

PATIENT EVALUATION OF A PRE-DIALYSIS EDUCATION PROGRAMME – IS THIS ENOUGH?

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PROBLEM: High quality patient education is a fundamental part of the pre-dialysis service and is instrumental in supporting patients in terms of treatment choices. Education programmes need to be responsive to the information needs of the patient group. If programmes are not formally evaluated there is a potential for a mismatch in perceptions between the clinician and the patient about the content and structure of education delivery. Consequently education sessions may not be optimising the potential learning opportunities and may not provide the support desired from attendees. This can leave patients feeling disengaged, uncomfortable and even alienated.

PURPOSE: The aim was to evaluate the pre dialysis education sessions over two three-month periods using a patient satisfaction survey and to identify recommendations for further study.

DESIGN: Prior to the evaluation a psychologist observed the education sessions and consulted extensively with staff and a patient who had attended past pre-dialysis education sessions. The purpose was to gain an understanding of the sessions' content and structure in order to provide a framework for the development of the questionnaire. Questions were designed to obtain information on the content, speed and amount of information presented and recall amount. Two final questions attempted to elicit information on the effectiveness of the sessions in helping patients understand the different renal replacement therapies (RRT) and end stage renal disease (ESRD). All attendees were requested to complete the questionnaire at the end of each session over the 3-month period (baseline). Four months later the evaluation was repeated again for a second 3-month period (follow-up) to assess the effect of the changes implemented as a direct result of patient feedback.

FINDINGS: The total number of respondents for all sessions at baseline was 62 compared to 45 at follow up. The socio-demographic variables were similar for both groups. Feedback given about the sessions was largely positive. Comments from pre-evaluation observation, patient consultation and patient questionnaires at baseline identified structural changes required such as a need for an ice-breaking session, and reinforcement tools such as handouts and session packs. Respondents at follow-up were significantly more likely to report that information was presented in 'non-technical language' ($p = 0.011$) and respondents over the age of 50 years believed they would recall less information after the session, compared to younger respondents ($p = 0.011$) despite reporting greater satisfaction in the quantity of information ($p = 0.048$) and speed at which it was presented ($p = 0.016$).

CONCLUSION: As a result of patient feedback the content and structure of the pre-dialysis education sessions were redesigned; take home tools were produced to assist in recall; sessions were re-structured to encourage more dialogue within the group and to encourage the beginnings of informal support networks. A limitation to the study is that of repeatability; patients and relatives at baseline were different from those at follow up. Furthermore, a non-randomised design was implemented. This highlights the difficulty in using patient questionnaires alone as a means of evaluating such a crucial aspect of pre-dialysis care. Most people have limited experience of health related education and may be unable to assess the usefulness of the sessions simply because they have no comparisons.

RELEVANCE: There needs to be a clear process for delivering the appropriate level of education for a range of patients in the pre-dialysis setting. Patient feedback can be helpful in highlighting the strengths and weaknesses of current processes. Further work is ongoing to determine the effectiveness of pre-dialysis education in terms of individual patient need.