

LAC+USC Medical Center

Nephrology Consult Orientation

2021-2022

Faculty in Charge of Rotation:

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First Day of Rotation:

Report to renal work room on 4th floor near the ICU (C4J109) at 7:30 AM.

GOALS

The Nephrology Consult rotation is an inpatient consult experience with the purpose of gaining experience in the management of acute and chronic renal disease across a wide spectrum of patient ages and diagnoses.

It is important for Internists to become skilled at evaluating and treating problems of the renal system. Internists must be able to obtain an appropriate history, perform an appropriate physical examination, order appropriate studies, and initiate appropriate therapies for patients with signs and symptoms of renal disease. Internists must understand the unique diagnostic and treatment modalities for patients with renal disease. The Internist is expected to be aware of when it is necessary to refer a patient to a Nephrologist. The Internist must also be familiar with guidelines for pre- and post-dialysis management of patients with renal failure and be able to recognize indications for dialysis.

In addition to fostering competence in the areas of patient care and medical knowledge, the service provides critical experience in collaborating with other members of the healthcare team, including care coordinators, social workers, and pharmacists, as well as students and fellow residents, which builds skill in interpersonal communication and professionalism. Exposure to the intricacies of daily hospital care, including discharge planning and triage to higher or lower levels of care, builds competency in systems-based practice, provides opportunities to learn from mistakes, and builds patterns of practice-based learning.

ROTATION STRUCTURE

STARTING THE ROTATION

Before the first day on service, sign-out should occur from the outgoing member to the appropriate oncoming team member (resident to resident, intern to intern).

WEEKLY SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8AM - 9AM					Campese Rounds
12PM - 1PM	Nephrology Core Curriculum		Renal Grand Rounds		Clinical Case Conference

DAILY SCHEDULE

7:30 AM - 9:30 AM	Work Rounds
9:30 AM - 12:00 PM	Attending Bedside Rounds
12:00 PM - 1:00 PM	Lunch/Conference (Grand Rounds, M&M, CPC)
1:00 PM - 5:30 PM	Patient Care and Management / Afternoon Didactics

Attending Bedside Rounds

Attending Bedside Rounds are performed from 9:30 AM - 12:00 PM every Monday through Friday. The attending should review all of the team's new consults from the previous twenty-four hours and discuss all of the team's established patients with new, significant developments. Any new patient must be seen by and discussed with the attending. Faculty are expected to perform bedside teaching, discussion of pathophysiology, and should use current available studies to aid in diagnostic and therapeutic decisions.

Faculty must evaluate all of their team's patients each day and must co-sign all necessary notes. All documentation, including the initial history and physical must be signed within 24 hours. Each faculty attending is available for their team at all times when they are on service.

Renal Clinic

Residents on the Nephrology Consult Service are not expected to attend Renal Clinic unless otherwise indicated by the Chief Residents.

TEAM STRUCTURE

There are 2 teams that make up the Renal Consult service. Each team is comprised of one faculty attending, one fellow, 1-2 housestaff. In addition, there is also a mid-level practitioner on the renal consult service. Consults are called into the fellow VOIPS and will be divided evenly between both teams. An attending will be available to the house officers at all times of the day. Each attending will perform teaching rounds five days per week with their individual teams. The housestaff are expected to use this attending as the primary resource for issues regarding patient care.

CALL

The 3 residents on service will alternate service coverage with one resident from each team covering each weekend of the rotation. Coverage should be discussed amongst the team collectively and the call schedule should be turned into the Chief Residents on the 1st day a new resident joins the team so that it may be accurately reflected on AMION. There is no overnight call for residents.

TRAINEE CAPS

Interns on the consult service will cover up to 6 patients per day. Residents on the consult service will cover up to 8 patients per day. Caps will be maintained on the weekdays and weekends. This is to ensure that the environment on this service is optimal for your learning.

DAYS OFF

All house officers on Nephrology Consult will get an average of one day off per week across the duration of the rotation. Days off will be determined by the team collectively and the schedule should be turned into the Chief Residents on the 1st day a new resident joins the team so that it may be accurately reflected on AMION.

EXPECTED OR UNEXPECTED ABSENCES

If you are unable to perform your clinical duties on any given day, please notify both the Chief Resident on call and your fellow team members as early as possible.

CURRICULUM

EDUCATIONAL GOALS

The purpose of this rotation is to train residents to competently care for patients with acute and chronic kidney diseases who present to the hospital.

The curriculum is organized into two components:

1. inpatient renal consultative services
2. didactic lectures and conferences

INPATIENT CONSULTS

Consults are called to the Renal Fellow VOIPs and will be distributed to each Renal team. Each Renal team will alternate consults. Consults should be followed until the problem is resolved and appropriate follow-up notes by the consult team should be made in the chart. When the consulting group discontinues follow-up, this should be indicated by a note in the chart. All notes by medical students must be co-signed by a resident or fellow.

Consults should be viewed with the following priorities:

- **Emergent:** Emergent consults must be reviewed and co-signed by fellow and/or faculty within two hours. Review by faculty must occur within 24 hours or sooner if appropriate. Cases should initially be evaluated by residents at the PGY-2 or PGY-3 level. Medical students or PGY-1 housestaff may not see emergency consults unaccompanied by PGY-2 or PGY-3 residents, fellow or faculty.
- **Urgent:** Urgent consults must be reviewed and co-signed by fellow and/or faculty within 8 hours. Review by faculty must occur within 24 hours. Consults may be initially evaluated by fourth-year medical students or housestaff of any post-graduate year. Fellows may review and co-sign consultations prior to review by faculty.
- **Routine:** Routine consults must be seen, reviewed and co-signed by fellow and/or faculty within 24 hours. Consults may be initially evaluated by fourth-year medical students or housestaff of any post-graduate year. Fellows may review and co-sign consultations prior to review by faculty.

CONFERENCES

Nephrology Core Curriculum

A concentrated series of didactic lectures delivered weekly in MMR 608 (or via zoom) on the essential topics covering the breadth of Nephrology. These lectures emphasize the fundamentals of nephrology. Attendance is mandatory unless there is a conflicting Internal Medicine Residency activity/lecture.

Renal Grand Rounds

A weekly clinically-based conference, held in MMR 608 (or via zoom), given by a faculty expert. Attendance is mandatory unless there is a conflicting Internal Medicine Residency activity/lecture.

Clinical Case Conference

A weekly case-based series on important topics in Nephrology, held in MMR 608 (or via zoom), often involving the critical elements for diagnosis. Attendance is mandatory unless there is a conflicting Internal Medicine Residency activity/lecture.

Campese Rounds

A weekly case-based session on Friday morning from 8-9am with Dr. Campese. Residents will present a case to Dr. Campese.

TEACHING METHODS

Direct observation of patient care and bedside teaching occur in the setting of daily inpatient rounds with the attending. Residents evaluate and treat patients both in the capacity of follow-up as well as initial evaluation. The supervising attending reviews and critiques the resident's interpretation of diagnostic studies and formulation of assessments and plans. Residents additionally attend didactic conferences as indicated above.

EDUCATIONAL RESOURCES

- Kidney Disease: Improving Global Outcomes (KDIGO) Acute Kidney Injury Work Group. KDIGO Clinical Practice Guideline for Acute Kidney Injury. *Kidney inter., Suppl.* 2012; 2: 1-138.
- Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney inter., Suppl.* 2013; 3: 1-150
- Kidney Disease: Improving Global Outcomes (KDIGO) Anemia Work Group. KDIGO Clinical Practice Guideline for Anemia in Chronic Kidney Disease. *Kidney inter., Suppl.* 2012; 2: 279-335.
- Levey A et al. A New Equation to Estimate Glomerular Filtration Rate. *Annals of Internal Medicine* 2009; 150: 604-612
- Adroge HJ and NE Madias. The Challenge of Hyponatremia. *JASN* 2012; 23: 1140-1148

FEEDBACK & EVALUATIONS

The attending physician is responsible for providing verbal feedback and must submit evaluations of the resident physicians in MyEvaluations. The attending must meet face-to-face to provide mid-point and end-of-rotation feedback with all of the house officers they evaluate and indicate that discussion on the evaluation form. Evaluations must be completed within one week of completing a rotation. Peer evaluations for other trainees on the team should be completed in a timely manner.

PATIENT CARE

LOCATION & PATIENT CHARACTERISTICS

The Nephrology Consult service is exclusively at LAC+USC hospital. Consults may be called in by the Emergency Department, OB/Gyn triage, or any primary inpatient service, including, but not limited to general inpatient medicine, MICU, ACS, SICU.

The patient population at LAC+USC Medical Center is very diverse, with multiple ethnic and socioeconomic groups represented. The spectrum of these encounters will be from primary presentation of new disease processes to the tertiary care for the patient who is referred for subspecialty care.

PROCEDURES

Residents will have the opportunity to observe Nephrology procedures such as percutaneous renal biopsies and insertion of non-tunneled hemodialysis catheters.

DOCUMENTATION

All documentation must be completed electronically in ORCHID. Each note needs to end with "Discussed with Attending Dr. [Name]" and be forwarded to the attending on service for the day for review. In ORCHID, the note type, "Nephrology Consultation" should be used.

ACGME MILESTONES 2.0

LEARNING OBJECTIVES

Patient Care	<ul style="list-style-type: none"> • Obtain an accurate and relevant focused history. • Perform an accurate physical examination and present information concisely with an initial assessment plan demonstrating clinical reasoning. • Follow the patient’s disease course during the patient’s hospital stay. • With attending consultation, formulate and execute a differential diagnosis, impression, and a list of recommendations for the primary service. • Appropriately document clinical encounters in the EMR • Learn to provide inpatient care that is safe and compassionate and to develop the ability to thoroughly and clearly educate the inpatient in the relevant areas of <u>disease prevention, detection, progression and therapy to promote renal health.</u>
Medical Knowledge	<ul style="list-style-type: none"> • Residents will have formal instruction and clinical experience and demonstrate competence in: <ul style="list-style-type: none"> ○ Interpretation of abnormalities on routine urine analyses ○ Evaluation and management of inpatients with acute and chronic end-stage renal disease ○ Evaluation and management of electrolytes abnormalities ○ Evaluation of nephritic/nephrotic syndrome ○ Management of hypertension
Systems Based Practice	<ul style="list-style-type: none"> • Understand and utilize the multidisciplinary resources necessary to care optimally for patients • Use evidence-based, cost-conscious strategies in the care of patients • Demonstrates collaboration with other members of the health care team, including residents at all levels, fellows, attendings, medical students, nurses, pharmacists, occupational/physical therapists, nutritional specialists, patient educators, social workers, case managers, and providers of home health services • Effectively utilizes of medical consultants, including knowing when and how to request consultation, and how best to utilize the advice provided • Demonstrates willingness and ability to teach medical students and interns • Effectively leads the team, including interns, medical students, nurses, pharmacists, case managers, and social workers
Practice Based Learning and Improvement	<ul style="list-style-type: none"> • Identify and acknowledge gaps in personal knowledge and skills in the care of inpatient and ambulatory patients • Demonstrate independent initiative in commitment to identify and follow through with learning issues. • Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting • Seek feedback from attending physicians.
Professionalism	<ul style="list-style-type: none"> • Arrive at the clinic or hospital promptly, well-prepared with identified learning issues. • Assume responsibility for patient welfare in a timely manner • Performs administrative tasks and patient care responsibilities in a time and professional manner • Model effective teaching skills to students and peers. • Comply with Residency dress code
Interpersonal and	<ul style="list-style-type: none"> • Consistently establish rapport with patients and staff. • Present cases in a logical, focused manner and outline impressions that can be justified based on the clinical data.

Communication Skills	<ul style="list-style-type: none">● Work as an effective team member with staff, dietitians, nurses, diabetes educators, and attending physicians.● Write appropriately thorough clinical record entry in standard form.● Communicate consultative recommendations to primary services in a respectful, timely manner.
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