

Evaluation Form



Printed on Jun 02, 2014

Outpatient Liver Clinic Evaluation

Evaluator: _____

Evaluation of: _____

Date: _____

Please answer questions to the best of your ability. On topic area questions you may answer not yet assessable if you have no information about the fellows knowledge in that topic area

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Cannot advance beyond the need for direct supervision in the delivery of patient care. Cannot manage patients who require urgent or emergency care. Does not assume responsibility for patient management decisions.	Requires direct supervision to ensure patient safety and quality care. Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings. Inconsistently provides preventive care in all appropriate clinical settings. Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings. Unable to manage complex inpatients or patients requiring intensive care. Cannot independently supervise care provided by other members of the physician-led team.	Requires indirect supervision to ensure patient safety and quality care. Provides appropriate preventive care and chronic disease management in all appropriate clinical settings. Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings. Under supervision, provides appropriate care in the intensive care unit. Initiates management plans for urgent or emergency care.	Independently manages patients across applicable inpatient, outpatient, and ambulatory clinical settings who have a broad spectrum of clinical disorders, including undifferentiated syndromes. Seeks additional guidance and/or consultation as appropriate. Appropriately manages situations requiring urgent or emergency care. Effectively supervises the management decisions of the team in all appropriate clinical settings.	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings.

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1. PC 3 Manages patients with progressive repsonsiblity and independence.*

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Not Yet									
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Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Lacks foundational knowledge to apply diagnostic testing and procedures to patient care.	Inconsistently interprets basic diagnostic tests accurately. Does not understand the concepts of pre-test probability and test performance characteristics. Minimally understands the rationale and risks associated with common procedures.	Consistently interprets basic diagnostic tests accurately. Needs assistance to understand the concepts of pre-test probability and test performance characteristics. Fully understands the rationale and risks associated with common procedures.	Interprets complex diagnostic tests accurately while accounting for limitations and biases. Knows the indications for, and limitations of, diagnostic testing and procedures. Understands the concepts of pre-test probability and test performance characteristics. Teaches the rationale and risks associated with common procedures and anticipates potential complications of procedures.	Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures. Pursues knowledge of new and emerging diagnostic tests and procedures.

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2. MK 2 Knowledge of diagnostic testing and procedures.*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Unwilling to self-reflect upon one's practice or performance. Not concerned with opportunities for learning and self-improvement.	Unable to self-reflect upon practice or performance. Misses opportunities for learning and self-improvement.	Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections. Inconsistently acts upon opportunities for learning and self-improvement.	Regularly self-reflects upon one's practice or performance, and consistently acts upon those reflections to improve practice. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.	Regularly seeks external validation regarding self-reflection to maximize practice improvement. Actively and independently engages in self-improvement efforts and reflects upon the experience.

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3. PBLI 1 Monitors practice with a goal for improvement.*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Never solicits feedback. Actively resists feedback from others.	Rarely seeks and does not incorporate feedback. Responds to	Solicits feedback only from supervisors and inconsistently incorporates	Solicits feedback from all members of the interprofessional	Performance continuously reflects incorporation of solicited and

		unsolicited feedback in a defensive fashion. Temporarily or superficially adjusts performance based on feedback.	feedbacks open to unsolicited feedback. Inconsistently incorporates feedback.	team and patients. Welcomes unsolicited feedback. Consistently incorporates feedback. Able to reconcile disparate or conflicting feedback.	unsolicited feedback. Role-models ability to reconcile disparate or conflicting feedback.
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4. PBLI 3 Learns and improves via feedback.*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate. Fails to seek or apply evidence when necessary.	Rarely reconsiders an approach to a problem, asks for help, or seeks new information. Can translate medical information needs into well-formed clinical questions with assistance. Unfamiliar with strengths and weaknesses of the medical literature. Has limited awareness of, or ability to use, information technology or decision support tools and guidelines. Accepts the findings of clinical research studies without critical appraisal.	Inconsistently reconsiders an approach to a problem, asks for help, or seeks new information. Can translate medical information needs into well-formed clinical questions independently. Aware of the strengths and weaknesses of medical information resources, but utilizes information technology without sophistication. With assistance, appraises clinical research reports based on accepted criteria.	Routinely reconsiders an approach to a problem, asks for help, or seeks new information. Routinely translates new medical information needs into well-formed clinical questions. Guided by the characteristics of clinical questions, efficiently searches medical information resources, including decision support tools and guidelines. Independently appraises clinical research reports based on accepted criteria.	Role-models how to appraise clinical research reports based on accepted criteriaHas a systematic approach to track and pursue emerging clinical questions.

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5. PBLI 4 Learns and improves at the point of care.*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks. Shuns responsibilities	Completes most assigned tasks in a timely manner but may need reminders or other support. Accepts professional	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy.	Prioritizes multiple competing demands in order to complete tasks and responsibilities	Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and

	expected of a physician professional.	responsibility only when assigned or mandatory.	Completes assigned professional responsibilities without questioning or the need for reminders.	in a timely and effective manner. Willingly assumes professional responsibility regardless of the situation.	effective manner. Assists others to improve their ability to prioritize many competing tasks.
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6. PROF 2 Accepts responsibility and follows through on tasks.*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Utilizes communication strategies that hamper collaboration and teamwork. Verbal and/or non-verbal behaviors disrupt effective collaboration with team members.	Uses unidirectional communication that fails to utilize the wisdom of team members. Resists offers of collaborative input.	Inconsistently engages in collaborative communication with appropriate members of the team. Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care.	Consistently and actively engages in collaborative communication with all members of the team. Verbal, non-verbal, and written communication consistently acts to facilitate collaboration with team members to enhance patient care.	Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions.

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7. ICS 2 Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Provides health records that are missing significant portions of important clinical data. Does not enter medical information and test results/interpretations into health record.	Health records are disorganized and inaccurate. Inconsistently enters medical information and test results/interpretations into health record.	Health records are organized and accurate, but are superficial and miss key data or fail to communicate clinical reasoning. Consistently enters medical information and test results/interpretations into health records.	Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical reasoning. Provides effective and prompt medical information and test results/interpretations to physicians and patients.	Role-models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific.

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8. ICS 3 Appropriate utilization and completion of health records.*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Does not or inconsistently collects accurate historical data. Does not understand concept of alarm symptoms that may warrant further investigation. Cannot perform directed physical exam to assess for complications of liver disease. Cannot focus diagnostic test ordering. Cannot interpret liver chemistries.	Consistently acquires accurate and relevant histories and performs accurate physical exams. Can describe the anatomy, physiology, and histology related to the liver. Test ordering is targeted towards the main clinical problem but may not incorporate cost effectiveness, clinical guidelines, patient safety and/or preferences. Can interpret abnormal liver chemistries but has a narrow differential.	Can generate a prioritized differential diagnosis. Lists indications, contraindications, limitations, complications and techniques of liver biopsy. Appropriately orders testing including laboratory, radiologic, and endoscopy and can apply results to management. Counsels patients about lifestyle modifications relevant to liver disease (alcohol, drugs, diet). Incorporates management guidelines in the care of patients with liver disease.	Obtains relevant historical and examination subtleties that informs the differential diagnosis. Can describe the pathophysiologic mechanisms of liver injury, understands pharmacology and molecular biology as it relates to liver physiology and disease. Can describe pregnancy related liver disease. Identifies patients at risk of complications of liver disease and manages patients with advanced liver disease. Able to assess pre-operative risk in patients with liver disease. Provides appropriate consultative care for patients with liver disease.	Diagnose and manage patients with diseases including acute hepatitis, acute liver injury and failure, chronic hepatitis, alcoholic liver disease, NAFLD, Wilson's, PBC, PSC, autoimmune hepatitis, hemochromatosis, alpha-1 antitrypsin deficiency, vascular liver disease, cystic diseases of the liver, liver abscess. Summarizes indications and limitations of imaging modalities and interprets results of CT, MRI, MRCP, angiography and ultrasound. Effectively leads a multi-disciplinary team in the care of patients with liver diseases.
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9. Acute and Chronic Liver Disease*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Does not or inconsistently collects accurate historical data. Does not understand concept of alarm symptoms that may warrant further investigation. Cannot perform directed physical exam to assess for complications of liver disease. Does not demonstrate patience and compassion in dealing with patients with liver diseases.	Consistently acquires accurate and relevant histories. Consistently performs accurate and appropriately thorough physical exams. Can describe the physiology of portal hypertension. Can recognize the complications of cirrhosis	Can diagnose and manage patients with cirrhosis and complications of portal hypertension including ascites, SBP, varices, PSE, HRS, portopulmonary HTN, hepatopulmonary syndrome. Appropriately orders testing including laboratory,	Can apply prognostic models including MELD, CPT, DF and Lille. Recognizes need to refer patients for transplant and can outline the evaluation. Can describe the indications, benefits and complications of TIPS. Can interpret hepatic pressure	Understands the complex interactions between the cardiac, renal, pulmonary, immunologic, and hematologic systems with the liver in patients with portal hypertension and can manage effectively or serves as a consultant in patients with multi-system disease. Can

		including ascites, SBP, varices, PSE, HRS, portopulmonary HTN, hepatopulmonary syndrome. Can list indications, contraindications, and complications of diagnostic and therapeutic paracentesis and interpret results.	radiologic, and endoscopy and can apply results to management. Counsels patients about lifestyle modifications relevant to liver disease (alcohol, drugs, diet). Incorporates management guidelines in the care of patients with liver disease including screening, bleeding and vaccination.	measurements. Can do or describe the placement of Blakemore tube and knows how to access needed supplies. Can assess pre-operative risk in patients with liver disease and provide appropriate consultative care.	work and communicate effectively within an interprofessional team in the management of patients with decompensated liver disease. Can provide compassionate care and end-of-life counseling to liver patients and their families.
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10. Complications of cirrhosis*

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11. Please comment on areas in which this fellow excels *

12. Please comment on areas in which this fellow could improve *