Patients Educating Patients

Let’s add a little PEP to the renal community

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The nursing shortage could not have come at a less desirable time. As the medical field experiences a decrease in certified nurses, the renal care field is seeing an increase in patients with end-stage renal disease (ESRD). In addition, many other professionals, such as the social workers, renal dietitians, and nephrologists, are feeling overwhelmed with their workload. This creates an unbalanced staff-to-patient ratio and decreases the likelihood that each patient will receive the individual educational assistance they need to learn how to live joyfully in spite of renal disease.

Renal disease is too demanding if you do not have hope. If a patient believes they do not have a future, all of the demands of dialysis become too much. It is like the old saying: “If I knew I was going to live this long, I would have taken better care of myself.” I believe ESRD patients will become more compliant once they see others patients are achieving their goals in spite of renal disease. One example can provide the motivation for patients to see they can have a future.

A simple solution to the nursing shortage and lack of motivation is to implement a patients educating patients (PEP) program.

What is a PEP Program?

A PEP program would hire qualified renal patients, train them, and then deliver them to the renal care clinics where they will educate other patients. The benefits of the PEP program are twofold—it will allow patients to obtain employment in a field that is in need of assistance, and it will promote patient education in the dialysis unit.

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Patients who are accepted into the PEP program, known as patient educators, will set up health fairs in the waiting rooms of participating dialysis units where they will educate other patients. Or they can educate patients one-on-one during dialysis. The patient educator can coordinate these events with the dialysis administrator.

Educational topics can include a variety of issues renal patients face. Understanding anemia, dialysis adequacy, phosphorus, controlling blood pressure, diabetes, diet, transplantation, etc., is essential to living a long life with renal disease. Patient educators can utilize flip charts and printed materials to make their lessons entertaining and interactive. They will also learn how to organize a health fair, develop proper professional etiquette in the dialysis facility, and learn effective presentation styles and techniques.

When they enter the dialysis unit, the patient educators will set a positive example to patients attending the educational lobby fairs. Other patients are more likely to appreciate being taught by someone who has firsthand experience with renal disease. They may also be inspired when they witness other patients taking an active role in the workforce. In addition, many renal patients are bilingual, allowing them to reach patients who speak different languages.

Employment is a big issue for patients with ESRD. Patients will be eager to enter the PEP program because they have a strong desire to return to the workforce, and they want to help others who are also confronted with the challenges of renal failure.

Patients who successfully return to work while incorporating dialysis into their schedules do not allow renal disease to take over. This can boost their self-esteem and build confidence. They will also be rewarded by the satisfaction they receive by helping others and they will be compensated as an independent consultant. This will allow patients to work part time and control how much money they make, so in some cases (if they choose), it will not interfere with their benefits. Also, with the new work incentives in place by the government, they can take advantage of the nine-month window to get back to work without affecting their benefits.

Funding the Program

The pharmaceutical companies spend a significant amount of money creating education material, devising strategies to improve patient compliance, and hiring clinical specialists and sales representatives to handle the growing needs of the dialysis facility and patient population. I would suggest that a pharmaceutical company that wants to help patients should seriously consider funding this program. Instead of hiring more clinical specialists (many are nurses or dietitians from the renal community), why not hire renal patients to assist the clinical specialists?

The PEP program is a win-win situation that serves to benefit renal patients, professionals, and pharmaceutical companies. Patients are given the opportunity to obtain employment, and they will be provided with a sense of fulfillment. The pharmaceutical company will have the opportunity to improve patient compliance. Professionals will have a credible program to which they can direct patients that need educational assistance and to those who are in need of a little PEP.

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