

Baylor College of Medicine Nephrology

Fellowship Handbook

Updated April 2019

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1. Introduction

Congratulations and welcome! The Postdoctoral Fellowship offered by the Division of Nephrology of the Department of Medicine at the Baylor College of Medicine (BCM) provides an opportunity to pursue advanced training in clinical nephrology and to undertake training in basic science research or clinical research. The program is designed for trainees who wish to receive outstanding educational training in order to pursue a career in academic medicine (basic science, clinical research, or clinical education) or private practice.

The mission of our Nephrology Fellowship program is to produce Nephrologists who are leaders in the field of Nephrology, whether in clinical or basic science endeavors. We also aim to produce physicians who possess habits of life-long learning in order to build upon their knowledge, skills and professionalism.

The clinical Nephrology program at BCM involves **TWO** years of training at affiliated site hospitals in order to integrate the 6 core competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems based learning). The trainee will participate in clinical training, research and scholarly activities. The training experience includes inpatient consultation services, procedural experience, management of end stage renal disease, basic renal pathology, transplantation nephrology, and outpatient nephrology clinical activities. The clinical nephrology section at Baylor has an outpatient dialysis population of approximately 500 hemodialysis and peritoneal dialysis patients – including partnership with one of the largest peritoneal dialysis clinics in Houston. Our patients represent a wide mix of racial and socioeconomic groups.

The typical 24-month curriculum consists of 14 months of general inpatient consultation, 4 months of transplant nephrology, 2 months of procedure/outpatient clinic, and 4 months of research. The fellows have 15 vacation days per year *plus* 9 days for approved academic leave (e.g. conferences, interviews). During the outpatient/procedure month, the fellows focus on renal histopathology, dialysis access, peritoneal dialysis, kidney biopsy, plasma exchange, and ultrasonography. The 14 months of general inpatient nephrology span four primary hospitals: Ben Taub General (County), Michael E. DeBakey Veteran's Affairs (Government), Houston Methodist (Private), and CHI Baylor St. Luke's (Private). Fellows at CHI St. Luke's frequently consult on patients at the Texas Children's Women's Pavilion. Outpatient experiences include several transplant clinics, a glomerulonephritis clinic, outpatient dialysis, combined urology-nephrology kidney stone clinic, and pediatric nephrology clinic. **This breadth of clinical experience is the cornerstone of our nephrology program and what makes Baylor College of Medicine a fantastic place to complete your training.**

Following two years of clinical training, the trainee will have confidence in evaluating and managing patients with a wide variety of kidney disorders (including transplantation) and have had in-depth training in acute and chronic hemodialysis, continuous renal replacement therapy, kidney biopsy, dialysis catheter placement, ultrasound, and renal pathology.

The robust clinical experiences is coupled with an extensive didactics that begin in July with three months of CORE nephrology lectures. The fellows will also begin in July/August with weekly review of the KDIGO guidelines. Every week, our fellows have a **minimum of four hours** for dedicated education. From September to June, the fellows' attend a weekly city-wide conference: Renal Grand Rounds (RGR). The first week of each month of RGR is a dedicated renal biopsy conference and our fellows both present and discuss *their* cases. In addition, we have a monthly pathology conference jointly with the UT-Houston Nephrology fellows'.

We also offer four enriching pathways to help prepare the fellow for post-graduation. These include Business, Clinician Educator, Public Policy, and Transitions in Nephrology. These are mentor-led and require completion of a capstone project to earn a certificate at graduation.

WE WISH YOU ALL THE BEST AND WILL SUPPORT YOU IN ANY WAY POSSIBLE!

CHARACTERISTICS OF THE SUCCESSFUL BAYLOR NEPHROLOGY FELLOW

TEACH	<i>INSPIRE THE NEXT GENERATION OF LEARNERS AND MAKE OUR SECTION PROUD</i>
OWN	<i>TREAT EVERY PATIENT YOU CARE FOR AS IF THAT PATIENT IS YOUR OWN PATIENT</i>
CONFIDENCE	<i>YOU ARE AN INTERNIST AND A SUB-SPECIALTY TRAINEE. BE CONFIDENT IN THE DECISIONS YOU MAKE</i>
COMMUNICATE	<i>CALL TEAMS AFTER ROUNDS, UPDATE PATIENTS' AND FAMILIES, AND DOCUMENT EVERYTHING!</i>
ENGAGE	<i>SEEK OUT EXTRA LEARNING OPPORTUNITIES. THIS IS YOUR CHANCE TO LEARN!</i>

SUPERVISION AND LINES OF COMMAND

The program director (PD) oversees coordinates all aspects of the nephrology fellows' education and training, including their supervision by faculty members. Fellows are provided with responsibilities consistent with their level of training. Every patient examined, and every procedure or test performed is either done under direct supervision of a faculty member or is reviewed with a faculty member. If there are any problems with faculty members, inpatient or outpatient rotations, or educational opportunities, the program director is the first contact. The PD will hold monthly confidential meetings with the fellows collectively (CAPD meeting – see under didactics). The associate program director (APD) assists the program director with the operational aspects of the training program.

The program coordinator is responsible for enforcing that fellows are in compliance with program requirements including duty hours, vacations, credentialing, as well as managing orientation / graduation / interviews. The coordinator also functions as liaison between fellows, departments, attending physicians, administration and affiliated training institutions.

The section chief is responsible for setting the vision of the Nephrology division including changes to sites of health care (new clinics, hospitals, etc.) as well as supervision of the individual faculty members.

The chief fellow is a 2nd or 3rd year fellow and this individual is selected annually by the faculty and peers based on excellence. This individual is responsible for making the schedules and communicating pertinent issues to the internal medicine chief residents. There is a stipend for this position. We identify one fellow as the Wellness Chair to coordinate picnics, outings, dinners, and other events for both faculty / fellows.

Clinical Training: Fellows present cases during inpatient teaching rounds or outpatient clinic, and receive one-on-one instruction and feedback in the following aspects of patient care: history taking, physical examination, documentation, and case management. All encounters are supervised by Nephrology faculty. The fellow is always encouraged to call the supervising faculty with any questions and all faculty must be available to supervise any procedure or complicated encounter.

Clinical Training: Procedures such as kidney biopsy, manual urinalysis, placement of temporary vascular access catheters and hemodialysis / peritoneal dialysis procedures are directly supervised by the attending physician.

Research Training: Throughout the course of any project, fellows meet regularly with their faculty mentor to report their progress and discuss the design and content of their projects.

Commonly Asked Questions

What is my exposure to dialysis?

The BT-2 (ESRD) inpatient rotation is designed to maximize knowledge of hemodialysis and conditions that require admission. This fellow will be assigned outpatient clinical responsibility (one shift) at our affiliate dialysis center. This fellow is also required to set up a dialysis machine and cannulate fistula. The fellow will attend medical director meeting for the inpatient dialysis unit. The BT-3 fellow attends an outpatient access center and peritoneal dialysis clinic. All fellows are scheduled to attend Quality Assessment meeting at a private dialysis unit with one of the faculty members. All hospitals will admit patients with complications related to peritoneal dialysis.

What is my exposure to transplantation?

Our fellows see patients at three different pavilions that do kidney or combined organ transplantation: Houston Methodist, CHI Baylor St. Luke's, and the Veteran's Hospital. Two inpatient rotations are principally designated as transplant services (Methodist and SL-Private) because over 50% of patients are transplant recipients. Fellows also see pre-transplant evaluations as well as manage patients with existing or new transplants in the outpatient setting.

There are three dedicated transplant clinics. Our primary transplant clinic is at the Houston Methodist. The second transplant clinic is a weekly clinic attended by the fellow on the SL-Private rotation at CHI Baylor St. Luke's. The third transplant clinic is assigned to the VA-3 fellow at the VA hospital. In addition to ½ day clinic per week, this fellow is responsible for presenting patients to the medical review board.

What is my exposure to research?

Our faculty includes some of the most respected basic science and clinical researchers in the field of Nephrology, and Baylor has other excellent research mentors in parallel fields.

Each week, the Seminars in Evidence Based Nephrology conference includes review of landmark or current journals, led by faculty or fellows. There is an online curriculum to accompany this series. Each fellow is required to submit one abstract to the American Society of Nephrology meeting prior to attending as a 2nd year fellow. The abstract can be research or patient care (case report). Each fellow will select a mentor within the first few months of training and work on his/her project throughout the two-year program. Each fellow presents at our city-wide renal grand rounds, typically at the conclusion of their training. The VA-3 rotation is fully dedicated for research, with the exception of fellows' weekly continuity outpatient and VA transplant clinics. Most fellows' research projects are designed to answer a clinical question using existing databases, educational research, or quality improvement.

Our program offers scholarly pathways to gain expertise in a topic outside of general Nephrology and pair the fellow with a mentor. The four pathways at BCM include: Business in Nephrology, Public Policy, Transition Care, and Clinician Educator. These can be invaluable experiences for trainees as they begin their career.

2. Your Week at a Glance

Monday

AM clinics: VA Transplant Clinic. Attended by VA-3 fellow

12:15pm: Michael E. Debakey VA Hospital Medicine Grand Rounds (4th Floor near elevators). Lunch Provided.

12:15pm: St. Luke's Internal Medicine Grand Rounds (C070 – basement Cooley building). Lunch Provided.

12:00pm: Kidney Biopsy Conference at Methodist (10th Floor *Outpatient Center*).

PM clinics: Peritoneal dialysis, VA CKD, combined Urology-Nephrology Stone Clinic, Pediatric Nephrology, Outpatient hemodialysis

Tuesday

AM clinics: Peritoneal dialysis, MLK CKD

12 – 1:00pm: Seminars in Evidence Based Nephrology. BCM Research Building, 7th floor conference room.

PM clinics: Methodist transplant, BSLMC transplant, FGP

Wednesday

AM clinics: Orbis Vascular

12:15pm to 1:15pm: 2nd Wednesday is the combined kidney biopsy conference with Dr. Glass and the UT-Nephrology fellows' at UT-Houston

1:30 – 2:30pm: EVERY Wednesday September to June, Renal Grand Rounds, attended by ALL fellows
LOCATION: Methodist Hospital, Bluebird Auditorium (part of Jones Building)

2:30 – 4:00pm: Fellows' didactic lectures / educational time immediately following grand rounds.

4:00pm (optional): Texas Children's Pediatric Nephrology Biopsy Conference at basement St. Luke's

Thursday

AM clinics: peritoneal dialysis

12:15pm: Baylor College of Medicine Internal Medicine Grand Rounds (Medical School, M112)

12:00pm: THIRD Thursday: Board Review Session with Associate Program Director

12:00pm: FOURTH Thursday: CAPD - Confidential meeting Chapter Assessment and Program Director

PM clinics: Glomerulonephritis, VA Transplant Medical Review Board, SL transplant, VA HTN

Friday

AM clinics: peritoneal dialysis

12:00pm: Third Friday: Bayou Beans Journal Club

PM clinics: Smith CKD

*Outpatient clinic assignment is linked to inpatient rotation**

FELLOW	Inpatient Rotation	Clinic Day	Outpatient Clinic (location)
1	VA 1	Monday	VA General Nephrology (VA hospital)
2	VA 2	Thursday	VA Hypertension Specialty Clinic (VA hospital)
3	VA 3	Monday	VA General Nephrology and VA Transplant (VA hospital)
4	BT 1	Friday	General Nephrology (Smith Clinic)
5	BT 2	Monday	Outpatient Hemodialysis (Riverside)
6	BT 3	Multiple	
7	BCM	Tuesday	Methodist Transplant (Methodist OPC)
8	PVT	Monday	Kidney Stone (McNair), Pediatric Nephrology (TCH), FGP (McNair)
9	Meth	Tuesday	Methodist Transplant (Methodist OPC)

BT-3 Outpatient Rotation / Clinic assignments

Week	MON	TUES	WED	THURS	FRI
1	PD (PM)	MLK Neph	Orbis (AM)	GN (PM)	Orbis (AM), SC CKD (PM)
2	PD (PM)	PD (PM)	Orbis (AM)	GN (PM)	Orbis (AM), SC CKD (PM)
3	PD (PM)	BT Biopsy Clinic (AM), PD (PM)	Orbis (AM)	GN (PM)	Orbis (AM), SC CKD (PM)
4	PD (PM)	PD (PM)	Orbis (AM)	GN (PM)	Orbis (AM), SC CKD (PM)

*The schedule is constructed to allow one fellow to be physically at the hospital or nearby hospital for cross-coverage and urgent afternoon consults. If this is not feasible due to vacation or clinic switches, then the attending or resident will be available to cover urgent consults.

3. Overview of Hospital / Tips for Rounds

THE METHODIST HOSPITAL

Places to know

- Start your rounds on Dunn 4 West Transplant Unit Physician Dictation Room – **be ready by 8:30AM**. All units have work-rooms, but we usually work from Dunn 4W (transplant floor). Okay to leave purse/bag there, but I do not advise to leave valuables
- Nila will page you when Dr. Adroque is on his way. Usually we start in Dunn 4W
- You will receive an email from Nila with a list of patients for that day. You need to print a copy of the list for Dr. Adroque before rounds. If there are any new consults to see that day, please add the names of the patients to the list before you print. This will save you the trouble of finding patients' labels from their charts.
- Hemodialysis Unit is on Fondren 4th Floor
- Pre-Transplant Clinic is in Outpatient Tower 26th Floor
- Biopsy conference is in Outpatient (OPC) 26th Floor in front of the clinic
- Physician Services Lounge is on 1st Floor Main Building near the main elevators

Non-Renal Consults/Admissions

- Please check with 2nd year fellows and attending for specific services that admit patients (hospitalist) and typically do consultations (sub-specialists). Dr. Jingpin Fan is the hospitalist that admits most patients for us. His Cell Number is 832-405-5167.
- We are primary on all new transplants AND admitted transplant < 3 months from surgery.

Rounds

1. **Surgeon rounds begin at 8:30am** on the 4th floor conference room (Dunn 431)
 - a. Very informal rounds, but this is your chance to figure out and confirm your plan with the surgeons, the surgeon PA, the social worker, the transplant coordinator, and the transplant pharmacist.
 - b. If you are on time, you can ask that they discuss your patients first so you can leave to finish work. We must present any of our transplant patients (within past 3 years) including new transplants. There is a new transplant surgeon each week.
 - c. Dr. Adroque tends to agree with this group of individuals, so have your plan nailed down here and you will have an easier time during rounds with him.
 - d. The surgery PA (Laura), transplant pharmacist, and surgery transplant fellow are very important to know. The transplant protocol is on our shared drive.
2. Dr. Adroque formal rounds (Nila will page you when he is ready for rounds)
3. ****Noon on Mondays Only:** Pathology conference you have to attend in conference room on 26th floor of Outpatient Center. Lunch is provided. If one of your patients had a renal biopsy that week, expect that patient to be discussed and be prepared to answer any questions about that patient's care.
4. ****It's helpful to put dialysis orders in the night before. Just remember to change the date to "tomorrow."**
5. *****Any new admissions that are going to require dialysis, you have to notify the dialysis unit that they are here and also run the list of HD patient's with the charge nurse each morning. Number for dialysis unit:713-441-3042**

Pre-Transplant Clinic

- Mondays-Fridays with patients scheduled anywhere between 8am-12pm
- 26th floor of Outpatient Center. You usually see around 2 patients per day. They will either be dialysis patients who are on the transplant list and just need an updated physical, or patients being seen for the 1st time to be

placed on the transplant list, or normal/healthy people being evaluated to donate a kidney. Get a computer on wheels and log-in to the clinic (HMH renal transplant) and take that into each room with you. You will evaluate the patients together and then you will write the clinic note. Please get the smart phrases for clinic notes from the fellow rounding before.

- At the beginning of the month, call 713-441-6367, ask for Johanna and let her know you will be the Baylor Fellow for the month, give her your pager number just in case
- Once you have finished seeing inpatients and writing notes, and if Dr. A is not ready, head over to the clinic
- If Dr. Adroque is ready for rounds before you start seeing patients in clinic, it's ok, call the clinic at the end of rounds and see how many patients are waiting for you
- He will see patients together with you in this clinic

Tips on Dr. Horacio Adroque

- When his administrative secretary pages you to tell you he is coming, tell her where you want him to meet you (either Dunn 4 or Transplant Clinic). He is very punctual so you should be waiting for him.
- Before he comes, he needs a short stack of BLANK computer paper to take notes – it is how he does his teaching!
- Know where you are going, and walk in an efficient manner (do not take him back and forth all over the hospital). Usually see the patients on Dunn 4W first, since we are there for the meeting. Then start at the highest floor on Dunn that you have patients on—usually Dunn 10E, and work your way down Dunn. Then, go see any patients you have in Main. Then Fondren (including Dialysis unit on 4th floor)/Alkek. Then Jones. From Jones, you go to clinic in the outpatient center.
- Often, you will be presenting IN the patient's room in front of the patient, during which time he will be taking notes as you talk on a table
- Make sure you refer to patients as “Mr./Ms. X is a 65 year old gentleman/lady” he does NOT like the word man or woman...it de-humanizes the patient
- If the patient has a malignancy, do not say “Cancer” just say “CA”
- During your assessment, make sure you include what you discussed with the surgeons in the morning as well
- Do not use the word “hyper or hypovolemic” as this usually denotes ability to measure the patient's volume status. Clinically, he prefers volume depleted or overload.
- He also likes isotonic saline instead of normal saline.
- He is one of the best teachers and his teaching is most effective when you ask him questions. Instead of trying to impress him with your knowledge, try to learn from him as much as you can. He is world expert on acid-base and electrolytes with numerous publications in NEJM. You can even go over cases from other pavilions with him.
- Be extremely nice to the patients when you see them and try to address their requests/concerns as much as you can. Dr. Adroque really likes to make sure that all his patients stay happy.

WHEN YOU'RE ON CALL FOR METHODIST

- Remote access: <https://tmhsapps.tmhs.org/vpn/index.html>. Please call tech support to set this up on your home computer
- Answering service will contact you with Baylor Nephrology patients that show up at Methodist (make sure it is Dr. Horacio J. Adroque Sr – not Horacio E. Adroque Jr(his son who also works at Methodist but we don't see his patients)).
- Pre-Transplant
 - ALL patients being called in for transplant MUST be seen by the fellow on call

- Call the TMH operator to get a hold of coordinator for questions
- Assess for contraindications/eligibility for transplant which may occur first thing the next morning and assess for need for HD prior to transplantation
- Post-Transplant
 - Is the renal function OK?
 - Does the patient sound stable to be managed outpatient?
 - Does the ER physician think the patient needs to be admitted?
- ESRD
 - You will be called by A LOT of Baylor Nephrology patients being admitted for non-HD related issues. Just say “Thank you for calling, do you think the patient needs to be admitted? Can we have the patient admitted to...” either of our preferred services. Please tell the Methodist fellow about overnight admissions.
- Admissions
 - We do not plan to be primary on any patient, BUT if it is transplant related then YOU MUST BE COMPLETELY HANDS ON WITH THESE PATIENTS

In-House Call

- Nephrology does not take in-house call; however, if a fellow is in need of a call room due to fatigue, the HMH fellow should go next door to SL. There are a set of call rooms on the 8th floor via the yellow service elevators. Some are reserved for Telemetry moonlighters; however, there are many more that are open to others. The fellows have two options - they could stop by the telecommunications office located on the first floor past the purple elevators and request a room and code or they can stop by the medical education department also located on the first floor and speak to Counselo Kleeman (6720 Bertner, MC 4-264, Houston, TX 77030, P 832.355.4200 | F 832.355.2834, kleemann@stlukeshealth.org) about contingency plans etc. In a true emergency, they have placed beds and cots in the Cooley Auditorium.

How to discharge a patient at Methodist Hospital

Step 1: Locate/Click the Discharge Tab in the left hand column

Step 2: There are three tabs at the top “Discharge Home”, “Discharge to HM Facility” and “Discharge to Non-HM Facility” - the default selection is the Discharge Home tab which we typically use.

Step 3: Discharge Problem List - can adjust this but adding problems, marking them as resolve, removing problems, etc. make sure this is updated if not already done so.

Step 4: Discharge Summary - click Create Note and open a new note - on the new note you can enter .DISCHSUM (Inpatient Discharge Summary) or you can go to the Insert SmartText box and enter HM IP NEPHROLOGY DISCHARGE SUMMARY - I prefer to use the latter so you the discharge medications are auto-populated, if you use the Inpatient Discharge Summary make sure you enter the discharge medications by typing .DISCHARGEMEDSLIST into the note.

Step 5: Locate/click the Discharge Orders tab under the “Place Discharge Orders”

Step 6: System Default Rx Routing - You can chose to print or E-prescribe medications - remember that controlled substances will be printed. Typically we click Next (button on bottom right). For new transplant patients (patients we are primary on who have received transplant surgery during their stay), the prescriptions are already filled and delivered by the bedside by the transplant team prior to discharge.

Step 7: Reconcile Orders for Discharge - For our new transplant patients, pharmacy takes care of this portion but make sure you review it. If patient is not a new transplant, review each medication and select: order to either resume/don't prescribe/stop taking. Then click Next.

Step 8: Enter New Orders - under Order Sets and Pathways select the General Discharge or General Post-op Discharge (either works) - Click and complete the order set. Then click Next.

Step 9: Review and sign - click Sign - Print and/or E-prescribe Now, if any uncompleted work is noted it will be brought up in this tab, complete it then click the Sign button. Remember if admit order has not been signed by attending, your attending must sign it (any attending can do it)

Veteran Affairs Medical Center (VAMC) 2002 Holcombe Blvd, Houston, TX 77030

Places to Know

- Hemodialysis Unit 3rd Floor (near 3A, blue section)
- Fellows Room in dialysis suite
- MICU/CCU: 3rd Floor (red section). SICU: 5th Floor (red section). Human resources/badging: 4th floor (red section)

Orientation

- The VA education site director and/or VA chief of nephrology will hold orientation for fellows on their first weekday of service at 8AM.

Teams

- Starting July 2018, the VA service will be split into two teams
- VA1 will primarily cover SICU, transplant, 50% of AKI/ESRD, and MWF CLC patients
- VA2 will primarily covers MICU/CCU, 50% of AKI/ESRD, and TTS CLC patients
- The resident/anesthesia intern can switch between services halfway through the rotation
- Over the weekend, the services will be combined into one fellow/one attending, preferably from contralateral teams. It can be helpful if the resident/intern from the contralateral team is on as well.
- The goal is to have a balanced workload. If the differential between services is greater than 5 patients the service with the lower number of patients can pick up the new non-ICU and non-transplant consults.

Residents

- Keep in mind the residents on our service are there to learn and it is essential to balance education vs. service.
- It is recommended that an intern should follow roughly 4-6 patients at a time while an upper level resident should follow 6-8 patients.
- Please notify residents to meet with education site director, Maulin Shah on the first day of service.
- Please notify administrator Christopher Crear via email (with carbon copy to Maulin Shah) to request consult service access for the residents on their first day of service.

Vacation

- When one of the fellows on VA1 or VA2 is on vacation, the attending/resident on that service will follow up to 10 patients from the original service. The remaining patients will be seen by the other service. These patients should be non-ICU and non-transplant patients.

Rounds

- Typically start at 9:30 to 10am Monday-Friday (but check with your attending)
- Labs will unlikely be back before 9am on weekdays, usually before 10am on weekends
- Notes typically do not have to be done before rounds, BUT a good thing to do if you have PM clinic or when we have grand rounds

Hemodialysis

- Please run the dialysis schedule with the dialysis charge nurse at 7AM (for current day), 5PM (to plan 1st shift for the next day), and prior to leaving for conferences (sometimes nurses will tell you about dialysis patients that are admitted before the admitting team calls, better to know earlier)

- All patients need a consent (using iMedConsent) for hemodialysis or peritoneal dialysis and will be valid for 1 year through multiple admissions. Consenting is the responsibility of the fellows and must be done electronically (as per VA policy) utilizing a laptop or workstation on wheels. These are available in the ICUs and dialysis unit. Scanning consents is against VA policy and some units may make you redo the consent if it is not done electronically.
- Dialysis order sets are located in the medical specialty clinic orders -> renal/dialysis section. Intermittent dialysis should be utilized for floor patients and critical care dialysis should be used in ICU patients. Please ensure dialysis access is correct in the order and do not forget to check the time. Do not forget catheter packing order.
- Notify the charge dialysis nurse of patients needing HD. Please do consent for patient first, place order, then document that you have called the nurse.

CLC

- CLC patients need to be seen monthly and PRN. MWF is seen by VA1 and TTS by VA2
- For each CLC patient, please write with a comprehensive monthly note and fill out the excel CLC patient flowsheet.
- Dialysis orders have to be placed each month (please do not renew them)
- IV iron should be given with HD, please inform HD nurses when you place order
- Aranesp should be ordered for Sunday's to be given by CLC unit
- Please update CLC portion of the sign-outs weekly and notify medical director of new transfers to CLC.

Critical Care Nephrology

- All ICU patients need to be seen prior to rounds by nephrology fellow and all require an attestation by the attending so please add the attending for cosignature (if needed)
- CRRT patients need a CRRT templated note which counts as the daily progress note.

Procedure for Emergent Hemodialysis

- ER physician will request emergency dialysis by calling nephrology fellows
- During daytime hours 6AM to 5PM, the nephrology fellow will assess the patient in the ER for the need for dialysis and will notify charge nurse (after confirming working access), consenting patient, and placing dialysis orders only if dialysis is needed. The nephrology fellow may leave conference depending on the urgency of the consultation
- During after hours, the ER physician can discuss the case with nephrology fellow and decide on admission to medicine for medical management or request intensive care consult for emergency hemodialysis. If intensive care consultation is requested, nephrology fellow will need to assess the patient for emergent hemodialysis. The fellow will be responsible for notifying on call nurse, obtaining consent, and placing dialysis orders. Dialysis after hours can only be done in an intensive care setting.

Admissions (from renal clinic)

- Call x23789 (bed control) and tell them you have an admission and give them diagnosis
- Bed control will give you a medicine team and you should call the resident and give a summary. The team will place admission orders. Then, please tell the nurses (either in HD Unit or in Renal Clinic) that patient needs to be sent to that unit for admission (if you have time, you can walk them yourself)

Primary Patients

- Primary patients for consulting services are very rare but do happen in special circumstances
 - Transplant when requested by Drs. Ramanathan or Pan
 - Overflow, simple nephrology only issue, as determined by chief medical resident. Please alert the chief resident if there is no resident on service due to vacation.
- The overflow patients will go to the resident who will take care of admission/discharge orders

Kidney Biopsy

- Place an interventional radiology consult for needle biopsy (and specify renal)
- Make sure to leave your pager number in the consult, ask for specimen to be sent to Dr. Krishnan of pathology
- Make sure sample is kept in normal saline
- Contact the IR department and let them know you are available for problems/questions.

Central Line Placement

- Remember to consent and to write procedure note
- Dialysis catheter kits and other supplies are in the HD unit or in ICUs, ultrasound and probe covers are in ICU as well as hospitalist offices
- There may be a medicine procedure team during weekday hours to help with line placement; can ask chief medical resident. Many residents rotating on service are signed-off with central line placements as well.
- Don't forget to log procedure on e-value

VA Call

- On-call fellow will be responsible for assessing patient, consenting, placing orders, and confirming dialysis access. If there is no dialysis access, then fellow should communicate with treatment team to find out an estimated time the patient will be ready for dialysis.
- The on-call fellow should inform the on-call nurse (Pager 281-567-1500) the estimated time for dialysis (discuss with ICU team and please keep in mind time for line placement, chest x-ray, other procedures)
- After paging the on-call nurse, the fellow will wait for 5 minutes before trying again. This process can be repeated two more times. If after three tries and there is no answer, the fellow will call the VA Dialysis Center nurse manager who will ensure a dialysis nurse will be available. The fellow should notify the VA Dialysis Center Medical Director and Section Chief the next morning whenever issues regarding contacting on-call nursing staff occurred during the night.
- The on-call nurse should be able to initiate dialysis at maximum of 1 hour and 30 minutes after notification that patient is ready for dialysis or at the estimated time for dialysis. Please be courteous to nursing staff and limit their waiting for dialysis as much as possible.
- For early morning urgencies, the on-call fellow can determine if patient can be held until the first shift. At 530 AM please notify the incoming dialysis nurse to start the patient.
- Call rooms are available upon request to the security office

VA 3

- Please contact VA Site Education Director (Dr. Maulin Shah) prior to starting VA3 to set-up meeting time to go over the VA3 schedule and academic plans
- Keep in mind this is a VA rotation and you should be present at the VA. We will provide you some workspace with a computer
- When you are scheduled to round the weekend at the VA, you will be required to be present during rounds for one the VA services (the one which the weekend attending is unfamiliar with)
- Must attend at least 2 research conferences (if not covering inpatient service that week)
- You will meet with VA Site Education Director at the end of the month to sign the checklist which needs to be turned in to Dr. Rajeev Raghavan

CHI Baylor St. Luke's Episcopal Hospital

Places to know

- Orient yourself to the elevators first
 - Yellow = "Towers" (i.e. Floors 7 Tower – 25 Tower)
 - Purple = "ICU/CCU" (i.e. 7 South 1-6, 6 S 1-2)
 - Green = CV Recovery/Cooley Building (2nd Floor CVR, 7 Cooley A/B)

- Hemodialysis Unit (purple) 7 South 6
- CV Recovery (green): where the sickest patients in the hospital are
- 7 South 1-5 (purple): Medical ICUs

Two Nephrology Services (that we rotate on)

- St. Luke's Baylor Nephrology
- St. Luke's Renal Specialists of Houston (largest group in Houston)
- Multiple other nephrologists that round there (>70 nephrologists are credentialed at SL!) so please check that a patient is 'ours' before seeing!

Important phone numbers

- Hemodialysis Unit: 832-355-6760
- The dialysis unit has a LOCKER (#16) that is reserved for our fellows for your personal items. There is a padlock and the code is on the back of the lock.

EPIC Electronic Medical Record. Save link for use at home

- <https://rasportal.sleh.com/>

Women's Pavilion and TCH West Pavilion

- Occasionally will have patients to see here (1-2 / month).
- Typically interesting cases; all pregnant patients
- Please communicate very well with the OB/GYN department
- Staffed by BCM St. Luke's attending
- TCH password expires if not used monthly. If you can remember, try to log in monthly to avoid password reset
 - IT department is VERY helpful and will reset it immediately if needed

Discharges to SNF / Communication with Faculty

- Please notify Nila if any patient is discharged to a SNF as often times our BCM Nephrology faculty (Without fellow!) will continue to see the patient
- Please call or text the BCM faculty if their patient is admitted so they are aware and possibly can give you additional information about the patient

Conferences

- LVAD conference at 830AM last Friday each month – must attend when on Renal Specialists rotation

In-House Call

- Nephrology does not take in-house call; however, If a fellow is in need of a call room due to fatigue, the HMMH fellow should go next door to SL. There are a set of call rooms on the 8th floor via the yellow service elevators. Some are reserved for Telemetry moonlighters; however, there are many more that are open to others. The fellows should stop by the telecommunications office located on the first floor past the purple elevators and request a room and code

Ben Taub General Hospital

Places to Know

- 6th Floor (6C) Hemodialysis Unit
- Renal Office in the HD Unit. Medical ICU (6E). Surgical ICU (4E).
- Emergency Center: 1st floor behind the main elevators
- Interventional Radiology: 1st floor near the ER

Hemodialysis Orders

- Order sets tab → Search for “dialysis” → Fill in order template → Need consents (paper) for each admission (dialysis nurses will most of the time ask you for your “autograph”)
- SLED available; no CRRT

ER HD Patients: not eligible for chronic hemodialysis (some refer to as “compassionate” or “emergent” HD)

- There are criteria to meet to receive emergent dialysis (K>6.0, hypoxia, severe anemia / uremia / acidosis)
- PA/NP in EC will assess patients first. Will usually start paging/calling you at 6AM for orders.
- EC physicians will also call you for patients needing HD
- Make sure you inform EC to place nephrology consult order.
- There is a NP/PA on call at night to see patients and write orders for emergent dialysis. They will page you for approval and to discuss orders if the patient meets criteria. You need to see the patient only if not a routine presentation (i.e. ICU admission, sepsis, etc.).
- When you get paged:
 - Open the patient’s chart, review the POC labs including Hemoglobin
 - Check iron stores, ferritin
 - Check last time patient received iron (if needed) or aranesp
 - Place HD orders, and give iron or aranesp if needed
 - You can save time and increase efficiency by having saved order sets (ask another fellow to show you)
- Do not need consents each time – if so, it is done by EC
- Attendings will see while on HD and write a progress note; BT-ESRD fellow will follow if inpatient. Sometimes patients are admitted post treatment.

Admissions

- NEVER admit to your own service! BTGH is too busy for that!
- Call the case manager 713-873-4434 to have a patient admitted to a medicine team
- Once the case manager assigns the patient to a team, call that team to give the admission

Kidney Biopsy

1. **Outpatient BIOPSY:** Notify BTGH 3 (fellow) to contact the patient for a day patient should come to the hospital. There is an EPIC shared biopsy list (RenalBiopsy). *We can do up to **TWO** outpatient biopsies each month on the 3rd Tuesday at the 5th Floor Minor Plastic Surgery Clinic next to the Ben Taub building.* Please coordinate with 1) Ms. Amini Lewis 713.385.1068 (BT hemo charge nurse), 2) Ms. Lourdes Skillington (BT clinic nurse) – she can be reached via EPIC email or in Smith Clinic – who will put clinic appointment, 3) BT – radiology for ultrasound technician [phone number for radiology 713.873.2423], 4) patient must be aware that he/she should come to

2nd floor Plastics Clinic at 8AM (CLINIC 2F). Patient needs CBC and PT/PTT at least 1 days before biopsy. Ms. Skillington can make lab appointment but make sure patient does this.

Radiology will need order for consult. Once pt admitted in plastics clinic, place consult to IR and in EPIC type this {IR u/s guided needle biopsy}. Patient will be observed in clinic for several hours post procedure.

2. **Inpatient BIOPSY:** Place a Nursing Communication Order to request supplies (".kidneybiopsy"):

Please have at patient's bedside by 10am for kidney biopsy

- | | |
|------------------------------|----------------------------------|
| 1) 1 Bard Monopty biopsy gun | 7) 1 sterile urine cup |
| 2) 1 Lumbar puncture tray | 8) 250cc bottle NS |
| 3) 1 bottle of Betadine | 9) Lidocaine 1% with epinephrine |
| 4) 2 "11" blades | 10) 2 sterile gloves, sizes *** |
| 5) 10 "4 x 4"'s | 11) 1 "18G" needles |
| 6) 1 "10cc" syringes | |

Explain procedure to patient and CONSENT the patient (FORM #1). Fill out the surgical pathology form (FORM #2). Follow up labs and order DDAVP if needed (CKD, AKI with BUN > 60, etc.). After biopsy - write biopsy note (".biopsy") and post-biopsy orders (".postbiopsy"). UT-Houston Pathology department (Dr. William Glass) gives us the result by next day – try to review with him

Rounds/Overview

- 3 teams (each with 1 fellow and 1 attending):
 - BTGH 1: AKI/ACUTE Renal Fellow
 - BTGH 2: ESRD/ER HD patients
 - BTGH 3: Procedure
- Rounding starts ~9:30 to 10AM
- 100% computer notes & orders
- No primary patients, even if for kidney biopsies
- PD: rare to have Peritoneal dialysis patients at BT; 4-5 of our nurses are trained.
- Remote access:
 - <https://epicweb.hchd.tmc.edu> (only to read labs, notes)
 - <https://citrixportal.hchdonline.com> (to write notes, place orders; need to obtain access from physician services, call operator to connect you to them or just IT)

WHEN YOU'RE ON CALL FOR BTGH

- Most often, you will get calls overnight for
 - ER Emergent dialysis ESRD Patients
 - Hyponatremia
- The best thing to do:
 - Ask for the patient's name, MRN, location
- Look up all objective information yourself (you would be surprised)
 - Confirm TIME of last BMP (especially in hypoNa, hyperK). POC (point of care) labs are notoriously inaccurate with falsely low sodium. Medicine teams are often capable of managing hyponatremia if obvious cause (for example Na 123 in patient with CHF)
- Emergent HD - after personal evaluation of the patient and you deem the patient needs emergent HD:

- Typically seen by NP/PA on call. They may call you or attending to discuss case.

In-House Call

Renal doesn't have in-house call; however, the fellow should go to security on the first floor and ask for a call room if they don't feel safe to drive home. Additionally, the in-house medicine resident can be paged who will have access to the call rooms.

BT-3 and VA-3 checklists below should be completed and signed by your attending.

BT-3 FELLOW CHECKLIST

Month Assigned: _____

Fellow Name _____ Fellow Signature _____

Program Director Signature _____

1. Kidney Biopsy

- Date: _____ Patient MRN: _____

2. Catheter Placement

- Date: _____ Patient MRN: _____
- Date: _____ Patient MRN: _____
- Date: _____ Patient MRN: _____

3. Plasmapheresis Required Reading & Observation

- Reading of Plasmapheresis chapter in Handbook of Dialysis Date: _____
- Treatment Observation. Attending Pathologist: _____ Patient MRN: _____

4. Attendance at Orbis Access Center 7015 Alameda Road – Dr. Rupal Patel 713-898-2635. Mary Lou is manager.

- Date: _____ Supervising MD: _____ Sample Case: _____
- Date: _____ Supervising MD: _____ Sample Case: _____
- Date: _____ Supervising MD: _____ Sample Case: _____
- Date: _____ Supervising MD: _____ Sample Case: _____
- Date: _____ Supervising MD: _____ Sample Case: _____

5. Attendance at Smith Glomerulonephritis Clinic

- Date: _____ Supervising MD: _____

6. Completion and Interpretation of Renal Ultrasound

- Date: _____ Patient MRN: _____ Findings: _____
- Date: _____ Patient MRN: _____ Findings: _____

7. Completion of Atlas of Renal Pathology: <http://www.ajkd.org/content/atlasofrenalpathologyii>

8. Attendance at Quality Assessment Process Improvement Meeting at Dialysis Center (2). Most meetings are held

during the last two weeks of the month. Please circle which meetings you attended: US Renal Scott St (Raghavan), Wellbound Peritoneal Dialysis (Shah, Mitch), Riverside Clinic (Perez), SNG Clinic (Saridey), Davita (Yan)

9. Attendance at Hemodialysis Rounds at Riverside Clinic (Dr. Perez, Erickson, Shah, or Walther)

- Date: _____ Supervising MD: _____

VA-3 FELLOW CHECKLIST

Month Assigned: _____

Fellow Name _____ Fellow Signature _____

1. Complete on Day 1:

Identify Research Topic or Outline Plan for Study for Research Month:

Research Mentor: _____ Dr. Shah Signature _____

2. Attendance at Section Research Conference (Tuesdays @ Noon; 7th Floor Conference Room)

- Date: _____ Topic: _____
- Date: _____ Topic: _____

3. VA Hours (as VA funds this rotation, must have significant VA time during this rotation)

Week 1 _____
Week 2 _____
Week 3 _____
Week 4 _____
Week 5 _____

4. Post-Research Month Meeting

Detail completed research during this month and identify next steps

Dr. Shah Signature _____

Please return completed sheet to Dr. Raghavan within 2 weeks of completing VA-3 rotation

4. OUTPATIENT CLINIC OVERVIEW

Smith Clinic 2525-A Holly Hall St, Houston, TX 77054

- Arrive promptly at 1pm, clinic is VERY busy
- Find the two rooms assigned to you, look for your “patient box” and start seeing patients
- Find any attending to check out the patient

VA Clinic (1st floor Specialty Clinics at VA Hospital 2002 Holcombe)

- Arrive promptly at 1pm
- Find the ONE room assigned to you, the nurses will start putting the patient’s check-in sheet in your box outside your room once the patient is ready to be seen by you
- Find any attending to check the patient out to them

Methodist transplant clinic 10th floor of TMH Outpatient Tower

- When you arrive, ask the kind transplant coordinators who is first to be seen
- Find any attending and check the patient out to them, AND let the coordinator know what your plan is

Peritoneal Dialysis Clinic 7505 Main St, Houston, TX 77030

- Prosperity Bank Building. Park in the parking garage. Parking is validated.

Riverside Hemodialysis Clinic 3315 Delaney St , 713-566-3900

Baylor Faculty Group Practice and McNair Urology-Nephrology Stone Clinics 7200 Cambridge St

- Fellows may be seeing new patients or follow-ups
- Fellows are expected to learn how a private clinic works (support from MA & RN, billing / coding, managing the inbasket, referrals to other providers)
- Staffed by urology attending, dietician, attending nephrologist, and both urology + nephrology fellows

Pediatric Nephrology Clinic (Texas Children’s Hospital)

- Staffed by TCH pediatric nephrology attending (dr. Wenderfer).

St. Luke’s Private Transplant Clinic Baylor Clinic 6620 Main St 14th floor

- Ask the coordinators who you need to start seeing first

Smith Glomerulonephritis Clinic 2525-A Holly Hall St, Houston, TX 77054

- One attending, one fellow, 2-3 students/residents

VA Transplant Clinic (1st floor Specialty Clinics at VA Hospital 2002 Holcombe)

Other Outpatient Clinical Experience

CQI – QAPI meetings VARIABLE TIMES

- Our clinical faculty round at other dialysis units around Houston and hold medical directorships at 8 units
- You will be assigned to Continuous Quality Improvement (CQI), sometimes called Quality Assessment Process Improvement (QAPI), meetings at least 4 per year

5. Overnight and Weekend Call

Weekdays (Monday – Friday) are ALL HOSPITAL (4 hospital) CALL

- Therefore, any call switches need to be made for ALL HOSPITALS
 - Methodist/St. Luke's: call 346-444-9567 (Baylor Nephrology Answering Service) to switch
 - Ben Taub: call 713-873-2010(BT Operator) to switch
 - VA: call 713-791-1414(VA Operator) to switch

Weekends (Saturday – Sunday) are YOUR HOSPITAL CALL

- Each weekend will be split between 3 fellows, 1st years generally doing 2 weekends, and 2nd years doing 1 weekend a month (on average)
- Sign-outs are mandatory. Please call attending or fellow from that week if there are any questions about patient care. Remember, we do not want patients' to feel as though you *are just covering*.

Excerpt from "Death Takes a Weekend". Klass PE, N Engl J Med 2015; 372:402-405

"...From the physician's perspective, weekends in the hospital are all about coverage. I remember, during residency, feeling that the attendings brought in doughnuts for weekend rounds because the world owed us something for being there, holding the fort. I came to take it for granted that hospital life slows on the weekend. And I remember a moment in my early years of doing primary care when it suddenly seemed vital to get an MRI and a neurology consult and a psych evaluation for a child as the clock ticked down to Memorial Day weekend. I called in favors, begged and borrowed, boasted about having managed it, as if I had personally evaluated, treated, and cured the problem, against impossible odds. I guess I assumed that patients and families must understand the hurdles: weekends are harder and slower, things don't necessarily get done.

But when you're sick and scared, or when your parent or child is sick and scared, it can be shocking to hear, over and over, about the ways that weekends are slower and things don't get done. The sick person's calendar is marked out in difficult days and sleepless nights, or in agonizing hours, but it takes no notice of days of the week, makes no distinction between time and overtime. Yet you find yourself being told, as a matter of course, that there's no physical therapy on weekends because there's no one here to do it or, on a Friday, that the psychiatry service — or the pain service, or the surgical subspecialty attending — will be in on Monday.

...My mother was just as sick on Saturday as on Thursday; physical therapy or wound care or pain management was not some frivolous extra. Why should we have to hear over and over again that it was the weekend, that there was only one person here to do whatever for the whole hospital or that someone was just cross-covering, didn't want to make any changes to the plan, the attending would be in next week? It seemed callous on the hospital's part — expecting very sick patients and very worried family members to understand that the doctors' convenience had to come first. They need the weekend off, so you'll have to wait till Monday. Even in good hospitals, weekends had a decidedly makeshift feel, with a constant refrain of "I'm just cross-covering, we're short-staffed, the person you need will be here Monday."

Well, it doesn't feel that way from the patient's side. From over there, it feels like every time the weekend comes around, you relearn that the hospital is not actually about patients. It's about doctors and nurses, physical therapists and nutritionists — people who are busily living their normal lives, when from the patient's side, nothing is normal."

Which patients need to be seen overnight?

Our service is *often* are called to see consults overnight. Typically, these are for cases that are emergencies and a specific question must be answered or a procedure (e.g. dialysis) performed. Non-urgent consults should be handled during daytime hours. If you are called for a non-urgent consult, politely accept the information, place a brief note in the EMR: "Consult received, discussed with primary team, full note and recommendations to follow." Most importantly, add the patient to the EMR list and pass details to the appropriate team the next business day. If a hospital or individual repeatedly calls for non-urgent consults, please inform the program director.

The policy is that **all ICU consults or patients requiring dialysis emergently must be seen by the on-call fellow and the attending should be notified**. All patients who are **newly started on CRRT must be seen by the fellow**. Finally, all patients who are being admitted for a **kidney transplant that is going to occur overnight must also be seen and cleared by our service**. There is not a single faculty that will object to being called to discuss a patient. If you cannot reach the on-call faculty for that hospital, please call through the answering service to document that you called and for them to continue calling the faculty. Additionally, you can reach any other faculty (e.g. program director) for urgent questions.

All consults seen **MUST** have a note. In **ANY** instance where you are giving an order or recommendation, a note must be placed. If there are any reports of a fellow not following these protocols, then the violation will be discussed at the Competency Committee and repeated offenses be reported to BCM GME office.

Hand-offs and Cross-Coverage

Patient hand-off's must be done in a secure, appropriate manner. The Clinical Learning and Environmental Review (CLER) accrediting committee mandates that this happens across all GME institutions. The six domains covered by CLER include professionalism, health care quality, care transitions, supervision, duty hours / fatigue, and patient safety.

Morning 6AM sign-outs are **by telephone** from the on-call fellow to the fellow on call at that specific hospital. Any new consults or overnight events should be communicated. Weeknight sign-outs to the on-call fellow occur by the following methods: **secure email** (Methodist, VA), **verbally at 5pm** on any unstable patients, and electronically via EPIC EMR (Ben Taub, BSLMC). Sign-outs between fellows at the same hospital for weekend call must occur on Friday evening **in person at 5PM** to the fellow on call that weekend. The sign-outs are typically carried out in the dialysis unit of each hospital.

ROTATION(S)	PARTICIPANTS	HAND - OFF PROCEDURE
BT1, BT2, BT3	Consult fellow, On-call fellow (weekend coverage only)	Sign-out within EPIC via IPASS format BT3 fellow must do in-person rounds or verbal check-out at 5PM with BT1 or BT2 fellow prior to weekend Phone call for overnight events
BSLMC / TCH, SL private, Methodist	Consult fellow, On-call fellow (weekend coverage only)	E-mail sign-out in IPASS format or secure sign-out within EPIC EMR SL private must do in-person rounds or verbal check-out at 5PM with SL fellow prior to weekend Phone call for overnight events
VA1, VA2, VA3	Consult fellow, On-call fellow (weekend coverage only)	E-mail sign-out list in IPASS format; Copy faculty on email VA3 fellow must do in-person rounds or verbal check-out at 5PM with VA1 or VA2 fellow prior to weekend Phone call for overnight events

Post-Call:

The call schedule will be created by the Chief Fellow such that the post-weeknight call fellow will not have afternoon clinical duties and will be expected to go home by 12PM, after patient care is complete. This post-call fellow should not take new consults and aim to start rounds earlier in the morning.

Daily

If a fellow is off-site for clinic or other educational opportunity, patients must be securely handed-off verbally to the covering fellow. Any consult received via phone while off-site must be verbally (via telephone) communicated to the covering fellow.

On Sunday, the weekend fellow must update the sign-out document at the respective hospital and verbally discuss unstable patients with the weekday team.

Text messaging or WhatsApp are NOT an appropriate method for hand-offs and is not HIPPA compliant.

Vacation Coverage

No fellow will be required to provide cross-coverage for more than one week per month. Vacation during BT-3 or VA-3 rotation do not require cross coverage.

Vacation during Methodist rotation will be cross covered by the VA-3 or BT-3 rotation. Vacation during VA-1 or VA-2 will not need VA3 cross-coverage UNLESS the patient care demands are not manageable by a single fellow / attending team. Vacation during BT-1 or BT-2 rotation will be provided by BT-3 rotation. Vacation during SL-BCM rotation will be cross covered by SL-PVT. Vacation during SL-PVT does not usually require cross-coverage but the SL-BCM will be asked to follow on new transplants or 'educationally important' cases, with a soft cap of 5 patients.

Patient Safety after Busy Overnight Call

All faculty are aware that fellows will be expected to leave the hospital by 12PM following overnight weekday call. Fellows must place their own and patient safety first. Other co-fellows may be called to cross-cover in the event that a fellow cannot provide adequate patient care due to fatigue.

6. Educational Enrichment

Reading / Textbooks

- Journal club articles and faculty presentation slidesets will be placed on a shared one-drive
- All fellows will receive 3 text books to start the program.
- All fellows will receive the Primer on Kidney Disease (online) at start of fellowship and chapters will be assigned/discussed throughout the year

Formal Didactics - Required

- Foundations of Clinical Investigation (FCI): One month course in August with evening lectures at 5:30pm <https://www.bcm.edu/education/programs/clinical-scientist-training/courses/fundamentals-of-clinical-investigation>
- Seminars in Evidence Based Medicine: EVERY Tuesday at 12:00 pm at ABBR 7th Floor
- Renal Grand Rounds (RGR): Wednesdays at 1:30pm at Methodist Bluebird
- Biopsy Conferences: 1st Wednesday of RGR **AND** 2nd Wednesday at 12:15pm at UT-Houston Medical School
- Fellow didactic lectures: Wednesdays at 2:30pm. Organized into blocks so that all topics can be covered in one-year, but specific lectures may change over the two year period to avoid over-repetition. Key 'landmark' lectures are given within the first three months and repeated annually.
- Various Workshops per month are incorporated into the didactics schedule
 - Ultrasound Workshop, CRRT Workshop, Communications, OSCE, Quizzes
- CAPD Meeting – last Thursday of each month. Fellows will have Chapter Assignments (CA) alternating or in conjunction with Program Director (PD). The Primer of Kidney Disease will be covered over the 2-year fellowship. The text can be electronically accessed via HAM-TMC library at this clinical key link. <https://www.clinicalkey.com/#!/browse/book/3-s2.0-C20110041030>

Other Didactic Opportunities – Not Required

- Educational development courses offered by Department of Faculty Education (free). Many are open to residents / fellows. Topics include: Incorporating technology to education, Improve your power point skills
- Clinical Scientist Training Program (CSTP). 1- or 2-year course geared towards fellows and junior faculty interested in an academic career. Includes coursework at the graduate schools (such as biostatistics)

Formal Teaching Opportunities

- Physician Assistant (PA) Renal Pathophysiology Course. Each fellow is assigned one lecture per year
- Each fellow gives one renal grand rounds (June) prior to graduation as well as presents at select didactic sessions including biopsy conference and all journal clubs (above)
- Active formal teaching of residents and students via noon-lectures or course participation is encouraged.

7. Important Phone Numbers

SWITCHING CALLS?

- Methodist/St. Luke's: call 346-444-9567 to switch (You will get paged on your pager and will get a detailed message on your cellphone. You will need to download "StartelSecure+" application on your cell phone and will get username and password in a separate email. Once you get the message on the app, you will need to mark it as filed. If you don't mark it as filed, you will get a repeat page every ten minutes.
- Ben Taub: call 713-873-2010 to switch
- VA: call 713-791-1414 to switch

METHODIST HOSPITAL

- Nila (administrative secretary) 713-798-8350
- TMH Operator: 713-790-2201
- Hemodialysis Unit: 713-441-3042
- Renal Transplant Clinic: 713-441-6367
- Transplant Surgeon PA: Laura Lessard (c) 281-777-0399
- Kathryn with US-guided renal biopsies (c) 832-215-7864
- Transplant Coordinators:
 - Chris McGowen (o) 713-441-5496 (p) 713-404-7994
 - Michelle (cell) - 2819799792

VA HOSPITAL

- Main VA Number: 713-791-1414 (Then can enter 5 digit extension)
- To Page a VA pager within the VA: Hit *5, wait for prompt, then hit the number
- HD Unit x24866, 24867 or 24869. Fellows room x24857
- Renal Resident Pagers *5-2129, *5-1403
- Renal Social Worker: Juanita Ibarra x24834, (p) 713-841-0927
- Fellows' IT / Support contact: Chris Crear 713-257-5963, Ms. Lara (remote access, etc)

BEN TAUB HOSPITAL

- BTGH Operator: 713-873-2010. HD Nurse On Call: ask page operator
- Dialysis: 713-873-2381. Fellows Room: 713-873-2384. Pathology: 713-873-3257
- Ultrasound: 713-873-2423. Social Worker: Virginia Manuel (p) 713-607-3119 (o) 713-873-3502

ST. LUKE'S HOSPITAL

- Hemodialysis Unit: 832-355-6760

8. Miscellaneous Forms/ Policies

The college has multiple approved policies that are available at: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies>. Fellows are required to review these policies annually.

A. INCIDENT REPORTS – AN AVENUE BY WHICH ANY EMPLOYEE CAN REPORT INCIDENTS THAT HAVE OR COULD HAVE ADVERSE EFFECTS ON PATIENT’S AND THEIR CARE, EMPLOYEES, VOLUNTEERS, OR VISITORS. THESE INCLUDE:

1. REPORT PROCESS OR SYSTEM ISSUES, NOT ISSUES WITH INTERPERSONAL RELATIONSHIPS/INTERACTIONS.
2. REPORT CLOSE CALLS/NEAR MISSES. ISSUE CAUGHT EARLY ENOUGH THAT IT DIDN’T RESULT IN BAD OUTCOME.
3. REPORT EVENTS THAT REACHED THE END USER
4. ALL ARE ACCESSIBLE THROUGH THE INDIVIDUAL HOSPITAL WEBSITE AND FELLOWS ARE ENCOURAGED TO SUBMIT AT LEAST ONE REPORT DURING THEIR FELLOWSHIP

B. BCM Department of Medicine Housestaff Loan Fund (E. Lillo Crain, Jr.)

Established in 1974 by Mr. and Mrs. Gordon West to recognize publicly their respect and appreciation for their personal physician, Dr. E. Lillo Crain. The fund was established to assist the House Staff and Fellows of the Department of Medicine to obtain the training they require, despite mounting financial obligations.

The loans are restricted to interns, residents or fellows in training programs of the Department of Medicine. Throughout the years, funds provided by the Crain Foundation have allowed house staff to cover expenses they otherwise could not. There are two types of loans available:

1) Short Term loan:

Not to exceed \$500.00, this loan will bear no interest, but must be repaid within one year or prior to termination with Baylor College of Medicine (whichever comes first).

2) Long Term loan:

Not to exceed \$2500.00, this loan will bear an interest of 2% per annum until one year after completion of training and thereafter, at a rate not to exceed 11% per annum until paid, or, if lesser, the prime interest rate at the time of completion of training. The entire loan and interest must be repaid within two years after completion of training.

Loans can be made at any time that funds are available.

Application forms for either loan are available in the Education Office, A10.197, McNair Campus. Please see Dr. Hamill’s assistant, Monica Bagos, for application forms to be filled out and signed to initiate the process

C. Vacation Policy | Sick Days | PTO

Time: Fellows have 15 weekdays vacation per year (21 total days), 9 days Paid Time Off (PTO), and 14 sick days. The PTO days should be used for conferences, interviews, or other ‘personal’ work-related reason. Fellows may also take FMLA (up to 12 weeks) unpaid leave for birth of child, care for family or other approved circumstance. Time taken off for FMLA will require extending the fellowship time.

1. Vacation can be taken anytime, but fellows’ should not take more than one week of vacation during a specific rotation without special permission from the program director.

2. No more than 2 fellows can take vacation at any given time. Priority is given by the order the request is received.

3. Fellows will not be responsible for finding coverage for clinics, provided request is submitted > 90 days in advance and provided that no other fellow has submitted a request for the particular clinic. This will allow the clinic chief to adjust patient census for that date or bring additional physicians to help. If a request is < 90 days from clinic, then the fellow will need to find a colleague to cover that clinic.

In the instance that two fellows submit and receive vacation for the same week, and both fellows require the same clinic to be adjusted in census, the fellow who submitted request second will need to find cross-coverage. This is in order to minimize the wait time and overbooking for the clinic and avoid overloading the panel for that day.

4. If there is a research fellow, he/she may be able to cross-cover during vacation for up to 4-6 weeks per year.

5. Fellows should not request off more than 2 clinic days per 5 days of vacation.

6. Requests for vacation longer than 1 week can be made during procedure/research months or on back to back rotations.

Sick days (14): Please contact the chief fellow, Dr. Raghavan, and Linda if needing a sick day. The chief fellow will arrange coverage when you are sick. A treating physician's statement, from a non-house staff physician, is necessary if the illness or injury extends beyond three (3) consecutive calendar days. In addition, to return to work, a statement is required from the treating physician that stipulates the involved house staff physician is fit to return to duty. Further, if a house-staff physician is absent from work for more than four (4) non-consecutive days in a calendar month, a statement may be required from the treating physician. Please refer to BCM website for FMLA/Short term disability information.

Paid Time Off (PTO) days (9): PTO includes personal days, holiday, and educational leave. Nephrology fellowship divides the PTO time into two categories 1) Educational/Academic Leave and 2) Non-educational Leave. ASN and NKF conferences count as educational leave and cross-coverage will be arranged by the program / chief fellow since a large number of fellows attend this conference. Any additional conference time is also considered PTO / educational leave. The program / chief fellow will arrange for cross-coverage provided that the covering fellow does not exceed >5 days of coverage for a given month. If the covering fellow already has > 5 days, then the requesting fellow may still attend provided he/she is able to find hospital coverage with any colleague. Non-educational leave should be utilized for work related personal time (i.e interviews) and is also PTO; however in all cases, the fellow will need to arrange hospital coverage with a colleague and notify the chief fellow and program director. The faculty on service must approve non-educational leave. Total PTO leave cannot exceed 9 days as the program is not permitted to provide any additional leave without the written approval of the Office of Graduate Medical Education.

How to do a Request for PTO / Vacation / Sick Day

Vacation or Paid Time Off (educational and non-educational) leave is per academic year and does not roll over. Requests need to be turned into the chief fellow, fellowship coordinator, and associate program director. You may notify the chief fellow your intention to take leave early to help accommodate scheduling however the request is not final until the request form is submitted. The chief fellow will attempt to complete the schedule before the start of the academic year.

Please do not make non-refundable travel arrangements until approval from chief fellow (by reply all) is given for any request as the program will not be responsible if your request is not approved. Monthly call schedule requests will be honored ONLY when submitted by e-mail to the chief fellow. Second year fellows will get priority on requests. 2nd year fellows may only request a maximum of two weekends off per month while 1st years may only request a maximum of one weekend off each month.

- Weekends off next to vacation (e.g. weekend prior if you are taking off Monday and weekend after if you are taking off Friday) will be given without any request; however, if you have any of these with your vacation then you will get one less weekend request during the month. You may alternatively ask to not have the weekend next to vacation if you want to make the other request instead.
- All fellows will be limited to 2 weekday call free or back-up free requests.
- Additional requests can be made but will only be considered after all fellow requests have been honored.

D. Conferences – Fellows have \$1200 stipend per year to use for conferences

2nd year fellows typically attend American Society of Nephrology Annual Meeting in November. The 1st year fellows usually attend the National Kidney Foundation Annual meeting in April. We require that 2nd year fellows submit one abstract to ASN in order to receive the stipend to attend. All fellows' clinics are blocked during these two conferences to facilitate attendance and cross-coverage of inpatient service. If a fellow chooses to attend another conference, instead of ASN or NKF, he/she may elect to do so and utilize the stipend towards this conference.

Priority for ASN is given to 2nd year fellows' and then to 1st year fellows that have an accepted abstract. For NKF and ASN conferences, at least 4 fellows should remain at BCM to cover the clinical services (1 per hospital site).

Fellows may also attend other conferences and use PTO (or vacation) time and his/her own finances to attend. Several other conferences provide stipends and our trainees have taken advantage of these in the past.

2nd year fellows are encouraged to attend the Baxter sponsored Home Dialysis University conference which is open to graduating fellows; registration and lodging are nearly 100% covered by the sponsor.

The fellow should ask the faculty on the abstract to pay associated fees for both poster and submission.

Additional funds not used for travel may be used to purchase text.

E. BCM Policy for Duty Hours (27.4.03): Graduate Medical Education: Responsibilities of House Staff Physicians. Baylor College of Medicine (BCM) requires all residency programs to be in compliance with the Accreditation Council for Graduate Medical Education (ACGME) duty hours requirements, as stipulated in the Institutional, Common and Specific Program Requirements. Each program must have its own duty hours policy. Program compliance with duty hours requirements and policies will be monitored through E*Value and the internal review process. All residents/fellows are expected to limit their program and program-related moonlighting activities to the maximum number of hours allowed by ACGME policy. Any disputes or other issues related to compliance should be referred to the Senior Associate Dean for Graduate Medical Education. Any resident/fellow may use the online Graduate Medical Education email form to report concerns about duty hours noncompliance in an anonymous manner, or may report such concerns to the GME Committee Ombudsman.

The BCM GME Committee does not permit programs to request an expansion or extension of duty hours beyond the standards currently set by the ACGME. Every BCM resident/fellow must log his/her duty hours on E*Value in a regular and timely manner. Failure to log duty hours as expected is viewed as a professionalism failure and will result in the resident or fellow not being considered "in good standing" by the Office of Graduate Medical Education.

- The first offense will result in suspension of moonlighting privileges for 90 days.
- The second offense will result in suspension of moonlighting privileges for the remainder of the academic year, or six months, whichever time period is longer; trainee will be referred to office of professionalism
- The third offense will result in permanent suspension of moonlighting privileges.

Subsequent offenses will result in additional disciplinary measures, including adverse actions per GME policy.

F. BCM Policy for Moonlighting (27.3.6): Moonlighting is defined as additional professional duties for extra pay or benefits, beyond those required to successfully complete one's training program. It is prohibited for any individual on a visa. Employment not related to the training program is permitted only with the written approval of the Associate Dean for Graduate Medical Education "upon recommendation of the subspecialty program director and the Chairman of the Department of Medicine."

Regular duty hours plus extracurricular employment must not total more than 80 hours per week. The maximum allowable amount of time for extracurricular employment is 48 hours per month. Subspecialty residents cannot work more than 24 hours continuously with 4 additional hours for transitions of care. This includes time spent moonlighting.

G. Wellness

Our program has a wellness faculty and fellow pair who is tasked with organizing social events for the division. The target is at least 3 wellness events per year. These are outside of the three, very well attended formal events: Graduation, Holiday party, and Garabed Eknayan Dinner. The goal of the informal events is to develop strong supportive relationships among the faculty and trainees. Every July, the program director hosts all fellows for an introductory dinner. The program director discusses work life balance at 6- and 12- month meetings. Every journal club meeting includes food, and healthy snacks are promoted over 'junk.' Fellows are encouraged to participate in the Wellness activities sponsored by the college (BeWell program).

H. Quality Improvement and Patient Safety

Fellows will be exposed to Patient Safety and Quality Improvement during the Seminars in Evidence Based Medicine (SEBM) weekly conferences. At least 1 conference per month will be focused on these two important topics.

Each fellow will be assigned a topic and paired with a faculty to update the BCM Beans fellowship guide. This guide serves as handbook for reference for all fellows and will be provided as print and pdf. This is the fellowship class annual QI project and will be completed annually from March to June.

Fellows are encouraged to seek additional individual QI projects, and all fellows should complete CITI training prior to research endeavors. Fellows will receive patient safety conferences throughout the year, sponsored by the college or department, and fellows will be trained in completing incident reports at each hospital. At each CAPD meeting, the program director will provide metrics from the affiliate hospitals/clinics that review QI or PS topics.

I. Disaster Policy

In the event of a natural disaster or unforeseen emergency, the program director will create a schedule to ensure that each pavilion has adequate fellow coverage. In most cases, one fellow per pavilion will be required to remain at the VA, BSLMC, and Ben Taub with the provision of a back-up. The schedule will be circulated ahead of time and a telephone tree will be created to ensure that all trainees are contactable.

9. Evaluations and Awards

Med-Hub Monthly Evaluation

Fellows and faculty will evaluate one another on e-value. The program coordinator will provide you with further instructions on how to do this on a monthly and timely manner. Please begin by selecting all faculty that you spent at least two weeks with from the drop down menu. The more evaluations you have, the more data we will have to advise you on your progress through the fellowship.

Semi-Annual 1:1 Meeting with PD

Every 6 months, the fellow meets one-on-one with the program director to discuss evaluations, progress, research projects, and future plans. Progress is tracked in the milestones format to ensure that competencies are met in a logical, longitudinal trajectory.

Semi-Annual Evaluation of the Program + Faculty

Every 6 months, fellows will complete anonymous evaluations of the program and select faculty. This information will be provided to the section chief who will discuss the report with individual faculty. You will be asked to evaluate items like: relationship with trainees, teaching skills, expectations, enthusiasm, clinical judgment, collegial responsibility, and role modeling.

Clinical Competency Committee

A committee of faculty (excluding the program director) meets on a semi-annual basis to assess your progress in the following six domains: patient care, medical knowledge, problem based learning, Interpersonal skills, professionalism, and systems-based practice. The report will be transmitted to the ACGME and will 'map' to your progress over a two-year period.

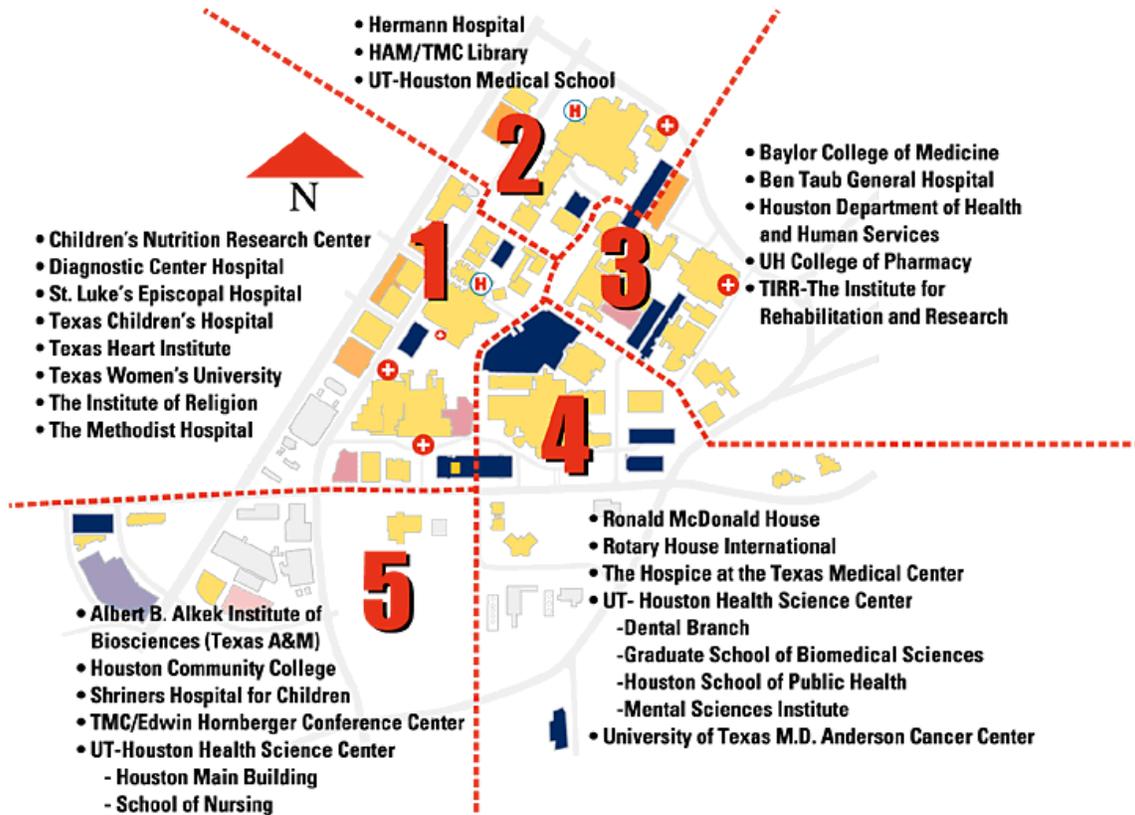
In-Training Examination & Highest Score Award

Each fellow at our institution takes the in-training exam in April. This is a mock board examination administered to fellows' nationally at the same time. Results are tallied such that our institution's scores are compared to the nation. The highest scoring fellow each year receive an award

Outstanding Educator Award

Teaching is not easy; it is a skill we want you to develop during your fellowship. The fellows and faculty select one fellow annually for this award. This individual makes the extra effort to teach students / residents during clinics and inpatient rotations, gives high quality presentations at journal club or grand rounds, and stimulates peers to learn Nephrology.

10. MedHub





Baylor College of Medicine – ABBR 7th floor houses the bench research laboratories, conference rooms

