

# FELLOWSHIP PORTFOLIO OF SCHOLARLY ACTIVITIES , M.D.

**REVIEW PERIOD:**

<b>Fellowship Dates/Track</b>		
<b>Continuity Clinic</b>		
<b>Ongoing Research Projects</b>		
<b>QA Projects</b>		
<b>Regional/National Presentations</b>	<b>Activity Description</b>	
	<b>Meeting Dates</b>	
	<b>City/State</b>	
	<b>Abstract</b>	
	<b>Meeting Sponsor</b>	
	<b>Activity Description</b>	
	<b>Meeting Dates</b>	
	<b>City/State</b>	
	<b>Abstract</b>	
	<b>Meeting Sponsor</b>	
<b>Regional/National Meetings</b>	<b>Activity Description</b>	
	<b>Meeting Dates</b>	
	<b>City/State</b>	
	<b>Meeting Sponsor</b>	
	<b>Activity Description</b>	
	<b>Meeting Dates</b>	
	<b>City/State</b>	
	<b>Meeting Sponsor</b>	
<b>UCSD Presentations</b>	<b>Core Curriculum Lecture Series</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Clinical Case Conference</b> <ul style="list-style-type: none"> <li>•</li> </ul>	

# FELLOWSHIP PORTFOLIO OF SCHOLARLY ACTIVITIES , M.D.

	<b>GI Journal Club</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Liver Journal Club</b> <ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Honors &amp; Awards</b>				
<b>UCSD Committees</b>				
<b>Publications</b>				
<b>Moonlighting</b>				
<b>Teaching</b> (list the name of the resident/student you supervised/taught, his/her level, and rotation)	<b>Internal Medicine</b>		<b>Student/Teaching</b>	
	Name		Name	
	Level		Level	
	Rotation		Rotation	
	Name		Name	
	Level		Level	
	Rotation		Rotation	
	Name		Name	
	Level		Level	
	Rotation		Rotation	
	Name		Name	
	Level		Level	
	Rotation		Rotation	

FELLOWSHIP CLINICAL ROTATIONS					
FIRST YEAR ( )					
	July-Dec	Jan-Jun		July-Dec	Jan-Jun
Thornton			Hillcrest		
GI/HEPIn			Children's		
HEP Out			Kaiser		
VA In			Research		
VA Out			Training Grant		
Call (Night/Weekend)			Float		
SECOND YEAR ( )					
	July-Dec	Jan-Jun		July-Dec	Jan-Jun
Thornton			Hillcrest		
GI/HEPIn			Children's		
HEP Out			Kaiser		
VA In			Research		
VA Out			Training Grant		
Call (Night/Weekend)			Float		
THIRD YEAR ( )					
	July-Dec	Jan-Jun		July-Dec	Jan-Jun
Thornton			Hillcrest		
GI/HEPIn			Children's		
HEP Out			Kaiser		
VA In			Research		
VA Out			Training Grant		
Call (Night/Weekend)			Float		

**PROCEDURE LOG SUMMARY\*****CUMMULATIVE-TO-DATE**

How many esophagogastroduodenoscopies does each fellow perform during the training program? (min number to assess competence = 130)

\_\_\_\_\_

How many esophageal dilations does each fellow perform during the training program? (min number to assess competence = 20)

\_\_\_\_\_

How many flexible sigmoidoscopies does each fellow perform during the training program? (min number to assess competence = 30)

\_\_\_\_\_

How many colonoscopies does each fellow perform during the training program? (min number to assess competence = 140)

\_\_\_\_\_

How many polypectomies does each fellow perform during the training program? (min number to assess competence = 30)

\_\_\_\_\_

How many percutaneous liver biopsies does each fellow perform during the training program? (min number to assess competence = 15)

\_\_\_\_\_

How many percutaneous endoscopic gastrostomies does each fellow perform during the training program? (min number to assess competence = 15)

\_\_\_\_\_

Capsule endoscopy (small bowel) (min number to assess competence = 25)

\_\_\_\_\_

How many nonvariceal hemostasis, both upper and lower, does each fellow perform during the training program? (min number to assess competence = 25)

\_\_\_\_\_

How many of the cases are patients with active bleeding? (min number to assess competence = 10)

\_\_\_\_\_

How many variceal hemostasis does each fellow perform during the training program? (min number to assess competence = 20)

\_\_\_\_\_

How many of the cases are patients with active bleeding? (min number to assess competence = 5)

\_\_\_\_\_

\*Minimum number to assess competence as per the Gastroenterology Core Curriculum, 3<sup>rd</sup> edition, May 2007.

## NI STATISTICAL DATA (Scale 1-9)

FACULTY EVALUATIONS		PeerAVG	AVG
1	Patient Care		
2	Endoscopy		
3	Medical Knowledge		
4	Practice-based Learning & Improvement		
5	Interpersonal & Communication Skills		
6	Professionalism		
7	Systems-based Learning		
8	Overall Clinical Competence as a Specialist in GI & Liver Disease		
CONTINUITY CLINIC EVALUATIONS		PeerAVG	AVG
1	Overall performance in clinic		
2	Interpersonal skills with faculty, staff and patients in this clinic		
3	Timeliness in terms of starting clinic on time and keeping on schedule.		
4	Ability & reliability at following up test results and patient issues between clinic days.		
5	Is fellow performing at the level expected for his/her year of training?		
6	Patient Care		
7	Medical Knowledge		
8	Practice-based learning & improvement		
9	Interpersonal & Communication Skills		
10	Professionalism		
11	Systems-based Learning		
12	Overall Clinical Competence as a Specialist in GI & Liver Disease		
PEER EVALUATIONS		PeerAVG	AVG
1	Does the Fellow answer pages promptly?		
2	Are the sign-outs on nights/weekends appropriate?		
3	Does the Fellow interact well with other Fellows?		
4	Patient Care		
5	Endoscopy		
6	Medical Knowledge		
7	Practice-based Learning & Improvement		
8	Interpersonal & Communication Skills		
9	Professionalism		
10	Systems-based Learning		
11	Overall Clinical Competence as a Specialist in GI & Liver Disease		
NURSE EVALUATIONS		PeerAVG	AVG
1	Does the Fellow have good listening skills?		
2	Please rate the Fellow's professionalism.		
3	Does the Fellow communicate well with nurses, techs, and staff?		
4	Does the Fellow show respect for your opinions?		
5	How would you rate the Fellow's interpersonal skills?		
6	Does the Fellow gather appropriate information?		
7	Does the Fellow respond in a timely manner?		
8	Does the Fellow use resources appropriate?		

## SELF EVALUATION

[illegible][illegible]

**GTE Exam Results**

	YR	Biliary Tract	Colon	Esophagus	General	Liver	Pancreas	Small Intestine	Stomach	Total	% Rank
Nat'l Avg											
Prog Avg											
Nat'l Avg											
Prog Avg											
Nat'l Avg											
Prog Avg											

**CONFERENCE ATTENDANCE (REQ 75%)**

	CORE & THURS CONFERENCE
JUL-DEC	
JAN-JUN	
JUL-DEC	
JAN-JUN	
JUL-DEC	
JAN-JUN	

## EVALUATION COMMENTS

### ***Faculty Comments***

- 

### ***Continuity Clinic Comments***

### ***Clinical Research Mentor Comments***

### ***Peer Comments***

- 

### ***Research Mentor Comments – Overall Rating ( )***

- Please provide a brief description of the fellow's progress over the past six months. Has progress been made towards the specific aims of the project? Have there been any changes to the research design? Were expectations met?
  -
- Please provide a frank assessment of the fellow's aptitude for research, level of motivation, and the appropriateness of his/her career goals.
  -
- What are the scholar's strengths?
  -
- In what areas does the scholar need to improve?
  - .
- Comments
  -

### ***Staff Comments***

- 

### ***Faculty Semi-Annual Evaluation***

Patient Care

Medical Knowledge

Practice-based Learning

Interpersonal & Communication Skills

Professionalism

Systems-based Learning

**FELLOWSHIP PORTFOLIO OF SCHOLARLY ACTIVITIES  
, M.D.**

Endoscopy Skills

Comments

**Date of Semi-Annual Meeting with fellow and Training Director:**