The American Society of Diagnostic and Interventional Nephrology
Application for Certification

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

Placement of Permanent Peritoneal Dialysis Catheters

This application packet is composed of several parts:
- Requirements for certification
- Application for certification form
- Peer reference letter form

Checklist (check all that are included with application):
- Completed application form
- Documentation of Completion of Basic Requirements
- Case records
- Confirmation of Skill by Training Physician
- Peer reference letters
- Application fee (Non-member fee includes ASDIN membership for remainder of membership year from date of certification application)

Basis for certification (check one)
- Formal training program
- Practice experience

Two copies of the application and all documentation should be submitted to the ASDIN office. Copies should be one of the following:
  a) two paper copies, OR
  b) one paper copy and one cd rom copy, OR
  c) one paper copy and one copy sent electronically to info@asdin.org

Mail all application materials to:

The American Society of Diagnostic and Interventional Nephrology
Attn: Bertinna Dubra
134 Fairmont Street, Suite B
Clinton, MS 39056
Placement of Permanent Peritoneal Dialysis Catheters

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:

- Blind 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 a Nephrologist as an Interventional Nephrologist performing procedures related to permanent peritoneal dialysis catheters will be based upon training, experience and demonstrated clinical expertise in one or more of these techniques.
**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; and
2. completed the following requirements:
   - After study of written or audio-visual materials related to the procedure, the apprentice physician should spend two hours in practice of the procedure using standard adult Tenckhoff catheters and all of the equipment normally used in the placement procedure. At least two catheters should be placed during this practice period, in a Dummy Tummy model, the 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.
   - Performance of procedures: The apprentice physician should perform placement of six peritoneal catheters, performed by physicians skilled (and certified, if possible) in training apprentice physicians of the procedure. 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.
   - Documentation and Outcome Measurement: The apprentice is expected to keep a log of the time and date of all placements in their experience, whether done in practice, observation, or performance. The apprentice is expected to record the outcome of each catheter placement (observed and performed) 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 training physician (or physicians) 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.

*Revised 10/4/10*
Documentation of Completion of Basic Requirements

Hours spent in review of textbooks, videos and other materials: _______ (1 hour required).

Hours spent in practice placements in patient surrogate such as plastic model, anesthetized animal (in ACUC approved protocol), or cadaver:
  Define type of practice: _______
  Define hours spent in practice: ____ (2 hours required).

Number of patient catheter placements observed: ______.
  Dates of catheter placement: ___________, ___________.
  (Two observations required).

I certify that the above requirements have been completed as indicated.

_____________________________________    ______________________
Signature of applicant             Date

Agreement to Monitoring of Next 10 Peritoneal Catheter Placements

I agree to monitor the results of my peritoneal dialysis catheter placements in the next 10 patients. I will record the time and placement, success of the placement procedure, intra-procedure problems, post-procedure complications, and any problems of these catheters in the first month after placement. This record will be submitted for review by the trainer physician(s). If there are more than two procedure-related complications, or more than three catheter failures by one month, I agree to have the trainer monitor three more placement procedures.

_____________________________________    ______________________
Signature of applicant                                           Date
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. 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 Training Physician

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 training physician should submit these letters directly to ASDIN.

Peer References

Each applicant must provide two letters of reference from peers that are familiar with their Interventional Nephrology practice. Only one of these letters can be from a current professional associate. In the case of an applicant using training and experience gained during fellowship or other formal training program to fulfill the requirements for certification, one letter must be from the director of the applicant’s Interventional Nephrology training program. The attached form letter should be used for purpose. These letters should be submitted directly to ASDIN.

Application Fee

A fee of **$500 for members and $750 for non-members (effective January 1, 2008)** 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. Mail the completed application along with the required fee to:

ASDIN
Attn: Bertinna Dubra
134 Fairmont Street, Suite B
Clinton, MS 39056

Revised 10/4/10
The American Society of Diagnostic and Interventional Nephrology  
PD-Application for Certification

**Identifying Information**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Citizenship</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Practice Information**

<table>
<thead>
<tr>
<th>Practice Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Board of Certification in Nephrology**

<table>
<thead>
<tr>
<th>Date of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Type of Practice:**  

- [ ] Private practice  
- [ ] Academic medicine

**Medical School**

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Degree Received</th>
<th>Date Granted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical School Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Program Director</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Identify Type of Program:**  

- [ ] Internship  
- [ ] Residency  
- [ ] Fellowship

Revised 10/4/10
<table>
<thead>
<tr>
<th>Training Program</th>
<th>Program Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>Inclusive Dates</td>
</tr>
</tbody>
</table>

**Identify Type of Program:**
- ☐ Internship
- ☐ Residency
- ☐ Fellowship

---

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Program Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>Inclusive Dates</td>
</tr>
</tbody>
</table>

**Identify Type of Program:**
- ☐ Internship
- ☐ Residency
- ☐ Fellowship

---

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Program Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td>Inclusive Dates</td>
</tr>
</tbody>
</table>

**Identify Type of Program:**
- ☐ Internship
- ☐ Residency
- ☐ Fellowship

---

**Pertinent Training** *(Fellowship, didactic, and practical)*

<table>
<thead>
<tr>
<th>Training Type</th>
<th>Location</th>
<th>Director</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
### Pertinent Experience

<table>
<thead>
<tr>
<th>Experience Type</th>
<th>Location</th>
<th>Number of Cases</th>
<th>Inclusive Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Facility Affiliations (List only current)

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Staff Category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Revised 10/4/10
Peer Recommendations

(Please list two peers who are familiar with your activities in Diagnostic and Interventional Nephrology whom you have asked to send a letter of recommendation on your behalf. Only one reference can be a current professional associate.)

_____________________________________________________________________
Name of Doctor

_____________________________________________________________________
City, State, Zip Code

_____________________________________________________________________
Name of Doctor

_____________________________________________________________________
City, State, Zip Code

Signature

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

_____________________________________________________________________
Signature         Date

Telephone Number   Facsimile Number   Email Address
Dear Sirs,

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,

___________________________________
Name

___________________________________
Address

___________________________________
City, State, Zip Code
Dear Sirs,  

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 known the applicant for _____ years.

My relationship to the applicant during this time has been as _____________________.

I have direct knowledge of the applicants medical practice activity in peritoneal dialysis catheter placement  ____ Yes  ____No.

My knowledge is best described as  ____ Minimal,  ____ Moderate,  ____ Detailed.

My knowledge is based upon  ____ Direct observation,  ____ Shared patients.

I would describe the applicant _______________________________as having a high expertise in peritoneal dialysis catheter placement  ____ Yes  ____ No.

Comments:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Sincerely,

___________________________________
Name

___________________________________
Address

___________________________________
City, State, Zip Code

Revised 10/4/10