|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONSULTS** | **Critical Deficiency** | **Basic Competency** | **Advanced Competency** | **Ready for Unsupervised Practice** | **Aspirational** |
| *GI Bleeding Evaluation phase**(EPA 7)**Subcompetencies: PC­1, PC­4a, PC­4b, MK­1, MK­2, PBLI­1, ICS­1, ICS­3* | Lacks ability to properly evaluate hemodynamic status/airwayDoes not discern upper vs lower GIBDoes not consider risk factors for bleeding (warfarin, NSAIDs, liver disease, etc)Does not order/ unable to interpret labs and ancillary testing (CBC, EKG ,etc) | Accurately evaluates hemodynamics /airwayDiscerns upper vs lower sourceOrders appropriatelabs and ancillary testingDetermines risk Factors for GI bleeding Accurate, focused H&P | Accurately interpretslabs and ancillary testing Plans for mitigation of bleeding risk factors Understands risks of procedureUnderstands reasoning for multidisciplinary approach (ICU, IR, surgery) – may require assistance when to facilitate | Considers multidisciplinary approach appropriately (ICU ,anesthesia, IR, surgery)Selects appropriate techniques – considers alternatives (EGD /colon / VCE/ radiology) | Able to evaluate without attending level input |
|  |  |  |  |  |  |  |  |  |  |