ROTATION SUMMARY

ROTATION: Nephrology/Renal Consult

EDUCATIONAL PURPOSE:

1. To expose trainees to acute and chronic renal diseases, electrolyte disturbances, acid-base disorders, and hypertension encountered in patients on inpatient ward services, intensive care units, and the emergency room.

2. To develop skills to diagnose and manage the above conditions including complications of disease or treatment.

3. To develop a “holistic” approach to the patient with acute and chronic renal disease.

4. To appreciate the significance of “transitions” of care between inpatient and outpatient settings.

5. To use clinical experiences to stimulate expansion of medical knowledge and clinical skills.


7. To develop skills for researching appropriate information through the use of available resources and to encourage the practice of evidence-based medicine.

Competency – Based Objectives

1. Patient Care

By active participation in patient care, the learner will be able to recognize and define the etiology, pathogenesis, clinical presentation and natural history of a broad range of renal diseases. The learner will demonstrate compassionate, appropriate, and effective treatments for these health problems, and will promote efforts for future preventive measures.

2. Medical Knowledge

The learner will demonstrate the ability to expand their knowledge base with respect to nephrology. In addition, the learner will develop attitudes and skills needed for continued self-education to further their understanding of standard and investigational therapeutic modalities.

3. Practice Based Learning
The learner will develop skills in data-driven approaches to the clinical practice of nephrology. This will include retrospective analysis of clinical cases in an effort to apply new knowledge to future clinical scenarios.

4. **Interpersonal and Professional Communication Skills**

   The learner will demonstrate the ability to effectively communicate with patients, families, ancillary staff, peers, and faculty. Emphasis will be placed on the development of effective strategies for dealing with difficult situations including end-of-life decisions, giving bad news, and conflicts with other providers.

5. **Professionalism**

   The learner will demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and a responsible attitude towards patients, the profession, and society.

6. **Systems – Based Practice**

   The learner will demonstrate the ability to use systems – based resources to provide care that is of optimal value. In addition, the learner will be encouraged to suggest possible improvements in systems that might affect better patient outcomes.

**TEACHING METHODS:**

1. Attending-driven, formative feedback based on observations of trainee skills on a frequent, real-time basis.

2. Formal attending rounds 8-10 hrs/wk.
   a. Walk rounds/Bedside teaching
   b. Case-based discussions
   c. Didactic sessions

3. Weekly Interhospital Renal Rounds (case discussions) and journal club series

4. Morning Report

5. Monthly Seminar series on Dialysis and Hypertension

6. Monthly Fellow Seminar on Basic Science

7. Fellow-specific journal club

8. Weekly Medical Grand Rounds
DISEASE MIX:

1. Acute renal diseases (ie. acute renal failure, hypertensive crisis, etc.)

2. Chronic renal diseases (ie. hypertension, chronic renal insufficiency, ESRD, diabetic nephropathy, etc.).

3. Renal complications of systemic disease or of diagnostic or therapeutic interventions for other disorders (ie. hepatorenal syndrome, multiorgan system failure, etc).

4. Extracorporeal treatments for non-renal disorders (ie. toxic ingestions)

PATIENT CHARACTERISTICS:

1. Adolescent to Geriatric population

2. Community-based primary care population.

3. Referral-based population.

4. Continuity patients of both Primary Care and Specialty faculty.

5. Multi-ethnic/Multi-cultural patient base.

TYPES OF ENCOUNTERS:

1. Initial H&P, assessment and plan.

2. Follow-up inpatient care.


PROCEDURES:

1. Femoral vein dialysis catheter placement.

2. Percutaneous Renal Biopsy

3. Ultrasound Localization of Kidneys for Biopsy
4. Hemodialysis Management
5. Peritoneal Dialysis Management

**READING MATERIALS:**

1. Case-based reading as self-stimulated, or directed by teaching attending.

**EDUCATIONAL RESOURCES:**

1. Teaching Faculty
2. Consultant Faculty
3. Standard Texts (resident library)
4. Up to Date Database
5. Ovid/Medline Literature Search On-line
6. Medical School Library

**PATHOLOGIC MATERIAL:**

1. Biopsy specimens
2. Autopsy Specimens
3. Urinalysis/Culture/Peripheral Blood Smear specimens

**METHODS OF EVALUATION:**

1. Direct observation with formative feedback.
2. Summative evaluation by teaching faculty (Internet-based via “e’value”).
3. Semi-annual meeting with Program Director