

VA Advanced Fellow 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
	Attempts to perform invasive procedures without sufficient technical skill or supervision. Fails to recognize cases in which invasive procedures are unwarranted or unsafe. Does not recognize the need to discuss procedure indications, processes, or potential risks with patients. Fails to engage the patient in the informed consent process, and/or does not effectively describe risks and benefits of procedures.	Possesses insufficient technical skill for safe completion of common invasive procedures with appropriate supervision. Inattentive to patient safety and comfort when performing invasive procedures. Applies the ethical principles of informed consent. Recognizes the need to obtain informed consent for procedures, but ineffectively obtains it. Understands and communicates ethical principles of informed consent.	Possesses basic technical skill for the completion and interpretation of some common invasive procedures with appropriate supervision. Inconsistently manages patient safety and comfort when performing invasive procedures. Inconsistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures. Obtains and documents informed consent.	Consistently demonstrates technical skill to successfully and safely perform and interpret invasive procedures. Maximizes patient comfort and safety when performing invasive procedures. Consistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures. Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers). Quantifies evidence for risk-benefit analysis during obtainment of informed consent for complex procedures or therapies.	Demonstrates skill to independently perform and interpret complex invasive procedures that are anticipated for future practice. Demonstrates expertise to teach and supervise others in the performance of invasive procedures. Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application.

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1. PC 4a. Demonstrates skill in performing and interpreting invasive procedures*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Does not	Possesses	Inconsistently	Consistently	Demonstrates

recognize patients for whom non-invasive procedures and/or testing is not warranted or is unsafe. Attempts to perform or interpret non-invasive procedures and/or testing without sufficient skill or supervision. Does not recognize the need to discuss procedure indications, processes, or potential risks with patients. Fails to engage the patient in the informed consent process and/or does not effectively describe risks and benefits of procedures.	insufficient skill to safely perform and interpret non-invasive procedures and/or testing with appropriate supervisionInattentive to patient safety and comfort when performing non-invasive procedures and/or testing procedures. Applies the ethical principles of informed consent. Recognizes need to obtain informed consent for procedures but ineffectively obtains it. Understands and communicates ethical principles of informed consent.	recognizes appropriate patients, indications, and associated risks in the utilization of non-invasive procedures and/or testing. Inconsistently integrates procedures and/or testing results with clinical features in the evaluation and management of patients. Can safely perform and interpret selected non-invasive procedures and/or testing procedures with minimal supervision. Inconsistently recognizes high-risk findings and artifacts/normal variants. Obtains and documents informed consent.	recognizes appropriate patients, indications, limitations, and associated risks in utilization of non-invasive procedures and/or testing. Integrates procedures and/or testing results with clinical findings in the evaluation and management of patients. Recognizes procedures and/or testing results that indicate high-risk state or adverse prognosis. Recognizes artifacts and normal variants. Consistently performs and interprets non-invasive procedures and/or testing in a safe and effective manner. Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers).	skill to independently perform and interpret complex non-invasive procedures and/or testing. Demonstrates expertise to teach and supervise others in the performance of advanced non-invasive procedures and/or testing. Designs consent instrument for a human subject research study; files an Institution Review Board (IRB) application.
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2. PC 4b. Demonstrates skill in performing and interpreting non-invasive procedures and/or testing*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant services. Unwilling to utilize consultant services when appropriate for patient care.	Inconsistently manages patients as a consultant to other physicians/health care teams. Inconsistently applies risk assessment principles to patients while acting as a consultant. Inconsistently formulates a clinical question for a consultant to address.	Provides consultation services for patients with clinical problems requiring basic risk assessment. Asks meaningful clinical questions that guide the input of consultants.	Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment. Appropriately integrates recommendations from other consultants in order to effectively manage patient care.	Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment. Models management of discordant recommendations from multiple consultants.
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3. PC 5 Requests and provides consultative care

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Not Yet 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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4. MK 2 Knowledge of diagnostic testing and procedures.*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Ignores a risk for error within the system that may affect the care of a patient. Ignores feedback and is unwilling to change behavior in order to reduce the risk for error.	Does not recognize the potential for system error. Makes decisions that could lead to errors that are otherwise corrected by the system or supervision. Resistant to feedback about decisions that may lead to error or otherwise cause harm.	Recognizes the potential for error within the system. Identifies obvious or critical causes of error and notifies supervisor accordingly. Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk. Willing to receive feedback about decisions that may lead to error or otherwise cause harm.	Identifies systemic causes of medical error and navigates them to provide safe patient care. Advocates for safe patient care and optimal patient care systems. Activates formal system resources to investigate and mitigate real or potential medical error. Reflects upon and learns from own critical incidents that may lead to medical error.	Advocates for system leadership to formally engage in quality assurance and quality improvement activities. Viewed as a leader in identifying and advocating for the prevention of medical error. Teaches others regarding the importance of recognizing and mitigating system error.

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5. SBP 2 Recognizes system error and advocates for system improvement.*

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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 unsolicited feedback in a defensive fashion.	Solicits feedback only from supervisors and inconsistently incorporates feedbacks open to unsolicited feedback.	Solicits feedback from all members of the interprofessional team and patients. Welcomes	Performance continuously reflects incorporation of solicited and unsolicited

		Temporarily or superficially adjusts performance based on feedback.	Inconsistently incorporates feedback.	unsolicited feedback. Consistently incorporates feedback. Able to reconcile disparate or conflicting feedback.	feedback. Role-models ability to reconcile disparate or conflicting feedback.
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6. PBLI 3 Learns and improves via feedback.*

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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 expected of a physician professional.	Completes most assigned tasks in a timely manner but may need reminders or other support. Accepts professional responsibility only when assigned or mandatory.	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy. Completes assigned professional responsibilities without questioning or the need for reminders.	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner. Willingly assumes professional responsibility regardless of the situation.	Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective manner. Assists others to improve their ability to prioritize many competing tasks.

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7. 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
	Does not know the appropriate indications for upper and lower endoscopy. Does not know the risks and benefits of upper and lower endoscopy. Cannot effectively provide informed consent to patients or family members. Does not systematically document pre-anesthesia evaluation, informed consent, procedure documentation and discharge	Can summarize the appropriate indications, risks and benefits for both upper and lower endoscopy, considers alternatives. Obtains a thorough informed consent in language appropriate to the patient's level of understanding. Can determine the adequacy of bowel prep during colonoscopy. Can recognize landmarks in upper and lower endoscopy, normal and abnormal findings. Always documents pre-anesthesia evaluation, informed consent, procedure note and discharge plans/instructions.	Can summarize screening/surveillance guidelines related to colon cancer, inflammatory bowel disease, Barretts and varices. Can define potential quality metrics for endoscopic procedures. Understands the pharmacology of conscious sedation and can direct administration and monitor comfort and safety. Can intubate to second portion of duodenum, to cecum and can retroflex when appropriate. Can counsel patients about prep and the system used to communicate results to the patient. Communicates effectively with staff during procedure.	Manages antiplatelet and anticoagulant therapy and use of antibiotics with endoscopy. Conducts a thorough examinations, identifies landmarks, demonstrates adequate polyp detection. Performs biopsy, and polypectomy of pedunculated and sessile polyps and ensures adequate hemostasis. Performs endoscopic therapies including band ligation, foreign body removal, dilation, injection therapy, PEG. Recognizes complications or need to abort procedure for	Reviews own quality performance metrics and incorporates changes to meet goals. Can list and perform techniques utilized for removal of various lesions including flat and laterally spreading polyps. Can determine which lesions are best managed by submucosal injection and cap or band-assisted resection. Recognizes the spectrum of normal and abnormal endoscopic findings, determines the clinical relevance, best

	instructions.			safety.	management and can communicate this effectively to the patient, family and other physicians.
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8. Endoscopy*

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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 related to biliary disease. Does not understand concept of alarm symptoms that may warrant further investigation. Cannot perform directed physical exam to assess for biliary disease. Cannot focus diagnostic test ordering.	Consistently acquires accurate and relevant histories and accurate physical exams. Demonstrates an understanding of the basic anatomy of the biliary tree and congenital and structural anomalies. Can discuss the epidemiology and clinical presentation of common biliary syndromes including cholestasis, biliary-type pain, motility disorders and incidental radiographic findings. Appropriately orders labs and imaging studies to assess the biliary tree including US, CT, MRI/MRCP, scintigraphy, EUS, ERCP.	Describes the basic physiology of the biliary system including hormonal and neural regulation of bile flow and gallbladder function and motility, bile composition, secretion and derangement in cholestatic disorders. Interprets lab and imaging studies related to biliary disease. Identifies and manages acute cholangitis. Identifies and manages jaundice and pruritus. Understands utility and complications of interventional biliary procedures.	Understands the advantages and disadvantages of ERCP and EUS, understands alternative diagnostic and therapeutic options and is able to interpret findings. Recognizes post-surgical biliary complications and understands appropriate and timely endoscopic intervention. Considers cost-effectiveness as well as risks, benefits and efficacy when ordering diagnostic testing.	Considers clinical efficacy of advanced endoscopic techniques and non-endoscopic interventions including drainage procedures and surgical intervention when considering therapy in biliary disease. Considers alternative palliative approaches to treatment of advanced and terminal biliary diseases. Can lead a team of diagnostic and interventional radiologists, pathologists, oncologists and surgeons in the care of the patient with biliary disorders.

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9. Biliary 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 related to pancreatic disease. Does not understand concept of alarm symptoms that may warrant	Consistently acquires accurate and relevant histories and physical exams related to pancreatic disease that would identify severe pancreatitis, pancreatic insufficiency and related systemic manifestations. Can describe the normal pancreatic anatomy and the physiology	Summarizes indications, utility and interpretation of radiographic studies of the pancreas. Interprets serum enzymes, tumor markers, fecal studies, cytology. Manages acute pancreatitis with proper fluids, antibiotics, supportive care and nutritional support if indicated.	Lists indications, contraindications, alternatives, and complications of ERCP and EUS in the diagnosis and management of pancreatic disease. Provides basic interpretation of results of EUS and ERCP images for diseases of the pancreas. Describes	Summarizes the basics of the molecular genetics of pancreatic disease with particular reference to hereditary pancreatitis and cystic fibrosis diagnosis and management. Considers alternative

	further investigation. Cannot perform directed physical exam to assess for pancreatic disease. Cannot focus diagnostic test ordering.	of exocrine secretion and digestive enzymes and the anatomy of congenital variants. Summarizes epidemiology, etiology, pathophys and natural history of acute and chronic pancreatitis and its complications. Orders appropriate labs and imaging.	Describes epidemiology, etiology, natural history and management of pancreatic cancer. Describes epidemiology, pathology, natural history and management of pancreatic cystic lesions.	endoscopic, radiologic and surgical therapeutic interventions and their risks and benefits for pancreatic diseases.Considers the psychosocial impact of debilitating conditions like chronic pancreatitis and demonstrates empathy.	palliative approaches to treatment of advanced and terminal pancreatic diseases. Effectively leads a multidisciplinary team of diagnostic and interventional radiologists, pathologists, oncologists and surgeons in the care of the patient with pancreatic disorders as appropriate.
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10. Pancreatic diseases*

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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*