

Evaluation Form



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HSR Consult 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
	Attempts to perform invasive procedures without sufficient technical skill or supervision. Fails to recognize cases in which invasive	Possesses insufficient technical skill for safe completion of common invasive procedures with appropriate supervision. Inattentive to patient safety and comfort	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	Consistently demonstrates technical skill to successfully and safely perform and interpret invasive procedures. Maximizes patient comfort and safety when performing	Demonstrates skill to independently perform and interpret complex invasive procedures that are anticipated for future practice. Demonstrates expertise to

	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.	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.	invasive procedures. Inconsistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures. Obtains and documents informed consent.	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.	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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2. 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
	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\*

<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"/>
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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Lacks the scientific, socioeconomic,	Possesses insufficient scientific,	Possesses the scientific, socioeconomic, and	Possesses the scientific, socioeconomic,	Possesses the scientific, socioeconomic,

	or behavioral knowledge required to provide patient care.	socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	behavioral knowledge required to provide care for common medical conditions and basic preventive care.	and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care.	and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex conditions.
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4. MK 1 Clinical knowledge\*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Ignores cost issues in the provision of care. Demonstrates no effort to overcome barriers to cost-effective care.	Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financiers, purchasers) have on the cost of care. Does not consider limited health care resources when ordering diagnostic or therapeutic interventions.	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care. Minimizes unnecessary diagnostic and therapeutic tests. Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., use of screening tests).	Consistently works to address patient-specific barriers to cost-effective care. Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests.	Teaches patients and health care team members to recognize and address common barriers to cost-effective care and appropriate utilization of resources. Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective, high-quality care.

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5. SBP3 Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care.\*

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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	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	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	Role-models how to appraise clinical research reports based on accepted criteriaHas a systematic approach to track and pursue emerging clinical questions.

		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.	assistance, appraises clinical research reports based on accepted criteria.	searches medical information resources, including decision support tools and guidelines. Independently appraises clinical research reports based on accepted criteria.	
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6. PBLI 4 Learns and improves at the point of care.\*

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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
	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.

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

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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 confounding organic diseases and recognize potentially life threatening problems. Cannot focus diagnostic test ordering.	Consistently acquires accurate and relevant histories from patients. Consistently performs accurate and appropriately thorough physical exams. 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.	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 synthesizes collected data to define a patient's central clinical problem(s) to generate a prioritized differential diagnosis and problem list.	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis. Performs thorough rectal exam in patients with anorectal complaints. 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.	Can explain physiologic basis of brain gut interactions. Recalls the pharmacology and appropriate use of medications in functional bowel disease. 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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9. Functional Bowel Disease\*

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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,	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-	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	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,	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

	procedure documentation and discharge instructions.	anesthesia evaluation, informed consent, procedure note and discharge plans/instructions.	effectively with staff during procedure.	dilation, injection therapy, PEG. Recognizes complications or need to abort procedure for safety.	findings, determines the clinical relevance, best management and can communicate this effectively to the patient, family and other physicians.
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10. 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 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 luminal disease\*

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12. Please comment on areas in which this fellow excels \*

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