

## PATIENT-CENTRED EDUCATION – MAKING A DIFFERENCE TO PRE-DIALYSIS CARE

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**INTRODUCTION** In 1992 the first nurse-led Patient Education Programme (PEP) in our renal unit evolved. The main aim was to provide patients with enough information so that they could make an informed choice about which type of dialysis might suit them best. This pre-dialysis education programme was one of the first of its kind in the UK and ten years on, pre-dialysis education is an accepted part of nephrology care (Renal Association, 2002).

**PURPOSE** It was recognised that the programme needed evaluation and development, particularly in terms of user and carer involvement. The PEP is now run every month over a four-hour period. Patients and their families are given the opportunity to attend a formal presentation from members of the multi-professional team, and have the chance to visit the renal wards, and the haemodialysis and peritoneal dialysis units. During this visit, patients are able to meet members of staff who will be involved in their long-term care. After PEP, telephone consultation by the pre-dialysis nurse is carried out and opportunities for further education are offered.

**DESIGN** Over a period of six months the education programme has been critically reviewed. An audit of the programme has been carried out (questionnaires have been given to patients at the education day). The information booklet has been updated considerably and the slide presentation has been put into an electronic format. Patient involvement has been crucial in the development of all these initiatives and all the multi-professional team have been involved.

**FINDINGS** Questions which have been addressed have included: what are the best learning and teaching methods for pre-dialysis education, what are the best ways to answer individual questions from patients and families, how can we give individualised education to a mixed audience in terms of age and ethnicity and how can we evaluate the outcome of the programme?

**CONCLUSION** The new programme began in October 2003 and evaluation will be ongoing. This change in practice has demonstrated the importance of audit in day-to-day nephrology care, whilst the benefit of user and carer involvement is crucial in the development of patient-centred services.