

PROGRAM DEMOGRAPHICS:

Name of Program: Pediatric Gastroenterology, Hepatology, and Nutrition Fellowship
Host Institution: Stanford School of Medicine

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INTRODUCTION

Program Accreditation Date: October 19, 1994
Number of Fellows Matriculated: 36
Duration of Training Program: 3 years; no optional years or tracks

The goal of the subspecialty Fellowship is to train physicians to achieve excellence in the practice of clinical pediatric gastroenterology, scholarly basic science and clinical research, and medical education. The goals of this program are achieved over the course of three years of training.

Due to NIH grant regulations, to be accepted into our 3-year pediatric GI fellowship program, an applicant must have a green card or be a U.S. citizen. Overseas citizens with a J1 visa can be accepted into our program as long as they are in a U.S. or Canadian residency program and have been for 2 years. We can transfer their J1 visa from the residency program to here. We do not accept H1B visas. In addition, all applicants must be eligible for a California Medical License. Applicants meeting these requirements are considered upon the strength of their test scores, academic achievements, and recommendations.

GI residents accept graduated responsibility in the area of children with gastrointestinal, hepatic and nutritional disorders while under the direct supervision of a board certified pediatric gastroenterologist while rotating through the gastroenterology inpatient service, the liver transplant service, and elective experiences in pediatrics radiology and pediatric pathology. This responsibility includes patient care, parent conferences, consultations with other subspecialties, night and weekend call, and interfacing with the many services which interact with pediatric gastroenterology, nutrition, and liver transplant.

The first year of the fellowship is primarily clinical in nature, during which the fellow becomes trained in the evaluation and management of children with diseases of the gastrointestinal system and their nutritional consequences. During the course of the first year, the fellow is introduced to the ongoing research programs of each contributing faculty member so that by the end of the year the fellow will be able to initiate their own investigation in the field of Pediatric Gastroenterology and Nutrition. Work on this investigation will be the focus of the second and third years of fellowship, but the resident will continue to participate in the clinical activities of the Division to the appropriate degree to maintain and hone clinical skills. After completion of the subspecialty residency, the GI resident will have met the requirements for board eligibility in Pediatric Gastroenterology and Nutrition set forth by the America Board of Pediatrics.

RESOURCES

Teaching Staff:

Faculty Member	Position	Number of Years Teaching in this Specialty
John Kerner, M.D.	Fellowship Program Director	35
Dorsey Bass, M.D.	Associate Professor of Pediatrics	24
William Berquist, M.D.	Professor of Pediatrics	35
Jennifer Burgis, M.D.	Assistant Professor of Pediatrics	1
Ricardo Castillo, M.D.	Associate Professor of Pediatrics	32
Kenneth Cox, M.D.	Chief, Pediatric Gastroenterology, Hepatology, and Nutrition	36
Christopher Fink, M.D.	Clinical Instructor of Pediatrics	2
Manuel Garcia, M.D.	Professor of Pediatrics	23
Melissa Hurwitz, M.D.	Associate Professor of Pediatrics	10
Nasim Khavari, M.D.	Clinical Assistant Professor	5
Kun T. Park, M.D.	Instructor of Pediatrics	3
Eric Sibley, M.D., Ph.D.	Assistant Fellowship Program Director	18
Ann Ming Yeh, M.D.	Assistant Professor of Pediatrics	1

All teaching staff listed above supervise fellows on inpatient rounds and in outpatient clinic. They are also responsible for fellow education through participation in fellow scholarly activity and didactic conferences.

Primary Training Site: Lucile Salter Packard Children's Hospital, Stanford University

Additional outreach clinics are offered as electives to fellows. GI clinics are run in Santa Clara and San Jose; at the Dominican Hospital in Santa Cruz; and in Eureka. Liver transplant outreach clinics are run in Oakland, Sacramento, and Fresno (in California); and in Oregon, Washington, New Mexico, and Hawaii.

EDUCATIONAL PROGRAM

The fellowship program consists of the following educational components:

- A broad based experience with pediatric gastroenterology patients that span the entire spectrum of varied and complex diseases in the field; the volume of patients is sufficiently great to ensure that the subspecialty fellows have the opportunity to become clinically competent in the management of common as well as uncommon gastrointestinal, hepatobiliary, and pancreatic diseases in patients ranging from infancy through young adulthood.
- A consult service that provides expert evaluation of the gastrointestinal manifestation of a broad spectrum of pediatric illnesses.
- To encourage the development of teaching skills, fellow participation is required at the weekly pediatric GI Journal Club/case discussion meeting. In addition, the resident presents 1-2 times /year at the combined adult GI/Pediatric GI Clinical Conference –also a weekly event. The GI fellow also will present 1 of the 4 “Board Review Lectures in Gastroenterology” at the Noon Lecture Series designed for pediatric house staff and students.
- With time spent in the Ambulatory Procedure Unit (APU), the fellow is exposed to and mentored by faculty to successfully master all the standard G-I procedures (endoscopy

- including sclerotherapy and foreign body removal, colonoscopy, percutaneous liver biopsy). By the end of their third year, the goal will be complete independence in performing all those procedures.
- Per American Board of Pediatrics requirements, fellows are required to pursue a scholarly activity with the help of a Scholarship Oversight Committee. Fellows must complete a project which involves the development and testing of hypotheses or involves extensive research and advanced critical thinking.

Progression in responsibilities by PGY Level:

PGY IV

GOAL 1: Patient Care. *Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problem and the promotion of health*

- i. Perform and document a complete history and physical examination.
- ii. Develop a plan of management based on a complete differential diagnosis.
- iii. Recommend diagnostic and therapeutic interventions based on patient information, current scientific evidence, and clinical judgment.

GOAL 2: Medical Knowledge. *Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavior knowledge needed by a pediatric gastroenterologist; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.*

- i. Know the most common reasons for consults to the gastroenterology service by other services in the hospital setting.
- ii. Demonstrate ability with the procedures performed by pediatric gastroenterologists.
- iii. Demonstrate ability to apply and integrate basic and clinical sciences when providing consulting services.

GOAL 3: Interpersonal and Communication Skills. *Demonstrate interpersonal and communications skills that result in information exchange and partnering with patients, their families and professional associates.*

- i. Demonstrate effective communication and education to the consulting physicians.
- ii. Actively participate in the discussion and communication with the families that received evaluation by the gastroenterology team.
- iii. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.

GOAL 4: Practice Based Learning and Improvement. *Demonstrate knowledge, skill and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.*

- i. Participate in the education of families, patients, students and other healthcare team members.
- ii. Demonstrate ability to incorporate scientific studies, new protocols and innovative treatments in the care of patients.
- iii. Use information technology to manage information, access on-line medical information, and support their own education.

GOAL 5: Professionalism. *Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.*

- i. Demonstrate compassion, respect and support when providing patient care.
- ii. Maintain accountability towards all patients under the care of the health team.
- iii. Demonstrate responsibility and camaraderie towards other members of the healthcare team.
- iv. Demonstrate confidentiality and privacy when dealing with patients and their families.
- v. Understand ethical, cultural, religious and spiritual values of patients and their families when providing health care.

GOAL 6: System Based Practice. *Understand how to practice high quality health care and advocate for patients within the context of the health care system.*

- i. Practice a cost-effective health care without compromising quality care.
- ii. Understand how their patient care and other professional practices affect other health care professionals, the health care organization as well as the larger society and how these elements of the system affect their own practice.
- iii. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- iv. Practice cost-effective health care and resource allocation that does not compromise quality of care.
- v. Advocate for quality patient care and assist patients in dealing with system complexities.
- vi. Know how to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance.

PGY V:

Patient Care: Year 1 Goals with demonstration of increased competency and independence with respect to completing physical examination and collecting a relevant clinical history.

Medical Knowledge: Year 1 Goals with additional understanding of how clinical findings and laboratory studies relate to disease severity and their implications for medical and/or surgical therapy.

Interpersonal and Communications Skills: Year 1 Goals with further demonstration of the fellow to be able to initiate care plan discussions with patients and their families. The fellow should display increasing ability to provide diagnostic and prognostic advice as well as anticipatory guidance.

Practice-based Learning and Improvement: Year 1 Goals with demonstration of an ability of the fellow to incorporate new information into existing care plans. Similarly, the fellow should employ insight and an ability to understand how alternate management decisions can be employed to optimize clinical management outcomes.

Professionalism: Year 1 Goals with further demonstration of the fellow being able to work more independently at the interface between patient, medical providers, and allied professional.

Systems-Based Practice: Year 1 Goals with demonstration of the fellow being able to initiate contact with consultants and allied health professionals.

PGY VI:

Patient Care: Year 2 Goals with additional demonstration of an ability to independently engage patients and their families, elicit relevant clinical/interval histories, and incorporate this information into a cogent care plan.

Medical Knowledge: Year 2 Goals with demonstration of an ability to independently interpret historical, clinical, or laboratory findings and develop a rationale management plan.

Interpersonal and Communications Skills: Year 2 Goals with further demonstration of the fellow to be able to independently discuss a patient's diagnosis, as well as related testing and treatment options, with the patient and their family. The fellow should be able to interact and coordinate management plans with other medical and surgical staff.

Practice-based Learning and Improvement: Year 2 Goals with demonstration of an ability of the fellow to independently adjust management plans to reflect previous clinical experience.

Professionalism: Year 2 Goals with further demonstration of the fellow being able to project confident and compassionate care to patients and their families. The fellow must also show respect to other medical and allied providers.

Systems-Based Practice: Year 2 Goals with demonstration of the fellow being able to independently conceive and execute management care plans that involve hospital and community personnel.

SUPERVISION AND EVALUATION

- Fellows receive extensive 1:1 supervision by Pediatric Gastroenterology faculty while on clinical services.
- Members of faculty evaluate the fellows' abilities through direct verbal and written feedback. The milestone-based evaluations are based upon the level-specific goals & objectives for each clinical rotation, which reflect progressive authority and responsibility, conditional independence, and supervisory roles. The written feedback is always available for review by the fellow and is formally reviewed during the semi-annual evaluation of the fellow by the Clinical Competency Committee and one-on-one meetings between the fellow and Fellowship Director.

HOW FELLOWS ARE EVALUATED BY FACULTY				
PCS3: Provide transfer of care that insures seamless transitions				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates variability in transfer of information; makes frequent errors of both omission and commission.	May have errors of omission or commission. Neither anticipates nor attends to the needs of the receiver of information.	Minimal errors of omission or commission. Allows ample opportunity for clarification and questions. Beginning to anticipate potential issues for the transferee.	Ensures open communication, whether in the receiver- or provider-of information role through deliberative inquiry.	No errors, regardless of setting or complexity. Formally and explicitly shares conditions of transfer and communicates those conditions.
PC6: Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment				
Level 1	Level 2	Level 3	Level 4	Level 5
Recalls and presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization, or synthesis.	Focuses on features of the clinical presentation, making a unifying diagnosis elusive and leading to a continual search for new diagnostic possibilities.	Shows the emergence of pattern recognition that often results in a well-synthesized and organized assessment of the focused differential diagnosis and management plan.	Demonstrates well-established pattern recognition that leads to the ability to identify discriminating features between similar patients; selects therapies that are focused and based on a unifying diagnosis.	N/A
PC7: Develop and carry out management plans				
Level 1	Level 2	Level 3	Level 4	Level 5
Develops and carries out management plans based on directives from others; is unable to adjust plans based on individual patient differences or preferences.	Develops and carries out management plans based on one's theoretical knowledge and/or directives from others; can adapt plans to the individual patient.	Develops and carries out management plans based on both theoretical knowledge and some experience, is able to more effectively focus on key information.	Develops and carries out management plans based most often on experience; effectively and efficiently focuses on key information to arrive at a plan.	Develops and carries out management plans based primarily on experience that puts theoretical knowledge into context; rapidly focuses on key information and seeks new information as needed.
PC12: Provide appropriate role modeling				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs routine duties and behaviors of profession without awareness of the impact on those around him or her.	Inconsistently aware of the impact of one's behaviors and attitudes on others; sometimes teaches by example.	Conscious of being a role model during many interactions; frequently teaches by example and often reflects in action openly in the presence of learners.	Conscious of being a role model during most interactions; routinely teaches by example.	Role modeling is a habit; conscious of being a role model in all actions and behaviors; characteristically teaches by example.
MK2: Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems				
Level 1	Level 2	Level 3	Level 4	Level 5
Explains basic principles of evidence-based medicine, but relevance is limited by lack of clinical exposure.	Recognizes the importance of using current information to care for patients; is not yet efficient with online searching; is starting to learn critical appraisal skills.	Makes an effort to ask answerable questions on a regular basis; is able to critically appraise a topic by analyzing the major outcomes; may need guidance in understanding the subtleties of the evidence.	Is increasingly self-motivated to learn more; incorporates use of clinical evidence in rounds and teaches fellow learners; is able to critically appraise topics and does so regularly.	Teaches critical appraisal of topics to others; strives for change at the organizational level; is able to easily formulate answerable clinical questions and does so with majority of patients as a habit.
SBP1: Work effectively in various health care delivery settings and systems relevant to their clinical specialty				
Level 1	Level 2	Level 3	Level 4	Level 5
With limited knowledge of systems, focuses on the "pieces" of a process rather than the whole.	Has developed knowledge of systems; not yet able to how pieces relate to whole independently.	Competent in working in various systems and settings; does not apply learning from one setting or context to another.	Capable in systems thinking; therefore, has competence in systems thinking and can adapt learning from one system or setting to another.	Level 4 + leads systems changes as part of the routine care delivery process.

HOW FELLOWS ARE EVALUATED BY FACULTY				
SBP2: Coordinate patient care within the health care system relevant to their clinical specialty				
Level 1	Level 2	Level 3	Level 4	Level 5
Develops care plans independently; makes referrals, and requests consultations and testing with little or no communication with team members or consultants.	Begins to involve the patient/family with some of the decisions involved in the care plan; has variable communication with team members and consultants regarding referrals, consultations, and testing.	Recognizes the responsibility to assist families in navigation of the complex health care system; frequently involves patient/family in decisions at all levels of care; has good communication with team members and consultants.	Actively assists families in navigating the complex health care system; has open communication; builds partnerships ensuring communication and collaboration along the continuum of care.	N/A
SBP3: Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate				
Level 1	Level 2	Level 3	Level 4	Level 5
Unaware of costs issues in evaluation and management of patients; frustrated by cost containment efforts.	Demonstrates inadequate skills in critical appraisal that may result in inappropriate cost containment activities and/or risk-benefit counseling.	Critically appraises information available on an evaluation test or treatment and adopts strategies that decrease cost and risk and optimize benefits for individuals.	Critically appraises information in the context of not only the individual patient, but also the broader population/system.	Consistently integrates cost analysis into one's practice while minimizing risk and optimizing benefits for whole systems or populations.
SBP5: Work in inter-professional teams to enhance patient safety and improve patient care quality				
Level 1	Level 2	Level 3	Level 4	Level 5
Does not recognize other members of the interdisciplinary team as being important; tends to dismiss input from other professionals aside from other physicians.	Is beginning to be open to input from other professionals on the team, however, still acquiesces to physician authorities to resolve conflict.	Aware of the unique contributions of other health care professionals, and seeks their input for appropriate issues.	Level 3 + understands the broader connectivity of the professions; recognizes that quality patient care only occurs in the context of the inter-professional team.	N/A
SBP6: Participate in identifying system errors and implementing potential systems solutions				
Level 1	Level 2	Level 3	Level 4	Level 5
Defensive or blaming when encountering medical error; no perception of personal responsibility for systems error correction.	Occasionally open to discussion of error without a defensive or blaming approach; some awareness of personal responsibility for systems error correction.	Usually open to a discussion of error; actively identifies medical error events and seeks to determine the type of error.	Usually encourages open and safe discussion of error; actively identifies medical error events; beginning to seek system causes of error.	Consistently encourages open discussion of error; characteristically identifies and analyzes error events.
PBL1: Identify strengths, deficiencies, and limits in one's knowledge and expertise				
Level 1	Level 2	Level 3	Level 4	Level 5
The learner acknowledges external assessments, but understanding of his performance is superficial.	Assessment of performance is seen as being able to do or not do a task without appreciation for how well it is done and whether there is a need to improve the outcome.	Actively questions and applies new knowledge in developing care plans or in teaching activities. Does not require external prompting to assess performance.	The learner self-identifies gaps in knowledge or skills; nature and level of questioning or resource seeking is advanced.	The practitioner anticipates hypothetical clinical scenarios that build on current experience to identify knowledge or skill gaps.
PBL4: Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Does not understand the principles of quality improvement methodology or change management.	Able to gain insight from reflection on individual patients, but potential improvements are limited by a lack of systematic improvement strategies.	Able to gain insight for improvement from reflection on patients and populations; grasps improvement methodologies enough to apply to populations.	Able to use both individual encounters and population data to drive improvement using improvement methodology.	Thinks and acts systemically to try to use one's own successes to benefit other practices, systems, or populations.

HOW FELLOWS ARE EVALUATED BY FACULTY				
PBLI7: Use information technology to optimize learning and care delivery				
Level 1	Level 2	Level 3	Level 4	Level 5
Reluctant to utilize information technology; generally does not initiate attempts to use information technology.	Demonstrates a willingness to try new technology for patient care assignments or learning; basic use of EHR is improving.	Efficiently retrieves, manages, and utilizes biomedical information for solving problems and making decisions.	Level 3 + utilizes the EHR platform to improve the care not only for individual patients but populations of patients.	Level 4 + contributes to improvement of current systems and the development of new information technology innovations.
PBLI9: Participate in the education of patients, families, students, residents, and other health professionals				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates a rigid, scripted type of patient education and counseling that may not meet the needs of the patient.	Educates patients and families in a somewhat flexible way that begins to meet the needs of the patients.	Has the ability to modify teaching to meet the needs of the individual patient.	Facilitates the participation of patients in all discussions about their health; patient centeredness is clearly a priority and a conscious effort.	Level 4 + patient-centeredness is a habit; demonstrates an uncanny ability to motivate and empower patients.
P2: Professional Conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries				
Level 1	Level 2	Level 3	Level 4	Level 5
Has repeated lapses in professional conduct wherein responsibility to patients, peers, and/or the program are not met.	Has some documented lapses in professional conduct that lead others to remind, enforce, and resolve conflicts.	In nearly all circumstances, conducts interactions with a professional mindset; has insight into likely triggers for professionalism lapses.	Demonstrates an understanding of professionalism that allows him/her to help colleagues with issues of professionalism.	Others look to this person as a model of professional conduct; promotes professional behavior and prevents lapses in others and self.
P5 (PPD): Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates lapses in data-gathering or in follow-through of assigned tasks; may misrepresent data or omit important data.	Is not always aware of or seeks help when confronted with limitations; demonstrates lapses in follow-through with tasks.	Has realistic insight into limits with responsive help seeking; data-gathering is complete with consideration of anticipated patient care needs; requires little prompting for follow-up.	Assumes full responsibility for all aspects of patient care; pursues answers to questions, and communications include expression of uncertainty and limits of knowledge.	Level 4 + any uncertainty brings about rigorous search for answers and review of information to address the evolution of change.
P6 (PPD): Provide leadership skills that enhance team function, the learning environment, and/or the health care delivery system/ environment with the ultimate intent of improving care of patients				
Level 1	Level 2	Level 3	Level 4	Level 5
Does not define/clarify roles and expectations for team members; team management is disorganized and inefficient; open communication is not encouraged within the team.	Interactions suggest that there are roles and expectations for team members, but these are not explicitly defined; manages the team in a somewhat organized manner; begins to encourage open communication within the team.	Provides some explicit definition to roles and expectations for team members; manages the team in an organized manner; team members are routinely engaged in decision-making.	Routinely clarifies roles and expectations for team members; manages the team in an organized and fairly efficient manner; team members are expected to engage in decision-making.	Routinely clarifies roles and expectations for team members; team management is organized and efficient; creates a strong sense of open communication within the team; inspires others to perform.
P8 (PPD): The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty				
Level 1	Level 2	Level 3	Level 4	Level 5
Feels overwhelmed and inadequate when faced with uncertainty or ambiguity; seeks only self or self-available resources to manage response to this uncertainty.	Recognizes uncertainty and feels tension/pressure from not knowing or knowing with limited control of outcomes.	Anticipates and focuses on uncertainty, looking for resolution by seeking additional information.	Anticipates that uncertainty at the time of diagnostic deliberation will be likely; uses such uncertainty as motivation to seek information or understanding of unknown.	Remains flexible and serves as a resource for family to gather information so that degree of uncertainty is minimized; emphasizes that all plans are subject to the imperfect knowledge and state of uncertainty.

HOW FELLOWS ARE EVALUATED BY FACULTY

***ICS1: Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds**

Level 1	Level 2	Level 3	Level 4	Level 5
Does not vary approach based on a patient's unique physical, cultural, socioeconomic, or situational needs.	Uses the interview to establish rapport; Identifies physical, cultural, psychological, and social barriers to communication, but often has difficulty managing them.	Uses the interview to effectively establish rapport. Able to mitigate physical, cultural, psychological, and social barriers. Communication skills promote trust, respect, and understanding.	Uses communication to establish and maintain a therapeutic alliance. Sees beyond stereotypes and works to tailor communication to the individual.	Connects with patients and families in an authentic manner that fosters a trusting and loyal relationship. Effectively educates patients, families, and the public.

ICS3: Communicate effectively with physicians, other health professionals, and health related agencies

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates a rigid, rules-based recitation of facts; not aware of the social purpose of the communication.	Begins to understand the purpose of the communication and at times adjusts length to context, as appropriate.	Successfully tailors communication strategy and message to the audience, purpose, and context in most situations; fully aware of the purpose of the communication.	Uses the appropriate strategy for communication; distills complex cases into succinct summaries tailored to audience, purpose, and context.	Master of improvisation in any communication scenario; intuitively develops strategies for tailoring message to context to gain maximum effect.

ICS4: Work effectively as a member or leader of a health care team or other professional group

Level 1	Level 2	Level 3	Level 4	Level 5
Limited participation in team discussion; more self-centered in approach to work with a focus on one's own performance.	Demonstrates an understanding of roles by interacting with appropriate team members to accomplish assignments; actively works to integrate into team function.	Will adapt and shift roles and responsibilities as needed to adjust to changes to achieve team goals.	Initiates problem-solving, frequently provides feedback to other team members, and takes personal responsibility for the outcomes of the team's work.	Goals of the team supersede any personal goals, resulting in the ability to seamlessly assume the role of leader or follower, as needed.

ICS5: Act in a consultative role to other physicians and health professionals

Level 1	Level 2	Level 3	Level 4	Level 5
Actively participates as a member of the consultation team; limited ability to focus the data gathering and presentation to those details relevant to the question asked.	Demonstrates increased ability to filter and prioritize information that lead to a more focused (although not comprehensive) diagnosis; makes more specific recommendations.	Independently assesses and confirms data; recommendations are consistent with best practice; develops good relationships with referring providers.	Succinctly communicates clinical reasoning to answer specific questions asked; develops a collaborative relationship with the referring providers.	Identified as a master clinician who effectively and efficiently lends a practical wisdom to consultation; answers to all but the most difficult diagnostic dilemmas are intuitive.

ICS6: Maintain comprehensive and timely medical records

Level 1	Level 2	Level 3	Level 4	Level 5
Documentation is often incomplete. Documentation is often not available for other providers to review in time for their use in the patient's care.	Documentation often contains all appropriate data sections, though some information may be missing or erroneous information. Documentation is often in the medical record in a timely manner.	Documentation is comprehensive and accurate. Identified errors in the medical record are reported and corrected. Documentation is available for others to review within an appropriate time frame.	Level 3 + synthesizes key information in a succinct manner. Regularly participates in chart audits.	Level 4 + uses expertise to improve documentation systems to drive better patient care outcomes and works to disseminate best practices.