

## Endocrinology Clinical Rotation

### A. General Information

1. Rotation Length: Four weeks
2. Attending Staff: Pierre Theuma, M.D. (Course Director)  
Nancy Kane, M.D.  
Diana Wright, M.D.  
Anuj Bhargava, M.D.  
Daniela Milana, M.D.  
T. Khoo, MD  
Vanitha Singaram, M.D.  
  
Office Information: Iowa Diabetes & Endocrinology  
411 Laurel, Suite 3262  
(West Bldg. @ Mercy)  
Des Moines, Iowa 50314  
643-5100, office  
643-5111, Geri Gomez, dir  
  
Attending Staff: George Clavenna, D.O. (Ophthal - Diabetic Eye)  
**Friday mornings, 9:00 – Noon** on DMU campus,  
3200 Grand Avenue, 8<sup>th</sup> Floor of the Tower Bldg.  
Call office, 271-1732, to confirm
3. General Overview of Rotation:  

This rotation involves both inpatient consultation at Iowa Methodist, Mercy and Lutheran hospitals, and observation and participation in outpatient consults and office visit follow-up evaluations at the Iowa Diabetes and Endocrinology Center. The resident can expect to work primarily at Iowa Methodist and the offices of Iowa Diabetes and Endocrinology Center; if there is a particularly interesting case, the resident may go to Lutheran or Mercy. The patients seen will include mostly male and female adults, with occasional adolescents with appropriate disorders. The resident should arrange to meet with Dr. Theuma at the start of the rotation to discuss logistics and to arrange weekly teaching sessions.
4. Required Paper Work:  

Residents will be required to provide a copy of their immunization records, health insurance card and medical license before beginning the rotation. These can be faxed to Geri Gomez at 643-5150.

## **B. Overview of Rotation**

The emphasis during this rotation is to help residents gain experience in the evaluation and management of patients with Type 1 and Type 2 Diabetes Mellitus; lipid disorders; thyroid conditions; pituitary deficiency and excess states; adrenal disorders including adrenal hyperplasia, adrenal insufficiency, hyperaldosteronism, adrenal masses and pheochromocytoma; hypo and hypercalcemia; osteoporosis and osteomalacia; hypogonadism, polycystic ovary syndrome, hirsutism and MEN syndromes; carcinoid tumors and pancreatic endocrine tumors. Procedures observed shall include thyroid ultrasound, thyroid biopsies and bone density measurement.

## **C. Competency-Specific Learning Objectives**

### **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:

- Demonstrate proficiency diagnosing and managing diabetes mellitus in both the outpatient and hospital settings
- Demonstrate the ability to diagnose and manage common thyroid conditions like hypothyroidism, hyperthyroidism, and thyroid nodules

### **Medical Knowledge**

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care. Residents are expected to:

- Understand proper evaluation for pituitary hypo and hypersecretion.
- Understand proper evaluation and treatment of common metabolic bone diseases
- Understand proper evaluation of adrenal hypo and hyper function and workup of the adrenal mass

### **Practice-Based Learning & 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:

- Search the literature for answers to key clinical questions that arise concerning assigned patients during the rotation
- Review assigned MKSAP Endocrinology questions

### **Interpersonal and Communication Skills**

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, families and professional associates. Residents are expected to:

- Demonstrate the ability to educate patients with diabetes mellitus about proper diet, exercise, medications, and preventive care
- Generate appropriate hospital notes for any consult patients assigned

### **Professionalism**

Residents must demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and demonstrate sensitivity in caring for a diverse patient population. Residents are expected to:

- Demonstrate respectful behavior to all patients
- Help to address and improve compliance in patients with difficult to treat chronic conditions like diabetes mellitus

### **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 optimal care of patients. Residents are expected to:

- Demonstrate a basic understanding of cost-effective care for chronic disease states like diabetes mellitus
- Work with nurse and dietician educators in a multidisciplinary patient care model

## **D. Teaching Methods**

1. The resident will be expected to interview and examine patients in the hospital and clinic setting. The resident will usually be expected to initially interview and examine a new patient and present and discuss the history, pertinent examination, diagnostic impression and management recommendations with the staff physician. The patient will then be seen in conjunction with the attending physician and a diagnosis/management plan determined.
2. The resident will also interview and examine follow-up patients, usually simultaneously with the attending.
3. The resident will participate in hospital rounds on a variable basis. No weekend call responsibility is assumed.
4. There will be an opportunity to work with a Diabetic Nurse Educator and a Diabetic Dietician Educator during the rotation to learn more about diet, exercise, medication and insulin pump education of diabetic patients.

## **E. Logistics of Rotation**

1. Outpatient clinic is held on a daily basis-usually commencing at 8:00 and ending approximately 5:00 p.m., with hospital rounds being completed at designated times depending on the clinic schedule and hospital census. On the first day of the rotation, the resident should plan to meet with the office manager Geri Gomez for general orientation and introduction to the office.
2. The resident is expected to read daily on topics related to diabetes mellitus and general endocrinology. The resident should complete the MKSAP Endocrinology readings.
3. The resident should plan to attend all Wednesday morning conferences and all noon conferences sponsored by the residency program. The resident should also plan to attend all afternoon continuity clinics during the rotation.
4. The resident should arrange a time each week with Dr. Theuma to review Endocrinology MKSAP questions and topics chosen from the Syllabus readings or patient problems encountered during the rotation. (This may not always be possible due to office schedule).
5. The resident is responsible for the patients assigned to be seen in both the ambulatory and inpatient setting. The resident is also responsible for the completion of any medical records (progress or office notes, consults) associated with the care of his or her patients. The resident will receive direct and indirect supervision from the attending endocrinology faculty.

## **F. Evaluation**

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with endocrinology conditions and demonstrate competence with any procedures encountered during the rotation.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to endocrinology and demonstrate understanding of all assigned reading materials from syllabus and other articles provided.

3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with endocrine conditions and demonstrate real-time strategies to address these gaps.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients and families. Demonstrate timely and complete medical records.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing and other allied health care providers to assure timely, comprehensive care provided.

Revised 3/27/12  
William J. Yost, MD