

College of Physicians and Surgeons of Mumbai

Syllabus for CPS-PG-Course

DPNEP-DIPLOMA IN PAEDIATRIC NEPHROLOGY

College of Physicians and Surgeons of Mumbai

CPS House, Dr. E. Borges Marg, Parel, Mumbai – 400012.

DPNEP-DIPLOMA IN PAEDIATRIC NEPHROLOGY

GOAL :

The goal of this course is to provide training in Pediatric Nephrology for Pediatricians to enable them to provide medical care to the infants and children with congenital, inherited and acquired renal and genitourinary disorders .

OBJECTIVES

After completing the Diploma , the Fellow should be able to: Analyze problems scientifically, taking into account the biological basis and epidemiology of renal diseases inchildren Provide acute care to patients with renaldiseases Recognize surgically treatableconditions Implement a follow-up plan for patients with chronic kidneydisease Seek and analyze new literature in the specialty, and apply it in theirwork Play a catalytic role in prevention of renaldisorders

COURSE DESCRIPTION

Eligibility Criteria for Candidates:

i. A candidate should possess MBBS degree/ equivalent degree as per provisions of Indian Medical Council Act.

&

ii. Candidates having a recognized 3 years degree Qualification (MD/MS/DNB) in any General Medicine or Paediatrics speciality

or 2 years Diploma Qualification in General Medicine or Paediatrics specialty

Duration of the Course : 2 years

SCHEDULE OF POSTINGS:

The schedule of postings and teaching sessions, during 12-months' shall, with some flexibility, be as follows

Clinicalpediatricnephrology	16 months
Hemodialysis, CAPD, acutedialysis	8 months

Pediatric Urology/Pediatric SurgeryOnce a week Nuclear Medicine, Radiology, Pathology &MicrobiologyOnce a week

INTRODUCTION:

Medicine and medical care are getting more complex by the day. Certain branches of medicine such as internal medicine and general surgery were the first to respond to these changes. There is cardiology, gastroenterology, pulmonology, nephrology as a subspecialty of internal medicine. Likewise on the surgical side there is urology, neurosurgery, thoracic surgery and surgical gastroenterology. It is the need of the hour to provide the best of the care for the expanding pediatric community in India. It would not be possible for a single pediatrician to provide all the care. He will need the help of fellow pediatrician trained and experienced in the concerned specialty to manage pediatric problems efficiently Secondly, present postgraduate students do not wish to end formal education after obtaining postgraduate degree in Pediatrics. Whenever options exist, they opt for the pediatric super specialty of their choice.

Since there are no courses available in specialties concerned with pediatrics they undertake super specialty courses in adult nephrology, cardiology, gastroenterology with the hope that they would able to practice pediatric super specialty through the experience gained in adult medicine. Some, if affordable, would go abroad for training through fellowship.

Hence there is an absolute need to start Fellowship training courses in Pediatrics particularly in Nephrology to meet the demands of the community for high medical care for children and incidentally fulfill the aspirations of the young ediatricians in India for specialty training.

LEARNING OPPORTUNITIES:

Learning shall be self-directed and occur while working in various areas & through interactions in the rounds. Formal sessions aim to facilitate & supplement these efforts:

Journal Club Topic/protocol discussion Renal pathology Radiology, Nuclear Medicine Once a week Once a week Once a week/fortnight Once a week

REQUIREMENT FOR ACCREDITATION OF INSTITUTIONS OFFERING PEDIATRIC NEPHROLOGY

TRAINING

The hospital should be affiliated to a University or National Board of Examination for Pediatrics, New Delhi

Dedicated Nephrology OPD with at least 100-150 patients in amonth

10 beds for indoor Nephrologypatients

In-house laboratory for renal biochemistry, microbiology, basic immunology and histopathology In-house department for Radiology and Ultrasound Accessibility for renal nuclear scans and urodynamics Kidney biopsies at least 30 in ayear Intermittent peritoneal dialysis (IPD) at least 20 in ayear Facilities for IPD, CAPD care and haemo dialysis are recommended Facilities for CAPD initiation and plasmapheresis aredesirable Program for ESRDrecommended Transplantation unit is optional. It could have a link up with some other hospital if there is no inhouse transplantprogramme Neonatal unit, Neonatal Intensive care unit, Pediatric beds, Pediatric Intensive care unit to a total of 80-100 are amust Pediatric surgical cum urology unit is amust. Affiliation fees of the hospital to the CPS: As decided by the committee of the CPS Reaccredidation: Once in 3 years

FACULTY:

The faculty should consist of formally trained Pediatric Nephrologist or Pediatrician with DM in Nephrology of recognized University or DNB Nephrology of National Board, NewDelhi.

A junior consultant trained in Pediatric Nephrology with experience in Pediatric Nephrology unit for at least 3years

The team should have maintained the department for at least 5 years prior to applying for the programme

Appropriate number of Residents and Nursing staff should bepresent

Guidelines for the appointment of examiners for clinical and OSCE examination;

There shall be 2 examiners: One internal examiner of The Tamilnadu Dr.MGR Medical University from Centers conducting the Fellowship Programme and another one external to the University

The external examiner should have at least 5 years of experience in PediatricNephrology

Same set of examiners will be responsible for OSCE and clinicalexamination

The external examiner may be appointed for not more than 3 years consecutively. However, he/she may be reappointed after an interval of twoyears

Examination fees:

As decided by the committee of the CPS

ADMISSION NORMS:

Selection: CPS CET or NEET

Eligibility: Only MD / DNB Pedaitric/ FCPS Graduates will be eligible.Candidates with only DCH will not beeligible.

The candidates selected for the said Programmes should have undergone structured training or actively worked in a recognised Pediatric Nephrology Centre for a minimum period of one Year before joining this Fellowship training.

The number of candidate to be admitted should be one Fellow per year per recognized senior consultant in the unit. If the number of senior consultant in the unit is more than one then the number of students may be increased proportionately but not more than two in a unit per year in any circumstances. For this purpose, one student should be associated with one seniorconsultant.

The academic year should begin from 1StJanuary

Course fees – As decided by the committee of theUniversity

PROPOSED SYLLABUS:

The major goals for trainee are to acquire

- 1) Developmental Anatomy of the Kidney and allied structures and its abnormalities,
- 2) Basic renal physiology and disorders of renal functions,
- 3) Clinicalknowledge and experience in common pediatric nephro-urological problems,
- 4) Skill in performing renal biopsies and acute peritoneal dialysis,
- 5) Skill in managing children needing chronic peritoneal dialysis and hemodialysis,
- 6) Skill in managing renal transplant (optional)

These goal are attained by

1) Providing Pediatric nephrology care for hospitalized patients on the pediatric nephrology service in general pediatrics, PICU, Neonatal, Cardiac and Surgical Intensive Care units,

2) Provide consultation for children with suspected renal diseases and complications of fluid and

electrolyte balance in the Medical and Surgical Units,

3) Attend OP clinics.

These responsibilities will provide the trainee with a wide variety of patients with all type of diseases, urological abnormalities, hypertension and disorders of fluid and electrolyte imbalance. The trainee is responsible for the rounds on a daily basis on all patients, to provide clinical

supervision of the patients, medical evaluation and therapy, formal teaching rounds to be held with the Consulting Pediatric Nephrologists by reviewing all patients on the Inpatient Pediatric Nephrology service.

In addition, information rounds will be held with the junior consultant to assure that allpatient medical needs are being met. The primary goal of these responsibilities is education of the trainee to develop a proper differential diagnosis of the patient's problems, plan the proper medical evaluation and initiate therapy for the problem.

The trainee is responsible for the evaluation of chronic patients assigned to him/her and follows these patients longitudinally during the year of training. The trainee is also responsible for evaluation of other selected patients and evaluation of appropriate new patients referred to the program. The renal clinics will be combined with pediatric urologic consultants and Radiology consultants. On these days, investigations, diagnosis and management problems of Nephro-Urolgoical will be decided. The use of ultrasonogram, isotope renal scan, CT scan and other imaging modalities will be discussed with the respective consultant.

The clinical responsibilities for the pediatric nephrology trainee, includes attendance at renal clinics for longitudinal follow-up of all patients assigned to the trainee, provide primary clinical care responsibility with the pediatric postgraduates. The trainee will be responsible for reviewing a topic of clinical interest at the management conference once a month, sharein

Presenting cases at Clinical meetings and share in presenting articles at the Nephrology Journal club. In addition, the trainee will be responsible for presenting one formal lecture on clinical pediatric nephrology to the general pediatric residents once a month

CURRICULUM DETAILS:

ANNEXURE I: Overview of curriculum

During the training, satisfactory understanding and expertise should be obtained in both inpatient and out patient environments of Pathophysiology of congenital & acquired diseases of the kidney and urinary tractinthe growing child

Etiology, clinical features, diagnosis and differential diagnosis of congenital & acquired renal diseases in the fetus, infant and child, their evaluation and management

Performance/knowledgeof

Renal biopsy, interpretation of renal histology Renal ultrasound

Techniques for the assessment of glomerular and tubular function Application of peritoneal dialysis, hemodialysis

Use of diet and drugs for the treatment of renaldiseases Understanding the management of surgical conditions of the urinarytract. Exposure to transplantation services to know the basic issues is desirable. It is only an exposureandnotmeantfortestingtheminthefinalexaminationintheoryandviva.

ANNEXURE II: Skills and Procedures

A high standard of expertise should be obtained in performance of the following procedures: Urinalysis Renal biopsy and interpretation of histology Tests for assessment of glomerular and tubularfunctions Application of peritoneal dialysis, hemodialysis and related techniques Use of diet and drugs for the treatment of renaldiseases Communication with patients

ANNEXURE III: CURRICULUM CONTENT

Investigations

<u>Imaging</u>

Knowledge	To understand the role, limitations and interpretation of commonly used imaging modalities To know the practicalities and safety precautions associated with each test
Skills	To request the different radiological investigations To be able to interpret scan images Should involve directly with the Radiologist and Sonologist in various imaging procedures and ultrasound

RenalPhysiology

Skills, Knowledge	To appropriately request & interpret investigations for assessment of
	GFR from height and plasmacreatinine
	Calcium, phosphate & bone mineralmetabolism
	Urinary concentrating and dilutingability
	Tubular handling of fluid andelectrolytes
	Acid-basebalance
	To understand the practicalities, limitations and precautions for
	measurementof:
	Creatinineclearance
	Protein and calciumexcretion

RenalBiopsy

Knowledge	To know the indications, procedure and complications
Skills	To perform a kidney biopsy safely
	To recognize common histological appearances and consequences
	for diagnosis, prognosis and treatment Should perform with assistance on at least 10 children and do it
	without assistance in minimum 10 children

(B) Urinary tract infection (UTI) and vesicoureteric reflux

Knowledge	To understand the epidemiology, clinical features and issues in
	diagnosis Role of imaging, other investigations and therapy To understand the options/management of UTI & VUR

(C)Structural malformations

Knowledge	To know the presentations of developmental variants and
	abnormalities, including obstruction To be aware of different reconstructive procedures
Skills	To be able to provide medical support to urological services

Disorders of micturition & neuropathic bladder

Knowledge	To know the common renal and non-renal diagnoses associated
	with enuresis Understand the appropriate use of urodynamic studies and
	instigate management strategies
Skills	To appropriately assess a child with bladder dysfunction

Hematuria

Knowledge	To understand the pathophysiology and etiology of macroscopic
	and microscopic hematuria
Skills	To be able to perform urinalysis
	To demonstrate appropriate investigation and management of
	the child with hematuria, including role of imaging, urological
	assessment, renal biopsy and genetic and molecular studies

Proteinuria

Knowledge	To know and differentiate between physiological and pathological
	causes of proteinuria To know the methods of investigation, indications for biopsy; and
	management of a child with proteinuria

Antenatal renal problems.

Knowledge Skills	Rental disorders in the foetus. Signs and symptoms Parental
	counseling and Mangement

Glomerular disease

Knowledge	To know the etiology and immunological basis of
	glomerulonephritis To know the different forms of presentation and their appropriate
	management To understand the clinical course and prognosis of acute and
	chronic glomerulonephritis To know the indications for immunosuppressive agents, cytotoxic
	drugs, plasmapheresis and dialysis

Nephroticsyndrome

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Knowledge	To know the pathophysiology of nephrotic syndrome
	To understand the investigation of nephrotic syndrome including
	indications for renal biopsy To know the pharmacology and side-effects of steroids, other immunosuppressive agents and other agents
Skills	To detect and manage associated complications

To manage the initial presentation of nephrotic syndrome
To manage steroid-sensitive, steroid-dependent & steroid-
resistant nephrotic syndrome, including indications and choice of
To be able to manage congenital nephrotic syndrome

Systemic lupuserythematosus

Knowledge	To understand the classification, clinical course and treatment
	options in lupus nephritis
Skills	To perform clinical examination, plan and interpret investigations,
	including histology & immunology

Vasculitides

Knowledge	To know the causes, presentation, patterns of multisystem
	involvement and spectrum of disease To describe the investigation and monitoring of the patient with
	vasculitis To list the different therapeutic options available, including
	adverse effects
Skills	To be able to appropriately investigate and treat vasculitis,
	including use of immunosuppression

Hemolytic uremicsyndrome

Knowledge	To understand its pathophysiology & epidemiology
	To know the presentation and clinical course of diarrheapositive
	and atypical HUS To understand principles of treatment, role of plasma exchange and dialysis, and long-term management including implications
Skills	To be able to investigate, diagnose and manage the initial
	presentation of HUS

Interstitialnephritis

Knowledge	To list causes of interstitial nephritis/ tubulointerstitial disease
Skills	To appropriately investigate and manage the child with interstitial
	nephritis, including use of corticosteroids

Hypertension

Knowledge	To define & understand the diagnosis of hypertension; know the
	common conditions in different age groups

	To describe the possible mechanisms causing essential and
	secondary hypertension To describe the investigations in these cases
	To describe the mechanism of action and side-effects of
	antihypertensive agents
Skills	To be able to investigate a child with hypertension
	To be competent in management of hypertensive emergencies
	To be competent in the management of chronic hypertension,
	and in using various drugs

Nephrolithiasis:

Knowledge	To know the etiology of renal stone formation, including underlying
	tubular abnormalities
	To know the biochemical and radiological investigations
	To understand the medical (including prevention of stones) and
	surgical management
Skills	To demonstrate ability to appropriately investigate the child with
	renal stones
	To manage the child with renal stones

Tubulardisorders:

Knowledge	To understand the causes and different presentations of primary and
	secondary tubular disorders To understand the investigation of tubulopathies
Skills	To be competent in the investigation and management of tubular disorders

Cysticdisease:

Knowledge	To list the different causes of renal cystic disease in different age
	groups To describe the mode of inheritance and methods of screening,
	including for multicystic dysplasia To know the clinical course of polycystic kidney disease,
	nephronophthisis
Skills	To examine and investigate the child with renal cysts in different age groups
	To manage a child with cystic kidney disease

Geneticdisorders:

nowledge	To know the presentation and management of common inherited
	renal disease including renal involvement in syndromes, familial
	nephritis and cystic kidney disease
	To understand basic genetic principles
Skills	To be able to advise parents of the risk of recurrence and the need
	for family screening

Fluid and electrolytedisturbances

Knowledge	To understand the physiology of fluid andelectrolyte imbalance
	To know the principles of treatment of fluid and electrolyte
	imbalance
	To know the endocrine diseases associated withimbalance
Skills	To be able to manage fluid and electrolyte imbalances in nonrenal
	disease including overdose

Acute kidneyinjury

Knowledge	To know the differential diagnosis of AKI	
	To know the investigation including role of biopsy	
	To describe the methods to correct fluid/biochemical abnormalities	
	and indications for dialysis	
	To know the treatment of reversible causes of AKI	
Skills	To perform a reliable and accurate clinical assessment of the patient's	
	fluid status	
	To be able to appropriately manage the complications of AKI	
	 – conservative and dialysis 	
	To be able to select and practically manage the different dialysis	
	modalities including peritoneal dialysis, hemodialysis and	
	hemofiltration	
	To be able to begin treatment of the underlying cause	
	To manage the patient with multiorgan failure or systemic disease	
	requiring renal replacement therapy	

Chronic kidney disease (CKD); chronic renal failure(CRF)

Knowledge	To know the epidemiology, causes of CKD
	To know the investigations required in a child with new presentation,
	including assessment of the degree of renal failure and reversibility of
	the condition

	To understand the natural history and prognosis of common diseases
	causing CKD, and treatment strategies that may ameliorate the
	condition
	To understand factors involved in failure to thrive
	To describe the pathophysiology, investigation and indications for
	treatment in mineral bone disease
	To describe the pathophysiology of renal anemia, its investigation and
	appropriate management
Skills	To identify/appropriately manage the underlying cause
	To diagnose and treat the child with CKD including biochemical
	disturbance, bone disease and anemia To appropriately counsel the family to facilitate the selection of dialysis
	modality and prior to referral for renal transplantation To make an accurate assessment of nutritional status & use appropriate
	advice with the assistance of dietitians To show ability to prevent, diagnose and manage mineral bone disease

Transplantation

Knowledge	Pre-Transplantation		
	To understand the ethical issues surrounding organ donation/		
	transplant; principles of recipient selection, indications and		
	contraindications		
	To know what is involved in a transplantwork-up		
	Transplantation		
	To know the basic surgical proceduresinvolved		
	To know the medications used, includingside-effects		
	Post-Transplantation		
	To know the indications for renal transplantbiopsy		
Skills	Pre-transplantation		
	To assess the suitability of a patient, discuss issues oftransplantation		
	Post-transplantation		
	To be able to manage the stable transplantpatient		
	To be able to advise the child, family andschool		
	Minimum requirement		
	Should involve in at least 5 transplant programs in the preparation of		
	the patient and on post transplantfollow-up		

Knowledge	To describe the principles of dialysis and dialytic procedures in AKI and
	ICU setting ; peritoneal dialysis. Intermittent hemodialysis, CRRT,
	SLEDD.
	To describe the methods of vascular access, and their complications
	To list the complications occurring during dialysis
Skills	To be able to plan the initiation of hemodialysis
	To manage different forms of vascular access
	To adjust the prescription, manage the complications of hemodialysis
	Should involve in at least 50 HD sessions

Peritoneal Dialysis

Knowledge	To describe the principles of acute and chronic dialysis, & the	
	advantages/disadvantages compared to hemodialysis To know the complications of peritoneal dialysis, both infective and	
	mechanical	
Skills	To be able to prescribe/monitor patients on dialysis	
	To manage the complications of peritoneal dialysis	
	Involve in at least 10 PD sessions	

Pharmacology

Knowledge	To define principles of pharmacokinetics and drug handling in renal
	impairment To list ways in which different classes of drugs act on the nephron and
	affect renal function To list the effects of hemodialysis, hemofiltration and peritoneal
	dialvsis on drug prescribing To describe principles of drug interactions, especially
	immunosuppressive agents
Skills	To prescribe safely to patients with renal disease

Communication and counseling to include affectiveskills

Knowledge	Counseling techniques for renal biopsy in relation to the child and the
	parents
	Counseling techniques in children with ESRD
	Counseling techniques for transplant patient
	Communication with parents, families and care takes
	Communication with intern department staff, co-medical staff

	Communication with other departments
Skills	Ability to understand with empathy needs of the sick children, social
	psychological and economical burden of their parents To maintain friendly and equality relationship with colleagues, juniors
	and inter departmental staff

Researchactivity

Knowledge	Ideas of formulating the topic for research and formalizing the various		
	components of a research report Interaction with Ethical Committee and modifying the topic and the contents as per need		
Skills	Should undertake one prospective and one retrospective study and		
	complete it for publication before the completion of the fellowship		
	program		

TEACHING LEARING METHODS AND ACTIVITIES

Presentation

Seminars and symposia	1 per month
Journal club	2 per month
Clinical case conference	2 per month
Bedside presentation	2 per week

Inter departmental discussion 1 per month

Mortality /audit meetings 1 per month

To take first nephrology calls from the ward, emergency dept and PICU and NICU On all days, Conferences, CME

Should attend State / National conference of Pediatric Nephrology Should attend CME in on Pediatric

Nephrology

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EXAMINATION PATTERN

Theory Examination:

PAPER I	PAPER II	PAPER III
Basic Sciences as applicable to nephrology	 Clinical Nephrology including Pathology, pathophysiology and therapeutic aspects 	Recent advances in paediatric nephrology
Section I	Section I	Section I
Q.1. 10 Marks	Q.1. 10 Marks	Q.1. 10 Marks
Q.2. 10 Marks	Q.2. 10 Marks	Q.2. 10 Marks
Q.3. 10 Marks	Q.3. 10 Marks	Q.3. 10 Marks
Q.4. 10 Marks	Q.4. 10 Marks	Q.4. 10 Marks
Q.5. 10 Marks	Q.5. 10 Marks	Q.5. 10 Marks
Total 50 Marks	Total 50 Marks	Total 50 Marks
Section II	Section II	Section II
Q.6. 10 Marks	Q.6. 10 Marks	Q.6. 10 Marks
Q.7. 10 Marks	Q.7. 10 Marks	Q.7. 10 Marks
Q.8. 10 Marks	Q.8. 10 Marks	Q.8. 10 Marks
Q.9. 10 Marks	Q.9. 10 Marks	Q.9. 10 Marks
Q.10. 10 Marks	Q.10. 10 Marks	Q.10. 10 Marks
Total 50 Marks	Total 50 Marks	Total 50 Marks
Section I + II = 100 Marks	Section I + II = 100 Marks	Section I + II = 100 Marks

Practical Examination:		Marks
Paper - IV	Clinical Practical	100
Paper - V	Oral & Viva	100
Paper - VI	Case	100
Total Marks	(Aggregate marks for passing is 50% out of 300)	300

BOOKS:

Journals published from India	:	Indian Pediatrics		
Indian Journal of Practical Pediatrics Indian Journal of Nephrology				
International Journal	:	British Medical Journal		
New England Journal of Medicine Pediatric Nephrology				
Textbooks	:	Nelson Text- Book of Pediatrics		
Forfar & Arneils Text- Book of Pediatrics D. Avner - Pediatric Nephrology				
Schaffers - Comprehensive Pediatric Nephrology.				
Website	:	ispn-online.org		