

Description of Nephrology Rotation

A. Overview

1. Faculty Involved: Mark Belz, M.D. (Division Director)
Craig Shadur, M.D.
Michael T. Flood, D.O.
Robert Leisy, D.O.
Sanjiv Dahal, M.D.
Johann Schmolck, MD
Luis Beltran-Garcia, MD
Carrie Schinstock, MD
2. Rotation Length: 4 weeks
3. First Day Orientation: Contact Jan Mallberg, R.N., Sheryl Glassell, R.N. or Kathy VanWyhe, R.N. for orientation on first morning of rotation. They can be reached on digital pager 242-1526, or cell phone 240-2574 or via the Iowa Kidney Physicians, PC office at 1215 Pleasant #100 (phone 241-5710).

B. Goals and Objectives

The goal is to provide an overview of clinical nephrology for primary care internal medicine as well as an exposure to consultative nephrology in the hospital setting.

1. Educational Objectives - areas to be covered:
 - a. Evaluation of asymptomatic urinary sediment disorders.
 - b. Treatment and evaluation of hypertensive disorders.
 - c. Diagnosis and treatment of primary and secondary glomerular disorders.
 - d. Evaluation and treatment of acute renal failure.
 - e. Treatment of chronic renal failure (including renal transplantation and dialysis).
 - f. Evaluation of acute and chronic tubulointerstitial diseases (including urinary tract infection).
 - g. Evaluation and treatment of electrolyte disorders (including Ca⁺⁺, PO₄, Mg⁺⁺).
 - h. Evaluation and treatment of nephrolithiasis.
 - i. Placement of vascular access for acute hemodialysis/renal replacement therapy.
 - j. Urinalysis
 - k. Review of pathologic material obtained at renal biopsy.

2. Teaching Methods

- a. Formal didactic presentations by the attending physician
- b. Core curriculum reading (Primer on Kidney Diseases and on-line syllabus)
- c. *Up-To-Date* computer database reviews
- d. Bedside teaching during hospital patient care rounds
- e. Pre and post test
- f. Informal didactic presentations by the attending staff.
- g. Didactic presentation prepared by the resident; the resident will be asked to prepare two presentations during the rotation based upon issues/topics generated in patient care rounds

3. Educational Content

An attempt will be made to assign patients (both inpatient and outpatient) to the resident whose problems are applicable to the educational purposes outlined above.

C. Educational Materials

1. Primer on Kidney Diseases (A. Greenberg, editor) will be provided to each resident for his/her personal use.
2. Readings available in on-line syllabus, program website
3. *UpToDate* computerized database will be referenced and used during the rotation.
4. MKSAP questions may also be reviewed by a faculty member with the resident during the rotation.

D. Patient Care

1. Patient numbers: The resident will follow in the hospital, any patient who they have seen in consultation and any additional patients assigned by the faculty member. The average number of patients followed in the hospital will be eight.
2. The resident will work directly with the supervising faculty, and will receive direct and indirect supervision from the Nephrology faculty. Nurse clinicians may act as resources, but are not to supervise resident physicians.
3. Continuity of Care Clinic: The resident will attend his/her weekly continuity clinics.

4. **Medical Records:** All patient contact will be documented in the medical record. Any procedure notes will be countersigned by the supervising faculty member.

E. Mechanics

Morning rounds will be made with the attending faculty member between 8:30 a.m. and noon. Prior to attending morning rounds, the resident will have reviewed all patients they are being followed and have progress notes completed and on the chart. Afternoon clinic is held Monday through Friday from 1:00 p.m. to 5:00 p.m. No weekend duties are required on the Nephrology rotation.

F. Standards and limitations of rotation

Standards and limitations of rotation are dependent on resident/faculty interaction, and the resident's commitment to fully participate in all educational activities.

G. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with nephrology conditions and demonstrate competence with required procedures encountered during the rotation. Assigned patient evaluations will be assessed by the faculty member directly. The resident will be assessed on history and physical exam performed and the differential diagnosis and treatment plan recommended for each patient. Procedures will be directly monitored and formally documented in the resident's procedure logbook.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to nephrology and demonstrate understanding of assigned reading from the Primer provided. This will be assessed by reviewing resident performance on sample board questions (e.g. MKSAP questions, pre and post tests), discussions of reading assignments, assigned presentations, and during discussion of newly assigned patients.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with nephrology conditions and demonstrate real-time strategies to address these gaps.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients and families. Demonstrate timely and complete

medical records. Mini-CEX exercises may be performed to further assess resident competency in this area.

5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent. The nurse clinician working with the resident during the month will complete a nurse evaluation form at the end of the rotation.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive care provide in both the inpatient and outpatient clinic areas.

William J. Yost, MD FACP
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