Division of Metabolism, Endocrinology and Genetics
Fellowship Manual

2008-2009

Covering Policies and Procedures for Fellows
Educational Goals and General Competencies
Endocrinology Curriculum

As a supplement to the
Policy and Procedures Manuals of the
Office of Graduate Medical Education

And
The Department of Internal Medicine

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Division Director's Welcome

Welcome to the Division of Metabolism, Endocrinology and Genetics, of the Department of Internal Medicine at the University of Kansas Medical Center. We are extremely proud of the faculty, research endeavors, educational programs, service activities, and the medical facilities provided here. The goal of our faculty and staff is to continue to make this Division exceptional in terms of scientific achievement, clinical service and medical education.

As part of the University of Kansas and the School of Medicine, the Department of Internal Medicine, and the Division for Metabolism, Endocrinology and Genetics meets selected educational, informational, and health care needs of Kansans. We continue to revolutionize medicine by exploring innovative ways to deliver health care to the residents of the State of Kansas and the greater Kansas City metropolitan area.

The clinical activity of this department and of this division, like others across the nation, is being geared in response to the unique and challenging needs posed by managed care and the ever-changing environment of cost conscious health care. At KUMC, we are enhancing our primary care activities by expanding general internal medicine, re-energizing care of the elderly through our geriatrics programs, enlarging the ambulatory care facilities by opening a new center called KUWest, and developing outreach programs for offsite clinics and educational activities, through the Area Health Education Centers of Kansas.

Though there is growing emphasis on diagnosis and treatment in the outpatient setting, we maintain an active inpatient consultative service. Specific areas of clinical interest include an expanded woman's health initiative, in geriatrics, in family medicine and a push toward cross-specialty educational experiences such as office orthopedics, gynecology, sports medicine and adolescent medicine. The newly developed medicine/pediatrics combined residency program is functioning well in meeting the expanding needs of training in primary care.

Our Internal Medicine education programs have worked diligently during the past several years to revitalize the curriculum, redefine missions, and adapt to the changing marketplace. Today our curriculum accentuates care in the ambulatory setting, continuity of patient care and experiences in rural practices that provide our students, residents and fellows an opportunity to further enhance their understanding of primary care. This combination of experiences produces physicians who may elect to practice in rural, or in other underserved communities

The Medical Center has recently seen the appointment of new chairs of Family medicine, Internal Medicine, Neuro-Surgery, Otolaryngology, Pathology, and Geriatrics. We have active programs in transplantation of liver, kidney, bone marrow, and pancreas transplantation. This new energy coupled with exceptional seasoned faculty already in place makes this department well positioned to meet the challenges of health care and medical education.

The Division of Metabolism, Endocrinology and Genetics has actively worked to construct integration with faculty who hold appointments in other departments, but who share common goals and interests in an effort to promote research, service and education. We hold very close ties to the basic science department, Clinical Laboratories, Pediatric Endocrinology, the Department of Radiology and the division of Nuclear Medicine, and the Department of Preventive Medicine.

A Personal Word to Our Trainees

Welcome to the Division of Metabolism, Endocrinology and Genetics of the Department of Internal Medicine. We are pleased that you have chosen our Program to continue your medical education. We believe that you will find this to be an excellent program with a talented, dedicated faculty to provide instruction and guidance to you as you matriculate through the various aspects of your training. You will encounter a broad array of endocrine diseases that will allow you to become an excellent consultant in our discipline. Additionally, while knowledge and application of knowledge is very important we believe that skills in interacting with patients, families and peers are also paramount to the successful practice to medicine as well as keeping our profession held in high esteem by those whom we serve. Our faculty subscribes to the "lead by example" philosophy. When you complete your training, our goal and expectations are that you will be a competent, compassionate, ethical physician who will be a life-long learner and teacher for the next generation.

The other faculty and I consider it a privilege to work with you, the physicians of the future, and we take our contributions to your education seriously. My expectations are the same for our faculty and house staff: a commitment to excellence in clinical care, education, and research, coupled with a zest for life-long learning. We look forward to working with you and have every confidence that you will graduate as competent, confident, compassionate physicians. You have many exciting opportunities ahead, and we welcome the opportunity to share them with you.

Leland Graves, III, MD
Associate Professor of Medicine
Director, Division of Metabolism, Endocrinology and Genetics

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DEPARTMENT OF INTERNAL MEDICINE
Fellowship Training – Division of Metabolism, Endocrinology and Genetics

Description of the Program:

The Fellowship Training Program is based in the Division of Metabolism, Endocrinology and Genetics in the Department of Internal Medicine at the University of Kansas Medical Center. The Program is of two years duration with an emphasis on training in clinical Endocrinology, Diabetes and Metabolism. Candidates for training should be board eligible or certified in internal medicine.

The major training sites include the University of Kansas Medical Center and Kansas City Veterans Administration Medical Center (KCVA).

The major focus is on outpatient and inpatient consultations and management, of diseases of Endocrinology from all medical and surgical disciplines. An experience is provided in the areas of diabetes, general endocrinology, osteoporosis and other metabolic bone diseases as well as reproductive endocrinology and pediatric endocrinology.

While our thrust of training is toward developing clinical practitioners in diabetes and endocrinology, a research experience is also required and encouraged. Research experiences may be acquired in conjunction with one of the Endocrinology faculty, or with a basic scientist from the School of Medicine working in conjunction with the division of Endocrinology. Clinical trials of agents for the treatment of diabetes, osteoporosis and dyslipidemia are gained by participating in ongoing trails in the division. Research interests of the faculty include the epidemiology of osteoporosis, disorders of vitamin D, the association of vascular dysfunction and osteoporosis, glycemic control in the acute hospital setting and associated outcomes, Von-Hippel Lindau syndrome characterization and natural history, and selective estrogen receptor modulators in dyslipidemia.

In addition to training in the discipline of endocrinology, fellows are expected to participate in the education of medical students in physical diagnosis, and in education of students, interns and residents who rotate through the endocrinology service.

The overall objective of the program is to produce well-trained, competent, compassionate physicians who are certified by the ABIM in Endocrinology, Diabetes and Metabolism and who will be committed to life-long learning, becoming medical pillars in their communities.

Job Description for Fellow in Endocrinology, Diabetes and Metabolism

Each Endocrine fellow accepted by the Division of Metabolism, Endocrinology and Genetics must comply with the technical standards of the KUMC GME office. See appendix for this listed as 21.2

The Division holds an equal opportunity/nondiscrimination policy as set forth in the KUMC policy and responsibilities. See appendix for the policy and procedures.

Acceptance into the Endocrinology Fellowship Program requires board eligible or certification by the American Board of Internal Medicine or American Osteopathic Association.

Foreign medical graduates and alien physician fellows must comply with the KUMC policy and procedures set forth in the Appendix on this topic.

All fellows in the Endocrinology training program will observe the KUMC house staff code of conduct, referring to professional and personal conduct, dress, use of alcohol, drugs, tobacco, and follow the basic principles outlined on page 3 of the Appendix.

After acceptance, fellows have the following responsibilities:

- Provision of consultations for diseases or suspected disorders of endocrinology, diabetes and metabolism in medical and surgical disciplines, including some pediatric experience, and geriatric experience at the University of Kansas Hospitals and Ambulatory Clinics.

- One half-day weekly is devoted to the fellows own outpatient evaluation and continuity of care clinics. This clinic will be comprised of patients with all general endocrine disorders and diabetes mellitus. Patients will be assigned to the fellow and followed over the 2 year training program. Faculty supervision will be present but this panel of patients will be assigned to the fellow.

- Attendance and participation is required of each fellow in the monthly case conference, the research conference, the monthly journal club, and the core curriculum didactic conferences in the division. In addition, attendance at the weekly Medical Grand Rounds and the Department of Medicine core curriculum for all trainees is encouraged.

- The fellow will participate with the staff in the teaching of medical students and internal medicine residents using the core curriculum designed for these trainees.

- The Endocrinology Service does few procedures. Trainees will learn and perform fine needle aspirate biopsy of the thyroid, bone densitometry acquisition and interpretation, and thyroid ultrasound performance and interpretation. . Trainees are expected to review laboratory studies, cytopathology of fine needle aspiration, biopsy specimens, , and pertinent radiographs of the patients they are managing.

- Endocrine Fellows will not work greater than 80 hours within a one week time period. There will be 10 hours between duty times. Telephone call for Endocrinology fellows during evening and weekend hours is not considered a part of the 80 hour maximum work week. One in seven days (on average) will be free of patient care or other training responsibilities.

- Trainees take calls from home with a faculty member as a back-up. All trainees have at least one of seven days free from clinical duties. In addition, trainees have at least 3 to 5 months of protected time without taking calls each year.

- Participation in research is expected for each trainee. The division expects preparation of at least one manuscript suitable for publication, submission of at least one abstract to a regional, national, or international meeting, and preparation of at least one lecture prior to completion of the two-year training period.

- Communication between faculty and fellows is essential, especially regarding patient care. Fellows are encouraged to use Group Wise electronic communication to update faculty of any interactions by telephone with patients. A printed copy of these is to be saved for the permanent file.

Faculty supervision and Lines of Responsibility.

During the first year of training, trainees review any major changes in therapy or recommendations for invasive procedures with the faculty attending prior to making the recommendation to another physician. During the second year, assuming that the trainee has made satisfactory progress, trainees are given more freedom to make recommendations if he/she is comfortable and confident in the recommendation. Even in the second year, trainee recommendations are reviewed within 24-hours. Trainees are encouraged to contact the attending physician, at any time day or night, if there is doubt in their mind about recommendations. This type of supervision applies to inpatient and outpatient care, home health care management, phone calls from outside physicians or family members. Supervision by a faculty member is expected for all procedures.

When providing consultation on hospitalized patients the endocrine fellow will use the follow guideline regarding directly writing orders:

1. For patients assigned to an internal medicine or family medicine service who have a primary internal medicine or family medicine resident caring for the patient the Endocrine Fellow will make recommendations only (with the supervision of the Endocrine staff). He/She will not directly write orders but will inform the primary resident of recommendations.

2. For patients on non-primary care teaching services (such as orthopedic surgery, general surgery, vascular surgery, neurosurgery, rehabilitation medicine, etc) when there is a primary resident involved (such as a surgical resident) orders will not be directly written unless this arrangement has been requested by that service.

3. For patients hospitalized on a service with no resident assigned to the patient (non-teaching service) orders may be written directly by the fellow (with daily supervision by the Endocrine Staff) as it pertains to the consultation, after this has been approved or requested by the primary attending.

4. For the patient assigned to the Endocrine service, the fellow may write orders directly (which are supervised daily by the attending physician)

Division of Metabolism Endocrinology and Genetics
Policy Concerning Outside Professional Activities (Moonlighting)

Professional activity (moonlighting) outside of duty hours is allowed by the Division of Metabolism, Endocrinology and Genetics. There are only a few approved sites for moonlighting; currently these include the Kansas City VA, the University of Kansas Medical Center and the Leavenworth VA. Additional site requests must be submitted in writing to the Program Director for approval. Such activities must not interfere with scheduled fellowship training; e.g., consultations, call schedules, and conferences. Furthermore, the frequency or duration of outside professional activities must not be such as to result in physical and mental fatigue leading to impairment of training. Moonlighting must not exceed 12 hours per week. Moonlighting+training hours must not exceed 80 hours per week. Endocrine fellows must be in good standing and progressing steadily through the Department to be sanctioned to moonlight. Performance evaluations will include comments on the potential effects of moonlighting on performance in the training program. Adverse effects will lead to withdrawal of moonlighting permission. All duty hour requirements regarding residency may apply to moonlighting as well, and must not be violated. Residents cannot moonlight if doing so brings them into conflict with duty hour requirements while performing their normal duties. Residents with J-1 or H-1B visas are not eligible to moonlight. The extracurricular moonlighting authorization request document must be completed and approved before moonlighting is authorized.

CONTINUOUS QUALITY IMPROVEMENT

The Continuous Quality Improvement is an ongoing, flexible, integrated and coordinated healthcare program that stresses a commitment to continuously improve patient care and service and resolve identified problems by assessing and improving all aspects that most affect patient outcomes. It is the responsibility of all employees, including house staff, to actively participate in the CQI activities. The goal of the CQI program is to develop collection tools, analyze data, formulate data driven recommendations for improvement, and coordinate resolution of the identified opportunities for improvement. In identifying opportunities for improvement, the CQI program places emphasis on cost, quality, access, customer service; desired patient outcome. It pursues opportunity to improve care/service; allows for resolution of identified problems, assures a safe and healthy environment for patients, patient families and employees; and ensures appropriate and effective utilization of resources.

Lectures on these topics are given for the Department of Medicine, and Endocrinology Residents and Fellows are required to attend.

<u>Continuous Quality Improvement Activities:</u>

Faculty and house staff will be expected to participate in the *Morbidity and Mortality Conference* of the Department of Medicine which is presented monthly. The cases presented in this conference will be discussed and will serve as a learning tool for house staff and faculty. The Morbidity and Mortality Conference will also identify opportunities for improvement.

The Endocrine Fellow will be a member of the *Diabetes Care Team*. This team meets weekly in small groups and together as a large multidisciplinary group monthly. It is a partnership of the University of Kansas Hospital to promote excellence in diabetes care at the University of Kansas. This group is continually performing quality assessment and designing quality improvement projects for the care of patients with diabetes. Prior to completion of the training program the Endocrine fellow will have responsibility for leading a multidisciplinary team in a quality improvement project.

This element of the Endocrine fellows training program will provide development and assessment for the compencies of 1. Patient care, 2. Medical knowledge, 3. Practice-Base learning improvement 4. Communication skills 5. Professionalism and 6. Systems based practice.

Risk Management:

Any questions regarding reporting of incidents or occurrences should be directed to the Risk Management Office. Ms. Ruth Kamm is in charge of this activity in the Office of Legal Counsel.

The University of Kansas Professional Liability Plan requires that all persons must report, in a timely manner, all adverse occurrences where a patient has or may have sustained any injury or loss.

Patient Incidence Occurrence Reports:

An adverse patient occurrence is any patient incident with a potential for litigation. Omissions and errors which are real, or perceived by the patient, and have, or could have, resulted in substantial physical injury and/or financial loss to the patient are classified as occurrences and should be reported.

House staff should complete or direct completion of the Incident Report Form by an appropriate member of the health care team. Incident reports should be brief and include only objective information. Use exact quotes to record patient's description, whenever possible. Physicians may be asked to review and sign incident report forms if the severity impact or potential severity impact is significant.

If an incident occurs, record the facts in the medical record regarding the patient that are relevant to the incident. If needed, call Ms. Ruth Kamm, Risk Management Officer in the Office of Legal Counsel.

a) All patient falls and medication errors, whether the patient's medication is omitted or the wrong medication or dosage is administered, must be documented in the chart. Document the nature of the incident and what if any follow-up care was provided. Do not document staff involved with the incident. Be objective and discuss the appropriateness of your intended documentation with the attending immediately.
b) Under no circumstances should a note be made in the chart to indicate that an incident report was completed. These reports are for internal reporting. If the incident does not have a direct bearing on a patient's medical treatment (i.e., pharmacy sent wrong medication, but it was not administered to the patient), this should not be documented in the patient's chart. In such cases, a form should be completed for tracking purposes.

Occurrence Reporting:

The second, and most significant, incident reporting method is called Occurrence Reporting. This is used when there is an adverse outcome to the incident and a reasonable potential that a claim or suit might be filed. Occurrence reports are made in anticipation of litigation. An occurrence report is a narrative report prepared by the person most closely associated with the occurrence to include the following:

a) Physician's name, address and specialty
b) Patient's full name, address and phone number
c) Patient's medical record number, if known
d) Narrative with specific details of the incident and resulting injury including time and date of incident
e) Identification of any witnesses to the occurrence
f) Status of the patient after the event
g) Description of any defenses or other contributing factors caused by the patient, family and/or significant other (Example: failure to cooperate with treatment)
h) Any other comments by physicians relevant to the occurrence.

The occurrence report should be hand delivered in an envelope marked "confidential" to the Risk Management Coordinator as soon after the event as possible or when requested by Risk Management and/or General Counsel. No copies of the report should be made, and it must not be circulated. Staff should not keep a personal copy of the report.

For the Physician's Protection: Effective use of risk management principles can minimize the potential for involvement in a liability claim. The following guidelines are offered to assist in this.

a) Always contact the attending physician involved in the patient's care.
b) Requests for a claimant's medical record or information concerning a claim or claimant should be directed to the Risk Management Coordinator. Never release any medical information regarding a claimant without the expressed authorization of the Risk Management Coordinator who will coordinate this action with the Office of Legal Counsel. (Routine requests by patients for copies of medical records do not need to be presented to Risk management -- those requests should be handled through the Medical Record Department).
c) Do not discuss a claim with the claimant or the claimant's representative except as authorized by the Risk Management Coordinator after coordination with the Office of Legal Counsel.
d) Any correspondence from a claimant, claimant's attorney, or claimant's insurance company should be directed to the Risk Management Coordinator immediately.
e) Send requests or subpoena for appearance for deposition or for hearing to the Risk Management Coordinator for referral to the Office of Legal Counsel for opinion.
f) A summons or petition for damages received by a physician which names the physician as a defendant must be immediately forwarded to the Risk Management Coordinator or the Office of Legal Counsel.
g) Malfunctioning medical devices may pose substantial risk to patients. If you become aware of a malfunctioning medical device, report it immediately so it may be repaired or replaced. If a patient is injured due to a malfunctioning medical device, immediately call the nursing supervisor. Take the equipment out of service immediately so it may be examined and tested. Retain all other medical devices and supplies. Do not send the medical device or equipment back to the manufacturer without the approval. It is important that the evidence of malfunction be documented to protect our interests.
h) Our best defense is a well-documented medical record containing all information relevant to optimum health care services. Do not attempt to protect yourself by blaming other care providers in the medical record. Document the incident and its effect on the patient.
i) Good rapport and effective communication between yourself and the patient are your best efforts against involvement in legal actions.

Utilization Management:

It is the responsibility of the House Staff to assure that documentation in the record completely describes the patient's severity of illness, as well as the treatment services provided to the patient. Continued stay reviews are done on all patients who have met the admission criteria.

Professionalism in Medicine

(See Appendix for additional information on professionalism at KUMC)
The American Board of Internal Medicine is the organization responsible for certifying physicians committed to careers in internal medicine or the medical subspecialties. This mandate requires that the Board define, promote and assess all of the components within the domain of competence. Competence as an internist comprises not only medical knowledge, clinical judgment, and clinical skills including proficiency in performing certain procedures, but also the professional attitudes and behavior which are the foundation for success as a physician. While knowledge and technical skills are important, how they are used is more important.

In recognition of this fact, the Board in 1980, turned its focus toward the importance and assessment of humanistic qualities (integrity, respect and compassion) in the training of physicians. This culminated in the inclusion of humanistic qualities as an essential component of clinical competence and in the requirement for program directors to evaluate and document the demonstration of these qualities during training in order for candidates to be eligible for certification.

A decade later, the Board embarked on a similar process to address professionalism. For several years, the Board has been concerned that changes in the health care environment produce stress that can negatively affect the professional behavior of physicians. This concern is sharpened as physician reimbursement is changing and health care is provided in a competitive environment of managed and prepaid care, threatening to reduce the status of patients to commodities rather than people with an affliction. Responding to these concerns, in 1990 the Board began a process to define professionalism. The purpose was to raise the concept of professionalism in the consciousness of all in internal medicine; and to provide a means for program directors to inculcate the concepts of professionalism in their training programs and assess professionalism in their trainees.

This process evolved under the guidance of *Project Professionalism,* a subcommittee of the ABIM Committee on Evaluation of Clinical Competence. To achieve its goals, the subcommittee has defined the components of professionalism (including what constitutes unprofessional behavior). It explored various approaches to portray vignettes emphasizing elements and principles of professionalism, developed questions designed to assess aspects of professionalism on certification and recertification examinations, and in the educational context of conferences and small group discussions. The subcommittee also presented workshops and symposia at national meetings of professional medical societies to discuss professionalism.

The materials developed thus far are intended to provide a framework for standards for professionalism. ABIM presents guidelines for ideal behavior while recognizing that the ideal is something we endeavor to achieve but may not always reach.

Professionalism in medicine requires the physician to serve the interests of the patient above his or her self interest. Professionalism *aspires* to altruism, accountability, excellence, duty, service, honor, integrity and respect for others. The elements of professionalism required of candidates seeking certification and recertification from the ABIM encompass:

A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.
A commitment to sustain the interests and welfare of patients.
A commitment to be responsive to the health needs of society.

<u>These elements are further defined as:</u>

Altruism is the essence of professionalism. The best interest of patients, not self-interest, is the rule.

Accountability is required at many levels--individual patients, society and the profession. Physicians are accountable to their patients for fulfilling the implied contract governing the patient/physician relationship. They are also accountable to society for addressing the health needs of the public and to their profession for adhering to medicine's time-honored ethical precepts.

Excellence entails a conscientious effort to exceed ordinary expectations and to make a commitment to lifelong learning. Commitment to excellence is an acknowledged goal for all physicians.

Duty is the free acceptance of a commitment to service. This commitment includes being available and responsive when "on call." It means accepting inconvenience to meet the needs of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, advocating the best possible care regardless of ability to pay, performing active roles in professional organizations, and volunteering one's skills and expertise for the welfare of the community.

Honor and integrity are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honor and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being straightforward. They also require recognition of the possibility of conflict of interest and avoidance of relationships that allow personal gain to supersede the best interest of the patient.

Respect for others (patients and their families, other physicians and professional colleagues such as nurses, medical students, residents, and sub specialty fellows) is the essence of humanism, and humanism is both central to professionalism, and fundamental to enhancing collegiality among physicians.

A major responsibility of those training internal medicine residents and subspecialty fellows is to emphasize the importance of professionalism in the patient/physician relationship and to illustrate this by example.

The ability to affect attitudes, behavior patterns and ethical conduct in patient care must be recognized and used during residency and fellowship training -- a time of unique clinical, educational and social experiences for physicians. It must also continue after training and throughout one's professional career.

Signs and Symptoms:

Seven traits that are antithetical to professionalism are described below and include abuse of power, arrogance, greed, misrepresentation, impairment, lack of conscientiousness, and conflict of interest.

Abuse of Power

Traditionally, the medical profession has enjoyed a high level of respect. Yearly polls consistently indicate that the medical profession is second only to the clergy in the esteem afforded it by society. This respect offers tremendous power to physicians. When used appropriately, this power can accomplish enormous good and can establish a norm for behavior that is in society's best interest. Patients, colleagues and society in general abide by what the profession does and says. When abused, this power can establish a norm for deviant behavior. These abuses can be insidious and may occur at several different levels:

Interactions with patients and colleagues - The respect and trust placed in physicians by their patients and professional colleagues are something to be cherished and promoted and not abused. Not allowing patients to voice their wishes or contribute to decision-making is an abuse of power. Allowing financial and academic competitiveness to affect honest evaluation of one's peers and trainees is an abuse of power. Using junior colleagues to enhance one's own bibliography and advance one's own academic career is an abuse of power, and so are actions that deliberately retard the academic development of junior colleagues in order to co-opt their work. The gratuitous denigration of junior colleagues also represents an abuse of power. There are many other examples.

Bias or sexual harassment - The profession has a responsibility to ensure an environment in which all colleagues enjoy respect for their contributions and where they can advance to their full potential, irrespective of disability, ethnicity, gender, race, or religion. This responsibility involves eliminating both the large and small inequities that bias against the professional and personal development of individuals.

Breach of confidentiality - Patients trust that comments which are made as part of the patient/physician relationship will be held in strictest confidence. This trust is not to be abused. Casual comments or discussion of details of patients' situations in public (e.g., a crowded elevator or a cocktail party) represents an abuse of confidentiality. The physician must maintain the confidences of the patient and make disclosures only in the patient's interest or when disclosure is a legal requirement.

Arrogance

Arrogance means an offensive display of superiority and self-importance. Arrogance denotes haughtiness, vanity, insolence and disdain. All of these qualities run counter to the demeanor of the professional. The ultimate result is the pretension of the arrogant individual to superior importance or rights.

Medicine itself, and the very process of medical education, can foster the development of arrogance in the physician. The training is long, arduous, and arguably inhumane. The mass of knowledge is seemingly limitless and impossible to master. Students are thus prone to assume an air of self-importance, having survived such an initiation. Arrogance in physicians may also be bred by the society of which they are part.

Arrogance destroys professionalism in three ways. First, it reduces the physician's ability to think for himself or herself. Second, it makes empathy for the patient difficult. Third, arrogance destroys professionalism by removing the beneficial role of self-doubt.

Greed

When money becomes a driving force, greed predominates and professionalism is eroded. Greed can be defined as the inappropriate aspiration of fame, power or money. If physicians are greedy, there is no room for understanding, compassion or other qualities necessary for the healing profession. When greed exists altruism, caring, generosity and integrity are compromised significantly.

The treatment of greed requires its recognition. Physicians must continually ask themselves whether their actions are guided by their patients best interests or their own financial interests. Curing greed requires constant diligence and a questioning of one's motives to ensure that one's actions are not based on personal financial gain.

Misrepresentation

In the context of unprofessional behavior, misrepresentation consists of lying and fraud. Lying is consciously failing to tell the truth. Lying is not simply relating an untruth, otherwise any erroneous statement is lying. Lying requires a conscious effort. Yet, at times not telling everything will not be considered lying. Motive is important.

Fraud is a conscious misrepresentation of material fact with the intent to mislead. Lying may be a borderline matter, but generally is not in the best interest of the patient even when the lie is intended to help the patient. For example, conjuring up a diagnosis so that a patient's hospital admission or length of stay can be justified is a lie which insidiously undermines the patient/physician relationship. While the intent may seem to be in the best interest of the patient, the act is not.

Fraud occurs in both medical practice and research. Lying about which services are performed in order to obtain payments from insurance companies is an example of fraud. Misrepresentation of laboratory data or lying about experiments that are performed are examples of fraud.

Impairment

Few examples provide more vivid evidence of the urgent need to reassert the primacy of professionalism than does the specter of the drug-addicted, alcohol dependent, or mentally impaired physician protected or unnoticed by colleagues and allowed to care for unsuspecting patients.

Physicians who are impaired in their ability to discharge their professional obligations must relinquish their responsibility in caring for patients; and professional colleagues must see to it that this standard is maintained. Impairment is, of course, not an all-or nothing phenomenon. Extreme degrees of impairment may be easy to recognize, but marginal or slight impairment may not be readily detectable and honest disagreement may exist about whether or not it is even present. As a corollary, every physician should be trained to detect all varieties of impairment (especially at their earliest stages) as well as strategies for intervention.

Impaired physicians frequently cannot recognize their limitations and may not be able to acknowledge the existence of their impairment although others can see it clearly. Indeed, impairment from substance abuse, chemical dependency, alcoholism, dementia, or psychiatric illness is typically beyond the ability of affected physicians to recognize, and almost always beyond their ability to resolve adequately alone.

The natural reluctance to be the first person to draw attention to an impaired or potentially impaired colleague is perhaps the most significant problem associated with this aspect of medical professionalism. Many questions and rationalizations that inhibit prompt and appropriate action easily come to mind along with the suspicion that a colleague might be impaired. "What if I'm wrong?" "Maybe he's just having a bad day." "Surely someone who knows him better will act if anything is really wrong." "What will my colleagues think of me if I blow the whistle on her?" "He's got a family to take care of; I can't be responsible for driving them to the poorhouse." "If we all stick together, we can cover for her; we won't let anything bad happen to her patients."

Banishing the easy excuses for inaction is difficult but it is essential to fulfilling the profession's obligation to protect the public's interest. Impaired cognitive abilities due to organic or psychiatric illness are no less common among physicians than among the public at large. Substance abuse, likewise, may be more prevalent among physicians than among others because of the physician's relatively easy access to controlled substances and because of high levels of occupation related stress.

Developing an excuse for inaction in dealing with a colleague who is impaired also abdicates one's professional obligation. For example, needless deaths of physicians from drug overdoses might have been prevented if their professional colleagues who initially noticed the impairment had taken action to have the impairment addressed and the physician rehabilitated.

Lack of Conscientiousness

Lack of conscientiousness is a failure to fulfill responsibilities, and is incompatible with the essence of professionalism.

Consider the physician who is committed to doing only the minimum. He or she takes the most abbreviated history, waits for the x-ray report rather than views the x-ray personally, does not return the family's phone calls, visits with the chart rather than the patient, gets the latest information from the drug company representative and blames the bureaucracy for every problem.

The physician who is too busy, whose research or other interests are too important to commit the time and effort required for teaching responsibilities. If a physician comes late to rounds, misses preceptors' meetings with students, and shifts care of patients to trainees not yet prepared for unsupervised responsibility, he or she exemplifies a lack of conscientiousness, a loss of professionalism and deviation from expected standards.

Similarly, the physician who opts for the easy questions, who never get around to submitting the data for publication, who does not show for committee meetings, or who shows but does not contribute, has forgotten the meaning of professionalism.

Conflicts of Interest

Recognition and avoidance of conflicts of interest represent a core issue of professionalism. The physician must avoid situations in which the interest of the physician is placed above that of the patient. A growing number of issues concerning conflicts of interest have damaged the professional reputation of the physician. Protecting personal advantage is seen as sacrificing the interests of patients and society for the physician's interest. Therefore, a renewed effort is needed in educating medical students as well as physicians to recognize and understand the potential conflicts of interest in patient/physician and physician/society relationships and the necessity to avoid them.

The following examples of conflicts of interest can occur in medical practice:

Self-referral is the ordering of laboratory tests, diagnostic procedures or treatment for a patient from businesses in which the physician has a financial interest. Many physicians who have such financial interests contend that their participation improves access or quality of care, but results of a number of studies suggest that physician-owned enterprises promote excessive use of diagnostic tests and treatments. Self-referral practices have the potential to increase total costs of health care in this country as well as to affect the physical and financial well-being of the individual patient. Only when fees are rendered for the care personally delivered by the physician or by those under the physician's direct supervision can conflicts of interest be avoided.

Acceptance of gifts. Whether physicians should accept gifts from manufacturers of drugs and devices that are being prescribed by the physician, has been addressed by a number of medical and scientific organizations and authors. Although the physician may profess that the gifts are of minor value and play no role in influencing his or her prescription practices, the potential for undue influence is there. There is temptation to accept such direct gifts, particularly for the physician who is still encumbered with medical school debts.

Utilization of services presents a potential conflict of interest because the patient must rely on the professionalism of the physician to recommend only the care and procedures appropriate. Inappropriate treatments, overcharging, and prolonging contacts with patients (repeated office and hospital visits) when no longer necessary for the management of the patient's symptoms or disorder are products of conflicts of interest not restrained by professionalism.

The extreme of this situation is the prolonging of life with inappropriate intensive therapy. Achieving the optimum level of medical care requires continued rigorous self-examination as to the motivation and likely outcomes of projected procedures and treatments. This issue is a difficult one, encompassing such factors as the availability of technology, the fear of giving up too early, considerations of personal ethics, and the underlying tendency to practice what one knows how to do. Nevertheless, accountability to the patient demands that the physician place the patient's welfare first before any other motives. Conversely, patients can be neglected by the under-utilization of resources for diagnosis and treatment. This compromise of optimal patient care can arise out of the conflict of interest created when physicians' bonuses and salaries are linked directly to reducing patient care expenditures by limiting access to subspecialty consultation and expensive treatment options. In other salaried situations, disincentives to optimal care can occur through conflicting demands on the physician's time and attention and the "disincentive to work." In general, the inability of a patient to pay should never affect decisions as to what level of care should be provided.

The following are examples of conflicts of interest that can occur in the academic environment:

Collaboration with industry has raised a number of concerns. Potential conflicts of interest are broad-ranging and affect the conduct of research, peer review of research, and the dissemination of the results of research. This issue is a particularly important one for investigators in biomedical research because of the loss of public trust and confidence when economic self-interest appears to replace scientific integrity. This is not to say that collaboration with industry is inappropriate, or unethical. But in such collaborations, the physician must not allow the patient's interests to be compromised.

Compromising the principles of clinical investigations. There are many ways in which otential issues of conflicts of interest can appear to compromise the integrity of an investigator. Bias in research can be introduced when the investigator or his or her immediate family has a financial interest in the sponsoring company or the product being investigated. The financial interest can take the form of a direct equity relationship, or acceptance of gifts and favors, or consultantships from the company. When results of research are being reported or reviews of other investigators' work are being undertaken, potential conflicts of interest must be fully disclosed. Although intellectual biases and rivalries are often readily apparent to scientists in peer review settings, information regarding potential financial conflicts of interest cannot be identified without full and specific disclosure.

Learning Professionalism During Training

The environment in which the training and education of physicians takes place serves in many ways as the incubator of professionalism. Standards for professional and ethical conduct are beginning to be addressed within the formal curriculum of medical school. In addition, the *ACGME Program Requirements for Training in Internal Medicine and the Subspecialties*, include a brief section on professional ethics and the importance of professionalism within the educational environment. Placing the term "professionalism" into the requirements for program accreditation sends a strong message regarding the importance the profession places on its standards.

Conversely, some would argue that the erosion of the profession's standards has created the need to require that more attention be paid to professionalism within the formal curriculum. Following is a brief exploration of how professionalism may be enhanced and barriers that prohibit professionalism within the training environment.

A. Establishing professionalism during training

The profession of medicine is recognized by society for its service to societal goals and its commitment to healing the sick. One of the responsibilities of medical education, specifically medical schools and postgraduate training programs, is to insure that its common and various components foster and enhance professionalism. This responsibility begins with the institution's mission statement, expands to the admissions policies and their related emphasis on experiences that students and housestaff bring to the educational environment, and encompasses the curriculum including clinical and professional ethics, social issues in medicine, community service activities, and longitudinal responsibilities for patients. It moves on to student and housestaff evaluation, the promulgation of high standards and the rigor applied to reviewing and remediating substandard professional behavior. Finally, it is also reflected in the educational environment's dedication to collegiality, support of faculty development and formal mentoring programs, and formal recognition and reward of faculty, housestaff and student role models.

B. Barriers to professionalism during training

The increasing expectations placed by the public and the profession on physicians can sometimes thwart the progress of one's professionalism. During training a variety of challenges arise that threaten professionalism. Many of these relate to chronic fatigue and sleep deprivation; stress and overwork; lack of confidence, self-esteem, and experience; difficult patients; chaotic, unstructured, unsupervised rotations; creative tension with other health professionals and lack of professionalism among housestaff; arrogant faculty; health risks to the profession; abuse of power, and family obligations. The educational environment may never be able to eliminate all of these barriers, but by their recognition, efforts may be successful in circumventing them and their potential damage.

References

1. American College of Physicians Ethics Manual. Third Edition. *Ann Int Med.* 1992,117:947-960.

2. Blumenthal D. Academic-industry relationships in the life sciences: Extent, consequences, and management. *JAMA.* 1992;268:3344-49.

3. Code of Medical Ethics. Current Opinions Council on Ethical and Judicial Affairs. American Medical Association 1992.

4. Council on Ethical and Judicial Affairs, American Medical Association. Conflicts of interest: Physician ownership of medical facilities. *JAMA.* 1992;267:236669.

5. Guidelines for dealing with faculty conflicts of commitment and conflicts of interest in research. Adopted by the Executive Council of the Association of American Medical Colleges, February 22, 1990.

6. Kassirer JP. Medicine at center stage. *N Engl J Med.* 328: 1268-69.

7. LaFollette MC. *Stealing into Print: Fraud, Palgiarism and Misconduct in Scientific Publishing.* Berkeley University of California Press, 1992, p.9.

8. Laster L. Do doctors give a damn? The other health care crisis. *Washington Post.* August 24, 1993.

9. Mitchell JM, Sunshine JH. Consequences of physicians' ownership of health care facilities joint ventures in radiation therapy. *NEngl JMed.* 1992;327:1497-1501.

10. Pharmaceutical promotions (Correspondence). *NEngl J Med.* 327: 1686-87.

11. Pushing drugs to doctors. Consumer Reports. February and March 1992 issues.

12. Relman A. Self-referral--What's at stake? *NEngl J Med.* 1992;327: 1522-24.

13. Relman AS. What market values are doing to medicine. *Atlantic Monthly*. March 1992, 99-106.

14. Southwick F. Who was caring for Mary? *Ann Int Med.* 1993; 118: 146- 148.

15. Swedlow A et al. Increased costs and rates of use in the California workers' compensation system as a result of self-referral by physicians. *N Engl J Med.* 1992;327: 1502-06.

16. Todd JS. Must the law assure ethical behavior? *JAM,4.* 1992;268:98.

17. Waud DR. Pharmaceutical promotions a free lunch? *N Engl J Med. 1992;* 327:351-353.

CURRICULUM
FOR ENDOCRINOLOGY, DIABETES AND METABOLISM FELLOWSHIP TRAINING

Educational Goals for Endocrine Fellows

The Endocrine Division provides an educational program to train physicians who are competent in Endocrinology, Diabetes and Metabolism. The clinical experiences include opportunities to observe and manage mostly adults, but some pediatric patients, and geriatric patients, who have a wide variety of endocrine diseases. This will involve inpatients, outpatients, and consultations. A longitudinal experience allows observation of the course of illness and usefulness of therapies.

The objectives of the program are to provide the specialized knowledge, attitudes, and skills required to be an expert in Endocrinology, Diabetes and Metabolism, and the clinical judgment to provide optimum patient care.

The goal of the Endocrine program is to produce a graduate who has demonstrated competence in these six areas:

1. *Patient Care*
2. *Medical Knowledge*
3. *Practice-based Learning and Improvement*
4. *Interpersonal and communication Skills*
5. *Professionalism*
6. *Systems-based Practice*

With these competencies in mind, each of the program rotations, conferences, projects, and evaluations will be centered on the development and assessment of competence in these areas. Each of the rotations, conferences, research projects and other projects will define the knowledge, skills and attitudes required to demonstrate these competencies.

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families gather essential and accurate information about their patients make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or

maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:
- demonstrate an investigatory and analytic thinking approach to clinicalsituations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:
- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients'' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical
- information; and support their own education
- ! facilitate the learning of students and other health care professionals
-

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:
- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:
- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development

- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients'' culture, age, gender, and disabilities
-

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

The Objectives of the Endocrine Training Program that will foster the development of these competencies are:

1. To obtain a comprehensive experience in both inpatient and outpatient setting of the clinical features, diagnosis, natural history, prevention and treatment of a broad range of diseases of Endocrinology, Diabetes and Metabolism.

2. To acquire a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology, Diabetes and Metabolism.

3. To acquire, and maintain a professional demeanor, ethical standards and humanistic qualities required to be an effective, respected physician.

4. To provide education to others.

5. Develop life-long learning skills.

6. To have a basic knowledge of quality assurance, quality improvement and economics in reference to the practice of Endocrinology, Diabetes and Metabolism.

7. To obtain a basic understanding of research design, ethics in research, critical review of medical literature, informed consent, and communication of research results.

8. To maintain and enhance general internal medicine skills.

9. To become a graduate who is competent, compassionate, and certifiable by the ABIM in Endocrinology, Diabetes and Metabolism, with the goal of continuing to maintain a 100% certification rate from the Board.

Note: each activity in which fellows participate have established educational objectives which are knowledge, attitude, and skill based with outcome evaluations. See the appropriate section of the Training Manual.

Goals for the first-year Fellowship in Endocrinology, Diabetes and Metabolism

- Begin to acquire the expertise as a physician specialist in Endocrinology, Diabetes and Metabolism.
- Participate actively in consult rounds at KUMC and at KCVA.
- Review the student/resident presentations before rounds.
- Organize and manage consultation rounds.
- Discuss with the attending pertinent literature relating to the cases being seen.
- Continue to show competence in the following areas of general internal medicine:
    - Maintain ability to perform an expert history and physical examination. Show attitudes conducive to the practice of. Endocrinology, Diabetes and Metabolism, using appropriately constructive interpersonal interactions with patients, professional colleagues, supervisory faculty, referring physicians, paramedical personnel, and students. Such humanistic qualities are of critical importance, and must be developed. Personal integrity avoiding substance abuse, theft, and unexcused absences are required. Regular attendance at educational activities is required.

- Begin to show competence in the following areas characteristic of the Endocrinology, Diabetes and Metabolism consultant:
    - The ability to select and interpret diagnostic studies. Ability to use clinical judgment to apply the above to individual patients and make management decisions. Adequate technical skills to diagnose, manage, and treat patients with endocrinologic diseases. Ability to work with patients and families on a long-term basis as in-patients, outpatients, and when home health care is used.
    - Learn to develop diagnostic, therapeutic and management plans for patients being seen.
    - Be able to compare the relative diagnostic, therapeutic, and cost values for different laboratory studies and for therapeutic options.
    - Understand and be able to select appropriate laboratory techniques for pathogens infecting each patient. Know how to select appropriate susceptibilites and discuss their value and limitations so that this can be taught to peers.

Scholarly activities for the 1st year of training

- Be an author or co-author on one review, research paper or abstract.
- Present three clinical conferences and discuss at one research conference.
- Present one or more articles at Journal Club every other month.
- Teach in at least one medical school course, Physical Diagnosis.
- Give two core conferences yearly

Goals for the second-year Fellowship in Endocrinology, Diabetes and Metabolism

- Be able to direct consultation rounds.
- Have specialized, detailed knowledge of important areas in Endocrinology.
- Be aware of the latest pertinent literature to manage complex cases.

- Become expert at managing complicated patients with diabetes mellitus, pituitary and thyroid diseases as well as advanced or unusual metabolic bone diseases..

Scholarly activities for the 2nd year of training

- Provide one research or core curriculum lecture, and one clinical lecture.
- Become an expert in one or more specific area.
- Produce one abstract for submission to a regional or national meeting.

Goals for the third year of training

- The purpose of the 3rd year of Fellowship in Endocrinology, Diabetes and Metabolism is to prepare the trainee for a career in academic medicine. Fellows who desire this will have a specific research program and a designated faculty mentor. Such a fellow will have worked on this or a related problem earlier during the training program.
- The 3rd year may include course work in statistics, molecular biology, and biochemistry, if pertinent. Others may elect to participate in the Master of Public Health degree program. Such fellows will be completing ongoing projects, and preparing to enter an academic career.

Assessments and evaluations

An overview of the methods of evaluation of each of the competencies is outlined in the *Endocrine Fellow Evaluation Grid* (at the beginning of the evaluation section). Evaluations will include:

- written and verbal evaluation to be given at the completion of each rotation
- annual clinical competency examination
- semi annual and annual overall evaluation by the program director,
- annual endocrine in service examination
- Mini clinical evaluation exercise to be completed quarterly
- 360 evaluation
    - Semi annual self evaluation
    - Nursing evaluation
    - Peer evaluation

Deficiencies are discussed with appropriate measures needed to rectify the problems. Reappointment and promotion to the next year depend on having a completely satisfactory performance. Any fellow, who receives an unsatisfactory performance rating by the Division, will be evaluated at a meeting of the Endocrinology faculty to consider whether promotion will occur. At that point, specific recommendations may be made that might include:

- Specific corrective actions.
- Need to repeat a rotation or the year.
- Need to participate in a special program.
- Need to obtain psychological counseling.
- Need to go onto official academic probation.
- Need for termination, once corrective actions and/or probation have been unsuccessful.
- Fellows are given the opportunity to reply in writing to each evaluation and component thereof.

Fellows may appeal through the appropriate venue if they deem it necessary for an impartial hearing of their viewpoint.

Fellows are also required to evaluate each faculty person with whom they spend time in training.

Assessment of Clinical Competence

Year 1 requires:
Areas that will be evaluated are shown by the evaluation forms attached.
In general, included are

- fund of knowledge, both basic sciences and clinical applications
- Ability to use the information from history, physical exams, order and interpret diagnostic studies,
- communicate with all concerned in an effective manner.
- attitudes and behavior conductive to effective practice of endocrinology will be evaluated.
- Personal integrity, punctuality, attendance at meetings, prompt completion of letters, notes, and paper work, returning phone calls, documentation of activities, are assessed.
- Lack of availability when on call will not be tolerated. Moonlighting is only permitted with written permission of the Director. If such activities begin to interfere with other duties, moonlighting will need to cease.

Year 2 requires:
Each of the above areas is reevaluated at each rotation.
Clinical competence is assessed by supervising faculty and the Division in formal sessions.
The fellow will show competence in readings in the field, moderating and presentations at Journal Club, expertise at handling the Research Conference, patient presentations at Clinical Case Conferences, and the Core Curriculum sessions in which board review questions are discussed.

Year 3 requires:
Each of the above areas for year 2 are also required and reevaluated.
Fellows at this level begin to assume some of the expertise and responsibilities characteristic of a junior faculty member. They guide other trainees, are sources of information and strength. They teach methods of research at the research meetings and they present their work at regional and national meetings. They are expected to publish at least one or two articles in peer reviewed journals.

Core Curriculum

It is expected that by the end of the training period, the trainee will have had extensive personal experience and will have acquired a knowledge base from didactic teaching and reading to deal competently with all of the following:

Thyroid disorders, including
1. hyperthyroidism and hypothyroidism
2. nodular thyroid diseases
3. thyroid cancer
4. goiter
5. thyroiditis, including chronic, silent, subacute, and autoimmune

Hypothalamic and pituitary tumors, including
1. pituitary tumors of all types, with particular experience in the diagnosis and management of prolactinoma, acromegaly, Cushing's disease, and clinically non-functioning tumors
2. craniopharyngeoma and other space occupying and infiltrative disorders of the pituitary and

hypothalamic region
3. hypopituitarism
4. growth hormone disorders
5. hypothalamic insufficiency
6. SIADH
7. diabetes insipidus (primary and nephrogenic)
8. galactorrhea

Type 1 and type 2 diabetes mellitus, including
1. patient monitoring and treatment objectives in adolescents and adults
2. acute and chronic complication, including
    a. diabetic ketoacidosis
    b. hyperosmolar non-ketotic syndromes
    c. hypoglycemia
    d. microvascular and macrovascular disease including
        i. diabetic retinopathy
        ii. diabetic nephropathy
        iii. diabetic neuropathy
        iv. dermatologic aspects of diabetes
        v. coronary heart disease
        vi. peripheral vascular disease
        vii. cerebral vascular disease
    e. infections in the diabetic patient
3. gestational diabetes mellitus
4. diabetes mellitus in the pregnant patient
5. the surgical patient with diabetes mellitus
6. patient education
7. psychosocial issues
8. genetics and counseling as it relates to patient with endocrine and metabolism disorders
9. dietary principles

Hypoglycemic syndromes, including the spectrum of insulinoma and other causes

The diagnosis and management of lipid and lipoprotein disorders

The diagnosis and management of primary and secondary hypertension

Disorders of bone and mineral metabolism, including
1. hyperparathyroidism and other causes of hypercalcemia
2. hypoparathyroidism and other causes of hypocalcemia
3. metabolic bone diseases, with particular emphasis on the diagnosis and management of osteoporosis
4. evaluation and prevention of kidney stones
5. Paget's disease
6. osteomalacia and disorders of vitamin D and phosphorus metabolism
7. disorders of magnesium metabolism

Disorders of the adrenal cortex and medulla including:

1. benign and malignant adrenal tumors
2. adrenogenital syndromes
3. Cushing's syndrome, including drug-induced
4. adrenal cortex hypofunction- cause and therapy.
5. pheochromocytoma
6. primary aldosteronism

Disorders of fluid, electrolyte, and acid-base metabolism , including
1. hypernatremia and hyponatremia
2. hyperkalemia and hypokalemia
3. metabolic acidosis
4. metabolic alkalosis

Disorders of Magnesium and Phosphorous metabolism

Endocrine aspects of psychiatric disease

Endocrine aspects of aging, with particular emphasis on the care of geriatric patients with endocrine disease and diabetes and the endocrine changes associated with aging

Autoimmune polyglandular failure syndrome
Endocrine emergencies, including
1. hypercalcemia and hypocalcemia
2. severe hypo- and hyperthyroidism
3. adrenal insufficiency
4. pituitary apoplexy

Parenteral nutritional support

Nutritional disorders
1. obesity - pathophysiology, diagnosis and management
2. anorexia nervosa and bulimia

Hormone-producing neoplasms, particularly carcinoid syndromes, ectopic hormone production, islet cell tumors and multiple endocrine neoplasia syndromes

Female and male reproduction, including
1. primary and secondary amenorrhea
2. hirsutism/virilization
3. dysfunctional uterine bleeding
4. infertility
5. menopause
6. testicular tumors
7. erectile dysfunction
8. gynecomastia
9. hypogonadism

Endocrine adaptations and maladaptations to systemic diseases, including effects on the thyroidal, adrenal, and gonadal axes.

Technical Knowledge and Skills

The trainee will also have acquired a considerable knowledge base through clinical experience, instruction, and reading of the topics below.

1. The interpretation of laboratory tests; immunoassays; and radionuclide, ultrasound, radiologic, and other imaging studies for the diagnosis and treatment of endocrine and metabolic disease,
2. The effects of a variety of nonendocrine disorders on laboratory and imaging studies and performance and interpretation of stimulation and suppression tests.
3. Performance and cytologic interpretation of fine needle aspiration of the thyroid.
4. Indication and interpretation of quantitative digitalradiography and other tests used in the management of osteoporosis and other metabolic bone diseases.
5. Management of adolescent and adult patients of all ages with diabetes mellitus, including but not limited to the following aspects of the disease:
    - a. The utilization and interpretation of autoimmune markers of type 1 diabetes in patient management and counseling
    - b. Prescription of exercise programs
    - c. Rationale for and calculation of diabetic diets
    - d. Oral antidiabetic therapy
    - e. The use of intravenous insulin in acute decompensated diabetes mellitus
    - f. Chronic insulin administration, including the use of all varieties of insulin delivery systems
    - f. Glucose monitoring devices
    - g. funduscopic examination, recognition, and appropriate referral of patients with diabetic retinopathy
    - h. Foot care
    - i. Psychosocial effects of diabetes mellitus on patients and their families
    - j. Patient and community education

Other Formal Instruction

Additional specific content areas to be acquired through lectures, conferences, and reading include:

1. Pathogenesis and epidemiology of diabetes mellitus
2. Genetics as it relates to endocrine diseases
3. Developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation
4. Endocrine physiology and pathophysiology in systemic diseases and principles of hormone action
5. Biochemistry and physiology, including cell and molecular biology and immunology, as they relate

to endocrinology and metabolism

6. Signal transduction pathways and biology of hormone receptors

Research Experience

The trainee will have experience in clinical and/or basic laboratory research through personal involvement. Experience is acquired through presentation of basic research articles at Journal Club, attendance at the monthly departmental research conferences, and attendance at national scientific meetings. A specific component of the Journal Club is devoted to design and implementation of research protocols. Statistical analyses are discussed on articles presented. Such participation provides a knowledge base in fundamentals of statistics, experimental design, design of clinical trials and interpretation and critique of research literature.

The regular Research Meeting reviews protocols being performed by the members of the Division with attention to how studies should be designed, performed, consented, evaluated and reported. The fellow will have two 3 month rotations designated for research activity.

Training in Medical Education

The trainee will have considerable experience in medical education. The trainee has ample opportunity to observe other faculty in the organization, presentation and use of visual aids in teaching. Further, the trainee is expected to provide a significant portion of the educational experience of medical students and internal medicine residents who rotate through the Endocrinology inpatient consultation service. Specifically, they provide a core lecture series to these junior trainees as well as informal instruction.

Fellowship trainees provide presentations in departmental conferences attended by internal medicine trainees and faculty.

Other specific teaching fellows are assigned include: teaching physical diagnosis skills to sophomore students, teaching senior medical students on the Endocrine consult & clinic rotation and giving lectures to fellows in other Department of Medicine divisions.

Fellows are taught to make and present Power Point presentations for slide purposes.

Humanistic Skills

There are daily opportunities for trainees to enhance their humanistic skills in terms of dealing with cultural, social, familial, behavioral and economical issues that impact on providing the best care possible including the rational and humane decision-making in the final stages of life. Observation of experienced faculty members and discussion with faculty of these issues is routinely provided to develop humanistic skills.

Teaching Settings, Objectives, Goals and Methods

Inpatient Consultation Service

Each trainee spends 7 months during the two-year period on the inpatient consultation service in the University of Kansas Hospital, , and 7 months at KCVAMC. This provides experience with a wide array of disease processes in a broad age group of patients, both male and female, young and elderly, many of whom have complex problems. A medical student or a resident may initially see cases. Each is also seen and evaluated by the fellow and subsequently seen by the attending physician. The trainee is asked to assess the case and to provide a plan as to what s/he thinks is the best approach for diagnosis and management. The attending physician may critique the trainees assessment and provide discussion of the pathogenesis, pathophysiology, endocrinologic aspects, diagnostic modalities, a plan of management, social and economic issues. The attending and trainees review radiographic materials and other appropriate diagnostic endocrine studies. The attending sees each patient and renders a formal consultation. The trainee and faculty member then follow the patient daily until resolution of the problem and/or discharge from the hospital. Patients may then be followed in the outpatient Endocrinology Clinic.

Objectives:

1. Hands-on experience with history taking and examination of a large number of cases.
2. Analysis of the clinical clues and laboratory data to arrive at a differential diagnosis.
3. Providing a plan for further evaluation and/or therapy.
4. Utilizing diagnostic and therapeutic modalities in the most cost-effective manner.
5. Learn the pathogenesis, pathophysiology microbiologic, and host defense aspects of a broad array of Endocrine diseases.
6. Understand the usefulness and limitations of diagnostic and therapeutic modalities.

Educational Goals:

1. To provide a comprehensive experience with the clinical features, diagnosis, natural history, prevention and treatment of a broad range of endocrine diseases
2. Acquisition of a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology
3. To acquire/maintain a professional demeanor, ethical standards and humanistic qualities required to be an effective, respected physician
4. To provide education to others and develop life-long learning skills
5. Maintain skills in general internal medicine
6. To produce a graduate who is competent, compassionate, and certifiable by the ABIM in Endocrinology, Diabetes and Metabolism

Methods:

1. Case based, small group interactive discussions
2. Problem-oriented reading
3. Role modeling by experienced faculty
4. Interactions with other housestaff and faculty
5. Inservice examinations

Outpatient Consultation and Continuity Clinics

During the time spent on KU Consult rotation during the first and second year, the fellow will attend outpatient consultation and continuity clinics. These will include diabetes clinic two half day sessions, osteoporosis clinic one half day session, general endocrinology clinic one half day sessions and the endocrine fellows personal continuity endocrine clinic one half day session.

When in rotations at the KCVAMC, fellows spend one half-day in the diabetes clinic, one half day in the endocrinology clinic and one half day in their personal fellow continuity endocrine clinic.

These experiences provide longitudinal follow-up of patients to observe the course of illness and the effects of interventions, evaluation and work-up of outpatients. Patients who are both young and old are assigned to the fellow. Further, the trainee gains experience in the working with and directing a team of health care providers including, nurses, nurse practitioners, nurse educators, dieticians, physical and occupational therapist, research coordinators, social workers, podiatrist and physicians from multiple disciplines.

Additionally, trainees gain experience in telephone and written communications with referring physicians, and with patients after they go home from the hospital or clinics.

Objectives:

1. Evaluation and follow-up of unselected patients with disease of the endocrine system to include, general endocrinology, diabetes, metabolic bone diseases and genetic disorders of metabolism.
2. gaining skill in communicating to patient, safe approaches to maintaining health, methods of prevention of disease or complications of diseases.
4. Interaction with referring physicians both verbally and in writing
5. Experience with outpatient management and team approach to the management of diabetes.

Educational Goals:

1. To provide a comprehensive experience with the clinical features, diagnosis, natural history, prevention and treatment of a broad range of endocine, metabolic and genetic diseases
2. Acquisition of a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology, Diabetes and Metabolism
3. To acquire/maintain a professional demeanor, ethical standards and humanistic qualities required to be an effective, respected physician
4. To provide education to others and develop life-long learning skills
5. Maintain skills in general internal medicine
6. To produce a graduate who is competent, compassionate, and certifiable by the ABIM in Endocrinology, Diabetes and Metabolism

Methods:

1. One-on-one interactions with attending physician
2. General and problem-oriented reading
3. Interactions with faculty, other house staff, and students.

Nuclear Medicine and Clinical Laboratory Experience

Each trainee spends one month in the clinical metabolic laboratory of the University of Kansas Medical Center and one month in nuclear medicine. The trainee learns techniques involved in laboratory methods for the various hormone assays including, radio immune assay, and chemiluminescent assays. During this experience time will be spent in cytopathology learning the techniques of cytopathologic interpretation of thyroid nodule aspiration.

Objectives:

1. To learn the techniques, pitfalls and interpretation of hormone assays
2. To become acquainted with radio immune assay, chemilumenescent assay.

3. To understand the variability, limitations, interfering aspects of the commonly used hormone assays.
4. To understand the techniques of radioactive iodine uptake, scanning, PET scanning, and interpretation, indication
5. To understand the techniques of cytopathologic interpretation of fine needle aspiration biopsy of the thyroid.

<u>Educational Goals:</u>

1. Acquisition of a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology, Diabetes and Metabolism.

<u>Methods:</u>

1. One-on-one instruction by experienced laboratory technicians, nuclear medicine technician and managed overall by a clinical laboratory pathologist and the nuclear medicine physician.

<u>Case Conference</u>

A monthly conference where two or more unusual or complex cases are presented by a medical student, an internal medicine resident, or a fellow to the other members of the Endocrinology team, laboratory technicians, and faculty of the Division of Metabolism, Endocrinology and Genetics. Cases are selected by the attending physician in discussion with the fellow. Cases are presented as unknowns. Radiographic materials laboratory studies, radiographs and photomicrographs are also brought to the conference for review and viewing. Cases are discussed by attendees who have not seen the patient. Short didactic discussions ensue and reprints or synopsis of literature may be distributed.

Follow-up of previous cases is done, which allows discussion of specific diseases, and gives a longitudinal perspective.

<u>Objectives:</u>

1. To share difficult diagnostic, interesting, unusual or complex cases with faculty and trainees
2. To demonstrate how experienced clinicians analyze cases, each discussant showing their thought processes in solving problems
3. To provide discussions of pathogenesis, diagnostic and therapeutic plans

<u>Educational Goals:</u>

1. To provide a comprehensive experience of the clinical features, diagnosis, natural history, prevention and treatment of a broad range of diseases of endocrinology.
2. Acquisition of a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology.
3. To provide education to others and develop life-long learning skills

<u>Methods:</u>

1. Case based, small group interaction
2. Reading

3. Faculty modeling

Journal Club

The Journal Club is been held monthly and is the setting for review of a wide array of clinical and basic science articles. The fellows, faculty and residents all present articles on a rotating basis. The presenter reviews the publication, and this is followed by a discussion of the pertinent science by the members with special emphasis on the strengths and weaknesses of the piece of literature.

Objectives:

1. Transmission of State of the Art information, both clinical and basic sciences
2. To learn about study design, methods, statistical analysis
3. Critique of literature; i.e., strengths and weaknesses of reports

Educational Goals:

1. Acquisition of a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology.
2. To provide education to others and develop life-long learning skills
3. To acquire the basic understanding of research design, ethics in research, critical review of medical literature, informed consent, and communication of research results
4. To produce a graduate who is competent, compassionate, and certifiable by the ABIM in Endocrinology, Diabetes and Metabolism.

Method:

1. Didactic
2. Small group interaction

Core Curriculum Conference

A Core Curriculum Conference is held weekly and is presented by faculty and fellows on a rotational basis. Topics are derived from the list of topics cited earlier in this document that trainees are expected to be competent in as well as other important aspects of Endocrinology. These are reviews of the topics from printed contemporary literature.

Objectives:

1. To impart information through an in-depth review of topics.
2. To gain experience in teaching, organizational skills, oral presentations, and use of visual aids.

Educational Goals:

1. Acquisition of a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology
2. To provide education to others and develop life-long learning skills

3. A basic understanding of research design, ethics in research, critical review of medical literature, informed consent, and communication of research results
4. To produce a graduate who is competent, compassionate, and certifiable by the ABIM in Endocrinology, Diabetes and Metabolism.

Methods:

1. Lecture with the use of slides, white-board, handouts or videos.

Diabetes Care Committee

The Diabetes Care Committee, a composite committee of Endocrinology faculty, Hospital Certified diabetes educator, dieticians, social service workers, information technologist, and hospital administration, meets monthly for the purpose of oversight and improvement of the care of patients with diabetes mellitus hospitalized at Kansas University Medical Center. This committee is provide ongoing quality assessment for the care of hospitalized patients with diabetes and develops new protocols and pathways to improve diabetes care and outcomes for diabetic patients. The Endocrinology fellow will take and active role in this committee and will learn techniques of gathering and analyzing quality of care data, designing quality improvement strategies and the implementation of those strategies.

Objectives:
1. To ensure rational therapy for patients hospitalized at KUMC.
2. To monitor diabetes care, outcome data, and strategies for improvement of care.

Educational Goals:
1. To learn how well diabetes mellitus is managed in the hospital, and methods to improve care for a population (as opposed to individual care of single patients).
2. To manage diabetes in a population in a cost-effective manner.
3. To find learn how to direct a team of individuals toward improved outcome for a population of patients with diabetes..

Methods:
1. Review the use data for selected indicators of care for diabetes patients at each meeting.
2. Review the literature regarding standards of care and methods for improvement of care for hospitalized patients with diabetes.
3. Compare data of quality of care indicators at KUMC against other similar institutions.
4. Perform and evaluated drug use monographs, considering all aspects.

Research

Each fellow participates in clinical and/or basic research for 6 months of the 24-month training period. The experience is working one-on-one with a faculty member who serves as a mentor for the trainee. Participation is usually in an ongoing project by the mentor. Trainees also participate in clinical trials in which the division is engaged. It is expected that each trainee will author or co-author at least one publication for submission to a peer reviewed journal. Trainees may also prepare and present abstracts for presentation at regional or national meetings and also write a book chapter. The trainee is also expected to attend the monthly departmental research conference.

Objectives:

1. To learn hypothesis generation, study design and techniques necessary to carry out the study
2. To learn concepts of informed consent, ethics in research, humane treatment of animals
3. To gain experience in preparing manuscripts for publication or presentation

Educational Goals:

1. To acquire a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology
2. To provide education to others and develop life-long learning skills
3. To obtain a basic understanding of research design, ethics in research, critical review of medical literature, informed consent, and communication of research results

Methods:

1. One-on-one instruction and guidance by a faculty mentor

Educational Goals and Objectives with emphasis on knowledge, attitudes, and skills to be learned with outcome objectives

Journal Club goals/objectives (Monthly, Third Wed of the month noon)

Knowledge

1. Review (discuss) latest articles on Endocrinology topics pertinent to practice in KC, US, and internationally.
2. Choose articles with original data to present in any area of Endocrinology (H, P, ddx, dx, therapy, epidemiology)
3. Attempt to find and review articles which demonstrate techniques of evidence based medicine.

Attitude

1. Appreciate the literature for what it is, advances, explanations, with the shortcomings that it often is not as complete or definitive as we might wish.
2. Accept the fact that we too may contribute to medical knowledge by publishing.

Skills

1. Critically appraise each article for appropriate design, use of epidemiology, biostatistics, and clinical applicability.
2. Determine type of patient the study may be useful for in terms of dx, H&P, Tx, prognosis, long term management.
3. Apply appropriate critical measurement criteria when indicated.

Outcome Measures

1. Fellows will be able to select appropriate articles for Journal club.
2. Fellows will become competent in conducting a Journal Club.

Clinical Case Conferences (Monthly, First Wed of the month, Noon)

Knowledge

1. Select cases (2 or 3) which are in process of evaluation or do not have final answers for diagnosis, therapy, or may have adverse events, or present other problems not yet solved.
2. Review pertinent recent literature on the topic under discussion.
3. Attempt to find evidence-based reports to illustrate course of action.

Attitude

1. To show that the practice of medicine is a process.
2. To show that trainees and attendings may all profit from discussions and EMB literature reviews.

Skills

1. Use computer searches to find EBM articles
2. Allow trainees to gain confidence in presentations to small groups, to respond to questions, and to think on their feet.

Outcome Measures

1. Fellows will seek EBM articles to answer clinical questions.
2. Fellows will select cases that provide good teaching concepts.

Core Curriculum Conference (Weekly, Friday, 1:00 pm)

<u>Knowledge</u>

1. Lectures, discussions and problems based learning on biostatistics, epidemiology, etc. as per core competencies.

<u>Attitudes</u>

1. To learn to value the concepts being used in the various disciplines in Endocrinology, Diabetes and Metabolism, Genetic, EBM, and health of the public.
2. To get an appreciation of how investigations and clinic cases use this material.

<u>Skills</u>

1. To become proficient at learning to seek knowledge content in life by learning.
2. To become familiar with techniques of self education.

<u>Outcome Measures</u>

1. Evaluation of performance in caring for the inpatients and clinic patients.

Basic Science Endocrinology Conference (Monthly Thursday, 9 am)

<u>Knowledge</u>

1. Review endocrine laboratory studies and laboratory techniques.
2. Review endocrine nuclear medicine techniques, and radiologic techniques.
3. Contribute clinical correlations for the lab data.

<u>Attitude</u>

1. To keep appraised of the importance of lab information and its interpretation depending on clinical settings.
2. To continue to seek new or previously under reported data as found on correlations.

<u>Skills</u>

1. To be able to provide consultative assistance, should the need arise, by maintaining laboratory skills.
2. To understand limitations and abilities of the laboratory so appropriate tests will be ordered.
3. To properly interpret and apply laboratory results at the bedside.

<u>Outcome Measures</u>

1. To be able to interpret endocrine testing, interpret thyroid cytology, interpret radiology studies pertinent to endocrinology.
2. To be able to appropriately apply basic science laboratory and radiologic and nuclear medicine concepts to the care of patients with endcrinologic disorders.

Research Data Conference (monthly, third Thursday, 7:00 am)

Knowledge

1. To review the state of research projects being conducted by members of the Division of Metabolism, Endocrinology and Genetics.
2. To be knowledgeable about the basic literature relevant to the research project.

Attitudes

1. To appreciate the importance of clinical and basic research to the improvement of diagnosis or therapy for Endocrinologic diseases.
2. To understand the importance of informed consent in clinical research.

Skills
3. To understand the nature of hypothesis-driven research.
4. To develop the techniques for carrying out clinical or basic research.
5. To learn how to make effective oral and/or written presentations of research projects.

Outcome Measures
1. Fellows will have worked on one or more research projects.
2. Fellows will have made one or more oral or written presentations.

Ambulatory Clinics

Knowledge
1. To be aware of the diagnosis and management of diseases of Endocrinology, Diabetes and Metabolism that may be seen in the Endocrine clinics.
2. To know how to effectively utilize and direct a multidisciplinary team for the outpatient care for individuals with diabetes and populations with diabetes.
3. To understand the possible adverse events and the lab, x-ray, and H&P monitoring required to provide continuity of care.

Attitudes
1. To understand the importance of ambulatory continuity of care to patients from their standpoint and from the standpoint of the trainee.
2. To understand the importance of a multidisciplinary approach to the management of patient with diabetes mellitus

Skills
1. To be prepared to do H&P, ddx, and appropriate tests as needed for the common Endocrine dx (Diabetes Mellitus, thyroid disease, osteoporosis, and adrenal disease) as well as for less common Endocrine diagnoses.
2. To be able to successfully interact and direct a multidisciplinary team in the care of patients with diabetes mellitus.
3. Fellow will be able to perform an assessment of the care they are providing for their patients with diabetes mellitus. This will entail details review of their patients outcomes and clinical care indicators.
4. Fellow will be able to design method to improve the care of their patients with diabetes.

Outcome Measures
1. Fellows will follow outcome indicators for the care of patients with diabetes on their panel of patient with diabetes mellitus.
2. Fellows will follow one or more patients after discharge after each rotation on the consultation service.

Consultation Rounds

Knowledge
1. To be able to diagnose, treat, and manage patients who have any of the diagnoses on the core curriculum.
2. To be knowledgeable regarding unusual manifestations of common diseases as well as common manifestations of exotic diseases.
3. To know when to request help form surgeons, radiologists, labs, etc.
4. To understand your own limitations in other areas and work to complete these.

Attitudes

1. Work in a professional, harmonious manner with other physicians and nurses, clerks, aids, administrators, etc.
2. To show a high level of concern for every patient, no matter their background.
3. To avoid demeaning attitudes.
4. To provide frequent appropriate follow-up in the hospital and after discharge.
5. To convey to the patients your sense of respect for other HCW and their concerns even when you disagree with them.
6. To avoid hostility or cynicism to others.
7. To avoid undermining the confidence of the patient in his/her physician.

Skills

1. To convey to the patient that her/his concerns are important, are taken seriously, and with respect.
2. To convey to the referring physicians a report in a timely fashion.
3. To follow-up with written records in a timely manner depending on the seriousness and tempo of the illness.
4. To know how to interpret the patient's symptoms, labs, x-rays, to their satisfaction when discussing with the patient, if this is approved by the attending physician.

Outcome Measures

1. Fellows will convey to other consulting physicians a sense of confidence in their manner of caring for patients.
2. Fellows will spend at least three months on the consultation service each year during their training.

Core curriculum.

This is a series of presentations presented by medical school faculty, hospital staff, and other members of the university community. A series of topics are presented over a two year period addresses a number of topics that are important to the trainee to function as a practitioner.

These topics include the following: critical assessment of medical literature, introduction to biostatistics, risk management, quality assurance and quality improvement (QA/QI), OSHA guidelines, medical informatics, advanced directives, critical pathways, teaching skills for the house officer, managed care basic epidemiology, medical ethics, impaired physician, cultural, family, and socioeconomic diversity and its impact on health care, and preventative medicine. Trainees are expected to attend these sessions.

Objectives:

1. To provide information to trainees about a large number of topics which will impact upon their careers.

Educational Goals:

1. Acquisition of a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology
2. To acquire/maintain a professional demeanor, ethical standards and humanistic qualities required to be an effective, respected physician
3. To have a basic knowledge of Quality Assurance/Quality Improvement and economics in reference to the practice of Endocrinology.

Method:

1. Lectures or case based supplemented with slides or overheads.

Attendance at the Kansas ACP meetings and at least one national meeting (IDSA, ICAAC, ASM)

during the fellowship

Objectives:
1. To observe and learn new ideas and discoveries
2. To gain experience on study designs and how data are presented by others
3. Professional development

Educational Goals:
1. Acquisition of a knowledge-base and cognitive skills to be an effective consultant and practitioner of the discipline of Endocrinology
2. To provide education to others and develop life-long learning skills
3. A basic understanding of research design, ethics in research, critical review of medical literature, informed consent, and communication of research results

Methods:
1. Lectures
2. Seminars
3. Posters

General medical skills - Trainees are expected to attend the Department of Medicine weekly Grand Rounds. They are encouraged to attend other departmental conferences that address general medical topics.

Objectives:
1. To continue to learn medical information and skills outside the usual problems encountered in the practice of Endocrinology.

Educational Goals:
1. Maintain/enhance skills in general internal medicine

Methods:
1. Lecture format
2. Case based discussions

Educational Content

Case Mix:

The environment for training includes the University of Kansas Hospital and the Kansas City Veterans Administration Medical Center. The University of Kansas Medical Center is a Level I Trauma Center and is involved in transplantation of pancreas, liver, kidney, bone marrow with long range plans to resume heart transplant and add lung transplantation. The institution has just approved plans to build a separate Cardiovascular building on the Kansas University Medical Center campus for patients with cardiovascular disease. The admissions to these facilities provide a very broad experience that encompasses the vast majority of diseases of Endocrinology, Diabetes and Metabolism.

Both males and females, young and aged patients are seen. KUMC has a very active geriatrics service. Consultations are provided to general internal medicine services, surgical services including a burn unit, surgical ICU, neurosurgical ICU. Pediatric patients are seen when the pediatric Endocrinologist is not available, obstetrical-gynecological patients, orthopedics, ENT and various transplant patients are seen in consultation on an out-patient and inpatient basis.

The Endocrinology service patient mix and volume for out-patient practice for the year 2002 is summarized:

1. General Endocrinology patients	1500/year
2. Diabetes Clinic patients	1280/year
3. Diabetes Advanced practice nurse clinic	475/year
4. Osteoporosis Clinic patients	1200/year
5. Bone Density patients	2400/year
Total Patient seen	**4400/year**
With bone density encounters and interpretations	6800/year

Payer mix at KUMC division of Endocrinology:

1. Medicare	35%
2. Medicaid	5%
3. PPO	38%
4. HMO	19%
5. Private pay	3%

KUMC in patient consultation service	**200/year**

<u>Patient Characteristics:</u>

Patients of all ages from age 16 years upward are seen. Pediatric patients are also occasionally seen, and there is a good mix of both sexes. From a social point, patients include those who are indigent, those with insurance, and those who belong to managed care organizations, or Medicare. No one is rejected due to inability to pay. Various minority groups are represented including the hearing impaired, and interpreters are uniformly available. The vast majority of patients seen are able to speak and comprehend English. Patients exhibit an entire range of acute and chronic diseases of the endocrine system for trainees to gain experience.

<u>Types of Encounters:</u>

There are several types of encounters, which the trainee experiences. The most common are requests for inpatient consultations, outpatient clinic consultations from within and outside the institution, follow-up of previously seen inpatients or outpatients, and telephone requests for information by physicians in or outside the institution. Every effort is made for outpatient follow-ups to be by the same trainee who initially evaluated and treated the patient.

Trainees are closely supervised during the entire training period. The trainee routinely sees a patient first and performs his/her own evaluation and formulates a plan but every patient seen by the trainee is also seen and examined by the attending physician, usually the same day. This is followed by a discussion and teaching session considering the evaluation, diagnostic studies, and therapy of the patient.

Telephone requests for information are an important experience for the trainee. Many calls are within the range of competence for fellows and do not need supervision. However, fellows are encouraged to consult the attending at any time, and every time, they encounter a problem beyond their skill or comfort level.

Procedures and Services:
Endocrinology is primarily a cognitive discipline. Only occasionally does the trainee perform a procedure. These procedures include procedures typically mastered in internal medicine residency as well as fine needle aspiration biopsy of the thyroid. Should such procedures be performed, faculty consultation and supervision is mandatory.

References which fellows and residents are urged to read on a regular basis.

1. *Journal of Clinical Endocrinology and Metabolism**
2. *Diabetes Care**
3. *Diabetes*
4. *Endocrinology*
5. *Journal of Bone and Mineral Research*
6. *Endocrine Clinics*
7. *Science**
8. *Nature**
9. *Lancet**
10. *New England Journal of Medicine**
11. *American Journal of Medicine*
12. *Journal of the American Medical Association*
13. *Annals of Internal Medicine, and ACP Journal Club*
14. *Archives of Internal Medicine*
15. *Medical Letter.*
16. *William's Textbook of Endocrinology,* WB Saunders, Phillidelphia, PA

* Full text available on-line from Archie Dykes Medical School Library.

A reading list giving examples of suggested articles is attached and available from the Office Coordinator.

Most of these resources are available in the division director's office. Those not available in these locations are available in the Dyke's Medical School Library. The trainee has free access to each. Trainees are strongly encouraged to obtain their own copy of the Mandel, Douglas and Bennett and to read it carefully. Trainees are expected to read extensively from the above resources as well as others.

Evaluation of Residents (Fellows) and of Faculty and the Program

Fellows are evaluated monthly by a faculty member who has had direct supervision of the trainee. The extended adapatation of the ABIM form is utilized for evaluation. The faculty members at the staff Endocrinology Faculty Meeting also informally evaluate fellow's performance. After rendering the formal evaluation on the ABIM form, trainees are given the form to read and sign. Should differences in opinions arise, the fellow, faculty member rendering the evaluation, and the division director will meet for discussion.

Additionally, the trainees individually meet with the director each six months and annually for a review of his/her performance with a written report filed in the trainee's evaluation folder. At the end of the two-year training, a summary of the trainees performance is placed in his/her folder for a permanent record for future reference for hospital privileges, etc.

Residents anonymously evaluate the faculty attending and the program content monthly. These are done anonymously by filling out a computerized form and printing them out. A narrative summary is typed by the fellow, or is given to the Division Secretary to type. These are done without names being attached and are reviewed by the division director.

Should problems arise, the director, and if necessary, the department chairman meets with the faculty member. If there are problems with the content of the training program, this is brought before the faculty and a correction is made if there is agreement that this is necessary.

Promotion for the endocrine fellow will occur after satisfactorily completing each rotation, semiannual and summative evaluation. The program director and key faculty members will review the performance recommend advancement.

Should a endocrine fellow be found to be deficient in any of the criteria or parameters of performance and not meet advancement or promotion specifics, he/she will meet with the Program Director, the Associate Director, or their designee wherein 1) The expectations and deficiencies will be stated, 2) What the individual can do to improve will be explored and planned, and 3) An attempt will be made to determine if there are outside factors which may explain why a problem has developed. At this point a determination will be made of whether the resident is in good standing or is in a Performance Warning Status (PWS). The PWS will involve a period of 3 months, where the performance of the resident can be monitored more closely. PWS is designed to identify weaknesses that, if not remedied, may lead to probation or dismissal. The Program Director, Associate Program Director, or their designee will be responsible for determining the process for remediation. This meeting will be documented, given to the resident for his/her agreement of the meeting content, and a final copy will go into the resident's personnel file. Unless otherwise stated, a resident in Performance Warning Status is still considered to be in good standing and does not have to report this action on future professional applications. Should, however, the resident be placed in Performance Warning Status again after the initial 3 month period, he/she is eligible to be placed on probation.

Should the endocrine fellow continue to be deficient despite appropriate counseling, professional assessment and input (if indicated), and faculty efforts, a period of probation (usually 3 months) is indicated. Before being placed on probation, the resident will appear before the Residency Education Committee wherein his/her case will be discussed. The resident in question will have the right to rebuke the claims made against him/her. If his/her performance is deemed to warrant probation then a formal written letter of probation will be drafted. A written letter of probation should: 1) State deficiencies that the individual has been counseled for and document that insufficient improvement has been made, 2) State explicitly that because of this the individual is being put on probation, 3) State period of probation, 4) State what is expected during this period, 5) State what will be done to assist the individual in meeting these expectations, 6) State what the mechanism(s) will be to determine improvement and 7) State what the consequences or options are to be if expectations are not met. The deficient resident will receive this letter and a copy will go into his/her personal file. Residents placed on probation may have difficulty with licensure in some jurisdictions.

The probationary period is intended to emphasize to the fellows the importance of satisfactorily meeting the residency training requirements and expectations of the Department. The resident should clearly appreciate the meaning of expected remediation, appreciate the defined time in which this must be accomplished, and alert his/her attending faculty during this period of probation to the importance of helping the resident with defined problems. The faculty should provide an honest evaluation, and comply with requests by the Department for assessment, counseling, or assistance, should there be any possibility of personal problems, learning disability, or outside factors that may be contributory to the resident's performance. Residents on probation must achieve a satisfactory evaluation from their attending faculty on assigned clinical service rotations during their probationary period. Probationary actions will only be shared with those needing to know, and will not be disclosed to other residents or students.

Should the fellow fail the above probationary period, then at the discretion of the Department, a letter extending the probation may be issued, or a letter dismissing the resident from the program on a designated date will be issued, assuming that dismissal was a consequence of probationary failure as stated above. Accompanying this letter must be a statement of the resident's right of appeal.

A fellow who may or may not have been on probation (and successfully accomplished remediation in the probationary period), but who has received intermittent low satisfactory or isolated unsatisfactory marks during the 8 to 12 months of the academic year (and particularly following a probationary period), may be asked to repeat the year. This is particularly if the Residency Committee feels the resident can receive no better than a marginal grade on the ABIM yearly assessment and/or if the Department will in all likelihood be unable to certify the resident to sit for the ABIM examination should the resident's performance trend continue. (Please refer to the GME manual for a comprehensive section on deficiency and remediation policies.)

Resident contracts are renewed on a yearly basis. If a resident is thinking about leaving his/her position in Internal Medicine, then it is advised that he/she meet with the Program Director as soon as possible to discuss this matter. The Program extends many professional courtesies to its' residents and asks that residents be professional and alert one of the Program Directors well in advance of his/her intended date of departure. Similarly, the Program reserves the right not to renew a contract for any resident it deems as performing in an unsatisfactory manner.

Grievance Procedure

Grievable matters are those relating to the interpretation of, application of, or compliance with the provisions of the Resident Agreement, the policies and procedures governing graduate medical education, and the general policies and procedures of the University of Kansas Medical Center. Questions of capricious, arbitrary, punitive or retaliatory actions or interpretations of the policies governing graduate medical education on the part of any faculty member or officer of the Internal Medicine Residency Program are subject to the grievance process.

Complaints of illegal discrimination, including failure to provide reasonable accommodations and sexual harassment, are processed in accordance with the Medical Center policies and procedures that are administered through the Equal Opportunity Office.

Should a fellow in the Department of Medicine have a grievance or be dissatisfied with any aspect of the program, he/she is encouraged to initially discuss the issue with his/her attending or the chief residents. If this

is felt by the resident to be inappropriate or the issue is not satisfactorily resolved, timely discussion with the Program Directors is highly recommended.
Documentation of the issues and a statement of dissatisfaction by the aggrieved resident may be helpful, and is also encouraged, particularly when making an appeal to the Department's Medical Education Committee.

In general, the resident will first discuss any grievance with the Chief Residents. If this fails to provide adequate closure to the grievance, then he/she is directed to speak with one of the Program Directors. Issues can best be resolved at this stage and every effort should be made to achieve a mutually agreeable solution.

If the grievance is not resolved to the satisfaction of the resident after discussion with the Program Director, the resident has the option to present the grievance, in writing, to the Office of Graduate Medical Education. In situations where the grievance relates to the Chair or Program Director, or where the resident believes that a fair resolution cannot be attained by presenting the grievance to those individuals, he/she may present the grievance in writing directly to the Office of Graduate Medical Education.

The Associate Dean for Graduate Medical Education will meet with the resident, the Program Director, the Chair and one or more of the program's Chief Residents to determine the cause and validity of the complaint and to determine the means of redress.

Should the meeting with the Associate Dean fail to resolve the grievance to the satisfaction of the resident, the resident may request that he/she be heard by the Executive Dean. Any action(s) taken in good faith by the Executive Dean addressing the grievance will be final.

ENDOCRINOLOGY – CORE CIRRICULUM CONFERENCES
Friday Afternoon, 1:00 pm
Endocrinology Conf. Room

The purpose of this conference will generally be an in-depth presentation of a topic, or on occasion an overview of unusual endocrine illnesses. Both faculty and fellows will participate with the fellows making more presentations, since it is important for them to learn the details of disease of Endocrinology, Diabetes and Metabolism. The presentations should be 40-50 minutes followed by a discussion period.

Date	Presenter:	Topic:

Inserivce Examinations
For Fellows in Endocrinology, Diabetes and Metabolism

Inservice examinations

- are given yearly to allow the faculty to evaluate their efforts at teaching,
- to find how the fellows are assimilating materials in the core curriculum,
- to target specific areas of Endocrine knowledge that may require additional emphasis,
- to afford fellows an objective measure of their competence in working with examinations in the field,
- to encourage fellows to study for certification by the ABIM,Endocrinology, Diabetes and Metabolism.

Endocrinology Competency Based Evaluation Grid

	Session Based Written Evaluation					Patient Observation Based Evaluations			Testing Evaluations		360 Degree Evaluations				Portfolio Based Evaluations	
COMPETENCY	Program summative valuation	Semi-annual evaluation	Ambulatory Evaluation *	Monthly evaluation		Annual Clinical Competency Exam	Mini-CEX		In-service Training Examinations		Peer evaluations	Nursing evaluations	Patient satisfaction	Biannual self-evaluation	Procedural Log	Resident self-portfolios
Patient Care Skill	**X**	**X**	**X***	**X**		**X**	**X***		**X**		**X***	**X***	**X***	**X***	**X**	
Medical Knowledge	**X**	**X**	**X***	**X**		**X**	**X***		**X**		**X***			**X***	**X**	**X***
Interpersonal Communication skills	**X**	**X**	**X***	**X**		**X**	**X***				**X***	**X***	**X***	**X***		
Professionalism	**X**	**X**	**X***	**X**		**X**	**X***				**X***	**X***	**X***	**X***		**X***
Practice Based Management	**X**	**X**	**X***	**X**					**X**					**X***		**X***
System Based Practice	**X**	**X**	**X***	**X**								**X***	**X***	**X***		**X***

X = currently utilized; X+ = developed and being implemented; X* = under development

DEPARTMENT OF INTERNAL MEDICNE
DIVISION OF METABOLISM ENDOCRINOLOGY AND GENETICS
EVALUATION OF ATTENDING PHYSICIAN

Attending Physician:_________________________Date:_____________

For each of the following criteria, please rate by placing an (x) in the corresponding area:

Availability	Not Observed	Unsatisfactory	Marginal	Satisfactory	Very Good	Excellent
Is usually prompt						
Respected the value of my time						
Kept interruptions to a minimum						
Spent enough time on rounds – was unhurried.						

Comments____

TEACHING	Not Observed	Unsatisfactory	Marginal	Satisfactory	Very Good	Excellent
Kept discussions focused on case or topic.						
Asked pertinent or relevant questions.						
Used bedside teaching to demonstrate history taking and physical skills						
Emphasized problem solving (thought processes leading to decisions).						
Provided feedback regarding performance on rotations or evaluation period.						
Showed an interest in teaching.						
Discuss pathophysiological mechanisms of the disease encountered.						
Demonstrated cost effective use of laboratory and therapeutic modalities						
Discussed ethical issues in patient care and management.						
Provided instruction and adequate assistance in helping manage patients in the outpatient clinics.						

TEACHING	Not Observed	Unsatisfactory	Marginal	Satisfactory	Very Good	Excellent
Suggested references for further reading/studying.						
Stimulated team members to read, research and review pertinent topics.						
Accommodated teaching to actively incorporate all members of the team.						
Provided special help as needed.						
Took an active role in fellowship curriculum.						
Attending provides appropriate supervision during procedures.						

Comments:____

Professionalism and Humanistic Patient Care	Note Observed	Unsatisfactory	Marginal	Satisfactory	Very Good	Excellent
Placed the patients interest first.						
Displayed sensitive, caring, respectful attitude towards patients.						
Established rapport with team members.						
Established respect for physicians in other specialties/subspecialties and health care professionals.						
Served as a role mode.						
Was enthusiastic and stimulating.						
Demonstrated gender sensitivity.						
Recognized own limitations and was appropriately self-critical.						

Comments:____

DEPARTMENT OF INTERNAL MEDICINE ENDOCRINE FELLOW ROTATION EVALUATION

ROTATION:____________________

ENDOCRINE FELLOW NAME: ____________________ **PERIOD**: __________________________

RESPONSIBLE FACULTY: ________________________

	UNSATISFACTORY	SATISFACTORY	SUPERIOR
INTERPERSONAL AND COMMUNICATION SKILLS			
Note content is appropriate and complete	**1 2 3**	**4 5 6**	**7 8 9**
Interpersonal skills with patients and families	**1 2 3**	**4 5 6**	**7 8 9**
Interpersonal skills with staff	**1 2 3**	**4 5 6**	**7 8 9**
Works effectively with others as a member or leader of a health care team or other professional group	**1 2 3**	**4 5 6**	**7 8 9**
Presents cases in clear, concise manner	**1 2 3**	**4 5 6**	**7 8 9**
Allocates visit times appropriately	**1 2 3**	**4 5 6**	**7 8 9**
MEDICAL KNOWLEDGE			
Demonstrates understanding of clinical problems	**1 2 3**	**4 5 6**	**7 8 9**
Uses current preventative medicine guidelines	**1 2 3**	**4 5 6**	**7 8 9**
Develops appropriate differential diagnoses	**1 2 3**	**4 5 6**	**7 8 9**
Understands pathophysiology of relevant disease states	**1 2 3**	**4 5 6**	**7 8 9**
Evaluates scientific basis of diagnostic tests used	**1 2 3**	**4 5 6**	**7 8 9**
Reads service specific literature	**1 2 3**	**4 5 6**	**7 8 9**
Demonstrates evidence based approach to patient care	**1 2 3**	**4 5 6**	**7 8 9**
PATIENT CARE			
Obtains accurate clinical history	**1 2 3**	**4 5 6**	**7 8 9**
Demonstrates appropriate physical exam skills	**1 2 3**	**4 5 6**	**7 8 9**
Allocates visit times appropriately	**1 2 3**	**4 5 6**	**7 8 9**
Prioritizes problems appropriately	**1 2 3**	**4 5 6**	**7 8 9**
Allocates appropriate follow-up interval	**1 2 3**	**4 5 6**	**7 8 9**
Identifies and reviews relevant existing patient data	**1 2 3**	**4 5 6**	**7 8 9**
Demonstrates appropriate test selection	**1 2 3**	**4 5 6**	**7 8 9**
Develops appropriate management plan	**1 2 3**	**4 5 6**	**7 8 9**
Effectively uses consultation services	**1 2 3**	**4 5 6**	**7 8 9**
Performs essential diagnostic/therapeutic procedures	**1 2 3**	**4 5 6**	**7 8 9**
	UNSATISFACTORY	**SATISFACTORY**	**SUPERIOR**
PRACTICE-BASED LEARNING AND IMPROVEMENT			

Participates in clinic improvement efforts	**1 2 3**	**4 5 6**	**7 8 9**
Identifies areas for improvement and applies it to practice	**1 2 3**	**4 5 6**	**7 8 9**
Applies lessons learned from medical errors into practice	**1 2 3**	**4 5 6**	**7 8 9**
Shows interest in learning from complex care issues	**1 2 3**	**4 5 6**	**7 8 9**
Locates, appraises, and assimilates evidence from scientific studies related to patients' health problems	**1 2 3**	**4 5 6**	**7 8 9**
Quality of conference presentation (when applicable)	**1 2 3**	**4 5 6**	**7 8 9**
PROFESSIONALISM			
Displays a professional attitude	**1 2 3**	**4 5 6**	**7 8 9**
Attends rounds on time	**1 2 3**	**4 5 6**	**7 8 9**
Cross-covers colleagues when necessary	**1 2 3**	**4 5 6**	**7 8 9**
SYSTEM–BASED PRACTICES			
Effectively utilizes ancillary services	**1 2 3**	**4 5 6**	**7 8 9**
Effectively utilizes home health	**1 2 3**	**4 5 6**	**7 8 9**
Communicates effectively with consultants	**1 2 3**	**4 5 6**	**7 8 9**
Updates problem and medication lists	**1 2 3**	**4 5 6**	**7 8 9**
Understands the different types of medical practice and delivery systems, and alternative methods of controlling health care costs and allocating resources	**1 2 3**	**4 5 6**	**7 8 9**
Advocates for quality patient care and assists patients in dealing with system complexities	**1 2 3**	**4 5 6**	**7 8 9**

Did the Endocrine Fellow overall pass or fail the rotation? ___________Pass ___________Fail

Did the Endocrine Fellow meet the objectives? ____________Yes _______________No

Comments:____

____

____

____

______________________________ ______________________ ______________________________

Faculty Signature Date Resident Signature

COMPONENTS OF CLINICAL COMPETENCE

(EXPLANATION)

I. CLINICAL JUDGMENT:

Integration of medical facts, clinical data, alternatives; understanding of limitations, costs, risks, benefits; and use of diagnostic and therapeutic procedures.

II. MEDICAL KNOWLEDGE:

Extent, currency, integrations, and application; self-motivation to acquire knowledge.

III. CLINICAL SKILLS:

History Taking: Precision, logic, thoroughness, reliability and efficiency.

Physical Exam: Completeness, accuracy, direction towards patients' problems, sequence.

Procedural Skills: Proficiency, regard for discomfort and risk to patients, explains purpose of procedure.

IV. HUMANISTIC QUALITIES:

Degree of integrity, respect, compassion, and patient empathy; establishment of trust; concern for patient's welfare; degree of rapport with patients and families.

V. PROFESSIONAL ATTITUDES AND BEHAVIORS:

Degree of responsiveness, reliability, punctuality, cooperativeness, respectfulness, communication (written and verbal) initiative, leadership; legible and timely recordkeeping.

VI. MEDICAL CARE:

Diagnostic expertise, appropriateness of orders, patient advocacy; quality of comprehensive care, effective use of resources.

KU ENDOCRINOLOGY AND DIABETES PHONE CALL RECORD

Patient's Name ______________________ Phone_____________________

Hospital #__________________________ DOB______________________

Time ________________________AM/PM Date______________________

Problem:

Recommendations:

Physician responding Pts. Faculty Attending

Disposition yet needed Call completed by

For Month: ___________________
Attending: ___________________
Rotation: ____________________

PROGRAM EVALUATION
ENDOCRINOLOGY PROGRAM

Curriculum	Excellent	Better than average	Average	Worse than average	Much worse than average	Did not apply this month
1. In hospital consultative rounds with Endocrine attending	☐	☐	☐	☐	☐	☐
2. Outpatient clinics with Endocrine attending	☐	☐	☐	☐	☐	☐
3. Endo Clinical Case Conference.	☐	☐	☐	☐	☐	☐
4. Endo Journal Club	☐	☐	☐	☐	☐	☐
5. Endo Core Curriculum Conference	☐	☐	☐	☐	☐	☐
6. Research Conference	☐	☐	☐	☐	☐	☐
7. Basic Science Conference						
7. Diabetes Care Committee	☐	☐	☐	☐	☐	☐
8. Research opportunities	☐	☐	☐	☐	☐	☐
9. On call schedule	☐	☐	☐	☐	☐	☐
10. Attending availability during calls	☐	☐	☐	☐	☐	☐
11. Working environment	☐	☐	☐	☐	☐	☐
12. Overall program evaluation	☐	☐	☐	☐	☐	☐

Additional Comments:

Fellow: __________________ **Date:** __________________

Faculty: _________________

Evaluation of
Outcome Measures
Metabolism, Endocrinology and Genetics

Outcome Measures for:	Much better than average	Better than average	Average	Worse than average	Much worse than average	Did not apply this month
Journal Club:						
1. Fellows will become comfortable selecting articles for journal club.	☐	☐	☐	☐	☐	☐
2. Fellows will become comfortable in conducting a Journal Club.	☐	☐	☐	☐	☐	☐
Clinical Case Conference:						
1. Fellows will seek EBM articles to answer clinical questions.	☐	☐	☐	☐	☐	☐
2. Fellows will select cases that provide good teaching concepts.	☐	☐	☐	☐	☐	☐
Basic Science Clinical Conference:						
1. To be able to evaluate laboratory studies.	☐	☐	☐	☐	☐	☐
2. To be able to interpret abnormal results.	☐	☐	☐	☐	☐	☐
Research Data Conference:						
1. Fellows will have worked on one or more research projects.	☐	☐	☐	☐	☐	☐
2. Fellows will have made one or more oral or written presentations.	☐	☐	☐	☐	☐	☐
Ambulatory Clinics:						
1. Fellows will work with one or more Certified Diabetes Educators coordinating outpatient diabetes care	☐	☐	☐	☐	☐	☐
2. Fellows will follow one or more patients after discharge after each rotation on the consultation service.	☐	☐	☐	☐	☐	☐
Consultation Rounds:						
1. Fellows will convey to other consulting physicians a sense of confidence in their manner of caring for patients.	☐	☐	☐	☐	☐	☐
2. Fellows will spend at least six months on the consultation service each year during their training.	☐	☐	☐	☐	☐	☐

Comments

Fellowship, Endocrinology, Diabetes and Metabolism
Bi-Annual Review Form

DATE:___________________________

NAME: ________________________

Mentor	Conf. Attend	Procedures	Clinical Competency Exam	Scholarly Activity	In-Training Exam

Comments/Action Plan:

Core Competencies	UNSATISFACTORY			SATISFACTORY			SUPERIOR		
1. **Interpersonal & Communication Skills**	1	2	3	4	5	6	7	8	9

Note content is appropriate
Interpersonal skills with staff
Presents cases in clear, concise manner

COMMENTS:

2. **Medical Knowledge**	1	2	3	4	5	6	7	8	9

Reads service specific literature
Develops appropriate differential diagnoses
Has appropriate knowledge base for level of training

COMMEN-TS:

3. **Patient Care**	1	2	3	4	5	6	7	8	9

Demonstrates understanding of clinical problems
Demonstrates appropriate physical exam skills
Demonstrates appropriate test selection
Advocates for patients

COMMENTS:

4. **Practice-Based Learning & Improvement**	1	2	3	4	5	6	7	8	9

Identifies areas for improvement and applies it to practice
Shows interest in learning from complex care issues
Participates in educational activities

COMMENTS:

5. **Professionalism**	1	2	3	4	5	6	7	8	9

Displays a professional attitude
Completes work in a timely fashion and attends rounds on time
Responsible for their workload
COMMENTS:

6. System-based Practice 1 2 3 4 5 6 7 8 9

Effectively utilizes hospital resources
Communicates effectively with consultants
Advocates for quality patient care and assists patients in dealing with systems complexities
Understanding of health care delivery appropriate for level of training

COMMENTS:

7. OVERALL COMPETENCY 1 2 3 4 5 6 7 8 9

COMMENTS:

Resident meets expectations and is currently on track for their level of training___________________________

Resident Signature:___________________________________

Reviewer Signature:___________________________________

Endocrine Fellow Summative Evaluation

DATE:__ _____________________

NAME: ___ _____________________________

Mentor	Conf. Attend	Procedures	Clinical Competency Exam	Scholarly Activity	In-Training Exam

Comments/Action Plan:

Core Competencies	UNSATISFACTORY			SATISFACTORY			SUPERIOR		
1. Interpersonal & Communication Skills	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

Note content is appropriate
Interpersonal skills with staff
Presents cases in clear, concise manner

COMMENTS:

2. Medical Knowledge	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

Reads service specific literature
Develops appropriate differential diagnoses
Has appropriate knowledge base for level of training

COMMENTS:

3. Patient Care	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

Demonstrates understanding of clinical problems
Demonstrates appropriate physical exam skills
Demonstrates appropriate test selection
Advocates for patients

COMMENTS:

4. Practice-Based Learning & Improvement	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

Identifies areas for improvement and applies it to practice
Shows interest in learning from complex care issues
Participates in educational activities

COMMENTS:

5. Professionalism	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

Displays a professional attitude

Completes work in a timely fashion and attends rounds on time
Responsible for their workload

COMMENTS:

6. System-based Practice	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

Effectively utilizes hospital resources
Communicates effectively with consultants
Advocates for quality patient care and assists patients in dealing with systems complexities
Understanding of health care delivery appropriate for level of training

COMMENTS:

OVERALL COMPETENCY	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

COMMENTS:

Resident meets expectations and is currently on track for their level of training___________________________

1. Were there any malpractice actions taken towards this applicant? Yes_______ No_______

   Comments: ____

2. Was physician subject to any disciplinary action, such as imposition of consultation requirements, suspension, or termination or probation? Yes____ No______

   Comments: ____

   ____

3. Has physician ever shown signs of any behavior, drug, or alcohol problems? Yes____ No____

   Comments: ____

   ____

4. Has the physician ever shown signs of any mental or physical health problems? Yes____ No____

   Comments: ____

☐ The Endocrine Fellow has successfully completed the first year of training and may advance to the second year of endocrine fellowship.

☐ The Endocrine Fellow is ready to graduate and is competent to practice the subspecialty of Endocrinology, Diabetes and Metabolism

Resident Signature: ___________________________________

Reviewer Signature: ___________________________________