

# Entrustable Professional Activities for Adult Nephrology

**2026**  
**VERSION 3.0**

*This document is effective July 1, 2026, for current residents who have not yet entered the stage(s) containing revised EPAS and for new residents who begin training on or after that date.*

This document is to be used in conjunction with the *Entrustable Professional Activity User Guide*, which is available on the Royal College's website.

## **Nephrology: Transition to Discipline EPA #1 A**

### **Assessing patients with known kidney disease, and identifying the unique concerns seen in Nephrology patients**

#### Key Features:

- This EPA focuses on the application of Internal Medicine competencies related to clinical assessment and decision making to the care of patients with established kidney disease.
- This EPA may be observed in any clinical setting.

#### Assessment Plan:

Direct or indirect observation by nephrologist

Use Form 1. Form collects information on:

- Direct observation: yes; no
- Type of patient: CKD; ESKD; Transplant

Collect 2 observations of achievement

- At least one direct observation

#### CanMEDS Milestones:

- 1 ME 2.2 Elicit a history and perform a relevant physical exam**
- 2 COM 2.1 Use patient-centred interviewing skills to effectively gather all relevant information**

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- 3**    **COM 2.3** Seek and synthesize relevant information from other sources
- 4**    **ME 2.2** Develop a differential diagnosis relevant to the patient's presentation
- 5**    **ME 2.2** Select and/or interpret appropriate investigations
- 6**    **ME 2.2** Focus the clinical encounter performing it in a time-effective manner, without excluding key elements
- 7**    **ME 2.4** Develop and implement initial management plans
- 8**    **ME 5.2** Use cognitive aids, such as pre-printed orders or care paths
- 9**    **P 1.1** Complete assigned responsibilities

## **Nephrology: Transition to Discipline EPA #2 A**

### **Recognizing Nephrology-specific emergencies and urgencies, demonstrating insight as to own limits and knowing when to seek appropriate help**

#### Key Features:

- This EPA focuses on the initial management of patients with medical emergencies (e.g., urgencies or emergencies related to blood pressure, electrolyte, acid-base, dialysis, cardiac condition, poisoning) as well as timely and appropriate calls for additional assistance.
- In addition to the competencies of Internal Medicine, this EPA includes the application of knowledge of the local institution, its protocols and resources.
- This EPA may be observed in a simulation setting.

#### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Setting: clinical; simulation

Collect 1 observation of achievement

#### CanMEDS Milestones:

- 1 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
- 2 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**
- 3 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 4 ME 2.2 Select and/or interpret appropriate investigations**
- 5 ME 2.4 Apply emergency care protocols for Nephrology-specific patient emergencies**
- 6 ME 5.2 Use cognitive aids, such as pre-printed orders or care paths**
- 7 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 8 L 2.1 Apply knowledge of local resources for optimal patient care**
- 9 P 1.1 Exhibit appropriate professional behaviours**

**10 COL 3.1 Identify patients requiring handover to other physicians or health care professionals**

## **Nephrology: Foundations EPA #1 A**

### **Assessing and providing an initial management plan for patients with AKI**

#### Key Features:

- This EPA focuses on the initial diagnostic approach to patients with AKI as well as initial orders for treatment of complications, fluid, electrolyte and nutritional management, and adjustment of medications.
- This EPA includes recognizing those patients that require renal replacement therapy and selection of appropriate modality, but does not include the prescription or monitoring of renal replacement therapy.
- This may include prescribing dialysis.
- This EPA may be observed in patients with any etiology of AKI, in any clinical setting.

#### Assessment Plan:

Indirect observation by nephrologist (e.g., case review +/- verification of clinical findings)

Use Form 1. Form collects information on:

- Type of patient: pre-transplant kidneys; transplant
- Likely etiology: pre-renal; post-renal; ATN; nephrotoxicity; GN; other

Collect 2 observations of achievement

- At least one pre-transplant kidney and one transplant
- A variety of case mix

#### CanMEDS Milestones:

- 1 ME 2.2 Perform focused clinical assessments**
- 2 ME 2.2 Ascertain volume status**
- 3 ME 2.2 Ascertain indications for urgent dialysis**
- 4 ME 2.2 Interpret the results of investigations in the context of the patient's presentation**
- 5 ME 2.2 Select additional investigations, as appropriate**
- 6 ME 2.2 Identify patients who require renal biopsy**
- 7 ME 2.3 Establish goals of care**
- 8 ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in renal disease**
- 9 ME 2.4 Order fluids to optimize volume status and/or renal recovery**

- 10 ME 4.1 Prevent and/or manage complications of kidney disease**
- 11 ME 3.1 Identify indications, timing and suitable modality for initiation of renal replacement therapy**
- 12 COM 4.3 Answer questions from the patient and family about next steps**
- 13 COL 1.3 Integrate the patient's perspective into the care plan**

## **Nephrology: Foundations EPA #2 A**

### **Assessing and providing an initial plan for investigation and management for patients with CKD**

#### Key Features:

- This EPA focuses on the initial medical care of patients with chronic kidney disease including assessment, and medical management of acute and anticipated secondary complications.
- This EPA includes differentiating acute kidney injury from chronic kidney disease.

#### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Setting: inpatient; clinic
- Presumptive diagnosis: hypertension; diabetes; glomerulonephritis; structural; hereditary; other

Collect 2 observations of achievement

- A range of diagnoses

#### CanMEDS Milestones:

- 1 ME 2.2** Perform focused clinical assessments
  - 2 ME 2.2 Interpret the results of investigations in the context of the patient's presentation**
  - 3 ME 2.2 Select additional investigations, as appropriate**
  - 4 ME 2.2 Synthesize patient information to determine diagnosis**
  - 5 ME 2.2 Determine the severity and/or stage of the patient's renal status and risk of progression**
  - 6 ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in renal disease**
  - 7 ME 4.1 Prevent and/or manage complications of chronic kidney disease**
  - 8 ME 2.4 Prescribe strategies for renal protection**
  - 9 ME 3.1** Identify indications, timing and suitable modality for initiation of renal replacement therapy
  - 10 COM 3.1** Provide information to patients and families clearly and compassionately
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- 11**    **COM 4.3** Answer questions from the patient and family about next steps
- 12**    **HA 1.1 Work with patients to identify and implement strategies for health promotion and/or future options for vascular access, dialysis or transplantation**

### **Nephrology: Foundations EPA #3 A**

#### **Assessing and providing an initial plan for investigation and management for patients with hematuria or proteinuria**

##### Key Features:

- This EPA focuses on the initial diagnostic approach to patients with hematuria or proteinuria and includes consideration of the need for renal biopsy.

##### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Presentation: isolated proteinuria; hematuria or both
- Urine microscopy done: yes; no

Collect 3 observations of achievement

- At least one presentation with proteinuria and one with hematuria alone or with proteinuria

##### CanMEDS Milestones:

- 1 ME 2.2 Perform focused clinical assessments**
- 2 ME 2.2 Interpret urine microscopy**
- 3 ME 2.2 Interpret the results of investigations in the context of the patient's presentation**
- 4 ME 2.2 Select additional investigations, as appropriate**
- 5 L 2.1 Use clinical judgment to minimize wasteful practices**
- 6 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 7 ME 2.2 Identify patients who require renal biopsy**
- 8 ME 3.2 Obtain informed consent for a renal biopsy, as indicated**
- 9 ME 3.3 Triage procedures or therapy taking into account clinical urgency and potential for deterioration**

- 10**    **COM 3.1** Provide timely, accurate information and explanations to the patient and/or family
- 11**    **COM 4.3** Answer questions from the patient and family about next steps
- 12**    **COL 1.3 Integrate the patient's perspective into the care plan**

## **Nephrology: Foundations EPA #4 A**

### **Ordering and adjusting dialysis prescriptions for uncomplicated patients with ESKD**

#### Key Features:

- This EPA focuses on the assessment of patients with end stage kidney disease and the prescription and adjustment of routine dialysis orders.
- This EPA includes both hemodialysis and peritoneal dialysis treatment modalities.
- This EPA does not include patients with AKI, or ESKD patients with acute medical conditions.
- This EPA may be observed by the supervisor or a delegate, such as a nurse practitioner or physician assistant.

#### Assessment Plan:

Direct or indirect observation by nephrologist or delegate (e.g., review of orders, chart)

Use Form 1. Form collects information on:

- Modality: hemodialysis; CAPD; CCPD
- Type of orders: new chronic start; adjust chronic orders

Collect 2 observations

- One each hemodialysis and peritoneal dialysis
- One each new chronic start and one adjustment of chronic orders
- At least one observation by a nephrologist

#### CanMEDS Milestones:

- 1 ME 2.2 Perform focused clinical assessments**
  - 2 ME 2.2 Ascertain volume status and determine dry weight/target weight for dialysis**
  - 3 ME 2.2 Synthesize patient information to determine dialysis adequacy**
  - 4 ME 1.3 Apply knowledge of mechanisms of fluid delivery, machine mechanics and membrane physiology as they relate to dialysis modalities**
  - 5 ME 3.4 Write dialysis orders for uncomplicated patients with ESKD, including all relevant components**
  - 6 COM 5.1 Document dialysis prescriptions as per local standards and health records**
  - 7 COL 1.3 Communicate effectively with the dialysis team**
  - 8 COL 2.1 Show respect towards other members of the health care team**
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**9 S 3.4 Integrate best evidence and clinical expertise into decision-making**

## **Nephrology: Foundations EPA #5 A**

### **Providing care for patients with known renal disease admitted under another medical or surgical service**

#### Key Features:

- This EPA focuses on adjusting and monitoring usual renal therapy during acute illness and advising the primary treating physician(s) regarding presentations, investigations, or treatments that are altered due to the presence of renal disease.
- This EPA includes both patients who do require dialysis and those who do not require dialysis.
- An important aspect of this EPA is the effective communication and collaboration required when working in a consultant role.

#### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Stage of renal disease: chronic kidney disease; transplant; dialysis patient

Collect 4 observations of achievement

- One patient with CKD

#### CanMEDS Milestones:

- 1 ME 1.4 Adapt the clinical assessment to the expectations and boundaries of the consultant role**
- 2 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**
- 3 ME 2.2 Ascertain indications for urgent dialysis**
- 4 ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in patients with renal disease**
- 5 ME 3.4 Adjust dialysis prescriptions as appropriate for changing clinical circumstances**
- 6 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**
- 7 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 8 COL 2.2 Collaborate with colleagues in resolving conflicts**

**9 P 1.1 Exhibit appropriate professional behaviors**

## **Nephrology: Foundations EPA #6 A**

### **Assessing and providing initial management for patients with common complications of PD**

#### Key Features:

- This EPA focuses on the initial diagnostic approach as well as initial orders for treatment (e.g., empiric antibiotics).
- This may include complications related to dialysis access (peritonitis, exit site infection, tunnel infection) as well as the dialysis procedure (volume status, inflow or outflow problems, including leaks and hernias).

#### Assessment Plan:

Indirect observation by nephrologist or delegate (nurse practitioner, physician assistant)

Use Form 1. Form collects information on:

- Type of complications: infectious; non-infectious

Collect 2 observations of achievement

- One infectious complication of PD
- One non-infectious complication of PD
- At least one observation by nephrologist

#### CanMEDS Milestones:

- 1 ME 2.2 Perform focused clinical assessments**
- 2 ME 2.2 Select and/or interpret appropriate investigations**
- 3 ME 2.2 Synthesize patient information to determine diagnosis**
- 4 ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in renal disease**
- 5 ME 2.4 Develop and implement initial management plans**
- 6 ME 4.1 Ensure follow-up on results of investigation and response to treatment**
- 7 COM 3.1 Provide timely, accurate information and explanations to the patient and/or family**
- 8 COM 4.3 Answer questions from the patient and family about next steps**
- 9 COL 1.2 Consult as needed with other health care professionals, including other physicians**

## **Nephrology: Foundations EPA #7 A**

### **Assessing and providing initial management for patients with common complications of HD**

#### Key Features:

- This EPA focuses on the initial diagnostic approach as well as initial orders for treatment (e.g., empiric antibiotics).
- This may include complications related to dialysis access (e.g., thrombosis, malfunction, infection) as well as the dialysis procedure (e.g., hypotension).

#### Assessment Plan:

Indirect observation by nephrologist or delegate (nurse practitioner, physician assistant)

Use Form 1. Form collects information on:

- Type of complication: infectious; non-infectious
- Type of access: line; fistula; graft

Collect 2 observations of achievement

- One infectious and one non-infectious complication
- One patient with a line
- One patient with a fistula or graft
- At least one observation by nephrologist

#### CanMEDS Milestones:

- 1 ME 2.2 Perform focused clinical assessments**
- 2 ME 2.2 Select and/or interpret appropriate investigations**
- 3 ME 2.2 Synthesize patient information to determine diagnosis**
- 4 ME 1.3 Apply knowledge of clinical pharmacology as it pertains to drug prescribing in renal disease**
- 5 ME 2.4 Develop and implement initial management plans**
- 6 ME 4.1 Ensure follow-up on results of investigation and response to treatment**
- 7 ME 5.2 Use cognitive aids, such as pre-printed orders or care paths**
- 8 COM 3.1 Provide timely, accurate information and explanations to the patient and/or family**
- 9 COM 4.3 Answer questions from the patient and family about next steps**

- 10 COL 1.3 Communicate effectively with the dialysis team**
- 11 COL 1.2** Consult as needed with other health care professionals, including other physicians
- 12 COL 2.1** Show respect towards other members of the health care team

## **Nephrology: Foundations EPA #8 A**

### **Admitting patients to undergo renal transplantation**

#### Key Features:

- This EPA focuses on clinical assessment as well as the decision regarding recipient fitness for surgery.
- It also includes preoperative treatment such as dialysis and fluids, as well as the initial immunosuppression orders according to local protocols.
- This EPA may be observed with patients admitted for living or deceased donor transplant.

#### Assessment Plan:

Indirect observation by nephrologist (case review with verification of findings)

Use Form 1. Form collects information on:

- Donor type: living donor; deceased donor

Collect 2 observations of achievement

#### CanMEDS Milestones:

- 1 ME 2.2 Focus the clinical encounter performing it in a time-effective manner, without excluding key elements**
- 2 ME 2.2 Ascertain indications for urgent dialysis**
- 3 ME 2.2 Review and verify tissue typing and virtual or real time cross match results are available**
- 4 ME 2.2 Determine a patient's fitness for renal transplant surgery and immunosuppression**
- 5 ME 2.4 Prescribe induction immunosuppression, as appropriate**
- 6 COM 3.1 Provide timely, accurate information and explanations to the patient and/or family**
- 7 COL 1.3 Communicate effectively with physicians and other health care professionals**

## **Nephrology: Foundations EPA #9 A**

### **Providing post-operative care for renal transplant recipients with an uncomplicated course**

#### Key Features:

- This EPA focuses on fluid management, prescription and adjustment of immunosuppressive and non-immunosuppressive medications, communication with the surgical team and preparation of the patient for discharge.
- This EPA does not include patients with a complicated hospital stay such as those with delayed graft function or surgical complications.

#### Assessment Plan:

Indirect observation by nephrologist or delegate (physician assistant, nurse practitioner, transplant fellow) based on chart review or review of discharge plans

Use Form 1. Form collects information on:

- Resident case involvement (*select all that apply*): first 24 hours; post-op care; discharge

Collect 2 observations of achievement

- At least two different timepoints in case involvement

#### CanMEDS Milestones:

- 1 ME 2.2 Assess post-operative status and progress**
- 2 ME 2.2 Ascertain indications for urgent dialysis**
- 3 ME 1.3 Apply knowledge of clinical pharmacology as it pertains to transplantation and immunosuppression**
- 4 ME 2.4 Prescribe induction immunosuppression, as appropriate**
- 5 ME 2.4 Order fluids to optimize volume status and/or renal recovery**
- 6 ME 4.1 Coordinate investigation, treatment and follow-up plans**
- 7 COM 3.1 Provide timely, accurate information and explanation to the patient and/or family**
- 8 COM 3.1 Verify and validate the understanding of the patient and family with regards to the management and discharge plan**
- 9 COL 1.2 Consult as needed with other health care professionals, including other physicians**

- 10**    **COL 1.3** Communicate effectively with physicians and other health care professionals
- 11**    **COL 3.2** Summarize the patient’s issues in the discharge summary
- 12**    **HA 1.2** Select patient education resources related to Nephrology

## **Nephrology: Foundations EPA #10 A**

### **Assessing and providing initial management for patients with common complications of renal transplantation**

#### Key Features:

- This EPA focuses on the initial diagnostic approach as well as initial orders for treatment (e.g., fluids, empiric antibiotics).
- This may include conditions related to graft function as well as common infections in the immunocompromised host.
- This EPA may be observed in simulation.

#### Assessment Plan:

Indirect observation by nephrologist or delegate (e.g., transplant fellow, physician assistant)

Use Form 1. Form collects information on:

- Timing post-transplant: first 3 months; after first 3 months

Collect 2 observations of achievement

- At least one observation in first 3 months post-transplant
- At least one observation by nephrologist

#### CanMEDS Milestones:

- 1 ME 2.2 Perform focused clinical assessments**
- 2 ME 2.2 Select and/or interpret appropriate investigations**
- 3 ME 2.2 Synthesize patient information to determine diagnosis**
- 4 ME 2.2 Identify patients who require a renal biopsy**
- 5 ME 1.3 Apply knowledge of microbiology as it pertains to infectious complications of renal transplantation**
- 6 ME 2.4 Develop and implement initial management plans**
- 7 ME 4.1 Ensure follow-up on results of investigation and response to treatment**
- 8 COM 3.1 Provide timely, accurate information and explanations to the patient and/or family**
- 9 COM 4.3 Answer questions from the patient and family about next steps**
- 10 COL 1.2 Consult as needed with other health care professionals, including other physicians**

## **Nephrology: Foundations EPA #11 A**

### **Obtaining central venous access for dialysis**

#### Key Features:

- This EPA focuses on the procedural aspects of ultrasound guided central line insertion, but also includes appropriate patient selection, site selection, risk optimization and informed consent.
- This EPA may be observed by any supervisor (e.g., nephrology, anesthesia, critical care etc.).
- This EPA may be observed in simulation.

#### Assessment Plan:

Direct observation by supervisor

Use Form 2. Form collects information on:

- Setting: clinical; simulation

Collect 2 observations of achievement

- No more than one in simulation

#### CanMEDS Milestones:

- 1 ME 3.1 Determine the appropriate site for line insertion**
- 2 ME 3.2 Obtain and document informed consent, explaining the risks and rationale for the procedure**
- 3 ME 3.4 Set up and position the patient for the procedure**
- 4 ME 3.4 Prepare and cleanse the procedural site**
- 5 ME 3.4 Maintain universal precautions**
- 6 ME 3.4 Perform the insertion of a central venous line, using ultrasound guidance as appropriate**
- 7 COM 5.1 Document the encounter to convey the procedure and outcome(s)**

## **Nephrology: Core EPA #1 A**

### **Establishing a comprehensive treatment plan for patients with AKI**

#### Key Features:

- This EPA builds on the competencies of the Foundations stage to focus on definitive investigation (e.g., biopsy), clinical reassessment, and development of the treatment plan including renal replacement therapy, discontinuation of therapy, and immune-modulating therapy, as appropriate.
- The observation of this EPA is divided into two parts: establishing a plan; and shared decision-making with the patient and family.

#### Assessment Plan:

##### Part A: Establishing a Plan

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Type of patient: pre-transplant kidneys; transplant
- Biopsy: yes; no
- RRT: yes; no
- Immune-modulating therapy: yes; no

Collect 4 observations of achievement

- At least 1 of each type of patient
- At least 1 requiring biopsy
- At least 1 requiring RRT
- At least 2 requiring immune modulating therapy

##### Part B: Communication

Direct observation by nephrologist or nurse practitioner

Use Form 1. Form collects information on:

- Issue: dialysis initiation; dialysis discontinuation; immune modulating therapy; renal biopsy

Collect 3 observations of achievement

- One immune modulating therapy
- One requiring biopsy
- One requiring renal replacement therapy
- At least two different issues

CanMEDS Milestones:

Part A: Decision making

- 1 ME 2.2 Assess the indications for renal replacement therapy and modality**
- 2 ME 2.2 Select additional investigations, including serology and renal biopsy if indicated**
- 3 ME 2.2 Interpret the results of investigations in the context of the patient's presentation**
- 4 ME 2.2 Synthesize clinical information to determine diagnosis and prognosis**
- 5 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 6 ME 2.4 Establish a patient-centred management plan**
- 7 ME 4.1 Implement a plan for ongoing care and response to treatment**
- 8 COL 1.3 Engage in respectful shared decision-making with other physicians and/or health care professionals**
- 9 HA 1.1 Facilitate timely patient access to services and resources**

Part B: Communication

- 1 ME 2.3 Establish goals of care which may include dialysis, immune-modulating therapy, supportive care and/or palliative care**
- 2 ME 4.1 Establish plans for ongoing care, which may include monitoring, active treatment, renal replacement therapy and/or end of life care**
- 3 COM 1.6 Adapt communication to the unique needs and preferences of the patient**
- 4 COM 2.2 Manage the flow of challenging patient encounters**
- 5 COM 3.1 Provide information to patients and families clearly and compassionately**
- 6 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions**
- 7 HA 1.2 Recognize potential barriers such as illness, health literacy, cultural practice/belief and language skills**

## Nephrology: Core EPA #2 A

### Ordering and adjusting prescriptions for patients with acute and urgent indications for extracorporeal therapy

#### Key Features:

- This EPA focuses on medical decision-making regarding indications for extracorporeal therapy, choice of modality and appropriate prescribing to optimize patient outcomes.
- This EPA includes patients with AKI as well as those with poisoning or metabolic disorders.
- This EPA may be observed at any time point in the course of the patient's care (i.e., initial prescription of extracorporeal therapy, adjustment of prescription, change in modality).

#### Assessment Plan:

Indirect observation by nephrologist based on case review

Use Form 1. Form collects information on:

- Indication: AKI; poisoning; metabolic disorder; other
- Modality: Acute hemodialysis; SLED; CRRT; other

Collect 2 observations of achievement

- One AKI
- One indication other than AKI
- Two different modalities

#### CanMEDS Milestones:

- 1 ME 1.4** Perform clinical assessments that address all relevant issues
- 2 ME 2.2 Assess the indications for extracorporeal treatment**
- 3 ME 2.2 Select and/or interpret appropriate investigations**
- 4 ME 3.1** Ascertain the efficacy of extracorporeal treatment in the context of the patient's presentation
- 5 ME 2.4 Provide and/or adjust extracorporeal treatment prescriptions**
- 6 ME 4.1** Determine the necessity and appropriate timing of referral to another health care professional
- 7 ME 4.1 Establish plans for monitoring the patient and treatment efficacy**
- 8 COL 1.2** Consult as needed with other health care professionals, including other physicians

- 9 COL 1.3 Engage in respectful shared decision-making with other physicians and/or health care professionals**
- 10 L 2.1 Demonstrate stewardship of acute dialysis resources**

### **Nephrology: Core EPA #3 A**

#### **Assessing and treating patients with difficult to control or suspected secondary hypertension**

##### Key Features:

- This EPA focuses on clinical assessment, investigation and treatment.
- This EPA includes pharmacologic management as well as patient counselling.
- The observation of this EPA is divided into two parts: patient assessment and management; patient counselling.

##### Assessment Plan:

Part A: Patient assessment and management

Indirect observation by nephrologist based on case review

Use Form 1. Form collects information on:

- Type of visit: consult; follow-up

Collect 3 observations of achievement

- At least one of each type of visit

Part B: Patient counselling

Indirect observation by nephrologist or delegate (nurse)

Use Form 1. Form collects information on:

- Focus: non-pharmacologic treatment; adherence; other

Collect 1 observation of achievement

##### CanMEDS Milestones:

Part A: Patient assessment and management

**1 ME 1.4 Perform clinical assessments that address all relevant issues**

**2 ME 2.1 Identify indications to investigate for secondary hypertension**

**3 ME 2.2 Interpret measures of blood pressure, including automated blood pressure monitoring**

**4 ME 2.2 Select and/or interpret appropriate investigations**

**5 ME 2.4 Establish a patient centered management plan**

**6 ME 4.1 Determine the necessity and appropriate timing of referral to another health care professional**

**7 ME 4.1 Implement a plan for ongoing care and response to treatment**

- 8 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 9 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**
- 10 COL 3.2** Communicate with the patient's primary care provider about the patient's care

Part B: Patient Counselling

- 1 COM 2.1 Use patient-centered interviewing skills to effectively gather all relevant information**
- 2 COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
- 3 COM 4.3** Use communication skills and strategies that help the patient and family make informed decisions
- 4 HA 1.1 Identify barriers to access in the health care and social service system for individual patients**
- 5 HA 1.2 Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours**
- 6 HA 1.2 Work with the patient to increase opportunities to adopt healthy behaviours**

## Nephrology: Core EPA #4 A

### Initiating an investigation and management plan for patients with complex fluid, electrolyte, and acid-base abnormalities

#### Key Features:

- This EPA focuses on the diagnostic approach to patients with fluid, electrolyte, and acid-base and abnormalities, and includes emergency management.
- This EPA does not include the basics of hyperkalemia management with AKI or CKD; these are skills of the primary entry specialty.

#### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Presentation (*select all that apply*): sodium abnormality; potassium abnormality; metabolic acid-base disorder; calcium abnormality; magnesium abnormality
- Setting: clinical; simulation

Collect 3 observations of achievement

- Three different presentations
- At least one each of sodium and potassium abnormalities

#### CanMEDS Milestones:

- 1 ME 2.1** Identify clinical emergencies and prioritize response
- 2 ME 1.3 Apply knowledge of the physiology and pathophysiology of regulation of acid-base, electrolyte and/or water homeostasis**
- 3 ME 2.2** Perform focused clinical assessments
- 4 ME 2.2 Select and/or interpret appropriate investigations**
- 5 ME 2.4 Develop and implement initial management plans**
- 6 ME 4.1 Establish plans for monitoring the patient and treatment efficacy**
- 7 COM 2.3 Seek and synthesize relevant information from other sources**
- 8 COM 4.3** Answer questions from the patient and family about next steps

## **Nephrology: Core #5 A**

### **Assessing the suitability of potential living donors for kidney transplantation**

#### Key Features:

- This EPA focuses on the clinical assessment and counseling of healthy individuals volunteering for kidney donation, as well as the medical decision-making regarding suitability for donation and transplantation.
- This EPA may be observed on the basis of a clinical assessment or, recognizing that some donors are rejected based on screening information, on the basis of clinical documentation.

#### Assessment Plan:

Indirect observation by nephrologist based on case discussion or chart review

Use Form 1. Form collects information on:

- Suitable to donate: yes; no

Collect 2 observations of achievement

- One suitable to donate

#### CanMEDS Milestones:

- 1 ME 1.4 Perform clinical assessments that address all relevant issues**
- 2 ME 2.2 Interpret measures of renal function**
- 3 ME 2.2 Assess the risk of transmissible disease**
- 4 ME 2.2 Synthesize donor information to determine suitability for transplantation**
- 5 COM 1.6 Assess a patient's decision making capacity**
- 6 ME 3.2 Obtain informed consent for living kidney donation**
- 7 COM 3.1 Share information and explanations that are clear and accurate, checking for patient understanding**
- 8 L 2.2 Apply evidence and guidelines with respect to organ transplantation**
- 9 P 1.3 Recognize and respond to ethical issues encountered in the clinical setting**

## **Nephrology: Core EPA #6 A**

### **Assessing the suitability of deceased donors for kidney transplantation**

#### Key Features:

- This EPA focuses on the decision to accept or decline a deceased donor based on the information available before or at the time of organ retrieval.
- This EPA may be observed in the clinical or simulation setting.

#### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Type of donor: DNC; DCC; ECD; exceptional distribution
- Decision: accept; decline

Collect 2 observations of achievement

- One exceptional distribution
- One declined

#### CanMEDS Milestones:

- 1 ME 2.2 Gather relevant clinical information about the potential donor**
- 2 ME 2.2 Interpret measures of renal function**
- 3 ME 2.2 Request additional history or investigations, as appropriate**
- 4 ME 2.2 Assess the risk of transmissible disease**
- 5 ME 2.2 Synthesize donor information to determine suitability for transplantation**
- 6 L 2.1 Use clinical judgment to make optimal use of finite resources, such as donor organs**
- 7 L 2.2 Apply evidence and guidelines with respect to organ transplantation**
- 8 P 1.3 Recognize and respond to ethical issues encountered in the clinical setting**

## Nephrology: Core EPA #7 A

### Assessing the eligibility of patients with renal disease for kidney transplantation

#### Key Features:

- This EPA focuses on synthesizing all relevant clinical information, including all investigations and opinions from other disciplines, to determine whether the candidate meets eligibility criteria for the transplant surgery, proposed donor (as applicable) and initiation of immunosuppressive treatment.
- This EPA may be observed in the nephrology, dialysis or transplant recipient evaluation clinic setting.

#### Assessment Plan:

Indirect observation by nephrologist based on case review

Use Form 1. Form collects information on:

- Eligible for transplant: yes; not now; not at all

Collect 2 observations of achievement

- At least one eligible
- At least one not eligible at all or not eligible at this time

#### CanMEDS Milestones

- 1 ME 1.3** Apply knowledge of the risks and benefits of renal replacement therapy options
- 2 ME 1.4** Perform clinical assessments that address all relevant issues
- 3 COM 2.1** Use patient-centred interviewing skills to effectively gather all relevant information
- 4 ME 2.2** Synthesize patient information to assess peri-operative risk
- 5 ME 2.2** Synthesize patient information to assess risk of immunosuppression
- 6 ME 2.2** Identify patient-specific clinical features that influence transplant eligibility and/or outcomes
- 7 ME 2.4** Develop management plans for transplantation and/or the waiting list
- 8 ME 4.1** Determine the necessity and appropriate timing of referral to another health care professional

- 9**    **COM 3.1** Share information and explanations that are clear and accurate while checking for understanding
- 10**   **COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**
- 11**   **L 2.2 Apply evidence and guidelines with respect to organ transplantation**
- 12**   **HA 2.3** Promote organ donation and access to renal transplantation

## Nephrology: Core EPA #8 A

### Managing new renal transplant recipients with a complex post-operative course

#### Key Features:

- This EPA builds on the previously achieved competencies of managing patients with an uncomplicated course.
- This includes complex patients as well as patients with a complicated course in the first days or weeks following transplantation.
- This EPA focuses on clinical assessment, resuscitation (as applicable), and initial management targeted to the presumptive diagnosis.
- Examples may include the recipient of a multiple organ transplant, the highly sensitized recipient or patients who experience bleeding, infection and delayed or altered graft function (rejection, recurrent disease or thrombotic microangiopathy).

#### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Presumptive diagnosis (write in):

Collect 3 observations of achievement

- A sufficient variety of clinical situations
- At least one delayed graft function
- At least one other type of issue

#### CanMEDS Milestones:

- 1 ME 1.4** Perform clinical assessments that address all relevant issues
- 2 ME 2.2** Select and/or interpret appropriate investigations
- 3 ME 2.2** Synthesize patient information to determine diagnosis
- 4 ME 2.2** Identify patients who require a renal biopsy
- 5 ME 2.4** Establish a patient-centred management plan
- 6 ME 2.4** Prescribe and monitor immune modulating therapies
- 7 ME 4.1** Prevent and manage complications of immune modulating therapies
- 8 ME 4.1** Determine the necessity and timing of referral to another health care professional
- 9 COM 3.1** Share information and explanations that are clear and accurate while checking for understanding

- 10**    **COL 1.3** Engage in respectful shared decision –making with other physicians and/or health care professionals
- 11**    **S 3.4 Integrate best evidence and clinical expertise into decision-making**

## **Nephrology: Core EPA #9 A**

### **Monitoring patients receiving immune modulating therapy and managing complications**

#### Key Features:

- This EPA focuses on the ongoing care of patients receiving immune modulating therapies for a variety of underlying conditions.
- It includes surveillance for treatment efficacy and consideration of change in management based on response, adverse effects, or complications.
- This EPA may be observed when treating patients with immune mediated disease in their pre-transplant kidneys as well as in those receiving immunosuppression due to renal transplantation.

#### Assessment Plan:

Indirect observation by nephrologist based on case review

Use Form 1. Form collects information on:

- Type of patient: pre-transplant kidneys; transplant

Collect 2 observations of achievement

- One pre-transplant kidney
- One transplant

#### CanMEDS Milestones:

- 1 ME 1.4 Perform clinical assessments that address all relevant issues**
- 2 ME 2.2 Select and interpret the results of investigations performed to monitor treatment**
- 3 ME 2.2 Synthesize patient information to determine response to treatment and/or toxicity**
- 4 ME 2.2 Differentiate signs and symptoms of disease and/or disease progression from adverse effects of treatment**
- 5 ME 2.4 Adjust management plans based on clinical status and/or response to treatment**
- 6 ME 4.1 Prevent and manage complications of immune modulating therapies**
- 7 ME 4.1 Determine the necessity and timing of referral to another health care professional**
- 8 ME 4.1 Coordinate treatment and follow-up plans**

- 9**     **COL 1.3** Engage in respectful shared decision-making with other physicians and/or health care professionals
- 10**    **HA 1.1** Facilitate timely patient access to services and resources
- 11**    **HA 1.3 Incorporate disease prevention, health promotion and health surveillance into patient interactions**

## Nephrology: Core EPA #10 A

### Monitoring and providing medical management for patients with stable renal disease

#### Key Features:

- This EPA includes patients with the full breadth of renal conditions and focuses on surveillance of renal function and the secondary prevention of renal progression and cardiovascular disease.
- This EPA must be observed in the outpatient setting.
- The observation of this EPA is divided into two parts: patient assessment and management; and written communication.

#### Assessment Plan:

Part A: Patient Assessment and Management  
Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Diagnosis: hypertension; diabetes; glomerulonephritis; PCKD, other structural; hereditary; other
- Stage of CKD: 2;3;4;5

Collect 5 observations of achievement

- At least 4 different diagnoses
- At least one patient at stage 4 or 5

Part B: Written Communication  
Review of written documentation by nephrologist

Use Form 1.

Collect 3 observations of achievement

#### CanMEDS Milestones:

Part A: Patient Assessment and Management

- 1 ME 1.4 Perform clinical assessments that address all relevant issues**
- 2 ME 1.3 Apply knowledge of physiology and pathophysiology of renal dysfunction and its complications**
- 3 ME 2.1 Prioritize which issues need to be addressed**
- 4 ME 2.3 Establish goals of care, which may include slowing disease progression, improving function and palliation**

- 5 **ME 2.4** Prescribe strategies for renal protection, including but not limited to control of blood pressure, minimization of proteinuria and prevention of renal injury
- 6 **ME 2.4** Apply strategies for cardiovascular disease prevention
- 7 **ME 4.1 Implement a plan for ongoing care, follow-up on investigations, response to treatment and monitoring for disease progression**
- 8 **COM 5.1 Document clinical information in a manner that supports intra- and inter-professional care**
- 9 **COL 3.1 Determine when care should be transferred back to the primary health care provider**
- 10 **COL 3.2 Communicate with the patient's primary care provider about the patient's care**
- 11 **HA 1.2 Work with the patient to increase opportunities to adopt healthy behaviours**

Part B: Written Communication

- 1 **COM 5.1 Organize information in appropriate sections**
- 2 **COM 5.1 Document all relevant findings and investigations**
- 3 **COM 5.1 Convey clinical reasoning and the rationale for decisions**
- 4 **COM 5.1 Provide a clear plan for ongoing management**
- 5 **COM 5.1 Complete clinical documentation in a timely manner**

## Nephrology: Core EPA #11 A

### Providing comprehensive care for patients with progressive kidney dysfunction

#### Key Features:

- This EPA focuses on slowing progression and treating complications of kidney dysfunction as well as supporting patients in their choice with regards to treatment modality.
- This EPA may be observed in any patient with progressive renal dysfunction, at any stage of CKD, including those with a renal transplant.
- The observation of this EPA is divided into two parts: clinical management of patients with progressive CKD; and education of patients regarding treatment options.

#### Assessment Plan:

##### Part A: Clinical Management

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Progression to ESKD: yes; no

Collect 2 observations of achievement

##### Part B: Patient Education Regarding Options

Direct observation by nephrologist or nurse educator

Use Form 1. Form collects information on:

- Topic: modality options; transplantation; conservative care

Collect 2 observations of achievement

- Two different topics

#### CanMEDS Milestones:

##### Part A: Clinical Management

- 1 ME 1.4** Perform clinical assessments that address all relevant issues
  - 2 ME 1.3** Apply knowledge of physiology and pathophysiology of renal dysfunction and its complications
  - 3 ME 2.1** Prioritize which issues need to be addressed
  - 4 ME 2.2** Assess the indications for renal replacement therapy and modality
  - 5 ME 2.2** Interpret the results of investigations in the context of the patient's presentation
-

- 6 ME 4.1 Prevent and/or manage complications of kidney disease**
- 7 ME 3.1 Integrate all sources of information to develop a plan for renal replacement therapy or end-of-life care**
- 8 ME 4.1 Determine the necessity and timing for referral to another health care professional**
- 9 HA 1.1 Identify barriers to access in the health care and social services systems**

Part B: Patient Education Regarding Options

- 1 COM 1.6 Adapt communication to the unique needs and preferences of the patient**
- 2 HA 1.2 Recognize potential barriers to learning such as illness, literacy and language skills**
- 3 ME 2.3 Establish goals of care, which may include slowing disease progression, improving function, and palliation**
- 4 COM 3.1 Provide information to patients and families clearly and compassionately**
- 5 COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
- 6 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions**
- 7 HA 1.2 Select patient education resources related to Nephrology**
- 8 HA 2.3 Promote organ donation and access to renal transplantation**

## **Nephrology: Core EPA #12 A**

### **Facilitating patients' transition to an ESKD treatment modality, or to end of life care**

#### Key Features:

- This EPA refers to the transition of patients from nephrology clinic to dialysis, from one dialysis modality to another, from renal transplantation to dialysis, from AKI to ESKD, and from any treatment modality to end of life care.
- The focus of this EPA is communication with the patient and family.

#### Assessment Plan:

Direct observation by nephrologist

Use Form 1. Form collects information on:

- Type of transition: CKD to ESKD; ESKD modality to another; Transplant to ESKD modality; AKI to ESKD; to end of life care

Collect 2 observations of achievement

- Two different types of transition

#### CanMEDS Milestones:

- 1 ME 4.1 Establish plans for ongoing care**
- 2 COM 1.6 Tailor approaches to decision-making to patient capacity, values and preferences**
- 3 COM 3.1 Provide information to patients and families clearly and compassionately**
- 4 COM 1.5 Recognize when strong emotions are impacting an interaction and respond appropriately**
- 5 COM 2.2 Manage the flow of challenging patient encounters**
- 6 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions**
- 7 COL 1.2 Consult as needed with other health care professionals, including other physicians**
- 8 COL 3.2 Organize the handover of care to the most appropriate physician**
- 9 HA 1.1 Facilitate timely patient access to services and resources**

- 10** **P 4.1** Recognize the personal impact of caring for patients with organ failure and at the end of life
- 11** **COM 4.3** Answer questions from the patient and family about next steps

## Nephrology: Core EPA #13 A

### Providing longitudinal management for patients receiving chronic dialysis

#### Key Features:

- This EPA focuses on long-term management of patients with end stage kidney disease including dialysis access and adequacy, surveillance for and treatment of complications of ESKD as well as oversight of the management of other medical conditions in patients with end stage kidney disease.
- This includes the longitudinal view of a patient's clinical course, incorporating previous and current health status, and anticipating future needs (e.g., changing residual renal function, increasing frailty, growth and development).

#### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Modality: in-center hemodialysis; home hemodialysis; peritoneal dialysis

Collect 3 observations of achievement

- At least 2 different modalities

#### CanMEDS Milestones:

- 1 ME 2.2** Gather clinical information to assess current health status and symptoms
- 2 ME 2.2** Assess the patient's clinical course and anticipate future health needs
- 3 ME 2.2 Examine and assess the dialysis access, and monitor access function**
- 4 ME 2.2 Interpret the results of investigations assessing dialysis adequacy and complications of CKD**
- 5 ME 2.4 Prescribe and adjust dialysis orders to optimize patient outcomes and/or quality of life**
- 6 ME 2.4** Apply strategies for disease prevention and health promotion
- 7 ME 4.1 Prevent and/or manage complications of kidney disease**
- 8 ME 2.4 Manage common medical co-morbidities in patients with end stage kidney disease**
- 9 ME 2.4 Manage common symptoms in patients with end stage kidney disease**

- 10** **ME 1.3** Apply knowledge of clinical pharmacology as it pertains to drug prescribing in renal disease
- 11** **ME 4.1 Develop long term plans for access, transplantation and/or independent dialysis**
- 12** **COL 1.3** Integrate the patient's perspective into the care plan
- 13** **COL 1.3** Engage in respectful shared decision-making with other physicians and/or health care professionals
- 14** **HA 1.2 Work with the patient to increase opportunities to adopt healthy behaviours**
- 15** **HA 1.2 Work with patients to increase opportunities for self-care**
- 16** **HA 2.3** Promote organ donation and access to renal transplantation

## **Nephrology: Core EPA #14 A**

### **Assessing and managing the care of patients with complex complications of dialysis access**

#### Key Features:

- This EPA builds on the competencies of the Foundations stage to focus on less common, more complex, and severe complications of dialysis access, including those that may require access manipulation or removal, or change in dialysis modality.
- This EPA includes assessment, decision making and collaboration with the interprofessional team.

#### Assessment Plan:

Indirect observation by nephrologist

Use Form 1. Form collects information on:

- Modality: hemodialysis; peritoneal dialysis
- Type of complication: infectious; non-infectious
- Recommendation: preserve existing access; change access; change modality

Collect 3 observations of achievement

- At least one of each modality

#### CanMEDS Milestones:

- 1 ME 2.2 Examine and assess the dialysis access, and monitor access function**
- 2 ME 2.2 Select and/or interpret appropriate investigations**
- 3 ME 2.2 Determine if the patient requires transition to another dialysis access or modality**
- 4 ME 2.4 Develop and implement management plans**
- 5 ME 3.3 Prioritize a procedure or therapy taking into account clinical urgency and available resources**
- 6 ME 4.1 Determine the necessity and appropriate timing of referral to another health care professional**
- 7 COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
- 8 COL 1.3 Integrate the patient's perspective into the care plan**
- 9 COL 1.2 Consult as needed with other health care professionals, including other physicians**

- 10 COL 1.3 Engage in respectful shared decision-making with other physicians and/or health care professionals**
- 11 HA 1.1 Facilitate timely patient access to services and resources**
- 12 P 1.1 Exhibit appropriate professional behaviours**

## **Nephrology: Core EPA #15 A**

### **Assessing and managing patients with acute complications of the dialysis procedure**

#### Key Features:

- This EPA builds on the competencies of the Foundations stage to focus on more complex and unusual complications.
- Some examples related to peritoneal dialysis include hydrothorax, drain pain and perforation. Some examples related to hemodialysis include air embolus, hemolysis, disequilibrium and dialyzer reactions.
- This EPA may be observed in the clinical or simulation setting.

#### Assessment Plan:

Direct or indirect observation by nephrologist

Use Form 1. Form collects information on:

- Modality: hemodialysis; peritoneal dialysis
- Patient disclosure: yes; no
- Issue: hydrothorax; leak; perforation; air embolus; hemolysis; disequilibrium; dialyzer reaction; other

Collect 2 observations of achievement

- At least one of each modality
- At least one with patient disclosure
- At least two different issues

#### CanMEDS Milestones:

- 1 ME 2.1 Identify clinical emergencies and prioritize response**
- 2 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**
- 3 ME 5.1 Incorporate, as appropriate, into a differential diagnosis, harm from health care delivery**
- 4 ME 2.2 Select and/or interpret appropriate investigations**
- 5 ME 5.1 Mitigate further injury from adverse events**
- 6 ME 2.4 Develop and implement initial management plans**
- 7 COM 3.2 Communicate the reasons for unanticipated clinical outcomes and disclose patient safety incidents**
- 8 COM 3.2 Document harmful patient safety incidents as per institutional processes**

- 9**     **COM 4.3 Answer questions from the patient and family about next steps**
- 10**    **COL 1.2** Consult as needed with other health care professionals, including other physicians

## **Nephrology: Core EPA #16 A**

### **Supporting vulnerable and systemically marginalized patients to improve their health literacy and engage them to become partners in their care**

#### Key Features:

- This EPA focuses on the identification of patients at risk for poor outcomes due to social determinants of health, non-adherence, or low health literacy. Examples include pediatric patients at the time of transition to adult care, Indigenous patients, and patients of any age with poor or limited social supports.
- This EPA focuses on recognizing the individual risks, and working with the patient and their families to improve autonomy and health literacy as well as facilitating access to resources.
- The nature of the renal condition is not relevant for this EPA.

#### Assessment Plan:

Direct or indirect observation by nephrologist

Use Form 1.

Collect two observations of achievement

#### CanMEDS Milestones:

- 1 ME 2.2 Assess the patient's health literacy**
- 2 ME 2.2 Assess psychosocial issues that may affect health and/or access to services**
- 3 ME 2.2 Assess adherence to treatment and monitoring plans**
- 4 HA 1.2 Work with the patient to increase their understanding of their illness and health care needs**
- 5 HA 1.2 Work with the patient to increase opportunities for self-care**
- 6 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions**
- 7 COL 1.2 Make effective use of the scope and expertise of other health care professionals**

## Nephrology: Core EPA #17 A

### **Integrating knowledge of the effects of pregnancy, pregnancy outcomes, renal disease, and its treatments in the care of patients with renal disease**

#### Key Features:

- This EPA focuses on the effects of kidney disease on fertility, pregnancy and fetal outcomes, as well as the effects of pregnancy on healthy and diseased kidneys.
- This EPA may include pre-conception counselling or care of the pregnant patient.
- This EPA may be observed at any stage of chronic kidney disease or with any of the ESKD treatment modalities.
- This EPA may be observed in simulation.

#### Assessment Plan:

Indirect observation by supervisor (e.g., nephrologist, maternal fetal medicine specialist, obstetrician, obstetric medicine physician)

Use Form 1. Form collects information on:

- Issue: pre-pregnancy counselling; patient with CKD; patient with transplant

Collect 2 observations of achievement

- At least one pre-pregnancy counselling
- One patient with CKD or transplant

#### CanMEDS Milestones:

- 1 ME 1.3 Apply knowledge of the effects of kidney disease on fertility, pregnancy and fetal outcomes**
- 2 ME 1.4 Perform clinical assessments that address all relevant issues**
- 3 ME 2.2 Interpret clinical information and investigations in the context of the physiology of pregnancy**
- 4 ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals**
- 5 ME 4.1 Determine the necessity and appropriate timing of referral to another health care professional**
- 6 ME 4.1 Implement a plan for ongoing care and response to treatment**
- 7 COM 3.1 Provide information to patients and families clearly and compassionately**
- 8 COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions**

- 9 COL 1.3 Engage in respectful shared decision-making with other physicians and/or health care professionals**
- 10 P 1.3** Recognize and respond to ethical issues encountered in the clinical setting

## **Nephrology: Core EPA #18 A**

### **Managing longitudinal aspects of care in a clinic**

#### Key Features:

- This EPA focuses on the efficient management of a longitudinal outpatient clinic in the role of the physician most responsible for patient care.

#### Assessment Plan:

Indirect observation by nephrologist, with input from nurse, clerk +/- other health care professionals

Use Form 3.

Collect at least 2 observations of achievement

- Every 3-6 months during Core

#### CanMEDS Milestones:

- 1 ME 2.2 Select investigation strategies demonstrating awareness of availability and access in the outpatient setting**
- 2 ME 2.4 Formulate treatment plans that are suitable for implementation in the outpatient setting**
- 3 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 4 COL 1.3 Address the questions and concerns of the referring/primary care physician when acting in the consultant role**
- 5 COL 1.3 Provide accurate, timely and relevant written information to the referring/primary care physician**
- 6 L 4.1 Manage time effectively in the outpatient clinic**
- 7 ME 5.2 Use systems to track and follow-up on clinical data, such as studies and laboratory tests**
- 8 L 4.1 Review and act on test results in a timely manner**
- 9 P 1.1 Respond punctually to requests from patients or other health care providers**

## **Nephrology: Core EPA #19 A**

### **Working with the interprofessional team to coordinate the care of patients with renal disease**

#### Key Features:

- This EPA focuses on the role of the Nephrologist in coordinating the complex care needs of patients with renal disease. This includes collaboration with an interprofessional team as well as ensuring continuity across care settings.
- The observation of this EPA is not based on a single patient encounter, but rather on the resident's performance over a period of time. Feedback will be provided by a nephrologist with input from multiple observers at intervals, on at least 3 occasions.

#### Assessment Plan:

Direct observation by nephrologist, with required input from multidisciplinary team.

Use Form 1.

Collect 3 observations of achievement

- At least 3 time points during training
- At least 3 months apart
- At least 2 different supervisors

#### CanMEDS Milestones:

- 1 ME 4.1 Coordinate treatment and follow-up across care settings**
- 2 COL 1.2 Make effective use of the scope and expertise of other health care professionals**
- 3 COL 1.1 Respond appropriately to input from other health care professionals**
- 4 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 5 HA 1.1 Facilitate timely patient access to services and resources**
- 6 P 1.1 Respond punctually to requests from patients or other health care professionals**
- 7 P 1.1 Exhibit appropriate professional behaviors**

**Nephrology: Core EPA #20 A**

**Advancing the discipline through scholarly activities**

Key Features:

- This EPA includes participating in a scholarly project, such as identification of a question for investigation, literature review, data gathering, data analysis, reflective critique and dissemination.
- This may include scholarly research, quality assurance, or educational projects.

Assessment Plan:

Direct or indirect observation by supervisor

Use Form 1.

Collect one observation of achievement

CanMEDS Milestones:

- 1 L 4.1 Organize work to manage clinical, scholarly and other responsibilities**
- 2 S 4.4 Identify, consult and collaborate with content experts and others in the conduct of scholarly work**
- 3 S 4.4 Generate focused questions for scholarly investigation**
- 4 S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature**
- 5 S 4.5 Summarize the findings of a literature review**
- 6 S 4.4 Select appropriate methods of addressing a given scholarly question**
- 7 S 4.2 Identify ethical principles in research**
- 8 S 4.4 Collect data for a scholarly project**
- 9 S 4.4 Perform data analysis**
- 10 S 4.4 Integrate existing literature and findings of data collection**
- 11 S 4.4 Identify areas for further investigation**

**Nephrology: Core EPA #21 A**

**Delivering scholarly teaching to a variety of audiences, including peers, junior trainees or other health professionals**

Key Features:

- This EPA focuses on critical appraisal, presentation, and teaching skills.

Assessment Plan:

Direct observation by nephrologist

Use Form 1. Form collects information on:

- Type of activity: journal club; grand rounds; case presentation; other

Collect 2 observations of achievement

CanMEDS Milestones:

- 1 S 2.4 Identify the learning needs and desired learning outcomes of others**
- 2 S 2.4 Develop learning objectives for a teaching activity**
- 3 S 3.3 Critically evaluate the integrity, reliability and applicability of health related research and literature**
- 4 S 3.4 Integrate best evidence and clinical expertise**
- 5 S 2.4 Present the information in an organized manner to facilitate understanding**
- 6 S 2.4 Use audiovisual aids effectively**
- 7 S 2.4 Provide adequate time for questions and discussion**

## Nephrology: Core EPA #22 A

### Identifying and analyzing patient- and system-level health care delivery for the purposes of quality assurance or improvement

#### Key Features:

- This EPA includes the review and analysis of a set of events, data or outcomes to ascertain the quality of health care delivery.
- It focuses on an analysis of the reasons for any gap in desired outcomes, and may include suggestions for potential improvement.
- The observation of this EPA requires that the resident complete the analysis but it is not necessary for the resident to implement or participate in the implementation of any changes.
- Examples may include quality assurance of outcome measures in the dialysis unit, an analysis of a patient safety event, or a review of a series of patient outcomes.
- This EPA may be observed via presentation of findings (e.g., at rounds or to a committee) or via submission of a report.

#### Assessment Plan:

Direct or indirect observation by supervisor

Use Form 1.

Collect one observation of achievement

#### CanMEDS Milestones:

- 1 L 1.1 Gather information for the purposes of quality assurance or improvement**
- 2 S 4.4 Perform data analysis**
- 3 L 1.1 Integrate existing standards for health care delivery with findings of data collection**
- 4 L 1.1 Identify potential improvement opportunities**
- 5 L 1.1 Identify the impact of human and system factors on health care delivery**
- 6 L 3.1 Demonstrate an understanding of the operations of renal programs**
- 7 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 8 P 2.2 Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment**

## Nephrology Core EPA #23 A

### Providing telephone consultation to health care providers requesting nephrology assessment

#### Key Features:

- This EPA focuses on communication with the requesting physician and provision of medical advice.
- This includes collecting the information necessary to provide recommendations for patient management, transfer to an appropriate setting and level of care, or triage to an outpatient clinic assessment based on urgency of need.
- This EPA may be observed in simulation.

#### Assessment Plan:

Direct observation, case discussion or review of clinical documentation by supervisor

Use Form 1. Form collects information on:

- Case complexity: medium; high
- Type of disposition: manage at existing site; transfer to acute care setting with high resource intensity; transfer to acute care setting with low resource intensity; schedule into outpatient nephrology clinic
- Setting: clinical; simulation
- Consulting physician: community-based; hospital-based acute care; hospital-based chronic care

Collect 2 observations of achievement

- No more than one simulation

#### CanMEDS Milestones:

- 1 COM 2.3 Request and synthesize patient information gathered by another health professional**
- 2 ME 2.2** Interpret the results of investigations in the context of the patient's presentation
- 3 ME 2.2 Integrate information from the clinical assessment to determine the patient's clinical status and health care needs**
- 4 ME 2.1 Identify clinical emergencies and prioritize response**
- 5 L 2.1** Apply knowledge of health care resources in different settings to provide optimal patient care

- 6 ME 2.4 Determine the setting of care appropriate for the patient's health needs**
- 7 ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer, as relevant**
- 8 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 9 ME 2.4 Provide anticipatory guidance for management of changes in the patient's clinical status while awaiting nephrology assessment**
- 10 HA 1.1 Facilitate timely patient access to services and resources**

## **Nephrology: Transition to Practice EPA #1 A**

### **Managing the multidimensional aspects of nephrology practice**

#### Key Features:

- This EPA focuses on managing the caseload of a Nephrologist, including providing quality care for individual patients, triaging and prioritizing between patients and amongst patients and other occupational demands, and demonstrating judicious use of resources.
- This EPA may be observed in any clinical setting and must be based on a block of time of at least a week during which the resident has both inpatient and outpatient responsibilities (e.g., clinic, outpatient dialysis).

#### Assessment Plan:

Direct or indirect observation by nephrologist based on a block of time (e.g., week, block of service)

Use Form 1.

Collect 1 observation of achievement

#### CanMEDS Milestones:

- 1 ME 1.4** Perform relevant and time-effective clinical assessments
- 2 ME 1.5** Prioritize patients based on the urgency of clinical presentations
- 3 ME 1.5** Carry out professional duties in the face of multiple, competing demands
- 4 L 2.1** Allocate health care resources for optimal patient care
- 5 S 3.4** Integrate best evidence and clinical expertise into decision-making
- 6 ME 2.4** Establish a patient-centered management plan
- 7 L 4.1** Set priorities and manage time to fulfil diverse responsibilities
- 8 L 4.1** Integrate supervisory and teaching responsibilities into the overall management of the clinical service
- 9 P 4.1** Manage the mental and physical challenges that impact physician wellness and/or performance in demanding or stressful clinical settings