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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 lifelong 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 5000 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 24-month curriculum consists of 12-14 months of general inpatient consultation, 4-6 months of primarily transplant nephrology, 3-4 months of procedures, and 3-4 months of research. The fellows have 3 weeks of vacation per year plus a minimum of four days academic leave for specific conferences. During the procedural months, our fellows may receive additional training and experience in the areas of renal histopathology, plasmapheresis, radiology, 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 will have 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 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 (CVVHD), renal biopsy, dialysis catheter placement, ultrasound and renal biopsies. Each fellow performs approximately 30-40 renal biopsies during his/her training period.

The didactic sessions begin in July with orientation, introduction to nephrology lecture series, and KDIGO guideline review. Fellows have two hours dedicated time on Wednesday afternoon and one hour (noon) every Thursday for journal club. Starting in September, fellows’ attend a weekly city-wide conference: Renal Grand Rounds (RGR). The first week of each month is a dedicated renal biopsy conference, where our fellows are expected to present and discuss cases. There is also a monthly pathology conference jointly with the UT-Houston Nephrology fellows’.

The trainee will also have: 1) developed skills to be an effective physician, 2) an appreciation of hypothesis driven research.

WE WISH YOU ALL THE BEST AND WILL SUPPORT YOU IN ANY WAY POSSIBLE!
CHARACTERISTICS OF THE SUCCESSFUL BAYLOR NEPHROLOGY FELLOW

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<tr>
<th>TEACH</th>
<th>INSPIRE THE NEXT GENERATION OF LEARNERS AND MAKE OUR SECTION PROUD</th>
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<tr>
<td>OWN</td>
<td>TREAT EVERY PATIENT YOU CARE FOR AS IF THAT PATIENT IS YOUR OWN PATIENT</td>
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<td>CONFIDENCE</td>
<td>YOU ARE AN INTERNIST AND A SUB-SPECIALITY TRAINEE. BE CONFIDENT IN THE DECISIONS YOU MAKE</td>
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<td>COMMUNICATE</td>
<td>CALL TEAMS AFTER ROUNDS, UPDATE PATIENTS’ AND FAMILIES, AND DOCUMENT EVERYTHING!</td>
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<td>ENGAGE</td>
<td>SEEK OUT EXTRA LEARNING OPPORTUNITIES. THIS IS YOUR CHANCE TO LEARN!</td>
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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 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. Fellowship classes often select a ‘social chair’ to coordinate picnics, outings, dinners, and other events for the group.

Clinical Training: Fellows round and present cases in teaching rounds, continuity clinic, dialysis clinics, and receive one-on-one instruction and feedback in history taking, physical examination, and in-patient and outpatient management of nephrology patients. All such encounters are supervised by Nephrology faculty members or affiliated members. At times, dialysis treatments or fellow encounters are not directly supervised. However, in all such cases, the fellow will know the appropriate faculty to contact if and when necessary. Attending physicians must be able to come to the hospital or facility to supervise any encounter.

Clinical Training: Procedures such as renal biopsy, urinalysis, placement of temporary vascular access catheters and hemodialysis / peritoneal dialysis procedures are directly supervised by the attending physician. At any time during the two year training period, attending physicians must be able to come to the hospital or facility to supervise any encounter.

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) rotation is designed to maximize your knowledge of hemodialysis. During this block, you will only be caring for patients with ESRD or newly starting dialysis. The VA-1 rotation includes weekly dialysis care of veterans who reside in the long term care unit and receive maintenance hemodialysis. In addition to patient care, this rotation requires teamwork (communicating daily with nurses, dieticians, social workers). The BT-3 fellow has responsibilities in management of accesses at a dedicated access center, setting up the dialyzer, and cannulating fistulas. At CHI Baylor St. Luke’s Hospital, you care for inpatients admitted with complications related to peritoneal dialysis.

The 2nd year fellow will be assigned 5 hemodialysis patients at a Baylor College of Medicine affiliated clinic in close proximity to the medical center. This fellow will see the patients each month and discuss changes with the attending physician. The 2nd year fellow will also be assigned 3-4 outpatient months at a Baylor College of Medicine affiliated peritoneal dialysis clinic with one ½ day clinic per week.

What is my exposure to transplantation?

Our fellows see patients at three different venues that provide transplantation: Houston Methodist, CHI Baylor St. Luke’s, and the Veteran’s Hospital. Fellows on two services (Methodist and SL-Private) typically have over 50% of their service as transplant patients. You will see pre-transplant evaluations as well as manage patients with existing or new transplants.

There are three dedicated transplant clinics. The primary transplant clinic at Houston Methodist is for 2nd year fellows for 6 months per year. 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-2 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 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 clinic. Most fellows’ research projects are designed to answer a clinical question using existing databases, educational research, or quality improvement.

Our program has ‘tracks’ which are formal mentorship programs with the goal of stimulating research or developing expertise in a particular topic. The two tracks in 2016: Public Policy and Clinical Educator. These can be invaluable experiences for trainees as they begin their career.
2. Your Week at a Glance

Monday
10:00 am: VA Transplant Clinic. Attended by VA-2 fellow (excused from morning rounds)
12:00pm: Kidney Biopsy Conference at Methodist (10th Floor Outpatient Center)
MUST be attended by TMH fellow. Transplant biopsy cases discussed
1:00pm: VA Clinic for fellows assigned (1st Floor, near blue elevators, specialty clinic)
1:00pm: Baylor College of Medicine Urology-Nephrology Combined Stone Clinic for 2nd year fellow assigned
(McNair Campus, Urology Clinic 10th floor, take shuttle)
1:00pm: Baylor College of Medicine Pediatric-Nephrology Clinic for 2nd year fellow assigned (Texas Children’s Hospital, Feigen Center)
Afternoon (optional): 2nd year fellows to complete hemodialysis rounds on assigned patients (one visit / month)

Tuesday
12 – 1:00pm: Journal Club. BCM Research Building, 7th floor conference room.
1:00pm: Methodist Transplant clinic (10th Floor Outpatient Tower) for 2nd year fellows assigned
1:00pm: St. Luke’s Transplant Clinic (Baylor Clinic 14th Floor) for the SL-Private fellow. Fellow on this service must attend at last weekly (Tuesday or Thursday)

Wednesday
12:15pm: First and Third Wednesdays: Clinical Research Conference – mandatory for Research Fellow. BCM 7th floor conference room.
12:15pm to 1:15pm Second Wednesday each month: 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
12:15pm: Baylor College of Medicine Internal Medicine Grand Rounds (Medical School, M112)
12:00pm: FOURTH Thursday: CAPD - Confidential meeting with Program Director or Chapter Assessment.
1:30pm: Smith Glomerulonephritis clinic for BT-3 fellow. 2525-A Holly Hall Street (Smith Clinic)
1:30pm: VA Transplant Medical Review Board Meeting – attended by VA-2 fellow if there is a patient to present.
1:30pm: St. Luke’s Transplant Clinic (Baylor Clinic 14th Floor) for the SLEH-Private fellow
1:30pm: Peritoneal Dialysis Clinic for 2nd year fellow assigned (7505 Main St)

Friday
12:00pm (optional): St. Luke’s Transplant Meeting 14th Floor Baylor Clinic
1:00pm: Ben Taub General Nephrology Clinic at Smith Clinic for fellows assigned and BT-3 fellow
Afternoon (optional): 2nd year fellows to complete hemodialysis rounds on assigned patients (one visit / month)
Individual Rotations (by template)*

**Rotations listed below as months assigned during 24 month clinical curriculum. Afternoon: All fellows will have ½ day per week for outpatient clinical responsibilities (see previous page for details / assignments).**

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<th>4 rotations of General Nephrology Inpatient Months: 12 months</th>
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<td>Ben Taub 1 (Acute) or Ben Taub 2 (ESRD) &amp; VA Hospital 1 or VA Hospital 2 &amp; St. Luke’s (BCM)</td>
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<th>Ben Taub 3 (Procedure) - Procedure Rotation: 3-4 months</th>
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<th>Methodist (TMH) and St. Luke’s Private - Transplant Rotations: 4-6 months</th>
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<th>VA-3 Research: 3-4 months</th>
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*For each hospital rotation, one fellow should plan to be available (if possible) on Monday, Tuesday or Friday to see consults. St. Luke’s and Methodist fellows’ cross-cover if necessary. If this is not feasible due to clinic and other educational activities, please make the attending aware or that a resident is available to cover urgent consults.

**Procedures include non-cuffed dialysis catheter placements, cuffed catheter removals, kidney ultrasounds, observing plasmapheresis with clinical pathology, and kidney biopsies. If there are no procedures scheduled for that morning, the fellow should use free time for reading. There is a curriculum folder + ultrasonography textbook + online tutorials in the Ben Taub Fellows rooms. Fellows are encouraged to spend at least ½ morning each week with a private interventional nephrologist (details with the program director). Each fellow must complete a checklist of procedures each month.
VACATION POLICY

**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.

**Detail:**

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. Fellows are required to email the program director, chief fellow, and respective clinic chief for mandatory clinics (Smith GN, Transplant Clinic, VA CKD, or BT CKD). 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 conference time off counts as educational leave and coverage will be arranged by the program. Additional conference time is also considered educational leave and the program will arrange for coverage provided the coverage fellow does not exceed 5 days of coverage in a given month. A fellow is still permitted to go if able to ensure hospital coverage. Non-educational leave for personal time, interviews, etc, is also allowed; however, the fellow requesting the leave will need to ensure hospital coverage. Total 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.
Conferences – Fellows have $1200 stipend per year to use for conferences

Our 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.

Fellows may also attend other conferences and use ‘vacation’ time and his/her own finances to attend.

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.
BT-3 FELLOW CHECKLIST

Month Assigned: _____________________

Fellow Name ___________________________ Fellow Signature ___________________________

Faculty Name ___________________________ Faculty Signature ___________________________

Program Director Signature ___________________________

1. Kidney Biopsy
   - Date: ___________________________ Patient MRN: ___________________________
   - Date: ___________________________ Patient MRN: ___________________________
   - Date: ___________________________ Patient MRN: ___________________________
   - 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. Set-up of Dialysis Machine for Treatment
   - Date: ___________ Patient MRN: __________________________ Supervising RN: ___________________________
   - Date: ___________ Patient MRN: __________________________ Supervising RN: ___________________________
   - Date: ___________ Patient MRN: __________________________ Supervising RN: ___________________________

5. Cannulation of Fistula for Treatment
   - Date: ___________ Patient MRN: __________________________ Supervising RN: ___________________________

6. Attendance at Dialysis Access Center 10023 Main St – Dr. Pedro Frommer 713-838-2300
   - 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: ___________________________

7. Attendance at Smith Glomerulonephritis Clinic
   - Date: ___________ Supervising MD: __________________________
   - Date: ___________ Supervising MD: __________________________
   - Date: ___________ Supervising MD: __________________________
   - Date: ___________ Supervising MD: __________________________
   - Date: ___________ Supervising MD: __________________________

8. Completion and Interpretation of Renal Ultrasound
   - Date: ___________ Patient MRN: __________________________ Findings: ___________________________
   - Date: ___________ Patient MRN: __________________________ Findings: ___________________________
   - Date: ___________ Patient MRN: __________________________ Findings: ___________________________

9. Completion of Atlas of Renal Pathology: http://www.ajkd.org/content/atlasofrenalpathologyii
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. Ramanathan Signature   _______________________

2. Attendance at Section Research Conference (Tuesdays @ Noon; 7th Floor Conference Room)
   • Date: ___________________________   Topic: __________________________________________
   • Date: ___________________________   Topic: __________________________________________

3. Attendance at VA HSR Research Conference (Mondays @ Noon; McGovern)
   • Date: ___________________________   Topic: __________________________________________
   • Date: ___________________________   Topic: __________________________________________

4. Continuous Quality Improvement (CQI) Meeting
   -Week 1 of rotation: contact 1) VA attending, 2) Dialysis nurse manager; set date for monthly CQI Meeting
     Reading assignment: Review article on Medical Director Role and Responsibility
   -Week 2-3: Review monthly laboratory data and begin to complete CPRS template on each CCL patient
   -Week 3-4: Complete meeting and sign note on each patient.
     • Date: ___________________________   Nephrology Attending: ____________________________

4. Post-Research Month Meeting
Detail completed research during this month and identify next steps

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

**Continuity Clinics.** Each fellow will have a 6-month continuity clinic block at: VA CKD, BTGH CKD, Methodist Transplant, and Miscellaneous. The Miscellaneous block includes 3-month Peritoneal dialysis & 1-month of the following: Faculty (Private) Practice, Kidney Stone, and Pediatrics.

**Smith Clinic (2525-A Holly Hall St, Houston, TX 77054) FRIDAY AFTERNOON**
- NOT located in Ben Taub, it is located off site (Smith Clinic)
- Arrive promptly at 1pm, clinic is VERY busy
- Find the two rooms assigned to you, look for your “patient box” and start seeing patients
- 1st year fellows will be assigned in 6-month blocks
- BT-3 (procedure) fellow is assigned
- Find any attending to check out the patient

**VA Clinic (1st floor Specialty Clinics at VA Hospital 2002 Holcombe) MONDAY AFTERNOON**
- You will each be assigned either “Renal Fellow A, B, or C”
- 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
- 1st year fellows will be assigned in 6-month blocks
- VA-2 fellow is assigned if there is < 3 fellows in clinic
- Find any attending to check the patient out to them

**Methodist transplant clinic TUESDAY AFTERNOON**
- Each 2nd year fellow will a 6 month block of transplant clinic
- Tuesdays at 1pm sharp, 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 THURSDAY AFTERNOON**
- 7505 Main St, Houston, TX 77030 713-799-9344
-Prosperity Bank Building. Park in the parking garage. Parking is validated.
- 2nd year fellows will do a 3-month block of PD clinic

**Baylor College of Medicine Scott St Hemodialysis Clinic MON/WED/FRI AFTERNOONS**
- 6120 Scott St Suite F, 713-741-7059
- MWF 3rd shift– each 2nd year fellow must see their patients at least once month and discuss plan with attending

**Baylor Faculty Group Practice Clinic (6620 Main St, Suite 1375)**
- Fellows will be paired with faculty (Monday, Tuesday or Thursday afternoon)
- 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)
- 2nd years spend 1 month here
• Baylor Nephrology section wins the Press-Ganey Award for Outstanding Service nearly every year!
• This is where hospital patients will follow-up after discharge (713-798-8350; Nila or Rebecca)

Baylor Kidney Stone Clinic (Mc Nair Campus 10th floor, Urology, take shuttle) MONDAY AFTERNOON
• Staffed by urology attending, dietician, attending nephrologist, and both urology + nephrology fellows
• Mondays at 1pm
• 2nd years spend 1 month here.

Pediatric Nephrology Clinic (Texas Children’s Hospital) MONDAY AFTERNOON
• Mondays at 1pm
• Staffed by TCH pediatric nephrology attending.
• 2nd years spend 1 month here.

Additional “Non-continuity” Clinics (only during specific rotations)

St. Luke’s Private Transplant Clinic (SL – Private Rotation) TUESDAY OR THURSDAY AFTERNOON
• St. Luke’s Baylor Clinic 14th floor (Kidney and pancreas transplant)
• Ask the coordinators who you need to start seeing first
• Begins at 1:30pm Thursday and 1pm on Tuesday. Please leave Thursday journal club by 1pm to allow the 15 minute travel time (walk)
• Check out the one of the private group renal attending

Smith Glomerulonephritis Clinic (BT-3 rotation) THURSDAY AFTERNOON
• 2525-A Holly Hall St, Houston, TX 77054
• Begins at 1:30pm Thursday. Please leave journal club by 1pm to allow the 15 minute travel time (car)
• One attending, one fellow, 2-3 students/residents

VA Transplant Clinic (VA-2 rotation) MONDAY MORNING
  o You will each be assigned either “Renal Fellow A, B, or C”
  o Arrive promptly at 1pm
  o 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

Other Outpatient Clinical Experience

Other Dialysis Clinics / 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
• These are not mandatory, but highly recommended and of significant educational value.
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 713-428-6410 to switch
  - Ben Taub: call 713-873-2010 to switch
  - VA: call 713-791-1414 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.


“...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.”
**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.

Our sign-outs occur via telephone as we are all covering different hospitals and not in the same place physically. We do not usually have primary patients so our sign-outs reflect only major management plans that we may have to work with overnight. 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 are by secure email after 5pm on any unstable patients. Sign-outs between fellows at the same hospital must occur on Friday evening in person at 5PM to the fellow on call that weekend. The sign-outs will be carried out in the dialysis unit of each hospital.

**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.

**Weekend**

On Friday, each fellow should securely email, using the word [secure] in the subject line, the excel document in the IPASS format lists each patient, active issues, and plan of care to be covered that weekend. The email should be sent to the attending and fellow on call for that weekend. The IPASS format is ACGME approved.

On Sunday, the fellow who covered the weekend, should securely send the same document back to the weekday attending and fellow team, along with any updates.

Text messaging is NOT an appropriate method for hand-offs.

**Vacation Coverage**

The VA3 research fellow is required to provide inpatient coverage only when the Methodist fellow is on vacation. Unless extremely busy, the VA service should be covered by only VA1 or VA2 if one of these fellows is on vacation.

If the SL fellow is on vacation then the other SL fellow must cover. Patient priority is given to the BCM-rotation over the SL-private rotation, to avoid over-burdening the fellow. Faculty will be called to help if service is busy. The BT-3 procedure fellow will be asked to cover if one of the BT1 or BT2 fellows is on vacation.

**Patient Safety after Busy Overnight Call**

All faculty are aware that if a fellow has a difficult, busy overnight call, he/she must be excused for rest. Fellows must place 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 the Primer on Kidney Disease at start of fellowship

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
- Journal Club: 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
- Ultrasound Workshop: Annual workshop given by ultrasound technicians and Baylor Faculty
- CRRT Workshop: Annual workshop given by Baylor Faculty and Critical Care Faculty
- 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 annually (e.g., Principles of Transplantation or Introduction to Glomerular Disease). Topics during the miscellaneous months include Pregnancy, Billing / Finances, Kidney Stones, Cardiovascular Disease, etc.
- 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.
9. Evaluations and Awards

E-value (monthly)

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 Meeting with PD

Every 6 months, you will meet one-on-one with the section chief, program director, and program coordinator to discuss your evaluations, progress, research projects, and future plans.

Semi-Annual Evaluation of the Program + Faculty

Every 6 months, you will meet with your fellows and the program coordinator (no faculty) to anonymously evaluate the program and each individual 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.

Milestones (ACGME)

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. The evaluate reports you receive each month are tailored to the milestones format.

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.