



ARKANSAS CHILDREN'S HOSPITAL  
APPLICATION FOR FELLOWSHIP PAGE TWO

5. LETTERS OF REFERENCE

A. NAME AND TITLE

INSTITUTION

ADDRESS

B. NAME AND TITLE

INSTITUTION

ADDRESS

C. NAME AND TITLE

INSTITUTION

ADDRESS

D. NAME AND TITLE

INSTITUTION

ADDRESS

(CHECK ONE)

I HEREBY WAIVE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

I DESIRE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

SIGNATURE

DATE

TYPE OR PRINT NAME OF APPLICANT

(NOTE: The signature and date on this statement MUST BE original)

APPLICATION FOR FELLOWSHIP PAGE THREE

6. NAME: (LAST) (FIRST) (MIDDLE)

7. SOCIAL SECURITY NUMBER DATE OF BIRTH:

8. PLACE OF BIRTH (City, State or Providence, Country)

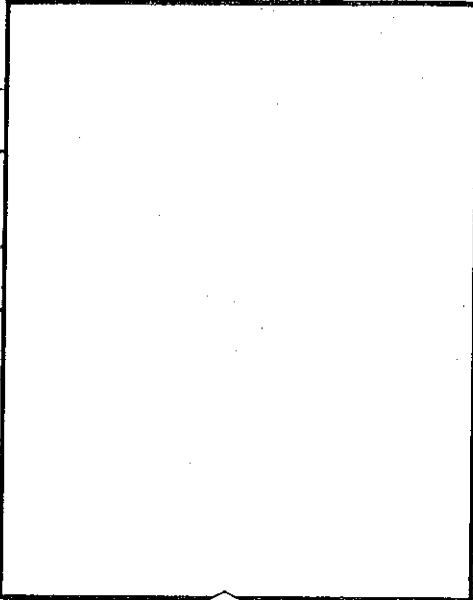
9 MARRIED SINGLE NUMBER OF DEPENDENTS

10. PRESENT ADDRESS:

11. PRESENT PHONE NUMBERS:

DAY: ( ) EVENING: ( )

12. PERMANENT ADDRESS:



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13. PERMANENT PHONE NUMBERS:

DAY: ( ) EVENING: ( )

14. CITIZENSHIP:

U.S.  OTHER:

15. CITIZENSHIP STATUS (IF APPLICABLE)  PERMANENT  TEMPORARY  J-1  H-1  
(SPECIFY):  OTHER

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## Narrative Description of Pediatric Endocrine Fellowship, University of Arkansas for Medical Sciences

### PROGRAM GOALS AND OBJECTIVES

#### GENERAL STATEMENT

The University of Arkansas for Medical Sciences, Arkansas Children's Hospital, is an accredited pediatric endocrinology fellowship program that provides comprehensive training in all aspects of inpatient and outpatient endocrinology and diabetes care. The Division of Pediatric Endocrinology has four full-time, board-certified Pediatric Endocrinology faculty members, all of whom actively participate in patient care as well as clinical or basic research (Dr. John Fowlkes, Division Head, Dr. Stephen F. Kemp, Dr. Kathryn M. Thrailkill, and Dr. J. Paul Frindik, Fellowship Director). These four individuals share inpatient attending duties throughout the year as well as attend the outpatient clinics. Other personnel within the Division include four full time nurses (two diabetes specialists, one growth hormone nurse, and one endocrine nurse practitioner). The program has full-time secretarial support, which facilitates scheduling, arranging consultations, preparing conference schedules and referrals. Fellows have office space that contains computer facilities that can be used for email and internet services, including literature searches and access to medical libraries at both Arkansas Children's Hospital and University of Arkansas for Medical Sciences.

The general educational goals and objectives of the fellowship program in Pediatric Endocrinology are to provide the graduate with training in:

1. The physiology of hormonal regulation in childhood, adolescence and young adulthood.
2. Clinical skills necessary to diagnose and manage pediatric endocrine diseases, including appropriate selection and interpretation of laboratory studies.
3. The ability to identify and interpret pertinent medical literature.
4. Clinical and basic laboratory research skills to investigate potential issues in fields related to endocrinology using state-of-the-art techniques.
5. Professionalism, including peer interactions, communication with patients, their families and other health care providers, confidentiality and avoidance of conflict of interest.
6. Personal scholarship, self-instruction and self-evaluation.

The fellow will acquire diagnostic skills in developing differential diagnosis based upon evaluation of the history, physical, and laboratory examinations, and learn to develop acute and long term treatment plans. Graduates of this program will be prepared to pass the sub-board examination in Pediatric Endocrinology and be prepared for a career in clinical or laboratory bench research in a field relevant to pediatric endocrinology.

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## DOCUMENTATION OF GOALS AND OBJECTIVES

The fellow is given a summary of the objectives and evaluation methods upon entry into the training program; specifically this summary includes their minimal clinical, research, teaching, and educational responsibilities. The evaluation methods to be used will reflect the Dreyfus Model of Skill Acquisition as suggested by the ACGME Outcome Project. The fellow formally meets with the Program Director at six month intervals to review progress toward these goals, address any remedial areas or areas needing improvement and to define selective objectives for the next six months.

## REVIEW AND REVISION OF GOALS AND OBJECTIVES

The Program Director meets with the Division Chief on a biannual basis and with the entire faculty on an annual basis in order to review the goals and objectives of the program, as well as the fellows' progress to date. Near the completion of the fellowship the Program Director and the fellow undertake a complete critique of the training process with the intent of continual program evaluation and improvement. Further, graduates of the program are polled regarding their successes or difficulties in attaining board certification and establishment of successful clinical and academic pursuits; the program is evaluated with regards to this information. An updated written set of objectives are then produced for use by the current trainees.

### **I. Clinical Program**

#### **A. SUBSPECIALITY FELLOWS COMPARED TO PEDIATRIC RESIDENTS**

The first six months of training are focused on the signs and symptoms of endocrine diseases, the second six months on generation of the differential diagnosis and interpretation of laboratory studies. In contrast, pediatric residents are not expected to recognize the subtle signs and symptoms of endocrine disease, nor to generate a differential diagnosis which includes the rare consideration for any given patient. During the second year of training, the endocrinology fellow develops appropriate care plans for endocrine disorders, both common and uncommon. The third year involves the refinement of the style of patient care management and the ability to defend their choices of treatment options. In contrast, second and third year pediatric residents are expected to manage general pediatric problems in an increasingly independent manner, and to recognize when it is necessary to include the expertise of the subspecialist. An additional difference in training is that the endocrine fellow is guided in the exploration of the basic science underlying each clinical problem, and is encouraged to select, during the first year of training, an area of specific clinical or laboratory interest. In the second and third years, the endocrine fellow is mentored through a combination of laboratory and clinical investigations to become proficient in scientific investigation of this area of special interest. The endocrine fellow demonstrates this proficiency by peer review publication and presentation at regional and national meetings. During this time,

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the fellow may also pursue the grant writing process to obtain funding for their area of research. Before the completion of the fellowship, the fellow will give one "Grand Rounds" format presentation regarding his/her chosen area of interest. Throughout the training program the endocrine fellow will be responsible for presentation of one or two current journal articles at Journal Clubs and will give one to two "core curriculum" lectures to the pediatric residents and students.

#### PATIENT ASSIGNMENT

While the pediatric residents are involved with direct patient care on the inpatient service, the endocrine fellow is expected to develop both long-term and short-term patient management plans, in consultation with the faculty. In this respect, the endocrine fellow serves as an advisor and teaching resource for the pediatric residents. Consults are assigned on a rotating basis, and are discussed with the entire clinical endocrine team. In the outpatient clinics, the endocrine fellows follow a representative subset of the endocrine practice for their entire period of training. Fellows may add patients to their clinic as a result of inpatient care or consultation, or referral from within the endocrine practice. In contrast, the pediatric residents are assigned patients when they rotate through the endocrine service but are not involved in their continuity of care.

#### RELATIONSHIP TO OTHER SUBSPECIALITY FELLOWS, CLINICS, DEPARTMENTS AND RESIDENCY PROGRAMS

The endocrine fellow enjoys close interaction with the section of genetics / metabolism, adolescent medicine, pediatric psychology, pediatric psychiatry and nephrology. The fellow also works closely with members of the Clinical Nutrition team, Social Workers and Child Life specialists. The endocrine fellow has the opportunity to participate in a multidisciplinary clinic specializing in children with complex neuroendocrine disorders (Arkansas Pediatric Neuro-oncology Clinic) where he/she has the opportunity to interact with specialists in Neurology, Neurosurgery, Hematology-Oncology, and Cognitive Development. The endocrinology fellow also interacts with subspecialty fellows in Critical Care, Neonatology and Emergency Medicine in the diagnosis and acute management of endocrine emergencies.

#### EDUCATION OF PEDIATRIC RESIDENTS AND MEDICAL STUDENTS

The endocrine fellow is expected to present one to two formal resident lectures per year. In addition, the endocrine fellow provides one-on-one and small group teaching with pediatric residents and medical students both at the bedside and in informal conferences during student and resident electives. Similar teaching is provided to the housestaff team involved with management of the hospitalized endocrine patients.

#### **B. INPATIENT EXPERIENCE**

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## GENERAL DESCRIPTION OF EACH YEAR

- Year One: The endocrine fellow is expected to take responsibility for the inpatient service for six months of the year. The fellow initially is contacted for all patients admitted requiring endocrinological evaluation, and discusses the diagnosis and management of these patients with the attending endocrinologist. During the months on service the fellow also serves as "first call" for telephone consultations from families and physicians outside the institution. These cases are also discussed with the attending endocrinologist and follow up is provided. During the first year, the fellow attends all scheduled outpatient endocrinology clinics.
- Year Two: The fellow takes responsibility for patients on the inpatient service for four months, as above, and attends one to two clinics per week. During the remaining time the fellow is developing their area of expertise, developing a laboratory focus, or conducting clinical investigations.
- Year Three: The fellow takes responsibility for patients on the inpatient service for three months, and attends one to two clinics per week. The third year fellow will be expected to complete a grant proposal based on his/her research focus. The remainder of the third year is involved with completion of laboratory or clinical investigations and publication of these findings.

## GENERAL DESCRIPTION OF INPATIENT CLINICAL SERVICE

All patients admitted on the Endocrinology Consultation Service will be assigned to the fellow when he or she is covering the inpatient clinical service. The average number of inpatients per week on the Endocrinology Consultation Service is varies from 6 to 12. Patients are regularly admitted to Arkansas Children's Hospital (ACH) Patient Care Units 4 Adolescent and 4 Medicine. Patients may be admitted to the ACH Pediatric Intensive Care Unit or the Neonatal Intensive Care Unit depending on age or severity of presenting complaints. Occasional consults originate from other locations within ACH including the Emergency Department, Rehabilitation and Neurological Units as well as the various surgical units. An occasional consult may come from the Intensive Care Nursery at University Hospital, UAMS.

### a. Inpatient Responsibilities

While the attending faculty member is ultimately responsible for all inpatients, the fellow acts as the first-line consultant. A second or third year pediatric resident on the Endocrine rotation may accompany the fellow. The fellow's responsibilities include the primary interactions with the patient/family/nursing staff, with the support and supervision of the attending faculty member. The fellow evaluates each endocrine patient and develops a plan for diagnosis and treatment, and arranges for needed

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consultations and special testing procedures. The fellow is responsible for monitoring the progress of each patient and adjusts the plan as required and is the primary contact with parents of hospitalized children. This includes education of parents, and any needed interaction with the general pediatric residents, staff and fellows of other subspecialties, psychology, psychiatry and ancillary clinical support staff, such as nutritionists, social workers, and child life specialists. The fellow is teacher to the medical students and house officers who are also assigned to the patient through the ward assignment mechanism.

#### b. Call Schedule

The resident is on the inpatient service for six months during the first year, four months during the second year and three months during the third year. When on the inpatient service, the resident initially is contacted for all patients admitted requiring endocrinological evaluation, and discusses the diagnosis and management of these patients with the attending endocrinologist. During the months on service the fellow also serves as "first call" for telephone consultations from families and physicians outside the institution. These cases are also discussed with the attending endocrinologist and follow up is provided. Call is usually from home during the evening hours and weekends, although at times the fellow may be asked to come to the hospital to see an acutely ill patient. During the months on service, the resident has one day off each weekend, which is covered by the attending faculty on call.

During the non-inpatients months, the resident may be asked to cover night or weekend telephone "first call" from home no more than twice per month (for example, one night plus one weekend day or two nights and no weekend days per month). If call is assigned during the non-inpatient months, the resident serves as "first call" for evening and/or weekend telephone calls and has no inpatient responsibilities; an attending is also available as "second call".

#### c. Supervision and Attending Rounds

It is policy that all consultation requests are answered and completed within 24 hours of receipt. Completion includes staff supervision, including examination of the patient by faculty and review and signing of the consultation note written by the fellow. Rounds are conducted daily on all wards where a patient is hospitalized, and all patients assigned to Endocrinology are seen by the attending staff and fellow at least once daily. The fellow will usually evaluate patient progress independently in advance of the formal rounds. Each patient is discussed with the endocrine attending, and the plan evaluated and adjusted as required. The findings, progress, and management plans are documented by the fellow in the medical record. The attending reviews the medical record and adds appropriate documentation as a matter of medical management and for medical-legal necessity. One-on-one teaching is done during attending rounds, including initiation of literature searches. Throughout the training program, the fellow is instructed and supervised by the attending endocrinologist, who

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in a graduated manner encourages increasing responsibility for patient management.

### **C. OUTPATIENT EXPERIENCE**

#### **a. Outpatient Clinical Responsibilities**

The fellow has graduated responsibility for outpatient management of endocrine problems. The fellow is the first physician to see the patient. He or she then narrates the history and physical to a member of the faculty on completion of this work-up. The faculty member uses this time for teaching and review of the work-up done by the fellow. Each patient is then seen by the faculty member, and the pertinent parts of the work-up are personally checked. In addition to reviewing the further studies that might be done with the faculty member, the fellow dictates a summary letter or otherwise communicates with the referring physician or agency. Clinical dictation and notes are reviewed, discussed with the trainee, corrected and signed by the faculty member.

#### **b. Continuity of Care**

An attempt is made to provide a breadth of experience for each fellow by regulating which patients are seen. Assignment of each clinical patient to the appropriate trainee is monitored by a faculty member. Whenever possible, the endocrine fellow will see patients initially evaluated on the inpatient service when these patients return for follow up care. The fellow is then responsible for that patient's continuing care while attending that clinic. The fellow will also provide continuing care for patients assigned to him or her by the attending faculty in clinic. The fellow establishes a therapeutic alliance with a cadre of patients and their families. These families are encouraged to consider the endocrine fellow to be their first contact subspecialist throughout the fellow's period of training. To enable continuity of care, fellows may need to come to clinics during non-clinical research times to see assigned patients.

#### **c. Supervision**

An attending endocrinologist is physically present within the clinic space and discusses each patient immediately after being seen by the endocrine fellow.

#### **d. Additional Outpatient Experience**

In addition to the experiences outlined above, the endocrine fellow participates in endocrine testing procedures (such as stimulation testing) in a day medicine facility physically located in the hospital. The fellow writes specific orders for the tests, sees the patient during the testing process, reviews and interprets the laboratory studies obtained, and conveys the modified plan of care to the referring physician and family, all under the supervision of the attending endocrinologist. The endocrine fellow also evaluates patients in the Emergency Department with the attending physician.

**Outpatient Endocrinology Clinics**

Clinic	Monday	Tuesday	Wed.	Thurs.	Friday
Growth	830 am–12 noon, weekly				
General Endocrine	1 pm–430pm, weekly				
Hypo-thyroid			830–12 noon, 2/mo		
Diabetes Pump			830–12 noon, 2/mo		
Diabetes			1pm–5pm, weekly		
Diabetes				830am–12 noon, weekly	

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#### D. GOALS OF INPATIENT AND OUTPATIENT CLINICAL TRAINING

The clinical training goals will be presented to the fellows during their initial orientation and will be repeated and reinforced annually. Goals may be modified annually based upon changing program requirements and feedback from the fellows. The fellow will keep a running list of diagnoses encountered in clinic and on the wards. Annually, the program director will review the list to ensure that the fellow is adequately exposed to the entire clinical spectrum of pediatric endocrinology. The goal of the training program is that the fellow will demonstrate competence in the following areas during the fellowship program:

1. Elicit pertinent histories of endocrine patients including present, past, and family histories.
2. Perform general physical examinations of endocrine patients including but not limited to evaluations of growth, physical and pubertal development with particular emphasis upon genital development.
3. Evaluate normal and abnormal patterns of childhood growth and development with particular attention to the effects of endocrine and growth abnormalities.
4. Understand all facets of pathogenic mechanisms of pediatric endocrine disorders that may be applied to the differential diagnosis of endocrine patients.
5. Interpret, understand, integrate and evaluate medical and scientific literature relevant to pediatric endocrinology.
6. Understand the principles of endocrine diagnostic laboratory testing including peptide and steroid analysis, their interpretation and quality control. Understand the principles of genetic laboratory testing including cytogenetics and molecular diagnostic procedures and interpretation.
7. Counsel patients and their families on endocrinologic, metabolic and genetic aspects of prognosis and outcomes of disease and therapy.
8. Devise and evaluate appropriate endocrinologic therapies.
9. Initiate and maintain responsibility for continuity evaluation and treatment of endocrinologic patients in an outpatient setting.
10. Provide diagnostic, therapeutic and continuity care for endocrinologic patients from infancy through adolescence.
11. Coordinate endocrine evaluation and therapies with consulting services including medical, surgical, and other appropriate services such as genetics, psychology, nuclear medicine and radiology.
12. Clinical experiences will involve all aspects of diagnostic and therapeutic medicine and care in the following:
  - a. short stature including growth delay, patterns of growth associated with prematurity, intrauterine growth retardation (IUGR) and Small for Gestational Age (SGA), familial and pathological short stature, genetic disorders associated with growth failure such as Turner Syndrome, dyschondrodystrophies, Down Syndrome, nutritional and psychosocial growth disorders
  - b. normal variations of pituitary and endocrine function patterns as they

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- change in relation to childhood and adolescence including adrenal and pituitary hormones and growth factors
- c. disorders of growth hormone secretion and growth hormone insensitivity including growth factor and growth factor binding proteins, growth hormone biology in health and disease
  - d. disorders of hypothalamic and posterior pituitary functions [in addition to (b)], such as trophic regulation of the adrenal glands, gonads, thyroid gland and prolactin secretions as well as disorders of ADH secretion and responses including DI and the genetics of pathologic conditions
  - e. brain tumors and congenital malformations of the hypothalamus, pituitary gland and other sites of the brain affecting endocrine functions, including appropriate utilization and interpretation of diagnostic neuro- imaging studies
  - f. tall stature and excessive growth syndromes
  - g. normal and abnormal variation of patterns of pubertal development and pubertal effects on growth, metabolism and endocrine functions
  - h. normal and abnormal testicular and ovarian functions, both primary and secondary disorders including hypofunction, hyperfunction, tumors with emphasis upon other associated events such as premature adrenarche, thelarche, and pubarche in both males and females
  - i. normal and abnormal thyroid physiology and hormone secretion including benign and malignant tumors, autoimmune disease involving thyroid hormone secretion and end organ effects of deficiency and hypersecretory states including the "sick euthyroid syndrome", MEN-related syndromes and appropriate diagnostic evaluations for each
  - j. normal and abnormal functions of the adrenal gland including hypofunction, hyperfunction, disorders of steroid metabolism, and primary and secondary adrenal disease affecting the adrenal directly or indirectly and including the effects of adrenal hormones on other cellular systems, the latter emphasizing their effects upon growth and nutrition
  - k. disorders of sexual differentiation and development including normal variations, manifestations of genetic syndromes, effects of sex hormones upon genital structures, sex chromosomal changes characteristic of genital abnormalities, and sexual differentiation and development with emphasis upon normal and abnormal patterns of sexual development and variations of timing in relationship to normalcy and pathology.
  - l. normal and abnormal patterns and mechanisms of disease of calcium, phosphorus and vitamin D metabolism including disorders of the parathyroid gland, metabolic bone disease and mineralization, and the effects of other endocrine and metabolic systems on parathyroid gland and bone metabolism with emphasis upon rickets, osteomalacia, osteoporosis, their mechanisms of disease and the affects of other organ systems including GH, gonadal and adrenal hormones.
  - m. normal and abnormal regulation of fluid, mineral and acid-base metabolism and balance including the role of hormones in their regulation

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- and disease states effecting sodium, potassium, bicarbonate, chloride and H<sub>2</sub>O metabolism
  - n. carbohydrate metabolism including diabetes mellitus and hypoglycemia. Evaluation and treatment of type 1, type 2 and CF-related diabetes mellitus including mineral, fluid and insulin treatment of diabetic ketoacidosis, flexible intensive insulin therapy including insulin pump therapy oral hypoglycemic agents, nutrition and insulin:carbohydrate ratios, blood sugar monitoring including Continuous Glucose Sensors, detection and evaluation of complications, diabetes education, counseling, and psychosocial aspects of the disease and its treatment.
  - o. evaluation and treatment of obesity and related disorders with emphasis upon nutrition, exercise, lifestyle, and associated findings / complications including insulin resistance, type 2 DM, hypertension and hyperlipidemia.

## **II. Research Program**

The full-time faculty of the Division all participate actively in research programs. This provides the fellows with an environment in which intellectual inquiry is intrinsic to all patient care and education experiences. It is intended that each fellow be sufficiently well grounded in the fundamental underpinnings of clinical or basic research to be able to undertake original research under their own direction by completion of the fellowship.

Trainees in this program are expected to carry out research and participate in other scholarly activity. The research experience in our training program is based on a mentor:trainee relationship. Therefore, during the first year, trainees are expected to learn about the research interests of the faculty members, by attending Research Seminars, Journal Clubs, 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 faculty member will act as a research mentor and will assist the fellow in the selection of a research project. The Fellowship Director must approve of the choice of project and mentor, based on the likelihood of success in achieving fellowship goals. The project chosen will allow the fellow to learn the broad fundamental concepts of development of scientific hypotheses and specific aims, pertinent background literature review, formation of a research plan, statistical evaluation, a variety of methodologies, and data interpretation and presentation. The fellow may be involved in acquiring funding for the project and will be expected to prepare a peer-reviewed manuscript resulting from this research project as well as present the data at a national meeting. The preliminary success of the research project, the quality of the performance of the fellow, and the quality of the mentor are assessed annually. 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. If necessary, adjustments are made.

In addition to basic and clinical research, trainees will present at Clinical

Conferences, Journal Club, and, possibly, Research Seminars. They are encouraged to write up and publish interesting cases that they encounter during their training. Finally, faculty is encouraged to ask trainees to participate in writing of invited Chapters or Reviews, with appropriate authorship designation.

### III. Educational Program

Fellows are expected to teach pediatric residents and medical students when they are on the inpatient service and in clinic. Fellows will give one to two formal didactic lectures each year to residents at the resident weekly teaching conference and will be offered the opportunity to participate in patient/parent diabetes education classes.

All of the Pediatric Endocrinology faculty will be involved in evaluating the fellow's teaching performance, with regular feedback and suggestions given to both the fellow and the Program Director.

#### Lecture / Conference Schedule

Conference	Required (R ) vs. Optional (O)	Frequency	Hospital
Pediatric Grand Rounds	R	weekly	ACH
Endocrinology Grand Rounds	R	weekly	UAMS
Resident Lecture Series	O	twice weekly	ACH
Research Conference	O	monthly	ACH
Medical Staff Meeting	O	monthly	ACH
Mortality & Morbidity Conference	O	monthly	ACH

Endocrinology residents are required to attend weekly Pediatric Grand Rounds and to present one Grand Rounds during the training period. Trainees are expected to attend the weekly endocrinology rounds at UAMS and are encouraged to present cases and discussion of topics quarterly. Trainees are also encouraged to attend the pediatric resident lecture series and are required to present one to two lectures per year in this series. Attendance for the required Grand Rounds and the optional resident lectures series are monitored: residents "sign in" and /or have their ID badges electronically scanned to record attendance.

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OTHER

A. SPECIAL SESSIONS / COURSE WORK / LABORATORY EXPERIENCES

Within the institute the fellow takes courses in radiation safety (one day), Research Skills I–Biostatistics (two hours per week for three months), Research Skills II–Research Design and Implementation (two hours per week for three months). As an example of the courses available to the endocrine fellow, the UAMS College of Medicine Division of Biometry offers a 3-hour course entitled “Statistical Methods for Clinical Trials”. The course covers principles underlying the planning, management, and implementation of modern clinical trials, application of statistical methods for analysis of clinical trials data, and interpretation of results. Basic statistical techniques for design and analysis of Phase I, II and III single- and multi-center trials will be considered. The endocrine fellow may also elect to take Basic Cardiac Life Support (American Heart Association CPR course, one day), Neonatal Advanced Life Support (American Academy of Pediatrics, two days), Advanced Pediatric Life Support (American College of Emergency Physicians / American Academy of Pediatrics, two days). In addition to these institutional courses, the fellow may participate in a variety of off campus workshops, symposia, and scientific meetings. For example, all previous endocrine fellows have attended a Review of Pediatric Endocrinology, (a three-day symposium sponsored by the Lawson Wilkins Pediatric Endocrinology Society). The fellow will be supported and encouraged to attend the Annual Meeting of the Endocrine Society. If the fellow chooses to explore research experiences, either clinical or basic, which lie outside of the expertise of the Pediatric Endocrinology faculty and such experience is deemed appropriate by the Division Head, attempts will be made to identify outside mentors and facilitate the fellow’s interaction with such mentors.

B. PSYCHO-SOCIAL ASPECTS

The psycho-social aspects of medicine are largely taught as part of individual patient care. The fellow is taught to assess each patient for a variety of psycho-social problems, including family environment, socio-economic factors, mental and emotional state of family and patient, and to make appropriate referral to supportive services such as social work and child psychology / psychiatry. The Departments of Child Psychology and Psychiatry have a lecture / case presentation series one noon hour per week which is devoted to psychological medical issues in pediatric patients. There is particularly close interaction with the faculty of adolescent medicine and pediatric psychology, offering an additional forum for discussion of psycho-social issues as they pertain to endocrine patients.

C. MEDICAL ETHICS

In order to ensure that all residents/fellows receive a baseline of information in medical ethics, the Graduate Medical Education (GME) Committee at UAMS has

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supported the development of a web-based course in medical ethics. The course consists of a seven-module course filled with basic, useful and practical information on bioethics with links to other useful web sites. Course modules include informed , confidentiality, end of life issues, ethical responsibilities to society, research, organ donation and resource allocation. Each session has information related to the topic, objectives of the session, selected references, a short case study, and a series of multiple choice questions (quiz), with answers and feedback. The endocrine fellow is expected to complete this course with an 80% pass rate on the quiz for each module. Currently, to gain access to the modules:

- 1) From a browser go to <http://webct.uams.edu>
- 2) Choose Log on to
- 3) Type in your username and password.  
Username is last name followed by first name (no middle initial). For example, John E. Doe would be doejohn.  
Password is all nine digits of your social security number with no dashes. For example, social security number 123-45-6789 would be 123456789
- 4) This takes you to the "My WebCT" page
- 5) Click on Ethics
- 6) Read the general information and the instructions for "Completing the Case Studies and Quiz"
- 7) Click on Ethics Modules to begin the course

Ethics is also taught through a series of lectures given as part of Pediatric Grand Rounds and Case Presentations, in which the subspecialty fellows participate, and the fellow is also taught to seek counsel from the Medical Ethics Committee for complicated ethical cases.

#### D. HUMAN RESEARCH AND CONSENT

All investigators using human subjects in research must complete initial education on the protection of human subjects prior to conducting such research. All investigators at Arkansas Children's Hospital (ACH) are required by the ACH Research Institute (ACHRI) to show documentation of their training annually by January 31 of each year. ACHRI goals for education are (1) increase knowledge of, and sensitivity to, issues surrounding the responsible conduct of research (2) improve the ability of participants to make ethical and legal choices in the face of conflicts involving scientific research (3) develop appreciation for the range of accepted scientific practices for conducting research (4) provide information about the regulations, policies, statutes, and guidelines that govern the conduct of research (5) develop positive attitudes toward life-long learning in matters involving the responsible conduct of research. Furthermore, approved education programs provide focus on (1) guidelines and regulations, (2) ethics and morality, (3) research misconduct, (4) data management, (5) human subjects, (6) publication, (7) conflicts of interest, (8) mentoring, (9) peer review, (10) collaborative science, and (11) informed consent.

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To access the course:

- 1) From a browser (using a version prior to 6) go to <http://webct.uams.edu>  
Click "Log on to my WebCT"  
Type your username and password.  
Username = last name followed by first name (no middle initial).  
For example, John E. Doe would be doejohn.  
Password = all nine digits of your social security number with no dashes.  
For example, social security number 123-45-6789 would be  
123456789
  - 2) Click "Medical Legal Issues"
  - 3) Click "Begin Here" to review important instructions
  - 4) Then choose any module you wish.
- If you have problems with access, call Karalin Rogers at 686-6243

F. ADMINISTRATION AND OTHER TRAINING

Trainees who do not have appropriate computer skills to enable them to search the literature electronically, participate in computer-assisted instruction and use electronic information networks will be taught those skills.

Issues concerning quality assessment, quality improvement and risk management are discussed in all clinical and laboratory settings throughout this program. There is daily emphasis during inpatient rounds and outpatient clinic experiences on all aspects of marketplace-dependent patient care including cost control, efficacy of diagnostic and therapeutic modalities, capitation payments for health care, patient care billing and research budgets. Billing regulations are reviewed annually with the entire Pediatric Endocrinology Division, including fellows, by members of the business office.

**POLICIES OF THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
PEDIATRIC ENDOCRINOLOGY FELLOWSHIP TRAINING PROGRAM**

Criteria and Processes for Fellow Selection

Work Hours and Work Environment

Supervisory Lines of Responsibility

Raising and Resolving Issues of Concern

Moonlighting Activities

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**Criteria and Processes for Fellow Selection  
Pediatric Endocrinology Fellowship Training Program**

The Pediatric Endocrinology fellowship training program uses both objective and subjective guidelines in selection of applicants. The Training Program Director, Division Chief and Departmental Chairperson are responsible for selection and appointment of residents to the training program. The application process meets all requirements of the Equal Employment Opportunity and the Americans With Disability Acts and does not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran's status. The criteria and processes for fellow selection follow:

**APPLICATION PROCESS**

1. Applicants should contact J. Paul Frindik, M.D. (program director) at 501-364-1430 or [frindikpaul@uams.edu](mailto:frindikpaul@uams.edu) or the program coordinator Estelle Gilbreth at 501-364-1430 or [GilbrethMarieE2@uams.edu](mailto:GilbrethMarieE2@uams.edu) to receive information about obtaining an application.
2. Only applicants who meet the following eligibility requirements will be considered.

**ELIGIBILITY**

1. Satisfactory completion of an ACGME-accredited pediatric residency program or equivalent plus the following:
2. Ability to carry out the duties as required of the Pediatric Endocrinology training program.
3. Proficient in the English language to include reading printed and cursive English, writing (printing) English text, understanding spoken English on conversational and medical topics, speaking English on conversational and medical topics as determined by the program director and/or selection committee.
4. Must meet **one** of the following qualifications:
  - A. Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
  - B. Graduate of a college of osteopathic medicine in the United States or Canada accredited by the American Osteopathic Association (AOA).
  - C. Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

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- D. A graduate who holds a full and unrestricted license to practice medicine in a US licensing jurisdiction
  - E. Graduate of a medical school **outside** the United States or Canada with
    - 1. A currently valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG) plus a passing score on the USMLE step 3 **or** a full and unrestricted license to practice medicine in a US licensing jurisdiction.
    - 2. Not more than five years elapsed since completion of pediatric residency training or two years away from the clinical practice of pediatrics as a physician.
    - 3. The ability to reside continuously in the U.S. for the length of training, *i.e.*, at least 3 years.

#### SELECTION

- 1. The following information must be received and reviewed by the program director before the application will be considered and before an applicant is invited for an interview: completed application form plus two letters of recommendation.
- 2. Once an applicant has been found to meet minimal selection criteria, he/she is contacted by the program coordinator by e-mail or telephone to schedule an interview.
- 3. An applicant invited for an interview should review and be familiar with the terms, conditions and benefits of appointment (and employment) including financial support, vacation, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the resident and their family, and conditions under which living quarters, meals and laundry or the equivalents are provided. This information will be provided to the applicant in writing at the time of the initial interview.
- 4. The interview consists of a full day of interviews with both Division and Department faculty members as well as interactions with the other members of the Pediatric Endocrine Division (e.g., speciality nurses, diabetes educators, program coordinator) as well as a tour of Arkansas Children's Hospital and the division's clinical work areas. The candidate will also tour the basic research laboratories of the division, as well as clinical research areas.
- 5. Faculty members who interact with the applicant will complete a written evaluation form to assess communication skills, interest in and compatibility with

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the fellowship program, and overall personal qualities.

6. Criteria for selection include:
  - A. Review and confirmation of eligibility requirements
  - C. Recent clinical training or experience
  - D. Demonstrated ability to choose goals and complete the tasks necessary to achieve those goals
  - E. Maturity and emotional stability
  - F. Honesty, integrity and reliability
  - G. Lack of history of drug or alcohol abuse or demonstration of rehabilitation / ongoing recovery.
  - H. Motivation to pursue a career in the specialty of Pediatric Endocrinology
  - I. Prior research and publication experience
  - J. Verbal and written communication skills
  - K. Letters of recommendation from faculty
  - L. Possession of or eligibility for a full and unrestricted license to practice medicine in a US licensing jurisdiction
  - M. The ability to reside continuously in the US for the length of the training
7. Following the interview, the Program Director, Division Head, and other pediatric endocrine faculty review the applicant's file and written interview evaluations and ranks the applicant based on the criteria above. Impressions from other personnel outside the Division may also be sought in the process of identifying viable candidates.
8. Following completion of the interviews and discussion by division members, the Program Director and Division Head discuss their recommendations with the Chair of Pediatrics.

#### APPOINTMENT/REGISTRATION

Upon verification by the training program director that the applicant has met eligibility requirements, completed the application process and been selected according to established criteria, the applicant will begin the process of appointment and registration with the College of Medicine. An applicant is considered fully appointed and registered **only after all** of the following documents have been completed and returned to the Director of Housestaff Records. Once the Director of Housestaff Records has received all the documents, the applicant is registered in the payroll system to receive a stipend and may begin the training program.

1. Documentation of a negative drug test
2. Verification of successful graduation if previously anticipated (e.g., final transcript, letter from Registrar, copy of diploma, currently valid ECFMG

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certificate, if applicable)

3. All of the following with valid signature:
  - A. Resident Agreement of Appointment (contract)
  - B. Medical Records Agreement
  - C. Attestation acknowledging receipt of GME Committee policies and procedures
  - D. Confidential Practitioner Health Questionnaire
  - E. Employee Drug Free Awareness Statement
  - F. Housestaff Medical Screening Form
  - G. Post Doctoral Medical Education Biographical Form
  - H. Copy of currently valid ECFMG certificate (if applicable)
  - I. Valid visa (if applicable) allowing the Fellow to stay within the United States for the entire term of their Fellowship training

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Revised: February 26, 2002

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## Pediatric Endocrinology Fellowship Training Program Policy on Work Hours and Work Environment

In compliance with the UAMS COM GME Committee policies on work hours/work environment and moonlighting and considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply:

### WORK HOURS

1. **work week:** each fellow shall work no more than an average maximum of 80 hours of assigned clinical duties per week
2. **days off:** each fellow shall be given a monthly average of 1 day in 7 free from clinical duties and expectations (usually one weekend day off per week)
3. **call:** When on the inpatient service, the resident initially is contacted for all patients admitted requiring endocrinological evaluation, and discusses the diagnosis and management of these patients with the attending endocrinologist. During the months on service the fellow also serves as "first call" for telephone consultations from families and physicians outside the institution. These cases are also discussed with the attending endocrinologist and follow up is provided. Call is usually from home during the evening hours and weekends, although at times the fellow may be asked to come to the hospital to see an acutely ill patient. If call is assigned during the non-inpatient months, the resident serves as "first call" for evening and/or weekend telephone calls and has no inpatient responsibilities; an attending is also available as "second call".

The resident/fellow is expected to be on duty during normal working hours 830am to 430pm, Monday through Friday. Additional work hours include on-call duties. Night, weekend and holiday call schedules are formulated by the faculty and depend on the specific educational rotation. Fellows must be available by telephone or pager while on-call. Specific call schedules and responsibilities are delineated in the written goals/objectives of each rotation which are reviewed with the fellow at the beginning of the rotation.

Exceptions to the above work hours include official holidays and while on approved annual, sick, or educational leave.

### WORK ENVIRONMENT

1. **supervision:** staff physician supervision is provided at all times appropriate to the skill level of the fellow. A specific staff physician supervisor is noted on the goals/ objectives of each rotation or the call schedule. Decisions made by the fellow while on-call are under the supervision of the responsible faculty staff member. The progressive increase in the knowledge and ability of the fellow when handling these decisions is an important step toward becoming a confident

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specialist.

2. **ancillary support:** adequate ancillary support for patient care is provided. Except in unusual circumstances, providing ancillary support is not the fellow's responsibility except for specific educational objectives or as necessary for patient care. This is defined as, but not limited to, the following: drawing blood, obtaining EKGs, transporting patients, securing medical records, securing test results, completing forms to order tests and studies, monitoring patients after procedures.

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## Pediatric Endocrine Training Program Policy on Supervisory Lines of Responsibility

In compliance with the UAMS COM GME Committee policy on supervisory lines of responsibility the following apply to the supervision for the care of patients:

1. Attending faculty physician supervision is provided at all times appropriate to the skill level of the fellows on the service/rotations.
2. Specific lines of responsibility for patient care are included in the written description of each service/rotation which are reviewed with the fellow at the beginning of the service/rotation. In general, the fellow oversees any lower level residents and interns. The faculty physician oversees the entire team and is available at all times in person, by telephone or beeper.
3. On-call responsibilities, and supervision is documented by the call schedules and is reviewed with the fellow at the beginning of each service/rotation or if/when there is a change in the schedule.

Updated information regarding supervisory lines of responsibility may be found as follows:

Go to UAMS homepage: <http://www.uams.edu/>  
Click on "UAMS Intranet" on left side-bar  
Click on "Departments"  
Click on "Resident/Fellow Job Descriptions"  
This will bring you to the cover page "Supervision of Residents"  
At the "Supervision of Residents" page, click on "Go to Job Descriptions"  
This will bring you to the job descriptions listed in alphabetical order.

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## **Pediatric Endocrinology Training Program Policy on Raising and Resolving Issues of Concern**

At times, various issues resulting from miscommunication, stress, or inappropriate behavior may arise. Fellows must have a procedure to raise and resolve issues of concern in a confidential manner.

In compliance with the UAMS COM GME Committee policy on raising and resolving issues in a confidential manner, the following guidelines apply within the Pediatric Endocrinology training program.

1. A fellow should discuss the concern with the supervising, upper level resident or attending physician or the resident's assigned faculty advisor.
2. If the above discussion does not resolve the concern, the fellow should meet with the Program Director or his/her designee.
3. If the issue cannot be resolved by the Program Director, the fellow should contact the Chair of the Resident Council or the Associate Dean for Graduate Medical Education. These groups will discuss with the fellow the options for resolution of the concern (including convening a peer review panel).
4. For issues that are extremely serious and for which confidentiality is of the utmost importance, the fellow may seek assistance directly from the Program Director and/or the Associate Dean for GME.

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## Request to Participate in Moonlighting Activities

In order to be eligible for moonlighting activities, the fellow must follow the procedure as outlined in the UAMS College of Medicine GME Committee policy, Moonlighting and Malpractice Insurance Coverage while Moonlighting. Fellows are not required to moonlight. Moonlighting is allowed only with the written permission of the program director upon the fellow's written request to moonlight. This information is contained in the fellow's file. Professional liability coverage (malpractice insurance) provided through UAMS is provided only when on official duty (activities within the fellowship training program) and does not cover moonlighting activities. Malpractice insurance for such activities is the sole responsibility of the fellow. It is the responsibility of the clinical facility hiring the fellow to determine whether the appropriate credentials, adequate liability coverage and appropriate skill levels are in place.

Moonlighting privileges will be withdrawn if the fellow is no longer performing satisfactorily in the program. In the event permission to moonlight is withdrawn by the program director, the obligation to notify an outside employer is the responsibility of the fellow who established that employment and not the responsibility of the program director or UAMS.

Fellows will be subject to dismissal from the program for the following:

1. moonlighting without written approval of the program director,
2. continuing to moonlight after permission to do so is withdrawn,
3. using the University Hospital's or Arkansas Children's Hospital DEA number while moonlighting.

As a fellow in the Pediatric Endocrinology training program, I understand and will abide by the above requirements for moonlighting activities. I understand that the performance of these activities will not interfere with my ability to achieve the goals and objectives of my training program. I request permission to engage in moonlighting activities.

\_\_\_\_\_  
Name resident/fellow (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Program Director

\_\_\_\_\_  
Date

Place in Fellow's file