****

**National Institute for Health Specialties**

 **Nephrology Fellowship Program Information Form**

|  |
| --- |
| **Application Information** |
| Date: | Click or tap here to enter text. |
| Application Type: | [ ]  New (Initial Accreditation Application)[ ]  Renewal (Continued Accreditation Application) |
| Program Name: | Click or tap here to enter text. |
| Institution Name: | Click or tap here to enter text. |
| **Table of Contents** |
| When you have the completed forms, **number each page sequentially in the bottom**. Report this pagination in the Table of Contents and submit this cover page with the completed Program Information Form. |
| Advanced Specialty Application | Page(s) |
| Introduction | # |
| A. Duration of Education | # |
| Institution | # |
| 1. Sponsoring Institution
 | # |
| Participating Sites | # |
| 1. Program Personnel and Resources
 | # |
| 1. Program Director
 | # |
| 1. Faculty
 | # |
| 1. Other Program Personnel
 | # |
| Resources | # |
| 1. Fellow Appointment
 | # |
| Eligibility Criteria | # |
| 1. Number of Fellows
 | # |
| 1. Specialty-specific Education
 | # |
| 1. Regularly Scheduled Didactic Sessions
 | # |
| 1. Clinical Experience
 | # |
| Fellows’ Scholarly Activities | # |
| Duty Hour and Work Limitations | # |
| Core Competencies | # |
| 1. Patient Care
 | # |
| 1. Medical Knowledge
 | # |
| 1. System-based Practice
 | # |
| 1. Practice-based Learning and Improvement
 | # |
| 1. Professionalism
 | # |
| 1. Interpersonal and Communication Skills
 | # |
| Appendix A. Formal Didactic Sessions by Academic Year | # |
| Appendix B. Fellowship Program Block Diagram/Schedule | # |

|  |
| --- |
| **1. INTRODUCTION** |
| **A. Duration of Education** |
| 1. What will be the length, in months, of the educational program?
 |  |
| **2. INSTITUTIONS** |
| **A. Participating Sites** |
| * + - 1. Is the program based at the primary clinical site?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| * + - 1. Is there a program letter of agreement (PLA) between the program and all participating sites?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| * + - 1. Describe how the program ensures that each participating site offers significant educational opportunities to fellows. (Limit 300 words).

Click or tap here to enter text. |
| * + - 1. Are any of the planned participating sites at such a distance from the primary clinical site that fellows’ attendance at rounds and lectures is impractical?
 | [ ]  Yes  |  [ ]  No |
| If ‘YES’, explain how the program ensures that fellows can access or attend rounds and lectures when assigned to these sites. (Limit 300 words).Click or tap here to enter text. |

|  |
| --- |
| **3. PROGRAM PERSONNEL AND RESOURCES**  |
| **A. Program Director** |
| 1. If multiple sites are used, describe how the program director ensures that a unified educational experience occurs to each fellow. (Limit 400 words).

Click or tap here to enter text. |
| **B. Faculty**  |
| * + - 1. Do all faculty members hold appropriate qualifications in their field?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| * + - 1. Will the faculty:
 |
| 1. Dedicate time for administration and education as per the requirements of the NIHS?
 | [ ]  Yes | [ ]  No |
| 1. Participate in faculty development activities?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **C. Other Program Personnel** |
| Is there a dedicated coordinator who has sufficient time to fulfil the responsibilities essential in meeting the educational goals and administrative requirements of the program? | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **D. Resources** |
| Indicate resources provided at the planned clinical sites by completing the table below. Site #1 is the primary clinical site. |
| **Does the Institution provide:** | **Institution #1** | **Institution #2** | **Institution #3** | **Institution #4** | **Remarks** |
| Biochemistry laboratory | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Serologic laboratory  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Imaging services - ultrasound | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Imaging services - computed tomography (CT) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Imaging services - magnetic resonance imaging (MRI) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Imaging services - diagnostic radionuclide laboratory | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Surgical and pathological support for the modern practice of renal medicine (nephrology), including an active renal transplant service | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| surgery for vascular and peritoneal dialysis access | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Electron and immunofluorescence microscopy, and other special studies for the preparation and evaluation of renal biopsy material | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Acute and chronic hemodialysis services | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Continuous renal replacement therapy service | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Peritoneal dialysis service | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Renal biopsy service | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |
| Describe any additional resources not indicated above. (Limit 300 words)Click or tap here to enter text. |
| Using the number assigned to each participating site, please complete the following table to indicate the number of patients during the last 12-month period for each site where fellows will rotate. *Note that Site #1 is the primary clinical site.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Site number | Acute kidney injury | End stage renal disease | Chronic hemodialysis | Peritoneal dialysis | Kidney transplant |
| Site 1 |  |  |  |  |  |

 |
| **4. FELLOWS APPOINTMENT**  |
| **A. Fellow Appointment and Eligibility Criteria** |
| 1. Describe the eligibility criteria for fellows and fellow selection criteria. (Limit 400 words).

Click or tap here to enter text. |
| **5. EDUCATIONAL PROGRAM** |
| **A. Regularly Scheduled Didactic Sessions** |
| 1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
 |
| 1. Do fellows have formal instruction in indications for and interpretations of reports related to:
2. Balloon angioplasty of vascular access [ ]  Yes [ ]  No
3. Other procedures to maintain chronic vascular access patency [ ]  Yes [ ]  No
4. Management of peritoneal catheters [ ]  Yes [ ]  No
5. Radiology of vascular access [ ]  Yes [ ]  No
6. Renal imaging [ ]  Yes [ ]  No
7. Therapeutic plasmapheresis [ ]  Yes [ ]  No

Explain any ‘NO’ responses (limit 250 words).Click or tap here to enter text. |
| **B. Clinical Experiences**  |
| 1. In the space below, describe how the program ensures that fellows have at least 18 months of clinical experience (limit 300 words).

Click or tap here to enter text. |
| 1. Do fellows have at least six months of supervised experience in dialysis therapy? [ ]  Yes [ ]  No

Explain if ’NO’. (Limit 250 words)Click or tap here to enter text.If ‘YES,’ does the experience include the following: |
| 1. Assessing hemodialysis efficiency
 | [ ]  Yes  | [ ]  No |
| 1. Assessing peritoneal dialysis efficiency
 | [ ]  Yes  | [ ]  No |
| 1. Treating complications of hemodialysis
 | [ ]  Yes  | [ ]  No |
| 1. Treating complications of peritoneal dialysis
 | [ ]  Yes  | [ ]  No |
| 1. Managing end of life care and pain management
 | [ ]  Yes  | [ ]  No |
| 1. Evaluating end-stage renal disease patients for peritoneal dialysis
 | [ ]  Yes  | [ ]  No |
| 1. Evaluating end-stage renal disease patients for hemodialysis
 | [ ]  Yes  | [ ]  No |
| 1. Instructing patients regarding treatment options
 | [ ]  Yes  | [ ]  No |
| 1. Evaluating and managing medical complications in patients during and between hemodialysis
 | [ ]  Yes  | [ ]  No |
| 1. Evaluating and managing medical complications in patients during and between peritoneal dialysis
 | [ ]  Yes  | [ ]  No |
| 1. Evaluating and selecting patients for acute hemodialysis or continuous renal replacement therapy
 | [ ]  Yes  | [ ]  No |
| 1. Long-term follow-up of patients undergoing hemodialysis
 | [ ]  Yes  | [ ]  No |
| 1. Long-term follow-up of patients undergoing peritoneal dialysis
 | [ ]  Yes  | [ ]  No |
| 1. Writing a hemodialysis prescription
 | [ ]  Yes  | [ ]  No |
| 1. Writing a peritoneal dialysis prescription
 | [ ]  Yes  | [ ]  No |
| 1. Assessing dialysis adequacy
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words)Click or tap here to enter text. |
| 1. Do fellows have at least four months of clinical experience on an active renal transplant service, including involvement in pre- and post-transplant care?
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words)Click or tap here to enter text. |
| If ‘YES’, does the experience include the following: |
| 1. Clinical and laboratory diagnosis of all forms of rejection
 | [ ]  Yes | [ ]  No |
| 1. Evaluation and selection of transplant candidates
 | [ ]  Yes | [ ]  No |
| 1. Immediate post-operative management of transplant recipients including administration of immunosuppressants to a minimum of 10 new renal transplant patients
 | [ ]  Yes | [ ]  No |
| 1. Management in the ambulatory setting for at least three months of at least 20 patients per fellow
 | [ ]  Yes | [ ]  No |
| 1. Medical management of rejection including immunosuppressive drugs and other agents
 | [ ]  Yes | [ ]  No |
| 1. Pre-operative evaluation and preparation of transplant recipients and donors
 | [ ]  Yes | [ ]  No |
| 1. Psychosocial and ethical issues of renal transplantation
 | [ ]  Yes | [ ]  No |
| 1. Recognition and medical management of the surgical and non-surgical complications of transplants
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Describe how the program ensures that each fellow will see at least 10 new renal transplant patients during the fellowship (limit 300 words).

Click or tap here to enter text. |
| 1. Do the fellows’ clinical experiences include:
 |
| 1. Management of patients with renal disorders in the intensive care unit
 | [ ]  Yes | [ ]  No |
| 1. The role of renal medicine consultant in both inpatient and outpatients’ settings
 | [ ]  Yes | [ ]  No |
| 1. Simulation
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |  |  |
| 1. Do fellows have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of renal medicine?
 | [ ]  Yes  | [ ]  No |
| 1. Does the experience include an appropriate distribution of patients of each gender and a diversity of ages?
 | [ ]  Yes  | [ ]  No |
| 1. Do fellows have an average of one half-day a week in the ambulatory clinic throughout the educational program?
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words)Click or tap here to enter text. |
| 1. Describe how the program ensures that each fellow, on average, will be responsible for four to eight patients during each half-day session and, on average, no more than eight to 12 patients during each half-day session (limit 300 words).

Click or tap here to enter text. |
| 1. Is the continuing patient care experience interrupted by more than one month, excluding vacation?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘YES’. (Limit 250 words)Click or tap here to enter text. |
| **C. Fellows’ Scholarly Activities** |
| 1. Do all fellows engage in a scholarly activity under faculty supervision?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| 1. Describe how the program ensures that all fellow research projects are published or presented at institutional, local, regional, or national meetings. (Limit 300 words).

Click or tap here to enter text. |
| 1. Describe how fellow research projects are evaluated. (Limit 300 words).

Click or tap here to enter text. |
| **D. Duty Hour and Work Limitations** |
| 1. Are all fellows working duties compliant with duty-hour regulations?
 |
| 1. Duty hours are limited to 80-hours per week averaged over 4-weeks.
 | [ ]  Yes  | [ ]  No |
| 1. Fellows have one day off in seven free from all clinical and educational duties, averaged over 4-weeks.
 | [ ]  Yes  | [x]  No |
| 1. A minimum of 10-hours off in between all duty periods.
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words).Click or tap here to enter text. |
| 1. Describe how the program ensures compliance with duty-hour regulations. (Limit 300 words).

Click or tap here to enter text. |
| 1. Describe how faculty provides appropriate supervision to fellows in patient care activities. (Limit 400 words)

Click or tap here to enter text. |
| **6. CORE COMPETENCIES** |
| **A. Patient Care** |
| 1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health? Describe how this will be evaluated. (Limit 300 words).

Click or tap here to enter text. |
| 1. How do graduating fellows demonstrate proficiency in the practice in health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness? Describe how this will be evaluated? (Limit 300 words).

Click or tap here to enter text. |
| 1. How do graduating fellows demonstrate proficiency in the evaluation and management of:
2. Acute kidney injury
3. Chronic kidney disease
4. Disorders of fluid, electrolyte, and acid-base regulation
5. Disorders of mineral metabolism, including nephrolithiasis and renal osteodystrophy
6. Drug dosing adjustments and nephrotoxicity associated with alterations in drug metabolism and pharmacokinetics in renal disease
7. End-stage renal disease
8. Genetic and inherited renal disorders, including inherited diseases of transport, cystic diseases, and other congenital disorders
9. Geriatric aspects of renal medicine (nephrology)
10. Glomerular and vascular diseases, including the glomerulonephritis’s, diabetic nephropathy, and atheroembolic renal disease
11. Hypertensive disorders
12. Renal disorders of pregnancy
13. Renal transplant patients
14. Tubulointerstitial renal diseases
15. Urinary tract infections

Provide an example of how proficiency is assessed in eight of the 14 areas listed above (Limit 800 words).Click or tap here to enter text. |
| 1. How do graduating fellows demonstrate proficiency in the evaluation and management of:
2. Dialysis therapy
3. Performance of acute and chronic hemodialysis
4. Continuous renal replacement therapy
5. Peritoneal dialysis
6. Placement of temporary vascular access for hemodialysis and related procedures
7. Urinalysis

 Provide an example of how proficiency is assessed in four of the six areas listed above (limit 400 words).Click or tap here to enter text. |
| **B. Medical Knowledge** |
| * + - 1. How do graduating fellows demonstrate proficiency in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care? Describe how this will be evaluated. (Limit 400 words).

Click or tap here to enter text. |
| * + - 1. How do graduating fellows demonstrate proficiency in their knowledge of the scientific method of problem solving and evidence-based decision making (limit 300 words)?

Click or tap here to enter text. |
| * + - 1. How do graduating fellows demonstrate proficiency in their knowledge of the therapeutic procedures integral to the discipline, including:
1. Indications
2. Contraindications
3. Techniques
4. Limitations
5. Complications
6. Interpretation of results

Provide an example of how proficiency is assessed in four of the six areas listed above (limit 400 words).Click or tap here to enter text. |
| * + - 1. How do graduating fellows demonstrate proficiency in their knowledge of:
1. The appropriate indications for and use of screening tests and procedures
2. Clinical pharmacology, including drug metabolism, pharmacokinetics, and the effects of drugs on renal structure and function

Provide an example of how each of the above is assessed (limit 300 words).Click or tap here to enter text. |
| 1. How do graduating fellows demonstrate proficiency in their knowledge of dialysis and extracorporeal therapy, including:
2. The indication for each mode of dialysis
3. Dialysis modes and their relation to metabolism
4. Dialysis water treatment, delivery systems, and reuse of artificial kidneys
5. The kinetic principles of hemodialysis and peritoneal dialysis
6. The principles of dialysis access (acute and chronic vascular and peritoneal), including indications, techniques, and complications
7. The short- and long-term complications of each mode of dialysis and its management
8. The artificial membranes used in hemodialysis and biocompatibility
9. Urea kinetics and protein catabolic rate

Provide an example of how proficiency is assessed in five of the eight areas listed above (Limit 500 words).Click or tap here to enter text. |
| 1. How do graduating fellows demonstrate proficiency in their knowledge of:
2. Normal and abnormal blood pressure regulation
3. Normal and disordered fluid, electrolyte, and acid-base metabolism
4. Normal mineral metabolism and its alteration in renal diseases, metabolic bone disease, and nephrolithiasis
5. Nutritional aspects of renal disorders
6. Immunologic aspects of renal disease
7. Indications for and interpretations of radiologic tests of the kidney and urinary tract
8. Pathogenesis, natural history, and management of congenital and acquired diseases of the kidney and urinary tract, and renal diseases associated with systemic disorders
9. Renal anatomy, physiology, and pathology

Provide an example of how proficiency is assessed in five of the eight areas listed above (Limit 500 words).Click or tap here to enter text. |
| 1. How do graduating fellows demonstrate proficiency in their knowledge of renal transplantation, including:
2. Biology of transplantation rejection
3. Indications and contraindications for renal transplantation
4. Principles of transplant recipient evaluation and selection
5. Principles of evaluation of transplant donors, both living and cadaveric, including histocompatibility testing
6. Principles of organ harvesting, preservation, and sharing
7. Psychosocial aspects of organ donation and transplantation
8. The pathogenesis and management of acute renal allograft dysfunction

Provide an example of how proficiency is assessed in five of the seven areas listed above (Limit 500 words).Click or tap here to enter text. |
| 1. How do graduating fellows demonstrate proficiency in their knowledge of the:
2. Management of renal disorders in non-renal organ transplantation
3. Principles and practice of hemodialysis and peritoneal dialysis
4. Technology of hemodialysis and peritoneal dialysis
5. Pharmacology of commonly used medications and their kinetic and dosage alteration with hemodialysis and peritoneal dialysis
6. Psychosocial and ethical issues of dialysis

Provide an example of how proficiency is assessed in three of the five areas listed above (limit 300 words).Click or tap here to enter text. |
| 1. How do graduating fellows demonstrate proficiency in their knowledge of geriatric medicine, including:
2. Physiology and pathology of the aging kidney
3. Drug dosing and renal toxicity in elderly patients

Provide an example of how proficiency in each area is assessed (limit 300 words).Click or tap here to enter text. |
| **C. Systems-Based Practice** |
| * + - 1. How do graduating residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care? Describe how these skills are evaluated (limit 300 words).

Click or tap here to enter text. |
| **D. Practice-Based Learning and Improvement** |
| * + - 1. How do graduating residents demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning? Describe how these are evaluated (limit 300 words).

Click or tap here to enter text. |
| **E. Professionalism** |
| How do graduating residents demonstrate a commitment to fulfilling their professional responsibilities and to adhering to ethical principles? Describe how these traits are evaluated (limit 300 words).Click or tap here to enter text. |
| **F. Interpersonal and Communication Skills** |
| 1. How do graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals? Describe how these skills are evaluated (limit 300 words).

Click or tap here to enter text. |
| **7. APPENDIX** |
| A. Formal Didactic Sessions by Academic Year  |
| 1. For each year of fellowship, please attach (Label: Appendix A) a list of all scheduled didactic courses (which includes discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating institutions attended by residents using the format below. If attended by residents from multiple years, list in each year but provide a full description only the first time it is listed. Number sessions consecutively from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. Be brief and use the outline that follows.

Year in the program:Number: Title:a) Type of Format (e.g. - seminar, conference, discussion groups, etc.)b) Required or electivec) Brief description (three or four sentences)d) Frequency, length of session and total number of sessions**Example:**

|  |
| --- |
|  Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

 |
| 1. If attendance will be monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words).

Click or tap here to enter text. |

|  |
| --- |
| B. Fellowship Program Block Diagram/Schedule |
| A block diagram is a representation of the rotation schedule for a fellow in a given post- graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a fellow would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include fellow names.* Create and upload a PDF of your program’s block diagram using the information below as a guide.
* Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram. Examples of other less common models are also provided below.
* In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
* **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc.
* When “elective” time is shown in the block diagram, the choice of elective rotations available for fellows should be listed below the diagram. Elective rotations do not require a participating site.
* Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the fellow spends in outpatient activities should be noted.
* Clinical rotations for some specialties may also include structured research time. The fourth line of the schedule should be used to represent the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labelled as such, and should not be associated with a participating site.
* If needed, additional information to aid in understanding your program’s block diagram may be entered in a “Notes” section at the end of the Block Diagram Data Collection Form.

**Sample Block Diagrams**Appendix B: Rotation ScheduleNephrology Fellowship Block DiagramBlock Diagram 1Fellowship Year 1:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Block | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Site  | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 |
| Rotation Name | INPT | INPT | INPT | INPT | Dialysis | Dialysis | Dialysis | TRANSP | TRANSP | RAD | PATH | VAC |
| % Outpatient | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 0 |
| % Research | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Fellowship Year 2:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Block | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Site  | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 |
| Rotation Name | INPT | INPT | INPT | Dialysis | Dialysis | TRANSP | TRANSP | RAD | RSCH | ELECT | ELECT | VAC |
| % Outpatient | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 10% | 0 |
| % Research | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 90% | 0 | 0 | 0 |

NOTE: Fellows maintain a weekly continuity of care clinic longitudinally across all rotationsPossible Electives: Pediatric Nephrology Site 1 Urology Site 1 Nephrology ICU Site 1 Pathology Site 1Abbreviations: INPT: Acute Inpatient / Consultations TRANSP: Transplant RAD: Interventional/General Radiology PATH: PathologyRSCH: ResearchELECT: Elective VAC: Vacation |