Milestones: Continuity Clinic at MCV

Determined accurately the clinical/pathological stage and the prognostic and risk stratification of patients with oncologic diseases. (PC-2)

**Critical Deficiencies:**
- Fails to regard or is unaware of the importance of disease staging and of prognostic and risk stratification in the management of patients with oncologic disease.

**Ready for Unsupervised Practice:**
- Consistently utilizes appropriate diagnostic staging strategies and accurately determines the clinical/pathologic stage and the appropriate prognostic and risk stratification needed for the management of patients with oncologic diseases without prompting though requires some direction/supervision.

**Aspirational:**
- Role models and teaches the appropriate use of diagnostic staging strategies and the determination of clinical/pathologic stage and prognostic and risk stratification needed for the management of patients with oncologic disease.

Integrates multi-source information in developing an effective management plan for benign hematologic diseases. (PC-2, MK-1)

**Critical Deficiencies:**
- Inconsistently integrates and synthesizes information from the H&P and
- Consistently integrates and synthesizes information from the H&P and

**Ready for Unsupervised Practice:**
- Integrates and synthesizes information including patient-specific factors (age, comorbidities, sociocultural, and

**Aspirational:**
- Role models and teaches integration and synthesis of information from the H&P, diagnostic/prognostic tests, patient-specific
Care plans are consistently inappropriate or inaccurate. Diagnostic/prognostic tests to develop appropriate management plans for benign hematologic diseases are diagnostic/prognostic tests to develop appropriate management plans for benign hematologic diseases. Diagnostic/prognostic tests to develop appropriate management plans for benign hematologic diseases are diagnostic/prognostic tests to develop appropriate management plans for benign hematologic diseases. Factors and preferences; medical science; and cost-effectiveness principles to consistently and accurately develop effective, patient-centered management plans for even complex benign hematologic diseases and conditions that deviate from their common patterns.

Did not directly observe/unable to meaningfully assess.

Integrates multi-source information in developing an effective management plan for oncologic diseases. (PC-2, MK-1)

Consistently integrates and synthesizes information from the H&P and diagnostic/prognostic tests to develop appropriate management plans for oncologic diseases. Consistently integrates and synthesizes information from the H&P and diagnostic/prognostic tests to develop appropriate management plans for oncologic diseases. Integrates multi-source information in developing an effective management plan for oncologic diseases. (PC-2, MK-1)

Documents the post-treatment summary in managing patients with neoplastic conditions (PC-2 and ICS-3)

Inconsistently documents in the EMR a post-treatment summary of the actual treatment delivered, though the documentation is frequently missing important details or the post-treatment summary of the actual treatment delivered, including toxicities encountered and any modifications to the treatment summary, proactively collaborating on and promoting enhanced methods of.

Ready for Unsupervised Practice: Consistently documents in the EMR an accurate post-treatment summary of the actual treatment delivered, including toxicities encountered and any modifications to the treatment summary, proactively collaborating on and promoting enhanced methods of.

Aspirational: Role models and teaches the effective communication of the treatment summary, proactively collaborating on and promoting enhanced methods of.

Did not directly observe/unable to meaningfully assess.

Critical Deficiencies: Fails to document in the EMR a post-treatment summary.
Critical Deficiencies: Fails to document the treatment plan at the start of therapy

Ready for Unsupervised Practice: Consistently documents within the patient care notes of the EMR the intended regimen at the start of therapy

Aspirational: Role models and teaches how to recognize and effectively manage disease specific complications of progressive disease whether corrective or palliative in intent and the effective incorporation and conduct of goals of care discussions in patient-centered management

Did not directly observe/unable to meaningfully assess

Manages disease-related complications

Critical Deficiencies: Consistently fails to recognize or inappropriately manages even common disease-specific complications.

Ready for Unsupervised Practice: Consistently recognizes and effectively manages common disease specific complications

Aspirational: Role models and teaches how to recognize and manage the signs and symptoms of pain, anxiety, and depression not controlled with

Did not directly observe/unable to meaningfully assess

Manages pain, anxiety and depression in patients with hematologic and oncologic diseases (PC-2)

Critical Deficiencies: Does not recognize signs or symptoms of pain, anxiety, or depression, and initiates management strategies for pain, anxiety, or depression.

Ready for Unsupervised Practice: Consistently recognizes signs and symptoms and provides appropriate initial management

Aspirational: Role models and teaches how to recognize and manage the signs and symptoms of observe/unable to meaningfully assess

Did not directly observe/unable to meaningfully assess

Documents the intended treatment plan in managing patients with neoplastic conditions (PC-2, ICS-3)
Utilizes palliative, hospice and rehabilitation services in the management of patients with hematologic and oncologic diseases (PC-2, PC-5)

**Critical Deficiencies:** Does not recognize the need to involve palliative care, hospice or rehabilitation medicine in the care of patients with hematologic or oncologic diseases.

**Consistently and independently recognizes the need to involve palliative care, hospice or rehabilitation medicine in the care of patients with hematologic or oncologic diseases**

**Ready for Unsupervised Practice:** Consistently and independently recognizes the need to involve palliative care, hospice or rehabilitation medicine in the care of patients with hematologic or oncologic diseases and effectively manages the multidisciplinary team in the care of patients with hematologic or oncologic disease.

**Aspirational:** Models and teaches the ways to recognize the need to involve palliative care, hospice or rehabilitation and effectively manages the multidisciplinary team in the care of patients with hematologic or oncologic diseases.

Anticipates, recognizes and manages treatment-related toxicity related to the use of cytotoxic, biologic, or targeted therapy (PC-2, PC-3)

**Critical Deficiencies:** Does not recognize or understand the potential for harm associated with cytotoxic, biologic or targeted therapy in hematologic or neoplastic diseases.

**Consistently anticipates, recognizes and appropriately manages common toxicities associated with cytotoxic, biologic, or targeted therapy but requires assistance in recognizing less common toxicities.**

**Ready for Unsupervised Practice:** Consistently anticipates, recognizes and appropriately manages common toxicities associated with cytotoxic, biologic, or targeted therapy and accounts for uncommon and complex toxicities associated with cytotoxic, biologic, or targeted therapy independently.

**Aspirational:** Recognizes subtle, rare, or potential unreported toxicities. Models and teaches the anticipation, recognition and management of toxicities associated with anti-neoplastic therapy.

Did not directly observe/unable to meaningfully assess

Analyzes the response to treatment over time and adjusts therapy for hematologic or neoplastic conditions using specific measurements and algorithms (PC-2)

**Utilizes palliative, hospice and rehabilitation services in the management of patients with hematologic and oncologic diseases (PC-2, PC-5)**

**Anticipates, recognizes and manages treatment-related toxicity related to the use of cytotoxic, biologic, or targeted therapy (PC-2, PC-3)**

**Analyzes the response to treatment over time and adjusts therapy for hematologic or neoplastic conditions using specific measurements and algorithms (PC-2)**
Promotes cancer and disease prevention through screening and appropriate genetic counseling in hematology-oncology (PC-2)

**Critical Deficiencies:** Demonstrates a lack of awareness of indicators of therapeutic response and of consensus guidelines, standard scales and response criteria for hematologic and oncologic diseases OR makes critical or unsafe errors in their use and/or application even for common disorders.

**Ready for Unsupervised Practice:** Consistently and accurately recognizes clinical and diagnostic test indicators of therapeutic response and applies knowledge of consensus guidelines, standard scales and response criteria for making appropriate ongoing, dynamic therapy decisions and modifications for both common and complex hematologic and oncologic diseases.

**Aspirational:** Role models and teaches use and analysis of clinical and diagnostic test indicators of therapeutic response and the use of consensus guidelines, standard scales and response criteria.

**Critical Deficiencies:** Unaware of or disregards the importance of cancer/disease screening, genetic testing/counseling.

**Ready for Unsupervised Practice:** Consistently, effectively, and independently utilizes proven strategies for cancer screening and utilizes genetic counseling services for promoting cancer prevention.

**Aspirational:** Role models and teaches the importance of, and observe/able to meaningfully assess.
screening and utilization of genetic counseling services
prevention with limited attending supervision

Promotes health and manages survivorship in patients with oncologic disease (PC-2)

**Critical Deficiencies:**
- Unaware of or disregards the importance of fertility preservation and survivorship management
- Recognizes the importance of survivorship-related care but lacks understanding of evidence and needs direction to appropriate resources and guidelines.
- Inconsistently utilizes proven strategies and/or consensus guidelines in developing diagnostic and/or therapeutic plans for addressing fertility, mental health/coping, and monitoring/treating long-term toxicity/effects of survivorship

**Ready for Unsupervised Practice:**
- Consistently and effectively utilizes proven strategies and develops diagnostic and/or therapeutic plans for addressing fertility, mental health/coping, and monitoring/treating long-term toxicity/effects of survivorship with limited attending supervision

**Aspirational:**
- Role models and teaches the importance of, the evidence for, and the effective utilization of fertility preservation, and survivorship management

Manages patients with hematologic and/or oncologic disorders and needs with progressive responsibility and independence (PC-3)

**Critical Deficiencies:**
- Requires direct supervision to ensure patient safety and quality care. Inconsistently manages simple complaints or common chronic diseases. Inconsistently seeks additional guidance
- Requires indirect supervision to ensure patient safety and quality care of patients with single or multiple diagnoses. Usually seeks additional guidance and/or consultation as appropriate. Cannot independently and consistently

**Ready for Unsupervised Practice:**
- Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes. Seeks additional guidance and/or consultation as appropriate. Effectively and consistently

**Aspirational:**
- Independently manages unusual, rare, or complex disorders. Effectively, consistently, and accurately supervises and teaches hematologic and oncologic disease management

**Did not directly observe/unable to meaningfully assess**
for patient management decisions and/or consultation as appropriate

supervise care provided by junior members of the physician-led team

supervises the management decisions of the team to more junior learners and colleagues

Knowledge of the diagnostic studies used in the diagnosis of hematologic and oncologic diseases (MK-2)

Critical Deficiencies:
Unaware of the availability of, the indications for, the application of and/or the limitations of common diagnostic laboratory and ancillary studies used in evaluating and diagnosing common hematologic and oncologic disorders

Aware of but inconsistently accurate regarding the availability of, the indications for, the application of and the limitations of the diagnostic laboratory and ancillary studies used in evaluating and diagnosing common hematologic and oncologic disorders

Ready for Unsupervised Practice:
Aware and consistently accurate regarding the availability of, the indications for, the application of and the limitations of the diagnostic laboratory and ancillary studies used in evaluating and diagnosing common hematologic and oncologic disorders

Aspirational:
Effectively teaches about the availability of, the indications for, the application of and the limitations of the available diagnostic laboratory and ancillary studies used in evaluating and diagnosing hematologic and oncologic disorders

Did not directly observe/unable to meaningfully assess

Prepares to more junior learners and colleagues

Treats the patient with empathy, dignity, and respect including rights to privacy, autonomy, and cultural sensitivity (PROF-1)

Critical Deficiencies:
Lacks empathy, is demeaning, and/or is disrespectful in interactions with patients and caregivers. Blatantly disregards patient privacy and autonomy

Inconsistently demonstrates empathy, compassion and respect for patients and caregivers. Makes less than respectful remarks about the patient or caregivers when they are not present. Inconsistently considers patient privacy and autonomy

Is consistently respectful in interactions with patients and caregivers. Speaks respectfully of the patient and caregivers even when not present. Emphasizes patient privacy and autonomy

Ready for Unsupervised Practice:
Always and consistently treats the patient and their caregivers with empathy, dignity, and respect even in the most challenging of circumstances. Always advocates for and respects the patient’s right to privacy and autonomy. Is always sensitive to the cultural, educational, and social circumstances of the patient.

Aspirational:
Role models compassion, empathy and respect for patients and caregivers. Teaches others regarding maintaining patient privacy and respecting patient autonomy

Did not directly observe/unable to meaningfully assess

Advocates for patient needs and interests (PROF-1)

Ready for Unsupervised Practice: Consistently
### Critical Deficiencies:
- Fails to respond to patient needs and concerns. Sacrifices patient needs in favor of self-interest.
- Inconsistently demonstrates appropriate responsiveness to needs and concerns of patients and caregivers.
- Consistently demonstrates appropriate responsiveness to needs and concerns of patients and caregivers.

#### Aspirational:
- Role models and teaches appropriate responsiveness to needs and concerns of patients and caregivers.
- Consistently demonstrates a responsiveness to patient needs that supersedes self-interest.

### Identifies and develops research and clinical questions *(MK-3, PBLI-4)*

**Critical Deficiencies:**
- Unable to identify issues in hematology and oncology for which new knowledge is needed.
- Attempts to apply research to critical clinical issues but is inconsistent in accurately applying the literature. Unfamiliar with strengths and weaknesses of the medical literature thus relies heavily on Up To Date or other similar syntheses/reviews of the literature to inform critical needs.

**Ready for Unsupervised Practice:**
- Routinely translates new medical information needs into well-formed clinical questions independently.

**Aspirational:**
- Has a systematic approach to track and pursue emerging clinical questions.
- Consistently and correctly generalizes results of research to patient groups other than those in the original study. Is able to critically appraise identified articles based on accepted criteria.

### Critically appraises the medical literature *(MK-3, PBLI-4)*

**Critical Deficiencies:**
- Is consistently inaccurate in interpreting or applying results from published studies to specialty patients. Fails to seek or apply evidence.
- Anticipates and advocates effectively on behalf of the patient’s needs, interests, and preferences in coordinating care.

**Ready for Unsupervised Practice:**
- Consistently and accurately applies results of research to relevant patients. Aware of the strengths and weaknesses of medical information resources though inconsistently able to identify the them or to critically appraise articles based on accepted criteria independently. With

**Aspirational:**
- Teaches and role models critical appraisal of the literature and research reports based on EBM accepted criteria. Is independently able to successfully develop and publish guidelines for local/regional/national practice on a critical clinical question.
when necessary clinical questions and/or accepts the findings of clinical research studies without critical appraisal, supervision, is able to successfully adopt or adapt a published guideline for local practice for a critical clinical question independently.

Identifies forces that impact the cost of healthcare and advocates for—and practices—cost-effective healthcare (SBP-3)

**Critical Deficiencies:**
- 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.
- 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., screening tests).

**Ready for Unsupervised Practice:** Consistently works to address patient specific barriers to cost-effective care. Advocates for cost-conscious utilization of resources (i.e., emergency department visits, hospital readmissions). Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests.

**Aspirational:**
- Teaches patients and healthcare 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.

Monitors practice with a goal for self-improvement (PBLI-1)

**Critical Deficiencies:**
- Unwilling to self-reflect upon one's practice or performance. Not concerned with opportunities for learning and self-improvement.
- Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections.

**Ready for Unsupervised Practice:**
- Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice.

**Aspirational:**
- Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement. Actively engages in self-improvement efforts and reflects.
patient portal or via direct communication and documents such in the EMR.

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