

**Alex Crist**

PRG 3

Providence Sacred Heart Medical Center

Internal Medicine

IM:HOSPITALIST-SHMC

09/25/2023 - 10/22/2023

Evaluated by: **Group Consult-Hospitalist**
Faculty

Completed On: **11/13/2023**

For subspecialty inpatient electives, senior or intern

1 PC1/2: Regarding history and physicals, the resident:

Level 1	Level 2	Level 3	Level 4	Level 5
Is unable to gather key components of the clinical history or missing apparent physical examination findings.	Reporting all clinical history (without filtering pertinent positives/negatives) and can perform a thorough physical examination.	Can identify relevant clinical history and can perform a thorough physical examination (missing subtleties and nuances).	Can independently gather key components and identifying nuances of a patient's clinical history. They understand evidence-based physical examination that influences medical decision making.	Model/Teacher: They can gather key components and identify nuances of a patient's clinical history. They understand evidence-based physical examination that influences medical decision making and would be entrusted to teach this to other students/physicians.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

☐ Not applicable

2 PC4: The resident is able to implement and follow through on comprehensive management plans for hospitalized patients in the following ways:

Level 1	Level 2	Level 3	Level 4	Level 5
With guidance from a senior or attending, they are able to admit and manage a common condition, such as community-acquired pneumonia.	They are able to admit and manage common conditions, such as community-acquired pneumonia.	They are able to manage multisystem diseases while taking into consideration high value care, such as a patient with HFpEF, COPD, and CKD who presents with shortness of breath. They consider psychosocial and social determinants of health, such as understanding and helping address why someone may wish to leave AMA.	Can be entrusted to managed the vast majority of inpatient issues independently. Utilizes Level 1-3 appropriately and uses shared decision making.	Aspirational. They are able to develop and implement comprehensive plans for rare or ambiguous presentations, such as when to appropriately evaluate for Wilson's or Pheochromocytoma. They use an evidence-based, tiered approach to evaluation.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Not applicable

3 MK3: Knowledge of diagnostic testing through various disease states

Level 1	Level 2	Level 3	Level 4	Level 5
The resident can explain common diagnostic tests (eg, EKG, UA, Xray, thoracentesis, etc), rationale, risks and benefits and interpret the results of the test.	The resident can explain complex diagnostic testing, rationale for risks and benefits and is able to interpret the results. (e.g. what are the rationale, risks and benefits of obtaining or not obtaining a D-dimer in the setting of dyspnea).	The resident can choose among multiple tests to make a high probability diagnosis, demonstrating they understand test characteristics. (eg., interprets an ABG to determine co-existing acid-base disorders in the setting of encephalopathy).	The resident is able to use the most effective test to evaluate a patient with comorbid conditions or multisystem disease, while understanding its limitations (eg, compares the risks, benefits and test characteristics of various methods of colon cancer screening in a patient on anticoagulation for a mechanical valve).	The resident demonstrates a nuanced understanding of emerging diagnostic tests and procedures (eg., discusses the application of a new genetic array in the staging of cancer).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Not applicable

4 ICS2: Regarding the resident's communication with other members of the healthcare team (eg responding to nursing staff questions/call pages, calling consults, coordinating consultant recommendations, providing feedback to colleagues):

Level 1	Level 2	Level 3	Level 4	Level 5
The resident responds to calls, pages and in-basket messages in a timely fashion and is polite when communicating.	The resident is able to call a consultation with a clear, concise clinical question. They aid junior learners with basic communication skills such as oral presentations and seek feedback how they can improve their own communication styles.	They seek true understanding of recommendations or requests by asking questions or repeating back recommendations. They give effective feedback to team members using specific examples.	The resident can coordinate the recommendations of multiple consultants to negotiate a shared treatment plan. They are able to reconcile conflict within the healthcare team and provide difficult feedback.	They are exemplary: they can teach others in navigating complicated or difficult communication situations.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

☐ Not applicable

5 ICS3: Regarding patient care and the resident's use of a variety of methods of communication:

Level 1	Level 2	Level 3	Level 4	Level 5
The resident is aware of approved communication channels (eg, phone call, Epic chat, AMS connect, fax, secure email or in-person email) to safeguard patient health information. Notes are accurate (including updating the template to reflect today's ROS, PE and A&P), but may include extraneous information or lack clinical reasoning.	The resident may need reminding of the appropriate channel of communication in some instances (eg, phone call vs Epic chat vs in-person vs AMS connect, etc). Notes also include clinical reasoning and avoid stigmatizing language in documentation.	Resident can appropriately select the appropriate form of communication (eg, phone call vs Epic chat vs in-person vs AMS connect, etc). Notes now are concise in addition to levels 1-2. Resident avoids stigmatizing language in documentation.	Independent communicator: Resident can adapt communication style if first attempt is not successful. Notes are timely and include anticipatory guidance.	Aspirational: Resident can use communication strategies to facilitate excellence in interprofessional teamwork (eg, facilitating a multispecialty team meeting to coordinate patient care, navigating biased comments about a patient from a consultant physician and leading a debrief after a code.) Notes are exemplary: concise, timely, accurate, and include clinical reasoning and anticipatory guidance.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

☐ Not applicable

6 Was there a professionalism concern with this resident?

From Dr. Cope "I worked with Alex Crist R3 from 9/26-10/2 Overall it was a good experience. He showed good professionalism and connected well with his patients and family members I was impressed with his medical knowledge. When given a learning

task or when he would seek answers independently, he showed resourcefulness. He went above and beyond in research for a couple different cases, which I think speaks to his eagerness to learn and practice medicine effectively. I had no memorable challenges to speak of"

Signatures
Group Consult-Hospitalist
Alex Crist pending...

Add Comment

☐ I want to add a Confidential Comment (to Program Director only)