

LAC+USC Medical Center
Endocrine Consult Orientation
2018-2019

Faculty in Charge of Rotation:

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First Day of Rotation:

Report to the Endocrine Workroom in 8A for at 8:00 AM.

Please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website (uscmedicine.blog / Resources / Rotation Orientation & Objectives / Endocrine Consult).

GOALS

The Endocrine Consult rotation is an immersive inpatient and ambulatory experience. The purpose of the rotation on the inpatient general medicine service is to gain experience in management of acute and chronic endocrine disease across a wide spectrum of patient ages and diagnoses.

It is important for internists to become skilled at the evaluation and treatment of common endocrine problems. Internists must be able to obtain an appropriate history, perform a proper physical examination, order the correct studies, and develop an appropriate treatment plan for patients suspected of harboring an endocrine disease or diabetes. In addition, internists must understand the diagnostic and therapeutic modalities unique to endocrinology and diabetes. Finally, internists need to know when it is necessary to refer a patient to an endocrinologist.

In addition to fostering competence in the areas of patient care and medical knowledge, the service provides critical experience in collaborating with other members of the healthcare team, including care coordinators, social workers, and pharmacists, as well as students and fellow residents, which builds skill in interpersonal communication and professionalism. Exposure to the intricacies of daily hospital care, including discharge planning and triage to higher or lower levels of care, builds competency in systems-based practice, provides opportunities to learn from mistakes, and builds patterns of practice-based learning.

MILESTONES

USC/LAC+USC Internal Medicine Residency Endocrine Consult Rotation - Milestones

OVERALL COMPETENCY PROGRESSION BY CORE COMPETENCY AND PGY LEVEL
(Adapted from ABIM Developmental Milestones)

CORE COMPETENCY: PATIENT CARE

PGY LEVEL			GOAL – Gathers and synthesizes essential and accurate information to define each patient’s clinical problem OBJECTIVES
1			<ul style="list-style-type: none"> a. Acquires accurate histories from patient in an efficient prioritized, and hypothesis driven fashion b. Seeks and obtains data from secondary sources when needed
	2		<ul style="list-style-type: none"> a. Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient
		3	<ul style="list-style-type: none"> a. Role model gathering subtle and reliable information from the patient for junior members of the healthcare team when applicable.
PGY LEVEL			GOAL – Develops and achieves comprehensive management plan for each patient OBJECTIVES
1			<ul style="list-style-type: none"> a. Consistently develops appropriate care plan b. Recognizes situations requiring urgent or emergent care c. Seeks additional guidance and/or consultation as appropriate
	2		<ul style="list-style-type: none"> a. Appropriately modifies care plans based on patient’s clinical course, additional data and patient preferences b. Recognizes disease presentations that deviate from common patterns and require complex decision making c. Manages complex acute and chronic diseases
		3	<ul style="list-style-type: none"> a. Role models and teaches complex and patient centered care b. Develops customized prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles.
PGY LEVEL			GOAL – Manages patients with progressive responsibility and independence OBJECTIVES
1			<ul style="list-style-type: none"> a. Requires direct supervision to ensure patient safety and quality care b. Seeks additional guidance and/or consultation as appropriate
	2		<ul style="list-style-type: none"> a. Requires indirect supervision to ensure patient safety and quality care
		3	<ul style="list-style-type: none"> a. Independently manages patients across clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndrome
PGY LEVEL			GOAL – Skill in performing procedures OBJECTIVES
1			<ul style="list-style-type: none"> a. Awareness of indications, contraindications, risks and benefits of common invasive procedures
	2	3	<ul style="list-style-type: none"> b. Appropriately perform invasive procedures and provide post-procedure management for common procedures when applicable.
PGY LEVEL			GOAL – Requests and provides consultative care OBJECTIVES
1			<ul style="list-style-type: none"> a. Provides consultative services for patients with clinical problems requiring basic risk assessment b. Asks meaningful clinical questions that guide the input of consultants
	2	3	<ul style="list-style-type: none"> a. Provides consultative services for patients with basic and complex clinical problems requiring detailed risk assessment b. Appropriately weighs recommendations from consultants in order to effectively manage patient care
Evaluation Methods			

Faculty evaluation, Direct observation			
CORE COMPETENCY: MEDICAL KNOWLEDGE			
PGY LEVEL		GOAL – Clinical Knowledge	
		OBJECTIVES	
1			a. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care
	2	3	a. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PGY LEVEL		GOAL – Knowledge of diagnostic testing and procedures.	
		OBJECTIVES	
1			a. Consistently interprets basic diagnostic tests accurately b. Needs assistance to understand the concepts of pre-test probability and test performance characteristics
	2		a. Interprets complex diagnostic tests accurately b. Understands the concepts of pre-test and test performance characteristics
		3	b. Interprets complex diagnostic tests accurately c. Understands the concepts of pre-test and test performance characteristics d. Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures
Evaluation Methods			
Faculty evaluation, Direct observation, Conference Attendance			
CORE COMPETENCY: SYSTEMS BASED PRACTICE			
PGY LEVEL		GOAL – Works effectively within an interprofessional team	
		OBJECTIVES	
1			a. Identifies roles of other team members but does not recognize how/when to utilize them as resources b. Frequently requires reminders from team to complete physician responsibilities.
	2		a. Understands the roles and responsibilities of all team members but uses them ineffectively b. Participates in team discussions when required but does not actively seek input from other team members
		3	a. Understands the roles and responsibilities of and effectively partners with, all members of the team. b. Actively engages in team meetings and collaborative decision making
PGY LEVEL		GOAL – Recognizes system error and advocates for system improvement	
		OBJECTIVES	
1			a. Does not recognize the potential for system error
	2		a. Recognizes the potential for error within the system b. Identifies obvious or critical causes of error and notifies supervisor accordingly c. Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk d. Willing to receive feedback about decisions that may lead to error or otherwise cause harm
		3	a. Identifies systemic causes of medical error and navigates them to provide safe patient care b. Advocates for safe patient care and optimal patient care systems c. Activates formal system resources to investigate and mitigate real or potential medical error d. Reflects upon and learns from own critical incidents that may lead to medical error
PGY LEVEL		GOAL – Identifies forces that impact that cost of health care, and advocates for, and practices cost-effective care	
		OBJECTIVES	
1			a. Does not consider limited health care resources when ordering diagnostic or therapeutic interventions

	2		<ul style="list-style-type: none"> a. Recognizes that external factors influence a patient’s utilization of health care and may act as barriers to cost effective care b. Minimizes unnecessary diagnostic and therapeutic tests c. Possesses an incomplete understanding of cost awareness principles for a population of patients
		3	<ul style="list-style-type: none"> a. Consistently works to address patient specific barriers to cost effective care b. Advocates for cost conscious utilization of resources c. Incorporates cost awareness principles into standard clinical judgments and decision making including screening tests
PGY LEVEL		GOAL – Transitions patients effectively within and across health delivery systems	
		OBJECTIVES	
1			a. Written and verbal care plans during times of transition are incomplete or absent
	2		<ul style="list-style-type: none"> b. Communication with future caregivers is present but with lapses in pertinent or timely information c. Recognizes the importance of communication during times of transition
		3	<ul style="list-style-type: none"> a. Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems b. Proactively communicates with past and future care givers to ensure continuity of care.
Evaluation Methods			
Faculty Evaluation			
CORE COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT			
PGY LEVEL		GOAL – Monitors practice with a goal for improvement	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Unable to self-reflect upon one’s practice or performance b. Misses opportunities for learning and self-improvement
	2		<ul style="list-style-type: none"> a. Inconsistently acts upon opportunities for learning and self-improvement b. Inconsistently self reflects upon one’s practice or performance and inconsistently acts upon those reflections
		3	<ul style="list-style-type: none"> a. Regularly self reflects upon one’s practice or performance and consistently acts upon those reflections to improve practice b. Recognizes sub-optimal practices or performance as an opportunity for learning and self-improvement
PGY LEVEL		GOAL – Learns and improves via feedback	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Rarely seeks feedback b. Responds to unsolicited feedback in a defensive fashion c. Temporarily or superficially adjusts performance based on feedback
	2		<ul style="list-style-type: none"> a. Solicits feedback only from supervisors b. Is open to unsolicited feedback c. Inconsistently incorporates feedback
		3	<ul style="list-style-type: none"> a. Solicits feedback from all members of team and patients b. Consistently incorporates feedback c. Welcomes unsolicited feedback
PGY LEVEL		GOAL – Learns and improves at the point of care	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Has limited awareness of or ability to use information technology b. Rarely “slows down” to reconsider an approach to a problem, ask for help, or seek new information c. Can translate medical information needs into well-formed clinical questions with assistance
	2		<ul style="list-style-type: none"> a. Inconsistently “slows down” to reconsider an approach to a problem, ask for help, or seek new information b. Can translate medical information needs into well-formed clinical questions independently

		3	<ul style="list-style-type: none"> a. Routinely “slows down” to reconsider an approach to a problem, ask for help, or seek new information b. Routinely translates new medical information needs into well-formed clinical questions.
Evaluation Methods			
Faculty Evaluation, Direct Observation			
CORE COMPETENCY: PROFESSIONALISM			
PGY LEVEL		GOAL – Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Inconsistently demonstrates empathy, compassion and respect for patients and caregivers b. Inconsistently considers patient privacy and autonomy c. Inconsistently demonstrates responsiveness to patients’ and caregivers’ needs in an appropriate fashion
	2		<ul style="list-style-type: none"> a. Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations b. Emphasizes patient privacy and autonomy in all interactions c. Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care
		3	<ul style="list-style-type: none"> a. Demonstrates empathy, compassion and respect to patients and caregivers in all situations b. Demonstrates a responsiveness to patient that supersedes self-interest c. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers d. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate.
PGY LEVEL		GOAL – Accepts responsibility and follows through on tasks	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Completes most assigned tasks in a timely manner but may need multiple reminders or other support b. Accepts professional responsibility only when assigned or mandatory
	2		<ul style="list-style-type: none"> a. Completes patient care tasks in a timely manner in accordance with local practice and/or policy b. Completes assigned professional responsibilities without questioning or the need for reminders
		3	<ul style="list-style-type: none"> a. Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner b. Willingness to assume professional responsibility regardless of the situation
PGY LEVEL		GOAL – Responds to each patient’s unique characteristics and needs	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter b. Requires assistance to modify care plan to account for a patient’s unique characteristics and needs
	2		<ul style="list-style-type: none"> a. Seeks to fully understand each patient’s unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference. b. Modifies care plan to account for a patient’s unique characteristics and needs with partial success
		3	<ul style="list-style-type: none"> a. Recognizes and accounts for the unique characteristics and needs of the patient/caregiver b. Appropriately modifies care plan to account for a patient’s unique characteristics and needs
PGY LEVEL		GOAL – Exhibits integrity and ethical behavior in professional conduct	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Honest in clinical interactions and documentation. Requires oversight for professional actions b. Has a basic understanding of ethical principles, formal policies and procedures and does not intentionally disregard them
	2		<ul style="list-style-type: none"> a. Honest and forthright in clinical interactions and documentation b. Demonstrates accountability for the care of patients

		3	<ul style="list-style-type: none"> a. Demonstrates integrity, honesty and accountability to patients b. Actively manages challenging ethical dilemmas and conflicts of interest c. Identifies and responds appropriately to lapses of professional conduct among peer groups
Evaluation Methods			
Faculty Evaluation, Peer Evaluation, Direct Observation			
CORE COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS			
PGY LEVEL		GOAL – Communicates effectively with patients and caregivers	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Engages patients in discussion of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences b. Defers difficult or ambiguous conversations to others c. Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful
	2		<ul style="list-style-type: none"> a. Engages patients in shared decision making in uncomplicated conversations b. Requires assistance facilitating discussions in difficult or ambiguous conversations c. Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds
		3	<ul style="list-style-type: none"> a. Incorporates patient specific preferences into plan of care b. Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations c. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
PGY LEVEL		GOAL – Communicates effectively in interprofessional teams	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Uses unidirectional communication that fails to utilize the wisdom of the team b. Resists offers of collaborative input
	2		<ul style="list-style-type: none"> a. Inconsistently engages in collaborative communication with appropriate members of the team b. Inconsistently employs verbal, non-verbal and written communication strategies that facilitate collaborative care
		3	<ul style="list-style-type: none"> a. Consistently and actively engages in collaborative communication with all members of the team b. Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care.
PGY LEVEL		GOAL – Appropriate utilization and completion of health records	
		OBJECTIVES	
1			<ul style="list-style-type: none"> a. Health records are disorganized and inaccurate
	2		<ul style="list-style-type: none"> a. Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning
		3	<ul style="list-style-type: none"> a. Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning b. Health records are succinct, relevant and patient specific
Evaluation Methods			
Faculty Evaluation			

ROTATION STRUCTURE

STARTING THE ROTATION

Before the first day on service, sign-out should occur from the outgoing member to the appropriate oncoming team member (resident to resident, intern to intern). Please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website (uscmedicine.blog / Resources / Rotation Orientation & Objectives / Endocrine Consult).

WEEKLY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8AM - 9AM		8:30AM - 9:30AM Mestman/Singer Rounds	Thyroid Conference	Thyroid Clinic	
9AM - 12PM			Endocrine Clinic	Thyroid Clinic	
12PM - 1PM	11:30AM - 1PM Jail Clinic	Grand Rounds			
1PM - 5PM			1:30PM - 2:30PM Pathology Rounds		Endocrine Clinic*

DAILY SCHEDULE

8:00 AM - 9:30 AM	Conference or Work Rounds
9:30 AM - 11:30 AM	Attending Bedside Rounds or Clinic
12:00 PM - 1:00 PM	Lunch/Conference
1:00 PM - 5:00 PM	Work Rounds or Attending Bedside Rounds or Clinic

Attending Bedside Rounds

Attending Bedside Rounds are generally performed from 9:30 AM - 11:30 AM every Monday, Tuesday, and Friday. The attending should review all of the team's new consults from the previous twenty-four hours and discuss all of the team's established patients with new, significant developments. Any new patient must be seen by and discussed with the attending with the team at the bedside. Faculty are expected to perform bedside teaching, discussion of pathophysiology, and should use current available studies to aid in diagnostic and therapeutic decisions.

Faculty must evaluate all of their team's patients each day and must co-sign all necessary notes. All documentation, including the initial consult note must be signed within 24 hours. Each faculty attending is available for their team at all times when they are on service.

Endocrine & Thyroid Clinic

Residents rotating on the Endocrine Consult Service are expected to attend the below clinics. Friday afternoon Endocrine Clinics run every other week. Please check with the team for the schedule.

Monday	11:30 AM - 1:00 PM	Endocrine Jail Clinic
Wednesday	9:00 AM - 12:00 PM	Endocrine Clinic
Thursday	8:00 AM - 12:00 PM	Thyroid Clinic
*Friday (every other week)	1:00 PM - 5:00 PM	Endocrine Clinic

TEAM STRUCTURE

There will be 2-4 residents at any given time, one fellow, and an attending physician on the Endocrine Consult team. Additionally, depending on the time of year there can be up to 6 fourth year medical students rotating on the service. The team will be overseen and managed by an Endocrine fellow. An attending will be available to the house officers at all times of the day.

CALL

The call schedule will be determined by the team collectively and should be turned into the Chief Residents on the 1st day a new resident joins the team so that it may be accurately reflected on AMION. Interns and residents on call should keep their pagers on them at all time during the day and are on home call after hours.

DAYS OFF

All house officers on Endocrine Consult will get an average of one day off per week across the duration of the rotation. Days off will be determined by the team collectively and the schedule should be turned into the Chief Residents on the 1st day a new resident joins the team so that it may be accurately reflected on AMION.

CURRICULUM

EDUCATIONAL PLAN

The Endocrinology Consult rotation for Internal Medicine residents is designed to provide broad clinical training and education in the subspecialty of Endocrinology and Diabetes. Residents should become competent in diagnosing and managing patient with common endocrine disorders in the outpatient setting as well as to diagnose and manage patients in the hospital with more severe or acute presentations of disease.

The curriculum is organized into three basic components:

1. inpatient endocrinology and diabetes consultative services
2. outpatient clinics
3. didactic lectures and conferences

LEARNING OBJECTIVES

	PGY 1/PGY2/PGY3
Patient Care	Obtain a thorough and pertinent history of the patient's endocrine-related problems and complaints in the ambulatory and hospital settings
	Determine family, social, and medication history relevant to the patient's endocrine problems
	Perform a competent general Physical Examination with emphasis on the following skills: <ul style="list-style-type: none"> • Non-dilated fundoscopy • Use of an exophthalmometer. • Direct neck examination (thyroid palpation) • Male breast examination (gynecomastia) • Testicular examination • Diabetic foot examination • Identify necrobiosis lipoidica • Identify xanthelasmas and xanthomas • Determine body mass index
	Determine the indications for the following diagnostic procedures: <ul style="list-style-type: none"> • Thyroid fine needle biopsy • Thyroid scintigraphy • Thyroid ultrasound • Cosyntropin or CRH stimulation tests • Dexamethasone suppression test • Pituitary computed tomography (CT) or magnetic resonance imaging (MRI) • Adrenal CT or MRI • Transvaginal ultrasound • Testicular ultrasound • Commonly used radioimmunoassays
Medical Knowledge	Demonstrated understanding and application of key facets of the following endocrine and metabolic disorders <ul style="list-style-type: none"> • Diabetes Mellitus

	<ul style="list-style-type: none"> • Lipid Disorders • Interpretation of thyroid function tests • Calcium and Bone Metabolism • Hypothalamus and Pituitary • Adrenal Disorders • Gonadal Disorders • Endocrine Neoplasia Syndromes
Practice Based Learning and Improvement	<ul style="list-style-type: none"> • Analyze and evaluate practice experiences and implement strategies to improve the quality of patient care. • Use information technology and other available methodologies to access and manage information, support patient care decisions and enhance both patient and resident education. • Use device technology, in particular all available Diabetes management devices (meters, pens, pumps) and learn to instruct patients in same when appropriate, to support patient care decisions and enhance both patient and resident education.
Interpersonal and Communication Skills	<ul style="list-style-type: none"> • Consistently establish rapport with patients and staff. • Present cases in a logical, focused manner and outline impressions that can be justified based on the clinical data. • Work as an effective team member with staff, dietitians, nurses, diabetes educators, and attending physicians. • Write or dictate an appropriately thorough clinical record entry in standard form.
Professionalism	<ul style="list-style-type: none"> • Arrive at the office or hospital promptly, well-prepared with identified learning issues. • Assume responsibility for patient welfare. • Demonstrate the effective utilization of case related clinical learning through availability and appropriate follow-up • Demonstrate independent initiative in commitment to identify and follow through with learning issues. • Seek feedback from attending physicians. • Model effective teaching skills to students and peers. • Comply with Residency dress code
Systems Based Practice	<ul style="list-style-type: none"> • Understand and utilize the multidisciplinary resources necessary to care optimally for patients • Use evidence-based, cost-conscious strategies in the care of patients • Demonstrates collaboration with other members of the health care team, including residents at all levels, fellows, attendings, medical students, nurses, pharmacists, occupational/physical therapists, nutritional specialists, patient educators, social workers, case managers, and providers of home health services • Effectively utilizes of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided • Demonstrates willingness and ability to teach medical students and interns • Effectively leads the team, including interns, medical students, nurses, pharmacists, case managers, and social workers

INPATIENT CONSULTS

All consults are placed through the Endocrinology Consult line. After hours, consults may be placed by paging the Endocrine Consult Resident On-Call directly.

Consults should be viewed with the following priorities:

- **Emergent:** Emergent consults must be reviewed and co-signed by fellow and/or faculty within two hours. Review by faculty must occur within 24 hours or sooner if appropriate.
- **Urgent:** Urgent consults must be reviewed and co-signed by fellow and/or faculty within 8 hours. Review by faculty must occur within 24 hours.
- **Routine:** Routine consults must be seen, reviewed and co-signed by fellow and/or faculty within 24 hours.

OUTPATIENT CLINICS

Residents will be expected to attend the following subspecialty clinics while on this rotation:

Monday	11:30 AM – 1:00 PM	Endocrine Jail Clinic
Wednesday	9:00 AM – 12:00 PM	Endocrine Clinic
Thursday	8:00 AM – 12:00 PM	Thyroid Clinic
Friday (every other week)	1:00 PM – 5:00 PM	Endocrine Clinic

CONFERENCES

Mestman/Singer Rounds

This is weekly case presentation on Tuesday mornings from 8:30AM – 9:30AM. Residents will meet with Drs. Mestman or Singer in the 8A Endocrine Room and present an interesting case.

Endocrine Grand Rounds

This conference is held every Tuesday from 12:00PM – 1:00PM in the Hastings Auditorium of the Hoffman Building. Attendance is mandatory.

Thyroid Conference

This is a joint case conference held with the Endocrine and ENT teams every Wednesday morning from 8:00AM – 9:00AM in the Inpatient Tower, Conference Room C. Attendance is mandatory.

Pathology Rounds

Pathology Rounds occur every other Wednesday from 12:30PM – 2:30PM in the Clinic Tower 7th floor Pathology Lab. Slides from any biopsies obtained throughout the week are reviewed with the pathologist. Attendance is mandatory.

EDUCATIONAL METHODS

Direct observation of patient care and bedside teaching occur in the setting of daily inpatient rounds with the attending. Residents evaluate and treat patients both in the capacity of follow-up as well as initial evaluation. The supervising attending reviews and critiques the resident's interpretation of diagnostic studies and formulation of assessments and plans. The residents will also partake in the direct patient care of ambulatory patients in the general endocrine outpatient clinics. Residents will participate in the Endocrinology's resident education series and division conferences. Residents are expected to read the current literature regarding their patient's that have Endocrine diagnoses. Core curriculum on Endocrine topics is delivered in the residency.

EVALUATION TOOLS

The attending physician is responsible for providing verbal feedback and must submit evaluations of the resident physicians in MyEvaluations. The attending must meet face-to-face to provide mid-point and end-of-rotation feedback with all of the house officers they evaluate and indicate that discussion on the evaluation form. Evaluations must be completed within one week of completing a rotation. Peer evaluations for other trainees on the team should be completed in a timely manner.

PATIENT CARE

LOCATION & PATIENT CHARACTERISTICS

The Endocrinology Consult rotation is entirely at the LAC+USC hospital. Consults may be called in by the Emergency Department, OB/Gyn triage, or any primary inpatient service, including, but not limited to general inpatient medicine, MICU, ACS, SICU.

The patient population at LAC+USC Medical Center is very diverse, with multiple ethnic and socioeconomic groups represented. The spectrum of these encounters will be from primary presentation of new disease processes to the tertiary care for the patient who is referred for subspecialty care.

DOCUMENTATION

All documentation must be completed electronically in ORCHID. Each note needs to end with "Discussed with Attending Dr. [Name]" and be forwarded to the attending on service for the day for review. In ORCHID, the initial consult note type, "Endocrine Consultation" should be used. Thereafter, "Endocrine Progress Note" should be used.