

**WESTERN UNIVERSITY  
NEPHROLOGY ROTATION OBJECTIVES  
CLINIC ROTATION- VICTORIA HOSPITAL**

**Revised:** December 5, 2024

**Reviewed by Residency Program Committee:** December 17, 2024

**Next review date:** December 2026

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**PREAMBLE:** This rotation is designed to ensure that the Nephrology Trainee develops expertise in the management of out-patient renal disease.

- In outpatient clinics at Victoria Hospital, the Trainee is expected to attend **ALL** scheduled clinics during the week. The morning clinics are scheduled from 0800 hours to 11:30 hours and the afternoon clinics are scheduled from 1300 hours to 1700 hours.
- All clinics are conducted under the supervision of a staff Nephrologist. Most clinics deal with patients with renal dysfunction, but there are some specialized clinics which will be noted on the clinic schedule.
- Trainees are advised to spend at least two clinics a month with each consultant in order to experience the breadth of clinical practice among the consultants.
- The Trainee is expected to dictate notes on all patients seen in the clinic within 24-hours of seeing the patients, and to follow-up on any laboratory or imaging tests ordered during the clinic.
- The Trainee is expected to attend any scheduled noon hour Interhospital Rounds and Journal Club Rounds held from 1200 - 1300 hours. Trainees are scheduled to present at Rounds throughout the year.
- The Trainee may be required to cover the ALU Hemodialysis Unit or inpatient Consults, depending on service requirements. This decision will be made by the Victoria Hospital site-lead or designate.
- The Nephrology Trainee will participate in the Nephrology Resident Call schedule (home call), as per PARO guidelines.
- As the Nephrology Trainee progresses in their stages of training, it is expected that they will be more independent as well as provide supervision of procedures to junior trainees. They will have more clinical and administrative autonomy that is deemed appropriate by the supervising Consultant.

**ROTATION FREQUENCY:**

- 1) Trainees will complete two clinic rotations at Victoria Hospital within a 2-year period.

**EVALUATION:**

- 1) ITER completion through One45.
- 2) EPA completion through Elentra.
- 3) Multi sourced feedback evaluations from allied health team.

**EDUCATIONAL RESOURCES AVAILABLE:**

- 1) Library facility.
- 2) Textbook- Renal Physiology 6<sup>th</sup> Edition.
- 3) Online educational material.

### **Achievable Entrustable Professional Activities**

The following EPAs have been identified as being achievable during this training experience:

#### **Transition to Discipline**

- EPA 1 Assessing patients with known kidney disease, identifying the unique concerns seen in Nephrology patients:
- EPA 2 Recognizing Nephrology-specific emergencies/urgencies, demonstrating insight as to own limits and knowing when to seek appropriate help.

#### **Foundations**

- EPA 1 Assessing and providing an initial management plan for patients with AKI.
- EPA 2 Assessing and providing an initial plan for investigation and management for patients with CKD.
- EPA 3 Assessing and providing an initial plan for investigation and management for patients with hematuria and/or proteinuria.
- EPA 10 Assessing and providing initial management for patients with common complications of renal transplantation.

#### **Core**

- EPA 1 Establishing a comprehensive treatment plan for patients with AKI.
- EPA 2 Ordering and adjusting prescriptions for patients with AKI and other acute/urgent indications for extracorporeal therapy.
- EPA 3 Assessing and treating patients with difficult to control or suspected secondary hypertension
- EPA 4 Assessing and providing an initial investigation and management plan for patients with complex fluid and electrolyte abnormalities.
- EPA 5 Assessing the suitability of potential living donors for kidney transplantation.
- EPA 6 Assessing the suitability of deceased donors for kidney transplantation.
- EPA 7 Assessing the eligibility of patients with renal disease for kidney transplantation.
- EPA 8 Managing new renal transplant recipients with a complex post-operative course.
- EPA 9 Monitoring patients receiving immune modulating therapy and managing complications.
- EPA 10 Monitoring and providing medical management for patients with stable renal disease.
- EPA 11 Providing comprehensive care for patients with progressive kidney dysfunction.
- EPA 12 Facilitating patients' transition to an ESRD treatment modality, or to end of life care.
- EPA 14 Assessing and managing the care of patients with complex complications of dialysis access.
- EPA 15 Assessing and managing patients with acute complications of the dialysis procedure.
- EPA 16 Supporting vulnerable patients to improve their health literacy and engage them to become partners in their care.
- EPA 17 Integrating knowledge of the effects of pregnancy, pregnancy outcomes, renal disease, and its treatments in the care of women with renal disease.
- EPA 18 Managing longitudinal aspects of care in a clinic.
- EPA 19 Working with the interprofessional team to coordinate the care of patients with renal disease.
- EPA 20 Advancing the discipline through scholarly activities

- EPA 21 Delivering scholarly teaching to a variety of audiences, including peers, junior trainees, and/or other health professionals.
- EPA 22 Identifying and analyzing patient- and/or system-level healthcare delivery for the purposes of quality assurance or improvement.

#### **Transition to Practice**

- EPA 1 Managing the multidimensional aspects of nephrology practice.

Over the course of the Adult Nephrology Training Program at Western University, trainees will cover the competencies and objectives outlined in the Royal College Nephrology Competencies found [here](#). In this rotation, the following competencies will be emphasized:

#### **MEDICAL EXPERT (the integrating role):**

- 1) Possesses the basic scientific knowledge relevant to Nephrology.
- 2) Possesses the clinical knowledge relevant to Nephrology.
- 3) History and physical examinations are complete, accurate and well organized.
- 4) Gathers and uses all the pertinent information to arrive at complete and accurate clinical decisions.
- 5) Recognizes and manages emergency conditions.
- 6) Demonstrates knowledge of the indications for the risks of hemodialysis catheters.
- 7) Demonstrates knowledge of the indications and risks of renal biopsy.
- 8) Demonstrates proficiency in the management of a patient with AKI or CKD.
- 9) Proficiently interprets the results of renal biopsies.
- 10) Performs and interprets urinalysis with proficiency.

#### **COMMUNICATOR:**

- 1) Establishes a therapeutic relationship with patients and communicates well with family. Provides clear and thorough explanations of diagnosis, investigation, and management.
- 2) Establishes good relationships with peers and other health professionals. Effectively provides and receives information.
- 3) Prepares documentation that is accurate and timely.
- 4) Obtains informed consent in an easy-to-understand way from patients and their substitute decision makers when it comes to procedures pertinent to Nephrology as well as changes in the therapeutic plan.

#### **COLLABORATOR:**

- 1) Interacts effectively with other health professionals by recognizing and acknowledging their roles and expertise.
- 2) Consults and delegates effectively and appropriately.
- 3) Collaborates effectively and constructively with other members of the health care team.

#### **LEADER:**

- 1) Understands and makes effective use of information technology, such as methods for searching medical databases.
- 2) Makes cost effective use of health care resources based on sound judgement.

- 3) Sets realistic priorities and uses time effectively in order to optimize professional performance.
- 4) Collaborates with other members of the healthcare team to deliver high quality care to patients living with kidney disease.

**HEALTH ADVOCATE:**

- 1) Identifies the social, economic, and biologic factors that may impact on an individual patient's health.
- 2) Identifies the social, economic, and biologic factors that may impact on the health care of groups of patients with renal disease.
- 3) Responds appropriately in advocacy situations.

**SCHOLAR:**

- 1) Demonstrates an understanding and a commitment to the need for continuous learning. Develops and implements an ongoing and effective personal learning strategy.
- 2) Critically appraises medical information. Successfully integrates information from a variety of sources.
- 3) Helps others learn by providing guidance, teaching and by giving constructive feedback.
- 4) Demonstrates the skill of contributing to the development of new knowledge by the performance of case reports, original scientific research, or participation in the performance of CQI (continuous quality improvement).

**PROFESSIONAL:**

- 1) Demonstrates integrity, honesty, compassion, and respect for diversity.
- 2) Understands the medical, legal, and professional obligations of the specialist.
- 3) Meets deadlines, is punctual, monitors patients and provides follow up.
- 4) Understands the principles of ethics and applies these in clinical situations.
- 5) Demonstrates an awareness of own limitations, seeking advice when necessary. Accepts advice graciously.

**ADDITIONAL INFORMATION:**

This rotation is designed to ensure that the Nephrology Trainee develops expertise in the management of out-patient renal disease.

1. When on General Nephrology Clinics at Victoria Hospital the Trainee is expected to attend all assigned clinics. The morning clinics are scheduled from 0830 hours to 11:30 hours and the afternoon clinics are scheduled from 1300 hours to 1700 hours.  
All clinics are conducted under the supervision of a staff Nephrologist. Most clinics deal with patients with general nephrology issues, but there are some specialized clinics which will be noted on the clinic schedule.  
Trainees are advised to spend at least two clinics a month with each consultant in order to experience the breadth of clinical practice among the consultants and to join the clinics of the consultant on first call on any given week.
2. The Trainee is expected to dictate notes on all patients seen in the clinic within 24-hours of seeing the patients, and to follow-up on any laboratory or imaging tests ordered during the clinic.
3. The Nephrology Trainee will participate in the Nephrology Resident Call schedule (home call), as per PARO guidelines.

# **REPATRIATION CHECKLIST:**

Ensure all are checked off PRIOR to patient returning to Receiving Satellite Unit. To be completed by MRP, Nephrology Fellow, and HD Charge. Outstanding issues should be discussed at Bullet Rounds to get addressed. Nephrology Fellow should monitor Discharge Status and liaison with MRP team.

REQUIREMENTS	Responsible	Sign When Completed
<b>Any new acute medical concerns have a clear, documented plan</b>	MRP	
<b>Stable vital signs (on &amp; off HD)</b>	MRP	
	Nephro	
<b>Stable HD treatments</b>	Nephro	
<b>Has dialyzed in a chair successfully prior to discharge</b>	HD Charge	
<b>Able to transfer to and from dialysis chair independently to a maximum assist of 1 person</b>	HD Charge	
<b>Appropriate for 1:3 nursing care</b>	HD Charge	
<b>Functioning access</b>	Nephro	
<b>Discharge Note completed</b>	MRP	
<b>Last three treatment runs faxed to Satellite</b>	HD Charge	
<b>Updated problem list</b>	MRP	
<b>Current Fluid Assessment/ Updated target weight (kg not L)</b>	Nephro	
<b>Updated medication list along with appropriate refills of medications</b>	MRP	
	Nephro (HD meds)	
<b>Change in goals of care/ Resuscitation Status</b>	MRP	

\*PLACE ON PATIENT CHART AND WHEN COMPLETED FAX TO:

**REGIONAL 58205** (all satellite units except London) *or*  
**KIDNEY CARE CENTRE (KCC) 76796** (London Satellite Unit)  
**REMINDER:** ALL CATEGORIES REQUIRED PRIOR TO DISCHARGE.

**\*NOTE:** FOR PATIENTS NOT MEETING THE ABOVE CRITERIA OR DECLINED FROM BASELINE A CASE CONFERENCE WILL BE REQUIRED TO DETERMINE SUITABILITY. ARRANGE WITH APPROPRIATE CONTACT BELOW.

**VH DESK** (Chatham, Woodstock, Tillsonburg, Owen Sound Satellite Units): **52583**  
**UH DESK** (Sarnia, Stratford, Hanover, Goderich Satellite Units): **52705**

KCC/KIDNEY CARE CENTRE (London satellite): **78912**

#### REQUIREMENT RATIONALE

CATEGORY	REQUIREMENT	RATIONALE
CRITERIA TO RETURN TO SATELLITE		
	CLEARED OF ACUTE MEDICAL CONCERNS	The dialysis patient has multiple co-morbidities. Not having all acute issues managed may result in chronic issues becoming acute as well.
	DOCUMENTED PLAN	Follow-up plans well outlined to prevent missed appointments. This includes plan for antibiotic and medication administration (first & last dose and tapering). Renal dosing and dialysis schedule to be considered.
	STABLE VITAL SIGNS	Many of our dialysis patients have cardiovascular issues and dialysis can aggravate these issues.
	STABLE DIALYSIS TREATMENTS	As many of our Satellite units only have limited resources (staffing, no NP/MD on site) the criteria for their return is to be stable on dialysis. If there are issues eg: passing out during dialysis, then the patient will need to dialyze in-centre until patient meets this criteria.
	DIALYZING IN A CHAIR	The Satellite units are designed to accommodate only chairs due to unit layout and limited available space. If the patient cannot safely dialyze in a chair for the duration of their treatment alternative solutions will be required.
	INDEPENDENT TRANSFERS	The Satellite units do not have the same resources (staff, lifts) than in-center units therefore the patient

**REPATRIATION  
DOCUMENTATION**

	must transfer independently or with minimal one-person assist.
APPROPRIATE FOR 1:3 NURSING CARE	Staffing ratios are 1:3. The Satellite units may have as little as 2 nursing staff working therefore not equipped for 1:1 care if patient becomes unstable.
FUNCTIONING ACCESS	PC and Fistula concerns should be addressed prior to patient returning to Satellite. Satellites have limited resources which mean that PC changes or fistula problems (access flows, arteriograms) require the patient to travel to London for interventions.
COMPLETED DISCHARGE NOTE	The majority of Satellites are not on our Cerner system. Without a discharge note, staff are unaware of the plan of care eg: appointments, dialysis prescription, medications.
LAST THREE RUN SHEETS FAXED	The run sheets data patterns helpful to plan fluid removal accordingly eg: fluid gains, vitals, general stability. Multiple run sheets are required so that trends may be seen.
UPDATED PROBLEM LIST	Transparency of existing and previous patient issues.
CURRENT FLUID ASSESSMENT/ UPDATED TARGET WEIGHT	Especially important with amputations & extended hospitalizations. Target weight not litres to be removed needs to be set
UPDATED MEDICATION LIST	Ensure list include: <ul style="list-style-type: none"> <li>• Renal medication: phosphate binders, Aranesp</li> <li>• Fragmin on dialysis</li> <li>• Recombivax &amp; Ferrlecit (include dates)</li> <li>• Appropriate refills</li> <li>• Antibiotic stop dates</li> </ul>

	SATELLITE/ REGIONAL RESOURCE NOTIFIED OF DISCHARGE	Many times, the patient is discharged after hours/ weekends. The Satellite units must be prepared for the patient return.
	CHANGE IN GOALS OF CARE/RESUSCITATION STATUS	Since resuscitation wishes are discussed with each communication patients wishes can be carried out within the satellite unit