with significant geriatric syndromes				Consistently incorporates geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of patients with significant geriatric syndromes or extenuating clinical or psychosocial circumstances, including the use of the multidisciplinary team			Role models and teaches the incorporation of geriatric and/or rehabilitation principles and/or consultation in the care of patients with significant geriatric syndromes, including the use of the multidisciplinary team				

Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Does not demonstrate an understanding of basic principles of transfusion medicine	Inconsistently demonstrates understanding of principles of transfusion medicine and orders appropriate blood products with supervision	Appropriately orders blood products for common indications	Appropriately orders blood products for complex indications, including apheresis and specialized products	Role models and teaches the principles of transfusion medicine and the appropriate ordering of all blood products		

9. Demonstrates app	propriate understanding and	d management of complication	ns of transfusion medicine. (PC	2h)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational				
Unable to recognize complications from blood component therapy	Inconsistently recognizes complications from blood component therapy	Consistently recognizes common transfusion reactions, and orders appropriate interventions	Recognizes common and uncommon transfusion reactions and orders appropriate interventions for management of unusual transfusion-related complications and blood incompatibilities	Role models and teaches the anticipation and management of unusual transfusion-related complications and blood incompatibilities				
Comments:								

10. Demonstrates kr manage these patien Critical Deficiencies		_	ncipies	s or, in	dicatio	ons for,	, and co	отрисацо		ady for un	supervis		on and	Aspira	
Does not demonstrate understanding of the indications and rationale for stem cell transplantation	dem of th ratio auto	nsistently onstrates e common nale, and logous and cell trans	knowle indica toxiciti d alloge	tions, es of neic	know indicatoxical alloge	rledge o ations, i ities of a	em cell	mmon e, and ous and	ability manag autolo transp those transp	tently dem to compre ge patients gous and a plantation, undergoing lantation f ative dono	nonstrate hensivel undergo illogeneid including g rom	y ing	comp of pat autol stem trans	orehensive tients und ogous and	l allogeneic plantation an 1 from
Comments:															

11. Demonstrates th	e abi	ility to effectively	mana	ge pati	ients with pain, a	nxiety	or dep	ression. (PC2j)					
Critical Deficiencies							Rea	idy for unsuperv practice	ised	Aspirational			
Does not recognize signs or symptoms of pain, anxiety or depression	and stra	onsistently recogni l institutes manage ategies for pain, an depression	ment	signs depre	Consistently recognizes the signs of pain, anxiety or depression and institutes management strategies			Consistently recognizes the signs of pain, anxiety and depression and institutes management strategies including cases with complex cultural or psychosocial situations			Role models and teaches recognition of signs of pain, anxiety and depression and development of the best management strategies		
Comments:													

12. Demonstrates th	ne ability to effectively mana	ige patients requiring palliativ	ve care, hospice care or rehabili	tation. (PC2k)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational				
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	Inconsistently recognizes the need to involve palliative care, hospice or rehabilitation medicine in the care of patients	Consistently recognizes the need to involve palliative care, hospice or rehabilitation medicine in the care of patients	Consistently recognizes the need to involve palliative care, hospice or rehabilitation medicine services in the care of patients and coordinates involvement of the other disciplines, including the use of multidisciplinary team meetings	Role models and teaches multidisciplinary team management of palliative, hospice, and rehabilitative care				
Comments:								

14. Demonstrates th	14. Demonstrates the ability to effectively manage patients during transitions of care. (PC2m)									
Critical Deficiencies			Ready for unsupervised practice	Aspirational						
Does not recognize the need to have discussions of goals of care	Inconsistently recognizes the need to have discussions of goals of care and needs assistance during discussions	Consistently recognizes the need to have discussions of goals of care	Consistently recognizes the need to have discussions of goals of care and involvement of multidisciplinary team members	Role models and teaches multidisciplinary discussions of goals of care						
Comments:										

#### 15. Manages patients with progressive responsibility and independence. (PC3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience the	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and quality care  Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings  Inconsistently provides preventive care in all appropriate clinical settings  Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings  Unable to manage complex inpatients or patients requiring intensive care  Cannot independently supervise care provided by other members of the physician-led team	Requires indirect supervision to ensure patient safety and quality care  Provides appropriate preventive care and chronic disease management in all appropriate clinical settings  Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings  Under supervision, provides appropriate care in the intensive care unit  Initiates management plans for urgent or emergency care	Independently manages patients across applicable inpatient, outpatient, and ambulatory clinical settings who have a broad spectrum of clinical disorders, including undifferentiated syndromes  Seeks additional guidance and/or consultation as appropriate  Appropriately manages situations requiring urgent or emergency care  Effectively supervises the management decisions of the team in all appropriate clinical settings	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings

			d for diagnosis, treatment, and ma and ACGME required outcomes. (	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consented and manage indwelling venous catheters, apheresis issues; requirassistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	manage indwelling venous catheters, apheresis issues able to administer uncomplicated without assistance chemotherapy,	informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies
Comments:	·			

Critical Deficiencies			Ready for unsupervised practice	Aspirational
a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear

18. Writes accurate non-invasive)	and safe orders in the Electi	onic Medical Record for syste	mic therapy including appropri	iate supportive care. (PC4c-
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not have the skill to write orders for systemic therapy	Inconsistently writes orders and obtains informed consent for systemic therapy using the electronic medical record for common disorders	Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for systemic therapy for common disorders, taking into account social issues, performance status, organ function and comorbidities	Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for common and uncommon disorders, taking into account supportive care requirements, performance status, organ function and comorbidities	Role models and teaches how to obtain informed consent and to write safe and accurate orders for systemic therapy using the electronic medical record
Comments:	·	·		·

Critical Deficiencies  Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate for patient care  Critical Deficiencies  Ready for unsupervised practice  Ready for unsupervised practice  Aspirational  Provides consultation services for patients with clinical problems requiring basic risk assessment  Asks meaningful clinical questions that guide the input of consultants  Unwilling to utilize consultant services when appropriate for patient care  Critical Deficiencies  Ready for unsupervised practice  Appropriates onsultation services for patients with basic and complex clinical problems requiring basic risk assessment  Asks meaningful clinical questions that guide the input of consultants  Questions that guide the input of consultants  Asks meaningful clinical questions from other consultants in order to effectively manage patient care  Models management of discordant recommendations from multiple consultants  Models management of discordant recommendations from multiple consultants  Models management of discordant recommendations from multiple consultants	The collaborative group	19. Requests and provides effective consultative care for patients with hematologic and oncologic diseases. (PC5)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.										
questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate for patient care  Inconsistently formulates a consultant to other physicians/health care teams  patients as a consultant to other physicians/health care teams  patients as a consultant to other physicians/health care teams  patients as a consultant to other physicians/health care teams  patients as a consultant to other physicians/health care teams  patients as a consultant to other physicians/health clinical problems requiring basic risk assessment  Asks meaningful clinical questions that guide the input of consultants  Appropriately integrates recommendations from other consultants in order to effectively manage patient care  Inconsistently formulates a clinical question for a consultant to address  Inconsistently formulates a consultant to address  Inconsistently formulates a consultant to address  Appropriately integrates recommendations from other consultants in order to effectively manage patient care  Inconsistently formulates a consultant to address  Inconsistently applies risk assessment  Asks meaningful clinical questions from other consultants in order to effectively manage patient care  Inconsistently formulates a consultant to address  Inconsistently applies risk assessment  Inconsiste	Critical	Ĭ	are insieur seieur					Rea		d		Aspirational
	questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate	Н	patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant  Inconsistently formulates a clinical question for a	se cli ba As qu	rvice inical isic r ks m iestic	es for patients wi l problems requi isk assessment neaningful clinica ons that guide the	ring l	for pa compl requir assess Approprecoms	tients with basic and ex clinical problems ring detailed risk sment priately integrates mendations from other to	l her	service very of proble extensi Model discon recom	es for patients with complex clinical ems requiring sive risk assessment is management of edant unendations from
Comments:	Comments:											

# 2) Medical Knowledge

21. Demonstrates a	fund	of knowledge in	hemat	ologic	malignancies. (	MK1b)					
Critical Deficiencies							Rea	ndy for unsupervis practice	sed		Aspirational
Demonstrates insufficient basic knowledge in hematologic malignancies	den kno	onsistently nonstrates basic wledge of the natologic malignar	ncies	broad the h	stently demonstr I fund of knowled ematologic nancies		broad hemat	tently demonstrate fund of knowledge ologic malignancies ing rare diseases	of the	other	nodels and teaches to s the fundamental epts of a broad range of tologic malignancies
Comments:											

Critical Deficiencies							Rea	dy for unsupervi practice	sed		Aspirational
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	der abe pat cyt tes	consistently monstrates knowle out the molecular thways, appropriat cogenetic or molecu ts and clinical gene ndromes	e ılar	know molec appro molec	stently demonstra ledge about the cular pathways, opriate cytogeneti cular tests and clin ic syndromes	c or	knowled molect approp molect genetic the dia of inhe	tently demonstratedge about the ular pathways, priate cytogenetic ular tests and clinic syndromes, inclugnosis and managerited or acquired on, rare and complers	or cal ding ement	other the m their disor	nodels and teaches s the complexities of olecular pathways and modifications in clinica ders and the apriateness of genetic g

# 3) Practice Based Learning

The collaborative group	29. Monitors practice with a goal for improvement. (PBLI1)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.									
Critical Deficiencies						Rea	dy for unsupervise practice	ed		Aspirational
Unwilling to self- reflect upon one's practice or performance  Not concerned with opportunities for learning and self- improvement	M le:	Jnable to self-reflect upon ractice or performance isses opportunities for arning and self-aprovement	upon perfo incor those Incor oppor	nsistently self-refle practice or prmance, and nsistently acts upo e reflections nsistently acts upo rtunities for learn elf-improvement	n n	one's and co those practi  Recogn practic opport	arly self-reflects upon practice or perform on sistently acts upon reflections to improce a sub-optimal se or performance a sunity for learning a provement	ance, n ove s an	valida reflect practi Active engag effort	arly seeks external ation regarding self- tion to maximize ice improvement ely and independently ges in self-improvement s and reflects upon the ience
Comments:										

30. Learns and improves	via performance audit an	d lifelong learning (PBLI2	2)	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members
Comments:				

Critical	ney are listed below.		Ready for unsupervised	Aspirational
Deficiencies			practice	115pirateionar
Never solicits	Rarely seeks and does not	Solicits feedback only from	Solicits feedback from all	Performance continuously
feedback	incorporate feedback	supervisors and	members of the inter-	reflects incorporation of
		inconsistently incorporates	professional team and patients	solicited and unsolicited
Actively resists	Responds to unsolicited	feedback		feedback
feedback from	feedback in a defensive		Welcomes unsolicited	
others	fashion	Is open to unsolicited	feedback	Role-models ability to
		feedback		reconcile disparate or
	Temporarily or		Consistently incorporates	conflicting feedback
	superficially adjusts	Inconsistently incorporates	feedback	
	performance based on	feedback		
	feedback		Able to reconcile disparate or	
			conflicting feedback	
			comments recusion	

32. Learns and impi	roves at the point of ca	re. (PBLI4)					
The collaborative group For your convenience th		e IM Subspecia	lty Reporting Milest	ones does	s not require modification	on for applica	bility to Hematology-Oncology.
Critical Deficiencies					Ready for unsup practice		Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary	Rarely reconsiders as approach to a proble asks for help, or seek new information  Can translate medical information needs in well-formed clinical questions with assist  Unfamiliar with stresand weaknesses of the medical literature  Has limited awarenes or ability to use, information technological operations support too and guidelines  Accepts the findings of clinical research studi	m, an apasks infor  I Can to informance independent weak informutiliz technology or lis With clinic based	nsistently reconsider proach to a problem for help, or seeks mation ranslate medical mation needs into pendently re of the strengths messes of medical mation resources, res information to long without istication assistance, apprairal research report on accepted crit	em, new o well- ons and , but	Routinely reconside approach to a probl for help, or seeks ne information  Routinely translates medical informed cli questions  Guided by the chara of clinical questions searches medical in resources, including support tools and gu Independently approlinical research repon accepted criteria	em, asks ew s new n needs nical acteristics n, efficiently formation decision uidelines raises ports based	Role-models how to appraise clinical research reports based on accepted criteria  Has a systematic approach to track and pursue emerging clinical questions
	without critical appra	isal					
Comments:							

# 4) Interpersonal and Communication Skills

37. Communicates e (ICS1)	ffectively and compassionately with patients, caregivers and inter-professional teams during all phases of care.
Critical Deficiencies	Ready for unsupervised Aspirational practice
Does not demonstrate effective and compassionate verbal and written communication regarding treatment strategies for specialty disorders	Inconsistently demonstrates effective and compassion verbal and written communication regarding treatment strategies and needs assistance for, or defers, difficult discussions of terminal diagnosis and therapy unresponsiveness  Consistently demonstrates effective and compassionate communication regarding treatment strategies for strategies and needs able to discuss difficult issues of such as terminal diagnosis and futility of therapy  Consistently demonstrates effective and compassionate communication for patients with straightforward or challenging conditions or psychosocial situations in verbal and written communication regarding treatment and issues of such as terminal diagnosis and futility of therapy  Role models and teaches effective and compassionate communication for patients with straightforward or challenging conditions or psychosocial situations in verbal and written communication regarding treatment and issues of such as terminal diagnosis and futility of therapy
Comments:	

38. Communicates eff	38. Communicates effectively in inter-professional teams (e.g. peers, consultants, nursing, and other health professionals). (ICS2)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational							
Uses communication strategies that hamper or disrupt collaboration and teamwork	Inconsistently engages in collaborative communication with appropriate members of team	Consistently engages in collaborative communication with appropriate members of team	Consistently demonstrates leadership through collaborative communication in teams	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing							
Resists offers of collaborative input	Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	Consistently employs verbal, non-verbal and written strategies that facilitate collaborative care	Consistently solicits collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing providers	providers							
Comments:											

Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches		
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,		
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive		
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are		
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,		
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision		
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include		
of care or advanced	11	inconsistently reflect all	all patient preferences. The	documentation of informed		
directives	Occasionally delayed in submission of completed	appropriate billable services	note has appropriate billable services	consent and patient preferences		
Record completion	medical records	Consistent in timely				
consistently	11	submission of completed	Consistent in timely			
delinquent	11	medical records	submission of completed			
			medical records			

## 5) Professionalism

# 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	ney are listed below.	our convenience the			
Critical Deficiencies				Ready for unsupervised practice	Aspirational
	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers  Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion  Inconsistently considers patient privacy and autonomy  Inconsistently aware of physician and colleague self-care and wellness	Deficiencies espectful in ractions with ents, caregivers, members of the r-professional riffices patient ds in favor of -interest es not monstrate postiv, passion, and pect for patients a caregivers es not monstrate ponsiveness to ients' and egivers' needs in appropriate alion es not consider ient privacy and onomy ware of	Consistently respectful in interactions with patients, caregivers, and members of the inter-professional team, even in challenging situations  Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care  Emphasizes patient privacy and autonomy in all interactions  Consistently aware of physician and colleague self-care and wellness		Role-models compassion, empathy, and respect for patients and caregivers  Role-models appropriate anticipation and advocacy for patient and caregiver needs  Fosters collegiality that promotes a high-functioning inter-professional team  Teaches others regarding maintaining patient privacy and respecting patient autonomy  Role-models personal self-care practice for others and promotes programs for colleague wellness
colleague self-care and wellness					

#### 34. Accepts responsibility and follows through on tasks. (PROF2)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	ey	are listed below.									
Critical Deficiencies						Read	ly for unsupervis practice	ed		Aspirational	
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks  Shuns responsibilities expected of a physician professional	A	Completes most assigned casks in a timely manner out may need reminders or other support accepts professional esponsibility only when ssigned or mandatory	and time with polic Com prof with	npletes administrat patient care tasks i ely manner in accor n local practice and cy npletes assigned fessional responsib nout questioning or d for reminders	n a rdance /or ilities	demand tasks an timely a	zes multiple comp in order to com nd responsibilities and effective man ly assumes profes sibility regardless on	plete s in a ner sional	many order respo and et Assist their a	models prioritizi competing demi to complete tasl insibilities in a til ffective manner ts others to impr ability to prioriti competing tasks	ands in ss and mely ove ze

Comments:

#### 35. Responds to each patient's unique characteristics and needs. (PROF3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the	y are listed b	elow.													
Critical Deficiencies								Rea	_	nsupervis ctice	ed		Aspira	ational	
Is insensitive to		e to and ha	as	1	to fully u			_		accounts		1	•	rofessional	
differences	basic awa	reness of			patient's p					aracteristi		1		navigate a	
related to	difference	es related t	D	chara	cteristics a	and needs		and ne	eds of ea	ch patient		negot	tiate diffe	rences rela	ited
personal	personal	characteris	tics									toap	atient's u	nique	
characteristics	and needs	s in the		Modif	fies care pl	an to acco	ount	Approp	riately n	nodifies ca	are	chara	cteristics	or needs	
and needs in the	patient/ca	aregiver		for a p	patient's u	nique		plan to	account	for a patie	ent's				
patient/caregiver	encounter	r		chara	cteristics a	and needs	:	unique	characte	eristics and	d	Role-	models c	onsistent	
encounter				with p	partial suc	cess		needs				respe	ct for pat	ient's uniq	ue
	Requires a	ssistance t	0									chara	cteristics	and needs	;
Is unwilling to	modify car	e plan to													
modify care plan to	account fo	r a patienť	S												
account for a	unique cha	aracteristic	s and												
patient's unique	needs														
characteristics and															
needs															
	<u> </u>								[						
Comments:	•					•									

## 6) Systems - Based Practice

#### 25. Works effectively within an inter-professional team (e.g. peers, consultants, nursing, and other health professionals). (SBP1)

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Refuses to recognize the contributions of other inter- professional team members	Identifies roles of other team members, but does not recognize how/when to utilize them as resources Participates in team	Understands the roles and responsibilities of all team members, but uses them ineffectively  Actively engages in team meetings and collaborative	Understands the roles and responsibilities of, and effectively partners with, all members of the team  Efficiently coordinates activities of other team	Develops, trains, and inspires the team regarding unexpected events or new patient management strategies  Viewed by other team
Frustrates team members with inefficiency and errors  Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)	discussions when required, but does not actively seek input from other team members	decision-making	members to optimize care	members as a leader in the delivery of high-quality care

#### 26. Recognizes system error and advocates for system improvement relevant to hematology and oncology. (SBP2)

 $The \ collaborative \ group \ recommends \ that \ using \ the \ IM \ Subspecialty \ Reporting \ Milestones \ does \ not \ require \ modification for \ applicability \ to \ Hematology-Oncology.$ 

For your convenience th	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Ignores a risk for error within the system that may affect the care of a patient	Does not recognize the potential for system error  Makes decisions that could lead to errors that are otherwise corrected	Recognizes the potential for error within the system  Identifies obvious or critical causes of error and notifies supervisor accordingly	Identifies systemic causes of medical error and navigates them to provide safe patient care  Advocates for safe patient care	Advocates for system leadership to formally engage in quality assurance and quality improvement activities
Ignores feedback and is unwilling to change behavior in order to reduce the risk for error	by the system or supervision Resistant to feedback about decisions that may	Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk	and optimal patient care systems  Activates formal system resources to investigate and	Viewed as a leader in identifying and advocating for the prevention of medical error
	lead to error or otherwise cause harm	Willing to receive feedback about decisions that may lead to error or otherwise cause harm	mitigate real or potential medical error  Reflects upon and learns from own critical incidents that may lead to medical error	Teaches others regarding the importance of recognizing and mitigating system error
Comments:				
Comments.				

# 27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in patient or population-based care. (SBP3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	$_{iej}$	are listed below.						
Critical Deficiencies					Rea	ady for unsupervised practice		Aspirational
Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to cost-effective care		Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	fact utili may effe Min diag test Pos und awa pop	cognizes that external ctors influence a patient's lization of health care and ay act as barriers to costective care  nimizes unnecessary agnostic and therapeutic cts  ssesses an incomplete derstanding of costereness principles for a pulation of patients (e.g., e of screening tests)	Advoc utiliza emerg and ho Incorp princi clinica decisio	stently works to address at-specific barriers to ffective care cates for cost-conscious ation of resources such as gency department visits ospital readmissions corates cost-awareness ples into standard al judgments and on-making, including use	care recog comi effec appr reson Activ initia mode over	hes patients and health team members to gnize and address non barriers to cost- tive care and opriate utilization of urces rely participates in atives and care delivery els designed to come or mitigate ers to cost-effective, equality care
Comments:								

#### 28. Transitions patients effectively within and across health delivery systems. (SBP4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience	ney	are listed below.											
Critical Deficiencies							Rea	dy for un prac	isupervis tice	ed		Aspirat	ional
Disregards need	$\Pi$	Inconsistently utilize	s	Recog	gnizes the import	ance	Approp	priately u	tilizes		Coord	dinates car	e within and
for communication	$ \mathbf{I} $	available resources to	0	of cor	nmunication duri	ng	availab	le resour	ces to		acros	s health de	livery
at time of	$ \mathbf{I} $	coordinate and ensur	·e	times	of transition		coordi	nate care	and mana	ige	syste	ms to optir	nize patient
transition	$ \mathbf{I} $	safe and effective pat	ient				conflic	ts to ensu	re safe ar	ıd	safety	y, increase	efficiency,
	$ \mathbf{I} $	care within and acros	SS	Comr	nunicates with fu	ure	effectiv	7e patient	care with	nin	and e	nsure high	-quality
Does not respond	$ \mathbf{I} $	delivery systems		_	ivers, but demons	strates	and act	ross deliv	ery syste	ms	patie	nt outcome	es
to requests of	$ \mathbf{I} $			_	s in provision of								
caregivers in other		Provides incomplete			nent or timely				nicates w		Role-	models an	d teaches
delivery systems		written and verbal ca		infor	mation				caregiver	s to	effect	tive transit	ions of care
		plans during times of					ensure	continuit	ty of care				
Written and verbal	$ \mathbf{I} $	transition											
care plans during	$ \mathbf{I} $								ls of patie				
times of transition		Provides inefficient							future car	e			
are absent		ransitions of care tha	t					ers and ta					
		ead to unnecessary							os to addr	ess			
		expense or risk to a pa					those n	ieeds					
		e.g., duplication of te	sts,										
	<b>       </b>	readmission)		Ц			Ц				Ц		
	Ш		L			L		L		L			
Comments:						•							

ROTATION	Bone Marrow Transplant	7
CURERVICION	Township to the discount	7
SUPERVISION	Transplant attending	
GENERAL STRUCTURE	Weekdays	7a-7p
	Weekends	7a-7p Sunday
	_	
OVERNIGHT COVERAGE		
	Nocturnist	7P - 7A Starting July 15, 2014
ROTATION SPECIFIC DIDACTICS	Transplant Conference	Alternating Tuesdays
		4pm Cooper conference room
	Heme malignancies Journal Club	One Tuesday/month
		4pm Lemieux conference room
	Weekly BMT team meeting	Tuesdays noon - Lemieux conference room
	BMT/Leukemia lecture series	Thursdays 12pm-1pm
		7 West conference room
PROCEDURES	Bone marrow biopsy	]
	Intrathecal chemotherapy	
	Plasmapheresis	
	Indications for and application of in	naging techniques in patients with neoplastic and blood disorders
EVALUATION PROCESS		bspecialty Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	

EDUCATIONAL MATERIALS	1) Williams Hematology/Wintrobe's Clinical Hematology
	2) Manual of Stem Cell and Bone Marrow Transplantation (Antin)
	3) Thomas' Hematopoietic Cell Transplantation (don't buy this)
	4) Chronic Graft versus Host Disease (Vogelsang and Pavletic)
	5) www.marrow.org (National Marrow Donor Program website)
	6) Devita: Cancer, Principles of Oncology

## **FELLOW TIPS!**

- 1) Due to their complexity, BMT patients require a formulaic presentation which usually includes:
  - 1. Transplant status, including day post-transplant (Day of stem cell infusion is Day 0)
  - 2. GVHD: GVHD prophylaxis, whether the patient has ever had GVHD in the past
  - 3. Infectious disease: current infectious issues, ID prophylaxis, and monitoring for BK virus/CMV
  - 4. Everything else
- 2) Scheduled BMT admissions come with a packet of information which includes a grid schedule which will help you enter admission orders
- 3) A pharmD assigned to BMT each month that will help you with immunosuppression issues, chemotherapy dosing, and other complicated BMT-related issues
- 4) Please discuss any management concerns with the attending on service.

#### CORE COMPETENCY-BASED GOALS AND OBJECTIVES

## 1) Patient Care

1. Gathers and synth disorder. (PC1a)																
Critical Deficiencies									Rea	dy for ui prac	nsupervis ctice	ed		Aspirat	ional	
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synt infor patie path	nsistentl hesizes o rmation r ent and t ophysiol disorder(	critical related t he logy to d	o the	synth inform patien	esizes c mation r nt and th ophysiol	elated to	the	synthe inform patient	sizes crit ation rela	ated to the sysiology o		how t inform and is patier	nation abo	nd synthes out patients ach about t ysiology of	s the
Comments:																

2. Demonstrates abi (PC2a)	lity t	o diagnos	e and as	sign s	tage, a	ınd/or se	verity,	of hema	atology	and onc	ology disc	rders	in all a	adult age g	groups.
Critical Deficiencies									Rea		nsupervis ctice	ed		Aspirat	ional
Unfamiliar with common staging or severity scores	app eva	onsistently propriate st iluate comr orders	udies to		appro radio studio stage	istently or opriate lab graphic di es and cor and/or se mmon dise	ooratory iagnosti rectly a everity s	c ssigns	appropradiog studies stage a	raphic di and cor	oratory ar agnostic rectly assi everity sco	gns	use o labor diagn assig sever	f appropria atory and i lostic studi nment of st	radiographic es in the tage and/or to complex
												[			
Comments:			•												

3. Formulates the ov	erall	plan for hematol	logy a	nd onc	ology disorders,	includi	ng urge	ent/emergent con	dition	s. (PC2	2b)
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational
Unable to determine the most appropriate management plan for common disorders	the trea	onsistently propos most appropriate tment for commo orders		appro plans includ	stently develops opriate manageme for common diso ding urgent or gent conditions		approp plans f includi manag	tently develops priate management for complex disorde ing comprehensive gement plans for ur ergent conditions	ers	devel comp plans disor	models and teaches opment of orehensive management for complex specialty ders and for urgent or gent conditions
Comments:											

4. Demonstrates abi standard measurem				eatme	nt and adjust th	erapy f	or hem	atology or	oncolog	gy disc	orders	over time us	ing
Critical Deficiencies							Rea	dy for uns practi	-	ed		Aspiration	nal
Unable to accurately monitor treatment responses for specialty conditions	Inconsisten demonstrat with standa measureme inconsisten demonstrat understand application	tes familiari ard ents and tly tes ling of their	ty   1   8   1   5   1   1   1   1   1   1   1   1	knowl guidel measu situati	stently applies ledge of consensu lines and standar urement scales in ions and modifies by accordingly	d most	Consistently applies knowledge of consensus guidelines and standard scales in complex specialty disorders and modifies therapy accordingly				Role models and teaches purpose of staging and analysis of therapeutic response using specific measurements and guidelines		and eutic ecific
Comments:													

Critical Deficiencies							Rea	dy for unsu practio	-	d		Aspirational
Does not demonstrate understanding of toxicity of common therapies	ris:	consistently ide k of and manag cicity in patient ceiving systemic	ement of	and m	stently identifies nanagement of co vere toxicities in nts receiving syst py	mmon	and ma uncom toxiciti	tently idention anagement of mon and co es in patien ic therapy	of commo mplex	on,	anticij effecti toxicit	nodels and teaches the pation, recognition, and we management of ties in patients ing systemic therapies

Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Does not recognize patients who may be candidates for inclusion in clinical trials	pati cand trial und	onsistently recogn ents who may be didates for clinical Is and has a poor erstanding of elig uirements	1	patien candi and h under requir issues	stently recognize nts who may be dates for clinical as a good rstanding of eligib rements and ethi s, and participate at enrollment wit	trials, oility cal s in	patient candid and ha of eligi ethical indepe	tently recognizes to who may be ates for clinical tria s a good understan bility requirements issues, and indently manages the nent process	ding s and	discus partic includ ethica	models and teaches ssion of clinical trial cipation with patient, ding how to incorporate al decision making in rocess

Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	need geria reha and, appi	ensistently recognized to incorporate atric and/or abilitation principles for consultation as ropriate in the care catric patients	of	need t and/o medic consu in the patier	stently recognizes to incorporate get or rehabilitation ine principles and ltation as approperate of geriatric ats, including those ingnificant geriatromes	riatric d/or riate se	geriatr princip as appr patient geriatr extenu psycho includi	tently incorporates ic and/or rehability oles and/or consult ropriate in the care its with significant ic syndromes or lating clinical or social circumstancing the use of the isciplinary team	ation ation of	incorp and/o princi consu patier geriat includ	models and teaches the poration of geriatric or rehabilitation iples and/or altation in the care of ints with significant cric syndromes, ling the use of the disciplinary team

8. Demonstrates und Critical Deficiencies	lerstanding and effective ap	oplication of principles of tran	sfusion medicine. (PC2g)  Ready for unsupervised practice	Aspirational
Does not demonstrate an understanding of basic principles of transfusion medicine	Inconsistently demonstrates understanding of principles of transfusion medicine and orders appropriate blood products with supervision	Appropriately orders blood products for common indications	Appropriately orders blood products for complex indications, including apheresis and specialized products	Role models and teaches the principles of transfusion medicine and the appropriate ordering of all blood products
Comments:				

9. Demonstrates app	propriate understanding an	d management of complicatio	ns of transfusion medicine. (PC	22h)
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to recognize complications from blood component therapy	Inconsistently recognizes complications from blood component therapy	Consistently recognizes common transfusion reactions, and orders appropriate interventions	Recognizes common and uncommon transfusion reactions and orders appropriate interventions for management of unusual transfusion-related complications and blood incompatibilities	Role models and teaches the anticipation and management of unusual transfusion-related complications and blood incompatibilities
Comments:	·	·	·	

10. Demonstrates kr manage these patier			s of, in	dicatio	ons for, and comp	olicatio	ns fron	stem cell transpl	antati	on and	ability to effectively
Critical Deficiencies							Rea	idy for unsupervis practice	ed		Aspirational
Does not demonstrate understanding of the indications and rationale for stem cell transplantation	dem of th ratio	ensistently nonstrates knowle ne common indica onale, and toxiciti ologous and alloge n cell transplantat	tions, es of neic	know indica toxici alloge	stently demonstra dedge of the comm ations, rationale, a dies of autologous eneic stem cell plantation	non ind	ability manag autolo transp those u transp	tently demonstrate to comprehensivel ge patients undergo gous and allogeneid lantation, including undergoing lantation from ative donors	y ing	comp of pat autolo stem trans	models and teaches the rehensive management tients undergoing ogous and allogeneic cell transplantation and plantation from native donors
Comments:											

Critical Deficiencies								Rea	dy for unsup practice			Aspirational
Does not recognize signs or symptoms of pain, anxiety or depression	and stra	onsistently recog institutes mana tegies for pain, a epression	gement	signs depre	stently re of pain, and ession and gement st	nxiety o institut	r tes	signs of depress manag includ	tently recogni of pain, anxiety ssion and insti ement strateg ing cases with al or psychoso ons	y and itutes gies i complex	recogn anxiet develo	nodels and teaches nition of signs of pain, y and depression and opment of the best gement strategies

Critical Deficiencies							Rea	dy for unsup practice	•		Aspirational
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	the pall reh	onsistently recogn need to involve iative care, hospic abilitation medici care of patients	e or	need care, rehab	stently recogni to involve palli hospice or bilitation medic are of patients	ative	need to hospic medici of pati involve discipl	tently recognory involve palle or rehabilitine services in ents and coorement of the cines, including isciplinary tengs	iative care, ation n the care rdinates other ng the use of	multid manag	nodels and teaches disciplinary team gement of palliative, ce, and rehabilitative

Critical Deficiencies	е аршту то епесичету тапа	ge patients during transitions	Ready for unsupervised	Aspirational
the need to have	Inconsistently recognizes the need to have discussions of goals of care and needs assistance during discussions	Consistently recognizes the need to have discussions of goals of care	Consistently recognizes the need to have discussions of goals of care and involvement of multidisciplinary team members	Role models and teaches multidisciplinary discussions of goals of care
Comments:				

#### 15. Manages patients with progressive responsibility and independence. (PC3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the	ey are listed below.					
Critical Deficiencies					Ready for unsupervised practice	Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and qualificare  Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings  Inconsistently provides preventive care in all appropriate clinical settings  Requires direct supervision to manage patients with straightforward diagnos in all appropriate clinical settings  Unable to manage compinatients or patients requiring intensive care Cannot independently supervise care provided other members of the physician-led team	y patie care Prove preventing proventing clinical proventing clinical proventing provent	uires indirect ervision to ensure ent safety and qual vides appropriate ventive care and ch ase management ir ropriate clinical set vides comprehensiv for single or multi moses in all approp cal settings er supervision, pro ropriate care in the nsive care unit ates management p	ity in an we are all we are all we are all ple briate A si en wides en are all are are all are	ndependently manages patients across applicable inpatient, outpatient, and imbulatory clinical settings who have a broad spectrum of linical disorders, including indifferentiated syndromes seeks additional guidance ind/or consultation as appropriate in a suppropriate in a suppropriate in a suppropriate or imergency care iffectively supervises the management decisions of the eam in all appropriate clinical ettings	

	16. Demonstrates competent performance of invasive procedures required for diagnosis, treatment, and management of patients with hematology and oncology disorders, as per ABIM procedure requirements and ACGME required outcomes. (PC4a)									
Critical Deficiencies			Ready for unsupervised practice	Aspirational						
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; requires assistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; able to administer uncomplicated without assistance chemotherapy, and to perform lumbar puncture and bone marrow aspirate and biopsies on most patients without assistance	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies						
Comments:										

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to interpret a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not have the skill to write orders for systemic therapy	Inconsistently writes orders and obtains informed consent for systemic therapy using the electronic medical record for common disorders	Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for systemic therapy for common disorders, taking into account social issues, performance status, organ function and comorbidities	Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for common and uncommon disorders, taking into account supportive care requirements, performance status, organ function and comorbidities	Role models and teaches how to obtain informed consent and to write safe and accurate orders for systemic therapy using the electronic medical record

19. Requests and provides effective consultative care for patients with hematologic and oncologic diseases. (PC5)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.										
Critical Deficiencies						Rea	dy for unsupervis practice	ed		Aspirational
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate for patient care	П	Inconsistently manages patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant  Inconsistently formulates a clinical question for a consultant to address	A C	Provides consultation services for patients we clinical problems requibasic risk assessment.  Asks meaningful clinical questions that guide the input of consultants.	iring	for pa compl requir assess Approprecomp consul	des consultation ser tients with basic an lex clinical problem ring detailed risk sment priately integrates mendations from of tants in order to vely manage patien	d s ther	service very of proble exten Mode discon	des consultation ces for patients with complex clinical ems requiring sive risk assessment  ls management of rdant imendations from ple consultants
Comments:										

# 2) Medical Knowledge

21. Demonstrates a fund of knowledge in hematologic malignancies. (MK1b)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational						
Demonstrates insufficient basic knowledge in hematologic malignancies	Inconsistently demonstrates basic knowledge of the hematologic malignancies	Consistently demonstrates a broad fund of knowledge of the hematologic malignancies	Consistently demonstrates a broad fund of knowledge of the hematologic malignancies including rare diseases	Role models and teaches to others the fundamental concepts of a broad range of hematologic malignancies						
Comments:										

23. Demonstrates kr oncologic disorder. Critical			cations	for, ge	enetic, genomic,	molecu		l laboratory tests idy for unsupervi		d to he	matologic and
Deficiencies							Rea	practice	seu		Aspirational
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	dem abou path cyto tests	ensistently constrates knowl to the molecular aways, appropria genetic or molec s and clinical gen dromes	te ular	know molec appro molec	istently demonstra vledge about the cular pathways, opriate cytogeneti cular tests and clin tic syndromes	c or	knowle molect approp molect genetic the dia of inhe	tently demonstrate edge about the ular pathways, priate cytogenetic e ular tests and clinic c syndromes, inclu- ignosis and manag- erited or acquired on, rare and complers	or cal ding ement	other the m their disor	models and teaches s the complexities of colecular pathways and modifications in clinical ders and the opriateness of genetic
Comments:											

# 3) Practice Based Learning

29. Monitors practice with a goal for improvement. (PBLI1)										
The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.										
Critical Deficiencies	Ready for unsupervised Aspirational practice	al								
Unwilling to self- reflect upon one's practice or performance  Not concerned with opportunities for learning and self-	Unable to self-reflect upon practice or performance upon practice or performance, and inconsistently acts upon learning and self-improvement  Inconsistently acts upon those reflections  Inconsistently acts upon one's practice or performance, and one's practice or performance, and inconsistently acts upon those reflections to improve practice  Regularly self-reflects upon one's practice or performance, and one's practice or performan	g self- ize ent endently rovement								
improvement  Comments:	and self-improvement opportunity for learning and experience self-improvement									

30. Learns and improves via performance audit and lifelong learning. (PBLI2)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational						
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members						
Comments:										
comments:										

#### 31. Learns and improves via feedback. (PBLI3) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational practice Deficiencies Never solicits Rarely seeks and does not Solicits feedback only from Solicits feedback from all Performance continuously feedback incorporate feedback supervisors and members of the interreflects incorporation of professional team and patients inconsistently incorporates solicited and unsolicited Actively resists Responds to unsolicited feedback feedback feedback from feedback in a defensive Welcomes unsolicited others fashion Is open to unsolicited feedback Role-models ability to feedback reconcile disparate or Temporarily or Consistently incorporates conflicting feedback Inconsistently incorporates superficially adjusts feedback performance based on feedback feedback Able to reconcile disparate or

conflicting feedback

Ī	32. Learns and impr	oves at the point of care. (	PBLI4)			
	The collaborative group For your convenience th		Subspecialty Reporting Milestones do	es not require modification for applica	bility to Hematology-Oncology.	
	Critical			Ready for unsupervised	Aspirational	
	Deficiencies	<u> </u>		practice		
	Fails to	Rarely reconsiders an	Inconsistently reconsiders	Routinely reconsiders an	Role-models how to apprais	

Comments:

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Fails to	Rarely reconsiders an	Inconsistently reconsiders	Routinely reconsiders an	Role-models how to appraise
acknowledge	approach to a problem,	an approach to a problem,	approach to a problem, asks	clinical research reports
uncertainty and	asks for help, or seeks	asks for help, or seeks new	for help, or seeks new	based on accepted criteria
reverts to a	new information	information	information	
reflexive patterned				Has a systematic approach to
response even	Can translate medical	Can translate medical	Routinely translates new	track and pursue emerging
when inaccurate	information needs into	information needs into well-	medical information needs	clinical questions
1	well-formed clinical	formed clinical questions	into well-formed clinical	
Fails to seek or	questions with assistance	independently	questions	
apply evidence				
when necessary	Unfamiliar with strengths	Aware of the strengths and	Guided by the characteristics	
1	and weaknesses of the	weaknesses of medical	of clinical questions, efficiently	
	medical literature	information resources, but	searches medical information	
	11	utilizes information	resources, including decision	
	Has limited awareness of,	technology without	support tools and guidelines	
	or ability to use,	sophistication		
	information technology or		Independently appraises	
	decision support tools	With assistance, appraises	clinical research reports based	
1	and guidelines	clinical research reports	on accepted criteria	
1	A	based on accepted criteria		
1	Accepts the findings of clinical research studies			
	without critical appraisal			
Commenter				

37. Communicates et (ICS1)	37. Communicates effectively and compassionately with patients, caregivers and inter-professional teams during all phases of care. (ICS1)									
Critical Deficiencies	Ready for unsupervised Aspirational practice	1								
Does not	Inconsistently Consistently demonstrates Consistently demonstrates Role models and teach	ches								
demonstrate	demonstrates effective and effective and compassionate effective and compassionate effective strategies to	0								
effective and	compassion verbal and verbal and written communication for patients compassionately disc	cuss								
compassionate	written communication   communication regarding   with straightforward or   treatment strategies,									
verbal and written	regarding treatment treatment strategies for challenging conditions or terminal diagnosis are	nd bad								
communication	strategies and needs straightforward cases and is psychosocial situations in news discussions									
regarding	assistance for, or defers, able to discuss difficult verbal and written									
treatment	difficult discussions of issues of such as terminal communication regarding									
strategies for	terminal diagnosis and diagnosis and futility of treatment and issues of such as									
specialty disorders	therapy unresponsiveness   therapy   terminal diagnosis and futility									
	of therapy									
Comments:										

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Uses communication strategies that hamper or disrupt collaboration and teamwork	Inconsistently engages in collaborative communication with appropriate members of team	Consistently engages in collaborative communication with appropriate members of team  Consistently employs verbal,	Consistently demonstrates leadership through collaborative communication in teams  Consistently solicits	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing providers
Resists offers of collaborative input	Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	non-verbal and written strategies that facilitate collaborative care	collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing providers	

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed
directives	Occasionally delayed in submission of completed	appropriate billable services	note has appropriate billable services	consent and patient preferences
Record completion	medical records	Consistent in timely		_
consistently		submission of completed	Consistent in timely	
delinquent		medical records	submission of completed	
- 1			medical records	

# 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

	for your convenience they are listed below.								
Critical			Ready for unsupervised	Aspirational					
Deficiencies			practice	-					
Disrespectful in	Inconsistently	Consistently respectful in	Demonstrates empathy,	Role-models compassion,					
interactions with	demonstrates empathy,	interactions with patients,	compassion, and respect to	empathy, and respect for					
patients, caregivers,	compassion, and respect	caregivers, and members of	patients and caregivers in all	patients and caregivers					
and members of the	for patients and caregivers	the inter-professional team,	situations						
inter-professional		even in challenging situations		Role-models appropriate					
team	Inconsistently		Anticipates, advocates for, and	anticipation and advocacy for					
	demonstrates	Is available and responsive to	actively works to meet the needs	patient and caregiver needs					
Sacrifices patient	responsiveness to patients'	needs and concerns of	of patients and caregivers						
needs in favor of	and caregivers' needs in an	patients, caregivers, and		Fosters collegiality that					
self-interest	appropriate fashion	members of the inter-	Demonstrates a responsiveness	promotes a high-functioning					
		professional team to ensure	to patient needs that supersedes	inter-professional team					
Does not	Inconsistently considers	safe and effective patient care	self-interest						
demonstrate	patient privacy and			Teaches others regarding					
empathy,	autonomy	Emphasizes patient privacy	Positively acknowledges input of	maintaining patient privacy					
compassion, and		and autonomy in all	members of the inter-	and respecting patient					
respect for patients	Inconsistently aware of	interactions	professional team and	autonomy					
and caregivers	physician and colleague		incorporates that input into plan						
	self-care and wellness	Consistently aware of	of care, as appropriate	Role-models personal self-care					
Does not		physician and colleague self-		practice for others and					
demonstrate		care and wellness	Regularly reflects on, assesses,	promotes programs for					
responsiveness to			and recommends physician and	colleague wellness					
patients' and			colleague self-care and wellness						
caregivers' needs in									
an appropriate									
fashion									
Does not consider									
patient privacy and autonomy									
autonomy									
Unaware of									
physician and									
colleague self-care									
and wellness									
and weiliess									

#### 34. Accepts responsibility and follows through on tasks. (PROF2)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	ney are	listed below.										
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspiration	al
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks  Shuns responsibilities expected of a physician professional	tasi but or o	npletes most assigks in a timely man is may need remind other support epts professional consibility only when and ator mandator	ner lers nen	and p timel with policy Comp profe with	pletes administrat batient care tasks i y manner in accor local practice and y pletes assigned essional responsib out questioning or for reminders	in a rdance /or ilities	deman tasks a timely Willing	cizes multiple comp nds in order to comp and responsibilities and effective mann gly assumes profess asibility regardless on	plete in a ner sional	many order respo and e Assist	models priorit competing de to complete to nsibilities in a ffective manne ts others to im ability to prior competing tas	mands in asks and timely er prove ritize
Comments:												

_	n patient's unique characteristic recommends that using the IM Subspec By are listed below.		s not require modification for applical	bility to Hematology-Oncology.
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is insensitive to differences related to personal characteristics and needs in the patient/caregiver encounter  Is unwilling to modify care plan to account for a patient's unique characteristics and needs	basic awareness of differences related to characteristics and needs in the patient/caregiver for encounter characteristics	eks to fully understand ch patient's personal aracteristics and needs odifies care plan to account a patient's unique aracteristics and needs ith partial success	Recognizes and accounts for the personal characteristics and needs of each patient Appropriately modifies care plan to account for a patient's unique characteristics and needs	Role-models professional interactions to navigate and negotiate differences related to a patient's unique characteristics or needs  Role-models consistent respect for patient's unique characteristics and needs
Comments:		,		

# 6) Systems- Based Practice

recognize the contributions of other inter-	Identifies roles of other team members, but does not recognize how/when to utilize them as resources	Understands the roles and responsibilities of all team members, but uses them	Ready for unsupervised practice Understands the roles and responsibilities of, and	Aspirational Develops, trains, and
recognize the contributions of other inter-	team members, but does not recognize how/when to utilize them as	responsibilities of all team members, but uses them		Develops, trains, and
Frustrates team di members with bi inefficiency and in	resources  Participates in team  discussions when required, but does not actively seek input from other team members	ineffectively  Actively engages in team meetings and collaborative decision-making	effectively partners with, all members of the team Efficiently coordinates activities of other team members to optimize care	inspires the team regarding unexpected events or new patient management strategies  Viewed by other team members as a leader in the delivery of high-quality care
Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)				
Comments:		J   L   L		

The collaborative group For your convenience the Critical			ing the	IM Su	bspecia	lty Repor	ting Milest	ones doe:					bility to	Hematolog	y-Onco	logy.
Deficiencies									Rea	ay for un prac	isupervis tice	ea		Aspira	tional	
Ignores a risk for error within the system that may affect the care of a patient  Ignores feedback and is unwilling to change behavior in order to reduce the risk for error	Ma co are by su Res abo	ses not recognitential for system idea of the even of the system of the	s that rors th orrecte r lback that m	at ed	Recog for er syste steps Willing about	within iffies obvise of error in the mand to mitiguity to rectification of the control of the co	ne potenti the syster vious or coordingly ne potenti ne immed akes nece gate that r	n ritical tifies , al risk iate ssary isk back ay	medicathem to care  Advoca and op system  Activate resource mitigate medicate Reflect own cr	ates for satisfies formal paties formal paties formal ces formal ces to involve real or juit error	system estigate a potential ad learns f dents that	es ent care nd	leade engag and q activi Viewe ident for th error Teach impos	ed as a lea ifying and e prevent	ormally ty assu- proven der in advoc- ion of	rance lent ating nedical ling the
	4															

27. Demonstrates al	bi	lity to use and access infor	matio	n that incorporat	es cost	awarei	ness and risk-bene	fit an	alysis i	n patient or
population-based ca	ar	e. (SBP3)								
The collaborative group For your convenience th		ecommends that using the IM Su are listed below.	bspecia	lty Reporting Milest	ones doe	s not req	uire modification for a	applical	bility to	Hematology-Oncology.
Critical	Τ					Rea	dy for unsupervis	ed		Aspirational
Deficiencies	⊥						practice			
Ignores cost issues	ı	Lacks awareness of	Reco	gnizes that extern	al	Consis	tently works to add	lress		nes patients and health
in the provision of	ı	external factors (e.g.,	facto	rs influence a pati	ent's	patient	t-specific barriers t	0	care t	team members to
care	ı	socio-economic, cultural,	utiliz	ation of health car	e and	cost-ef	fective care			mize and address
	ı	literacy, insurance status)	may a	act as barriers to o	ost-				comn	non barriers to cost-
Demonstrates no	ı	that impact the cost of	effect	tive care		Advoca	ates for cost-consci	ous	effect	ive care and
effort to overcome	ı	health care, and the role				utilizat	tion of resources su	ch as	appro	priate utilization of
barriers to cost-	ı	that external stakeholders	Minii	mizes unnecessary	7	emerg	ency department vi	sits	resou	irces
effective care	ı	(e.g., providers, suppliers,	diagr	iostic and therape	utic	and ho	spital readmission:	S	1	
1	ı	financers, purchasers)	tests						Active	ely participates in
	ı	have on the cost of care				Incorp	orates cost-awaren	ess	initia	tives and care delivery
	ı		Posse	esses an incomple	te	princip	oles into standard		mode	els designed to
	ı	Does not consider limited	unde	rstanding of cost-		clinica	l judgments and		overc	ome or mitigate
	ı	health care resources	awar	eness principles fo	or a	decisio	n-making, includin	g use	barrie	ers to cost-effective,
	ı	when ordering diagnostic	popu	lation of patients	(e.g.,	ofscre	ening tests		high-	quality care
	ı	or therapeutic	use o	f screening tests)						
	ı	interventions								
	L									
Comments:										

#### 28. Transitions patients effectively within and across health delivery systems. (SBP4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	$e_y$	ure usieu below.			
Critical Deficiencies				Ready for unsupervised practice	Aspirational
Disregards need	П	Inconsistently utilizes	Recognizes the importance	Appropriately utilizes	Coordinates care within and
for communication	П	available resources to	of communication during	available resources to	across health delivery
at time of	П	coordinate and ensure	times of transition	coordinate care and manage	systems to optimize patient
transition	П	safe and effective patient		conflicts to ensure safe and	safety, increase efficiency,
1	П	care within and across	Communicates with future	effective patient care within	and ensure high-quality
Does not respond	П	delivery systems	caregivers, but demonstrates	and across delivery systems	patient outcomes
to requests of	П		lapses in provision of		
caregivers in other	П	Provides incomplete	pertinent or timely	Actively communicates with	Role-models and teaches
delivery systems	П	written and verbal care	information	past and future caregivers to	effective transitions of care
1	П	plans during times of		ensure continuity of care	
Written and verbal	П	transition			
care plans during	П			Anticipates needs of patient,	
times of transition	П	Provides inefficient		caregivers, and future care	
are absent	П	transitions of care that		providers and takes	
	П	lead to unnecessary		appropriate steps to address	
1		expense or risk to a patient		those needs	
		(e.g., duplication of tests,			
		readmission)			

Comments:

ROTATION	B SERVICE (Housestaff service)	
		_
SUPERVISION	Hematology/Oncology attending	
GENERAL STRUCTURE	Weekdays	7a-7p
	Weekends	7a-7p (Saturday)
OVERNIGHT COVERAGE	Nocturnist/Hospitalist	7p-7a
ROTATION SPECIFIC DIDACTICS	Tumor Board	Wednesday noon
	PCI Lecture	M/W/F: 12 noon to 1230. This is sometimes at the SHY Internal Medicine Noon Conference
PROCEDURES	Bone marrow biopsy	
	Intrathecal chemotherapy	
<b>EVALUATION PROCESS</b>	ABIM/ACGME Internal Medicine Su	ubspecialty Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	
	Midway then end of rotation face	time

#### **FELLOW TIPS!**

- 1) Admissions can come from the ED, Hillman outpatient clinics, outside hospital transfers, direct admissions from home. Patients going to Team B/housestaff, should only be assigned when they are able to be seen (in the ED, at the Beckwith center, at the Hillman outpatient clinics or infusion areas)
- 2) Fellows are not authorized to accept patient transfers from other hospitals (if you are called by an outside MD requesting a patient transfer, refer them to the admitting attending of the appropriate service)
- 3) Housestaff: 1 resident, 2 interns. Housestaff admitting rules: 3 total admissions daily, except 4 on Monday and Friday and 0 on Sunday. Cap time 6pm. Maximum of 1 holdover daily. Maximum of 20 total patients (10 per intern).
- 4) When a housestaff patient is transferred to ICU, they will continue to be followed by the Attending and fellow in consultation. They should return to the same housestaff team when they leave the ICU if the same resident is on service. This does not count as an admission for the day, but does count toward the

total team cap. If there is a new resident on service, the transfer is treated like a new admission and can be triaged to either team.

# CORE COMPETENCY-BASED GOALS AND OBJECTIVES

1) Patient Care	
-----------------	--

1. Gathers and synth disorder. (PC1a)	esize	s patient and d	isease s	pecific	informa	tion ne	cessary	to und	erstand t	the prese	nting l	nemato	ologic or oncologic	
Critical Deficiencies								Rea	dy for un prac	nsupervis ctice	ed		Aspirational	
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synt infor patie path	nsistently gathe hesizes critical rmation related ent and the cophysiology to disorder(s)	to the	synth inform paties	istently ga lesizes crit mation rel nt and the ophysiolog ders	tical ated to	the	Consistently gathers and synthesizes critical information related to the patient pathophysiology of complex disorders				Role models and teaches how to gather and synthesize information about patients and is able to teach about the patient pathophysiology of complex disorders		
						]					[	J		
Comments:														

2. Demonstrates abil (PC2a)	lity to	diagnos	se and a	ssign s	tage, a	nd/or s	severity,	of hema	atology	and onc	ology disc	orders	in all a	adult age g	groups.
Critical Deficiencies									Rea		nsupervis ctice	sed		Aspirat	ional
Unfamiliar with common staging or severity scores	appı eval	nsistentl ropriate s uate com rders	studies t	0	appro radio studio stage	graphic es and c and/or	orders aborator diagnost orrectly severity isorders	ic assigns	Consistently orders appropriate laboratory and radiographic diagnostic studies and correctly assigns stage and/or severity scores to complex disorders				Role models and teaches the use of appropriate laboratory and radiographic diagnostic studies in the assignment of stage and/or severity scores to complex specialty disorders		
										[		[			
Comments:															

3. Formulates the ov	erall plan for hematology a	nd oncology disorders, includi	ing urgent/emergent conditions	s. (PC2b)		
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Unable to determine the most appropriate management plan for common disorders	Inconsistently proposes the most appropriate treatment for common disorders	Consistently develops appropriate management plans for common disorders, including urgent or emergent conditions	Consistently develops appropriate management plans for complex disorders including comprehensive management plans for urgent or emergent conditions	Role models and teaches development of comprehensive management plans for complex specialty disorders and for urgent or emergent conditions		
Comments:		·	·	·		

Critical Deficiencies							Rea	dy for uns practi	-	ed		Aspirational	
Unable to accurately monitor reatment responses for specialty conditions	d m in d u	nconsistently emonstrates familiarit vith standard neasurements and nconsistently emonstrates nderstanding of their pplication	у	know guide meas situat	stently applies ledge of consensu lines and standar urement scales in ions and modifies py accordingly	d most	knowle guideli in com	tently appl edge of con nes and sta plex specia odifies ther ingly	sensus andard s alty disor	purpo analy respo measi	ole models and teaches irpose of staging and alysis of therapeutic sponse using specific easurements and idelines		

Critical Deficiencies						Rea	ndy for unsupervis practice	sed		Aspirational	
Does not demonstrate understanding of toxicity of common therapies	١	Inconsistently identifies risk of and management toxicity in patients receiving systemic thera	and n	stently identifies nanagement of co vere toxicities in nts receiving syst py	mmon	and ma uncom toxicit	tently identifies ris anagement of com amon and complex ies in patients rece nic therapy	non,	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies		

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not recognize patients who may be candidates for inclusion in clinical trials	Inconsistently recognizes patients who may be candidates for clinical trials and has a poor understanding of eligibility requirements	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and participates in patient enrollment with assistance	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and independently manages the enrollment process	Role models and teaches discussion of clinical trial participation with patient, including how to incorporate ethical decision making in the process

Critical Deficiencies							Rea	dy for uns practi	-	d	Aspirational				
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	need geria reha anda appi	nsistently red to incorporatric and/or abilitation properties of the consultation of t	rate rinciples ition as he care of	need and/ medi- const in the paties with	to incorpo or rehabili cine princi	ples and/or appropriate riatric ng those	geriatr princip as app patien geriatr extenu psycho includi	tently incorric and/or roles and/or roles and/or ropriate in ts with sign ic syndrom ating clinic social circuing the use isciplinary	ehabilitat consultat the care o ificant es or al or umstances of the	incorp and/o princi consul patien geriati includ	Role models and teaches the incorporation of geriatric and/or rehabilitation principles and/or consultation in the care of patients with significant geriatric syndromes, including the use of the multidisciplinary team				

Critical Deficiencies						Re	ady for ur prac		sed		Aspirational
Does not demonstrate an understanding of basic principles of transfusion medicine	demo unde princ medi appro	cine and	s ng of transfus d orders	produ	y orders common	produ	opriately o acts for cor ations, incl resis and sp acts	nplex uding		princ medic appro	models and teaches the iples of transfusion cine and the opriate ordering of all products
	$\neg \neg$										

9. Demonstrates app	ropr	iate understandii	ng and	l mana	agement of comp	lication	ıs of tra	ansfusion medicin	e. (PC	2h)		
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational	
Unable to recognize complications from blood component therapy	com	ensistently recognic plications from bloop ponent therapy	zes ood	comn react	istently recognize: non transfusion ions, and orders opriate interventio		uncom reaction approp manage transfe compl	nizes common and nmon transfusion ons and orders priate interventions gement of unusual usion-related ications and blood patibilities	s for	antici mana transi comp	nodels and teache pation and gement of unusual fusion-related lications and blood patibilities	1
Comments:												

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not recognize signs or symptoms of pain, anxiety or depression	Inconsistently recognizes and institutes management strategies for pain, anxiety, or depression	Consistently recognizes the signs of pain, anxiety or depression and institutes management strategies	Consistently recognizes the signs of pain, anxiety and depression and institutes management strategies including cases with complex cultural or psychosocial situations	Role models and teaches recognition of signs of pain, anxiety and depression and development of the best management strategies

Critical Deficiencies								Rea	dy for un pract	-	ed		Aspiratio	nal
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	the no pallia rehab	sistently recogn eed to involve tive care, hospic oilitation medici are of patients	e or	need t care, l rehab	stently rec to involve nospice or ilitation m re of patie	palliati iedicine	ve	need to hospice medici of patie involve discipli	ently reco involve p or rehab ne service ents and co ment of the nes, inclu sciplinary gs	oalliative ilitation is in the coordinate he other ding the i	care, are es	multio manag	nodels and to disciplinary t gement of pa ce, and rehab	eam lliative,
										]				

14. Demonstrates th	14. Demonstrates the ability to effectively manage patients during transitions of care. (PC2m)										
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational
the need to have	Inconsistently recognizes the need to have discussions of goals of care and needs assistance during discussions  Consistently recogn need to have discus goals of care goals of care			to have discussion		need t	tently recognizes the o have discussions of of care and involven tidisciplinary team ers	of nent	multi	models and teaches disciplinary discussions als of care	
Comments:											

#### 15. Manages patients with progressive responsibility and independence. (PC3) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational practice Deficiencies Cannot advance Requires direct Requires indirect Independently manages Effectively manages unusual, beyond the need for supervision to ensure supervision to ensure patients across applicable rare, or complex disorders in direct supervision in patient safety and quality patient safety and quality inpatient, outpatient, and all appropriate clinical the delivery of ambulatory clinical settings settings patient care who have a broad spectrum of Provides appropriate clinical disorders, including Requires direct Cannot manage supervision to manage preventive care and chronic undifferentiated syndromes patients who problems or common disease management in all require urgent or chronic diseases in all appropriate clinical settings Seeks additional guidance emergency care appropriate clinical and/or consultation as settings Provides comprehensive appropriate care for single or multiple Does not assume responsibility for Inconsistently provides diagnoses in all appropriate Appropriately manages patient preventive care in all clinical settings situations requiring urgent or management appropriate clinical emergency care decisions settings Under supervision, provides appropriate care in the Effectively supervises the Requires direct intensive care unit management decisions of the supervision to manage team in all appropriate clinical patients with Initiates management plans settings straightforward diagnoses for urgent or emergency care in all appropriate clinical settings Unable to manage complex inpatients or patients requiring intensive care Cannot independently supervise care provided by

other members of the physician-led team

			r diagnosis, treatment, and mai d ACGME required outcomes. ()	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; requires assistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; able to administer uncomplicated without assistance chemotherapy, and to perform lumbar puncture and bone marrow aspirate and biopsies on most patients without assistance	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies
Comments:			•	

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to interpret a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear

18. Writes accurate non-invasive)	and:	safe orders in the	Electr	onic N	ledical Record fo	r syste	mic the	rapy including ap	propri	ate suj	pportive care. (PC4c-
Critical Deficiencies							Rea	idy for unsupervis practice	ed		Aspirational
Does not have the skill to write orders for systemic therapy	ord info sys ele	onsistently writes ers and obtains ormed consent for temic therapy usin ctronic medical rec common disorders	g the cord	and of and a the el- for sy comminto a perfo	ins informed consionsistently writes cocurate orders us lectronic medical estemic therapy for an disorders, take account social issummance status, or ion and comorbid	s safe ing record r ing es, gan	consist accura electro commo disord suppor perform	is informed consent tently writes safe and te orders using the onic medical record on and uncommon ers, taking into according trive care requirem mance status, organ on and comorbidities	for ount eents,	how t conse accura thera	models and teaches o obtain informed int and to write safe and ate orders for systemic py using the electronic cal record
Comments:											

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.  Critical  Ready for unsupervised											
Deficiencies			Ready for unsupervised practice	Aspirational							
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate for patient care	Inconsistently manages patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant  Inconsistently formulates a clinical question for a consultant to address	Provides consultation services for patients with clinical problems requiring basic risk assessment  Asks meaningful clinical questions that guide the input of consultants	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment  Appropriately integrates recommendations from other consultants in order to effectively manage patient care	Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment  Models management of discordant recommendations from multiple consultants							

20. Demonstrates a fund of knowledge in solid tumor oncology. (MK1a)											
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Demonstrates insufficient basic knowledge in oncology	den	onsistently nonstrates basic wledge of solid tu	ımors	broad most,	stently demonstr I fund of knowled but not all of the os of solid tumors	ge of major	broad solid to biolog	tently demonstrate fund of knowledge umor oncology, bas y, pharmacology an ties of rare cancers	of ic d	other	models and teaches is the fundamental epts of solid tumor ogy in multiple areas
Comments:											

# 2) Medical Knowledge

21. Demonstrates a	21. Demonstrates a fund of knowledge in hematologic malignancies. (MK1b)										
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational
Demonstrates insufficient basic knowledge in hematologic malignancies	dem	nsistently onstrates basic wledge of the atologic malignar	ıcies	broad the he	stently demonstra I fund of knowled ematologic nancies		broad hemat	tently demonstrate fund of knowledge ologic malignancies ing rare diseases	of the	other	models and teaches to s the fundamental pts of a broad range of tologic malignancies
Comments:						_					

	23. Demonstrates knowledge of, and indications for, genetic, genomic, molecular, and laboratory tests related to hematologic and oncologic disorder. (MK2)											
Critical Deficiencies			Ready for unsupervised practice	Aspirational								
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	Inconsistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes	Consistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes	Consistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes, including the diagnosis and management of inherited or acquired common, rare and complex disorders	Role models and teaches others the complexities of the molecular pathways and their modifications in clinical disorders and the appropriateness of genetic testing								
Comments:												

# 3) Practice Based Learning

29. Monitors practic	ce	with a goal for improveme	ent. (P	BLI1)						
The collaborative group For your convenience the		ecommends that using the IM Su are listed below.	bspecia	lty Reporting Milest	ones doe.	s not req	uire modification for a	applical	bility to	Hematology-Oncology.
Critical Deficiencies	ĺ					Rea	idy for unsupervis practice	ed		Aspirational
Unwilling to self- reflect upon one's practice or performance  Not concerned with opportunities for learning and self- improvement	Ш	Unable to self-reflect upon practice or performance Misses opportunities for learning and self- improvement	upon perfo incor those Incor oppo	nsistently self-refloor practice or practice, and nsistently acts upo e reflections nsistently acts upo rtunities for learn self-improvement	n n	one's and continued those praction Recognized the continued the continue	arly self-reflects up practice or perform onsistently acts upo reflections to impro- ice nizes sub-optimal ce or performance a tunity for learning a aprovement	ance, on ove os an	valida reflect pract Active engage effort	larly seeks external ation regarding self- ction to maximize ice improvement ely and independently ges in self-improvement as and reflects upon the cience
	_									
Comments:										

30. Learns and improve	s via pe	rformance au	dit and	l lifeloı	ng learning	(PBLI	2)				
Critical Deficiencies							Re	eady for unsu practic	•	Aspirational	
Resists the concept of lifelong learning	deve	ires assistance loping skills for ng learning		lifelon	eveloped skill g learning bu sistently appl	t	Actively engaged in lifelong learning Demonstrates leadersh promoting lifelong lear for him/herself and oth team members				
	Ĺ										
Comments:											

#### 31. Learns and improves via feedback. (PBLI3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	y are listed below.			
Critical Deficiencies		Ready	for unsupervised practice	Aspirational
Never solicits feedback	Rarely seeks and does not incorporate feedback supervisors and inconsistently in	members	Performance continuously reflects incorporation of solicited and unsolicited	
Actively resists feedback from	Responds to unsolicited feedback feedback in a defensive		s unsolicited	feedback
others	fashion  Is open to unsoli feedback  Temporarily or superficially adjusts  Inconsistently in	Consisten	ntly incorporates	Role-models ability to reconcile disparate or conflicting feedback
	performance based on feedback	Able to re	econcile disparate or g feedback	
Comments:				·

#### 32. Learns and improves at the point of care. (PBLI4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the	ey	are listed below.		•			•				
Critical Deficiencies							Read	dy for unsupervis practice	ed	A	spirational
Fails to		Rarely reconsiders an			sistently reconsid			ely reconsiders an			lels how to appraise
acknowledge		approach to a problem,			proach to a probl			ch to a problem, as	ks		search reports
uncertainty and		asks for help, or seeks			or help, or seeks	new		o, or seeks new		based on	accepted criteria
reverts to a		new information		inform	nation		informa	ation			
reflexive patterned											tematic approach to
response even		Can translate medical			ranslate medical			ely translates new			pursue emerging
when inaccurate		information needs into			nation needs into			l information need	S	clinical qu	uestions
		well-formed clinical			ed clinical questio	ns		ll-formed clinical			
Fails to seek or		questions with assistant	ce	indep	endently		questio	ns			
apply evidence			.	_		_					
when necessary		Unfamiliar with strength	ns		e of the strengths			by the characteris			
		and weaknesses of the			nesses of medical			cal questions, effici			
		medical literature			nation resources, es information	but		es medical informa			
		Has limited awareness of			ology without			es, including decis t tools and guidelir			
		or ability to use,	J1,		stication		suppor	t tools and guidelli	ies		
		information technology		sopm	sucation		Indone	ndently appraises			
		decision support tools	01	TATION	assistance, appra			research reports b	arad		
		and guidelines			al research repor			pted criteria	aseu		
		and guidennes			on accepted crit		on acce	pted Criteria			
		Accepts the findings of		Dusec	on accepted crite						
		clinical research studies									
		without critical appraisal	, 1								
Comments:											

37. Communicates e (ICS1)	ffectively and compassionat	ely with patients, caregivers	and inter-professional teams du	ring all phases of care.			
Critical Deficiencies			Aspirational				
Does not	Inconsistently	Consistently demonstrates	Consistently demonstrates	Role models and teaches			
demonstrate	demonstrates effective and	effective and compassionate	effective and compassionate	effective strategies to			
effective and	compassion verbal and	verbal and written	communication for patients	compassionately discuss			
compassionate	written communication	communication regarding	with straightforward or	treatment strategies,			
verbal and written	regarding treatment	treatment strategies for	challenging conditions or	terminal diagnosis and bad			
communication	strategies and needs	straightforward cases and is	news discussions				
regarding	assistance for, or defers,	able to discuss difficult					
treatment	difficult discussions of	issues of such as terminal	communication regarding				
strategies for	terminal diagnosis and	diagnosis and futility of	treatment and issues of such as				
specialty disorders	therapy unresponsiveness	therapy	terminal diagnosis and futility				
			of therapy				
Comments:		· ·	·				

strategies that	Inconsistently engages in	Consistently engages in		
collaboration and	collaborative communication with appropriate members of team	collaborative communication with appropriate members of team	Consistently demonstrates leadership through collaborative communication in teams	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing
collaborative input	Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	Consistently employs verbal, non-verbal and written strategies that facilitate collaborative care	Consistently solicits collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing providers	providers

Critical Deficiencies			Ready for unsupervised practice	Aspirational	
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches	
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,	
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive	
clinical data, and/or	and/or documentation of	and/or documentation of	health records that are		
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,	
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision	
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include	
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed	
directives	Occasionally delayed in	appropriate billable services	note has appropriate billable	consent and patient	
	submission of completed		services		
Record completion	medical records	Consistent in timely			
consistently		submission of completed	Consistent in timely		
delinquent		medical records	submission of completed		
-			medical records		

## 5) Professionalism

# 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disrespectful in	Inconsistently	Consistently respectful in	Demonstrates empathy,	Role-models compassion,
interactions with	demonstrates empathy,	interactions with patients,	compassion, and respect to	empathy, and respect for
patients, caregivers,	compassion, and respect	caregivers, and members of	patients and caregivers in all	patients and caregivers
and members of the	for patients and caregivers	the inter-professional team,	situations	
inter-professional		even in challenging situations		Role-models appropriate
team	Inconsistently		Anticipates, advocates for, and	anticipation and advocacy for
	demonstrates	Is available and responsive to	actively works to meet the needs	patient and caregiver needs
Sacrifices patient	responsiveness to patients'	needs and concerns of	of patients and caregivers	
needs in favor of	and caregivers' needs in an	patients, caregivers, and		Fosters collegiality that
self-interest	appropriate fashion	members of the inter-	Demonstrates a responsiveness	promotes a high-functioning
		professional team to ensure	to patient needs that supersedes self-interest	inter-professional team
Does not demonstrate	Inconsistently considers patient privacy and	safe and effective patient care	self-interest	To a share otherway we are disco
	autonomy	Emphasizes nations universe	Positively acknowledges input of	Teaches others regarding
empathy, compassion, and	autonomy	Emphasizes patient privacy and autonomy in all	members of the inter-	maintaining patient privacy and respecting patient
respect for patients	Inconsistently aware of	interactions	professional team and	autonomy
and caregivers	physician and colleague	Interactions	incorporates that input into plan	autonomy
and caregivers	self-care and wellness	Consistently aware of	of care, as appropriate	Role-models personal self-care
Does not	Jon care and weimess	physician and colleague self-	or care, as appropriate	practice for others and
demonstrate		care and wellness	Regularly reflects on, assesses,	promotes programs for
responsiveness to			and recommends physician and	colleague wellness
patients' and			colleague self-care and wellness	
caregivers' needs in				
an appropriate				
fashion				
Does not consider				
patient privacy and				
autonomy				
Unaware of				
physician and				
colleague self-care				
and wellness				

#### 34. Accepts responsibility and follows through on tasks. (PROF2)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience in	ne	ure usteu below.									
Critical Deficiencies							Rea	dy for unsupervise practice	ed		Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks  Shuns responsibilities expected of a physician professional		Completes most assig tasks in a timely many but may need remind or other support  Accepts professional responsibility only whas signed or mandatory	ner ers en	and retimed with police Compared with with	pletes administrat patient care tasks i ly manner in accor local practice and y pletes assigned essional responsib out questioning or for reminders	n a rdance /or ilities	deman tasks a timely Willing	cizes multiple comp ds in order to comp and responsibilities and effective mann gly assumes profess asibility regardless on	plete in a ier sional	many order respo and e Assist	models prioritizing competing demands in to complete tasks and insibilities in a timely ffective manner ts others to improve ability to prioritize competing tasks
										] [	
Comments:											

#### 35. Responds to each patient's unique characteristics and needs. (PROF3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the					p	ng neper			o noo req.			PPIICA			,, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30.
Critical Deficiencies									Rea	_	nsupervis ctice	ed		Aspira	tional	
Is insensitive to	П	Is sensitive	to and ha	ıs	Seek	s to fully	understa	nd	Recogn	nizes and	accounts	for	Role-	models p	rofessio	nal
differences	П	basic awar	eness of		each	patient's	persona	1	the per	rsonal ch	aracteristi	cs	intera	actions to	navigat	e and
related to	П	differences	related to	•	chara	acteristic	s and nee	eds	and ne	eds of ea	ch patient		negot	iate diffe	rences r	elated
personal	П	personal ch	naracteris	tics									to a p	atient's u	nique	
characteristics	П	and needs i	in the		Modi	ifies care	plan to a	ccount	Approp	priately n	nodifies ca	re	chara	cteristics	or need	s
and needs in the	П	patient/car	regiver		for a	patient's	unique		plan to	account	for a patie	nt's				
patient/caregiver	П	encounter			chara	acteristic	s and nee	eds	unique	characte	eristics and	1	Role-	models co	onsisten	t
encounter	П				with	partial s	uccess		needs				respe	ct for pat	ient's ur	nique
	П	Requires as:	sistance t	0									chara	cteristics	and nee	eds
Is unwilling to	П	modify care	plan to													
modify care plan to	П	account for	a patient'	S												
account for a	П	unique char	racteristic	s and												
patient's unique	П	needs														
characteristics and	П															
needs	Ц				<u> </u>				L				<u> </u>			
			Ш													
Comments:																

## 6) Systems- Based Practice

25. Works effectivel	ly within an inter-professio	onal team (e.g. peers, consultan	ts, nursing, and other health pr	ofessionals). (SBP1)
The collaborative group	recommends that using the IM	Subspecialty Reporting Milestones dos	es not require modification for applica	hility to Hematology-Oncology
For your convenience the		subspecially Reporting Phiestones do	s not require modification for applica	onity to Hematology-Oncology.
Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	Aspirational
Refuses to	Identifies roles of other	Understands the roles and	Understands the roles and	Develops, trains, and
recognize the	team members, but does	responsibilities of all team	responsibilities of, and	inspires the team regarding
contributions of	not recognize how/when	members, but uses them	effectively partners with, all	unexpected events or new
other inter- professional team	to utilize them as resources	ineffectively	members of the team	patient management strategies
members	11	Actively engages in team	Efficiently coordinates	
	Participates in team	meetings and collaborative	activities of other team	Viewed by other team
Frustrates team	discussions when required		members to optimize care	members as a leader in the
members with	but does not actively seek			delivery of high-quality care
inefficiency and	input from other team			
errors	members			
Frequently				
requently requires reminders	11			
from team to	H			
complete physician	11			
responsibilities	11			
(e.g., talk to family,	11			
enter orders)	11			
	<u>II </u>	<u> </u>	<u> </u>	<u> </u>
Comments:	•			_

26. Recognizes system  The collaborative group  For your convenience the	rec	commends th	at using th			_								Hematology	v-Oncology.
Critical Deficiencies									Rea	dy for un prac	isupervis tice	ed		Aspirat	ional
Ignores a risk for error within the system that may affect the care of a patient  Ignores feedback and is unwilling to change behavior in order to reduce the risk for error	F a	Does not repotential for Makes decis could lead tare otherwiby the system supervision desistant to bout decision ause harm	r system of sions that o errors to se correct om or feedback ons that n	error hat ted	Ident cause super Recog for er syste steps Willing about lead t	within iffies ob- es of err- rvisor ac- gnizes ti- rror in ti- m and ti to mitig- ng to rectided;	he potenti the syster vious or coor and no coordingly he potenti he immed takes nece gate that r ceive feed ons that m	n ritical tifies ' 'al risk iate ssary isk back ay	medicathem to care  Advocated and operation of the care of the car	al error ar o provide ates for sa timal pati us tes formal ces to inv te real or al error	l system estigate a potential nd learns f dents that	tes ent t care nd	leader engag and quactivit Viewer identifor the error Teach impor	uality imp ties ed as a lead fying and e preventi les others tance of r	rmally y assurance rovement
Comments:															

#### 27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in patient or population-based care. (SBP3) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational Deficiencies practice Ignores cost issues Lacks awareness of Recognizes that external Consistently works to address Teaches patients and health in the provision of patient-specific barriers to external factors (e.g., factors influence a patient's care team members to socio-economic, cultural, utilization of health care and cost-effective care recognize and address care common barriers to costliteracy, insurance status) may act as barriers to cost-Demonstrates no that impact the cost of effective care Advocates for cost-conscious effective care and health care, and the role appropriate utilization of effort to overcome utilization of resources such as barriers to costthat external stakeholders Minimizes unnecessary emergency department visits resources effective care (e.g., providers, suppliers, diagnostic and therapeutic and hospital readmissions financers, purchasers) tests Actively participates in have on the cost of care Incorporates cost-awareness initiatives and care delivery Possesses an incomplete principles into standard models designed to understanding of costclinical judgments and Does not consider limited overcome or mitigate health care resources awareness principles for a decision-making, including use barriers to cost-effective, when ordering diagnostic population of patients (e.g., high-quality care of screening tests or therapeutic use of screening tests) interventions Comments:

For your convenience the Critical			Ready for unsupervised	Aspirational
Deficiencies	I	December 4h - income 4h - income	practice	Coordinates care within and
Disregards need	Inconsistently utilizes	Recognizes the importance	Appropriately utilizes	
for communication	available resources to	of communication during	available resources to	across health delivery
at time of	coordinate and ensure	times of transition	coordinate care and manage	systems to optimize patient
transition	safe and effective patient		conflicts to ensure safe and	safety, increase efficiency,
	care within and across	Communicates with future	effective patient care within	and ensure high-quality
Does not respond	delivery systems	caregivers, but demonstrates	and across delivery systems	patient outcomes
to requests of		lapses in provision of		
caregivers in other	Provides incomplete	pertinent or timely	Actively communicates with	Role-models and teaches
delivery systems	written and verbal care	information	past and future caregivers to	effective transitions of care
	plans during times of		ensure continuity of care	
Written and verbal	transition			
care plans during			Anticipates needs of patient,	
times of transition	Provides inefficient		caregivers, and future care	
are absent	transitions of care that		providers and takes	
	lead to unnecessary		appropriate steps to address	
	expense or risk to a patient		those needs	
	(e.g., duplication of tests,			
	readmission)			

ROTATION	VAMC	
SUPERVISION	VAPHS Hematology/Oncology Staff Physic	ian
GENERAL STRUCTURE	Weekdays : M-F	7a to 7p
	Weekends: Every other weekend (alternates with Presby heme fellow)	Pending new consults, patients on chemo, sick followups
OVERNIGHT COVERAGE	Home call fellow	
ROTATION SPECIFIC DIDACTICS	VA Tumor Board	First and Third Tuesdays 12 noon - 1pm
		Ground Floor Conf room
PROCEDURES	Bone marrow biopsy	
	Intrathecal chemotherapy	
EDUCATIONAL MATERIALS	1) Williams Hematology/Wintrobe's Clinic	al Hematology
	2) WHO Classification - Tumours of Haema	atopoietic and Lymphoid Tissues (Swerdlow)
	3) A hematology atlas	
	4) ASH-SAP	
	5) Devita: Cancer, Principles of Oncology	

## FELLOW TIPS!

- 1) Contact the Internal Medicine office at 412.360.6146 no later than 3 business days prior to the start of your rotation to ensure that you have computer access
- 2) Review the document by Dr. Passero and clinical pharmacist Jenna Shields prior and during your VA rotation
- 3) Obtain remote access with the help of the medicine office at 412.360.6146

- 4) Peripheral blood smears can be requested by calling 60.1496
- 5) The microscope is located on the 2nd floor
- 6) The fellows computer room is on 8W124. Code is 8124
- 7) Contact number for the clinical pharmacist Jenna Shields is 412.360.1115. She can help with the chemotherapy orders for the inpatients.
- 8) The main chemo clinic number is through the lead oncology nurse Becky Englert at 412.360.3500
- 9) To page via the VA paging system, dial "12" and then the VA pager number.

POINT OF CONTACT: Vida Passero, MD 412.360.6178

## **CORE COMPETENCY-BASED GOALS AND OBJECTIVES**

## 1) Patient Care

1. Gathers and synth disorder. (PC1a)	esize	s patien	t and dis	ease s	pecific	inform	ation ne	cessary	to und	erstand t	he presei	nting l	iemato	ologic or o	ncologic	
Critical Deficiencies									Rea	idy for un prac	isupervis tice	ed		Aspirat	ional	
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synt info pati path	ensistentl Thesizes of Irmation is ent and t Hophysiol disorder(	critical related to he logy to de	o the	synth infor patie	nesizes commation responsible to the community of the com	elated to	the	synthe inform patient		ical ited to the ysiology o		how t inform and is patien	nodels and to gather and nation abo s able to tea nt pathoph lex disorde	nd synthes ut patients ach about t ysiology of	s the
Comments:																

2. Demonstrates abi (PC2a)	lity t	o diagnose a	nd assign	stage	, and/or sev	verity,	of hema	tology	and once	ology disc	rders	in all a	ıdult age gr	oups.
Critical Deficiencies								Rea	dy for ui prac	isupervis tice	ed		Aspiratio	onal
Unfamiliar with common staging or severity scores	app eva	onsistently or ropriate stud luate commo orders	lies to	app rad stue stag	nsistently or propriate lab liographic di dies and cor ge and/or se common disc	oratory agnosti rectly a verity s	c ssigns	appropradiog studies stage a	raphic dia s and corr	oratory ar agnostic rectly assi verity sco	gns	use of labora diagn assign sever	models and of appropriate atory and rate ostic studies on the state of state of the	e diographic s in the ge and/or complex
Comments:														

3. Formulates the ov	eral	ll plan for hematol	ogy a	nd onc	ology disorders,	includi	ng urg	ent/emergent con	ditions	s. (PC2	2b)	
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational	
Unable to determine the most appropriate management plan for common disorders	the tre	consistently propose most appropriate atment for commor orders		appro plans includ	stently develops opriate manageme for common diso ding urgent or gent conditions		approp plans f includ manag	tently develops priate management for complex disorde ing comprehensive gement plans for urg ergent conditions	ers	devel comp plans disor	models and teaches opment of rehensive manageme for complex specialty ders and for urgent or gent conditions	7
Comments:												

	lity to analyze response to t ents and guidelines. (PC2c)		for hematology or oncology disc	orders over time using					
Critical Deficiencies			Ready for unsupervised practice	Aspirational					
Unable to accurately monitor treatment responses for specialty conditions	Inconsistently demonstrates familiarity with standard measurements and inconsistently demonstrates understanding of their application	Consistently applies knowledge of consensus guidelines and standard measurement scales in most situations and modifies therapy accordingly	Consistently applies knowledge of consensus guidelines and standard scales in complex specialty disorders and modifies therapy accordingly	Role models and teaches purpose of staging and analysis of therapeutic response using specific measurements and guidelines					
Comments:									

Critical Deficiencies							Rea	idy for unsupery practice	ised		Aspirational
Does not demonstrate understanding of toxicity of common therapies	risk tox	Inconsistently identifies risk of and management of toxicity in patients receiving systemic therapy			stently identifies nanagement of co vere toxicities in nts receiving syste py	mmon	and ma uncom toxicit	tently identifies in anagement of cor amon and comple des in patients rec nic therapy	nmon, x	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies	

Critical Deficiencies								Rea	dy for un pract	-	ed		Aspirat	tional
Does not recognize patients who may be candidates for inclusion in clinical trials	pati cand trial und	ents who n ents who n didates for is and has a erstanding nirements	nay be clinical poor	patier candid and ha under requir issues	nts who dates for as a goo estandin rements s, and pa nt enroll	recognize may be r clinical d g of eligit and ethic articipates ment wit	trials, oility cal s in	patient candid and ha of eligi ethical indepe	tently records who may ates for cluster in a good used to bility requisissues, and and ment process.	y be inical tria nderstandirements d anages th	ding and	discus partic includ	ipation wi ling how t Il decision	d teaches inical trial ith patient, to incorporat making in

Critical Deficiencies							Rea	dy for un pract		ed		Aspirational
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	need geri reha and, appr	ensistently recogni d to incorporate atric and/or abilitation principl /or consultation a ropriate in the car atric patients	es s	need and/o medic consu in the patier with s	stently recognized to incorporate get or rehabilitation or rehabilitation or rehabilitation as approped care of geriatric onts, including those significant geriatromes	riatric d/or riate	geriatr princip as appr patient geriatr extenu psycho includi	tently inco ic and/or oles and/o ropriate in is with sig ic syndror ating clini isocial circ ng the use isciplinary	rehabilitar consult in the care nificant nes or cal or cumstance of the	ation ation of	incor and/o princ consu patien geriat includ	models and teaches the poration of geriatric or rehabilitation iples and/or ultation in the care of onto with significant tric syndromes, ding the use of the disciplinary team

8. Demonstrates und	derstanding and effective a	pplication of principles of tran	sfusion medicine. (PC2g)	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not demonstrate an understanding of basic principles of transfusion medicine	Inconsistently demonstrates understanding of principles of transfusion medicine and orders appropriate blood products with supervision	Appropriately orders blood products for common indications	Appropriately orders blood products for complex indications, including apheresis and specialized products	Role models and teaches the principles of transfusion medicine and the appropriate ordering of all blood products
Comments:		·	·	

Critical Deficiencies						Rea	dy for unsupervis practice	ed		Aspirational
Unable to recognize complications from blood component therapy	com	nsistently recognize plications from bloo ponent therapy		comn reacti	stently recognize non transfusion ions, and orders opriate interventi	uncom reaction approp manage transfit compli	nizes common and amon transfusion ons and orders oriate interventions sement of unusual asion-related feations and blood patibilities	s for	antici mana transi comp	models and teaches the pation and gement of unusual fusion-related lications and blood apatibilities
			Ľ							

11. Demonstrates th	e ability to effectively manag	ge patients with pain, anxiety	or depression. (PC2j)		
Critical Deficiencies			Ready for unsupervised practice	Aspirational	
Does not recognize signs or symptoms of pain, anxiety or depression	Inconsistently recognizes and institutes management strategies for pain, anxiety, or depression	Consistently recognizes the signs of pain, anxiety or depression and institutes management strategies	Consistently recognizes the signs of pain, anxiety and depression and institutes management strategies including cases with complex cultural or psychosocial situations	Role models and teaches recognition of signs of pain, anxiety and depression and development of the best management strategies	
Comments:					

12. Demonstrates th Critical Deficiencies	e ability to effectively mana	ge patients requiring palliativ	ve care, hospice care or rehabili Ready for unsupervised practice	Aspirational							
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	Inconsistently recognizes the need to involve palliative care, hospice or rehabilitation medicine in the care of patients	Consistently recognizes the need to involve palliative care, hospice or rehabilitation medicine in the care of patients	Consistently recognizes the need to involve palliative care, hospice or rehabilitation medicine services in the care of patients and coordinates involvement of the other disciplines, including the use of multidisciplinary team meetings	Role models and teaches multidisciplinary team management of palliative, hospice, and rehabilitative care							
Comments:	Comments:										

14. Demonstrates th	14. Demonstrates the ability to effectively manage patients during transitions of care. (PC2m)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational							
the need to have	Inconsistently recognizes the need to have discussions of goals of care and needs assistance during discussions	Consistently recognizes the need to have discussions of goals of care	Consistently recognizes the need to have discussions of goals of care and involvement of multidisciplinary team members	Role models and teaches multidisciplinary discussions of goals of care							
Comments:											

#### 15. Manages patients with progressive responsibility and independence. (PC3) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational Deficiencies practice Cannot advance Requires indirect Requires direct Independently manages Effectively manages unusual, patients across applicable rare, or complex disorders in beyond the need for supervision to ensure supervision to ensure direct supervision in patient safety and quality patient safety and quality inpatient, outpatient, and all appropriate clinical the delivery of care ambulatory clinical settings settings patient care who have a broad spectrum of Requires direct Provides appropriate clinical disorders, including supervision to manage preventive care and chronic undifferentiated syndromes Cannot manage problems or common patients who disease management in all Seeks additional guidance require urgent or chronic diseases in all appropriate clinical settings emergency care appropriate clinical and/or consultation as settings Provides comprehensive appropriate Does not assume care for single or multiple responsibility for Inconsistently provides diagnoses in all appropriate Appropriately manages patient preventive care in all clinical settings situations requiring urgent or management appropriate clinical emergency care decisions settings Under supervision, provides appropriate care in the Effectively supervises the Requires direct intensive care unit management decisions of the supervision to manage team in all appropriate clinical patients with settings Initiates management plans straightforward diagnoses for urgent or emergency care in all appropriate clinical settings Unable to manage complex inpatients or patients requiring intensive care Cannot independently supervise care provided by other members of the physician-led team

			r diagnosis, treatment, and mai d ACGME required outcomes.  (l			
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; requires assistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; able to administer uncomplicated without assistance chemotherapy, and to perform lumbar puncture and bone marrow aspirate and biopsies on most patients without assistance	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies		
Comments:						

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to interpret a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear

non-invasive)  Critical  Deficiencies	and s	ale orders in the	Electi	onic r	redical Record ic	or syste		idy for unsupervis		ate su	Aspirational
Does not have the skill to write orders for systemic therapy	ord info syst elec	onsistently writes ers and obtains ormed consent for temic therapy usin tronic medical rec common disorders	ord	Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for systemic therapy for common disorders, taking into account social issues, performance status, organ function and comorbidities			Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for common and uncommon disorders, taking into account supportive care requirements, performance status, organ function and comorbidities			how to conse accur thera	models and teaches to obtain informed ent and to write safe and ate orders for systemic py using the electronic cal record
Comments:		•									

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.												
Critical Deficiencies								Rea	dy for unsupervis practice	ed		Aspirational
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate for patient care	In ch	inconsistently manage actients as a consultate other physicians/head are teams inconsistently applies assessment principles outlents while acting consultant inconsistently formulationical question for a consultant to address	nt to lth risk s to as a	servic clinic basic Asks i quest	ces for p al probl risk ass meaning	sultation patients weems requivessment gful clinicate guide thultants	ring	for par compl requir assess Approprecomprecomple	des consultation settients with basic ar ex clinical problem- ring detailed risk sment priately integrates mendations from o tants in order to rely manage patien	nd is	service very of proble exten Mode discon	des consultation ces for patients with complex clinical ems requiring sive risk assessment ls management of rdant nmendations from ple consultants
					[							

# 2) Medical Knowledge

20. Demonstrates a f	fund of knowledge in solid t	umor oncology. (MK1a)		
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Demonstrates insufficient basic knowledge in oncology	Inconsistently demonstrates basic knowledge of solid tumors	Consistently demonstrates a broad fund of knowledge of most, but not all of the major groups of solid tumors in the field	Consistently demonstrates a broad fund of knowledge of solid tumor oncology, basic biology, pharmacology and subtleties of rare cancers	Role models and teaches others the fundamental concepts of solid tumor oncology in multiple areas
Comments:				

Critical Deficiencies						Rea	idy for unsupervi: practice	sed		Aspirational
Demonstrates insufficient basic knowledge in hematologic malignancies	der kno	onsistently nonstrates basic owledge of the natologic maligna	ncies	broad the h	stently demonstr I fund of knowled ematologic mancies	broad hemat	tently demonstrate fund of knowledge ologic malignancie ing rare diseases	of the	others	nodels and teaches to s the fundamental pts of a broad range of tologic malignancies
									]	

22. Demonstrates a	fund of knowledge in non-ne	eoplastic hematology. (MK1c)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Demonstrates insufficient basic knowledge in non- neoplastic hematology	Inconsistently demonstrates basic knowledge of the concepts in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology, including rare diseases	Role models and teaches to others the fundamental concepts of a broad range of topics in non-neoplastic hematology		
Comments:						

23. Demonstrates ki oncologic disorder.			ations	for, ge	enetic, genomic, 1	nolecu	lar, and	l laboratory tests	relate	d to he	matologic and
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	dem abou path cyto tests	nsistently onstrates knowle it the molecular ways, appropriat genetic or molecu s and clinical gene lromes	e ılar	know molec appro molec	istently demonstra rledge about the cular pathways, opriate cytogeneticular tests and clir tic syndromes	cor	knowle molect approp molect genetic the dia of inhe	tently demonstrate edge about the ular pathways, oriate cytogenetic o ular tests and clinic c syndromes, includ gnosis and manage rited or acquired on, rare and comple ers	or al ling ement	others the m their i	models and teaches s the complexities of olecular pathways and modifications in clinical ders and the opriateness of genetic g
Comments:											

# 3) Practice Based Learning

29. Monitors practic	e with a goal for improveme	ent. (PBLI1)		
		bspecialty Reporting Milestones do	es not require modification for applical	pility to Hematology-Oncology.
For your convenience the Critical	ey are listea below.		Ready for unsupervised	Aii1
Deficiencies			Aspirational	
Unwilling to self-	Unable to self-reflect upon	Inconsistently self-reflects	Regularly self-reflects upon	Regularly seeks external
reflect upon one's	practice or performance	upon practice or	one's practice or performance,	validation regarding self-
practice or		performance, and	reflection to maximize	
performance	Misses opportunities for	inconsistently acts upon	practice improvement	
	learning and self-	those reflections	practice	
Not concerned with	improvement			Actively and independently
opportunities for		Inconsistently acts upon	Recognizes sub-optimal	engages in self-improvement
learning and self-		opportunities for learning	practice or performance as an	efforts and reflects upon the
improvement		and self-improvement	opportunity for learning and self-improvement	experience
Comments:				

30. Learns and improves	s via performance aud	t and lifelong le	arning (PBLI2	2)		
Critical Deficiencies			Ready for unsupervised practice			Aspirational
Resists the concept of lifelong learning	Requires assistance i developing skills for lifelong learning	lifelong lea	oped skills for urning but ntly applies	Actively engaged in li learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members	
Comments:		•				

#### 31. Learns and improves via feedback. (PBLI3) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational Deficiencies practice Never solicits Rarely seeks and does not Solicits feedback only from Solicits feedback from all Performance continuously feedback incorporate feedback supervisors and members of the interreflects incorporation of inconsistently incorporates professional team and patients solicited and unsolicited Responds to unsolicited Actively resists feedback feedback feedback from feedback in a defensive Welcomes unsolicited others fashion Is open to unsolicited feedback Role-models ability to feedback reconcile disparate or Temporarily or Consistently incorporates conflicting feedback superficially adjusts Inconsistently incorporates performance based on feedback feedback Able to reconcile disparate or conflicting feedback Comments:

Critical	ey are listed below.		Ready for unsupervised	
Deficiencies			practice	Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary	Rarely reconsiders an approach to a problem, asks for help, or seeks new information  Can translate medical information needs into well-formed clinical questions with assistance  Unfamiliar with strengths and weaknesses of the medical literature  Has limited awareness of, or ability to use, information technology or decision support tools and guidelines  Accepts the findings of clinical research studies	Inconsistently reconsist an approach to a problem asks for help, or seeks information  Can translate medical information needs into formed clinical question independently  Aware of the strengths weaknesses of medical information resources utilizes information technology without sophistication  With assistance, appraclinical research reporbased on accepted crit	em, approach to a problem, asks for help, or seeks new information  Routinely translates new medical information needs into well-formed clinical questions  and Guided by the characteristic of clinical questions, efficien searches medical informatic resources, including decisio support tools and guidelines.  Independently appraises clinical research reports bas on accepted criteria	based on accepted criteria  Has a systematic approach to track and pursue emerging clinical questions  style the contract of t
	without critical appraisal			

# 4) Interpersonal and Communication Skills

37. Communicates et (ICS1)	ffectively and compassionately with patients, caregivers and inter-professional teams during all phases of care.
Critical Deficiencies	Ready for unsupervised practice Aspirational
Does not	Inconsistently Consistently demonstrates Consistently demonstrates Role models and teaches
demonstrate	demonstrates effective and effective and compassionate effective and compassionate effective strategies to
effective and	compassion verbal and verbal and written communication for patients compassionately discuss
compassionate	written communication communication regarding with straightforward or treatment strategies,
verbal and written	regarding treatment treatment strategies for challenging conditions or terminal diagnosis and bad
communication	strategies and needs straightforward cases and is psychosocial situations in news discussions
regarding	assistance for, or defers, able to discuss difficult verbal and written
treatment	difficult discussions of issues of such as terminal communication regarding
strategies for	terminal diagnosis and diagnosis and futility of treatment and issues of such as
specialty disorders	therapy unresponsiveness therapy terminal diagnosis and futility
	of therapy
Comments:	

38. Communicates eff	38. Communicates effectively in inter-professional teams (e.g. peers, consultants, nursing, and other health professionals). (ICS2)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational	
Uses communication	Inconsistently engages in	Consistently engages in	Consistently demonstrates	Role models and teaches	
strategies that	collaborative	collaborative communication	leadership through	effective collaborative	
hamper or disrupt	communication with	with appropriate members	collaborative communication	communication with all team	
collaboration and	appropriate members of	of team	in teams	members as well as	
teamwork	team			referring/co-managing	
		Consistently employs verbal,	Consistently solicits	providers	
Resists offers of	Inconsistently employs	non-verbal and written	collaborative communication		
collaborative input	verbal, non-verbal and	strategies that facilitate	with all team members		
	written communication	collaborative care			
	strategies that facilitate		Consistently communicates		
	collaborative care		effectively with all		
			referring/co-managing		
			providers		
Comments:					

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed
directives	Occasionally delayed in	appropriate billable services	note has appropriate billable	consent and patient
	submission of completed		services	preferences
Record completion	medical records	Consistent in timely		
consistently		submission of completed	Consistent in timely	
delinquent		medical records	submission of completed	
			medical records	

## 5) Professionalism

33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

demonstrates responsiveness to patients and caregivers of patient propriate fashion  Does not demonstrate empathy, compassion, and respect for patients and caregivers  Inconsistently aware of physician and colleague self-care and wellness  Demonstrates a responsivenes to patient on the interposition of patients and caregivers actively works to meet the needs of patients and caregivers  actively works to meet the needs of patients and caregivers  Demonstrates a responsiveness to patient and caregiver needs  Fosters collegiality that promotes a high-functioning inter-professional team  Demonstrates a responsiveness to patient privacy and autonomy in all interactions  Positively works to meet the needs of patients and caregivers  Demonstrates a responsiveness to patient and caregiver needs  Fosters collegiality that promotes a high-functioning inter-professional team  Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate  Role-models personal self-care	For your convenience th	ney are listed below.			
Disrespectful in interactions with patients, caregivers, and members of the inter-professional team  Sacrifices patient needs in favor of self-interest  Does not demonstrate empathy, compassion, and respect for patients and caregivers of the inter-professional team and caregivers of the inter-professional team of self-interest  Does not demonstrate empathy, compassion, and respect for patients and caregivers of the inter-professional team of self-interest  Does not demonstrate empathy, compassion, and respect for patients and caregivers of the inter-professional team of self-interest  Does not demonstrate empathy, compassion, and respect for patients and caregivers of the inter-professional team of patients and caregivers of the inter-professional team to ensure safe and effective patient care patient privacy and autonomy in all interactions of physician and colleague self-care and wellness  Consistently respectful in interactions with patients, caregivers, and members of the inter-professional team, even in challenging situations  Inconsistently demonstrates empathy, compassion, and respect to patients and caregivers in all situations  Anticipates, advocates for, and actively works to meet the needs of patients and caregivers  Demonstrates empathy, compassion, and respect for patients and caregivers in all situations  Anticipates, advocates for, and actively works to meet the needs of patients and caregivers  Demonstrates empathy, compassion, and respect for patients and caregivers in all situations  Fosters collegiality that promotes a high-functioning inter-professional team to ensure safe and effective patient care  Positively acknowledges input of members of the inter-professional team and incorporates that input into plan of care, as appropriate  Teaches others regarding maintaining patient privacy and incorporates that input into plan of care, as appropriate  Role-models appropriate anticipation and advocacy for patients and caregivers of patients and caregivers in all situations  Fosters collegiality th				-	Aspirational
Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion  Does not consider patient privacy and autonomy  Unaware of physician and colleague self-care and wellness  physician and colleague self-care and wellness  Regularly reflects on, assesses, and recommends physician and colleague wellness  promotes programs for colleague wellness	Disrespectful in interactions with patients, caregivers, and members of the inter-professional team  Sacrifices patient needs in favor of self-interest  Does not demonstrate empathy, compassion, and respect for patients and caregivers  Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion  Does not consider patient privacy and autonomy  Unaware of physician and colleague self-care	demonstrates empathy, compassion, and respect for patients and caregivers  Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion  Inconsistently considers patient privacy and autonomy  Inconsistently aware of physician and colleague	interactions with patients, caregivers, and members of the inter-professional team, even in challenging situations  Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care  Emphasizes patient privacy and autonomy in all interactions  Consistently aware of physician and colleague self-	Demonstrates empathy, compassion, and respect to patients and caregivers in all situations  Anticipates, advocates for, and actively works to meet the needs of patients and caregivers  Demonstrates a responsiveness to patient needs that supersedes self-interest  Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate  Regularly reflects on, assesses, and recommends physician and	empathy, and respect for patients and caregivers  Role-models appropriate anticipation and advocacy for patient and caregiver needs  Fosters collegiality that promotes a high-functioning inter-professional team  Teaches others regarding maintaining patient privacy and respecting patient autonomy  Role-models personal self-care practice for others and promotes programs for

#### 34. Accepts responsibility and follows through on tasks. (PROF2)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th				ББРССК	ney reporting rinese	ones doe	o not req	an e moagleation you	гррпсив	inty to	nemateregy encology.
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned	tas but or	mpletes most assig ks in a timely man t may need remind other support epts professional	ıer	and r	pletes administrat patient care tasks ly manner in accor local practice and y	in a dance	demar tasks a timely	cizes multiple comp nds in order to comp and responsibilities and effective mann gly assumes profess	plete in a ier	many order respo	models prioritizing competing demands in to complete tasks and onsibilities in a timely ffective manner
administrative tasks  Shuns responsibilities expected of a physician professional	resp	oonsibility only wh gned or mandatory		Completes assigned			nsibility regardless		their	ts others to improve ability to prioritize competing tasks	
Comments:											

#### 35. Responds to each patient's unique characteristics and needs. (PROF3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience the		aspecially heporting imestones do	es not require modification for applica	only to Hematology Checology.
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is insensitive to	Is sensitive to and has	Seeks to fully understand	Recognizes and accounts for	Role-models professional
differences	basic awareness of	each patient's personal	the personal characteristics	interactions to navigate and
related to	differences related to	characteristics and needs	and needs of each patient	negotiate differences related
personal	personal characteristics			to a patient's unique
characteristics	and needs in the	Modifies care plan to account	Appropriately modifies care	characteristics or needs
and needs in the	patient/caregiver	for a patient's unique	plan to account for a patient's	
patient/caregiver	encounter	characteristics and needs	unique characteristics and	Role-models consistent
encounter		with partial success	needs	respect for patient's unique
	Requires assistance to			characteristics and needs
Is unwilling to	modify care plan to			
modify care plan to	account for a patient's			
account for a	unique characteristics and			
patient's unique	needs			
characteristics and				
needs	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Comments:				

25. Works effectively	v	within an inter-profes	sion	al tear	m (e.g. peers, con	sultant	s, nursi	ing, and other heal	lth pro	fession	als). (SBP1)
The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.											
For your convenience the			M Su	ospecia	ity Reporting Milest	ones aoe.	s not req	uire moaification for d	пррисав	nnty to H	ematology-Uncology.
Critical	ľ						Rea	dy for unsupervis	ed		Aspirational
Deficiencies	<b>J</b> .							practice			
Refuses to	H	Identifies roles of other			rstands the roles			stands the roles and	1		ps, trains, and
recognize the	H	team members, but do			onsibilities of all te			isibilities of, and			s the team regarding
contributions of	H	not recognize how/wh	en		bers, but uses the	m		vely partners with,	all		ected events or new
other inter-	П	to utilize them as		ineffe	ectively		memb	ers of the team			management
professional team	H	resources					E ec.			strateg	ies
members	H	D			ely engages in tea			ntly coordinates ies of other team		177	
Frustrates team		Participates in team discussions when requi	nod.		ings and collabora ion-making	ttive		ers to other team ers to optimize care			l by other team ers as a leader in the
members with		but does not actively se		decis	ion-making		memb	ers to optimize care	=		y of high-quality care
inefficiency and		input from other team	O.K.							denver	y or ingir-quarty care
errors		members									
	П										
Frequently	П										
requires reminders	H										
from team to	П										
complete physician	П										
responsibilities	H										
(e.g., talk to family,	H										
enter orders)	П										
	Ц			_			Ц			Ц —	
						L		Ш			
Comments:											

26. Recognizes system error and advocates for system improvement relevant to hematology and oncology. (SBP2)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Ignores a risk for error within the system that may affect the care of a patient  Ignores feedback and is unwilling to change behavior in order to reduce the risk for error	Does not recognize the potential for system error  Makes decisions that could lead to errors that are otherwise corrected by the system or supervision  Resistant to feedback about decisions that may lead to error or otherwise cause harm	Recognizes the potential for error within the system  Identifies obvious or critical causes of error and notifies supervisor accordingly  Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk  Willing to receive feedback about decisions that may lead to error or otherwise cause harm	Identifies systemic causes of medical error and navigates them to provide safe patient care  Advocates for safe patient care and optimal patient care systems  Activates formal system resources to investigate and mitigate real or potential medical error  Reflects upon and learns from own critical incidents that may lead to medical error	Advocates for system leadership to formally engage in quality assurance and quality improvement activities  Viewed as a leader in identifying and advocating for the prevention of medical error  Teaches others regarding the importance of recognizing and mitigating system error
Comments:				

# 27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in patient or population-based care. (SBP3)

 $The \ collaborative \ group \ recommends \ that \ using \ the \ IM \ Subspecialty \ Reporting \ Milestones \ does \ not \ require \ modification for \ applicability \ to \ Hematology-Oncology.$ 

For your convenience the	ey are listea below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to cost-effective care	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to costeffective care  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of costawareness principles for a population of patients (e.g., use of screening tests)	Consistently works to address patient-specific barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests	Teaches patients and health care team members to recognize and address common barriers to costeffective care and appropriate utilization of resources  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care
	interventions			
Comments:				

# ${\bf 28. \, Transitions \, patients \, effectively \, within \, and \, across \, health \, delivery \, systems. \, \, \textbf{(SBP4)}}$

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disregards need	Inconsistently utilizes	Recognizes the importance	Appropriately utilizes	Coordinates care within and
for communication	available resources to	of communication during	available resources to	across health delivery
at time of	coordinate and ensure	times of transition	coordinate care and manage	systems to optimize patient
transition	safe and effective patient		conflicts to ensure safe and	safety, increase efficiency,
		Communicates with future	effective patient care within	and ensure high-quality
Does not respond	delivery systems	caregivers, but demonstrates	and across delivery systems	patient outcomes
to requests of		lapses in provision of		
caregivers in other		pertinent or timely	Actively communicates with	Role-models and teaches
delivery systems		information	past and future caregivers to	effective transitions of care
	plans during times of		ensure continuity of care	
Written and verbal	transition		A 4: -: 4	
care plans during times of transition	Provides inefficient		Anticipates needs of patient, caregivers, and future care	
are absent	transitions of care that		providers and takes	
are absent	lead to unnecessary		appropriate steps to address	
	expense or risk to a patient		those needs	
	(e.g., duplication of tests,		those needs	
1	readmission)			
Comments:		•		

ROTATION	OAKLAND HEMATOLOGY CONSULTS	
		_
SUPERVISION	Benign Hematology Faculty	
		<del>_</del>
GENERAL STRUCTURE	Weekdays	7a-7p
	Weekends	7a-7p - every other weekend (alternates with the VA fellow)
OVERNIGHT COVERAGE	Home call fellow	
ROTATION SPECIFIC DIDACTICS	Benign Heme Conference	Thursday 8-9am
		Shadyside Cooper Conference Room (moderator Enrico Novelli)
PROCEDURES	Bone marrow biopsy	
EVALUATION PROCESS	ABIM/ACGME Internal Medicine Subspecialty	Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	
EDUCATIONAL MATERIALS	1) Williams Hematology/Wintrobe's Clinical H	ematology
	2) WHO Classification - Tumours of Haematop	
	3) A hematology atlas	
	4) ASH-SAP	
	5) Bethesda Manual of Clinical Hematology	

## FELLOW TIPS!

- 1) Daily rounds are usually in the afternoon per the Attending schedule, and usually starts with review of peripheral smears in the EMRC 8th floor Montefiore. After each new consult, call the lab with any peripheral smears that are needed, and these will be set aside at the microscopes for rounds
- 2) You can be called for consults at Magee-Womens Hospital, Presbyterian/Montefiore, and Western Psych (Magee-Womens is ¼ mile away, walking distance)

- 3) You may have housestaff to assist you in new consults and follow-ups
- 4) You will be in touch with multiple different ancillary services during this rotation (pheresis, blood bank, hematopathology, cytogenetics/molecular labs, bone marrow biopsy technicians) see the attached sheet of useful phone numbers
- 5) HIT anticoagulation orders and warfarin transition guidelines for HIT are all available on print on demand at Presby. Once they get the approval from you, they can use those forms to enter the orders.
- 6) How to obtain chemotherapy orders at Presby/Monte and Magee: Please see orientation manual
- 7) How to do a bone marrow biopsy at Presby/Monte: Please see orientation manual
- 8) How to do a bone marrow biopsy at Magee: Please see orientation manual
- 9) Hemepath number: 412.647.5191
- 10) If one has clinic during hematology consults, the expectation is that the fellow still goes to that clinic. If there are any issues with emergent patients, then please contact the outpatient attending ASAP.
- 11) Prior to the start of the rotation, please ensure that your VA access is working given the every other weekend call alternating with the VA fellow (Call 412.360.6146)

#### **CORE COMPETENCY-BASED GOALS AND OBJECTIVES**

#### 1) Patient Care

1. Gathers and synth disorder. (PC1a)  Critical Deficiencies	esize	s patient and dis	sease s	pecific	c information ne	cessary		erstand the presend dy for unsupervis practice	 emato	Aspirational
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synt info pati path	onsistently gathers thesizes critical rmation related to ent and the tophysiology to de disorder(s)	the	synth inform paties	istently gathers and sesizes critical mation related to a mation the physiology of conders	the	synthe inform patient	tently gathers and sizes critical ation related to the t pathophysiology o ex disorders	how t inform and is patien	models and teaches to gather and synthesize mation about patients s able to teach about the nt pathophysiology of elex disorders
Comments:		•								

2. Demonstrates abil (PC2a)	lity to	diagnose ar	nd assign	stage, a	and/or sev	erity,	of hema	tology	and oncolo	gy diso	rders	in all a	adult age groups.			
Critical Deficiencies								Rea	dy for unsu practio	•	ed		Aspirational			
Unfamiliar with common staging or severity scores	appı eval	nsistently ord ropriate studi uate common rders	es to	appro radio studi stage	sistently ord copriate labe ographic dia ies and corr e and/or sev ommon diso	oratory agnosti ectly a verity s	c ssigns	appropradiog studies stage a	tently order oriate labora raphic diagn s and correct and/or sever ex disorders	atory an nostic tly assig rity scor	gns	use of labor diagn assign sever	models and teaches the f appropriate atory and radiographic lostic studies in the nment of stage and/or rity scores to complex alty disorders			
Comments:																

3. Formulates the ov	verall	plan for hemato	logy a	nd onc	cology disorders,	includi	ing urge	ent/emergent con	dition	s. (PC2	2b)		
Critical Deficiencies				Ready for unsupervised practice					sed	Aspirational			
Unable to determine the most appropriate management plan for common disorders	the trea	ensistently propos most appropriate tment for commo orders		appro plans inclu	appropriate management plans for common disorders, including urgent or emergent conditions			tently develops oriate management or complex disorde ing comprehensive ement plans for un orgent conditions	Role models and teaches development of comprehensive management plans for complex specialty disorders and for urgent or emergent conditions				
Comments:													

4. Demonstrates abi standard measurem		_		ent and adjust th	erapy f	or hem	atology or oncolog	gy disc	orders	over time using	
Critical Deficiencies						Rea	dy for unsupervis practice	ed		Aspirational	
Unable to accurately monitor treatment responses for specialty conditions	dem with mea inco dem und	onsistently constrates familian standard consistently constrates erstanding of their	know guide meas situat	stently applies ledge of consensu lines and standar urement scales in tions and modifies py accordingly	d most	knowle guideli in com	tently applies edge of consensus ines and standard s plex specialty disor odifies therapy ingly		purpo analy respo	models and teaches ose of staging and sis of therapeutic onse using specific urements and elines	
Comments:											

5. Demonstrates the	ability to anticip	pate, recogni	ze and effectively ma	nage tox	xicities of s	ystemic ther	apies. (	PC2d)			
Critical Deficiencies					Ready	for unsuperv practice	rised	Aspirational			
Does not demonstrate understanding of toxicity of common therapies	Inconsistently id risk of and mand toxicity in patien receiving system	agement of nts nic therapy	Consistently identifies and management of co or severe toxicities in patients receiving syst therapy	mmon	and manag	ly identifies r gement of con n and comple: n patients rec herapy	nmon, x	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies			
Comments:											

Critical Deficiencies									Rea	dy for ui prac	isupervis :tice	ed		Aspirat	tional	
Does not recognize patients who may be candidates for inclusion in clinical trials	pation cand trial	nsistently ents who r lidates for s and has a erstanding tirements	nay be clinical a poor	I	patien candi and h under requi issues	stently rents who not dates for as a good retanding rements as, and parents ance	nay be clinical clinical of eligil and ethi	trials, oility cal s in	patient candid and ha of eligi ethical indepe	s a good i bility req issues, a	ay be linical tria understan uirements nd nanages ti	ding s and	discus partic includ	cipation w ding how t al decision	d teaches inical trial rith patient to incorpor making in	ate

Critical Deficiencies								Rea	ndy for unsupe practice	rvised	Aspirational			
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	ne ge rel an ap	consistently recogned to incorporate riatric and/or habilitation principd/or consultation propriate in the cariatric patients	ples as	need and/o medic consu in the paties with	stently re to incorpo or rehabili cine princ altation as care of go nts, includ significant comes	orate ge itation iples an approp eriatric ling thos	riatric d/or oriate se	geriati princip as app patien geriati extenu psycho includi	tently incorpor- ric and/or reha- ples and/or con- ropriate in the ts with significa- ric syndromes of acting clinical of osocial circums- ing the use of the lisciplinary tean	bilitation asultation care of ant or r tances,	incor and/ princ const patie geria inclu	models and teach poration of geriat or rehabilitation riples and/or ultation in the carnts with signification tric syndromes, ding the use of the idisciplinary team	tric e of nt	

Critical Deficiencies								Rea		nsupervis :tice	ed	Aspirational		
Does not demonstrate an understanding of basic principles of transfusion medicine	dem und prin med app	onsistently constrates erstanding ciples of to licine and ropriate bl	g of ransfusi orders lood	produ	Appropriately orders blood products for common indications			Appropriately orders blood products for complex indications, including apheresis and specialized products				Role models and teaches the principles of transfusion medicine and the appropriate ordering of all blood products		

9. Demonstrates app	propriate understanding ar	d management of complication	ns of transfusion medicine. (PC	2h)							
Critical Deficiencies			Ready for unsupervised practice	Aspirational							
Unable to recognize complications from blood component therapy	Inconsistently recognizes complications from blood component therapy	Consistently recognizes common transfusion reactions, and orders appropriate interventions	Recognizes common and uncommon transfusion reactions and orders appropriate interventions for management of unusual transfusion-related complications and blood incompatibilities	Role models and teaches the anticipation and management of unusual transfusion-related complications and blood incompatibilities							
Comments:											

11. Demonstrates th	e a	bility to effectively mar	age	pati	ients with pain, a	nxiety	or dep	ression. (PC2j)				
Critical Deficiencies							Rea	idy for unsupervi: practice	sed		Aspirational	
Does not recognize signs or symptoms of pain, anxiety or depression	aı st	nconsistently recognizes nd institutes managemen trategies for pain, anxiety r depression	si de	gns epre	stently recognizes of pain, anxiety or ession and institut gement strategies	es	signs of depress manag includ	tently recognizes to of pain, anxiety and ssion and institutes tement strategies ing cases with come alor psychosocial ons		recog anxie devel	nodels and teaches nition of signs of pai ty and depression ar opment of the best gement strategies	
Comments:												

14. Demonstrates th	ne ability to effectively m	anage pat	tients during tran	sitions	of care	e. (PC2m)			
Critical Deficiencies					Ready for unsupervised practice				Aspirational
Does not recognize the need to have discussions of goals of care	Inconsistently recognize the need to have discussions of goals of ca and needs assistance during discussions	need	sistently recognizes d to have discussion ls of care		Consistently recognizes the need to have discussions of goals of care and involvement of multidisciplinary team members			multi	models and teaches disciplinary discussions als of care
Comments:									

### 15. Manages patients with progressive responsibility and independence. (PC3)

For your convenience th	ey are listed below.	. ,	. , ,	2 22 23
Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	•
Cannot advance	Requires direct	Requires indirect	Independently manages	Effectively manages unusual,
beyond the need for	supervision to ensure	supervision to ensure	patients across applicable	rare, or complex disorders in
direct supervision in	patient safety and quality	patient safety and quality	inpatient, outpatient, and	all appropriate clinical
the delivery of	care	care	ambulatory clinical settings	settings
patient care	11		who have a broad spectrum of	
	Requires direct	Provides appropriate	clinical disorders, including	
Cannot manage	supervision to manage	preventive care and chronic	undifferentiated syndromes	
patients who	problems or common	disease management in all		
require urgent or	chronic diseases in all	appropriate clinical settings	Seeks additional guidance	
emergency care	appropriate clinical		and/or consultation as	
1	settings	Provides comprehensive	appropriate	
Does not assume		care for single or multiple		
responsibility for	Inconsistently provides	diagnoses in all appropriate	Appropriately manages	
patient	preventive care in all	clinical settings	situations requiring urgent or	
management	appropriate clinical		emergency care	
decisions	settings	Under supervision, provides		
	I L	appropriate care in the	Effectively supervises the	
	Requires direct	intensive care unit	management decisions of the	
	supervision to manage		team in all appropriate clinical	
	patients with	Initiates management plans	settings	
1	straightforward diagnoses	for urgent or emergency care		
	in all appropriate clinical			
	settings			
1	II			
	Unable to manage complex			
	inpatients or patients			
	requiring intensive care			
	Cannot independently			
	supervise care provided by other members of the			
<del></del>	physician-led team			

			or diagnosis, treatment, and man d ACGME required outcomes. ()								
Critical Deficiencies			Ready for unsupervised practice	Aspirational							
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; requires assistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; able to administer uncomplicated without assistance chemotherapy, and to perform lumbar puncture and bone marrow aspirate and biopsies on most patients without assistance	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies							
Comments:											

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to interpret a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear

non-invasive)	and safe orders in the Elect	ronic Medical Record for syste	mic therapy including appropri	iate supportive care. (PC4c-
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not have the skill to write orders for systemic therapy	Inconsistently writes orders and obtains informed consent for systemic therapy using the electronic medical record for common disorders	Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for systemic therapy for common disorders, taking into account social issues, performance status, organ function and comorbidities	Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for common and uncommon disorders, taking into account supportive care requirements, performance status, organ function and comorbidities	Role models and teaches how to obtain informed consent and to write safe and accurate orders for systemic therapy using the electronic medical record
Comments:			·	

19. Requests and pr	19. Requests and provides effective consultative care for patients with hematologic and oncologic diseases. (PC5)											
The collaborative group For your convenience th			bsp	ecialty Reporting Milestones doe	s not req	quire modification for applic	ability to	Hematology-Oncology.				
Critical Deficiencies					Re	ady for unsupervised practice		Aspirational				
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate for patient care	П	Inconsistently manages patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant  Inconsistently formulates a clinical question for a consultant to address	se cl ba	Provides consultation ervices for patients with linical problems requiring easic risk assessment asks meaningful clinical uestions that guide the aput of consultants	for particular for pa	ides consultation service atients with basic and blex clinical problems iring detailed risk isment priately integrates unendations from other ltants in order to ively manage patient care	servi very prob exter Mode disco	ides consultation ces for patients with complex clinical lems requiring sive risk assessment els management of ordant mendations from iple consultants				
Comments:												

Critical Deficiencies				F			Rea	Ready for unsupervised practice			Aspirational		
Demonstrates insufficient basic knowledge in non- neoplastic hematology	dem kno in n	nsistently constrates basic wledge of the con on-neoplastic atology	cepts	broad	stently demonstr I fund of knowled neoplastic hemato	ge in	broad non-ne	tently demonstrate fund of knowledge eoplastic hematolo ing rare diseases	in	others	odels and teaches to the fundamental ts of a broad range of n non-neoplastic blogy		

Critical Deficiencies							Rea	idy for unsupervis practice	sed	Aspirational		
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	dem abor path cyto test	onsistently nonstrates knowledg ut the molecular nways, appropriate ogenetic or molecula s and clinical genetid	ır	know molec appro molec	stently demonstra ledge about the cular pathways, opriate cytogeneti cular tests and clin ic syndromes	c or	knowle molect approp molect genetic the dia of inhe	tently demonstrate edge about the ular pathways, priate cytogenetic o ular tests and clinic c syndromes, include gnosis and manage erited or acquired on, rare and comple ers	or al ding ement	others the me their i disord	nodels and teaches s the complexities of olecular pathways and modifications in clinical lers and the priateness of genetic g	

29. Monitors practic	e	with a goal	l for impr	oveme	nt. (P	BLI1)							
The collaborative group				e IM Su	bspecia	lty Repoi	rting Milest	ones doe	s not requ	uire modification for a	applical	oility to	Hematology-Oncology.
For your convenience the	eу	are listed be	low.										
Critical	ı	Ready for unsupervised									1	Aspirational	
Deficiencies										practice			Aspirational
Unwilling to self-	Unable to self-reflect upon Inconsistently self-reflects						Regul	arly self-reflects up	on	Regularly seeks external			
reflect upon one's	Ш	practice or	performa	nce	upon practice or one's practice or performance,						e, validation regarding self-		
practice or	Ш				perfo	rmance	e, and	and co	onsistently acts upo	on	reflec	tion to maximize	
performance	l	Misses oppo	ortunities	for	inconsistently acts upon			on	those	reflections to impr	ove	practi	ice improvement
	l	earning an	d self-		those	reflect	ions		practi	ce			
Not concerned with	l i	mproveme	nt									Active	ely and independently
opportunities for	П				Incon	sistentl	ly acts upo	on	Recogn	nizes sub-optimal		engas	ges in self-improvement
learning and self-	П				oppo	rtunitie	s for learn	ing	practio	ce or performance a	as an	effort	s and reflects upon the
improvement	Ш						rovement			tunity for learning a		exper	rience
•	П					-				provement		1 -	
	Ш									•			
Comments:													

30. Learns and improves	30. Learns and improves via performance audit and lifelong learning. (PBLI2)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational							
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members							
Comments:											

For your convenience th Critical	ey are listed below.		Ready for unsupervised	Aspirational
Deficiencies			practice	Aspirational
Never solicits	Rarely seeks and does not	Solicits feedback only from	Solicits feedback from all	Performance continuously
feedback	incorporate feedback	supervisors and	members of the inter-	reflects incorporation of
		inconsistently incorporates	professional team and patients	solicited and unsolicited
Actively resists	Responds to unsolicited	feedback		feedback
feedback from	feedback in a defensive		Welcomes unsolicited	
others	fashion	Is open to unsolicited feedback	feedback	Role-models ability to reconcile disparate or
	Temporarily or		Consistently incorporates	conflicting feedback
	superficially adjusts performance based on	Inconsistently incorporates feedback	feedback	
	feedback		Able to reconcile disparate or conflicting feedback	

### 32. Learns and improves at the point of care. (PBLI4)

 $The \ collaborative \ group \ recommends \ that \ using \ the \ IM \ Subspecialty \ Reporting \ Milestones \ does \ not \ require \ modification for \ applicability \ to \ Hematology-Oncology.$ 

For your convenience	$the_{j}$	y are l	isted below.									
Critical Deficiencies								Read	dy for unsupervis practice	ed	,	Aspirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary	11	Can info well que Unff and med deciand	ely reconsiders a roach to a proble so for help, or seek information translate medical stions with assist amiliar with street weaknesses of the dical literature dimited awarene ability to use, or mation technologision support too guidelines pts the findings of cal research studiout critical appraisa	m, is  il to cance ngths ne ss of, ogy or is	an ap asks i inform Can t inform indep Awar weak inform utiliz; techn sophi	asistently reconsider proach to a problem	em, new well- ns and but	approaction help information we dication with the question of clinic searches resource support.	ely translates new l information need ll-formed clinical	s tics ently tion ion ies	clinical r based or Has a sys track and	edels how to appraise research reports in accepted criteria stematic approach to d pursue emerging questions
		j										
Comments:												

# 4) Interpersonal and Communication Skills

37. Communicates et (ICS1)	ffectively and compassionat	ely with patients, caregivers a	and inter-professional teams du	ring all phases of care.		
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Does not	Inconsistently	Consistently demonstrates	Consistently demonstrates	Role models and teaches		
demonstrate	demonstrates effective and	effective and compassionate	effective and compassionate	effective strategies to		
effective and	compassion verbal and	verbal and written	communication for patients	compassionately discuss		
compassionate	written communication	communication regarding	with straightforward or	treatment strategies,		
verbal and written	regarding treatment	treatment strategies for	challenging conditions or	terminal diagnosis and bad		
communication	strategies and needs	straightforward cases and is	psychosocial situations in	news discussions		
regarding	assistance for, or defers,	able to discuss difficult	verbal and written			
treatment	difficult discussions of	issues of such as terminal	communication regarding			
strategies for	terminal diagnosis and	diagnosis and futility of	treatment and issues of such as			
specialty disorders	therapy unresponsiveness	therapy	terminal diagnosis and futility			
			of therapy			
Comments:		•		·		

38. Communicates eff	ectively in inter-profession	al teams (e.g. peers, consultan	ts, nursing, and other health pr	ofessionals). (ICS2)
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Uses communication strategies that hamper or disrupt collaboration and teamwork Resists offers of	Inconsistently engages in collaborative communication with appropriate members of team  Inconsistently employs	Consistently engages in collaborative communication with appropriate members of team  Consistently employs verbal, non-verbal and written	Consistently demonstrates leadership through collaborative communication in teams  Consistently solicits collaborative communication	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing providers
collaborative input	verbal, non-verbal and written communication strategies that facilitate collaborative care	strategies that facilitate collaborative care	with all team members  Consistently communicates effectively with all referring/co-managing providers	
Comments:				

Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches		
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,		
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive		
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are		
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,		
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision		
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include		
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed		
directives	Occasionally delayed in	appropriate billable services	note has appropriate billable	consent and patient		
	submission of completed		services	preferences		
Record completion	medical records	Consistent in timely				
consistently		submission of completed	Consistent in timely			
delinquent		medical records	submission of completed			
			medical records			

### 5) Professionalism

# 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	ey are listed below.		. , ,	5 55 55
Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	*
Disrespectful in	Inconsistently	Consistently respectful in	Demonstrates empathy,	Role-models compassion,
interactions with	demonstrates empathy,	interactions with patients,	compassion, and respect to	empathy, and respect for
patients, caregivers,	compassion, and respect	caregivers, and members of	patients and caregivers in all	patients and caregivers
and members of the	for patients and caregivers	the inter-professional team,	situations	
inter-professional		even in challenging situations		Role-models appropriate
team	Inconsistently		Anticipates, advocates for, and	anticipation and advocacy for
	demonstrates	Is available and responsive to	actively works to meet the needs	patient and caregiver needs
Sacrifices patient	responsiveness to patients'	needs and concerns of	of patients and caregivers	
needs in favor of self-interest	and caregivers' needs in an	patients, caregivers, and members of the inter-	B	Fosters collegiality that
self-interest	appropriate fashion	professional team to ensure	Demonstrates a responsiveness to patient needs that supersedes	promotes a high-functioning inter-professional team
Does not	Inconsistently considers	safe and effective patient care	self-interest	inter-professional team
demonstrate	patient privacy and	sale and ellective patient care	sen-interest	Teaches others regarding
empathy.	autonomy	Emphasizes patient privacy	Positively acknowledges input of	maintaining patient privacy
compassion, and	autonomy	and autonomy in all	members of the inter-	and respecting patient
respect for patients	Inconsistently aware of	interactions	professional team and	autonomy
and caregivers	physician and colleague	Interded on S	incorporates that input into plan	autonomy
and caregivers	self-care and wellness	Consistently aware of	of care, as appropriate	Role-models personal self-care
Does not		physician and colleague self-	or come, and appropriate	practice for others and
demonstrate		care and wellness	Regularly reflects on, assesses,	promotes programs for
responsiveness to			and recommends physician and	colleague wellness
patients' and			colleague self-care and wellness	
caregivers' needs in				
an appropriate				
fashion				
1				
Does not consider				
patient privacy and				
autonomy				
Unaware of				
physician and	11			
colleague self-care and wellness				
and weimess		1	L	

### 34. Accepts responsibility and follows through on tasks. (PROF2)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	ney are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks  Shuns responsibilities expected of a physician professional	Completes most assigned tasks in a timely manner but may need reminders or other support  Accepts professional responsibility only when assigned or mandatory	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy  Completes assigned professional responsibilities without questioning or the need for reminders	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner  Willingly assumes professional responsibility regardless of the situation	Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective manner  Assists others to improve their ability to prioritize many competing tasks

Comments:

### 35. Responds to each patient's unique characteristics and needs. (PROF3)

 $The \ collaborative \ group \ recommends \ that \ using \ the \ IM \ Subspecialty \ Reporting \ Milestones \ does \ not \ require \ modification for \ applicability \ to \ Hematology-Oncology.$ 

For your convenience th	ey are lis	ted below.													
Critical Deficiencies								Read	dy for un pract	_	ed		Aspira	tional	
Is insensitive to	Is ser	nsitive to and ha	s	Seeks	to fully ur	nderstand	d	Recogn	izes and a	ccounts	for	Role-	models pi	rofession	al
differences	basic	awareness of			patient's p			the per	sonal cha	racteristi	cs		actions to		
related to	differ	rences related to	•	chara	cteristics a	and need:	s	and nee	eds of eac	h patient		negot	tiate diffeı	rences re	lated
personal		onal characteris	tics										atient's u	-	
characteristics	and r	reeds in the		1	fies care pl		ount	Approp	riately m	odifies ca	ıre	chara	acteristics	or needs	
and needs in the	patie	nt/caregiver			patient's u	-			account f						
patient/caregiver	enco	unter		chara	cteristics a	and need:	s	unique	character	ristics and	d		models co		
encounter				with	partial suc	cess		needs					ect for pati		
		res assistance to	0									chara	acteristics	and need	is
Is unwilling to		y care plan to													
modify care plan to		nt for a patient's													
account for a		e characteristic	s and												
patient's unique	needs														
characteristics and needs															
needs	┺┤────			Ц				Ц		1		Ц			
			L				L		L	J	L				
Comments:															

## 6) Systems- Based Practice

### 25. Works effectively within an inter-professional team (e.g. peers, consultants, nursing, and other health professionals). (SBP1)

The collaborative group			e IM Su	bspecia	lty Reporting Milest	ones does	s not requ	ire modification for a	applicab	pility to H	Iematology-Oncology.
For your convenience th	ey are	listed below.									
Critical Deficiencies							Read	dy for unsupervis practice	ed		Aspirational
Refuses to recognize the contributions of other inter- professional team members	tea no to	entifies roles of oth am members, but d t recognize how/w utilize them as sources	oes	respo mem ineffe	rstands the roles on sibilities of all to bers, but uses the ectively ely engages in tea	eam m	respons effectiv membe	tands the roles and sibilities of, and ely partners with, ars of the team atly coordinates		inspir unexp	ops, trains, and es the team regarding ected events or new it management gies
Frustrates team members with inefficiency and errors	disc but inp	ticipates in team cussions when requ does not actively s ut from other team mbers	eek	meet	ings and collabora ion-making		activitie	es of other team ers to optimize care	•	memb	d by other team ers as a leader in the ry of high-quality care
Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)											
Comments:										•	

#### 26. Recognizes system error and advocates for system improvement relevant to hematology and oncology. (SBP2) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Ready for unsupervised Critical Aspirational Deficiencies practice Ignores a risk for Does not recognize the Recognizes the potential for Identifies systemic causes of Advocates for system error within the potential for system error error within the system medical error and navigates leadership to formally system that may them to provide safe patient engage in quality assurance affect the care of a Makes decisions that Identifies obvious or critical and quality improvement causes of error and notifies patient could lead to errors that activities are otherwise corrected supervisor accordingly Advocates for safe patient care Ignores feedback by the system or and optimal patient care Viewed as a leader in and is unwilling to supervision Recognizes the potential risk systems identifying and advocating change behavior in for error in the immediate for the prevention of medical order to reduce the Resistant to feedback system and takes necessary Activates formal system error risk for error about decisions that may steps to mitigate that risk resources to investigate and lead to error or otherwise mitigate real or potential Teaches others regarding the cause harm Willing to receive feedback medical error importance of recognizing about decisions that may and mitigating system error lead to error or otherwise Reflects upon and learns from cause harm own critical incidents that may

Comments:

Comments:

interventions

lead to medical error

27. Demonstrates al population-based ca			mation that incorporates cost	awareness and risk-benefit and	alysis in patient or
			bspecialty Reporting Milestones doe	s not require modification for applical	bility to Hematology-Oncology.
For your convenience the	ey	are listed below.			
Critical Deficiencies				Ready for unsupervised practice	Aspirational
Ignores cost issues	Т	Lacks awareness of	Recognizes that external	Consistently works to address	Teaches patients and health
in the provision of	ı	external factors (e.g.,	factors influence a patient's	patient-specific barriers to	care team members to
care	ı	socio-economic, cultural,	utilization of health care and	cost-effective care	recognize and address
	ı	literacy, insurance status)	may act as barriers to cost-		common barriers to cost-
Demonstrates no	ı	that impact the cost of	effective care	Advocates for cost-conscious	effective care and
effort to overcome	ı	health care, and the role		utilization of resources such as	appropriate utilization of
barriers to cost-	ı	that external stakeholders	Minimizes unnecessary	emergency department visits	resources
effective care	ı	(e.g., providers, suppliers,	diagnostic and therapeutic	and hospital readmissions	
	ı	financers, purchasers)	tests		Actively participates in
	ı	have on the cost of care		Incorporates cost-awareness	initiatives and care delivery
	ı		Possesses an incomplete	principles into standard	models designed to
		Does not consider limited	understanding of cost-	clinical judgments and	overcome or mitigate
		health care resources	awareness principles for a	decision-making, including use	barriers to cost-effective,
		when ordering diagnostic or therapeutic	population of patients (e.g., use of screening tests)	of screening tests	high-quality care

### 28. Transitions patients effectively within and across health delivery systems. (SBP4)

For your convenience to	ney	are listea below.										
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspiratio	nal
Disregards need	П	Inconsistently utilize:	S	Reco	gnizes the importa	ance	Approp	priately utilizes		Coord	linates care v	within and
for communication	П	available resources to	•	of co	mmunication duri	ng	availab	le resources to		acros	s health deliv	ery
at time of	П	coordinate and ensur	e	times	s of transition		coordi	nate care and mana	ge	syster	ms to optimi:	ze patient
transition	П	safe and effective pat					conflic	ts to ensure safe an	d	safety	, increase efi	ficiency,
	П	care within and acros	S	Com	municates with fut	ure	effectiv	ve patient care with	in	and e	nsure high-q	uality
Does not respond	П	delivery systems			givers, but demons	trates	and act	ross delivery syster	ns	patier	nt outcomes	
to requests of	П				s in provision of							
caregivers in other	П	Provides incomplete			nent or timely			y communicates w			models and t	
delivery systems	П	written and verbal ca		infor	mation			id future caregivers	to	effect	ive transitio	is of care
	П	plans during times of					ensure	continuity of care				
Written and verbal	П	transition										
care plans during	П							oates needs of patie				
times of transition		Provides inefficient					_	ers, and future car	е			
are absent		transitions of care tha	t					ers and takes				
		lead to unnecessary	_					oriate steps to addr	ess			
		expense or risk to a pa					those n	ieeds				
		(e.g., duplication of tes	sts,									
	Щ	readmission)		Ц			Ц ,			Ц		1
	L	.	L			L	_		L		L	_
Comments:												

		7
ROTATION	OAKLAND ONCOLOGY CONSULTS	
SUPERVISION	Hematology Oncology Faculty - UPP	
GENERAL STRUCTURE	Weekdays: M-F	Times: 7am-7pm
	Weekends: off	
OVERNIGHT COVERAGE	Home call fellow	
ROTATION SPECIFIC DIDACTICS	Magee Breast	4pm Thursdays
		, · · · · ·
PROCEDURES	Bone marrow biopsy	]
TROCEDORES	Intrathecal chemotherapy	
	Plasmapheresis	
	Tidolinapiner colo	
FVALUATION PROCESS	ADIMA/ACCME Literal Marketine C. I.	The Board of Addition and the ACH/ACCO Control of Addition
EVALUATION PROCESS		specialty Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	
EDUCATIONAL MATERIALS	1) ASCO SEP	
	2) Devita: Cancer, Principles of Onco	logy
	·	
FELLOW TIPS!		
FELLOW TIPS:		

- 1) Communicate regularly with primary services will save you time in the long run
- 2) General pathology #: 412-647-3720, 412.647.5191 (Hemepath)
- 3) Set plan for daily rounds with the attending early in rotation (round around clinic times, etc.)
- 4) Most common reasons for consult: initial diagnosis/staging & counseling patients/families about diagnosis/progression of disease
- 5) Occasionally, some consults will also include malignant hematology cases. Hematology consults will pertain to benign hematology

# 1) Patient Care

1. Gathers and synth disorder. (PC1a)	esizes pa	tient and d	isease s	pecific	inform	ation ne	cessary	to und	erstand	the prese	nting l	nemato	ologic or o	ncologic
Critical Deficiencies								Rea	_	nsupervis ctice	ed		Aspirat	ional
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synthesi informat patient a	ysiology to	to the	synth inform patien	istently g nesizes cr mation re nt and th ophysiolo ders	itical elated to e	the	synthe inform patient	sizes cri ation rel	lated to the hysiology o		how to informate and is patien	nation abo	nd synthesize out patients ach about the ysiology of
Comments:														

2. Demonstrates abi (PC2a)	lity to diagnose and assign s	stage, and/or severity, of hema	atology and oncology disorders	in all adult age groups.
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unfamiliar with common staging or severity scores	Inconsistently orders appropriate studies to evaluate common specialty disorders	Consistently orders appropriate laboratory and radiographic diagnostic studies and correctly assigns stage and/or severity scores to common disorders	Consistently orders appropriate laboratory and radiographic diagnostic studies and correctly assigns stage and/or severity scores to complex disorders	Role models and teaches the use of appropriate laboratory and radiographic diagnostic studies in the assignment of stage and/or severity scores to complex specialty disorders
Comments:				

Critical Deficiencies					Rea	dy for unsuper practice	vised		Aspirational
Unable to determine the most appropriate management plan for common disorders	the trea	onsistently propos most appropriate tment for commo orders	appro plans includ	stently develops opriate manageme for common disc ding urgent or gent conditions	approp plans f includi manag	tently develops priate manageme for complex disor ing comprehensi ement plans for ergent conditions	rders ve urgent	devel comp plans disor	models and teaches opment of rehensive managemen for complex specialty ders and for urgent or gent conditions

1	4. Demonstrates ability to analyze response to treatment and adjust therapy for hematology or oncology disorders over time using standard measurements and guidelines. (PC2c)										
Critical Deficiencies							Rea	dy for unsupervi: practice	sed		Aspirational
Unable to accurately monitor treatment responses for specialty conditions	demor with s measu incons demor	sistently Instrates familiar Itandard Irements and Instrates Instrates Istanding of their Istion		know guide meas situat	stently applies rledge of consensu- lines and standar urement scales in tions and modifies py accordingly	d most	knowle guideli in com	tently applies edge of consensus nes and standard s plex specialty diso odifies therapy ingly		purpo analy respo	models and teaches ose of staging and rsis of therapeutic onse using specific curements and elines
Comments:											

5. Demonstrates the	a	ability to anticipate, recogn	ize an	d effectively mai	age to		of systemic therap		PC2d)		
Deficiencies						1101	practice		Aspirational		
Does not demonstrate understanding of toxicity of common therapies	l	Inconsistently identifies risk of and management of toxicity in patients receiving systemic therapy	and r	istently identifies nanagement of co vere toxicities in nts receiving syst apy	mmon	and m uncon toxicit	stently identifies rist anagement of comn nmon and complex ies in patients recei nic therapy	non,	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies		
Comments:											

6. Demonstrates the	abilit	y to facili	tate pat	ient p	articip	pation i	n clinica	l trials.	(PC2e)							
Critical Deficiencies									Rea	dy for uns pract	-	ed		Aspira	tional	
Does not recognize patients who may be candidates for inclusion in clinical trials	patie cand trial: unde	nsistently and make the make t	nay be clinical poor		patier candid and h under requir issues	nts who dates fo as a goo rstandin rements s, and pa nt enrol	recognize may be or clinical od ng of eligi s and ethi articipate lment with	trials, bility cal s in	patient candid and ha of eligi ethical indepe	tently reco ts who may lates for cli is a good un ibility requ issues, and endently m nent proce	7 be nical tria nderstan irements d anages tl	ding s and	discus partic includ	ssion of cl ipation w ling how t il decision	d teaches inical trial ith patient to incorpor making in	t, rate
Comments:			·													

Critical Deficiencies						Rea	idy for unsupervis practice	ed		Aspirational
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	need geria reha and/ appr	nsistently recognizes I to incorporate atric and/or bilitation principles for consultation as copriate in the care of atric patients	ne an co in pa wi	ensistently receed to incorpo ad/or rehabilit edicine princi onsultation as the care of ge atients, includi ith significant andromes	rate geriatric ration ples and/or appropriate riatric ng those	geriatr princip as app patient geriatr extenu psycho includi	tently incorporates ric and/or rehability oles and/or consult ropriate in the care ts with significant ric syndromes or lating clinical or osocial circumstancing the use of the lisciplinary team	ation ation of es,	incorp and/o princip consul patien geriati includ	nodels and teaches the oration of geriatric rehabilitation ples and/or tation in the care of ts with significant ric syndromes, ing the use of the lisciplinary team

11. Demonstrates th	e ability to effectively mana	ge patients with pain, anxiety	or depression. (PC2j)							
Critical Deficiencies			Ready for unsupervised practice	Aspirational						
Does not recognize signs or symptoms of pain, anxiety or depression	Inconsistently recognizes and institutes management strategies for pain, anxiety, or depression	Consistently recognizes the signs of pain, anxiety or depression and institutes management strategies	Consistently recognizes the signs of pain, anxiety and depression and institutes management strategies including cases with complex cultural or psychosocial situations	Role models and teaches recognition of signs of pain, anxiety and depression and development of the best management strategies						
Comments:	Comments:									

Critical Deficiencies								Rea	dy for unsu practic	-			Aspirat	ional
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	the pal reb	onsistently reco need to involve liative care, hosp abilitation medi care of patients	oice or cine in	need care, rehab	stently rec to involve hospice or bilitation n are of patic	palliati · nedicine	ve	need to hospic medici of pati- involve discipl	tently recognous involve palle or rehabilitine services in ents and cooement of the ines, includings to the last plinary tengs	liative car tation n the care rdinates other ng the use	ė	multio manag	nodels and disciplinar gement of ce, and reh	y team palliative

14. Demonstrates th	ne ability to effectively mana	ige patients during transition	s of care. (PC2m)	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
the need to have	Inconsistently recognizes the need to have discussions of goals of care and needs assistance during discussions	Consistently recognizes the need to have discussions of goals of care	Consistently recognizes the need to have discussions of goals of care and involvement of multidisciplinary team members	Role models and teaches multidisciplinary discussions of goals of care
Comments:				

### 15. Manages patients with progressive responsibility and independence. (PC3)

For your convenience the	ey are listed below.							
Critical Deficiencies						Ready for unsupervised practice		Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	Requires direct supervision to en patient safety and care  Requires direct supervision to me problems or come chronic diseases appropriate clinic settings  Inconsistently propried clinic settings  Requires direct supervision to me patients with straightforward in all appropriate settings  Unable to manage inpatients or patients or patients or patients in tension to me patients or patient	anage amon in all ical  rovides in all ical  danage diagnoses e clinical  ge complex ients ive care dently rovided by of the	Provide preventing appropriate	res indirect vision to ensure it safety and quali iles appropriate intive care and chi e management in priate clinical set iles comprehensiv or single or multi pases in all approp il settings supervision, pro priate care in the ive care unit es management p gent or emergence	ronic n all tings ve ple priate vides	Independently manages patients across applicable inpatient, outpatient, and ambulatory clinical settings who have a broad spectrum or clinical disorders, including undifferentiated syndromes  Seeks additional guidance and/or consultation as appropriate  Appropriately manages situations requiring urgent or emergency care  Effectively supervises the management decisions of the team in all appropriate clinical settings	rare all aj setti f	ctively manages unusual, , or complex disorders in ppropriate clinical ings
			] [					

Critical Deficiencies			Ready for unsupervised practice				
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; requires assistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; able to administer uncomplicated without assistance chemotherapy, and to perform lumbar puncture and bone marrow aspirate and biopsies on most patients without assistance	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies			

18. Writes accurate non-invasive)  Critical Deficiencies	and sa	afe orders in the	Electr	onic M	Iedical Record fo	r syste		rapy including app ddy for unsupervis practice		iate suj	Aspirational	
Does not have the skill to write orders for systemic therapy	orde infor syste elect	nsistently writes irs and obtains imed consent for emic therapy usin ironic medical rec ommon disorders	obtains onsent for erapy using the nedical record n disorders		and consistently writes safe and accurate orders using the electronic medical record for systemic therapy for common disorders, taking into account social issues, performance status, organ function and comorbidities			is informed consent tently writes safe an te orders using the onic medical record on and uncommon ers, taking into accor ritive care requirem mance status, organ on and comorbiditie	how t conse accura thera	Role models and teaches how to obtain informed consent and to write safe and accurate orders for systemic therapy using the electronic medical record		
Comments:												

The collaborative group For your convenience th			e IM Sul	special	ty Reporting Mil	estones does	not requ	iire modification fo	r applicai	bility to	Hematology-Oncology.
Critical Deficiencies							Ready for unsupervised practice				Aspirational
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services Unwilling to utilize consultant services when appropriate for patient care	patient other p care te Incons assessi patient consult Inconsi clinical	istently applies nent principle as while acting	nt to lth s risk s to as a	service clinical basic Asks r questi	des consultationes for patients al problems re risk assessmen meaningful clir ions that guide of consultants	with quiring nt nical	for par compl requir assess Approprecomprecomputed	les consultation stients with basic ex clinical proble ex clinical proble ing detailed risk ment priately integrate mendations from tants in order to yely manage patie	and ems s other	service very of proble exten	des consultation ces for patients with complex clinical ems requiring sive risk assessment els management of rdant nmendations from ple consultants

# 2) Medical Knowledge

20. Demonstrates a	fund of knowledge in solid	tumor oncology. (MK1a)			
Critical Deficiencies			Ready for unsupervised practice	Aspirational	
Demonstrates insufficient basic knowledge in oncology	Inconsistently demonstrates basic knowledge of solid tumors	Consistently demonstrates a broad fund of knowledge of most, but not all of the major groups of solid tumors in the field		Role models and teaches others the fundamental concepts of solid tumor oncology in multiple areas	
Comments:					

Critical Deficiencies	(MK2)		Ready for unsupervised practice	Aspirational		
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	Inconsistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes	Consistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes	Consistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes, including the diagnosis and management of inherited or acquired common, rare and complex disorders	Role models and teaches others the complexities of the molecular pathways and their modifications in clinical disorders and the appropriateness of genetic testing		

# 3) Practice Based Learning

29. Monitors practic	re	commends ti	hat using th				stones doe	es not requ	uire modification for	applica	bility to	Hematology-Oncology.
Critical Deficiencies	Ĺ							Rea	dy for unsupervi	sed		Aspirational
Unwilling to self- reflect upon one's practice or performance		Unable to s practice or Misses oppo earning and	performa ortunities	nce	Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections			one's	arly self-reflects up practice or perforr onsistently acts up reflections to impi ice	Regularly seeks external validation regarding self- reflection to maximize practice improvement		
Not concerned with opportunities for learning and self- improvement	i	mproveme	nt		oppor	d self-improvement		Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement			engag effort	ely and independently ges in self-improvement is and reflects upon the rience
Comments:												
Comments:												

30. Learns and improves	s via performance audit an	d lifelong learning (PBLI2	:)			
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members		
Comments:						

#### 31. Learns and improves via feedback. (PBLI3) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational Deficiencies practice Never solicits Rarely seeks and does not Solicits feedback from all Performance continuously Solicits feedback only from feedback incorporate feedback members of the interreflects incorporation of supervisors and inconsistently incorporates professional team and patients solicited and unsolicited Actively resists Responds to unsolicited feedback feedback feedback from feedback in a defensive Welcomes unsolicited others fashion Is open to unsolicited feedback Role-models ability to reconcile disparate or feedback Consistently incorporates Temporarily or conflicting feedback superficially adjusts Inconsistently incorporates feedback performance based on feedback feedback Able to reconcile disparate or conflicting feedback Comments:

10. Jour convenience une	y are listed below.						
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary	Rarely reconsiders an approach to a problem, asks for help, or seeks new information  Can translate medical information needs into well-formed clinical questions with assistance  Unfamiliar with strengths and weaknesses of the medical literature  Has limited awareness of, or ability to use, information technology or decision support tools and guidelines  Accepts the findings of clinical research studies	Inconsistently reconsiders an approach to a problem, asks for help, or seeks new information  Can translate medical information needs into well-formed clinical questions independently  Aware of the strengths and weaknesses of medical information resources, but utilizes information technology without sophistication  With assistance, appraises clinical research reports based on accepted criteria	Routinely reconsiders an approach to a problem, asks for help, or seeks new information  Routinely translates new medical information needs into well-formed clinical questions  Guided by the characteristics of clinical questions, efficiently searches medical information resources, including decision support tools and guidelines  Independently appraises clinical research reports based on accepted criteria	Role-models how to appraise clinical research reports based on accepted criteria  Has a systematic approach to track and pursue emerging clinical questions			
	without critical appraisal						

4) Interpersonal	and
Communication	Skills

37. Communicates et (ICS1)	ffectively and compassionat	ely with patients, caregivers a	and inter-professional teams du	ring all phases of care.		
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Does not	Inconsistently	Consistently demonstrates	Consistently demonstrates	Role models and teaches		
demonstrate	demonstrates effective and	effective and compassionate	effective strategies to			
effective and	compassion verbal and	verbal and written	compassionately discuss			
compassionate	written communication	communication regarding	with straightforward or	treatment strategies,		
verbal and written	regarding treatment	treatment strategies for	challenging conditions or	terminal diagnosis and bad		
communication	strategies and needs	straightforward cases and is	psychosocial situations in	news discussions		
regarding	assistance for, or defers,	able to discuss difficult	verbal and written			
treatment	difficult discussions of	issues of such as terminal	communication regarding			
strategies for	terminal diagnosis and	diagnosis and futility of	treatment and issues of such as			
specialty disorders	therapy unresponsiveness	therapy	terminal diagnosis and futility			
			of therapy			
Comments:				·		

38. Communicates eff	ectively in inter-profession	al teams (e.g. peers, consultan	ts, nursing, and other health pro	ofessionals). (ICS2)			
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Uses communication	Inconsistently engages in	Consistently engages in	Consistently demonstrates	Role models and teaches			
strategies that	collaborative	collaborative communication	leadership through	effective collaborative			
hamper or disrupt	communication with	with appropriate members	collaborative communication	communication with all team			
collaboration and	appropriate members of	of team	in teams	members as well as			
teamwork	team			referring/co-managing			
		Consistently employs verbal,	providers				
Resists offers of	Inconsistently employs	non-verbal and written	collaborative communication				
collaborative input	verbal, non-verbal and written communication	strategies that facilitate collaborative care	with all team members				
	strategies that facilitate		Consistently communicates				
	collaborative care		effectively with all				
			referring/co-managing				
		providers					
Comments:			•				

39. Demonstrates app		iata	ization o		lotio	n of bool	th moss				manta (	CC21				
39. Demonstrates app	ropr	iate utii	ization a	ia con	ipietio	n or near	tn reco	ras ana	proced	ure docu	ments. (I	CSSJ				
Critical Deficiencies								Rea	dy for un pract	-	ed	Aspirational				
Medical records	Me	dical rec	ords subn	itted	Medic	cal record	ls submi	tted	Medical records show the				Role	models an	d teache	s
submitted do not	inc	onsisten	tly include	all	consi	stently in	clude al	l	significant clinical data, and/or				impo	rtance of c	rganize	ı,
include significant	sign	nificant o	clinical dat	a,	signif	icant clin	ical data	l,	documentation of informed				accur	ate and co	mprehe	nsive
clinical data, and/or	and	l/or doc	umentatio	n of	and/o	or docum	entation	of	conser	it, cancer s	staging, g	oals	healtl	h records t	hat are	
documentation of	info	ormed co	onsent, car	icer	inform	med cons	ent, can	er	of care	or advanc	ced direct	complete, patient specific,				
informed consent,	sta	ging, goa	ls of care	or	stagir	ng, goals o	of care,	or	and de	scribe crit	ical decis	ion	includ	de critical	decision	
cancer staging, goals	adv	ranced d	irectives		advar	nced direc	ctives, b	ıt	making, consistently reflecting				making and include			
of care or advanced					inconsistently reflect all				all patient preferences. The				documentation of informed			
directives			y delayed		appropriate billable services			note has appropriate billable			consent and patient					
			of comple	ted					services				prefe	rences		
Record completion	me	dical rec	ords		Consi	stent in t	imely									
consistently					subm	ission of	complet	ed		tent in tim						
delinquent					medi	cal record	ls			ssion of co	mpleted					
									medica	al records						
Comments:						·										

## 5) Professionalism

33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

For your convenience th	ey	are listed below.			
Critical	Г			Ready for unsupervised	Aspirational
Deficiencies	Ļ,			practice	*
Disrespectful in		Inconsistently	Consistently respectful in	Demonstrates empathy,	Role-models compassion,
interactions with		demonstrates empathy,	interactions with patients,	compassion, and respect to	empathy, and respect for
patients, caregivers,		compassion, and respect	caregivers, and members of	patients and caregivers in all	patients and caregivers
and members of the		for patients and caregivers	the inter-professional team,	situations	
inter-professional			even in challenging situations		Role-models appropriate
team		Inconsistently		Anticipates, advocates for, and	anticipation and advocacy for
C		demonstrates	Is available and responsive to needs and concerns of	actively works to meet the needs of patients and caregivers	patient and caregiver needs
Sacrifices patient needs in favor of		responsiveness to patients' and caregivers' needs in an	patients, caregivers, and	or patients and caregivers	Fosters collegiality that
self-interest		and caregivers needs in an appropriate fashion	members of the inter-	Demonstrates a responsiveness	promotes a high-functioning
sen-interest		appropriate fashion	professional team to ensure	to patient needs that supersedes	inter-professional team
Does not		Inconsistently considers	safe and effective patient care	self-interest	inter-professional team
demonstrate		patient privacy and	Saic and checuve patient care	Self litterest	Teaches others regarding
empathy,		autonomy	Emphasizes patient privacy	Positively acknowledges input of	maintaining patient privacy
compassion, and			and autonomy in all	members of the inter-	and respecting patient
respect for patients		Inconsistently aware of	interactions	professional team and	autonomy
and caregivers		physician and colleague		incorporates that input into plan	
		self-care and wellness	Consistently aware of	of care, as appropriate	Role-models personal self-care
Does not			physician and colleague self-		practice for others and
demonstrate			care and wellness	Regularly reflects on, assesses,	promotes programs for
responsiveness to				and recommends physician and	colleague wellness
patients' and				colleague self-care and wellness	
caregivers' needs in					
an appropriate					
fashion					
Does not consider					
patient privacy and					
autonomy					
Unaware of					
physician and					
colleague self-care					
and wellness					

The collaborative group For your convenience the	ecommends that using the IM S are listed below.	ubspeci	alty Reporting Milestones de		quire modification for applicady for unsupervised	cability to	Hematology-Oncology.
Deficiencies				Rea	practice		Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks  Shuns responsibilities expected of a physician professional	Completes most assigned tasks in a timely manner but may need reminders or other support  Accepts professional responsibility only when assigned or mandatory	and time with police Comprof	pletes administrative patient care tasks in a ely manner in accordance local practice and/or cy upletes assigned essional responsibilities to the for reminders	dema tasks timely Willin	itizes multiple competing inds in order to complete and responsibilities in a y and effective manner and assumes professional onsibility regardless of the tion	man orde resp and d e Assis their	-models prioritizing y competing demands in or to complete tasks and onsibilities in a timely effective manner sts others to improve ability to prioritize y competing tasks

# 6) Systems- Based Practice

25. Works effectivel  The collaborative group  For your convenience the	recommends that u	_					_	
Critical Deficiencies					Ready for un pract			Aspirational
Refuses to recognize the contributions of other interprofessional team members  Frustrates team members with inefficiency and errors  Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)	Identifies roles team members not recognize h to utilize them resources  Participates in t discussions whe but does not act input from othe members	eam en required, ively seek	derstands the roles a ponsibilities of all te mbers, but uses then ffectively ively engages in tean etings and collaborat ision-making	am in en in	Understands the responsibilities of effectively partn members of the responsibilities of the responsibilities of othe activities of othe nembers to opti	of, and ers with, all team inates or team	inspire unexpe patien strates Viewee membe	eps, trains, and es the team regarding ected events or new t management gies d by other team ers as a leader in the ry of high-quality care
						]		
Comments:	•	•	•		•		'	

26. Recognizes syste	em	error and advocates fo	or s	ystem	improvement	elevant	to hem	atology and oncol	ogy. (	SBP2)		
The collaborative group For your convenience the		ecommends that using the IM are listed below.	1 Sui	bspecia	lty Reporting Mile	tones doe	s not req	uire modification for a	applica	bility to	Hematology-	Oncology.
Critical Deficiencies							Rea	idy for unsupervis practice	ed		Aspirati	onal
Ignores a risk for error within the system that may affect the care of a patient  Ignores feedback and is unwilling to change behavior in order to reduce the risk for error		Does not recognize the potential for system error and the system error that could lead to errors that are otherwise corrected by the system or supervision  Resistant to feedback about decisions that may lead to error or otherwise cause harm		Recogfor ersystesteps Williamou lead	gnizes the potent within the system of error and no estate of error and no estate of error according gnizes the potent ror in the immentant takes need to mitigate that ing to receive feed to error or other estate of the error or other estate or error or other estates.	m critical otifies y cial risk diate essary risk	medicathem to care  Advocand opsystem  Actival resour mitigate medicate cown or care.	Ties systemic causes al error and navigat to provide safe patient of the patient of the patient of the patient of the patient care is the patient care is the patient of th	tes ent t care nd	leade engag and o activi View ident for th error Teacl impo	uality impr ties  ed as a lead ifying and a e prevention hes others retance of re	mally vassurance vovement er in dvocating on of medica
	_											
Comments:		·			•	•						

27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in pati	ent or
population-based care. (SBP3)	

For your convenience th	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to cost-effective care	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to costeffective care  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of costawareness principles for a	Consistently works to address patient-specific barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use	Teaches patients and health care team members to recognize and address common barriers to costeffective care and appropriate utilization of resources  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective,
	when ordering diagnostic or therapeutic interventions	population of patients (e.g., use of screening tests)	of screening tests	high-quality care
Comments:				

### 28. Transitions patients effectively within and across health delivery systems. (SBP4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience in	(4)	ure usieu below.										
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational	
Disregards need	ı	Inconsistently utilizes	1	Recog	mizes the importa	nce	Approp	oriately utilizes		Coord	inates care within and	
for communication	ı	available resources to		of con	nmunication durii	ıg	availab	le resources to		across	health delivery	
at time of	ı	coordinate and ensure	1	times	of transition		coordi	nate care and mana	ige	systen	ns to optimize patient	
transition	ı	safe and effective patien	nt				conflict	ts to ensure safe an	ıd	safety,	, increase efficiency,	
	ı	care within and across	- 1	Comn	nunicates with fut	ure	effectiv	e patient care with	nin	and er	isure high-quality	
Does not respond	ı	delivery systems		caregi	ivers, but demons	trates	and acı	ross delivery syster	ms	patient outcomes		
to requests of	ı		1	lapses	s in provision of							
caregivers in other	ı	Provides incomplete	1	pertin	nent or timely		Activel	y communicates w	ith	Role-n	nodels and teaches	
delivery systems	ı	written and verbal care	j	inforn	nation		past an	d future caregiver:	s to	effecti	ve transitions of care	
	ı	plans during times of					ensure	continuity of care				
Written and verbal	ı	transition										
care plans during	ı						Anticip	ates needs of patie	nt,			
times of transition	ı	Provides inefficient						ers, and future car	e			
are absent	ı	transitions of care that						ers and takes				
	ı	lead to unnecessary					approp	riate steps to addr	ess			
	ı	expense or risk to a patie					those n	ieeds				
	1	(e.g., duplication of tests,										
	L	readmission)										
C		-										

Comments:

DOTATION	OUTDATIONT ON COLOCY/USAATOLOGY	7
ROTATION	OUTPATIENT ONCOLOGY/HEMATOLOGY	
SUPERVISION	Hematology Oncology Faculty	
GENERAL STRUCTURE	Weekdays	8am -5pm
	Weekends	OFF
OVERNIGHT COVERAGE	Home call fellow	7
ROTATION SPECIFIC DIDACTICS	Tumor Board	see under "Didactic Tab" for mandatory disease-specific tumor board
	Transplant Conference	see under "Didactic Tab" for mandatory disease-specific tumor board
PROCEDURES	Bone marrow biopsy	
	Intrathecal chemotherapy	
		_
EVALUATION PROCESS	ABIM/ACGME Internal Medicine Subspecial	ty Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	

## **EDUCATIONAL MATERIALS**

Recommended Reference Books:	1) Devita: Cancer, Principles of Oncology
	2) Disease-specific articles
	3) ASCO-SEP
	4) ASH - SAP

# **FELLOW TIPS!**

- 1) Please contact Dr. Annie Im, APD, no later than 1 month prior the start of the outpatient rotation in order to structure the month.
- 2) Fellow attendance at that the related disease-specific tumor board is mandatory!

3) Refer to the collection of landmark articles created by both fellows and faculty for further references. A reasonable goal is to be able to have a "teaching-level knowledge" of each of these articles.

# CORE COMPETENCY-BASED GOALS AND OBJECTIVES

1) Patient Care
-----------------

1. Gathers and synth disorder. (PC1a)	esizes patient and disease s	specific information necessary	to understand the presenting l	hematologic or oncologic			
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	Inconsistently gathers and synthesizes critical information related to the patient and the pathophysiology to define the disorder(s)	Consistently gathers and synthesizes critical information related to the patient and the pathophysiology of common disorders	Consistently gathers and synthesizes critical information related to the patient pathophysiology of complex disorders	Role models and teaches how to gather and synthesize information about patients and is able to teach about the patient pathophysiology of complex disorders			
Comments:				•			

(PC2a) Critical Deficiencies									Rea	Ready for unsupervised practice				Aspirational					
Unfamiliar with common staging or severity scores	app: eval	nsistent ropriate uate con rders	studies	to	у	appro radio studio stage	graphi es and	lab c dia cori r se	oratory agnosti rectly a verity :	ic Issigns	appropradiog studies stage	raphic d	boratory liagnosti rrectly a everity s	c ssigns	use labo diag assi seve	of appr ratory nostic gnment	opriate and ra studies t of sta ores to	diograph s in the ge and/o complex	hic or

3. Formulates the ov	erall	plan for hemato	logy aı	nd onc	ology disorders,	includi	ng urg	ent/emergent c	ondition	s. (PC2	2b)	
Critical Deficiencies							Rea	idy for unsuper practice	vised		Aspirational	
Unable to determine the most appropriate management plan for common disorders	the trea	onsistently propos most appropriate tment for commo orders		appro plans includ	istently develops opriate manageme for common diso ding urgent or gent conditions		approp plans i includ manag	tently develops priate manageme for complex diso ing comprehensi gement plans for ergent condition	rders ive urgent	devel comp plans disor	models and teache opment of rehensive manage for complex speci ders and for urgen gent conditions	ement ialty
Comments:	omments:											

Critical Deficiencies		and guidel		Í					Rea		nsuperv ctice	ised		Aspirational
Jnable to accurately monitor reatment responses for specialty conditions	dem with mea inco dem und	nsistently onstrates f standard surements nsistently onstrates erstanding ication	and	y	Consistently applies knowledge of consensus guidelines and standard measurement scales in most situations and modifies therapy accordingly					ines and	onsensus standard cialty dis	Role models and teaches purpose of staging and analysis of therapeutic response using specific measurements and guidelines		

Critical Deficiencies							Rea	dy for un: pract		ed		Aspiration	nal
Does not demonstrate understanding of toxicity of common therapies	risk toxic	nsistently identifi of and manageme rity in patients iving systemic the	nt of	and m	stently identificanagement of vere toxicities nts receiving s py	common in	and ma uncom toxicit	tently iden anagement imon and c ies in patie iic therapy	t of comm complex ents recei	non,	antici effect toxici	nodels and to pation, recog ive managen ties in patien ring systemio	mition, and nent of ts
									]				

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not recognize patients who may be candidates for inclusion in clinical trials	Inconsistently recognizes patients who may be candidates for clinical trials and has a poor understanding of eligibility requirements	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and participates in patient enrollment with assistance	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and independently manages the enrollment process	Role models and teaches discussion of clinical trial participation with patient, including how to incorporate ethical decision making in the process

Critical Deficiencies								Rea	dy for un: pract	-	ed		Aspirat	ional
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	nee geri reha and app	onsistently recog d to incorporate atric and/or abilitation princi /or consultation ropriate in the ca atric patients	ples as	need and/o medic consu in the patien	stently recto incorpo or rehabilit cine princi altation as e care of ge nts, includi significant	rate geri tation ples and appropr riatric ing those	iatric /or iate	geriatr princip as appo patient geriatr extenu psycho includi	tently inco- ic and/or- ic and/or- oles and/o- ropriate in- ts with sign- ic syndror- ating clini- osocial circ- ing the use- isciplinary	rehabilitar consult the care nificant nes or cal or umstanc of the	ation ation of	incor and/o princ const paties gerial include	poration of or rehabilit iples and/o	tation or the care of gnificant omes, se of the

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not demonstrate understanding of the indications and rationale for stem cell transplantation	Inconsistently demonstrates knowledge of the common indications, rationale, and toxicities of autologous and allogeneic stem cell transplantation	Consistently demonstrates knowledge of the common indications, rationale, and toxicities of autologous and allogeneic stem cell transplantation	Consistently demonstrates the ability to comprehensively manage patients undergoing autologous and allogeneic transplantation, including those undergoing transplantation from alternative donors	Role models and teaches the comprehensive management of patients undergoing autologous and allogeneic stem cell transplantation and transplantation from alternative donors

Critical Deficiencies							Rea	dy for unsupervi practice	ised		Aspirational
Does not recognize signs or symptoms of pain, anxiety or depression	and	onsistently recogr l institutes manag ategies for pain, ar depression	ement	signs depre	stently recognize of pain, anxiety o ssion and institu gement strategie	r tes	signs o depres manag includi	tently recognizes of pain, anxiety and sion and institute ement strategies ng cases with control or psychosocial ons	d s nplex	recogn anxiet develo	nodels and teaches nition of signs of pain, y and depression and pment of the best tement strategies

Critical Deficiencies								Rea	dy for un: pract		ed		Aspirational	
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	the r palli reha	nsistently recog need to involve ative care, hospi bilitation medic care of patients	ce or	need care, rehab	istently reco to involve p hospice or bilitation me are of patien	alliative dicine ii	•	need to hospic medici of patio involve discipl	tently reco o involve p e or rehab ne service ents and co ement of th ines, inclu- isciplinary gs	oalliative ilitation s in the coordinate he other ding the t	care, are	multio mana	models and teache disciplinary team gement of palliati ce, and rehabilitat	ve,
						Ĺ			]					

13. Demonstrates th Critical Deficiencies	e al	bility to el	ffectively	recog	nize ai	nd prom	ote can	cer prev		and conti idy for un pract	supervis		nd sur	Aspirationa	
Does not recognize or inquire about the need to address cancer prevention or survivorship	pr or in	consistent oven canc control st dividual ne rvivors	er prever rategies,	ntion or the	prove	istently p en cancer ol strate idual nee vors	r prevent gies, and	tion or the	cancer strates of can partici and pr	tently pro prevention gies, the in cer survivo pates in ca evention s at dispara	on or cont dividual ors, and ancer con strategies	trol needs itrol	effect indivi based contr	models and tead ive promotion of idual and popul I cancer preven ol strategies, for rate population	of ation- tion and r
Comments:								•							

14. Demonstrates th	e abil	ity to effectively	mana	ge pati	ients during trar	sitions	of care	e. (PC2m)			
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational
Does not recognize the need to have discussions of goals of care	the i disc and	nsistently recogn need to have ussions of goals o needs assistance ng discussions		need	Consistently recognizes the need to have discussions of goals of care goals of care and involongments of multidisciplinary te members					multi	models and teaches disciplinary discussions als of care
Comments:	Comments:										

### 15. Manages patients with progressive responsibility and independence. (PC3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the		superior of the second of the		ышу из нетаижду-опсоюду.
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and quality care  Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings  Inconsistently provides preventive care in all appropriate clinical settings  Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings  Unable to manage complex inpatients or patients requiring intensive care  Cannot independently supervise care provided by other members of the physician-led team	Requires indirect supervision to ensure patient safety and quality care  Provides appropriate preventive care and chronic disease management in all appropriate clinical settings  Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings  Under supervision, provides appropriate care in the intensive care unit  Initiates management plans for urgent or emergency care	Seeks additional guidance and/or consultation as appropriate  Appropriately manages situations requiring urgent or emergency care  Effectively supervises the management decisions of the team in all appropriate clinical settings	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings

16. Demonstrates co hematology and onc													ent of patier	nts with
Critical Deficiencies								Rea	dy for un: pract	-	ed		Aspiratio	nal
Does not have the skill to perform invasive procedures in the specialty	obta and vend apho assis cher adm pund	nin informanage ous catheresis isstance for notherapinistratic ture and	sues; requ or py on, lumb:	ent ig iires ar	informana cathe able t uncon assist and t punct aspir most	istently able to ol med consent and age indwelling verters, apheresis is to administer mplicated without ance chemother to perform lumbature and bone metate and biopsies patients without tance	nous sues; it apy, r arrow	inform indwel aphere chemo throug punctu	tently able ed consen ling venou sis issues; therapy ac h all route are and boo e and biop	t and ma is cathete dministra s, and lui ne marro	nage ers, ation mbar	how to conse apher venou admir throu perfo and b	nodels and to o obtain info ont and mana resis and industry and indust	rmed ge welling to therapy , and to unctures
		[												
Comments:														

non-invasive) Critical Deficiencies							Rea	dy for unsupervi	sed		Aspirational
	orde infor syste elect	nsistently write rs and obtains med consent fo mic therapy us ronic medical r ommon disorde	r ing the ecord	and c and a the el for sy comn into a perfo	ns informed cons onsistently writes curate orders us ectronic medical estemic therapy for its on disorders, tak iccount social issummance status, or ion and comorbid	s safe ing record or ing ies, gan	Obtains informed consent and consistently writes safe and accurate orders using the electronic medical record for common and uncommon disorders, taking into account supportive care requirements, performance status, organ function and comorbidities		how t conse accur thera	ole models and teaches ow to obtain informed nsent and to write safe and curate orders for systemic erapy using the electronic edical record	

The collaborative group	19. Requests and provides effective consultative care for patients with hematologic and oncologic diseases. (PC5)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.								
Critical Deficiencies			Ready for unsupervised practice	Aspirational					
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize	Inconsistently manages patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant	Provides consultation services for patients with clinical problems requiring basic risk assessment  Asks meaningful clinical questions that guide the input of consultants	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment  Appropriately integrates recommendations from other consultants in order to effectively manage patient care	Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment  Models management of discordant recommendations from multiple consultants					
consultant services when appropriate for patient care	Inconsistently formulates a clinical question for a consultant to address			-					
Comments:									

# 2) Medical Knowledge

	23. Demonstrates knowledge of, and indications for, genetic, genomic, molecular, and laboratory tests related to hematologic and												
oncologic disorder.	(MK2)												
Critical Deficiencies							Rea	idy for un pract	-	ed		Aspirat	ional
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	about the r pathways, cytogenetic	ites knowledg nolecular appropriate c or molecula linical genetic	ge k n a; r n	nowled iolecula ppropri iolecula	ntly demonstr Ige about the ar pathways, iate cytogenet ar tests and cli syndromes	ic or	knowle molect approp molect genetic the dia of inhe	tently den edge abou ular pathw priate cyto ular tests a c syndrom gnosis and erited or ac on, rare an	t the vays, ogenetic o and clinic es, includ d manage cquired	or al ling ement	others the me their i disord	olecular pa nodification lers and the priateness	olexities of athways and ons in clinical
Comments:		_		-									

Critical Deficiencies							Rea	dy for unsupervi practice	sed		Aspirational
Demonstrates insufficient basic knowledge in oncology	dem	nsistently Ionstrates basic Wledge of solid tu	ımors	broad most,	stently demonstr I fund of knowled but not all of the os of solid tumors	ge of major	Consistently demonstrates a broad fund of knowledge of solid tumor oncology, basic			others	nodels and teaches the fundamental pts of solid tumor ogy in multiple areas
							]			]	

# 3) Practice Based Learning

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.								
Critical Deficiencies			Ready for unsupervised practice	Aspirational				
Unwilling to self- reflect upon one's practice or performance  Not concerned with opportunities for learning and self- improvement	Unable to self-reflect upon practice or performance Misses opportunities for learning and self- improvement	Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections  Inconsistently acts upon opportunities for learning and self-improvement	Regularly self-reflects upon one's practice or performance, and consistently acts upon those reflections to improve practice  Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Regularly seeks external validation regarding self- reflection to maximize  practice improvement  Actively and independently  engages in self-improvement  efforts and reflects upon the  experience				

30. Learns and improves	s via performance	audit and lifelo	ng learning. (PBLI	2)		
Critical Deficiencies				Ready for uns		Aspirational
Resists the concept of lifelong learning	Requires assistar developing skills lifelong learning	for lifelor	eveloped skills for ng learning but sistently applies	Actively engaged learning	in lifelong	Demonstrates leadership in promoting lifelong learning for him/herself and other team members
Comments:						

31. Learns and improves via feedback. (PBLI3)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.  Critical  Ready for unsupervised									
Critical Deficiencies	Ready for unsupervised Aspirational practice								
Never solicits feedback  Actively resists feedback from others	Rarely seeks and does not incorporate feedback  Responds to unsolicited feedback in a defensive fashion  Temporarily or superficially adjusts performance based on feedback  Teedback  Solicits feedback only from supervisors and inconsistently incorporates feedback  Solicits feedback only from supervisors and inconsistently incorporates feedback  Welcomes unsolicited feedback  Welcomes unsolicited feedback  Consistently incorporates feedback  Able to reconcile disparate or conflicting feedback								
Comments:									

### 32. Learns and improves at the point of care. (PBLI4)

For your convenience th	ıey	are listed below.									
Critical Deficiencies							Rea	dy for unsupervis practice	ed	As	spirational
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary	ı	Rarely reconsiders as approach to a proble asks for help, or seek new information  Can translate medica information needs in well-formed clinical questions with assist  Unfamiliar with stres and weaknesses of the medical literature  Has limited awarenes or ability to use, information technolo decision support tool and guidelines  Accepts the findings of clinical research studic without critical apprairable.	m, s l to ance agths e ss of, gy or s	an ap asks f information formation indep Awar weak informutilize technisophi With clinic	isistently reconsider proach to a problem for help, or seeks mation ranslate medical mation needs into end clinical question endently e of the strengths nesses of medical mation resources information ology without stication assistance, appraal research report on accepted crit	em, new well- ns and but	approafor helpinform  Routing medical into we questical of clinical resources support  Independent of the clinical resources of the clinical resourc	ely reconsiders an ach to a problem, as p, or seeks new ation ely translates new al information need ell-formed clinical	s tics ently tion ion ies	clinical res based on a Has a syst	els how to appraise search reports accepted criteria ematic approach to pursue emerging estions
Comments:											

37. Communicates et (ICS1)									
Critical Deficiencies	Ready for unsupervised Aspiration	al							
Does not	Inconsistently Consistently demonstrates Consistently demonstrates Role models and tea	aches							
demonstrate	demonstrates effective and effective and compassionate effective and compassionate effective strategies	effective strategies to							
effective and	compassion verbal and verbal and written communication for patients compassionately di	scuss							
compassionate	written communication communication regarding with straightforward or treatment strategie	treatment strategies,							
verbal and written	regarding treatment treatment strategies for challenging conditions or terminal diagnosis	and bad							
communication	strategies and needs straightforward cases and is psychosocial situations in news discussions								
regarding	assistance for, or defers, able to discuss difficult verbal and written								
treatment	difficult discussions of issues of such as terminal communication regarding								
strategies for	terminal diagnosis and diagnosis and futility of treatment and issues of such as								
specialty disorders	therapy unresponsiveness therapy terminal diagnosis and futility								
-	of therapy								
Comments:									

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Uses communication strategies that hamper or disrupt collaboration and teamwork	Inconsistently engages in collaborative communication with appropriate members of team	Consistently engages in collaborative communication with appropriate members of team	Consistently demonstrates leadership through collaborative communication in teams	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing
Resists offers of collaborative input	Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	Consistently employs verbal, non-verbal and written strategies that facilitate collaborative care	Consistently solicits collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing providers	providers

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed
directives	Occasionally delayed in	appropriate billable services	note has appropriate billable	consent and patient
	submission of completed		services	preferences
Record completion	medical records	Consistent in timely		1
consistently		submission of completed	Consistent in timely	
delinquent		medical records	submission of completed	
•			medical records	

## 5) Professionalism

# 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

 $The \ collaborative \ group \ recommends \ that \ using \ the \ IM \ Subspecialty \ Reporting \ Milestones \ does \ not \ require \ modification for \ applicability \ to \ Hematology-Oncology.$ 

For your convenience the	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disrespectful in	Inconsistently	Consistently respectful in	Demonstrates empathy,	Role-models compassion,
interactions with	demonstrates empathy,	interactions with patients,	compassion, and respect to	empathy, and respect for
patients, caregivers,	compassion, and respect	caregivers, and members of	patients and caregivers in all	patients and caregivers
and members of the	for patients and caregivers	the inter-professional team,	situations	
inter-professional		even in challenging situations		Role-models appropriate
team	Inconsistently		Anticipates, advocates for, and	anticipation and advocacy for
	demonstrates	Is available and responsive to	actively works to meet the needs	patient and caregiver needs
Sacrifices patient	responsiveness to patients'	needs and concerns of	of patients and caregivers	
needs in favor of	and caregivers' needs in an	patients, caregivers, and		Fosters collegiality that
self-interest	appropriate fashion	members of the inter-	Demonstrates a responsiveness	promotes a high-functioning
D		professional team to ensure	to patient needs that supersedes self-interest	inter-professional team
Does not demonstrate	Inconsistently considers patient privacy and	safe and effective patient care	self-interest	To solve others regarding
	autonomy	Emphasizes patient privacy	Positively acknowledges input of	Teaches others regarding maintaining patient privacy
empathy, compassion, and	autonomy	and autonomy in all	members of the inter-	and respecting patient
respect for patients	Inconsistently aware of	interactions	professional team and	autonomy
and caregivers	physician and colleague	interactions	incorporates that input into plan	autonomy
and caregivers	self-care and wellness	Consistently aware of	of care, as appropriate	Role-models personal self-care
Does not	ben care and weimess	physician and colleague self-	or care, as appropriate	practice for others and
demonstrate		care and wellness	Regularly reflects on, assesses,	promotes programs for
responsiveness to			and recommends physician and	colleague wellness
patients' and			colleague self-care and wellness	
caregivers' needs in				
an appropriate				
fashion				
Does not consider				
patient privacy and				
autonomy				
Unaware of				
physician and				
colleague self-care				
and wellness				

#### 35. Responds to each patient's unique characteristics and needs. (PROF3) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational Deficiencies practice Is insensitive to Is sensitive to and has Seeks to fully understand Recognizes and accounts for Role-models professional basic awareness of each patient's personal differences the personal characteristics interactions to navigate and characteristics and needs related to differences related to and needs of each patient negotiate differences related personal personal characteristics to a patient's unique characteristics or needs characteristics and needs in the Modifies care plan to account Appropriately modifies care and needs in the patient/caregiver for a patient's unique plan to account for a patient's characteristics and needs patient/caregiver encounter unique characteristics and Role-models consistent encounter with partial success needs respect for patient's unique Requires assistance to characteristics and needs Is unwilling to modify care plan to account for a patient's modify care plan to account for a unique characteristics and patient's unique needs characteristics and needs

#### 6) Systems- Based Practice

Comments:

#### 25. Works effectively within an inter-professional team (e.g. peers, consultants, nursing, and other health professionals). (SBP1) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational Deficiencies practice Refuses to Identifies roles of other Understands the roles and Understands the roles and Develops, trains, and recognize the team members, but does responsibilities of all team responsibilities of, and inspires the team regarding contributions of not recognize how/when members, but uses them effectively partners with, all unexpected events or new other interto utilize them as ineffectively members of the team patient management professional team resources strategies members Actively engages in team Efficiently coordinates Participates in team meetings and collaborative activities of other team Viewed by other team Frustrates team discussions when required, decision-making members to optimize care members as a leader in the members with but does not actively seek delivery of high-quality care inefficiency and input from other team errors members Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders) $\Box$ Comments:

26. Recognizes syste	m error and advocates for s	system improvement relevant	to hematology and oncology. (	SBP2)
The collaborative aroun	recommends that using the IM Su	phonecialty Renortina Milestones doe	s not require modification for applical	hility to Hematology-Oncology
For your convenience the		especially hope, thig i hiestones acc	onor equite mongrendenjer applicat	only to Hematology Checkey,
Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	Aspirational
Ignores a risk for	Does not recognize the	Recognizes the potential for	Identifies systemic causes of	Advocates for system
error within the	potential for system error	error within the system	medical error and navigates	leadership to formally
system that may			them to provide safe patient	engage in quality assurance
affect the care of a	Makes decisions that	Identifies obvious or critical	care	and quality improvement
patient	could lead to errors that	causes of error and notifies		activities
	are otherwise corrected	supervisor accordingly	Advocates for safe patient care	
Ignores feedback	by the system or		and optimal patient care	Viewed as a leader in
and is unwilling to	supervision	Recognizes the potential risk	systems	identifying and advocating
change behavior in		for error in the immediate		for the prevention of medical
order to reduce the	Resistant to feedback	system and takes necessary	Activates formal system	error
risk for error	about decisions that may	steps to mitigate that risk	resources to investigate and	
	lead to error or otherwise		mitigate real or potential	Teaches others regarding the
	cause harm	Willing to receive feedback	medical error	importance of recognizing
		about decisions that may		and mitigating system error
		lead to error or otherwise	Reflects upon and learns from	
		cause harm	own critical incidents that may	
			lead to medical error	
	<u> </u>			
Comments:				

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  Critical  Deficiencies  Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to cost-effective care  Effective care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Demonstrates no effort to overcome barriers to cost-effective care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Demonstrates no effective care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care and therapeutic tests  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Does not consider limited health care and therapeutic tests  Does not consider limited health care and therapeutic tests  Does not consider limited health care and therapeutic tests  Does not consider limited health care and therapeutic tests  Does not consider limited health care and therapeutic tests  Does not consider limited health care and therapeutic tests  Does not consider limited health care and therapeutic tests  Does not co	27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in patient or															
Critical Deficiencies   Ignores cost issues in the provision of care   Demonstrates no effort to overcome barriers to cost-effective care   Does not consider limited health care resources when ordering diagnostic or therapeutic interventions   Does not consider limited health care resources when ordering diagnostic or the rapeutic interventions   Care   Consider Manager   Consider unsupervised practice   Consider unsupervis	population-based ca	ır	e. (SBP3)													
Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to cost-effective care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Lacks awareness of external factors (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Ready for unsupervised practice  Consistently works to address patient-specific barriers to cost-effective care  Consistently works to address patient-specific barriers to cost-effective care  Advocates for cost-conscious utilization of resources was emergency department visits and health care team members to cost-effective care  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., use of screening tests)  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care	The collaborative group	$r\epsilon$	commends that using the	IM Sui	bspecia	lty Rep	orting	Milest	ones doe	s not req	uire modif	ication for	applica	bility to l	Hematology-	Oncology.
Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to cost-effective care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Demonstrates to cost-effective care  Ignores cost issues in the provision of care limited health care resources when ordering diagnostic or the rapeutic interventions  Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Recognizes that external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care and may act as barriers to cost-effective care  Minimizes unnecessary diagnostic and therapeutic tests  Nosesses an incomplete understanding of cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests	For your convenience the	ęу	are listed below.													
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barriers to cost- effective care  that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  The providers of care (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests  resources  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care  in the external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., use of screening tests)  in the external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Possesses an incomplete understanding of cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests  of screening tests		П			effect	ive ca	re									
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Comments:		H	interventions													
Comments:		ᅥ								1				_		
Comments:	Comments	=										_				_
	comments:															

#### 28. Transitions patients effectively within and across health delivery systems. (SBP4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience the	y are listea below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disregards need	Inconsistently utilizes	Recognizes the importance	Appropriately utilizes	Coordinates care within and
for communication	available resources to	of communication during	available resources to	across health delivery
at time of	coordinate and ensure	times of transition	coordinate care and manage	systems to optimize patient
transition	safe and effective patient		conflicts to ensure safe and	safety, increase efficiency,
1	care within and across	Communicates with future	effective patient care within	and ensure high-quality
Does not respond	delivery systems	caregivers, but demonstrates	and across delivery systems	patient outcomes
to requests of		lapses in provision of		
caregivers in other	Provides incomplete	pertinent or timely	Actively communicates with	Role-models and teaches
delivery systems	written and verbal care	information	past and future caregivers to	effective transitions of care
1	plans during times of		ensure continuity of care	
Written and verbal	transition			
care plans during			Anticipates needs of patient,	
times of transition	Provides inefficient		caregivers, and future care	
are absent	transitions of care that		providers and takes	
1	lead to unnecessary		appropriate steps to address	
	expense or risk to a patient		those needs	
	(e.g., duplication of tests,			
	readmission)		<u></u>	

Comments:

ROTATION	HEMATOPATHOLOGY	
	First Year fellows (Bone Marrow), Second Year fellows (Lymph Node)	
SUPERVISION	Hematology Pathology Faculty	
	-	
GENERAL STRUCTURE	Weekdays	1pm - 5pm **Please clarify with path attending on service
	Weekends	Off
OVERNIGHT COVERAGE	none by Hemonc fellow	
	·	-
ROTATION SPECIFIC DIDACTICS	Tumor Board	Day/Times
NOTATION OF COME DIDITION	Transplant Conference	Day/times
		Every other Tuesday / noon
	Hematopathology Journal Club	Totten Conference Room, 6th floor, Scaife Hall
		Wednesday / 8:30am
	Hematopathology Grand Rounds	Totten Conference Room, 6th floor, Scaife Hall
PROCEDURES	Review of blood and cell smears	
	Review of flow cytometry	
	ABIM/ACGME Internal Medicine Subspecialty Reporting	
EVALUATION PROCESS	Milestones and the ASH/ASCO Curriculum Milestones	
	360 degree evaluations	
EDUCATIONAL MATERIALS	You will be provided a folder and CD	
	Books available for use in Hemepath department:	1) Robbins Basic Pathology 9th Edition

2) Sternberg's Dx Surgical Pathology 5th Edition
3) WHO Classification of Hematological Malignancies

# **FELLOW TIPS!**

- 1)Recommended to pre-round with the resident or hematopathology fellow in the morning
- 2) Hemavue Remote access to review of peripheral blood smears \* Go to MyApps website \* Click on laboratory folder
- \* Click on Hemavue icon
- 3) 3rd floor of Presbyterian Hospital across from the CCU (Unit 3F) and elevators

**POINT OF CONTACT:** 

Jessica Klimkowicz 412-647-5191 - Call at least 2 weeks in advance prior to the rotation start.

### **CORE COMPETENCY-BASED GOALS AND OBJECTIVES**

# 1) Patient Care

1. Gathers and synth disorder. (PC1a)	esize	s patient and	d disease s	pecific	c informat	tion neo	cessary	to und	erstand	the prese	nting h	emato	ologic or o	ncologic	
Critical Deficiencies								Rea	_	nsupervis ctice	ed		Aspirat	tional	
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synt info patie path	nsistently gat hesizes critic rmation relate ent and the cophysiology disorder(s)	al ed to the	synth informaties	istently gat nesizes crit mation reli nt and the ophysiolog ders	ical ated to 1	the	synthe inform patient	sizes crit ation rela	ated to the nysiology o		how to informand is patien	mation abo s able to te	nd synthesi out patients ach about t aysiology of	s the
Comments:															

2. Demonstrates abil (PC2a)	ity to	o diagno	ose and a	ssign s	stage, a	and/or s	everity,	of hema	atology	and onco	logy disc	rders	in all a	dult age groups.
Critical Deficiencies									Rea	ndy for un prac	_	sed		Aspirational
Unfamiliar with common staging or severity scores	app: eval	ropriate	tly orders studies t nmon spe	0	appr radio studi stage	sistently of opriate la ographic ies and co e and/or : ommon di	aborator diagnosti orrectly a severity:	ic Issigns	appropradiog studies stage a	tently ord priate labo raphic dia s and corr and/or sev ex disorde	oratory an gnostic ectly assi verity sco	gns	use of labor diagn assign sever	models and teaches the fappropriate atory and radiographic lostic studies in the ment of stage and/or ity scores to complex alty disorders
Comments:														

Critical Deficiencies		Ready for unsupervised practice  consistently Consistently applies Consistently applies										ed		Aspira	tional	
Inable to occurately monitor reatment esponses for pecialty onditions	dem with mea inco dem und	nsistently onstrates in standard surements nsistently onstrates erstanding ication	and	У	know guide measi situat	ledge o lines ar uremer ions ar	applies of consens of standa of standa of scales i of modifie ordingly	rd n most	knowle guideli in com	edge of d ines and plex spe odifies t	conse l stanc ecialty	nsus dard so y disor		purpo analys respo	ose of stag sis of the nse using urements	rapeutic specific

	a	bility to anticipate, recogn	and effectively man	age to				PC2d)		
Critical Deficiencies					Rea	dy for unsupervis practice	sed	Aspirational		
Does not demonstrate understanding of toxicity of common therapies		Inconsistently identifies risk of and management of toxicity in patients receiving systemic therapy	nsistently identifies r d management of con severe toxicities in tients receiving syste erapy	nmon	and ma uncom toxiciti	tently identifies ris anagement of common and complex ies in patients recei tic therapy	non,	antici effect toxici	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies	
Comments:										

Critical Deficiencies						Rea		nsupervis ctice	ed		Aspirational	
Does not demonstrate an understanding of basic principles of transfusion medicine	den und prir med app	onsistently nonstrates erstanding of nciples of transfusi dicine and orders ropriate blood ducts with supervi	produ	y orders b common	olood	Appropriately orders blood products for complex indications, including apheresis and specialized products				Role models and teaches the principles of transfusion medicine and the appropriate ordering of all blood products		

9. Demonstrates app	ropr	iate understand	ing an	d mana	agement of com	plication	ıs of tra	ınsfusion medicine	e. (PC	2h)	
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Unable to recognize complications from blood component therapy	com	ensistently recogn plications from b ponent therapy	izes lood	react	istently recogniz non transfusion ions, and orders opriate intervent		uncom reaction approp manage transfi compli	nizes common and amon transfusion on and orders oriate interventions gement of unusual usion-related ications and blood patibilities	for	antici mana transi comp	models and teaches the ipation and igement of unusual fusion-related lications and blood inpatibilities
Comments:											

17. Demonstrates al	oility to perform and interp	ret peripheral blood smear. (I	PC4b-non-invasive)	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to interpret a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear
Comments:				

# 2) Medical Knowledge

21. Demonstrates a fund of knowledge in hematologic malignancies. (MK1b)											
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational
Demonstrates insufficient basic knowledge in hematologic malignancies	den kno	onsistently nonstrates basic wledge of the natologic maligna	ıcies	broad the h	stently demonstr I fund of knowled ematologic mancies		broad hemat	tently demonstrate fund of knowledge ologic malignancies ing rare diseases	of the	other conce	models and teaches to s the fundamental epts of a broad range of tologic malignancies
Comments:											

22. Demonstrates a fund of knowledge in non-neoplastic hematology. (MK1c)						
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Demonstrates insufficient basic knowledge in non- neoplastic hematology	Inconsistently demonstrates basic knowledge of the concepts in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology, including rare diseases	Role models and teaches to others the fundamental concepts of a broad range of topics in non-neoplastic hematology		
Comments:						

23. Demonstrates ki oncologic disorder.			ations	for, ge	enetic, genomic,	molecu	-			d to he	matologic and
Critical Deficiencies							Rea	idy for unsupervis practice	ed		Aspirational
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	den abo pati cyto test	onsistently nonstrates knowle out the molecular hways, appropriat ogenetic or molecu is and clinical gene dromes	e ılar	know molec appro molec	istently demonstra rledge about the cular pathways, opriate cytogeneti cular tests and clin tic syndromes	c or	knowle molect approp molect genetic the dia of inhe	tently demonstrate edge about the ular pathways, priate cytogenetic oular tests and clinic syndromes, include gnosis and manage erited or acquired on, rare and completers	or al ling ement	others the m their s disord	models and teaches s the complexities of olecular pathways and modifications in clinical ders and the priateness of genetic g
Comments:											

# 3) Practice Based Learning

Comments:

#### 29. Monitors practice with a goal for improvement. (PBLI1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience in	iey are listea below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unwilling to self-	Unable to self-reflect upon	Inconsistently self-reflects	Regularly self-reflects upon	Regularly seeks external
reflect upon one's	practice or performance	upon practice or	one's practice or performance,	validation regarding self-
practice or		performance, and	and consistently acts upon	reflection to maximize
performance	Misses opportunities for learning and self-	inconsistently acts upon those reflections	those reflections to improve practice	practice improvement
Not concerned with opportunities for learning and self- improvement	improvement	Inconsistently acts upon opportunities for learning and self-improvement	Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Actively and independently engages in self-improvement efforts and reflects upon the experience

30. Learns and improves via performance audit and lifelong learning (PBLI2)						
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members		
Comments:		•	•			

#### 31. Learns and improves via feedback. (PBLI3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below

For your convenience th	ey are	listed below.									
Critical Deficiencies							Rea	dy for unsuper practice	vised		Aspirational
Never solicits feedback		ely seeks and doe orporate feedback		super	ts feedback only visors and sistently incorpo		memb	s feedback from ers of the inter- sional team and		reflec	rmance continuously ets incorporation of ted and unsolicited
Actively resists feedback from		ponds to unsolici dback in a defensi		feedb	ack		Welcon	mes unsolicited	-	feedb	oack
others		nion		Is ope	en to unsolicited ack		feedba			recon	models ability to icile disparate or
	supe	porarily or erficially adjusts ormance based o	n	Incon	sistently incorpo ack	rates	Consis feedba	tently incorpora ck	ites	confli	icting feedback
	feed	back						reconcile dispa ting feedback	rate or		
Comments:											

#### 32. Learns and improves at the point of care. (PBLI4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the	ey c	ıre listed below.								
Critical Deficiencies						Ready for u pra	nsupervis ctice	ed	Aspirational	l
Fails to	1	Rarely reconsiders an	Inco	nsistently reconsid	lers	Routinely recor	nsiders an	1	Role-models how to a	appraise
acknowledge	:	approach to a problem,	an aj	pproach to a probl	em,	approach to a p	roblem, as	ks (	clinical research repo	orts
uncertainty and	;	asks for help, or seeks	asks	for help, or seeks	new	for help, or see	ks new	1	based on accepted cr	iteria
reverts to a	1	new information	infor	rmation		information				
reflexive patterned								1	Has a systematic app:	roach to
response even	114	Can translate medical	Can	translate medical		Routinely trans	slates new	t	track and pursue eme	erging
when inaccurate	j	information needs into	infor	rmation needs into	well-	medical inform	ation need:	s (	clinical questions	
	·	well-formed clinical	form	ed clinical questio	ns	into well-forme	ed clinical			
Fails to seek or	11	questions with assistance	inde	pendently		questions				
apply evidence										
when necessary		Unfamiliar with strengths		re of the strengths		Guided by the o	characterist	tics		
		and weaknesses of the	weal	knesses of medical	l	of clinical ques	tions, effici	ently		
	1 1	medical literature	infor	rmation resources,	but	searches medic	al informat	tion		
				zes information		resources, inclu				
		Has limited awareness of,		nology without		support tools a	nd guidelin	es		
		or ability to use,		iistication						
		information technology or				Independently				
		decision support tools		ı assistance, appra		clinical researc	-	ased		
		and guidelines		cal research repor		on accepted cri	teria			
			base	d on accepted crit	eria					
		ccepts the findings of								
		linical research studies								
	W	vithout critical appraisal								
					L	_				
Comments:		<u> </u>		•						

# 4) Interpersonal and Communication Skills

37. Communicates e (ICS1)	fectively and compassionately with patients, caregivers and inter-professional teams during all phases of care.
Critical Deficiencies	Ready for unsupervised practice Aspirational
Does not demonstrate effective and compassionate verbal and written communication regarding treatment strategies for specialty disorders	Inconsistently demonstrates effective and compassionate orphal and written communication regarding treatment strategies and needs assistance for, or defers, difficult discussions of terminal diagnosis and therapy unresponsiveness  Consistently demonstrates effective and compassionate ormunication regarding treatment strategies for straightforward cases and is able to discuss difficult therapy unresponsiveness  Consistently demonstrates effective and compassionate communication for patients with straightforward or challenging conditions or psychosocial situations in verbal and written communication regarding treatment and issues of such as terminal diagnosis and futility
Comments:	

38. Communicates eff	38. Communicates effectively in inter-professional teams (e.g. peers, consultants, nursing, and other health professionals). (ICS2)							
Critical Deficiencies			Ready for unsupervised practice	Aspirational				
Uses communication strategies that hamper or disrupt collaboration and teamwork	Inconsistently engages in collaborative communication with appropriate members of team	Consistently engages in collaborative communication with appropriate members of team  Consistently employs verbal,	Consistently demonstrates leadership through collaborative communication in teams	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing providers				
Resists offers of collaborative input	Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	non-verbal and written strategies that facilitate collaborative care	collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing providers	promisers				
Comments:			•					

submitted do not incom	cal records submitted	Medical records submitted			
1 1		Medical records submitted	Medical records show the	Role models and teaches	
include significant significant	nsistently include all	consistently include all	significant clinical data, and/or	importance of organized,	
	ficant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive	
	or documentation of med consent, cancer	and/or documentation of informed consent, cancer	consent, cancer staging, goals of care or advanced directives	health records that are complete, patient specific,	
informed consent, stagi	ng, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision	
cancer staging, goals adva	nced directives	advanced directives, but	making, consistently reflecting	making and include	
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed	
1 <b>1</b> 1	sionally delayed in nission of completed	appropriate billable services	note has appropriate billable services	consent and patient preferences	
Record completion medi	cal records	Consistent in timely			
consistently		submission of completed	Consistent in timely		
delinquent		medical records	submission of completed		
			medical records		

# 5) Professionalism

# 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

	For your convenience they are listed below.									
Critical			Ready for unsupervised	Aspirational						
Deficiencies Disrespectful in interactions with patients, caregivers, and members of the inter-professional team	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers Inconsistently demonstrates	Consistently respectful in interactions with patients, caregivers, and members of the inter-professional team, even in challenging situations  Is available and responsive to	Demonstrates empathy, compassion, and respect to patients and caregivers in all situations  Anticipates, advocates for, and actively works to meet the needs	Role-models compassion, empathy, and respect for patients and caregivers  Role-models appropriate anticipation and advocacy for patient and caregiver needs						
Sacrifices patient needs in favor of self-interest Does not demonstrate empathy,	responsiveness to patients' and caregivers' needs in an appropriate fashion  Inconsistently considers patient privacy and autonomy	needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care	of patients and caregivers  Demonstrates a responsiveness to patient needs that supersedes self-interest  Positively acknowledges input of	Fosters collegiality that promotes a high-functioning inter-professional team  Teaches others regarding maintaining patient privacy						
compassion, and respect for patients and caregivers Does not	autonomy Inconsistently aware of physician and colleague self-care and wellness	and autonomy in all interactions  Consistently aware of physician and colleague selfcare and wellness	members of the inter- professional team and incorporates that input into plan of care, as appropriate	and respecting patient autonomy  Role-models personal self-care practice for others and						
demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion		care and wellness	Regularly reflects on, assesses, and recommends physician and colleague self-care and wellness	promotes programs for colleague wellness						
Does not consider patient privacy and autonomy										
Unaware of physician and colleague self-care and wellness										

#### 34. Accepts responsibility and follows through on tasks. (PROF2)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned	Completes most assigned tasks in a timely manner but may need reminders or other support Accepts professional	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner Willingly assumes professional	Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective manner
administrative tasks Shuns responsibilities expected of a physician professional	responsibility only when assigned or mandatory	Completes assigned professional responsibilities without questioning or the need for reminders	responsibility regardless of the situation	Assists others to improve their ability to prioritize many competing tasks
Comments:				

	y a	re listed bel	ow.									
Critical Deficiencies								Rea	dy for unsupervis practice	sed		Aspirational
Is insensitive to differences related to personal characteristics and needs in the patient/caregiver encounter  Is unwilling to modify care plan to account for a	b d p a p e Re m	s sensitive pasic aware differences personal ch nd needs i patient/car chcounter equires ass codify care ccount for anique char-	eness of related to aracterist n the egiver sistance to plan to a patient's	ics	each j chara Modif for a j chara	to fully un patient's pe cteristics a fies care pla patient's un cteristics a partial succ	rsonal nd needs in to account ique nd needs	the per and ne Approp	nizes and accounts rsonal characteristiceds of each patient priately modifies can account for a patie characteristics and	ics : are ent's	interac negoti to a pa charac Role-n respec	nodels professional ctions to navigate and late differences related atient's unique cteristics or needs nodels consistent ct for patient's unique cteristics and needs
patient's unique characteristics and needs	ne	eeds										

# 6) Systems- Based Practice

Critical			Ready for unsupervised	Aspirational
Deficiencies	ļ		practice	-
Refuses to	Identifies roles of other team members, but does	Understands the roles and	Understands the roles and	Develops, trains, and
recognize the	not recognize how/when	responsibilities of all team members, but uses them	responsibilities of, and effectively partners with, all	inspires the team regarding unexpected events or new
other inter-	to utilize them as	ineffectively	members of the team	patient management
professional team	resources	inchecar cly	members of the team	strategies
members	11	Actively engages in team	Efficiently coordinates	
	Participates in team	meetings and collaborative	activities of other team	Viewed by other team
Frustrates team	discussions when required,	decision-making	members to optimize care	members as a leader in the
members with	but does not actively seek			delivery of high-quality car
inefficiency and errors	input from other team members			
	members			
requently	11			
equires reminders	11			
rom team to	11			
omplete physician	11			
esponsibilities e.g., talk to family,	11			
enter orders)	11			
licer or ders,	11			
				$\dot{\cap}$ $\Box$

ROTATION	COAGULATION/BLOOD BANK	
CHDEDVICION	I I I a marka marka la mu	
SUPERVISION	Hematopathology	
GENERAL STRUCTURE	Weekdays	See Schedule below
	Blood Bank Lectures	8:30am M –F
		5th Floor Presbyterian - South Tower
	Benign Heme Clinic	As stated
	Coagulation Sign-out Rounds	4pm / M-F *varies by attending
OVERNIGHT COVERAGE	Fallow square hamophilia call	
OVERNIGHT COVERAGE	Fellow covers hemophilia call	
ROTATION SPECIFIC DIDACTICS	Benign Hematology Conference	Thursday 8-9am
		Shadyside Cooper Conference Room (moderator Enrico Novelli)
	Transplant Conference	
PROCEDURES	Doubours of coordation toots	
PROCEDURES	Performance of coagulation tests  Performance of Coombs test	
	Plasmapheresis	
	Plasifiapheresis	
EVALUATION PROCESS	ABIM/ACGME Internal Medicine Subspe	cialty Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	
EDUCATIONAL MATERIA:	4) Fallavial Caar bindan maas d Cook Go	
EDUCATIONAL MATERIALS	1) Fellows' Coag binder - passed from fe	WOII9T OT WOI
	2) Blood and Guts	
	3) Consultative Hematology	
	4) Bethesda Manual of Clinical Hematolo	PSA STATE OF THE PARTY OF THE P

# **FELLOW TIPS!**

1)Location: Institute for Transfusion Medicine - 3636 Boulevard of the Allies (South Oakland) - Pittsburgh, PA 15213

Main phone number: 412-209-7270

Driving tip: Drive 1 block past ITxM and turn right, make a full square to Dawson Street, and parking lot for ITxM is off Dawson Street which is behind

the building. Do not park in the reserved parking spaces.

POINT OF CONTACT:	Karen Grasso 412-209-7413 kgrasso@itxm.org / Deborah Small 412-209-7320
	Email at least 2 weeks in advance for specific rotation details
	Email Dr. Lirong Qu one week in advance for Blood Banking specifics

# Fellows' Benign Hematology Outpatient Rotation

Times	Monday	Tuesday	Wednesday	Thursday	Friday
8	830 -930: Blood Bank Lecture	830 -930: Blood Bank Lecture	830 -930: Blood Bank Lecture	Benign Heme Conference	730-930 Friday Fellows' Lecture Series
9	830 -930: Blood Bank Lecture	730-930 Friday Fellows' Lecture Series			
10	Heme clinic or Continuity Clinic	Heme clinic			
11	Heme clinic or Continuity Clinic	Heme clinic			
12 noon	Heme clinic or Continuity Clinic	Heme clinic			
1	Heme clinic or Continuity Clinic	Heme clinic or Continuity Clinic	Heme clinic or Continuity Clinic	Heme clinic or Continuity Clinic	Heme clinic
2	Heme clinic				
3	Heme clinic				
4	Coag signout				
5	Journal Club	Coag signout	Coag signout	Coag signout	Coag signout

# Fellows' Coagulation Schedule

Times	Monday	Tuesday	Wednesday	Thursday	Friday
	830 -930: Blood Bank	830 -930: Blood Bank	830 -930: Blood Bank	Benign Heme	
8	Lecture	Lecture	Lecture	Conference	730-930 Friday Fellows' Lecture Series
	830 -930: Blood Bank				
9	Lecture	Lecture	Lecture	Lecture	730-930 Friday Fellows' Lecture Series
	Heme clinic or	Heme clinic or	Heme clinic or	Heme clinic or	
10	Continuity Clinic	Continuity Clinic	Continuity Clinic	Continuity Clinic	Heme clinic
	Heme clinic or	Heme clinic or	Heme clinic or	Heme clinic or	
11	Continuity Clinic	Continuity Clinic	Continuity Clinic	Continuity Clinic	Heme clinic
	Heme clinic or	Heme clinic or	Heme clinic or	Heme clinic or	
12 noon	Continuity Clinic	Continuity Clinic	Continuity Clinic	Continuity Clinic	Heme clinic
	Heme clinic	Heme clinic	Heme clinic or	Heme clinic or	
1	orContinuity Clinic	orContinuity Clinic	Continuity Clinic	Continuity Clinic	Heme clinic
2	Heme clinic				
3	Heme clinic				
4	Coag signout				
5	Journal Club	Coag signout	Coag signout	Coag signout	Coag signout

# **FACULTY CLINICS**

ltxM	Clinic Schedule				
	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					

Hillm	nan Center Benign Heme	Clinic Schedule			
	Monday	Tuesday	Wednesday	Thursday	Friday

				De Castro; Woytowitz;	Kato; Bontempo;
	am	De Castro;Redner	Kato; Smith	Smith	Kiss; Woytowitz
	pm	De Castro; Redner	Smith	Novelli; Woytowitz	Kato; Woytowitz
_					

Hemophilia Co	enter of Western Pennsy	lvania			
	Monday	Tuesday	Wednesday	Thursday	Friday
am		Malec, Ragni	Malec, Ritchey	Seaman, Ragni	
pm		Ragni		Seaman, Ragni	

# CORE COMPETENCY-BASED GOALS AND OBJECTIVES

# 1) Patient Care

1. Gathers and synth disorder. (PC1a)	esize	s patient	and dis	ease s	pecific	inform	ation ne	ecessary	to und	erstand	the presei	nting l	nemato	ologic or o	ncologic
Critical Deficiencies									Rea		nsupervis ctice	ed		Aspirat	ional
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synthesizes critical information related to the patient and the pathophysiology to define the disorder(s)		the	synth inform patien	esizes c mation r nt and th physiol	elated to	the	Consistently gathers and synthesizes critical information related to the patient pathophysiology of complex disorders			Role models and teaches how to gather and synthesize information about patients and is able to teach about the patient pathophysiology of complex disorders				
			]												
Comments:								•							

Critical Deficiencies					Ready for unsupervised practice						Aspirational				
Unfamiliar with common staging or severity scores	Inconsistently orders appropriate studies to evaluate common specialty disorders				radiographic diagnostic studies and correctly assigns stage and/or severity scores				Consistently orders appropriate laboratory and radiographic diagnostic studies and correctly assigns stage and/or severity scores to complex disorders				Role models and teaches the use of appropriate laboratory and radiographic diagnostic studies in the assignment of stage and/or severity scores to complex specialty disorders		

Critical Deficiencies					Rea	dy for uns practi	-	ed		Aspirational
Unable to determine the most appropriate management plan for common disorders	the trea	onsistently propos most appropriate tment for commo orders	appro plans includ	stently develops opriate manageme for common diso ding urgent or gent conditions	approp plans f includi manag	tently deve oriate mana or complex ng compre ement plar orgent cond	agement disorde hensive is for urg	rs	develo compi plans disoro	nodels and teaches opment of rehensive management for complex specialty ders and for urgent or gent conditions

4. Demonstrates abi standard measurem						ent and a	djust tl	ierapy f	or hem	atology o	or oncolog	gy disc	orders	over time	using
Critical Deficiencies									Rea		nsupervis :tice	ed		Aspirat	ional
Unable to accurately monitor treatment responses for specialty conditions	dem with mea inco dem und	ensistently constrates for a standard consistently constrates erstanding lication	and		know guide meass situat	stently ap ledge of c lines and urement : ions and py accord	onsens standar scales in modifie	rd 1 most	knowle guideli in com	nes and s plex spec odifies th	onsensus standard s sialty disor		purpo analy respo	models and ose of stagi sis of thera onse using s urements a lines	ng and apeutic specific
Comments:															

Critical Deficiencies								Rea		nsupervis :tice	ed		Aspirational
Does not demonstrate understanding of toxicity of common therapies	ris to:	consistently identifi ik of and manageme xicity in patients ceiving systemic the	nt of	and n	stently ide nanageme vere toxici nts receivi py	nt of co ties in	mmon	and ma uncom toxiciti	anageme mon and	entifies risl nt of comm complex ients recei	ion,	antici effect toxici	models and teaches the pation, recognition, an ive management of ties in patients ring systemic therapies

7. Demonstrates the	ability to effe	ectively manag	ge older	adult patien	ts with he					es. (PC	2f)	
Critical Deficiencies						Rea	dy for uns practi		ed		Aspirati	onal
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	Inconsistenti need to incor geriatric and rehabilitation and/or const appropriate i geriatric pati	rporate l/or n principles ultation as in the care of	need to and/o medic consu in the patier	stently recognite incorporate for rehabilitation incorporate litation as appleare of the care of geriat including significant geromes	e geriatric on s and/or ropriate ric those	geriatr princip as appo patient geriatr extenu psycho includi	tently inco ic and/or i oles and/or ropriate in s with sign ic syndron ating clinic social circ ng the use isciplinary	ehabilita consult the care dificant des or cal or dimstanc of the	ation ation of	incorp and/o princi consu patier geriat includ	nodels and ocration of or rehabilits ples and/o ltation in t its with sig ric syndro ling the use disciplinary	ation r he care of nificant nes, e of the
Comments:	·				·							

Critical Deficiencies											Rea		uns	supervis ice	ed		Aspir	ational	
Does not demonstrate an understanding of basic principles of transfusion medicine	i I I	demo inde princ nedi appro	cine and opriate	s ng of transfus l orders	pr	odu	opriate icts for ations		olood	ir aj	roduc idicat	ts for c ions, in sis and	com iclu			prin med appr	models a ciples of t icine and opriate o d produc	ransfusi the rdering	on

9. Demonstrates app	propriate understanding an	d management of complication	ns of transfusion medicine. (PC	2h)
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to recognize complications from blood component therapy	Inconsistently recognizes complications from blood component therapy	Consistently recognizes common transfusion reactions, and orders appropriate interventions	Recognizes common and uncommon transfusion reactions and orders appropriate interventions for management of unusual transfusion-related complications and blood incompatibilities	Role models and teaches the anticipation and management of unusual transfusion-related complications and blood incompatibilities
Comments:		•	·	

### 15. Manages patients with progressive responsibility and independence. (PC3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the	ey are	listed below.		•				, ,			iemacology oneologyi
Critical Deficiencies							Read	dy for unsupervis practice	ed		Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	Recession approach recession as settlement of the control of the c	quires direct pervision to ensure ient safety and qua- e quires direct pervision to manag polems or common conic diseases in all propriate clinical tings consistently provide eventive care in all propriate clinical tings quires direct pervision to manag ients with aightforward diagral appropriate clin tings able to manage con atients or patients quiring intensive ca mot independently pervise care provid er members of the vsician-led team	e es e loses ical nplex re , ed by	Provicare f diagnoclinical Under approximates:	ires indirect vision to ensure nt safety and qual des appropriate entive care and ch se management ir opriate clinical set des comprehensiv for single or multi oses in all approp al settings r supervision, pro opriate care in the sive care unit tes management p gent or emergence	ronic n all tings ve ple oriate vides	patient: inpatiei ambula who ha clinical undiffe: Seeks a and/or approp Approp situatio emerge Effectiv manage	oriately manages ons requiring urger oncy care rely supervises the ement decisions of all appropriate cli	gs im of ng les	rare, o	vely manages unusual, r complex disorders in ropriate clinical gs

			or diagnosis, treatment, and man d ACGME required outcomes. ()	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; requires assistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; able to administer uncomplicated without assistance chemotherapy, and to perform lumbar puncture and bone marrow aspirate and biopsies on most patients without assistance	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies
Comments:	·			

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to interpret a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear

18. Writes accurate a non-invasive)	and s	afe orders	in the	Electr	onic M	ledical Re	cord fo	or syste	mic the	rapy inclu	ding ap	propr	iate su	pportive care. (PC4c-
Critical Deficiencies									Rea	idy for uns practi	_	ed		Aspirational
Does not have the skill to write orders for systemic therapy	orde info syst elec	ensistently ers and obt rmed conse emic thera tronic med common di	ains ent for py using ical rec	ord	and c and a the el for sy comm into a perfo	ns informonsistently courate or ectronic nestenic the found is ordered and count so to and cound	y writes ders us nedical erapy fo lers, tak cial issu atus, or	s safe ing record or ting tes, gan	consist accura electro commo disord suppor perfor	is informed tently write te orders u onic medica on and unc ers, taking rtive care r mance stat on and com	es safe and sing the sal record ommon into according the sale sale sale sale sale sale sale sal	for ount ents,	how t conse accur thera	models and teaches to obtain informed ent and to write safe and rate orders for systemic py using the electronic cal record
Comments:														

19. Requests and pr	ovides eff	ective consul	tative	care f	or patients with	hemate	ologic a	nd oncologic disea	ases. (	PC5)	
The collaborative group For your convenience the			IM Sui	bspecia	lty Reporting Milest	ones doe	s not req	uire modification for a	applical	bility to	Hematology-Oncology.
Critical Deficiencies							Rea	idy for unsupervis practice	ed		Aspirational
Is unresponsive to	Inconsi	stently manag	es	Provi	des consultation		Provi	des consultation sei	rvices	Provi	des consultation
questions or concerns of others	other pl	s as a consulta hysicians/heal		clinic	ces for patients w al problems requ		compl	tients with basic an lex clinical problem		very	ces for patients with complex clinical
when acting as a consultant or	care tea				risk assessment			ring detailed risk sment			ems requiring sive risk assessment
utilizing		stently applies			meaningful clinic						
consultant services		nent principles s while acting : ant			ions that guide th of consultants	e	recom	priately integrates mendations from of tants in order to	ther	discor	els management of rdant nmendations from
Unwilling to utilize	<b>I</b> I						effecti	vely manage patien	t care	multi	ple consultants
consultant services	Inconsis	tently formula	tes a				1			1	
when appropriate for patient care		question for a nt to address									
Comments:											

# 2) Medical Knowledge

22. Demonstrates a	fund of knowledge in non-ne	eoplastic hematology. (MK1c)		
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Demonstrates insufficient basic knowledge in non- neoplastic hematology	Inconsistently demonstrates basic knowledge of the concepts in non-neoplastic hematology	broad fund of knowledge in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology, including rare diseases	Role models and teaches to others the fundamental concepts of a broad range of topics in non-neoplastic hematology
Comments:				

23. Demonstrates knowledge of, and indications for, genetic, genomic, molecular, and laboratory tests related to hematologic and oncologic disorder. (MK2)							
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	Inconsistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes	Consistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes	Consistently demonstrates knowledge about the molecular pathways, appropriate cytogenetic or molecular tests and clinical genetic syndromes, including the diagnosis and management of inherited or acquired common, rare and complex disorders	Role models and teaches others the complexities of the molecular pathways and their modifications in clinical disorders and the appropriateness of genetic testing			
Comments:							

29. Monitors practice with a goal for improvement. (PBLI1)																
	The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.															
Critical Deficiencies										Rea	-	nsupervi: ctice	sed		Aspira	tional
Unwilling to self- reflect upon one's practice or performance  Not concerned with opportunities for learning and self- improvement	pra Mis lear	actice o		nance	up in th In	pon erfo ncon hose ncon ppor	praction rmance sistente reflect sistente tunitie	e, and tly acts	upon upon arnin	one's pand conthose practice practice practice practice practice opport	practice onsistent reflection ce nizes sub se or perf	reflects up or perform ly acts up ns to impro- optimal formance a learning	nance, on cove	valida reflect practi Active engag effort	ation rega tion to ma ice impro- ely and in ges in self-	
											[		[			
Comments:									·							

30. Learns and improves via performance audit and lifelong learning. (PBLI2)								
Critical Deficiencies	Ready for unsupervised Aspirational practice							
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members				
Comments:								

The collaborative group For your convenience to		ubspecialty Reporting Milestones doe	s not require modification for applicab	bility to Hematology-Oncology.
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Never solicits feedback Actively resists feedback from others	Rarely seeks and does not incorporate feedback  Responds to unsolicited feedback in a defensive fashion  Temporarily or superficially adjusts performance based on feedback	Solicits feedback only from supervisors and inconsistently incorporates feedback  Is open to unsolicited feedback  Inconsistently incorporates feedback	Solicits feedback from all members of the interprofessional team and patients  Welcomes unsolicited feedback  Consistently incorporates feedback  Able to reconcile disparate or conflicting feedback	Performance continuously reflects incorporation of solicited and unsolicited feedback Role-models ability to reconcile disparate or conflicting feedback
Comments:				

# 32. Learns and improves at the point of care. (PBLI4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	ey are listed below.			30
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Fails to	Rarely reconsiders an	Inconsistently reconsiders	Routinely reconsiders an	Role-models how to appraise
acknowledge	approach to a problem,	an approach to a problem,	approach to a problem, asks	clinical research reports
uncertainty and	asks for help, or seeks	asks for help, or seeks new	for help, or seeks new	based on accepted criteria
reverts to a	new information	information	information	
reflexive patterned				Has a systematic approach to
response even	Can translate medical	Can translate medical	Routinely translates new	track and pursue emerging
when inaccurate	information needs into	information needs into well-	medical information needs	clinical questions
l	well-formed clinical	formed clinical questions	into well-formed clinical	
Fails to seek or	questions with assistance	independently	questions	
apply evidence				
when necessary	Unfamiliar with strengths	Aware of the strengths and weaknesses of medical	Guided by the characteristics	
	and weaknesses of the	TO COLLEGE OF THE CASE	of clinical questions, efficiently searches medical information	
	medical literature	information resources, but utilizes information		
	Has limited awareness of.	technology without	resources, including decision support tools and guidelines	
	or ability to use,	sophistication	support tools and guidennes	
	information technology or	1 -	Independently appraises	
	decision support tools	With assistance, appraises	clinical research reports based	
	and guidelines	clinical research reports	on accepted criteria	
	and gardennes	based on accepted criteria	on accepted criteria	
	Accepts the findings of	production and the second		
	clinical research studies			
	without critical appraisal			
Comments:	,			

# 4) Interpersonal and Communication Skills

37. Communicates effectively and compassionately with patients, caregivers and inter-professional teams during all phases of care. (ICS1)							
Critical Deficiencies	Ready for unsupervised Aspirational practice						
Does not	Inconsistently Consistently demonstrates Consistently demonstrates Role models and teaches						
demonstrate	demonstrates effective and   effective and compassionate   effective and compassionate   effective strategies to						
effective and	compassion verbal and verbal and written communication for patients compassionately discuss						
compassionate	written communication   communication regarding   with straightforward or   treatment strategies,						
verbal and written	regarding treatment treatment strategies for challenging conditions or terminal diagnosis and bad						
communication	strategies and needs straightforward cases and is psychosocial situations in news discussions						
regarding	assistance for, or defers, able to discuss difficult verbal and written						
treatment	difficult discussions of issues of such as terminal communication regarding						
strategies for	terminal diagnosis and diagnosis and futility of treatment and issues of such as						
specialty disorders	therapy unresponsiveness   therapy   terminal diagnosis and futility						
	of therapy						
Comments:							

Critical Deficiencies	ectively in inter-professions	ai teams (e.g. peers, consultan	ts, nursing, and other health pro Ready for unsupervised practice	Aspirational
Uses communication strategies that hamper or disrupt collaboration and teamwork	Inconsistently engages in collaborative communication with appropriate members of team	Consistently engages in collaborative communication with appropriate members of team  Consistently employs verbal,	Consistently demonstrates leadership through collaborative communication in teams  Consistently solicits	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing providers
Resists offers of collaborative input	Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	non-verbal and written strategies that facilitate collaborative care	collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing providers	
Comments:				

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,
nformed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed
lirectives	Occasionally delayed in submission of completed	appropriate billable services	note has appropriate billable services	consent and patient preferences
Record completion	medical records	Consistent in timely		
consistently		submission of completed	Consistent in timely	
delinquent		medical records	submission of completed	
-			medical records	

# 5) Professionalism

33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience they are listed below.								
Critical	П			Ready for unsupervised	Aspirational			
Deficiencies	L.			practice	•			
Disrespectful in	П	Inconsistently	Consistently respectful in	Demonstrates empathy,	Role-models compassion,			
interactions with	П	demonstrates empathy,	interactions with patients,	compassion, and respect to	empathy, and respect for			
patients, caregivers,	П	compassion, and respect	caregivers, and members of	patients and caregivers in all	patients and caregivers			
and members of the	П	for patients and caregivers	the inter-professional team,	situations				
inter-professional	П		even in challenging situations		Role-models appropriate			
team	П	Inconsistently		Anticipates, advocates for, and	anticipation and advocacy for			
	П	demonstrates	Is available and responsive to	actively works to meet the needs	patient and caregiver needs			
Sacrifices patient	П	responsiveness to patients'	needs and concerns of	of patients and caregivers				
needs in favor of	П	and caregivers' needs in an	patients, caregivers, and		Fosters collegiality that			
self-interest	П	appropriate fashion	members of the inter-	Demonstrates a responsiveness	promotes a high-functioning			
	П		professional team to ensure	to patient needs that supersedes	inter-professional team			
Does not demonstrate	П	Inconsistently considers	safe and effective patient care	self-interest	m - 1 1			
	П	patient privacy and autonomy	Emphasizes patient privacy	Positively acknowledges input of	Teaches others regarding maintaining patient privacy			
empathy, compassion, and	П	autonomy	and autonomy in all	members of the inter-	and respecting patient			
respect for patients	H	Inconsistently aware of	interactions	professional team and	autonomy			
and caregivers		physician and colleague	interactions	incorporates that input into plan	autonomy			
and caregivers		self-care and wellness	Consistently aware of	of care, as appropriate	Role-models personal self-care			
Does not	I	sen-care and wenness	physician and colleague self-	of care, as appropriate	practice for others and			
demonstrate	П		care and wellness	Regularly reflects on, assesses,	promotes programs for			
responsiveness to	П		care and weiliness	and recommends physician and	colleague wellness			
patients' and	П			colleague self-care and wellness	concagae wenness			
caregivers' needs in	П							
an appropriate	П							
fashion	П							
	П							
Does not consider	H							
patient privacy and	H							
autonomy	H							
	H							
Unaware of	H							
physician and	H							
colleague self-care								
and wellness	Ш							

34. Accepts responsibility and follows through on tasks.	(PROF2)	

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	hey	are listed below.									
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Is consistently unreliable in completing patient care responsibilities or		Completes most assigned tasks in a timely manner but may need reminders or other support	.	and j	pletes administrational patient care tasks ly manner in acco local practice and y	in a rdance	demar tasks a timely	tizes multiple comp nds in order to com and responsibilities and effective mann	plete in a ner	many order respo	models prioritizing competing demands in r to complete tasks and onsibilities in a timely ffective manner
assigned administrative tasks  Shuns responsibilities expected of a physician professional	1	Accepts professional responsibility only when assigned or mandatory		profe	pletes assigned essional responsit out questioning o for reminders			gly assumes profes nsibility regardless ion		their	ts others to improve ability to prioritize competing tasks
				]			<u></u>				
Comments:		•								•	

#### 35. Responds to each patient's unique characteristics and needs. (PROF3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Is insensitive to	Is sensitive to and has	Seeks to fully understand	Recognizes and accounts for	Role-models professional
differences	basic awareness of	each patient's personal	the personal characteristics	interactions to navigate and
related to	differences related to	characteristics and needs	and needs of each patient	negotiate differences related
personal	personal characteristics			to a patient's unique
characteristics	and needs in the	Modifies care plan to account	Appropriately modifies care	characteristics or needs
and needs in the	patient/caregiver	for a patient's unique	plan to account for a patient's	
patient/caregiver	encounter	characteristics and needs	unique characteristics and	Role-models consistent
encounter		with partial success	needs	respect for patient's unique
	Requires assistance to			characteristics and needs
Is unwilling to	modify care plan to			
modify care plan to	account for a patient's			
account for a	unique characteristics and			
patient's unique	needs			
characteristics and				
needs	<u>.                                    </u>	<u> </u>	<u> </u>	<u> </u>
		_	_	
Comments:		· ·	•	

# 6) Systems- Based Practice

#### 25. Works effectively within an inter-professional team (e.g. peers, consultants, nursing, and other health professionals). (SBP1)

		bspecialty Reporting Milestones d	oes not require modification for applica	ibility to Hematology-Oncology.
For your convenience th	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Refuses to	Identifies roles of other	Understands the roles and	Understands the roles and	Develops, trains, and
recognize the	team members, but does	responsibilities of all team	responsibilities of, and	inspires the team regarding
contributions of	not recognize how/when	members, but uses them	effectively partners with, all	unexpected events or new
other inter- professional team	to utilize them as resources	ineffectively	members of the team	patient management strategies
members		Actively engages in team	Efficiently coordinates	
1	Participates in team	meetings and collaborative	activities of other team	Viewed by other team
Frustrates team	discussions when required,	decision-making	members to optimize care	members as a leader in the
members with	but does not actively seek			delivery of high-quality care
inefficiency and	input from other team			
errors	members			
Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)				
Comments:				

# 27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in patient or population-based care. (SBP3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience in	$e_y$	are usieu below.	_													
Critical Deficiencies									Rea	dy for ur prac	isupervis tice	sed		Aspir	ational	ı
Ignores cost issues	П	Lacks awareness of	Т	Reco	gnizes	that	extern	ıal	Consis	tently wo	rks to ado	dress	Teach	ies patie	nts and	health
in the provision of	Ш	external factors (e.g.,	Т	facto	rs influ	ience	a pati	ient's	patient	t-specific	barriers t	О	care t	eam mei	nbers t	0
care	Ш	socio-economic, cultural,	Т					re and	cost-ef	fective ca	re			nize and		
	Ш	literacy, insurance status)					ers to (	cost-					comn	ıon barri	ers to c	ost-
Demonstrates no	Ш	that impact the cost of	Т	effec	tive ca	re					ost-consci		effect	ive care	and	
effort to overcome	Ш	health care, and the role	Т						utilizat	tion of res	ources su	ıch as	appro	priate u	ilizatio	n of
barriers to cost-	Ш	that external stakeholders	Т				cessar				artment v		resou	rces		
effective care	Ш	(e.g., providers, suppliers,	Т	diagr	iostic a	ınd t	herape	eutic	and ho	spital rea	dmission	S	1			
	Ш	financers, purchasers)	Т	tests										ely partio		
	Ш	have on the cost of care	Т								st-awarer	ıess		tives and		elivery
	Ш		Т				omple			oles into s				ls design		
		Does not consider limited	Т			_	f cost-			l judgmer				ome or r		
		health care resources	Т				iples f				g, includir	ıg use		ers to cos		ive,
		when ordering diagnostic	Т				tients		of scre	ening tes	ts		high-	quality c	are	
		or therapeutic	Т	use o	fscree	ning	tests)						1			
	П	interventions														
	Ц		_	1					Ц		_					
				J				L		L		l l				
Comments:																

#### 28. Transitions patients effectively within and across health delivery systems. (SBP4) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Critical Ready for unsupervised Aspirational practice Deficiencies Recognizes the importance Disregards need Inconsistently utilizes Appropriately utilizes Coordinates care within and for communication available resources to of communication during available resources to across health delivery at time of coordinate and ensure times of transition coordinate care and manage systems to optimize patient transition safe and effective patient conflicts to ensure safe and safety, increase efficiency, care within and across Communicates with future effective patient care within and ensure high-quality Does not respond delivery systems caregivers, but demonstrates and across delivery systems patient outcomes to requests of lapses in provision of caregivers in other Provides incomplete pertinent or timely Actively communicates with Role-models and teaches delivery systems written and verbal care information past and future caregivers to effective transitions of care plans during times of ensure continuity of care Written and verbal transition care plans during Anticipates needs of patient,

caregivers, and future care

appropriate steps to address

 $\Box$ 

providers and takes

those needs

times of transition

П

Comments:

are absent

Provides inefficient

lead to unnecessary

readmission)

transitions of care that

expense or risk to a patient

(e.g., duplication of tests,

ROTATION	ELECTIVES	Structure is pending elective
CURERY/ICION	I 5 1:	
SUPERVISION	Pending rotation	
GENERAL STRUCTURE	Weekdays	8a-6p unless otherwise stated
	Weekends	None
OVERNIGHT COVERAGE	As specified by elective	
ROTATION SPECIFIC DIDACTICS	As specified by elective	
PROCEDURES	Bone marrow biopsy	
	Intrathecal chemotherapy	
PROCEDURES	Dana marray hianay	
PROCEDURES	Bone marrow biopsy	
	Intrathecal chemotherapy	
EVALUATION PROCESS	ABIM/ACGME Internal Med	dicine Subspecialty Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	
5011645161141 4445501416	1,, .	
EDUCATIONAL MATERIALS	Varies	
FELLOW TIPS!		
1		
2		
3		

POINT OF CONTACT: Annie Im, MD
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# CORE COMPETENCY-BASED GOALS AND OBJECTIVES

# 1) Patient Care

1. Gathers and synth disorder. (PC1a)	esize	s patient and dis	ease s	pecific	information ne	cessary	to und	erstand the prese	nting l	emato	ologic or oncologic
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synt info pati path	nsistently gathers hesizes critical rmation related to ent and the lophysiology to de disorder(s)	the	synth inform paties	istently gathers ar nesizes critical mation related to nt and the pphysiology of cor ders	the	synthe inform patient	tently gathers and sizes critical action related to the t pathophysiology o ex disorders		how t informand is patien	models and teaches to gather and synthesize mation about patients s able to teach about the nt pathophysiology of elex disorders
Comments:											

Critical Deficiencies								Rea	dy for uns		ed		Aspirationa	1
Unfamiliar with common staging or severity scores	appi eval	nsistently ropriate st uate comr rders	tudies to	0	appro radio studi stage	opriate graphi es and and/o	stic y assigns y scores	appropradiog studies stage a	tently orderiate laborate labo	ratory ar gnostic ectly assi erity sco	gns	use of labor diagn assign sever	models and tea f appropriate atory and radic lostic studies in nment of stage ity scores to co alty disorders	graphic the and/or

3. Formulates the ov	erall	l plan for hematol	logy a	nd onc	ology disorders,	includi	ing urge	ent/emergent con	dition	s. (PC2	2b)
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Unable to determine the most appropriate management plan for common disorders	the trea	onsistently propos most appropriate atment for common orders		appro plans includ	stently develops opriate manageme for common diso ding urgent or gent conditions		approp plans f includ manag	tently develops priate management for complex disorde ing comprehensive tement plans for urg ergent conditions	rs	devel comp plans disor	models and teaches opment of rehensive management for complex specialty ders and for urgent or gent conditions
Comments:											

Critical Deficiencies									Rea		nsupervi ctice	sed		Aspirational	
nable to ccurately monitor reatment esponses for pecialty onditions	dem with mea inco dem und	nsistently constrates in standard surements nsistently constrates erstanding lication	and	У	know guide meas situat	ledge o lines ai uremer ions an	applies of consens od standa ot scales i od modifie ordingly	rd n most	knowle guideli in com	nes and plex spe odifies th	onsensus standard : cialty diso	scales	purpo analy respo	models and teach ose of staging and sis of therapeutionse using specification urements and lines	d c

Critical Deficiencies	ability to anticipate, recogn	ize and enectively manage tox	cicities of systemic therapies. (I  Ready for unsupervised  practice	Aspirational		
Does not demonstrate understanding of toxicity of common therapies	Inconsistently identifies risk of and management of toxicity in patients receiving systemic therapy	and management of common or severe toxicities in patients receiving systemic	Consistently identifies risk of and management of common, uncommon and complex toxicities in patients receiving systemic therapy	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies		
Comments:						

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not recognize patients who may be candidates for inclusion in clinical trials	Inconsistently recognizes patients who may be candidates for clinical trials and has a poor understanding of eligibility requirements	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and participates in patient enrollment with assistance	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and independently manages the enrollment process	Role models and teaches discussion of clinical trial participation with patient, including how to incorporate ethical decision making in the process

Critical Deficiencies							Rea	dy for unsupervi: practice	sed		Aspirational
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	ne ger rel an	consistently recogned to incorporate riatric and/or nabilitation principle d/or consultation a propriate in the carriatric patients	les s	need and/o medic consu in the patier with	stently recognize to incorporate ge or rehabilitation cine principles an ultation as apprope care of geriatric nts, including thos significant geriatromes	riatric d/or riate se	geriatr princip as appo patient geriatr extenu psycho includi	tently incorporates ic and/or rehabilit oles and/or consult ropriate in the care is with significant ic syndromes or ating clinical or osocial circumstancing the use of the isciplinary team	ation ation of	incor and/o princ consu patien geriat includ	models and teaches the poration of geriatric or rehabilitation iples and/or altation in the care of ints with significant tric syndromes, ding the use of the disciplinary team
				]							

Critical Deficiencies											Rea	ady for u pra	nsuperv ctice	ised		Aspirational		
Does not demonstrate an understanding of basic principles of transfusion medicine	Inconsistently demonstrates understanding of principles of transfusion medicine and orders appropriate blood products with supervision					prod	Appropriately orders blood products for common indications					Appropriately orders blood products for complex indications, including apheresis and specialized products				Role models and teaches the principles of transfusion medicine and the appropriate ordering of all blood products		

Critical Deficiencies					Rea	idy for unsupervis practice	ed		Aspirational
Unable to recognize complications from blood component therapy	comp	nsistently recogni plications from blo ponent therapy	comn	stently recognize non transfusion ions, and orders opriate intervention	uncom reaction approp manage transfu compli	nizes common and amon transfusion ons and orders oriate interventions sement of unusual usion-related ications and blood patibilities	s for	antici mana transf compl	nodels and teaches the pation and gement of unusual usion-related lications and blood patibilities

10. Demonstrates kr manage these patien			of, in	dicatio	ons for, and com	plicatio	ns fron	n stem cell tran	ısplantati	on and	ability to effectively
Critical Deficiencies							Rea	idy for unsupe practice	rvised		Aspirational
Does not demonstrate understanding of the indications and rationale for stem cell transplantation	Inconsistently demonstrates knowledge of the common indications, rationale, and toxicities of autologous and allogeneic stem cell transplantation		knowledge of the common indications, rationale, and toxicities of autologous and allogeneic stem cell transplantation		Consistently demonstrates the ability to comprehensively manage patients undergoing autologous and allogeneic transplantation, including those undergoing transplantation from alternative donors			comp of pat autol stem trans	Role models and teaches the comprehensive management of patients undergoing autologous and allogeneic stem cell transplantation and transplantation from alternative donors		
Comments:											

Critical Deficiencies							Ready	for unsupervi practice	sed		Aspirational
Does not recognize signs or symptoms of pain, anxiety or depression	and stra	onsistently recogn institutes manag tegies for pain, an lepression	ement	signs depre	stently recognize: of pain, anxiety o ession and institut gement strategies	r es	signs of pa depression management including	atly recognizes to ain, anxiety and on and institutes tent strategies cases with com r psychosocial	l 5	recogn anxiet develo	nodels and teaches nition of signs of pain, y and depression and opment of the best gement strategies

12. Demonstrates th	e ability to effective	ely manage pat	tients requiring pa	lliative car	e, hospice care or re	habilitatio	on. (PC2k)
Critical Deficiencies				F	leady for unsupervis practice	ed	Aspirational
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	Inconsistently reco the need to involve palliative care, hosp rehabilitation medi the care of patients	need oice or care, cine in rehal	sistently recognizes I to involve palliativ , hospice or bilitation medicine are of patients	e nee hos in med of p invo	sistently recognizes that to involve palliative of the palliative of the control of the control of the control of the control of the other iplines, including the tidisciplinary team tings	care, mu ma care hoses car	le models and teaches ultidisciplinary team unagement of palliative, spice, and rehabilitative re
Comments:							

13. Demonstrates th	e ab	ility to effectively	recog	nize aı	nd promote canc	er prev		and control strate		nd sur	vivorship. (PC21)
Deficiencies							Rea	practice	eu		Aspirational
Does not recognize or inquire about the need to address cancer prevention or survivorship	pro or (	consistently promo- oven cancer preven control strategies, ( lividual needs of ca vivors	tion or the	prove	stently promotes en cancer prevent ol strategies, and idual needs of can vors	ion or the	cancer strateg of cand partici and pr	tently promotes pro prevention or cont gies, the individual r cer survivors, and pates in cancer con- evention strategies at disparate popula	rol ieeds trol	effect indivi based contr	models and teaches ive promotion of idual and population- I cancer prevention and ol strategies, for rate populations
Comments:											

Critical Deficiencies			Rea	ady for unsupervis practice	ed		Aspirational
Does not recognize the need to have discussions of goals of care	Inconsistently recognize the need to have discussions of goals of ca and needs assistance during discussions	need to have discussio	ns of need t	stently recognizes the cohave discussions of care and involver ltidisciplinary team pers	of nent	multic	nodels and teaches disciplinary discussions ls of care

15. Manages patients	s with progressive res	ponsibility	and independenc	e. (PC3	)				
	recommends that using the	IM Subspecia	ulty Reporting Mileste	ones does	not require	e modification for a	applicab	oility to H	lematology-Oncology.
For your convenience the	ey are listed below.				Ready	for unsupervis	ed		
Deficiencies						practice			Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and qua- care  Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings  Inconsistently provide preventive care in all appropriate clinical settings  Requires direct supervision to manage patients with straightforward diagn in all appropriate clini settings  Unable to manage con inpatients or patients requiring intensive car Cannot independently supervise care provide other members of the	super patte care Providisea approvinten Unde approvinten Initia oses cal	tires indirect rvision to ensure ent safety and qual- ides appropriate entive care and cha ase management in opriate clinical set ides comprehensiv for single or multi- noses in all appropical settings er supervision, pro opriate care in the asive care unit ates management propers ates management propers	ronic n all ttings ve ple priate ovides	patients a inpatient ambulato who have clinical di undiffere Seeks add and/or capproprisituations emergence Effectivel managem	ently manages across applicable coutpatient, and ry clinical setting a broad spectrus isorders, includintiated syndrom ditional guidance onsultation as ately manages securing urger	gs m of ng nes	rare, o	vely manages unusual, r complex disorders in propriate clinical gs
	physician-led team								

			or diagnosis, treatment, and man d ACGME required outcomes. (1	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; requires assistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; able to administer uncomplicated without assistance chemotherapy, and to perform lumbar puncture and bone marrow aspirate and biopsies on most patients without assistance	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies
Comments:		•	•	

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to interpret a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear

Critical Deficiencies							Rea	dy for unsupervis practice	sed		Aspirational
Does not have the skill to write orders for systemic therapy	order infor syste electr	asistently writes and obtains med consent for mic therapy usin ronic medical rec ommon disorders	ord	and c and a the el for sy comm into a perfo	ns informed cons onsistently write: ccurate orders us lectronic medical stemic therapy for non disorders, tak account social issu rmance status, or ion and comorbid	s safe ing record or ing ies, gan	consist accura electro commo disord suppor performants	s informed consent tently writes safe at te orders using the onic medical record on and uncommon ers, taking into accertive care requirem mance status, organ on and comorbidities	nd for ount eents,	how to conse accura therap	nodels and teaches o obtain informed nt and to write safe and ate orders for systemic py using the electronic cal record

19. Requests and pr	0	vides effective consultative	care f	for natients with	hemate	ologic at	nd oncologic disea	ises (	PC5)	
	The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.									
	For your convenience they are listed below.									
Critical Deficiencies						Rea	dy for unsupervis practice	ed		Aspirational
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Unwilling to utilize consultant services when appropriate for patient care	ı	Inconsistently manages patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant  Inconsistently formulates a clinical question for a consultant to address	servi clinic basic Asks quest	ides consultation ces for patients wirely problems requirely risk assessment meaningful clinications that guide the of consultants	ring	for pai compl requir assess Approprecomr	les consultation sertients with basic an ex clinical problem ing detailed risk ment oriately integrates nendations from of ants in order to rely manage patient	d s ther	service very of proble exten Mode discon	des consultation ces for patients with complex clinical ems requiring sive risk assessment els management of rdant nmendations from ple consultants
Comments:		•								

## 2) Medical Knowledge

20. Demonstrates a	20. Demonstrates a fund of knowledge in solid tumor oncology. (MK1a)							
Critical Deficiencies			Ready for unsupervised practice	Aspirational				
Demonstrates insufficient basic knowledge in oncology	Inconsistently demonstrates basic knowledge of solid tumors	Consistently demonstrates a broad fund of knowledge of most, but not all of the major groups of solid tumors in the field	Consistently demonstrates a broad fund of knowledge of solid tumor oncology, basic biology, pharmacology and subtleties of rare cancers	Role models and teaches others the fundamental concepts of solid tumor oncology in multiple areas				
Comments:								

21. Demonstrates a fund of knowledge in hematologic malignancies. (MK1b)							
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Demonstrates insufficient basic knowledge in hematologic malignancies	Inconsistently demonstrates basic knowledge of the hematologic malignancies	Consistently demonstrates a broad fund of knowledge of the hematologic malignancies	Consistently demonstrates a broad fund of knowledge of the hematologic malignancies including rare diseases	Role models and teaches to others the fundamental concepts of a broad range of hematologic malignancies			
Comments:							

Critical	Aspirational							
Deficiencies  Demonstrates insufficient basic knowledge in non- neoplastic hematology	Inconsistently demonstrates basic knowledge of the concepts in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology, including rare diseases	Role models and teaches to others the fundamental concepts of a broad range of topics in non-neoplastic hematology				
Comments:								

Critical Deficiencies						Rea	dy for unsupervis practice	sed		Aspirational
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	a I C	nconsistently demonstrates knowledge about the molecular sathways, appropriate sytogenetic or molecular ests and clinical genetic syndromes	know mole appro mole	istently demonstra rledge about the cular pathways, opriate cytogeneti cular tests and clin tic syndromes	cor	knowled molect approp molect genetic the dia of inhe	tently demonstrate edge about the ular pathways, oriate cytogenetic o ular tests and clinic c syndromes, include gnosis and manage crited or acquired on, rare and completers	or al ding ement	others the m their i disord	models and teaches s the complexities of colecular pathways and modifications in clinical ders and the opriateness of genetic g

29. Monitors practice with a goal for improvement. (PBLI1)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.										
Critical Deficiencies						Rea	idy for unsupervis practice	ed		Aspirational
Unwilling to self- reflect upon one's practice or performance	1	Unable to self-reflect upon practice or performance Misses opportunities for earning and self-	upon perfo incor	nsistently self-refl n practice or ormance, and nsistently acts upo e reflections		one's	arly self-reflects up practice or perform onsistently acts upo reflections to impro ce	nance, on	valida reflec pract	larly seeks external ation regarding self- ction to maximize ice improvement
Not concerned with opportunities for learning and self- improvement	i	mprovement	oppo	nsistently acts upo rtunities for learn self-improvement		practio	nizes sub-optimal ce or performance a cunity for learning a provement		engag effort	ely and independently ges in self-improvement ts and reflects upon the rience
Comments:										

30. Learns and improves via performance audit and lifelong learning. (PBLI2)									
Critical Deficiencies						Re	eady for unsupe practice	ervised	Aspirational
lifelong learning d		ires assistance loping skills for ng learning	lifelo	developed skills ng learning but nsistently applie		Active	ely engaged in li ing	felong	Demonstrates leadership in promoting lifelong learning for him/herself and other team members
	]								
Comments:									

_	roves via feedback. (PBLI3)
For your convenience to	recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. ev are listed below.
Critical Deficiencies	Ready for unsupervised Aspirational practice
Never solicits feedback Actively resists feedback from others	Rarely seeks and does not incorporate feedback  Responds to unsolicited feedback in a defensive fashion  Temporarily or  Solicits feedback only from supervisors and inconsistently incorporates feedback only from supervisors and inconsistently incorporates feedback  Solicits feedback from all members of the interprofessional team and patients feedback  Welcomes unsolicited feedback  Welcomes unsolicited feedback  Role-models ability to reconcile disparate or conflicting feedback
	superficially adjusts performance based on feedback  feedback  Able to reconcile disparate or conflicting feedback
Comments:	

32. Learns and impr	32. Learns and improves at the point of care. (PBLI4)							
The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.								
Critical Deficiencies			Ready for unsupervised practice	Aspirational				
Fails to acknowledge uncertainty and	Rarely reconsiders an approach to a problem, asks for help, or seeks	Inconsistently reconsiders an approach to a problem, asks for help, or seeks new	Routinely reconsiders an approach to a problem, asks for help, or seeks new	Role-models how to appraise clinical research reports based on accepted criteria				

new information information information reverts to a reflexive patterned Has a systematic approach to Can translate medical Can translate medical track and pursue emerging response even Routinely translates new when inaccurate information needs into information needs into wellmedical information needs clinical questions well-formed clinical formed clinical questions into well-formed clinical questions with assistance Fails to seek or independently questions apply evidence when necessary Unfamiliar with strengths Aware of the strengths and Guided by the characteristics and weaknesses of the weaknesses of medical of clinical questions, efficiently medical literature information resources, but searches medical information utilizes information resources, including decision Has limited awareness of, technology without support tools and guidelines or ability to use, sophistication information technology or Independently appraises decision support tools clinical research reports based With assistance, appraises and guidelines clinical research reports on accepted criteria based on accepted criteria Accepts the findings of clinical research studies without critical appraisal 

	37. Communicates effectively and compassionately with patients, caregivers and inter-professional teams during all phases of care.							
(ICS1)								
Critical			Ready for uncunervised					

Comments:

Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	Aspirational
Does not	Inconsistently	Consistently demonstrates	Consistently demonstrates	Role models and teaches
demonstrate	demonstrates effective and	effective and compassionate	effective and compassionate	effective strategies to
effective and	compassion verbal and	verbal and written	communication for patients	compassionately discuss
compassionate	written communication	communication regarding	with straightforward or	treatment strategies,
verbal and written	regarding treatment	treatment strategies for	challenging conditions or	terminal diagnosis and bad
communication	strategies and needs	straightforward cases and is	psychosocial situations in	news discussions
regarding	assistance for, or defers,	able to discuss difficult	verbal and written	
treatment	difficult discussions of	issues of such as terminal	communication regarding	
strategies for	terminal diagnosis and	diagnosis and futility of	treatment and issues of such as	
specialty disorders	therapy unresponsiveness	therapy	terminal diagnosis and futility	
			of therapy	
Comments:			•	

38. Communicates effectively in inter-professional teams (e.g. peers, consultants, nursing, and other health professionals). (ICS2)							
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Uses communication	Inconsistently engages in	Consistently engages in	Consistently demonstrates	Role models and teaches			
strategies that	collaborative	collaborative communication	leadership through	effective collaborative			
hamper or disrupt	communication with	with appropriate members	collaborative communication	communication with all team			
collaboration and	appropriate members of	of team	in teams	members as well as			
teamwork	team			referring/co-managing			
		Consistently employs verbal,	Consistently solicits	providers			
Resists offers of	Inconsistently employs	non-verbal and written	collaborative communication				
collaborative input	verbal, non-verbal and	strategies that facilitate	with all team members				
	written communication	collaborative care					
	strategies that facilitate		Consistently communicates				
	collaborative care		effectively with all				
			referring/co-managing				
			providers				
Comments:		•					

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are
documentation of	informed consent, cancer	informed consent, cancer	complete, patient specific,	
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed
directives	Occasionally delayed in	appropriate billable services	note has appropriate billable	consent and patient
	submission of completed		services	preferences
Record completion	medical records	Consistent in timely		
consistently		submission of completed	Consistent in timely	
delinquent		medical records	submission of completed	

## 5) Professionalism

# 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

For your convenience th	ney are listed below.			
Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	•
Disrespectful in	Inconsistently	Consistently respectful in	Demonstrates empathy,	Role-models compassion,
interactions with	demonstrates empathy,	interactions with patients,	compassion, and respect to	empathy, and respect for
patients, caregivers,	compassion, and respect	caregivers, and members of	patients and caregivers in all	patients and caregivers
and members of the	for patients and caregivers	the inter-professional team,	situations	
inter-professional		even in challenging situations		Role-models appropriate
team	Inconsistently		Anticipates, advocates for, and	anticipation and advocacy for
	demonstrates	Is available and responsive to	actively works to meet the needs	patient and caregiver needs
Sacrifices patient	responsiveness to patients'	needs and concerns of	of patients and caregivers	
needs in favor of	and caregivers' needs in an	patients, caregivers, and		Fosters collegiality that
self-interest	appropriate fashion	members of the inter-	Demonstrates a responsiveness	promotes a high-functioning
		professional team to ensure	to patient needs that supersedes	inter-professional team
Does not	Inconsistently considers	safe and effective patient care	self-interest	
demonstrate	patient privacy and			Teaches others regarding
empathy,	autonomy	Emphasizes patient privacy	Positively acknowledges input of members of the inter-	maintaining patient privacy
compassion, and	I	and autonomy in all interactions		and respecting patient
respect for patients	Inconsistently aware of physician and colleague	Interactions	professional team and	autonomy
and caregivers	self-care and wellness	Consistently sures of	incorporates that input into plan of care, as appropriate	Dala madala namanal salé sana
Does not	sen-care and weilness	Consistently aware of physician and colleague self-	of care, as appropriate	Role-models personal self-care practice for others and
demonstrate		care and wellness	Regularly reflects on, assesses,	promotes programs for
responsiveness to		care and wenness	and recommends physician and	colleague wellness
patients' and			colleague self-care and wellness	coneague weiniess
caregivers' needs in			concague sen care and wenness	
an appropriate				
fashion				
Does not consider				
patient privacy and				
autonomy				
Unaware of				
physician and				
colleague self-care				
and wellness				

I	34. Accepts respons	ibility and follows through o	on tasks. (PROF2)		
	The collaborative group For your convenience the		bspecialty Reporting Milestones doe	es not require modification for applica	bility to Hematology-Oncology.
I	Critical			Ready for unsupervised	Aspirational
l	Deficiencies			practice	Aspirational
I	Is consistently	Completes most assigned	Completes administrative	Prioritizes multiple competing	Role-models prioritizing
I	unreliable in	tasks in a timely manner	and patient care tasks in a	demands in order to complete	many competing demands in
I	completing	but may need reminders	timely manner in accordance	tasks and responsibilities in a	order to complete tasks and
I	patient care	or other support	with local practice and/or	timely and effective manner	responsibilities in a timely
١	responsibilities or	· · · · · · · · · · · · · · · · · · ·	policy		and effective manner

Accepts professional responsibility only when assigned or mandatory responsibility regardless of the administrative Completes assigned Assists others to improve tasks professional responsibilities situation their ability to prioritize without questioning or the many competing tasks Shuns need for reminders responsibilities expected of a physician professional Comments:

assigned

Willingly assumes professional

	35. Responds to each	35. Responds to each patient's unique characteristics and needs. (PROF3)											
	The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.												
	Critical Ready for unsupervised Aspirational practice												
1	Is inconsitive to	Is consitive to and has	Sooks to fully understand	Pagagnings and assounts for	Pole models professional								

Deficiencies			practice	Aspirational
Is insensitive to	Is sensitive to and has	Seeks to fully understand	Recognizes and accounts for	Role-models professional
differences	basic awareness of	each patient's personal	the personal characteristics	interactions to navigate and
related to	differences related to	characteristics and needs	and needs of each patient	negotiate differences related
personal	personal characteristics			to a patient's unique
characteristics	and needs in the	Modifies care plan to account	Appropriately modifies care	characteristics or needs
and needs in the	patient/caregiver	for a patient's unique	plan to account for a patient's	
patient/caregiver	encounter	characteristics and needs	unique characteristics and	Role-models consistent
encounter		with partial success	needs	respect for patient's unique
	Requires assistance to			characteristics and needs
Is unwilling to	modify care plan to			
modify care plan to	account for a patient's			
account for a	unique characteristics and			
patient's unique	needs			
characteristics and				
needs	Ll			
	J   L   L	_		
Comments:	·	· · · · · · · · · · · · · · · · · · ·	•	

25. Works effectivel The collaborative group For your convenience th	reco	ommends that using th							_		
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Refuses to recognize the contributions of other interprofessional team members  Frustrates team members with inefficiency and errors  Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)	Pa di:	dentifies roles of otheam members, but dot recognize how/woutlize them as esources articipates in team scussions when requit does not actively sput from other team embers	oes hen uired, seek	respo mem ineffe Activ meet	erstands the roles a onsibilities of all te bers, but uses the ectively ely engages in tea ings and collabora ion-making	am n	respon effectiv membe Efficien activiti	stands the roles and sibilities of, and vely partners with, a ers of the team at the coordinates ies of other team ers to optimize care	all	inspir unexp patier strate Viewe memb	ops, trains, and res the team regarding oected events or new nt management gies ed by other team oers as a leader in the ery of high-quality care
	_										
Comments:											

The collaborative group For your convenience the	26. Recognizes system error and advocates for system improvement relevant to hematology and oncology. (SBP2)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.  Critical  Ready for unsupervised														
Critical Deficiencies								Rea	dy for uns practi		ed		Aspirat	ional	
Ignores a risk for error within the system that may affect the care of a patient  Ignores feedback and is unwilling to change behavior in order to reduce the risk for error	F a	Does not recognize the potential for system erro Makes decisions that could lead to errors that are otherwise corrected by the system or supervision Resistant to feedback about decisions that may ead to error or otherwise cause harm		Recog for er syste steps Willing about lead to	within ifies ob es of err rvisor a gnizes t rror in t m and t to miti ng to re t decision	the potenthe system or and not coording the potenthe immediakes need gate that the or other the potenthe immediakes need gate that the or other the potenthe immediakes need gate that the or other than the or ot	em critical otifies ly tial risk diate essary risk dback nay	medicathem to care  Advoca and op system  Activate resour mitigate medicate town create the care to the care to the care town create the care town create town care to the car	les systemial error and provide states for safetimal patients tes formal sees to investe real or pal error es upon and incid medical er	d navigates afe patient ent care system stigate a otential	care nd	leade engag and q activi Viewe identi for th error Teach impor	cates for s rship to for ge in quality uality imp ties ed as a lea fying and e preventines tes others tance of r hitigating s	rmally y assur- roveme  der in advocat on of m  regardi: ecogniz	ing edical ng the ing
	<u> </u>		Ľ												
Comments:															

# 27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in patient or population-based care. (SBP3)

 $The \ collaborative \ group \ recommends \ that \ using \ the \ IM \ Subspecialty \ Reporting \ Milestones \ does \ not \ require \ modification for \ applicability \ to \ Hematology-Oncology.$ 

For your convenience th	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to costeffective care	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to costeffective care  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of costawareness principles for a population of patients (e.g., use of screening tests)	Consistently works to address patient-specific barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests	Teaches patients and health care team members to recognize and address common barriers to costeffective care and appropriate utilization of resources  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care
Comments:				
Comments:				

#### 28. Transitions patients effectively within and across health delivery systems. (SBP4)

For your convenience the			s not require modification for applica			
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Disregards need	Inconsistently utilizes	Recognizes the importance	Appropriately utilizes	Coordinates care within and		
for communication	available resources to	of communication during	available resources to	across health delivery		
at time of	coordinate and ensure	times of transition	coordinate care and manage	systems to optimize patient		
transition	safe and effective patient		conflicts to ensure safe and	safety, increase efficiency,		
1	care within and across	Communicates with future	effective patient care within	and ensure high-quality		
Does not respond	delivery systems	caregivers, but demonstrates	and across delivery systems	patient outcomes		
to requests of		lapses in provision of				
caregivers in other	Provides incomplete	pertinent or timely	Actively communicates with	Role-models and teaches		
delivery systems	written and verbal care	information	past and future caregivers to	effective transitions of care		
	plans during times of		ensure continuity of care			
Written and verbal	transition					
care plans during			Anticipates needs of patient,			
times of transition	Provides inefficient		caregivers, and future care			
are absent	transitions of care that		providers and takes			
	lead to unnecessary		appropriate steps to address			
	expense or risk to a patient		those needs			
	(e.g., duplication of tests,					
	readmission)	<u> </u>	<u> </u>	<u> </u>		
	_		_	_		
Comments:						

ROTATION	NEURO-ONCOLOGY	
SUPERVISION	Neurooncology faculty attendin	g
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
CENERAL CERLICITIES	Manhana	0
GENERAL STRUCTURE	Weekdays Weekends	8a-5p None
	weekends	Notice
OVERNIGHT COVERAGE	Neurooncology attending	
ROTATION SPECIFIC DIDACTICS	Neurooncology tumor board	Mondays 730 am
NOTATION SI ECITIC DIDACTICS	Treat-concology turnor board	Mondays 750 diff
PROCEDURES	Intrathecal chemotherapy	
	Lumbar puncture	
EVALUATION PROCESS	ABIM/ACGME Internal Medicine	e Subspecialty Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	
EDUCATIONAL MATERIALS	1) Devita: Cancer, Principles of (	Docology
EDUCATIONAL WATERIALS	1) Devita. Cancer, Principles of C	Dicology
FELLOW TIPS!		
1) Contact Drs. Lieberman and Drappat	7. 2 weeks prior to the rotation for the	linis schadula
1) Contact Drs. Lieberman and Drappat	z z weeks prior to the rotation for the c	inic schedule
POINT OF CONTACT:	Frank Lieberman, MD	
	Jan Drappatz, MD	

# CORE COMPETENCY-BASED GOALS AND OBJECTIVES

## 1) Patient Care

1. Gathers and synth disorder. (PC1a)	esize	s patient	and dis	ease s	pecific	inforn	nation n	ecessary	to und	erstand	the prese	nting l	nemato	ologic or o	oncologic
Critical Deficiencies									Rea	-	nsupervis ctice	ed		Aspirat	tional
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synt infor pation	nsistently hesizes cr rmation re ent and th ophysiolo disorder(s	itical elated to e gy to de	the	synth inform paties	nesizes of mation of nt and to physio	related to	o the	synthe inform patient	sizes crit ation rel	ated to the		how t informand is patien	mation abo s able to te	nd synthesize out patients each about the nysiology of
			]												
Comments:															

2. Demonstrates abi (PC2a)	2. Demonstrates ability to diagnose and assign stage, and/or severity, of hematology and oncology disorders in all adult age groups.  (PC2a)											
Critical Deficiencies					Ready for unsupervised practice					Aspirational		
Unfamiliar with common staging or severity scores	app eva	onsistently order: propriate studies t luate common sp orders	to	appro radio studio stage	istently orders opriate laboratory graphic diagnostic es and correctly as and/or severity s mmon disorders	c ssigns	appropradiog studies stage a	tently orders priate laboratory ar raphic diagnostic s and correctly assi and/or severity sco ex disorders	gns	use of labor diagn assign sever	models and teaches the fappropriate atory and radiographic ostic studies in the nment of stage and/or ity scores to complex alty disorders	
Comments:												

3. Formulates the ov	eral	l plan for hemato	logy a	nd onc	ology disorders,	includi	ng urge	ent/emergent con	dition	s. (PC2	b)	
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirati	onal
Unable to determine the most appropriate management plan for common disorders	the trea	onsistently propos most appropriate atment for commo orders		appro plans inclu	istently develops opriate manageme for common diso ding urgent or gent conditions		approp plans f includi manag	tently develops priate management for complex disorde ing comprehensive tement plans for ur prgent conditions	ers	develo compr plans disord	for comple	nanagement ex specialty r urgent or
Comments:												

	ility to analyze response nents and guidelines. (PC		y for hematology or oncology dis	orders over time using
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unable to accurately monitor treatment responses for specialty conditions	Inconsistently demonstrates familiarity with standard measurements and inconsistently demonstrates understanding of their application	Consistently applies knowledge of consensus guidelines and standard measurement scales in mos situations and modifies therapy accordingly	Consistently applies knowledge of consensus guidelines and standard scales in complex specialty disorders and modifies therapy accordingly	Role models and teaches purpose of staging and analysis of therapeutic response using specific measurements and guidelines
Comments:				

Critical Deficiencies					R	Ready for unsupervised practice		Aspirational
Does not demonstrate understanding of toxicity of common therapies	ri to	nconsistently identifies isk of and management of oxicity in patients eceiving systemic therapy	and n	istently identifies risk management of commo vere toxicities in onts receiving systemic apy	and unce toxi	sistently identifies risk of management of common, ommon and complex cities in patients receiving semic therapy	antic effect toxic	models and teaches the ipation, recognition, and tive management of ities in patients wing systemic therapies
Comments:								

Critical Deficiencies									Rea	dy for uns pract	-	ed		Aspirat	ional	
Does not recognize patients who may be candidates for inclusion in clinical trials	pati cand trial und	ensistently rents who m didates for d s and has a erstanding direments	ay be clinical poor	ty i	patient candid and ha unders require issues,	ts who nates for s a good standing ements a and part tenrolln	clinical t	trials, oility cal s in	patient candid and ha of eligi ethical indepe	tently reco ts who may ates for cli s a good un bility requ issues, and indently m nent proce	y be nical tria nderstand irements d anages th	ding and	discus partic includ	models and ssion of cli ipation wi ling how to il decision rocess	nical tria ith patien o incorpo	l it, orate

Critical Deficiencies							Rea	dy for unsupe practice	ervised		Aspirational
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	need geri reha and app	ensistently recogni d to incorporate atric and/or abilitation principl /or consultation a ropriate in the car atric patients	les s	need and/o medic consu in the patier with s	stently recognized to incorporate get or rehabilitation or rehabilitation or rehabilitation as approper care of geriatric ats, including those significant geriatromes	riatric d/or riate se	geriatr princip as appr patient geriatr extenu psycho includi	tently incorpo- ic and/or reha- oles and/or co- ropriate in the ts with signific- ic syndromes ating clinical of social circums ing the use of the isciplinary tea	abilitation asultation care of ant or or stances, he	incorp and/o princi consu patier geriat includ	models and teaches the poration of geriatric for rehabilitation in the care of uts with significant cric syndromes, ling the use of the disciplinary team

11. Demonstrates th	e ability to effectively mana	ge patients with pain, anxiety	or depression. (PC2j)	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not recognize signs or symptoms of pain, anxiety or depression	Inconsistently recognizes and institutes management strategies for pain, anxiety, or depression	Consistently recognizes the signs of pain, anxiety or depression and institutes management strategies	Consistently recognizes the signs of pain, anxiety and depression and institutes management strategies including cases with complex cultural or psychosocial situations	Role models and teaches recognition of signs of pain, anxiety and depression and development of the best management strategies
Comments:				

12. Demonstrates th	e abi	lity to effectively	mana	ge pat	ients requiring p	alliativ	e care,	hospice care or re	habili	tation.	(PC2k)
Critical Deficiencies							Rea	idy for unsupervis practice	ed		Aspirational
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	the pall reh	onsistently recogn need to involve iative care, hospic abilitation medicin care of patients	e or	need care, rehab	istently recognized to involve palliati hospice or bilitation medicine are of patients	ve	need to hospic medici of pati involved disciple	tently recognizes the control of involve palliative or rehabilitation in eservices in the cents and coordinate ement of the other lines, including the lisciplinary teamings	care, are es	multion mana hospicare	nodels and teaches disciplinary team gement of palliative, ce, and rehabilitative
Comments:											

discussions of goals discussions of goals of care goals of care goals of care and involvement of goals of ca	and teaches
discussions of goals discussions of goals of care goals of care goals of care and involvement of goals of ca	
	inary discussions
of care and needs assistance of multidisciplinary team	ire
during discussions members	

#### 15. Manages patients with progressive responsibility and independence. (PC3)

For your convenience the		sopecially Reporting Priceson				
Critical Deficiencies			Rea	ndy for unsupervise practice	ed	Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and quality care  Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings  Inconsistently provides preventive care in all appropriate clinical settings  Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings  Unable to manage complex inpatients or patients requiring intensive care  Cannot independently supervise care provided by other members of the physician-led team	Requires indirect supervision to ensure patient safety and qualit care  Provides appropriate preventive care and chre disease management in appropriate clinical setti  Provides comprehensive care for single or multip diagnoses in all appropr clinical settings  Under supervision, prov appropriate care in the intensive care unit  Initiates management pl for urgent or emergency	patient y inpatient ambula who ha clinica undiffe all sings Seeks a and/or approple iate Appropriate iate Appropriate ides Effection manag team is setting	priately manages ons requiring urgen ency care vely supervises the gement decisions of t n all appropriate clir	rare, all apsetting of ges	ctively manages unusual, , or complex disorders in ppropriate clinical ngs

			or diagnosis, treatment, and man d ACGME required outcomes. (I	
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not have the skill to perform invasive procedures in the specialty	Inconsistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; requires assistance for chemotherapy administration, lumbar puncture and bone marrow aspirate and biopsies	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; able to administer uncomplicated without assistance chemotherapy, and to perform lumbar puncture and bone marrow aspirate and biopsies on most patients without assistance	Consistently able to obtain informed consent and manage indwelling venous catheters, apheresis issues; chemotherapy administration through all routes, and lumbar puncture and bone marrow aspirate and biopsies	Role models and teaches how to obtain informed consent and manage apheresis and indwelling venous catheters, to administer chemotherapy through all routes, and to perform lumbar punctures and bone marrow aspirate and biopsies
Comments:				

18. Writes accurate non-invasive)  Critical Deficiencies	and s	afe orders in the	Electr	onic M	ledical Record fo	or syste		rapy including ap dy for unsupervis practice		Aspirational		
Does not have the skill to write orders for systemic therapy	orde info syst elec	onsistently writes ers and obtains rmed consent for emic therapy usin tronic medical rec common disorders	ord	and c and a the el for sy comn into a perfo	ns informed cons onsistently writes courate orders us ectronic medical estemic therapy for its output the count social issuermance status, or ion and comorbid	s safe ing record or ting tes, gan	consist accurate electron disord support performance accurate accu	is informed consent tently writes safe an te orders using the onic medical record on and uncommon ers, taking into accor rtive care requirem mance status, organ on and comorbidities	for ount ents,	how t conse accur thera	models and teaches coobtain informed ent and to write safe and ate orders for systemic py using the electronic cal record	
Comments:												

The collaborative group For your convenience the		commends that using the IM St are listed below.	bspe	cialt	ty Reporting Milesto	nes doe.	s not requ	uire modification for a	pplicat	bility to	Hematology-Oncology.
Critical Deficiencies							Rea	dy for unsupervise practice	ed		Aspirational
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services Unwilling to utilize consultant services when appropriate for patient care	Iii	Inconsistently manages patients as a consultant to other physicians/health care teams Inconsistently applies risk assessment principles to patients while acting as a consultant nconsistently formulates a linical question for a onsultant to address	sei cli ba Asi qu	rvic nica sic i ks n	des consultation es for patients wi al problems requi risk assessment neaningful clinica ons that guide the of consultants	ring 1	for parcompler compler consultation	des consultation ser tients with basic an lex clinical problem- ing detailed risk sment priately integrates mendations from ot tants in order to vely manage patient	d s her	service very of proble extension Mode disconnection	des consultation res for patients with complex clinical rems requiring sive risk assessment ils management of rdant imendations from ple consultants

# 2) Medical Knowledge

20. Demonstrates a fund of knowledge in solid tumor oncology. (MK1a)					
Critical Deficiencies			Ready for unsupervised practice	Aspirational	
	Inconsistently demonstrates basic knowledge of solid tumors	Consistently demonstrates a broad fund of knowledge of most, but not all of the major groups of solid tumors in the field	Consistently demonstrates a broad fund of knowledge of solid tumor oncology, basic biology, pharmacology and subtleties of rare cancers	Role models and teaches others the fundamental concepts of solid tumor oncology in multiple areas	
Comments:					

23. Demonstrates k oncologic disorder.	nowledge of, and indic (MK2)	cations for, gen	etic, genomic, 1	molecu	lar, and	laboratory tests	relate	d to hen	iatologic a	nd
Critical Deficiencies					Rea	dy for unsupervis practice	ed		Aspiratio	nal
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	Inconsistently demonstrates knowle about the molecular pathways, appropriat cytogenetic or molecu tests and clinical gene syndromes	edge knowled molecul te appropr ular molecul	ently demonstra ilge about the ar pathways, riate cytogenetic ar tests and clin syndromes	c or	knowled molecum appropropropropropropropropropropropropro	tently demonstrate edge about the tlar pathways, priate cytogenetic o tlar tests and clinic syndromes, include gnosis and manage rited or acquired on, rare and completers	or al ling ement	others the mo their m disord	ers and the oriateness o	xities of hways and s in clinical
Comments:										

## 3) Practice Based Learning

#### 29. Monitors practice with a goal for improvement. (PBLI1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Unwilling to self- reflect upon one's practice or performance	Unable to self-reflect upon practice or performance Misses opportunities for learning and self-	Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections	Regularly self-reflects upon one's practice or performance, and consistently acts upon those reflections to improve practice	Regularly seeks external validation regarding self-reflection to maximize practice improvement
Not concerned with opportunities for learning and self- improvement	improvement	Inconsistently acts upon opportunities for learning and self-improvement	Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement	Actively and independently engages in self-improvement efforts and reflects upon the experience
Comments:	•	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

#### 30. Learns and improves via performance audit and lifelong learning. (PBLI2)

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members
	3.			
Comments:	·		•	

#### 31. Learns and improves via feedback. (PBLI3)

For your convenience th	For your convenience they are listed below.						
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Never solicits	Rarely seeks and does not	Solicits feedback only from	Solicits feedback from all	Performance continuously			
feedback	incorporate feedback	supervisors and	members of the inter-	reflects incorporation of			
		inconsistently incorporates	professional team and patients	solicited and unsolicited			
Actively resists	Responds to unsolicited	feedback		feedback			
feedback from	feedback in a defensive		Welcomes unsolicited				
others	fashion	Is open to unsolicited	feedback	Role-models ability to			
		feedback		reconcile disparate or			
	Temporarily or		Consistently incorporates	conflicting feedback			
	superficially adjusts	Inconsistently incorporates	feedback				
	performance based on	feedback					
	feedback		Able to reconcile disparate or				
			conflicting feedback				
	_		J   U   L				
Comments:							

#### 32. Learns and improves at the point of care. (PBLI4)

For your convenience th	ey aı	re listed below.										
Critical Deficiencies							Rea	dy for unsupervis	ed		Aspirational	
Deficiencies  Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate  Fails to seek or apply evidence when necessary	a a n C in w q q U a n in d d a A	darely reconsiders a pproach to a proble sks for help, or seel lew information can translate medical formed clinical questions with assistant well-formed clinical questions with assistant well-formed clinical state of the disability to use, information technological similes of the cision support too and guidelines complete the findings of the complete state of the complet	em, cs  al nto tance ngths he ess of, ogy or	an ap asks i informa- forma- indep Awar weak informa- titlizz technisophi-	asistently reconsider proach to a problem prob	em, new well- ns and but	Routin approa for helj inform  Routin medica into we questic Guided of clini searche resour suppor	practice ely reconsiders an ach to a problem, as p, or seeks new ation ely translates new al information need ell-formed clinical	ks s tics ently tion ion ies	clinical: based o Has a sy track an	Aspirational odels how to appr research reports on accepted criteri ystematic approac nd pursue emergir questions	ia ch to
		ithout critical appra										
Comments:		<u> </u>						·				

# 4) Interpersonal and Communication Skills

37. Communicates et (ICS1)	37. Communicates effectively and compassionately with patients, caregivers and inter-professional teams during all phases of care. (ICS1)					
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Does not demonstrate effective and compassionate verbal and written communication regarding treatment strategies for specialty disorders	demonstrates effective and compassion verbal and written communication regarding treatment strategies and needs assistance for, or defers, difficult discussions of terminal diagnosis and	Consistently demonstrates effective and compassionate verbal and written communication regarding treatment strategies for straightforward cases and is able to discuss difficult issues of such as terminal diagnosis and futility of therapy	Consistently demonstrates effective and compassionate communication for patients with straightforward or challenging conditions or psychosocial situations in verbal and written communication regarding treatment and issues of such as terminal diagnosis and futility	Role models and teaches effective strategies to compassionately discuss treatment strategies, terminal diagnosis and bad news discussions		
Comments:			of therapy			

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Uses communication strategies that hamper or disrupt collaboration and teamwork Resists offers of collaborative input	Inconsistently engages in collaborative communication with appropriate members of team  Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	Consistently engages in collaborative communication with appropriate members of team  Consistently employs verbal, non-verbal and written strategies that facilitate collaborative care	Consistently demonstrates leadership through collaborative communication in teams  Consistently solicits collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing providers	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing providers
			providers	

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed
directives	Occasionally delayed in submission of completed	appropriate billable services	note has appropriate billable services	consent and patient preferences
Record completion	medical records	Consistent in timely		
consistently		submission of completed	Consistent in timely	
delinquent		medical records	submission of completed	
			medical records	

## 5) Professionalism

# 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	hey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disrespectful in interactions with patients, caregivers, and members of the inter-professional team  Sacrifices patient needs in favor of self-interest  Does not demonstrate empathy, compassion, and respect for patients and caregivers  Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion  Does not consider patient privacy and autonomy  Unaware of physician and colleague self-care and wellness	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy Inconsistently aware of physician and colleague self-care and wellness	Consistently respectful in interactions with patients, caregivers, and members of the inter-professional team, even in challenging situations  Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care  Emphasizes patient privacy and autonomy in all interactions  Consistently aware of physician and colleague self-care and wellness	Demonstrates empathy, compassion, and respect to patients and caregivers in all situations  Anticipates, advocates for, and actively works to meet the needs of patients and caregivers  Demonstrates a responsiveness to patient needs that supersedes self-interest  Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate  Regularly reflects on, assesses, and recommends physician and colleague self-care and wellness	Role-models compassion, empathy, and respect for patients and caregivers  Role-models appropriate anticipation and advocacy for patient and caregiver needs  Fosters collegiality that promotes a high-functioning inter-professional team  Teaches others regarding maintaining patient privacy and respecting patient autonomy  Role-models personal self-care practice for others and promotes programs for colleague wellness

#### 34. Accepts responsibility and follows through on tasks. (PROF2)

For your convenience th	ney are listed below.	•			. , ,	,	
Critical Deficiencies				Re	eady for unsupervi practice	sed	Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks  Shuns responsibilities expected of a	Completes most assitasks in a timely mabut may need remin or other support  Accepts professional responsibility only wassigned or mandato	nner and partimely with le policy chen Comply profes without	etes administrativation care tasks in a manner in accord ocal practice and/ocal practice and/ocal practice and/ocal practice and/ocal practice and/ocal practice and/ocal practice assigned assigned as the contraction of the	a demi	ritizes multiple com ands in order to con s and responsibilitie ly and effective man ngly assumes profes onsibility regardless tion	nplete ma s in a ord iner res and s of the Ass the	le-models prioritizing ny competing demands in ler to complete tasks and ponsibilities in a timely d effective manner sists others to improve ir ability to prioritize ny competing tasks
physician professional							
Comments:	•		<u> </u>		•		

#### 35. Responds to each patient's unique characteristics and needs. (PROF3) The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below. Ready for unsupervised Critical Aspirational Deficiencies practice Is insensitive to Is sensitive to and has Seeks to fully understand Recognizes and accounts for Role-models professional differences basic awareness of each patient's personal the personal characteristics interactions to navigate and differences related to characteristics and needs related to and needs of each patient negotiate differences related personal characteristics personal to a patient's unique characteristics and needs in the Modifies care plan to account Appropriately modifies care characteristics or needs and needs in the patient/caregiver for a patient's unique plan to account for a patient's patient/caregiver encounter characteristics and needs unique characteristics and Role-models consistent encounter with partial success needs respect for patient's unique Requires assistance to characteristics and needs Is unwilling to modify care plan to modify care plan to account for a patient's account for a unique characteristics and patient's unique needs

6) Systems- Based Practice

characteristics and

needs

Comments:

	-		ants, nursing, and other health p	
For your convenience the		bspecialty Keporting Milestones	does not require modification for applica	ability to Hematology-Uncology.
Critical Deficiencies	cy are used below.		Ready for unsupervised practice	Aspirational
Refuses to recognize the contributions of other interprofessional team members  Frustrates team members with inefficiency and errors	Identifies roles of other team members, but does not recognize how/when to utilize them as resources  Participates in team discussions when required, but does not actively seek input from other team members	Understands the roles and responsibilities of all team members, but uses them ineffectively  Actively engages in team meetings and collaborative decision-making	Understands the roles and responsibilities of, and effectively partners with, all members of the team  Efficiently coordinates activities of other team members to optimize care	Develops, trains, and inspires the team regarding unexpected events or new patient management strategies  Viewed by other team members as a leader in the delivery of high-quality care
Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)				
Comments:				

26. Recognizes syste	en	n error and advocates for s	yster	m improvement re	levant	to hem	atology an	d oncol	ogy. (	SBP2)			
		ecommends that using the IM Su	bspeci	ialty Reporting Milest	ones doe.	s not requ	uire modific	ation for a	pplica	bility to	Hematolog	y-Oncol	ogy.
For your convenience the	<del>ey</del>	are listed below.				Pos	dy for uns	momic	٥d	1			
Deficiencies						Rea	pract		eu		Aspira	tional	
Ignores a risk for	П	Does not recognize the	Rec	ognizes the potenti	al for	Identif	ies system	ic causes	of	Advo	cates for s	ystem	
error within the	Ш	potential for system error	erro	or within the systen	1	medica	al error and	d navigat	es	leade	ership to fo	rmally	
system that may	Ш					them t	o provide s	safe patie	nt	enga	ge in quali	ty assu	rance
affect the care of a	Ш	Makes decisions that	Ider	ntifies obvious or cr	itical	care				and	quality imp	rovem	ent
patient	Ш	could lead to errors that	caus	ses of error and not	ifies					activ	ities		
	Ш	are otherwise corrected	sup	ervisor accordingly		Advoca	ates for saf	e patient	care	1			
Ignores feedback	Ш	by the system or				and op	timal patie	ent care		View	red as a lea	der in	
and is unwilling to	Ш	supervision	Rec	ognizes the potenti	al risk	system	ıs			iden	tifying and	advoca	ating
change behavior in	Ш		for e	error in the immedi	ate					for t	he prevent	ion of r	nedical
order to reduce the	Ш	Resistant to feedback	syst	tem and takes neces	sary	Activat	tes formal :	system		erro	r		
risk for error	Ш	about decisions that may	step	ps to mitigate that r	sk	resour	ces to inve	stigate a	nd	1			
	Ш	lead to error or otherwise					te real or p	otential			hes others		
	Ш	cause harm	Will	ling to receive feedl	oack	medica	al error			impo	ortance of 1	ecogni	zing
	Ш			ut decisions that m						and	mitigating	system	error
	Ш		lead	d to error or otherw	ise	Reflect	s upon and	d learns f	rom	1			
	П		caus	se harm			itical incid		may	1			
	П					lead to	medical e	rror					
	Ц		4			4				4			
			_		L			J	L			Ш	
Comments:													

population-based ca	re. (SBP3) recommends that using the IM Su	_	awareness and risk-benefit and some some some some some some some some			
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Ignores cost issues in the provision of care	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status)	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-	Consistently works to address patient-specific barriers to cost-effective care	Teaches patients and health care team members to recognize and address common barriers to cost-		
Demonstrates no effort to overcome barriers to cost-	that impact the cost of health care, and the role that external stakeholders	effective care Minimizes unnecessary	Advocates for cost-conscious utilization of resources such as emergency department visits	effective care and appropriate utilization of resources		
effective care	(e.g., providers, suppliers, financers, purchasers) have on the cost of care	diagnostic and therapeutic tests  Possesses an incomplete	and hospital readmissions Incorporates cost-awareness principles into standard	Actively participates in initiatives and care delivery models designed to		
	Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	understanding of cost- awareness principles for a population of patients (e.g., use of screening tests)	clinical judgments and decision-making, including use of screening tests	overcome or mitigate barriers to cost-effective, high-quality care		
Comments:						

#### 28. Transitions patients effectively within and across health delivery systems. (SBP4)

For your convenience th	ey are	listed below.									
Critical Deficiencies							Rea	idy for unsupervis practice	ed	Aspi	rational
Disregards need	Inc	onsistently utilize	s	Recog	gnizes the importa	ance	Appro	priately utilizes		Coordinates	care within and
for communication	ava	ilable resources t	0	of cor	nmunication duri	ng	availab	ole resources to		across health	delivery
at time of	coo	rdinate and ensu	e	times	of transition		coordi	nate care and mana	ge	systems to op	ptimize patient
transition		e and effective pat						ts to ensure safe an			ise efficiency,
		e within and acro	SS		nunicates with fut			ve patient care with		and ensure h	
Does not respond	del	ivery systems			ivers, but demons	strates	and ac	ross delivery syster	ns	patient outco	mes
to requests of	11				s in provision of						
caregivers in other		vides incomplete			nent or timely			ly communicates wi		Role-models	
delivery systems		tten and verbal ca		infori	mation			nd future caregivers	to	effective tran	isitions of care
		ns during times of		l			ensure	e continuity of care			
Written and verbal	tra	nsition		l							
care plans during				l				pates needs of patie			
times of transition		vides inefficient		l				vers, and future car	e		
are absent		sitions of care tha	t					lers and takes			
		l to unnecessary ense or risk to a p		l			those i	priate steps to addr	ess		
		, duplication of te					those i	needs			
		, duplication of te lmission)	StS,								
	lead										
Comments:		1									

ROTATION	PALLIATIVE CARE	
		_
SUPERVISION	Palliative care attending	
GENERAL STRUCTURE	Weekdays : 2 WEEK ROTATION	8a-6p
	Weekends	none
		_
OVERNIGHT COVERAGE	None by hemonc fellow	
ROTATION SPECIFIC DIDACTICS	pending	
		_
PROCEDURES	End-of-life discussions	
	Family meetings	
		_
	ABIM/ACGME Internal Medicine	
EVALUATION PROCESS	Subspecialty Reporting Milestones and the ASH/ASCO Curriculum Milestones	
EVALUATION PROCESS	360 degree evaluations	<del>_</del>
	300 degree evaluations	
EDUCATIONAL MATERIALS		
EDOCATIONAL WATERIALS		
RECOMMENDED REFERENCE MATERIA	1. Temel JS et al. Early palliative care for p	patients with metastatic non-small-cell lung cancer. NEJM 2010;
	363(8): 733-42.	
	·	cal Oncology provisional clinical opinion: the integration of
		e. Journal of clinical oncology : official journal of the American
	Society of Clinical Oncology. 2012;30:880  3. NCCN guidelines - Palliative Care	-1.
	5. NCCN guidennes - Paniative Care	

131(1): 215-21

(http://www.nccn.org/professionals/physician\_gls/f\_guidelines.asp#palliative)

5. Weissman D. Fast Facts and Concepts #13: Determining Prognosis in Advanced Cancer,

4. Lopez-Acevedo M et al. Palliative and hospice care in gynecologic cancer: a review. Gynecol Oncol 2013.

http://www.eperc.mcw.edu/EPERC/FastFactsIndex/ff 013.htm

6. Baile WF, Buckman R, Lenzi R, Glober G, Beale EA, Kudelka AP. SPIKES—a six-step protocol for delivering bad news: application to the patient with cancer. Oncologist. 2000;5(4):302-311.

## **FELLOW TIPS!**

- 1) Please refer to the "10-minute topics" which are expectations for presentation during your two-week rotation.
- 2) See palliative care rotation objectives checklist from the palliative care department.

POINT OF CONTACT:	Eva Reitschuler-Cross, MD
	Lori Spahr

## **CORE COMPETENCY-BASED GOALS AND OBJECTIVES**

## 1) Patient Care

1. Gathers and synth disorder. (PC1a)	esizes patient and disease s	specific information necessary	to understand the presenting h	nematologic or oncologic
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	Inconsistently gathers and synthesizes critical information related to the patient and the pathophysiology to define the disorder(s)	Consistently gathers and synthesizes critical information related to the patient and the pathophysiology of common disorders	Consistently gathers and synthesizes critical information related to the patient pathophysiology of complex disorders	Role models and teaches how to gather and synthesize information about patients and is able to teach about the patient pathophysiology of complex disorders
Comments:	•			

Critical Deficiencies					Ready for unsupervised practice			sed	Aspirational		
Unable to determine the most appropriate management plan for common disorders	the i	nsistently propos nost appropriate tment for commo rders		appro plans includ	istently develops opriate manageme for common diso ding urgent or gent conditions		approp plans f includi manag	tently develops priate management or complex disorde ing comprehensive ement plans for ur ergent conditions	ers	develo compr plans disoro	nodels and teaches opment of rehensive management for complex specialty ders and for urgent or gent conditions

4. Demonstrates abi standard measurem					ent and adjust th	erapy f	or hem	atology or oncolog	gy disc	orders	over time using		
Critical Deficiencies					Ready for unsupervised practice				Aspirational				
Unable to accurately monitor treatment responses for specialty conditions	dem with mea inco dem und	nsistently constrates familian standard surements and nsistently constrates erstanding of theil	,	know guide meas situat	stently applies rledge of consensu- lines and standar urement scales in tions and modifies py accordingly	d most	Consistently applies knowledge of consensus guidelines and standard scales in complex specialty disorders and modifies therapy accordingly			purpo analy respo meas	Role models and teaches purpose of staging and analysis of therapeutic response using specific measurements and guidelines		
Comments:													

5. Demonstrates the	a	bility to anticipate, recog	nize a	and effectively manage to	xicities of systemic therapies. (	[PC2d]
Critical Deficiencies					Ready for unsupervised practice	Aspirational
Does not demonstrate understanding of toxicity of common therapies		Inconsistently identifies risk of and management of toxicity in patients receiving systemic therapy	and or s pati	nsistently identifies risk of d management of common severe toxicities in tients receiving systemic erapy	Consistently identifies risk of and management of common, uncommon and complex toxicities in patients receiving systemic therapy	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies
Comments:						

Critical Deficiencies							Rea	dy for unsuperv practice	ised		Aspiration	al
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	nee geri reh and app	onsistently recogn d to incorporate atric and/or abilitation princip /or consultation a ropriate in the car atric patients	les s	need to and/o medic consu in the patien	stently recognize to incorporate ge or rehabilitation ine principles an Itation as approp care of geriatric its, including tho ignificant geriatro omes	riatric d/or oriate se	geriatr princip as appr patient geriatr extenu psycho includi	tently incorporate ic and/or rehabilities and/or consure ropriate in the cars with significant ic syndromes or ating clinical or social circumstaring the use of the isciplinary team	itation ltation re of	incor and/o princ consu patien geriat includ	models and terporation of ge or rehabilitation iples and/or ultation in the nts with signifults with signiful tric syndrome ling the use of disciplinary te	riatric on care of icant s, the

Critical Deficiencies							Ready for unsuper practice	vised	Aspirational			
Does not recognize signs or symptoms of pain, anxiety or depression	and stra	onsistently recogn institutes manage itegies for pain, an lepression	ment	signs depre	stently recognizes of pain, anxiety or ession and institut gement strategies	es de mi ind	onsistently recognize gns of pain, anxiety a pression and institu- anagement strategie cluding cases with co ltural or psychosocia cuations	nd tes s omplex	recogn anxiet develo	nodels and teaches nition of signs of pain, y and depression and pment of the best gement strategies		

Critical Deficiencies									Rea	dy for un prac	-	ed		Aspirational	
Does not recognize the need to involve palliative care, nospice or rehabilitation nedicine	the r palli reha	nsistently need to in ative care abilitation care of pat	volve , hospic medicii	e or	need care, rehab	to invol hospice	n medici	tive	need to hospic medici of pati involve discipl	tently recomments of involve per or rehaling and comments and comment of times, includings	palliative pilitation es in the c coordinate the other iding the	care, are es	multio mana	models and teach disciplinary team gement of palliati ce, and rehabilita	ive,
			]												

13. Demonstrates the ability to effectively recognize and promote cancer prevention and control strategies and survivorship. (PC2l)						
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Does not recognize or inquire about the need to address cancer prevention or survivorship	Inconsistently promotes proven cancer prevention or control strategies, or the individual needs of cancer survivors	Consistently promotes proven cancer prevention or control strategies, and the individual needs of cancer survivors	Consistently promotes proven cancer prevention or control strategies, the individual needs of cancer survivors, and participates in cancer control and prevention strategies aimed at disparate populations	Role models and teaches effective promotion of individual and population- based cancer prevention and control strategies, for disparate populations		
Comments:						

14. Demonstrates the ability to effectively manage patients during transitions of care. (PC2m)  Critical Ready for unsupervised practice  Aspirational							
Does not recognize the need to have	Inconsistently recognizes the need to have discussions of goals of care and needs assistance during discussions	Consistently recognizes the need to have discussions of goals of care	Consistently recognizes the need to have discussions of goals of care and involvement of multidisciplinary team members	Role models and teaches multidisciplinary discussions of goals of care			
Comments:							

#### 15. Manages patients with progressive responsibility and independence. (PC3)

For your convenience they are listed below.											
Critical Deficiencies							Read	ly for unsupervis practice	sed		Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	patient sacare  Requires supervisi problems chronic dapproprisettings  Inconsist preventive approprisettings  Requires supervisi patients straightfoin all approprisettings  Unable to inpatient requiring  Cannot in supervise other me	ion to ensure afety and qua  s direct ion to manage s or common diseases in all late clinical  tently provide ve care in all late clinical  s direct ion to manage	es oses cal inplex re	super patier care Provide preve diseas approvide care for diagnoclinica Under approvidents Initiat	res indirect vision to ensure it safety and qual des appropriate ntive care and ch se management ir priate clinical set des comprehensionses in all approp al settings r supervision, pro priate care in the sive care unit tes management i	ronic n all tings ve ple priate vides	patients inpatier ambulat who hav clinical undiffer Seeks ad and/or appropr Appropr situatio emerger Effectiv manage	riately manages ns requiring urgen ncy care ely supervises the ment decisions of all appropriate cli	gs um of ng nes e	rare, o	vely manages unusual, r complex disorders in ropriate clinical gs

18. Writes accurate non-invasive)  Critical Deficiencies	and safe orders in the	Electronic N	Medical Record fo	r syste		erapy including app ady for unsupervis practice		iate suj	Aspirational
Does not have the skill to write orders for systemic therapy	Inconsistently writes orders and obtains informed consent for systemic therapy usin electronic medical rec for common disorders	and and and and a the e ord for sy comminto a perfo	ins informed cons consistently writes accurate orders us lectronic medical ystemic therapy for non disorders, tak account social issu ormance status, or tion and comorbid	s safe ing record r ing es, gan	consistance accurate electron disord support performance accurate	is informed consent tently writes safe an the orders using the onic medical record on and uncommon lers, taking into accor ritve care requirem mance status, organ on and comorbiditie	for ount ents,	how t conse accura thera	models and teaches to obtain informed ent and to write safe and ate orders for systemic py using the electronic cal record
Comments:			•			,			

19. Requests and provides effective consultative care for patients with hematologic and oncologic diseases. (PC5)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.							
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services	Inconsistently manages patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant	Provides consultation services for patients with clinical problems requiring basic risk assessment  Asks meaningful clinical questions that guide the input of consultants	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment  Appropriately integrates recommendations from other consultants in order to	Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment  Models management of discordant recommendations from			
Unwilling to utilize consultant services when appropriate for patient care	Inconsistently formulates a clinical question for a consultant to address		effectively manage patient care	multiple consultants			
Comments:							

# 2) Medical Knowledge

20. Demonstrates a f	20. Demonstrates a fund of knowledge in solid tumor oncology. (MK1a)						
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Demonstrates	Inconsistently	Consistently demonstrates a	Consistently demonstrates a	Role models and teaches			
insufficient basic	demonstrates basic	broad fund of knowledge of	broad fund of knowledge of	others the fundamental			
knowledge in oncology	knowledge of solid tumors	most, but not all of the major groups of solid tumors in the field	solid tumor oncology, basic biology, pharmacology and subtleties of rare cancers	concepts of solid tumor oncology in multiple areas			
Comments:							

	23. Demonstrates knowledge of, and indications for, genetic, genomic, molecular, and laboratory tests related to hematologic and oncologic disorder. (MK2)										
Critical Deficiencies							Rea	idy for unsupervis practice	ed		Aspirational
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	dem abou path cyto tests	ensistently constrates knowle ut the molecular uways, appropriat genetic or molecu s and clinical gene dromes	e ılar	know molec appro molec	stently demonstra ledge about the cular pathways, opriate cytogeneti cular tests and clin ic syndromes	c or	knowle molect approp molect genetic the dia of inhe	tently demonstrate edge about the ular pathways, oriate cytogenetic o ular tests and clinic c syndromes, include gnosis and manage erited or acquired on, rare and comple ers	or al ling ement	others the m their i disord	models and teaches s the complexities of olecular pathways and modifications in clinical ders and the opriateness of genetic g
Comments:											

29. Monitors practic	29. Monitors practice with a goal for improvement. (PBLI1)						
	The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.						
Critical Deficiencies	T				F	Ready for unsupervised Aspirational practice	
Unwilling to self- reflect upon one's practice or performance		Unable to self-reflect upon practice or performance Misses opportunities for learning and self-	upor perfe inco	nsistently self-reflects n practice or formance, and nsistently acts upon te reflections	one and tho	Regularly self-reflects upon e's practice or performance, il consistently acts upon see reflections to improve settice.	
Not concerned with opportunities for learning and self- improvement		improvement	oppo	nsistently acts upon ortunities for learning self-improvement	prac opp	ognizes sub-optimal ctice or performance as an ortunity for learning and improvement improvement  Actively and independently engages in self-improvement efforts and reflects upon the experience	
Comments:		•		•			

30. Learns and improves via performance audit and lifelong learning. (PBLI2)							
Critical Deficiencies	Ready for unsupervised Aspirational practice						
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members			
Comments:							

31. Learns and improves via feedback. (PBLI3)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.						
Critical Deficiencies		nsupervised Aspirational				
Never solicits feedback	Rarely seeks and does not incorporate feedback Solicits feedback only from supervisors and inconsistently incorporates Solicits feedback members of the professional team.					
Actively resists feedback from	Responds to unsolicited feedback feedback Welcomes unso	feedback				
others	fashion Is open to unsolicited feedback	Role-models ability to reconcile disparate or				
	Temporarily or superficially adjusts Inconsistently incorporates performance based on feedback	corporates conflicting feedback				
	feedback Able to reconcil conflicting feed					
Comments:		•				

#### 32. Learns and improves at the point of care. (PBLI4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience the	iey are ustea below.			
Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	-
Fails to	Rarely reconsiders an	Inconsistently reconsiders	Routinely reconsiders an	Role-models how to appraise
acknowledge	approach to a problem,	an approach to a problem,	approach to a problem, asks	clinical research reports
uncertainty and	asks for help, or seeks	asks for help, or seeks new	for help, or seeks new	based on accepted criteria
reverts to a	new information	information	information	
reflexive patterned				Has a systematic approach to
response even	Can translate medical	Can translate medical	Routinely translates new	track and pursue emerging
when inaccurate	information needs into	information needs into well-	medical information needs	clinical questions
1	well-formed clinical	formed clinical questions	into well-formed clinical	
Fails to seek or	questions with assistance	independently	questions	
apply evidence	II -			
when necessary	Unfamiliar with strengths	Aware of the strengths and	Guided by the characteristics	
	and weaknesses of the	weaknesses of medical	of clinical questions, efficiently	
1	medical literature	information resources, but	searches medical information	
1		utilizes information	resources, including decision	
1	Has limited awareness of,	technology without	support tools and guidelines	
	or ability to use,	sophistication		
1	information technology or	•	Independently appraises	
1	decision support tools	With assistance, appraises	clinical research reports based	
	and guidelines	clinical research reports	on accepted criteria	
1		based on accepted criteria		
	Accepts the findings of			
	clinical research studies			
	without critical appraisal			
Comments				1

Comments:

37. Communicates et (ICS1)	37. Communicates effectively and compassionately with patients, caregivers and inter-professional teams during all phases of care. (ICS1)						
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Does not	Inconsistently	Consistently demonstrates	Consistently demonstrates	Role models and teaches			
demonstrate	demonstrates effective and	effective and compassionate	effective and compassionate	effective strategies to			
effective and	compassion verbal and	verbal and written	communication for patients	compassionately discuss			
compassionate	written communication	communication regarding	with straightforward or	treatment strategies,			
verbal and written	regarding treatment	treatment strategies for	challenging conditions or	terminal diagnosis and bad			
communication	strategies and needs	straightforward cases and is	psychosocial situations in	news discussions			
regarding	assistance for, or defers,	able to discuss difficult	verbal and written				
treatment	difficult discussions of	issues of such as terminal	communication regarding				
strategies for	terminal diagnosis and	diagnosis and futility of	treatment and issues of such as				
specialty disorders	therapy unresponsiveness	therapy	terminal diagnosis and futility				
<u> </u>	<u> </u>	<u> </u>	of therapy				
Comments:	•						

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Uses communication strategies that hamper or disrupt collaboration and teamwork Resists offers of collaborative input	Inconsistently engages in collaborative communication with appropriate members of team  Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	Consistently engages in collaborative communication with appropriate members of team  Consistently employs verbal, non-verbal and written strategies that facilitate collaborative care	Consistently demonstrates leadership through collaborative communication in teams  Consistently solicits collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing providers
			providers	

Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches		
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,		
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive		
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are		
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,		
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision		
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include		
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed		
directives	Occasionally delayed in	appropriate billable services	note has appropriate billable	consent and patient		
	submission of completed		services	preferences		
Record completion	medical records	Consistent in timely				
consistently		submission of completed	Consistent in timely			
delinquent		medical records	submission of completed			
			medical records			

## 5) Professionalism

## 33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	ney are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Disrespectful in interactions with patients, caregivers, and members of the inter-professional team  Sacrifices patient needs in favor of self-interest  Does not demonstrate empathy, compassion, and respect for patients and caregivers  Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion  Does not consider patient privacy and autonomy  Unaware of physician and colleague self-care and wellness	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers  Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion  Inconsistently considers patient privacy and autonomy  Inconsistently aware of physician and colleague self-care and wellness	Consistently respectful in interactions with patients, caregivers, and members of the inter-professional team, even in challenging situations  Is available and responsive to needs and concerns of patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care  Emphasizes patient privacy and autonomy in all interactions  Consistently aware of physician and colleague self-care and wellness	Demonstrates empathy, compassion, and respect to patients and caregivers in all situations  Anticipates, advocates for, and actively works to meet the needs of patients and caregivers  Demonstrates a responsiveness to patient needs that supersedes self-interest  Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate  Regularly reflects on, assesses, and recommends physician and colleague self-care and wellness	Role-models compassion, empathy, and respect for patients and caregivers  Role-models appropriate anticipation and advocacy for patient and caregiver needs  Fosters collegiality that promotes a high-functioning inter-professional team  Teaches others regarding maintaining patient privacy and respecting patient autonomy  Role-models personal self-care practice for others and promotes programs for colleague wellness

#### 34. Accepts responsibility and follows through on tasks. (PROF2)

For your convenience they are listed below.											
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks	ta bi or Ac res	ompletes most assig asks in a timely man ut may need remind r other support ccepts professional sponsibility only wh signed or mandatory	ner ers en	and p time with polic Comprofe	pletes administrat patient care tasks i ly manner in accor local practice and cy pletes assigned essional responsib out questioning or	in a rdance /or ilities	deman tasks a timely Willing	rizes multiple comp nds in order to com and responsibilities and effective man gly assumes profes nsibility regardless on	plete in a ner sional	many order respo and e Assist	models prioritizing competing demands in to complete tasks and onsibilities in a timely effective manner ts others to improve ability to prioritize competing tasks
Shuns responsibilities expected of a physician professional					for reminders						
Comments										_	
Comments:											

#### 35. Responds to each patient's unique characteristics and needs. (PROF3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience they are listed below.									
Critical Deficiencies					Ready for unsupervised practice	d	Aspirational		
Is insensitive to	ı	Is sensitive to and has	Seeks to fully understand		Recognizes and accounts for	r	Role-models professional		
differences	ı	basic awareness of	each patient's personal	- 11	the personal characteristics		interactions to navigate and		
related to	ı	differences related to	characteristics and needs	- 1:	and needs of each patient	- 1	negotiate differences related		
personal	ı	personal characteristics					to a patient's unique		
characteristics	ı	and needs in the	Modifies care plan to accou	nt .	Appropriately modifies care	e	characteristics or needs		
and needs in the	ı	patient/caregiver	for a patient's unique		plan to account for a patient	t's			
patient/caregiver	ı	encounter	characteristics and needs	- 1	unique characteristics and		Role-models consistent		
encounter	ı		with partial success	:	needs		respect for patient's unique		
	ı	Requires assistance to					characteristics and needs		
Is unwilling to		modify care plan to							
modify care plan to		account for a patient's				- 1			
account for a	ı	unique characteristics and							
patient's unique	ı	needs							
characteristics and	ı								
needs	1								
			_		l   📙	L	J   L		
Comments:									
1							,		

## 6) Systems- Based Practice

### 25. Works effectively within an inter-professional team (e.g. peers, consultants, nursing, and other health professionals). (SBP1)

For your convenience they are listed below.								
Critical Deficiencies			Ready for unsupervised practice	Aspirational				
Refuses to	Identifies roles of other	Understands the roles and	Understands the roles and	Develops, trains, and				
recognize the	team members, but does	responsibilities of all team	responsibilities of, and	inspires the team regarding				
contributions of	not recognize how/when	members, but uses them	effectively partners with, all	unexpected events or new				
other inter-	to utilize them as	ineffectively	members of the team	patient management				
professional team	resources			strategies				
members	11	Actively engages in team	Efficiently coordinates					
	Participates in team	meetings and collaborative		Viewed by other team				
Frustrates team	discussions when required,	decision-making	members to optimize care	members as a leader in the				
members with	but does not actively seek			delivery of high-quality care				
inefficiency and	input from other team							
errors	members							
Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)								
Comments:								

## 27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in patient or population-based care. (SBP3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the	ey are listed below.			
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to costeffective care	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to costeffective care  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of costawareness principles for a population of patients (e.g.,	Consistently works to address patient-specific barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests	Teaches patients and health care team members to recognize and address common barriers to costeffective care and appropriate utilization of resources  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care
	or therapeutic interventions	use of screening tests)	or screening tests	ingn-quanty care
Comments:				

The collaborative group For vour convenience th		ıbspecialty Reporting Milestones doe	es not require modification for applica	bility to Hematology-Oncology.
Critical Deficiencies	y are issue selow		Ready for unsupervised practice	Aspirational
Disregards need for communication at time of transition	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across	Recognizes the importance of communication during times of transition  Communicates with future	Appropriately utilizes available resources to coordinate care and manage conflicts to ensure safe and effective patient care within	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency, and ensure high-quality
Does not respond to requests of caregivers in other delivery systems	delivery systems  Provides incomplete written and verbal care plans during times of	caregivers, but demonstrates lapses in provision of pertinent or timely information	and across delivery systems  Actively communicates with past and future caregivers to ensure continuity of care	patient outcomes  Role-models and teaches effective transitions of care
Written and verbal care plans during times of transition are absent	transition  Provides inefficient transitions of care that lead to unnecessary expense or risk to a patient (e.g., duplication of tests, readmission)		Anticipates needs of patient, caregivers, and future care providers and takes appropriate steps to address those needs	

ROTATION	CONTINUITY CLINIC - 6 MONTHS	
SUPERVISION	Clinic attending of record	
GENERAL STRUCTURE	Weekdays	1/2 day a week (1 clinic/week during clnical rotations, 2 clinics/week during research rotations)
	Weekends	None
	The continuity patient care experience	
	should not be interrupted by more than one	
	month, excluding a fellow's vacation	
ROTATION SPECIFIC DIDACTICS	Tumor Board - Disease-specific	See tumor board calendar. Please discuss with your clinic attending
		the expectations for attending tumor board
PROCEDURES	Bone marrow biopsy	
	Intrathecal chemotherapy	
		•
EN ALLIA TION DE OCECC		
EVALUATION PROCESS	·	Reporting Milestones and the ASH/ASCO Curriculum Milestones
EVALUATION PROCESS	ABIM/ACGME Internal Medicine Subspecialty 360 degree evaluations	Reporting Milestones and the ASH/ASCO Curriculum Milestones
EVALUATION PROCESS	·	Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	Reporting Milestones and the ASH/ASCO Curriculum Milestones
EDUCATIONAL MATERIALS	·	Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	Reporting Milestones and the ASH/ASCO Curriculum Milestones
	360 degree evaluations	Reporting Milestones and the ASH/ASCO Curriculum Milestones

1) Fellow should develop a panel of patients within a given attending's list and see those same patients week by week (may be interesting patients that the

attending has been seeing for some time or new patients that are then followed)

- 2) When the patient has an adverse reaction to chemo, relapses, is admitted to the hospital, goes on a clinical trial, etc. the fellow should be kept in the loop and be involved in the decision making process, as appropriate. Please inform/remind your clinic nurse and attending at the start of and during your clinic experience.
- 3) The clinic time is at a minimum of a "1/2 day." Fellows on electives or research may attend for a full day as long as this has been discussed and approved the elective or research attending.
- 4) It is the fellow's responsibility to inform the attending in advance of your absence (vacations, conferences, etc.)

#### **CORE COMPETENCY-BASED GOALS AND OBJECTIVES**

1) Patient Care	
-----------------	--

1. Gathers and synth disorder. (PC1a)	esize	s patien	t and dis	sease s	pecific	inform	ation ne	ecessary	to und	erstand t	he prese	nting l	hemato	ologic or oncologic
Critical Deficiencies									Rea	dy for un prac	isupervis tice	ed		Aspirational
Does not demonstrate sufficient understanding of the pathophysiology relevant to the disorder(s)	synt infor patie path	hesizes rmation ent and t	related to the logy to d	o the	synth inform patien	esizes c mation r nt and th physiol	elated to	the	synthe inform patient		ical ited to the ysiology o		how t informand is patien	models and teaches to gather and synthesiz mation about patients s able to teach about th nt pathophysiology of elex disorders
Comments:														

2. Demonstrates abil (PC2a)	lity to	diagno	ose and a	ssign s	tage, a	nd/or se	everity,	of hema	tology	and onco	logy disc	orders	in all a	dult age groups.
Critical Deficiencies									Rea	idy for un prac	-	sed		Aspirational
Unfamiliar with common staging or severity scores	appr eval	ropriate	tly orders studies to nmon spe	0	appro radio studi stage	istently o opriate la graphic d es and co and/or s mmon dis	borator liagnost rrectly a everity:	ic issigns	appropradiog studies stage a	tently ord priate labo raphic dia s and corr and/or sev ex disorde	oratory an gnostic ectly assi verity sco	gns	use o labor diagn assign sever	models and teaches the fappropriate atory and radiographic costic studies in the nment of stage and/or ity scores to complex alty disorders
Comments:														

3. Formulates the ov	erall	plan fo	r hemat	ology a	nd on	cology	disorders	, includ	ing urge	ent/emer	gent con	dition	s. (PC2	2b)		
Critical Deficiencies									Rea	dy for un pract	_	ed		Aspira	tional	
Unable to determine the most appropriate management plan for common disorders	the r	most ap	tly propo propriat or comm	e	app plan inch	ropriat is for c uding t	ly develops se managen ommon dis irgent or conditions	ient	approp plans f includi manag	tently deverted man for completing compressions and compressions and compressions are sent to the conference of the conf	agement x disorde ehensive ns for ur	ers	devel comp plans disor	opment o rehensive for comp	e manage lex specia for urgent	ment alty
											]					
Comments:																

4. Demonstrates abi standard measurem			reatme	ent and adjust th	erapy f	or hem	atology or oncolog	gy disc	orders	over time using
Critical Deficiencies						Rea	dy for unsupervis practice	ed		Aspirational
Unable to accurately monitor treatment responses for specialty conditions	dem with mea inco dem unde	nsistently onstrates familian standard surements and nsistently onstrates erstanding of thei ication	know guide meas situat	istently applies rledge of consensualines and standar urement scales in tions and modifies the accordingly	d most	knowle guideli in com	tently applies edge of consensus ines and standard s plex specialty disor odifies therapy ingly		purpo analy respo	models and teaches ose of staging and sis of therapeutic nse using specific urements and lines
Comments:										

5. Demonstrates the	ability to anticipate, recogn	ize and effectively manage to	xicities of systemic therapies. (	PC2d)
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not demonstrate understanding of toxicity of common therapies	Inconsistently identifies risk of and management of toxicity in patients receiving systemic therapy	Consistently identifies risk of and management of common or severe toxicities in patients receiving systemic therapy	Consistently identifies risk of and management of common, uncommon and complex toxicities in patients receiving systemic therapy	Role models and teaches the anticipation, recognition, and effective management of toxicities in patients receiving systemic therapies
Comments:				

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not recognize patients who may be candidates for inclusion in clinical trials	Inconsistently recognizes patients who may be candidates for clinical trials and has a poor understanding of eligibility requirements	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and participates in patient enrollment with assistance	Consistently recognizes patients who may be candidates for clinical trials, and has a good understanding of eligibility requirements and ethical issues, and independently manages the enrollment process	Role models and teaches discussion of clinical trial participation with patient, including how to incorporate ethical decision making in the process

Critical Deficiencies						Rea	dy for unsupervi practice	sed		Aspirational
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients	ne ge rel an ap	consistently recognizes eed to incorporate eriatric and/or eriatric and/or phabilitation principles ad/or consultation as opropriate in the care of eriatric patients	need and, med cons in th patie with	sistently recognizes the d to incorporate geriate /or rehabilitation licine principles and/or sultation as appropriat le care of geriatric ents, including those a significant geriatric dromes	ric r	geriatr princip as appr patient geriatr extenu psycho includi	tently incorporate ic and/or rehability oles and/or consultropriate in the carets with significant ic syndromes or lating clinical or osocial circumstanting the use of the isciplinary team	tation tation e of	incor and/o princ consu patien geriat includ	models and teaches the poration of geriatric or rehabilitation iples and/or ultation in the care of outs with significant tric syndromes, ling the use of the disciplinary team

Critical Deficiencies						Rea	dy for unsupervi: practice	sed		Aspirational
Does not demonstrate an understanding of basic principles of transfusion medicine	dem und prin med appi	nsistently onstrates erstanding of ciples of transfu icine and order ropriate blood lucts with super	5	produ	opriately order acts for commo ations	produc indicat	priately orders blo cts for complex cions, including esis and specialized cts		princi medic appro	nodels and teaches the ples of transfusion line and the priate ordering of all products

9. Demonstrates app	ropi	riate understand	ing and	l mana	agement o	fcomp	olication	ıs of tra	nsfusion medicin	e. (PC	2h)	
Critical Deficiencies								Rea	idy for unsupervis practice	sed		Aspirational
Unable to recognize complications from blood component therapy	con	onsistently recogn pplications from b nponent therapy		comn reacti	istently rec non transfu ions, and o opriate inte	sion rders		uncom reaction approp manag transfi compli	nizes common and amon transfusion on sand orders oriate interventions dement of unusual asion-related locations and blood patibilities	s for	antici mana transf comp	nodels and teaches the pation and gement of unusual fusion-related lications and blood apatibilities
Comments:												

10. Demonstrates kn manage these patien Critical			of, in	dicatio	ons for, and comp	olicatio		stem cell transp dy for unsupervi		on and	ability to effectively
Deficiencies								practice			Aspirational
the indications and	demo of the ration autol	sistently instrates knowle common indica nale, and toxicition ogous and alloge cell transplantat	tions, es of neic	know indica toxical alloge	istently demonstra vledge of the comm ations, rationale, a ities of autologous eneic stem cell splantation	non ind	ability manag autolog transp those u transp	tently demonstrat to comprehensive te patients underge gous and allogenee lantation, includin undergoing lantation from ative donors	ly oing c	comp of pat autolo stem trans	models and teaches the rehensive management tients undergoing ogous and allogeneic cell transplantation and plantation from native donors
Comments:											

11. Demonstrates th	e ab	ility to effectively	mana	ge pati	ients with pain, a	nxiety	or dep	ression. (PC2j)			
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational
Does not recognize signs or symptoms of pain, anxiety or depression	and stra	onsistently recogn I institutes manage ategies for pain, an depression	ement	signs depre	istently recognizes of pain, anxiety of ession and institut gement strategies	r es	signs of depres manag includi	tently recognizes the figure of pain, anxiety and solon and institutes tement strategies ing cases with compal or psychosocial ons		recog anxie devel	models and teaches nition of signs of pain, ty and depression and opment of the best gement strategies
Comments:											

12. Demonstrates th	12. Demonstrates the ability to effectively manage patients requiring palliative care, hospice care or rehabilitation. (PC2k)												
Critical Deficiencies									Rea	idy for unsupervis practice	sed		Aspirational
Does not recognize the need to involve palliative care, hospice or rehabilitation medicine	the r palli reha	nsistently need to inv ative care abilitation care of pat	volve , hospic medicii	e or	need care, rehal	sistently r I to involv I hospice bilitation are of pa	ve palliat or ı medicin	ive	need to hospic medici of pati involve discipl	tently recognizes to involve palliative to involve palliative to rehabilitation in eservices in the cents and coordinat ement of the other lines, including the lisciplinary teamings	care, care	multio mana hospic care	nodels and teaches disciplinary team gement of palliative, ce, and rehabilitative
			]								[		
Comments:													

Critical Deficiencies							Rea	dy for unsuper practice	rised		Aspirational
Does not recognize or inquire about the need to address cancer prevention or survivorship	prov or co indiv	nsistently promo ren cancer prever ontrol strategies, vidual needs of ca rivors	ntion or the	prove	stently promotes en cancer prevent ol strategies, and idual needs of can vors	ion or the	cancer strateg of cand partici and pr	tently promotes prevention or co- gies, the individuater survivors, and pates in cancer co- evention strategi at disparate populations	ntrol al needs l ontrol es	effect indivi based contr	models and teaches live promotion of idual and population- l cancer prevention and ol strategies, for rate populations

Critical Deficiencies					Rea	idy for unsupervis practice	ed		Aspirational
Does not recognize the need to have discussions of goals of care	the r discr and	nsistently recogn need to have ussions of goals o needs assistance ng discussions	need	stently recognize to have discussion of care	need to	tently recognizes the have discussions of care and involver tidisciplinary team ers	of nent	multi	nodels and teaches disciplinary discussions als of care

#### 15. Manages patients with progressive responsibility and independence. (PC3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience the		11-1 Subspecia	ity Reporting Pilest				nty to Hematology-Uncology.
Critical Deficiencies				Re	eady for unsupervis practice	ed	Aspirational
Cannot advance beyond the need for direct supervision in the delivery of patient care  Cannot manage patients who require urgent or emergency care  Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and qual care  Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings  Inconsistently provide preventive care in all appropriate clinical settings  Requires direct supervision to manage patients with straightforward diagne in all appropriate clinic settings  Unable to manage com inpatients or patients requiring intensive car Cannot independently supervise care provide other members of the physician-led team	super patie care Provi preve disea approvi care is diagrical Unde approvinten Initial for un cal	ires indirect rvision to ensure nt safety and qual ides appropriate entive care and ch se management in opriate clinical set ides comprehensive for single or multi toses in all appropriate settings or supervision, pro- opriate care in the sive care unit tes management in tree ma	patient inpate ambut who lead to clinic undifferent all strings Seeks and/appropriate Appropriate Appr	pendently manages onts across applicable ient, outpatient, and ilatory clinical setting have a broad spectrural disorders, including ferentiated syndrom additional guidance or consultation as opriate  opriately manages tions requiring urgency care tively supervises the agement decisions of in all appropriate cli	gs m of ng es	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings

	16. Demonstrates competent performance of invasive procedures required for diagnosis, treatment, and management of patients with hematology and oncology disorders, as per ABIM procedure requirements and ACGME required outcomes. (PC4a)										
Critical Deficiencies					·		Rea	dy for unsuper practice	vised		Aspirational
Does not have the skill to perform invasive procedures in the specialty	obtain inf and mana venous ca apheresis assistance chemothe administr puncture	issues; reque e for erapy ration, lumba	ent g iires	informana cathe able t uncon assist and to punct aspira	istently able to ob- med consent and age indwelling ven sters, apheresis iss to administer mplicated without tance chemothers o perform lumbar ture and bone ma ate and biopsies o patients without	ous ues; ; py, rrow	inform indwel aphere chemo throug punctu	tently able to obed consent and ling venous cathes is is issues; therapy adminith all routes, and ire and bone made and biopsies	manage neters, stration llumbar	how to conse apher venou admir throu performed and b	models and teaches to obtain informed that and manage resis and indwelling as catheters, to aster chemotherapy gh all routes, and to rm lumbar punctures one marrow aspirate iopsies
	<b>i</b>		Ċ								
Comments:											

17. Demonstrates ab	17. Demonstrates ability to perform and interpret peripheral blood smear. (PC4b-non-invasive)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational							
Unable to interpret a normal peripheral blood smear	Consistently able to interpret a normal peripheral blood smear and identify normal features in all three cell lines	Consistently able to identify normal and common abnormal peripheral blood smears and identifies abnormal features of all three cell lines	Consistently able to identify common and uncommon abnormal peripheral blood smears	Role models and teaches the ability to diagnose common and rare diseases on peripheral blood smear							
Comments:											

non-invasive) Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational
Does not have the skill to write orders for systemic therapy	orde infor syste elect	nsistently writes ors and obtains omed consent for emic therapy using cronic medical rec ommon disorders	ord	and c and a the el for sy comm into a perfo	ns informed cons onsistently writes ccurate orders us ectronic medical estemic therapy fo on disorders, tak account social issu rmance status, or ion and comorbid	s safe ing record r ing es, gan	consist accura electro commo disord suppor performants	is informed consent tently writes safe as te orders using the onic medical record on and uncommon ers, taking into accortive care requirem mance status, organ on and comorbidities	for ount ents,	how to conse accura therap	nodels and teaches o obtain informed nt and to write safe and ate orders for systemic py using the electronic cal record

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.  For your convenience they are listed below.  Critical  Ready for unsupervised										
Deficiencies			Ready for unsupervised practice	Aspirational						
Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services  Jnwilling to utilize consultant services when appropriate or patient care	Inconsistently manages patients as a consultant to other physicians/health care teams  Inconsistently applies risk assessment principles to patients while acting as a consultant  Inconsistently formulates a clinical question for a consultant to address	Provides consultation services for patients with clinical problems requiring basic risk assessment  Asks meaningful clinical questions that guide the input of consultants	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment  Appropriately integrates recommendations from other consultants in order to effectively manage patient care	Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment  Models management of discordant recommendations from multiple consultants						

## 2) Medical Knowledge

20. Demonstrates a f	20. Demonstrates a fund of knowledge in solid tumor oncology. (MK1a)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational							
Demonstrates insufficient basic knowledge in oncology	Inconsistently demonstrates basic knowledge of solid tumors	Consistently demonstrates a broad fund of knowledge of most, but not all of the major groups of solid tumors in the field	Consistently demonstrates a broad fund of knowledge of solid tumor oncology, basic biology, pharmacology and subtleties of rare cancers	Role models and teaches others the fundamental concepts of solid tumor oncology in multiple areas							
Comments:											

21. Demonstrates a f	21. Demonstrates a fund of knowledge in hematologic malignancies. (MK1b)										
Critical Deficiencies							Rea	ndy for unsupervis practice	ed		Aspirational
Demonstrates insufficient basic knowledge in hematologic malignancies	der kno	onsistently nonstrates basic owledge of the natologic malignar	ıcies	broad the he	stently demonstr I fund of knowled ematologic nancies		broad hemat	tently demonstrate fund of knowledge ologic malignancies ing rare diseases	of the	other	models and teaches to is the fundamental epts of a broad range of itologic malignancies
Comments:											

22. Demonstrates a	22. Demonstrates a fund of knowledge in non-neoplastic hematology. (MK1c)									
Critical Deficiencies			Ready for unsupervised practice	Aspirational						
Demonstrates insufficient basic knowledge in non- neoplastic hematology	Inconsistently demonstrates basic knowledge of the concepts in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology	Consistently demonstrates a broad fund of knowledge in non-neoplastic hematology, including rare diseases	Role models and teaches to others the fundamental concepts of a broad range of topics in non-neoplastic hematology						
Comments:										

	23. Demonstrates knowledge of, and indications for, genetic, genomic, molecular, and laboratory tests related to hematologic and oncologic disorder. (MK2)											
	(MK2)					D	6					
Critical Deficiencies						Rea	ay for un prac	isupervis tice	sea		Aspirat	ional
Does not know the cytogenetic or molecular genetic abnormalities associated with common disorders	Inconsistently demonstrates k about the mole pathways, appr cytogenetic or r tests and clinica syndromes	cular opriate molecular	knowled molecula appropri molecula	ntly demonstr ge about the ar pathways, iate cytogenet ar tests and cli syndromes	ic or	knowled molecus approp molecus genetics the diag of inhe	edge abou llar pathw riate cyto llar tests a syndrom gnosis an rited or a on, rare an	vays, ogenetic o and clinic nes, includ d manage	or al ling ement	others the m their i disord	modification ders and the priateness	lexities of athways and ons in clinical
Comments:												

## 3) Practice Based Learning

	<u> </u>								
29. Monitors practic	e with a goal for improvem	ent. (PBLI1)							
The collaborative group	recommends that using the IM Su	ıbspecialty Reportina Milestones doe	s not require modification for applical	bility to Hematology-Oncology.					
For your convenience they are listed below.									
Critical Ready for unsupervised									
Deficiencies			practice	Aspirational					
Unwilling to self-	Unable to self-reflect upon	Inconsistently self-reflects	Regularly self-reflects upon	Regularly seeks external					
reflect upon one's	practice or performance	upon practice or	one's practice or performance,	validation regarding self-					
practice or	-	performance, and	and consistently acts upon	reflection to maximize					
performance	Misses opportunities for	inconsistently acts upon	those reflections to improve	practice improvement					
-	learning and self-	those reflections	practice						
Not concerned with	improvement		-	Actively and independently					
opportunities for	-	Inconsistently acts upon	Recognizes sub-optimal	engages in self-improvement					
learning and self-		opportunities for learning	practice or performance as an	efforts and reflects upon the					
improvement		and self-improvement	opportunity for learning and	experience					
III.proveinene		and con improvement	self-improvement	- Inperiore					
Comments:									
Commence.									

30. Learns and improves	30. Learns and improves via performance audit and lifelong learning (PBLI2)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational							
Resists the concept of lifelong learning	Requires assistance in developing skills for lifelong learning	Has developed skills for lifelong learning but inconsistently applies them	Actively engaged in lifelong learning	Demonstrates leadership in promoting lifelong learning for him/herself and other team members							
Comments:											

#### 31. Learns and improves via feedback. (PBLI3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

	they are histea below.			
Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	Aspirational
Never solicits	Rarely seeks and does not S	Solicits feedback only from	Solicits feedback from all	Performance continuously
feedback	incorporate feedback s	supervisors and	members of the inter-	reflects incorporation of
	in in	nconsistently incorporates	professional team and patients	solicited and unsolicited
Actively resists	Responds to unsolicited fe	feedback		feedback
feedback from	feedback in a defensive		Welcomes unsolicited	
others	fashion	s open to unsolicited	feedback	Role-models ability to
	fe	feedback		reconcile disparate or
	Temporarily or		Consistently incorporates	conflicting feedback
	superficially adjusts In	nconsistently incorporates	feedback	
	performance based on fe	feedback		
	feedback		Able to reconcile disparate or	
			conflicting feedback	
Comments:	· ·		<u> </u>	

#### 32. Learns and improves at the point of care. (PBLI4)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience t	ney	are listed below.									
Critical							Rea	dy for unsupervis	ed	Aspir	ational
Deficiencies	$\perp$							practice		115711	
Fails to		Rarely reconsiders an		Incon	sistently reconsid	lers	Routin	ely reconsiders an		Role-models l	now to appraise
acknowledge		approach to a probler	n,	an ap	proach to a probl	em,	approa	ich to a problem, as	ks	clinical resear	ch reports
uncertainty and		asks for help, or seeks		asks f	or help, or seeks	new	for hel	p, or seeks new		based on acce	pted criteria
reverts to a		new information		inform	nation		inform	ation			
reflexive patterned										Has a systema	atic approach to
response even		Can translate medical		Can t	ranslate medical		Routin	ely translates new		track and pur	sue emerging
when inaccurate		information needs int	0	inform	nation needs into	well-	medica	al information need	s	clinical questi	ons
		well-formed clinical		forme	ed clinical questio	ns	into we	ell-formed clinical			
Fails to seek or		questions with assista	nce	indep	endently		questic	ons			
apply evidence				_							
when necessary		Unfamiliar with stren	gths	Awar	e of the strengths	and	Guided	l by the characterist	tics		
		and weaknesses of the	9	weak	nesses of medical	l	of clini	cal questions, effici	ently		
		medical literature		inform	nation resources	, but	search	es medical informa	tion		
				utiliz	es information		resour	ces, including decis	ion		
		Has limited awarenes	s of,	techn	ology without		suppor	rt tools and guidelin	ies		
		or ability to use,		sophi	stication						
		information technolog	gy or				Indepe	endently appraises			
		decision support tools	5	With	assistance, appra	ises	clinical	l research reports b	ased		
		and guidelines		clinic	al research repor	ts	on acce	epted criteria			
				based	l on accepted crit	eria					
		Accepts the findings of									
		clinical research studie	s								
		without critical apprai	sal								
Comments:											

# 4) Interpersonal and Communication Skills

37. Communicates et (ICS1)										
Critical Deficiencies			Ready for unsupervised practice	Aspirational						
Does not	Inconsistently	Consistently demonstrates	Consistently demonstrates	Role models and teaches						
demonstrate	demonstrates effective and	effective and compassionate	effective and compassionate	effective strategies to						
effective and	compassion verbal and	verbal and written	communication for patients	compassionately discuss						
compassionate	written communication	communication regarding	with straightforward or	treatment strategies,						
verbal and written	regarding treatment	treatment strategies for	challenging conditions or	terminal diagnosis and bad						
communication	strategies and needs	straightforward cases and is	psychosocial situations in	news discussions						
regarding	assistance for, or defers,	able to discuss difficult	verbal and written							
treatment	difficult discussions of	issues of such as terminal	communication regarding							
strategies for	terminal diagnosis and	diagnosis and futility of	treatment and issues of such as							
specialty disorders	therapy unresponsiveness	therapy	terminal diagnosis and futility							
			of therapy							
Comments:				·						

38. Communicates eff	38. Communicates effectively in inter-professional teams (e.g. peers, consultants, nursing, and other health professionals). (ICS2)								
Critical Deficiencies			Ready for unsupervised practice	Aspirational					
Uses communication strategies that hamper or disrupt collaboration and teamwork	Inconsistently engages in collaborative communication with appropriate members of team	Consistently engages in collaborative communication with appropriate members of team  Consistently employs verbal,	Consistently demonstrates leadership through collaborative communication in teams Consistently solicits	Role models and teaches effective collaborative communication with all team members as well as referring/co-managing providers					
Resists offers of collaborative input	Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care	non-verbal and written strategies that facilitate collaborative care	collaborative communication with all team members  Consistently communicates effectively with all referring/co-managing providers	•					
Comments:	•	•							

39. Demonstrates app	ropriate utilization and con	npletion of health records and	procedure documents. (ICS3)			
Critical Deficiencies			Ready for unsupervised practice	Aspirational		
Medical records	Medical records submitted	Medical records submitted	Medical records show the	Role models and teaches		
submitted do not	inconsistently include all	consistently include all	significant clinical data, and/or	importance of organized,		
include significant	significant clinical data,	significant clinical data,	documentation of informed	accurate and comprehensive		
clinical data, and/or	and/or documentation of	and/or documentation of	consent, cancer staging, goals	health records that are		
documentation of	informed consent, cancer	informed consent, cancer	of care or advanced directives	complete, patient specific,		
informed consent,	staging, goals of care or	staging, goals of care, or	and describe critical decision	include critical decision		
cancer staging, goals	advanced directives	advanced directives, but	making, consistently reflecting	making and include		
of care or advanced		inconsistently reflect all	all patient preferences. The	documentation of informed		
directives	Occasionally delayed in	appropriate billable services	note has appropriate billable	consent and patient		
1	submission of completed		services	preferences		
Record completion	medical records	Consistent in timely				
consistently		submission of completed	Consistent in timely			
delinquent		medical records	submission of completed			
1			medical records			
Comments:						

## 5) Professionalism

33. Has professional and respectful interactions with patients, caregivers and members of the inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	iej	v are listed below.		,,,,,,,,	
Critical				Ready for unsupervised	Aspirational
Deficiencies	L.			practice	*
Disrespectful in	Ш	Inconsistently	Consistently respectful in	Demonstrates empathy,	Role-models compassion,
interactions with	Ш	demonstrates empathy,	interactions with patients,	compassion, and respect to	empathy, and respect for
patients, caregivers,	Ш	compassion, and respect	caregivers, and members of	patients and caregivers in all	patients and caregivers
and members of the	Ш	for patients and caregivers	the inter-professional team,	situations	
inter-professional	Ш		even in challenging situations		Role-models appropriate
team	Ш	Inconsistently		Anticipates, advocates for, and	anticipation and advocacy for
	Ш	demonstrates	Is available and responsive to	actively works to meet the needs	patient and caregiver needs
Sacrifices patient	Ш	responsiveness to patients'	needs and concerns of	of patients and caregivers	
needs in favor of	Ш	and caregivers' needs in an	patients, caregivers, and		Fosters collegiality that
self-interest	Ш	appropriate fashion	members of the inter-	Demonstrates a responsiveness	promotes a high-functioning
D	Ш	T	professional team to ensure	to patient needs that supersedes	inter-professional team
Does not	Ш	Inconsistently considers	safe and effective patient care	self-interest	T
demonstrate	Ш	patient privacy and	F	Desiries les estes est de la deserte de la contraction de la contr	Teaches others regarding maintaining patient privacy
empathy, compassion, and	Ш	autonomy	Emphasizes patient privacy and autonomy in all	Positively acknowledges input of members of the inter-	and respecting patient
respect for patients	П	Inconsistently aware of	interactions	professional team and	autonomy
and caregivers		physician and colleague	Interactions	incorporates that input into plan	autonomy
and caregivers		self-care and wellness	Consistently aware of	of care, as appropriate	Role-models personal self-care
Does not	H	sen-care and wenness	physician and colleague self-	of care, as appropriate	practice for others and
demonstrate	Ш		care and wellness	Regularly reflects on, assesses,	promotes programs for
responsiveness to	Ш		care and weimess	and recommends physician and	colleague wellness
patients' and	Ш			colleague self-care and wellness	concagae wenness
caregivers' needs in	Ш			concagae sen care and wenness	
an appropriate	Ш				
fashion	Ш				
	Ш				
Does not consider					
patient privacy and	Ш				
autonomy					
Unaware of	П				
physician and					
colleague self-care	П				
and wellness					

#### 34. Accepts responsibility and follows through on tasks. (PROF2)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience in	For your convenience they are listed below.											
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirationa	ıl
Is consistently		ompletes most assi			pletes administrat			izes multiple comp			models prioriti	
unreliable in	ta	isks in a timely man	ner	and p	patient care tasks	in a	deman	ids in order to com	plete	many	competing der	nands in
completing	bı	ut may need remind	lers	time	ly manner in accor	rdance	tasks a	ınd responsibilities	in a	order	to complete ta	sks and
patient care	O	r other support		with	local practice and	or/	timely	and effective man	ıer	respo	nsibilities in a	timely
responsibilities or	ш			polic	y					and e	ffective manne	r
assigned		cepts professional						gly assumes profes				
administrative		sponsibility only wl			pletes assigned		respon	isibility regardless	of the		ts others to imp	
tasks	as	signed or mandatoı	У		essional responsib		situati	on		ı	ability to prior	
	ш				out questioning or	the				many	competing tas	ks
Shuns	ш			need	for reminders							
responsibilities	11											
expected of a	ш											
physician	ш											
professional	ш											
	┸			Ц			<u> </u>			<u> </u>		
			L	_		L			L			
Comments:												

#### 35. Responds to each patient's unique characteristics and needs. (PROF3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience they are listed below.							
Critical Deficiencies		Ready for unsupervised practice	Aspirational				
Is insensitive to	Is sensitive to and has Seeks to fully und		Role-models professional				
differences	basic awareness of each patient's per	-	interactions to navigate and				
related to	differences related to characteristics an	d needs and needs of each patient	negotiate differences related				
personal	personal characteristics		to a patient's unique				
characteristics	and needs in the Modifies care plan		characteristics or needs				
and needs in the	patient/caregiver for a patient's uni	-					
patient/caregiver	encounter characteristics an	1	Role-models consistent				
encounter	with partial succe	ss needs	respect for patient's unique				
	Requires assistance to		characteristics and needs				
Is unwilling to	modify care plan to						
modify care plan to	account for a patient's						
account for a	unique characteristics and						
patient's unique	needs						
characteristics and							
needs			<u> </u>				
Comments:							

## 6) Systems- Based Practice

25. Works effectively within an inter-professional team (e.g. peers, consultants, nursing, and other health professionals). (SBP1)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.											
Critical Deficiencies							Rea	dy for unsupervis practice	ed		Aspirational
Refuses to recognize the contributions of other interprofessional team members  Frustrates team members with inefficiency and errors  Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)	tea not to u res Part disc but inpu	ntifies roles of oth m members, but d crecognize how/wattlize them as ources ticipates in team russions when requires not actively sat from other team anbers	oes hen uired, seek	respondent ineffe	rstands the roles insibilities of all to bers, but uses the ectively ely engages in teatings and collaboration-making	eam m	respon effectiv membe Efficien activiti	stands the roles and isibilities of, and wely partners with, ers of the team intly coordinates les of other team ers to optimize care	all	inspir unexp patien strate Viewe memb	ops, trains, and es the team regarding ected events or new at management gies ed by other team eers as a leader in the ery of high-quality care
										ן כ	
Comments:											

26. Recognizes system error and advocates for system improvement relevant to hematology and oncology. (SBP2)  The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.																		
Critical Deficiencies						Rea	idy for unsupervise practice	ed		Aspirational								
Ignores a risk for error within the system that may affect the care of a patient  Ignores feedback and is unwilling to change behavior in order to reduce the risk for error		Does not recognize the potential for system error  Makes decisions that could lead to errors that are otherwise corrected by the system or supervision  Resistant to feedback about decisions that may lead to error or otherwise cause harm	Reco for es steps Willi about	gnizes the potential within the system tifies obvious or cress of error and not rvisor accordingly gnizes the potential ror in the immedian and takes necess to mitigate that ring to receive feedly to error or otherwise harm	nitical ifies al risk ate isary isk back	medicathem to care  Advocand op system  Activate resour mitigate medicate  Reflect own creating the country of the care to the	Ties systemic causes al error and navigate of provide safe patient of the patient care is the patient of the pa	es ent care nd	leader engage and quactivity Viewer identifor the error Teach important and the error teach impo	ed as a leader in ifying and advocati e prevention of me	ng dical g the							
	┛								5									
Comments:											Comments:							

## 27. Demonstrates ability to use and access information that incorporates cost awareness and risk-benefit analysis in patient or population-based care. (SBP3)

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology.

For your convenience th	For your convenience they are listed below.						
Critical Deficiencies			Ready for unsupervised practice	Aspirational			
Ignores cost issues in the provision of care  Demonstrates no effort to overcome barriers to costeffective care	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financers, purchasers) have on the cost of care  Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to costeffective care  Minimizes unnecessary diagnostic and therapeutic tests  Possesses an incomplete understanding of costawareness principles for a population of patients (e.g., use of screening tests)	Consistently works to address patient-specific barriers to cost-effective care  Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions  Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests	Teaches patients and health care team members to recognize and address common barriers to costeffective care and appropriate utilization of resources  Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care			
Comments:	•	•					

ı	28. Transitions patients effectively within and across health delivery systems. (SBI	'4)
ı		

The collaborative group recommends that using the IM Subspecialty Reporting Milestones does not require modification for applicability to Hematology-Oncology. For your convenience they are listed below.

For your convenience th	ey are listed below.		. , , ,	
Critical			Ready for unsupervised	Aspirational
Deficiencies			practice	
Disregards need	Inconsistently utilizes	Recognizes the importance	Appropriately utilizes	Coordinates care within and
for communication	available resources to	of communication during	available resources to	across health delivery
at time of	coordinate and ensure	times of transition	coordinate care and manage	systems to optimize patient
transition	safe and effective patient		conflicts to ensure safe and	safety, increase efficiency,
1	care within and across	Communicates with future	effective patient care within	and ensure high-quality
Does not respond	delivery systems	caregivers, but demonstrates	and across delivery systems	patient outcomes
to requests of		lapses in provision of		
caregivers in other	Provides incomplete	pertinent or timely	Actively communicates with	Role-models and teaches
delivery systems	written and verbal care	information	past and future caregivers to	effective transitions of care
1	plans during times of		ensure continuity of care	
Written and verbal	transition			
care plans during			Anticipates needs of patient,	
times of transition	Provides inefficient		caregivers, and future care	
are absent	transitions of care that		providers and takes	
1	lead to unnecessary		appropriate steps to address	
1	expense or risk to a patient		those needs	
1	(e.g., duplication of tests,			
	readmission)			
Comments:				

	ROTATION	RESEARCH
--	----------	----------

# COMPETENCY Demonstrate knowledge of clinical epidemiology and biostatistics, including clinical study and experimental protocol design, data collection, and analysis

## 24. Scholarship within hematology and oncology. (MK3)

 $The \ collaborative \ group \ recommends \ that \ using \ the \ IM \ Subspecialty \ Reporting \ Milestones \ does \ not \ require \ modification for \ applicability \ to \ Hematology-Oncology.$ 

For your convenience th	ey	are listed below.											-		
Critical Deficiencies									prac				Aspirat	ional	
Foundation Unaware of or uninterested in scientific inquiry or scholarly productivity		Interested in scholarly a but does not initiate or through		schola formu	ies areas woi rly investigat lates a plan u rision of a me	ion and nder	ı		ates ideas ly investig	worthy of ation		and in	endently fo nportant id rly investig	eas wor	
Investigation Unwilling to perform scholarly investigation in the specialty		Performs a literature se using relevant scholarly sources to identify perti articles		literate metho incons	lly reads scie ure and ident dological flav istencies with en publicatio	ifies m vs and nin or	ajor	investig comple clinical improv	practice, c	esign and t related to juality tient safety		advan quality safety	a scholarly cing clinica y improven , education ns independ	l practi nent, pa or rese	ce, tient earch
Analysis Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or research	l	Aware of basic statistical concepts, but has incomp understanding of their application; inconsistent identifies methodologica	plete ly	basic s identif	stands and is tatistical con y potential a ds for data o ment	cepts, a	and can	Dissect compor strategi Uses an	re effectiv s a problement parts ies for solv	n into its n and identif	nany fles	literat with p review Emplo techni	ys optimal	el consi n in pee statisti method	stent r cal
Dissemination Unable or unwilling to effectively communicate and/or disseminate knowledge		Communicates rudiment details of scientific work, including his or her own scholarly work; needs to improve ability to preser small groups		Effectively presents at journal club, quality improvement meetings, clinical conferences, and/or is able to effectively describe and discuss his or her own scholarly work or research			Presents scholarly activity at local or regional meetings, and/or submits an abstract summarizing scholarly work to regional/state/ national meetings, and/or publishes non-peer-reviewed manuscript(s) (reviews, book chapters)				Effectively presents scholarly work at national and international meetings  Publishes peer-reviewed manuscript(s) containing scholarly work (clinical practice, quality improvement, patient safety, education, or research)				

## **RESEARCH TRACKS**

## TIMELINE

## YEAR 1

Due Dates	Task	Date Completed
July - August	Meet with faculty advisor to discuss career and research plans. Identify 5 faculty members whom fellow should meet prior to initiating research.  Remind advisor to document meeting in MedHub.	
September	Submit Research in Progress Report to Fellowship Director via MedHub.	
December 15	Meet with faculty advisor to update career and research plans. Remind advisor to document meeting in MedHub.	
January	Submit Research in Progress Report to Fellowship Director via MedHub.	
February 1	Submit documentation of meeting with 5 faculty members.	
March 31	Meet with faculty advisor regarding plans for <b>research and tracks.</b> Remind advisor to document meeting in MedHub.	
April	Submit Research in Progress Report to Fellowship Director via MedHub.	
June 1	Meet with faculty advisor and identify research track.	
Mid –June	If starting research in July, the fellow must submit the Research Proposal to the Fellowship Curriculum Committee. The Proposal must be signed by both the faculty advisor and the research mentor.	

YEAR 2		
October	Submit Research in Progress Report to Fellowship Director and Fellowship Curriculum Committee via MedHub.	
Mid-December	If starting research in January, the fellow must submit the Research Proposal to the Fellowship Curriculum Committee. The Proposal must be signed by both the faculty advisor and the research mentor.	
January	Submit Research in Progress Report to Fellowship Director and Fellowship Curriculum Committee via MedHub.	
April	Submit Research in Progress Report to Fellowship Director and Fellowship Curriculum Committee via MedHub.	
TBD	Each fellow will be assigned 2 Research in Progress	

YEAR 3		
July	Submit Research in Progress Report to Fellowship Director and Fellowship Curriculum Committee via MedHub.	
October	Submit Research in Progress Report to Fellowship Director and Fellowship Curriculum Committee via MedHub.	
January	Submit Research in Progress Report to Fellowship Director and Fellowship Curriculum Committee via MedHub.	
April - May	Present work at Hematology/Oncology Grand Rounds	
June	Present abstract/poster at UPCI Scientific Retreat	
TBD	Each fellow will be assigned at least 2 Research in Progress Presentations	

LABORATORY RESEARCH TRACK			
Mentor:	One of the UPCI researchers doing translational/clinical research.		

**Presentations** 

<b>Expectations:</b>	
Research:	Lab, 40 to 70 hrs per week
	Lab/Bench research
	Join Protocol Review Committee
Clinical:	½ day continuity clinic
	Any extra clinic requires approval by research mentor, Program Director,
	and Division Chief
Conferences	Core Didactics as per the tab "Didactic"
Research in	
Progress	
Presentations	2-3 presentations assigned per academic year
	-
	One abstract at a national meeting
Presentation	
expectations	Poster presentation at UPCI Scientific Retreat
	Quarterly Research in Progress presentation
	Cantony nessentin in rogices presentation
Publication	
expectations	One manuscript
Progress Report	To be submitted quarterly to the Fellowship Curriculum Committee

CLINICAL/TRANSLATIONAL RESEARCH TRACK							
Mentor:	One of the UPCI researchers doing translational/clinical research.						

Expectations:					
Research:	Clinical Research, 40 to 70 hrs per week				
	1 Letter of Intent				
	1 Research Protocol				
	Analyze data for at least one research protocol				
	Written plan to develop expertise in biostatistics and clinical trial design				
	Join Protocol Review Committee				
Clinical:	½ day continuity clinic x 2 - suited to fellow's protocol, career interests, and				
Cilineal.	education				
	Any extra clinic requires approval by research mentor, Program Director, and Division Chief				
Conferences	Core Didactics as per the tab "Didactic"				
Research in					
Progress Presentations	2-3 presentations assigned per academic year				
Fresentations	2-3 presentations assigned per academic year				
Presentation expectations	One abstract at a national meeting				
expectations	Poster presentation at UPCI Scientific Retreat				
	Quarterly Research in Progress presentation				
	. ,				
Publication					
expectations	One manuscript				
<b>Progress Report</b>	To be submitted quarterly to the Fellowship Curriculum Committee				

CLINICIAN TRACK					
Mentor:	HemOnc Clinical Faculty				
<b>Expectations:</b>					
Research:	Clinical and Clinical Research, 40 to 70 hrs per week				
	Quality Improvement Project				
	1 Letter of Intent				
	1 Research Protocol				
	Analyze data for at least one research protocol				
	Written plan to develop expertise in biostatistics and clinical trial design				
	Join Protocol Review Committee				
Clinical:	½ day continuity clinic x 2 - suited to fellow's protocol, career interests, and education				
	Any extra clinic requires approval by mentor, Program Director, and Division Chief				
	Depending on the career interests of the fellows, the clinical experience may				
	also include the chemotherapy administration area or an inpatient month as				
	deemed appropriate by the Fellowship Curriculum Committees.				
Conferences	Core Didactics as per the tab "Didactic"				
Research in					
Progress Presentations	2.2 presentations assigned per academic year				
FIESEIILALIUIIS	2-3 presentations assigned per academic year				
Presentation	One abstract at a national meeting				
expectations	one assurate at a national meeting				
CAPECIALIONS	Poster presentation at UPCI Scientific Retreat				

	Quarterly Research in Progress presentation			
Publication	One manuscript (e.g. one retrospective chart review or one prospective			
expectations	protocol)			
<b>Progress Report</b>	To be submitted quarterly to the Fellowship Curriculum Committee			

### **TUITION ASSISTANCE POLICY (attach)**

### Please refer to document "Application for Tuition Assistance"

#### Application Guidelines:

- This application should be utilized if applicant is requesting Divisional support.
- Applicant must be in and maintain good standing in the fellowship program.
- Applicants must agree to abide by all guidelines set forth by the UPMC-Physician Service Division –
  Qualified Scholarship Policy and the UPMCME Qualified Scholarship Policy.
- Applicants must also complete the UPMC-Physician Service Division Qualified Scholarship Application
- Applicant must first utilize their UPMCME scholarship stipend
- Recipients of scholarship must achieve at least a passing grade in all courses to maintain scholarship.
- Recipient may be required to repay tuition if coursework is not successfully completed
- INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Research in Progress Presentation Template	
Background (2 slides):	
Hypothesis (1 slide):	
Methods (5 slides):	
Results thus Far (3 slides):	
Stumbling Blocks (1 slide):	
Conclusion if any (1 to 2 slides):	
Duration: 20 minutes max	

## **GRANTS TIMELINE**

	Deadlines	Meetings
January	ASH Clinical Research Training Institute Letter of Intent	Updates of ASH Symposium
	ASCO abstract submission	BMT Tandem Meeting
February	<ul> <li>Cancer Education Consortium Molecular and Translational Oncology Workshop application</li> </ul>	UPMC Review of San Antonio Breast Cancer Symposium
March	<ul> <li>ASCO/AACR Methods in Clinical Cancer Research</li> <li>ASCO/AACR Molecular Biology in Clinical Oncology Workshop</li> <li>ASBMT Transplant Clinical Research Training Course application</li> <li>ASH Clinical Research Training Institute application</li> <li>Boards registration opens</li> </ul>	<ul> <li>ASH Translational Research Training in Hematology Workshop</li> <li>Blood in Motion Symposium</li> </ul>
April	AACR Annual Meeting	
May	<ul> <li>Boards registration closes</li> <li>ASH Scholar Award Letter of Intent</li> </ul>	<ul> <li>Accelerating Anticancer Agent Development and Validation Workshop</li> <li>UPMC Department of Medicine Research Day</li> </ul>
June	<ul> <li>Cancer Education Consortium Merrill Egorin Workshop in Cancer Therapeutics and Drug Development application</li> <li>San Antonio Breast Cancer Symposium abstract submission</li> <li>EHA-ASH Translational Research Training in Hematology Letter of Intent</li> </ul>	<ul> <li>ASCO Annual Meeting</li> <li>Cancer Education Consortium Molecular and Translational Oncology Workshop</li> <li>UPCI Scientific Retreat</li> </ul>
July		
August	ASH abstract submission	
	ASH Scholar Award application	
September	ASCO Young Investigator Award Grant application	
	ASH Translational Research Training in Hematology application	

October		
November	<ul><li>Hematology and Oncology Board exams</li><li>AACR abstract submission</li></ul>	
December		<ul> <li>ASH Annual Meeting</li> <li>San Antonio Breast Cancer Symposium</li> </ul>

## PROGRAM CORE DIDACTICS

COURSE	DATE	TIME	FORMAT	COURSE MODERATOR	COMMENT
Friday Fellows' Lecture Series	Fridays	7:30 to 8:30 am	Didactic based on core ASH and ASCO curriculum	Annie Im, MD	Starts with board review question and answer session
Case Conferences	Fridays	8:30 to 9:30am	Cases presented by fellows and moderated by faculty	Annie Im, MD	Organized by chief fellow
Research in Progress	Last Friday of each month	8:30 to 9:30 am	3 fellows present an update of their current project	Annie Im, MD	Critique from fellow peers and faculty. May present at least every 6 month after the start of research time
M and M	2nd Friday every other month	8:30 to 9:30am	APD prepares and presents a case for a quality assessment and improvement discussion	Melissa Burgess, MD	
Journal Club	Monday	5:00 – 6:00 pm	Fellows review board review questions and answers in a roundtable format	James Herman, MD	Organized by a 2nd or 3rd year fellow with a faculty moderator
Fellow-Driven Board Review	Monday	6:00 – 7:00 pm	Fellows present a review of one landmark or recent journal article with UPCI biostatistics support and teaching		

Grand Rounds	Wednesdays	8:00 to 9:00am			3rd year fellows present their research project at the end of their 3rd year.
Benign Hematology Case Conference	Thursdays	8:00 to 9:00 am	Case conferences, journal club	Enrico Novelli, MD	
Subspecialty tumor boards	Refer to tumor board calendar				
Writing Group	Thursdays	Noon to 1 pm	Fellow or faculty presents an upcoming submission		Critique from fellow peers and UPCI faculty
Oncotalk	Annually November	3 days	Simulation with standardized patients	Robert Arnold, MD from Palliative Care	

# Hematology Oncology Tumor Board and Conference Schedule rev 9/2015

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Rad Onc Journal Club		Oncology Grand Rounds***	Benign Hematology Case	Fellows' Lecture Series***
7AM (weekly)		8AM (weekly)	Conference***	7:30AM (weekly)
SHY – G Level		Herberman or Hillman	8AM (weekly)	UPMC Cancer Pavilion
Rad Onc Conference Room			Hillman Cancer Center	Conference Room 459
			Cooper Classroom B&C	or 202C Herberman
			·	Conference Center
Neuro-Onc Tumor Board		General Tumor Board	Ortho/Path Tumor Board	Fellows' Case
7:30AM (weekly)		12PM (weekly)	8:30AM (weekly)	Conference***
Hillman Cancer Center		SHY West Wing Auditorium	SHY- Posner Tower- 1 <sup>st</sup>	8:30AM (weekly)
Cooper Conference Room C			floor	Conference Room 459
				or 202C Herberman
				Conference Center
Genomic Tumor Board	Esophageal Tumor Board	Liver Tumor Board	Writing Group*	Fellows' Research
4PM (3rd Monday)	8AM (1 <sup>st</sup> and 3 <sup>rd</sup> Tuesday)	3PM (weekly)	12PM (weekly)	Updates***
Hillman Cancer Center – 2 <sup>nd</sup>	PUH –C-900 Conference Room	MUH -7E –Transplant Pathology	UPMC Cancer Pavilion	8:30AM (4 <sup>th</sup> Friday)
Floor Conference Room			Conference Room 459	Conference Room 459
				or 202C Herberman
				Conference Center
Genitourinary Tumor Board	CT Surgery Tumor Board	Pancreatic Cancer Tumor Board	Breast Tumor Board	Melanoma Tumor Board
4:30PM (2 <sup>nd</sup> and 4 <sup>th</sup> Monday)	Video conferencing	4PM (weekly)	4PM (weekly) Magee	9AM (weekly)
SHY-West Wing –Room B	9AM (1 <sup>st</sup> and 3 <sup>rd</sup> Tuesday)	MUH -7E –Transplant Pathology	(1 <sup>st</sup> Thursday – video	SHY-Pathology Dept. –
	Location varies – SHY campus		conferenced from SHY –	WG02
			Surg Onc Conference Room	
Hem/Onc Journal Club***	VA Tumor Board	Gastrointestinal Tumor Board		
5:00 PM (weekly)	12PM (weekly)	5PM (1 <sup>st</sup> and 3 <sup>rd</sup> Wednesday)		
<b>UPMC Cancer Pavilion</b>	VA Medical Center	UPMC Cancer Pavilion		
Conference Room 459		202A Herberman Conf. Center		
Fellows' Board Review				
6:00 PM (weekly)				
<b>UPMC Cancer Pavilion</b>				
Conference Room 459				
Head/Neck Tumor Board	BMT/Heme Malignancies Tumor		*** Mandatory for	
5PM (weekly)	Board		Fellows	
PUH-EEI Boardroom, 5 <sup>th</sup> floor	4:30PM (every other week)		reliows	
	Lemieux Conference Room			

## **EVALUATIONS**

	METHOD	FREQUENCY	COMMENTS
PROGRAM	ACGME Annual Program	Annually	
	Evaluation		
	By fellows via SurveyMonkey	q6months	
	ACGME Fellow Survey	Annually	
	ACGME Faculty Survey	Annually	
FACULTY	By fellows via MedHub evaluation	Per rotation	
			ADMA/ADDM5 D
FELLOW	By faculty via MedHub evaluation	Per rotation, biweekly	ABIM/ACGME Reporting Milestones via the ASH/ASCO Curriculum Milestones
	360 Evaluations	Per rotation	
	Clinical Competency Committee	q6months	ABIM/ACGME Reporting Milestones via the ASH/ASCO Curriculum Milestones
	Program Director	q6months	
	ASH In-Training Exam - Hematology	Annually	Usually the last week of March. *Try to schedule vacation on a different week.
	ASCO In-Training Exam - Medical Oncology	Annually	Usually the last week of February. *Try to schedule vacation on a different week.
ROTATION	By fellows via MedHub Evaluation	Per rotation	

PROCEDURES	Bone marrow biopsies	First 10 must be directly supervised by the attending	
	Intrathecal chemotherapy		
	Chemotherapy	First 3 months must have the cosignature of the supervising attending	
_	Peripheral Blood Smears		

#### **POLICIES and BENEFITS**

Please see specific documents for each of these policies located on MedHub

#### **SUPERVISION**

Refer to Supervision Policy for further details.

#### PROCEDURE DOCUMENTATION

Fellows are required to submit the bone marrow procedure sheet signed with an attestation by the supervising attending. Fellows will be asked to log completed procedures into MedHub

#### **DUTY HOURS**

### **Refer to Duty Hour Reporting Policy for further details**

Limited to 80 hours per week, averaged over a four-week period inclusive of all in-house call activities and all moonlighting

Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

Fellows should have 8 hours between scheduled duty periods

Fellows must have at least 14 hours free of duty after 24 hours of in-house duty

Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

#### **IN-HOUSE CALL**

Fellows must be scheduled for in-house call no more frequently than every third night.

The in-house call will no longer be in effect as of July 15, 2014.

#### MOONLIGHTING

Refer to Moonlighting Policy for further details

#### TRANSITIONS OF CARE

Refer to Transitions of Care Policy for further details

#### **FATIGUE**

Refer to Fellow Fatigue, Identification, and Management Policy for further details

#### **EVALUATION/PROMOTION**

Refer to Evaluation/Promotion policy for further details

#### **REMEDIATION AND PROBATION**

Refer to Remediation/Probation Policy for further details

#### **ELIGIBILITY, SELECTION, AND TRANSFER**

Refer to Fellow Eligibility, Selection, and Transfer Policy for further details

#### LEAVE OF ABSENCE/FAMILY MEDICAL LEAVE

Refer to Leave of Absence/Family Medical Leave Policy for further details. We follow the ABIM guidelines for leave.

#### ABIM BOARD CERTIFICATION EXAMINATION

At least 80% of the program's graduating fellows from the most recently defined five year period who are eligible should take the ABIM certifying examination.

At least 80% of a program's graduates taking the ABIM certifying examination for the first time during the most recently defined five year period should pass.

#### **BENEFITS**

#### **Insurance and Disability**

<u>Health insurance: UPMC Advantage Gold 90/10 EPO – Exclusive Provider Organization is provided to fellows and their eligible dependents. Basic vision coverage is included in the Health Plan.</u>

Dental insurance: UPMC Dental is provided at no cost to fellows. Dependent selection requires the trainee to pay a monthly contribution.

**Short-term disability leave**: The University Health Center provides disability leave for up to 12 weeks of complete disability, when application for long-term coverage is made. Fellow must provide proof that he or she is under the care of a physician. Maternity leave is covered under short-term disability leave.

<u>Long-term disability insurance</u>: The University Health Center provides a disability insurance policy following 12 weeks of total disability.

<u>Life insurance</u>: The University Health Center provides group life insurance that includes accidental death and dismemberment. The amount is equal to the house officer's annual salary rounded upward to the nearest thousand dollars.

<u>Medical malpractice insurance</u>: The institution covers the cost of group malpractice liability insurance for Health Center—related activities.

<u>Tax deferred annuity plan</u>: Fellows may elect to participate in a supplemental retirement annuity plan.

**<u>Vacation</u>**: All fellows receive three weeks of paid vacation during the year.

Maternity and paternity leave: Fellows are allowed four weeks of maternity leave and one week of paternity leave.

Professional development fund: Fellows receive a \$1,000 educational stipend each year.

White coats and laundry: All fellows receive two white coats per year and have access to laundry services.

**Parking**: On-site covered parking is available to each fellow at a monthly rate.

<u>Fitness facilities</u>: Fellows are eligible for free memberships to the University of Pittsburgh Trees Hall, which has a gym, pool, and many other amenities. <u>Resident and Fellow Assistance Program (RFAP)</u>: This program provides a confidential resource to fellows who may be experiencing various personal problems.

**<u>UPMC Perks</u>**: Fellows are eligible for discounts on merchandise, services, and recreational activities at many Pittsburgh-area businesses.

**Board review materials**: The Hematology/Oncology Fellowship Program purchases a review course each year that is available to all fellows.

**DEA/M application**: The fellowship program pays all applicable application fees.

## **HOME CALL**

Hours 7PM - 7AM	Hours
-----------------	-------

Services		
Covered	Presby Heme consults	38002
	Presby Onc consults	38012
	VA	37773
	SHY heme consults	37778
	SHY onc consults	37833

	Outpatient calls from heme/onc patients, family members,	
Expectations	home care workers, hospice	
	Western PA Hemophilia center calls	
	Overnight calls from Oakland campus services	
	Stat consults at Presby/Magee	

Supervising		Oakland heme consult
attending	Oakland heme consults	attending
	VA	VA attending
		Oakland onc consult
	Oakland Onc consults	attending
		UPP attending vs OHA
	Outpatient calls	attending
	Hemophilia center	Hemophilia attending

## **HOME CALL SPECIFICS**

- · All first and second year fellows except Oakland Heme consult fellow will be rotating on home call starting at 7pm-7am daily (except Hillman outpatient calls see below)
- · Covers Hillman outpatient hematology/oncology calls from **5pm-8am (pager 37610)**
- · Covers Oakland/VA campus follow up and new consult calls from **7pm-7am (pager 38002, 38012, 37773)**

- · Covers hemophilia/VWD/clotting or bleeding disorders patient calls **7pm-7am (pager 38002)**
- · Covers any urgent/stat Oakland or VA new consult, and staffs with the appropriate attending
- · First year fellow on Home call covers Shadyside call pager (37994) from Oct 1<sup>st</sup> of every academic year. Shadyside call pager (37994) whenever they are on Home call (see below for details).
- · When the fellow is covering Shadyside call pager (37994), it is the responsibility of the fellow to manage IL-2 treatment administration decisions for 11pm and 7am doses could obtain help of PCI nocturnist in assessing the patient if necessary; and to assist both nocturnists in managing inpatient issues for patients on Leukemia, BMT, Team B, or Team A services. Assistance of the nocturnists include over-the-phone recommendations or needing to come in to the hospital to see newly diagnosed or presumed Acute Leukemia admissions for review of peripheral blood smear, discuss management plans with the nocturnist, and staff with Leukemia attending over the phone. Otherwise, having to come in to the hospital will be on a case-by-case basis acting in the best interest of the patient, including need for peripheral blood smear review (e.g. presumed TTP cases), patient/family discussions, etc.
- · Leukemia or BMT fellow will cover Hillman outpatient call pager 37610 on Sundays (8am-5pm). If both the Leukemia and BMT fellows are working on the same day, the BMT fellow will cover the Hillman outpatient call pager (37610) on Sunday.
  - o For outpatient BMT issues BMT inpatient attending
  - o For outpatient leukemia issues Leukemia inpatient attending
  - o For outpatient malignant heme issues BMT/Leukemia attending
  - o For inpatient hematology consult issues Presby hematology consult attending
  - o For outpatient hemophilia/VWD/clotting or bleeding disorders Coag attending
  - o For all other outpatient issues or inpatient oncology issues Team A or B attending on call

### **Clinical Competency Committee Assignments**

Membership\*: Drs. Chu, Bahary, Burgess, Burns, De Castro, Herman, Im, Lembersky, Passero, and Ragni

Responsibilities of the committee:

- 1) Committee members will review assigned fellows on a rolling basis and will present their findings semiannually to the committee. Any concerning evaluations will be immediately addressed.
- 2) Committee members will prepare and assure the reporting of Milestone evaluations for their assigned fellows semiannually to the AACGME.
- 3) The committee will advise the program director regarding fellow progress, including promotion, remediation, and dismissal.

Faculty Members	1st Year Fellows	2nd Year Fellows	3rd Year Fellows
Dr. Burns			
Dr. Bahary			
Dr. Ragni			
Dr. Im			
Dr. Lembersky			
Dr. Herman			
Dr. Burgess			
Dr. De Castro			
Dr. Chu			
Dr. Passero			

#### **Program Evaluation Committee Assignments**

Membership\*: Drs. Chu, Burgess, Bahary, Burns, De Castro, Herman, Im, Lembersky, Burgess, ,Passero and Ragni

#### Responsibilities of the committee:

- 1) Committee members will be expected to actively participate in the planning, developing, implementing, and evaluating educational activities of the program
- 2) Committee members will be expected to actively participate in the reviewing and making of recommendations for revision of competency-based curriculum goals and objectives.
- 3) The committee will be responsible for addressing areas of non-compliance with ACGME standards.
- 4) The committee will be responsible for addressing areas of non-compliance with ABIM standards.
- 5) The committee will actively participate in a formal, systematic evaluation of the curriculum at least annually and document evaluation through a written Annual Program Evaluation (APE).
- 6) The committee will be responsible for the monitoring and tracking of the following areas:
- \* fellow performance
- \* faculty development
- \* graduate performance
- \* program quality
- 7) The committee will be responsible for ensuring that fellows and faculty have the opportunity to confidentially review the program in writing at least annually.
- 8) The committee must ensure that the program utilizes the annual assessments to improve the program.
- 9) The committee will be responsible for the preparation of a written plan of action to document initiatives to improve performance in one or more of the areas listed in section 6, as well as delineate how they will be measured and monitored. This plan must be reviewed and approved by the teaching faculty and documented by meeting minutes.

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2015 - 2016 Key Faculty
Appleman
Bahary
Bauman
Brufsky
Bontempo
Burgess
Burns
Chu
Davidson
De Castro
Herman
Im
Kirkwood
Kiss
Lembersky
Novelli
Parikh
Passero
Puhalla
Ragni
Seaman
Smith
Socinski
Sun
Tarhini