

WESTERN UNIVERSITY
NEPHROLOGY ROTATION OBJECTIVES
Jr. CONSULT ELECTIVE - VICTORIA HOSPITAL

Created: December 5, 2024

Reviewed by Residency Program Committee: September 14, 2026

Next review date: September 2028

PREAMBLE: Trainees in their second year (PGY5), have the option to choose this elective to further enhance their learning and consultancy skills.

- The Trainee will be FIRST CALL for the Nephrology inpatient ward at Victoria Hospital under the supervision of the consultant Nephrologist.
- During this rotation, the Trainee is expected to be the Senior Resident of the inpatient Nephrology ward. In addition to clinical management, they are expected to teach junior learners.
- The Trainee will not be required to participate on the inpatient consultation service. This service will be managed by the on-call Consultant.
- The Trainee will be on call (home call) for 7 days to manage inpatients as well as any outside calls from community hospitals.
- For the rest of the block, the trainee is expected to attend Nephrology clinics at Victoria Hospital or the Multi-Care Kidney Clinic according to the schedule.
- 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.

EVALUATION:

- 1) ITER completion through One45
- 2) EPA completion through ELENTRA

EDUCATIONAL RESOURCES AVAILABLE:

- 1) Library facility.
- 2) Online educational material.
- 3) Textbooks - Renal Physiology 6th Edition and Handbook of Dialysis 5th Edition.

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 4: Ordering and adjusting dialysis prescriptions for uncomplicated patients with ESRD.
- EPA 5: Providing consultative care for patients with known renal disease admitted with other medical or surgical problems.
- EPA 6: Assessing and providing initial management for patients with common complications of PD.
- EPA 7: Assessing and providing initial management for patients with common complications of HD.
- EPA 11: Obtaining central venous access for dialysis.

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 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 13: Providing longitudinal management for patients receiving chronic dialysis.
- 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 19: Working with the interprofessional team to coordinate the care of patients with renal disease.
- EPA 23: Providing telephone consultation to health care providers requesting nephrology assessment.

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](#).

MEDICAL EXPERT (the integrating role):

- 1) Possesses the basic scientific knowledge relevant to Nephrology.
- 2) Possesses the clinical knowledge relevant to Nephrology including the management of acute kidney injury, blood pressure management, glomerulonephritis, and toxicology.
- 3) Adapts the clinical assessment to the expectations and boundaries of the consultant role.
- 4) Recognizes and manages emergency conditions including emergency renal replacement therapy.
- 5) Demonstrates knowledge of the indications for the risks of hemodialysis catheters.
- 6) Demonstrates knowledge of the indications and risks of renal biopsy.
- 7) Demonstrates proficiency in the management of a patient with acute renal failure.
- 8) Proficiently interprets the results of renal biopsies.
- 9) Understands and demonstrates principles of end-of-life care as it pertains to end-stage kidney disease.
- 10) Carries out professional duties in the face of multiple, competing demands.
- 11) Recognizes and responds to the complexity, uncertainty, and ambiguity inherent in nephrology practice.
- 12) Effectively establishes goals of care with both patients and families in order to slow kidney disease progression, treat symptoms, achieve cure, initiate renal replacement therapy, and/or palliation
- 13) Effectively determines the most appropriate therapies/procedures related to nephrology (including renal protection, management of bone disease, conservative management, renal biopsy, renal replacement therapy, and/or plasmapheresis)
- 14) Prioritizes procedures and therapies accounting for clinical urgency and available resources.
- 15) Anticipates, recognizes, and manages complications of therapy including dialysis, immune modulating therapies, and/or kidney biopsy.
- 16) Coordinates treatment and follow-up across care settings
- 17) Provides safe transitions of care (between tertiary and primary care, to renal replacement therapy modality, or different modalities of dialysis)
- 18) Actively contributes to the continuous improvement of health care quality and patient safety by recognizing and responding to harms from health care delivery and patient safety incidents.

COMMUNICATOR:

- 1) Establishes professional therapeutic relationships with patients and their families.
- 2) Manages disagreements with patients and families, including delivery of disease progression/deterioration, poor prognosis, addressing misunderstandings, initiation/withdrawal/withholding of dialysis, and appropriate choice of dialysis.
- 3) Synthesizes collateral history from other relevant sources, including the patient's family, with the patient's consent.
- 4) Shares information and explanations with the patient and family that is clear, accurate, and timely.
- 5) Discloses harmful patient safety incidents to the patient and families accurately and appropriately.
- 6) Facilitates discussions with the patient and their family to help make informed decisions about their medical care, including end-of-life.

7) Documents and shares information accurately about the medical encounter to optimize clinical decision making (including between other healthcare providers)

COLLABORATOR:

- 1) Interacts and collaborates effectively with other health care providers by recognizing their role and expertise.
- 2) Engages in respectful shared decision-making with other physicians and healthcare providers.
- 3) Effectively hands over the care of a patient to another health care provider to facilitate safe continuity of care (in both oral and written communication)

LEADER:

- 1) Contributes to a culture of promoting patient safety.
- 2) Makes effective use of limited resources when making treatment decisions (including dialysis or high-cost medications)
- 3) Demonstrates leadership skills in the management of renal replacement therapy programs.
- 4) Sets priorities and manages time to integrate practice and personal life (including supervisory or other clinical responsibilities)

HEALTH ADVOCATE:

- 1) Responds to an individual patient's health needs by addressing determinants of health affecting their access to health services or resources.
- 2) Recognizes and addresses potential barriers to patient learning and self-care/independence.

SCHOLAR:

- 1) Engages in continuous enhancement of their professional skills through ongoing learning including developing a personal learning plan to enhance professional practice.
- 2) Recognizes the influence of role-modelling and the impact of the formal, informal, and hidden curriculum in learners.
- 3) Promotes a safe learning environment for junior staff while maintaining patient safety.
- 4) Plans and delivers formal and informal (bedside) learning activities for junior learners.
- 5) Assesses and evaluates learners in a supportive manner.
- 6) Critically appraises medical information. Successfully integrates information from a variety of sources.

PROFESSIONAL:

- 1) Demonstrates honesty, integrity, humility, commitment, compassion, and respect in all patient encounters.
- 2) Effectively navigates ethical issues encountered in practice (initiation/withdrawal/withholding of dialysis, end-of-life care)
- 3) Adheres to the standards of medical practice including medicolegal obligations, professional obligations, and responding to unprofessional behaviours from other colleagues.