

Faculty Assessment of Fellow on Consult Rotations



[Subject Name]
[Subject Status]
[Evaluation Dates]
[Subject Rotation]

Evaluator

[Evaluator Name]
[Evaluator Status]

We are initiating a new way to think about progression through various competencies and tasks. The fellow should be evaluated based on their own progress. For example, do not give them a higher number because you think they are "good... for a first year fellow." Rather, read the examples corresponding to each number range and pick where the fellow currently falls under. A fellow may progress as an early learner in the beginning of their fellowship and proceed to "ready for unsupervised practice or aspirational" by the end, but some fellows may show progression in certain aspects faster than other ones.

- 1) (PC1) Does the fellow gather and synthesize information?**
Clinical example: Fellow sees consult for GI bleed on the floors

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Does not collect accurate data, does not perform thorough exam, misses key findings, relies on others' documentation, fails to recognize the patient's central problem	Consistently acquires accurate histories but may inconsistently recognize patient central clinical problem or develops limited differentials	Acquires accurate histories efficiently, targets exam to patient's problem, uses data to define a patient's central problem, creates differentials	Obtains historical subtleties, identifies subtle or unusual exam findings, efficiently uses all sources of data, minimizes unneeded testing	Role models and teaches effective use of history and exam skills

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- 2) (PC2) Does the fellow develop and achieve a comprehensive management plan?**

Clinical example: The fellow sees a patient with acute pancreatitis with multiorgan failure

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Care plans are inappropriate or inaccurate, does not react to urgent or emergent situations, does not seek additional guidance	Sometimes develops an appropriate care plan, inconsistently seeks additional guidance when needed	Consistently develops appropriate care plans, recognizes urgent situations, seeks guidance when needed	Modifies care plan based on patient's course and cost effectiveness, recognizes diseases that deviate from common patterns, manages complex problems	Role models and teaches complex and patient centered care, develops customized care plans

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3) (PC3) Does the fellow manage patients with progressive responsibility and independence?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Cannot advance beyond the need for direct supervision, cannot manage patients in emergent settings	Requires direct supervision to manage patients with common diseases, unable to manage complex inpatients	Requires indirect supervision, provides comprehensive care in all appropriate settings	Independently manages patients across settings with a broad spectrum of disorder, seeks additional guidance when appropriate,	Effectively manages unusual, rare, or complex disorders in all settings

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4) (PC4a) Does the fellow demonstrate skill in performing and interpreting invasive procedures?

Clinical example: The fellow performs an upper endoscopy for the evaluation/treatment of GI bleeding

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Attempts to perform procedures without sufficient skill or supervision, fails to engage in informed consent process	Possesses insufficient technical skill for safe completion of common procedures, inattentive to patient comfort but obtains informed consent.	Possesses basic technical skill for completion of invasive procedures with supervision, inconsistently manages patient comfort, inconsistently recognize appropriate indications and risks of procedures	Consistently demonstrates technical skill to successfully and safely perform procedures, maximized patient comfort, consistently recognizes appropriate patients, indications, and risks of procedures	Demonstrates expertise to teach and supervise others in the performance of invasive procedures

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5) (PC4b) Does the fellow demonstrate skill in performing and interpreting non-invasive procedures or testing?

Clinical example: The fellow consults on a patient with abnormal LFTs and interprets imaging like ultrasound and MRCP

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Does not recognize patients for whom non-invasive procedures or testing is warranted or unsafe	Possesses insufficient skill to safely perform and interpret non-invasive procedures or testing	Sometimes recognizes appropriate patients, indications, and risks of non-invasive procedures and testing, can safely perform and interpret selected procedures with minimal supervision	Consistently recognizes appropriate patients, indications, limitations, and associated risks of testing, recognizes procedures or test results that indicate high-risk state	Demonstrates skill in independently performing and interpreting complex non-invasive procedures or tests

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6) (PC5) Does the fellow provide consultative care?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Is unresponsive to questions or concerns of others	Sometimes manages patients as a consultant to other physicians	Consistently provides consultation services	Provides consultation services for patients with basic and complex clinical problems	Provides consultative services for patients with very complex clinical problems

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7) (MK1) Does the fellow possess clinical knowledge?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Lacks knowledge required to provide patient care	Possesses limited knowledge required to provide care for common medical conditions	Possesses knowledge required to provide care for common medical conditions	Possesses knowledge required to provide care for complex medical conditions	Possesses knowledge required to treat medically uncommon or complex conditions

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8) (MK2) Does the fellow have knowledge of diagnostic testing and procedures?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Lacks foundational knowledge to apply testing and procedures to patient care	Inconsistently interprets diagnostic tests accurately	Consistently interprets basic diagnostic tests accurately but needs assistance to understand the concept of pre-test probability and test performance characteristics	Interprets complex diagnostic tests accurately, accounting for limitations and biases, knows the indications and limitations of diagnostic tests	Anticipates the subtle nuances of interpreting diagnostic tests and procedures

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9) (SBP1) Does the fellow work effectively within an interprofessional team?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Refuses to recognize contributions of other members of team, frustrates team members	Identifies roles of other team members but does not recognize how to utilize them	Understands the roles of other team members but does not always use them effectively, engages in team meetings	Effectively partners with all members of the team, coordinates activities with other team members	Train and inspires the team regarding patient care, viewed by others as a leader

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10) (PBLI1) Does the fellow monitor his or her practice with a goal for improvement?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Unwilling to self-reflect on ones practice or performance	Unable to self reflect and misses opportunities to do so	Sometimes self reflects upon performance but inconsistently acts upon those reflections	Regularly self reflects and consistently acts upon those reflections to improve practice	Regularly seeks external validation regarding self reflection

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11) (PBLI4) Learns and improves at the point of care

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Fails to seek or apply evidence	Has awareness of information technology but does not always know the strength and weakness of literature, reads articles without critical appraisal	Knows the strengths and weakness of literature, can critically appraise an article with help	Effeciently searches and uses sources of information in the literature	Has a systematic approach to track and pursue clinical questions

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12) (PROF1) Does the fellow have professional interactions with the patient, caregivers, and members of the multi-professional team?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Disrespectful in interactions, lacks empathy, does not consider patient privacy or autonomy	Inconsistently displays empathy and compassion, inconsistently demonstrates responsiveness to patients needs	Consistently respectful, even in complicated situations, is available and responsive	Anticipates and works to fulfill the needs of the patient and team members	Role-models compassion and empathy, fosters collegiality

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13) (PROF2) Does the fellow accept responsibility and follow through on tasks?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Is consistently unreliable in completing tasks	Completes most tasks but requires reminders from team members	Completes tasks on a timely manner, does not often require reminders	Prioritizes competing demands in order to complete tasks in a timely manner	Assists other to improve their ability to prioritize competing tasks

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14) (PROF4) Does the fellow exhibit integrity and ethical behavior?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Dishonest in clinical interactions, documentation, or scholarly activity	Honest in clinical interactions, documentation, or scholarly activity	Honest and forthright in clinical interactions, documentation, or scholarly activity, demonstrates accountability	Demonstrates honesty and integrity, actively manages challenging ethical dilemmas	Assists others in adhering to ethical principles

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15) (ICS1) Does the fellow communicate effectively with patients and caregivers?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Makes no attempt to engage patients in decision making	Engages patients with decision making but defers difficult or ambiguous conversations to others	Engages patients with decision making but may require assistance in facilitating conversations	Quickly establishes a therapeutic relationships with patients and caregivers	Assists others in effective communication

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16) (ICS2) Does the fellow communicate effectively in interprofessional teams

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Verbal or non-verbal behaviors disrupt effective communication	Uses unidirectional communication	Sometimes engages in collaborative communication	Consistently engages in collaborative communication with all team members	Teaches collaborative communication to other team members

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17) (ICS3) Does the fellow appropriately use and complete health records?

Critical Deficiency (1-2)	Early learner (2-3)	Advancing learner (4-5)	Ready for unsupervised practice (6-7)	Aspirational (8-9)
Notes are missing significant portions of important clinical	Notes have clinical data but are	Notes are organized and accurate but fails to communicate clinical	Notes are organized, accurate, thorough, timely, and effectively communicate clinical	Teaches others importance of organized

data	disorganized	reasoning	reasoning	health records				
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Overall Comments:

Remaining Characters: 5,000

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