

ACGME Nephrology Site Review Citations: 2/08 to 5/09

The following citations were based on the responses I received after my e-mail request 8/08. The time period covered is from 2/08 to 5/09. A total of 15 institutions responded. I have compiled the summarized results in categories. I have placed in the parentheses the number of different institutions that reported the citation.

Policy Documentation

- It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating institutions and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System. **(1)**
- There is no program level agreement for the one of the participating sites. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. **(1)**

Curriculum

- At the time of the site visit, the goals and objectives were not organized to differentiate the fellows' progress in the program and the competencies were not included in the written goals and objectives for the training program. Only a few of the faculty routinely reviewed relevant sections of the written curriculum with the fellows at the beginning of the rotation. The program must possess a written statement that outlines its educational goals with respect to the knowledge, skills, and other attributes of fellows for each major assignment and for each level of the program. This statement must be distributed to fellows and faculty and must be reviewed with fellows prior to their assignments. The curriculum must contain the following educational components: delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over continuum of the program. **(5)**
- The program does not provide specialty specific educational activities for the fellows in the competency of systems based practice. At the time of the site visit, the only activities provided for the fellows are the interdisciplinary resident core curriculum conferences, which do not contain nephrology specific information. In addition, only fellows who did not complete a core residency at the institution attend these conferences. Programs must define the specific knowledge, skills, behaviors, and attitudes required, and provide educational experiences as needed in order for their fellows to demonstrate systems based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal healthcare. **(1)**
- It is unclear that the fellows have progressive responsibility during the training program. The Review Committee noted that there is concern that some of the attendings are too directive in their management of patients. The program must possess a well organized

and effective curriculum, both didactic and clinical. The curriculum must also provide fellows with direct experience in progressive responsibility for patient management. **(1)**

- It is unclear that fellows have appropriate protected time for research. At the time of the site visit, there appeared to be only three months rotational activity in the two year program which allowed some protected time for research, although clinical activities in dialysis are also scheduled during this time. The information provided indicates only two publications either published or in preparation listed for the current five fellows. No information was provided for publications of graduates of the last three years of the program. The Review Committee expects more than half of the fellows to have publications and presentations. The majority of fellows must demonstrate evidence of recent research productivity through publication (manuscripts or abstracts) in peer-reviewed journals, or through abstracts presented at national specialty meetings. The program must ensure a meaningful, supervised research experience with appropriate protected time for each fellow—either in blocks or concurrent with clinical rotations—while maintaining the essential clinical experience. **(2)**
- It is not clear that formal instruction has been provided for all fellows in research methodology. Fellows must learn the standards of ethical conduct of research, design and interpretation of research studies, responsible use of informed consent, research methodology, and interpretation of data. **(1)**
- At the time of the submission of the program information form, the program did not have a regularly scheduled monthly research conference. The Committee noted that for the past two months, monthly research conferences have been conducted. Conferences must be conducted regularly as scheduled and must be attended by faculty and fellows. At a minimum, these must include at least one clinical conference weekly; one literature review conference (journal club) monthly; one research conference monthly; and at least one core curriculum conference weekly, when averaged over 1 year. **(1)**
- The program does not provide adequate conferences for the fellows. At the time of the site visit, fellows did not receive instruction in quality assessment and improvement. Educational experiences should include instruction in the following: clinical ethics, medical genetics, quality assessment, quality improvement, patient safety, risk management, preventive medicine, pain management, end-of-life care, and physician impairment. **(1)**
- The program has not identified an adequate performance improvement project. Although fellows are involved in a number of performance improvement type activities throughout the fellowship, there was not an area of activity specifically designated which involved faculty and residents and resulted in measurable improvements. The program should identify and participate in at least one ongoing performance improvement (PI) activity which relates to the competencies. The PI activities must involve both fellows and faculty in planning and implementing. The PI activities should result in measurable improvements in patient care or residency education. **(2)**
- Although there are opportunities available for fellows to gain knowledge and experience in dialysis water treatment, delivery systems and reuse of artificial kidneys, it is not part of the required curriculum. In addition to formal instruction in the areas outlined above, specific content areas that must be included in the formal educational program (lectures, conferences, seminars, and journal clubs) include dialysis and extracorporeal therapy, including dialysis water treatment, delivery systems, and reuse of artificial kidneys. **(1)**

Clinical Experience

- It is unclear whether trainees from other specialties significantly interfere with the educational experience of nephrology fellows. The Review Committee noted that on the ACGME Resident Survey performed in March 2007 and April 2007, half of the fellows expressed concern that to a great extent, trainees who are not part of the program interfered with their education. The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed fellows' education. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines. **(1)**
- At the time of the site visit, fellows did not attend their continuity clinic when they are on the two-month transplant rotation in the first year. The Review Committee acknowledged that this is an important rotation for fellows and indicated that the program director should submit a request for an exception to the Program Requirement. Fellows must have a continuity ambulatory clinic experience 1/2-day each week to develop a continuous healing relationship with patients for whom they provide subspecialty care. **(1)**
- The program does not provide adequate clinical experience in the use or interpretation of the results of radiology of vascular access. At the time of the site visit, the training and experience in this area was insufficient and only provided as an elective experience. Fellows must have formal instruction and clinical experience in the use or interpretation of the results of radiology of vascular access. **(1)**
- It is unclear whether fellows receive adequate clinical experience or demonstrate competence in the placement of temporary vascular access. At the time of the site visit, the educational experience was limited to didactic instruction. Fellows must have formal instruction, clinical experience, and must demonstrate competence in the performance of placement of temporary vascular access for hemodialysis and related procedures. **(1)**
- Fellows do not receive adequate clinical experience in the use or interpretation of the results of therapeutic plasmapheresis. At the time of the site visit, the educational experience was limited to didactic instruction. Fellows must have formal instruction and clinical experience in the use or interpretation of the results of therapeutic plasmapheresis. **(1)**
- At the time of the site visit, fellows do not consistently see a minimum of four patients in a half-day clinic session. The Review Committee noted that approximately 30 percent of the time, the fellows see only 3 patients per session. Each fellow should, on average, be responsible for four to eight patients during each half day session. **(1)**
- It is unclear that the fellows will follow 20 transplant patients on an ambulatory basis for at least 3 months. Clinical experience must entail supervised involvement in the decision-making for patients during the pre- and post-transplant care. This experience must include management in the ambulatory setting for at least 3 months of a minimum of 20 renal transplant recipients per fellow. **(1)**
- The program does not provide documentation that the fellows have sufficient clinical experience to demonstrate competence in biopsies of transplanted kidneys. Fellows must have formal instruction, clinical experience, and must demonstrate competence in the performance of percutaneous biopsy of both autologous and transplanted kidneys. The Review Committee noted that the issue was cited previously. **(1)**

- It is unclear that fellows develop a comprehensive understanding of the indication and complications of procedures. At the time of the site visit, the procedure log did not include this information. Fellows must develop a comprehensive understanding of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline. **(1)**
- The program does not ensure that fellows are provided with autopsy reports on their patients. Although fellows are given a monthly list of autopsies that will be done and are encouraged to attend, they do not receive a copy of the report. Fellows must receive autopsy reports after autopsies are completed on their patients. **(1)**
- The Review Committee noted that there are insufficient numbers of peritoneal dialysis patients for fellows to have an adequate experience to become competent in the provision of care to patients requiring this therapy. Clinical experience must entail supervised involvement in decision making for patients undergoing dialysis and extracorporeal therapies. This experience must include the principles and practice of peritoneal dialysis, including the establishment of peritoneal access, the principles of dialysis catheters, and how to choose appropriate catheters. **(2)**

Evaluations

- Although all of the fellows had their semi-annual reviews, and final letters documented overall competency to independently practice their specialty without supervision, the reviewer said that as of July 1 the letters must specifically address each of the core competencies. **(1)**
- There is inadequate documentation of the annual program review, the minutes, and action plan. The minutes documented the issues discussed and the proposed solutions, but there wasn't a separate "action plan" document that is also required. **(2)**
- Fellows do not routinely receive verbal performance feedback at the end of an assignment. At the time of the site visit, this occurred only occasionally. The record of evaluation should document that fellows were evaluated in writing and their performance reviewed with them verbally on completion of each rotation period (and at least quarterly for longitudinal assignments). **(1)**
- The program failed to demonstrate that it would evaluate fellow competency through any method other than global faculty and 360 evaluations. There is no evidence that the program utilizes direct patient observation and reflection exercises (e.g. mini-CEX, OSCE, checklists, simulators, etc.) to assess achievement of the general Competencies. The record of evaluation should document the fellow's achievement of the competencies using appropriate evaluation methods. **(3)**
- The fellows' evaluations of their research experience are not confidential. The Review Committee noted that the fellows' names appear on the evaluation document. Provision must be made for fellows to confidentially provide written evaluations of each teaching attending at the end of a rotation, and for the evaluations to be reviewed with faculty annually. **(1)**

Program Director Support

- It is not clear that the sponsoring institution provides adequate salary support for the administrative activities of the program director. The sponsoring institution must assure that adequate salary support is provided to the program director for the

administrative activities of the internal medicine subspecialty program. The program director must not be required to generate clinical or other income to provide this administrative support. It is suggested that this support be 25-50% of the program director's salary, depending upon the size of the program. **(2)**

Facilities

- There was a lack of appropriate number of computers in clinic. **(1)**
- There were inadequate accommodations for fellows to store their belongings safely. The Committee noted that plans for new facilities for the fellows were to be implemented in 30 days from the site visit. Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities. **(1)**
- The Review Committee noted that there are not adequate transport services for patients. At the time of the site visit, fellows often had to transport their patients for biopsy procedures. Inpatient clinical support services must be available on a 24-hour basis to meet reasonable and expected demands, including intravenous services, phlebotomy services, messenger/transporter services, and laboratory and radiologic information retrieval systems that allow prompt access to results. **(1)**
- Staffing of the ambulatory clinic was inadequate. Information provided indicates that there were times when patients were waiting, examination rooms were open, but there was not enough staff to bring patients to examination rooms. Fellows were responsible for weighing and taking/recording bps on their own patients. There should be services available from other health-care professionals such as nurses, social workers, language interpreters, and dietitians. **(2)**