OUTPATIENT ENDOCRINOLOGY ROTATION

GOALS and OBJECTIVES
• The educational purpose of this rotation is to teach you the knowledge and skills within the medical specialty of endocrinology necessary for the management of general internal medicine ambulatory patients. You will acquire skills sufficient to diagnose, follow, and treat patients with common endocrine disorders and recognize those patients that should be referred to endocrinologists. Paralleling the acquisition of new medical knowledge and patient care skills the ambulatory endocrinology rotation will continue to develop your competencies in practice-based learning, interpersonal/communication skills, professionalism and systems-based practice.
• For a more detailed discussion of the overarching ambulatory rotations’ goals, please refer to “Overview of ambulatory education” in the Ambulatory Curriculum packet.

LEARNING VENUES
Clinical encounters
• You will spend one block rotating within endocrinology outpatient clinics. Clinical experiences will include first-contact, comprehensive and continuity care of patients. Faculty members will provide teaching and supervision on a case-by-case basis. Please see your personalized schedule, Appendix B.
• You will have two continuity ambulatory clinics each week.

Didactic schedule*
• Monday: 8-8:45 am Ambulatory morning report (AMR);
Noon-1:30pm MGH Cardiology Rounds when scheduled throughout the year**
• Tuesday: 8-8:45 am AMR; Noon-1:30pm Noon conference (1st Tue);
Noon-4pm Tuesday School (2nd-4th Tue; blocks 9-13 every Tue)
• Wednesday: 8-9:00 am Medical Grand Rounds or Intern Report; Noon-1:30 pm Noon Conference
• Thursday: 8-noon Ambulatory didactic sessions incl AMR; (1st Thur. 8-9am Tumor Board)
• Friday: 8-8:45 am AMR

*Ambulatory morning report will be held in Macht 414 during all core curricular blocks (6 blocks). Please confirm with Denise Breault if AMR is scheduled during all or part of your rotation. The first Thursday of every month will begin with Tumor Board followed by the Thursday didactic session.

**Please see New Innovations for daily conference details…
https://www.new-innov.com/Login/Login.aspx?Data=ILAI7Qy3xO2pt5TE4BXOPGVs/qXcRPOCpgNVYj/TcMUESreplace
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EDUCATIONAL RESOURCES
• Please see Appendix A for readings they are available electronically on the Intranet http://staffnet/Academic/MedicineResidencyProgram.asp. The reading list should be used to enhance your personal learning in a case-based fashion during your rotation.
• In addition to the above curricular materials, the chief residents have the endocrinology MKSAP available for your use during the rotation.

EXPECTATIONS
• Mastery of clinical endocrinology relevant to the care of general medicine ambulatory patients. This includes but not limited to:
  ✓ Demonstration of ability to perform a targeted endocrine review of systems and physical examination.
  ✓ Demonstration of ability to perform a didactic presentation on an endocrinology topic relevant to ambulatory adult internal medicine.
  ✓ Demonstration of proper technique of thyroid examination; demonstration of ability to detect abnormal thyroid findings.
  ✓ Demonstration of appropriately targeted initial history and physical for patients with diabetes.
Knowledge of recommended standards of care for screening and prevention of complications of diabetes.

- Attendance at all clinical and didactic sessions (please refer Ambulatory Packet for attendance policy).
- During this rotation you will be required to complete all MKSAP questions in the Endocrinology book. Please answer all questions, correct your own tests, and submit your completed questions to Denise Breault. We will not be tracking % correct. The only expectation is that you complete all questions. Toward the end of your rotation (usually the last Friday of your rotation), note that you have been scheduled to come to Macht 4 for your MKSAP review test. This test will include 30 questions chosen from the same MKSAP book you have completed.
- Complete all evaluation forms (see below).
- Each year you are expected to complete one Service Learning Teaching Session. This will be completed during one of your AMB blocks. Please refer to separate reminder and curricular documents for details.
- Evidence-based case write-up to be presented to Dr. Brunt

Evidence-based medicine case-write up

- Select an outpatient from your continuity clinic or subspecialty clinic who has an endocrinologic disorder whose history, physical exam or diagnostic study has presented you with a clinical question. (E.g., 35 y/o women w/ hirsutism has a moderately elevated DHEA level. How likely is it that she has an underlying malignancy?)
- Write a brief description of the case (1 paragraph).
- Research the diagnostic question following the approach outlined by Drs. Guyatt & Rennie in User’s Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice. (see below)
  ✓ Find appropriate literature to help determine the clinical utility of the selected finding from the history, physical exam, lab or radiologic study.
  ✓ Determine the pretest probability, likelihood ratio and post test probability for your patient.
- Write a one-page discussion of the literature as it applies to your patient. Conclude your discussion by returning to the patient and make appropriate diagnostic recommendations.
- Present the write-up to Dr. Brunt or Farah. During the last Thursday of your rotation, you should also be prepared to present your case at Thursday Ambulatory Conference as you may be asked to do so.


FEEDBACK / EVALUATIONS

- Completed evaluations of both the endocrine faculty and the endocrinology rotation
- Dr. Farah Farah or Dr. Melanie Brunt will evaluate you during your rotation. Feedback will be given to you verbally at the middle of your rotation and then verbally and written at the end of each rotation.

FACULTY

- Dr. Melanie Brunt at 617-665-1552 or 617-591-4350 or by outlook.
- Dr. Farah Farah at 617-591-4350 or by outlook.
- Dr. Pieter Cohen may be contacted by outlook or alphapager.
- Denise Breault 617-665-1016 may be contacted for any administrative questions.
**ENDOCRINE bibliography**

Please see [http://staffnet/Academic/MedicineResidencyProgramAmbulatoryCurriculumEndocrinology.asp](http://staffnet/Academic/MedicineResidencyProgramAmbulatoryCurriculumEndocrinology.asp) for updates.

**THYROID**


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19. American Diabetes Association 2009 Clinical Practice Recommendations: http://care.diabetesjournals.org/content/32/Supplement_1


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34. MRC/BHF Heart Protection Study of cholesterol lowering with simvastatin in 20,536 high risk individuals: a randomized placebo-controlled trial. Lancet 2002. 360(9326):7-22


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37. JNC7 www.nhlbi.nih.gov/guidelines/hypertension


49. AACE Medical Guidelines for Clinical Practice for the Diagnosis and Treatment of Acromegaly © 2004 www.aace.com/pub/guidelines


REPRODUCTIVE


56. AACE Medical Guidelines for Clinical Practice for Diagnosis and Treatment of Menopause 2006. www.aace.com/pub/guidelines


OBESITY


72. Lifestyle, Diabetes, and Cardiovascular Risk Factors 10 Years after Bariatric Surgery. NEJM 2004;351(26) 2683-93.


OSTEOPOROSIS, BONE AND CALCIUM DISORDERS


80. Screening for osteoporosis NEJM 353:164, July 14, 2005

81. Osteoporosis NEJM 351:2839 Dec 30 2004


84. AACE Position Statement on the Diagnosis and Management of Primary Hyperparathyroidism http://www.aace.com/pub/positionstatements/


