

Klatskin Inpatient Liver 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
	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	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.	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.

	care. Does not assume responsibility for patient management decisions.	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
	Does not 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.	Possesses 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.	Inconsistently 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.	Consistently 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	Demonstrates 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.

										manner. Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers).	
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3. PC 4b. Demonstrates skill in performing and interpreting non-invasive procedures and/or testing*

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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4. 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
	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	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	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

			to receive feedback about decisions that may lead to error or otherwise cause harm.	medical error. Reflects upon and learns from own critical incidents that may lead to medical error.	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
	Disregards need for communication at time of transition. Does not respond to requests of caregivers in other delivery systems. Written and verbal care plans during times of transition are absent.	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems. Provides incomplete written and verbal care plans during times of transition. Provides inefficient transitions of care that lead to unnecessary expense or risk to a patient (e.g., duplication of tests, readmission).	Recognizes the importance of communication during times of transition. Communicates with future caregivers, but demonstrates lapses in provision of pertinent or timely information.	Appropriately utilizes available resources to coordinate care and manage conflicts to ensure safe and effective patient care within and across delivery systems. Actively communicates with past and future caregivers to ensure continuity of care. Anticipates needs of patient, caregivers, and future care providers and takes appropriate steps to address those needs.	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency, and ensure high-quality patient outcomes. Role-models and teaches effective transitions of care.
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6. SBP 4 Transitions patients effectively within and across health delivery systems.*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Disrespectful in interactions with patients, caregivers, and members of the interprofessional team. Sacrifices patient needs in favor of self-interest. Does not demonstrate empathy,	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers. Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion. Inconsistently	Consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situations. Is available and responsive to needs and concerns of	Demonstrates empathy, compassion, and respect to patients and caregivers in all situations. Anticipates, advocates for, and actively works to meet the needs of patients and caregivers.	Role-models compassion, empathy, and respect for patients and caregivers. Role-models appropriate anticipation and advocacy for patient and caregiver needs. Fosters collegiality that

	compassion, and respect for patients and caregivers. Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion. Does not consider patient privacy and autonomy. Unaware of physician and colleague self-care and wellness.	considers patient privacy and autonomy. Inconsistently aware of physician and colleague self-care and wellness.	patients, caregivers, and members of the interprofessional team to ensure safe and effective patient care. Emphasizes patient privacy and autonomy in all interactions. Consistently aware of physician and colleague self-care and wellness.	Demonstrates a responsiveness to patient needs that supersedes self-interest. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate. Regularly reflects on, assesses, and recommends physician and colleague self-care and wellness.	promotes a high-functioning interprofessional team. Teaches others regarding maintaining patient privacy and respecting patient autonomy. Role-models personal self-care practice for others and promotes programs for colleague wellness.
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7. PROF 1 Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel).*

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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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8. 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	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	Consistently and actively engages in collaborative communication with all members of the team. Verbal,	Role models and teaches collaborative communication with the team to enhance patient care, even in challenging

	behaviors disrupt effective collaboration with team members.		employs verbal, non-verbal, and written communication strategies that facilitate collaborative care.	non-verbal, and written communication consistently acts to facilitate collaboration with team members to enhance patient care.	settings and with conflicting team member opinions.
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9. 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. 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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10. Acute and chronic liver diseases*

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Does not or	Consistently acquires	Can diagnose	Can apply	Understands the

	<p>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.</p>	<p>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.</p>	<p>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</p>	<p>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.</p>	<p>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.</p>
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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
	<p>Does not or inconsistently collects accurate historical data related to nutritional 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</p>	<p>Can perform a physical exam that assesses the nutritional status of a patient. Can obtain a diet 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.</p>	<p>Can summarize indications and complications of enteral and parenteral support. Can discuss the metabolic response to starvation, illness/trauma and obesity and determine nutrient requirements during stress states. Can implement and manage nutritional therapy including modified diets,</p>	<p>Counsels patients about lifestyle and dietary changes to impact nutritional status including 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</p>	<p>Considers ethical principles when discussing and applying nutritional therapy, including at the end of life. 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</p>

	the stigma associated with obesity.		enteral tube feeding and creating parenteral nutrition orders. Can evaluate clinical efficacy of and complications of nutrition support. Performs endoscopic placement of feeding tubes.	options.	and socio-economic sensitivity in creating nutrition therapy plans including diet counseling, and complementary and alternative approaches to nutrition.				
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12. Nutrition*

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

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