



## Nephrology Curricular Milestones

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Reference: Yuan CM, Prince LK, Oliver JD 3<sup>rd</sup>, Abbott KC, Nee R. Implementation of nephrology subspecialty curricular milestones. *Am J Kidney Dis.* 2015 Jul;66(1): 15-22.

Curricular milestones mapped to the ACGME subspecialty reporting milestones are presented below. ACGME subspecialty milestones may be found at: [acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf](http://acgme.org/acgmeweb/Portals/0/PDFs/Milestones/InternalMedicineSubspecialtyMilestones.pdf)

### Abbreviations:

ACGME: Accreditation Council for Graduate Medical Education

EPA: Entrustable Professional Activity

Mini-CEX: Mini Clinical Evaluation Exercise

OSCE: Objective Structured Clinical Evaluation

PI: Performance Improvement

RRT: Renal Replacement Therapy (Hemodialysis, Peritoneal Dialysis, Continuous Renal Replacement Therapy)

TDC: Temporary Dialysis Catheter

1. Gathers and synthesizes essential and accurate information to define each patient's clinical problems (PC1)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Chart Audit deficiencies &gt;5%, serious deficiencies, and no improvement.</p> <p>First Year: Monthly dialysis summary chart audits with high deficiency rate, serious deficiencies, and no improvement.</p> <p>First Year: Fails Dialysis Emergencies OSCE</p> <p>Rating of 1 in PC on faculty evaluation.</p>	<p>Chart Audit deficiencies &gt; 5%, but improving.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in PC on faculty evaluation.</p>	<p>Progressive decline in chart audit deficiencies (&lt;5% at 6 months).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies.</p> <p>Rating of 3 in PC on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (&lt;5%).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies with dialysis quality indicators met by end of training year.</p> <p>First Year: Passes Dialysis Emergencies OSCE</p> <p>Successfully completes Acute Dialysis Orders OSCE by end of second year.</p> <p>Rating <math>\geq</math> 3 in PC on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA "Manages general nephrology and transplant outpatient clinic" (assessed by chart audit tool). 2. EPA "Manages panel of chronic dialysis patients" (assessed by chart audit tool). 3. Dialysis emergencies OSCE (give at end of first year). 4. Faculty rotation evaluations. 5. Acute Dialysis Orders OSCE.</p>					

2. Develops and achieves comprehensive management plan for each patient (PC2)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Chart Audit deficiencies &gt;5%, serious deficiencies, and no improvement.</p> <p>First Year: Monthly dialysis summary chart audits with high deficiency rate, serious deficiencies, and no improvement.</p> <p>First Year: Fails Dialysis Emergencies OSCE</p> <p>Rating of 1 in PC on faculty evaluation.</p>	<p>Chart Audit deficiencies &gt; 5%, but improving.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in PC on faculty evaluation.</p>	<p>Progressive decline in chart audit deficiencies (&lt;5% at 6 months).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies.</p> <p>Rating of 3 in PC on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (&lt;5%).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies with dialysis quality indicators met by end of training year.</p> <p>First Year: Passes Dialysis Emergencies OSCE</p> <p>Passes Acute Dialysis Orders OSCE by end of second year.</p> <p>Rating <math>\geq</math> 3 in PC on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 2. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 3. Dialysis emergencies OSCE (give at end of first year). 4. Faculty rotation evaluations. 5. Acute Dialysis Orders OSCE.</p>					

3. Manages patients with progressive responsibility and independence (PC3)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Chart Audit deficiencies &gt;5%, serious deficiencies, and no improvement.</p> <p>First Year: Monthly dialysis summary chart audits with high deficiency rate, serious deficiencies, and no improvement.</p> <p>Rating of 1 in PC on faculty evaluation.</p>	<p>Chart Audit deficiencies &gt; 5%, but improving.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in PC on faculty evaluation.</p>	<p>Progressive decline in chart audit deficiencies (&lt;5% at 6 months).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies.</p> <p>Rating of 3 in PC on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (&lt;5%).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies with dialysis quality indicators met by end of training year.</p> <p>Rating <math>\geq</math> 3 in PC on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 2. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 3. Faculty rotation evaluations.</p>					

4a. Demonstrates skill in performing and interpreting invasive procedures (PC4a): RRT, Kidney Biopsy (Native and Transplant), TDC placement

Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Mini-CEX RRT and kidney biopsy counseling: Serious deficiencies or not performed.</p> <p>First Year: Monthly dialysis summary chart audits with high deficiency rate, serious deficiencies, and no improvement</p> <p>First Year: Fails Dialysis Emergencies OSCE.</p> <p>First Year: TDC simulation. Careless performance. Serious errors.</p> <p>Rating of 1 in Kidney Biopsy, RRT, or Dialysis Catheter Placement on faculty evaluation.</p>	<p>Mini-CEX RRT and kidney biopsy counseling: Not improving.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>First Year: TDC simulation. Unsatisfactory checklist completion. Must repeat satisfactorily within 6 months.</p> <p>Rating of 2 in Kidney Biopsy, RRT, or Dialysis Catheter Placement on faculty evaluation.</p>	<p>Mini-CEX RRT and kidney biopsy counseling: Progressive improvement.</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies.</p> <p>Rating of 3 in Kidney Biopsy, RRT, and Dialysis Catheter Placement on faculty evaluation.</p>	<p>Mini-CEX RRT and kidney biopsy counseling: Fully successful performance.</p> <p>Satisfactory performance on “Breaking Bad News” OSCE by end of second year</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies with dialysis quality indicators met by end of training year.</p> <p>Threshold number of successful procedures (kidney biopsy and TDC placement) met.</p> <p>First Year: Passes Dialysis Emergencies OSCE.</p> <p>Passes Acute Dialysis Orders OSCE by end of second year.</p> <p>First Year: TDC placement simulation: Successful</p>	<p>Assists in arranging TPD placement simulation and serves as an assessor.</p> <p>As determined by CCC. Explanation to follow:</p>

				<p>checklist completion.</p> <p>Rating of <math>\geq 3</math> in Kidney Biopsy, RRT, and Dialysis Catheter Placement on faculty evaluation at end of fellowship.</p>	
<p>Pertinent Assessment Tools: 1. EPA “ Counsels patients for RRT and Kidney Biopsy (assessed by mini-CEX). 2. EPA “Manages panel of chronic dialysis patients (assessed by chart audit tool). 3. Threshold number of successful percutaneous kidney biopsies (5 native and 2 transplant) and 5 temporary dialysis catheters (TDC) met (assessed by procedure log). 4. Simulation: TDC placement (assessed by checklist at end of first year). 5. Dialysis emergencies OSCE (given at end of first year). 6. Faculty rotation evaluations. 7. Acute Dialysis Orders OSCE. 8. “Breaking Bad News” OSCE simulation.</p>					

4b. Demonstrates skill in performing and interpreting non-invasive procedures and/or testing (PC4b): Urinalysis					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>First Year: Fails initial competency testing for POCT.</p> <p>First Year: Does not complete on-line urinalysis tutorial.</p> <p>Second Year: Fails Urinalysis OSCE</p>	<p>First Year: Scores &lt; 75% on on-line urinalysis tutorial.</p>	<p>First Year: Passes initial competency testing for POCT.</p> <p>First Year: Passes Urinalysis OSCE.</p>	<p>Second Year: Passes Urinalysis OSCE.</p>	<p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. Initial competency testing for POCT. 2. On-line urinalysis tutorial. 3. Urinalysis OSCE.</p>					

5. Requests and provides consultative care (PC5)

Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Chart Audit deficiencies &gt;5%, serious deficiencies, and no improvement.</p> <p>First Year: Monthly dialysis summary chart audits with high deficiency rate, serious deficiencies, and no improvement.</p> <p>Rating of 1 in PC on faculty evaluation.</p>	<p>Chart Audit deficiencies &gt; 5%, but improving.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in PC on faculty evaluation.</p>	<p>Progressive decline in chart audit deficiencies (&lt;5% at 6 months).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies.</p> <p>Rating of 3 in PC on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (&lt;5%).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies with dialysis quality indicators met by end of training year.</p> <p>Rating <math>\geq</math> 3 in PC on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC. Explanation to follow:</p>

Pertinent Assessment Tools: 1. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 2. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 3. Faculty rotation evaluations.



6. Possesses clinical knowledge (MK1)

Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Academic lectures evaluations poor or not prepared.</p> <p>Chart Audit deficiencies &gt;5%, serious deficiencies, and no improvement.</p> <p>First Year: Monthly dialysis summary chart audits with high deficiency rate, serious deficiencies, and no improvement.</p> <p>Rating of 1 in MK on faculty evaluation.</p>	<p>Academic lectures not improving.</p> <p>Chart Audit deficiencies &gt; 5%, but improving.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in MK on faculty evaluation.</p>	<p>Progressive improvement in evaluations of prepared academic lectures.</p> <p>Progressive decline in chart audit deficiencies (&lt;5% at 6 months).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies.</p> <p>Rating of 3 in MK on faculty evaluation prior to last 6 months of training.</p>	<p>Lecture content and presentation at faculty level, prepared independently, during the last half of the second year.</p> <p>Second Year: Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (&lt;5%).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies with dialysis quality indicators met by end of training year.</p> <p>Rating <math>\geq 3</math> in MK on faculty evaluation during last 6 months of training.</p> <p>Satisfactory performance on Acute Dialysis Orders OSCE at end of Second Year.</p>	<p>As determined by CCC.</p> <p>Explanation to follow:</p>

Pertinent Assessment Tools: 1. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 2. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 3. EPA “Prepares and presents academic lectures and literature reviews” (assessed by conference evaluations). 4. Faculty rotation evaluations. 5. Acute Dialysis Orders OSCE.

7. Knowledge of diagnostic testing and procedures (MK2)

Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Chart Audit deficiencies &gt;5%, serious deficiencies, and no improvement.</p> <p>First Year: Monthly dialysis summary chart audits with high deficiency rate, serious deficiencies, and no improvement.</p> <p>Rating of 1 in MK on faculty evaluation.</p>	<p>Chart Audit deficiencies &gt; 5%, but improving.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in MK on faculty evaluation.</p>	<p>Progressive decline in chart audit deficiencies (&lt;5% at 6 months).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies.</p> <p>Rating of 3 in MK on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (&lt;5%).</p> <p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies with dialysis quality indicators met by end of training year.</p> <p>Rating <math>\geq</math> 3 in MK on faculty evaluation during last 6 months of training.</p> <p>Satisfactory performance on Acute Dialysis Orders OSCE by end of Second Year.</p> <p>Satisfactory performance on mini-CEX portion of “Breaking Bad News” OSCE by end of second year</p>	<p>As determined by CCC. Explanation to follow:</p>

Pertinent Assessment Tools: 1. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 2. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 3. Faculty rotation

evaluations. 4. Acute Dialysis Orders OSCE. 5. “Breaking Bad News” OSCE simulation.

8. Scholarship (MK3)

Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Academic lectures (IJC and CR) evaluations poor or not prepared.</p> <p>Fails to prepare or execute written research protocol.</p> <p>No publication or presentation of abstract, case report, or journal article.</p> <p>Rating of 1 on research rotation evaluation.</p>	<p>Academic lectures (IJC and CR) not improving.</p> <p>Second Year: Does not meet deadlines for preparation and execution of research protocol.</p> <p>Second Year: Rating of 2 on research rotation evaluation.</p>	<p>Progressive improvement in evaluations of prepared academic lectures (IJC and CR).</p> <p>Second Year: Meeting deadlines for preparation and execution of research protocol.</p> <p>Second Year: Rating of 3 on research rotation evaluation.</p>	<p>Lecture content and presentation at faculty level (IJC and CR), prepared independently, during the last half of the second year (IJC and CR).</p> <p>Second Year: Completion of written research protocol, with execution as reasonable, given time constraints.</p> <p>Second Year: Rating <math>\geq 3</math> on research rotation evaluation during last 6 months of training.</p> <p>Publication or presentation of abstract, case report, or journal article.</p>	<p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Prepares and presents academic lectures and literature reviews (particularly Informational Journal Club (IJC) and Critical Reading (CR)” (assessed by conference evaluations). 3. Second-year fellow research project (protocol preparation and execution, research conference presentation). 4. Quarterly Research Rotation faculty evaluation for second year fellows. 5. Publication/presentation of abstract, case report, or journal article.</p>					

9. Works effectively within an inter-professional team (e.g. with peers, consultants, nursing, ancillary professionals, and other support personnel) (SBP1)

Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>First Year: Does not submit CMS Form 2728.</p> <p>Second Year: Not participating in, or disrupting multidisciplinary PI project.</p> <p>360° evaluations indicate that fellow is failing to lead, or refuses to participate in inter-professional teams.</p> <p>Rating of 1 in SBP on faculty evaluation.</p>	<p>First Year: Delayed and/or incomplete submission of CMS Form 2728.</p> <p>Second Year: Not meeting deadlines or participating adequately in multidisciplinary PI project.</p> <p>360° evaluations indicate that fellow is hesitant to lead, or monopolizes inter-professional teams.</p> <p>Rating of 2 in SBP on faculty evaluation.</p>	<p>First Year: Progressive improvement to satisfactory level by end of year on 360° evaluations.</p> <p>Second Year: Developing and executing mentored, multidisciplinary PI project in timely manner.</p> <p>Rating of 3 in SBP on faculty evaluations.</p>	<p>First Year: Proper and timely completion of CMS Form 2728.</p> <p>Second Year: Completion and presentation of mentored, multi-disciplinary PI project.</p> <p>Second Year: Faculty level performance by the second half of the year on 360° evaluations.</p> <p>Rating <math>\geq 3</math> in SBP on faculty evaluation during last 6 months of training.</p> <p>Satisfactory performance on Acute Dialysis Orders OSCE by end of second year.</p>	<p>As determined by CCC. Explanation to follow:</p>

Pertinent Assessment Tools: 1. EPA “Completes and presents a mentored, multidisciplinary PI project” (assessed by completion and presentation to Nephrology faculty and staff). 2. 360o evaluations by peers, nursing, ancillary and administrative staff of performance on weekly dialysis rounds, multidisciplinary dialysis conference, and transplant listing and management conference. 3. Evaluation of completion of CMS Form 2728 (assessed by nephrology social worker and director of dialysis). 4. Faculty rotation evaluations. 5. Acute Dialysis Orders OSCE.

10. Recognizes system error and advocates for system improvement (SBP2)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Second Year: Not participating in, or disrupting multidisciplinary PI project.</p> <p>Rating of 1 in SBP on faculty evaluation.</p>	<p>Second Year: Not meeting deadlines or participating adequately in multidisciplinary PI project.</p> <p>Rating of 2 in SBP on faculty evaluation.</p>	<p>Second Year: Developing and executing mentored, multidisciplinary PI project in timely manner.</p> <p>Rating of 3 in SBP on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Completion and presentation of mentored, multidisciplinary PI project.</p> <p>Rating <math>\geq 3</math> in SBP on faculty evaluation during last 6 months of training.</p>	<p>Regional or national publication or hospital-wide adoption of PI project.</p> <p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA "Completes and presents a mentored, multidisciplinary PI project" (assessed by completion and presentation to Nephrology faculty and staff). 2. Faculty rotation evaluations.</p>					

11. Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care (SBP3)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>First Year: Monthly dialysis summary chart audits with high deficiency rate, late completion, serious deficiencies, and no improvement.</p> <p>First Year: Does not submit CMS Form 2728.</p> <p>Second Year: Not participating in, or disrupting multidisciplinary PI project.</p> <p>Rating of 1 in SBP on faculty evaluation.</p>	<p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>First Year: Delayed and/or incomplete submission of CMS Form 2728.</p> <p>Second Year: Not meeting deadlines or participating adequately in multidisciplinary PI project.</p> <p>Rating of 2 in SBP on faculty evaluation.</p>	<p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies.</p> <p>Second Year: Developing and executing mentored, multidisciplinary PI project in timely manner.</p> <p>Rating of 3 in SBP on faculty evaluation prior to last 6 months of training.</p>	<p>First Year: Monthly dialysis summary chart audits demonstrate progressive decline in deficiencies with dialysis quality indicators met by end of training year.</p> <p>First Year: Proper and timely completion of CMS Form 2728.</p> <p>Second Year: Completion and presentation of mentored, multi-disciplinary PI project.</p> <p>Rating <math>\geq</math> 3 in SBP on faculty evaluation during last 6 months of training.</p>	<p>Performs a cost-utility analysis as part of research rotation.</p> <p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 2. EPA “Completes and presents a mentored, multidisciplinary PI project” (assessed by completion and presentation to Nephrology faculty and staff). 3. Evaluation of completion of CMS Form 2728 (assessed by nephrology social worker and director of dialysis). 4. Faculty rotation evaluations.</p>					



12. Transitions patients effectively within and across health delivery systems (SBP4)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Fails to recognize or initiate military administrative actions related to kidney disease.</p> <p>Rating of 1 in Transitions of Care on faculty evaluation.</p>	<p>Late to initiate military administrative actions related to kidney disease.</p> <p>Rating of 2 in Transitions of Care on faculty evaluation.</p>	<p>Progressively improved documentation of military administrative actions related to kidney disease.</p> <p>Rating of 3 in Transitions of Care on faculty evaluation prior to last 6 months of training.</p>	<p>Correct completion of all military administrative actions related to kidney disease (&lt;5% error by end of second year).</p> <p>Rating <math>\geq 3</math> in transitions of care on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC.</p> <p>Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages general nephrology and transplant outpatient clinic” (Administrative actions assessed by chart audit tool). 2. Faculty rotation evaluations.</p>					

13. Monitors practice with goal for improvement (PBLI1)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Conferences not performed or poorly prepared.</p> <p>Fails to meet Quality Assurance metrics on outpatient chart audit, despite counseling.</p> <p>First Year: Fails to meet or improve dialysis quality metrics despite counseling.</p> <p>Rating of 1 in PBLI on faculty evaluation.</p>	<p>Applicable conference presentation evaluations lack improvement in “Yes” responses to “Will this presentation change your practice?”</p> <p>Not meeting Quality Assurance metrics on outpatient chart audit, but deficiency rate improving after counseling.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in PBLI on faculty evaluation.</p>	<p>Applicable conference presentation evaluations: Progressive improvement in all areas over course of the first year.</p> <p>Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; &lt;2% deficiency by 6 months).</p> <p>First Year: Quality Assurance metrics improving on dialysis summary chart-audit (e.g. dialysis adequacy, anemia management).</p> <p>Rating of 3 in PBLI on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Conference presentation evaluations <math>\geq 3</math> in all areas by second half of the year.</p> <p>Second Year: Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; &lt;2% deficiency at 6 months) and maintains.</p> <p>First Year: Meets Quality Assurance metrics on dialysis summary chart-audit (e.g. dialysis adequacy, anemia management; &gt;90% of patients meet by end of first year).</p> <p>Rating <math>\geq 3</math> in PBLI on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC.</p> <p>Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 2. EPA: “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 3. EPA: “Prepares and presents academic lectures and literature reviews” (assessed by conference evaluations). 4. Faculty rotation evaluations.</p>					

14. Learns and improves via performance audit (PBLI2)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Fails to meet Quality Assurance metrics on outpatient chart audit, despite counseling.</p> <p>First Year: Fails to meet or improve dialysis quality metrics despite counseling.</p> <p>Second Year: Not participating in, or disrupting multidisciplinary PI project.</p> <p>Rating of 1 in PBLI on faculty evaluation.</p>	<p>Not meeting Quality Assurance metrics on outpatient chart audit, but deficiency rate improving after counseling.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Second Year: Not meeting deadlines or participating adequately in multidisciplinary PI project.</p> <p>Rating of 2 in PBLI on faculty evaluation.</p>	<p>Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; &lt;2% deficiency by 6 months).</p> <p>First Year: Quality Assurance metrics improving on dialysis summary chart-audit (e.g. dialysis adequacy, anemia management).</p> <p>Second Year: Developing and executing mentored, multidisciplinary PI project in timely manner.</p> <p>Rating of 3 in PBLI on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; &lt;2% deficiency at 6 months) and maintains.</p> <p>First Year: Meets Quality Assurance metrics on dialysis summary chart-audit (e.g. dialysis adequacy, anemia management; &gt;90% of patients meet by end of first year).</p> <p>Second Year: Completion and presentation of mentored, collaborative, multi-disciplinary PI project</p> <p>Rating <math>\geq</math> 3 in PBLI on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 2. EPA: “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 3. EPA “Completes and presents a mentored, multidisciplinary PI project” (assessed by completion and presentation to Nephrology faculty and staff). 4. Faculty rotation evaluations.</p>					

15. Learns and improves via feedback (PBLI3)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Conferences not performed or poorly prepared.</p> <p>Fails to meet Quality Assurance metrics on outpatient chart audit, despite counseling.</p> <p>First Year: Fails to meet or improve dialysis quality metrics despite counseling.</p> <p>Rating of 1 in PBLI on faculty evaluation.</p>	<p>Applicable conference presentation evaluations lack improvement in “Yes” responses to “Will this presentation change your practice?”</p> <p>Not meeting Quality Assurance metrics on outpatient chart audit, but deficiency rate improving after counseling.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in PBLI on faculty evaluation.</p>	<p>Applicable conference presentation evaluations: Progressive improvement in all areas over course of the first year.</p> <p>Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; &lt;2% deficiency by 6 months).</p> <p>First Year: Quality Assurance metrics improving on dialysis summary chart-audit (e.g. dialysis adequacy, anemia management).</p> <p>Rating of 3 in PBLI on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Conference presentation evaluations <math>\geq 3</math> in all areas by second half of the year.</p> <p>Second Year: Meets and maintains Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; &lt;2% deficiency at 6 months).</p> <p>First Year: Meets Quality Assurance metrics on dialysis summary chart-audit (e.g. dialysis adequacy, anemia management; &gt;90% of patients meet by end of first year).</p> <p>Rating <math>\geq 3</math> in PBLI on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC.</p> <p>Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 2. EPA: “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 3. EPA: “Prepares and presents academic lectures and literature reviews” (assessed by conference evaluations). 4. Faculty rotation evaluations.</p>					

16. Learns and improves at point of care. (PBLI4)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Conferences not performed or poorly prepared.</p> <p>Second Year: Fails to present Patient Management Conference assessing evidence-based best practice for patient seen in clinic or inpatient service.</p> <p>Does not attempt to meet or improve Quality Assurance metrics on chart audit, despite counseling.</p> <p>Fails to meet Quality Assurance metrics on outpatient chart audit, despite counseling.</p> <p>First Year: Fails to meet or improve dialysis quality metrics despite counseling.</p> <p>Rating of 1 in PBLI on faculty evaluation.</p>	<p>Applicable conference presentation evaluations lack improvement in “Yes” responses to “Will this presentation change your practice?”</p> <p>Second Year: Poorly rated (&lt;3) Patient Management Conference assessing evidence-based best practice for patient seen in clinic or inpatient service (must repeat).</p> <p>Not meeting Quality Assurance metrics on outpatient chart audit, but deficiency rate improving after counseling.</p> <p>First Year: Monthly dialysis summary chart audits not showing decline in deficiencies.</p> <p>Rating of 2 in PBLI on faculty evaluation.</p>	<p>Applicable conference presentation evaluations: Progressive improvement in all areas over course of the first year.</p> <p>Meets Quality Assurance metrics threshold on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; &lt;2% deficiency by 6 months).</p> <p>First Year: Meets Quality Assurance metrics improving on dialysis summary chart-audit (e.g. dialysis adequacy, anemia management).</p> <p>Rating of 3 in PBLI on faculty evaluation prior to last 6 months of training.</p>	<p>Second Year: Conference presentation evaluations <math>\geq 3</math> in all areas by second half of the year.</p> <p>Second Year: Successfully rated (<math>\geq 3</math>) Patient Management Conference assessing evidence-based best practice for patient seen in clinic or inpatient service.</p> <p>Second Year: Meets Quality Assurance metrics threshold on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; &lt;2% deficiency at 6 months) and maintains.</p> <p>First Year: Meets Quality Assurance metrics threshold on dialysis summary chart-audit (e.g. dialysis adequacy, anemia management; &gt;90% of patients meet by end of first year).</p> <p>Rating <math>\geq 3</math> in PBLI</p>	<p>As determined by CCC.</p> <p>Explanation to follow:</p>

				on faculty evaluation during last 6 months of training.	
<p>Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by chart audit tool). 2. EPA: “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 3. EPA: “Prepares and presents academic lectures and literature reviews” (assessed by conference evaluations). 4. Faculty rotation evaluations.</p>					

17. Has professional and respectful interactions with patients, caregivers, and members of the inter-professional team. (PROF1)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Serious, confirmed incidents or complaints from patients and members of professional teams.</p> <p>Mini-CEX: Scores below average, and not improving despite counseling.</p> <p>360° evaluations indicate unsatisfactory professionalism, despite counseling.</p> <p>Second Year: Fails to complete case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 1 in PROF on faculty evaluation.</p>	<p>Mini-CEX: Scores below average, and not improving.</p> <p>Unsatisfactory but progressive improvement on 360° evaluations</p> <p>Second Year: Late to meet deadlines or unsatisfactory case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 2 in PROF on faculty evaluation.</p>	<p>Mini-CEX: Scores progressively improve.</p> <p>Progressive improvement to satisfactory level by end of first year on 360° evaluations</p> <p>Second Year: Meeting deadlines for satisfactory completion of case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 3 in PROF on faculty evaluation.</p>	<p>Mini-CEX: Scores progressively improve and are all fully acceptable by the end of the training year.</p> <p>Faculty level performance by the second half of the second year on 360° evaluations</p> <p>Second Year: Successful, satisfactory completion of complete Medical Ethics curriculum.</p> <p>Rating ≥ 3 in PROF on faculty evaluation during last 6 months of training.</p> <p>Satisfactory performance in “Breaking Bad News” OSCE by end of second year.</p>	<p>Letters of praise from patients and praise from members of inter-professional team. (Not required.)</p> <p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. 360° evaluations by peers, nursing, ancillary and administrative staff. 2. EPA “Counsels patients for RRT and Kidney Biopsy” (assessed by mini-CEX). 3. Medical Ethics Curriculum and exercises. 4. Faculty rotation evaluations. 5. Praise or complaints from patients and members of inter-professional team (not required). 6. “Breaking Bad News” OSCE simulation.</p>					

18. Accepts responsibility and follows-through on tasks. (PROF2)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Serious, confirmed incidents or complaints from patients, faculty, and members of professional teams.</p> <p>Chart Audit deficiencies for timeliness of encounter completion &gt;5%, and no improvement, despite counseling.</p> <p>360° evaluations indicate unsatisfactory professionalism, despite counseling.</p> <p>Rating of 1 in PROF on faculty evaluation. (Persistent failure to present required lectures, attend conferences, or complete assignments.)</p>	<p>Chart Audit deficiencies for timeliness of encounter completion &gt;5%, but improving.</p> <p>Unsatisfactory but progressive improvement on 360° evaluations</p> <p>Rating of 2 in PROF on faculty evaluation.</p>	<p>Progressive decline in chart-audit deficiencies for timeliness of encounter completion (&lt;5% at 6 months).</p> <p>Progressive improvement to satisfactory level by end of first year on 360° evaluations</p> <p>Rating of 3 in PROF on faculty evaluation.</p>	<p>Maintains deficiencies in timeliness of encounter completion to &lt;5% during second year of fellowship.</p> <p>Faculty level performance by the second half of the second year on 360° evaluations</p> <p>Rating ≥ 3 in PROF on faculty evaluation during last 6 months of training.</p>	<p>Letters of praise from patients and praise from members of inter-professional team. (Not required.)</p> <p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. 360° evaluations by peers, nursing, ancillary and administrative staff. 2. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 3. Faculty rotation evaluations. 4. Praise or complaints from patients and members of inter-professional team (not required).</p>					



19. Responds to each patient's unique characteristics and needs. (PROF3)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Serious, confirmed incidents or complaints from patients and members of professional teams.</p> <p>Mini-CEX: Scores below average, and not improving despite counseling.</p> <p>360° evaluations indicate unsatisfactory professionalism, despite counseling.</p> <p>Second Year: Fails to complete case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 1 in PROF on faculty evaluation.</p>	<p>Mini-CEX: Scores below average, and not improving.</p> <p>Unsatisfactory but progressive improvement on 360° evaluations</p> <p>Second Year: Late to meet deadlines or unsatisfactory case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 2 in PROF on faculty evaluation.</p>	<p>Mini-CEX: Scores progressively improve.</p> <p>Progressive improvement to satisfactory level by end of first year on 360° evaluations</p> <p>Second Year: Meeting deadlines for satisfactory completion of case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 3 in PROF on faculty evaluation.</p>	<p>Mini-CEX: Scores progressively improve and are all fully acceptable by the end of the training year.</p> <p>Faculty level performance by the second half of the second year on 360° evaluations</p> <p>Second Year: Successful, satisfactory completion of complete Medical Ethics curriculum.</p> <p>Rating ≥ 3 in PROF on faculty evaluation during last 6 months of training.</p> <p>Satisfactory performance in “Breaking Bad News” OSCE by end of second year.</p>	<p>Letters of praise from patients and praise from members of inter-professional team. (Not required.)</p> <p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. 360° evaluations by peers, nursing, ancillary and administrative staff. 2. EPA “Counsels patients for RRT and Kidney Biopsy” (assessed by mini-CEX). 3. Medical Ethics Curriculum and exercises. 4. Faculty rotation evaluations. 5. Praise or complaints from patients and members of inter-professional team (not required). 6. “Breaking Bad News” OSCE simulation</p>					

20. Exhibits integrity and ethical behavior in professional conduct. (PROF4)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Serious, confirmed incidents or complaints from patients and members of professional teams.</p> <p>360° evaluations indicate unsatisfactory professionalism, despite counseling.</p> <p>Second Year: Fails to complete case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 1 in PROF on faculty evaluation.</p>	<p>Unsatisfactory but progressive improvement on 360° evaluations</p> <p>Second Year: Late to meet deadlines or unsatisfactory case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 2 in PROF on faculty evaluation.</p>	<p>Progressive improvement to satisfactory level by end of first year on 360° evaluations</p> <p>Second Year: Meeting deadlines for satisfactory completion of case discussions, quizzes, and reflections for Medical Ethics curriculum.</p> <p>Rating of 3 in PROF on faculty evaluation.</p>	<p>Faculty level performance by the second half of the second year on 360° evaluations</p> <p>Second Year: Successful, satisfactory completion of complete Medical Ethics curriculum.</p> <p>Rating <math>\geq 3</math> in PROF on faculty evaluation during last 6 months of training.</p>	<p>Letters of praise from patients and praise from members of inter-professional team. (Not required.)</p> <p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. 360° evaluations by peers, nursing, ancillary and administrative staff. 2. Medical Ethics Curriculum and exercises. 3. Faculty rotation evaluations. 4. Praise or complaints from patients and members of inter-professional team (not required).</p>					

21. Communicates effectively with patients and caregivers. (ICS1)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Mini-CEX: Scores below average, and not improving despite counseling.</p> <p>360° evaluations indicate unsatisfactory professionalism, despite counseling.</p> <p>Rating of 1 in ICS on faculty evaluation.</p>	<p>Mini-CEX: Scores below average, and not improving.</p> <p>Unsatisfactory but progressive improvement on 360° evaluations</p> <p>Rating of 2 in ICS on faculty evaluation.</p>	<p>Mini-CEX: Scores progressively improve.</p> <p>Progressive improvement to satisfactory level by end of first year on 360° evaluations</p> <p>Rating of 3 in ICS on faculty evaluation.</p>	<p>Mini-CEX: Scores progressively improve and are all fully acceptable by the end of the training year.</p> <p>Faculty level performance by the second half of the second year on 360° evaluations</p> <p>Rating <math>\geq</math> 3 in ICS on faculty evaluation during last 6 months of training.</p> <p>Satisfactory performance on “Breaking Bad News” OSCE by end of second year.</p>	<p>As determined by CCC. Explanation to follow:</p>
<p>Pertinent Assessment Tools: 1. EPA “Counsels patients for RRT and Kidney Biopsy” (assessed by mini-CEX). 2. 360° evaluations by peers, nursing, ancillary and administrative staff. 3. Faculty rotation evaluations. 4. Breaking Bad news OSCE simulation.</p>					

22. Communicates effectively in inter-professional teams. (ICS2)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Chart Audit deficiencies &gt;5%, serious deficiencies, and no improvement.</p> <p>360° evaluations indicate unsatisfactory professionalism, despite counseling.</p> <p>Rating of 1 in ICS on faculty evaluation.</p>	<p>Chart Audit deficiencies &gt; 5%, but improving.</p> <p>Unsatisfactory but progressive improvement on 360° evaluations</p> <p>Rating of 2 in ICS on faculty evaluation.</p>	<p>Progressive decline in chart audit deficiencies (&lt;5% at 6 months).</p> <p>Progressive improvement to satisfactory level by end of first year on 360° evaluations</p> <p>Rating of 3 in ICS on faculty evaluation.</p>	<p>Second Year: Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (&lt;5%).</p> <p>Faculty level performance by the second half of the second year on 360° evaluations</p> <p>Rating ≥ 3 in ICS on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC.</p> <p>Explanation to follow:</p>
<p>Pertinent EPAs: 1. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool).            2. 360° evaluations by peers, nursing, ancillary and administrative staff. 3. Faculty rotation evaluations.</p>					

23. Appropriate utilization and completion of health records. (ICS3)					
Not Yet Assessable	Critical Deficiencies	Below Average Progress for Level of Training	Satisfactory Progress for Level of Training	Ready for Unsupervised Practice	Aspirational
	<p>Chart Audit deficiencies &gt;5%, serious deficiencies, and no improvement.</p> <p>Rating of 1 in ICS on faculty evaluation.</p>	<p>Chart Audit deficiencies &gt; 5%, but improving.</p> <p>Rating of 2 in ICS on faculty evaluation.</p>	<p>Progressive decline in chart audit deficiencies (&lt;5% at 6 months).</p> <p>Rating of 3 in ICS on faculty evaluation.</p>	<p>Second Year: Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (&lt;5%).</p> <p>Rating <math>\geq</math> 3 in ICS on faculty evaluation during last 6 months of training.</p>	<p>As determined by CCC.</p> <p>Explanation to follow:</p>
<p>Pertinent EPAs: 1. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool).            2. Faculty rotation evaluations.</p>					