

## **NEPHROLOGY SERVICE**

**Location: University of Washington**

### **FACULTY CONTACT:**

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### **OVERALL EDUCATIONAL PURPOSE**

- To provide exposure to a broad range of acute and chronic nephrologic problems in adults.
- To develop familiarity with principles, clinical indications, complications and performance of nephrologic procedures including acute and chronic hemo- and peritoneal dialysis, renal biopsy, vascular access placement, slow dialysis, and plasmapheresis.
- To understand the pathophysiology of disorders of electrolyte and water metabolism, acid base patho-physiology and their management.
- To develop a broad understanding of glomerular and tubular disorders including acute tubular necrosis and their management.

### **TEAM STRUCTURE**

1 Attending  
1 Fellow  
1 R2/R3

### **PRINCIPAL TEACHING METHODS**

*Case discussion and review*

Case-based discussions and review conferences weekly including nephrology clinical conference, clinic conference and nephrology professor's rounds.

*Rounds*

*Didactics*

Didactic teaching conferences and lectures by attendings and by clinical fellows.  
Weekly fellow orientation sessions six months each year.  
Dialysis teaching curriculum one week at the beginning of the year for the new fellows.  
Monthly nephrology research conferences.  
Monthly renal biopsy conferences.  
Monthly nephrology journal clubs.

## **EDUCATIONAL CONTENT**

### **Mix of Diseases**

Includes patients with acute renal failure in the intensive care unit setting, chronic dialysis patients with acute medical problems, recipients of kidney and kidney-pancreas, liver, heart, lungs and bone marrow transplants with kidney disease and a variety of acute and chronic diseases of the kidney referred for tertiary care and management. Consultative services are provided to patients with a variety of disorders of fluid and electrolyte metabolism on multiple different hospital services.

### **Patient Characteristics**

Patients seen encompass a broad social economic spectrum including Medicaid, Medicare, prepaid managed care and privately insured patients. The ethnic mix reflects that of the city of Seattle. Patients with end-stage renal disease and renal transplantation are covered by Medicare.

### **Types of Clinical Encounters**

Inpatient consultation; Intensive care unit consultation and management; Outpatient renal and transplant clinic; Outpatient dialysis center

### **Procedures**

Acute hemodialysis, chronic hemodialysis, acute peritoneal dialysis, chronic peritoneal dialysis (CAPD), continuous hemofiltration, hemofiltration with dialysis, ultrafiltration, slow continuous hemodialysis, plasma exchange, vascular access placement and renal biopsy.

### **Services**

A full range of consultative and clinical services covering all aspects of nephrologic care are provided. This includes outpatient renal and transplant clinic, emergency room, intensive care unit, hypertension clinic, and access to all procedures listed above. (Residents and Students are not expected to attend regular outpatient clinics but are encouraged to see individual patients with the attending and fellow).

### **Rotation Specific Schedule**

#### **Monday**

12:30-1:30 Lunch Conference (RR-110)

#### **Tuesday**

12:00-1:00 Chairman's Rounds (D-209)

1:00 -2:00 Professor's Rounds (EE – 424)

#### **Wednesday**

12:30-1:30 Lunch Conference (RR-110)

#### **Thursday**

8:00-9:00 Grand Rounds (UW Health Sciences)

9:15-10:15 Resident Teaching Conference (T-739)

11:30-12:30 General Medicine Conference (RR-110)

#### **Friday**

8:00 – 10:00 Clinical Conferences (NKC – 700 Broadway, 4<sup>th</sup> Floor Board Romm)

### **Call and Weekend Responsibilities**

None

## **Principle Educational Materials Used Recommended Readings**

Library of nephrologic textbooks, journals and periodicals (Scribner Library).

Computer programs (Up-To-Date) with computer access to internet and medical literature searches.

Visiting Professor Program

### **Pathologic materials**

Three hundred renal biopsies reviewed annually.

### **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 and fellow he or she has interacted with for a significant amount of time. The evaluator rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, educational attitudes, leadership, 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 and fellow with whom s/he has interacted for a significant amount of time.

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

Direct supervision of patient care by attending physician on daily patient care rounds seven days per week and in outpatient clinic.

The resident on the renal consult service shares responsibility for patient evaluation with the fellow. While the fellow and attending will provide the primary direction of the patient's renal care, the resident directs the often complicated medical management of these patients.