ACGME Program Requirements for Graduate Medical Education in Pediatric Nephrology

Effective: July 1, 2009

Introduction

Int.A. Scope of Training

Int.A.1. Pediatric nephrology programs must provide the fellow with the capability and experience to diagnose and manage renal diseases and to understand the physiology of fluid and electrolyte and acid-base regulation.

Int.A.2. There should also be training in the evaluation of psychosocial aspects of life-threatening and chronic diseases as they affect the patient and the family and in counseling both acutely and chronically ill patients and their families.

VIII. Program Personnel and Resources

VIII.A. Faculty

VIII.A.1. Pediatric Nephrology Specialists

There must be at least two pediatric nephrologists.

VIII.A.2. Other Physician Teaching and Consultant Faculty

The following faculty from other disciplines must be available: pediatric urology, pediatric surgery, pathology, radiology, psychiatry/psychology, and organ transplantation.

VIII.B. Resources

The following must be available to the program:

VIII.B.1. Space in an ambulatory setting for optimal evaluation and care of outpatients and an inpatient area with a full array of pediatric and related services staffed by pediatric residents and faculty. Specifically, there must be facilities for renal replacement therapy and renal biopsy.

VIII.B.2. Laboratory and diagnostic services, including: comprehensive diagnostic imaging, electron microscopy, immunology, immunopathology, histocompatibility, and diagnostic radionuclide imaging.

VIII.B.3. A nutrition support service; social and psychological services and other relevant healthcare providers (e.g., nurse specialists, PAs).

VIII.B.4. Patient Population

VIII.B.4.a) Adequate numbers of patients with a wide variety and complexity of renal disorders must be available to the training program to ensure that each fellow achieves competence in patient care. The patient population should be of sufficient size to ensure adequate exposure of fellows to patients with acute renal injury and chronic dialysis, including patients who utilize home dialysis treatment modalities, to ensure adequate training in chronic dialysis and who require renal transplantation (living related donor and deceased donor) and patients who previously had renal transplantation and require long-term follow-up.

VIII.B.4.b) Fellows must have the opportunity to care for patients with renal and other disorders in the intensive care unit setting.

VIII.B.4.c) Fellows must have responsibility for providing continuity of care for a panel of outpatients throughout their training.

IX. Educational Program

IX.A. Patient Care

IX.A.1. The fellows must have formal instruction, clinical experience, and opportunities to acquire expertise in the prevention, evaluation, and management of the following:

IX.A.1.a) Perinatal and neonatal conditions including congenital anomalies of the kidneys and genitourinary tract

IX.A.1.b) Hypertension

IX.A.1.c) Acute kidney injury

IX.A.1.d) Chronic kidney disease and end-stage renal disease

IX.A.1.e) Urinary tract infections, voiding dysfunction, nephrolithiasis, and urologic disorders

IX.A.1.f) Renal transplantation

IX.A.1.g) Fluid and electrolyte and acid base disorders

IX.A.1.h) Acute and chronic glomerular diseases

IX.A.1.i) Inherited renal disorders including genetic syndromes, tubular disorders, and cystic diseases

IX.A.2. In addition, fellows must have experience in the following:

IX.A.2.a) Evaluation and selection of transplant candidates

IX.A.2.b) Preoperative evaluation and preparation of transplant recipients

IX.A.2.c) Recognition and medical management of surgical and non-surgical complications of transplantation

IX.A.3. Fellows should demonstrate competence in:

IX.A.3.a) Acute and chronic dialysis and extracorporeal therapies including:

IX.A.3.a).(1) Evaluation and selection of patients for continuous renal replacement therapies

IX.A.3.a).(2) Initiation of hemodialysis, peritoneal dialysis, and CRRT

IX.A.3.a).(3) Long-term follow-up of patients undergoing chronic dialysis

IX.A.3.a).(4) Understanding of the principles and management of access for acute and chronic dialysis

IX.A.3.a).(5) Understanding the special nutritional requirements of acute and chronic dialysis patients

IX.A.3.b) Performance of percutaneous biopsy of native and transplanted kidneys

IX.A.3.c) Interpretation of urinalysis

IX.A.3.d) Performance of peritoneal dialysis and acute and chronic dialysis and CRRT

IX.A.4. Fellows should demonstrate competence in clinical applications of:

IX.A.4.a) Interpretation and evaluation of renal pathology specimens

IX.A.4.b) Interpretation of renal imaging procedures

IX.B. Medical Knowledge

The program must offer instruction through courses, workshops, seminars, and laboratory experience to provide appropriate background for fellows in laboratory diagnostic techniques, radiologic imaging, as well as renal development and physiology, pathophysiology, immunopathology, cell and molecular biology, and genetics.

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