



**The American Society of Diagnostic and
Interventional Nephrology**

**Application for Certification
In
Placement of Permanent
Peritoneal Dialysis Catheters**

The American Society of Diagnostic and Interventional Nephrology
Requirements for Certification in
Placement of Permanent Peritoneal Dialysis Catheters

This application packet is composed of:

- Requirements for certification
- Application for certification form

Checklist (check all that are included with application):

- Completed application form with documentation of Completion of Basic Requirements
- Case records
- Confirmation of Skill by Physician Trainer
- Application fee (**\$500/members*** or **\$750/includes application fee and membership***)

**ASDIN membership must remain active while certified. If ASDIN membership lapses, dues must be made current before certification will be reinstated.*

The application and all documentation should be submitted to the ASDIN office. Submission method should be electronic submission through the ASDIN website – www.asdin.org/PDcert

The American Society of Diagnostic and Interventional Nephrology
PO Box 115
Clinton, MS 39060

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Requirements for Certification in
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General

Learning the procedure for a medical device procedure is an amalgam of various types of knowledge and experience. The “skill” in performing a procedure derives from:

- intellectual knowledge (obtainable by reading or viewing a procedure)
- tactile and visual experience (obtained by practicing procedures in models or animals and then in patients),
- dexterity (accumulated by learning the relationships between certain hand motions and resulting experiences and events),
- judgment (obtained by correlating the results of procedural steps and peritoneal catheter function with the events and experiences during the procedures), and
- self-understanding (learning your own capabilities, limitations, and preferences).

Basically, there are four techniques for placing permanent PD catheters:

- Fluoroscopic technique using a needle, guidewire, dilator and split-sheath (Seldinger technique)
- Surgical by dissection
- Peritoneoscopic using a small peritoneoscope to inspect the abdomen and a surrounding spiral guide to advance the catheter into the abdomen and the cuff into the musculature (Y-Tec procedure)
- Laparoscopic technique

Certification of an applicant performing procedures related to permanent peritoneal dialysis catheters will be based upon training, experience and demonstrated clinical expertise in **Fluoroscopic and Peritoneoscopic techniques only**. Certification will be granted for five (5) years contingent upon active ASDIN membership.

Training and Experience Requirements

In order to fulfill the requirements for certification, the applicant must provide documentation that they:

1. Are currently certified by the American Board of Internal Medicine in Nephrology, American Osteopathic Board of Internal Medicine in Nephrology, American Board of Radiology, American Board of Surgery, or National Board of Physicians and Surgeons, and

(Note: No exception will be granted for Board certification or recertification that is pending.)

2. Completed the following requirements:

- Study of written or audio-visual materials related to the procedure; Two chapters on each technique and audio visual material may be found on our PD resource webpage –

www.asdin.org/PD

It is recommended, but not required, that the apprentice physician should spend two hours in practice of the procedure using standard adult permanent PD catheters and all the equipment normally used in the placement procedures. It is recommended that at least two catheters be placed during the practice period, in a Dummy Tummy model, an anesthetized dog or pig (in a program certified by an ACUC committee), or human cadaver (in properly certified program).

- Observation of procedures: The apprentice physician should observe placement of two peritoneal catheters in patients, performed by physician trainers

If applicant is applying for both fluoroscopic and peritoneoscopic techniques, the apprentice physician should observe placement of two peritoneal catheters in each technique for a total of four procedures.

- Performance of procedures: The apprentice physician should perform placement of six peritoneal catheters for each technique that they wish to apply certification in, and these cases must be performed in the presence of physicians skilled (and certified, if possible) in training apprentice physicians in the procedure. A skilled physician is defined as any physician who is certified by a qualified organization or one who has the privilege at a hospital or ambulatory surgery center (ASC). These catheter placements should be performed within a one-year period, so that the apprentice does not forget knowledge and experience between catheter placements, and the trainer does not forget his assessments of the student's performance. The procedures submitted must have been performed within the United States healthcare system. It is the responsibility of the applicant to ensure the physician trainer(s) has the appropriate privileges or is credentialed to perform these procedures.

If applicant is applying for both fluoroscopic and peritoneoscopic techniques, the apprentice physician should perform placement of six peritoneal catheters in each technique for a total of twelve procedures.

- Documentation and Outcome Measurement of procedures performed: The apprentice is expected to keep a log of the time and date of all placements. The apprentice is expected to record the outcome of each catheter placement at one week and one month after the placement, and record this information also in the log. The apprentice should record the success of catheter function and the occurrence of any catheter problems that can be related to the placement procedure such as outflow failure, infection, or pericatheter leak.
- Confirmation of the Skill of the Apprentice: The above criteria relate to the volume of experience required for certification. When this amount of knowledge and experience is gained by an apprentice, the physician trainer(s) should confirm that this knowledge and experience has been obtained, but also determine whether the apprentice has gained the appropriate skill necessary for permanent PD catheter placement. The successful function of the catheters placed by the apprentice is one measure of the skill gained by the apprentice, but not the only one. In high-risk patients with pre-existing adhesions or obesity the risk of procedure failure or catheter failure is high, and the apprentice should not be discredited for a catheter failure in this type of patient. The overall knowledge, experience, judgment and skill of the apprentice be assessed in the analysis, as well as any particular problems in performing the procedure, occurrence of any complications and the proper function of catheters placed.

The applicant who is applying for certification must provide a letter of documentation certifying that they have fulfilled the above requirements using the form attached. This letter should be

accompanied by case records (as specified below) documenting peritoneal catheter placement in 6 patients (or 12 patients if applying for certification in both techniques).

As part of quality improvement, all applicants are encouraged to keep a record of intra-procedure problems, post-procedure complications, and follow the outcomes of catheters that they have placed.

Clinical Expertise

Each applicant must demonstrate their clinical expertise by submitting records demonstrating their ability to diagnose problems, individualize treatment, perform procedures, and recognize and manage complications appropriately. Cases submitted must have been performed in the United States. Six supervised catheter placements are required with outcomes monitored. There are no specific requirements for catheter function, but general success is expected in at least 4 of 6 catheters. In submitting records to demonstrate the applicant's ability to diagnose problems, individualize treatment, perform procedures, and recognize and manage complications appropriately, the following format should be followed:

1. Case identification
i.e., Case #1 (do not use patient names)
2. Indications for procedure
3. Details of procedure (operative note will suffice)
4. Description of any complications encountered
5. Description of management of complication, if encountered
6. Outcome of procedure
 - a. Function at 1 week
 - b. Function at 1 month

Confirmation of Skill by Physician Trainer

A letter documenting the skill of the applicant in the placement of peritoneal dialysis catheters must be submitted. The attached form should be used for this purpose. If more than one physician provided training, a letter from each should be submitted. The physician trainer(s) may submit their letter(s) directly to ASDIN via email – info@asdin.org, fax 601-924-6249, by mail or may provide it to the applicant to be submitted with the online application.

Application Fee

A fee of **\$500 for members*** or **\$750 for application fee and membership*** must accompany the application. This fee is nonrefundable. This fee is to cover the expense of processing the application. The application fee may be paid online with a credit card upon submission at <http://www.asdin.org/pdcert>. Checks should be made payable to The American Society of Diagnostic and Interventional Nephrology. Please mail check payment to: ASDIN, PO Box 115, Clinton, MS 39060.

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 Certification in
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 Application for Certification**

Applying for: Fluoroscopic Technique Peritoneoscopic Technique Both

Identifying Information

Last Name	First Name	Middle Name	
Date of Birth	Citizenship	NPI Number	
Home Address	City	State	Zip Code

Practice Information

Practice Name			
Practice Address	City	State	Zip Code

Board Certification

Certification Board: _____
Only ABIM, AOBIM, ABR, ABS and NBPAS are permitted

Date of original Board Certification: _____

Type of Practice: **Private Practice** **Academic**

Medical School

Medical School	Degree Received	Date Granted
Medical School Address	City	State Zip Code Inclusive Dates

Graduate Medical Education (List internship, residency and fellowship in chronological order)

Training Program _____ Program Director _____

Address _____ City _____ State _____ Zip Code _____ Inclusive Dates _____

Identify Type of Program: Internship Residency Fellowship

Training Program _____ Program Director _____

Address _____ City _____ State _____ Zip Code _____ Inclusive Dates _____

Identify Type of Program: Internship Residency Fellowship

=====

Training Program _____ Program Director _____

Address _____ City _____ State _____ Zip Code _____ Inclusive Dates _____

Identify Type of Program: Internship Residency Fellowship

=====

Training Program _____ Program Director _____

Address _____ City _____ State _____ Zip Code _____ Inclusive Dates _____

Identify Type of Program: Internship Residency Fellowship

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Pertinent Training (Fellowship, didactic, and practical)

Training Type Location Director Inclusive Dates

Training Type Location Director Inclusive Dates

Training Type	Location	Director	Inclusive Dates
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Training Type	Location	Director	Inclusive Dates
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Pertinent Experience

Experience Type	Location	Number of Cases	Inclusive Dates
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Experience Type	Location	Number of Cases	Inclusive Dates
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Experience Type	Location	Number of Cases	Inclusive Dates
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Experience Type	Location	Number of Cases	Inclusive Dates
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Medical Facility Affiliations (*List only current*)

Name of Facility	Staff Category
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City, State, Zip Code

Name of Facility	Staff Category
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City, State, Zip Code

Name of Facility	Staff Category
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City, State, Zip Code

Documentation of Completion of Basic Requirements

I have reviewed ASDIN chapters on PD placement, videos and other materials: Yes No

Number of patient catheter placements observed: _____.

Dates of observed catheter placement: _____, _____.

(Two observations required per technique).

Number of patient catheter placement performed under observation: _____.

Dates of catheter placements:

_____, _____, _____, _____, _____, _____

(Six placements required per technique).

I certify that the above requirements have been completed as indicated and that that the information contained herein is correct and complete to the best of my knowledge.

Signature of Applicant

Date

Telephone Number

Facsimile Number

Email Address

The American Society of Diagnostic and Interventional Nephrology

Confirmation of Skill by Physician Trainer

Dear Sirs,

Date: _____

I understand that _____ has applied for certification in the placement of peritoneal dialysis catheters. I have been asked to provide a letter of reference as part of the documentation required for this process.

I have proctored this physician in the performance of this procedure in _____ cases.

I affirm the fact that _____ has fulfilled the requirements for certification for placement of peritoneal dialysis catheters as defined by the American Society of Diagnostic and Interventional Nephrology.

Comments:

Sincerely,

Signature

Print Name

Address

Phone #

Email

I am certified in PD Placement by ASDIN: Yes No

If no, please indicate below your qualifications:

If not ASDIN certified, do you have privileges to perform PD catheter placement by:

fluoroscopic peritoneoscopic both techniques

Please identify facility where you are credentialed to place PD catheters (name of hospital or ASC):

Please list the contact name and number at facility that can verify credentialing: