

HEMATOLOGY-ONCOLOGY CURRICULAR MILESTONES
A Collaboration of the American Society of Hematology & American Society of Clinical Oncology
4/18/14 EDITION

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	
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Comments:									

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		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	
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Comments:									

3. Formulates the overall plan for hematology and oncology disorders, including urgent/emergent conditions. (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	
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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						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	
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Comments:									

5. Demonstrates the ability to anticipate, recognize and effectively manage toxicities 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	
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Comments:									

6. Demonstrates the ability to facilitate patient participation in clinical trials. (PC2e)									
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	
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Comments:									

7. Demonstrates the ability to effectively manage older adult patients with hematologic and oncologic diseases. (PC2f)									
Critical Deficiencies						Ready for unsupervised practice		Aspirational	
Does not recognize the need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients		Inconsistently recognizes need to incorporate geriatric and/or rehabilitation principles and/or consultation as appropriate in the care of geriatric patients		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	
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Comments:									

8. Demonstrates understanding and effective application of principles of transfusion 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	
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Comments:									

9. Demonstrates appropriate understanding and management of complications of transfusion medicine. (PC2h)									
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	
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Comments:									

10. Demonstrates knowledge of principles of, indications for, and complications from stem cell transplantation and ability to effectively manage these patients. (PC2i)									
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	
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Comments:									

11. Demonstrates the ability to effectively manage 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	
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Comments:									

12. Demonstrates the ability to effectively manage patients requiring palliative care, hospice care or rehabilitation. (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	
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Comments:									

13. Demonstrates the ability to effectively recognize and promote cancer prevention and control strategies and survivorship. (PC2I)									
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	
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Comments:									

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

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	
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Comments:									

18. Writes accurate and safe orders in the Electronic Medical Record for systemic therapy including appropriate supportive care. (PC4c-non-invasive)									
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	
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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	Provides consultation services for patients with clinical problems requiring basic risk assessment				Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment			Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment
Unwilling to utilize consultant services when appropriate for patient care	Inconsistently applies risk assessment principles to patients while acting as a consultant	Asks meaningful clinical questions that guide the input of consultants				Appropriately integrates recommendations from other consultants in order to effectively manage patient care			Models management of discordant recommendations from multiple consultants
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Comments:									

Patient Care

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient, and equitable care**.

___ Meeting Milestones ___ Not Meeting Milestones ___ Meeting Some, But Not All Milestones

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	
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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	
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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	
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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	
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Comments:									

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 they are listed below.

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Foundation Unaware of or uninterested in scientific inquiry or scholarly productivity	Interested in scholarly activity, but does not initiate or follow through	Identifies areas worthy of scholarly investigation and formulates a plan under supervision of a mentor	Formulates ideas worthy of scholarly investigation	Independently formulates novel and important ideas worthy of scholarly investigation
Investigation Unwilling to perform scholarly investigation in the specialty	Performs a literature search using relevant scholarly sources to identify pertinent articles	Critically reads scientific literature and identifies major methodological flaws and inconsistencies within or between publications	Collaborates with other investigators to design and complete a project related to clinical practice, quality improvement, patient safety, education, or research	Leads a scholarly project advancing clinical practice, quality improvement, patient safety, education, or research Obtains independent research funding
Analysis Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or research	Aware of basic statistical concepts, but has incomplete understanding of their application; inconsistently identifies methodological flaws	Understands and is able to apply basic statistical concepts, and can identify potential analytic methods for data or problem assessment	Critiques specialized scientific literature effectively Dissects a problem into its many component parts and identifies strategies for solving Uses analytical methods of the field effectively	Critiques specialized scientific literature at a level consistent with participation in peer review Employs optimal statistical techniques Teaches analytic methods in chosen field to peers and others
Dissemination Unable or unwilling to effectively communicate and/or disseminate knowledge	Communicates rudimentary details of scientific work, including his or her own scholarly work; needs to improve ability to present in 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)
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Medical Knowledge

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient, and equitable care.**

____ Meeting Milestones ____ Not Meeting Milestones ____ Meeting Some, But Not All Milestones

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

Systems-based Practice

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient, and equitable care**.

___ Meeting Milestones ___ Not Meeting Milestones ___ Meeting Some, But Not All Milestones

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 practice	Aspirational
Unwilling to self-reflect upon one's practice or performance	Unable to self-reflect upon practice or performance	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	Misses opportunities for learning and self-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	
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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
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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						Ready for unsupervised practice		Aspirational
Never solicits feedback		Rarely seeks and does not incorporate feedback	Solicits feedback only from supervisors and inconsistently incorporates feedback	Solicits feedback from all members of the inter-professional team and patients	Performance continuously reflects incorporation of solicited and unsolicited feedback			
Actively resists feedback from others		Responds to unsolicited feedback in a defensive fashion	Is open to unsolicited feedback	Welcomes unsolicited feedback	Role-models ability to reconcile disparate or conflicting feedback			
		Temporarily or superficially adjusts performance based on feedback	Inconsistently incorporates feedback	Consistently incorporates feedback				
				Able to reconcile disparate or conflicting feedback				
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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.

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 without critical appraisal	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
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Comments:				

Practice-Based Learning and Improvement

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient, and equitable care.**

___ Meeting Milestones ___ Not Meeting Milestones ___ Meeting Some, But Not All Milestones

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 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 inter-professional 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 inter-professional 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)

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 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 they are listed below.

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	Is sensitive to and has basic awareness of differences related to personal characteristics and needs in the patient/caregiver encounter Requires assistance to modify care plan to account for a patient's unique characteristics and needs	Seeks to fully understand each patient's personal characteristics and needs Modifies care plan to account for a patient's unique characteristics and needs with 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:				

36. Exhibits integrity and ethical behavior in professional conduct. (PROF4)

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
Dishonest in clinical interactions, documentation, research, or scholarly activity	Honest in clinical interactions, documentation, research, and scholarly activity	Honest and forthright in clinical interactions, documentation, research, and scholarly activity	Demonstrates integrity, honesty, and accountability to patients, society, and the profession	Assists others in adhering to ethical principles and behaviors, including integrity, honesty, and professional responsibility
Refuses to be accountable for personal actions	Requires oversight for professional actions related to the subspecialty	Demonstrates accountability for the care of patients	Actively manages challenging ethical dilemmas and conflicts of interest	Role-models integrity, honesty, accountability, and professional conduct in all aspects of professional life
Does not adhere to basic ethical principles	Has a basic understanding of ethical principles, formal policies, and procedures and does not intentionally disregard them	Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity	Identifies and responds appropriately to lapses of professional conduct among peer group	Identifies and responds appropriately to lapses of professional conduct within the system in which he or she works
Blatantly disregards formal policies or procedures	Recognizes potential conflicts of interest	Consistently attempts to recognize and manage conflicts of interest	Regularly reflects on personal professional conduct	
Fails to recognize conflicts of interest			Identifies and manages conflicts of interest	
☐	☐	☐	☐	☐
Comments:				

Professionalism

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient, and equitable care.**

___ Meeting Milestones ___ Not Meeting Milestones ___ Meeting Some, But Not All Milestones

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		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 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 of therapy	Role models and teaches effective strategies to compassionately discuss treatment strategies, terminal diagnosis and bad news discussions				
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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 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 providers					
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						
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:									

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

Interpersonal and Communications Skills

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of **safe, effective, patient-centered, timely, efficient, and equitable care**.

___ Meeting Milestones ___ Not Meeting Milestones ___ Meeting Some, But Not All Milestones