


Individualizing a Teaching Plan for the Home HD Patient

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Objectives

- Describe training methods for both patients and care partners
- Discuss how to individualize training for your patients
- Discuss specific changes in training that you have tried and was it a success?

How do we increase retention?





How many meet with patients before training starts?

Do you have an idea of how you will approach training?

VARK – A Guide to Learning Styles

• vark-learn.com

- > Visual
- > Aural (hearing)
- > Read/write
- > Kinesthetic

• [My VARK questionnaire](#)

Questionnaire

Your VARK Results

Your scores were:

- Visual 4
- Aural 2
- Read/Write 1
- Kinesthetic 9

You have a strong kinesthetic learning preference.

Use the following pages for study strategies that apply to your learning preference:

- [Kinesthetic](#)

Three Types of Learning Styles

- ◉ Visual learner
- ◉ Auditory learner
- ◉ Kinesthetic (tactile) learner

Visual

Looking
Seeing
Watching

Visual


- > Need to see the instructors facial expressions and body language
- > Sit at the front of the class to avoid visual distractions
- > Think in pictures

Visual

- > Learn best from visual displays
- > Take detailed notes
- > Training methods: videos, flip charts, written instructions, demonstrations

Auditory

Listening
Hearing
Speaking



Auditory


- > Learn best through lectures, discussions, and brainstorming
- > Listen to voice tone, pitch, and speed
- > Written information has little meaning until they hear it

Auditory

- > Benefit best by reading text out loud and using recordings.
 - Have patient repeat new concepts in their own words
- > Training methods: lectures, group discussions, stories and examples, brainstorming

Kinesthetic (tactile)

Experience
Moving
Doing



Kinesthetic (tactile)

- > Learn best through a hands-on approach and actively exploring things around them.
- > Difficulty sitting still for long periods of time

Kinesthetic (tactile)

- > Become easily distracted by their need for activity and exploration
- > Training methods: role play, simulations, practice demonstrations, teach back

Example of Standardized Training

Training Schedule	
Day 1	Get ready for training sign, consents, review training material Review dialysis prescription Dirty, Clean, Sterile Aseptic Technique
Day 2	Set up machine with patient observing Discuss access and how to cannulate Review Day 1 information
Day 3	Patient/care partner set up machine with staff assistance Prepare access for cannulation Choose insertion site
Day 4	Patient/care partner set up machine with staff assistance Cannulate access Determine UF volume and rate and enter into cyclor
Day 5	Continue with Day 4 End treatment and remove needles

Nothing wrong with this, but...

- ⊙ What if you have a visual learner?
 - > May want to see written instructions and follow along for a few days
 - > May want to watch a video on machine set up, or take video home to watch
- ⊙ What if you have an auditory learner?
 - > May want to hear other patient stories
 - > Allow them to read instructions out loud
- ⊙ What if you have a tactile learner?
 - > Will want to start pressing buttons right away
 - > Won't pay much attention to the written instructions
 - > Will start looking for easier ways of doing things

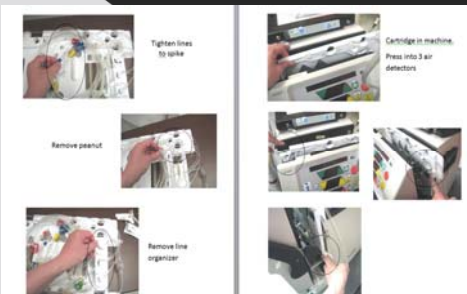
Think outside the box

- ◉ Consider training 4 days a week
- ◉ Offer multiple teaching strategies
- ◉ Assess patients learning style and adapt training schedule.
- ◉ Adjust teaching material if necessary
- ◉ Meet with patients and care partners prior to beginning of training. Assess learning style

Just some ideas.....




Consider pictures with minimal reading...



Adding 'cliff notes'

- "Snap and Tap" Procedure
- Starting at the RED port at the saline bag, "snap" RED (arterial) line moving towards cyclor
- Locate arterial pressure pod (pillow). Gently "tap" pod against cyclor to release air
- Remove dialyzer from cartridge (invert dialyzer with venous filter line directed up)
- Make sure tubing does not twist
- "Tap" dialyzer against palm of hand for 30 seconds-make sure no air in dialyzer header
- Place dialyzer in dialyzer holder on side of cyclor
- Prime medication port (blue clamp-located on dialyzer)
- CLAMP BLUE clamp on medication port

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Adjust instructions to add more detailed steps

- Attach empty 10cc syringes to end of fistula/graft needles
- Tear tape
- Put on mask
- Apply Betadine, allow to dry
- Clean access with alcohol wipes
- Stick graft-tape down with one piece of tape
- Check needle placements with attached syringes
- Clamp arterial and venous patient lines. Tape down both needles. "Crisp Clasp"
- Give heparin. Pull out first. Flush 3 times. Clamp
- Attach arterial and venous lines to graft needles and unclamp 4 clamps
- Press green kidney key
- Increase blood flow
- Increase dialysate flow

- Scrub/clean arm and hands
- Attach empty 10cc syringes to end of fistula/graft needles
- Tear tape
- Put on mask
- Put on tourniquet
- Clean access with alcohol wipes
- Stick fistula-tape down with one piece of tape
- Remove tourniquet
- Check needle placements with attached syringes
- Clamp arterial and venous patient lines. Tape down both needles. "Crisp Clasp"
- Give heparin. Pull out first. Flush 3 times. Clamp
- Attach arterial and venous lines to fistula needles and unclamp 4 clamps
- Press green kidney key
- Increase blood flow (red UP arrow)
- Increase dialysate flow (green UP arrow)
- Feel up

Other ideas

- Video of machine set up
- Additional machine that patient or partner can practice setting up or troubleshooting
- Allowing patients to re-write the instructions in their own words
- Allowing patients to deviate from your instructions while training



