**Continued Accreditation Application: Renal Medicine (Internal Medicine)**

**Review Committee-International**

401 N. Michigan Ave. • Chicago, IL 60611 • United States • +1.312.755.7042 • www.acgme-i.org

**Submission for continued accreditation:** This Advanced Specialty PIF is for programs applying for **continued Accreditation Only** and is used in conjunction with the Accreditation Data System.

All sections of the form applicable to the program must be completed in order to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide an estimate of last year’s numbers. If any requested information is not available, an explanation must be given and it should be so indicated in the appropriate place on the form. Once the forms are complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official of the sponsoring institution, who will submit the application electronically.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Renal Medicine. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org).

For questions regarding the form’s content, e-mail [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

For Questions regarding ADS, e-mail [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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| --- |
| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |  |
| --- | --- |
| * + - 1. What will be the length, in months, of the educational program? | Choose an item. |

**Institution**

**Sponsoring Institution**

1. Does the renal medicine fellowship function as an integral part of an ACGME-I-accredited residency in internal medicine? YES NO

Explain if ‘NO’ (Limit 250 words).

|  |
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| Click here to enter text. |

**Program Personnel and Resources**

**Faculty**

* + - 1. Do faculty members teach and supervise fellows in the performance and interpretation of procedures? YES NO
      2. If ‘YES’, is this documented in each fellow’s record? YES NO

Explain any ‘NO’ responses (Limit 250 words).

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* + - 1. If ‘YES’ to question 2 above, does each fellow’s record document indications, outcomes, diagnoses, and supervisor(s)? YES NO

Explain if ‘NO’ (Limit 250 words).

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| Click here to enter text. |

**Other Program Personnel**

* + - 1. Is there be a close working relationship with:

1. dietary and/or nutrition services YES NO
2. social services YES NO
3. diagnostic radiology YES NO
4. general surgery YES NO
5. obstetrics and gynecology YES NO
6. pathology YES NO
7. psychiatry YES NO
8. urology YES NO
9. vascular surgery YES NO

Explain if ‘NO’ (Limit 250 words).

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| Click here to enter text. |

**Resources**

1. Using the number assigned to each participating site in the Foundational PIF in the Accreditation Data System (ADS), indicate the resources that are provided at each of the participating sites by completing the table below. *Note that Site #1 is the primary clinical site and therefore is not included here.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Resource** | **Site #1** | | **Site #2** | | **Site #3** | | **Site #4** | |
| YES | NO | YES | NO | YES | NO | YES | NO |
| biochemistry laboratory |  |  |  |  |  |  |  |  |
| serologic laboratory |  |  |  |  |  |  |  |  |
| imaging services - ultrasound |  |  |  |  |  |  |  |  |
| imaging services - computed tomography (CT) |  |  |  |  |  |  |  |  |
| imaging services - magnetic resonance imaging (MRI) |  |  |  |  |  |  |  |  |
| imaging services - diagnostic radionuclide laboratory |  |  |  |  |  |  |  |  |
| surgical and pathological support for the modern practice of renal medicine (nephrology), including an active renal transplant service |  |  |  |  |  |  |  |  |
| surgery for vascular and peritoneal dialysis access |  |  |  |  |  |  |  |  |
| electron and immunofluorescence microscopy, and other special studies for the preparation and evaluation of renal biopsy material |  |  |  |  |  |  |  |  |
| acute and chronic hemodialysis services |  |  |  |  |  |  |  |  |
| continuous renal replacement therapy service |  |  |  |  |  |  |  |  |
| peritoneal dialysis service |  |  |  |  |  |  |  |  |
| renal biopsy service |  |  |  |  |  |  |  |  |

Explain if ‘NO’ for any resource at all sites (Limit 300 words).

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1. Using the number assigned to each participating site in ADS, please complete the following table to indicate the number of patients during the last 12 month period for each site where fellows will rotate. *Note that Site #1 is the primary clinical site.*

The patient numbers are for the period Click here to enter date. to Click here to enter date..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site number** | **Acute kidney injury** | **End stage renal disease** | **Chronic hemodialysis** | **Peritoneal dialysis** | **Kidney transplant** |
| Site #1 | # | # | # | # | # |
| Site #2 | # | # | # | # | # |
| Site #3 | # | # | # | # | # |
| Site #4 | # | # | # | # | # |
| Site #5 | # | # | # | # | # |
| Site #6 | # | # | # | # | # |
| Site #7 | # | # | # | # | # |
| Site #8 | # | # | # | # | # |

Describe any additional sites not indicated above (Limit 300 words).

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**Fellow Appointment**

**Eligibility Criteria**

1. Describe how the program ensures that prior to appointment, fellows will have completed an ACGME-I-accredited internal medicine program (Limit 250 words).

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**Specialty-specific Educational Program**

**Regularly Scheduled Didactic Sessions**

1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Do fellows have formal instruction in indications for and interpretations of reports related to:
3. balloon angioplasty of vascular access YES NO
4. other procedures to maintain chronic vascular access patency YES NO
5. management of peritoneal catheters YES NO
6. radiology of vascular access YES NO
7. renal imaging YES NO
8. therapeutic plasmapheresis YES NO

Explain any ‘NO’ responses (Limit 250 words).

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| Click here to enter text. |

**Clinical Experience**

* + - 1. In the space below, describe how the program ensures that fellows have at least 12 months of clinical experience (Limit 300 words).

|  |
| --- |
| Click here to enter text. |

* + - 1. Do fellows have at least four months of supervised experience in dialysis therapy?

YES NO

Explain if ‘NO’ (Limit 250 words).

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| Click here to enter text. |

* + - 1. If ‘YES’, does the experience include the following:
         1. assessing hemodialysis efficiency YES NO
         2. assessing peritoneal dialysis efficiency YES NO
         3. treating complications of hemodialysis YES NO
         4. treating complications of peritoneal dialysis YES NO
         5. managing end of life care and pain management YES NO
         6. evaluating end-stage renal disease patients for peritoneal dialysis YES NO
         7. evaluating end-stage renal disease patients for hemodialysis YES NO
         8. instructing patients regarding treatment options YES NO
         9. evaluating and managing medical complications in patients during and between hemodialysis

YES NO

* + - * 1. evaluating and managing medical complications in patients during and between peritoneal dialysis YES NO
        2. evaluating and selecting patients for acute hemodialysis or continuous renal replacement therapy YES NO
        3. long-term follow-up of patients undergoing hemodialysis YES NO
        4. long-term follow-up of patients undergoing peritoneal dialysis YES NO
        5. writing a hemodialysis prescription YES NO
        6. writing a peritoneal dialysis prescription YES NO
        7. assessing dialysis adequacy YES NO

Explain any ‘NO’ responses (Limit 300 words).

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| Click here to enter text. |

* + - 1. Do fellows have at least two months of clinical experience on an active renal transplant service, including involvement in pre- and post-transplant care? YES NO

Explain if ‘NO’ (Limit 250 words).

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| Click here to enter text. |

* + - 1. If ‘YES’, does the experience include the following:
         1. clinical and laboratory diagnosis of all forms of rejection YES NO
         2. evaluation and selection of transplant candidates YES NO
         3. immediate post-operative management of transplant recipients including administration of immunosuppressants to a minimum of 10 new renal transplant patients YES NO
         4. management in the ambulatory setting for at least three months of at least 20 patients per fellow YES NO
         5. medical management of rejection including immunosuppressive drugs and other agents

YES NO

* + - * 1. pre-operative evaluation and preparation of transplant recipients and donors YES NO
        2. psychosocial and ethical issues of renal transplantation YES NO
        3. recognition and medical management of the surgical and non-surgical complications of transplants YES NO

Explain any ‘NO’ responses (Limit 300 words).

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| Click here to enter text. |

* + - 1. Describe how the program ensures that each fellow will see at least 10 new renal transplant patients during the fellowship (Limit 300 words).

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| Click here to enter text. |

* + - 1. Do the fellows’ clinical experiences include:
         1. management of patients with renal disorders in the intensive care unit YES NO
         2. the role of renal medicine consultant in both inpatient and outpatients settings YES NO
         3. simulation YES NO

Explain any ‘NO’ responses (Limit 250 words).

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| Click here to enter text. |

* + - 1. Do fellows have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of renal medicine? YES NO
      2. Does the experience include an appropriate distribution of patients of each gender and a diversity of ages? YES NO
      3. Do fellows have an average of one half-day a week in the ambulatory clinic throughout the educational program? YES NO

Explain any ‘NO’ responses (Limit 250 words).

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| Click here to enter text. |

* + - 1. Describe how the program ensures that each fellow, on average, will be responsible for four to eight patients during each half-day session and, on average, no more than eight to 12 patients during each half-day session (Limit 300 words).

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| Click here to enter text. |

* + - 1. Are the continuing patient care experience interrupted by more than one month, excluding vacation? YES NO

Explain if ‘YES’ (Limit 250 words).

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**Duty Hour and Work Limitations**

Describe how the program ensures that direct supervision of procedures performed by each fellow will occur until competence has been acquired and documented by the program director (Limit 300 words).

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**ACGME-I Competencies**

**Patient Care**

1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this is evaluated (Limit 300 words).

|  |
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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in the practice in health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness?

Describe how this is evaluated (Limit 300 words).

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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in the evaluation and management of:
2. acute kidney injury
3. chronic kidney disease
4. disorders of fluid, electrolyte, and acid-base regulation
5. disorders of mineral metabolism, including nephrolithiasis and renal osteodystrophy
6. drug dosing adjustments and nephrotoxicity associated with alterations in drug metabolism and pharmacokinetics in renal disease
7. end-stage renal disease
8. genetic and inherited renal disorders, including inherited diseases of transport, cystic diseases, and other congenital disorders
9. geriatric aspects of renal medicine (nephrology)
10. glomerular and vascular diseases, including the glomerulonephritides, diabetic nephropathy, and atheroembolic renal disease
11. hypertensive disorders
12. renal disorders of pregnancy
13. renal transplant patients
14. tubulointerstitial renal diseases
15. urinary tract infections

Provide an example of how proficiency is assessed in eight of the 14 areas listed above

(Limit 800 words).

|  |
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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in the evaluation and management of:
2. dialysis therapy
3. performance of acute and chronic hemodialysis
4. continuous renal replacement therapy
5. peritoneal dialysis
6. placement of temporary vascular access for hemodialysis and related procedures
7. urinalysis

Provide an example of how proficiency is assessed in four of the six areas listed above (Limit 400 words).

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| Click here to enter text. |

**Medical Knowledge**

* + - 1. How do graduating fellows demonstrate proficiency in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how these traits are evaluated (Limit 400 words).

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1. How do graduating fellows demonstrate proficiency in their knowledge of the scientific method of problem solving and evidence-based decision making (Limit 300 words)?

|  |
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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in their knowledge of the therapeutic procedures integral to the discipline, including:
2. indications
3. contraindications
4. techniques
5. limitations
6. complications
7. interpretation of results

Provide an example of how proficiency is assessed in four of the six areas listed above (Limit 400 words).

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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in their knowledge of:
2. the appropriate indications for and use of screening tests and procedures
3. clinical pharmacology, including drug metabolism, pharmacokinetics, and the effects of drugs on renal structure and function

Provide an example of how each of the above is assessed (Limit 300 words).

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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in their knowledge of dialysis and extracorporeal therapy, including:
2. the indication for each mode of dialysis
3. dialysis modes and their relation to metabolism
4. dialysis water treatment, delivery systems, and reuse of artificial kidneys
5. the kinetic principles of hemodialysis and peritoneal dialysis
6. the principles of dialysis access (acute and chronic vascular and peritoneal), including indications, techniques, and complications
7. the short- and long-term complications of each mode of dialysis and its management
8. the artificial membranes used in hemodialysis and biocompatibility
9. urea kinetics and protein catabolic rate

Provide an example of how proficiency is assessed in five of the eight areas listed above

(Limit 500 words).

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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in their knowledge of:
2. normal and abnormal blood pressure regulation
3. normal and disordered fluid, electrolyte, and acid-base metabolism
4. normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis
5. nutritional aspects of renal disorders
6. immunologic aspects of renal disease
7. indications for and interpretations of radiologic tests of the kidney and urinary tract
8. pathogenesis, natural history, and management of congenital and acquired diseases of the kidney and urinary tract, and renal diseases associated with systemic disorders
9. renal anatomy, physiology, and pathology

Provide an example of how proficiency is assessed in five of the eight areas listed above

(Limit 500 words).

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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in their knowledge of renal transplantation, including:
2. biology of transplantation rejection
3. indications and contraindications for renal transplantation
4. principles of transplant recipient evaluation and selection
5. principles of evaluation of transplant donors, both living and cadaveric, including histocompatibility testing
6. principles of organ harvesting, preservation, and sharing
7. psychosocial aspects of organ donation and transplantation
8. the pathogenesis and management of acute renal allograft dysfunction

Provide an example of how proficiency is assessed in five of the seven areas listed above

(Limit 500 words).

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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in their knowledge of the:
2. management of renal disorders in non-renal organ transplantation
3. principles and practice of hemodialysis and peritoneal dialysis
4. technology of hemodialysis and peritoneal dialysis
5. pharmacology of commonly used medications and their kinetic and dosage alteration with hemodialysis and peritoneal dialysis
6. psychosocial and ethical issues of dialysis

Provide an example of how proficiency is assessed in three of the five areas listed above

(Limit 300 words).

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| Click here to enter text. |

1. How do graduating fellows demonstrate proficiency in their knowledge of geriatric medicine, including:
2. physiology and pathology of the aging kidney
3. drug dosing and renal toxicity in elderly patients

Provide an example of how proficiency in each area is assessed (Limit 300 words).

|  |
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| Click here to enter text. |

**Practice-based Learning and Improvement**

1. How do graduating residents demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning?

Describe how these are evaluated (Limit 300 words).

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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. How do graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills are evaluated (Limit 300 words).

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| Click here to enter text. |

**Professionalism**

1. How do graduating residents demonstrate a commitment to fulfilling their professional responsibilities and to adhering to ethical principles?

Describe how these traits are evaluated (Limit 300 words).

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| Click here to enter text. |

**Systems-based Practice**

1. How do graduating residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills are evaluated (Limit 300 words).

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Appendix A. Formal Didactic Sessions by Academic Year

For each year of residency, please attach (Label: Appendix A) a list of all scheduled didactic courses (which includes discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating institutions attended by residents using the format below. If attended by residents from multiple years, list in each year but provide a full description only the first time it is listed.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**

Year in the program:

Number: Title:

a) Type of Format (e.g. - seminar, conference, discussion groups, etc.)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session and total number of sessions

**Example:**

|  |
| --- |
| Y-1  01. Introduction to Renal Medicine  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of renal medicine including approaches to clinical work with minority populations.  d) Weekly, for 8 sessions.  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective Y-4  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance (Limit 250 words).

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| Click here to enter text. |