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10. Why does the Medical Knowledge section divide fund of knowledge into solid tumor oncology, malignant hematology, and non-neoplastic hematology?

This was done because clinical rotations are often separated into these broad areas. Our colleagues from Canada, in fact, have an oncology curriculum that does not include malignant hematology as that is under the hematology curriculum. The committee could have gone on and on with this part of the document, listing every area that a trainee must know (e.g., lung cancer, breast cancer, anemia, etc.) but the resulting document would have been unwieldy.

11. Why does genetic, genomic, molecular, and laboratory tests related to hematologic and oncologic diseases stand alone in the Medical Knowledge section?

It corresponds to the IM Subspecialty Reporting Milestone: “Knowledge of diagnostic testing and procedures”. The committees felt that this emerging area is so important that it should be specifically included in program curricula.

12. Why are some of the HO Curricular Milestones unchanged from the core IM Subspecialty Reporting Milestones?

Many of the subcompetencies and the subcompetency streams in Systems Based Practice, Practice Based Learning, Professionalism and Interpersonal Communication Skills are the same or similar to that in the IM Subspecialty Reporting Milestones. The ASH/ASCO curricular committee realized that the IM Subspecialty Reporting Milestones were sufficiently detailed that they could be used by all programs.

13. Why is there so much detail in the Interpersonal Communication Skills Subcompetencies?

Communication is of critical importance for Hematologist/Oncologists. Thus, specialty-specific content was added to the three subcompetencies. The first (Communicates effectively and compassionately with patients and caregivers) contains the specific skills expected of the trainee by the time he is ready for unsupervised practice. The second (Communicates effectively in inter-professional teams) sets higher expectations for HO fellows than for fellows in other subspecialty programs so the boxes have shifted to the left. The third (Appropriate utilization and completion of health records) includes specific documentation requirements that are critical for the specialty.

14. When will this document be updated? How often?

The plan will be to update the document at the same intervals as the IM Subspecialty Milestones. The ACGME has stated that this will be approximately every 2 years.