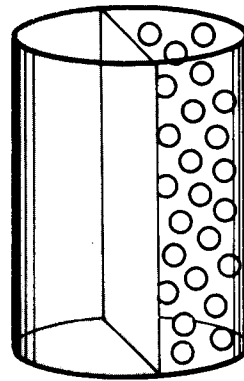


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Dialysis

An Experiment in Patient Teaching

How often do chronic hemodialysis patients express a desire to know more about their condition, their restrictions, or dialysis itself? How do dialysis personnel answer the often strange questions their patients ask? What is the best way to teach the patients and their families all they should know about a life dependent on chronic dialysis?

These problems were brought acutely to our attention when one of our patients, a university student, stated at a public meeting that this doctor didn't tell him enough! The validity of his complaint could be questioned, but his need for more support from the staff was quite obvious. We therefore decided to hold monthly meetings, on a free evening, and to encourage the patients, their families, and the staff to attend. Summer holidays and changes in patient load limited the program to four sessions, but these were considered quite worthwhile.

We arranged to use a small conference room in the hospital, and the dietician provided appropriate refreshments. Staff members were asked to take turns presenting topics of general interest on a layman's level. The patients were invited by letter, and were notified of the topic a week before each meeting.

Doctors, a medical student, dialysis nurses, a dietician, and patients and their families represented a cross-section of the dialysis program, and all contributed a great variety to the discussion. The patients ranged intellectually from a man with a PhD in chemistry to an Italian labourer with a poor command of English. Their awareness and understanding of their disease processes were similarly varied. The attendance was small (seven to twelve per meeting), and this helped to provide an informal atmosphere. The speakers encouraged interruptions, and wide-ranging discussions followed each presentation.

The staff nephrologist in charge of these patients led the discussion at the first meeting, explaining normal kidney function simply, but in detail. The following three speakers were dialysis nurses, whose topics were 1) techniques and principles of dialysis, 2) dysequilibrium syndrome, and 3) an interpretation of the routine lab and radiological tests performed in our Unit. In addition, the dietician spoke at each of the four meetings on some aspect of the dietary problems the patients faced.

Of greatest interest to the staff were the spontaneous questions from the patients and their relatives. Two extreme examples will illustrate the variety of these questions:

Will the soda bicarb tablets I am taking for my acidosis increase my sodium intake enough to affect my blood pressure?

Why does my brother have so much "gas"?

The patients and families frequently shared information they had learned on their own, including the best local stores for buying low-sodium foods and special dietary cookbooks. The dietician explained various ethnic food problems, including the excessive monosodium glutamate in Chinese food, the high sodium content of kosher food, and the poor quality protein found in spaghetti-type foods. This information was a great help to three patients, Chinese, Jewish, and Italian? All were interested to learn that sherry had a very high potassium content.

One patient and his wife liked to stay behind after the meeting just to talk over problems with one of the nurses. The absence of "hospital atmosphere"—beds, pajamas and white uniforms—allowed them to talk on an adult-to-adult, rather than a dependent patient-to-protective nurse, basis.

It is difficult to assess the degree of success or failure of this experiment. The patient whose complaint led to the meetings contributed very little to discussions, either in questions or comments. Another patient, a diabetic with renal failure (not yet dialysis-dependent), frequently expressed his appreciation for the opportunity to learn more about this frightening complication. The PhD, with his intelligent and cooperative wife, was a source of considerable information, and he volunteered to do some teaching himself when the sessions resumed. Although basic information on kidney disease and dialysis was presented, perhaps the most helpful aspect for the patients was the informal exchange of ideas, concerns and information. They were encouraged to learn more about their conditions to accept them and to face life more intelligently and confidently. And, above all, they became more aware of the type of support available from the entire dialysis staff, which perhaps had not been sufficiently evident to them.