

Title of Clerkship: **Nephrology Elective – Sandusky AHEC (2 weeks)**

Elective Year(s): Fourth Year Elective

Department: Internal Medicine

Type of Elective: Clinical  Non-Clinical/Research \_\_\_\_\_ Basic Science \_\_\_\_\_

Clerkship Site: Sandusky, Ohio

Course Number: MEDI734

Blocks Available: All, when preceptors are available

Number of Students/  
Block: 1

Faculty: Various preceptors

Elective Description/  
Requirements: A two-week rotation for fourth year medical students interested in Nephrology as a specialty. There is a great opportunity for dialysis observation and management, and most of the rotation relates to etiology and management of chronic renal failure.

Length of Clerkship: 2 weeks

PC-8, PC-10 Process:

1. Describe problems in ill-structured clinical cases.
2. Formulate hypothesis(es) based on problems
3. Test hypothesis(es) on a logical basis
4. Proposes therapeutic plan based on above analysis.
5. Re-evaluate hypothesis on basic of test results and/or response to treatment.
6. Search out basic science and clinical literature relevant to problem at hand.
7. Self-evaluate and become a self-directed learner.

PC-4 Skills:

1. Perform a careful analysis of urine sediment in the context of a clinical problem.
2. Write a concise consultation note clearly identifying the most likely diagnosis and therapeutic recommendations.

PC-2, PC-3 Behaviors/Attitudes:

1. Perform a considerate examination and evaluation of the patient.
2. Explain to the patient and family members where appropriate the nature of the patient's condition and the patient's choices including: risks, benefits, and alternatives.

MK-1, MK-2, MK-4 Cognitive Objectives:

1. Hyponatremia/Hypertnatremia/Body Fluids
  - a. Describe the body control of sodium and water balance.
  - b. Explain the ways sodium and water balance is independent and the ways they are dependent.
  - c. Characterize from clinical information the patient's total body sodium (effective extra- cellular fluid volume) status.
  - d. Distinguish true hypotonicity form pseudohyponatremia.
  - e. Order diagnostic tests and interpret to determine pathogenesis of hyponatremia.
  - f. Prescribe fluids appropriate to clinical information.
  - g. Estimate water deficit from clinical information and prescribe fluids.
  - h. Evaluate edematous patient for pathogenesis and prescribe appropriate treatment.
2. Potassium Balance/Hypokalemia/Hyperkalemia
  - a. Describe body balance of potassium.
  - b. Determine a differential diagnosis for hypokalemic state. Propose diagnostic tests to confirm diagnosis and recommend treatment.

- c. Distinguish pseudohyperkalemia from hyperkalemia, describe tests required to confirm impression.
  - d. Determine the differential diagnosis of hyperkalemic state, propose tests to confirm pathogenesis and prescribe treatment.
  - e. Describe the emergency treatment of hyperkalemia, mechanisms of action, relative speed and efficacy.
3. Simple Acid-Base Disorders
- a. Describe buffering system of the body and explain why bicarbonate is a good buffer to maintain pH at 7.4 in vivo but a poor buffer in vitro at the pH.
  - b. Describe the body balance of H<sup>+</sup>, HCO<sub>3</sub><sup>-</sup>, and CO<sub>2</sub> for the body and describe the generation, elimination and measurement of these substances. Explain the differences between total CO<sub>2</sub>, pCO<sub>2</sub>, HCO<sub>3</sub><sup>-</sup>.
  - c. Identify the 4 simple acid-base disturbances from clinical information.
  - d. Describe compensatory mechanisms for each simple disturbance. Explain why the Henderson-Hasselbalch Equation (ionization constant) does not predict the compensation expected.
  - e. List 5 causes for each simple acid-base disturbance.
  - f. Explain the difference between acidemia and acidosis.
  - g. Explain how perpetuating factors make it difficult for the body to homeostatically correct metabolic alkalosis in the face of volume depletion.
  - h. Describe the treatment of each of the primary acid-base disturbances. Calculate the dosages of bicarbonate for metabolic acidosis.
4. Complex (Mixed) Acid-Base Disorders
- a. Explain the difference between simple and complex (or mixed) acid-base disturbances.
  - b. Explain what predicted compensations.
  - c. Explain why compensation never obliterates the primary acid-base disturbances.
  - d. Identify mixed (or complex) acid-base disturbances from clinical material with the aid of confidence bands for simple disturbances.
  - e. Propose treatment for mixed acid-base disturbances based on an understanding of the pathophysiology.
5. Acute Renal Failure
- a. Describe the differential diagnosis
  - b. Identify the treatment
6. Chronic Renal Failure
- a. Search for reversible causes
  - b. Describe how to manage
7. Dietary
8. Dialysis options
9. Renal transplantation
10. Identify interstitial nephritis
11. Identify cystic diseases of the kidney
12. Identify hypertension
13. Evaluate and treat other common clinical disorders such as:
- a. Proteinuria
  - b. Obstructive Uropathy
  - c. Urinary tract infections

PC-8, PC-10 Process:

- 8. Describe problems in ill-structured clinical cases.
- 9. Formulate Hypothesis(es) Based on Problems
- 10. Test hypothesis(es) on a logical basis
- 11. Proposes therapeutic plan based on above analysis.
- 12. Re-evaluate hypothesis on basic of test results and/or response to treatment.
- 13. Search out basic science and clinical literature relevant to problem at hand.

14. Self-evaluate and become a self-directed learner.

Professionalism:	UT/COM students will meet or exceed the institutional standards for professionalism as stated in the current Educational Program Objectives and the current Educational Course Objectives for the Sponsoring Department.
Instructional Methods:	<ol style="list-style-type: none"><li>1. Interpretation of lab data</li><li>2. Diagnostic tests – use/interpretation</li><li>3. Lecture/media</li><li>4. Independent study</li><li>5. Outpatient rounds</li><li>6. Inpatient rounds</li></ol>
Evaluation Methods:	<ol style="list-style-type: none"><li>1. Attendance</li><li>2. Case presentation</li><li>3. Case write-up</li><li>4. Faculty/resident evaluation</li><li>5. Narrative</li></ol>
Prerequisites:	Successful completion of required Internal Medicine Clerkship
Clerkship Director:	Christopher Lynn, M.D.
Clerkship Coordinator:	Dawn Jagodzinski
Phone Number:	419-383-5022
Email:	<a href="mailto:Dawn.jagodzinski@utoledo.edu">Dawn.jagodzinski@utoledo.edu</a>
AHEC Office Contact:	Sophie Aldrich
Phone Number:	419-359-5877
Email:	<a href="mailto:SAHEC@CHSOHio.com">SAHEC@CHSOHio.com</a>
Special Requirements:	On call and other special requirements will be at the discretion of your preceptor. Some preceptors do require you to be on call and available on weekends. The student will be expected to be in the physician's office during office hours each day unless otherwise specified by the preceptor.