

Evaluation Form



Printed on Jun 02, 2014

Inpatient ERCP Service 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.

▲ Collapse ▼

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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.

▲ Collapse ▲

2. PC 5 Requests and provides consultative care*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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.

▲ Collapse ▲

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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.
▲ Collapse ▲					

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

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

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.
▲ Collapse ▲					

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

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

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	Consistently acquires accurate and relevant histories and accurate physical exams. Demonstrates an understanding of the basic anatomy of the	Describes the basic physiology of the biliary system including hormonal and neural regulation of bile flow and gallbladder function and	Understands the advantages and disadvantages of ERCP and EUS, understands alternative diagnostic and therapeutic options and is able to interpret findings. Recognizes post-	Considers clinical efficacy of advanced endoscopic techniques and non-endoscopic interventions including drainage procedures and surgical intervention

	further investigation. Cannot perform directed physical exam to assess for biliary disease. Cannot focus diagnostic test ordering.	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.	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.	surgical biliary complications and understands appropriate and timely endoscopic intervention. Considers cost-effectiveness as well as risks, benefits and efficacy when ordering diagnostic testing.	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.
--	--	---	--	---	---

▲ Collapse ▲

6. Biliary Diseases*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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 further investigation. Cannot perform directed physical exam to assess for pancreatic disease. Cannot focus diagnostic test ordering.	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 of exocrine secretion and digestive enzymes and the anatomy of congenital variants. Summarizes epidemiology, etiology, pathophys and natural history of acute and chronic	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. Describes epidemiology, etiology, natural history and management of pancreatic cancer. Describes	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 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.	Summarizes the basics of the molecular genetics of pancreatic disease with particular reference to hereditary pancreatitis and cystic fibrosis diagnosis and management. Considers alternative 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

		pancreatitis and its complications. Orders appropriate labs and imaging.	epidemiology, pathology, natural history and management of pancreatic cystic lesions.		disorders as appropriate.
Collapse					

7. Pancreatic Diseases*

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Does not or inconsistently collects accurate historical data related to GI malignancy. Does not understand concept of alarm symptoms that may warrant further investigation. Cannot perform directed physical exam to assess for signs and findings of GI malignancy. Cannot focus diagnostic test ordering.	Consistently acquires accurate and relevant histories and accurate physical exams. Can discuss cancer epidemiology, primary prevention and screening for GI malignancies. Orders somewhat appropriate tests for diagnosis, screening, surveillance and staging of GI malignancies, may not consider cost effectiveness, patient specific risk factors, or patient preferences.	Considers cost effectiveness, patient specific risk factors and patient preferences when ordering tests. Knows the guidelines and can site literature supporting screening for GI neoplasia. Performs basic endoscopy to diagnose and treat GI neoplasia including colonoscopic polypectomy, NBI/biopsy Barretts. Identifies appropriate surveillance intervals and makes use of medical systems to support compliance. Counsels patients appropriately based upon personal and family history.	Understands the importance of genetic counselling in managing patients with inherited GI disease. Can describe the clinical genetics related to GI malignancies including FAP, HNPCC and other rarer polyposis syndromes. Can define the initial staging, management and expected prognosis of patients with newly diagnosed GI cancer. Demonstrates the capabilities and limitations of endoscopic therapy for early GI cancers ie intramucosal esophageal adeno, GIST, carcinoid.	Is able to discuss the new diagnosis of GI cancer with a patient and family in a compassionate manner and answer questions about further evaluation, therapy and prognosis. Works with a multidisciplinary team including primary care, oncologists, surgeons, pathologists, and radiologists to care for patients with GI malignancy. Recognizes and acknowledges the psychological consequences to the patient and family. Is able to discuss transition to palliative care with patient and family.
Collapse					

8. GI Malignancies*

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

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

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