

Consult Endocrinology Team

The Endocrine service includes the inpatient and outpatient management of patients with various Endocrine disorders, the leading one being Diabetes Mellitus and its complications. The service also provides consultative service to University Hospital and the VA Hospital. The Endocrinology division includes the following individuals:

Ruth S. Weinstock, M.D., Ph.D.

Distinguished Service Professor of Medicine and Research Professor of Physiology, Chief, Division of Endocrinology, Diabetes and Metabolism at SUNY Upstate Medical University and Medical Director, Clinical Research Unit and Joslin Diabetes Center at SUNY Upstate Medical University

Marisa E. Desimone, M.D. Assistant Professor of Medicine

Barbara L Feuerstein, M.D.

Associate Professor of Medicine and Chief, Endocrinology, VA Medical Center.

George G. Holz, Ph.D.

Professor of Medicine and Pharmacology.

Rachel L. Hopkins, M.D.

Assistant Professor of Medicine

Roberto E. Izquierdo, M.D.

Professor of Medicine and Pediatrics, Director, Thyroid Center of Excellence and Division of Pediatric Endocrinology at SUNY Upstate Medical University

Jennifer J. Kelly, D.O.

Associate Professor of Medicine, Director, Bone Densitometry

Colin A. Leech, Ph.D.

Research Associate Professor

Barbara Mols-Kowalczewski, M.D.

Assistant Professor of Medicine

Arnold M Moses, M.D.

SUNY Distinguished Professor of Medicine and Director of the Clinical Research Unit and Metabolic Bone Disease Center at University Hospital

Prashant V. Nadkarni, M.D. Assistant Professor of Medicine

I. Educational Purpose

The general internist should be competent to evaluate and treat common endocrine disorders including diabetes, thyroid disorders, adrenal and pituitary disease and metabolic bone disease. Intrinsic to good training is the appropriate understanding of when referral to an endocrinologist is indicated. He/she also needs to develop expertise in initial consultations and the management of glucose control and diabetes-related complications of hospitalized patients.

II. Learning Venue

A. Rotation Description:

The consult Endocrinology service is a hospital-based service including the Joslin Diabetes Center, University Hospital, Crouse Hospital, and the VA Hospital that will allow residents to see medical and surgical patients ages 18 and older, of male and female gender, and of varying ethnicities/cultures. The inpatient service averages 15-20 patients (85% University, 12% VA, 3% Crouse) and consists of the attending, fellow/s, 1-2 house staff officers, and 0-2 4th year medical students. At the Joslin Diabetes Center and the VA Diabetes and Endocrine Clinics, residents participate in the evaluation and management of patients with diabetes, thyroid diseases, metabolic bone diseases and other endocrine conditions in an ambulatory setting.

Expectations of PGY-1: The intern will complete detailed history and physical examinations of referred patients and complete progress notes on a daily basis. He or she will follow an average of three patients on the inpatient service. Patient evaluations at the Joslin Center will be under the direct supervision of a Joslin attending. The intern will be expected to recognize and treat the basic clinical and laboratory abnormalities of common endocrinological disorders seen in ambulatory and hospitalized patients including issues related to glycemic control, diabetic ketoacidosis, thyroid disorders, adrenal insufficiency and excess, osteoporosis and the emergencies related to all other hormonal abnormalities. Interns will also be expected to teach the medical students on the service as well as further his/her own learning through the use of reading materials outlined below. Interns are expected to aggressively improve their own knowledge by reading and seeking evidence based solutions for clinical problems encountered. Interns may be asked to present formal topics.

Expectations of the Senior Resident: Same as intern expectations, plus the senior resident will follow up to 6 patients on the inpatient service. The senior resident should master the basic clinical and laboratory interpretation of major endocrine diseases as well as fulfill teaching responsibilities to the intern and medical students. The senior resident will continue to expand his or her knowledge of endocrine disease with the aid of the reading materials outlined below. It is expected that residents will model practice based learning and exhibit exemplary communications skills as a consultant.

B. Teaching Methods:

1. Daily Attending Rounds

The inpatient consult team (students, house staff, fellow, and attending) will discuss patient issues and formulate daily plans. The house staff will be expected to have seen each of their assigned patients, collected all relevant data, and present in a concise, logical format to the attending.

Teaching Rounds

Here the attending will lead the team in various exercises to expand their knowledge of Endocrinology. Various formats, including bedside teaching, didactic sessions, focused presentations, will often be incorporated during work rounds.

Outpatient clinics at VA and Joslin

Residents will be exposed to the outpatient approach of evaluating and managing endocrine problems. The schedule will be provided.

- <u>2. Recommended Reading -</u> a packet of recommended reading will be provided at the beginning of the rotation
- -Harrison's Text Book of Internal Medicine
- -Textbook of Endocrine Physiology: Griffin and Ojeda
- Basic Medical Endocrinology, H Maurice Goodman
- Joslin's Diabetes Mellitus, C. Ronald Kahn, Robert J. Smith, Gordon C. Weir, George L. King, Alan C. Moses
- Endocrine Secrets, Michael T. Mc Dermott
- The Washington Manual Endocrinology Subspecialty Consult, Katherine E .Henderson, Katherine Handerson
 - Manual of Endocrinology and Metabolism, Norman Lavin
 - Up-to-date online
 - PIER at www.acponline.org for relevant peer reviewed discussions
 - www.endotext.com is an excellent free online reference.
 - 3. Unique Learning Opportunities:

Conferences: - residents are strongly encouraged to present during the weekly case conference.

- -Weekly (Thursdays) Case Conferences at noon at the Joslin Diabetes Center, which includes discussions on general endocrine disorders, diabetes and metabolism, thyroid disorders and disorders related to calcium/bone, adrenal and pituitary glands.
- -Endocrinology, Diabetes & Metabolism Journal Club every Friday.
- -Medical Grand Rounds and guest Research Seminars.
- -Wednesday morning teaching conferences with Drs. Kelly and Moses.
- -Weekly fellow core curriculum teaching sessions.

Endocrine Outpatient Clinics:

The outpatient practice of endocrinology provides the opportunity to evaluate and manage patients under the one-on-one supervision of clinical endocrinologist. The clinics include diabetes/metabolism, thyroid, bone/calcium, pituitary-gonad-adrenal, nutrition, lipids, obesity, and women's endocrinology. The residents attend the clinics at the Joslin Diabetes Center and the Diabetes and Endocrine clinics at the VA Medical Center.

C. Mix of Diseases and Patient Characteristics

1. Common Clinical Presentations and Diseases:

Diabetes mellitus

Obesity

Thyroid disorders

Parathyroid disorders

Pituitary disorders

Hypothalamic disorders

Gonadal disorders

Impotence

Infertility

Genetic diseases

Metabolic bone disease

Hyponatremia

Lipoprotein disorders

Adrenal disorders

2. Endocrine Emergencies:

Diabetic ketoacidosis

Hyponatremia

Hypernatremia

Hyperosmolar coma

Adrenal crisis

Thyroid storm

Hypoglycemia.

III. Educational Content

1. Endocrinology

Principles of Endocrinology

Disorders of the Anterior Pituitary and Hypothalamus

Disorders of the Neurohypophysis

Disorders of the Thyroid Gland

Disorders of the Adrenal Cortex

Pheochromocytoma

Diabetes Mellitus

Hypoglycemia

Disorders of the Testes and Male Reproductive System

Disorders of the Ovary and Female Reproductive Tract

The Menopause Transition and Postmenopausal Hormone Therapy

Disorders of Sexual Differentiation

Endocrine Tumors of the Gastrointestinal Tract and

Pancreas Disorders Affecting Multiple Endocrine Systems

Obesity

2. Disorders of Bone and Mineral Metabolism

Bone and Mineral Metabolism in Health and Disease Diseases of the Parathyroid Gland and Other Hyper- and Hypocalcemic Disorders Osteoporosis

Paget Disease and Other Dysplasias of Bone

3. Disorders of Intermediary Metabolism

Disorders of Lipoprotein Metabolism Hemochromatosis Glycogen Storage Diseases Other Inherited Disorders of Carbohydrate Metabolism

IV. Method of Evaluation

Evaluations are based on the six core competencies. Interim evaluations will be provided to each member of the team. All team members are expected to complete formal evaluations at the end of each rotation using the web-based E-Value evaluation software.

V. Rotation Specific Competency Objectives

- A. **Patient care** generic link to competency document
- B. **Medical knowledge** generic link to competency document
- C. **Professionalism** Generic link to competency document
- D. **Interpersonal and Communication skills** Consult services are by nature rotations that test a residents 'people' skills. When you are asked to consult on a patient, the many members of the 'Team' asking for help have varying attitudes about how much they value your opinion. Your performance on how well you do this is reflected by 1) the clarity of your consult summary of the case 2) the clarity of your consultative advice 3) the communication of that information to the "team" that has asked for your help. Disagreements are inevitable and learning how to respond and react to this is one of the learning values of consultative medicine.
- E. **Practice Based Learning** generic link to competency document
- F. **Systems Based Practice** This rotation offers a unique opportunity to work in a cross specialty environment including ICU, surgical and psychiatric hospitalized services.

Reviewed & Revised by: Ruth Weinstock, MD

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