**Pediatric Nephrology**

Fellows will spend one month during their 2-year Fellowship rotating on the Pediatric Nephrology with Dr. Elizabeth Simon, a full-time Pediatric Nephrologist in the Department of Pediatrics. During that time they will become familiar with the differences between pediatric and adult ESRD replacement therapies. They will attend the Pediatric Nephrology clinics at AMC and learn the evaluation of the pediatric patient with proteinuria and hematuria, congenital electrolyte abnormalities. They may also see inpatient pediatric patients with an array of acute and chronic renal diseases. Dialysis of the newborn may also be observed.

**Lines of Responsibility:**
Fellows report to Attending Pediatric Nephrologist during this experience and if the Attending Pediatric Nephrologist is unavailable, Fellows report to the Attending Pediatric Nephrologist on-call and ultimately to the Program Director. All Fellow activities are directly supervised by Dr. Simon. The outpatient Pediatric hemodialysis unit is located on the AMC premises and Fellows will make rounds in that facility with Dr. Simon.

**Goals and Objectives:**
To learn the evaluation and management of the Following Areas of Medical Knowledge: Although much of this is taught during and through daily patient rounds, it is expected that the Fellow make a habit of localizing and assimilating medical evidence from appropriate medical journals as well as other sources of information technology (“Practice-based learning and improvement”).

- Congenital and acquired disorders of fluid, electrolyte, and acid-base regulation.
- Acute renal failure in the neonate, infant and adolescent.
- End-stage renal disease management in the pediatric population and the use of growth Hormone.
- Secondary hypertensive disorders seen in the pediatric population.
- Urinary tract infections and reflux nephropathy.
- Tubulointerstitial renal diseases, including inherited diseases of transport, cystic diseases, and other congenital disorders.
- Glomerular diseases common to the pediatric population.
- Drug dosing in pediatric patients.
- Continuous renal replacement therapy in neonates, infants and adolescents.
- Acute and long-term hemodialysis in infants and adolescents.
- This skill is especially challenging given the age of the patient population and the need to include parents in all patient decisions that involve a pediatric patient. Thus, this skill needs to be undertaken with an awareness and responsiveness to the larger context of system health care, as well as an ability to effectively communicate with patients, their parents or guardians, and other health professionals. It assumes and requires the Fellow working effectively within the health care system that provides these therapies and determines the appropriate modality of treatment for each patient. Specific patient needs must be taken in consideration, patient age, size, ambulation, socioeconomic factors, a patient’s living situation and family support. In addition there must be effective communication between The Fellow and the ancillary services within and outside of the hospital, e.g. Social workers, Dieticians, Access Surgeons, Discharge planners, and Primary physicians. The Fellow must show compassion for patients (and their families) entering an ESRD program and respect patients’ autonomy and privacy while discussing ESRD options and sites of placement. Doing the above integrates the following competencies: “Patient Care”, “Systems-based Practice”, “Professionalism”, and “Interpersonal and Communication Skills”.