



**UNIVERSITY OF SOUTH FLORIDA
TAMPA GENERAL HOSPITAL**

ADULT RENAL TRANSPLANT

SCOPE OF PRACTICE

July 2012 Update

Attached is a document describing the activities of the Fellows in the training program in ADULT RENAL TRANSPLANT, INTERNAL MEDICINE.

Fellows at the postgraduate year-six (PGY-6) of training, while not limited to the following activities, are specifically allowed to do these under direct supervision. Fellows are authorized to perform any activity assigned while under direct supervision, or without direct supervision, if deemed appropriate by the attending physician. This document may be modified by the program director, based on additions to the training program.

The following procedures can be performed by the renal transplant fellow without direct supervision, as he/she is expected to have been certified to be proficient to perform these¹:

- (1) The performance of percutaneous renal biopsies (native and/or transplanted kidneys), and
- (2) The placement of dialysis access:
 - a) Jugular and/or femoral intravenous catheters for acute hemodialysis.
 - b) Intra-Peritoneal catheters for acute peritoneal dialysis.

¹ *It is the responsibility of the renal transplant attending physician to verify early in the training that the fellow has indeed been certified to perform such procedure independently.*

c) If above vascular accesses are not possible, then subclavian catheters in exceptional circumstances, after discussion with attending physician.

- (3) Writing of acute and chronic dialysis/ultra-filtration prescriptions.
- (4) Writing plasma exchange orders (apheresis)²
- (5) Development of evidence-based clinical action plans (K/DOQI) for Chronic Kidney Disease (CKD) patients.
- (6) Compliance with current chronic dialysis quality insurance requirements (see K/DOQI guidelines for Kt/V, urea reduction ratio, anemia and metabolic bone monitoring requirements, etc.)

The following procedures are expected to be performed under the supervision by the transplant nephrologist assigned as attending physician:

- (1) Pre-transplant patient evaluation, indications and contra-indications.
- (2) Pre-transplant donor evaluation, indications and contra-indications.
- (3) Early Post-transplant evaluation and follow-up, including assessing appropriate immunosuppressive therapy.
- (4) Assessing the indications/contra-indications for pre-transplant apheresis, or other apheresis orders in relation to transplantation.

In general, the renal transplant fellow will be considered a full member of the transplant nephrology team. As such, he/she is responsible for inpatient and out-patient consults and follow-ups. He will round with the transplant attending on the inpatient service and will participate in the outpatient clinics.

Additional Material Covered:

Those fellows who did not gain exposure to plasmapheresis in their previous nephrology training, are encouraged to gain familiarity with this procedure at Tampa General Hospital (TGH). The attending physicians will facilitate their access to such technology, if and when available. The

² Again, it is the responsibility of the local program director to ascertain early in the training that the fellow had training in plasmapheresis.

Renal Transplant Fellow should become familiar with the basic technology of plasmapheresis, their major indications, and complications, and preferably gain practical experience with the procedure, as it relates to renal transplantation.

The renal Transplant Fellow will also gain proficiency in all aspects of renal transplantation and in the field of solid organ transplant in general. The specific requirements are outlined and updated on the AST Website.


Specifically among the required exposure, the transplant fellow:

- (1) Will be an active participant in the pre-transplant evaluation of not only kidney, but also kidney/pancreas recipients.
- (2) Will be an active participant in the delivery of short and long term care to post-transplant patients, in both the immediate post-transplant period and in the chronic setting.
- (3) Will develop an understanding and practical experience in:
 - a) The current immunosuppressive drugs including induction and maintenance therapy.
 - b) The concepts of brain death/organ donation and parameters for evaluating organ donation candidates.
 - c) The surgical and anesthetic ramifications of transplantation
 - d) The function and scope of the transplant immunology laboratory, to include panel reactive antibodies, cytotoxic cross matching, and flow cytometry procedure.
 - e) Exposure to wide range of medical and surgical complications of post-transplantation
 - f) Perform renal allograft biopsy

The renal transplant Fellow is also expected to "scrub" and observe at least three surgical transplant procedures, and three organ procurement procedures. The minimum number of renal transplant biopsies done by the renal Transplant Fellow shall be ten (10), and he/she is expected to review each one with the transplant pathologist (in addition to all the other renal transplant biopsies done by the service). The trainee is also encouraged to visit regularly the tissue typing/immunology laboratory.

The **renal transplant fellow** is expected to assist the attending physician in teaching the renal fellows on rotation, on the transplant service and to serve as a role model for them.

The program director for the transplant program is Dr. Rajendra Baliga, Voluntary Assistant Professor of Medicine at the University of South Florida.

A handwritten signature in black ink, appearing to read 'R. Baliga', written in a cursive style.

Rajendra Baliga, M.D.
Program Director



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