COMMENTARIES

A NEW PERITONEAL DIALYSIS TRAINING GUIDELINE FROM THE ISPD NURSING COMMITTEE

In this issue of *Peritoneal Dialysis International*, Figueiredo and colleagues publish: “A syllabus for teaching peritoneal dialysis to patients and caregivers,” providing in-depth guidance for use in clinical practice. It will be of particular value for centers that have little or no expertise in peritoneal dialysis (PD) patient training and wish to start their own training program. Most PD centers develop their own training programs by finding what, in their own experience, works best with little published evidence to date to guide them. The authors highlight the lack of high-quality research that focuses on interventions or models for PD training, similar to the conclusion of a recent narrative review of educational initiatives to prevent peritonitis (1). The focus of this syllabus is the needs and assessments of patients undergoing the PD training rather than the training requirements for nurses.

The syllabus is based on the principles of adult education, and the authors recommend using the VARK tool (Visual, Aural, Read and Write, and Kinesthetic modality of learning) to assess a patient’s learning style (2). This provides a mechanism for the nurse to adapt training to individual needs and recommends different ways the training can be applied. Although not explicit, this approach takes into account health literacy (HL), a topic that has an emerging evidence base. Health literacy is defined by the World Health Organisation (WHO) as: the personal characteristics and social resources needed for individuals and communities to access, understand, appraise, and use information and services to make decisions about their health (3). Although tools to assess HL are available for use in care settings, they are not routinely used in practice (4). This is important, since in chronic kidney disease (CKD), HL is linked with socio-economic factors and health outcomes including adherence, hospitalization, and death (4,5). Since HL underpins the ability to effectively self-care and make healthcare decisions, it clearly needs to be considered when developing strategies for training patients. Indeed, information provided by healthcare professionals (HCPs) for patients with CKD has come under criticism on the basis that it is commonly pitched above the average literacy of most patients (6). To explore this question comprehensively, a Cochrane review is currently being undertaken on the benefits and

harms of interventions for improving HL in patients with CKD (7).

As part of the training curriculum, the authors include an appendix that provides a template to assess patient factors that might impact on their ability to learn. This is one of the most important aspects of the curriculum as it can be used to identify learning needs. Physical and psychological barriers that may affect an individual’s ability to learn are covered including literacy, depression, and memory impairment. Cognitive impairment is common in CKD (8) and patients on PD (9), and requires appropriate evaluation. Although the authors do not specify which tools should be used for this purpose, each center will need to consider the skills required by the person undertaking these assessments and use a validated method. The curriculum identifies individual methods of learning based on the VARK evaluation and recommends teaching approaches be adjusted accordingly. However, some of the approaches such as visual aids, videos, and tape recording equipment may not be available at all centers. Little is mentioned in the syllabus of allied health professionals or other members of the multidisciplinary team who may be able to contribute positively to patients in PD training such as pharmacists, dietitians, and occupational therapists. Many centers involve the wider team routinely and this would make a useful addition to the syllabus.

Strongly relating to HL is the focus of self-care and self-management which is central to the concept of PD. The aim of training a PD patient is not only to ensure safe aspects of the technology but to manage symptoms and troubleshoot problems that might occur during treatment. Self-care models use various techniques to enhance and improve an individual’s ability to manage their own care, but there is now an acknowledgment that the training approach needs to be person-centered and that the level of individual engagement will vary over time (10). The principles of goal setting and aiming for small steps to improve motivation, skills, and confidence are closely linked to increasing patient activation and engagement in their health (11). This is an important consideration when applying this curriculum since patient training may improve over time as experience is gained, and that progress may be modest at the time of training. This is recognized in the current document, as the authors present evidence for

commencing PD training prior to catheter implantation. Other aspects that are covered in the training curriculum include fluid balance and infection prevention, emphasizing the importance of reinforcing this information over time. It is for this reason that the emphasis is on a training curriculum rather than a course to be completed in a defined period as is often the case in traditional models. The implications for centers and nurses providing PD training therefore may be to consider alternate ways of working in order to better reflect the characteristics of the patient pathway.

Although the focus of the HCP may be on education to improve self-management, a patient with a long-term condition may develop their decision-making and self-management expertise through a range of available resources, preferences/perceptions, diverse lifestyle experiences, and other factors that help them regain control of their lives (12). Opportunities through contact, communication, and in this case, training can help build trust and provide an opportunity to assess individual preferences. This gives the patient the best opportunity to balance, prioritize, and adjust to the impact that their illness is having on their lifestyle, and to learn coping mechanisms (13,14). Peritoneal dialysis training can be disruptive to an individual and may impact on them psychologically, socially, and physically. The very fact that nurses could potentially use more of an assessment process to help focus on some of these issues can only be seen as positive. The curriculum considers many of these aspects and describes goal setting including beginning each training day with an opportunity to reflect on how the patient feels. The nurse delivering the training should be equipped to deal with problems/barriers and skills in order to address each of the needs identified.

This training curriculum described by Figueiredo and colleagues should be commended as an essential basis for patient training. Nurses and healthcare professionals can begin to examine practices utilizing recommended assessments in order to develop interventions that may have the potential to enhance a patients' ability to manage PD. Documentation and regular reviews of patient's knowledge and skills will ensure different professionals can see areas that need further input and management. Quality measures and documented outcomes often lack a detailed description of causes of technique failure since, other than infection, reasons cited are often not specific. Using the curriculum and assessment processes may help develop a better understanding of the factors that contribute to successful PD training. If widely adopted, it has the potential to improve a range of components including patient activation, technique failure, hospitalization, and quality of life.

DISCLOSURES

The author has no conflicts of interest to disclose.

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REFERENCES

- Schaepe C, Bergian M. Educational interventions in peritoneal dialysis: a narrative review of the literature. *Int J Nurs Stud* 2015; 52(4):882-98.
- Fleming N, Baume D. Learning styles again: VARKing up the right tree! *Educational Developments, SEDA Ltd* 2006; (7.4):4-7.
- WHO. World Health Organisation 2015. [Online.] Available at: www.WHO.int/.
- Dageforde LA, Cavanaugh KL. Health literacy: emerging evidence and applications in kidney disease care. *Adv Chronic Kidney Dis* 2013; 20(4):311-9.
- Fraser SD, Roderick PJ, Casey M, Taal MW, Yuen HM, Nutbeam D. Prevalence and associations of limited health literacy in chronic kidney disease: a systematic review. *Nephrol Dial Transplant* 2013; 28(1):129-37.
- Morony S, Flynn M, McCaffery KJ, Jansen J, Webster AC. Readability of written materials for CKD patients: a systematic review. *Am J Kidney Dis* 2015; 65(6):842-50.
- Campbell ZC, Stevenson JK, McCaffery KJ, Jansen J, Campbell KL, Lee VWS, et al. Interventions for improving health literacy in people with chronic kidney disease. *Cochrane Library* 2016.
- Etgen T, Chonchol M, Förstl H, Sander D. Chronic kidney disease and cognitive impairment: a systematic review and meta-analysis. *Am J Nephrol* 2012; 35(5):474-82.
- Kalirao P, Pederson S, Foley RN, Kolste A, Tupper D, Zaun D, et al. Cognitive impairment in peritoneal dialysis patients. *Am J Kidney Dis* 2011; 57(4):612-20.
- Foot C, Gilbert H, Dunn P, Jabbal J, Seale B, Goodrich J, et al. People in control of their own health and care. London, UK: The Kings Fund, 2014.
- Hibbard J, Tusler M. Assessing activation stage and employing a 'next steps' approach to supporting patient self management. *J Ambul Care Manage* 2007; 30(1):2-8.
- Thorne S. Patient-provider communication in chronic illness: a health promotion window of opportunity. *Fam Community Health* 2006; 29(1S):S4-S11.
- Kralik D, Koch T, Price K, Howard N. Chronic illness self-management: taking action to create order. *J Clin Nurs* 2004; 13(2):259-67.
- Paterson BL. The shifting perspectives model of chronic illness. *J Nurs Scholarsh* 2001; 33(1):21-6.

<https://doi.org/10.3747/pdi.2016.00191>