

Renal and Electrolytes Disorders at Massachusetts General Hospital

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School: Kaohsiung Medical University

Year: Fourth year

Program: Post-baccalaureate program

Brief Summary:

During this rotation, I was basically on the consultation service for the whole renal department. I had four different attending for each week and followed two different fellows within the month of my stay. I also had one medical resident in vascular surgery doing an elective with us in the middle of the month. In the renal elective, there are four main services: transplantation service, ICU service, hemodialysis service and the consultation service. Most of my time is spent with the consultation service where we are consulted at various places within the hospital by medical teams. Consultation can be from electrolyte imbalance such as hyponatremia and acidemia to renal disease such as acute kidney injury. Renal also have various grand rounds each day of the week. During each day, I will have follow-up consults from previous days and also see new consults and inform the medical team what are the thoughts and solutions. There are renal grand rounds, renal grand rounds with the Brigham Women's Hospital, fellow's teaching, dialysis rounds and pathology rounds. It keeps me busy each day of the week. There were also medical grand rounds that I could join throughout the week at lunch time because each day there will be different topics such as endocarditis or case presentations for the residents at MGH.

At the consultation service, I was asked to write consult notes for new consultation and also to present to the team during discussion rounds with the fellow and the attending. During presentation, I gave in my insights on what is the differential diagnosis to the problem. Furthermore, I get to examine the urine under the microscope and discuss what I have seen.

Strengths

Being on the consultation team is extremely interesting as you will come across a variety of cases each day. Most of the cases are acute kidney injury which is most likely due to nephrotoxic drugs. There are also times where no explanations can be related to the renal failures but good discussions are brought upon these cases. This service will also allow you to practice on how to write good consult notes and examine the urine under the microscope. This elective is very different because you can interact with the medical teams on the patients, discuss your findings with your team and also be able to communicate with patients and their family.

Another side note to this elective is that since you are consulted throughout the hospital, you will really get to know your way around the hospital very well!

Weakness

Since you are on the consultation service that would mean you won't be in other services and sometimes you won't know how different it is with being on the transplant or the ICU services. Sometimes many of the consultations are acute kidney injury and are caused mostly by nephrotoxic drugs. As attending and fellow changes throughout your course, you have to be able to adapt quickly to different working styles each week. Some attending would like to round patients together; some will want you to round separately and then have a thorough discussion.

Comparison between KMU and MGH

Renal doctors are stereotyped as the smartest doctors in the hospital and I think this is because they emphasize on trying to find the cause of every little details and the pathophysiology behind these diseases. I definitely see this at MGH and also in Kaohsiung Medical University. So there is no difference

there! The one difference is that renal is considered as 'elective' course in MGH whereas at KMU it is considered part of the internal medicine course. At MGH, there are NO subspecialty wards for 'renal' departments. In Taiwan, wards are separated by subspecialty. All the more reason why the students taking this elective are put in the consultation service. The paperwork is the same in that in KMU, you write admission note, progress note and discharged note whereas in MGH you write consultation notes and progress notes.

In KMU, students at renal service take care of inpatients and it can be very specific to a disease that causes the renal failure. You will not be on the consultation service because that is done by the chief residents. You do not get to examine the urine either but they do have a class that teaches you how to do it. You do get to see renal ultrasound and renal biopsy.

At MGH, since students are at the consultation service, there are no inpatients that are directly for renal team. The team is consulted only if the medical team of each floor requires it. You are held on with a pager and given more responsibility in that the medical team will page you if there are any problems. You will get to examine the urine under the microscope quite often to the point you can do it yourself and present to your fellow on your findings.

Overall, it is a challenging yet a very good learning experience taking this elective because you will understand a lot of pathophysiology behind various diseases. The experience is very rewarding for students interested in internal medicine and in the field of nephrology!