

## EXPLANATORY NOTES FOR USE WITH PAEDIATRIC NEPHROLOGY SYLLABUS AND LOGBOOK

Enclosed is the **logbook** designed by the College Specialty Advisory Committee for Paediatric Nephrology.

You should also have received from the RCPCH the **syllabus** for training in paediatric nephrology. *October 1999 A syllabus & training record for Higher Specialist Training in Paediatrics & Child Health F4 Genito-urinary system gives a list of conditions with which a Higher Specialist Trainee should become familiar. It is not sufficiently detailed to cover the depth of knowledge required of the tertiary trainee and thus should be used together with the logbook. In due course we hope we will have a tertiary training syllabus*

*You will notice the syllabus asks trainees to identify how they have acquired that knowledge. For purposes of assessment by College Specialty Advisory Committee we will be less interested in this and more interested in ensuring there are no gaps in knowledge and that all areas have been covered by clinical experience in that area and not just from reading or formal teaching.*

## PAEDIATRIC NEPHROLOGY TRAINING LOGBOOK

This logbook has been devised to achieve three ends:

- **Audit of training posts**

It is a requirement of Calman training that all training posts are audited in order to ensure that they provide adequate training opportunities for SpR grade. For this reason, questions regarding number of procedures undertaken and cases seen are included. A spreadsheet (A) is provided for the trainee to keep a weekly record of types of cases seen. It is strongly recommended that this spreadsheet is updated regularly to enable accurate calculation of the monthly/yearly data.

- **Individual training**

The trainee is asked to provide discharge summaries / GP letters for cases seen, and audit forms for cases where biopsies have been performed or dialysis started, so demonstrating an understanding of the diagnosis and management of a variety of different conditions encountered by paediatric nephrologists. Use of letters should reduce extra workload, and will also test the communication skills of the trainee. The logbook will be used by the Specialist Training Advisor when assessing the trainee after the first year of specialist training, in order to ensure that the training requirements set out in the Syllabus for Higher Training in Paediatric Nephrology can be achieved by the end of the training period.

- **Training Days**

It is hoped that a variety of topics eg. nephrotic syndrome, renal biopsy, practicalities of dialysis will be addressed on a series of training days (2 per year), sometimes using cases presented by trainees as the basis for interactive teaching sessions. As well as providing academic training, these sessions will enable trainees to meet each other and visit different units. Please contact Sally Feather (GOS) – trainee representative on CSAC for more information.

- Note that for guidance, **minimum** numbers of cases that a trainee will be expected to have been involved in by the end of the training period have been included in some sections of the logbook. The trainee is encouraged to create a logbook containing a variety of differing (not necessarily rare) conditions and situations in which he has been involved, especially those from which he has learnt useful lessons.

**NB. THE LOGBOOK WILL CONTAIN CONFIDENTIAL PATIENT INFORMATION AND SHOULD BE TREATED ACCORDINGLY.**

## 1. General Nephrology

- **Assessment of post**

On average, <b>per month</b> :	year 1	year 2	min. expected per month
How many new outpatient referrals do you see?			5
How many outpatients do you review (exclude new patients)?			16
How many inpatient referrals do you see (include ITU cases)?			4

- **Assessment of individual**

Please provide discharge summaries or GP letters about patients with each of the following conditions. Examples of these conditions are given in the Syllabus. These need not be children you have seen from initial diagnosis but should be cases which have been useful in increasing your understanding of paediatric nephrology.

Condition	No. of cases
Urinary tract infection	3
Structural malformation of the urinary tract (include one antenatal diagnosis)	3
Disorder of micturition (not neuropathic bladder)	1
Neuropathic bladder	1
Glomerulonephritis	3
Nephrotic syndrome	3
Vasculitis	1
Haemolytic Uraemic Syndrome	1
Hypertension (newly diagnosed)	1
Nephrolithiasis	1
Tubular or Metabolic disorder	2
Genetic disorder	1

## 2. Renal Failure

- **Assessment of post**

<b>Acute Renal Failure</b>	<b>year 1</b>	<b>year 2</b>	<b>min expected over 2 years</b>
How many cases of acute renal failure have you been involved with?			17
How many were treated at some stage with:			
peritoneal dialysis?			10
haemodialysis?			5
plasma exchange?			2
continuous haemodialysis/filtration?			4
Are you involved in supervising a renal failure service in an intensive care unit?			
Have you been involved in treating neonates with renal failure?			
<b>Chronic Renal Failure / Dialysis</b>			
• <b>Chronic Renal Failure</b>			
On average, how many different children in chronic renal failure (GFR< 30 ml/min/1.73m <sup>2</sup> ) do you see per year?			15
Have you been involved in discussions:			
regarding the implications of newly diagnosed end-stage renal failure?			
advising on dialysis options?			
advising on transplant options?			
• <b>Peritoneal Dialysis</b>			
How many patients on chronic peritoneal dialysis have you been involved in managing?			10
Have you seen a PD machine being set up?			
• <b>Haemodialysis</b>			
How many patients on chronic haemodialysis have you been involved in managing?			7
Are you involved in dealing with acute problems arising during a dialysis session?			
Have you seen a haemodialysis machine being set up?			
<b>Transplant</b>			
Have you been involved in preparation of children for transplant (transplant work-up)?			
Are you involved in discussions regarding selection of children for the transplant list?			
Have you seen a transplant operation?			
How many transplants have you been involved with in your training?			
On how many occasions have you looked after the patient for the first 12 hrs post transplant?			8

- **Assessment of individual**

Please provide discharge summaries / GP letters for:

Condition	No. of cases
acute renal failure	3
chronic dialysis (either PD or HD)	
• child <2 yrs old	1
• child aged 2-10 yrs	1
• adolescent	1
transplant	3

### 3. Procedures

- **Assessment of post**

	year 1	year 2	minimum (2 years)
How many native renal biopsies have you done?			10
How many transplant biopsies have you done?			5
Do you have the opportunity to review renal biopsies with a histopathologist?			
How many peritoneal dialysis (PD) catheters have you inserted?			
If your unit policy is to have acute PD catheters inserted in theatre, have you been present on one of these occasions?			
How many acute vascular access procedures have you performed?			
If your unit policy is that this procedure is not carried out by renal staff, have you been present at the time when acute vascular access is obtained?			
Have you observed the formation of a arterio-venous fistula/graft?			

- **Assessment of individual**

Complete the basic biopsy audit form (B) for **all biopsies** you perform (you need not record more than 45 biopsies).

Fill in the more detailed biopsy audit forms (C) on:

- 3 native and
- 2 transplant biopsies.

Complete audit forms (D) for

- 5 peritoneal and
- 5 acute vascular access procedures.

If your unit policy is for someone other than a nephrologist to carry out these procedures, you need only witness one of each, but should be able to detail the initial dialysis settings and complications occurring over the first 24 hours.

#### 4. Investigations

- **Assessment of post**

Have you seen the following investigations being performed?	Tick
renal ultrasound	
DMSA scan	
DTPA or MAG3 scan	
intravenous pyelogram	
antegrade pyelogram (Whittaker test)	
micturating cystourethrogram	
CT scan	
MRI scan	
angiography	
urodynamic scan	
Have you seen a percutaneous nephrostomy tube placement?	
Do you attend X-ray meetings at which your patients are discussed?	

- **Assessment of individual**

Have you obtained a certificate permitting you to direct isotope administration?

Do you feel able to interpret results of the following tests:

	Tick
• renal ultrasound	
• DMSA scan	
• DTPA or MAG3 scan	
• intravenous pyelogram	
• antegrade pyelogram (Whittaker test)	
• micturating cystourethrogram	
• CT scan	
• MRI scan	
• angiography	
• urodynamic scan	





## **D. DIALYSIS/FILTRATION ACCESS PROCEDURE AUDIT FORM**

Type of access:

Date undertaken:

Surgeon:

Patient details:

name:

number:

date of birth:

Brief clinical history and indication for acute dialysis/filtration:

Sedation/anaesthetic used:

Precautions taken during and post procedure:

Description of procedure used:

Complications:

Document the dialysis settings used for the first 24 hours of treatment and reasoning behind using these settings:

(It is not necessary to be present throughout this time!)