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2012 SPRING CLINICAL MEETINGS
MAY 9–13, 2012**

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1. **USE OF TALKING CONTROL SUPPORT THERAPY IN CHRONIC HEMODIALYSIS PATIENTS RESULTS IN HIGHER PATIENT SATISFACTION SURVEY RESPONSE**
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 Hemodialysis patients struggle with non-compliance that may be secondary to depression. Talking control (TC) is a cognitive behavior technique described as most comparable to a befriending relationship that has studied in depressed older populations in the primary care setting. The purpose of this study was to evaluate the effect of TC in a chronic hemodialysis population. Methods: TC consisted of general conversations about lifestyle without the specific intent of education change. Patients were randomly approached to participate (49 out of 129 = 38% of total unit patients). Two waves of TC (5-20 min/week for 10-12 weeks) were completed over 12 months in groups of 31 and 18 patients. Records were kept of total TC time, laboratory value changes, number of hemodialysis sessions completed, and TC activities. Primary outcome was annual patient satisfaction survey score pre- and post-TC. Data was analyzed by descriptive statistics, percent survey score difference, and qualitative patient comment summary. Results showed the mean unit patient satisfaction survey rose from 85% to 93%. 82% met or exceeded mean laboratory goals during the TC compared to 66% pre-TC. Greatest effect was seen for albumin and phosphorus control. Higher TC time resulted in qualitative survey comments relating to "feeling of belonging" and/or higher score on staff involvement in their care compared to pre-TC. TC may be an effective, low-cost support technique that can involve all members of the interdisciplinary team.
2. **VIDEO EDUCATION INCREASES PATIENT KNOWLEDGE ABOUT PHOSPHORUS CONTROL AND IS A PREFERRED FORM OF EDUCATION**
 Shaun Boyd¹, T. Christopher Bond¹, Tonya Zimmerman¹, Kathy Parker¹, Darlene Griffin¹, Duane Dunn¹
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 Nephrology care teams have attempted to achieve optimal phosphorus levels in patients through many methods of patient education and clinical interventions. We assessed the acceptance of a video education program designed to inform hemodialysis patients about controlling their serum phosphorus levels and other dialysis-related topics.
 The video education program was conducted in 20 centers in 1 division of a large dialysis provider's network. Patients completed questionnaires about their knowledge of phosphorus control and preferences regarding types of education (handout, video, one-on-one counseling, and group presentations) before and after the initiative. The video program consisted of 6 videos shown at 1-week intervals and covering the following topics: understanding kidney function and kidney disease treatment options, mineral and bone disorders, benefits of fistula use over catheter use, success stories (highlights of patients leading successful and happy lives while on dialysis), and 2 videos on cooking and making dialysis-friendly meals.
 The 771 patients who completed both the pre- and post-test scored significantly better ($p < 0.05$) on 5 of 7 knowledge components after the 6-part program than they had beforehand. In general, patients had a very positive response to video education, with 44% of patients ranking it higher than they had beforehand and only 23% ranking it lower. The percentage of patients who said video education was their most preferred method rose from 22% to 40%. Of the 936 patients who took the post-program test, 86% said the program improved their overall understanding of dialysis and 83% said they would like to see more video education in the future. The percentage of centers that ranked video education as the most preferred format overall rose from 20% to 65%.
 The 6-week video education program improved patient knowledge of dialysis and was a well-accepted method of patient education.
3. **PSYCHOLOGICAL STATUS AND END-OF-LIFE DECISION MAKING CONFIDENCE IN SURROGATES OF DIALYSIS PATIENTS** Bridgman, J.C., Ward, S.E., Lin, F-C., Hanson, L.C., Hamilton, J., Hladik, G., Fine, J.P., Sun, S., Miles, M., & Song, M.K., UNC-Chapel Hill, NC, UW-Madison, WI, USA
 The psychological status of surrogate decision makers and assessment of their own decision making abilities *before* engaging in end-of-life decision making has received little attention. The purpose of this descriptive study of 120 surrogates of dialysis patients was to examine relationships among surrogates' psychological variables, end-of-life decision making confidence, and sociodemographic characteristics using baseline data from a randomized controlled trial. Surrogates completed the Hospital Anxiety and Depression Scale, Post-Traumatic Symptoms Scale (PTSS)-10 and the 5-item End-of-Life Decision-Making Confidence Scale. The majority of the sample was African American (65.8%), female (69.2%), and living with patients (62.5%). Although mean scores of anxiety, depression, and PTSS for the sample were within normal ranges, 35% ($n=42$), 11.7% ($n=14$), and 5.8% ($n=7$) showed abnormal scores on the anxiety, depression, and PTSS, respectively. Surrogate's decision-making confidence was high ($M=17.70$ out of 20). Surrogates' sex, years of education, total annual income, and overall rating of relationship quality with patients were significantly associated with psychological status ($r = .20-.35$, $p < .05$). Decision making confidence was associated only with the quality of relationship with the patient ($r=.33$, $p < .001$).
 In this sample, we found no significant relationship between surrogates' psychological status and decision-making confidence. Surrogates' decision-making confidence may reflect their perceived relationship quality with patients. The lack of relationships between the psychological status and decision making confidence in this sample warrants future studies.
4. **HOW UNDERGRADUATE AND GRADUATE SOCIAL WORK STUDENTS CAN HELP LOCAL KIDNEY DISEASE COMMUNITIES: RECOMMENDATIONS FOR NEPHROLOGY PROFESSIONALS**
Teri Browne, Olivia Jones, Felix Weston, Valerie Stiling, Lesley Jacobs, Sonya Davis-Kennedy, Cassandra Avant Williams, Cassidy Shaver, Jennifer Worthington
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 This research describes a project that trains 5 undergraduate and 3 graduate social work students in kidney disease and health disparities research. Working on this research project has strengthened the students' scholarly pursuits by helping them understand a myriad of barriers to community health (and kidney disease outcomes specifically) that are discussed in their classes. Possible roles and activities for students, and partnerships between academics and nephrology professionals, are discussed. These activities include research on kidney disease disparities, and learning about kidney disease to enhance the students' knowledge and appreciation of the public health crisis of kidney disease. In addition, these students have participated in a myriad of activities with the local National Kidney Foundation office, benefiting dialysis professionals, patients, the NKF, and the students. Suggestions for how dialysis professionals can take advantage of opportunities related to working with local universities and scholars are provided- this is a necessary step as few academics (particularly in social work) focus on kidney disease.

5. RECOMMENDATIONS FOR DIALYSIS TEAM MEMBERS TO HELP REDUCE KIDNEY TRANSPLANT DISPARITIES

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Research suggests that black dialysis patients are significantly less likely than their white peers to be evaluated and listed for a kidney transplant. We present the findings of two research studies that survey black dialysis patients in two different locations (Chicago and Philadelphia) about their attitudes and knowledge related to kidney transplantation, and use these findings to make recommendations to the interdisciplinary dialysis team members that may help reduce kidney transplant disparities. In the Chicago study, 94% of patients surveyed were interested in a kidney transplant, only 36% had been evaluated at a transplant center, and even less, 9% active on a transplant waiting list. Insurance was not a barrier, as 98% had insurance that would pay for a kidney transplant. In the Philadelphia study, the majority (80%) of patients were interested in a kidney transplant, (71.6%) had been evaluated, yet only 39% were on the transplant waiting list. Moreover, of the patients being evaluated 52.9% incorrectly believed they were on the kidney transplant waiting list. In the Chicago study the barrier was access to transplant, in the Philadelphia study patients had difficulty navigating the transplant system. In both studies, black patients had poor knowledge and understanding about the process related to getting a kidney transplant. These findings suggest that barriers to kidney transplantation are complex and multidimensional. Furthermore, dialysis professionals can augment their standard course of patient care to identify and attend to this lack of knowledge and understanding.

7. RESPONSE RATES TO THE KDQOL IN CHRONIC DIALYSIS PATIENTS.

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The Kidney Disease Quality of Life (KDQOL) survey is often administered to patients receiving chronic dialysis, although little is known about response rates in the community and reasons why patients decline the survey when administered outside of a clinical trial. We examined differences between dialysis patients who completed the KDQOL (responders) and those that did not (non-responders) as part of a quality assurance project. Four social workers from two chronic dialysis facilities offered the survey to patients as part of their routine care over a 12 month period. Data was analyzed with PASW v18.

Of the 133 patients offered the KDQOL, only 56.4% completed the survey. There was no difference in response rate by sex, age, race, or Medicaid status. Home dialysis patients were more likely to complete the KDQOL (OR 17.6, 95% CI 4.0-77, $p < 0.0001$). Non-responders tended to have been receiving dialysis longer with a mean of 58.7 months, compared to responders at 41.8 months ($p = 0.054$). Of the non-responders, 34.5% had previously completed a KDQOL survey in the facility. There was significant variability in response rate between the in-center hemodialysis social workers ranging from 21.8% to 61.5% (Chi-Square 10.7, df 2, $p = 0.005$).

In summary, the KDQOL was more likely to be completed by home dialysis patients, and those that had been receiving dialysis for a shorter period of time. However, the approach used by the survey administrator impacts response rates and is a modifiable factor. Additional study is needed to determine why patients who previously completed the KDQOL refused to complete follow up surveys.

6. RESEARCH INTERESTS AND EXPERIENCE OF SOCIAL WORKERS WITHIN A LARGE DIALYSIS ORGANIZATION

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Nephrology social workers play a critical role in many aspects of ESRD patient care. The contributions of social workers to research are therefore important to the ESRD community however there is very little information in the literature relating to research participation and the research interests of nephrology social workers.

Social workers within a large dialysis organization were invited to complete a survey of research interests and participation. From 1300 social workers contacted, 601 responses were received, corresponding to a response rate of 46%. Eight percent of respondents indicated that they had participated in a research project within the last 5 years as part of a thesis project, with 11% indicating that they had participated in a research project outside of their thesis work. Those that had participated in research projects were involved in a variety of capacities (consultant, 19%; study coordinator, 23%; sub-investigator, 32%; principal investigator, 16%). Survey respondents identified lack of opportunity and lack of capacity as the primary barriers to participation in research. Medication adherence, modality education, and motivational interviewing relating to central venous catheter reduction efforts were identified as areas in which research would be most valuable.

The survey results give an indication of the current levels of participation in research by social workers and the potential barriers to involvement. The areas of research priority identified by social workers are well aligned with the needs of the ESRD community, and our results suggest that ESRD and dialysis organizations might consider developing models to provide opportunities and capacity for social workers to participate in research projects.

8. PATIENT CENTERED ADVANCE CARE PLANNING IN DIALYSIS: PHASE ONE

Shiloh D. Erdley, Ion D. Bucaloiu, Evan R. Norfolk, Martha Kitchen, Vonda Hetherington, Danville PA,

Due to the high mortality rates and significant symptom burden of dialysis patients, attention to advance care planning (ACP) has grown in the nephrology community. The optimal system for addressing ACP in dialysis units is not known. We report a quality initiative project utilizing a multidisciplinary ACP team, aiming to systematically and timely address ACP in the outpatient dialysis unit setting.

A team consisting of a nephrologist, renal social worker, unit registered nurse team leader and a renal dietitian, identified patients with advanced illness (defined as probability of survival at 18 months less than 80%) using an online prognostic calculator (<http://touchcalc.com/calculators/sq>). Patients were asked whether they had advanced directives (AD) and were provided with education regarding ACP. When AD was not available or not completed, patients were reminded to do so. During routine monthly interdisciplinary team meetings, members of the team reminded primary nephrologists to ask themselves whether they would be surprised if any of their patients would die in the next 6 months, and based on the answer, made recommendations regarding potential need for a referral to palliative medicine. AD completion, referrals to palliative medicine, number of hospitalizations prior to death, and referrals to hospice were noted.

AD completion rates in our unit increased from 21/67(31.3%) at baseline to 34/70 (48.5%) at 1 year. Of 67 prevalent patients 16 (23.8%) died during this time. 87.5% (14 of 16 deceased) were identified to have less than 80% predicted 18 months survival, a median (s.d.) of 97.5 (87.2) days prior to demise. In this group, AD completion increased from 5/14 (37.7%) to 11/14 (71.4%) at 1 year.

9. "MOVIN' ON UP": TRANSITIONING ADOLESCENT KIDNEY TRANSPLANT PATIENTS TO ADULT CARE

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The purpose of the "Movin' on Up" adolescent transition program is to prepare our pediatric patients to move into adult medical care. Clinical data suggests that young adults are at risk of losing their transplanted kidney during this transition phase. We have become increasingly aware that many of our pediatric patients were not well prepared to take on the responsibilities of their illness.

In order to prepare our patients for transition to adult nephrology, we developed a series of tasks designed to help the patient achieve the skills needed to meet the responsibilities of lifelong chronic illness. These tasks included education and testing on renal transplant care. The program is introduced to the patient and their parents at age 12. Medical and psychosocial education is introduced and reinforced with a series of worksheets and quizzes. Interdisciplinary teams including pediatric and adult physicians participate in the program.

Over the past year and one half, a group of patients have graduated from the program and transferred to adult care. Upon graduation, patients completed a survey and subjective responses indicated their readiness for independent care.

In conclusion, the Movin' On Up adolescent transition program provided teens with supportive education and skills development. The patients reported that this program prepared them for the responsibility of adult care.

10. EVALUATION OF A RENAL TEAM LEARNING MODULE ON WORKING WITH YOUNG ADULTS (YA) WITH CHRONIC KIDNEY FAILURE (CKF).

Julia Herzog¹, Erica Perry^{1,2}, Hannah Cayton², Brett Plattner², Lisa Twining³, Susan Rees⁴ and Kai Zheng².

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In a recent Michigan multi-center study, it was shown that renal teams did not differentiate between their YA population and the rest of their older dialysis population. Given YA high rates of non-adherence, morbidity and mortality, several programs joined forces to equip renal teams to improve YA outcomes.

Pre- and post- surveys were developed to measure knowledge and confidence level of renal professionals in their work with this population to be administered via an educational power point presentation. The effectiveness of the teaching module, delivered to 70 renal staff, was evaluated at a state symposium in Michigan. The Michigan Department of Community Health IRB approved this initiative. Sixty-six participants completed the pre- and post-survey.

Knowledge increased post presentation, particularly regarding cognitive development in the YA. This teaching module positively influenced the confidence level regarding working with YA of several sub-groups. The decreased confidence of techs may reflect discomfort with the new information. These results indicate that there is a need for increased knowledge and confidence among renal professionals who work with YA with CKF. Future plans include presenting this module to a wider audience of renal staff. Seven attendees committed to offer this educational module as an in-service for their clinic personnel.

Attendees	N	Likert Scores	P Value	Confidence Δ in Working w/ YA
All	66	3.68 to 3.8	0.073	marginally significant
RN	26	3.65 to 3.88	<0.05	significant
RD	9	3.77 to 3.89	0.3	no change
SW	20	3.65 to 3.9	<0.05	significant
Tech	10	3.9 to 3.4	<0.05	Significant

11. COORDINATED INTERDISCIPLINARY PATIENT EDUCATION CALENDAR

Nanette Francis and Jessica Phipps, Fresenius Medical Care, So. Plainfield, NJ, US

Patient education is an ongoing and integral part of the dialysis professionals' role in helping patients towards optimal outcomes through adherence to their treatment regime. This model demonstrates an educational plan used by Nursing, Dietary and Social Work where there is one monthly topic with focused contributions from each discipline. Uniquely the social work contribution is presented from a biopsychosocial model to successfully move the patient from knowing to doing. We focus on variables that influence engagement in healthy behaviors and adherence to medical regimens. Below is the 2012 calendar.

Jan	Coping with Dialysis	July	Access and Quality of Life
Feb	Treatment Options and Adherence	Aug	Exercise
Mar	Knowing your Healthcare Team Self Advocacy	Sept	Health Management at Home and Care Giver Support
April	Medical Complications Associated with Kidney Disease	Oct	Winter Preparation
May	Travel	Nov	Holiday Preparation
June	Fluid Management	Dec	Setting and Maintaining Your Goals

The development of a cross discipline plan allows the team to approach education utilizing multi-media including interactive lobby demonstrations, audio and visual media, hand-outs and bulletin board posting. These tools and team approach serves to increase participation and decrease communication barriers for pts with different learning needs.

12. KIDNEY DONATION & ANXIETY: COMPARISON BETWEEN COUNSELED & NON-COUNSELED KIDNEY DONORS

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Psychological evaluation of the kidney donors lays ground work for post transplant follow-up. It is noted that donors do face psychological problems especially when graft fails.

The present study is aimed at finding out the efficacy of counselling by measuring the anxiety. Kidney donors were divided into 2 groups (Counselled donors(C) n=30 and Non-Counselled donors (NC)n=30) during the three phases of kidney donation namely: At the time of registration, prior to kidney donation, six months after kidney donation.

Anxiety was assessed by Comprehensive Anxiety Test (CA Test) Sharma, Bharadwaj & Bhargav (1992). This 90 item inventory explores the factors responsible for anxiety, broadly into 3 categories i.e. biological, psychological & sociological correlates of anxiety.

CA score: Comparison between Counselled & Noncounselled kidney donors

Table: 1

At the time of registration

	n	Mean	SD	SEM	t	p
Counselled (C)	30	33.4	10.5	1.92	1.39	0.08
Non-counselled NC)	30	37.2	10.6	1.93		

Table: 2

Prior to kidney donation operation

	n	Mean	SD	SEM	t	p
Counselled (C)	30	30.1	10.2	1.86	2.72	0.004
Non-counselled NC)	30	37.2	10.1	1.84		

Table: 3

Six months after kidney donation

	n	Mean	SD	SEM	t	p
Counselled (C)	30	29.8	11.1	2.02	2.78	0.003
Non-counselled NC)	30	37.1	9.2	1.68		

The above results show that the 't' & 'p' values were significant prior to kidney donation & six months after kidney donation. Effective counselling helps reduce anxiety in kidney donors and better prepares them psychologically to face post-operative consequences.

13. MOTIVATIONAL INTERVIEWING STAFF TRAINING PROTOCOL REFINEMENT PROJECT

Leanne Peace, Cynthia Russell, Nikole Cronk, Michelle Matteson, Leonor Ponferrada, Norma Knowles, Kay Dye; University of Missouri-Columbia and Dialysis Clinics Inc, Columbia Missouri.

Motivational Interviewing (MI) has been well-documented as an effective tool for facilitating health-related behavior change among chronically ill patients. The initial research was to determine if MI conducted by staff improved patient adherence. Adequate staff training is paramount for effective delivery of MI. The purpose of this project was to develop and refine an MI hemodialysis staff training protocol. In the initial phase of this project, dialysis staff received a 9 hour MI training program (three, 3-hour sessions) followed by 2 months of coaching and counseling by an MI specialist. The staff then delivered MI to hemodialysis patients for 3 months. Staff evaluation of this training approach indicated that the concepts of MI were easy to understand, appropriate, and likeable, but they were not used regularly or effectively. Staff felt that they needed a longer training session with additional coaching and counseling.

Consequently, the MI delivery methods were refined for phase II. The revised protocol included a longer staff training session (four, 3 hour sessions with additional time between sessions 3 and 4 for reinforcement), more coaching, along with more frequent counseling sessions and extension of the MI delivery phase to 6 months. For continuity and consistency, a single MI expert provided the training and coaching sessions in both phases.

This project has produced a much needed protocol for training hemodialysis staff on the effective use of MI. Study protocol revisions indicates that sufficient MI training, feedback and follow up coaching may enhance MI competence and comfort in using the technique for long term use. Similar MI training protocols may be adapted for use by other facilities to improve patient and staff interactions.

14. PERCEPTIONS AND ROLES OF THE NEPHROLOGY SOCIAL WORKER WITHIN THE SUICIDE CONTINUUM OF CARE: A NATIONAL SURVEY

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The Nephrology Social Worker (NSW) is relied upon when patients present with suicidal ideation (SI) and other mental (MH) health concerns within the dialysis setting. A 20-question Survey Monkey instrument, with some multiple component questions, was presented to all participants in the Council of Nephrology Social Workers listserv and to all DaVita social workers. The questions addressed roles assumed within the dialysis clinic, available resources, NSW confidence and skill level in assessment, and intervention within the continuum of SI-plan-attempt. Knowledge of physical and MH conditions that contribute to patient SI was also investigated.

Statistical Package for the Social Sciences software was utilized to analyze data of 528 respondents from 46 states and 2 territories. Findings include: 60% of NSWs surveyed were licensed; 39% were in practice for 16 or more years; 50% work in only 1 clinic (range 1-5); and being respected by coworkers demonstrates the highest component within job-satisfaction questions. NSWs' self-perceptions included being a value to their organization, being the "go to" person in MH crisis management above and beyond all others within the patients' care system. NSWs interact with patients wanting to die without mention of suicide; and NSWs identified working with patients who have SI with or without a plan. Greater numbers of NSWs report care to patients who have attempted suicide than have received MH care. At or beyond the 6th year, NSWs' knowledge and skills are crystallized in identifying and intervening when patients have SI/ideation with a plan. The gaps in NSWs' level of understanding and confidence varied by years of service.

NSWs are the experts on suicidal and MH issues within the dialysis clinic. Data suggest the NSWs' knowledge, skills, and confidence vary within the years of service. Training for newly hired NSWs and those serving within internship settings is indicated. Best practice knowledge is identified and a significant knowledge gap is likely.

15. EVALUATION OF TRANSPLANT EDUCATION IN 500 DIALYSIS CENTERS IN 21 STATES: ARE DIALYSIS PATIENTS MAKING INFORMED TREATMENT CHOICES?

Amy Waterman, Christina Goalby, Emily Herrington, Shelley Hyland, Washington University, Saint Louis, Missouri

Dialysis centers are mandated by the Centers for Medicare and Medicaid Services to provide evidence that patients are informed of their transplant options. The purpose of this study was to understand the specific transplant education practices commonly occurring in dialysis centers nationwide. We surveyed 509 dialysis providers responsible for transplant education for approximately 32,000 patients in 551 dialysis centers serving 21 states. Transplant educators were primarily social workers (33%), nurses (32%), nurse managers/facility administrators (19%) and dialysis technicians (11%) who had been working with dialysis patients, on average, for 12 years. Though 92% agreed that educating patients about transplant was a priority (25% somewhat agreed, 67% strongly agreed), only 33% had a formal transplant education program in operation in their dialysis centers. Providers had poor knowledge about transplant (answering 6 of 12 general transplant knowledge questions incorrectly). Educators admitted that their transplant knowledge was inadequate for answering their patients' questions (53%) and felt their transplant education materials were poor (39%). When asked about their specific educational practices, most (93%) provided patient education at least once to all transplant-eligible patients, with less (78%) repeating this education every year. Their education primarily consisted of recommending that patients be evaluated for transplant (84%), recommending that patients learn more about transplant (80%), and referring patients to an education program at a transplant center or kidney organization (59%). Educators rarely had detailed discussions about the risks and benefits of deceased (25%) or living donation (25%). While dialysis educators are generally informing patients that the option of transplant exists, few are providing patients with true transplant education. To enable more dialysis patients to make informed transplant choices, we must educate more dialysis providers about transplant and provide them with adequate transplant resources to disseminate to patients.

16. PREEMPTIVE TRANSPLANT KNOWLEDGE AND DECISION-MAKING: IMPACT OF A COMMUNITY CKD EDUCATION CLASS

Amy Waterman, Julie Brown, Beth Witten, Valerie Goodnight, Carmen Mallery, Emily Schenk, Christina Goalby, Lisa Frazier, Leanne Peace, Shelley Hyland

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Patients who can get a preemptive living donor transplant (PLDT) avoid medical complications related to dialysis and have the highest graft success and lowest patient mortality rates. Limited research is available to understand how PLDT education affects patients' transplant coping, knowledge, and behavior. The Missouri Kidney Program's community Patient Education Program (PEP) educates patients not yet in kidney failure about their transplant and dialysis options. From September, 2008 to May, 2010, we surveyed 352 patients (78% White; 93% not on dialysis) before and after 36 PEP classes to assess changes in their transplant knowledge, pro-transplant attitudes, confidence, and interest in PLDT. Fifteen months later, we assessed their pursuit and receipt of PLDTs using SRTR data. Pre-class, only 15% of patients had spoken to a transplant coordinator, 8% had been evaluated for a transplant and 4% reported they were on the transplant waiting list. Post-class, patients had greater preemptive transplant knowledge (51% vs. 84% correct, $p < .001$), greater perceived benefits to transplant (5.5 vs. 5.0, $p < .001$), reduced fears about transplant (9.9 vs. 10.6, $p < .001$), and greater transplant confidence (7.2 vs. 6.4, $p < .001$). Post-class, 54% planned to be evaluated for a transplant. Fifteen months later, 78 patients (22%) were either actively pursuing or had received a deceased or living donor transplant (12 PLDTs, 3.4% of attendees). A community education program can educate and motivate patients who are not yet in kidney failure to make informed transplant decisions and consider the option of PLDT.