

Hematology Oncology – Goals & Objectives

- **Participating Site(s):** Inpatient hematology–oncology consult service; inpatient oncology service; outpatient hematology–oncology clinics
- **Duration:** 2-4 weeks
- **Required or Elective:** Required

Rotation Overview

This rotation provides residents with structured experience in the evaluation and management of older adults across inpatient, outpatient, and post-acute care settings. The experience emphasizes recognition of atypical disease presentations, maintenance of functional independence, high-value and patient-centered decision-making, medication management, interdisciplinary collaboration, and alignment of care with patient goals and preferences.

Overall Rotation Goal

The goal of this rotation is for residents to progressively demonstrate the knowledge, clinical skills, and professional judgment necessary to care for older adults by recognizing age-related changes in disease presentation, maintaining function and quality of life, and delivering evidence-based, high-value, and goal-concordant care.

Educational Objectives (Aligned with ACGME Competencies)

Patient Care

Residents will be able to:

- Evaluate patients with suspected or known hematologic and oncologic disorders and formulate prioritized differential diagnoses
- Recognize and initiate management of common oncologic and hematologic emergencies, including neutropenic fever, leukostasis, tumor lysis syndrome, spinal cord compression, and thrombotic microangiopathies
- Manage cancer-related symptoms, including pain, nausea, dyspnea, fatigue, and anemia, using evidence-based and patient-centered approaches
- Participate in the care of patients receiving chemotherapy, transfusions, anticoagulation, and supportive therapies under appropriate supervision

Medical Knowledge

Residents will be able to:

- Explain the pathophysiology, clinical presentation, and diagnostic evaluation of common hematologic disorders, including anemias, leukemias, lymphomas, plasma cell dyscrasias, and platelet disorders
- Interpret peripheral blood smears, bone marrow aspirates (conceptually), coagulation studies, and relevant laboratory tests
- Describe mechanisms of action, indications, and common toxicities of frequently used chemotherapeutic agents and targeted therapies
- Apply evidence-based principles to the diagnosis and management of common malignancies, including breast, lung, colorectal, pancreatic, bladder, and hematologic cancers

Practice-Based Learning and Improvement

Residents will be able to:

- Identify personal learning gaps related to hematology, oncology, and supportive care
- Incorporate current clinical guidelines and evidence-based literature into diagnostic and treatment decisions
- Reflect on patient outcomes and integrate feedback to improve future clinical practice

Interpersonal and Communication Skills

Residents will be able to:

- Communicate diagnoses, prognoses, and treatment options clearly and compassionately to patients and families
- Participate in shared decision-making, including discussions of goals of care, prognosis, and treatment limitations
- Collaborate effectively with hematology–oncology faculty, nursing, pharmacy, social work, and palliative care teams

Professionalism

Residents will be able to:

- Demonstrate empathy, respect, and accountability when caring for patients with serious illness
- Recognize personal limitations and seek appropriate supervision and consultation
- Uphold ethical standards, including informed consent, confidentiality, and end-of-life decision-making

Systems-Based Practice

Residents will be able to:

- Utilize diagnostic testing, chemotherapy, transfusions, and specialty consultation appropriately to provide high-value care
- Coordinate care across inpatient, outpatient, infusion, and palliative settings
- Identify appropriate indications for hospice referral, palliative care consultation, and transitions to end-of-life care

PGY-Level Expectations

PGY-1:

- Identify common hematologic and oncologic conditions and communicate assessment findings under direct supervision
- Recognize oncologic emergencies and participate in initial stabilization and management

PGY-2:

- Develop prioritized differential diagnoses and propose diagnostic and management plans with indirect supervision
- Interpret common hematologic studies and apply guideline-based therapies

PGY-3:

- Independently manage routine hematologic and oncologic conditions with attending oversight
- Lead discussions regarding diagnostic strategies, symptom management, and goals of care for complex patients

Teaching and Learning Activities

- Inpatient hematology–oncology consults and rounds

- Outpatient hematology–oncology clinic participation
- Case-based discussions emphasizing oncologic emergencies, transfusion medicine, and supportive care
- Review of peripheral smears, pathology reports, and treatment protocols
- Interdisciplinary discussions involving palliative care and hospice services

Evaluation and Feedback

Resident performance is evaluated through:

- Direct faculty observation
- End-of-rotation faculty evaluation
- Assessment of clinical reasoning, symptom management, and communication skills
- Milestone-based assessment tools

Residents receive ongoing formative feedback and summative feedback at the conclusion of the rotation.

Supervision

Faculty supervision is provided in accordance with ACGME supervision guidelines and is based on resident demonstrated competence, PGY level, and patient acuity.