

CURRICULUM for NEPHROLOGY

Trainee's Name _____

Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9 9-11 11-12 P	Pre-rounds Attending Rounds MR	Pre-rounds Attending Rounds MR	Pre-rounds MR (9-10) Attending Rounds	Pre-rounds Attending Rounds MR	Pre-rounds Attending Rounds MR
Noon	Conference	Conference	Conference	Grand Rounds	Conference
1-5 P	Attending Rounds, reading Office	Attending Rounds, reading Office	Attending Rounds, reading Office	Attending Rounds, reading Office	Attending Rounds, reading Office

I. Objectives

Patient Care

Unsatisfactory Satisfactory Superior

- Takes a complete subspecialty focused history and physical examination and gathers appropriate data for presentation to consultant 1 2 3 4 5 6 7 8 9
- Written work is complete and organized in a problem-centered format 1 2 3 4 5 6 7 8 9
- Careful follow-up of patient's problems, providing assistance to the primary inpatient care team 1 2 3 4 5 6 7 8 9
- Develops own appropriate problem-based diagnostic and therapeutic plans and offers them to consultant 1 2 3 4 5 6 7 8 9

Medical Knowledge

- Commitment to Continuing Medical Education demonstrated through daily rounds, reading and completion of portfolio, if applicable 1 2 3 4 5 6 7 8 9
- Demonstrates adequate knowledge for common inpatient and outpatient subspecialty-specific conditions 1 2 3 4 5 6 7 8 9
- Applies knowledge appropriately and effectively using systematic Bayesian Reasoning 1 2 3 4 5 6 7 8 9

Interpersonal and Communication Skills

- Caring, respectful behaviors 1 2 3 4 5 6 7 8 9
- Organized consultant-appropriate oral presentations 1 2 3 4 5 6 7 8 9
- Works well with primary team members – communicates consultant's suggestions 1 2 3 4 5 6 7 8 9
- Works and communicates effectively and collegially with nursing and ancillary staff 1 2 3 4 5 6 7 8 9

Practice-based learning and Improvement

- Appreciates the limitations of his/her medical knowledge and asks for help when needed 1 2 3 4 5 6 7 8 9
- Independent study and learns from mistakes 1 2 3 4 5 6 7 8 9
- Responsive to constructive criticism 1 2 3 4 5 6 7 8 9
- Able to use the computerized patient database (Powerchart) effectively to obtain information 1 2 3 4 5 6 7 8 9
- Produces at least one original research article that is relevant to diagnostic or therapeutic strategies in active patients 1 2 3 4 5 6 7 8 9

Professionalism

- Vigorous patient advocate; knows ALL the relevant facts about patients 1 2 3 4 5 6 7 8 9
- Honesty, reliability, responsibility, cooperativeness and timeliness 1 2 3 4 5 6 7 8 9
- Shows respect, compassion, and integrity in working with patients, peers and attendings, and hospital staff 1 2 3 4 5 6 7 8 9
- Follows the rules of the residency program (e.g., work hour regulations) 1 2 3 4 5 6 7 8 9
- Attends the formal educational and didactic sessions 1 2 3 4 5 6 7 8 9

Systems-based practice

- Trainee's suggestions, during presentations, are cost-effective and demonstrate proper use of available inpatient (e.g. tests) and outpatient resources (e.g. home IV therapy, visiting nurses, hospice etc.) 1 2 3 4 5 6 7 8 9

Comments:

General

These objectives were discussed with the resident at the beginning of the rotation
The trainee has successfully achieved the above-listed objectives of this rotation.
This evaluation was discussed with the resident by the end of the rotation

Yes No
 Yes No
 Yes No

Name of Attending Physician _____

II. Educational Purpose of Rotation:

The purpose of the Nephrology elective is to expose and instill a reasonable working knowledge and problem-solving skill-set required to optimally diagnose and care for patients with kidney disease.

A) Knowledge - Trainees will learn the skills necessary to diagnose and manage common kidney diseases, including: acute and chronic renal failure, acid-base-electrolyte disorders, glomerulopathies, tubulointerstitial disease, UTI/pyelonephritis, and nephrolithiasis.

B) Skills: From the experiences gained during the rotation, the resident will:

1) Refine his/her skills in medical history taking especially as pertains to Nephrology problem-solving. He/she will master relevant Nephrology review of systems and physical diagnosis, 2) Learn to complete urinalysis/spun urine examination, 3) Learn to prioritize tasks, 4) Use time efficiently, 5) Learn the principles of medical decision making, 6) Learn to cost-effectively order diagnostic studies and provide therapeutic interventions.

C) Attitudes: Desirable attitudes. He/she should:

1) Assume responsibility for aiding in patients' Nephrology management – knowing every detail of their Nephrology-relevant history (including old records), physical examination, laboratories, diagnostic/therapeutic plan, 2) Access the opinions of attending physicians and consultants ONLY AFTER thinking about a case and offering their best effort at synthesis and a plan, 3) Appreciate the role of and when to consult the Nephrologist.

III. Principal Teaching Methods: Residents will learn by performing 1-2 consultations each day, presenting them to the attending consultant during rounds, followed by discussion. The resident will ALWAYS offer his/her diagnostic and therapeutic plan for correction and/or refinement by the attending physician. The resident will read articles from the reading list that are germane/applicable to their patients' problems. Residents will follow-up patients on whom they've completed a consultation until resolution or discharge to understand the course of disease. Residents will obtain and complete the "acid-base problem set." Daily required conferences include:

1. Resident's Morning Report – MTR Daily (11-12:00) Wed 9AM
2. Nephrology Attending Rounds - Daily (10-12:00 and 1:5:00 PM as required to complete patient care)
3. Noon conference lecture series – 5 days/week, July-September is a repeating course of core topics, while October-June includes specialty and sub-specialty lectures comprising a 2-year cycle that covers most fundamental topics for each discipline. Nephrology conference is the 2nd Wednesday each month (September-June).

IV. Patient Characteristics – All adult patients admitted to Bridgeport Hospital and whose physicians request a Nephrology consultation or who have acute or chronic renal failure. These patients include nearly equal numbers of men and women, ranging in age from 18 to over 100 years and of average age in the mid 60's. Roughly 10% of patients have no insurance or Medicaid. The remaining have Medicare or private insurance. The socioeconomic demographic mirrors that of the community (10-20% poor, 80-90% middle class). Patients are admitted with a broad array of multiple and complex medical illnesses. Renal failure and insufficiency are the most common diagnoses, but residents are exposed to many cases of acid-base-electrolyte disorders, glomerulopathies, tubulointerstitial disease, UTI/pyelonephritis, and nephrolithiasis. While the majority of consultations are performed for patients admitted to the Medicine Service, roughly 20-30% come for patients with primary surgical or obstetric-gynecologic reasons for admission.

V. Procedures - Residents will perform and interpret urinalyses (spun urine exam), and observe and understand the principles of hemo- and peritoneal dialysis and how dialysis is prescribed (basics).

VI. References – * Schrier, *Renal and Electrolyte Disorders*; *International Kidney Foundation; *Primer on Kidney Diseases*. **All trainees are expected to use one of these to master topics that are germane to their patients every day.** In addition, *Harrisons, Principles of Internal Medicine*: Trainees are expected to read all sections of *Harrisons* (or similar text) referable to the kidney (i.e. "Disorders of the Kidney and Urinary Tract"). Computerized data-bases available throughout the hospital at every terminal: *Up-to-Date* and *MD-Consult*. The reference text, to be used for greater depth of understanding than provided in *Harrisons*, is Brenner & Rector's, *The Kidney*.

V. Methods of Evaluation

Residents and interns are evaluated by the consulting Nephrology attending physicians with whom they work during the 4-week rotation. All evaluations will be performed on-line, by email, using the E-value system. A resident shall not receive credit for a rotation until he has evaluated the rotation, attending and the degree to which he had opportunity to complete the objectives.

FACULTY

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