Obtains an accurate and complete, problem-focused history and physical examination. **(PC-1)**

<table>
<thead>
<tr>
<th>Critical Deficiencies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>History and physical exam findings are inaccurate and/or missing critical findings. OR Relies exclusively on the documentation of others or is overly reliant on secondary sources to generate own database.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ready for Unsupervised Practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elicits accurate, prioritized, and hypothesis-driven, history and physical examinations that are specialty specific-focused for common hematology-oncology conditions. AND Effectively uses primary and secondary sources in independently obtaining and/or verifying a specialty-focused history.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aspirational:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role models and teaches the effective use of history and physical examination skills and the recognition of did not directly observe/unable to meaningfully assess.</td>
</tr>
</tbody>
</table>

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Synthesizes essential information from the history and physical to define each patient’s clinical problem. **(PC-1)**

<table>
<thead>
<tr>
<th>Critical Deficiencies:</th>
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</thead>
<tbody>
<tr>
<td>Struggles to effectively synthesize information from the history and physical to develop only a limited differential diagnosis. AND/OR Ineffectively</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ready for Unsupervised Practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently and effectively synthesizes information from the history and physical to develop independently an informed differential diagnosis. AND Effectively uses primary and secondary sources in independently obtaining and/or verifying a specialty-focused history.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aspirational:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role models and teaches the effective synthesis of information from the history and physical to develop an informed differential. Did not directly observe/unable.</td>
</tr>
</tbody>
</table>
potentially life-threatening problems. OR
Overly relies on secondary sources to generate own differential
uses the information from the history and physical examination, leading to the overuse or unnecessary use of additional diagnostic testing
Effectively uses the information from the history and physical examination to minimize unnecessary diagnostic testing even for common hematologic-oncology-related conditions.

Determines 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
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

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 disease
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

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)*

**Ready for Unsupervised Practice:** Integrates and synthesizes information including patient-specific factors (age, comorbidities, diagnostic testing results, etc.)
Aspirational: Role models and teaches integration and synthesis of information from the history and physical examination (H&P), laboratory results, imaging studies, etc.

**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

**Ready for Unsupervised Practice:**
Integrates and synthesizes information including patient-specific factors (age, comorbidities, diagnostic testing results, etc.)
Aspirational: Role models and teaches integration and synthesis of information from the history and physical examination (H&P), laboratory results, imaging studies, etc.
Documents the intended treatment plan in managing patients with neoplastic conditions (PC-2, ICS-3)

**Critical Deficiencies:** Documents the intended treatment plan in managing patients with neoplastic conditions. Orders chemotherapy, biotherapy and other anti-neoplastic drugs for common cancers accurately and safely. (PC-2, ICS-3)

**Aspirational:** Role models and teaches the skills of safe and effective ordering of medications used to manage neoplastic disorders including the need for and pharmacologic basis of assessing and considering drug clearance; of the use of evidence and guidelines in the ordering of supportive and prophylactic medications/fluids.

Did not directly observe/unable to meaningfully assess.

**Ready for Unsupervised Practice:** Consistently documents within the patient care notes of the EMR the intended regimen including the details of dose, dosing frequency and intended cycles at the start of therapy.

Did not directly observe/unable to meaningfully assess.

**Aspirational:** Role models and teaches the effective communication of the treatment plan, proactively collaborating on and promoting enhanced methods of completing such.
Critical Deficiencies:
- Consistently fails to recognize or appropriately manages even common disease-specific complications.

Inconsistently recognizes signs and symptoms and initiates management strategies for pain, anxiety, and depression in patients with hematologic and oncologic diseases.

Consistently recognizes signs and symptoms and provides appropriate initial management of pain, anxiety, and depression in patients with hematologic and oncologic diseases.

Ready for Unsupervised Practice:
- Consistently recognizes and effectively manages common disease-specific complications.
- Consistently recognizes and effectively manages disease-specific complications of progressive disease whether corrective or palliative in intent and consistently conducts goals of care discussions to insure patient-centered management of even complex conditions.

Aspirational:
- Role models and teaches how to recognize and 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.

Manages disease-related complications

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 in patients with hematologic and oncologic diseases.

Inconsistently recognizes the need to involve palliative care, hospice, or rehabilitation services in the management of patients with hematologic and oncologic diseases.

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

Ready for Unsupervised Practice:
- Consistently recognizes and appropriately manages the signs and symptoms of pain, anxiety, and depression not controlled with initial therapy and manages cases involving complex psychosocial situations in patients with hematologic and oncologic diseases.

Aspirational:
- Role models and teaches how to recognize the need to involve palliative care, hospice, or rehabilitation services in the management of patients with hematologic and oncologic diseases.

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 services in the management of patients with hematologic and oncologic diseases.

Inconsistently recognizes the need to involve palliative care, hospice, or rehabilitation services in the management of patients with hematologic and oncologic diseases.

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

Ready for Unsupervised Practice:
- Consistently recognizes and independently manages the need to involve palliative care, hospice, or rehabilitation services in the management of patients with hematologic and oncologic diseases.

Aspirational:
- Models and teaches the ways to recognize the need to involve palliative care, hospice, or rehabilitation services in the management of patients with hematologic and oncologic diseases.
Critical 
Deficiencies: Inconsistently anticipates, recognizes and manages even common toxicities associated with cytotoxic, biologic, or targeted therapy but requires assistance in recognizing less common toxicities.

Consistently anticipates, recognizes and appropriately manages common toxicities associated with cytotoxic, biologic, or targeted therapy.

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

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

Did not directly observe/unable to meaningfully assess

Consistently and accurately recognizes clinical and diagnostic test indicators of therapeutic response and applies knowledge of consensus guidelines, standard scales, and response criteria for hematologic and oncologic diseases.

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 hematologic and oncologic diseases.

Aspirational: 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 hematologic and oncologic diseases.

Did not directly observe/unable to meaningfully assess

Demonstrates an awareness of indicators of therapeutic response and of consensus guidelines, standard scales and response criteria for hematologic and oncologic diseases but is inconsistent in their proper use and/or application

Critical 
Deficiencies: Demonstrates a lack of awareness of indicators of therapeutic response and makes critical or unsafe errors in their use.

Consistently and accurately recognizes clinical and diagnostic test indicators of therapeutic response and applies knowledge of consensus guidelines, standard scales, and response criteria for hematologic and oncologic diseases.

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 hematologic and oncologic diseases.

Aspirational: 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 hematologic and oncologic diseases.

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, PC-3)

Anticipates, recognizes and manages treatment-related toxicity related to the use of cytotoxic, biologic, or targeted therapy

Consistently and effectively manages the multidisciplinary team in the care of patients with hematologic or oncologic diseases.
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.
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 with limited attending supervision.

**Ready for Unsupervised Practice:** Consistently, effectively, and independently 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.

Did not directly observe/unable to meaningfully assess.

Appropriately utilizes blood component therapy in the management of patients with hematologic and neoplastic diseases (PC-2)

**Critical Deficiencies:**
Lacks an understanding of the differences between the available blood component therapies and the basic principles of transfusion medicine.

**Ready for Unsupervised Practice:**
Understands the evidence and 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 appropriate use of blood component therapy consistent with consensus guidelines and transfusion medicine standards of care.

Did not directly observe/unable to meaningfully assess.

Use and/or application even for common disorders modifications for common and complex hematologic and oncologic diseases response criteria

**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 with limited attending supervision.

Orders appropriate common blood component therapy (PRBC, platelets, and plasma) consistent with consensus guidelines and transfusion medicine standards of care.

Orders appropriate blood component therapy (PRBC, platelets, and plasma) consistent with consensus guidelines and transfusion medicine standards of care.

**Ready for Unsupervised Practice:**
Understands the differences and orders specialized blood products and supportive care where appropriate, including cryoprecipitate, HLA matched platelets, leukocytes, apheresis, and modified products (irradiated, CMV negative, leukoreduced, etc) consistent with consensus guidelines and transfusion medicine standards of care.

**Aspirational:**
Role models and teaches the appropriate use of blood component therapy consistent with consensus guidelines and transfusion medicine standards of care.

Did not directly observe/unable to meaningfully assess.

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

**Critical Deficiencies:**

**Ready for Unsupervised Practice:**

**Aspirational:**

Did not directly observe/unable to meaningfully assess.

Appropriately utilizes blood component therapy in the management of patients with hematologic and neoplastic diseases (PC-2)

**Critical Deficiencies:**

**Ready for Unsupervised Practice:**

**Aspirational:**

Did not directly observe/unable to meaningfully assess.
Recognizes and appropriately manages the complications of blood component therapy in patients with hematologic and neoplastic diseases *(PC-2)*

<table>
<thead>
<tr>
<th>Critical Deficiencies:</th>
<th>Consistently recognizes and accurately manages common transfusion reactions (e.g., febrile reactions, TRALI, TACO)</th>
<th>Consistently recognizes and accurately manages common transfusion reactions but inconsistently recognizes and/or appropriately manages even common reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready for Unsupervised Practice:</td>
<td>Demonstrates understanding of the signs and symptoms of common transfusion-related complications but inconsistently recognizes and/or appropriately manages even common reactions</td>
<td>Did not directly observe/unable to meaningfully assess</td>
</tr>
<tr>
<td>Aspirational:</td>
<td>Role models and teaches about the physiology, signs/symptoms, recognition, differentiation, and management of transfusion reactions.</td>
<td>Did not directly observe/unable to meaningfully assess</td>
</tr>
</tbody>
</table>

Applies the knowledge of diagnostic studies to the evaluation of patients with hematologic and oncologic diseases *(PC-4b)*

<table>
<thead>
<tr>
<th>Critical Deficiencies:</th>
<th>Inconsistent in knowledge or ability to appropriately use and/or interpret diagnostic testing in the management of patients with hematologic and oncologic diseases</th>
<th>Consistently and appropriately utilizes common diagnostic testing and accurately interprets the results in the management of patients with hematologic and oncologic diseases but inconsistently does so with more advanced diagnostic testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready for Unsupervised Practice:</td>
<td>Consistently and appropriately utilizes common diagnostic testing and accurately interprets the results in the management of patients with hematologic and oncologic diseases</td>
<td>Did not directly observe/unable to meaningfully assess</td>
</tr>
<tr>
<td>Aspirational:</td>
<td>Role models and teaches about appropriate use and interpretation of diagnostic testing that is evidence-based, cost-effective and patient-centered</td>
<td>Did not directly observe/unable to meaningfully assess</td>
</tr>
</tbody>
</table>

Possesses knowledge of the cytotoxic, biologic, or targeted agents used in the treatment of hematologic and oncologic disorders *(MK-1)*

<table>
<thead>
<tr>
<th>Critical</th>
<th>Understands</th>
<th>Possesses</th>
<th>Ready for Unsupervised Practice:</th>
<th>Aspirational:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Consistently and appropriately utilizes even advanced diagnostic testing and accurately interprets the results in the management of patients with hematologic and oncologic diseases and recognizes results indicating high risk states</td>
<td>Role models and teaches others about...</td>
</tr>
</tbody>
</table>
### Deficiencies:

- Does not understand the use of cytotoxic, biologic and targeted therapy in hematologic or neoplastic diseases.
- Speaks disrespectfully of patients and caregivers. Makes less than respectful remarks when the patient or caregivers are not present. Inconsistently considers patient privacy and autonomy.

### Practice:

- Posesses the pharmacology and toxicities of cytotoxic, biologic and targeted agents in hematologic or neoplastic diseases.
- Effectively teaches about the indications for, the application of, and the limitations of the available diagnostic laboratory and ancillary studies used in evaluating and diagnosing complex hematologic and oncologic disorders.

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

<table>
<thead>
<tr>
<th>Deficiencies</th>
<th>Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware of and consistently accurate regarding the availability of, the indications for, the application of and/or the limitations of the diagnostic laboratory and ancillary studies used in evaluating and diagnosing common hematologic and oncologic disorders</td>
<td>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 complex hematologic and oncologic disorders</td>
</tr>
</tbody>
</table>

### Critical Deficiencies:

- Unaware of the availability 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 complex hematologic and oncologic disorders.

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

<table>
<thead>
<tr>
<th>Deficiencies</th>
<th>Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers.</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Aspirational:

- Role models compassion, empathy, and respect for patients and caregivers. TEaches others regarding maintaining patient privacy and respecting patient autonomy.
Critical Deficiencies:
Unable to identify issues in hematology and oncology for which new knowledge is needed

Can identify issues or clinical problems for which new knowledge is needed and can translate medical information needs into well-formed clinical questions with assistance

Can translate medical information needs into well-formed clinical questions independently

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

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

Aspirational:
Has a systematic approach to track and pursue emerging clinical questions

Did not directly observe/unable to meaningfully assess

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

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 supervision, is able to successfully adopt or adapt a published guideline for local practice for a critical clinical question

Ready for Unsupervised Practice: 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 EBM criteria and independently identify weaknesses or limitations. Is able to successfully and independently adopt or adapt a published guideline for local practice for a critical clinical question

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

Did not directly observe/unable to meaningfully assess

Incorporates feedback (PBLI-3)
Critical Deficiencies: Ignores feedback from others

Temporarily or superficially adjusts performance based on feedback

Inconsistently incorporates feedback

Ready for Unsupervised Practice: Consistently incorporates feedback

Aspirational: Performance continuously reflects incorporation of solicited and unsolicited feedback and an ability to reconcile disparate or conflicting feedback

Did not directly observe/unable to meaningfully assess

Accepts responsibility and follows through on tasks (PROF-2)

Critical Deficiencies: 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 multiple 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

Ready for Unsupervised Practice: Prioritizes multiple, competing demands in order to complete tasks and responsibilities in a timely and effective manner. Willing to assume professional responsibility regardless of the situation

Aspirational: Role models prioritizing multiple, competing demands in order to complete tasks and responsibilities observe/unable in a timely and effective manner. Assists others to improve their ability to prioritize multiple, competing tasks

Did not directly observe/unable to meaningfully assess

Responds to each patient’s unique characteristics and needs (PROF-3)

Critical Deficiencies: Is insensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter. Is unwilling to modify care plan to account for a patient’s unique characteristics and needs

Seeks to fully understand each patient’s unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference and attempts to modify care plans to account for these unique characteristics and needs with partial success

Ready for Unsupervised Practice: Consistently recognizes, understands, and accounts for the unique characteristics and needs of the patient/caregiver effectively making appropriate modifications to care plans to account for such characteristics and needs

Aspirational: Role models and teaches how to recognize and seek understanding of differences related to a patient’s unique characteristics or needs and how to incorporate these factors into an effective patient-centered care plan

Did not directly observe/unable to meaningfully assess

Effectively and efficiently utilizes and completes healthcare records (ICS-3)

Ready for
Critical Deficiencies: Health records are absent or missing significant portions of important clinical data.

Medical documentation is inconsistently completed or entered in the EMR. Inconsistently documents test results/interpretations in the EMR.

Unsupervised Practice: Medical documentation is consistently completed and signed in a timely fashion consistent with institutional policies. Consistently documents test results/interpretations in the EMR.

Aspirational: Role models and teaches importance of and methods for organized, accurate and comprehensive health records that are succinct, patient specific, and timely.

Did not directly observe/unable to meaningfully assess

Return to Questionnaire List