**JANUARY 22, 2018**

09:40-10:25 Dr Dahl - Hematuria/stone

10:25 – 11:10 Dr. Barney - Proteinuria

11:30 – 12:15 Nephrology game

Hematuria and Stones:

1. Define asymptomatic microscopic hematuria and give a differential diagnosis.
2. Know the percentage of patients with microscopic hematuria and gross hematuria that have urinary tract malignancy.
3. Explain why a urine dipstick positive for blood is inadequate to diagnose hematuria. What things other than hematuria can a urine dipstick positive for blood mean? Describe reasons for a false negative dipstick test and a false positive dipstick test.
4. Describe the five categories of kidney stones and their prevalence.
5. Know the clinical presentation and evaluation of the patient with suspected kidney stone, and its medical management and role of the urology consultant in the management of kidney stones.

Proteinuria:

1. Know how much proteinuria and albuminuria is considered within normal limits in a 24-hour urine collection (or on spot testing).
2. Know the three mechanisms of excessive protein excretion in the urine.
3. Know the approach to the patient with a positive dipstick test for proteinuria and its limitations to detecting proteinuria compared to other quantification techniques.
4. Understand the indications for 24-hour urine protein quantification, spot urine sampling for protein/creatinine ratio and albumin/creatinine ratio, and urine protein electrophoresis.
5. Describe the appropriate work up to evaluate a patient with proteinuria.