

# Baylor College of Medicine Nephrology

## Fellowship Handbook

Updated June 2019

### Mission Statement

The mission of the Baylor College of Medicine Nephrology fellowship program is to develop diverse, humanistic physician leaders and educators who provide patient-centered care to diverse populations.

The program structure provides the necessary training and qualifications to complete the Nephrology Subspecialty Boards. The comprehensive clinical experience, opportunities for both research and additional certification, augment the fundamental knowledge and impart expertise to pursue an academic or private career as a highly qualified nephrologist.



We believe that our program is among the best in the country.

There is a palpable collegiality between fellows and faculty. The comprehensive clinical and didactic curriculum provides the cognitive knowledge, procedural skills, interpersonal skills, professional attitudes, humanistic qualities, and practical experience required of a subspecialist.

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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 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 13 months of general inpatient consultation, 4 months of transplant nephrology, 3 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 inpatient nephrology experience spans 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 transplant clinics at 3 pavilions, a glomerulonephritis clinic, outpatient hemo- / peritoneal- dialysis, combined urology-nephrology kidney stone clinic, vascular access clinic, and pediatric nephrology clinic. **This breadth of clinical experience and true collegiality are the cornerstones of our nephrology program and what makes the 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, 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**

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

### **SUPERVISION AND LINES OF COMMAND**

The program director (PD) oversees and 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 2<sup>nd</sup> or 3<sup>rd</sup> 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 a 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 designated as transplant services, Methodist and SL-1 (Transplant), 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-Transplant rotation at CHI Baylor St. Luke's. The third transplant clinic is assigned to the VA-3 fellow at the VA hospital. Fellows are encouraged to participate in Medical Review Board meetings at the three pavilions when they are on service.

### 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. 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 2<sup>nd</sup> 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

**12:15pm: Michael E. Debakey VA Hospital Medicine Grand Rounds (4<sup>th</sup> Floor near elevators).**

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

**12:00pm: Kidney Biopsy Conference at Methodist (10<sup>th</sup> Floor *Outpatient Center*). Lunch Provided.**

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

### Tuesday

AM clinics: Peritoneal dialysis

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

3-4:00pm: Weekly Nephrology Section Research Meeting.

PM clinics: Methodist transplant, BSLMC transplant, FGP

### Wednesday

AM clinics: Orbis Vascular

**12:15pm to 1:15pm: 2<sup>nd</sup> 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 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, Riverside HD

### 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\**

<b>FELLOW</b>	<b>Inpatient Rotation</b>	<b>Clinic Day</b>	<b>Outpatient Clinic (location)</b>
<b>1</b>	VA 1	Monday	VA General Nephrology (VA hospital)
<b>2</b>	VA 2	Friday	VA Nephrology (VA hospital)
<b>3</b>	VA 3	Monday	VA General Nephrology and VA Transplant (VA hospital)
<b>4</b>	BT 1	Friday	General Nephrology (Smith Clinic)
<b>5</b>	BT 2	Monday	Outpatient Hemodialysis (Riverside)
<b>6</b>	BT 3	Multiple	Smith Clinic, Peritoneal, Vascular Access, Ultrasound, Kidney Biopsy
<b>7</b>	SL2(BCM)	Tuesday	Methodist Transplant (Methodist OPC)
<b>8</b>	SL1(TXPT)	Monday	Kidney Stone (McNair), Pediatric Nephrology (TCH), FGP (McNair)
<b>9</b>	Meth	Tuesday	Methodist Transplant (Methodist OPC)

\*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: 6565 Fannin St**

##### **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
- Hemodialysis Unit is on Fondren 4<sup>th</sup> Floor
- Pre-Transplant Clinic is in Outpatient Tower 26<sup>th</sup> Floor
- Biopsy conference is in Outpatient (OPC) 26<sup>th</sup> Floor in front of the clinic
- Physician Services Lounge is on 1<sup>st</sup> Floor Main Building near the main elevators (has quiet place to work/computers)

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

##### **Places to Know**

- Hemodialysis Unit 3<sup>rd</sup> Floor (near 3A, blue section) Ext 24907
- Fellows Room in dialysis suite Code 4570
- MICU/CCU: 3<sup>rd</sup> Floor (red section). SICU: 5<sup>th</sup> Floor (red section). Human resources/badging: 4<sup>th</sup> floor (red section)

#### **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 (2<sup>nd</sup> 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

#### **Ben Taub General Hospital**

##### **Places to Know**

- 6<sup>th</sup> Floor (6C) Hemodialysis Unit
- Renal Office in the HD Unit. Medical ICU (6E). Surgical ICU (4E).
- Emergency Center: 1<sup>st</sup> floor behind the main elevators
- Interventional Radiology: 1<sup>st</sup> floor near the ER
- Biopsy Clinic: Outpatient building (between NPC and BTGH), 5<sup>th</sup> Floor, Plastic Surgery Clinic

### 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 (1<sup>st</sup> 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
- You will assigned to a teaching attending

**Methodist transplant clinic** 10<sup>th</sup> 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

**Davita Peritoneal Dialysis Clinic** 7505 Main St, Houston, TX 77030

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

**Riverside Hemodialysis Clinic** 3420 Delano 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 Transplant Clinic** Baylor Clinic 6620 Main St 14<sup>th</sup> 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** (3<sup>rd</sup> Floor Hemodialysis Center 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
- Fellows are expected to leave hospital by 12PM post-call for patient safety

Weekends (Saturday – Sunday) are YOUR HOSPITAL CALL

- Each weekend will be split between 3 fellows, 1<sup>st</sup> years generally doing 2 weekends, and 2<sup>nd</sup> 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, call the site director and/of hospital section chief for each site. Finally, 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 Office of Ombudsman or Professionalism 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-Transplant, Methodist	Consult fellow, On-call fellow (weekend coverage only)	E-mail sign-out in IPASS format or secure sign-out within EPIC EMR  SL-Transplant 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. There may be exceptions to this rule due to vacation or cross-coverage, or call switches, but these should be minimal. All faculty are aware of this, and we emphasize trainee and patient safety first. Other co-fellows may be asked to cross-cover in the event that a fellow cannot provide adequate patient care due to fatigue.

## **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. The fellows' schedule will aim to prioritize advance notice vacation during these months.

Vacation during Methodist rotation will be cross-covered by the BT-3 or SL-1 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-2 (BCM) rotation will be cross covered by SL-1 (Transplant). Vacation during SL-Transplant 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.

## 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 7<sup>th</sup> Floor
- Renal Grand Rounds (RGR): Wednesdays at 1:30pm at Methodist Bluebird
- Biopsy Conferences: 1<sup>st</sup> Wednesday of RGR **AND** 2<sup>nd</sup> 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.
- Each month there is at least one workshop as part of the didactics schedule
  - Ultrasound Workshop, CRRT Workshop, Communications, Order set OSCE, Quizzes
- Board Review: 3<sup>rd</sup> Thursday of each month
- 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.
- Other opportunities may be offered to fellows within the Clinician Educator Pathway.

Rotation Goals and Objectives Document (diagram below is available in MedHub). Each inpatient and outpatient rotation is mapped to the 6 core competencies. These competencies include patient care, medical knowledge, systems based practice, practice based learning / improvement, professionalism, and intercommunication skills. Each rotation has specific goals and objectives document as well as a curriculum (references, quiz). This is electronically available through MedHub.

#	Inpatient	Content Description of Rotation	Rotation Site Director	PC1	PC2	PC3	PC4	PC5	PC6	MK1	MK2	MK3	MK4	MK5	MK6	SBP1	SBP2	SBP3	SBP4	PBL1	PBL2	PROF1	PROF2	PROF3	PROF4	PROF5	ICS1	ICS2	ICS3
1	BT1	Fluids, Electrolytes, and Acid-Base Disturbances	Dr. David Sheikh Hamad, Dr. George Dolson	x			x	x		x								x			x		x			x	x		x
2	BT2	Dialysis	Dr. Sai Saridey		x					x		x				x					x		x					x	
3	BT3	Interventional Nephrology / Glomerular Disease / Renal Pathology	Dr. Rajeev Raghavan				x		x			x								x	x		x				x	x	
4	VA1	AKI and Critical Care Nephrology	Dr. Chandan Vangala			x				x	x					x					x	x		x			x	x	
5	VA2	CKD and Progression / Hypertension	Dr. Maulin Shah		x		x				x					x					x		x				x	x	
6	VA3	Kidney Transplantation, Research Methodology	Dr. Sankar Navaneethan												x		x				x								
7	SL 1	AKI and Critical Care Neph / Transplant Nephrology	Dr. Katherine Timmins, Dr. BV Murthy	x										x		x				x			x		x	x	x		
8	SL 2	Acute Kidney Injury / Pregnancy & CKD	Dr. Medha Airy	x						x	x		x			x					x		x				x	x	
9	METHODIST	Transplant Nephrology	Dr. Horacio Adroque	x										x		x					x		x			x	x	x	
#	Outpatient	Content Description of Rotation	Rotation Site Director	PC1	PC2	PC3	PC4	PC5	PC6	MK1	MK2	MK3	MK4	MK5	MK6	SBP1	SBP2	SBP3	SBP4	PBL1	PBL2	PROF1	PROF2	PROF3	PROF4	PROF5	ICS1	ICS2	ICS3
10	SC & MLX Neph	CKD and Progression / Cystic Kidney Disease	Dr. Garabed Eknoyan				x			x									x				x				x		
11	Davita Peritoneal Dialysis	Dialysis	Dr. Samaya Anumudu							x		x				x					x	x					x	x	
12	Riverside Hemodialysis	Dialysis	Dr. Jose Perez						x		x					x					x	x	x	x			x		x
13	SC Glomerulo-nephritis (GN)	Primary and Secondary Glomerular Disease	Dr. Carl Walther				x	x				x						x					x				x		x
14	VA Neph	CKD and Progression / Hypertension / Geriatric Nephrology	Dr. Natasha Dave				x				x									x			x				x		x
15	VA Transplant	Transplantation	Dr. Nidhi Agarwal			x									x		x				x				x		x		x
16	HMH Transplant	Transplantation	Dr. Venkat Ramanathan				x							x		x							x				x		x
17	TCH Pedi Neph	Pediatric Nephrology / Genetic Disease of Kidney	Dr. Scott Wenderfer	x											x				x	x						x	x	x	
18	McNair FGP Kidney Stone	CKD Mineral Bone Disorder, Nephrolithiasis	Dr. Jingyin Yan				x			x					x				x		x						x		x
19	Orbis Vascular Access	Interventional Nephrology	Dr. Rupal Patel		x						x									x	x						x		x

#### MILESTONES - BCM NEPHROLOGY. These will link or correspond to the ACGME reporting milestones for Nephrology

##### Patient Care (PC)

1. PC1: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).
2. PC2: Requests and provides consultative care.
3. PC3: Manages patients with progressive responsibility and independence.
4. PC4: Develops and achieves comprehensive management plan for patients with kidney disease including acute kidney injury, chronic kidney disease, glomerulonephritis, electrolyte abnormalities, nephrolithiasis, and hypertension.
5. PC5: Demonstrates skill in performing and interpreting urinalysis and urinary sediment.
6. PC6: Demonstrates skill in performing procedures including hemodialysis, peritoneal dialysis, prolonged-intermittent renal replacement therapies, continuous renal replacement therapies, kidney biopsy, and central line placement.

##### Medical Knowledge (MK)

7. MK1: Demonstrates ability to evaluate a patient (including patients with a kidney transplant) with Acute Kidney Injury and/or Electrolyte abnormalities
8. MK2: Demonstrates ability to evaluate a patient (including patients with a kidney transplant) with Chronic Kidney Disease
9. MK3: Demonstrates ability to evaluate a patient (including patients with a kidney transplant) with Glomerulonephritis
10. MK4: Demonstrates ability to evaluate a patient (including patients with a kidney transplant) with Nephrolithiasis
11. MK5: Demonstrates ability to perform an initial evaluation of a recipient or donor for kidney transplantation.
12. MK6: Ability to review, critically appraise literature, and apply evidence-based medicine to clinical practice

##### Systems Based Practice (SBP)

13. SBP1: Works effectively within an interprofessional team
14. SBP2: Recognizes system error and advocates for system improvement.
15. SBP3: Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care.
16. SBP4: Transitions patients effectively within and across health delivery systems.

##### Practice Based Learning Improvement (PBLI)

17. PBLI1: Monitors practice with a goal for improvement including self-performance audits.
18. PBLI2: Learns and improves via feedback.

##### Professionalism (PROF)

19. PROF1: Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, nursing, ancillary professionals).
20. PROF2: Accepts responsibility and follows through on tasks.
21. PROF3: Responds to each patient's unique characteristics and needs.
22. PROF4: Exhibits integrity and ethical behavior in professional conduct.
23. PROF5: Exhibits dedication to timeliness for clinic, rounding, and conferences.

##### Inter-Communication Skills

24. ICS1: Communicates effectively with patients and caregivers including management plans, counseling for necessary procedures, delivering bad news, and eliciting goals of care.
25. ICS2: Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel).
26. ICS3: Appropriate utilization and completion of health records and orders.

## Quality Improvement Project

Each year, the fellows will create the Cool Beans Nephrology fellowship survival guide. This is an internal, pocket-sized book that contains program-specific tips, and guideline-based medical knowledge, for reference during patient rounds.

## **CLINICAL COMPETENCY PATHWAYS (CCP)**

All graduating fellows in a 2-year Nephrology Training Program will have the option to complete one of the Clinical Concentration Pathways listed below. Participation is not mandatory.

The objectives of the CCP are: 1) develop a structured mentor-mentee relationship, 2) identify a mentor to enable and design a scholarly activity project, 3) demonstrate expertise in a topic, not otherwise covered during the Nephrology fellowship.

As of July 2019, the four pathways include:

1. Clinician Educator (Mentor: Rajeev Raghavan, Maulin Shah)
2. Health Policy (Mentor: Kevin Erickson)
3. Business of Nephrology (Mentor: Jingyin Yan, Samaya Anumudu)
4. Transition Care in Nephrology (Mentor: Sai Saridey, Sehrish Ali)

**Additional details provided upon request.**



## 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:
  - Michelle Conley: 713-441-5475, 281-979-9792 (cell)
  - Allison Skelton: 713-441-4599
  - Shelly McKenzie: 713-441-6563
  - Minda Donald: 713-363-7867
  - Crystal Tolentino
  - Vivian Larson: 713-441-5491
- The main TP number is 713-441-5451.

### 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: [open]

### 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. 2<sup>nd</sup> year fellows may only request a maximum of two weekends off per month while 1<sup>st</sup> 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**

*2<sup>nd</sup> year fellows typically attend American Society of Nephrology Annual Meeting in November. The 1<sup>st</sup> year fellows usually attend the National Kidney Foundation Annual meeting in April. We require that 2<sup>nd</sup> 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 2<sup>nd</sup> year fellows' and then to 1<sup>st</sup> 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.*

*2<sup>nd</sup> 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. 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.

### **Practice Habits**

Fellows will be provided with data on their efficiency in clinic and adherence to well established guidelines. This will be done via self-evaluation (chart audit) and data capture from the EMR/Administrators.

### **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.

## **Department of Medicine – Nephrology Section**

### **Program Evaluation Committee Description and Responsibilities**

The Program Evaluation Committee (PEC) must be composed of at least two program faculty members and should include at least one fellow or resident. The Chief fellow(s), Program Director, Associate Program Director, Section Chief, and Program Coordinator form the core members of the PEC. Any faculty or trainees who are on national committees to address program or workforce evaluation may be invited members.

Written description of its responsibilities and, should participate actively in: planning, developing, implementing, and evaluating educational activities of the program; reviewing and making recommendations for revision of competency-based curriculum goals and objectives; addressing areas of non-compliance with ACGME standards; and, reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation.

The program must monitor and track each of the following areas:

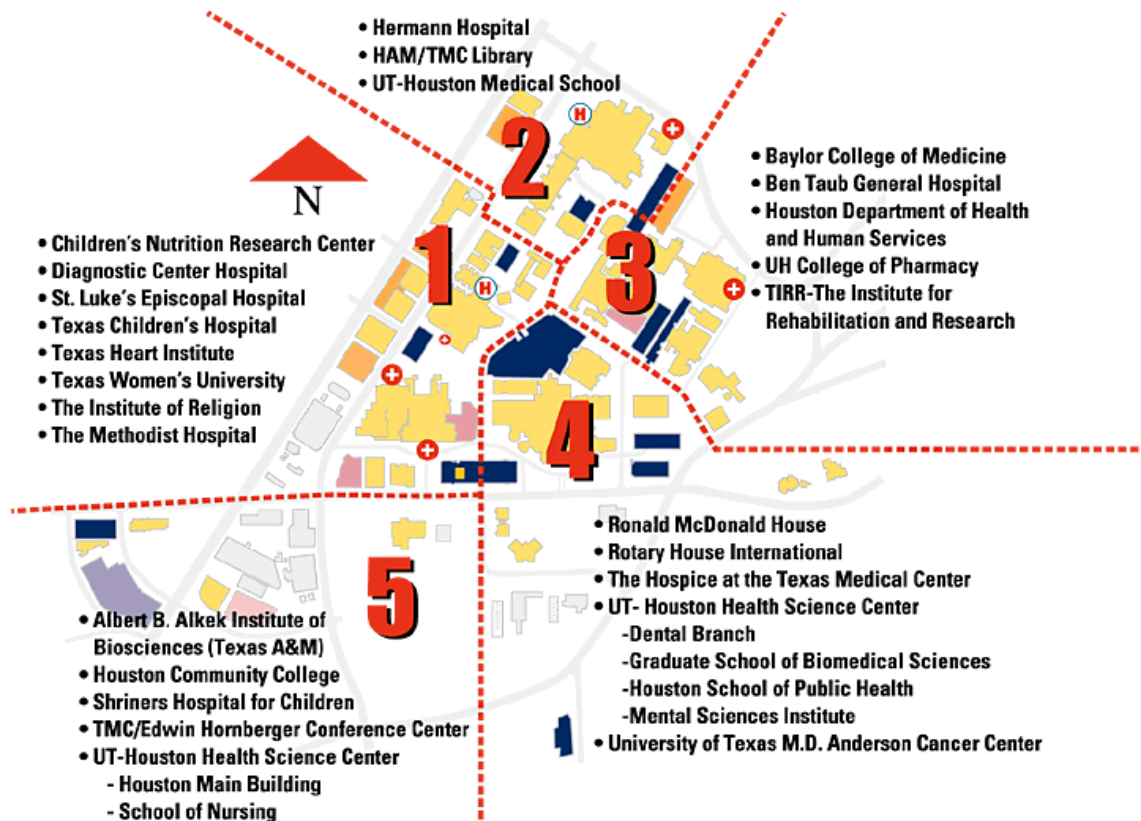
1. Trainee performance;
2. Faculty development;
3. Graduate performance, including performance of program graduates on the certification examination;
4. Program quality;
5. Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and the program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program, progress on the previous year's action plan(s).

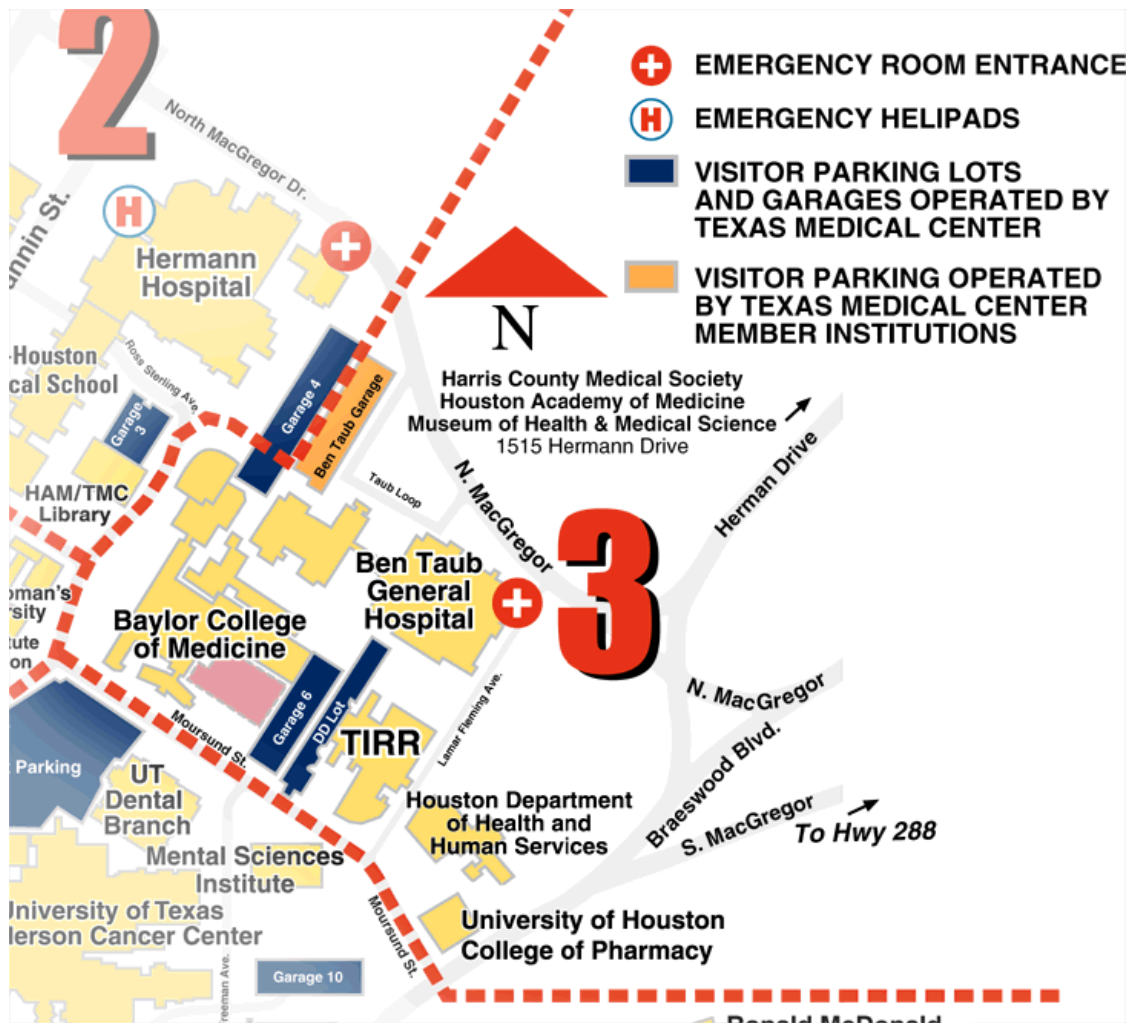
The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas as well as delineate how they will be measured and monitored at least annually. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

## 10. MedHub

Medhub will be the central repository for the Nephrology Fellowship Program. All goals and objectives will be posted, as well as curriculum documents.







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

