**New Application: Endocrinology, Diabetes, and Metabolism**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |  |
| --- | --- |
| 1. Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.c)] | |
| Click here to enter text. | |

**Resources**

|  |  |
| --- | --- |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.1.a)] | YES  NO |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.1.a)] | YES  NO |

Provide the following information for all participating sites.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** | | | | | | |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? [PR I.D.1.d)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Will fellows have access to an electronic health record? [PR I.D.1.d)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** | | | | | | |
| Imaging services for bone density [PR I.D.1.c).(3)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Imaging services for nuclear medicine [PR I.D.1.c).(3)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Imaging services for radiologic facilities[PR I.D.1.c).(3)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Imaging services for ultrasound [PR I.D.1.c).(3)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Laboratory facilities for hormonal immunoassay [PR I.D.1.c).(1)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Laboratory facilities for immunohistologic studies [PR I.D.1.c).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Laboratory facilities for karyotyping [PR I.D.1.c).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Dietary and/or nutrition service [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Nephrology service [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Neurology and neurosurgery service [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Obstetrics and gynecology services [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Ophthalmology service [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Pediatrics service [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Podiatry [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Surgery [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Urology service [PR II.D.2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Access to training using simulation [PR IV.C.4.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Geriatric patients within the patient population [PR I.D.4.a).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Inpatients with a full range of endocrinologic disorders [PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Outpatients with a full range of endocrinologic disorders [PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |

**Personnel**

**Program Director**

|  |  |
| --- | --- |
| What is the percentage of program director support? [II.A.2.a)] | % |

**Program Coordinator**

|  |  |
| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.C.2.a)] | YES  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Will fellows demonstrate competence in the evaluation and management of hormonal problems including diseases, infections, neoplasms and other causes of dysfunction of the following endocrine organs?

|  |  |
| --- | --- |
| Adrenal cortex and medulla [PR IV.B.1.b).(1).(b).(i)] | YES  NO |
| Hypothalamus and pituitary [PR IV.B.1.b).(1).(b).(ii)] | YES  NO |
| Ovaries and testes [PR IV.B.1.b).(1).(b).(iii)] | YES  NO |
| Pancreatic islets [PR IV.B.1.b).(1).(b).(iv)] | YES  NO |
| Parathyroid [PR IV.B.1.b).(1).(b).(v)] | YES  NO |
| Thyroid [PR IV.B.1.b).(1).(b).(vi)] | YES  NO |

1. Will fellows demonstrate competence in the care of patients with type-1 and type-2 diabetes including:

|  |  |
| --- | --- |
| Diabetes detection and management during pregnancy [PR IV.B.1.b).(1).(c).(i)] | YES  NO |
| Evaluation and management of acute, life-threatening complications of hyper- and hypoglycemia [PR IV.B.1.b).(1).(c).(ii)] | YES  NO |
| Evaluation and management of intensive insulin management in critical care and surgical patients [PR IV.B.1.b).(1).(c).(iii)] | YES  NO |
| Intensive management of glycemic control in the ambulatory setting [PR IV.B.1.b).(1).(c).(iv)] | YES  NO |
| Long term goals, counseling, education and monitoring [PR IV.B.1.b).(1).(c).(v)] | YES  NO |
| Multidisciplinary diabetes education and treatment program [PR IV.B.1.b).(1).(c).(vi)] | YES  NO |
| Prevention and surveillance of microvascular and macrovascular complications [PR IV.B.1.b).(1).(c).(vii)] | YES  NO |

1. Will the fellowship program provide experience for fellows to demonstrate competence in the care of patients:

|  |  |
| --- | --- |
| Calcium, phosphorus, and magnesium imbalance [PR IV.B.1.b).(1).(d).(i)] | YES  NO |
| Disorders of bone and mineral metabolism, with particular emphasis on the diagnosis and management of osteoporosis [PR IV.B.1.b).(1).(d).(ii)] | YES  NO |
| Disorders of fluid, electrolyte, and acid-base metabolism [PR IV.B.1.b).(1).(d).(iii)] | YES  NO |
| Gonadal disorders [PR IV.B.1.b).(1).(d).(iv)] | YES  NO |
| Nutritional disorders of obesity, anorexia nervosa, and bulimia [PR IV.B.1.b).(1).(d).(v)] | YES  NO |

1. Will the fellowship program provide experience for the fellows to demonstrate competence in the performance of the following:

|  |  |
| --- | --- |
| Diagnosis and management of ectopic hormone production [PR IV.B.1.b).(1).(e).(i)] | YES  NO |
| Diagnosis and management of lipid and lipoprotein disorders [PR IV.B.1.b).(1).(e).(ii)] | YES  NO |
| Genetic screening and counseling for endocrine and metabolic [PR IV.B.1.b).(1).(e).(iii)] | YES  NO |
| Parenteral nutrition support [PR IV.B.1.b).(2).(a).(i)] | YES  NO |

1. For the procedures/skills listed, indicate whether instruction will be provided for fellows, and if proficiency will be documented in a logbook or equivalent method.

|  |  |
| --- | --- |
| Endocrine adaptations and maladaptations to systemic diseases [PR IV.B.1.c).(3).(d)] | YES  NO |
| Endocrine aspects of psychiatric diseases [PR IV.B.1.c).(3).(e)] | YES  NO |
| Interpretation of laboratory studies, including the effects of non-endocrine disorders on the interpretation of hormone assays instruction provided? [PR IV.B.1.b).(1).(e).(v)] | YES  NO |
| Interpretation of laboratory studies, including the effects of non-endocrine disorders on the interpretation of hormone assays proficiency documented? [PR IV.B.1.b).(1).(e).(v)] | YES  NO |
| Interpretation of radiologic studies used in the evaluation of patients with endocrine disorders, such as CT, MRI, and quantification of bone density instruction provided? [PR IV.B.1.b).(1).(e).(vi).(a)-(c)] | YES  NO |
| Interpretation of radiologic studies used in the evaluation of patients with endocrine disorders, such as CT, MRI, and quantification of bone density, proficiency documented? [PR IV.B.1.b).(1).(e).(vi).(a)-(c)] | YES  NO |
| Interpretation of thyroid biopsy instruction provided? [PR IV.B.1.b).(2).(a).(iii)] | YES  NO |
| Interpretation of thyroid biopsy, proficiency documented? [PR IV.B.1.b).(2).(a).(iii)] | YES  NO |
| Interpretation of radiologic studies, including radionuclide localization of endocrine tissue and ultrasonography of the soft tissues of the neck instruction provided? [PR IV.B.1.b).(1).(e).(vi).(e)] | YES  NO |
| Interpretation of radiologic studies, including radionuclide localization of endocrine tissue and ultrasonography of the soft tissues of the neck, proficiency documented? [PR IV.B.1.b).(1).(e).(vi).(e)] | YES  NO |
| Interpretation of stimulation and suppression tests instruction provided? [PR IV.B.1.b).(2).(a).(ii)] | YES  NO |
| Interpretation of stimulation and suppression tests proficiency documented? [PR IV.B.1.b).(2).(a).(ii)] | YES  NO |
| Interpretation of thyroid ultrasound instruction provided? [PR IV.B.1.b).(2).(a).(iv)] | YES  NO |
| Interpretation of thyroid ultrasound proficiency documented? [PR IV.B.1.b).(2).(a).(iv)] | YES  NO |
| Skeletal dual photon absorptiometry interpretation instruction provided? [PR IV.B.1.b).(2).(a).(v)] | YES  NO |
| Skeletal dual photon absorptiometry interpretation proficiency documented? [PR IV.B.1.b).(2).(a).(v)] | YES  NO |
| Interpretation of management of insulin pumps instruction provided? [PR IV.B.1.b).(2).(a).(vi)] | YES  NO |
| Interpretation of management of insulin pumps proficiency documented? [PR IV.B.1.b).(2).(a).(vi)] | YES  NO |
| Interpretation of continuous glucose monitoring instruction provided? [PR IV.B.1.b).(2).(a).(vii)] | YES  NO |
| Interpretation of continuous glucose monitoring proficiency documented? [PR IV.B.1.b).(2).(a).(vii)] | YES  NO |

**Medical Knowledge**

1. Will fellows demonstrate knowledge of the following?

|  |  |
| --- | --- |
| Basic laboratory techniques, including quality control, quality assurance, and proficiency [PR IV.B.1.c).(3).(a)] | YES  NO |
| Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to endocrinology and metabolism [PR IV.B.1.c).(3).(b)] | YES  NO |
| Developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation [PR IV.B.1.c).(3).(c)] | YES  NO |
| Endocrine adaptations and maladaptations to systemic diseases [PR IV.B.1.c).(3).(d)] | YES  NO |
| Endocrine aspects of psychiatric diseases [PR IV.B.1.c).(3).(e)] | YES  NO |
| Endocrine physiology and pathophysiology in systemic diseases and principles of hormone action [PR IV.B.1.c).(3).(f)] | YES  NO |
| Genetics as it relates to endocrine diseases [PR IV.B.1.c).(3).(g)] | YES  NO |
| Pathogenesis and epidemiology of diabetes mellitus [PR IV.B.1.c).(3).(h)] | YES  NO |
| Signal transduction pathways and biology of hormone receptors [PR IV.B.1.c).(3).(i)] | YES  NO |
| Whole organ and islet cell pancreatic transplantation [PR IV.B.1.c).(3).(j)] | YES  NO |

**Practice-Based Learning and Improvement**

1. Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Systems Based Practice**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

|  |  |
| --- | --- |
| How many months are devoted to clinical experiences? [PR IV.C.3.] | # |
| When averaged over the 2 years of training, how many half-day sessions of ambulatory care, which includes continuity ambulatory care, does the program include for each fellow per week? [PR IV.C.5.] | # |

**CONTINUITY CLINIC EXPERIENCES**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following conferences: [PR IV.C.8.b)]

|  |  |
| --- | --- |
| Core Curriculum Conference Series | YES  NO |
| Clinical Case Conferences | YES  NO |
| Research Conferences | YES  NO |
| Journal Club | YES  NO |
| Morbidity and Mortality Conferences | YES  NO |
| Quality Improvement Conferences | YES  NO |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? [PR IV.C.8.c)] | YES  NO |

|  |
| --- |
| Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.8.a)] |
| Click here to enter text. |

**EDUCATIONAL PROGRAM NARRATIVE**

|  |
| --- |
| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.8.] |
| Click here to enter text. |

|  |
| --- |
| Describe the program's teaching rounds; including the frequency and duration spent per week. [PR IV.C.9.b)] |
| Click here to enter text. |

**Evaluation**

**Fellow Evaluation**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

|  |  |
| --- | --- |
| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? | YES  NO |

|  |
| --- |
| Describe the method for assessment of procedural competence. [PR V.A.1.a).(2)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | YES  NO |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will the faculty evaluations be written and confidential? [PR V.B.1.b)] | YES  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR V.B.2.] | YES  NO |

**The Learning and Working Environment**

|  |
| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [PR VI.D] |
| Click here to enter text. |

**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |