

Revised and Reviewed May 2021

Curricular milestones for the WRNMMC nephrology fellowship mapped to the ACGME Nephrology Subspecialty Reporting milestones 2.0 are presented below. ACGME subspecialty milestones may be found at: <https://www.acgme.org/Specialties/Milestones/pfcatid/16/Julie/Specialties>

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

Overall Clinical Competence (To be completed at time of biannual CCC)

This rating represents the assessment of the fellow's development of overall clinical competence during this year (**6 months**) of training:

___ Superior: Far exceeds the expected level of development for this year of training

___ Satisfactory: Always meets and occasionally exceeds the expected level of development for this year of training

___ Conditional on Improvement: Meets some developmental milestones but occasionally falls short of the expected level of development for this year of training. An improvement plan is in place to facilitate achievement of competence appropriate to the level of training.

___ Unsatisfactory: Consistently falls short of the expected level of development for this year of training.

PC 1: Acute Kidney Injury				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Creates a basic differential diagnosis for patients with acute kidney injury using the history and physical exam -Develops a basic diagnostic plan -Develops a basic management plan 	<ul style="list-style-type: none"> -Formulates a comprehensive differential diagnosis for patients with acute kidney injury using a focused history and physical exam -Recommends diagnostic testing to inform the differential diagnosis -Identifies patients who need urgent treatment, including dialysis and medication adjustment 	<ul style="list-style-type: none"> -Formulates a prioritized differential diagnosis for patients with acute kidney injury -Interprets diagnostic test results, including evaluation of urine sediment, laboratory and imaging studies, and kidney biopsy -Develops and implements a management plan, including dialysis modality selection and/or disease-specific treatment 	<ul style="list-style-type: none"> -Independently formulates a prioritized differential diagnosis for patients with common and uncommon causes of acute kidney injury -Independently interprets and integrates diagnostic test results -Independently develops and implements a management plan with consideration of patient 	<ul style="list-style-type: none"> -Independently formulates a prioritized differential diagnosis with consideration of rare or newly recognized causes of acute kidney injury -Identifies indications for ordering advanced diagnostic studies -Formulates a management plan incorporating novel therapies
<p>Chart Audit (>5%) with progressive improvement.</p> <p>Faculty Evaluation <3 at 6 months</p>	<p>Chart audit (1st Yr) <5% by 6 months)</p> <p>Faculty Evaluation: 3</p>	<p>Passes Dialysis Emergencies OSCE</p> <p>Chart Audit (1st Yr) <5%</p> <p>Faculty Evaluation: 3</p>	<p>Passes Acute Dialysis OSCE</p> <p>Chart Audit (2nd Yr) Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%).</p> <p>Faculty Evaluation: 3-4</p>	<p>Chart Audit: Positive Comments</p> <p>Faculty Evaluation: 5</p> <p>Other</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages nephrology and transplant outpatient clinic” (assessed by chart audit tool, AKI diagnoses). 2. Dialysis emergencies OSCE (given at end of first year). 3. Faculty rotation evaluations. 4. Acute Dialysis Orders OSCE (given 1st half of second year).</p>				

PC 2: Chronic Dialysis Therapy

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Lists the indication(s) for initiation of chronic dialysis -Lists common complications in patients on chronic dialysis -Identifies types of dialysis access and common access complications 	<ul style="list-style-type: none"> -Selects appropriate dialysis modality and writes patient-specific hemodialysis and peritoneal dialysis prescriptions -Assesses for common complications of chronic dialysis -Performs basic assessment of dialysis accesses 	<ul style="list-style-type: none"> -Modifies a dialysis prescription based on patient assessment -Treats common complications of chronic dialysis -Develops a diagnostic and therapeutic plan for management of common access complications 	<ul style="list-style-type: none"> -Independently manages patients receiving dialysis -Independently anticipates and manages common and uncommon complications of chronic dialysis -Develops a diagnostic and therapeutic plan for management of uncommon access complications 	<ul style="list-style-type: none"> -Identifies the complexities of providing quality care to a population of patients receiving dialysis -Anticipates and manages the breadth of comorbid medical and technical complications in the patient on dialysis, including when dialysis is not appropriate
<p>Monthly Dialysis Summary Audit progressive improvement.</p> <p>Faculty evaluation <3 at 6 months</p>	<p>Monthly Dialysis Summary Audit ≤ 10% deficiencies and progressive decline in quality indicator deficiencies (1st Yr).</p> <p>Faculty evaluation: 3</p>	<p>Passes Dialysis Emergencies OSCE</p> <p>Monthly Dialysis Summary Audit (1st Yr) ≤ 10% deficiencies; dialysis quality indicators met by end of 1st year.</p> <p>Faculty evaluation: 3</p> <p>SF2728 Completion (SW and PD) evaluation: ≥3 at end of 1st yr</p>	<p>Passes Acute Dialysis OSCE</p> <p>Passes PD OSCE</p> <p>Monthly Dialysis Summary Audit (See Level 3)</p> <p>Faculty evaluation: 3-4</p>	<p>Faculty Evaluation: 5</p> <p>Other</p>

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Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by monthly dialysis summary audit tool). 2. Dialysis emergencies OSCE (given at end of first year). 3. Faculty rotation evaluations. 4. Acute Dialysis Orders OSCE (given 1st half of second year). 5. PD OSCE (given 1st half of second year). 6. SF2728 Completion evaluation (given at end of 1st Yr).

PC 3: Chronic Kidney Disease

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Develops a differential diagnosis of causes of chronic kidney disease -Develops a basic diagnostic plan for patients with chronic kidney disease -Identifies stages of chronic kidney disease and how it relates to patient prognosis 	<ul style="list-style-type: none"> -Expands the differential diagnosis based on specific history/physical information -Modifies the diagnostic plan based on evolving clinical data for patients with chronic kidney disease -Develops a management plan to slow chronic kidney disease progression 	<ul style="list-style-type: none"> -Reformulates the differential diagnosis as necessary for atypical disease presentations -Identifies patients with chronic kidney disease who require more evaluation, including kidney biopsy -Develops a management plan for chronic kidney disease complications and discusses treatment options 	<ul style="list-style-type: none"> -Independently diagnoses common and uncommon causes of chronic kidney disease -Identifies indications for ordering advanced or novel diagnostic studies -Independently leads the preparation for the next steps in management of progressive chronic kidney disease and integrates patient-specific goals of care 	<ul style="list-style-type: none"> -Independently recognizes rare and newly described causes of chronic kidney disease -Identifies candidates for enrollment in research and novel and emerging therapies
<p>Chart Audit >5% but with progressive improvement</p> <p>Faculty evaluation <3 at 6 months</p>	<p>Chart Audit <5% deficiency by 6 months (1st Yr), with progressive improvement.</p> <p>Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; <2% deficiency by 6 months).</p> <p>Faculty Evaluation 3</p>	<p>Chart Audit <5% deficiency at end of 1st Yr.</p> <p>Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; <2% deficiency).</p> <p>Faculty Evaluation 3</p>	<p>Chart Audits reduced from 100% outpatient (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%) (2nd Yr).</p> <p>Maintains Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, identification and management of proteinuria; <2% deficiency by 6 months).</p> <p>Faculty Evaluation 3-4</p>	<p>Faculty Evaluation 5</p> <p>Chart Audit: Positive comments</p> <p>Other</p>



Pertinent Assessment Tools: 1. EPA “Manages nephrology and transplant outpatient clinic” (assessed by chart audit tool, HTN and proteinuria audit) 2. Faculty rotation evaluations.

PC 4: Transplant				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Discusses indications and contraindications for kidney transplantation -Identifies the presence of kidney allograft dysfunction -Lists indications for common kidney transplant immunosuppressive medications 	<ul style="list-style-type: none"> -Identifies and counsels patients and families regarding kidney transplant candidacy and the evaluation process -Generates a differential diagnosis for common causes of kidney allograft dysfunction -Identifies common and uncommon complications of immunosuppressive medications 	<ul style="list-style-type: none"> -Manages stable ambulatory post-transplant patients -Generates a differential diagnosis for uncommon causes of kidney allograft dysfunction and an initial management plan for common causes of kidney allograft dysfunction -Manages immunosuppressive medications, including common complications and drug interactions 	<ul style="list-style-type: none"> -Independently manages stable and unstable post-transplant patients -Independently generates a differential diagnosis and management plan for uncommon causes of kidney allograft dysfunction -Independently manages immunosuppressive medications, including patients with allograft dysfunction and failure 	<ul style="list-style-type: none"> -Identifies opportunities to improve kidney transplantation access and outcomes -Identifies novel and emerging therapies for immunosuppression and transplant dysfunction
<p>Chart Audit (>5%) with progressive improvement.</p> <p>Faculty Evaluation <3 at 6 months</p>	<p>Chart audit (1st Yr) <5% by 6 months)</p> <p>Faculty Evaluation: 3</p>	<p>Chart Audit (1st Yr) <5%</p> <p>Faculty Evaluation: 3</p> <p>Minimum of 10 “fresh” transplant patients followed immediately post-transplant.</p> <p>Appropriately refers for transplant on monthly dialysis summaries (100% at end of first year).</p>	<p>Chart Audit (2nd Yr) Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%).</p> <p>Faculty Evaluation: 3-4</p> <p>20 transplant patients followed in continuity</p> <p>Outpatient transplant rotation faculty evaluation 3-4</p>	<p>Chart Audit: Positive Comments</p> <p>Faculty Evaluation: 5</p> <p>Other</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages outpatient transplant clinic” (assessed by chart audit tool), with a minimum of 20 transplant patients followed in continuity over the 2 year fellowship. 2. Procedure log: Minimum of 10 “fresh” transplant patients. 3. 2nd Yr: outpatient transplant rotation faculty evaluation.. 4. Faculty rotation evaluations. 5. Appropriate referral for transplant on monthly dialysis summaries (100% at end of 1st year)</p>				

PC 5: Fluid and Electrolytes

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
Creates a differential diagnosis and initial management plan	Develops a comprehensive differential diagnosis, recommends initial diagnostic testing, and identifies patients who require urgent treatment	Develops a prioritized differential diagnosis, interprets diagnostic test results, and implements a comprehensive management plan	Independently formulates a differential diagnosis, including common and uncommon causes, and adjusts management plan based on patient response	Independently and effectively manages unusual, rare, or complex fluid and/or electrolyte disorder(s)
Chart Audit (>5%) with progressive improvement. Faculty Evaluation <3 at 6 months	Chart audit (1 st Yr) <5% by 6 months) Faculty Evaluation: 3	Chart Audit (1 st Yr) <5% Faculty Evaluation: 3	Chart Audit (2 nd Yr) Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%). Faculty Evaluation: 3-4	Chart Audit: Positive Comments Faculty Evaluation: 5 Other

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Pertinent Assessment Tools: 1. EPA “Manages nephrology and transplant outpatient clinic” (assessed by chart audit tool, acid/base/fluid and electrolyte diagnoses). 2. Faculty rotation evaluations.

PC 6: Hypertension				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
Diagnoses and manages hypertension, proposes initial evaluation for secondary causes, and recognizes hypertensive emergencies	Develops a differential diagnosis, evaluates causes of secondary and resistant hypertension, and proposes a management plan	Interprets the results of specialized testing for secondary and resistant hypertension, and adjusts management plan based on treatment results and patient comorbidity	Independently develops and implements a management plan for secondary and resistant hypertension, and adjusts therapy based on patient acuity and complexity	Independently and effectively manages unusual, rare, or complex presentations of hypertension
<p>Chart Audit (>5%) with progressive improvement.</p> <p>Faculty Evaluation <3 at 6 months</p> <p>HTN management with >2% deficiency, but with progressive improvement.</p>	<p>Chart Audit <5% deficiency by 6 months (1st Yr), with progressive improvement.</p> <p>Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management, <2% deficiency by 6 months).</p> <p>Faculty Evaluation 3</p>	<p>Chart Audit <5% deficiency at end of 1st Yr.</p> <p>Meets Quality Assurance metrics on outpatient chart-audit (e.g. HTN management; <2% deficiency).</p> <p>Faculty Evaluation 3</p>	<p>Chart Audits reduced from 100% outpatient (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%) (2nd Yr).</p> <p>Maintains Quality Assurance metrics on outpatient chart-audit (e.g. HTN management; <2% deficiency by 6 months).</p> <p>Faculty Evaluation 3-4</p>	<p>Chart Audit: Positive Comments</p> <p>Faculty Evaluation: 5</p> <p>Other</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Pertinent Assessment Tools: 1. EPA “Manages nephrology and transplant outpatient clinic” (assessed by chart audit tool and HTN quality assurance metric). 3. Faculty rotation evaluations.</p>				

PC 7: Competence in Procedures				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
-Discusses the indications for and assists with all procedures -Discusses potential procedural complications	-Performs procedures, with direct supervision -Recognizes complications of procedures and enlists help	-Competently performs procedures, with indirect supervision* -Manages complications of procedures, with supervision	-Proficiently and independently performs procedures* -Anticipates and independently manages complications of procedures	-Serves as an educational resource for procedures and their complications
Completes online Urinalysis tutorial	Passes Urinalysis POCT competency. Faculty evaluation 3	Maintains Urinalysis POCT competency Passes Dialysis Emergencies OSCE Passes BBN OSCE Completes threshold number of Bladder and Kidney US (POCUS), and satisfactorily completes testing checklist. Faculty evaluation 3	Maintains Urinalysis POCT competency Performs 5 native and 2 transplant kidney biopsies. Performs at least 5 TDC placements Passes TDC Placement simulation testing Faculty evaluation 3-4	Faculty evaluation 5 Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Pertinent Assessment Tools: 1. Completes online Urinalysis tutorial, and passes Urinalysis POCT competency (baseline and every 6 months per Dept of Laboratory Services). 2. Performs at least 5 native kidney biopsies and 2 transplant biopsies (Procedure log). 3. Placement of at least 5 TDC. 4. Passes TDC placement simulation testing (checklist) by end of second year. 5. Passes Breaking Bad News (BBN) OSCE simulation (Kidney Biopsy/Acute Dialysis/ESKD). 6. Dialysis Emergencies OSCE (given at end of first year). 7. Completes at least 15 Bladder US and 20 Kidney US POCUS procedures with satisfactory performance on testing checklist. 8. Faculty evaluation.</p> <p>*Kidney Biopsy and TDC placement are performed throughout fellowship with direct supervision (except in the case of emergency TDC placement).</p>				

MK1: Physiology and Pathophysiology

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<p>-Identifies key clinical physiological and pathophysiological concepts -Identifies key basic science concepts (e.g., histopathology, immunology, genetics, molecular biology)</p>	<p>-Demonstrates knowledge of more complex clinical physiology and pathophysiology -Demonstrates knowledge of more complex basic science concepts</p>	<p>-Applies knowledge of common clinical pathophysiology to diagnosis and management -Applies knowledge of basic science concepts of common diseases to diagnosis and management</p>	<p>-Integrates knowledge of advanced clinical pathophysiology with diagnosis and management -Integrates knowledge of advanced basic science concepts of less common diseases with diagnosis and management</p>	<p>-Researches newly described and emerging clinical physiology and pathophysiology concepts -Researches newly described and emerging basic science concepts</p>
	<p>Academic lectures (IJC and CR) improving. Faculty evaluation 3</p>	<p>Academic lectures (IJC and CR) progressively improving. Met deadlines for preparation and of research protocol during 1st year research rotation Faculty evaluation including research rotation 3 Preparation of case report</p>	<p>Lecture content and presentation at faculty level (IJC and CR), prepared independently, during the last half of 2nd year (IJC and CR). Met(meeting) deadlines for preparation and execution of research protocol Faculty evaluation (research and 2nd year) 3-4 Publication/presentation of abstract, case report, or journal article. Capstone presentation 3-4</p>	<p>Faculty evaluation 5 Other</p>

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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. 6. Capstone PMC on application of evidence based medicine and pathophysiology concepts. 7. Faculty evaluation of second year fellow performance.

MK2: Pharmacology and Therapeutics

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
-Demonstrates knowledge of pharmacology -Recognizes kidney toxicity of common medications and effects of intoxicants	-Recognizes the effect of kidney disease on pharmacokinetics of medications -Employs strategies to minimize drug toxicity in common scenarios	-Monitors and adjusts the choice and dosing of common medications -Employs strategies to minimize drug toxicity in complex scenarios	-Monitors and adjusts the choice and dosing of uncommon medications -Identifies strategies to manage drug toxicities and acute intoxications	-Demonstrates advanced knowledge of pharmacology of novel therapeutic agents
Chart Audit >5% but with progressive improvement Monthly Dialysis Summary Audit progressive improvement Faculty evaluation <3 at 6 months	Monthly Dialysis Summary Audit ≤ 10% deficiencies and progressive decline in quality indicator deficiencies (1 st Yr). Chart Audit <5% deficiency by 6 months (1 st Yr), with progressive improvement. Faculty Evaluation 3	Monthly Dialysis Summary Audit ≤ 10% deficiencies and quality indicator deficiencies (1 st Yr). Chart Audit <5% deficiency at end of 1 st Yr. Faculty Evaluation 3	Chart Audits reduced from 100% outpatient (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%) (2 nd Yr). Faculty Evaluation 3-4	Faculty evaluation 5 Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MK3: Diagnostic Testing in Kidney Disease				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
Recognizes indications, risks, and benefits for basic diagnostic testing	Provides interpretation of basic diagnostic testing results	Recognizes indications, risks, and benefits for advanced diagnostic testing	Independently interprets advanced diagnostic testing	Recognizes emerging applications of novel diagnostic testing technologies
Chart Audit >5% but with progressive improvement Faculty evaluation <3 at 6 months Monthly Dialysis Summary Audit progressive improvement	Chart Audit <5% deficiency by 6 months (1 st Yr), with progressive improvement. Faculty Evaluation 3 Monthly Dialysis Summary Audit ≤ 10% deficiencies and progressive decline in quality indicator deficiencies (1 st Yr).	Chart Audit <5% deficiency at end of 1 st Yr. Faculty Evaluation 3 BBN OSCE miniCEX 3 Monthly Dialysis Summary Audit ≤ 10% deficiencies and quality indicator deficiencies (1 st Yr).	Chart Audits reduced from 100% outpatient (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%) (2 nd Yr). Faculty Evaluations 3-5 BBN OSCE miniCEX 3-4 Passes Acute Dialysis and PD OSCEs	Faculty evaluation 5 Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by monthly dialysis summary audit tool). 2. EPA “Manages general nephrology and transplant outpatient clinic (chart audit tool). 3. Acute Dialysis and PD orders OSCEs (given at beginning of 2nd year). 4. Faculty rotation evaluations. 5. BBN OSCE miniCEX.				

SBP1: Patient Safety and Quality Improvement

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Demonstrates knowledge of common patient safety events -Understands the importance of reporting patient safety events -Demonstrates knowledge of basic quality improvement methodologies and metrics 	<ul style="list-style-type: none"> -Identifies system factors that lead to patient safety events -Demonstrates knowledge of how to report patient safety events through institutional reporting systems (simulated or actual) -Describes local quality improvement initiatives 	<ul style="list-style-type: none"> -Participates in analysis of patient safety events (simulated or actual) -Participates in disclosure of patient safety events to patients and families (simulated or actual) -Participates in local quality improvement initiatives 	<ul style="list-style-type: none"> -Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual) -Empathically discloses patient safety events to patients and families (simulated or actual) -Demonstrates the skills required to implement and analyze a quality improvement project, including in dialysis management 	<ul style="list-style-type: none"> -Actively engages teams and processes to monitor systems to prevent patient safety events -Role models or mentors others in the disclosure of patient safety events -Creates, implements, and assesses quality improvement initiatives at the institutional or community level
	<p>Monthly Dialysis Summary Audit with progressive decline in quality indicator deficiencies (1st Yr).</p> <p>Faculty evaluation 3</p> <p>Knows how to access the PSR system, and is able to use it.</p>	<p>Monthly Dialysis Summary Audit ≤ 10% quality indicator deficiencies (1st Yr).</p> <p>Passes Dialysis Emergencies OSCE</p> <p>Faculty evaluation 3</p>	<p>Develops and executes mentored multidisciplinary PI project, presented at end of 2nd year.</p> <p>Participates in quarterly Nephrology QA meetings.</p> <p>Faculty evaluation 3-4</p>	<p>Regional or national publication or hospital-wide adoption of PI project.</p> <p>Recognition of systems error and reporting of PSR leads to significant hospital- or service-wide improvement</p> <p>Faculty evaluation 5</p>

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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. 3. EPA “Manages panel of chronic dialysis patients” (monthly dialysis summary quality indicator audit). 4. Patient safety event reporting and analysis while participating in quarterly Nephrology QA meetings. 5. Dialysis Emergencies OSCE. 6. EPA “Knows how to access the PSR system, and is able to use it” (assessed by faculty evaluation).

SBP2: System Navigation for Patient Centered Care

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Demonstrates knowledge of care coordination -Identifies key elements for safe and effective transitions of care/hand-offs 	<ul style="list-style-type: none"> -Coordinates care of patients in routine clinical situations effectively using the roles of interprofessional teams within nephrology -Performs safe and effective transitions of care/hand-offs in routine clinical situations 	<ul style="list-style-type: none"> -Coordinates care of patients in complex clinical situations effectively using the roles of interprofessional teams within nephrology -Performs safe and effective transitions of care/hand-offs in complex clinical situations 	<ul style="list-style-type: none"> -Demonstrates effective coordination of patient-centered care across different disciplines and specialties -Advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings 	<ul style="list-style-type: none"> -Analyzes the process of care coordination and leads in the design and implementation of improvements -Advances quality of transitions of care within and across health care delivery systems to optimize patient outcomes
<p>Initiates military administrative actions related to kidney disease with prompting.</p>	<p>Faculty evaluation 3</p> <p>Progressively improved documentation of military administrative actions related to kidney disease.</p> <p>Monthly Dialysis Summary Audit ≤ 10% deficiencies</p> <p>360° Evaluation 3</p>	<p>Faculty evaluation 3</p> <p>Progressively improved documentation of military administrative actions related to kidney disease.</p> <p>Monthly Dialysis Summary Audit ≤ 10% deficiencies.</p> <p>360° Evaluation 3</p> <p>SF2728 Completion (SW and PD) evaluation: ≥3 at end of 1st yr</p>	<p>Faculty evaluation 3-4</p> <p>Correct completion of all military administrative actions related to kidney disease (<5% error by end of second year).</p> <p>360° Evaluation 3-4</p>	<p>Faculty evaluation 5</p> <p>360° Evaluation 5</p> <p>Other</p>

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Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by monthly dialysis summary audit tool, which is a transition tool). 2. Faculty rotation evaluations (transitions of care). 3. EPA “Manages general nephrology and transplant outpatient clinic (Administrative actions—e.g. MEB and Profiles—assessed by chart audit tool). 4. 360° Evaluation by nursing, ancillary and administrative staff of performance on weekly dialysis rounds, multidisciplinary dialysis conference, and transplant listing and management conference. 5. SF2728 completion evaluation (end of 1st year).

SBP3: Population Health				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for the local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
	<p>Faculty evaluation 3</p> <p>Monthly Dialysis Summary Audit >10% deficiencies but with progressive improvement (sp Transplant referral and EoL planning).</p> <p>Progressively improved documentation of military administrative actions related to kidney disease.</p>	<p>Faculty evaluation 3</p> <p>Monthly Dialysis Summary Audit ≤ 10% deficiencies (sp. Transplant referral and EoL planning).</p> <p>Progressively improved documentation of military administrative actions related to kidney disease.</p>	<p>Faculty evaluation 3-4</p> <p>Correct completion of all military administrative actions related to kidney disease (<5% error by end of second year).</p> <p>Develops and executes mentored multidisciplinary PI project, presented at end of 2nd year.</p>	<p>Faculty evaluation 5</p> <p>Other</p>
<p>Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by monthly dialysis summary audit tool). 2. Faculty rotation evaluations. 3. EPA “Manages general nephrology and transplant outpatient clinic (Administrative actions—e.g. MEB and Profiles—assessed by chart audit tool). 4. EPA “Completes and presents a mentored, multidisciplinary PI project” (assessed by completion and presentation to Nephrology faculty and staff).</p>				

SBP4: Physician Role in Health Care Systems

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Identifies key components of the complex health care system -Describes basic health payment systems, including practice models 	<ul style="list-style-type: none"> -Describes how components of a complex health care system are interrelated, and how this impacts patient care. -Delivers care with consideration of each patient’s payment model. 	<ul style="list-style-type: none"> -Discusses how individual practice affects the broader system. -Engages with patients in shared decision making, informed by each patient’s payment models. 	<ul style="list-style-type: none"> -Manages various components of the complex health care system to provide efficient and effective patient care and transitions of care -Advocates for patient care needs with consideration of the limitations of each patient’s payment model 	<ul style="list-style-type: none"> -Advocates for or leads systems change that enhances high-value, efficient, and effective patient care and transitions of care -Participates in health policy advocacy activities
	<p>Faculty evaluation 3</p> <p>Monthly Dialysis Summary Audit with progressive decline in quality indicator deficiencies (1st Yr).</p> <p>Progressively improved documentation of military administrative actions related to kidney disease.</p>	<p>Faculty evaluation 3</p> <p>Monthly Dialysis Summary Audit ≤ 10% deficiencies and quality indicator deficiencies (1st Yr).</p> <p>SF2728 Completion (SW and PD) evaluation: ≥3 at end of 1st yr</p> <p>Progressively improved documentation of military administrative actions related to kidney disease.</p>	<p>Faculty evaluation 3-4</p> <p>Correct completion of all military administrative actions related to kidney disease (<5% error by end of second year).</p>	<p>Faculty evaluation 5</p> <p>Other</p>



Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by monthly dialysis summary audit tool—sp. Meeting quality indicators). 2. SF2728 completion. 3. Faculty rotation evaluations. 4. EPA “Manages general nephrology and transplant outpatient clinic (Administrative actions—e.g. MEB and Profiles—assessed by chart audit tool).

PBLI1: Evidence-based and Informed Practice

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
Demonstrates how to access and use available evidence, and incorporates patient preferences and values in order to care for a routine patient	Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients and/or participates in the development of guidelines
	<p>Chart Audit <5% deficiency by 6 months (1st Yr), with progressive improvement.</p> <p>Monthly Dialysis Summary Audit ≤ 10% deficiencies and progressive decline in quality indicator deficiencies (1st Yr).</p> <p>Faculty Evaluation 3</p> <p>Academic lectures (IJC and CR) improving.</p>	<p>Chart Audit <5% deficiency at end of 1st Yr.</p> <p>Monthly Dialysis Summary Audit ≤ 10% deficiencies and quality indicator deficiencies (1st Yr).</p> <p>Faculty Evaluation 3</p> <p>Academic lectures (IJC and CR) rated at 3 or greater.</p>	<p>Chart Audits reduced from 100% outpatient (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%) (2nd Yr).</p> <p>Lecture content and presentation at faculty level (IJC and CR), prepared independently.</p> <p>Faculty evaluation 3-4</p> <p>Capstone presentation 3-4</p>	<p>Faculty evaluation 5</p> <p>Other</p>

Pertinent Assessment Tools: 1. EPA “Manages panel of chronic dialysis patients” (assessed by monthly dialysis summary audit tool. 2 EPA: “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 3. Faculty rotation evaluations. 4. EPA: “Prepares and presents academic lectures and literature reviews” (assessed by conference evaluations). 5. Capstone PMC on application of evidence based medicine and pathophysiology concepts to specific patient problem.

PBLI2: Reflective Practice and Commitment to Personal Growth

Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Accepts responsibility for personal and professional development by establishing goals -Identifies the factors that contribute to gap(s) between expectations and performance -Actively seeks opportunities to improve 	<ul style="list-style-type: none"> -Demonstrates openness to performance data (feedback and other input) in order to inform goals -Analyzes and reflects on the factors that contribute to gap(s) between expectations and performance -Designs and implements a learning plan, with prompting 	<ul style="list-style-type: none"> -Seeks and incorporates performance data episodically into practice, with adaptability and insight -Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and performance -Independently creates and implements a learning plan 	<ul style="list-style-type: none"> -Seeks and incorporates performance data consistently into practice, with adaptability and insight -Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and performance -Uses performance data to measure the effectiveness of the learning plan, and when necessary, improves it 	<ul style="list-style-type: none"> -Role models consistently seeking performance data, with adaptability and insight -Coaches others on reflective practice -Facilitates the design and implementation of learning plans for others
	<p>Faculty evaluation 3</p> <p>Academic lectures (IJC and CR) improving.</p> <p>Conference participation ≥80%</p>	<p>Faculty evaluation 3</p> <p>Academic lectures (IJC and CR) rated at 3 or greater.</p> <p>Conference participation ≥80%</p> <p>Develops learning plan based on ITE scores</p>	<p>Faculty evaluation 3-4</p> <p>Lecture content and presentation at faculty level (IJC and CR), prepared independently.</p> <p>Conference participation ≥80%</p> <p>Executes learning plan based on ITE scores</p>	<p>Faculty evaluation 5</p> <p>Other</p>

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Pertinent Assessment Tools: 1. EPA: “Prepares and presents academic lectures and literature reviews” (assessed by conference evaluations). 2. Faculty rotation evaluations. 3. Present for and participates in formal didactic curriculum. 4. Demonstrates a plan of learning based on perceived knowledge gaps and ITE scores (per PD and APD).

Professionalism 1: Professional Behavior and Ethical Principals				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
-Demonstrates professional behavior in routine situations -Demonstrates use of the ethical principles underlying informed consent, surrogate decision making, advance directives, and confidentiality	-Demonstrates professional behavior in complex or stressful situations -Uses ethical principles to address error disclosure and stewardship of limited resources	-Recognizes potential triggers and takes responsibility for professionalism lapses -Analyzes complex situations using ethical principles, and seeks help when necessary	-Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others -Recognizes and uses appropriate resources for managing and resolving ethical dilemmas (e.g., ethics consultations, literature review, risk management/legal consultation)	-Coaches others when their behavior fails to meet professional expectations -Serves as a resource for others to help work through complex ethical situations
	Progressive improvement on 360° evaluations Faculty evaluation 3	Satisfactory performance on 360° evaluations. Faculty evaluation 3	Fully satisfactory performance on 360° evaluations. Faculty evaluation 3-4 Second Year: Met deadlines for fully satisfactory completion of assigned case discussions, quizzes, and reflections for Medical Ethics curriculum.	Letters of praise from patients and/or members of inter-professional team. (Not required.) Faculty evaluation 5
Pertinent Assessment Tools: 1. EPA: 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).				

Professionalism 2: Accountability/Conscientiousness				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
-Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future -Responds promptly to requests or reminders to complete tasks and responsibilities	-Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations -Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner	-Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations -Proactively implements strategies to ensure that training requirements are met as assigned	Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner and offers to help.	Offers and implements strategies to make systems-level care responsibilities more efficient
	Chart Audit deficiencies for timeliness of encounter completion >5%, but improving. Faculty evaluation 3 Overall satisfactory performance on 360° evaluations.	Chart-audit deficiencies for timeliness of encounter completion <5%. Faculty evaluation 3 Fully satisfactory performance on 360° evaluations	Maintains deficiencies in timeliness of encounter completion to <5% during 2 nd Yr. Faculty evaluation 3-4 Attending level performance on 360° evaluations	Letters or commends of praise from patients, interprofessional and administrative team. Faculty evaluation 5 Other
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 for timeliness). 3. Faculty rotation evaluations. 4. Praise from patients and members of inter-professional team (not required).				

Professionalism 3: Self-awareness and Well-being				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
With assistance, recognizes status of personal and professional well-being	Independently recognizes status of personal and professional well-being and seeks help when needed	With assistance, proposes a plan to optimize personal and professional well-being	Independently develops a plan to optimize personal and professional well-being (well-being survey, fatigue assessment)	Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations
	Faculty/PD evaluation 3 Participates in well-being assessment and didactic training as assigned	Faculty/PD evaluation 3 Participates in well-being assessment and didactic training as assigned	Faculty/PD evaluation 3-4 Participates in well-being assessment and didactic training as assigned	Faculty/PD evaluation 5 Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertinent Assessment Tools: 1. Faculty/PD evaluations. 2. EPA: "Participates in well-being assessment and didactic training as assigned."				

ICS1: Patient- and Family-Centered Communication				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
<ul style="list-style-type: none"> -Uses language and nonverbal behavior to demonstrate respect and establish rapport -Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system -Participates with stakeholders in setting the agenda, clarifying expectations, and verifying understanding of the clinical situation for shared decision making 	<ul style="list-style-type: none"> -Establishes a therapeutic relationship in straightforward encounters using active listening and clear language -Identifies complex barriers to effective communication (e.g., health literacy, cultural) -With guidance, sensitively and compassionately delivers medical information, elicits patient/family values, goals and preferences, and acknowledges uncertainty and conflict 	<ul style="list-style-type: none"> -Establishes a therapeutic relationship in challenging patient encounters -When prompted, reflects on personal biases while attempting to minimize communication barriers -Adjusts communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options 	<ul style="list-style-type: none"> -Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity -Independently recognizes personal biases while attempting to proactively minimize communication barriers -Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan 	<ul style="list-style-type: none"> -Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships -Role models self-awareness while identifying a contextual approach to minimize communication barriers -Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict
	Faculty evaluation 3 Overall satisfactory performance on 360° evaluations	Faculty evaluation 3 Fully satisfactory on 360° evaluations Satisfactory performance on “Breaking Bad News” OSCE (EEC-GRS)	Faculty evaluation 3-4 Attending level performance on 360° evaluations Fully satisfactory performance on “Breaking Bad News” OSCE by end of second year (EEC-GRS)	Faculty evaluation 5 Letters and comments of praise from patients
Pertinent Assessment Tools: 1. 360° evaluations by patients, nursing, ancillary and administrative staff. 2. Faculty rotation evaluations. 3. Breaking Bad news OSCE simulation. 4. Letters and comments from patients.				

ICS2: Interprofessional and Team Communication				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
-Respectfully requests and/or receives a consultation request -Communicates basic information with primary consulting service	-Clearly and concisely requests and/or responds to a consultation request -Communicates basic information effectively with the health care team	-Checks own understanding of consultant recommendations and/or understanding of recommendations when providing consultation -Adapts communication style to fit team needs and uses language that values all members of the health care team	-Coordinates recommendations from different members of the health care team to optimize patient care -Communicates complex information effectively with the primary consulting service and other members of the health care team	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
	Chart Audit deficiencies > 5%, but improving. Faculty evaluation 3	Chart audit deficiencies <5%. Progressive improvement to satisfactory level by end of 1 st Yr on 360° evaluations Faculty evaluation 3	Reduction in 100% outpatient chart-audit (Month 1-6) to 50% (Month 7-9) to 25% (Month 10-12), based on maintained deficiency reduction (<5%). Fully satisfactory performance on 360° evaluations Faculty evaluation 3-4	Faculty evaluation 5 Other
Pertinent Assessment Tools: 1. EPA “Manages general nephrology and transplant outpatient clinic” (assessed by chart audit tool). 2. 360° evaluations by nursing, ancillary and administrative staff. 3. Faculty rotation evaluations.				

ICS3: Communications within Health Care Systems				
Level 1	Level 2 PGY4: 6 months	Level 3 PGY4: 12 months	Level 4 Graduation Goal/Ready for Unsupervised Practice PGY5: 24 months	Level 5 Aspirational
-Accurately and professionally records information in the patient record -Safeguards patient personal health information	-Documents diagnostic and therapeutic reasoning in the patient record in a timely manner -Appropriately selects and uses direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context	-Demonstrates advanced diagnostic and therapeutic reasoning in the patient record -Demonstrates effective use of direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context	-Communicates clearly, concisely, in a timely manner, and in an organized written form, including anticipatory guidance -Achieves written and/or verbal communication (patient notes, email, etc.) that serves as an example for others to follow	-Models feedback to improve others' written communication -Guides departmental or institutional communication around policies and procedures
	Chart Audit deficiencies > 5%, but improving, including telemedicine encounters. Monthly Dialysis Summary Audit with progressive decline in deficiencies (1 st Yr). Faculty evaluation 3	Progressive decline in chart audit deficiencies (<5% at 6 months), including telemedicine encounters. Monthly Dialysis Summary Audit with ≤ 10% deficiencies (1 st Yr). Faculty evaluation 3	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 (<5%). Includes telemedicine encounters. Faculty evaluation 3-4	Faculty evaluation 5 Other
Pertinent Assessment Tools: 1. EPA "Manages general nephrology and transplant outpatient clinic" (assessed by chart audit tool). 2. Faculty rotation evaluations. 3. EPA "Manages panel of chronic dialysis patients" (assessed by monthly dialysis summary audit tool).				