



**SAN ANTONIO
REGIONAL HOSPITAL**

OPTI-West San Antonio Regional Hospital Internal Medicine Residency Program

Endocrinology Rotation

Competency-Based Goals & Objectives by Level of Training

Structured on the six ACGME Core Competencies | Academic Year 2026

Rotation Description and Educational Purpose

The Endocrinology rotation is a purely ambulatory experience conducted in the endocrine subspecialty clinic. Residents carry no inpatient, consult-service, night, or weekend responsibilities. They gain graduated experience in the evaluation and longitudinal management of endocrine and metabolic disease through new-patient consultations, continuity follow-up visits, diabetes-technology review, multidisciplinary endocrine care, and structured conferences. Over the course of training, residents progress from recognizing and initiating management of common endocrine problems under supervision (PGY-1), to independently managing common clinic referrals and supervising juniors (PGY-2), and finally to functioning as a junior consultant who leads complex ambulatory care and teaches (PGY-3).

Objectives below are stratified by level of training and mapped to the six ACGME Core Competencies. Each level reflects graduated responsibility and progressive independence consistent with the ACGME Internal Medicine Milestones. Residents and faculty should review the applicable objectives at the beginning and end of the rotation.

Clinical Content Domains

Residents are expected to gain experience across the following domains, with expectations increasing by training level (see the matrix that follows): diabetes and diabetes technology, obesity medicine, thyroid disease and thyroid ultrasound, pituitary disorders, adrenal disorders, calcium and metabolic bone disease, reproductive and gender-affirming endocrinology, endocrine emergencies, and endocrine procedures and testing.

Supervision and Entrustment

All patient care is supervised by attending endocrinology faculty in clinic. Residents see patients independently and present to the precepting attending; the level of supervision advances from direct supervision toward indirect supervision with progressive entrustment as residents demonstrate competence. Residents must recognize the limits of their abilities and request supervision and assistance appropriately at every level. Patients who decompensate in clinic are escalated immediately to faculty for emergency department referral or hospital admission.

Clinical Content Domains and Graduated Expectations

The following matrix summarizes progressive clinical expectations by training level. Detailed competency-based objectives for each PGY level follow.

Content Domain	PGY-1	PGY-2	PGY-3
Diabetes & Technology	Differentiate and initiate outpatient treatment of type 1 and type 2 diabetes; screen for complications; recognize DKA/HHS and arrange urgent triage.	Titrate insulin and non-insulin agents across visits; interpret CGM and basic pump downloads; manage gestational diabetes in clinic.	Individualize advanced CGM and hybrid closed-loop therapy; manage refractory and technology-dependent diabetes.
Obesity Medicine	Counsel on lifestyle modification and screen for complications.	Apply principles of anti-obesity pharmacotherapy; support bariatric follow-up.	Lead complex obesity management and coordinate multidisciplinary/bariatric care.
Thyroid & Thyroid Ultrasound	Diagnose and initiate treatment of hypo- and hyperthyroidism and thyroiditis.	Risk-stratify nodules (ATA, Bethesda, FNA indications); manage thyroid disease in pregnancy.	Coordinate thyroid cancer surveillance; interpret ultrasound and guide post-biopsy management.
Pituitary	Recognize presentations of pituitary disease and pituitary apoplexy.	Evaluate prolactinoma, acromegaly, and hypopituitarism.	Independently manage complex pituitary disease and coordinate neurosurgical/oncologic care.
Adrenal	Recognize adrenal insufficiency and initiate stress-dose steroids.	Evaluate incidentaloma, Cushing syndrome, pheochromocytoma, and primary aldosteronism.	Lead workup and management of complex adrenal disease and perioperative planning.
Calcium & Bone	Interpret calcium and vitamin D; recognize hypercalcemia.	Manage osteoporosis and hyper-/hypoparathyroidism; interpret DXA.	Manage complex metabolic bone disease and Paget disease.
Reproductive / Gender-Affirming	Recognize PCOS and hypogonadism.	Evaluate hypogonadism, menopause, and fertility basics.	Provide gender-affirming hormone therapy oversight and complex reproductive endocrine care.
Endocrine Urgencies & Emergencies (Ambulatory Recognition)	Recognize DKA, HHS, adrenal crisis, thyroid storm, myxedema coma, and severe calcium disorders when they present in clinic; escalate immediately to faculty and arrange emergent transfer.	Direct initial ambulatory stabilization (e.g., stress-dose steroids) and triage/transfer decisions with indirect supervision; counsel patients on sick-day rules and prevention.	Independently triage and stabilize endocrine emergencies presenting to clinic, communicate directly with the ED or admitting team, and lead prevention and patient-education efforts.
Procedures	Observe in-clinic CGM/pump downloads, dynamic testing, thyroid ultrasound and FNA, and DXA review.	Interpret CGM/pump downloads and dynamic endocrine testing performed in clinic.	Independently interpret diabetes technology downloads, dynamic testing, thyroid ultrasound, and DXA reports.

PGY-1 Goals and Objectives

Foundational Level — Developing skills under direct and indirect supervision

Patient Care

Residents will provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, and treatment of endocrine disease.

1. Perform a focused endocrine history and physical examination, eliciting relevant symptoms of diabetes, thyroid, adrenal, pituitary, calcium/bone, and reproductive disorders.
2. Recognize common endocrine disorders (type 1 and type 2 diabetes, hypo- and hyperthyroidism, osteoporosis, adrenal insufficiency) and formulate an initial assessment and plan under supervision.
3. Interpret basic endocrine laboratory studies (glucose, HbA1c, TSH, free T4, basic metabolic panel, calcium, vitamin D) and identify results requiring urgent action.
4. Initiate outpatient glycemic management under supervision, including basal and basal-bolus insulin regimens, non-insulin agents, and structured glucose self-monitoring.
5. Recognize endocrine emergencies presenting in clinic (DKA, HHS, adrenal crisis, thyroid storm, myxedema coma, severe calcium disorders), escalate promptly to faculty, and arrange emergency department referral or hospital admission.
6. Counsel patients on diabetes self-management basics, medication adherence, and hypoglycemia recognition using the teach-back method.
7. Conduct follow-up visits for established clinic patients under supervision, reassessing treatment response, adherence, and complication screening (retinal, renal, foot, and lipid screening in diabetes).

Instructional / Training Methods	Evaluation Methods
• Didactics and case-based conferences • Textbook and journal readings • Endocrine subspecialty clinic experience (new consultations and continuity follow-up visits) • Multidisciplinary conferences (diabetes, thyroid) • In-clinic diagnostic sessions (CGM/pump downloads, thyroid ultrasound and FNA, DXA review) • Direct patient care experience	• Direct observation and feedback by faculty • Milestone-based faculty evaluation (New Innovations) • Chart-stimulated recall and chart review • In-training examination • Self-assessment and reflection

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to the care of patients with endocrine disorders.

1. Describe the physiology of glucose homeostasis and regulation of the hypothalamic-pituitary, thyroid, adrenal, calcium, and reproductive axes.
2. Differentiate type 1 from type 2 diabetes and describe first-line lifestyle and pharmacologic therapy per current ADA Standards of Care.

3. Describe the diagnostic approach to primary hypothyroidism and hyperthyroidism and initial management options.
4. Apply guideline-based outpatient glycemic targets, individualize A1C goals, and recognize the indications and treatment goals of common diabetes medications.
5. Identify indications for and basic interpretation of common endocrine tests (TSH/free T4, morning cortisol, ACTH stimulation, PTH, vitamin D).

Instructional / Training Methods	Evaluation Methods
• Didactics and core-content lectures • Textbook and journal readings • Guideline review (ADA, AACE, ATA, Endocrine Society) • Multidisciplinary conferences • Direct patient care experience	• Direct observation and feedback by faculty • In-training examination • Milestone-based faculty evaluation • Chart review • Self-assessment and reflection

Practice-Based Learning and Improvement

Residents must be able to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.

1. Identify personal knowledge gaps during patient care and use point-of-care references and guidelines to address them.
2. Incorporate faculty and senior resident feedback into subsequent patient encounters.
3. Participate actively in journal club and endocrine teaching conferences.
4. Begin using the ACGME internal medicine / endocrinology milestones for structured self-assessment.

Instructional / Training Methods	Evaluation Methods
• Journal club • Guideline review sessions • Scholarly / quality-improvement project mentorship • Direct patient care experience	• Faculty evaluation • Project and presentation assessment • In-training examination • Self-assessment and reflection

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

1. Communicate clearly and respectfully with patients and families, using interpreters and plain language.
2. Provide accurate, timely clinic documentation, including a consultation letter or note returned to the referring provider.
3. Deliver concise, organized verbal case presentations to the precepting attending in clinic.

- Engage patients in shared decision-making regarding diabetes management under supervision.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty • Communication workshops • Clinic precepting and case staffing • Patient / family conferences • Direct patient care experience	• Direct observation and feedback in clinic • Multisource (360°) evaluation by patients and team • Clinic note and consultation letter review • Self-assessment and reflection

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including sensitivity to a diverse patient population.

- Demonstrate respect, compassion, and integrity toward patients, families, and colleagues.
- Adhere to HIPAA and principles of patient confidentiality.
- Recognize the limits of one's abilities and seek supervision and assistance appropriately.
- Demonstrate reliability, punctuality, and responsiveness to clinical responsibilities.
- Demonstrate cultural humility and sensitivity to diverse patient populations.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty • Didactics on ethics and professionalism • Multidisciplinary patient / family conferences • Direct patient care experience	• Faculty evaluation • Multisource (360°) evaluation by team and patients • Self-assessment and reflection form

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to call effectively on other resources to provide optimal, high-value endocrine care.

- Identify members of the multidisciplinary endocrine team (diabetes educators, dietitians, pharmacists, social workers) and refer appropriately.
- Practice cost-conscious ordering of endocrine laboratory and imaging studies.
- Perform accurate medication reconciliation at every clinic visit and support safe transitions of care, including post-hospitalization follow-up.
- Recognize systems factors—such as access to insulin and glucose-monitoring supplies—that affect endocrine care.
- Participate in a program population health project (e.g., diabetes A1C management in uninsured patients) by collecting data and supporting patient outreach.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty • Multidisciplinary care conferences • Quality-improvement and systems initiatives • Direct patient care experience	• Faculty evaluation • Multisource evaluation by care-team members • Quality-improvement project participation • Self-assessment and reflection

PGY-2 Goals and Objectives

Developing Consultant — Managing common problems with indirect supervision and supervising juniors

Patient Care

Residents will provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, and treatment of endocrine disease.

1. Independently manage common endocrine clinic referrals (uncontrolled diabetes, thyroid dysfunction, osteoporosis, calcium and vitamin D disorders) with indirect supervision.
2. Confidently titrate insulin and non-insulin diabetes therapies across serial clinic visits, including safe transitions between insulin regimens and stepwise treatment intensification and de-intensification.
3. Interpret continuous glucose monitoring (CGM) data and basic insulin-pump settings to adjust therapy.
4. Evaluate and initiate the workup of pituitary (prolactinoma, acromegaly, hypopituitarism) and adrenal (adrenal insufficiency, incidentaloma, Cushing syndrome, pheochromocytoma, primary aldosteronism) disorders.
5. Manage a longitudinal panel of clinic patients, determining appropriate follow-up intervals, tracking pending laboratory results, and closing the referral loop with primary care.
6. Recognize decompensated endocrine disease in clinic, direct initial ambulatory stabilization, and arrange emergent transfer with indirect supervision.
7. Supervise and support PGY-1 residents and students in clinic, reviewing their assessments and plans before staffing with the attending.

Instructional / Training Methods	Evaluation Methods
• Didactics and case-based conferences • Textbook and journal readings • Endocrine subspecialty clinic experience (new consultations and continuity follow-up visits) • Multidisciplinary conferences (diabetes, thyroid) • In-clinic diagnostic sessions (CGM/pump downloads, thyroid ultrasound and FNA, DXA review) • Direct patient care experience	• Direct observation and feedback by faculty • Milestone-based faculty evaluation (New Innovations) • Chart-stimulated recall and chart review • In-training examination • Self-assessment and reflection

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to the care of patients with endocrine disorders.

1. Apply ADA, AACE, ATA, and Endocrine Society guidelines to the diagnosis and management of diabetes, thyroid, adrenal, and pituitary disorders.
2. Interpret dynamic endocrine testing (ACTH stimulation, dexamethasone suppression, oral glucose tolerance testing for acromegaly).

- Describe evaluation and risk stratification of thyroid nodules using ATA risk categories, FNA indications, and the Bethesda cytology system.
- Explain the pharmacology of insulin, GLP-1 receptor agonists, SGLT2 inhibitors, antithyroid drugs, and glucocorticoid replacement.
- Describe evaluation and management of osteoporosis, hyper- and hypoparathyroidism, and vitamin D disorders.

Instructional / Training Methods	Evaluation Methods
- Didactics and core-content lectures - Textbook and journal readings - Guideline review (ADA, AACE, ATA, Endocrine Society) - Multidisciplinary conferences - Direct patient care experience	- Direct observation and feedback by faculty - In-training examination - Milestone-based faculty evaluation - Chart review - Self-assessment and reflection

Practice-Based Learning and Improvement

Residents must be able to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.

- Critically appraise endocrine literature and apply evidence to individual patient care.
- Lead a guideline-based or journal club presentation.
- Use milestone-based self-assessment to set individualized learning goals.
- Participate in a quality-improvement or scholarly project relevant to endocrinology.

Instructional / Training Methods	Evaluation Methods
- Journal club - Guideline review sessions - Scholarly / quality-improvement project mentorship - Direct patient care experience	- Faculty evaluation - Project and presentation assessment - In-training examination - Self-assessment and reflection

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

- Communicate complex management plans (e.g., insulin regimens, thyroid cancer surveillance) to patients and referring teams.
- Provide effective written and verbal consultation to referring primary care providers, answering the specific question asked.
- Role-model shared decision-making, including for obesity pharmacotherapy and gender-affirming care discussions.
- Ensure continuity between clinic visits, including follow-up of pending results and closure of the referral loop with primary care.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty • Communication workshops • Clinic precepting and case staffing • Patient / family conferences • Direct patient care experience	• Direct observation and feedback in clinic • Multisource (360°) evaluation by patients and team • Clinic note and consultation letter review • Self-assessment and reflection

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including sensitivity to a diverse patient population.

1. Consistently demonstrate professional behavior and ethical practice under increasing autonomy.
2. Model accountability by admitting and learning from errors.
3. Balance supervisory responsibilities with direct patient-care duties.
4. Maintain sensitivity to socioeconomic and cultural factors that influence endocrine care.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty • Didactics on ethics and professionalism • Multidisciplinary patient / family conferences • Direct patient care experience	• Faculty evaluation • Multisource (360°) evaluation by team and patients • Self-assessment and reflection form

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to call effectively on other resources to provide optimal, high-value endocrine care.

1. Coordinate multidisciplinary endocrine care across endocrinology, surgery, radiology, nutrition, and behavioral health.
2. Apply cost-effective, evidence-based strategies to endocrine testing and treatment.
3. Advocate for patients navigating medication access and insurance barriers, such as insulin affordability.
4. Contribute to safe systems of care through reliable ambulatory follow-up, result tracking, and no-show outreach.
5. Contribute to a population health / quality-improvement project such as diabetes A1C management in uninsured patients, applying PDSA methodology and tracking outcome measures.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty	• Faculty evaluation

Instructional / Training Methods	Evaluation Methods
• Multidisciplinary care conferences • Quality-improvement and systems initiatives • Direct patient care experience	• Multisource evaluation by care-team members • Quality-improvement project participation • Self-assessment and reflection

PGY-3 Goals and Objectives

Junior Consultant — Independent, leadership, and teaching roles approaching autonomous practice

Patient Care

Residents will provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, and treatment of endocrine disease.

1. Function as a junior endocrine consultant in the ambulatory subspecialty clinic, independently evaluating and managing complex and undifferentiated endocrine problems.
2. Lead the management of complex clinic referrals (advanced diabetes technology, resistant thyroid disease, pituitary and adrenal masses, multiglandular disorders).
3. Independently triage and stabilize endocrine emergencies presenting to clinic, and escalate to emergency or inpatient care appropriately.
4. Integrate diabetes technology (advanced CGM and hybrid closed-loop insulin pumps) into individualized management plans.
5. Coordinate longitudinal, multidisciplinary care for complex endocrine disease, including thyroid cancer, pituitary disease, and reproductive/gender-affirming care.
6. Design individualized long-term ambulatory treatment plans for complex endocrine disease, anticipating barriers to adherence, medication access, and follow-up.
7. Provide pre-operative and peri-procedural endocrine optimization (perioperative glucocorticoid coverage, glycemic planning, thyroid optimization) and lead post-operative outpatient follow-up, including post-thyroidectomy and post-adrenalectomy care.

Instructional / Training Methods	Evaluation Methods
• Didactics and case-based conferences • Textbook and journal readings • Endocrine subspecialty clinic experience (new consultations and continuity follow-up visits) • Multidisciplinary conferences (diabetes, thyroid) • In-clinic diagnostic sessions (CGM/pump downloads, thyroid ultrasound and FNA, DXA review) • Direct patient care experience	• Direct observation and feedback by faculty • Milestone-based faculty evaluation (New Innovations) • Chart-stimulated recall and chart review • In-training examination • Self-assessment and reflection

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to the care of patients with endocrine disorders.

1. Demonstrate mastery of endocrine physiology and guideline-based management across the breadth of the specialty.
2. Independently interpret complex dynamic testing, thyroid ultrasound and DXA reports, and diabetes technology data.

3. Teach the evidence base and guideline rationale for endocrine management to junior learners.
4. Apply nuanced management for special populations (pregnancy, gender-affirming hormone therapy, perioperative, elderly, chronic kidney disease).
5. Critically evaluate emerging endocrine therapies and evolving evidence.

Instructional / Training Methods	Evaluation Methods
• Didactics and core-content lectures • Textbook and journal readings • Guideline review (ADA, AACE, ATA, Endocrine Society) • Multidisciplinary conferences • Direct patient care experience	• Direct observation and feedback by faculty • In-training examination • Milestone-based faculty evaluation • Chart review • Self-assessment and reflection

Practice-Based Learning and Improvement

Residents must be able to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.

1. Lead scholarly, quality-improvement, or educational projects in endocrinology.
2. Model self-directed, lifelong learning and evidence-based practice.
3. Provide structured, constructive feedback to junior residents and students.
4. Use milestone data to guide readiness for independent practice.

Instructional / Training Methods	Evaluation Methods
• Journal club • Guideline review sessions • Scholarly / quality-improvement project mentorship • Direct patient care experience	• Faculty evaluation • Project and presentation assessment • In-training examination • Self-assessment and reflection

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

1. Serve as an effective communication liaison between the endocrine clinic and referring primary care providers, surgery, radiology, and other consulting services.
2. Lead difficult conversations (goals of care, chronic disease, new cancer diagnoses) with empathy and clarity.
3. Role-model professional, concise, non-technical consultation.
4. Ensure safe, complete ambulatory care coordination and referral-loop closure as a supervising resident.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty • Communication workshops • Clinic precepting and case staffing • Patient / family conferences • Direct patient care experience	• Direct observation and feedback in clinic • Multisource (360°) evaluation by patients and team • Clinic note and consultation letter review • Self-assessment and reflection

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including sensitivity to a diverse patient population.

1. Consistently role-model professionalism, ethics, and accountability for the team.
2. Demonstrate leadership in creating a respectful, inclusive learning and care environment.
3. Manage competing responsibilities and demonstrate readiness for autonomous practice.
4. Advocate for patient welfare and equitable, culturally responsive care.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty • Didactics on ethics and professionalism • Multidisciplinary patient / family conferences • Direct patient care experience	• Faculty evaluation • Multisource (360°) evaluation by team and patients • Self-assessment and reflection form

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to call effectively on other resources to provide optimal, high-value endocrine care.

1. Lead and coordinate multidisciplinary endocrine care and complex care transitions.
2. Champion high-value, cost-conscious endocrine care and resource stewardship.
3. Identify and help address systems-level gaps affecting endocrine patients (access, disparities, safety).
4. Participate in and lead inter-professional teamwork to improve patient safety and quality.
5. Lead or co-lead a population health project (e.g., diabetes A1C management in uninsured patients), analyzing outcomes, presenting results, and sustaining improvement.

Instructional / Training Methods	Evaluation Methods
• Role modeling by faculty • Multidisciplinary care conferences • Quality-improvement and systems initiatives • Direct patient care experience	• Faculty evaluation • Multisource evaluation by care-team members • Quality-improvement project participation • Self-assessment and reflection

Assessment, Milestones, and Faculty Evaluation Guidance

Resident Self-Assessment

1. Complete a milestone-aligned self-assessment at mid-rotation and end-of-rotation, mapped to the six ACGME competencies and progressive independence.
2. Identify individualized learning goals and review progress with faculty.
3. Reflect on feedback and document plans for improvement.

Faculty Evaluation Guidance

Assessment emphasizes graduated autonomy and entrustment. Faculty should base evaluations on multiple, longitudinal observations rather than a single encounter.

1. Milestone-based assessment mapped to the ACGME Internal Medicine Milestones.
2. Direct observation of clinical performance in clinic, consultation skills, and interpretation of diagnostic studies.
3. Chart-stimulated recall and review of clinic documentation and consultation letters.
4. Multisource (360°) evaluation from faculty, peers, nursing, allied health, and patients.
5. Timely, specific, actionable feedback with a documented action plan.
6. Documentation of all evaluations in New Innovations.

Entrustment guidance: most PGY-1 residents progress from requiring proactive supervision toward reactive (on-request) supervision by year end; most PGY-2 and PGY-3 residents progress from reactive supervision toward independent performance and, for PGY-3, the ability to supervise and instruct others.

Guideline references: American Diabetes Association (ADA) Standards of Care; American Association of Clinical Endocrinology (AACE); American Thyroid Association (ATA); Endocrine Society Clinical Practice Guidelines; ACGME Internal Medicine Milestones.