

Renal Consultation Rotation Objectives

Conferences:

1. Residents, Interns, and Students are expected to attend Noon Conference at 12pm and Case Conference at 1pm
 - a. Rotation specific conferences that interfere with this schedule along with necessity for travel to an alternate location are the only accepted reasons for excused absence from Noon conference
 - b. Rotation specific conferences and Continuity Clinic that interfere with this schedule are the only accepted reasons for excused absence from Case Conference

Any Housestaff with <70% attendance rate at Conferences (tallied throughout the month and finalized on the last day of the month) will meet the following:

1st Violation: meet with their Associate Program Director, have a letter placed in their file, be assigned and complete a Core Curriculum Program (CCP) Exam, and be assigned Holiday Jeopardy

2nd violation: Housestaff will be required to repeat the month

2. Residents, Interns, and Students are expected to attend all scheduled conferences. Renal specific conferences will be scheduled at times that should not conflict with these conferences. It is your choice as to which conference you attend but attendance is mandatory at conference. Have your attending notify the chief residents of your attendance at a renal conference.

You are welcome to attend our scheduled renal grand rounds on Mondays at noon and our core lecture series on Thursdays at noon that are held at the medical school. Attendance at these conferences is not mandatory.

Conference attendance is one of our primary objectives and you may need to remind your attending as time nears when you should be leaving for conference. Conferences take precedence over routine patient care and rounds. Of course, patient care may need your immediate attention and that is your first priority.

Daily Work

1. As a guideline, Residents will be expected to see 2-4 new consult patients on a daily basis
2. As a guideline, Residents will see and write daily progress notes on an average of 8-10 follow-up patients per day until signed off by the attending
3. The Fellow or attending is expected to hold the Consult pager at all times
4. Residents are expected to see patients on the same day as the consult is called up to 5pm M-F and 12noon on Saturday
5. Emergent consults after 5pm or 12 noon on Saturdays are to be seen by the Fellow or Attending

Evaluations

1. A verbal mid-month evaluation will be given by the attending to Housestaff
2. An end of month verbal and written evaluation will be given by the Attending to Housestaff
3. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

Poor Performance on a specific rotation or in a particular Subspecialty on the October Inservice Training Exam will render assignment to that subject's Core Curriculum Program (CCP) Exam.

If the Resident fails the CCP or is a No-Show to take the assigned CCP, then the Resident must meet with their Associate Program Director for an Oral Exam

The primary roles of the Attending Faculty:

1. The faculty must regularly participate in organized clinical discussions. Teaching Faculty on ward services are expected to attend Case Conference.
2. Patient based teaching must include direct interaction between resident and attending, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions.
3. Residents have protected educational time for their Conferences per the conference schedule.
4. Faculty may need to rearrange their clinic schedules during their on-service months.
5. Teaching attendings will be held responsible for enforcing the duty hour rules
-10 hour time period free from all duties must be provided between all daily duty periods
6. Teaching Faculty must clearly state their expectations at the beginning of the rotation to the housestaff and students
7. The faculty are expected to provide a verbal mid-month evaluation to all Housestaff on the team
8. The faculty are expected to provide a verbal and written end-of-month evaluation to all Housestaff on the team

Learning Objectives

By the completion of this month, the Resident will be able to:

1. The resident will understand the basic elements of pathophysiology, diagnosis and management of important renal diseases, including those caused by hypertension, immune mechanisms, diabetes, infection, drug toxicity, nephrotic syndrome, disorders of tubular function and urinary obstruction.
2. The resident will be familiar with the indications, principles and important medical complications of hemodialysis, peritoneal dialysis and renal transplantation.
3. The resident will be familiar with the indications for performance and basic interpretation of specialized tests of renal function.
4. The resident will be familiar with the cardiovascular, metabolic, infectious, skeletal, endocrine, immunologic, hematologic and gastrointestinal complications of chronic renal failure.
5. The resident will be familiar with the evaluation and basic management of patients with chronic and acute renal failure.

Educational Guidelines/Topics:

- Acute renal failure
- Chronic kidney disease
- Tubulointerstitial disease
- Glomerular disorders
- Hypertension
- Urinary tract infections
- Nephrolithiasis
- Urologic disorders
- Water and electrolyte balance
- Acid-base disorders
- Evidence-based medicine applications in renal disease
- Systems-based issues in patients with renal disease

Reading List (Fundamental but not comprehensive)

- <http://www.kidney.org/> - under professional guidelines – read KDOQI guidelines for management of chronic kidney disease