

QUESTIONS YOU SHOULD ASK AS A NEPHROLOGY FELLOWSHIP APPLICANT

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Program Leadership and Faculty

1. How old is the fellowship program? How long has the program director been in that position?
2. Is the program director a regionally or nationally recognized expert in specific areas of clinical nephrology, scholarly research, quality/patient safety, or medical education?
3. Does the program have teaching faculty who are regionally or nationally recognized experts in specific areas of clinical nephrology, scholarly research, or medical education?
4. Who are the key clinical faculty for the program? What is their training and clinical background? What are the primary clinical, research, and educational roles of these faculty?
5. Who among the key clinical faculty demonstrate evidence of productivity in scholarship, specifically via peer-reviewed funding and/or publication of original research, review articles, editorials, or case reports in peer-reviewed journals, or chapters in textbooks? Can the program provide some examples of this scholarly work? What of this work includes program fellows?

Resources

6. Is there an on-site pathologist with expertise/fellowship training in renal pathology? Are renal biopsies (native and transplant) read in-house or sent out? Do fellows and faculty review biopsies directly with the pathologist? How soon after a biopsy is this available?
7. If fellows rotate to more than one hospital, who are supervising faculty at each?
8. Does the program utilize midlevel practitioners such as Advanced Practice Nurses or Physician Assistants? What is the responsibility/relationship of the fellows to these providers?

Educational Experiences

9. What is provided for fellow education in physiology, pathology, immunology/transplantation, clinical pharmacology, ethics/palliative care, renal imaging? Who provides this education?
10. What simulation experiences do fellows participate in?
11. What is the educational program and clinical experience of fellows in vascular access and peritoneal dialysis access?
12. How does the program prepare fellows for the business aspects of subsequent careers including private practice, academics, dialysis unit medical directorship, etc?

13. What is provided for fellow education in the principles, practice, and technology of dialysis? Who provides this education for fellows?
14. How many in-center hemodialysis, peritoneal dialysis, nocturnal hemodialysis and home hemodialysis patients are cared for by the primary teaching faculty of the program? What is the clinical experience fellows get in the care of each of these types of dialysis? Who oversees the teaching of fellows in each dialysis modality? What is the continuity experience with the care of patients with each dialysis modality? Do fellows follow their own cohort of chronic dialysis patients? If so, for how long and in what capacity do they function? How is competency in care of patients with each dialysis modality demonstrated?
15. Are kidney transplants done at the program's hospital(s)? If so, how many transplants are done per year and what is extent of the experience and role of the fellow in the care of transplant patients (a) at the time of transplant, (b) post-transplant outpatient, (c) when hospitalized post-transplant? What is the continuity experience with transplant patients? How is competency in the care of pre- and post-transplant patients demonstrated?
16. If transplant is not done at the program's hospital(s), where do fellows go for the experience and what is the structure of the away rotation? If transplant is not done at the program's hospital(s), what experience is provided at the program for education and clinical care of patients pre- and post-transplant? Who provides this education and supervision?
17. How many kidney biopsies are typically performed with supervision by each fellow (native and transplant)? Who performs the biopsies (i.e. nephrologist or radiologist)? What is the hands-on experience allowed the fellows when doing supervised biopsies? How is competency in performing biopsies determined?
18. How many dialysis catheters are typically placed by each fellow during the course of a day/week/month/year? Who supervises this? How is it determined that a fellow can do this with only indirect supervision?
19. What is the ICU clinical experience provided? Does the program have clinical faculty with specific interest and/or expertise in the care of ICU patients? What is the experience provided with CRRT?
20. What is the experience provided in interpretation of urinalysis, renal imaging, and renal pathology? How is competency in these demonstrated?
21. What types of patients are seen by fellows during their continuity clinic experience? To what extent do fellows have primary responsibility for ambulatory continuity clinic patients? Do fellows see patients similar to or different from those seen by teaching faculty? What is the teaching/supervision structure for this clinic experience? Who does the teaching?
22. What is the experience with the care of kidney diseases in specific populations such as women during pregnancy, children transitioning from pediatric to adult nephrology care, patients with advanced malignancy and/or who are treated with newer therapies, patients with kidney disease and nonrenal transplants, etc?

23. How many general nephrology clinics are there per week other than fellow continuity clinics? What is the ratio of faculty to fellows in these clinics?
24. What specialty clinics/referral clinics does the program have (i.e. complex hypertension, GN/SLE/renal vasculitis, stones, PCKD, other genetic renal diseases, etc)? What is the clinical experience of fellows in the care of patients with such diseases in both in-patient and ambulatory settings? Does the program have regionally or nationally recognized experts in any of these specific areas?
25. What is the educational and clinical experience provided in plasmapheresis? Who supervises the clinical experience?
26. Does the program offer a renal Palliative Care didactic and/or clinical experience?

Scholarly Activities

27. Does the program have a research requirement for fellows in a 2-year clinical track? What are the expectations of the fellow? Who supervises this experience? How are mentors determined? Is there protected time for research? If so, during which years, how much time, how is this time allocated and structured?
28. Does the program have a bibliography of scholarly work by fellows? Of such work, how much is published in peer-reviewed journals? How much is abstracts and/or case reports/case series only?
29. Does the program offer extended research track positions beyond 2 years of fellowship? Are fellows guaranteed a third and other additional years for research if productive during the first research year? What requirements are there for receiving research support for a third or other additional years of research? How are research fellows funded? Is there a training grant available for eligible fellows?
30. How is it determined who the fellows work with during their research years? How many basic and clinical research scientists are in the Division? Are fellows able to do research with scientists who are not members of the Division?
31. Is there a research mentoring committee? What is their role?
32. Are there required courses in research design, methods, statistics and ethics? Are there tuition costs to fellows for these courses?

Miscellaneous

33. Does the program have a Clinician Educator Track or offer Master's Degrees programs to fellows? What courses, experiences, advanced degrees are offered?
34. What sorts of quality improvement and/or patient safety activities are expected of fellows?
35. What do fellows do after graduation from the program and where do they go?

Practical considerations

36. Does the program provide clear information about benefits, call, money for dues, subscriptions, books? Is there support for meeting travel?