

LAC+USC Medical Center
Endocrine Consult Orientation
2021-2022

Faculty in Charge of Rotation:

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First Day of Rotation:

Page the fellow on service prior to the first day to determine meeting location and time.

GOALS

The Endocrine Consult rotation is an immersive inpatient and ambulatory experience. The purpose of the rotation 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.

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).

WEEKLY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8AM - 9AM		8:30AM - 9:30AM Mestman 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. In addition, attending bedside rounds occur every Wednesday from 2:30 PM to 3:30 PM and Thursday from 1:30 PM to 3:00 PM. Additionally, on weekend mornings, rounds will take place for both follow-up patients as well as new consults. 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, discuss pathophysiology, and 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

Calls after 5pm will be handled by the on-call endocrine fellow. Interns and residents will alternate weekend daytime call with schedule determined as per "DAYS OFF" below.

TRAINEE CAPS

Interns on the consult service will cover up to 6 patients per day. Residents on the consult service will cover up to 8 patients per day. Caps will be maintained on the weekdays and weekends. This is to ensure that the environment on this service is optimal for your learning.

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 collectively determined by the team and the schedule turned into the Chief Residents on the first day a new resident joins the team so that it may be accurately reflected on AMION.

EXPECTED OR UNEXPECTED ABSENCES

Any planned absences, including for fellowship interviews, must be reported to the Medicine Chief Residents. You should also let the Endocrine Consult fellow and other team members know if you will be absent from service so that patient care responsibilities can be redistributed accordingly.

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

INPATIENT CONSULTS

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

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 Rounds

This is weekly case presentation every other Tuesday mornings from 8:30AM – 9:30AM. Residents will meet with Dr. Mestman 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.

PROCEDURES

Residents will have the opportunity to observe endocrine procedures such as thyroid FNAs.

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.

ACGME MILESTONES 2.0

LEARNING OBJECTIVES

Patient Care	<ul style="list-style-type: none"> • 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 xanthalasma and xanthomas • Determine body mass index
Medical Knowledge	<ul style="list-style-type: none"> • Demonstrate understanding and application of key facets of the following endocrine and metabolic disorders <ul style="list-style-type: none"> • Diabetes Mellitus • Lipid Disorders • Interpretation of thyroid function tests • Thyroid Disorders • Calcium and Bone Metabolism • Hypothalamus and Pituitary • Adrenal Disorders • Gonadal Disorders • Endocrine Neoplasia Syndromes • Determine the indications for the following diagnostic procedures: <ul style="list-style-type: none"> • Thyroid fine needle biopsy • Thyroid scintigraphy • Thyroid ultrasound • Cosyntropin 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
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

	<ul style="list-style-type: none"> • 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
Practice Based Learning and Improvement	<ul style="list-style-type: none"> • Identify and acknowledge gaps in personal knowledge and skills in the care of inpatient and ambulatory patients • Demonstrate independent initiative in commitment to identify and follow through with learning issues. • Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting • Seek feedback from attending physicians. • 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.
Professionalism	<ul style="list-style-type: none"> • Arrive at the clinic or hospital promptly, well-prepared with identified learning issues. • Assume responsibility for patient welfare in a timely manner • Performs administrative tasks and patient care responsibilities in a time and professional manner • Model effective teaching skills to students and peers. • Comply with Residency dress code
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 appropriately thorough clinical record entry in standard form. • Communicate consultative recommendations to primary services in a respectful, timely manner. • Communicate productively with challenging patients and families