**ADULT ENDOCRINOLOGY AND METABOLISM ROTATION PLAN**

**NAME OF ROTATION: Core Hospital Rotations PGY4**

**FOCUS OF THIS ROTATION**

* Residents participate in the care of a mixture of outpatient and inpatient endocrine experiences with a wide variety of acute and chronic patient presentations. The residents teach and mentor junior residents on consulting inpatient teams or in outpatient clinics.

**CBD stage(s) for this rotation:**

* TTD
* FOD
* COD

**Length of this rotation:**

* 8-10 weeks, 4 times in the PGY4 year, each time at a different site.

**PGY Level(s) for this rotation**

* PGY4

**Locations for rotation:**

* MSH/UHN
* SHSC
* WCH
* SMH

**Required clinical training experiences included in this rotation (From RTE document)[[1]](#footnote-1)**

* TTD 1.1. Endocrinology and metabolism clinical service
	+ TTD 1.1.1. Clinic and/or consultation service to the emergency department and inpatient services, including critical care
* FOD 1.1. Endocrinology and metabolism clinical service
	+ FOD 1.1.1. Clinic or consultation service to intensive care settings, emergency department, and wards, or both
	+ FOD 1.1.4. After-hours coverage
* COD 1.1. Breadth of endocrinology and metabolism in different settings to include
	+ COD 1.1.1. Consultation to the emergency department, intensive care settings, and inpatient services
	+ COD 1.1.7. After-hours coverage
	+ COD 1.1.8. Participation in multidisciplinary care rounds, such as tumour board or case rounds

**Recommended clinical training experiences included in this rotation (From RTE document)**

* TTD 3.1. After-hours coverage of the endocrinology and metabolism service

**Other training experiences that may be included in this rotation**

* TTD 2.0 Formal instruction during AHD
* FOD 2.0 Formal instruction during AHD
* FOD 2.2. Endocrine emergencies
* FOD 2.3. Critical appraisal activities, such as journal club
* FOD 2.5. Participation in divisional educational activities, such as rounds and case discussions
* COD 2.1, 2.2, 4.1 Formal instruction during AHD
* COD 2.4. Critical appraisal activities, such as journal club
* COD 2.5. Presentation at or participation in divisional educational activities, such as rounds and case discussions
* COD 2.6. Provision of informal and/or clinical teaching for junior learners
* COD 2.7. Resident wellness activities
* COD 6.1. Teaching junior learners

|  | **EPAs Mapped to this rotation:[[2]](#footnote-2)** | **Total # of Entrustments**that are expected, or encouraged, on *this* rotation | **Total # of Entrustments**Expected by the end of the CBD Stage |
| --- | --- | --- | --- |
|  | TTD 1 Assessing patients with a known endocrine condition | 2 | 4 |
|  | FOD 1 Assessing and managing individuals with an uncomplicated presentation of an endocrine condition | 2  | 4 |
|  | FOD 2 Providing ongoing care for individuals with an uncomplicated presentation of an endocrine condition | 1 | 4 |
|  | FOD 3 Performing endocrine focused physical examinations | 4 (one at each site)\* | 4 |
|  | FOD 4 Counselling patients and families for the purposes of patient education, disease prevention, and/or health promotion | 2 | 3 |
|  | COD 1 Managing patients presenting with an emergency related to an endocrine condition or its treatment | 4 (one at each site)\*\* | 4 |
|  | COD 2 Assessing and managing patients with complex and/or atypical presentations | 2 | 4 |
|  | COD 4 Interpreting investigations | 2 (Dynamic testing-SMH) | 5 |
|  | COD 5 Managing diabetes with insulin therapy and the use of diabetes technologies | 2 SHSC Pregnancy3 SHSC CGM1 SMH CFRD6 anywhere MDI | 10 |
|  | COD 6 Documenting patient encounters | 1 in-patient | 4 |
|  | COD 7 Providing indirect patient management recommendations to other health care professionals | Phone call ED/in patient 5 (can complete during call other times)Triaging | 5 |
|  | COD 8 Providing unplanned advice to patients | If situation arises | 2 |
|  | COD 9 Supporting adolescents/young adults with endocrine conditions in the transition from the pediatric to adult care setting | 2 WCH | 2 |
|  | COD 10 Leading patient care on an inpatient consultation service | 1  | 2 |

 \*Focussed physical examinations: Lipid, Thyroid, Pituitary, Adrenal, Genital (PEDS), PCOS, Diabetic foot, Puberty (PEDS)
\*\*Emergency management: DKA, Calcium, Thyroid, DI, Adrenal crisis

|  | **Other assessments during this rotation:** | **Tool Location / Platform** |
| --- | --- | --- |
|  | ITAR | POWER |
|  | NITE exam (March) |  |
|  | UofT Practice Exam (May) |  |
|  | Professionalism assignment (once during program) |  |

|  | **Key Objectives for this Rotation:**By the end of the rotation the resident should be able to … | **CanMEDS Role(s):** |
| --- | --- | --- |
|  | Demonstrate broad knowledge of basic and clinical endocrinology. | Medical Expert |
|  | Carry out a complete history and physical exam as it pertains to adult endocrinology and interpret the findings correctly. | Medical ExpertCommunicator |
|  | Provide appropriate evidence-based management of acute adult endocrine conditions. | Medical Expert |
|  | Provide appropriate evidence-based long-term management of chronic adult endocrinology conditions.  | Medical Expert |
|  | Demonstrate appropriate ordering, administration and interpretation of endocrine testing.  | Medical Expert |
|  | Communicate with and counsel patients & families effectively, including patient safety concerns. | Communicator |
|  | Provide clear and concise communication to other health care providers in oral and written formats. | CommunicatorCollaborator |
|  | Provide team leadership, including working effectively with the interprofessional healthcare team to develop shared management plans. | CollaboratorLeader |
|  | Recognize important social determinants of health and preventative measures and identify patients at high risk. | Advocate |
|  | Teach learners and others in both informal and formal settings. | Scholar |

1. The Version 1, 2025 of the RTE document was used in the creation of this Rotation Plan [↑](#footnote-ref-1)
2. The Version1, 2025EPA document was used in the creation of this Rotation Plan [↑](#footnote-ref-2)