

Outpatient GI Clinic 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
	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	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.

2. PC 2 Develops and achieves comprehensive management plan for each patient.*

3. MK 1 Clinical knowledge*

4. SBP 2 Recognizes system error and advocates for system improvement.*

										uncertainty. Manages complex acute and chronic conditions.	
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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5						
	Lacks the scientific, socioeconomic, or behavioral knowledge required to provide patient care.	Possesses insufficient scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for common medical conditions and basic preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care.	Possesses the scientific, socioeconomic, and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous, and complex conditions.						
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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 to receive feedback about decisions that may lead to error or otherwise cause harm.	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 medical error. Reflects upon and learns from own critical incidents that may lead to medical error.	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 mitigating system error.						
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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., socioeconomic, cultural, literacy, insurance status) that impact the cost	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care. Minimizes unnecessary	Consistently works to address patient-specific barriers to cost-effective care. Advocates for cost-conscious utilization of resources such as emergency department visits	Teaches patients and health care team members to recognize and address common barriers to cost-effective care and appropriate utilization of

		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.	diagnostic and therapeutic tests. Possesses an incomplete understanding of cost-awareness principles for a population of patients (e.g., use of screening tests).	and hospital readmissions. Incorporates cost-awareness principles into standard clinical judgments and decision-making, including use of screening tests.	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
	Unwilling to self-reflect upon one's practice or performance. Not concerned with opportunities for learning and self-improvement.	Unable to self-reflect upon practice or performance. Misses opportunities for learning and self-improvement.	Inconsistently self-reflects upon practice or performance, and inconsistently acts upon those reflections. Inconsistently acts upon opportunities for learning and self-improvement.	Regularly self-reflects upon one's practice or performance, and consistently acts upon those reflections to improve practice. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.	Regularly seeks external validation regarding self-reflection to maximize practice improvement. Actively and independently engages in self-improvement efforts and reflects upon the experience.

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6. PBLI 1 Monitors practice with a goal for improvement.*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Disregards own clinical performance data. Demonstrates no inclination to participate in or even consider the results of quality-improvement efforts. Not familiar with the principles, techniques, or importance of quality improvement.	Limited ability to analyze own clinical performance data. Nominally engaged in opportunities to achieve focused education and performance improvement.	Analyzes own clinical performance gaps and identifies opportunities for improvement. Participates in opportunities to achieve focused education and performance improvement. Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients.	Analyzes own clinical performance data and actively works to improve performance. Actively engages in opportunities to achieve focused education and performance improvement. Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients.	Actively monitors clinical performance through various data sources. Able to lead projects aimed at education and performance improvement. Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients.

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7. PBLI 2 Learns and improves via performance audit.*

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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 limited awareness of, or ability to use, information technology or decision support tools and guidelines. Accepts the findings of clinical research studies without critical appraisal.	Inconsistently reconsiders an approach to a problem, asks for help, or seeks new information. Can translate medical information needs into well-formed clinical questions independently. Aware of the strengths and weaknesses of medical information resources, but utilizes information technology without sophistication. With assistance, appraises clinical research reports based on accepted criteria.	Routinely reconsiders an approach to a problem, asks for help, or seeks new information. Routinely translates new medical information needs into well-formed clinical questions. Guided by the characteristics of clinical questions, efficiently searches medical information resources, including decision support tools and guidelines. Independently appraises clinical research reports based on accepted criteria.	Role-models how to appraise clinical research reports based on accepted criteriaHas a systematic approach to track and pursue emerging clinical questions.

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8. 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
	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	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	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

	colleague self-care and wellness.			on, assesses, and recommends physician and colleague self-care and wellness.	self-care practice for others and promotes programs for colleague wellness.
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9. 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 insensitive to differences related to personal characteristics and needs in the patient/caregiver encounter. Is unwilling to modify care plan to account for a patient's unique characteristics and needs.	Is sensitive to and has basic awareness of differences related to personal characteristics and needs in the patient/caregiver encounter. Requires assistance to modify care plan to account for a patient's unique characteristics and needs.	Seeks to fully understand each patient's personal characteristics and needs. Modifies care plan to account for a patient's unique characteristics and needs with partial success.	Recognizes and accounts for the personal characteristics and needs of each patient. Appropriately modifies care plan to account for a patient's unique characteristics and needs.	Role-models professional interactions to navigate and negotiate differences related to a patient's unique characteristics or needs. Role-models consistent respect for patient's unique characteristics and needs.
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10. PROF 3 Responds to each patient's unique characteristics and needs.*

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Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	Ignores patient preferences for plan of careMakes no attempt to engage patient in shared decision-making. Routinely engages in antagonistic or counter-therapeutic relationships with patients and caregivers.	Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences. Attempts to develop therapeutic relationships with patients and caregivers but is inconsistently successful. Defers difficult or ambiguous conversations to others	Engages patients in shared decision-making in uncomplicated conversations. Requires assistance facilitating discussions in difficult or ambiguous conversations. Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds	Identifies and incorporates patient preference in shared decision-making in complex patient care conversations and the plan of care. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds	Role-models effective communication and development of therapeutic relationships in both routine and challenging situations. Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds. Assists others with effective communication and development of therapeutic

relationships.

11. ICS 1 Communicates effectively with patients and caregivers.*

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.

12. ICS 3 Appropriate utilization and completion of health records.*

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.

13. Acid Peptic Disorders*

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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14. 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,	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	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

		patient safety and/or preferences.	transit, sphincter function.		and motility nurses.
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15. Motility*

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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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16. 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 infection. Cannot	Consistently acquires accurate and relevant histories and accurate physical exams.Orders lab, stool and pathologic studies necessary to diagnose	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	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	Determines rational treatment plans that always consider cost-effectiveness. Identifies the molecular mechanisms of organisms that cause secretory diarrhea. Describes the constituents of

	focus diagnostic test ordering. Does not understand modes of transmission so cannot select appropriate PPE or hand hygiene.	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.	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.	patients.	the mucosal defense system including the mucosal immune system and epithelial barrier. Identify the components of the normal microbiome.
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17. 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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18. Non-infectious luminal diseases*

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

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