

Yale Liver Consult Service Evaluation

Evaluator: _____

Evaluation of: _____

Date: _____

Please answer questions to the best of your ability. On topic area questions you may answer not yet assessable if you have no information about the fellows knowledge in that topic area

Not Yet Assessable	Level 1	Level 2	Level 3	Level 4	Level 5
	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	Appropriately modifies care plans based on patient's clinical course, additional data, patient preferences, and cost-effectiveness	Role-models and teaches complex and patient-centered care. Develops customized, prioritized care plans for the most complex patients,

				guidance and/or consultation as appropriate.	principles. Recognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertainty. Manages complex acute and chronic conditions.	incorporating diagnostic uncertainty and cost-effectiveness principles.
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2. 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
	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*

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

		studies without critical appraisal.	criteria.	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
	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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7. PROF 4 Exhibits integrity and ethical behavior in professional conduct.*

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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	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	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	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

		successful. Defers difficult or ambiguous conversations to others	with persons of different socioeconomic and cultural backgrounds	persons of different socioeconomic and cultural backgrounds	socioeconomic and cultural backgrounds. Assists others with effective communication and development of therapeutic relationships.
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8. ICS 1 Communicates effectively with patients and caregivers.*

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

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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 complications of liver disease. Cannot focus diagnostic test ordering. Cannot interpret liver chemistries.	Consistently acquires accurate and relevant histories and performs accurate physical exams. Can describe the anatomy, physiology, and histology related to the liver. Test ordering is targeted towards the main clinical problem but may not incorporate cost effectiveness, clinical guidelines, patient safety and/or preferences. Can interpret abnormal liver	Can generate a prioritized differential diagnosis. Lists indications, contraindications, limitations, complications and techniques of liver biopsy. Appropriately orders testing including laboratory, radiologic, and endoscopy and can apply results to management. Counsels patients about lifestyle modifications relevant to liver disease (alcohol, drugs, diet). Incorporates management	Obtains relevant historical and examination subtleties that informs the differential diagnosis. Can describe the pathophysiologic mechanisms of liver injury, understands pharmacology and molecular biology as it relates to liver physiology and disease. Can describe pregnancy related liver disease. Identifies patients at risk of complications of liver disease and manages	Diagnose and manage patients with diseases including acute hepatitis, acute liver injury and failure, chronic hepatitis, alcoholic liver disease, NAFLD, Wilson's, PBC, PSC, autoimmune hepatitis, hemochromatosis, alpha-1 antitrypsin deficiency, vascular liver disease, cystic diseases of the liver, liver abscess. Summarizes indications and limitations of imaging

		chemistries but has a narrow differential.	guidelines in the care of patients with liver disease.	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.	modalities and interprets results of CT, MRI, MRCP, angiography and ultrasound. Effectively leads a multi-disciplinary team in the care of patients with liver diseases.
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10. Acute and chronic liver diseases*

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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 complications of liver disease. Does not demonstrate patience and compassion in dealing with patients with liver diseases.	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, contraindications, and complications of diagnostic and therapeutic paracentesis and interpret results.	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 of patients with liver disease including screening, bleeding and vaccination.	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 patients with decompensated liver disease. Can provide compassionate care and end-of-life counseling to liver patients and their families.

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11. Complications of cirrhosis*

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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 *
