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Increasing The Quality of Life of Kidney Patients by Using Therapeutic Patient Education

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According to the WHO, Therapeutic Patient Education (TPE) enables people with chronic diseases to manage their illness and yields benefits in both health and financial terms. Many health care providers, however, lack the skills to provide their patients such an education. Therefore we made a liaison with a platform for out-hospital patient education called “Actifclub” (AC). There all activities are organized to increase the quality of life of different chronic patients. It also allows integration of the disease and the treatment in everyday life. We work together with them on different levels:

- The patient and/or his close
- The group of AC members and their relatives
- All other partners (associations; medical teams etc.)

Our common goal is the development of a “Culture of TPE” for “caregivers” and “cared for”.

But what do we do in practice to get our patients in the system and convince them to join and to educate themselves?

Firstly our nurses were initiated in the basic program by the educators of AC. They showed us how they work with the different chronic patients.

Secondly we looked for some volunteers to work directly in between the educators and the chronic kidney patients. Then we created two events to increase informal communication between all participants. A one day visit of the Louvre museum in Lens, France and a midweek vacation in a bison farm in the Belgian Ardennes. For the first visit we got 20 of our patients joining in and for the second 5 others. All free time was used to open informal discussions about treatments, medication, diet, compliance etc.

Most common were language and cultural barriers but as medical restrictions were mostly the same, questions and solutions were freely passed and guided by the educators or nurses. At the midweek we cooked with them their meals and physical exercise was promoted. This did open interesting views for some patients.

Conclusions:

“Informal discussions” do the trick to “educate”

Language and cultural barriers not as insurmountable as thought

Improvement of educational knowledge concerning diet and medication compliance by the patients

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