

SFHRenOP2

Hand over aspects of renal care and treatment to patients and carers



Overview

This standard is about developing implementing agreements about the role that patients, with their carers, take in their own care (through care plans) alongside and often independently of the multidisciplinary team of practitioners.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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Performance criteria

You must be able to:

- P1 ensure that the patient and their carer understand what skills they will have to learn
- P2 bring into the process those members of the multidisciplinary team and community staff who have information or explanations to impart or who need themselves to understand the patient's and carer's roles
- P3 facilitate, where possible, an open, interactive process where the pace and subject matter of the activity is led by the patient
- P4 utilise staff and other resources available to best effect within the constraints created by the patient's and carer's roles
- P5 search for and address misunderstandings or misconceptions of fact
- P6 make available follow-up support in differing formats (e.g. printed material, web page, telephone helpline)
- P7 resolve with other members of the multidisciplinary team any problems arising from the responsibility taken on by the patient and carer
- P8 check that the patient and their carer can carry out the procedures safely on their own
- P9 ensure that patients are familiar with the procedure to follow if the equipment fails
- P10 establish and evaluate feedback and response mechanisms between the patient and carer and the team
- P11 agree on early follow-ups and establish a pattern of review

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Knowledge and understanding

You need to know and understand:

- K1 the effects of dependence and independence on the patient, carers and the provision of the service
- K2 how to obtain from patients a valid picture of their goals, aspirations, feelings and expectations
- K3 the progression of renal disease prior to the point of needing replacement
- K4 the nature of renal failure and the function of renal replacement therapy (e.g. dialysis, transplantation)
- K5 how to identify and respond to the concerns which patients may have regarding their disease and the way in which it affects their lives
- K6 evidence of the relationship between patients' lifestyles and their wellbeing
- K7 the effect of nutrition on a patient's health
- K8 conditions and co-morbidities (e.g. diabetes) that influence the patient's plan
- K9 critical understanding of evidence of successful involvement by patients in managing their condition and co-morbidities
- K10 medication pre-and post-RRT, its function and its effects
- K11 relationship between dialysis, nutrition, medication and measures of the patient's health (e.g. blood pressure, anaemia) and procedures for controlling these
- K12 the roles and availability of members of the multidisciplinary team
- K13 the contribution that different professions can make to the evaluation and planning of patient care
- K14 guidelines and constraints of the organisation on the supervision of patients taking responsibility for their care and treatment
- K15 information that should be available in the plan of care, what it means and what to do if it does not seem to be there
- K16 how to record agreements, plan of care and other communications to be accessed by all members of the multidisciplinary team (e.g. recorded electronically)
- K17 how to ask open-ended questions, listen carefully and summarise back
- K18 methods of communicating sensitive information to individuals
- K19 the importance of providing individuals with opportunities to ask questions and increase their understanding
- K20 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language, or special needs)
- K21 the importance of identifying how the individual wishes to be addressed and communicated with, and how to do so
- K22 how to make decisions from the multiple perspectives of a team
- K23 the importance of treating individuals fairly, and how to do so

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- K24 the effects of culture, religious beliefs, age and disability on individual communication styles
- K25 the different features services must have to meet people's gender, culture, language or other needs

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Additional Information

External links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB4 Enablement to address health and wellbeing needs

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