



**The American Society of Diagnostic and Interventional Nephrology
Application for Accreditation of Training Program
In
Interventional Nephrology
(Placement of Peritoneal Dialysis Catheters)**

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- This application packet is composed of several parts:
 - Requirements for accreditation
 - Application for accreditation form

- Checklist (check all that are included with application)
 - Completed application form
 - Detailed description of training program
 - Faculty
 - Description of interventional nephrology experience for each member of faculty
 - Curriculum vitae for each member of faculty
 - Written descriptions of:
 - Funding of program
 - Description of facility
 - Facility experience
 - Certification process for trainees
 - Description of record keeping program
 - Description of QA program

- Application fee

**The American Society of Diagnostic and Interventional Nephrology
Requirements for Accreditation of Training Program In Interventional
Nephrology (Placement of Peritoneal Dialysis Catheters)**

General

Rationale:

Training programs will be responsible for training new nephrology fellows in Interventional Nephrology and providing training resources for nephrologists who are already in practice. Therefore, it is essential that these programs meet specific requirements to assure that their graduates will be able to fulfill the training requirements outlined herein.

Funding:

The training program must show evidence that a source of funding sufficient to support the program exists.

Faculty:

A faculty that is committed to the program will be required. Although ASDIN does not specify a specific technique for peritoneal catheter placement, the facility must have at least two training physicians that can perform the procedure by the same technique who meet the certification requirements of the American Society of Diagnostic and Interventional Nephrology.

Facility:

In order for a training program in Interventional Nephrology to be successful, it must be associated with a facility that is adequate as it relates to design, equipment, supplies and staff to manage the problems associated with the placement of peritoneal dialysis catheters. Other features that are necessary include:

Experience:

The facility must have a total of no less than 50 permanent PD catheters placed in their history, by the technique that is to be taught to trainees.

Record keeping:

Reports of the procedures performed must be generated and placed in the patient's permanent medical record. Documentation of all procedures is a necessity. Each trainee should receive documentation of the procedures performed and the outcome of the procedure.

Quality Assurance:

An ongoing quality assurance program is an essential part of any interventional facility. The purpose of this program should be to provide for a systematic method to continuously assess and improve all aspects of health care delivery. It should be designed to improve patient care outcomes through the ongoing objective assessment of important aspects of patient care based on quality, cost and service and the appropriate solutions of identified problems.

Medical necessity appropriateness of care and adverse outcomes should be monitored. Practice guidelines should be developed and monitored. Outcome data should be collected and analyzed on an ongoing basis.

Formalized Certification Process for Trainees:

Each facility must have an established certification process for apprentice physicians to include a minimum of 2 practice placements, observation of 2 procedures, performance of 6 procedures and a formalized system for monitoring of the first ten catheter placements of each apprentice, after certification.

Site visit

Accreditation will require a site visit after the above criteria are met but not before 6 months after initiation of the program.

Accreditation interval

In order for the program to maintain its status with the American Society of Diagnostic and Interventional nephrology, it must be accredited every 5 years. The Accreditation Committee of the American Society of Diagnostic and Interventional Nephrology will determine the process by which this is accomplished.

Application Fee

A fee of \$1,000 must accompany the application. This fee is nonrefundable. Checks should be made payable to The American Society of Diagnostic and Interventional nephrology. This fee is to cover the expense of processing the application. Any expense incurred to perform the site visit will be reimbursed by the applicant.

Address

Mail the completed application along with the required fee to:

**The American Society of Diagnostic and Interventional Nephrology
P O Box 115
Clinton, MS 39060**

**The American Society of Diagnostic and Interventional Nephrology
Application for Training Program Accreditation**

Identifying Information

Name of Training Program

Institution

Program Director

Address

City

State,

Zip Code

Description of Program

A detailed description of the training program must accompany the application. This should include a description of the didactic training as well as the clinical training.

Type of Program Academic Private practice Industry

Date program was established _____

Number of physicians trained _____ (as of date of application)

Annual capacity of training program _____ (number of physician trainees)

Source of Funding

~~(Application must be accompanied by a letter from institution assuring continued funding of program)~~

Faculty (Curriculum vitae and letter describing interventional nephrology experience of each member of faculty must be submitted with application)

Name

Name

Name

Name

Facility (Full written description of facility must accompany application)

Facility meets requirements of ASDIN

Experience:

- Yes**
- No (If no, rational for discrepancy must accompany application)**

Record keeping:

- Yes**
- No (If no, rational for discrepancy must accompany application)**

Quality assurance:

- Yes**
- No (If no, rational for discrepancy must accompany application)**

Formalized certification process for trainees:

- Yes**
- No (If no, rational for discrepancy must accompany application)**

Number of cases required for certification:

Practice placements

Procedure observations

Procedures performed

Procedures monitored

Volume of Procedures (Based upon last year's annual case load)

Peritoneal catheter placement

Peritoneal catheter removal

Peritoneal catheter revision

Signature

I certify that the information contained herein is correct and complete to the best of my knowledge.

Signature of Program Director

Date

Telephone Number

Facsimile Number

E-mail Address