RENAL FELLOWS' GUIDE

ORIENTATION MANUAL FOR the NEPHROLOGY FELLOWSHIP

Montefiore Medical Center
and the
Albert Einstein College of Medicine

Revised June, 2009

INTRODUCTION

This Orientation Manual is intended to give you an overview of the Nephrology Fellowship program of the Montefiore Medical Center and the Albert Einstein College of Medicine, and also to outline for you some of your major responsibilities as a Fellow. None of this is meant to be exhaustive; rather we hope you will find it a useful resource for general schedules and guidelines while you rotate through both the East and West campuses of the program.

The most useful resource person is your attending of the month. If you have questions or concerns please be sure that you discuss them with her or him. Other key people are Dr. Carolyn Bauer, who coordinates the fellowship activities on the West Campus and Dr. Vaughn Folkert who does likewise on the East Campus, and is also the Program Director of the Fellowship. Dr. Hostetter is the Chief of the Renal Division, and Dr. Sharon Silbiger is the Site Director, Moses Division.

The first day of your fellowship you will spend the morning reviewing some of the basic concepts of dialysis, and then will meet with the Second Year fellows on the wards, and begin to learn your respective services. In July and August you will attend a series of "core lectures" to help you with some of the basics of nephrology. These lectures are intended to help you get your "feet on the ground" so you will be ready to face some of the common problems you will encounter early on as a fellow. Additional core lectures will be interspersed throughout the year; some as part of Renal Grand Rounds schedule. In addition, there will be a series of core lectures/discussions that will review basic renal physiology. This series will encompass about 12 sessions spread out over the upcoming year, and will be repeated yearly. There will also be a series of core lectures related to peritoneal dialysis. Over all you there are more than 50 core lectures scheduled throughout the 2009-2010 academic year. These lectures/sessions are designed to give you an excellent knowledge base in nephrology. We expect you to attend them all. Second year fellows will find these sessions to be excellent reviews and refreshers and good preparation for the nephrology boards.

In addition to this "orientation manual" you will also receive two ***Nephrology Fellowship Curricula.*** The first is in your binder and contains goals and objectives for your rotations; it also contains a mandatory reading list that you will cover with your attending on a week by week basis to help you meet the goals and objectives of each rotation. In addition, in your binder is a full copy of our ***Nephrology Fellowship Curriculum.*** The ***Nephrology Fellowship Curriculum*** outlines for you what you are expected to learn and become

competent in during the two years ahead. Again, as noted above, you will also receive goals and objectives throughout the year as they pertain to each rotation.

Speaking of competencies: Fellows and Attendings are evaluated. Examples of both types of evaluation forms can be found at the end of this manual. The Renal Division will be using *NewInnovations*, a WEB based evaluation tool to evaluate your performance at the end of every monthly rotation, every 6 months for your clinic rotations and at the end of your transplant rotation and research experiences when you are a second year fellow. We expect you and your attending to discuss your monthly evaluation at the end of each rotation.

In addition, as the year progresses you will be evaluated with new procedures and forms to comply with the ACGME requirements to evaluate each of you in the 6 core competencies. These evaluations will review your performances in areas of procedures-for example a renal biopsy-as well in areas that deal with patient and staff interactions; areas of performance such as giving a journal club or Renal Grand Rounds talk. It is the responsibility of each attending to review these evaluations with you. At the end of every 6 months during your fellowship you will meet with Dr. Folkert and be given a composite score for each of the categories on the evaluation form, as well as a synopsis of the comments made by each attending. You evaluate the faculty in a similar manner: you will be given an evaluation form for each 6 months of your fellowship. You will evaluate each faculty member that you worked with, as well as each site of the program that you rotated through, and return them to Dr. Folkert's office. These evaluations are anonymous and thus give you the chance to honestly critique your attendings and the program.

The purpose of all of these evaluations (yours, faculty and program) is to provide appropriate feedback on things well done as well as to point out areas that need improvement. We encourage open and direct feedback, and hope that if you have particular problems or gripes, or suggestions that you feel will make the program stronger, that you will tell your attending, or arrange to meet with Dr. Hostetter, Dr. Silbiger, Dr. Bauer, or Dr. Folkert. We have also attached the *Departmental Resident Due Process* guidelines for your review. We will also strive to give you open and direct feedback so that each of us can continue to improve her/his learning and teaching skills. If you think things aren't right or have any particular problem don't wait 6 months to talk to us about it.

Ms. Dana Nieves is the Administrator of the Renal Division on the East Campus and is the person who can help you with benefit information and other related administrative matters. Her office is in Ullman, the Renal Division's main office, room 617. She can be reached by phone at 718-430-3158. This is also where

your mail can be picked up.

The upcoming year has been divided into 12 blocks. You will be on the West Campus (Montefiore/Moses) for 6 of the 12 blocks (6 months) and on the East Campus (Weiler) for 6 of the 12 blocks. A schedule of your rotations and call schedule are attached. Your call and vacation schedules will be coordinated by **2 of the second year renal fellows: when on the West Campus: Dr. Scherer; on the East Campus: Dr. Bermudez** . Any changes made in the schedule are between you and your colleagues, but make sure that your attending knows who is on call and most importantly be sure that the hospital operators know whom to call, and be sure that they know where and how to reach you.

We hope that your time spent in the fellowship program is not only challenging, but is enjoyable also. The doors of the faculty are open to you and we hope that you won't hesitate to speak with any of us if there are questions or problems.

SCHEDULED WEEKLY EVENTS

East Campus

Monday:	1:00-2:00	BKC Pt Care Meeting	BKC Conf Rm[1]
Tuesday:	9:00-12:00	Renal Clinic CFCC	CFCC
	8:15-9:00	Journal Club	Ullman 623
Thursday:	8:00-9:00	Medical Grand Rounds	Forscheimer
	4:00-5:00	Research Conf/WIP[3] or	
		Physiology Curriculum	Ullman or Moses [3]
	5:00-6:00	Renal Grand Rounds	Ullman 623
			or
			Forman 4 Conf[2]
Friday:	12:00-1:15	Clinical Conference	Ullman 623

West Campus

Tuesday:	9:00-12:00	Transplant Clinic	DTC 4th Fl.
Wednesday:	1:00-5:00	Renal/HTN Clinic	MAP 2nd Fl.
Thursday:	12:15-1:15	Medical Grand Rounds	Cherkasky Aud
	5:00-6:00	Renal Grand Rounds	Ullman 623 or
		(see above)	Moses 2 Conf[2]
Friday:	8:00-9:00	Journal Club	NW 3 AB Conf. Rm.
	1:30-3:00	Clinical Case Conference	Forman 4 Conf. Rm.

1 This meeting is for the Weiler Fellow covering the Attending Service
2 Renal Grand Rounds starts in September; the location alternates between the East and West Campus
3 Research Conferences will be monthly-schedules will be distributed

Scheduled Weekly Events

You will be given a schedule of speakers and times for Renal Grand Rounds.

All Fellows are expected to attend the journal clubs, clinics, Renal Grand Rounds, and the Friday clinical conferences. Attendance for all of the conferences will be taken and monitored. You are required to attend at least 80% of the scheduled conferences.

Guidelines for Journal Club are on the next page. A schedule for the East Campus Journal Club presentations is attached.

The Friday conferences are clinical in nature. On the East Campus, Fellows will be assigned dates to present cases from their hospital rotation, along with a brief discussion of the main points of the case. You are also expected to provide pertinent literature reviews. A copy of the Friday noon conference schedule is attached. On the West Campus, the Consult Fellow coordinates case presentations and discussions with the rotating medical residents.

We know that while on the clinical services you are busy. However, all conferences are a **priority** unless there is a very strong reason you can't leave your patients. You should work with your attendings to make every effort to arrange your schedule to allow you to be at all conferences. And, we expect you to be at conferences and clinics on time. We also expect you to attempt to be at Medical Grand Rounds as well.

Expectations of Renal Fellows:
Journal Clubs

1. One of the many important skills you need as a physician/nephrologist is that of being able to give a good conference. The following guidelines will help you give better conferences to the Renal Divisions. If you can give sharp, snappy, critical Journal Clubs, the faculty will be happier, you'll be happier, everybody will be happier.

Heed the following advice !!!

2. The major conceptual hurdle you must clear: you and the audience have divergent goals for the conference:

• You are focused (appropriately) on increasing your knowledge base. Your natural tendency will be to use this Journal Club as an opportunity to learn the fundamental data base required of a clinician/scientist. Therefore, your tendency will be to provide an encyclopedic, textbook-type or review-article-type coverage of the topic. <u>This is not what we want from you.</u>
• Because the attendings and senior Fellows have heard or read the textbook versions before, we want you to deal only very briefly with the old, existing literature (maximum 10 minutes). Instead, we want you to mainly focus in a critical fashion on one well-performed study containing really new data or ideas. (Unfortunately for you, you will still need to spend a fair amount of time trying to come to grips with at least some of that old literature, but you have to edit the vast majority of it out of your presentation and into your knowledge base. Emphasize the new material.) Because deciding whether a given article is "well-done and really new" can be the difficult for you to determine at this stage, we will help in the following way:

3. Every Journal Club article and presentation must be discussed with either Dr. Susztak or another attending on the East Campus; and Dr. Neugarten, Dr. Mokrzycki or another attending on the West Campus *a minimum of 2 weeks before the presentation date*. The Journal Club article should be either bench investigation using animals/tissues cells/molecules or a large, detailed, multi-center clinical trial. Be *very wary* of presenting clinical studies with a few patients or case reports; they're often poorly designed and allow only weak conclusions.

4. **In general,** you should follow the following structure for your journal

presentation:

a. Title and Authors
b. Background information (given to get the audience up to speed). Include here: basic concepts related to the article you are presenting, previous work of this type by the current authors and other authors.
c. Purpose of the article being discussed
d. Methods of study
e. Data; discuss the graphs and tables clearly; if you project them make sure they are big enough to be seen clearly!
f. The author's conclusions
g. Your critique of the article

5. The background presentation should take about 10 minutes maximum!

6. Create slides that are readable and easy for the audience to understand.

7. Be prepared to face the audience and give a professional presentation.

8. You will be evaluated on your over-all performance (sample evaluation form is attached to this manual).

9. The East Campus presenter is responsible for bagels or donuts!

9. Re-read these guidelines before each talk.

RENAL CLINIC

All Fellows are required to attend Renal Clinic. It is most important that You plan your day so that you get to your clinic on time. Each fellow is assigned a continuity renal clinic that you must attend in blocks of time that are at least 6 months in consecutive duration.

On the East Campus, CFCC Renal Clinic takes place on Tuesday mornings, starting at 9 AM. The clinic is located on Eastchester Road, at Blondell Ave., on the second floor.

On the West Campus the Renal/Hypertension Clinic is located in the MAP building, 2nd floor, and supervised by Drs. Neugarten, Golestaneh, Silbiger and Mokrzycki.

Please make sure that the supervising attendings are aware of any patients that you are caring for that you anticipate will need chronic dialysis **at any time in the future.** Planning for access and education of the patient about the different dialysis modalities, as well as transplant takes a lot of time; therefore, please plan ahead. You will be taught a great deal about access options, RRT options and dialysis options.

Lines of responsibility: Each clinic has an attending or attendings that will be present at the clinic with you. These attendings are ultimately responsible for the care and treatment of each patient. You will discuss each patient and findings with the attendings, who will **see the patient with you, review the case, help you formulate the correct plan of action and co-sign your note.**

Patients that require placement in a chronic dialysis program also require a significant amount of planning and documentation. Be sure that you discuss the different modalities of dialysis with the patient. Literature concerning chronic renal failure and modality choices is available for you to give to the patients. Involve the Social Worker and Nutritionist in the care of the patient and be sure that dialysis access is arranged and placed at an appropriate time.

While it appears to be a daunting task, the secret is to plan ahead. Patients rarely have their access in place too soon! The supervising nephrologists will gladly help you with the placement of your patients should they require chronic dialysis. Patients can and should be interviewed at the appropriate satellite dialysis unit whenever possible.

Our Nephrology Division has made some great strides in getting vascular accesses in patients early, so that those who choose to do hemodialysis have a

functioning AV access in place when the need to start dialysis arrives. Please be aware that our division has as a goal having a functioning arm access in ***every patient*** prior to their starting dialysis. You will hear more about this during the first few months. Please work hard to prepare your patients for dialysis. Get fistulas placed early and in each patient deemed appropriate. Work towards the goals that every patient you see knows what her/his dialysis and transplant options are; teach them about home dialysis; get an appropriate access placed early. Our goal is: ***no PermCaths!!!***

Communicate with the physicians who refer patients to you. This is now easily done by email; CC your clinic attending as well. Take responsibility for full care of these patients and make sure other care-givers know your therapeutic goals and plans.

You will evaluate your attendings and clinic sites every 6 months, and your attendings will also evaluate you every six months. Goals and objective for clinic are attached to, and are a part of, the curriculum.

Transplant Clinic and Coverage

On the West Campus there is a Transplant Clinic on Tuesday AM. The first year fellow who is on the Consult Service attends this clinc, along with any second year fellows who are on the Transplant Rotation. The clinic is attended by Drs. Akalin, Glicklich, Feingold and Coco, and it is held in the DTC building of Montefiore, 4th Floor. The phone number is 718-920-5586. This is a very busy clinic, so please schedule your day to be on time. This experience is designed to give you experience with the continuity of post-transplant care. Please review the specific goals and objectives in the curriculum.

In addition, the fellows on call Monday-Friday will be responsible for medical clearance for any patient admitted during the night as a recipient for a deceased donor kidney transplant. After seeing and reviewing the patient, you will discuss the case with the covering Transplant Nephrologist. An orientation lecture on July 9th will review the core fundamentals of this coverage.

East Campus

WEILER HOSPITAL ROTATIONS

At Weiler Hospital the full-time Nephrology staff provides consultative services and is responsible for all admissions from the Baumritter Kidney Center, the Kings Harbor Nursing Home Dialysis unit, and Montefiore Dialysis Unit IV (only for those patients cared for by full-time faculty). We also care for any patients admitted to our service from our office practices. This is therefore a busy service with many different types of nephrological and medical problems.

There are two Nephrology teams at Weiler: the Attending Service Team and the Consult Team. Each team consists of a first year fellow and an attending, and at various times there will be residents and students rotating on the Consult Service and occasionally the Attending Service. **Goals and Objectives**: for each Weiler Hospital rotation are appended to your Topic Modules (on the CD) as well as appended to this manual, and are in the curriculum. You will be supplied with a CD that has pertinent articles as well as copies of other articles. This will include "hot topics" and articles to cover each month. You and your attending are expected to cover each month's articles and topics, along with pertinent articles and reviews that relate to your patients' problems.

The **Attending Service Team** is responsible for the admissions of any dialysis patient from Baumritter Kidney Center, Montefiore Dialysis Unit IV or Kings Harbor Dialysis unit (patients cared for by full time faculty), as well as any patients admitted from the attendings' office practices. You and the attending are the primary doctors for these patients. They are generally admitted under the attending's name, and you and the attending are responsible for admission notes and discharge. Your attending is ultimately responsible for the care and treatment of each patient. The attending will round with you and see each patient, review your note and write her/his own note as well. All major decisions, including admission and discharge need to be discussed with the attending. **The line of responsibility for care of the patient is your attending.** The attending is on call during the week for the month. Weekend call rotates among the attendings. You will be given a schedule of who is covering from Friday night to Monday AM. That attending will round on Saturday and Sunday with the fellows who are on call for the weekend. Do not hesitate to call the attending for any problem. Although this team has often been dubbed "the dialysis service" we urge you **not** to use this term and **not** to think of yourself as "just the dialysis doctor". These patients all have other medical problems, and part of being a good nephrologist is to also be a great internist. Don't allow other

care-givers to think of you as just a "dialysis technician".

The **Consult Team** will be responsible for seeing all requested renal consults, both the initial consultation and any appropriate follow up, and will at times be responsible for admissions to the attending covering the Consult Service. As noted above, you will be assigned to work with one attending for the month. **The same guidelines for the lines of responsibility between you, the patient and attending apply as those noted above for the attending service**.

SLED is available in both the MICU and the CICU and can be ordered and supervised by either the Consult Service or the Attending Service, depending on the patient. Planning and scheduling for SLED is crucial so that the dialysis nurses and Critical Care nurses can coordinate their care of the patient.

Peritoneal dialysis used to be primarily done on 10-South unless the patient is in the ICU or CCU. Due to more extensive training, most floors can now care for patients on PD. However, if possible, new admissions that will require PD are best admitted to 10-South.

There will be other renal patients on 10-South and elsewhere in the hospital, (including calls from the ER), that are under the care of a private nephrologist. Their care is not your responsibility. Sometimes the nurse or house staff will ask you questions about these patients; you should refer them to the private nephrologist caring for the patient and not make any decisions or interventions in the medical care of these patients. When called from the ER **always** ask who the patient's attending nephrologist is, and which dialysis unit the patient goes to for care so that you don't invest time and energy in the care of a patient that will not be under your care. Do not let the ER attendings intimidate you into becoming involved in the care of a patient that is not your responsibility. Always check with your attending if you have questions or concerns.

Patients at Weiler are admitted to either the "house staff team" or the "PA Service". As you will find out, some teams interact with the renal team better than others. The Fellow's job is always easier and more pleasurable when a good relationship is developed with the teams. They look to you for guidance and teaching. They will also look to you for pertinent information about cases being admitted. Please provide them with a good admitting note; discuss the plans with them; work out a treatment goal and plan together. Plan to be on the PA/hospitalist floor early in the AM, meet with the team and lay out the plan for the active patients and new admissions. The hospitalist will help coordinate the care and tests so that timely discharges are possible. The more "scut" work that you arrange to get done in the morning the better your rounds in the afternoon

with your attending. Make it a priority to teach the house staff and nurses; supply them with references and information pertinent to the patients.

Please make a strong effort to meet the Chief Residents and make yourself available to give lectures and case discussions to the interns and residents.

All non-dialysis orders on the medical floors are to be written by the house staff; not by the Renal Fellow.

Weiler Consult Service:

The Weiler Consult Service is a busy consultative service that sees patients in all areas of the hospital. You will often have a student and/or resident working with you on this rotation. Make sure that you see the patients promptly, that your attending is aware of each new consult, and make sure that you and your attending communicate with the referring physician in a timely manner. It is very important that on this rotation you also see yourself as a teacher. Consultations are requested by physicians in order to obtain your (and your attending's) opinions and expertise in renal related problems. After a resident or student sees a case before you do, you must then review the case in detail, use the case to teach them about renal disease and management; after presentation and examination with the attending you should then review the written consult (see below for guidelines concerning what makes for a good consult). Whenever possible provide the house staff or PA's with copies of articles that are pertinent to the case.

Communicate any urgent needs or concerns concerning the patients you are following to the fellow covering the evening or weekend.

Keep a copy of your consult on file in the fellow's room. There is a binder that is divided by months. Please file them in the correct order and in a timely fashion. This allows you, and the Program, to keep track of the number of patients being seen and the variety of diseases.

Remember: there is no such thing as a "bad" consult.

Attending Rounds:

The Nephrology attendings rotate through Weiler on a month to month basis (see the attached schedule). On the Attending Service you and the attending are ***the*** doctors responsible for the patients on your service. You will make rounds with the attending on these patients 5 days of the week. The fellow on weekend call, along with the attending covering the Attending Service, will round on these patients on Saturday and Sunday, and will also round on any

consult patients that require weekend follow up. Your attending, or covering attending, will be available 24 hours a day. Please make sure that she/he is aware of any new problems or new admissions. As always: don't hesitate to discuss a problem with your attending. Any new admission should be admitted under the name of your attending. You and/or your attending must write a note on each patient every day.

Weiler Hemodialysis:

There is a fellow's office in the dialysis unit on the 2nd floor. The computer in the fellows' office also has UpToDate loaded on it, and internet access is available on this computer, allowing you access to Medline/PubMed and so on.

Weiler has a 7 station HD unit on the second floor. All of the in-hospital patients are dialyzed in this unit unless they are too unstable and need a monitored bed. There is now an isolation unit in the dialysis area that can be used for patients that need isolation, e.g. hepatitis B. Hemodialysis can be done in the ICU or CCU at each bedside. We can also dialyze patients in the ER, and in the rooms on 10-South and other medical floors if the HD unit is too full.

You are only responsible for any of our patients on hemodialysis in this unit; not for any patients that are under the care of a private nephrologist unless faced with a life or death emergency while you are in the unit.

The nursing staff at the Weiler unit is excellent and second to none in their skills and expertise. The unit is very busy and requires good communication between nurses and doctors for scheduling and discharge & admission planning. The more time you spend making sure the nurses know the plans and problems of the day and days ahead the better your time will be spent at Weiler.

Emergency hemodialysis is always available by calling the on-call nurse via the Weiler operator. Please note: rarely do you call the nurse from your home. It is your responsibility to see the patient and assess the problem to determine if an acute HD treatment is needed. This must be done **before** you call the nurse. Don't call in a nurse for a treatment that can wait until the staff arrives for work in the early AM. You must stay with the patient and nurse until you and the nurse are comfortable that the patient is stable. Obviously, for an unstable patient you are expected to be immediately available for the entire acute treatment. Notify your attending before initiating any acute dialysis.

Dialysis Scheduling:

As soon as you hear of a new admission or make discharge plans let the charge nurse in the HD unit know. One of the primary sources for tension in the HD unit is failure to communicate details about new admissions or discharges. You can't give the nurses too much information! Don't assume there is always a spot for the patient, or always a nurse for the treatment at your convenience. Recent demand for treatments has often exceeded the available space and staff. Try not to change the patient's schedule at the last minute.

Alert the HD staff early in the morning of any admissions that happened during the night or on the weekend so that they can be fit into the schedule.

There is also a very important patient care meeting on Mondays at 1:00 PM at the Baumritter Kidney Center. All of the Baumritter patients that are in the hospital are discussed as well as problems in the unit and anticipated admissions etc. This session also serves to as a Morbidity and Mortality review that discusses all of the weekly admissions, complications and progress in the hospital, and any deaths, including the particulars of the death. This session will also serve to allow you to learn about and participate in on-going CQI as it relates to care of dialysis patients. **The fellow covering the Attending Service must attend this meeting** so that other care givers of the Baumritter patients know what is happening to the patients and can plan accordingly.

Fellow's Responsibilities for Weiler Hemodialysis:

1. You must enter orders for each hemodialysis that is to be done on any patient you are following.
2. Femoral catheters are placed in the HD unit.
3. The Fellow must stay at Weiler until any patient undergoing acute HD is stable or for any HD during which the patient is unstable.
4. Always let the nurses know where you are and answer their pages promptly.

<u>Fellow's Call Responsibilities at Weiler:</u>

When you are on call for the weekend you will round with the covering attending on Saturday and Sunday, depending on your call schedule. In addition, you must round on any consult patients with active renal problems. Make sure that you get a sign out from the fellow covering the Consult Service so you are aware of acute problems and patients that need to be seen over the weekend. Any patient that requires emergent admission needs to be seen by the Fellow and an admission note written. Always alert your attending of these acute problems and discuss any acute consults with your attending. No acute dialysis may be initiated without first discussing the case with the covering attending. Always sign out the acute problems to the Fellow on call.

Remember to call appropriate attendings in the morning to update them concerning admissions, discharges or major events that happened during the weekend or night before.

Admissions/Discharges:

Whenever you admit a patient, or are seeing an acutely ill patient in consultation or considering performing an acute dialysis, you must contact your attending. Patients admitted to the Attending Service are to be admitted under the name of the attending covering that service.

You **must** coordinate the discharge of patients with the Baumritter Kidney Center or Unit IV, or to any other unit where the patient obtains care. Never discharge a patient without making sure that they have a dialysis slot available as an out-patient, and never discharge a patient without communicating with the patient's primary nephrologist. Make sure that the patient's nephrologist is aware of what happened while the patient was hospitalized, and make sure that all are aware of post-discharge needs, as well as changes in weights and medications. Almost nothing is more important than close communication between the hospital Fellow/Attending and the Baumritter and Unit IV attendings and staff. We have never experienced too much communication between the hospital and the dialysis units-in either direction!

You and your attending are responsible for the formal hospital discharge summary. Hopefully, if you and your attending work together this process will go smoothly.

Renal Biopsies:

Renal biopsies are done in the ultrasound suite on the third floor of Weiler. You schedule the biopsy through the ultrasound office. They will supply you with all the necessary material. Biopsies are only performed with an attending.

On-Call Responsibilities

The call schedule is attached. **Two of the 2nd year renal fellows** are coordinating the call schedule and any changes that need to be made must be done through them. All changes made in the schedule ***must be compliant with work rules!*** Always make sure that the hospital operators, the attending on call and the Baumritter staff know who is on call and how to get in touch with you. This is especially important if you change the schedule on last minute notice. Do not assume that the operators and answering service will figure out who is on call. If you make a schedule change it is your responsibility to make sure that the above parties know about it. Call is a serious responsibility. Patients and doctors will be depending on you and must be able to reach you in a timely fashion.

Monday-Thursday Call:

Call begins at 5 PM. You are on call for Weiler Hospital and the Baumritter Kidney Center. Baumritter has patients on dialysis until about 11 PM on Monday through Saturday. Your colleagues will sign out any acute problems to you. Use email the next morning to let attendings or other fellows know what problems you encountered over the night. Other care-givers need to know if you were called about a patient with fever, or if you started antibiotics or ordered cultures on someone.

Friday-Sunday Call:

On Saturday the on-call Fellow and the attending are responsible for any acute problems that occur at the Baumritter Kidney Center. Minor problems can wait until Monday and should be deferred until then. However, for acute problems please be sure that you help out the nurses promptly.

Always communicate acute problems to the attending on call. Do not initiate acute dialysis procedures without talking to your attending.

Patients will from time to time call you at home (via the operator) for questions or acute problems. If the question or problem is minor you can contact them again in the AM after discussing it with the appropriate attending, or you can communicate the problem or question to that patient's attending. If you feel the patient needs to be seen urgently you can refer them to the Weiler ER. The Weiler ER is a good place to see patients; but, be sure that the ER staff is aware that the patient is coming. Don't use the ER to "dump" problems off to other doctors. Also, if it is an acute renal problem it is your responsibility to see the patient in the ER.

Please sign out to the Fellows or Baumritter attendings on Monday AM so they are aware of any new admissions or problems over the weekend.

West Campus
Consultation Service

Montefiore-Moses Consult Service:

This is a busy, consultative service. You will see renal patients in consultation in the ER, MICU, CCU, CSICU and SICU, as well as on all medical and surgical wards. On this rotation you will work with a team of medical students, residents and an attending, making daily rounds with the attending. The fellow is exposed to a wide variety of acute renal, electrolyte, and acid-base disorders. In addition, the fellow will be a teacher on this rotation, teaching medical students and residents. **The line of responsibility for care of the patient is your attending.** The attending is on call for the month-for all weeknights. The attending on call for the weekend covers the consult service with the fellow on call for the weekend. You will be given a copy of the call schedule. Do not hesitate to call the attending for any problem.

Goals and Objectives: for each Montefiore Hospital rotation are appended to your Topic Modules (on the CD) as well as appended to this manual, and are in the curriculum. You will be supplied with a CD that has pertinent articles as well as copies of other articles. This will include "hot topics" and articles to cover each month. You and your attending are expected to cover each month's articles and topics, along with pertinent articles and reviews that relate to your patients' problems.

Duties and Responsibilities of Renal Fellows:

1. See consults promptly (preferably the same day). Divide consults fairly among self, medical students and residents on service.

2. Make morning rounds with students and residents as a group. Go over each patient worked up by students and residents. Review the case with them. Know every case on the service personally. Teach and recommend work-up to rotators and to house staff on floor. Give reading material to all.

3. Where appropriate, a urinalysis (dipstick and microscopy) should be performed by the renal fellow with the team members, and reviewed with the attending on rounds. The results should be reported as part of consult note.

4. All service cases are to be presented to the Attending on afternoon rounds, i.e., 2-4 cases/day.

5. In general, a good consult note includes:
   a. An initial statement that in one sentence states why you were asked to see the patient.
   b. A brief summary of the patient's history, medications, all pertinent ROS items that relate to the problem, as well as to any history of renal disease. Family and Social history as pertinent.
   c. A physical exam and summary of the hospital course.
   d. Pertinent laboratory results including a U/A done by the consultant.
   e. Your assessment, but don't rewrite the above history. Be focused and succinct as to what the problem is, and then list in order what you think the diagnoses are -- which should include a differential diagnosis of the problem, in rank order of likelihood, and what you think the most likely diagnosis is, and why.
   f. Your plan -- which should include easy to follow instructions etc. Be specific.
   g. After the recommendations are reviewed on attending rounds, you should call the house staff or private physician taking care of the patient and discuss your assessment with him/her. If urgent intervention is recommended: make sure it gets done.
   h. Always remember: don't write pages and pages. Make your impression/assessment crystal clear so the physicians who read your consult know what you think and why, and what needs to be done for the patient.
   i. Write a consultation note that you wouldn't mind reading yourself!

6. Please keep a copy of any consult done, and file in the appropriate area.

7. All service patient consultations are the responsibility of the Renal Fellows. These patients are to be seen daily. Private renal

patients will be assigned if they are of special educational value.

8. Once a consult patient is initiated onto dialysis, the dialysis fellow and attending are responsible for the renal care of this patient. All service (non-private) peritoneal dialysis patients are the responsibility of the Consult Fellow. These patients are to be seen daily. PD orders, lab tests and medications are to be discussed with the medical ward house staff.

9. The Friday Clinical Conference is the responsibility of the Fellow on the Consult Service. The fellow may assign other team members (medical students, residents) to assist with this conference. A case must be presented weekly, unless the conference is canceled. There must be prior notification of Drs. Neugarten or Mokrzycki before any such cancellation is accepted. The most interesting or puzzling cases should be selected. The Renal Fellow and rotating residents or students presenting the case should review the literature and be prepared to discuss the topic. Please present this as a Power Point presentation and provide copies of pertinent articles for all attendees. A LCD monitor and laptop can be borrowed from the Dept of Medicine (please reserve at least 24 hrs in advance—speak to Dr. Schuster's secretary Mercedes to reserve. She is located at 3332 Rochambeau Ave, 3rd floor Centennial building, Montefiore Medical Ctr. Phone 920-6097.) A copy machine is available to you in the hemodialysis unit on N4.

10. Sign-out rounds are critical to patient care. At the end of each workday the Fellow on call will receive a detailed sign-out from the Fellows on both the Consultation and Dialysis Services. Unstable patients are required to be seen on the weekends by the Fellow on call.

Lines of responsibility: You are assigned an attending to round with for the month. The attending is the person to whom you present and discuss each case with. No major decision or intervention is to be made without the attendings approval.

All non-dialysis orders on the medical floors are to be written by the house staff; not by the Renal Fellow.

Suggestions:

1. ***Read, read, read***! The best way to build upon your knowledge base is to read after seeing each patient. The program, "Up to Date in Medicine", is

available to you free through all computers at Montefiore, and the major renal textbooks are located in the renal fellow's office (N4) and in the medical library (N2). More detailed reading is best done by searching the literature (PubMed or Medline), which are available to you using the computers in the renal fellow's office, library, renal clinic area, and N4 HD computer.

2. Keep an index card with data for each patient. This should be updated each day and is the best way to stay up to date on you patients.
3. Keep your Procedure Log Book up to date!!! Keep patient hotlists on Carecast and keep them up to date. Dr. Folkert will be reviewing these lists with you on a regular basis. This is mandatory. You will not be declared "board admissible" without accurate log books and evaluations.

West Campus

Duties and Responsibilities of Dialysis Fellows

Montefiore-Moses Dialysis Unit:

This rotation allows the fellow to develop expertise in both acute dialysis management, slow continuous ultrafiltration (SCUF), slow low efficiency dialysis (SLED), aquapheresis (CHF solutions is available in the CCU only), as well as management of longer term clinical problems that chronic dialysis patients develop. This is a hospital based unit. The fellow will develop expertise in management of access failures, placement of temporary vascular access; complications of vascular accesses; management of acutely ill patients using continuous renal replacement therapies (CRRT), and the necessary manipulations of the patient's dialysis prescription in this setting. During this rotation the fellow works closely Dr. Maria Coco, the Medical Director of the unit; with the monthly attending in the hemodialysis unit; as well as with Dr. Ladan Golestaneh for "off the unit" patients in one of the intensive care units. The fellow and attending make rounds together on each dialysis shift to discuss each patient and each patient's relevant problems. The fellow also makes morning rounds with Dr. Golestaneh for all patients receiving either HD, or one of the above mentioned CRRT treatments in the intensive care units.

The dialysis fellow is responsible for the dialysis management of **all** inpatient hemodialysis patients coming to North 4 for dialysis, even private patients, and all "off the unit" HD or CRRT patients located in one of the ICUs. The dialysis PA and the monthly hemodialysis attending evaluate and write monthly orders and notes on all **outpatient** hemodialysis patients. The dialysis fellow should be available to cover these patients, should they become unstable during their treatment or require assistance, but is not required to see these patients on a regular basis. The renal fellow and the PA perform femoral catheter insertions in the HD unit on N4; femoral catheters in the intensive care units are, to a large extent, inserted by the unit residents, or critical care fellows, although may be inserted by the renal fellow as well. **Line of responsibility:** This attending is ultimately responsible for the care and treatment of each patient that you see together. Therefore, all major changes in care and treatment must be discussed with your attending, or Dr. Golestaneh for those patients in intensive care units.

Goals and Objectives: for each Montefiore Hospital rotation are

appended to your Topic Modules (on the CD) as well as appended to this manual, and are in the curriculum. You will be supplied with a CD that has pertinent articles as well as copies of other articles. This will include "hot topics" and articles to cover each month. You and your attending are expected to cover each month's articles and topics, along with pertinent articles and reviews that relate to your patients' problems.

I. Daily responsibilities include:

1. Seeing all patients prior to or during the initiation of their dialysis. (This begins at 7:30A.M.). It is the fellow's responsibility to be in the dialysis unit no later than 8:00AM.

2. Familiarity with patient's medical history. This information is to be obtained from patient, Medical Records or private attending.

3. Management of hemodialysis procedure:
   a. Obtain interval history.
   b. Perform physical examination focusing on needs of dialysis: (BP, volume status, CNS status, evidence of bleeding).
   c. Document the above in medical record:
      i. Inpatient chart for hospital patients.
      ii. Dialysis chart for outpatients.
   d. Write orders for hemodialysis.
   e. Prescribe medication for during dialysis and/or post dialysis, as indicated.

II. While patients are on hemodialysis, the fellow is responsible for the management of any medical problem or emergency which arises. In the event that a particularly unstable patient is being dialyzed, the fellow must remain on North 4; for stable patients, the fellow may be paged within the hospital.

III. Night and Weekend Responsibilities:

The dialysis unit has 3-4 shifts daily, except on Sunday. The initial coverage of the third shift of patients is the responsibility of the dialysis fellow. On this rotation it is your responsibility to see that the third shift patients are started on dialysis and that all immediate problems are taken care of. You must alert the on-call fellow of any ongoing acute problems before you leave the unit. Every attempt

should be made to schedule stable outpatients on the third shift. In most cases the evenings shift starts between 5-6PM. Sign out to the on-call fellow should occur at approximately 5:30 - 6:00PM.

Emergency dialysis is available per dialysis RN coverage on Sundays and "off hours." All emergency dialysis should be cleared with the dialysis attending, dialysis director, or chief of service. The fellow on call must be available for any emergencies pertaining to dialysis (including bedside evaluation of new acutely ill emergency patients) throughout the on-call period.

IV. Schedule for Hemodialysis:

The schedule for dialysis is made up weekly in consultation with the Hemodialysis Nursing Supervisor and dialysis fellow.
No new patient may be placed on the schedule without prior approval of the dialysis fellow.
Patients on the schedule come from the following sources:

1. Satellite patients backed up by MMC - a list of these patients and their nephrologists will be given to you.
2. New patients with documented CRF admitted to MMC.
3. Transplant patients.
4. Any patient within MMC with ARF.

Patients on chronic hemodialysis and not backed up by MMC may not be placed on our schedule without prior approval of the dialysis attending.

V. Private/Service Patients:

Your responsibilities for dialysis patients within the dialysis unit are not different for private or service patients. Daily medical management of dialysis patients on the ward is the responsibility of the private attending and medical house staff. The dialysis fellow is encouraged to make appropriate contributions to the medical management of all dialysis patients he/she is following and is required to inform/educate the house staff and private attending regarding patients' management as it relates to dialysis therapy (antihypertensive management, anticoagulation, surgery, etc.). All non-dialysis orders are written by the housestaff on the floors, or by the PAs (in the case of the "Attending only" , or AO, patients.)

VI. Discharge/Transfer

The MMC dialysis unit is an acute hemodialysis unit. Patients are started on hemodialysis, or dialyzed when they require hospitalization for other medical or surgical reasons. Upon stabilization, these patients may continue with temporary inpatient MMC dialysis prior to returning to their usual Satellite Unit. In the case of new patients, an appropriate outpatient center is selected by the dialysis team (physician, social worker, nurse and patient). A center is selected based on patient's long term plans, location of residence and patient preference.

VII. Record Keeping:

The dialysis fellow is responsible for the following:

1. Consent and note for each procedure (this includes all femoral catheters). HD consent is obtained once, upon initiation of HD.
2. Medical orders for each hemodialysis/CRRT patient as indicated.
3. Additional notes in chart as appropriate.
4. Summary of history and diagnostic evaluation of new service patients he/she has worked up.

MONTEFIORE MEDICAL CENTER - MOSES DIVISION
DEPARTMENT OF NURSING

HEMODIALYSIS UNIT

Sunday Coverage:

Sunday should be used for patients requiring emergency and/or emergent overflow dialysis.

It is the responsibility of the Renal Fellow to do an initial assessment of the patient needing hemodialysis.

The Renal Fellow must write the hemodialysis orders in the hemodialysis chart.

The Renal Fellow is to be present during the initiation of the Hemodialysis treatment.

The Renal Fellow should be present during the first two hours of treatment or until patient is stable. The Renal Fellow may leave the unit to complete his/her patient rounds but must be readily available via page.

MONTEFIORE MEDICAL CENTER - MOSES DIVISION
DEPARTMENT OF NURSING

PROTOCOL FOR EMERGENCY ROOM PATIENTS REQUIRING HEMODIALYSIS

1a. When a Hemodialysis patient presents to the ER and requires emergency dialysis, the ER physician should call the Renal Fellow to evaluate the patient for emergency dialysis.

1b. The Renal Fellow must follow existing procedure when calling in a nurse for emergency dialysis.

2. The emergency room patient who requires emergency dialysis must be a non intubated patient.

3. The emergency room patient who is intubated and requires emergency dialysis must first be transferred to an intensive care bed. Emergency dialysis will be initiated once the Renal Fellow has seen the patient in the intensive care unit.

4. The unstable emergency room patient with multiple IV drips requiring a unit bed should be transferred to an open available bed prior to the dialysis treatment.

5. If there is no unit bed for the unstable patient with multiple drips, the emergency room patient should have emergency dialysis in the designated ER room area. The hemodialysis nurse along with the Renal Fellow assumes complete care of this patient during the dialysis treatment. Titration of drips is the responsibility of the Renal Fellow.

6a. For the emergency room patient who requires emergency dialysis in the ER, the Renal Fellow must remain with the patient until, in his/her judgment, the patient is stable and does not require the constant presence of the Renal MD.

6b. The Renal Fellow must remain on call to respond to the dialysis nurse for any problems arising during the rest of the dialysis treatment including returning to the Emergency Room, if necessary.

7a. When a patient is hemodialyzed in the ER, the hemodialysis nurse is responsible for the care of the patient regardless of whether the patient is stable or unstable during dialysis.

7b. Once the hemodialysis treatment is completed, the patient is transferred back to the main ER area and the ER nurse assumes the responsibility for the patient regardless of whether the patient is considered stable or unstable.

7c. The Renal Fellow must report to the ER doctor regarding the patient's condition.

8. Should a CAC occur in the designated ER hemodialysis area, the ER staff should respond to the code. Once the patient is stabilized, the patient is transferred back to the main ER area.

9. Every emergency room dialysis case must be presented every month to the Renal Quality Improvement Program to evaluate the appropriateness of the treatment.

10. Should issues arise concerning this project, both the Administrative staff from the Hemodialysis Unit and Emergency Room will meet to address the issues.

EAST CAMPUS

IMPORTANT TELEPHONE NUMBERS

Attendings:

	Office (718)	Beeper	Home
Matt Aramowitz	430-3158	917-218-3719	
Markus Bitzer	430-3158	917-219-7923	914-813-2887
Vaughn Folkert	597-2255	917-632-5084	914-633-6997
Thomas Hostetter	430-3158	917-218-1391	
Michal Melamed	430-3158	917-219-7123	
Philip Lief	904-2500	917-672-4365	
Amanda Raff	597-2255	917-218-5033	917-529-2859
Stuart Rosenberg	597-2255	917-632-6628	201-837-9669
Victor Schuster	430-2906	646-319-1477	
Katalin Susztak	430-3158	917-762-5237	

Attending Answering Service: 866-633-8255

Weiler Numbers: (904-)
Admitting 3286
ICU 3415
Dialysis Unit 2595
Page 2711, 4141, 4146
Emergency Room 3333

Comprehensive Family Care Center (CFCC)
718-405-8040

Baumritter Kidney Center:
Phone 597-2255 Olivia: 718-828-6840
Fax 597-0272
Fax 792-4437

Renal Division Office: Ullman 617
Phone 430-3158
Fax 430-8963

WEST CAMPUS
IMPORTANT TELEPHONE NUMBERS

Attendings:

	Office	Beeper	Home
Maria Coco	920-4136, 5442	917-506-5333	914-245-2405
Manash DasGupta	914-376-3330		
Robert Feingold	920-5442	917-506-1281	212-772-6139
Daniel Glicklich	920-5159, 4136	917-649-8087	718-796-1003
Ladan Golestaneh	920-5442		
Michele Mokrzycki	920-5442	917-729-0994	212-423-0239
Joel Neugarten	920-4991	917-506-5043	212-689-0863
Sharon Silbiger	920-6097	917-506-5250	212-929-5352

Montefiore Telephone Numbers: 718- (920-xxxx)

North 4 Dialysis Unit	4974, 4975, 4957
Emergency Dept	5731
Renal Office, Centennial 4	5442, 4136
Page Operator	
In house	8282
Out of house	5321
Renal/Hypertension Clinic	7762
Transplant Clinic	5586
Transplant Office, R4	4459
Transplant Surgeons (Access)	6157

Official Holidays for Attendings and Fellows:

July 3, 2009
Labor Day, September 7, 2009
Thanksgiving Day, November 26, 2009
December 25, 2009
January 1, 2010
Martin Luther King Day, January 18, 2010
Presidents Day, February 15, 2010
Memorial Day, May 31, 2010

NephSAP for 2009 –20010 Academic Year and In-Training Exam.

NephSAP modules are a required component of the fellowship program. This academic year we will having NephSAP review sessions at designated times before Renal Grand Rounds. You will be given a schedule of the sessions as well as copies of the readings well in advance of each topic. You will be required to take the NephSAP test prior to the review session. Your test will be graded and kept in your file. Passing scores are 65% for first year fellows and 75% for second year fellows. Fellows who do not achieve a passing score will be required to repeat the module and re-submit their answers.

Nephrology now has an In-Training Exam that we require all fellows to take. The exam is scheduled for April 8 and April 9 2010.

West Campus
Fellow Rotations

Dates:	Consult	Dialysis
7/1-7/31	Rausa	Henriquez
8/1-8/31	Henriquez	Rausa
9/1-9/30	Rausa	Henriquez
10/1-10/31	Henriquez	Rausa
11/1-11/30	Rausa	Henriquez
12/1-12/31	Henriquez	Rausa
1/1-1/31	Liang	Turner
2/1-2/28	Turner	Liang
3/1-3/31	Liang	Turner
4/1-4/30	Turner	Liang
5/1-5/31	Liang	Turner
6/1-6/30	Turner	Liang

East Campus
Fellow Rotations

Dates:	Consult	Attending
7/1-7/31	Liang	Turner
8/1-8/31	Turner	Liang
9/1-9/30	Liang	Turner
10/1-10/31	Turner	Liang
11/1-11/30	Liang	Turner
12/1-12/31	Turner	Liang
1/1-1/31	Rausa	Henriquez
2/1-2/28	Henriquez	Rausa
3/1-3/31	Rausa	Henriquez
4/1-4/30	Henriquez	Rausa
5/1-5/31	Rausa	Henriquez
6/1-6/30	Henriquez	Rausa

Weiler Friday Noon Conference Schedule 2009 – 2010

July			January		
3	No Conference			1	No Conference New Years
10	Core Curriculum		8	Jacobi Team	
17	Core Curriculum		15	PD Conf. - Monte	
24	Core Curriculum		22	Weiler Team – Dr. Scherer	
31	Core Curriculum		29	Dr. Kolankiewicz	
August				February	
7	Dr. Bermudez			5	Dr. Rausa
14	Dr. Malhotra			12	Jacobi Team
21	Dr. Turner		19	PD Conf. - Einstein	
28	Dr. Liang			26	Weiler Team – Dr. Henriquez
September			March		
4	PD Conf. - Monte			5	Dr. Scherer
11	Jacobi Team			12	Jacobi Team
18	Dr. Bermudez			19	PD Conf. - Monte
25	Weiler Team - Dr. Malhotra			26	Weiler Team - Dr. Kolankiewicz
October				April	
2	PD Conf. - Einstein			2	No Conference Passover
9	Jacobi Team			9	Jacobi Team
16	Dr. Turner		16	No Conference NKF	
23	Weiler Team - Dr. Liang			23	Weiler Team - Dr. Rausa
30	No Conference ASN			30	Dr. Henriquez
November			May		
6	PD Conf. - Monte			7	Dr. Scherer
13	Jacobi Team			14	Jacobi Team
20	Dr. Bermudez			21	Dr. Kolankiewicz
27	No Conference Thanksgiving		28	Weiler Team - Dr. Rausa	
December			June		
4	PD Conf. - Einstein			4	Dr.Henriquez
11	Dr. Turner		11	Jacobi Team	
18	Dr. Liang			18	No Conference
25	No Conference Christmas			25	No Conference

Note: Jacobi Team Conferences will be held at
12:30 at Jacobi, room TBA.

Summer 2010 Core Curriculum Conference Schedule

Date	***MD***	***Topic***	***Time/Location***
July 9	Akalin	Transplant	Forman-4
July 10	Hostetter	GFR	11:30 AM BKC
July 10	Rosenberg	Urinalysis	12:30 PM BKC
July 17	Folkert	CKD	11:30 AM Belfer 313
July 17	Folkert	Dialysis	12:30 PM Belfer 313
July 24	Raff	AKI	11:30 AM BKC
July 24	Raff	GN	12:30 PM BKC
July 31	Melamed	Ca/Phos/PTH	11:30 AM BKC
July 31	Abramowitz	Acid/Base	12:30 PM BKC

- Locations are: BKC: Baumritter Kidney Center Conference Room
- Belfer 313 B Conference Room
- See separate schedule for West Campus conferences

Second Year Fellows Timeline and Important Dates

Note: PLEASE double check these dates!!

Fall 2009: check for exact dates = Columbia Renal Biopsy Pathology Conference*

October 27-November 1*

December 4, 2009 = deadline for NKF abstracts

December 2008 = check NKF web site for instructions on applying for travel grants

Dates and registration for Nephrology Boards: http://www.abim.org/exam/moc/neph.aspx

April 13-17, 2010 Orlando, FL*

May and early June 2010 – exact dates TBA: **Note that all fellows are required to prepare and present at all three of the meetings below.**

Montefiore Fellows Night = poster presentation

Fellows' Renal Grand Rounds: 1 hour presentation of a an assigned review or your research project summary.

New York Society of Nephrology Fellows' Night = abstract and 8 minute oral presentation (date is May 19, 2010)

June, 2009 – exact date TBA: **Deadline for ASN abstracts**
November 4, 2010: Nephrology Boards

- *Remember to register early for conferences and arrange travel plans / hotels.
- *The division will reimburse you for the Columbia conference and the ASN. The NKF has travel grants for fellows. They will award 3 to a given program. It is recommended that three of you apply and then split the money / extra costs between the four of you so everyone can go.

2009 – 2010 Topic Based Modules for Clinical Rotations

Goal: provide 4 relevant papers or other reading material each month to cover issues commonly seen on the consult and dialysis services. This activity will complement the case based learning on the teams and allow a forum for all the first year fellows to read and review core papers during their clinical year.

MODULE	CONSULT TOPICS	DIALYSIS TOPICS
July and August	Acute renal failure	Intro to dialysis
Week 1	AKI Tx Review – CJASN 2: 356-65 2007	Dialysis handbook ch 1, 2, 3, 4, 5, 8
Week 2	RIFLE criteria – CJASN 2: 418-25. 2007	Dialysis handbook ch 6, 7, 9, 10
Week 3	Contrast nephropathy and HCO3 – JAMA 300: 1038 – 46. 2008	Dialysis handbook ch 18, 19, 21, pages 356-359
Week 4	Preeclampsia NEJM 350: 672-83.2004	Dialysis handbook ch 22, 23, 24, 25, 26
September and October	Glomerulonephritis	Access Issues
Week 1	SLE – MMF for SLE – NEJM 353:2219-28. 2005	Access and Mortality – JASN 15: 477-86. 2004
Week 2	SLE – MMF meta-analysis – CJASN 2: 968-75. 2007	Access Mgmt – CJASN 2: 786-800. 2007
Week 3	SLE – rituximab – CJASN 4: 579 – 87. 2009	Dipyridamole AVG – NEJM 360: 2191 – 201. 2009
Week 4	ANCA and plasmapheresis Plasmapheresis – JASN 18: 2180 – 88. 2007 Chance of recovery – JASN 18: 2189 – 97. 2007	PD peritonitis – ISPD guidelines PD Inter 25: 107-31, 2005
November and December	Infectious renal disease	Adequacy

Week 1	HIV – J Infect Dis 197: 1548 – 57. 2008	NCDS – NEJM 305: 1176-81. 1981
Week 2	HCV – ClinNeph 69: 149 – 60. 2008	HEMO – NEJM 347: 2010-19. 2002
Week 3	HBV – KI 68:1750-8. 2005	CANUSA – JASN 7: 198-207. 1996
Week 4	TB – JASN 12:1307-14. 2001	ADAMEX – JASN 13: 1307-20. 2002
January and February	Cystic Kidney disease	Continuous modalities
Week 1	ADPKD review – KI epub 2009	CRRT review – Crit CareRes 4: 281-90. 2002
Week 2	CRISP – NEJM 354: 2122 – 30. 2006	CVVH dose – Lancet 356: 26-30. 2000
Week 3	Cyst infections ADPKD – CJASN – epub 2009	Daily HD – NEJM 346: 305-10. 2002
Week 4	Stones ADPKD – CJASN 4: 838 – 44. 2009	VA AKI trial. NEJM 359. 2008
March and April	Cardiovascular disease	Anemia
Week 1	CKD and mort – NEJM 351: 1296-1305. 2004	Anemia in CKD – AJKD 38: 803 – 812. 2001
Week 2	Genetics and HTN – Cell 104: 545 – 56. 2001	CHOIR – NEJM 355: 2085-98. 2006
Week 3	Renal outcomes ONTARGET – Lancet 372: 547 – 53. 2008	CREATE – NEJM 355: 2071-84. 2006
Week 4	MYH9 polymorphisms – KI 75: 736 – 45. 2009	Iron transport – JASN 18: 394-400. 2007
May and June	Smart drug design in renal	Other issues in CKD/ESRD
Week 1	Bevacizumab in RCC – NEJM 349: 427 – 34. 2003	Uremia – NEJM 357: 1316 – 25. 2007
Week 2	Cinacalcet – NEJM 350: 1516 – 25. 2004	IDPN and mortality – JASN 18: 2583 – 91. 2007
Week 3	Tolvaptan (SALT) – NEJM 355: 2099 – 2112. 2006	Statins in ESRD – NEJM 360: 1395 – 407. 2009
Week 4	Aliskiren – NEJM 358: 2433 – 46. 2008	Cognitive decline – JASN 18: 2205 – 13. 2007

Bonus papers: History of nephrology

Edema and uremia – KI 43: 1385-96. 1993
Proteinuria – NDT 18: 1281-85. 2003
Rayer – KI 39: 787-92. 1991
Addis – KI 37: 833-40. 1990
Homer Smith – Evolution of the Kidney – Anat Rec 277A: 344-54. 2004

2009 – 2010 Topic Modules Learning Objectives:

Module 1 - July and August

Consult: Topic = Acute Renal Failure

At the end of this module, the fellow will:

1. understand the RIFLE criteria for Acute Kidney Injury
2. be familiar with commonly seen etiologies of AKI
3. understand underlying pathophysiology in the development of AKI
4. be familiar with the management of AKI
5. be familiar with the data for the prevention of contrast nephropathy
6. be familiar with the controversy in the use of HCO3-containing fluids in prevention of contrast nephropathy
7. gain an appreciation of the need for human trials of interventions found to be beneficial in animal trials

Dialysis: Topic = introduction to Dialysis

At the end of this module, the fellow will:

1. understand the indications for initiation of dialysis
2. understand the physiologic principles which underlie hemo and peritoneal dialysis
3. be familiar with the equipment used for dialysis

4. be able to write a prescription for both acute and chronic dialysis
5. be able to diagnose and treat common complications of dialysis

Module 2 – September and October

Consult: Topic = Glomerulonephritis

At the end of the module, the fellow will:

1. be familiar with the range of renal disease in SLE
2. be familiar with the traditional NIH protocol treatment regimen used for the treatment of lupus nephritis
3. understand the many risks of cytoxan
4. be familiar with alternative treatment for SLE nephritis with MMF
5. be familiar with the potential of rituximab in treating inflammatory renal disease
6. be familiar with the role of plasmapheresis in treatment for ANCA related RPGN and pathologic predictive factors of risk of treatment

Dialysis: Topic = Modality and Access Issues

At the end of the module, the fellow will:

1. be able to recognize and treat hemodialysis catheter related infections
2. be able to recognize and treat peritoneal dialysis related infections
3. understand the risks of infection and death associated with AVFs, AVGs, and hemodialysis catheters
4. begin to gain an appreciation of the difficulty in obtaining and maintaining arm access for HD patients
5. assess the utility of anticoagulation regimens to help maintain AVG patency

Module 3 – November and December

Consult: Topic Infectious renal disease

At the end of the module, the fellow will:

1. understand the range of renal manifestations in patients with HIV and the role of renal biopsy in these patients
2. understand the pathophysiology of HIVAN and the rational for treatment with HAART

3. recognize the spectrum of renal disease associated with HCV infection and the possible treatments
4. recognize the spectrum of renal disease associated with HBV infection and the possible treatments
5. be familiar with the manifestations of TB related renal and urinary tract disease

Dialysis: Topic = Adequacy

1. understand the concept of Kt/V for measurement of adequacy in hemodialysis and peritoneal dialysis
2. understand the rational for K/DOQI guidelines of adequacy set at Kt/V = 1.2
3. understand the difference in low and high flux dialysis membranes
4. understand the difference in findings in CANUSA (cohort study) vs ADAMEX (randomized controlled study)

Module 4 – January and February

Consult: Topic = Cystic kidney disease

At the end of this module, the fellow will:

1. be familiar with the clinical manifestations and diagnosis of ADPKD
2. be familiar with common complications in ADPKD including progression to ESRD, cyst bleeding and infections, renal stones, and renal cell carcinoma
3. be familiar with the genes PKD-1 and PKD-2 identified in ADPKD
4. recognize the excitement in the growing field defining the involvement of the primary cilia and proteins associated with the primary cilia in cystic kidney diseases
5. understand the challenges of research and clinical trials in ADPKD
6. be familiar with the rational for possible treatments currently in clinical trials

Dialysis: Topic = Continuous Modalities

At the end of this module, the fellow will:

7. be familiar with the range of continuous modalities to provide hemodialysis and ultrafiltration in critically ill patients
8. understand the theoretic advantages of continuous modalities in the care of critically ill patients
9. recognize the difficulty of performing studies in critically ill patients to answer the question of which modality is better

Module 5 – March and April

Consult: Topic = Cardiovascular disease

At the end of this module, the fellow will:

1. understand the pathophysiology of the development of HTN
2. understand the significant independent risk of CKD for cardiovascular mortality
3. gain insight into single gene mutations that result in defects in BP regulation
4. understand both the benefits and risks of ACEI and ARBs in renal disease
5. Be familiar with new data on the role of MYH9 polymorphisms in non-diabetic renal disease in African Americans

Dialysis: Topic = anemia in CKD and ESRD

At the end of this module, the fellow will:

1. be familiar with the K/DOQI anemia management guidelines
2. be familiar with the epidemiologic association of risk of mortality with falling hg/hct in CKD and ESRD
3. be familiar with CHOIR and CREATE – 2 large randomized trials showing a lack of efficacy and possible harm with aggressive hg/hct targets in CKD
4. be familiar with the role of hepcidin in iron transport and in the anemia of CKD

Module 6 – May and June

Consult: Topic = Smart Drug design in Renal Medicine

At the end of this module, the fellow will:

1. Be familiar with several medications designed with specific targets (growth factors, receptors, hormones) of interest in renal diseases
2. Understand the role of angiogenic factors and loss of VHL inhibition in renal cell carcinoma
3. Be familiar with the hypertensive and proteinuric side effect of the anti-VEGF antibody bevacizumab and understand the role of VEGF in renal health and disease
4. Understand the role of cinacalcet in the treatment of secondary hyperPTH of CKD
5. Understand the pathophysiology of euvolemic and hypervolemic hyponatremia and the potential benefits of ADH receptor antagonists
6. Understand the drugs available to interrupt the renin – angiotensin – aldosterone system

Dialysis: Topic = Other issues in CKD and ESRD

At the end of this module, the fellow will:

1. be familiar with the scope of uremia as an illness that begins with the decline in GFR and the issues surrounding identification of uremic toxins
2. understand the problem of cachexia and malnutrition in ESRD patients
3. be familiar with the disappointing data on the lack of benefit of statins in the ESRD population
4. understand the association of cognitive decline with loss of renal function

Evaluation Policy

The evaluation of the trainees, the program and of each faculty member is an essential mechanism that is important to the development, improvement, and structure of the training experience. Evaluation processes are considered to be a positive and constructive component of the program that enhances the training experience and benefits of the program.

Faculty Evaluation

The faculty is evaluated by the trainees every six months. Standard program evaluation forms are distributed to all trainees, with a request that they complete them in their entirety, and return them anonymously to the program director's office. All responses are considered to be confidential, and are kept in departmental files maintained on each member of the faculty. At least once a year, the director of the division will meet with each member of the faculty to review their performance in regard to teaching, research, and clinical activities. In addition, you anonymously evaluate each faculty member at the end of each monthly rotation; this is done via *MyEvaluations* on the WEB.

Program Evaluation

The program is evaluated by the trainees **twice a year.** Complete responses are encouraged, as well as comments that may be constructive in improving aspects of the training experience. The responses are anonymous and are submitted to the Program Director's office. The responses are reviewed by the program director, the division chief, and the program faculty, as appropriate.

Fellow Evaluation

The progress of the clinical competency of each fellow is reviewed by two mechanisms: the ongoing and formal feedback given by the faculty on a daily basis, as well as the formal evaluation process.

When you enter the training program, all fellows are advised as the criteria by which their performance will be evaluated.

Fellows are evaluated monthly, **at the completion of each rotation**, by their faculty supervisors. The faculty completes written evaluation forms via the WEB which are submitted to the training program director for review. In addition, there are additional evaluations that occur related to key procedures; "360" evaluations on each rotation; clinic evaluations; out-patient dialysis evaluations. Twice a year, there is a formal meeting with each fellow to discuss their progress. At the conclusion of the review session, the resident is encouraged to respond to issues of concern, and to written comments into their record, and requested to sign the evaluation form. Evaluation forms are considered confidential and are maintained in the program directors office.

Unfavorable evaluations require that there be outlined for the trainee a course of corrective action. Monthly monitoring of the trainees performance will be performed and entered into the departmental records.

DEPARTMENT OF MEDICINE
DIVISION OF NEPHROLOGY

TRAINEE EVALUATION OF PROGRAM

Scale:
1=Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Very Good, 6=Outstanding

	Weiler Consult	Weiler Dialysis	MMC Consult	MMC Dialysis	CFCC	MMC Renal Clinic	Transplant Clinic	Transplant Rotation
Length of rotation								
Amount of Faculty teaching								
Faculty presence & availability								
Ability to attend conferences								
Ability to pursue research								
Value of clinical material								
Evaluation value of rotation								
Fellow authority proportional to ability								

Scheduling								
Conference topics Grand Rounds								
Medical Student/Resident teaching								
Quality of faculty supervision								
Research								

DEPARTMENT OF MEDICINE
DIVISION OF NEPHROLOGY

TRAINEE EVALUATION OF TEACHING FACULTY

CONFIDENTIAL DOCUMENT

Attending Physician:_____ Date of Review:

Scale:
1=Poor, 2=Below Average, 3=Average, 4=Above Average, 5=Very Good, 6=Outstanding

CLINICAL SKILLS

Demonstrated procedures skillfully	1	2	3	4	5	6
Allows independence with appropriate Supervision	1	2	3	4	5	6
Diagnostic Skills	1	2	3	4	5	6
Therapeutic Skills	1	2	3	4	5	6

RESEARCH SKILLS

Quality of Faculty Research and Writing	1	2	3	4	5	6
Ability to teach Research Skills	1	2	3	4	5	6

TEACHING SKILLS

Kept discussion focused	1	2	3	4	5	6
Emphasized problem solving	1	2	3	4	5	6
Integrated social and ethical aspects Of Medicine	1	2	3	4	5	6
Stimulated interest to read	1	2	3	4	5	6
Knowledge of literature	1	2	3	4	5	6
Provided feedback	1	2	3	4	5	6
Quality of lectures	1	2	3	4	5	6

ADMINISTRATIVE SKILLS

Planning & Scheduling	1	2	3	4	5	6
Supervision	1	2	3	4	5	6
Reviewed expectations and goals At beginning of rotation	1	2	3	4	5	6

INTERPERSONAL SKILLS

Rapport with Fellows	1	2	3	4	5	6
Rapport with Patients	1	2	3	4	5	6
Rapport with other Staff	1	2	3	4	5	6
Punctuality & Attendance	1	2	3	4	5	6
Motivation	1	2	3	4	5	6

AVAILABILITY

Usually prompt	1	2	3	4	5	6
Adhered to round schedule	1	2	3	4	5	6
Available when not on service	1	2	3	4	5	6
Available to discuss consults	1	2	3	4	5	6
ROLE MODEL	1	2	3	4	5	6
OVERALL ASSESSMENT	1	2	3	4	5	6

COMMENTS:

_____

_____

_____

_____

_____

DEPARTMENTAL RESIDENT DUE PROCESS

The following paragraphs are in accordance with the General Requirements of the Essentials of *Accredited Residencies in Graduate Medical Education*, Hospital Bylaws, and Collective Bargaining Agreements:

1. **Statement of standards and expectations of House Officer performance at all participating hospitals**.

   All departments should ensure that residents understand the standards and expectations of the training program. A review of these guidelines must be incorporated into the orientation process for every trainee. Expected standards of performance shall include:

   A. Acceptance of responsibility for the delivery of in-patient and out-patient care with the level of care and responsibility for each level of trainee defined by the particular service.
   B. Maintenance of standards of care as defined by the Bylaws, Rules and Regulations of the Medical Staff of all participating Hospitals and of the recognized organizations accrediting the Hospitals and its training programs, by the laws and regulations of the New York State Health Department, and as judged to the satisfactory by the individual Hospital departments concern.
   C. Willingness to accept guidance, criticism, and evaluation from those of more experience, and to defer final decisions related to patient care to those who are in a supervisory capacity.
   D. Adoption of a spirit of self-education to go beyond mere essentials, and the promotion of academic excellence for self and for the betterment of patient care as promulgated at the hospitals by its milieu of beside and conference teaching.
   E. The orderly signing over all patients to another physician when going off duty and carrying this out in a more formal, verbal and/or written manner when rotating off service.
   F. Willingness to accept certain documentation of responsibilities involving patient care, especially concerning timely completion of paperwork of acceptable, declaratory and medicology standards and within a reasonable time frame as mandated by the state, JCAHO, and the Medical Staff Rules and Regulations.
   G. Recognition that advancement to the next year of a residency program must be based on evidence of satisfactory progressive scholarship and professional growth of the trainee, including demonstrated ability to assume graded and increasing

responsibility for patient care as outlined by the General Requirements of the *Essentials of Accredited Residencies in Graduate Medical Education*. Acceptance that this determination of this standard of professional growth is the responsibility of the Program Director with advice from members of the teaching staff.

SPECIAL NOTE:

Faculty should act early to identify marginal residency. In the event that a Program Director decides not to renew the contract with a residence on HHC payroll, article VI, section three of the CIR Contract regarding Individual Contracts and the non-renewal thereof should be followed: "House staff officers who have July 1st appointments will be notified in writing by November 15th. (December 15th at PGY-1) and house staff officers with any other appointment date will be notified in writing within four and one half (4 1/2) months thereafter (5 1/2 months at PGY-1), if their services are not to be renewed for the next year of a given residency program. Earlier notice, if possible, will be given to such house staff officers".

If the situation is such that a decision to renew the contract of a marginal resident can not be made by the above deadlines, notice of a probable non-renewal must still be given at the prescribed time, but should include a statement that should the resident's performance be judged to improve and meet to specifically outline standards, that a contract may be offered at the conclusion of the probationary period. If such notice is not given, the CIR contracts stipulated that the resident must be maintained in the program for the following year.

In the event that the program director decides not to renew the contract with the resident on MMC payroll, section 2.0 of that MMC Policy and Procedures should be filed: " A decision by the Department Chairman not to renew a residency training contract for the next successive academic year is final and may not be appealed hereunder so long as notice of non-renewal is given to the resident, in writing, on or before January 15th of the then current year.

2. **An agreed upon program of periodic documented feedback:**

    A. At the end of each rotation, a written evaluation of the resident's performance will be carried out by one of more supervisory physicians using forms established for this purpose so as to maintain comparative objectivity.
    B. At least twice a year, the House Officers Program Director or a designee will meet with the resident to provide overall feedback as a formal part of the program, in compliance with the Essentials of

Accredited Residencies in Graduate Medical Education. This feedback will be based on a composite of the collected comments of individual evaluators. The resident need not be provided copies of individual evaluation comments.

NOTE: The resident may expect the overall nature of this written evaluation will be discussed with him/her, and that any perceived substandard performance or other difficulties will be discussed before the end of the rotation in an effort to help initiate corrective action.