

PED1-4070/F PEDIATRIC ENDOCRINOLOGY

Course Policies and Procedures

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[This is your initial point of contact.](#)

Location

Students are requested to report to pediatric endocrinology administrative assistant Ms. Cindi Morrow no later than a week before starting rotation to follow proper procedure obtaining training and access to electronic medical record (Cerner) and meet with one of the attendings to discuss rotation objectives. Her office located on the 5th floor of the Children's Foundation Research Tower. She can be reached by phone at 901-287-6221 or via email cmorrow@uthsc.edu.

Introduction

This is a one month rotation where fourth year medical students will be integrated into the pediatrics endocrinology team to gain experience and have the opportunity to evaluate a spectrum of childhood endocrine disorders including growth, puberty, thyroid, adrenal, pituitary, and diabetes. Students will also have the opportunity to participate in healthy eating class conducted by a nutritionist and diabetic education classes including classes for insulin pump.

Through the month, it is in hopes that the students will become familiar with appropriate directed history, physical examination, selection and interpretation of diagnostic studies and formulating treatment plan for most common pediatric endocrine disorders.

Elective Goals

Students must demonstrate knowledge of established and evolving pediatric endocrinology disorders as well as the application of this knowledge to patient care.

Elective Objectives

At the end of the rotation, it is expected that the students will be able to understand the pathophysiology, natural history, physical findings, diagnostic workups and appropriate treatment for the most common pediatric endocrinology disorders.

Patient Care

Goal:

Students will provide patient care that is compassionate, appropriate, and effective for the treatment of the health problems and promotion of health.

Objectives: Students are expected to

- Obtain a complete and relevant endocrine medical history.
- Recognize the classic presentations and physical findings associated with endocrine diseases.

- Learn endocrine aspects of the physical examination including proper measurement of height and weight, tanner staging of pubertal development, examination and description of findings in patients with thyroid disorders.
- Identify common systemic findings of common endocrine disorders.
- Recognize the indications and limitations of endocrine diagnostic studies.
- Create and maintain accurate medical records including proper documentation and interpretation of age, gender and syndrome specific growth curve.
- Communicate with other health care professionals and referring physician in a clear and professionally appropriate manner.

Medical Knowledge

Goal:

Students will develop knowledge of common pediatric endocrine disorders, as well as, application of this knowledge to patient care.

Objectives

At the end of the rotation, it is expected that the students will be able to know and describe the pathophysiology, natural history, physical findings, diagnostic procedures, appropriate treatment and follow-up for most of the pediatric endocrinology disorders noted below.

1. Diabetes, 2) obesity and insulin resistance, 3) short stature, 4) disorder of puberty including precocious and delayed puberty, 5) thyroid, adrenal and pituitary disorders in childhood, 6) calcium and vitamin D related disorders 7) disorders of sexual differentiation, 8) pediatric brain tumor with pre and post intervention endocrine disorders.

Practice-Based Learning and Improvement

Goal:

Students will demonstrate the ability to investigate and evaluate their care of patients to appraise and assimilate scientific evidence to improve patient care practices.

Objectives:

Students are expected to systematically analyze educational resources, review of literature for self-education, and promote evidence based decisions in patient care.

Interpersonal and Communication Skills

Goal:

Students will demonstrate interpersonal and communications skills that result in effective informative information exchange with the health care professionals, patients and their families.

Objectives:

- Communicate effectively with patients and families concerning management and clinical course across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with physicians, other healthcare professionals and health related agencies.
- Students are expected to present a case to endocrinology group encountered during endocrinology rotation or from literature in a clear, concise, organized and relevant manner.

Professionalism

Goal:

Students will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitive to diverse patient population.

Objectives:

- Compassion, integrity, and respect for others
- Respect patient's privacy and autonomy
- Ethically sound decision
- Arrive on time at the clinic and conferences
- Accurate representation of data

Method of instruction:

- Teaching will be primarily through outpatient setting clinical experience. Student will attend approximately 8 half-day clinics each week in two locations. Student will work with the attendings, pediatric endocrinology fellows, pediatric residents who take the pediatric endocrinology elective, dietitians, diabetic educators and other supporting staff.
- Students perform the history and physical examination and present the case to the attending pediatric endocrinologist. Students will discuss their findings, impression, differential diagnosis and treatment plan with endocrinology fellows and attendings. Attendings will provide constructive feedback and review teaching points with each case.
- Students will also be expected to attend noon conferences with housestaff and weekly grand rounds.
- Students will also be expected to attend pediatric endocrinology division meetings to develop experience with systems-based learning.
- Students are expected to present a rare presentation of a common disease or common presentation of a rare disease at the end of the rotation to endocrinology team using appropriate audio visual technology.

Attendance and Required Experiences

Students will participate in all rounds and seminars of the section and perform histories and physical examinations on selected patients on the consultation service. Students will be directed to pertinent literature regarding patients being cared for on the service. Student will be responsible for initial evaluation of all patients. They will follow the patients daily, formulate plans of management and, under the supervision of a resident and attending, will write orders and notes on all pediatric endocrinology service patients. They will review diagnostic results daily on all patients.

Duty Hours

Students should expect to spend around 44 hours a week. You can expect to spend time mostly at the outpatient clinic setting with one of the pediatric endocrinology attendings from Monday through Thursday. Fridays are usually reserved for divisional meetings, case presentations, journal clubs and rounding inpatient with on call pediatric endocrinologist attending. Students can also expect to attend grand rounds on every Wednesday from 8:00 to 9:00 prior to outpatient clinic session.

Rotation Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
7-8	7:30-12:00	7:30-12:00	8:00-12:00	7:30-12:00	8:00-12:00
8-9	Clinic	Clinic	Grand Rounds	Clinic	Division Mtg
9-10	Clinic	Clinic	Clinic	Clinic	TBA
10-11	Clinic	Clinic	Clinic	Clinic	TBA
11-12	Clinic	Clinic	Clinic	Clinic	TBA
12-1	Clinic	Clinic	Clinic	Clinic	TBA
1-2	Clinic	Clinic	Clinic	Clinic	TBA
2-3	Clinic	Clinic	Clinic	Clinic	TBA
3-4	Clinic	Clinic	Clinic	Clinic	TBA
4-5	Clinic	Clinic	Clinic	Clinic	TBA

Student Evaluation

PROFESSIONAL CONDUCT

In 1986, the College of Medicine established its Code of Professional Conduct. The document, available in *The Centerscope*, addresses those responsibilities to patients, colleagues, family, and community as well as to the individuals themselves. Following discussion with incoming students, it is assumed that all will subscribe to this code as part of their commitment to the profession of medicine. An egregious professionalism violation may be considered grounds for course failure.

DECLARATION OF DISABILITY

Any student who would like to self-disclose as a student with a disability in the College of Medicine at UTHSC must register and officially request accommodations through the Disability Coordinator in Student Academic Support Services (SASS). Regardless of a student's geographic location for experiential education, all requests for accommodations must be submitted with supporting documentation and reviewed for reasonableness by the Disability Consultant. Students should contact Laurie Brooks to set up an appointment to discuss specific needs at lbrook15@uthsc.edu or (901) 448-1452. All conversations regarding requests for accommodations are confidential.

DUTY HOURS

1. Duty hours will be limited to 80 hours per week averaged over a four-week period, inclusive of all in-house call and patient care activities.
2. Continuous on-site duty, including in-house call, will not exceed 30 consecutive hours. Students may remain on duty additional hours to participate in transferring care of patients, conducting outpatient clinics, maintaining continuity of medical and surgical care, and attending required didactic activities.
3. Students will be provided with one day in seven free from all educational and clinical responsibilities, averaged over a rotation, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, didactic, and administrative activities.
4. Students should be provided with a 10-hour period after in-house call during which they are free from all patient care activities.

STUDENT ASSESSMENT

Students have a formative assessment at the half-way mark of the preceptorship and a summative clinical assessment at the end of the rotation based on clinical performance as defined in the objectives.

GRADING SCALE (this is the College of Medicine grading scale adopted for the entire curriculum by the CUME, beginning May 2014.)

<u>Letter Grade</u>	<u>Final Percentage</u>
A	89.5-100
B	79-89
C	67.5-78
F	≤ 67.49

Academic Difficulty

Students having difficulty in the course are strongly encouraged to seek help as soon as possible by seeking advice from the resident, fellow, and attending on the service. Students are also encouraged to check with the SASS and the Kaplan Clinical Skills Center to see if academic support is available.

Course Evaluation

Students are strongly encouraged to participate in the Hall Tackett evaluation survey on New Innovations at the conclusion of the course.

Method of evaluation of student

Students will be evaluated based on the achievement of the objectives in the core elements of the course. The student will receive regular feedback from the fellows and attendings throughout the rotation. At the end of the rotation, one of the attendings will meet with the student to discuss their experience and ways to improve the course for future rotators. Evaluator attending will submit both a grade and a written evaluation after meeting with the student.

Textbooks and Literature

1. Pediatric Practice: Endocrinology, 2nd Edition by Michael Kappy, David Allen and Mitchell Geffner
2. University hospital library.
3. Endocrinology journals and literatures.
4. Congenital hypothyroidism. Rastogi, MV et al. *Orphanet Journal of Rare Diseases* 2010, 5:17
5. Adrenal Insufficiency: Still a Cause of Morbidity and Death in Childhood. Shulman, DI et al. [Pediatrics](#). 2007 Feb; 119(2):e484-94
6. Short Stature in Childhood — Challenges and Choices. [Allen DB](#) et al. [N Engl J Med](#). 2013 Mar 28; 368(13):1220-8
7. Standards of Medical Care in Diabetes—2013. ADA. *Diabetes Care* January 2013 vol. 36 no. Supplement 1 S11-S66.
8. Delayed puberty. [Palmert MR](#) et al. [N Engl J Med](#). 2012 Feb 2; 366(5):443-53
9. Precocious puberty. [Carel JC](#) et al. [N Engl J Med](#). 2008 May 29; 358(22):2366-77.