Ann & Robert H. Lurie Children's Hospital of Chicago

Overall Competencies for the Pediatric Residency Training Program

ENDOCRINOLOGY

Goals and Competencies

PC: Patient Care; MK: Medical Knowledge; PBLI: Practice-Based Learning & Improvement
IC: Interpersonal & Communication Skills; P: Professionalism; SBP: Systems-Based Practice

GOAL 1: Normal Versus Abnormal (Endocrine): Understand how to differentiate between normal and pathological states related to endocrinology

COMPETENCIES: (MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Describe normal patterns of linear growth and weight gain, applying this to evaluation of variations in growth patterns.			1	2,3
2. Describe physiologic events in puberty and Tanner staging, and differentiate normal from early and delayed puberty.		1	2	3
3. Differentiate premature thelarche and adrenarche from true precocious puberty.		1	2	3

GOAL 2: Common Conditions Not Referred (Endocrine): Understand how to diagnose and manage endocrine conditions generally not requiring referral.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
Describe the pathophysiology of, recognize, and manage these conditions:				
1. Abnormal newborn thyroid screen (initial evaluation)			1	2,3
2. Benign premature adrenarche.		1	2	3
3. Benign premature thelarche.		1	2	3
4. Delayed puberty due to chronic disease or anorexia nervosa.			1	2,3
5. Exogenous obesity.			1	2,3
6. Familial short stature, constitutional delay of growth or puberty.			1	2,3
7. Gynecomastia in a pubertal male.			1	2,3
8. Infant of mother with gestational diabetes.			1	2,3
9. Transient hypocalcemia in a newborn.			1	2,3
10. Transient hypoglycemia in a newborn.			1	2,3

GOAL 3: Conditions Generally Referred (Endocrine): Understand how to recognize, initiate management of, and refer endocrine conditions which require referral.

COMPETENCIES: (PC, MK, IC, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
Identify, provide initial management of, and refer appropriately these conditions:				
1. Adrenal insufficiency.		**1**	**2**	**3**
2. Ambiguous genitalia, hypogonadism, and micropenis.		**1**	**2**	**3**
3. Central and nephrogenic diabetes insipidus and psychogenic polydipsia.		**1**	**2**	**3**
4. Congenital adrenal hyperplasia.			**1**	**2,3**
5. Delayed or precocious puberty.		**1**	**2**	**3**
6. Diabetes mellitus (diabetic ketoacidosis (DKA), long-term management).			**1**	**2,3**
7. Endocrine and genetic causes of obesity.		**1**	**2**	**3**
8. Genetic syndromes and familial inheritance patterns with endocrine abnormalities.		**1**	**2,3**	
9. Hirsutism.		**1**	**2**	**3**
10. Hypoglycemia in childhood and adolescence.			**1**	**2,3**
11. Polycystic ovaries and hyperandrogenism in girls.		**1**	**2**	**3**
12. Short stature variants, with selection of possible hormonal treatment.		**1**	**2**	**3**
13. Tall stature and excessive growth syndromes.		**1**	**2**	**3**
14. Thyroid dysfunction and goiters.			**1**	**2,3**
15. Turner syndrome.		**1**	**2**	**3**
16. Undescended testes.			**1**	**2,3**
17. Zinc deficiency.		**1**	**2**	**3**

GOAL 4: Diabetes Mellitus: Understand the diagnosis and management of diabetes mellitus.

COMPETENCIES: (PC, MK, PBLI, IC, SBP)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Recognize the initial presentation, preform confirmatory lab tests, treat immediate life threatening complications, and refer for education.			1	2,3
2. Order and accurately interpret laboratory tests for screening, confirmation of diagnosis, routine monitoring (glucose and Hemoglobin A1C), and identification of complications.			1	2,3
3. Recognize and treat DKA using appropriate IV and PO fluids, insulin, and laboratory parameters.			1	2,3
4. Demonstrate understanding of the correct use of home glucose monitoring and adjustment of insulin dosages.			1	2,3
5. Describe the use of insulin including initial dosages, adjustment of dosages based on serum glucose records or illness, different preparations, and pharmacokinetics.		1	2	3
6. Describe the principles behind preventative, anticipatory care for children with diabetes and their families; be aware of community resources available to the family and diabetic team (camps, American Diabetes Association materials, etc); be aware of future trends for primary prevention of childhood diabetes.		1	2	3
7. Monitor patients routinely and review implications of diabetes associated complications (retinopathy, nephropathy, neuropathy).		1	2	3
8. Identify the specialist's role in long-term management.			1	2,3
9. Counsel patients on the role of diet and exercise.			1	2,3

GOAL 5: Prevention (Endocrine): Understand the pediatrician's role in preventing morbidity related to endocrine dysfunction in children.

COMPETENCIES: (PC, MK, PBLI, IC)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Counsel parents and children about changes expected in puberty and normal variations.			1	2,3
2. Recognize need for influenza vaccination in children with certain endocrine disorders (hypoadrenalism, diabetes mellitus, hypopituitary, and Cushings Syndrome).		1	2	3
3. Counsel asthmatics on steroids about risks.			1	2,3
4. Discuss Vitamin D supplements in breast fed infants and select populations with low vitamin D, calcium, or phosphorus intake.			1	2,3