

Hematology Oncology Assessment Toolkit

Welcome to the American Society of Hematology (ASH) and American Society of Clinical Oncology (ASCO) toolkit for training programs in hematology, oncology and combined hematology/oncology. The Hematology Oncology Milestones are reported to the ACGME every six months effective July 2020 [1]. The Supplemental Guide provides additional guidance and examples for the Hematology and Medical Oncology Milestones [2]. Programs are encouraged to review the ACGME Program Requirements, specifically Section V, before July 2020. Programs may choose to adopt some of or all the tools in this document. Programs may use any tools or innovative techniques that they wish. This document provides our vision of tools.

This set of “Assessment Tools” is available for programs who wish to use them. The goal of this project is to streamline assessment with Milestone data. We hope that this improves the overall feedback process with more data to fellows and programs by making the system easy to work with. The Milestones, however, represent the fellow’s trajectory on the core competencies and the subcompetencies. The Milestones provide a framework for assessing the development of the fellow in key dimensions of the elements of physician competency in the specialty.

For programs that wish to use these tools, the following information will guide you. The tools consist of the common clinical rotations and activities. Clinical rotations start with learning objectives. The other activities have descriptions within the tools of how to use them. The tools come directly from the Hematology Oncology Milestones subcompetency streams and can go into the program’s electronic reporting system. They go directly to the faculty member or other assessor after the fellow completes his/her rotation or activity. When the faculty member or assessor returns the form electronically, the Clinical Competency Committee (CCC) sees the data for their review. The CCC makes recommendations about the fellow’s progress on the Milestones and that recommendation goes to the Program Director (PD) who makes the final decision on The Milestones report to the ACGME.

We endeavored to cover all the subcompetencies in the rotations and activities (Table 1). Professionalism 1, “Professional Behavior and Ethical Principles,” did not get a place in any of the rotations or activities. The work group decided that this subcompetency should be part of the general discussion at the CCC meeting with final determination by the PD. Some of the subcompetencies are represented many times and some, like Scholarship, only occur once (Table 2). Programs should make sure that if some, but not all of these tools are adopted, then they address assessment of all the subcompetencies by some means.

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Table 1

Subcompetency	Rotation/Activity
PC1 H&P	Hem/Onc cont, Hem/Onc inpt, BMT, Pall care
PC2 Dx/stage	Hem/Onc cont, Hem/Onc inpt
PC3 Manage	Hem/Onc cont, Hem/Onc inpt, BMT, Pall care, Infusion
PC4 Adjust plan	Hem/Onc cont, Hem/Onc inpt, BMT, Infusion
PC5 Procedures	Hem/Onc inpt, BMT, Infusion, Bone mar proc
MK1 Non-malignant heme	Hem/Onc cont, Hem/Onc inpt, BMT, Pall care, Infusion, Heme (ASH) ITE
MK2 Malignant heme	Hem/Onc cont, Hem/Onc inpt, BMT, Pall care, Infusion, Heme (ASH) ITE and Onc (ASCO) ITE
MK3 Solid tumor	Hem/Onc cont, Hem/Onc inpt, Infusion, Onc (ASCO) ITE
MK4 Scholarship	Scholarship
SBP1 Top Patient safety	Safety/QIP
SBP1 Low Reporting events	Hem/Onc inpt, BMT, Pall care
SBP2 QIP	Safety/QIP
SBP3 Navigation	Hem/Onc cont, Hem/Onc inpt, BMT, Pall care
SBP4 Population health	Hem/Onc cont
SBP5 Health systems	Hem/Onc cont, Infusion
PBL1 Evidence	Hem/Onc inpt, BMT
PBL2 Reflection/learning	Hem/Onc cont, CCC/PD
PROF 1 Ethical behavior	CCC/PD
PROF 2 Accountabilty	Hem/Onc cont, Hem/Onc inpt, BMT
PROF 3 Well-being	Hem/Onc cont, BMT, Pall care, Well-being
ICS1 Pt/family	Hem/Onc cont, Hem/Onc inpt, BMT, Pall care, Infusion
ICS2 Team	Hem/Onc inpt, BMT, Pall care
ICS3 Documentation	Hem/Onc cont, BMT, Pall care, Infusion

*Note: ITE = In-Training Exam. CCC = Clinical Competency Committee. PD = Program Director.

Table 2

Hem/Onc Cont	Hem/Onc Inpt	BMT	Pall Care	Infusion	Scholarship	Bone Marrow Procedure	Safety/QIP	Well-being
PC1	PC1	PC1	PC1	PC3	MK4	Competency form/PC5	SBP1 top 1/2	PROF 3
PC2	PC2	PC3	PC3	PC4			SBP2	
PC3	PC3	PC4	MK1	PC5				
PC4	PC4	PC5	MK2	MK1				
MK1/2	PC5	MK1/2	SBP1 low 1/2	MK2				
MK3	MK1/2	SBP1 low 1/2	SBP3	MK3				
SBP3	MK3	SBP3	PROF3	SBP5 top 1/2				
SBP4	SBP1 low 1/2	PBL11	ICS1	ICS1				
SBP5	SPB3	PROF 2	ICS2	ICS3 top 1/2				
PBLI2	PBLI1	PROF3	ICS3					
PROF2	PROF2	ICS1						
PROF3	ICS1	ICS2						
ICS1	ICS2	ICS3						
ICS3								

[1]. Hematology and Oncology Milestones. The Accreditation Council for Graduate Medical Education
<https://www.acgme.org/Portals/0/PDFs/Milestones/HematologyAndMedicalOncologyMilestones2.0.pdf?ver=2019-08-22-092135-630>.
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[2]. Supplemental Guide: Hematology and Oncology. The Accreditation Council for Graduate Medical Education
<https://www.acgme.org/Portals/0/PDFs/Milestones/HematologyAndMedicalOncologySupplementalGuide.pdf?ver=2019-08-22-092135-660>.
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