**New Application: Nephrology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |
| --- |
| 1. Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.c)] |
| Click here to enter text. |

**Resources**

|  |  |
| --- | --- |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.1.a)] | YES  NO |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.1.a)] | YES  NO |

Provide the following information for all participating sites.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** | | | | | | |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? [PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Will fellows have access to an electronic health record? [PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** | | | | | | |
| Biochemistry laboratory [PR I.D.1.c).(1).(a)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Serologic laboratory [PR I.D.1.c).(1).(a)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Ultrasound [PR I.D.1.c).(1).(b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Computerized tomography [PR I.D.1.c).(1).(b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Diagnostic radionuclide laboratory [PR I.D.1.c).(1).(b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Magnetic resonance imaging [PR I.D.1.c).(1).(b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Surgical and pathological support available for the modern practice of nephrology [PR I.D.1.d).(1)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Surgery for vascular and peritoneal dialysis access [PR I.D.1.d).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Renal transplantation services [PR I.D.1.d).(3)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Electron and immunofluorescence microscopy, and other special studies for the preparation and valuation of renal biopsy material [PR I.D.1.d).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Acute and chronic hemodialysis [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Continuous renal replacement therapy [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Peritoneal dialysis [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Renal biopsy [PR I.D.1.d).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| A close working relationship with dietary and/or nutrition services, social services, as well as specialists in general surgery, urology, obstetrics and gynecology, psychiatry, pathology, and diagnostic radiology [PR II.D.1.-2.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Access to training using simulation [PR IV.C.4.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |

**Personnel**

**Program Director**

|  |  |
| --- | --- |
| Will the program director be required to generate clinical or other income to provide this administrative support? [PR II.A.2.b)] | YES  NO |
| What is the percentage of Program Director support? [PR II.A.2.c)] | % |

**Program Coordinator**

**Program Coordinator**

|  |  |
| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.A.2.b)] | YES  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the evaluation and management of the following?

|  |  |
| --- | --- |
| Acute kidney injury [PR IV.B.1.b).(1).(b).(i)] | YES  NO |
| Chronic kidney disease [PR IV.B.1.b).(1).(b).(ii)] | YES  NO |
| Disorders of fluid, electrolyte, and acid-base regulation [PR IV.B.1.b).(1).(b).(iii)] | YES  NO |
| Disorders of mineral metabolism, including nephrolithiasis and renal osteodystrophy [PR IV.B.1.b).(1).(b).(iv)] | YES  NO |
| Drug dosing adjustments and nephrotoxicity associated with alterations in drug metabolism and pharmacokinetics in renal disease [PR IV.B.1.b).(1).(b).(v)] | YES  NO |
| End-stage renal disease [PR IV.B.1.b).(1).(b).(vi)] | YES  NO |
| Genetic and inherited renal disorders, including inherited diseases of transport, cystic diseases, and other congenital disorders [PR IV.B.1.b).(1).(b).(vii)] | YES  NO |
| Geriatric aspects of nephrology [PR IV.B.1.b).(1).(b).(viii)] | YES  NO |
| Glomerular and vascular diseases, including the glomerulonephritides, diabetic nephropathy, and atheroembolic renal disease [PR IV.B.1.b).(1).(b).(ix)] | YES  NO |
| Hypertensive disorders [PR IV.B.1.b).(1).(b).(x)] | YES  NO |
| Renal disorders of pregnancy [PR IV.B.1.b).(1).(b).(xi)] | YES  NO |
| Renal transplant patients [PR IV.B.1.b).(1).(c)] | YES  NO |
| Tubulointerstitial renal diseases [PR IV.B.1.b).(1).(b).(xii)] | YES  NO |
| Urinary tract infections [PR IV.B.1.b).(1).(b).(xiii)] | YES  NO |

For the procedures listed, indicate whether instruction will be provided for fellows, and will proficiency be documented in a logbook or equivalent method.

|  |  |
| --- | --- |
| Acute and chronic hemodialysis instruction provided? [PR IV.B.1.b).(2).(b).(i)] | YES  NO |
| Acute and chronic hemodialysis proficiency documented? [PR IV.B.1.b).(2).(b).(i)] | YES  NO |
| Continuous renal replacement therapy instruction provided? [PR IV.B.1.b).(2).(b).(ii)] | YES  NO |
| Continuous renal replacement therapy proficiency documented? [PR IV.B.1.b).(2).(b).(ii)] | YES  NO |
| Percutaneous biopsy of both autologous and transplanted kidneys instruction provided? [PR IV.B.1.b).(2).(b).(iii)] | YES  NO |
| Percutaneous biopsy of both autologous and transplanted kidneys proficiency documented? [PR IV.B.1.b).(2).(b).(iii)] | YES  NO |
| Peritoneal dialysis instruction provided? [PR IV.B.1.b).(2).(b).(iv)] | YES  NO |
| Peritoneal dialysis proficiency documented? [PR IV.B.1.b).(2).(b).(iv)] | YES  NO |
| Placement of temporary vascular access for hemodialysis and related procedures instruction provided? [PR IV.B.1.b).(2).(b).(v)] | YES  NO |
| Placement of temporary vascular access for hemodialysis and related procedures proficiency documented? [PR IV.B.1.b).(2).(b).(v)] | YES  NO |
| Urinalysis instruction provided? [PR IV.B.1.b).(2).(b).(vi)] | YES  NO |
| Urinalysis proficiency documented? [PR IV.B.1.b).(2).(b).(vi)] | YES  NO |

**Medical Knowledge**

Will fellows demonstrate knowledge of the following:

|  |  |
| --- | --- |
| Clinical pharmacology, including drug metabolism and pharmacokinetics and the effects of drugs on renal structure and function [PR IV.B.1.c).(3).(a)] | YES  NO |
| Normal and abnormal blood pressure regulation [PR IV.B.1.c).(3).(c)] | YES  NO |
| Normal and disordered fluid, electrolyte, and acid-base metabolism [PR IV.B.1.c).(3).(d)] | YES  NO |
| Normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis [PR IV.B.1.c).(3).(e)] | YES  NO |
| Nutritional aspects of renal disorders [PR IV.B.1.c).(3).(f)] | YES  NO |
| Immunologic aspects of renal disease [PR IV.B.1.c).(3).(g)] | YES  NO |
| Indications for and interpretations of radiologic tests of the kidney and urinary tract [PR IV.B.1.c).(3).(h)] | YES  NO |
| Pathogenesis, natural history, and management of congenital and acquired diseases of the kidney and urinary tract and renal diseases associated with systemic disorders [PR IV.B.1.c).(3).(i)] | YES  NO |
| Renal anatomy, physiology, and pathology [PR IV.B.1.c).(3).(j)] | YES  NO |
| Management of renal disorders in non-renal organ transplantation [PR IV.B.1.c).(3).(l)] | YES  NO |
| The principles and practice of hemodialysis and peritoneal dialysis [PR IV.B.1.c).(3).(n)] | YES  NO |
| The technology of peritoneal dialysis [PR IV.B.1.c).(3).(o)] | YES  NO |
| The pharmacology of commonly used medications and their kinetic and dosage alteration with peritoneal dialysis [PR IV.B.1.c).(3).(p)] | YES  NO |
| The psychosocial and ethical issues of dialysis [PR IV.B.1.c).(3).(q)] | YES  NO |

***Renal Transplantation***

|  |  |
| --- | --- |
| Biology of transplantation rejection [PR IV.B.1.c).(3).(k).(i)] | YES  NO |
| Indications for and contraindications to renal transplantation [PR IV.B.1.c).(3).(k).(ii)] | YES  NO |
| Principles of transplant recipient evaluation and selection [PR IV.B.1.c).(3).(k).(iii)] | YES  NO |
| Principles of evaluation of transplant donors, both living and cadaveric, including histocompatibility testing [PR IV.B.1.c).(3).(k).(iv)] | YES  NO |
| Principles of organ harvesting, preservation, and sharing [PR IV.B.1.c).(3).(k).(v)] | YES  NO |
| Psychosocial aspects of organ donation and transplantation [PR IV.B.1.c).(3).(k).(vi)] | YES  NO |
| The pathogenesis and management of acute renal allograft dysfunction [PR IV.B.1.c).(3).(k).(vii)] | YES  NO |

***Geriatric medicine:***

|  |  |
| --- | --- |
| Physiology and pathology of the aging kidney [PR IV.B.1.c).(3).(m).(i)] | YES  NO |
| Drug dosing and renal toxicity in elderly patients [PR IV.B.1.c).(3).(m).(ii)] | YES  NO |

***Dialysis and extracorporeal therapy:***

|  |  |
| --- | --- |
| The indication for each mode of dialysis [PR IV.B.1.c).(3).(b).(i)]] | YES  NO |
| Dialysis modes and their relation to metabolism [PR IV.B.1.c).(3).(b).(ii)] | YES  NO |
| Dialysis water treatment, delivery systems, and reuse of artificial kidneys [PR IV.B.1.c).(3).(b).(iii)] | YES  NO |
| The kinetic principles of hemodialysis and peritoneal dialysis [PR IV.B.1.c).(3).(b).(iv)] | YES  NO |
| The principles of dialysis access (acute and chronic vascular and peritoneal), including indications, techniques, and complications [PR IV.B.1.c).(3).(b).(v)] | YES  NO |
| The short-term and long-term complications of each mode of dialysis and their management [PR IV.B.1.c).(3).(b).(vi)] | YES  NO |
| The artificial membranes used in hemodialysis and biocompatibility [PR IV.B.1.c).(3).(b).(vii)] | YES  NO |
| Urea kinetics and protein catabolic rate [PR IV.B.1.c).(3).(b).(viii)] | YES  NO |

**Practice-Based Learning and Improvement**

1. Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

|  |
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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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| Click here to enter text. |

**Systems Based Practice**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

Will fellows receive supervised involvement in the decision-making for patients during the pre- and post-transplant care, which includes the following?

|  |  |
| --- | --- |
| Clinical and laboratory diagnosis of all forms of rejection [PR IV.C.7.a)] | YES  NO |
| Evaluation and selection of transplant candidates [PR IV.C.7.b)] | YES  NO |
| Management in the intensive care unit setting for patients with renal disorders [PR IV.C.7.e)] | YES  NO |
| Medical management of rejection, including use of immunosuppressive drugs and other agents [PR IV.C.7.f)] | YES  NO |
| Preoperative evaluation and preparation of transplant recipients and donors [PR IV.C.7.g)] | YES  NO |
| The psychosocial and ethical issues of renal transplantation [PR IV.C.7.h)] | YES  NO |
| Recognition and medical management of the surgical and nonsurgical complications of transplantations [PR IV.C.7.i)] | YES  NO |

Will fellows demonstrate competency in the following?

|  |  |
| --- | --- |
| Dialysis therapy [PR IV.C.6.] | YES  NO |

Will the fellows' clinical experiences include the following?

|  |  |
| --- | --- |
| Dialysis therapy [PR IV.C.6.] | YES  NO |
| Assessment of hemodialysis and peritoneal dialysis efficiency [PR IV.C.6.a)] | YES  NO |
| Complications of hemodialysis and peritoneal dialysis [PR IV.C.6.b)] | YES  NO |
| Determining special nutritional requirements of patients undergoing hemodialysis and peritoneal dialysis [PR IV.C.6.c)] | YES  NO |
| End-of-life care and pain management in the care of patients undergoing chronic dialysis [PR IV.C.6.d)] | YES  NO |
| Evaluation of end-stage renal disease patients for various forms of therapy and their instruction regarding treatment options [PR IV.C.6.e)] | YES  NO |
| Evaluation and management of medical complications in patients during and between hemodialyses and peritoneal dialysis [PR IV.C.6.f)] | YES  NO |
| Evaluation and selection of patients for acute hemodialysis or continuous renal replacement therapies [PR IV.C.6.g)] | YES  NO |
| Long-term follow-up of patients undergoing chronic hemodialysis and peritoneal dialysis [PR IV.C.6.h)] | YES  NO |
| Modification of drug dosage during hemodialysis and peritoneal dialysis [PR IV.C.6.i)] | YES  NO |
| How many months are devoted to clinical experiences? [PR IV.C.3.] | # |
| How many months does the fellow have exposure to dialysis therapies during the training program? [PR IV.C.3.a)] | # |
| How many months of clinical experience on an active renal transplant service does each fellow have? [PR IV.C.3.b)] | # |
| Will each fellow receive instruction and specialized clinical experiences in an active renal transplant service? [IV.C.3.b)] | YES  NO |
| How long (in months) do the fellows follow their transplant patients? [PR IV.C.7] | # |
| How many new renal transplantations were performed at the primary training site in the past year? | # |
| How many follow-up renal transplantation patients were cared for at the primary training site in the past year? [PR IV.C.7] | # |
| How many new renal transplant recipients does each fellow administer immunosuppressant agents? [PR IV.C.7.c)] | # |
| How many months does each fellow spend in patient-care activities in the ambulatory setting? [PR IV.C.7.d)] | # |
| How many renal transplant recipients will each fellow follow in the ambulatory setting? [PR IV.C.7.d)] | # |
| Will the training program ensure adequate exposure of fellows to patients with acute renal failure and chronic dialysis, including patients who utilize home dialysis treatment modalities, in order to ensure adequate training in chronic dialysis? [PR I.D.4.a).(1).(a)] | YES  NO |
| Will the training program have access to a sufficient population of inpatients and outpatients representing the full range of nephrologic disorders? [PR I.D.4.a).(3)] | YES  NO |

Indicate whether the residency program provides formal instruction regarding indications for and interpretation of the results of the following procedural/technical skills listed:

|  |  |
| --- | --- |
| Balloon angioplasty of vascular access, or other procedures utilized in the maintenance of chronic vascular access patency [PR IV.C.8.c).(1)] | YES  NO |
| Management of peritoneal catheters [PR IV.C.8.c).(2) | YES  NO |
| Radiology of vascular access [PR IV.C.8.c).(3)] | YES  NO |
| Renal Imaging [PR IV.C.8.c).(4)] | YES  NO |
| Therapeutic plasmapheresis [PR IV.C.8.c).(5)] | YES  NO |

**CONTINUITY CLINIC EXPERIENCES**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following conferences [PR IV.C.9.b)]:

|  |  |
| --- | --- |
| Core Curriculum Conference Series | YES  NO |
| Clinical Case Conferences | YES  NO |
| Research Conferences | YES  NO |
| Journal Club | YES  NO |
| Morbidity and Mortality Conferences | YES  NO |
| Quality Improvement Conferences | YES  NO |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? [PR IV.C.9.c)] | YES  NO |

|  |
| --- |
| Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.9.a)] |
| Click here to enter text. |

**EDUCATIONAL PROGRAM NARRATIVE**

|  |
| --- |
| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.9.] |
| Click here to enter text. |

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| --- |
| Describe the program's teaching rounds; including the frequency and duration spent per week. [PR IV.C.10.b)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.11.] | YES  NO |

**Evaluation**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

|  |  |
| --- | --- |
| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? [PR V.A.1.a).(2)] | YES  NO |

|  |
| --- |
| Describe the method for assessment of procedural competence. [PR V.A.1.a).(2)] |
| Click here to enter text. |

|  |  |
| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | YES  NO |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will the faculty evaluations be written and confidential? [PR V.B.1.b)] | YES  NO |
| Will faculty members receive feedback on their evaluations at least annually? [PR V.B.2.] | YES  NO |

**The Learning and Working Environment**

|  |
| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [PR VI.D.] |
| Click here to enter text. |

**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
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