



## **OUTPATIENT NEPHROLOGY ROTATION FOR THE INTERNAL MEDICINE RESIDENTS.**

Division of Nephrology Outpatient Nephrology Rotation

### **Residents are expected to:**

1. Attend all 3 nephrology conferences each week. Monday at 1:00 pm, Wednesday at 4:00 pm, and Thursday evening at 4 PM.
2. They should still attend the Wednesday Medicine Grand Rounds at 8:00 and the medicine morning reports
3. Clinics:
  - Transplant: Monday and Thursday, UHS 2<sup>nd</sup> floor (9:00-11:30)
  - Tuesday Afternoon VA outpatient CKD clinic (1:00 pm, section E)
  - UH Wednesday Pre-ESRD clinic, TDI (from 9:00 to 1:00 pm)
  - UH Friday Continuity clinic, TDI (from 8:00 to 1:00 pm)
  - PD clinic: One of the last 3 Mondays, North West Dialysis Unit (8:30 AM)
  - HD rounds: days depending on the rounding physicians
4. Residents are not allowed to skip clinics unless on vacation or get called for back-up. Any unscheduled absence from the clinic should be notified to the respective clinic's medical director.

### **Objectives:**

#### **Wednesday Pre-ESRD Clinic:**

The resident should be able to appreciate the importance of early referral to nephrology and how this affects planning for dialysis access in the pre-ESRD patient (in an outpatient setting). Residents should be able to perform a urinalysis, and explain the sulfo-salicylic acid test, Benedict's test, how specific gravity is affected by glucose and proteinuria.

#### **Tuesday Veterans Administration CKD Clinic:**

The resident will be immersed in a clinic with a great number of geriatric patients. This is an opportunity to witness CKD follow up and treatments in this population.

A large portion of these patients are afflicted with complicated (non-primary) hypertension. The resident should be able to:

- Recognize hypervolemia
- Explain a low sodium diet
- Differentiate a sensible antihypertensive regimen and to explain the steady state and the "braking" effect during loop diuretic administration.
- Recognize and ascribe the latest guidelines for hypertension and describe recommendations for treatment of HTN
- How is potential renovascular hypertension approached in elderly diabetic patients? Understand the physiology of hyperphosphatemia and hyperparathyroidism in the renal patient, and witness treatments for alleviating each
- Understand why CKD patients are advised to avoid NSAIDs, protect the non-dominant arm, and avoid nephrotoxic drugs

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- Be able to recognize CKD-associated anemia and understand erythropoietin stimulating agent treatment thresholds as well as goals of these therapies.

### **Systems-Based Learning:**

Be able to correctly document and code follow-up encounters, and to differentiate what constitutes a “new patient” from a “consult.” (Faculty will assist with outpatient documentation and coding, including what ICD-10 codes are appropriate for nephrology).

### **Friday Nephrology Clinic at the TDI:**

This is a busy clinic, with a large patient base. Multiple issues regarding renal, glomerular, electrolyte, and/or hypertensive disorders are often encountered. The resident should take the opportunity to:

- Learn the procedure of urinalysis. Be able to perform a urinalysis, including microscopy and identify isomorphic and dysmorphic red blood cells, an “active sediment”, and the significance of prompt referral based on urine labs and urinalysis.
- Management of diabetic nephropathy
- Management of various glomerular disorders
- Management of pregnancy in CKD

### **Evaluations:**

Dr. Nassar on the UT side and Dr. Dyer on the VA side are responsible for evaluating the residents on the outpatient rotation. Faculty from the other outpatient clinics may relay information to Dr. Dyer/Nassar concerning certain residents, but this can vary. It is in your interest to encourage the faculty that have staffed cases with you to communicate with Dr. Dyer/Nassar regarding your performance. It may help if you provide Dr. Dyer/Nassar a case log with the learning issues that you encountered and the references you found by the end of the rotation.