

## An innovative guide to comprehensive care of patients with chronic kidney disease in a residents’ clinic

Mariana Chang, MD, Shehrose Chaudry, MD, Revekka Babayev, MD, Rebecca Newman MD, FACP, Forugh Homayounrooz, MD, FACP  
Stamford Hospital, Department of Medicine, Stamford, CT

### Background

- Chronic kidney Disease (CKD) is defined as abnormalities of kidney structure or function, present for ≥ 3 months.
- CKD affects approximately 15% of US adults and is growing in prevalence, constituting a public health concern.
- The primary care setting plays a key role in improving CKD care.
- As previous studies have shown, primary care providers’ (PCP) adherence to guidelines regarding CKD management is poor. It is important to assess future internists’ readiness to recognize and treat patients with CKD.

### Aim

- Identify and improve practice habits of Internal Medicine (IM) residents regarding CKD diagnosis and management by evaluating their baseline knowledge, skills, and attitudes (KSA).
- Identify discrepancies and gaps between perception and existing diagnosis of CKD in the IM resident clinic.

### Methods

Pre-intervention survey assessed PGY-1 and PGY-2 IM residents’ knowledge and comfort in screening, diagnosis, and management of CKD during academic year 2020-2021

A retrospective chart review of patients seen by those residents’ patients was conducted

Patients with the diagnosis of CKD were identified based on laboratory values and inclusion criteria\*

Survey response was compared to the findings of the chart review

### Results

#### Chart Review:

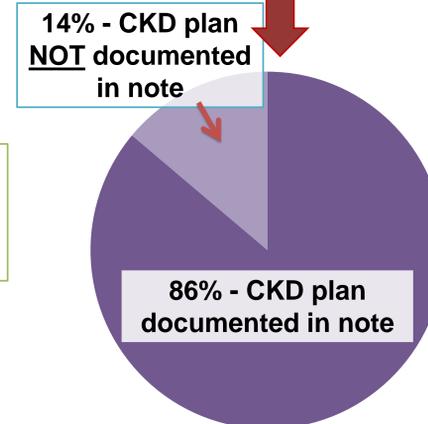
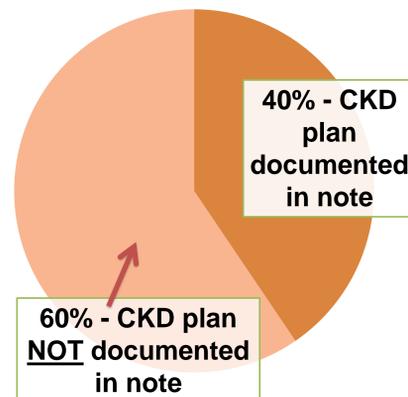
\*Patients seen between May 2020 to May 2021 in Resident’s clinic with documented eGFR <60 (N = 126)

48 patients excluded (lost to follow up, not seen by PGY-1 & 2s, diagnosis of AKI and on HD/PD)

78 total patients with diagnosis of CKD included

42 (54%) had NO diagnosis code of CKD

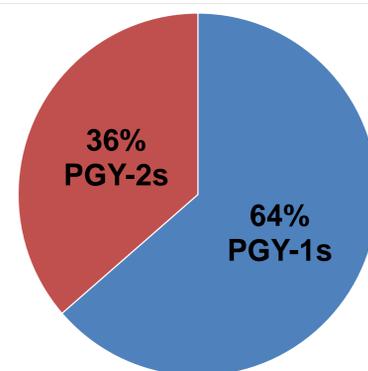
36 (46%) had diagnosis code of CKD



#### Survey Participants:

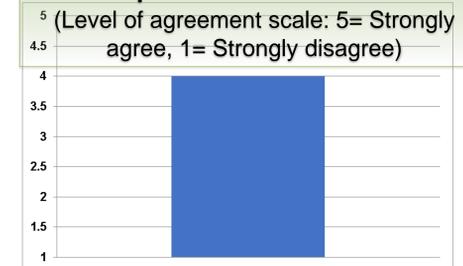
Residents’ response rate = 85%

PGY-1s = 7/8  
PGY-2s = 4/7



### Results

82% answered they agreed with the statement: “I feel comfortable diagnosing my patients with CKD”



HOWEVER...

100% of the residents answered the knowledge question about the definition of CKD incorrectly.  
\*Missing structural abnormalities as one of the diagnostic criteria.

### Conclusion

- The results highlight the discrepancy between residents’ self-perceived abilities and the diagnosis of CKD in the resident clinic.
- This emphasizes the importance of our intervention:

**Educational sessions + Novel mnemonic for clinic visits & notes of patients with CKD**

<b>B</b>	Blood pressure goal
<b>A</b>	• Anemia screening • Acidosis
<b>D</b>	Diabetes control
<b>N</b>	Nephrotoxic drugs to avoid
<b>E</b>	Eating habits
<b>P</b>	Proteinuria
<b>H</b>	Healthy bone: Mineral bone disease
<b>R</b>	Refer to a specialist if meets criteria
<b>ON</b>	On statin

- A post-intervention survey and chart review after 6 months will be conducted for improvement in residents’ KSA on diagnosis and management of CKD patients.

### References

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