SFHRenOP3

Enable patients and their families to understand established renal failure and its treatment

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Overview

This standard is about helping patients understand what is happening to them and their bodies and to prepare them for what they can expect in the course of their established renal disease. It is about remembering the basic information as well as the more scientific. It concerns achieving a balance between being constructive and positive on the one hand and being honest and realistic on the other. It is relevant to everyone in the multidisciplinary team who comes into contact with patients or carers and influences their base of knowledge and perception about renal disease.

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 introduce the relevant members of the multidisciplinary team to the patient and/or carer (e.g. renal physician, access surgeon, dialysis nurse, dietician, social worker, pharmacist)

P2 identify what the patient and their families want and need to know and the most important issues that have to be managed (e.g. how the kidney functions, what happens when it is in established failure, types of renal replacement therapy and its management, drug therapy, the option of conservative treatment, non-renal health issues, clinical priorities, day to day practical management)

P3 display a calm and sensitive manner that facilitates open, interactive communication with the patient

P4 choose an approach that promotes a learning partnership between the patient, their family and the multidisciplinary team (e.g. home visits, visits to dialysis units, demonstrations of dialysis, discussions in private with practitioners and experienced patients)

P5 tell the patients what they want and need to know in a way that is honest, balanced and fair (e.g. prognosis, survival rates, mortality rates, the benefits, limitations and complications of the different types of renal replacement therapy)

P6 make available information about alternative and follow up learning opportunities (e.g. internet websites and bulletin boards, meeting other patients and families who have been through the experience, membership of the Kidney Patients' Association)

P7 listen to feedback from the patient and their family and allow them sufficient time to reflect on and reassess all the information given (e.g. implications of employment whilst undergoing dialysis, holidays, possible complications of dialysis)

P8 ensure that the information you give to the patient is trustworthy and consistent with other members of the multidisciplinary team

P9 enable the patient, family and renal team to determine and agree lifestyle changes to complement the renal replacement therapy (e.g. change in working hours, avoiding high potassium foods, stopping smoking)

P10 recognise responses of ambivalence that may limit the patient's response to addressing their own health and wellbeing needs

P11 identify ways in which further learning will be most effective at each stage of the patient's journey

Knowledge and understanding

You need to know and understand:

K1 anatomy and physiology

K2 the effects of dependence and independence on the patient, carers and the provision of the service

K3 how to obtain from patients a valid picture of their goals, aspirations, feelings and expectations

K4 how to access documentary resources, organise educational events

K5 the progression of renal disease prior to the point of needing replacement

K6 the nature and consequences of renal failure and the function of renal replacement therapy (e.g. dialysis, transplantation)

K7 conditions associated with renal failure and its treatment

K8 prognosis (realistic survival rates, mortality & morbidity), complications and limitations of treatment (e.g. dialysis, transplantation)

K9 monitoring & assessment of therapy

K10 how to choose renal replacement therapy

K11 how to identify and respond to the concerns which patients may have regarding their disease and the way in which it affects their lives

K12 evidence of the relationship between patients' lifestyles and their wellbeing

K13 the effect of nutrition on a patient's health

K14 conditions and co-morbidities (e.g. diabetes) that influence the patient's plan

K15 evidence of successful involvement by patients in managing their condition and co-morbidities

K16 medication pre-and post RRT, its function and its effects

K17 relationship between dialysis, nutrition, medication and measures of the patient's health (e.g. blood pressure, anaemia) and procedures for controlling these

K18 the significance of a patient's care plan

K19 conservative care and medication

K20 the nature of patients' and families' response to established RF

K21 a network of contacts in the multidisciplinary team, other professionals and patients willing to share experience with new patients and families

K22 guidelines and constraints of the organisation on the supervision of patients taking responsibility for their care and treatment

K23 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

K24 how to record agreements and other communication within and between primary, community and renal multidisciplinary teams (e.g. recorded electronically)

K25 how to ask open-ended questions, listen carefully and summarise back

K26 methods of communicating sensitive information to individuals

K27 the importance of providing individuals with opportunities to ask questions and increase their understanding

K28 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language, or special needs)

K29 the importance of identifying how the individual wishes to be addressed and communicated with, and how to do so

K30 how to make decisions from the multiple perspectives of a team

K31 counselling and interpretative skills

K32 learning styles

K33 the importance of treating individuals fairly, and how to do so

K34 the effects of culture, religious beliefs, age and disability on individual communication styles

K35 the different features services must have to meet people's gender, culture, language or other needs

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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