

ENDO/DERM SERVICE

Location: PacMed Clinics

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

The goals of the Endocrinology Clinic at PacMed are to provide the resident with a solid foundation in the diagnostic evaluation, differential diagnosis, and approach to management of outpatient endocrine problems.

Expose residents to common dermatological conditions as well as to recognize rare conditions. To help primary care providers recognize appropriate referrals to Dermatology Specialty and to teach preventative dermatology.

TEAM STRUCTURE

Resident works in faculty practice with faculty attending.

PRINCIPAL TEACHING METHODS

Case discussion and review

Endocrine

A post-clinic conference is held after all of the teaching clinics at which time new patients and interesting return patients are presented by the residents. The emphasis is on understanding the various clinical presentations of endocrine disease as well as understanding the differential diagnosis and approach to managing endocrine problems. A strong emphasis is placed on developing cost-effective and high quality evaluations of these endocrine problems.

Didactics

Practical sessions are held with each group of residents, so that they can learn from the diabetic nurse specialist how to perform home glucose monitoring on themselves. In addition, they are instructed how to give themselves insulin injections using an empty syringe. The emphasis of these sessions is to have residents understand the burden placed on patients when various frequencies of home glucose monitoring are recommended and to distinguish this task from the burden upon the patient to inject themselves with insulin.

EDUCATIONAL CONTENT

Mix of Diseases

Endocrine

Patients presenting to the Endocrine Service at PacMed Clinics display a wide variety of common endocrine problems. Residents usually see the entire spectrum of thyroid disease, as well as both type I and type II diabetics. In addition, the residents have the opportunity to evaluate adrenal and pituitary disease, endocrine hypertension, hirsutism and disorders of

androgen production, hyperlipidemia, disorders of calcium metabolism, hypoglycemia, diabetes insipidus, and disorders of the gonadotropin-gonadal axis.

Maureen Marshall, MD

- Thyroid – including thyroid cancer
- Diabetes – Type I & Type II
- Pituitary – tumors and hypopituitarism
- Polycystic ovarian syndrome
- Hyperlipidemia
- Osteoporosis and other bone disease (i.e hyperparathyroidism)
- MEN IIA – large family
- Adrenal disease

Joseph Saitta, MD

Adult general endocrinology, including but not limited to diabetes, thyroid disease, hypercalcemia, and osteoporosis.

Dermatology

Patients seen in the Dermatology Clinic represent a broad mix of conditions, from chronic/recurring management to acute and rare diseases. Prophylaxis is stressed for skin cancer and is fairly common in our population. Chronic conditions such as eczema, acne and psoriasis are frequently seen. HIV associated dermatology conditions are fairly frequent referrals to our clinic.

Patient Characteristics

Endocrine

There is a wide mix of patients at PacMed Clinics with a diverse ethnic background. Approximately 10-30% of our patients are non-Caucasian and come from countries such as Japan, China, Korea, Vietnam, Laos, Cambodia, Thailand, Mexico, Polynesia, Russia and countries of the former Soviet Union, Ethiopia, and Europe.

Residents have first-hand experience obtaining the clinical database through interpreters for these patients.

Maureen Marshall, MD

Age 16 and up, primarily Caucasian but mixed – African American, Asian, Native American, Indian, etc. across entire socioeconomic range.

Joseph Saitta, MD

A mixed population, including recent immigrants seen with an interpreter, inner city residents, and military retirees and their dependents.

Dermatology

Our patients have a wide variety of economic backgrounds from indigent to more advanced patients. We have a wide cultural background which includes Asian, East Indian, African American, Hispanic, Eastern European. The residents learn how different genetic backgrounds manifest common diseases in different ways.

Types of Clinical Encounters

Last Revised February 20, 2004 by Christopher Smith, MD

Endocrine

Primarily because of the shift of evaluating endocrinology problems as an outpatient, the clinical experience for residents is primarily in the outpatient endocrine clinic and the post-clinic conferences. Inpatient consultations, though uncommon, are shared with residents as they occur.

Maureen Marshall, MD

Primarily outpatient, some hospital consults (i.e. 4/month).

Joseph Saitta, MD

Outpatient (very rare inpatient consults at Swedish or Providence)

Dermatology

Most cases seen in the outpatient setting are non-emergent. There are often same-day referrals, especially for infectious problems or possible skin cancers.

Procedures

Endocrine

Residents are given the opportunity to observe fine needle aspiration biopsy of thyroid nodules; however, these are attending procedures. Should an individual resident have a specific interest in learning this technique, this request would be given consideration.

Maureen Marshall, MD

Thyroid fine needle aspiration biopsy

Joseph Saitta, MD

Thyroid fine needle aspiration biopsy on occasion

Dermatology

Procedures performed in the outpatient setting include skin biopsies, skin scrapings, small cyst removal, acne surgery, small lesion removal, cryotherapy and interlesional injections of steroids.

Services

Endocrine

The outpatient endocrine service at PacMed Clinics provides service to 18 community health clinics in the Northwest, as well as 4 clinics of PacMed. As part of a large medical center, we have access to essentially all specialty and subspecialty consultative services, as well as auxiliary services.

Dermatology

Harborview clinics offers all full services including x-ray, laboratory, pathology, physical therapy, ultra-violet light therapy as well as an outpatient pharmacy on site. Translator services are available and a discount payment program is available for those in need. A library literature search is available to help manage patient care.

Rotation Specific Schedule

Monday

8:00-12:00 Endo Clinic – Maureen Marshall, MD
NW Specialty Physicians
1101 Madison, Suite 900
Clinic contact:
Kuwanda Fair, MA
624-9999

Tuesday

8:00-12:00 Endo Clinic – John Saitta, MD
PacMed Clinics
1101 Madison, 3rd Floor
Clinic contact:
Maureen
505-1175

1:00-5:00 Endo Clinic – John Saitta, MD
PacMed Clinics
1101 Madison, 3rd Floor
Clinic contact:
Maureen
505-1175

Wednesday

9:30-12:00 Hansen's Disease Jim Harnisch, MD
Harborview, 2 West Clinic
Clinic contact:
Virginia
731-2128

1:00-5:00 Derm Clinic - Greg Raugi, MD
VAPSHCS, West Clinic
Bldg One
764-2305

Thursday

8:00-9:00 Medicine Grand Rounds (T-625)
9:15-10:15 Resident Teaching Conference (T-739)
10:30-11:30 Primary Care Conference (RR-110)
11:30-12:30 General Medicine Conference (RR-110)

1:00-5:00 Endo Clinic – John Saitta, MD
PacMed Clinics
1101 Madison, 3rd Floor
Clinic contact:
Maureen
505-1175

Friday

8:45-12:00 Derm Clinic – Roy Covlen, MD
Harborview, 3 West Clinic
Clinic contact;
Heidi Sitton
731-4370

1:00 Continuity Clinic

Call and Weekend Responsibilities

None

Principle Educational Materials Used**Recommended Readings**

Residents are given an orientation packet at the beginning of each rotation. This packet provides a list of updated reference texts. In addition, there is a library at PacMed Clinics which has a full range of reference materials for endocrinology.

Maureen Marshall, MD

I have active files of journal articles that I share and we discuss. Recommend to the resident to do literature searches on interesting topics; Up-to-date; MKSAP.

Joseph Saitta, MD

Should review the most recent ADA Clinical Practice Recommendations. Other references related to specific patients will be provided.

Pathologic materials

Periodically the teaching microscope in pathology is used to review fine needle aspiration biopsy specimens of thyroid nodules. The emphasis is on distinguishing normal thyroid tissue from basic thyroid pathology.

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending and fellow he or she has interacted with for a significant amount of time. The evaluator rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, educational attitudes, leadership, overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending and fellow with whom s/he has interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE

As an outpatient service, the ultimate responsibility for all patient care lies with the attending physician. The residents are expected to write complete notes in the patient medical record and are reviewed and counter signed by the attending physician.

Endocrine

Residents are expected to evaluate both new and return patients. Patients are seen by the resident followed by a presentation of the case to the attending physician and subsequent discussion of the approach and plan with the patient.

Dermatology

The attending assigned to a specific patient is fully responsible for the dermatologic care, including follow-up of lab data, phone calls, etc. The residents do not have any of these responsibilities.