

Montefiore Nephrology Fellowship Evaluation

Renal Biopsy and Procedure Log

Fellows Name

Supervising Attending

Fellows Biopsy Number

Date of procedure

Please evaluate the fellow in all categories below using the following scale:

- 1) Inadequate
- 2) Adequate for stage of training
- 3) Satisfactory for level of training
- 4) Excellent
- 5) Capable of doing this alone
- 6) Not applicable

I. INTERPERSONAL AND COMMUNICATION SKILLS

Rating

1. Established a highly effective therapeutic relationship with the patient and family.
2. Listened attentively to patient's concerns and questions.
3. Answered questions in a straightforward and caring manner.
4. Provided education to the patient.
5. Obtained an appropriate consent for the procedure.
6. Worked well with staff to make the procedure flow smoothly.

II. MEDICAL KNOWLEDGE

1. Understood the differential diagnosis for the patient's condition
2. Had a good knowledge of the underlying basic and clinical sciences for the patient's disease process.
3. Could verbalize good indications for doing the biopsy.
4. Had a clear understanding of the risk and benefits for the procedure.
5. Understood potential treatment options the biopsy could identify.

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III. PATIENT CARE

1. Took a clear and concise history from the patient.
2. Asked open-ended questions; listened to the patient.
3. History was concise and accurate.
4. Identified risks that could complicate the procedure.
5. Performed an accurate, appropriate exam.
6. Performed the procedure in a proficient, competent manner.
7. Maximized the patient's comfort; eased the patient's anxiety.
8. Completed the procedure correctly.

IV. PRACTICE-BASED LEARNING AND IMPROVEMENT

1. Was able to self-evaluate her/his performance and identify areas of weakness
2. Incorporated your feedback into improvement her/his performance of the procedure.
3. Used the technology appropriately to manage information for patient care and improvement:
e.g. literature search related to the patient's problem and review of labs and studies in CIS; old history.

V. PROFESSIONALISM

1. Demonstrated respect and compassion to the patient.
2. Demonstrated respect to staff assisting the procedure.
3. Considered the needs of the patient and patient's family.
4. Was trustworthy and honest.
5. Teaches and role models responsible behavior.

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VI. SYSTEM-BASED PRACTICES

1. Used the appropriate resources to maximize the efficiency and safety of the procedure.
2. Understood mechanisms and procedures involved to allow the procedure to be done; e.g. insurance issues; booking; scheduling
3. Used appropriate outside resources to insure the patient's safety post-procedure.
4. Understood system needs to safely monitor the the patient post-procedure.
5. Ensured that post-procedure follow-up, orders and patient instructions were in place and followed.
6. Understood considerations of risks, benefits and costs.

SECONDARY COMPETENCIES

1. Wrote a clear and concise note in the chart.
2. Handwriting is legible.
3. Entered appropriate post-procedure orders.
4. Followed the patient appropriately post-procedure to monitor for complications.
5. Arranged appropriate follow-up for the patient.
6. Communicated clearly with other caregivers involved with the patient's care.

ASSESSMENT AND EVALUATION SUMMARY:

1. Over-all performance of fellow for this procedure:
2. The fellow exhibited over-all competence in all areas of this procedure such that you assess that she/he is competent to do this procedure alone, without supervision.*

COMMENTS:

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* Reminder: Fellows are never allowed to perform a renal biopsy without direct supervision by a faculty attending. The question above serves to document the fellows competency and proficiency for when their training is complete.

I FOLLOWED THIS PATIENT POST-PROCEDURE WITH THE FELLOW; POST-PROCEDURE FOLLOW UP:

1. The fellow followed the patient closely and appropriately post-procedure: YES NO
2. The fellow identified any post-procedure complication(s) in a timely fashion: YES NO
3. The fellow intervened and treated any complication appropriately: YES NO
4. Complications related to the procedure were:

THIS EVALUATION WAS COMPLETED BY:

NAME: _____

SIGNATURE: _____