

Evaluation Form



Printed on Jun 02, 2014

Transplant Rotation 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
	Care plans are consistently inappropriate or inaccurate. Does not react to situations that require urgent or emergency care. Does not seek additional guidance when needed	Inconsistently develops an appropriate care plan. Inconsistently seeks additional guidance when needed.	Consistently develops appropriate care plan. Recognizes situations requiring urgent or emergency care. Seeks additional guidance and/or consultation as appropriate.	Appropriately modifies care plans based on patient's clinical course, additional data, patient preferences, and cost-effectiveness principles. Recognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertainty. Manages complex acute and chronic conditions.	Role-models and teaches complex and patient-centered care. Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost-effectiveness principles.

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1. PC 2 Develops and achieves comprehensive management plan for each patient.*

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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	Requires direct supervision to ensure patient safety and quality care. Requires direct supervision to manage problems or common chronic diseases in all	Requires indirect supervision to ensure patient safety and quality care. Provides appropriate preventive care and chronic disease management in	Independently manages patients across applicable inpatient, outpatient, and ambulatory clinical settings who have a broad spectrum of clinical	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings.

	assume responsibility for patient management decisions.	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.	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.	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.	
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2. PC 3 Manages patients with progressive repsonsibility and independence.*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Lacks the scientific, socioeconomic, or behavioral knowledge required to provide patient care.	Possesses insufficient scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex conditions.

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3. MK 1 Clinical knowledge*

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 pre-test performance characteristics. Minimally	Consistently interprets basic diagnostic tests accurately. Needs assistance to understand the concepts of pre-test probability and test performance	Interprets complex diagnostic tests accurately while accounting for limitations and biases. Knows the indications for, and limitations of, diagnostic	Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures. Pursues knowledge of new and emerging diagnostic tests

		understands the rationale and risks associated with common procedures.	characteristics. Fully understands the rationale and risks associated with common procedures.	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.	and procedures.
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4. MK 2 Knowledge of diagnostic testing and procedures.*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Refuses to recognize the contributions of other interprofessional team members. Frustrates team members with inefficiency and errors. Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders).	Identifies roles of other team members, but does not recognize how/when to utilize them as resources. Participates in team discussions when required, but does not actively seek input from other team members.	Understands the roles and responsibilities of all team members, but uses them ineffectively. Actively engages in team meetings and collaborative decision-making.	Understands the roles and responsibilities of, and effectively partners with, all members of the team. Efficiently coordinates activities of other team members to optimize care.	Develops, trains, and inspires the team regarding unexpected events or new patient management strategies. Viewed by other team members as a leader in the delivery of high-quality care.

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5. SBP 1 Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Disregards own clinical performance data. Demonstrates no inclination to participate in or even consider the results of quality-improvement efforts. Not	Limited ability to analyze own clinical performance data. Nominally engaged in opportunities to achieve focused education and performance improvement.	Analyzes own clinical performance gaps and identifies opportunities for improvement. Participates in opportunities to achieve focused education and performance	Analyzes own clinical performance data and actively works to improve performance. Actively engages in opportunities to achieve focused	Actively monitors clinical performance through various data sources. Able to lead projects aimed at education and performance improvement. Utilizes common principles and

	familiar with the principles, techniques, or importance of quality improvement.		improvement. Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients.	education and performance improvement. Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients.	techniques of quality improvement to continuously improve care for a panel of patients.
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6. PBLI 2 Learns and improves via performance audit.*

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. Temporarily or superficially adjusts performance based on feedback.	Solicits feedback only from supervisors and inconsistently incorporates feedbackIs open to unsolicited feedback. Inconsistently incorporates feedback.	Solicits feedback from all members of the interprofessional team and patients. Welcomes unsolicited feedback. Consistently incorporates feedback. Able to reconcile disparate or conflicting feedback.	Performance continuously reflects incorporation of solicited and unsolicited feedback. Role-models ability to reconcile disparate or conflicting feedback.

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7. PBLI 3 Learns and improves via feedback.*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Is insensitive to differences related to personal characteristics and needs in the patient/caregiver encounter. Is unwilling to modify care plan to account for a patient's unique characteristics and needs.	Is sensitive to and has basic awareness of differences related to personal characteristics and needs in the patient/caregiver encounter. Requires assistance to modify care plan to account for a patient's unique characteristics and needs.	Seeks to fully understand each patient's personal characteristics and needs. Modifies care plan to account for a patient's unique characteristics and needs with partial success.	Recognizes and accounts for the personal characteristics and needs of each patient. Appropriately modifies care plan to account for a patient's unique characteristics and needs.	Role-models professional interactions to navigate and negotiate differences related to a patient's unique characteristics or needs. Role-models consistent respect for patient's unique characteristics and needs.

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8. PROF 3 Responds to each patient's unique characteristics and needs.*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Ignores patient preferences for plan of careMakes no attempt to engage patient in shared decision-making. Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers.	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences. Attempts to develop therapeutic relationships with patients and caregivers but is inconsistently successful. Defers difficult or ambiguous conversations to others	Engages patients in shared decision-making in uncomplicated conversations. Requires assistance facilitating discussions in difficult or ambiguous conversations. Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision-making in complex patient care conversations and the plan of care. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds	Role-models effective communication and development of therapeutic relationships in both routine and challenging situations. Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds. Assists others with effective communication and development of therapeutic relationships.

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9. ICS 1 Communicates effectively with patients and caregivers.*

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	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.

				liver disease. Provides appropriate consultative care for patients with liver disease.	Effectively leads a multi-disciplinary team in the care of patients with liver diseases.
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10. Acute and chronic liver diseases*

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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 including ascites, SBP, varices, PSE, HRS, portopulmonary HTN, hepatopulmonary syndrome. Can list indications, contraindications, and complications of diagnostic and therapeutic paracentesis and interpret results.	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, 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.	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 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.	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 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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11. Complications of cirrhosis*

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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 nutritional	Can perform a physical exam that assesses the nutritional status of a patient. Can obtain a diet	Can summarize indications and complications of enteral and parenteral support. Can discuss the	Counsels patients about lifestyle and dietary changes to impact nutritional status including	Considers ethical principles when discussing and applying nutritional therapy, including at the end of life.

	status. Cannot perform directed physical exam to assess for signs and symptoms nutritional deficiency or obesity. Does not understand the laboratory evaluation of nutritional deficiencies. Is insensitive to the stigma associated with obesity.	history and use validated nutritional assessment tools. Discusses the physiology of nutrition including absorption, digestion and metabolism. Orders appropriate labs and studies to assess nutritional status including specific nutrient deficiencies and excesses, protein-energy malnutrition and obesity.	metabolic response to starvation, illness/trauma and obesity and determine nutrient requirements during stress states. Can implement and manage nutritional therapy including modified diets, enteral tube feeding and creating parenteral nutrition orders. Can evaluate clinical efficacy of and complications of nutrition support. Performs endoscopic placement of feeding tubes.	patients with IBD, Celiac disease, altered GI anatomy, cirrhosis, gastroparesis and obesity. Can discuss options for obesity treatment including medical and surgical and emerging endoscopic options.	Teams with the patient, family and medical team in this process. Can discuss and manage complications of obesity treatments. Incorporates understanding of the psychosocial impact of eating disorders. Demonstrates cultural, gender and socio-economic sensitivity in creating nutrition therapy plans including diet counseling, and complementary and alternative approaches to nutrition.
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13. Please comment on areas in which this fellow excels *

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