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**A. Suárez Laurés, A. Pobes Martínez,
L. Quiñones Ortiz, R. Forascepi**

Nephrology Department.

Cabueñes Hospital, Gijón, Spain.

Correspondence: Luis Quiñones Ortiz
Servicio de Nefrología.

Hospital Cabueñes. Gijón. Spain.

luysquio@hotmail.com

Role of healthcare coordinator: experience in a haemodialysis satellite unit

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Dear Editor,

Chronic kidney disease (CKD) is a serious public health problem with biological, mental and social implications.^{1,4} The characteristics of CKD patients on haemodialysis (HD) have changed in recent years. Age and comorbidity have increased, which has implications on functional aspects. Haemodialysis centres are seeing patients with a significant degree of dependence.⁵ The greater percentage of elderly patients makes it more difficult to modify the dialysis technique, requiring increased social care.⁶ For these reasons, and to improve the quality of care given to our patients, the idea of creating the role of unit healthcare coordinator was suggested in 2006. Initially, the coordinator saw 5 patients on a part time basis, although this help proved so invaluable that he was recently

made full time. He is currently involved in managing tasks for a total of approximately 75 patients. Among his duties are liaison with the referral hospital, processing additional test documentation and consultations with other specialist departments. He also accompanies patients, if necessary, thus preventing the continuous loss of appointments and helps the nephrologist communicate with other specialists. Sometimes he acts as liaison with primary care and, if necessary, with social workers where there is a need for care. He also organises transfers, holidays, etc., which is very helpful for patients who are involved in complex bureaucratic procedures, thus facilitating their adaptation within the limitations of their disease.

This results in patients in our unit benefitting from improved care that goes beyond haemodialysis sessions, with a more global view of the problems they experience.

We, as nephrologists, have seen a clear improvement in organisation and care, providing the quality health care required by our patients.

We therefore encourage other haemodialysis centres to consider appointing a similar healthcare coordinator among their personnel

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**C. Rodríguez Adanero¹,
S. Estupiñán Torres¹, R. Pérez Morales¹,
S. García Rebollo², V. Lorenzo Sellarés²**

¹Haemodialysis Satellite Unit, University Hospital of the Canary Islands, Spain.

²Nephrology Department, University Hospital of the Canary Islands, Spain.

Correspondence:

Concepción Rodríguez Adanero

Unidad Satélite de Hemodiálisis.

Hospital Universitario de Canarias. Spain.

cradanero@senefro.org

luysquio@hotmail.com

Ten years' experience of an Intensive and Continuous Theoretical/Practical Training Course in Peritoneal Dialysis

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Dear Editor,

Although peritoneal dialysis (PD) is now a recognised kidney replacement technique, it is still used much less than haemodialysis. According to SEN (Spanish Society of Nephrology) statistics (from the SEN), of 4,543 incident cases in replacement therapy during 2007, 12.4% were initiated with PD; of 36,388 prevalent cases, 46% started with haemodialysis (HD), 47.9% underwent transplantation and 6.1% received DP,¹ proportions similar to some European countries.²

Among the reasons for this, one very important is the lack of knowledge and expertise of many professionals, leading some to not offer PD as a possible dialysis option.

According to the General Health Law (*Law 14/1986, 25 April*), "each patient has the right to free choice between different treatment options". The

patient's autonomy law (*Spanish Law 41/2002, of 14 November*) speaks of "(...) rights and obligations of patients and professionals regarding clinical information and documentation to offer all citizens the same guarantees (...)" It has been shown that 50% of patients who are allowed to choose, choose it.³⁻⁵ Thus, the failure to provide all possible techniques placed some patients at a disadvantage to others.

After 20 years of experience and having trained many specialists, Dr Rafael Selgas along with Dr Sánchez Tomero, suggested the need to extend and facilitate training for this technique. Being aware of the internationally recognised *Peritoneal Dialysis University Educational Session* carried out in the Netherlands, and the lack of such a course in Spanish, they decided to start something similar in Spain in 1999.

The course lasts 4.5 days (40 h) from 9.00 a.m. to 7.30 p.m. Theory classes (of 20 - 50 min) address every topic from the most basic knowledge to the latest clinical and research information. They cover all aspects of PD: anatomical, physiological and pathological. As practice, each student attends a hospital PD unit for one morning.

Every year the number of applications received is much higher than the places offered. We have ruled out raising the number to ensure maximum participation. A small "semi-residential" group means a higher active participation. Students cannot only learn but can also exchange experiences. Practice groups of 5 students are kept for the same purpose.

Two of the organisers attend the course every day: one takes the class and the other is responsible for ensuring the smooth running of the course (coordination of teachers, compliance with timetables, troubleshooting, etc.). This sharing of duties allows the course to be conducted efficiently, which is appreciated by the participants.

The course is conducted in Spanish, and every year 3-4 participants come from Portugal and two from Central or South America, so the language difference is not a problem.

Every year a nursing graduate working with PD interested in this subject attends the course. Although many aspects are not specific for nursing, students agree that the course is very useful. While it is useful for doctors new to the technique, it is also very useful for those familiar with it (as continuing training with the latest updates).

At the suggestion of various participants, daily practical cases have been added over the years with a growing number of students attending, despite doing so at the end of a working day of more than 8 hours.

The average overall assessment of the course on a scale of 1 (minimum) to 4 (maximum) is always higher than 3.7.

The course is accredited by the *Comisión de Formación Continuada de las Profesiones Sanitarias de la Comunidad de Madrid* (Commission on Continuing Education for the Health Professions in the Community of Madrid), which does not allow it to be done for residency internships (MIRs). This, together with the totally inadequate amount of time spent in rotation in some centres for this part of the specialty, led us to design the PD course for MIR (SEN registered nurse training programme). There have already been two such courses, and from this year on it will be held on annually.

Here are some comments from those attending the course: "A global view of PD", "I think the course is a success and I hope you continue with it", "I learned a lot", "Congratulations on the excellent organisation and interesting course". Many people encourage us to continue sharing our experiences with all those who are still interested.

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C. Hevia Ojanguren¹, M.A. Bajo Rubio¹, A. Cirugeda García², A. Fernández Perpén², G. del Peso Gilsanz¹,

J.A. Sánchez Tomero², R. Selgas Gutiérrez¹
Nephrology Department.

¹ La Paz and ² La Princesa University Hospitals. Madrid, Spain.

Participating teachers (in alphabetical order):

A. Alonso Melgar, V. Álvarez Chiva, M.A. Bajo, E. Bardón, D. Bernabeu, J. Cannata, F. Caravaca, M.J. Castro, O. Celadilla, A. Corbí, F. Coronel, A. Cirugeda, T. Doñate, A. Fernández Perpén, P. Gallar, R. García Ramón, M.T. González Álvarez, C. Hevia, J.A. Jiménez Heffernan, M. López Cabrera, J.M. López Gómez, A. Miguel, J. Montenegro, A. Ortiz, A. Otero, M. Pérez Fontán, G. del Peso, J. Portolés, C. Remón, A. Rodríguez Carmona, M. Ruperto, C. Sánchez, S. Sánchez, J.A. Sánchez Tomero, R. Selgas, J. Teixidó, F. Vara, N. Vega.

On traineeship: T. Andrino, T. Carrascoso, A. Fernández Duvá, A. García Merino, P. García Velasco, A. Gómez Gómez, T. Hernán, T. Luengas, V. Martínez, P. Medina, M. Mínguez, I. Muñoz, S. Rodríguez, N. Rodrigo, M.L. Vila.

Correspondence:

Covadonga Hevia Ojanguren
Servicio de Nefrología.
Hospital Universitario de La Paz.
Madrid. Spain.
cheviao@hotmail.com