

Gastroenterology EPAs milestone format

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

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 acid peptic disorders; cannot recognize potentially life threatening problems; cannot focus diagnostic test ordering.	Consistently acquires accurate and relevant histories and physical exams. Uses and synthesizes collected data to define a patient's central clinical problem(s) to generate a prioritized differential diagnosis and problem list. Test ordering is targeted towards the main clinical problem but may not incorporate cost effectiveness, clinical guidelines, patient safety and/or preferences.	Recognizes anatomy and physiology of the esophagus, stomach and duodenum, and pathophysiology of gastric acid secretion in health and disease, including hypersecretory states. Can describe the natural history, epidemiology and complications of acid peptic disorders including role of NSAID and H Pylori. Recognizes the pathophysiology of gastroesophageal reflux disease and potential for premalignant conditions including Barrett's esophagus. Appropriately orders testing including endoscopy, pH monitoring, manometry and radiology.	Obtains relevant historical and examination subtleties that informs the differential diagnosis. Recalls the pharmacology, efficacy, appropriate use, routes of administration, and appropriate use of medications for acid-peptic diseases, including antacids, histamine-2 receptor antagonists, proton pump inhibitors, mucosal protective agents, prostaglandin analogues, prokinetic agents, and antibiotics. Can perform supervised EGD without hands-on assistance	Recalls conditions that mimic or confound the diagnosis of acid peptic disorders, eosinophilic esophagitis, stress ulcer syndrome, achlorhydria, pernicious anemia, gastric polyps and neoplasia, other esophageal and gastric inflammatory disorders, and elevated gastrin. Test ordering is appropriate, cost effective and incorporates patient safety and preferences. Recognizes when surgical management is indicated and works effectively as a leader in interdisciplinary team.

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1. Acid Peptic Disorders\*

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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	Consistently acquires accurate and relevant histories from patients. Consistently performs accurate and appropriately thorough physical exams.	Acquires accurate histories from patients in an efficient, prioritized and hypothesis-driven fashion. Performs accurate physical exams that are targeted to the patient's complaints. Uses and	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis. Performs thorough rectal exam in patients with anorectal complaints.	Can explain physiologic basis of brain gut interactions. Recalls the pharmacology and appropriate use of medications in functional bowel disease.

	that may warrant further investigation. Cannot perform directed physical exam to assess for confounding organic diseases and recognize potentially life threatening problems. Cannot focus diagnostic test ordering.	Inconsistently recognizes patients' central clinical problem or develops limited differential diagnosis. Test ordering is targeted towards the main clinical problem but may not incorporate cost effectiveness, clinical guidelines, patient safety and/or preferences.	synthesizes collected data to define a patient's central clinical problem(s) to generate a prioritized differential diagnosis and problem list.	Effectively uses history and physical examination skills to minimize the need for further diagnostic testing. Demonstrates and empathetic approach to patients with functional bowel diseases.	Understands utility of non-pharmacologic intervention and mechanisms to incorporate this care within the scope of practice. Test ordering is appropriate, cost effective and incorporates patient safety and preferences.
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2. Functional Bowel 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. Cannot perform directed physical exam to assess for complications of motility disorders. Cannot focus diagnostic test ordering. Does not demonstrate patience and compassion in dealing with patients with motility disorders.	Consistently acquires accurate and relevant histories and performs accurate physical exams. Can generate a prioritized differential diagnosis recalling conditions that may mimic or confound diagnosis ie organic bowel obstruction, GERD, Celiac, IBD, common anorectal disorders. Test ordering is targeted towards the main clinical problem but may not incorporate cost effectiveness, clinical guidelines, patient safety and/or preferences.	Describe the natural history, epidemiology and complications of common motility disorders including achalasia, aperistalsis, gastroparesis, pseudoobstruction, colonic inertia, pelvic floor dyssynergia and fecal incontinence. Can describe the diagnostic motility studies for diagnosis and directing therapy of motility disorders and their complications, understands indications, cost effectiveness and complications. Can describe the anatomy and physiology of GI contractile apparatus including deglutition, gastric emptying, small bowel and colonic motility and transit, sphincter function.	Obtains relevant historical and examination subtleties that informs the differential diagnosis. Appropriately orders testing including laboratory, radiologic, motility and endoscopy and can apply results to management. Recalls the pharmacology, efficacy, appropriate use, routes of administration, and appropriate use of medications for motility disorders including prokinetic agents, acid suppressive agents laxatives, antidiarrheal agents and prescribes appropriately.	Understands the molecular and genetic basis for certain motility disorders, achalasia and Hirschsprung. Test ordering incorporates cost effectiveness, patient safety and preferences. Recognizes when invasive or surgical management is indicated in motility disorders and can describe the utility of nonpharmacologic intervention for motility disorders including CBT, dietary therapy, biofeedback. Can team with the patient as well as pharmacists, surgeons, speech pathologists, health psychologists and motility nurses.

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3. Motility\*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Does not or inconsistently	Consistently acquires	Can generate a prioritized differential	Obtains relevant historical and	Diagnose and manage patients

	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.	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.	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.	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.	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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4. Acute and chronic liver diseases\*



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	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,	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	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

	compassion in dealing with patients with liver diseases.	contraindications, and complications of diagnostic and therapeutic paracentesis and interpret results.	of patients with liver disease including screening, bleeding and vaccination.		patients with decompensated liver disease. Can provide compassionate care and end-of-life counseling to liver patients and their families.
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5. Complications of cirrhosis\*

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

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6. 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 relevant to GI bleeding. Does not understand concept of	Obtains accurate history related to GI bleeding and underlying disease and accurately determines hemodynamic status. Recommends	Determines timing , location and whether upper, lower endoscopy or both is needed. Recognizes presentations at high risk for variceal source. Assembles necessary endoscopy	Performs appropriate upper and lower endoscopy, accurately identify mucosal lesions, stigmata of bleeding and other anatomical findings and summarizes the appropriate	Understands appropriate utilization of radiologic and surgical interventions to manage GI bleeding including limitations of

alarm symptoms and the need to expedite further evaluation. Cannot perform directed physical exam to assess for hemodynamic stability and possible etiologies of GI bleeding. Cannot direct appropriate resuscitation when necessary. Tries to avoid urgent endoscopic intervention when indicated.	PPI, octreotide, antibiotics and transfusion of blood products appropriate to the disease process and resuscitation needs. Appropriately recommends management of antiplatelet and anticoagulant therapy in the setting of acute bleeding. Can describe the indications, risks and benefits of EGD, colonoscopy, small bowel enteroscopy and capsule endoscopy for GI bleeding.	equipment, administers sedation safely and effectively and communicates with assistants effectively. Obtains a thorough informed consent in language appropriate to the patient's or family's level of understanding. Performs upper and lower endoscopy with limited hands-on assistance.	endoscopic and medical management. Recognizes indications for anesthesia support and airway protection. Summarizes available endoscopic hemostasis techniques including electrocautery, band ligation, hemoclips, injection of hemostatic agents. Can interpret capsule endoscopy findings	radiologic evaluation and intervention in upper GI bleeding. Appropriately recommends management of anti-platelet and anti-coagulants after GI bleeding. Recognizes and manages complications expeditiously. Works effectively with surgeons, intensivists and radiologists. Can recognize and advise when intervention is futile. Performs upper and lower endoscopy without hands-on assistance.
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7. Endoscopy and GI bleeding\*

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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.

8. Biliary Diseases\*

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

9. 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 infection risk including travel, behavior other exposures. Cannot perform directed physical exam to assess for	Consistently acquires accurate and relevant histories and accurate physical exams.Orders lab, stool and pathologic studies necessary to diagnose infections of the luminal GI tract. Able to formulate preventative strategies for	Recognizes risk factors for clinical presentation of bacteria, parasites, viruses and other GI pathogens including those related to chemotherapy and other immunocompromised states not directly relate to bowel. Describes the mechanism of action of infectious agents that cause inflammatory	Can discuss AIDs related infections of the GI tract and their complications (cholangiopathy) and AIDs related malignancies that effect the GI tract. Can apply broad based differentials to immunocompetent and immunocompromised patients.	Determines rational treatment plans that always consider cost-effectiveness. Identifies the molecular mechanisms of organisms that cause secretory diarrhea. Describes the constituents of the mucosal defense system including the mucosal immune

	signs and symptoms of infection. Cannot focus diagnostic test ordering. Does not understand modes of transmission so cannot select appropriate PPE or hand hygiene.	travel. Identifies the viral and fungal organisms that cause esophagitis and their diagnosis and treatment. Can differentiate between infectious and functional diarrhea. Describes indications and contraindications for antimicrobial therapy.	diarrhea. Interprets results of mucosal biopsy. Selects appropriate antimicrobial therapy and determines rational treatment plan for enteric infections.		system and epithelial barrier. Identify the components of the normal microbiome.
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10. GI Infections\*

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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 GI disease. Does not understand concept of alarm symptoms that may warrant further investigation. Cannot perform directed physical exam to assess for signs and symptoms of infection. Cannot focus diagnostic test ordering.	Consistently acquires accurate and relevant histories and accurate physical exams including evaluation for extraintestinal findings. Can describe and recognize extraintestinal manifestations of GI disorders. Can list criteria for diagnosis of celiac disease, autoimmune enteropathy, microscopic colitis. Orders lab, stool and endoscopic studies appropriately for diagnosis and management of patients with luminal GI symptoms and diseases.	Can list classes of immunomodulatory agents used to treat GI luminal disease and discuss their risks and benefits with patients. Orders appropriate lab evaluation prior to initiating immunomodulatory agents and continues appropriate monitoring. Knows guidelines for immunizations in patients on immunomodulators. Knows guidelines for CRC surveillance in patients with chronic colitis. Manages biologic therapy, monitors and adjusts medication and testing , monitors response to therapy.	Recognizes infections relevant to IBD patients. Outlines guidelines for treatment of IBD in pregnancy. Works effectively with the PCP to manage immunizations, health maintenance, bone density, vitamin deficiencies, smoking cessation and cancer screening in patients. Recognizes when inpatient management is needed, lists indicators of severe disease, discusses inpatient treatment. Recognizes when surgical referral is needed in IBD for anorectal disease, luminal disease and dysplasia.	Can discuss endoscopic and surgical management of strictures. Can discuss surgical management of anorectal disease. Can recognize and provide empathetic care for patients with psychological consequences of dealing with chronic illness. Can anticipate the needs of patients including support groups. Can lead a multidisciplinary team to deliver comprehensive care for patients with chronic GI conditions.

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11. Non-Infectious GI lumenal 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	Consistently acquires accurate and relevant histories and accurate	Considers cost effectiveness, patient specific risk factors and patient preferences when	Understands the importance of genetic counselling in managing patients with inherited GI	Is able to discuss the new diagnosis of GI cancer with a patient and family

	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.	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.	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.	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.	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.
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12. GI Malignancies\*

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

13. Nutrition\*

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