# Hematology / Oncology Rotation

## Competency-Based Goals & Objectives by Level of Training

*Structured on the Six ACGME Core Competencies*

*Site: SARH (Inpatient)*

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*PEC Approval: July,2025 for elective and PGY2 mandatory rotation (updated for site visit)*

## Rotation Description and Educational Purpose

The Hematology/Oncology rotation provides residents with graduated experience in the evaluation and management of hematologic and oncologic disease across inpatient teaching services, the infusion center, and ambulatory clinics, supplemented by Tumor Board and structured conferences. The Internal Medicine Resident functions as a key member of a team led by an attending hematologist-oncologist and works closely with the attending, assuming more autonomous decision-making in a graded fashion. Over three years, residents progress from recognizing and initiating management of common hematologic and oncologic problems under supervision (PGY-1), to independently managing common consults and supervising juniors (PGY-2), and finally to functioning as a junior consultant who leads complex care, coordinates multidisciplinary teams, and teaches (PGY-3).

Objectives below are stratified by level of training and mapped to the six ACGME Core Competencies. Each level reflects graduated responsibility and progressive independence consistent with the ACGME Internal Medicine Milestones. Residents and faculty should review the applicable objectives at the beginning and end of the rotation.

### Clinical Content Domains

Residents are expected to gain experience across the following domains, with expectations increasing by training level (see the matrix that follows): benign hematology and anemia; hemostasis, thrombosis, and transfusion; hematologic malignancies; solid tumor oncology; oncologic and hematologic emergencies; cancer therapeutics; screening, prevention, and survivorship; palliative care and goals of care; and procedures and diagnostics.

### Supervision and Entrustment

All patient care is supervised by attending hematology/oncology faculty. The level of supervision advances from direct supervision toward indirect supervision with progressive entrustment as residents demonstrate competence. Residents must recognize the limits of their abilities and request supervision and assistance appropriately at every level.

## Clinical Content Domains and Graduated Expectations

The following matrix summarizes progressive clinical expectations by training level. Detailed competency-based objectives for each PGY level follow.

| Content Domain | PGY-1 | PGY-2 | PGY-3 |
|---|---|---|---|
| **Anemia & Benign Hematology** | Evaluate anemia, cytopenias, and pancytopenia; interpret CBC with indices, peripheral smear, reticulocyte count, iron studies, and B12/folate. | Diagnose and manage anemias (iron-deficiency, chronic disease, hemolytic, macrocytic, sideroblastic), thalassemia, hemochromatosis, and | Independently manage complex benign hematology with comorbidities; interpret marrow cytogenetics and molecular markers. |

| Content Domain | PGY-1 | PGY-2 | PGY-3 |
|---|---|---|---|
| | | MDS/myeloproliferative disorders. | |
| **Hemostasis, Thrombosis & Transfusion** | Recognize bleeding and clotting disorders; initiate and monitor anticoagulation; understand transfusion of blood products and premedication. | Manage coagulation and thrombotic disorders; interpret clotting assays, factor levels, and mixing studies; manage antiplatelet therapy. | Individualize complex anticoagulation and transfusion in patients with malignancy and comorbidities. |
| **Hematologic Malignancies** | Recognize presentations of leukemia, lymphoma, and myeloma (lymphadenopathy, cytopenias, bone pain) and initiate workup. | Understand pathophysiology and targeted therapy of chronic leukemia, myeloma, MDS, myeloproliferative disorders, and amyloidosis. | Coordinate complex management including transplant options and post-transplant care. |
| **Solid Tumor Oncology** | Recognize presenting signs of common solid tumors and metastatic disease; initiate diagnostic workup. | Understand presentation and targeted therapy of common carcinomas, sarcomas, paraneoplastic syndromes, and cancer of unknown primary. | Integrate functional status and tumor pathology into individualized management with comorbidities. |
| **Oncologic / Hematologic Emergencies** | Recognize and escalate emergencies (febrile neutropenia, tumor lysis, hypercalcemia, cord compression, SVC syndrome, TTP, DIC). | Triage and initiate management of oncologic emergencies with indirect supervision. | Independently manage and lead the team through complex oncologic emergencies. |
| **Cancer Therapeutics (chemo / targeted / immuno)** | Describe supportive care for treatment-related complications (nausea, cytopenias, mucositis). | Understand principles of surgery, radiation, chemotherapy, and immunotherapy; oncogenes and tumor suppressors; drug interactions and toxicity. | Apply therapeutic principles within the setting of comorbidities and contribute to therapeutic decision-making. |
| **Screening, Prevention & Survivorship** | Counsel patients on breast, colon, lung, and prostate cancer screening guidelines. | Apply prevention strategies (dietary management, HPV vaccination, chemoprevention) and address survivorship issues. | Address alternative and complementary therapies and individualize survivorship care. |
| **Palliative Care & Goals of Care** | Recognize uncontrolled pain and symptom burden; understand the basics of palliative care. | Counsel patients and families on end-of-life issues, hospice transition, and withdrawal of care. | Lead complex goals-of-care and surrogate/conflict discussions; coordinate hospice and palliative resources. |
| **Procedures & Diagnostics** | Perform/interpret guaiac-FIT, peripheral smear review, lumbar puncture, paracentesis, and thoracentesis under supervision. | Perform therapeutic phlebotomy and bone marrow aspiration/biopsy (optional); interpret SPEP/SIEP, free light chains, and marrow studies. | Independently order and interpret labs and imaging (PET, cytogenetics, immunophenotyping) within clinical context. |

# PGY-1 Goals and Objectives

*Foundational Level — Developing skills under direct and indirect supervision*

## Patient Care

*Residents will provide patient care that is compassionate, culturally sensitive, appropriate, and effective for the prevention and treatment of hematologic and oncologic disease.*

- Provide compassionate, culturally sensitive care for patients with hematologic and oncologic disease.
- Take a pertinent history and perform a focused physical exam, differentiating stable from unstable patients; elicit systemic symptoms (fatigue, fever, night sweats, weight loss), bleeding/clotting history, personal and family cancer history, exposures and risk factors, and a complete medication history including supplements.
- Recognize key physical findings—lymphadenopathy, organomegaly, petechiae, jaundice, abdominal/breast masses, effusions, and skin lesions—with growing confidence.
- Understand the indications, contraindications, complications, and interpretation of guaiac/FIT card, lumbar puncture, paracentesis, peripheral blood smear review, and thoracentesis, and perform them safely under supervision.
- Counsel patients on current screening guidelines for breast, colon, lung, and prostate cancer.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Didactics and case-based conferences<br>– Textbook and journal readings<br>– Inpatient service, infusion center, and outpatient clinic experience<br>– Tumor Board and multidisciplinary conferences<br>– Simulation and procedure training<br>– Direct patient care experience | – Direct observation and feedback by faculty<br>– Mini-CEX bedside evaluation<br>– Milestone-based faculty evaluation (New Innovations)<br>– Chart-stimulated recall and chart review<br>– In-training examination<br>– Self-assessment and reflection |

## Medical Knowledge

*Residents must demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to the care of patients with hematologic and oncologic disease.*

- Understand the basic pathophysiology and initial approach to signs and symptoms that signal hematologic or oncologic disease (anemia, pancytopenia, bruising/petechiae, lymphadenopathy, splenomegaly, bone pain, pathologic fracture, thrombosis, weight loss, fever of unknown origin, jaundice).
- Recognize hematologic and oncologic emergencies (febrile neutropenia, tumor lysis syndrome, severe hypercalcemia/hyponatremia, cord compression, SVC syndrome, TTP, fulminant DIC, severe thrombocytopenia) and triage appropriately.
- Understand the indications for and interpretation of CBC with differential and indices, peripheral smear, reticulocyte count, iron studies, B12/folate/MMA/homocysteine, chemistries, hemoglobin electrophoresis, SPEP/SIEP/UPEP/UIEP and free light chains, tumor markers, and basic imaging.
- Understand principles of the hemostatic system: transfusion of blood products and factors, premedication, ordering and managing anticoagulation, and the risks and benefits of antiplatelet agents.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Specialty-specific didactics (Friday afternoons)<br>– Textbook and journal readings<br>– Guideline review (NCCN, ASCO, ASH, ACS)<br>– Tumor Board (with Radiology) | – Direct observation and feedback by faculty<br>– In-training examination<br>– Milestone-based faculty evaluation<br>– Chart review |

| | |
|---|---|
| – Direct patient care experience | – Self-assessment and reflection |

## Practice-Based Learning and Improvement

*Residents must be able to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.*

- Access current national guidelines (e.g., NCCN Clinical Practice Guidelines) to apply evidence-based strategies to patient care.
- Participate in case-based therapeutic decision-making with the multidisciplinary team.
- Respond with positive changes to feedback from members of the health care team.
- Begin using the ACGME internal medicine milestones for structured self-assessment.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Journal club and independent study<br>– Guideline review sessions (NCCN, ASCO)<br>– Scholarly / quality-improvement project mentorship<br>– Direct patient care experience | – Faculty evaluation<br>– Project and presentation assessment<br>– In-training examination<br>– Self-assessment and reflection |

## Interpersonal and Communication Skills

*Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.*

- Demonstrate organized, articulate written (electronic) and verbal communication that builds rapport with patients and families and conveys information to other health professionals.
- Provide timely, accurate documentation in the chart.
- Deliver concise, organized case presentations and hand-offs to the team.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Role modeling by faculty<br>– Communication and goals-of-care workshops<br>– Bedside rounds<br>– Patient / family conferences<br>– Direct patient care experience | – Direct observation and feedback on rounds<br>– Mini-CEX and multisource (360°) evaluation<br>– Consult and progress-note review<br>– Self-assessment and reflection |

## Professionalism

*Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including sensitivity to a diverse patient population.*

- Demonstrate commitment to professional responsibilities through conduct, ethical behavior, attire, and devotion to patient care.
- Educate patients and families in a manner respectful of gender, age, culture, race, religion, disability, national origin, socioeconomic status, and sexual orientation.
- Adhere to HIPAA and recognize the limits of one's abilities, seeking supervision and assistance appropriately.
- Demonstrate reliability, punctuality, and responsiveness to clinical responsibilities.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Role modeling by faculty<br>– Didactics on ethics and professionalism | – Faculty evaluation<br>– Multisource (360°) evaluation by team and patients |

| | |
|---|---|
| – Multidisciplinary patient / family conferences<br>– Direct patient care experience | – Self-assessment and reflection form |

## Systems-Based Practice

*Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to call effectively on other resources to provide optimal, high-value cancer and hematology care.*

- Understand that diagnostic and treatment decisions involve cost and risk and affect quality of care.
- Practice cost-conscious ordering of laboratory and imaging studies.
- Perform safe transitions of care and accurate medication reconciliation for hematology/oncology patients.
- Identify members of the multidisciplinary oncology team (nursing, pharmacy, dietitian, social work, palliative care) and refer appropriately.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Role modeling by faculty<br>– Multidisciplinary care and Tumor Board conferences<br>– Quality-improvement and systems initiatives<br>– Direct patient care experience | – Faculty evaluation<br>– Multisource evaluation by care-team members<br>– Quality-improvement project participation<br>– Self-assessment and reflection |

# PGY-2 Goals and Objectives

*Developing Consultant — Managing common problems with indirect supervision and supervising juniors*

## Patient Care

*Residents will provide patient care that is compassionate, culturally sensitive, appropriate, and effective for the prevention and treatment of hematologic and oncologic disease.*

- Seek appropriate subspecialty or surgical consultation when necessary to further patient care.
- Collect additional historical information from electronic and outside records, elicit a more thorough history, and recognize the association of systemic diseases and comorbidities with cancer.
- Perform therapeutic phlebotomy and, optionally, bone marrow aspiration and core biopsy under supervision.
- Independently manage common hematology/oncology consults with indirect supervision.
- Supervise and support PGY-1 residents and students in the care of hematology/oncology patients.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Didactics and case-based conferences<br>– Textbook and journal readings<br>– Inpatient service, infusion center, and outpatient clinic experience<br>– Tumor Board and multidisciplinary conferences<br>– Simulation and procedure training<br>– Direct patient care experience | – Direct observation and feedback by faculty<br>– Mini-CEX bedside evaluation<br>– Milestone-based faculty evaluation (New Innovations)<br>– Chart-stimulated recall and chart review<br>– In-training examination<br>– Self-assessment and reflection |

## Medical Knowledge

*Residents must demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to the care of patients with hematologic and oncologic disease.*

- Understand the pathophysiology, clinical presentation, and targeted therapy of anemias, chronic leukemia, multiple myeloma, MDS, myeloproliferative disorders, amyloidosis, common solid tumors, paraneoplastic syndromes, hereditary cancer syndromes, and complications such as SIADH, hypercalcemia, and drug toxicity.
- Understand principles of cancer biology and therapy: the role of oncogenes and tumor suppressors, functional-status scoring, and treatment with surgery, radiation, chemotherapy, and immunotherapy, including commonly used drugs, interactions, and side effects.
- Understand supportive and survivorship care for disease- and treatment-related complications (cognitive dysfunction, infertility, lymphedema, premature menopause, psychosocial issues, reconstruction).
- Interpret bone marrow aspirate/biopsy and special stains, clotting assays (factor levels, mixing studies), and molecular markers of tumor tissue.
- Triage and initiate management of oncologic emergencies with indirect supervision, and apply prevention strategies (dietary management, HPV vaccination, chemoprevention).

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Specialty-specific didactics (Friday afternoons)<br>– Textbook and journal readings<br>– Guideline review (NCCN, ASCO, ASH, ACS)<br>– Tumor Board (with Radiology)<br>– Direct patient care experience | – Direct observation and feedback by faculty<br>– In-training examination<br>– Milestone-based faculty evaluation<br>– Chart review<br>– Self-assessment and reflection |

## Practice-Based Learning and Improvement

*Residents must be able to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.*

- Develop progressive independence in evaluating new literature through journal club and independent study.
- Coordinate patient care within a larger team, including midlevel providers, nursing, pharmacy, dietitians, palliative care, social work, and clergy.
- Lead a guideline-based or journal-club presentation.
- Participate in a quality-improvement or population-health project.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Journal club and independent study<br>– Guideline review sessions (NCCN, ASCO)<br>– Scholarly / quality-improvement project mentorship<br>– Direct patient care experience | – Faculty evaluation<br>– Project and presentation assessment<br>– In-training examination<br>– Self-assessment and reflection |

## Interpersonal and Communication Skills

*Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.*

- Develop interpersonal skills that facilitate collaboration with patients, their families, and other health professionals.
- Provide effective written and verbal consultation to referring services.
- Counsel patients and families on diagnostic and treatment decisions, particularly in the setting of hereditary disease.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Role modeling by faculty<br>– Communication and goals-of-care workshops<br>– Bedside rounds<br>– Patient / family conferences<br>– Direct patient care experience | – Direct observation and feedback on rounds<br>– Mini-CEX and multisource (360°) evaluation<br>– Consult and progress-note review<br>– Self-assessment and reflection |

## Professionalism

*Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including sensitivity to a diverse patient population.*

- Use time efficiently in the clinic to see patients and document care.
- Counsel patients and families on end-of-life issues, transition to hospice care, and withdrawal of care.
- Consistently demonstrate professional behavior and ethical practice under increasing autonomy, and model accountability by admitting and learning from errors.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Role modeling by faculty<br>– Didactics on ethics and professionalism<br>– Multidisciplinary patient / family conferences<br>– Direct patient care experience | – Faculty evaluation<br>– Multisource (360°) evaluation by team and patients<br>– Self-assessment and reflection form |

## Systems-Based Practice

*Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to call effectively on other resources to provide optimal, high-value cancer and hematology care.*

- Discuss alternative care strategies and the cost and risks involved in current quality issues (e.g., breast cancer screening, appropriate thresholds for blood transfusion).
- Recognize the emotional, psychological, and spiritual needs of patients and families coping with incurable disease and the community resources available to meet them.
- Apply cost-effective, evidence-based strategies to testing and treatment.
- Contribute to a population-health / quality-improvement project, applying PDSA methodology and tracking outcome measures.

| **Instructional / Training Methods** | **Evaluation Methods** |
|---|---|
| – Role modeling by faculty<br>– Multidisciplinary care and Tumor Board conferences<br>– Quality-improvement and systems initiatives<br>– Direct patient care experience | – Faculty evaluation<br>– Multisource evaluation by care-team members<br>– Quality-improvement project participation<br>– Self-assessment and reflection |

# PGY-3 Goals and Objectives

*Junior Consultant — Independent, leadership, and teaching roles approaching autonomous practice*

## Patient Care

*Residents will provide patient care that is compassionate, culturally sensitive, appropriate, and effective for the prevention and treatment of hematologic and oncologic disease.*

- Supervise and ensure seamless transitions of care between primary and consulting teams and between inpatient and outpatient care.
- Independently obtain complex histories for patients with complex hematologic or oncologic disease and multiple comorbidities.
- Independently order and interpret laboratory and diagnostic tests appropriate to the condition of the patient.
- Function as a junior consultant, leading care for complex hematologic and oncologic patients.
- Independently manage oncologic emergencies, stabilize critically ill patients, and lead the team.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Didactics and case-based conferences<br>– Textbook and journal readings<br>– Inpatient service, infusion center, and outpatient clinic experience<br>– Tumor Board and multidisciplinary conferences<br>– Simulation and procedure training<br>– Direct patient care experience | – Direct observation and feedback by faculty<br>– Mini-CEX bedside evaluation<br>– Milestone-based faculty evaluation (New Innovations)<br>– Chart-stimulated recall and chart review<br>– In-training examination<br>– Self-assessment and reflection |

## Medical Knowledge

*Residents must demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to the care of patients with hematologic and oncologic disease.*

- Understand the pathophysiology, presentation, and targeted therapy of hematologic and oncologic conditions with attention to differences among patient populations, functional status, and tumor pathology.
- Understand hospice, palliative care, transplant options, and post-transplant care, and apply principles of treatment within the setting of comorbidities.
- Demonstrate knowledge of the indications, contraindications, and timing of bone marrow cytogenetics and immunophenotyping, chromosome analysis, estrogen/progesterone receptor testing, lymph node biopsy with immunophenotyping, and PET scanning.
- Be familiar with alternative and complementary therapies commonly used by patients.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Specialty-specific didactics (Friday afternoons)<br>– Textbook and journal readings<br>– Guideline review (NCCN, ASCO, ASH, ACS)<br>– Tumor Board (with Radiology)<br>– Direct patient care experience | – Direct observation and feedback by faculty<br>– In-training examination<br>– Milestone-based faculty evaluation<br>– Chart review<br>– Self-assessment and reflection |

## Practice-Based Learning and Improvement

*Residents must be able to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.*

- Take a leadership role in case-based, multidisciplinary therapeutic decision-making with the primary provider, hematologist-oncologist, radiation oncologist, and surgeon.
- Lead scholarly, quality-improvement, or educational projects in hematology/oncology.
- Provide structured, constructive feedback to junior residents and students.
- Model self-directed, lifelong learning and evidence-based practice.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Journal club and independent study<br>– Guideline review sessions (NCCN, ASCO)<br>– Scholarly / quality-improvement project mentorship<br>– Direct patient care experience | – Faculty evaluation<br>– Project and presentation assessment<br>– In-training examination<br>– Self-assessment and reflection |

## Interpersonal and Communication Skills

*Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.*

- Demonstrate leadership skills to build consensus and coordinate a multidisciplinary approach to patient care.
- Elicit information or agreement in situations with complex social dynamics (identifying the power of attorney or surrogate decision-maker, managing difficult encounters, resolving family conflict).
- Lead difficult conversations (prognosis, goals of care, new cancer diagnoses) with empathy and clarity.
- Role-model professional, concise, non-technical consultation.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Role modeling by faculty<br>– Communication and goals-of-care workshops<br>– Bedside rounds<br>– Patient / family conferences<br>– Direct patient care experience | – Direct observation and feedback on rounds<br>– Mini-CEX and multisource (360°) evaluation<br>– Consult and progress-note review<br>– Self-assessment and reflection |

## Professionalism

*Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including sensitivity to a diverse patient population.*

- Provide constructive criticism and feedback to more junior members of the team.
- Consistently role-model professionalism, ethics, and accountability for the team.
- Manage competing responsibilities and demonstrate readiness for autonomous practice.
- Advocate for patient welfare and equitable, culturally responsive care.

| Instructional / Training Methods | Evaluation Methods |
|---|---|
| – Role modeling by faculty<br>– Didactics on ethics and professionalism<br>– Multidisciplinary patient / family conferences<br>– Direct patient care experience | – Faculty evaluation<br>– Multisource (360°) evaluation by team and patients<br>– Self-assessment and reflection form |

## Systems-Based Practice

*Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to call effectively on other resources to provide optimal, high-value cancer and hematology care.*

- Demonstrate awareness of the appropriate setting (inpatient, clinic, nursing home, home, hospice) for treatment and facilitate care within available system resources and insurance restrictions.
- Demonstrate awareness of and responsiveness to established quality measures, risk-management strategies, and cost of care within the system.
- Lead and coordinate multidisciplinary care and complex care transitions.
- Champion high-value, cost-conscious care and lead or co-lead a population-health project, analyzing outcomes and sustaining improvement.

| **Instructional / Training Methods** | **Evaluation Methods** |
|---|---|
| – Role modeling by faculty<br>– Multidisciplinary care and Tumor Board conferences<br>– Quality-improvement and systems initiatives<br>– Direct patient care experience | – Faculty evaluation<br>– Multisource evaluation by care-team members<br>– Quality-improvement project participation<br>– Self-assessment and reflection |

# Assessment, Milestones, and Faculty Evaluation Guidance

## Resident Self-Assessment

- Complete a milestone-aligned self-assessment at mid-rotation and end-of-rotation, mapped to the six ACGME competencies and progressive independence.
- Identify individualized learning goals and review progress with faculty.
- Reflect on feedback and document plans for improvement.

## Faculty Evaluation Guidance

Assessment emphasizes graduated autonomy and entrustment. Faculty should base evaluations on multiple, longitudinal observations rather than a single encounter.

- Milestone-based assessment mapped to the ACGME Internal Medicine Milestones.
- Mini-CEX bedside evaluation of history-taking, examination, and clinical reasoning.
- Direct observation of clinical performance, consultation, and procedures.
- Verbal mid-rotation feedback and attending written end-of-rotation evaluation based on observation and chart review.
- Multisource (360°) evaluation from faculty, peers, nursing, allied health, and patients.
- Documentation of all evaluations in New Innovations.

*Entrustment guidance: most PGY-1 residents progress from requiring proactive supervision toward reactive (on-request) supervision by year end; most PGY-2 and PGY-3 residents progress from reactive supervision toward independent performance and, for PGY-3, the ability to supervise and instruct others.*

## Rotation Structure and Conferences

- Residents contact the lead hematologist-oncologist three days prior to the rotation to determine start time and location.
- Residents divide time between the infusion center, hospital, and clinic as appropriate to achieve the educational goals, participating in patient presentation, differential diagnosis, treatment planning, and follow-up.
- When possible, residents follow the same patients across inpatient and clinic settings; case-based learning is emphasized, with nightly reading based on patients seen during the day.
- When performing hematology/oncology consults, residents should understand the question asked and provide a concise answer.
- Conferences: specialty-specific didactics on Friday afternoons and at noon; Tumor Board twice monthly on Thursdays (12:30–1:30 pm) with Radiology.
- The rotation has no night-call requirement; call and weekend responsibilities are determined by the attending. Hours worked must be consistent with ACGME requirements and are subject to Program Director approval.

## Recommended Learning Resources

- Textbooks — Cancer: Principles & Practice of Oncology (12th ed.); Williams Hematology (10th ed.).
- NCCN Clinical Practice Guidelines in Oncology and NCCN/ACS Treatment Guidelines for Patients.
- American Society of Clinical Oncology (ASCO) and ASCO Education; American Society of Hematology (ASH), Blood, and the ASH Image Bank.
- American Cancer Society Guidelines for the Early Detection of Cancer; NIH breast cancer risk calculators; CDC cancer and blood-disorder guidelines.
- NEJM Videos in Clinical Medicine — bone marrow aspiration/biopsy, lumbar puncture, paracentesis, thoracentesis.

- Pain and addiction — Optimal Pain Management for Patients with Cancer in the Modern Era; Use of Opioids for Adults with Cancer Pain (ASCO Guideline).
- UpToDate; topic collections in the NEJM and Annals of Internal Medicine; “Reconsidering the use of race correction in clinical algorithms.”

*Guideline references: National Comprehensive Cancer Network (NCCN); American Society of Clinical Oncology (ASCO); American Society of Hematology (ASH); American Cancer Society (ACS); ACGME Internal Medicine Milestones.*