

Yale GI Inpatient 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
	Does not or is inconsistently able to collect accurate historical data. Does not perform or use an appropriately thorough physical exam, or misses key physical exam findings. Relies exclusively on documentation of others to generate own database or differential diagnosis or is overly reliant on secondary data. Fails to recognize patient's central clinical problems. Fails to recognize potentially life threatening problems.	Consistently acquires accurate and relevant histories. Consistently performs accurate and appropriately thorough physical exams. Inconsistently recognizes patient's central clinical problem or develops limited differential diagnoses.	Acquires accurate histories in an efficient, prioritized, and hypothesis-driven fashion. Performs accurate physical exams that are targeted to the patient's problems. 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. Identifies subtle or unusual physical exam findings. Efficiently utilizes all sources of secondary data to inform differential diagnosis. Effectively uses history and physical examination skills to minimize the need for further diagnostic testing.	Role-models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing.
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1. PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem\*

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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 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	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	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	Effectively manages unusual, rare, or complex disorders in all appropriate clinical settings.

		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.	care in the intensive care unit. Initiates management plans for urgent or emergency care.	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.\*

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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 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.	Possesses insufficient technical skill for safe completion of common invasive procedures with appropriate supervision. Inattentive to patient safety and comfort 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.	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 invasive procedures. Inconsistently recognizes appropriate patients, indications, and associated risks in the performance of invasive procedures. Obtains and documents informed consent.	Consistently demonstrates technical skill to successfully and safely perform and interpret invasive procedures. Maximizes patient comfort and safety when performing 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.	Demonstrates skill to independently perform and interpret complex invasive procedures that are anticipated for future practice. Demonstrates expertise to 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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3. 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
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	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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4. PC 5 Requests and provides consultative care\*

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

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5. MK 2 Knowledge of diagnostic testing and procedures.\*

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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	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	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

		times of transition. Provides inefficient transitions of care that lead to unnecessary expense or risk to a patient (e.g., duplication of tests, readmission).		patient, caregivers, and future care providers and takes appropriate steps to address those needs.	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
	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 feedbacks 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.\*

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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, 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.	Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers. Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion. Inconsistently considers patient privacy and autonomy. Inconsistently aware of physician and colleague self-care and wellness.	Consistently respectful in interactions with patients, caregivers, and members of the interprofessional team, even in challenging situationsIs available and responsive to needs and concerns of 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 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. 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	Role-models compassion, empathy, and respect for patients and caregivers. Role-models appropriate anticipation and advocacy for patient and caregiver needs. Fosters collegiality that 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

							colleague self-care and wellness.	programs for colleague wellness.
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8. 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).*								

	Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
		Dishonest in clinical interactions, documentation, research, or scholarly activity. Refuses to be accountable for personal actions. Does not adhere to basic ethical principles. Blatantly disregards formal policies or procedures. Fails to recognize conflicts of interest.	Honest in clinical interactions, documentation, research, and scholarly activity. Requires oversight for professional actions related to the subspecialty. Has a basic understanding of ethical principles, formal policies, and procedures and does not intentionally disregard them. Recognizes potential conflicts of interest.	Honest and forthright in clinical interactions, documentation, research, and scholarly activity. Demonstrates accountability for the care of patients. Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity. Consistently attempts to recognize and manage conflicts of interest.	Demonstrates integrity, honesty, and accountability to patients, society, and the profession. Actively manages challenging ethical dilemmas and conflicts of interest. Identifies and responds appropriately to lapses of professional conduct among peer group. Regularly reflects on personal professional conductIdentifies and manages conflicts of interest.	Assists others in adhering to ethical principles and behaviors, including integrity, honesty, and professional responsibility. Role-models integrity, honesty, accountability, and professional conduct in all aspects of professional lifelidentifies and responds appropriately to lapses of professional conduct within the system in which he or she works.
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9. PROF 4 Exhibits integrity and ethical behavior in professional conduct.*						

	Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
		Provides health records that are missing significant portions of important clinical data. Does not enter medical information and test results/interpretations into health record.	Health records are disorganized and inaccurate. Inconsistently enters medical information and test results/ interpretations into health record.	Health records are organized and accurate, but are superficial and miss key data or fail to communicate clinical reasoning. Consistently enters medical information and test results/ interpretations into health records.	Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical reasoning. Provides effective and prompt medical information and test results/ interpretations to physicians and patients.	Role-models and teaches importance of organized, accurate, and comprehensive health records that are succinct and patient-specific.
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10. ICS 3 Appropriate utilization and completion of health records.*						

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

		small bowel enteroscopy and capsule endoscopy for GI bleeding.			futile. Performs upper and lower endoscopy without hands-on assistance.
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12. 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 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.
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13. Pancreatic 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 related to infection risk including travel, behavior other exposures. Cannot perform directed physical exam to assess for signs and symptoms of	Consistently acquires accurate and relevant histories and accurate physical exams. Orders lab, stool and pathologic studies necessary to	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.	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	Determines rational treatment plans that always consider cost-effectiveness. Identifies the molecular mechanisms of organisms that cause secretory diarrhea.

	infection. Cannot focus diagnostic test ordering. Does not understand modes of transmission so cannot select appropriate PPE or hand hygiene.	diagnose infections of the luminal GI tract. Able to formulate preventative strategies for 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.	Describes the mechanism of action of infectious agents that cause inflammatory diarrhea. Interprets results of mucosal biopsy. Selects appropriate antimicrobial therapy and determines rational treatment plan for enteric infections.	immunocompromised patients.	Describes the constituents of the mucosal defense system including the mucosal immune system and epithelial barrier. Identify the components of the normal microbiome.
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14. 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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15. Non-Infectious GI lumenal disease\*

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

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