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

**Ready for Unsupervised Practice:** Inconsistently integrates and synthesizes information from the H&P and diagnostic/prognostic tests to develop appropriate management plans for oncologic diseases.

**Aspirational:** Role models and teaches integration and synthesis of information from the H&P, diagnostic/prognostic tests, patient-specific factors and preferences, medical science, and cost-effectiveness principles to develop effective, patient-centered management plans for even complex oncologic diseases and conditions that deviate from their common patterns.

**Critical Deficiencies:**
- Care plans are consistently inappropriate or inaccurate.

**Recognizes and manages hematologic and oncologic emergencies.** (PC-2, PC-3)

**Ready for Unsupervised Practice:** Recognizes urgent/emergent hematologic and oncologic associated situations/diseases and develops intervention plan for them.

**Aspirational:** Recognizes urgent/emergent hematologic and oncologic associated situations/diseases and is able to develop comprehensive intervention and management plans.

**Critical Deficiencies:**
- Fails to recognize potentially life threatening specialty problems.

**Did not directly observe/unable to meaningfully assess**
### Critical Deficiencies:

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

### Ready for Unsupervised Practice:

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

### Aspirational:

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

### 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 independently.

### 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:

- Demonstrates understanding of cross-matching blood products AND orders blood component therapy without a consistent and accurate understanding and application of consensus guidelines and transfusion medicine standards of care.

### Aspirational:

- Roles models and teaches the appropriate use of blood component therapy consistent with consensus guidelines and transfusion medicine standards of care.

### Ready for Unsupervised Practice:

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

### Aspirational:

- Recognizes subtle, rare, or potential unreported toxicities. Roles models and teaches the anticipation, recognition and management of toxicities associated with anti-neoplastic therapy.

### Ready for Unsupervised Practice:

- Recognizes and appropriately manages the complications of blood component therapy in patients with hematologic and neoplastic diseases.

### Aspirational:

- Recognizes and appropriately manages the complications of blood component therapy in patients with hematologic and neoplastic diseases.
Critical

Deficiencies:

Fails to recognize the signs and symptoms of complications of blood component therapy

Demonstrates understanding of the signs and symptoms of common transfusion-related complications but inconsistently recognizes and/or appropriately manages even common reactions

Consistently recognizes and accurately manages common transfusion reactions (e.g. febrile reactions, TRALI, TACO)

Aspirational:

Role models and teaches about the physiology, signs/symptoms, recognition, differentiation, and management of transfusion reactions.

Did not directly observe/unable to meaningfully assess

Aspirational:

Role models and teaches the rationale, indications, complications, and appropriate management of patients undergoing autologous and allogeneic stem cell transplantation.

Demonstrates a consistent understanding of the rationale, indications, and complications of autologous and allogeneic stem cell transplantation including alternative donor sources.

Consistently and appropriately manages such patients.

Requires indirect supervision to manage patients with hematologic and/or oncologic disorders and needs with progressive responsibility and independence

Requires supervision to apply knowledge of the principles of, indications for, and complications of stem cell transplantation to management of patients with hematologic and oncologic diseases (PC-2)

Applications knowledge of the principles of indications for, and complications of stem cell transplantation to management of patients with hematologic and oncologic diseases (PC-3)

Unsupervised Practice:

Demonstrates a consistent understanding of the rationale, indications, and complications of autologous and allogeneic stem cell transplantation along with the ability to consistently and appropriately assess and manage such patients.

Aspirational:

Role models and teaches the rationale, indications, complications, and appropriate management of patients undergoing autologous and allogeneic stem cell transplantation.

Did not directly observe/unable to meaningfully assess
Critical Deficiencies:
Disregards the need and/or fails to communicate in any manner (verbal or written) with the provider who will manage the patient subsequent to the transition. Or, if does communicate, the information provided is factually inaccurate.

Inconsistently engages in written and/or oral communication directly with the provider responsible for managing the patient subsequent to transitions (inpatient to outpatient or visa verse) in order to assure a safe hand-off of care. Information delivered is accurate but at times ineffectively communicated or incomplete.

Works with the patient and caregivers in developing admission and discharge plans (ICS-1)

Written and verbal care plans during times of transition are incomplete or absent. Focus on medical aspects of care leads to ineffective or inadequate attention to the other needs of the patient that impact the delivery of that care. Inefficient

Consistently engages in effective written and/or oral communication directly with the provider responsible for managing the patient subsequent to transitions (inpatient to outpatient or visa verse) in order to assure a safe hand-off of care. Communication is accurate, clear and concise regarding the specific aspects of the consultation provided.

Recognizes the importance of communication during times of transition. Written and verbal care plans during times of transition may not always be clear or specific. May assume the instructions are clear and understood without assuring that

Unsupervised Practice:
Consistently and independently engages in and documents written and/or oral communication directly with the provider responsible for managing the patient subsequent to transitions (inpatient to outpatient or visa verse) in order to assure a safe hand-off of care. Informs the provider of any pending studies, any ongoing evaluation needs and any follow-up needs/arrangements being made specific to the hematologic-oncologic question addressed in consultation.

Aspirational:
Role models and teaches others the importance and processes of safe and effective hand-off communication during transitions between care settings.

Did not directly observe/unable to meaningfully assess
transitions of care lead to unnecessary expense or risk to a patient (e.g., duplication of tests, readmission, etc...)

and care team to eliminate barriers that might lead to ineffective delivery of healthcare, unnecessary expenses, and readmissions. Role models safe and effective transitions of care

<table>
<thead>
<tr>
<th>Critical Deficiencies: unable to identify issues in hematology and oncology for which new knowledge is needed. Makes no attempt to perform searches of the literature</th>
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</thead>
<tbody>
<tr>
<td>Ready for Unsupervised Practice: Performs searches of the literature and is capable of identifying articles relevant to the clinical or research question. Utilizes information technology effectively but without sophistication</td>
</tr>
<tr>
<td>Aspirational: Role models and teaches how to search medical information resources efficiently, guided by the characteristics of clinical questions</td>
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</table>

Did the fellow actively solicit your feedback on his/her performance at any point?

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Effectively searches the medical literature and uses information technology (MK-3, PBLI-4)

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Learns and improves at the point of care (PBLI-4)

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