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

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR 1.2.b.] (Limit response to 300 words) |
| Click here to enter text. |

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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR 1.6.a.] | [ ]  YES [ ]  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR 1.8.a.] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR 1.8.a.] | [ ]  YES [ ]  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR 1.8.b.] | [ ]  YES [ ]  NO |
| provide access to an electronic health record (EHR)? [PR 1.8.c.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR 1.8.d.] (Limit response to 300 words) |
| Click here to enter text. |

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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR 1.8.h.] (Limit response to 300 words) |
| Click here to enter text. |

Will the following facilities/laboratories/services be available for fellows’ education? [PR 1.8.e.-1.8.g.]

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| Complete biochemistry laboratory | [ ]  YES [ ]  NO |
| Facilities for hormone immunoassays | [ ]  YES [ ]  NO |
| Access to karyotyping and immunohistologic | [ ]  YES [ ]  NO |
| Imaging services for nuclear medicine  | [ ]  YES [ ]  NO |
| Imaging services for radiologic studies | [ ]  YES [ ]  NO |
| Ultrasound facilities | [ ]  YES [ ]  NO |
| Imaging services for bone density | [ ]  YES [ ]  NO |

Will the program have a close working relationship with the following services and specialists? [PR 2.12.a.]

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| Dietary and/or nutrition | [ ]  YES [ ]  NO |
| General surgery | [ ]  YES [ ]  NO |
| Nephrology | [ ]  YES [ ]  NO |
| Neurological surgery | [ ]  YES [ ]  NO |
| Neurology | [ ]  YES [ ]  NO |
| Obstetrics and gynecology | [ ]  YES [ ]  NO |
| Ophthalmology | [ ]  YES [ ]  NO |
| Pediatrics | [ ]  YES [ ]  NO |
| Podiatry | [ ]  YES [ ]  NO |
| Urology | [ ]  YES [ ]  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

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?

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| Adrenal cortex and medulla [PR 4.4.a.1.] | [ ]  YES [ ]  NO |
| Hypothalamus and pituitary [PR 4.4.a.2.] | [ ]  YES [ ]  NO |
| Ovaries and testes [PR 4.4.a.3.] | [ ]  YES [ ]  NO |
| Pancreatic islets [PR 4.4.a.4.] | [ ]  YES [ ]  NO |
| Parathyroid [PR 4.4.a.5.] | [ ]  YES [ ]  NO |
| Thyroid [PR 4.4.a.6.] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the care of patients with type-1 and type-2 diabetes, as well as other types of diabetes, including:

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| Atypical diabetes? [PR 4.4.b.1.] | [ ]  YES [ ]  NO |
| Cystic fibrosis-related diabetes? [PR 4.4.b.2.] | [ ]  YES [ ]  NO |
| Diabetes detection and management during pregnancy? [PR 4.4.b.3.] | [ ]  YES [ ]  NO |
| Evaluation and management of acute, life-threatening complications of hyper- and hypoglycemia? [PR 4.4.b.4.] | [ ]  YES [ ]  NO |
| Evaluation and management of intensive insulin management in critical care and surgical patients? [PR 4.4.b.5.] | [ ]  YES [ ]  NO |
| Intensive management of glycemic control in the ambulatory setting? [PR 4.4.b.6.] | [ ]  YES [ ]  NO |
| Latent autoimmune diabetes in adults? [PR 4.4.b.7.] | [ ]  YES [ ]  NO |
| Long-term goals, counseling, education and monitoring? [PR 4.4.b.8.] | [ ]  YES [ ]  NO |
| Monogenetic diabetes? [PR 4.4.b.9.] | [ ]  YES [ ]  NO |
| Multidisciplinary diabetes education and treatment program? [PR 4.4.b.10.] | [ ]  YES [ ]  NO |
| Prevention and surveillance of microvascular and macrovascular complications? [PR 4.4.b.11.] | [ ]  YES [ ]  NO |
| Transplant-related diabetes? [PR 4.4.b.12.] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the care of patients with the following?

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| Calcium, phosphorus, and magnesium imbalance [PR 4.4.c.] | [ ]  YES [ ]  NO |
| Disorders of bone and mineral metabolism, with particular emphasis on the diagnosis and management of osteoporosis [PR 4.4.d.] | [ ]  YES [ ]  NO |
| Disorders of fluid, electrolyte, and acid-base metabolism [PR 4.4.e.]  | [ ]  YES [ ]  NO |
| Gonadal disorders [PR 4.4.f.] | [ ]  YES [ ]  NO |
| Nutritional disorders of obesity, anorexia nervosa, and bulimia [PR 4.4.g.] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the performance of the following? [PR 4.4.h. -4.4.m.5.]

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| Diagnosis and management of ectopic hormone production | [ ]  YES [ ]  NO |
| Diagnosis and management of lipid and lipoprotein disorders | [ ]  YES [ ]  NO |
| Genetic screening and counseling for endocrine and metabolic disorders | [ ]  YES [ ]  NO |
| Interpretation of hormone assays | [ ]  YES [ ]  NO |
| Interpretation of laboratory studies, including the effects of non-endocrine disorders on these studies | [ ]  YES [ ]  NO |
| Interpretation of radiologic studies for diagnosis and treatment of endocrine and metabolic diseases, including: | [ ]  YES [ ]  NO |
|  Computed tomography | [ ]  YES [ ]  NO |
|  Magnetic resonance imaging | [ ]  YES [ ]  NO |
|  Quantification of bone density | [ ]  YES [ ]  NO |
|  Radionuclide localization of endocrine tissue | [ ]  YES [ ]  NO |
|  Ultrasonography of the soft tissues of the neck | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the ability to: [PR 4.5.a.- 4.5.b.]

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | [ ]  YES [ ]  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the performance of the following? [PR 4.5.c.-4.5.i.]

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| Continuous glucose monitoring | [ ]  YES [ ]  NO |
| Gender dysphoria or hormonal treatments for transgender patients | [ ]  YES [ ]  NO |
| Management of insulin pumps | [ ]  YES [ ]  NO |
| Interpretation of stimulation and suppression tests | [ ]  YES [ ]  NO |
| Skeletal dual photon absorptiometry interpretation | [ ]  YES [ ]  NO |
| Thyroid biopsy | [ ]  YES [ ]  NO |
| Thyroid ultrasound | [ ]  YES [ ]  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR 4.11.d. ] | [ ]  YES [ ]  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR 4.11.e.] | [ ]  YES [ ]  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Click or tap here to enter text. |

**Medical Knowledge**

Will fellows demonstrate sufficient knowledge in the following areas?

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| Basic laboratory techniques, including quality control, quality assurance, and proficiency [PR 4.6.a.] | [ ]  YES [ ]  NO |
| Biochemistry and physiology, including cell and molecular biology and immunology, as they relate to endocrinology and metabolism [PR 4.6.b.] | [ ]  YES [ ]  NO |
| Developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation [PR 4.6.c.] | [ ]  YES [ ]  NO |
| Endocrine adaptations and maladaptations to systemic diseases [PR 4.6.d.] | [ ]  YES [ ]  NO |
| Endocrine aspects of psychiatric diseases [PR 4.6.e.] | [ ]  YES [ ]  NO |
| Endocrine physiology and pathophysiology in systemic diseases and principles of hormone action [PR 4.6.f.] | [ ]  YES [ ]  NO |
| Genetics as it relates to endocrine diseases [PR 4.6.g.] | [ ]  YES [ ]  NO |
| Pathogenesis and epidemiology of diabetes mellitus [PR 4.6.h.] | [ ]  YES [ ]  NO |
| Signal transduction pathways and biology of hormone receptors [PR 4.6.i.] | [ ]  YES [ ]  NO |
| Whole organ and islet cell pancreatic transplantation [PR 4.6.j.] | [ ]  YES [ ]  NO |

**Practice-Based Learning and Improvement**

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 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

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 4.8.] (Limit response to 400 words)

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| Click here to enter text. |

**Systems Based Practice**

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 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

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| How many months are devoted to clinical experiences? [PR 4.11.a.] | # |
| 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 4.11.b.4.] | # |

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR 4.11.c.] | [ ]  YES [ ]  NO |

Explain “NO” response. (Limit response to 250 words)

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| Click or tap here to enter text. |

**CONTINUITY AMBULATORY 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: | # % | # % | # % | # % | # % | # % |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR 4.11.g.] |
| Click here to enter text. |

Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR 4.11.g.1.] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR 2.7.d.] | [ ]  YES [ ]  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR 4.11.h.] (Limit response to 300 words)

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| Click or tap here to enter text. |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR 4.11.i.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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| Describe the method for assessment of procedural competence. [PR 5.1.h.] |
| Click here to enter text. |

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| 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 5.1.b.1.] | [ ]  YES [ ]  NO |

**Faculty Evaluation**

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| Will the faculty evaluations be written and confidential? [PR 5.4.b.] | [ ]  YES [ ]  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR 5.4.c.] | [ ]  YES [ ]  NO |