Advanced Luminal Endoscopy Evaluation ITER

NAME OF EVALUATION SUPERVISOR:				
NAME OF FELLOW BEING ASSESSED:				
DATE OF EVALUATION:				
EVALUATION PERIOD:				
1. Medical Expert:		**Achieved**	**In progress**	**Failure**
a. Cognitive skills	Learn the pathophysiology behind small intestinal diseases and anatomy of the gastrointestinal tract, including surgically altered anatomy.			
	Obtain a focused history and physical examination for patients presenting with acute and chronic OGIB, polyposis syndrome, etc.			
	Interpret & utilize laboratory tests and radiologic imaging in the management of small bowel diseases and the inherent limitations of each test.			
	Know the epidemiology of Barrett's esophagus and identify those at risk for progression to carcinoma			
	Understand the indications and contraindications for: CE, BAE, RFA, EMR, and ESD.			
	Understand the theoretical basis for advanced luminal endoscopic techniques, including CE, BAE, RFA, EMR, and ESD.			
	Gain proficiency in the medical, endoscopic, and surgical management of OGIB, small bowel diseases, dysplastic Barrett's epithelium, and advanced polyps.			
	Develop cognitive framework to understand when endoscopic management of malignant polyps is sufficient and when it is not			
	Develop cognitive framework to understand when endoscopic management of dysplastic Barrett's epithelium and adenocarcinoma is sufficient and when surgery should be preferred.			
	Learn strengths and limitations of different resection techniques and how to choose between them, including EMR (saline lift, cap assisted, ligation assisted, piecemeal), ESD, and surgery (transanal/TAMIS/segmental resection).			
b. Technical skills i. CE	Learn how to set-up, administer, download, and troubleshoot a capsule study.			
	Learn how to review capsule videos including landmarking, review of SBI Quick View/Full View images, and preparation of CE reports.			
	Interpret normal and abnormal images, incl. angioectasias, ulcers, Crohn's disease, polyps, tumors, strictures, foreign bodies, parasites, and			

	submucosal lesions and how to localize them for BAE.			
	Learn how to interpret difficult studies, such as altered surgical anatomy, abnormal transit times, poor bowel preparation, and active bleeding.			
ii. BAE	Learn the similarities and differences between single balloon enteroscopy (SBE) and double balloon enteroscopy (DBE).			
	Learn how to setup, manipulate, and troubleshoot the enteroscope, overtube, inflatable balloons, and balloon control unit.			
	Learn the basic advancement and reduction maneuvers to pass the enteroscope safely.			
	Learn advanced maneuvers to achieve deeper small bowel intubation.			
	Learn the unique challenges of small bowel interventions including: biopsy, injection, electrocoagulation, polypectomy, and balloon dilation, and how to surmount them.			
	Learn how to perform BAE in surgically altered anatomy, such as Whipple's and RYGB.			
	Learn how to perform balloon assisted colonoscopy.			
iii. RFA	Perform quality EGD and accurately describe Barrett's using the Prague Classification			
	Identify dysplasia using narrow band imaging			
	Confidently perform band assisted endoscopic mucosal resection in Barrett's esophagus and manage complications when they occur			
	Understand the mechanisms of different endoscopic treatment modalities for Barrett's esophagus			
	Be proficient in performing radiofrequency ablation, and manage the complications of treatment			
	Know surveillance protocols post endoscopic therapy of Barrett's			
iv. EMR	Learn optical diagnosis of polyps, including identification of polyps at risk for malignancy using Paris classification and NICE classification			
	Learn how to perform three types of EMR, incl. saline lift, cap assisted, and ligation assisted techniques in the esophagus, stomach, small bowel, colon, and rectum.			
	Learn to recognize and differentiate between the mucosa, submucosa, and muscularis propria during endoscopy.			
	Learn how to control EMR bleeding with snare tip electrocoagulation and hemostatic forceps			
	Learn how to prevent and treat EMR perforations with clips and/or over the-scope-clips.			

v. ESD	Gain exposure to ESD, including injection, marking, circumferential incision, and submucosal dissection.			
	Learn to recognize and differentiate between the mucosa, submucosa, and muscularis propria during endoscopy.			
	Learn how to prevent and treat ESD bleeding with knife SprayCoag and hemostatic forceps.			
	Learn how to prevent and treat ESD perforations with clips and/or over-thescope-clips.			
	Learn how to perform hybrid ESD.			
2. Communicator		**Achieved**	**In progress**	**Failure**
	Communicate effectively with patients, physicians, trainees, nurses, and administrators in a clinic, endoscopy, and office setting.			
	Obtain informed consent from patients taking into account the unique risks of advanced luminal endoscopy procedures.			
	Generate timely and accurate notes detailing the history, exam, investigations, procedure, findings, and management plan to all involved parties.			
	Obtain informed research consent from patients for any studies the fellow collaborates with.			
3. Collaborator		**Achieved**	**In progress**	**Failure**
	Work effectively with patients, referring doctor, trainees, anesthesiologists, anesthesia assistant, nurses, and administrator in a clinic, endoscopy, and office settings.			
	Effective liaison with radiologists and surgeons regarding patients with complex small intestinal diseases, esophageal pathologies, and advanced polyps.			
	Collaborate with the inpatient team at UH and VH for urgent patients with small bowel bleeding who may require urgent CE or BAE.			
	Participate on Polyp Adjudication Committee as trainee member.			
4. Manager		**Achieved**	**In progress**	**Failure**
	Learn to make cost/benefit decisions in the investigation of small bowel diseases as it relates to CE, CT abdomen, CT enterography, MR enterography, small bowel follow through, and Meckel's scan.			
	Learn to triage patients for small bowel endoscopy and advanced endoscopic resections in a setting of limited resources for advanced endoscopic procedures.			
5. **Health Advocate**		**Achieved**	**In progress**	**Failure**
	Understand the impact of limited luminal advanced endoscopic resources on the health of the community.			

	Educate other physicians, GI fellows, trainees, and nurses on novel luminal advanced endoscopic techniques that may benefit their patients.			
6. Scholar		**Achieved**	**In progress**	**Failure**
	Conduct a research project related to a topic of interest in advanced luminal endoscopy			
7. Professional		**Achieved**	**In progress**	**Failure**
	Treat patients, physicians, trainees, nurses, administrators, and all persons in the clinic, endoscopy unit, and office with respect.			
	Attend clinic and endoscopy prepared and on time.			
	Take responsibility for individual adult-based learning.			
	Obey ethical principles when dealing with patients, health care providers, administrative staff, and the general public.			
OVERALL IMPRESSION				
AREAS OF IMPROVEMENT:				
OVERALL COMMENTS:				

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Program Supervisor **Date**

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Fellow **Date**