I. Introduction

The Subspecialty Training Program in Endocrinology and Diabetes is designed to provide advanced training and experience at a level for the trainee to acquire the knowledge, skills, attitudes and experience required for all of the competencies needed by a subspecialist in this field. This program is designed to fulfill the needs of trainees who anticipate careers in the clinical practice of this specialty, those who expect to function as clinician-educators, and those who intend to pursue a career in clinical, translation and/or basic research. The program recognizes that some trainees may evolve into specialists whose activities encompass more than one career path. The teaching environment and educational experiences for trainees, detailed below, will equip them to become strong clinicians, educators, and investigators.

Any stipulations in the fellow’s contract with PCH take precedence over any information in this handbook.

II. Mission Statement

The Pediatric Endocrinology and Diabetes Fellowship Training Program at Phoenix Children’s Hospital is dedicated to providing the knowledge and clinical skills necessary to practice high quality, state-of-the-art pediatric endocrinology and diabetes management. Our program aims to prepare physicians to provide excellent patient and family-oriented comprehensive health care to children and adolescents with a wide variety of hormonal and metabolic disorders. Fellows will be trained to master all six of the ACGME core competencies and the 21 identified pediatric subspecialty milestones through teaching, modeling and promotion of commitment to service, personal integrity, clinical competency, effective interpersonal communication, collaboration with patients, parents and other health care professionals and the pursuit of lifelong learning and scholarly activities, and with a solid foundation in these principles, to provide effective medical care to patients within any and all future health care delivery systems.

III. Endocrine Fellowship Goals and Objectives

A. Goals

Overall Goals
The ultimate goal of the Endocrine and Diabetes Subspecialty Training Program is to educate Fellows through excellence in educational instruction and achievement of required knowledge and performance skills consistent with the ACGME’s Six Core Competencies and the 21 Pediatric Subspecialty milestones and RRC requirements.

The process of training Fellows in endocrinology is that of graded responsibility, experience and development. That is, while the types of rotations as well as clinical and research experiences are similar through the training program, the expectations and allotment of time varies significantly.
Major Goals for Year One of the Fellowship

1. Learn the basic principles of endocrine biochemistry, physiology and pathophysiology which provide the basis for understanding endocrine disorders.
2. Begin accumulating a critical mass of fundamental information and gain practical approaches for the diagnosis, management and prevention of endocrine disorders in children.
3. Acquire knowledge and gain skills necessary for the critical analysis of the endocrine literature.
4. Understand basic concepts of practice management, medical economics, performance measures and continuous quality improvement.
5. Develop an appreciation for the importance of self directed life-long learning.
6. Identify an area of research interest and begin background work for a project in that area.

Graded responsibility for clinical care contingent upon a demonstrated ability. In general, expectations are as follows: Fellow should have first contact before attending for most encounters. Fellows will be expected to discuss all evaluations and significant treatment plans with a supervising attending prior to implementation.

Major Goals for Year Two of the Fellowship

1. Conduct scholarly research in pediatric Endocrinology and Diabetes. This includes a quality improvement project and a primary research project.
2. Expand knowledge and experience in basic and advanced endocrine biochemistry, physiology and pathophysiology which provides the basis for understanding endocrine disorders.
3. Develop leadership skills.

Graded responsibility for clinical care contingent upon a demonstrated ability. In general, expectations are as follows:
- Fellows will have first contact for all clinical encounters.
- Fellows initiate evaluation/treatment plan.
- Fellows review/discuss diagnostic evaluation and treatment plan with supervising attending within 24 hours and revise, as needed.

Major Goals for Year Three of the Fellowship

1. Gain skills as a medical educator by supervising fellows, residents students and staff.
2. Expand knowledge and experience in processing fundamental information and practical approaches for the diagnosis, management and prevention of endocrine disorders in children.
3. Complete quality improvement and primary research projects.

Graded responsibility for clinical care contingent upon a demonstrated ability. In general, expectations are as follows:
- First contact for all clinical encounters, including assigning/supervising medical students/residents.
- Fellows initiate evaluation/treatment plan.
- Fellows inform supervising attending, discuss and revise evaluation/treatment plan as needed, within 24 hours of initial patient contact.
The ACGME Six Core Competencies and the 21 Pediatric Subspecialty Milestones:

During the three-year Pediatric Endocrine Training Program, Fellows will learn and be able to demonstrate proficiency in each of the following core competencies (milestones listed as subheadings)

**Patient Care**
- Provide Transfer of care that ensures seamless transitions
- Make informed diagnostistics and therapeutic decisions that result in optimal clinical judgment
- Develop and carry out management plans
- Provide appropriate role modeling

**Medical Knowledge**
- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems

**Practice-Based Learning and Improvement**
- Identify strengths, deficiencies, and limits in one’s knowledge and expertise
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- Use information technology to optimize learning and care delivery
- Participate in the education of patients, families, students, residents, and other health professionals

**Interpersonal and Communication Skills**
- Communicate effectively with physicians, other health professionals, and health-related agencies
- Work effectively as a member or leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals

**Professionalism**
- High standards of ethical behavior which include maintaining appropriate professional boundaries
- Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
- Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients
- The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty.

**Systems-Based Practice**
- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
- Work in inter-professional teams to enhance patient safety and improve patient care quality
- Participate in identifying system errors and implementing potential systems solutions
Goals and Objectives of Program

The following is a summary of the goals and objectives that pertain to the entire training program. The table that follows the listing of goals and objectives summarizes the specific goals and objectives for each training experience. These descriptions of goals and objectives and their specific applications to various training experiences are distributed to the trainees and to the faculty responsible for each training experience. Both trainees and faculty are required to understand these goals and objectives and to discuss the relevant ones before the beginning of each rotation.

A. GOALS
1. To learn basic and advanced endocrine biochemistry, physiology and pathophysiology, which provide the basis for understanding endocrine diseases.
2. To accumulate a critical mass of fundamental information and practical approaches for the diagnosis, management and prevention of endocrine disorders.
3. To acquire the technical and practical skills required by a subspecialist in endocrinology and diabetes.
4. To acquire clinical skills in a progressive fashion and with increasing responsibility appropriate for a consultant in endocrinology, diabetes and metabolism.
5. To acquire knowledge and skills necessary for providing cost-effective, ethical and humanistic care of children with endocrine disorders and diabetes.
6. To acquire knowledge and skills necessary for critical analysis of the laboratory testing, endocrine imaging and the endocrine literature.
7. To acquire skills in design and performance of hypothesis-driven endocrine research, and to participate in such research or equivalent scholarly activity. This may include gaining extensive experience in grant writing and scientific presentation.
8. To acquire skills in design and performance of quality improvement projects.

B. Objectives

The program will provide training in:
1. Endocrine biochemistry, physiology and pathophysiology
2. Hormone action and inter-relationships
3. Diagnosis and management of endocrine diseases including:
   a. History and physical examination with emphasis on growth and development, the examination of the thyroid, breasts, penis, testes and female reproductive organs.
   b. Selection and interpretation of endocrine biochemical tests.
   c. Selection and interpretation of imaging procedures such as sonograms, radionuclide scans, computerized axial tomography, magnetic resonance imaging, positron emission tomography, etc.
   d. Interpretation of cytology and pathology from thyroid FNA and biopsies.
   e. Understanding pharmacotherapy for endocrine disorders and appropriate use of surgery, radiation therapy, treatment with radioisotopes, etc.
4. Professionalism, including peer interaction, communication with patients, their families and other health care providers, confidentiality and avoidance of conflict of interest.
5. Endocrine clinical, translational and basic research.
6. Understanding of existing and emerging endocrine literature.
7. Personal scholarship and self-instruction.
IV. Clinical Experience

General

Trainees will be directly supervised and continually evaluated by a supervising endocrine faculty member assigned to the inpatient and ambulatory settings. Inpatients are reviewed on a daily basis with the supervising endocrine faculty who are physically available onsite and in the ambulatory setting. Endocrine faculty is readily available to review the ambulatory care experience of the trainee on a case-by-case and real time basis. The continuing interaction between trainee and endocrine faculty is the heart of the educational experience. Learning to integrate endocrine disorders with other diseases of the patient is part of the interactive discussion between attending physician and trainee. When relevant, health promotion and identification of risk factors for disease are emphasized. All patient interactions take into account cultural, socioeconomic, ethical occupational, environmental and behavioral issues.

Our program provides a progressive learning experience. Trainees are given increasing responsibility as they progress through the program and demonstrate their expanding knowledge base and expertise in diagnosis and management of endocrine disease. They serve as leaders of the “endocrine team”; which is generally constituted by the trainee, general pediatric and medicine-pediatric residents and medical students, always under the supervision of the endocrine faculty. Our program emphasizes a scholarly approach to diagnosis and management. Self-instruction is expected of the trainee along with critical analysis of the patient’s problems and appropriate decision analysis regarding further evaluation and/or management.

Professionalism and ethical behavior are hallmarks of the training program. Our faculty serves both as mentors and role model clinicians for the values of professionalism. These include placing the needs of the patient first, a commitment to scholarship, helping other colleagues, continuous quality improvement and humanistic behavior both in patient interactions and interactions with other health care providers. Issues concerning professional ethics and physician impairment are discussed as they relate to specific interactions with patients and the work environment. When applicable, these issues will be discussed as part of the evaluation of specific patients. Attributes of professionalism will also be addressed during conferences. Fellows will be expected to read about and understand professionalism and ethical behavior and behave according to the highest professional standards.

Program Support

The program has administrative support, to facilitate scheduling, arranging consultations, preparing conference schedules and referrals. Fellows have office space in a room within the Division that contains computers for email and internet services, including literature searches, and basic texts. The faculty members receive a number of journals and books, all of which are available to the trainee. Trainees are encouraged to participate in local and national endocrine meetings and become members of these professional societies. In general, each trainee is encouraged to attend at least 2 national meetings over the course of their fellowship, with the cost partially defrayed by CME funds.

Reading Lists and Educational Resources

Educational materials pertaining to endocrine and diabetes issues can be found using on-line resources or through the Institution’s library. Additionally, most required reading is available via shared “K” drive and our core textbook (Sperling’s Pediatric Endocrinology) is provided to each Endocrine fellow.
A. **Ambulatory Care**

Since most endocrine care is delivered in an ambulatory setting, the ambulatory experience is emphasized throughout the entire duration of the program. Fellows have 2 half-day continuity clinics per week.

**Educational Purpose**

Learn about a variety of endocrinology diseases and diabetes through consultation and provision of continuing care.

The General Goals and Objectives for the ambulatory experience are competency-based:

- **Patient Care**: Prioritize the daily “work” of the clinic; recognize the relative significance of a patient’s list of medical conditions (a.k.a. a “problem list”; recognize the acuity and/or chronicity levels of illness; understand the indications, contraindications and risks of common procedures; work with all providers to provide patient-focused care.
- **Medical Knowledge**: Use literature and reference sources to increase knowledge base; demonstrate basic knowledge in the areas of underlying pathophysiology and the clinical aspects of basic disease states; apply knowledge in the treatment of patients.
- **Professionalism**: Establish trust with patients, their families, and staff; exhibit honesty, reliability and responsibility in patient care; demonstrate respect for patients and staff; work to fulfill the needs of patients; accept assignments graciously; attend conferences.
- **Interpersonal Skills**: Write coherent, timely and legible notes; develop ability to listen to patients, their families, mentors and staff and communicate verbally and nonverbally in a productive manner; and work effectively as a member of the health care team.
- **Practice Based Learning and Improvement**: Understand limitation of knowledge; use references and literature to improve practice patterns; accept feedback and change behavior; asks for help when needed.
- **Systems Based Practice**: Advocate for patients; learn about the health care system/structure and begin to develop mechanisms to utilize ancillary services to benefit patients.

**Specific Goals for the Ambulatory Experiences**

During the ambulatory experiences, the trainee will gain the following:
1. Basic and advanced endocrine biochemistry, physiology and pathophysiology which provide the basis for understanding endocrine diseases and their management.
2. Fundamental information and practical approaches for the diagnosis, management and prevention of endocrine disorders.
3. The technical and practical skills that are required by a subspecialist in endocrinology, and diabetes.
4. Clinical skills in a progressive fashion and with increasing responsibility appropriate for a subspecialist in endocrinology and diabetes.
5. Knowledge and skills necessary for providing cost-effective, ethical and humanistic care of children with endocrine disorders and diabetes.
6. Knowledge and skills necessary for critical analysis of the laboratory testing and the endocrine literature.
**Specific Objectives for the Ambulatory Experiences**

During the ambulatory experience, the trainee will learn:
1. Endocrine biochemistry, physiology and pathophysiology.
2. Hormone action and inter-relationships.
3. Diagnosis and management of endocrine diseases including:
   - 3.1 History and physical examination, growth and development with emphasis on examination of the thyroid, breasts, penis, testes and female reproductive organs.
   - 3.2 Selection and interpretation of endocrine biochemical tests.
   - 3.3 Selection and interpretation of imaging procedures, such as sonography, radionuclide scans, computerized axial tomography, magnetic resonance imaging, positron emission tomography, etc.
   - 3.4 Understanding of the process of fine needle aspiration of the thyroid and interpretation of cytology and pathology; thyroid ultrasound and ultrasound-guided biopsy (the actual procedure is not required; just understanding the process).
   - 3.5 Understanding pharmacotherapy for endocrine disorders and appropriate use of surgery, radiation therapy, treatment with radioisotopes, etc.
4. Procedural and technical skills required by the endocrine subspecialist.
5. Aspects of professionalism, including peer interactions, communication with patients, their families and other health care providers, confidentiality and avoidance of conflict of interest.
6. Understanding of existing and emerging endocrine literature.

**Teaching Methods**

Ambulatory care is both consultative and continuing. For each interaction, the trainee will spend sufficient time with the patient to carry out an appropriate history and physical examination and then to interact with and be directly supervised by the endocrine faculty assigned to that ambulatory activity. The learning experience surrounding a patient interaction evolves from review of history, physical examination and laboratory results with the faculty, taking direction from the faculty and being provided with references or other learning materials that can be used for self-instruction and subsequent review with the faculty.

**Disease Mix and Patient Characteristics**

The majority of patients are < 21 years of age. The distribution of age and sex in our clinics approximates their distribution among the general population with endocrine disease. Trainees care for patients with a wide range of clinical problems and in stages of illness appropriate to the ambulatory setting.

In addition to clinics in which the trainee encounters a broad range of endocrine pathology, rotations through disease-specific clinics are an integral part of the training program. These clinical opportunities are either required or strongly encouraged. They include:

<table>
<thead>
<tr>
<th>Trainee Encounters</th>
<th>Year of Training</th>
<th>Required</th>
<th>Elective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
</tr>
<tr>
<td><strong>Block Rotations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine Testing (General and Newborn Screening)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Endocrine Imaging (X-ray/CT/MRI/Nuclear Medicine/US) Conferences (not a rotation)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Procedures and Services

Dynamic endocrine studies will be taught and performed by the trainees in the ambulatory setting. Appropriate laboratory testing, including imaging, will be ordered and results reviewed as part of the doctor/patient/attending interaction and during the Endocrine Imagine block. Diagnostic data be reviewed and analyzed when appropriate.

Continuity Clinic

Continuity panels are monitored every 3 to 6 months by the program director, to assure appropriate clinical volume, variety and complexity for each fellow. Once a year, statistics related to disease mix and volume for fellows are reported on formally to the CCC. Trainees are provided the opportunity to follow their ambulatory patients for the duration of the program (see Fellow’s Continuity Clinic). Fellows are also given the first option to recruit new inpatients for inclusion in their continuity clinic requiring follow-up. By means of the ambulatory experience provided in this program, the trainee has the opportunity to observe and learn the course of endocrine diseases and their treatments.

B. Inpatient Care

Since endocrine specialists are frequently required to consult on and manage endocrine aspects of care in hospitalized patients, the training program also emphasizes training in the inpatient setting. First year fellows are on call every 3 weeks, and have one week on service without night/weekend call, and then one outpatient week. Second and Third year fellows have a week of on-call/on-service every 6 weeks.

Educational Purpose

To learn about a variety of diseases of endocrinology and metabolism as they occur in the hospitalized patient.

Specific Goals for the in-patient consultative service

The fellow will gain an understanding of:
1. Basic and advanced endocrine biochemistry, physiology and pathophysiology, which provide the basis for understanding endocrine diseases and their management.
2. Fundamental information and practical approaches for the diagnosis, management and prevention of endocrine disorders.
3. The technical and practical skills that are required by a consultant in endocrinology, diabetes and metabolism.
4. Clinical skills developed in a progressive fashion and with increasing responsibility appropriate for a consultant in endocrinology, diabetes and metabolism.
5. Knowledge and skills necessary for providing cost-effective, ethical and humanistic care of patients with diabetes and disorders of endocrinology and metabolism.
6. Knowledge and skills necessary for critical analysis of the laboratory testing and the endocrine literature.

**Specific Objectives for the in-patient consultative services**

During this training experience, the trainee will learn diagnosis and management of endocrine diseases including:

1.1 History and physical examination, growth and development with emphasis on examination on examination of the thyroid, breasts, penis, testes and female reproductive organs.
1.2 Selection and interpretation of endocrine biochemical tests.
1.3 Selection and interpretations of imaging procedures, such as sonography, radionuclide scans, computerized axial tomography, magnetic resonance imaging, positron emission tomography, etc.
1.4 Understanding pharmacotherapy for endocrine disorders and appropriate use of surgery, radiation therapy, treatment with radioisotopes, etc.
1.5 The interaction of the endocrine disorders with complex other medical illnesses.

**Teaching Methods**

Hospital care is both consultative and continuing. For each interaction, the trainee will spend sufficient time with the patient to carry out an appropriate history and physical examination and then to interact with and be directly supervised by the endocrine faculty assigned to that activity. The learning experience surrounding a patient interaction evolves from review of history, physical examination and laboratory results with the faculty, taking direction from the faculty and being provided with references or other learning materials that can be used for self-instruction and subsequent review with the faculty. Consultation is frequently requested to determine the impact of endocrine disease on co-existing illnesses that necessitated hospitalization. The trainee will also learn, under supervision, how to interact not only with the patient and family, but also with other physicians caring for the patient.

**Inpatient Consults / Consultative Team**

<table>
<thead>
<tr>
<th>Practice Setting (Average)</th>
<th>PCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new consults/week</td>
<td>8</td>
</tr>
<tr>
<td>Number of fellows/team</td>
<td>1</td>
</tr>
<tr>
<td>Number of residents/team</td>
<td>1</td>
</tr>
<tr>
<td>Number of students/team</td>
<td>1</td>
</tr>
<tr>
<td>Average duration of rounds (hrs/wk)</td>
<td>50 hrs/week</td>
</tr>
</tbody>
</table>

**Disease Mix and Patient Characteristics**

On request, trainees provide consultation to the Pediatric Hospitalist service and other departments such as Neonatology, Surgery, Cardiology, Hematology/Oncology, Psychiatry, Neurosurgery, etc. Patients have a variety of diseases that impact the endocrine system, diseases of other systems with coexisting endocrine disease, or manifestations of primary endocrine disease such as diabetes mellitus, thyroid or parathyroid disease that warrant hospitalization. In general patients will be < 21 years of age, including both sexes. Sex and age of patients will parallel their distribution among the variety of endocrine disease that occurs in hospitalized patients. The severity of illness will be much greater than in the ambulatory setting.
Procedures and Services

When the trainee receives a request for consultation, she/he generally either sees the patient initially or assigns a resident or student to first see the patient. The trainee will, with the resident/student if involved, present and discuss the patient with the attending physician who has ultimate responsibility for the consultative care of the patient.

The standard hospital day is between 7:15 AM and 5:00 PM from Monday through Friday, with 4 to 5 hours on weekend days for when on call. The fellows will ‘pre-round’, and then rounds with the attending will typically begin between 9 to 10 am and continue until all patients have been seen.

Fellows will respond to requests for consultations according to these written guidelines of responsibility for all rotations and clinics. When on call during nights and weekends, fellows must be available for emergency and non-emergency consultations. This can be done from home or by cell phone. Trainees may respond to requests for information on emergency and non-emergency situations by telephone. They must make a judgment about whether to see the patient immediately or defer evaluation until a later date/time.

Trainees coordinate the evaluation and management of the endocrine aspects of the patient’s illness. After interaction with the endocrine attending physician, the trainee will order appropriate laboratory tests, biopsies, imaging and infusion studies, as dictated by the patient’s problem/condition. Data will be reviewed and treatment recommended.

Patient Care Experience: Year One

Continuity Clinic: (2 half days per week).

<table>
<thead>
<tr>
<th>Activity</th>
<th># weeks/year</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>% Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Consults</td>
<td>32</td>
<td>32</td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td>Diabetes Clinic</td>
<td>5</td>
<td></td>
<td>5</td>
<td>10.5%</td>
</tr>
<tr>
<td>Endo Testing</td>
<td>5</td>
<td></td>
<td>5</td>
<td>10.5%</td>
</tr>
<tr>
<td>Nutrition Clinic</td>
<td>3</td>
<td></td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Research</td>
<td>2</td>
<td></td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Elective</td>
<td>1</td>
<td></td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>48</strong></td>
<td><strong>38 (73%)</strong></td>
<td><strong>14 (27%)</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>Vacation* (3 weeks/yr)</td>
<td>&lt;3&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CME (1 week / yr)</td>
<td>&lt;1&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>52</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Year One Ambulatory Care

<table>
<thead>
<tr>
<th>Location</th>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinic 1</strong> Diabetes Clinic</td>
<td>1 wk/rotation</td>
<td>5 X year</td>
</tr>
<tr>
<td><strong>Clinic 2</strong> Endocrine Testing</td>
<td>1 wk/rotation</td>
<td>5 X year</td>
</tr>
<tr>
<td><strong>Clinic 3</strong> Research</td>
<td>1 wk/rotation</td>
<td>2 X year</td>
</tr>
<tr>
<td><strong>Clinic 4</strong> Elective/Diabetes Camp</td>
<td>1 wk/rotation</td>
<td>1 X year</td>
</tr>
<tr>
<td><strong>Clinic 5</strong> Nutrition Clinic</td>
<td>1 wk/rotation</td>
<td>3 X year</td>
</tr>
</tbody>
</table>

In the ambulatory care setting, fellows provide the initial encounter with all patients. Fellows take a medical history and perform a physical examination. They independently review medications and all diagnoses, formulate diagnostic and treatment plans, and present them to the Attending
Endocrinologist who interviews and examines the patient together with the trainee before a final plan is agreed upon/implemented.

2. **Year One Inpatient Care**

Consults are requested by other Divisions and Departments by calling the In-service Attending/On Call Physician or Division Administrative Office. Fellows may designate residents or students to provide the initial consultation, but follow-up the encounter is their own thorough medical history and physical examination which is entered into the patient’ chart. All new patients are seen together with the Attending Endocrinologist within 24 hours.
**Patient Care Experience: Year Two**

Continuity Clinic: (2 half days per week).

<table>
<thead>
<tr>
<th>Activity</th>
<th># weeks/year</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>5 Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Consults</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Research/Elective</td>
<td>40</td>
<td></td>
<td>40</td>
<td>83%</td>
</tr>
<tr>
<td>Totals</td>
<td>48</td>
<td></td>
<td>16.6%</td>
<td>83.4%</td>
</tr>
<tr>
<td>Vacation* (3 weeks/yr)</td>
<td>&lt;3&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CME (1 week / yr)</td>
<td>&lt;1&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In year two, the ambulatory care experience is reduced to allow protected time for research and other scholarly activities.

**Patient Care Experience: Year Three**

Continuity Clinic (2 half days per week).
Childhood Cancer Survivor Clinic (4 hours/clinic, goal to attend 3 clinics over 3rd year, during designated weeks).

<table>
<thead>
<tr>
<th>Activity</th>
<th># weeks/year</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>% Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Consults</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>17%</td>
</tr>
<tr>
<td>Research</td>
<td>31</td>
<td>31</td>
<td>31</td>
<td>65%</td>
</tr>
<tr>
<td>Elective</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Endocrine Testing</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Research/Radiology/Cancer Survivor</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Diabetes Clinic/Nutrition</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Satellite Clinics/Survivor</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Totals</td>
<td>48</td>
<td>16.6%</td>
<td>83.4%</td>
<td>100%</td>
</tr>
<tr>
<td>Vacation* (3 weeks/yr)</td>
<td>&lt;3&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CME (1 week / yr)</td>
<td>&lt;1&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V. **Evaluations**

**Fellowship Evaluation Process**

Basic responsibility for providing evaluation and feedback for the Fellows lies with the Division of Pediatric Endocrinology. The Program Director and faculty members familiar with the trainee’s performance must fill out evaluation forms at least every 6 months. If a number of faculty members are involved in the Fellow's training, it is appropriate for each of the faculty to complete an evaluation form on the trainee’s performance while under their supervision. If the trainee goes off-campus or spends time in another Division or Department, the preceptor in that service must fill out an evaluation form on the performance of the trainee during his/her rotation through their service. It is the responsibility of the Fellowship Director or his/her designee to obtain evaluation forms to share in person with the trainee at a minimum of every six months during the entire training program. The form should be filed in the Division of Pediatric Endocrinology’s office. A copy of the form should be forwarded to the Office of the Director of
Education to be kept in the trainee’s file, or uploaded on the hospital-wide New Innovations or similar system.

**There are extensive evaluations of the fellow as follows:**

1. Every 6 months the faculty complete evaluations of the Fellow, addressing the six core competencies of patient care, medical knowledge, interpersonal and communication skills, professionalism, practice based practice, and system based practice, and the 21 Pediatric Subspecialty Milestones. The staff (Medical Assistants, Nurses, Nutritionists) complete more limited evaluations of the Fellow. Patient feedback regarding the Fellow’s performance is solicited. The results of this ‘360’ evaluation are shared with the fellows.

2. Most block rotations have associated with them a shorter, brief evaluation, focusing on the six competencies. These are reviewed quarterly for any ‘red flags’ or other major concerns. This form is provided by the fellow to their attending at the end of that block. It is available via the fellowship coordinator.

3. Fellows take the annual in-service exam as preparation for the pediatric endocrinology board examination. The Fellow’s performance on this standardized examination provides feedback on areas of strength and weakness in fund of knowledge.

4. Evaluations are done via the New Innovations system and printed copies are provided for the fellows review for the formative evaluations, and for the weekly evaluations upon request.

**Fellow Evaluation of the Program**

Each six to twelve months throughout the academic year, Fellows are asked to complete:

1. Evaluation of his/her performance
2. Evaluation of the training.
3. Evaluation of faculty

**VI. Additional Facilities and Resources**

Our pediatric healthcare system has modern facilities and services, including in-patient, ambulatory care and laboratory resources and these are readily available to all trainees. In addition, complete biochemistry laboratories are available 24 hours per day. Some hormonal assays are provided by the hospital laboratory, others are sent to a national reference laboratory with extensive experience in endocrine testing in children and adolescents. Karyotyping is available as well.

The Department of Radiology provides MRI, CT, ultrasound, DEXA, PET and radiologic imaging services for all types of endocrine diseases including petrosal sinus and adrenal vein sampling. The hospital supports a dietary/nutritional service. There is a fully staffed surgical pathology laboratory for the interpretation of surgical and cytologic specimens, including immunohistologic studies. Nuclear Medicine provides all routine radionuclide imaging methods including radioiodine thyroid scanning and ablation, adrenal and parathyroid scanning as well as MIBG and technetium pyrophosphate bone scans.

**VII. Procedures**
Trainees will obtain a comprehensive understanding of indications, contraindications, limitations, techniques, complications and interpretations of procedures that are required for diagnosis and management of patients with disorders of endocrinology and metabolism. This understanding includes informing the patient about the above aspects of specific procedures and obtaining informed consent. Procedures will be taught and then supervised by faculty in various patient care settings, described above. Since ours is not a procedure-heavy specialty, the term ‘procedures’ here refers to the supervision/interpretation of tests such as GH stim test, GnRH stim tests, OGTT tests for diabetes, Bone age determinations, and diabetes education.

The specific procedures that will be learned in this training program will be detailed in the rotation-block specific sections of this curriculum.

VIII. Endocrine Fellowship Standing Committees

Clinical Competency Committee
The Clinical Competency Committee provides oversight and accountability for all program activities, advising the Fellowship Director on curricular content, evaluating program and individual (Fellows and Faculty) performance and strategic planning. Members are appointed by the Division Chief. The Clinical Competency Committee meets nearly every month. Separate, more updated documents regarding this committee are available upon request. Minutes are recorded and presented to the Division.

Membership:
- Division Chief
- Fellowship Program Director
- One Division Faculty members
- One outside member
- Administrate Assistant/Fellowship Program Coordinator

Program Evaluation Committee
This committee meets every 3 to 12 months. Separate, updated documents regarding this committee are available upon request.

Scholarly Oversight Committee (SOC)
The SOC provides oversight for each Fellow’s scholarly activities. The Committee’s activities include review / approval of:
- Scholarly activity
- Timeline
- Updates on work in progress
- Completed projects

The SOC meets twice a year.

Membership:
- Division Chief
- Fellowship Program Director
- Fellowship Program Coordinator
- Endocrine Research Director
- One to two Non-Divisional Faculty members
- Fellows (non-voting)

IX. Other Competencies
Patient education, counseling and end-of-life care will be taught by example when appropriate in specific interactions with patients and their families. Other issues that concern palliative care for terminally ill patients are discussed when appropriate. Available published resources may be used as supplementary teaching materials, if deemed necessary by the program director (e.g. EPEC (Education for Physicians on End-of-life Care), published jointly by the Robert Wood Johnson Foundation and the American Medical Association (www.amaassn.org/ethnic/epec).

X. Research and Other Scholarly Activities

Trainees in this program are expected to conduct research and to participate in other scholarly activities (See Scholarly Activities). During the first year, trainees are expected to learn about the research interests of the faculty members by attending research seminars, journal reviews, and/or by direct interaction initiated by the faculty, trainee or program director. In general, trainees should reach an agreement to carry out research with a specific faculty member by the middle of the first year of the program.

This allows the trainee to review the literature concerning the research area and begin, by repeated interaction with the faculty mentor, to formulate an experimental design. Thus, by year 2 of the fellowship, the trainee is ready to move into the research arena without delay. In our program, the allotment of time dedicated to research varies over the course of a training year as well as between years of training. In general, the annualized percentage effort for research is:

- Year One - 4%
- Year Two - 83%
- Year Three – 65%

In our program, trainees publish, whenever possible, in peer-reviewed journals and present their work at national endocrine meetings. In addition to basic and clinical research, trainees will present at clinical conferences, journal reviews, and research seminars. Fellows are required to complete and submit for publication at least one quality improvement project, and one investigator initiated research study by the end of their training period. Finally, faculty is encouraged invite trainees to participate in writing of invited chapters or reviews, with appropriate authorship designation.

Specific Research Goals

The Fellow will:
1. Become familiar with basic research methodology.
2. Understand the role of Research in expanding our understanding of basic and advanced endocrine biochemistry, physiology and pathophysiology, which provide the basis for understanding endocrine diseases and their management.
3. Appreciate the need to critically read the results of scientific studies and consider the pros and cons of research conclusions as they apply to clinical practice.
4. Develop skills in design and performance of hypothesis-driven endocrine research, and participate in such research or equivalent scholarly activity. This may include gaining extensive experience in grant writing and scientific presentation.

Specific Research Objectives

During this activity, the Fellow will:
1. Design, implement, analyze and submit for publication, one of each of the following scholarly activities:
a. Investigator Initiated Study
   b. Quality improvement study (submit to publish in some cases only).

2. Demonstrate an understanding of existing and emerging endocrine literature.

3. Describe the role/interaction of professionalism, including peer interactions, ethics, confidentiality and avoidance of conflict of interest in research.

4. Develop an understanding of existing and emerging endocrine literature.

5. Learn advanced aspects of personal scholarship and self-instruction.

XI. Fellowship Program Staff

A. Fellowship Director

Core Attributes

The following core attributes are characteristics which are essential to the role of the Fellowship Director:

1. Must work collaboratively with other Institutional leaders and colleagues to develop and advance the educational goals of the Division and Institution.

2. Must be able to contribute and support a common vision for education and effectively communicate how it contributes to the success of the Division and Institution.

3. Have an understanding of the adult learning theory and how it relates to educating fellows about modern biology as a foundation for the scientific basis of medicine.

4. Must have significant experience in medical re-education and should have demonstrated innovation and scholarship.

5. Be an effective listener and communicator.


7. Must encourage and support diversity amongst constituents, creating an environment of professionalism, respect, tolerance and acceptance.

8. Must be aware of subtle challenges unique to women, minority students and others from realizing their full potential and must work to address these challenges.

9. Must have intellectual curiosity and creativity, promote and sustain a culture of inquiry and value of the scholarship of discovery, application, integration and teaching.

10. Must act with integrity, inspire trust and respect.

Important Values

1. Value education and support the developmental needs of medical and graduate students, residents, fellows, other health professionals, staff, faculty, community physicians and the public at large.

2. Value and model the professional responsibility for lifelong learning.

3. Must understand the breaths of skills needed to be a successful educator, including an appreciation of the current and future needs of fellows.

4. Must promote and support advances in education.

5. Must be a financially prudent steward accountable for Institutional resources.

6. Must be able to delegate and supervise.

7. Must exhibit enthusiasm, open mindedness, humility and a sense of humor.

Core Knowledge and Skills

1. Must have an awareness for the scope of education in the context of the overall mission of the Division and Institution.

2. Must remain abreast of the essentials of accreditation, certification, regulatory standards that govern education and clinical programs.
3. Support and promote a robust educational environment that involves students, residents, fellows and faculty.
4. Must be familiar with standards of education, integrity and compliance.
5. Must remain familiar with the ever changing education regulations and ensure compliance by fellows, faculty and the system.
6. Must manage Institutional systems that address a wide array of issues that impact education in a clinical and an academic setting.
7. Must help set and monitor appropriate research productivity.
8. Must seek and support new opportunities to enhance the educational enterprise.
9. Must set priorities and standards, be willing to take unpopular positions and manage, arbitrate and resolve conflicts.
10. Must identify, confront and correct unacceptable behavior by fellows and faculty.
11. Must utilize a variety of leadership styles including, servant, leadership, communicate, motivate, coach, counselor and negotiator.
12. Must be able to create, motivate and support teams within the educational environment.
13. Must be aware of federal and state laws and institutional policies that apply to education and assure that they are upheld with diligence.
14. Must develop measures to evaluate the outcomes of educational activities.

Primary Responsibilities—Leadership

1. Be jointly responsible, along with the Division Chief, for the comprehensive leadership, management and stewardship of the Division’s Fellowship program and services.
2. Provide strong and active leadership for the educational operations of the Division in collaboration with other faculty and Institutional administrative staff.
3. Participate in development, review and revision of the strategic plan for education, both within the Division and Institution.
4. Foster basic and clinical research program conducted by fellows and faculty.
5. Share responsibilities for management, oversight and physical performance of the educational enterprise, with the appropriate Division Chief and Institutional leadership.

Reporting Relationships

1. The Fellowship Program Director serves at the discretion of the Division Chief of Endocrinology and Diabetes.
2. The Fellowship Director will be appointed by the Division Chief and the Office of Graduate Medical Education.

Essential function

1. Program Development - Collaborates with Divisional and Institutional leaderships in the development and implementation of new programs to ensure their continuing growth and development of the educational enterprise.
2. Resource Management - Ensures the appropriate use of resources for education, working with the Division and Institutional leadership to develop and implement practical guidelines, outcome measures, standing orders and other tools as necessary.
3. Quality/service improvement - Ensures a high level of quality and service in all aspects of education.
4. Recruitment and interviewing of new candidates
5. Administration - Ensure smooth daily operations
6. Annual Education Report – prepared by guidelines developed by ACGME and PCH’s own Graduate Medical Education Committee
7. Coordinate and run monthly CCC and the periodic PEC meetings
8. Ensure that faculty are educated on core competencies/milestones, evaluations, giving feedback, and teaching methods.
B. **Fellowship Coordinator**: Qualifications and job description as defined by PCH’s Graduate Medical Education Office.

C. **Endocrine division contact list as of 1/1/14**:

<table>
<thead>
<tr>
<th>Physician On Call Phone (URGENT ONLY)</th>
<th>(602) 568-6739</th>
<th>(602) 324-9674</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chirag Kapadia, MD</td>
<td>8-3358</td>
<td>(602) 920-3004</td>
</tr>
<tr>
<td>Don McCielland, MD</td>
<td>3-2066</td>
<td>(602) 920-3019</td>
</tr>
<tr>
<td>Dorothee Newbern, MD</td>
<td>3-4194</td>
<td>(919) 225-6980</td>
</tr>
<tr>
<td>Grazyna Piekos-Sobczak, MD</td>
<td>3-0621</td>
<td>(602) 920-3046</td>
</tr>
<tr>
<td>Leslie Touger, MD</td>
<td>3-0613</td>
<td>(480) 778-9621</td>
</tr>
<tr>
<td>Micah Olson, MD</td>
<td>3-0647</td>
<td>(480) 206-9584</td>
</tr>
<tr>
<td>Silvia Kaufmann, MD</td>
<td>3-0620</td>
<td>201-3565</td>
</tr>
<tr>
<td>Zoe Gonzalez-Garcia, MD, Fellow</td>
<td>3-0629</td>
<td>(781) 342-2778</td>
</tr>
<tr>
<td>Madhia Shahid, MD, Fellow</td>
<td>3-3533</td>
<td>(347) 439-4382</td>
</tr>
<tr>
<td>Oliver Oatman, DO, Fellow</td>
<td>3-0978</td>
<td>(480) 294-7215</td>
</tr>
<tr>
<td>Linda Hussey, NP</td>
<td>3-4196</td>
<td>201-0771</td>
</tr>
</tbody>
</table>

**NURSES**

<table>
<thead>
<tr>
<th>Nurse</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christie Kyser</td>
<td>3-0581</td>
</tr>
<tr>
<td>Faith Kelly-Blundin</td>
<td>3-0615</td>
</tr>
<tr>
<td>Fran Marran</td>
<td>3-0618</td>
</tr>
<tr>
<td>Martha Kratchman</td>
<td>3-0618</td>
</tr>
<tr>
<td>Staci West</td>
<td>3-0618</td>
</tr>
<tr>
<td>Susan Beauregard, Stim Tests</td>
<td>3-3633</td>
</tr>
</tbody>
</table>

**NUTRITION**

<table>
<thead>
<tr>
<th>Nutritionist</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>April Callahan</td>
<td>3-0622</td>
</tr>
<tr>
<td>Paulette Savino</td>
<td>3-0752</td>
</tr>
<tr>
<td>Rachel Head</td>
<td>3-0319</td>
</tr>
<tr>
<td>Tert Miller</td>
<td>3-0816</td>
</tr>
</tbody>
</table>

**CHILDLIFE**

<table>
<thead>
<tr>
<th>Childlife Coordinator</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Tucker</td>
<td>5-0786</td>
</tr>
</tbody>
</table>

**RESEARCH**

<table>
<thead>
<tr>
<th>Research Assistant</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabriella Shaibi, PhD</td>
<td>8-3336</td>
</tr>
<tr>
<td>Daniela Larson, MPH</td>
<td>3-4112</td>
</tr>
<tr>
<td>Jean Arceci</td>
<td></td>
</tr>
</tbody>
</table>

**ADMINISTRATIVE ASST**

<table>
<thead>
<tr>
<th>Administrative Assistant</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacquie Combs, Fellow, Resident Coordinator</td>
<td>8-6822</td>
</tr>
<tr>
<td>Vanessa Gonzales, AA, Procedure Scheduling</td>
<td>3-0593</td>
</tr>
</tbody>
</table>

**SCHEDULING**

<table>
<thead>
<tr>
<th>Scheduling Coordinator</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Greenleaf</td>
<td>3-0567</td>
</tr>
</tbody>
</table>

**MEDICAL ASSISTANTS**

<table>
<thead>
<tr>
<th>Medical Assistant</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Sanchez, MA</td>
<td>3-0687</td>
</tr>
<tr>
<td>Melissa Moreno, MA</td>
<td>8-3345</td>
</tr>
<tr>
<td>Tony Ortega, MA</td>
<td>8-2225</td>
</tr>
<tr>
<td>Patty Orozco, MA</td>
<td>8-3351</td>
</tr>
<tr>
<td>Donnita Peyketewa, MA</td>
<td>3-0662</td>
</tr>
</tbody>
</table>

**ADMINISTRATION**

<table>
<thead>
<tr>
<th>Administrative Assistant, OP Admin.</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cathy Franklin, Executive Assistant</td>
<td>3-5238</td>
</tr>
<tr>
<td>Tere Sanders, Administrative Assistant</td>
<td>3-2140</td>
</tr>
<tr>
<td>Mike Hoerr, Manager, Ambulatory Services</td>
<td>3-0303</td>
</tr>
</tbody>
</table>

**CARE CLINIC**

<table>
<thead>
<tr>
<th>Clinic Coordinator</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christine Roberts, PhD, MBA</td>
<td>3-0315</td>
</tr>
<tr>
<td>Deborah Whitewater, AA</td>
<td>8-3324</td>
</tr>
<tr>
<td>Yessica Chavez, AA</td>
<td>8-3349</td>
</tr>
</tbody>
</table>
XIII. Conferences

A. Overview

A variety of teaching conferences are scheduled throughout the year to facilitate learning, discussion and clinical correlation. Fellows are expected to attend ≥ 75% of all scheduled conferences.

Specific Goals
The Fellow will gain an understanding of:
1. Basic and advanced endocrine biochemistry, physiology and pathophysiology, which provide the basis for understanding endocrine diseases and their management.
2. Fundamental information and practical approaches for the diagnosis, management and prevention of endocrine disorders.
3. Knowledge necessary for providing cost-effective, ethical and humanistic care of patients with diabetes and disorders of endocrinology and metabolism.
4. Knowledge necessary for critical analysis of the laboratory testing and the endocrine literature.
5. Skills in design and performance of hypothesis-driven endocrine research, and to participate in such research or equivalent scholarly activity. This may include gaining extensive experience in grant writing and scientific presentation.

Specific Objectives:
During this activity, the trainee will learn:
1. Endocrine biochemistry, physiology and pathophysiology.
2. Hormone action and inter-relationships.
3. Diagnosis and management of endocrine diseases including:
   a. Selection and interpretation of endocrine biochemical tests.
   b. Selection and interpretation of imaging procedures such as sonography, radionuclide scans, computerized axial tomography, magnetic resonance imaging, positron emission tomography, etc.
   c. Understanding pharmacotherapy for endocrine disorders and appropriate use of surgery, radiation therapy, treatment with radioisotopes, etc.
4. Procedural and technical skills required by the endocrine subspecialist.
5. Aspects of professionalism, including ethics, confidentiality and avoidance of conflict of interest.
6. Endocrine clinical and basic research.
7. Understanding of existing and emerging endocrine literature.

Combined Fellows’ Didactic Conference:
- Overview: This weekly conference, usually on Thursdays between 930 am to 1 pm, is attended by faculty, trainees, students and staff. Both pediatric and adult endocrine Fellows are required to attend this three hour, weekly conference.
- Educational Purpose: To discuss a variety of diseases and review endocrine and diabetes literature in greater depth than is possible at the bedside or the ambulatory care setting. Correlation with endocrine biochemistry, physiology and pathophysiology is expected. Fellows also develop communication and presentation skills, including the use of audiovisual materials.
- Teaching Method: The weekly conference is divided into three segments, each with a unique educational goal.
Textbook review – To assure a basic understanding of the materials presented in a standard endocrine textbook. Assignments are rotated among adult and pediatric endocrine Fellows.

Journal review - A systematic review of current pediatric and adult endocrine literature presented by the Fellow, with faculty lead discussions about research design, statistics, meta-analysis and relevance to clinical practice including evidence based and consensus guidelines.

Case presentation – case presentations by Fellows with discussions by local pediatric and adult faculty, or visiting faculty from other institutions.

- Disease Mix: All pediatric and adult endocrine diseases are discussed. Less common disorders that might not be encountered by a trainee during the program are also discussed, using literature based case presentations. Use of supplemental and supportive are encouraged.
- Procedures and Services: Appropriate use of biochemical testing, imaging and biopsy as well as review of results, cytology and pathology are included as the subject of the conference.
- Reading Lists and Educational Resources: Presentation and reading assignments from a standard endocrine textbook are made by the faculty to address key endocrine topics and assure comprehensive review of the field. Fellows are asked to select current journal articles of interest for presentation. A list of the textbook chapter used as part of the didactic session is disseminated to all fellows and faculty, is periodically updated, and is available upon request.

Endocrine Case Care Conference:

- Overview: This conference is held once to twice per month, and is attended by faculty, trainees, students and staff.
- Educational Purpose: To discuss a variety of diseases of endocrinology and metabolism in greater depth than possible at the bedside or the ambulatory care setting. Correlation with endocrine biochemistry, physiology and pathophysiology is expected. Case discussions also assist in the evaluation and treatment of children with suspected endocrine disorders, esp. those with complex medical conditions.
- Teaching Method: Case discussions by Fellows.
- Disease Mix: All endocrine diseases are discussed. Less common disorders that might not be encountered by a trainee during the program are also discussed using literature derived examples.
- Procedures and Services: Appropriate use of biochemical testing, imaging and biopsy as well as review of results, cytology and pathology are included as the subject of the conference.
- Reading Lists and Educational Resources: May be prepared for selected conferences. More detailed lists and resources are provided as needed.

Fellows’ Questions & Answer Sessions

Overview: The purpose and methods of the Questions and Answer Sessions are to help prepare Fellow’s for upcoming boards and discuss topics pertaining to Endocrine and Diabetes issues. Questions and Answers are held a minimum of monthly. They are held either as part of the Thursday didactic session, at the end of the textbook review (time permitting), or independently. There is a faculty mentor for these sessions. This approach allows faculty to review, in depth, topics that were read during the weekly Textbook Review.

- Educational Purpose: To educate trainees regarding the endocrine system.
- Teaching Method: Faculty will integrate basic science concepts into these clinical teaching conferences and facilitate discussion with as much interaction between trainees and faculty as possible.
• **Evaluation**: Faculty uses an interactive teaching method during the Question and Answers session to assess understanding of previously discuss textbook contents. The performance of Fellows in this venue is part of their overall evaluation by attending physicians and the Fellowship Director.

**Division Journal Review**
- **Overview**: In addition to the literature review as a part of the weekly Combined Fellow’s Didactic Conference, a pediatric specific Division Journal Review is scheduled four to six times a year for the entire Pediatric Endocrine Division. Faculty, trainees in Endocrinology, Division staff and residents and students electing the Endocrine rotation attend. Handouts of abstracts and data from the manuscripts are provided for detailed review. All attendees are assigned presentations on a rotational basis.
- **Educational Purpose**: To expose trainees, on a continuing basis, to critical reading of the emerging pediatric endocrine literature. Participation in the Division Journal Review also provides instruction in clinical epidemiology, in biostatistics and in clinical decision making.
- **Teaching Method**: Trainees will be expected on a rotating basis to present analyses of papers of their own selection. Their presentation will include analysis of experimental groups and design, methodology of measurements, and of statistical analysis. Others, including faculty, will interact with the trainee.
- **Disease Mix**: Literature relating to all pediatric endocrine disease will be discussed.
- **Procedures and Services**: As research concerning pediatric endocrine procedures or services is published, those papers will be included for discussion in Division Journal Review, as well.
- **Evaluation**: Trainee’s performance in this venue will be part of their evaluation by the faculty. In turn, trainees will evaluate faculty as facilitators of the Division Journal Review and as participants.

**Reproductive Anomalies Conference**
- **Overview**: This conference is attended by faculty, trainees, students and staff. Conferences are held every two months. See the goals/objectives for reproductive abnormalities conference/rotation for more information.

**Division Research Conference**
- **Overview**: Fellows are expected to attend a monthly Division Research meeting with the Endocrine Research Director, known as “EDRC” (Endocrine Division Research Meeting). This meeting addresses a wide variety of research related topics, including:
  - Strategic planning for the Division’s research program
  - Updates of ongoing / proposed research projects
  - Scientific Review Committee / IRB updates
- **Educational Purpose**: To acquaint trainees with the status of current research carried out by the faculty, other trainees, members of other Divisions, or researchers within other Institutions. Trainees will participate in the critique of the presentation and be exposed to the interactive discussions of the participants. Research Conferences are scheduled monthly. Those schedules are posted and trainees are expected to attend.
- **Teaching Method**: Interactive discussion of research among experts on topics of basic and clinical science of endocrinology and diabetes, including experimental design, methodology, statistical analysis and interpretation of data. In addition, those fellows actively participating in either basic or clinical research will present their research project to the division at least annually.
- **Disease Mix**: Research will be presented that relates to any and all endocrine disease.
- **Procedures and Services**: Not applicable.
• **Evaluation:** Trainee’s performance in this venue will be part of their evaluation by the faculty.

**Industry Update**

• **Overview:** Fellows are encouraged to attend a monthly or every-other-month Industry Update Conference. This conference, organized by the Division of Endocrinology and Diabetes, invites representatives from industry to review topics, products and programs of interest. Topics also include medical economics and ethical practices. Schedules are posted and trainees are encouraged to attend, as their time allows.

• **Educational Purpose:** To acquaint trainees with the current industry supported programs and services, have an awareness of medical economics such as the cost of medication, insurance co pays, etc. and explore ethical relationships between healthcare professionals and industry. Trainees will participate in the critique of the presentation and be exposed to the interactive discussions of the participants.

• **Teaching Method:** Interactive discussion of presentation by industry representative.

• **Disease Mix:** Topics may be presented that relate to any and all endocrine disease.

• **Procedures and Services:** Not applicable.

• **Evaluation:** Trainee’s performance in this venue will be part of their evaluation by the faculty.

**Staff Development Conference**

• **Overview:** This conference is held quarterly and is organized by the Division of Endocrinology and Diabetes. The conferences offers a review of a variety of pediatric topics and focuses on proactive guidelines, performance measures and best practices Fellows are often asked to present a topic of interest. Staff Development is scheduled monthly. Those schedules are posted and trainees are expected to attend.

• **Educational Purpose:** To acquaint trainees with the current practice guidelines and best practices. Faculty facilitates a discussion about performance measures and practice improvement. Trainees will participate in the critique of the presentation and are exposed to the interactive discussions of the participants.

• **Teaching Method:** Interactive discussion that includes all members of the Division.

• **Disease Mix:** Topics may be presented that relate to any and all endocrine disease.

• **Procedures and Services:** Not applicable.

• **Evaluation:** Trainee’s performance in this venue will be part of their evaluation by the faculty.

**Student / Resident Case Conference**

• **Overview:** This monthly conference is attended by faculty, trainees, residents, medical students and staff.

• **Educational Purpose:** The conference is an opportunity for Fellows to gain experience/demonstrate organizational, leadership and communication skills. A variety of diseases of endocrinology and metabolism will be discussed in depth and interesting cases shared with others. Correlation with endocrine biochemistry, physiology and pathophysiology is expected.

• **Teaching Method:** A faculty member assigned to residents and students, and the 3rd year endocrine Fellow is responsible for this conference. He/she is expected to select appropriate cases for presentation, assign residents and medical students responsibilities for the conference and provide oversight for the conference. Whenever possible, medical students are expected to present the case, residents are expected to discuss the differential diagnosis and fellows are expected to discuss the pathophysiology, treatment and follow up. Others (pathologists, radiologists, etc.) may
be invited to participate in the case presentation / discussion at the discretion of the fellow.

- **Disease Mix**: Presentation of patients currently hospitalized or seen recently in the outpatient clinic.
- **Procedures and Services**: Overview of all relevant clinical history and diagnostic tests.
- **Reading Lists and Educational Resources**: May be prepared for selected conferences.
- **Evaluation**: Trainee’s performance in organizing, conducting and actively participating in this venue will be part of their evaluation by the faculty.

**Radiology Conference**

- **Overview**: This conference is held six to ten times a year and is attended by faculty, trainees, residents, medical students and staff for the Division of Endocrinology and Radiology. Basic radiology, nuclear imaging, ultrasound and PET scanning are included. It typically takes place on Thursday mornings before the Thursday didactic sessions.
- **Educational Purpose**: To discuss a variety of diseases of endocrinology and metabolism in depth, correlating the clinical history, diagnostic information and imaging studies. Fellows are expected to have an understanding of the endocrine biochemistry, physiology and pathophysiology basis for the cases discussed.
- **Teaching Method**: Faculty from the Division of Radiology are provided recent cases, in advance, seen by members of the Division of Endocrinology. Fellows are expected to select appropriate cases for presentation, assign residents and medical students’ responsibilities for the conference and provide oversight for the conference. Whenever possible, fellows/faculty are expected to discuss the case details, pathophysiology, treatment and follow up. All endocrine Fellows and faculty familiar with the cases to be presented are asked to be present to provide relevant comments about the clinical findings. Radiologists discuss imaging findings.
- **Disease Mix**: All endocrine diseases are discussed.
- **Procedures and Services**: Overview of all relevant clinical history, diagnostic tests and imaging.
- **Reading Lists and Educational Resources**: May be prepared for selected conferences.
- **Evaluation**: Performance in this venue will be part of their evaluation by faculty.

**Faculty Development Core Lectures (Annually)**

Faculty lectures/interactive discussions are throughout the year addressing a variety of education principals, including:

- Core Competencies
- Evaluations
- Teaching Methods
- Giving Feedback
XIV. Other Educational Opportunities

Regional and National Meetings:
There are a variety of regional and national educational meetings throughout the academic year. Fellows should review the educational goals of each program and determine which of these opportunities would best meet their educational and career goals. Faculty will assist Fellows in evaluating the relative benefits of each meeting.

In order to avoid disruption in clinical and academic responsibilities, Fellows should plan early and submit requests to the Fellowship Program Director/Fellowship Coordinator as soon as possible. Once approved, Fellows should inform their supervising faculty of planned absence from clinical duties and/or academic endeavors.

Professional Societies
There are a number of special interest professional societies within the field of Endocrinology. Most are focused on unique areas of interest, such as, diabetes, growth, lipids, etc. Most societies usually offer membership to Fellows at a reduced rate. Membership is a good opportunity to become familiar with the goals/programs/services offered by each organization to its membership. Examples include:

- Pediatric Endocrine Society
- Endocrine Society
- Endocrine Fellows Foundation
- AACE
- American Diabetes Association
- American Thyroid Association

Depending upon interest and career goals, Fellows are encouraged to join two organizations.
XV. Gifts to Physicians from Industry

As a part of learning professionalism and the ethical practice of medicine, Fellows are expected to understand and exhibit an appropriate interaction with Industry Representatives, including the following:

Many gifts given to physicians by companies in the pharmaceutical, device, and medical equipment industries serve an important and socially beneficial function. For example, companies have long provided funds for educational seminars and conferences. However, there has been growing concern about certain gifts from industry to physicians. Some gifts that reflect customary practices of industry may not be consistent with the Principles of Medical Ethics. To avoid the acceptance of inappropriate gifts, physicians should observe the following guidelines:

(1) Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal pharmaceuticals for personal use or use by family members.

(2) Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notepads).

(3) The Council on Ethical and Judicial Affairs defines a legitimate “conference” or “meeting” as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

(4) Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

(5) Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.

(6) Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training
institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional or specialty medical associations.

(7) No gifts should be accepted if there are strings attached. For example, physicians should not accept a gift if they are given in relation to the physician’s prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures. (II) Issued June 1992 based on the report “Gifts to physicians from industry,” adopted December 1990 (JAMA. 1991; 265: 501 and Food and Drug Law Journal. 2001; 56: 27-40); Updated June 1996 and June 1998.

XVI. **Policies**

A. **Cross Coverage**

1. In case of the Fellow’s illness or disability during scheduled patient care responsibilities or call, the supervising faculty will be responsible for coverage.
2. If a Fellow is unable to attend his/her continuity clinic, the supervising faculty will be expected to provide clinical care to avoid inconvenience to the patient and/or cancellation.
3. The Endocrine team will meet weekly to hand-off inpatients to the new on-call staff and fellow. All in-patients with endocrine concerns are discussed to help ensure continuum of care.

B. **Paid Time Off (PTO)**

Paid time off (PTO) - Personal time for vacations and leisure activities are an important part of the training program. Whenever possible, PTO should be avoided when a Fellow is assigned call. If necessary, Fellows can request call coverage to accommodate his/her PTO request.

1. Vacation or paid leave will be granted to Fellows as follows:
   - PGY4: Three weeks vacation per year
     One week CME per year
   - PGY5: Three weeks vacation per year
     One week CME per year
   - PGY6: Three weeks vacation per year
     One week CME per year
2. All requests for PTO should be forwarded to both the Fellowship Coordinator and the division’s scheduling administrative assistant, at your earliest convenience, preferably 90 days before requested leave, and at least 30 days prior to your requested leave.
3. Sick leave will be considered unscheduled PTO and be applied to the above totals. Exceptions to the above guidelines will be considered on a case-by-case basis, with Program Director approval.
C. **Continuing Medical Education (CME)**

Continuing Medical Education (CME) - Medical Conferences, symposiums and meetings are an excellent way to gain new knowledge, meet colleagues and network with individuals who share similar professional interests and professional goals. Fellows are eligible for 5 days of CME each academic year. Other CME requests will be considered by the Fellowship Program Director on an individual basis.

1. Fellows are allocated $1,500 per year for approved CME expenses, which include:
   - Registration, travel, room and board
   - Medical Journals
   - Medical Textbooks

2. Original receipts are required for reimbursements. Expenses relevant to the Fellow only and do not include friends or relatives. Requests for reimbursement including original receipts should be forwarded to the Fellowship Coordinator no later than 30 days.

D. **Moonlighting**

Any House Officer on contract with Phoenix Children’s Hospital who wishes to engage in professional activities outside the educational program for remuneration (“moonlighting”) must obtain written approval from the Director of his/her training program and the Director of Medical Education. This statement of permission will be included in the fellow’s file. Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program. Time spent by fellows in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit. No fellow will be required to engage in moonlighting.

The Program Director will:
- Require a written request using the Moonlighting Agreement Form.
- Monitor the fellow performance to assure that the duty hour limits are not violated, and fatigue is not contributing to diminished learning or performance or interfering with patient safety. If duty hours are exceeded, or a fellow’s work performance is noted to be suboptimal, the Program Director has the authority and obligation to revoke the fellow’s moonlighting privileges.

The Fellow will:
- if required, have an independent medical license to participate in such activity,
- if required, have the necessary DEA number (independent of the PCH DEA number) to prescribe controlled substances if that is expected,
- if required, have necessary professional liability coverage separate and apart from the training program coverage, and
- not depend upon PCH personnel, e.g., hospital operators, secretaries, etc. for providing assistance in fulfilling the duties and responsibilities of such activities.

Professional activities for which the fellow receives remuneration over and above his/her usual stipend may be considered part of the fellowship curriculum, thereby qualifying the fellow and supervisors for PCH professional liability coverage, as long as:
- there is qualified faculty supervision
- the experience provided would be difficult to obtain otherwise
- the experience is pre-approved for curricular credit on an individual basis by the fellows Program Director and the DME, and
an evaluation is completed by the supervising physician(s) based upon the objectives of the experience.

Malpractice (Professional Liability Coverage)

Phoenix Children’s Hospital provides professional liability coverage for fellows. Such coverage extends to professional acts occurring in the course of fellows’ responsibilities under participation in the training program. This insurance provides coverage on an “occurrence” basis, or if claims made it will include unlimited extended claims reporting coverage (tail). This insurance does not cover fellow for any activities performed outside the scope of the training program responsibilities. (e.g. “Moonlighting”). Any exceptions must have prior approval from Risk Management. The fellow must contact Phoenix Children’s Hospital’s Risk Management Department whenever there is an adverse event that may lead to a claim or it the fellow receives a subpoena or claim. Risk Management is available 24 hours a day. Any stipulations in the fellows contract with PCH take precedence over any information in this handbook.

E. Duty Hours

All fellowships sponsored by Phoenix Children’s Hospital shall be in compliance with the Resident Duty Hour requirements established by the Accreditation Council for Graduate Medical Education (ACGME). Please see ACGME Common Program requirements, current policies for duty hours adhered to by our program.

F. Professional Behavior

The Fellows are expected to behave in a professional manner at all times. Pediatric Endocrine faculty, who report disruptive or unethical behavior will be protected from reprisal or retaliation. Professional behavior creates an environment that promotes safe and high quality patient care and engenders a constructive learning environment. Physicians, along with all healthcare providers, have an ethical and professional duty to maintain a patient care environment that promotes the safe care of patients and fosters learning.

Definitions and Examples:
The definitions and examples given are not intended to be all inclusive, but are given to provide guidance.

Examples of Professional Behavior:
- Clearly identifies oneself to patient and staff
- Maintains a clean, neat appearance
- Maintains composure
- Treats patients with dignity and respect
- Collaborates with other members of the healthcare team and treats them with respect
- Answers questions and explains the patient’s plan of care to patient, family (with patient’s permission) and healthcare team members
- Answers phone calls and pages in a timely and courteous manner
- Respects cultural and religious differences of others
- Is truthful in verbal and written communications
- Communicates differences in opinion and good faith criticism respectfully in the appropriate forum
- Is on time for meetings and appointments

Interactions with Patients:
1. Adapts communication style and content for patients.
Examples:
Uses simple/lay terms when speaking with patients
Draws pictures to explain concepts to patients

2. Attends to patient needs for comfort and privacy.
   Examples:
   Knock before entering examination room.
   Introduces self to patient
   Drapes patient appropriately

3. Confirms patient's understanding of information provided.
   Examples:
   Asks patient if s/he understand the information provided.
   Asks patient to repeat information given to ensure understanding
   Involves patients in decision making
   Asks patient for his/her input regarding proposed treatment options
   Presents balanced information regarding treatment options

Respect, Integrity, Compassion, and Responsibility Behaviors Related to Patients:
1. Demonstrates appropriate boundaries with patients.
   Examples:
   Maintain appropriate physical contact with patient.
   Demonstrates sensitivity to different cultural norms
   Avoid inappropriate self-disclosure

2. Displays compassion and respect for all patients even under difficult circumstances.
   Example:
   Exhibit caring attitude to all patients during stressful periods

3. Incorporates patient's values and beliefs into management plan.
   Example:
   Listen receptively to patient's concerns regarding treatment, and works with patient to
   identify an acceptable management plan

   Example:
   Does not discuss patient details with unauthorized persons.
   Ensures the security of patient records

5. Takes on extra work when appropriate for the benefit of the patient.
   Example:
   Seeks relevant literature regarding patient's condition, when needed
   Uses resources effectively to ensure optimal patient care

Professional Dress
1. Pediatric Endocrine Fellows must dress appropriately, look professional and inspire
   confidence in the patients they serve.
2. Pediatric Endocrine Fellows must comply with the dress code established by the affiliated
   hospital where they are rotating.

Disruptive Behavior
Disruptive behavior may be viewed along a spectrum. Although there is no agreed upon
definition and the term “disruptive” is sometimes interchangeable with the term “abusive”, it
generally refers to a style of interaction with physicians, hospital personnel, patients, family
members or others that interferes with patient care. Such behavior may be expressed verbally by using foul or threatening language, or through non-verbal behavior such as facial expressions or manners. (AMA Council on Ethical and Judicial Affairs, Report 2-A-00).

**Examples of Disruptive Behavior:**
- Conduct that could be characterized as harassment or discrimination
- Verbal threats of violence, retribution or lawsuits
- Verbal outbursts
- Insults, verbal comments or criticism intended to belittle or berate others
- Arguing in front of patients and families
- Physical actions that threaten others such as throwing or knocking down objects
- Inappropriate physical touching or contact

**G. Leave of Absence**

1. The ACGME has policies regarding absence from training and the impact that absence may have on the Board eligibility of the candidates. Fellows who have taken leave of absence during the Fellowship should communicate with their Fellowship Program Director to ensure that their total leave time does not exceed the maximum allowed by the Board. The Fellowship Program Director will communicate with the Specialty Board on behalf of the fellow if necessary for clarification.

2. At the conclusion of the training program, the Fellowship Program Director must certify that the Fellow has mastered each component of clinical competence and has acquired proficiency in each of the various procedural skills identified in the program's curriculum. In case the trainee does not meet the requirements of the Board because of a sick leave or leave of absence, the Fellowship Program Director may require an individual to extend the training beyond the usual time required to complete the program.

**H. Fatigue**

Excessive fatigue and sleep deprivation can have an adverse effect on patient safety and Fellow’s well being.

The goal of the fatigue policy is to assist the Fellowship Training program in support of high quality education and safe, effective patient care. The Pediatric Endocrine Fellowship training program is committed to meeting the requirements of ACGME Duty Hour Policies. PCH has a program to provide taxis for fatigued trainees; contact program director or GME office for details.

**Expectations:**

In the event that Pediatric Endocrine Fellow experiences excessive fatigue that is interfering with the ability to safely perform duties, (s)he is obligated to report this to the supervising Pediatric Endocrine faculty on service.

Further, the following expectations apply:
- All faculty, fellows, and staff are expected to be observant of any signs of excessive fatigue in Fellows. Faculty and staff are urged to report these occurrences to the supervising Pediatric Endocrine faculty and/or the Fellowship Program Director. In accordance with each program’s contingency plan, the Fellow will be relieved of duties until the effects of fatigue abate.
• Fellows have a responsibility to maximize sleep during off-hours and to be proactive in anticipating possible sleep deprivation when going on overnight call. They should not drive when fatigued. PCH has a program to provide taxis for fatigued trainees; contact program director or GME office for details.
• A contingency plan is available to manage the transfer of clinical responsibilities or patient care from a fatigued resident to other Fellows, or faculty who are not fatigued.

Oversight:

A back-up support system will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create Fellow fatigue sufficient to jeopardize patient care.

I. Complaints and Grievances

1. Any Pediatric Endocrine Fellow (trainee) with a grievance should speak with the Fellowship Program Director to resolve the issue.

2. If the trainee is dissatisfied with the Fellowship Program Director's action, the Fellow may contact the Division Chief and/or DIO for resolution of the matter.

3. The DIO’s decision is final.

J. Disciplinary Action

The purpose of this policy is to prescribe procedures regarding the imposition and review of discipline of Fellows. This disciplinary policy and procedure does not create a contractual obligation on the part of the Phoenix Children's Hospital Fellowship Program to use progressive discipline in all cases. Phoenix Children's Hospital Fellowship Program has the right to discipline any inappropriate conduct without being required to progress through these levels of discipline.

TYPES OF PROGRESSIVE DISCIPLINE

1. Oral Counseling:
This refers to a level of notice of a matter of disciplinary concern which may be taken by the Supervising Attending Physician, Faculty Advisor or Program Director. An oral counseling is a warning. A discussion should be held between the Supervising Attending Physician, Faculty Advisor or Program Director, and the Fellow. The Supervising Attending Physician, Faculty Advisor or Program Director, should advise the resident of the problem, point out specific instances of the problem, and suggest appropriate corrective action. The discussion should be mutual and should focus on problem solving. Supervising Attending, Faculty Advisor or Program Director should document the discussion and send a copy to the Program Director. The Fellow should be advised that the problem behavior is not to be repeated and that more severe disciplinary action will be taken if the behavior recurs.

2. Written Reprimand:
This is a more serious and higher level of discipline which may be taken by the Supervising Attending Physician, Faculty Advisor or Program Director.
A written reprimand should document the following:

1) Fellow's name;
2) person(s) present at the meeting in which the Supervising Attending Physician, Program Director or Faculty Advisor gives the written reprimand to the Fellow;
3) the reason for the reprimand;
4) a brief description of the incident or conduct for the reprimand;
5) the dates and times of the conduct for which the Fellow is being reprimanded;
6) dates of prior discipline regarding such conduct and any recommendations to correct deficiencies; and
7) a signature line for the Fellow and Program Director.

By signing the document, the Fellow is simply acknowledging receipt of the document. If the Fellow refuses to sign the document, the Program Director should make that notation on the document, sign and date it. The written reprimand may include a monitoring or observation period, state the standards for judging the Fellow’s improvement and how often during this period the Fellow will be evaluated.

3. Concern Status:
This is a level of formal discipline less serious than Probation. A Fellow may be placed on Concern Status by the Program Director for a period up to 6 months. The Program Director must notify the Medical Education Committee in writing of placement of a Fellow of Concern Status. Any extensions thereof or move to Probationary Status requires approval of the Phoenix Children's Hospital Fellowship Program Medical Education Committee. There are three types of Concern Status: Clinical, Academic and Professional. Clinical Concern includes unsatisfactory performance on the clinical portions of the fellowship program. Academic Concern includes unsatisfactory performance in the knowledge base portions of the fellowship program. Professional Concern includes behaviors which call into question the ethical, personal or moral attributes of the fellow as they relate to fitness to practice medicine. During the period of Concern Status the Program Director shall evaluate the Fellow monthly; shall inform the Fellow in writing of the deficiencies and expectations for remediating concern status and may remove Fellow from such status by written notice with copies sent to the Disciplinary Committee.

4. Probation:
This is a period of critical examination of a Fellow to determine if the person is fit to continue in the program. Probation status shall be reported to the Arizona Board of Medical Examiners at the time of the next training license renewal. Probation may be preceded by Concern Status (clinical, academic or professional) but may be imposed without such prior discipline if warranted by the seriousness of the precipitating circumstances. Probation may be imposed for up to 3 months by the Medical Education Committee upon recommendation of the Program Director. Extended probation status shall be reviewed at the end of rotations by the Medical Education Committee. During the period of Probation the Program Director shall evaluate the Fellow monthly; shall inform the Fellow in writing of the deficiencies and expectations for remediating concern status and may remove Fellow from such status by written notice with copies sent to the Medical Education Committee.

TERMINATION FOR CAUSE
The Phoenix Children’s Hospital Endocrine Fellowship Program, or the Graduate Medical Education Committee may recommend the termination of a Fellow’s Contract for any of the causes enumerated in the Fellow Contract. Approval to terminate must be obtained from the Chief Executive officer of the Fellows’ sponsoring institution.

* The above mentioned policy may be used in conjunction with the policies already established at the fellow's base pay hospital.

K. Supervision: With regards to supervision, we follow the ACGME Common Program Requirements, Effective July 1, 2011.
XVII. Risk Management

Clinical Risk Management and Patient Safety Education
The goal of PCH’S Clinical Risk Management Program is to promote safe patient care. PCH's Risk Management Department is available to meet with Fellows at any time to discuss patient safety, risk avoidance & risk reduction topics. Educational programs and instruction are available. The phone number for the Risk Management department is (602) 933-1967 and for the On-Call Risk Management After Hours Emergency Line, page (602) 204-0688. If these numbers are not working, consult the fellowship program director.

Consultation and Reporting
Risk Management is available to Pediatric Endocrine Fellows to assist with concerns about patient safety, liability exposure and disclosure. Fellows should contact the Risk Management Department for assistance when:

- A Fellow is involved in the care and treatment of a patient and there is an unexpected outcome, injury or death.

A Fellow should contact Risk Management if he/she is concerned about the following potential risk exposures:

- Have questions regarding patient safety.
- Report a potential claim.
- Receive a Request for Mediation or a Summons and Complaint (i.e the Fellow is named in a lawsuit).
- Received a subpoena.
- Received an inquiry from the Medical Examining Board.

XVIII. Requirements for Successful Completion of Fellowship Training:

In addition to satisfactory completion the PCH Endocrinology Fellowship Curriculum and evaluations showing competence by the fellow in these areas, a fellow must complete a quality improvement project. Also, they must have a work product from a primary investigator initiated project. Definitions of an acceptable work product are found on the ABP (American Board of Pediatrics) website. A personal statement and updated CV are also part of the packet submitted to the ABP at the end of the fellowship. Further information on the end of fellowship packet to be submitted are available via the ABP website. In addition, to become board certified, fellows who complete the ABP requirements and have their fellowship completion accepted by the ABP will have, at this time (as of 2014), 7 years to take and pass the Pediatric Endocrine Boards; see the ABP website for updated information with regards to this.