

## **NEPHROLOGY**

**Location: Boise VA Medical Center**

### **FACULTY CONTACT:**

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### **OVERALL EDUCATIONAL PURPOSE**

To learn the presenting features of the major clinical syndromes and diseases in nephrology including, but not limited to: ARF, CRF, fluid/electrolyte/acid/base disorders, glomerular diseases, and hypertension.

To learn the indications for and appropriate use of diagnostic tests, including the various imaging studies, renal biopsy, and renal arteriograms.

To learn the indications for and use of replacement therapy in end stage renal disease, including renal transplantation, peritoneal dialysis and hemodialysis.

To learn the presentation, causes and evaluation, and treatment of acute renal failure.

### **TEAM STRUCTURE**

Nephrology Attending

+/- R2

+/- R1

+/- MS4

### **PRINCIPAL TEACHING METHODS**

There is one on one faculty to resident case review of every patient seen. There is a monthly didactic conference on important renal issues.

### **EDUCATIONAL CONTENT**

#### **Mix of Diseases**

The most commonly seen diseases are: hypertensive nephrosclerosis, diabetic nephropathy, acute renal failure in the inpatient setting, refractory or secondary hypertension, and the idiopathic and secondary glomerulonephritides. However, a significant number of less common renal lesions are encountered.

#### **Patient Characteristics**

The resident spends approximately one-quarter of his time at the VA and three-quarters in a

community based office/hospital during this rotation. The patients are mostly adult, and approximately equal numbers of men and women, mostly Caucasian, and a preponderance of middle-aged and elderly. However, pediatric and young patients are also seen.

### **Types of Clinical Encounters**

Approximately half of the encounters will occur in the ambulatory care setting of which approximately half will be first visits and the remainder are return visits. About one quarter of the encounters will be with end stage renal disease patients on chronic replacement therapy, more often hospital based hemodialysis than chronic ambulatory peritoneal dialysis. Approximately one quarter of the encounters will be inpatient consultation or primary care for acute renal failure or other entities requiring hospitalization.

### **Procedures**

The resident will learn the appropriate indications for kidney biopsies. She will observe these procedures but will not be expected to perform this procedure. The resident will learn the procedures necessary to establish access for acute hemodialysis or hemofiltration therapy.

### **Services**

There is capacity for chronic and acute dialysis at both the Boise VAMC and St. Alphonsus Regional Medical Center where the resident will be performing this rotation. Appropriate support services are available for the practice of nephrology and these include full range of laboratory, radiology, urologic and vascular surgery support.

### **Rotation Specific Schedule**

Two half-days of continuity clinic

One half-day of renal clinic at BVAMC

Remainder of time varies depending on clinical faculty, including but not limited to outpatient procedures, inpatient primary care consults

### **PRINCIPAL EDUCATIONAL MATERIALS USED**

There is a small library available in the Medical Service conference room as well as the emergency room. Additionally the main library with texts and journal holdings is situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

There is a complete medical library at the VA Medical Center, as well as St. Luke's Regional Medical Center, St. Alphonsus Regional Medical Center, with texts, journals and available computer access. Point-of-Contact computer reference is available to UW School of Medicine library resources and VAMC on-line reference materials, such as Up-to-Date, Micromedics, PubMed and others.

There is wide availability of personal computers with a network allowing instant access to Medline, Stat Reference, Patient Data and other educational sources.

There are maintained teaching files for particularly demonstrative x-rays, pathologic material, electrocardiograms, echocardiograms, clinical vignettes, etc

## **METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE**

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending, fellow or supervising resident he or she has interacted with for a significant amount of time. The evaluator rates each resident on a nine-point scale in each component of clinical competence (i.e. clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behaviors, medical care, educational attitudes, leadership and overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending, fellow or supervising resident with whom they have interacted for a significant amount of time.

## **EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE**

### Inpatient

The renal attending sees and reviews with the resident each new consultation or primary patient within 24 hours. The attending is available at all times for immediate review of emergency patients. The resident provides ongoing care writing progress notes, recommendations or orders on inpatients. The attending meets with the resident daily to review all patients.

### Ambulatory Care

The attending is present in renal clinic and sees and reviews each new patient and documents his participation in the record. The attending is available in the clinic to see returning patients and will review and co-sign the progress notes written by the resident in the records of these patients. The resident writes a complete history and physical or consultation note with assessment and plans or recommendations for each new patient seen and writes progress notes for each revisit.

There is one renal faculty member designated as attending for each monthly rotation who supervises the resident and/or student, is ultimately responsible for all the patients seen by the resident, and organizes the educational activities.