



The European Core Curriculum for a Post-Basic Course in Nephrology Nursing (2nd edition)

*Edited by Thomas N,
Küntzle W and McCann M.*

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Dialysis and
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PREFACE

The first edition of the EDTNA/ERCA European Post-Basic Core Curriculum for Nephrology Nursing was published in 1994. Nine nurses from seven European countries wrote the first edition, specialists in the field of nephrology and education. Two of the original authors, Nicola Thomas (UK) and Waltraud Küntzle (Germany), and Margaret McCann (Ireland) have edited this second edition. Members of the Education Board of the Association have also contributed to this update.

The aims of the European Post-Basic Core Curriculum in Nephrology Nursing are:

- to provide an educational framework for post-basic courses in nephrology nursing
- to provide an impetus for nephrology courses already well-established in some European countries
- to assure and improve quality in nephrology nursing
- to enhance a nephrology nurse's personal and professional competence

INTRODUCTION TO THE EUROPEAN POST-BASIC CORE CURRICULUM IN NEPHROLOGY NURSING (SECOND EDITION)

Nephrology nursing is a unique discipline where the often highly technological setting is contrasted with the caring, supportive and educative environment which is necessary for the care of those who are chronically ill. Nephrology nurses work within a multidisciplinary team, both in the hospital and within the community, and have a vital role in communicating the nephrology patients' needs and in maintaining the standards of their care. Nephrology nurses often develop long-term relationships with patients and their families, therefore the importance of finding professional and personal support to cope with these situations is crucial for each nurse.

Nephrology nurses have an extended role which correlates with increased accountability. Therefore a sound knowledge base is vital in ensuring patients' safety. Education leads to quality care, which in turn may be related to cost-effectiveness. Without education, nephrology nursing would stand still.

A European specialist nurses' association has the obligation to provide guidelines for education to increase the competency of nephrology nurses and assure an equivalent level of quality care in Europe through specialist education. One of the primary functions of the EDTNA/ERCA is to provide opportunities for continuing professional development (CPD) by establishing both a basic and a post-basic core curriculum for nephrology nursing.

History of EDTNA/ERCA

The European Dialysis and Transplant Nurses Association (EDTNA) was first formed in 1972 by nurses working in nephrology/renal units in the United Kingdom. As this area of nursing was very specialised, where knowledge and clinical skills were scarce, but needed to be developed, a forum was required to exchange ideas and information with colleagues working in the same area of care.

Approximately 150 nurses attended the first meeting, and English was the conference language. Simultaneous translation was not available which limited participation of some European countries. As the number of patients being cared for has grown, so has the development of the multidisciplinary team. EDTNA was extended to a multidisciplinary association in 1985 and became the EDTNA/ERCA (European Dialysis and Transplantation Nurses Association/European Renal Care Association).

The European Dialysis and Transplant Nurses Association/European Renal Care Association is today a professional European association which has over 5000 members in over 75 countries. Attendance at the annual conference is usually in excess of 3,000 members, with simultaneous translation into 7 different languages to maximise European participation.

Formal links have been forged with other national renal care associations in Europe, USA and Singapore. Links are also established with other European specialist nurses' associations and the European Permanent Committee of Nursing (PCN).

Mission and Philosophy

The mission statement of the EDTNA/ERCA is to:

- Be THE recognised multi-disciplinary renal care association in the world
- Achieve a high level of quality care and support for patients and their families
- Develop and continually update standards for renal care
- Promote the advancement of renal care through education and continuous professional development
- Promote in its members an awareness of the social, cultural and ethical implications involved in the provision of renal care
- Provide continuing education in renal care
- Initiate, promote and conduct research in renal care and disseminate the results
- Encourage communication and co-operation between all members of the multi-disciplinary team involved in the provision of renal care

The Education Board of the Association has the following aims:

- Identify the education needs of members within the Association
- Stimulate, advise and support education activities within the nephrology health care field
- Co-ordinate education activities within the Association
- Monitor and approve education projects within the Association
- Seek recognition of the Association's education activities at national and international level
- Recognise and certify education activities submitted for approval to the Association
- Develop and maintain links with other professional Associations, renal patients' associations and renal care industry for the accomplishment of mutual education goals

The philosophy underpinning this Core Curriculum states that:

1. Every patient is an individual who has the right to live his/her life to the fullest extent and to be informed about possible choices of treatment.
2. The nephrology nurse's aim is to respect patient's dignity in every stage of health and illness.
3. Every patient with renal dysfunction has the right to be treated by qualified nurses, experts in the field of nephrology care. The aim of care is for the patient to regain and maintain his/her quality of life and state of well-being.
4. Partnership in care will be developed between the patient, his/her family and the nephrology nurse, to stimulate the patient's independence, self-care and rehabilitation.
5. Health education is an integral part of the nephrology nurses role, with emphasis on prevention, education and support.
6. Educational opportunities provide nephrology nurses with a knowledge base which enables them to assess, plan, implement and evaluate individualised care.
7. Nursing research is important to update and evaluate clinical knowledge and skills. The research process provides an instrument for critically reviewing and improving Nephrology care.

8. Specialist education enables nurses to fulfil their professional role. All nephrology nurses should have the right and duty to undertake continuing education.
9. The nephrology nurse is a professional, who is accountable for her / his actions.
10. The nephrology nurse is a member of the multiprofessional team and she/he acts as the patient's advocate within that team.

Scope of practice

The following section is an excerpt from the EDTNA/ERCA Nephrology Nurse Profile (1999).

Developments in the field of nephrology and the growth in different forms of renal replacement therapy (RRT) have been significant over the last 40 years. It could appear that life has become easier for our patients and their families and that their lives are better than before. But despite the improvements in renal care and technology, which provide more adequate and effective RRT, many problems still remain. People with renal failure present a variety of problems and needs which affect their quality of life.

The specialist nephrology nurse is vital to the total care of these individuals. The very complexities of renal failure require the delivery of care to meet a wide variety of physical, social and psychological needs.

The patient

The person suffering from renal failure frequently requires a range of long term nursing care from rehabilitation following acute renal failure through to continuous support and management in chronic and end-stage renal failure.

The nephrology nurse

The nephrology nurse will:

- Be committed to providing the highest possible quality care to patients and their families. Special emphasis is placed on support, education, prevention of complications and rehabilitation to encourage patients towards independence and self-care.
- Be a member of the multi-professional team and act as the patient's advocate within that team.
- Be a clinical expert in nephrology nursing care, contributing positively to meeting the needs of communities as a skilled, accountable member of the health care team whose main concern is to ensure the patients' dignity, beliefs, values and cultural background.
- Intervene as consultant, researcher, change agent and teacher in such a way that, by integrating his/her clinical skills, knowledge in research, management and teaching, will promote improvement in quality both in the life of the individuals with renal failure and care delivery of health services.

Areas of practice

The nephrology nurse may be required to practise in a variety of care settings:

- Haemodialysis centres
- Peritoneal dialysis units
- Transplant units
- Acute wards
- Community nephrology services
- Outpatient nephrology departments
- Intensive care units
- Holiday haemodialysis centres

Continuing professional development

The nephrology nurse:

- Must be aware of continuing development in fields of nursing technical and medical care, relevant to the total needs of the person with renal failure.
- Must be committed to continuous education and training co-operation in scientific projects and continuous quality improvement in order to achieve the best development in nephrology nursing care.
- Should seek opportunities for post basic education on specialist nephrology nursing Courses. It is recommended that such courses are based on the EDTNA/ERCA European Post-Basic Core Curriculum in Nephrology Nursing
- Should seek opportunities to undertake own research, to implement evidence-based practice and to participate in clinical audit.

USE OF THE DOCUMENT

The promotion of specialist education is one of the goals of the EDTNA/ERCA and considerable efforts are undertaken to increase the competency of our members.

Considering the large differences in training structures for post-basic courses in Europe, partly determined by social, political and economic factors, the aim of this Curriculum is to provide an educational framework suitable for every country in Europe.

The starting point for writing the first edition of this Curriculum was to review the professional profile of the nephrology nurse in each country, to evaluate professional accountability in each country, and to identify educational themes in a variety of post-basic courses.

Recommendations for using this Curriculum

Entry requirements

Each nurse undertaking a course based on this European Post-Basic Core Curriculum is a registered nurse or equivalent. It is recommended that the nurse should have one year's post-registration experience in a general or nephrology setting. Entry requirements for the post-basic course in nephrology nursing have to be determined at national level. The place where the course is run (university, nursing school or hospital) and the hospital where the student gains clinical experience in nephrology care, may vary from one region to another. In all settings it is recommended that the student should be able to meet the learning objectives in this Curriculum as closely as possible.

Course structure and setting

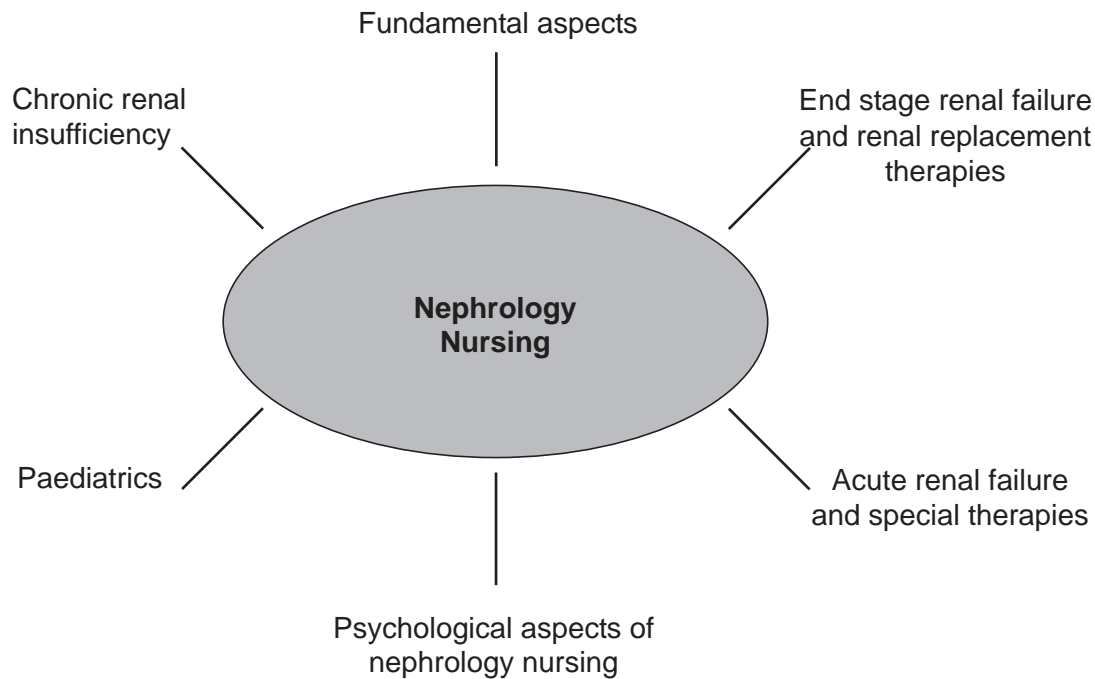
The duration of the course should be decided according to the needs of the practitioners and may vary from a total of six weeks full-time study to two years part time study. This could be achieved by a variety of methods: distance-learning combined with direct contact time, the provision of a variety of course materials and the utilisation of examinations and assignments.

There should be optimal integration of practical training and theoretical knowledge. There should be opportunities for students to gain experience in transplantation, paediatrics or extracorporeal therapies if they are not routinely available in the student's place of work.

Strategies to facilitate the implementation of the Curriculum at national level

In some European countries a post-basic nursing education framework is well established with provision of specialist nursing education that is recognised by governments, health ministries or health departments. However, it is recognised that some countries may need guidance in implementation of this Curriculum, so the following strategies are recommended:

- to develop national working-groups, supported by EDTNA/ERCA volunteers, such as members of the Education Board or Key Members
- to establish contact with national nurses associations
- to inform and lobby authorities and key persons within the health-care system
- to publish regular reports of progress



For help and guidance in implementation of this Curriculum please contact the Chair of the Education Board, via the EDTNA/ERCA Head Office (see www.edtna-erca.org).

The dynamic course structure

The EDTNA/ERCA Post-Basic Core Curriculum does not reflect a chronological order but rather a dynamic modular learning package, which will allow for different types of courses to suit individual, local and national requirements. The educational weighting of the different modules can be decided at a national level.

The idea of a dynamic course structure is that the programme is based on an accepted philosophy and formed of six modules in a carousel-structure. The student can enter where she/he chooses and can continue to progress through the programme according to his/her own personal and professional development needs. A course teacher or co-ordinator should guide the course.

Assessment and evaluation

There can be written and oral assignments, examinations, presentation of care plans, and individual or group presentations. There should be practical assessment in clinical areas or means of practical self-assessment throughout the length of the course. The course content should be evaluated by students and feedback to the course co-ordinator or teacher acted upon.

Each of the modules is now described - each contains learning outcomes, proposed content of the module (classroom teaching) and recommended nursing care activities (clinical teaching and experience). When students are studying each module it is important that the teacher links theory to practice, by co-ordinating theory with clinical activities. Teachers are recommended to develop critical thinking and reflective practice skills in their students.

MODULES OF THE CURRICULUM

FUNDAMENTAL ASPECTS

Some of these fundamental aspects of care will have been studied at basic (pre-registration) level, so it is recommended that the teacher include these modules according to the level of knowledge of the students.

HISTORICAL DEVELOPMENT OF RENAL REPLACEMENT THERAPY (RRT) AND NEPHROLOGY NURSING

Learning Outcomes

- Compare and contrast the trends and innovations in renal replacement therapy
- Explore the changes that have occurred in nephrology nursing practice during the last forty years

Content

- Historical development of RRT
- Historical development of nephrology nursing practice
- Trends in nephrology, dialysis and transplantation
- Changing role of the nephrology nurse

Nursing Care

- Evaluate ongoing developments in nephrology, dialysis and transplantation
- Recognise the need for nephrology nursing to keep pace with ongoing developments
- Monitor national and international developments in nephrology nursing practice
- Recognise the need for life-long learning and ongoing personal and professional development

LEGAL ASPECTS

Learning Outcomes

- Explore the legal issues linked to patient care and rights, such as access to, and withdrawal from, dialysis and transplantation
- Demonstrate an understanding of the legislation pertaining to nephrology nursing
- Discuss the implications of this legislation upon the patient and the nurse
- Debate the legal implications of the expanded role of the nephrology nurse

Content

- European norms and directives (eg. technical specifications on medical products)
- National legislation concerning nephrology, including nursing and technical norms
- Social legislation
- Access to treatment
- Withdrawal from treatment
- Confidentiality and patients' rights
- Organ donation (living donor, cadaver and xenographs)
- Re-use of dialysers

- Expanded role of the nurse (fluid-balance assessment, heparin prescription and nurse prescribing)

Nursing Care

- Evaluate the legal implications of expanding the role of the nephrology nurse
- Promote the need for 'best practice'
- Recognise the rights of patients receiving nephrology nursing care

ETHICS

Learning Outcomes

- Discuss the ethical dilemmas encountered in nephrology nursing
- Explore the use of existing models of ethical decision-making

Content

- Prolonging life
- Quality of life
- Patients' rights and responsibilities
- Dilemmas concerning confidentiality
- Choice of dialysis treatment
- Informed consent
- Allocation of scarce resources
- Withdrawal from treatment

Nursing Care

- Recognise the different ethical dilemmas that nephrology nurses may encounter
- Recognise the patient's rights and responsibilities
- Be involved in ethical decision-making
- Be prepared to act as the patient's advocate

ETHNIC AND CULTURAL IMPLICATIONS

Learning Outcomes

- Discuss the influence of ethnic and cultural backgrounds upon the perception's of illness
- Recognise the need to adapt nursing practice to individual situations

Content

- Religious practice of different ethnic groups
- Influence of religious and ethnic backgrounds on renal replacement therapy and transplantation
- Different attitudes towards chronic illness (e.g. alternative medicine)
- Qualities and skills required of an interpreter

Nursing Care

- Recognise that ethnic and cultural difference may exist
- Promote ethnic and cultural awareness among nursing staff and patients

- Evaluate the ethnic and cultural needs of the patient population
- Assess the patient's spiritual needs

ECONOMIC ASPECTS

Learning Outcomes

- Discuss all economic issues related to nephrology nursing
- Explore the role of the nurse in the resourcing of renal care in the national health care system

Content

- National/local policies on funding
- Resource allocation
- Comparative costs of renal replacement therapy
- Staff/patient ratios
- Impact of economic changes on structure, process and outcome of renal care
- Concepts of cost-efficiency

Nursing Care

- Be aware of the allocation of national resources to nephrology care and transplantation
- Monitor at local level the allocation of resources to dialysis and transplant units
- Promote the involvement of nephrology nursing in the development of policies allocating resources at national and local level

NURSING PROCESS / NURSING MODELS/ METHODS OF NURSING CARE

Learning Outcomes

- Evaluate the different methods of nephrology nursing care
- Compare and contrast a task-orientated approach to nephrology nursing care with the nursing process
- Critically appraise the benefits and limitations of primary nursing and team nursing in a renal setting

Content

- Historical background and principles of the nursing process with reference to nephrology nursing
- Nursing models (eg. Orem, Roper et al., Roy)
- Methods of nursing care (task orientated, primary nursing and team nursing)

Nursing Care

- Evaluate the different nursing models and methods of nursing care
- Promote the implementation of a specific nursing model and method of nursing care that addresses the individualised needs of the patient
- Develop an effective method of recording nursing care

RESEARCH

Learning Outcomes

- Demonstrate an understanding of the research process
- Critically appraise nephrology nursing research
- Utilise nephrology nursing research in practice (evidence-based practice)
- Discuss relevant areas and topics of nephrology nursing research

Content

- Introduction to the research process
- Qualitative and quantitative research perspectives
- Basic research methods and procedures
- Assessment tools for the evaluation of research and its relevance to nursing practice
- Critical appraisal of renal research papers
- Utilisation of research findings
- Guidelines for setting up a research project
- Overview of key nursing research which has contributed to the development of nephrology nursing

Nursing Care

- Promote research awareness among unit colleagues
- Evaluate research papers for their potential contribution to nephrology nursing practice
- Promote the utilisation of evidence-based practice

QUALITY MANAGEMENT

Learning Outcomes

- Discuss concepts and theories of quality management
- Demonstrate an understanding of quality management and continuous quality improvement
- Outline the various quality initiatives that could be developed and implemented in nephrology nursing practice
- Discuss the evaluation frameworks that can be used in quality management
- Evaluate current nephrology nursing practice under aspects of quality management

Content

- Introduction to quality management
- Definition of quality from different perspectives
- Historical development of quality management and present legislation
- Various quality management systems (eg. Total Quality Management (TQM), International Standards Organisation (ISO))
- Quality initiatives in nephrology nursing
- Evaluation frameworks

Nursing Care

- Recognise the need for quality management in nephrology nursing practice
- Promote the development of quality initiatives
- Be involved in quality management and its evaluation

PATIENT EDUCATION

Learning Outcomes

- Discuss the theories underpinning different learning strategies and individual learning styles
- Demonstrate an understanding of the importance of time management and study skills in order to maximise learning opportunities and identify individual learning styles
- Describe different teaching models and methods
- Demonstrate an understanding of the skills associated with a chosen teaching model
- Critically appraise the learning abilities, interests and experiences of each individual learner
- Given the knowledge of different teaching and learning strategies, recognise the need to transfer knowledge and skills to the level of the learner
- Demonstrate an understanding of the conditions needed to provide an optimum learning environment
- Critically evaluate the learning process and adapt methods and programmes where necessary
- Evaluate the learning progress of each individual learner
- Demonstrate the ability to competently assess, plan, implement and evaluate a teaching programme using appropriate teaching models
- Explore the scope of web-based sources of learning

Content

- Theories of learning
- Learning styles
- Teaching models
- Teaching strategies (lectures, discussions, seminars, self directed studies, small groups, role-play, problem based learning, distance learning, e-learning, e-medicine)
- Environmental factors in learning

Nursing Care

- Recognise the need for learning in the practice setting
- Promote a good learning environment
- Assess the needs of the learner (patient, family, colleagues)
- Promote the involvement of the nephrology nurse in the development of practice based education programmes
- Evaluate the effectiveness of practice based learning
- Promote an awareness of the different teaching strategies available to the learner

PSYCHOLOGICAL ASPECTS OF NEPHROLOGY NURSING

SELF-AWARENESS

Learning outcomes

- Recognise one's self-concept and its influence on the nurses relationship with the team and patients
- Recognise the signs of stress and explore ways in which burnout may be alleviated
- Detect the basic self-defence mechanisms in the nurse/patient relationship
- Reflect on one's own attitudes towards adherence
- Develop an insight into group-dynamics

Content

- Any relevant technique for developing self-awareness
- Meditation/self reflection methods
- Clinical supervision
- Coping strategies
- Stress management
- Assertiveness in the multi-professional team

COMMUNICATION

Learning outcomes

- Master the most appropriate communication according to the patients' emotional, physical, behavioural and social environment
- Establish effective communication within the multidisciplinary team
- Recognise that every action is carrying a message
- Identify different ways in which communication is carried out and subsequently received
- Demonstrate competence in the use of different communication skills

Content

- Communication models
- Problem-solving attitude
- Advisory and supportive conversation
- Communication within difficult topics/situations eg. how to break bad news
- Negotiation and active listening
- Communication roles (receiver - transmitter)
- Paralinguistic messages (tone, volume, speed)
- Verbal and non-verbal channels
- Congruent and incongruent communication
- Communication level (relation, content) and direction (horizontal, vertical)
- Communication problems (disabilities, dialects, language)

IMPACT OF CHRONIC ILLNESS

Learning outcomes

- Consider the physical, social and psychological effects on patients and family at different stages of chronic illness
- Support the patient's adaptation to chronic illness
- Support the patient and family in coping with stress and different stages of illness
- Facilitate the patient's adherence to renal replacement therapy
- Explore ways in which the patient may be empowered by the Nurse
- Identify the patient's and family's special needs in order to offer support from the multidisciplinary team
- Support the patient's and family's needs for information and teaching in order to obtain the highest level of individual and social rehabilitation

Content

Any relevant psycho-social theory including

- Health and illness beliefs in chronic illness
- Perception of body-image
- Quality of life
- Dependence - independence and potential conflicts between patient/nurse
- Possible feelings related to chronic illness (denial, aggressive behaviour, guilt, regression, anger, fear)
- Ways of coping
- Empowerment in chronic illness

CHRONIC RENAL INSUFFICIENCY

CONSERVATIVE MANAGEMENT

Learning outcomes

- Identify the main causes of kidney disease
- Evaluate the risk factors contributing to the development of renal disease
- Be aware of the physical and psycho-social impact of chronic illness on the patient and family
- Define the nephrology nurse's role in conservative management
- Assist the patient to be informed and aware of his/her condition in order to be as independent and self-caring as possible
- Identify the patient's needs and provide information and assistance to prevent complications
- Be aware of the importance of health education programmes (hypertension, diabetes mellitus) to prevent renal disease
- Identify the benefits and limitations of conservative management

Content

- Principles of renal function and dysfunction
- Causes of renal failure and stages of chronic kidney disease
- Correlation of laboratory data with severity of renal failure
- Principles of prevention programmes (e.g. hypertension, diabetes)
- Prevention of complications
- Anaemia management
- Nutrition in conservative management

Nursing care

- Evaluate the physical and psycho-social symptoms in renal insufficiency
- Give information and advice concerning conservative treatment to the patient and family
- Ensure that the patient and family are aware of consequences of conservative treatment
- Teach awareness of signs and symptoms to the patient
- Teach diagnostic skills eg. blood pressure monitoring, to the patient and family
- Co-ordinate multidisciplinary teamwork

PALLIATIVE CARE IN NEPHROLOGY NURSING

Learning outcomes

- Promote the best quality of life in the end-of-life phase
- Evaluate the decision-making process within the multi-professional team
- Discuss the benefits of conservative management for some patients
- Identify the ways in which palliative care can be provided

Content

- Patient autonomy and rights
- Decision-making process within the interdisciplinary team
- Withdrawal from treatment

- Nursing, spiritual, social, legal, medical and organisational aspects in palliative care
- Benefits of conservative treatment compared to renal replacement therapy
- Control of signs and symptoms such as alterations in fluid balance and uraemia
- Palliative care in pre-dialysis phase
- Palliative care after withdrawal from renal replacement therapy
- Collaboration and communication with various health professions and agencies
- Stages of bereavement

Nursing care

- Identify the ways in which the best quality of life can be provided in the end-of-life phase
- Assess the best place (home, hospice, hospital) for the patient to be cared for
- Evaluate the ways in which symptom control can be provided
- Give holistic care to the patient and family by providing opportunities for ongoing physical, psychological and spiritual assessment
- Ensure that all professionals involved are working together to provide the best possible care for the patient

PRE-DIALYSIS CARE

Learning outcomes

- Be aware of the nurse's role in managing patients in the pre-dialysis phase
- Be familiar with teaching and learning strategies to enable patients to be as self-caring as possible
- Recognise the impact of renal replacement therapy on the patient's lifestyle
- Plan and manage community care and transition to renal replacement therapy

Content

- Stages of renal dysfunction (eg. K/DOQI)
- Signs and symptoms of severe renal dysfunction
- Insight into calculation of GFR (eg. Cockcroft-Gault or Modification of Diet in Renal Disease [MDRD] formula)
- Correlation of laboratory data with severity of renal failure
- Care and management principles: anaemia, nutrition, cardio-vascular risk
- Involvement in preparation of timely access for renal replacement therapy
- Knowledge of patient education programmes
- Identify the ways in which palliative care can be provided
- Consequences of late referral to dialysis
- Renal rehabilitation and integration of dialysis into the patient's life

Nursing care

- Evaluate the physical and psycho-social symptoms in the pre-dialysis phase
- Reinforce the patient's awareness of signs and symptoms prior to the onset of renal replacement therapy
- Co-ordinate the interventions of the interdisciplinary team in the pre-dialysis phase
- Design and teach individualised patient education programmes
- Advise and support the patient and family in making informed choices about the most suitable forms of treatment

END-STAGE RENAL FAILURE AND RENAL REPLACEMENT THERAPIES

RENAL DISEASE

Learning outcomes

- Outline the incidence and prevalence of the main pathologies leading to chronic renal disease
- Describe the impact of chronic kidney disease on various pathologies (e.g. diabetes)
- Evaluate the different types of renal replacement therapy
- Critically appraise the role of the multidisciplinary team in the planning and delivery of care to patients receiving renal replacement therapy
- Evaluate the changing physical and psychosocial needs of the patient and family experiencing long term renal replacement therapy

Content

- Pathologies leading to chronic kidney disease - incidence and prevalence
- Types of renal replacement therapy
- Main considerations when making modality choice
- Fluid and nutritional requirements
- Medication requirements
- Role of the multi-disciplinary team
- Self care and patient education
- Development of appropriate educational plans
- Physical and psycho-social needs of patients

Nursing care

- Monitor and observe signs of the systemic impact of renal disease
- Monitor and observe signs of altered fluid and nutritional balance due to anorexia, nausea, vomiting, nutritional restrictions, loss of appetite and inadequacy of renal replacement therapy
- Correlate fluid and nutritional care to the chosen method of renal replacement therapy
- Evaluate patients understanding of the different types of renal replacement therapy
- Be involved in the assessment of patient suitability for HD or PD
- Evaluate patients understanding of medications
- Monitor and observe the physical and psychosocial needs of patients
- Co-ordinate the interventions of the multidisciplinary team
- Develop and teach multidisciplinary patient education programmes
- Promote the self care abilities of the patient

HAEMODIALYSIS

Learning outcomes

- Demonstrate a knowledge of the pre and post operative nursing care required by a patient who is undergoing the creation of vascular access
- Describe the complications associated with vascular access
- Develop an educational plan for the patient and family on caring for vascular access
- Discuss the principles underpinning haemodialysis
- Describe the main features of the haemodialysis system

- Identify the key components of the haemodialysis prescription and their influence on patient morbidity or status
- Discuss infection control issues pertaining to the provision and delivery of haemodialysis therapy
- Demonstrate an awareness of the nursing care involved in carrying out a complete haemodialysis treatment
- Demonstrate a knowledge of the causes of intra and post dialytic complications
- Be able to competently perform a safe and adequate haemodialysis treatment according to the needs of the patient
- Demonstrate communication and counselling skills in caring for patients on long term haemodialysis

Content

- Types of vascular access
- Principles and physiology of haemodialysis, haemofiltration and haemodiafiltration
- Biophysics of haemodialysis biochemistry
- Haemodialysis system, including
 - The dialyser including biocompatibility and membrane technology
 - The extracorporeal circuit
 - The dialysate (dialysis solution)
 - Dialysis machinery
 - Water treatment including quality monitoring aspects
 - Anticoagulation
- Single and double needle dialysis
- Efficacy of treatment - Urea Kinetic Modelling (UKM) (using Kt/V and Urea Reduction Ratio [URR])
- Infection control in haemodialysis
- Complications and emergencies associated with haemodialysis
- Technology of machines
- Reuse of dialysers
- Self care and patient education
- Nutrition in haemodialysis

Nursing Care

- Promote the protection and preservation of vascular access
- Monitor and observe the dialysis process
- Assess vital signs pre, intra and post the dialysis process
- Promote a safe environment in the haemodialysis setting
- Be involved in the prevention of short and long term complications
- Evaluate fluid and electrolyte balance
- Evaluate efficacy and appropriateness of treatment
- Evaluate the self care abilities and needs of patients
- Be involved in the support and education of colleagues
- Recognise the need to share knowledge and experiences in haemodialysis with patients, families, communities, nursing colleagues and members of the multidisciplinary team

PERITONEAL DIALYSIS

Learning outcomes

- Demonstrate a knowledge of the pre and post operative nursing care required by a patient who undergoes the insertion of a catheter for peritoneal dialysis
- Outline the characteristics of a normal healing catheter exit site
- Outline the characteristics of an infected catheter exit site
- Demonstrate a knowledge of the long term care of a catheter exit site
- Discuss the concepts and principles underpinning peritoneal dialysis
- Discuss infection control issues pertaining to peritoneal dialysis
- Demonstrate an awareness of the nursing care involved in carrying out peritoneal dialysis treatment
- Given the knowledge of complications associated with peritoneal dialysis, develop a nursing care plan aimed at their prevention or management
- Demonstrate an understanding of the methods used to measure the adequacy of peritoneal dialysis
- Demonstrate the ability to competently perform and evaluate a safe, adequate, peritoneal dialysis treatment according to the needs of the patient
- Demonstrate a knowledge of the importance of communication and counselling in caring for patients receiving long term peritoneal dialysis
- Given the knowledge of various teaching and learning strategies, develop individualised training programmes which will enable the patient or family to become self caring and/or independent from the hospital
- Given the knowledge of the patient's choice of peritoneal dialysis system, discuss the management of planning home services with the patient, his/her family and the community nurse

Content

- Anatomy and physiology of the abdominal cavity and pathophysiology of the peritoneum
- Kinetics of peritoneal dialysis eg. diffusion, osmosis, ultrafiltration, drug transport
- Access for peritoneal dialysis
- Methods of catheter insertion and care
- Different types of catheters
- Comparison of different peritoneal dialysis systems
- Composition of dialysis solution
- Assessment of peritoneal permeability (PET - peritoneal equilibration test)
- Evaluation of efficiency of peritoneal dialysis (UKM)
- Possible short and long term complications of peritoneal dialysis
- Biocompatibility
- Infection control
- Nutrition in peritoneal dialysis
- Special needs of particular patient groups (eg. diabetes)
- Home services and support groups
- Self care and patient education

Nursing Care

- Assess the patient's ability to self-care
- Assess the patient's and the carer's ability to carry out safe and adequate peritoneal dialysis
- Assess the patient's and the carer's ability to recognise possible complications and to act appropriately
- Monitor and observe the patient's vital signs and fluid balance
- Monitor and observe the patient's nutritional status
- Develop and deliver training programmes that meet the needs of the patient and his or her carer
- Assess the patient's ability and need for retraining
- Evaluate the management of a uniform training protocol
- Co-ordinate multidisciplinary team involvement in the management of the patient on peritoneal dialysis both in the hospital and community setting
- Recognise the need to share knowledge and experiences in peritoneal dialysis with patients, families, communities, nursing colleagues and members of the multidisciplinary team

SELF-CARE AND HOME DIALYSIS

Learning outcomes

- Describe the home-dialysis treatment options available to the patient
- Discuss the nurse's role in the assessment of the patient's or his/her families suitability for home dialysis
- Recognise the nurse's role in a patient-family-nurse partnership
- Outline the nurse's role as a co-ordinator with other professional groups involved in the care of the patient
- Demonstrate an understanding of the possible dialysis emergencies that may occur in home dialysis
- Be able to assess the patient's or families ability to competently perform a safe and adequate home-dialysis treatment
- Explore the potential impact of home dialysis on the patient-partner relationship
- Discuss the role of the community nurse in both haemodialysis and peritoneal home-dialysis treatment

Content

- Patients and their families suitability for home dialysis
- Home dialysis treatment options - haemodialysis/peritoneal dialysis
- Role of the nurse in home dialysis
- Home dialysis treatment emergencies and their management
- Patient and family education
- Infection control in home dialysis
- Assessment of patients abilities to perform home dialysis
- Home services needed for home dialysis
- Role of the community nurse in home dialysis

Nursing Care

- Evaluate the self care abilities of the patient and his/her family
- Evaluate the patient's understanding of home-dialysis treatment
- Assess the patient's suitability for home dialysis
- Develop and deliver home dialysis training programmes that meet the needs of the patient and his/her family
- Educate patients on possible home dialysis technical problems and their management
- Advise the patient on possible home dialysis related physical and psycho-social problems and their management
- Assess the patient's ability and need for retraining
- Evaluate the implementation and management of a uniform training protocol
- Co-ordinate multidisciplinary team involvement in the management of the patient on home dialysis
- Assist in co-ordinating the planning for home dialysis eg. organisation of home conversion, deliveries, home visits and community nursing

TRANSPLANTATION

Learning outcomes

- Describe the sources of organ donation
- Demonstrate an understanding of the ethical dilemmas in living donor, cadaver and xenograph transplantation
- Explain national and European transplant regulations (including waiting lists)
- Demonstrate an understanding of the pre-transplant protocol
- Discuss the transplant recipient selection process
- Describe the operative procedure for transplantation
- Describe the immunological mechanisms
- Discuss the information on transplantation that is needed to enable the patient to give informed consent
- Outline the possible changes in body-image and behaviour that may occur post transplantation
- Discuss the immediate post operative care following transplantation
- Be able to differentiate between acute and chronic rejection
- Demonstrate a knowledge of immunosuppressive agents and their possible short and long term side effects
- Describe the nursing care for specific investigations following transplantation
- Recognise the need for patient and family support during episodes of rejection and possible return to dialysis
- Recognise the need to share knowledge and experiences in transplantation with patients, families, communities, nursing colleagues and members of the multidisciplinary team

Content

- Organ donation and procurement
- National and European regulations on organ donation
- Procedures for the removal, conservation and transport of the graft
- Recipient selection

- Immunology
- Blood tests, biochemistry, haematology, virology, bacteriology
- Transplant surgery
- Pre operative and post operative nursing care • Special care of patients with diabetes including pancreas transplantation
- Pharmacodynamics and pharmacokinetics of immunosuppressive drugs
- Routine and emergency protocols
- Short and long term complications, including acute and chronic rejection
- Patient support groups and patient organisations
- Role of transplant co-ordinator and multidisciplinary collaboration
- Empowerment; self care abilities and patient education
- Discharge planning

Nursing Care

- Co-ordinate and participate in the pre transplant activities
- Perform pre and post operative care
- Monitor and observe post operative vital signs, fluid and electrolyte balance
- Monitor and observe signs of post operative emergencies
- Implement infection control protocols relevant to care of patients who has received a transplant
- Perform nursing care required for the preparation of patients for transplant associated diagnostic tests
- Recognise the side effects of drug therapies
- Evaluate patients understanding and adherence to drug therapies
- Empower patients to manage their drug therapies
- Monitor and observe signs and symptoms of rejection
- Monitor and observe signs of short and long term complications
- Monitor and observe the physical and psychosocial needs of patients
- Evaluate the patients attitude and behaviour towards transplantation
- Evaluate the self care abilities and needs of patients
- Promote the empowerment of patients and families in the pre and post transplantation phase
- Promote the empowerment of the patient's adaptation to transplantation
- Evaluate the patient's coping abilities in stressful situations
- Design and implement educational programmes to meet the individual needs of patients and promote their self care abilities
- In the post operative phase if necessary utilise technical skills of haemodialysis or peritoneal dialysis
- Be involved in the support and education of colleagues in associated units
- Co-ordinate the patients discharge plan and follow up care

ACUTE RENAL FAILURE AND SPECIAL THERAPIES

ACUTE RENAL FAILURE

Learning outcomes

- Identify the main causes, signs and symptoms of acute renal failure,
- Describe the nursing care required by a patient who undergoes continuous renal replacement therapy
- Understand the technical principles of renal replacement therapies in acute renal failure
- Demonstrate a knowledge of pharmacology and drug administration in acute renal failure
- Be aware of the renal nurse's specific role in the treatment of acute renal failure
- Work effectively with other members of the multidisciplinary team in caring for those with acute renal failure

Content

- Physiological and pathophysiological principles of kidney function
- Manifestations of acute renal failure and systemic consequences
- Principles of electrolyte and fluid balances
- Pharmacology and drug administration
- Toxicology
- Side effects of treatment
- Different forms of vascular access
- Enteral and parenteral nutrition in acute renal failure
- Special therapies and equipment (SCU², CAVH³, CVVH⁴, CAVHD⁵, CVVHD⁶, CVVHDF⁷)
- Patient emergencies and prevention
- Technical complications
- Anticoagulation in acute renal replacement therapy
- Continuous versus intermittent therapies

Nursing Care

- Monitor vital signs and water, acid-base and electrolyte status and general status of the patient
- Monitor correct function of equipment
- Consider effects of other treatments on renal function
- Monitor possible complications

² SCU = Slow Continuous Ultrafiltration

³ CAVH = Continuous arterio/venous Haemofiltration

⁴ CVVH = Continuous Veno/venous Haemofiltration

⁵ CAVHD = Continuous arterio/venous Haemodialysis

⁶ CVVHD = Continuous Veno/venous Haemodialysis

⁷ CVVHDF = Continuous Veno-venous Haemodiafiltration

SPECIAL EXTRACORPOREAL THERAPIES

Explanatory note

This section includes extracorporeal therapies like lipidapheresis, plasmapheresis, cytapheresis and other adsorptive, filtrative and precipitative treatments for the elimination of pathogenic proteins as well as liver replacement therapy. This is included as in some countries nephrology nurse are carrying out these therapies, for example apheresis for collecting stem cells for bone marrow transplantation. The treatments can be delivered in ambulant and clinical settings depending on the severity of the morbidity.

Learning outcomes

- Demonstrate an understanding of the technical principles and medical indications for special therapies
- Demonstrate knowledge of various pathologies including the indication for the specific treatments
- Develop observational, interpersonal, management skills, and teaching methods in order to perform special therapies for the various pathologies
- Demonstrate knowledge of the different forms of treatment
- Demonstrate theoretical and practical knowledge to perform safe and adequate treatment for the various forms of apheresis therapies
- Monitor special treatment processes and to prevent complications
- Consider the stressful situation for patients undergoing special therapies

Content

- Morbidities and indications for specific treatment
- Principles and benefits of the different forms of therapy
- Technical skills of extracorporeal circuit
- Setting-up of special equipment
- Vascular access and blood flow in special therapies
- Substitution, fluid- and electrolyte balances
- Anticoagulation
- Biocompatibility
- Special membranes, adsorbers, filters
- Nutritional aspects in special therapies
- Treatment related complications and emergencies
- Side effects of treatment
- Quality criteria for treatment evaluation
- Teaching strategies, to teach colleagues to perform special therapies

Nursing care

- Monitor vital signs and biochemical and general status of the patient
- Monitor correct function of equipment
- Consider effects of other treatments
- Monitor possible complications

PAEDIATRIC CARE

It is recognised that nursing children with renal failure is very different from nursing adults with renal failure, and there may be occasions when acutely ill children with renal failure need urgent renal replacement therapy in an adult unit. However it is recommended that chronically ill children with renal failure should be treated in a paediatric nephrology unit and cared for by specialised paediatric nurses.

Children cared for in a paediatric unit are usually from 0-16 years of age.

Nephrology nurses in adult renal units need to have a basic knowledge of the principles of paediatric nephrology care. It is suggested that nurses who mostly care for adults have a basic knowledge of paediatric renal care, whereas the paediatric nephrology nurse needs to have an in-depth knowledge in all aspects of paediatric nephrology care.

The following two parts to this module are included

Basic paediatric nephrology module for nephrology nurses Nephrology module for paediatric nurses

BASIC PAEDIATRIC NEPHROLOGY

Learning outcomes

- Demonstrate a basic understanding of the care and management of children with renal disease
- Understand the technical differences between dialysis in adults and children

Content

- Specific pathophysiology of childhood disorders
- Technical aspects of peritoneal dialysis and haemodialysis
- Dialysis requirements related to the weight and length of the child
- Vascular and peritoneal access in children
- Technical aspects of transplantation
- Nutrition
- Specific aspects of pharmacology related to children
- Impact of acute/chronic illness on the child and parents/family
- Communication at the level of the child
- Prevention of short and long-term complications
- Liaison with the paediatric nephrology centre

Nursing care

- Observation and interpretation of vital signs
- Observation and interpretation of fluid and electrolyte balances
- Observation of nutritional status
- Observation and basic management of dialysis process
- Recognition of short and long-term complications

NEPHROLOGY FOR PAEDIATRIC NURSES

Learning outcomes

- Identify hereditary and congenital kidney diseases, and be aware of the implications of childhood illnesses on children with renal failure
- Assess, plan, implement and evaluate the physical and psycho-social needs of the child and the parents/family, in order that short and long term complications are recognised and prevented
- Competently perform a safe and adequate dialysis according to the individual needs of each child
- Assess the nutritional requirements of the child
- Demonstrate a knowledge of recreational and educational activity needs of the individual child
- Be able to teach the parents/family and if possible the child according to the motor and psychological development in order that they become as self-caring as possible
- Recognise the need to share knowledge and experience in caring for and teaching the child/parents with colleagues and the multidisciplinary team

Content

- Specific pathophysiology of childhood disorders
- Technical aspects of peritoneal dialysis and haemodialysis
- Dialysis requirements related to the weight and length of the child
- Vascular and peritoneal access in children
- Technical aspects of transplantation
- Nutrition
- Specific aspects of pharmacology related to children
- Prevention of short and long-term complications
- Impact of acute/chronic illness on the child and parents/family
- Communication at the level of the child
- Stages of adaptation to illness
- Coping with death and dying

Nephrology nursing care

- Assessment and interpretation of vital signs
- Assessment and interpretation of fluid and electrolyte balances
- Assessment of nutritional status and liaison with dietitian
- Competent delivery of dialysis process
- Prevention of short- and long-term complications
- Teaching skills (individualised teaching is carried out in partnership with the child, parents and the multidisciplinary team)
- Assessment of the child's abilities and needs
- Co-ordination of all members of the multidisciplinary team in the planning of care
- Planning for home-dialysis

QUALITY MANAGEMENT IN EUROPEAN NEPHROLOGY NURSE EDUCATION

The work of the Education Board (EB) of the Association started in 1995. One of the challenges for nephrology professionals in Europe is to keep up-to-date with nephrology practice, so one of the main aims of EDTNA/ERCA is to provide opportunities for continuing professional development (CPD). The EB was formed following publication of the first edition of the European Core Curriculum for a Post-Basic Course in Nephrology Nursing (Küntzle and Thomas, 1994).

Development of an accreditation programme

As a result of the publication of the first edition of the Post-Basic Core Curriculum, it was decided to commence a pilot project to see if there was any validity in the Association accrediting post-basic renal nursing courses that were running across Europe. The aim was to further develop the Core Curriculum by ensuring a similar quality of courses throughout Europe. As not all countries have regulatory bodies or have courses that are validated by Universities, it was hoped that accreditation by the Association, could also encourage free movement of nurses across differing countries in Europe (as they would not have to re-do specialist nephrology courses that they had already undertaken in another country).

A pilot project was commenced in 1997 and it was first facilitated by an invited expert on quality. The EB explored the possibility of using the already accepted ISO 9001 criteria for quality management as a basis for the accreditation framework. Members of the EB devised a list of 100 quality criteria within stated categories, that if successfully achieved, would demonstrate that a school provided excellent learning and teaching opportunities for students undertaking post-basic courses (see Figure One) specialist post-basic nephrology courses.

<p>MANAGEMENT REVIEW Is there a written course evaluation policy?</p> <p>PERSONNEL Is the course leader a qualified teacher?</p> <p>QUALITY OBJECTIVES How many hours of classroom teaching are given to acute renal failure?</p>

Figure One: Examples of quality criteria within the ISO 9001 framework

A software package was developed allowing future applicants to apply for accreditation electronically, and at the end of the pilot project the accreditation programme had three stages:

- Completion of quality questionnaire
- Submission of evidence
- Possible visit by peer reviewer

The accreditation programme has been fully operational since 2003 and schools may apply for accreditation of their post-basic courses. A one-year or three-year accreditation can be awarded, and further details are shown on the following page.

EDTNA/ERCA ACCREDITATION OF NEPHROLOGY NURSING PROGRAMMES/COURSES

What is the Project?

The accreditation project aims to accredit programmes of Nephrology Education within Europe. The accreditation project is a major project of the Education Board. Accreditation can be granted for 1 year up to a maximum of 3 years.

What is the value of accreditation?

Achieving accreditation is a sign of 'quality' in Nephrology education and provides a measure of key aspects important in Nephrology education. Potential students and those who finance programmes have an additional interest in ensuring that programmes reflect agreed principles, which govern Nephrology Education.

What does the accreditation process involve?

- Providing information on key areas of the Nephrology Programme on a floppy disc provided by Head Office
- Payment of accreditation fee
- Supplying additional supportive documentary 'evidence' which may be required in addition to information on computer disc
- Accreditation requires the completion of an audit of current education programme against a number of 'key areas' to be measured.
- Applicants complete data on a 'floppy disc', which is returned to a team of reviewers who will then make an assessment on whether to, offer accreditation status. It is usual practice for reviewers to request additional information to support that provided on the floppy disc.

Will I receive any help in preparing for accreditation?

YES! Members of the accreditation team are keen to offer advice and support to colleagues considering accreditation of renal education programmes.

For further information contact the members of the Accreditation Team
via the Head Office

For further information & accreditation pack contact
EDTNA/ERCA Head Office
Pilatusstrasse 35, Postfach 3052, CH-6002 Luzern, Switzerland

See www.edtna-erca.org

EDTNA/ERCA AND THE EUROPEAN NURSING WORLD

Since the publication of the first edition of the EDTNA/ERCA Post-Basic Core Curriculum for Nephrology Nursing, the EDTNA/ERCA has established formal contact with European nursing organisations and has participated in the annual meetings of PCN-ENNO (Standing Committee of Nurses of the EU and the European Network for Nurses Organisations), the EU-representative group, composed of national nursing associations in Europe and European specialist nurse associations.

The following document has been established by a working group of PCN and ENNO members and was adopted by the PCN-ENNO in November 2000. Whereas in many countries within EU there is a specialist nursing practice requiring a post-basic nursing education that is varying from one country to another, the ENNO has developed a framework for specialist nursing education, in order to harmonise post-basic nursing education and then to facilitate the free movement of specialist nurses.

Recommendations for a European Framework for Specialist Nursing Education

Adopted on 2 November 2000 in Paris, France.

Preamble

The field of nursing knowledge and its associated skills have become too vast and complex for any one person to master in full, and acknowledges that specialisation within nursing has now become a necessity, in order to provide quality care and ensure patient and consumer safety and well-being.

Early in its development, professional nursing recognised that certain population needs and particular settings for nursing practice require practitioners with more specific and specialised knowledge and skills than could effectively and efficiently be gained through an educational program for general practice.

Benefits of specialisation in any occupation are said to accrue to the recipient (patient/client/consumer), to the profession, to practice, and to practitioner. The development of nursing specialities is believed to be critical in stimulating the growth of nursing knowledge and expertise and then to improve the quality of care provided to the population. The 1987 ICN definition that specialisation "... *implies a level of knowledge and skill in a particular aspect of nursing which is greater than that acquired during the course of basic nursing education ...*" acknowledges that specialisation is a path whereby nursing practice is deepened and refined.

The regulation concerning the nursing profession and free movement within Europe is the EU Directive 77/452/EEC considering the equivalencies for the practice and education of the nurse responsible for general care, but doesn't take account of the specialist and post-basic educated nurse. The Directive 89/48/EEC and Directive 92/51/EEC, as amended in 1997, and supplemented by the Directive 1999/42/EC on the general system for the recognition of professional qualifications are the only directives appropriate for the specialist nurses. It is based on the consideration of the education, training and professional experience of the practitioner.

Specialist Nurse

A specialist nurse is a nurse formally educated and practically trained beyond the level of generalist nurse and authorised to practice as a specialist nurse with advanced expertise in a branch of nursing.

Specialised practice includes advance nursing and/or clinical skills, and related tasks, and advisory, research, teaching and administrative activities in the field of the speciality. Specialist nursing education is a formally recognised post-basic programme of study which follows on from general nursing education and training and provides the knowledge and experience needed to ensure competence in the specialisation concerned.

Further education, training, and authorisation are determined in the light of the tasks, training, education, and activities of post-basic specialists in other branches of the profession and in the light of the rules and regulations applicable to them. Titles for specialist nurses mostly include the designation specialist nurse combined with the name of the specialisation.

Recommendations and Principles

- The speciality defines itself as nursing and subscribes to the overall purpose, functions, and ethical standards of nursing
- The speciality practice is sufficiently complex and advanced that is beyond the scope of general nursing practice
- There is both a demand and a need for the speciality service
- The focus of the speciality is a defined population that demonstrates recurrent problems and phenomena that lie within the discipline and practice of nursing
- The speciality practice is based on a core body of nursing knowledge that is being continually expanded, updated and refined by research and experience
- The speciality has established educational and practice standards that are congruent with those of the profession and are set by a recognised nursing body/ies
- The speciality adheres to the licensure/registration requirements for the general nurse.
- Speciality expertise is obtained through a professionally approved advanced education program that leads to a recognised qualification. The program is administered by or in collaboration with a specialist nurse
- The speciality has a Credentialing process determined by the profession or in accordance with the national practice for other professions. Sufficient human and financial resources are available to support this process
- Specialist nurses are organised and represented within a speciality association or a branch of the national nurses' association and /or nursing authoritative body in order to develop and control the speciality education and practice

Specialist Nursing Education

Specialist nursing education is a formally recognised post-basic programme for nurses previously recognised as registered nurses within EU regulation (Directive 77/452/EEC), with a minimum of one year of nursing experience, that:

- Takes place in an institute of higher education (University or equivalent) while assuring adequate access to practice and /or clinical resources for the clinical practice;

- Is continued from year to year (that is, is not a refresher course or seminar), and is regularly updated;
- Is recognised by an appropriate authority;
- Has specified admission requirements;
- Has a full-time teaching staff or faculty including nurses qualified by education and experience (preferably with a masters or doctoral degree) and by request other professionals recognised for their expertise;
- Is developed, controlled and administered by or in collaboration with the nursing profession, including specialists.

Length of the Programme

This will vary with the content of basic nursing education but may be equivalent to at least one year, with a minimum of 720 theoretical hours (classroom and study* hours) and a minimum of 50% of the total duration dedicated to clinical and/or practice training.

* Study hours: Includes all types of theoretical hours that are not classroom hours (personal work, technical and lab training, library, research, tutorial)

Qualification/Graduation

Upon qualifying, the nurse will be provided with a certificate, diploma, or degree appropriate to the education designating him/her as a specialist nurse.

The appointed ENNO steering group developed this proposal:

International Federation of Nurse Anaesthetists (IFNA)

European Dialysis and Transplantation Nurses Association / European Renal Care Association (EDTNA-ERCA)

European Society of Gastroenterology and Endoscopy (ESGENA)

Irish Nurses Organisation (INO)

National Nurses Association of Netherlands (NU'91).

Swedish Association of Health Professionals.

THE FUTURE OF NEPHROLOGY NURSING

Over the past thirty years there have been tremendous advancements in therapies for individuals suffering from acute, chronic and end-stage renal disease.

Within the countries of the European Dialysis and Transplant Association (EDTA) Registry, the adjusted incidence rate of RRT increased from 79.4 per million population (pmp) in 1990-1991 to 117.1 pmp in 1998-1999, i.e. 4.8% each year (Stengal et al, 2003). This increase did not flatten out at the end of the nineties, except in The Netherlands, and was greater in men than women, 5.2 vs 4.0% per year. In most countries, the incidence rate remained stable for those younger than 45 years; it rose by 2.2% per year on average in the 45-64 year age group and by 7.0% among those 65-74 years; it tripled over the decade in those 75 years or older, and by 1998-1999 it ranged from 140.9 to 540.4 pmp between countries. The incidence of ESRF due to diabetes, hypertension and renal vascular disease nearly doubled over 10 years; in 1998-1999, it varied between countries from 10.2 to 39.3 pmp for diabetes, from 5.8 to 21.0 for hypertension, and from 1.0 to 15.5 for renal vascular disease.

Generally patients on dialysis are becoming older and more frail. In addition, they are continually exposed to the devastating effects of a chronic disease. This includes a dependence upon technological machinery, upon carers, and a resultant pressure on family and friends. They also may experience the long-term complications of therapy and the repeated exposure to life-threatening situations.

Over the past years a variety of renal replacement therapies have been developed, in order that therapies can be available to a larger number of people. In recent years, the therapies have attempted to become more biocompatible. These advances are related to increasing availability of economic resources which are invested in clinical, pharmacological and technological research.

It appears therefore that nephrology nurses are no longer involved in a "fight for life" but rather in aiming for an increased quality of life for their patients. The role of the nephrology nurse has also become more complex. Nurses have an important teaching role in helping patients to achieve self-care; yet are increasingly supporting older patients on dialysis who are unable to take any responsibility for their care. Nurses also need to have highly technological skills but at the same time have an advocative role in maintaining patients' rights and dignity.

This complexity of the nephrology nursing role is surely reflected in the future. Economic resources are becoming increasingly important and nurses are aware that more thought should be given to their allocation. The political and social changes in Central and Eastern Europe will also affect the future.

The care of transplanted patients may become more important if xenograph (organs from animals) research is successful. Nephrology nurses may also be involved in increasing biotechnology, but more importantly in the possible ethical dilemmas which may manifest as a result.

The prevention of renal disease is another area where our role must expand, for example in screening for hypertension or diabetes mellitus, and collaborating with those who work in primary care settings.

Nephrology nursing will therefore have an increasingly kaleidoscopic role within society. Communication with other professionals and other nursing specialities will be enhanced. Nursing research, in its own right, will become a fundamental aspect of our role. Ethical

dilemmas may increase in complexity, so nephrology nurses will have a much more important role in acting as patient advocate.

It is vital that nephrology nurses across Europe have access to and maintain their continuing professional development (CPD). The Association contributes to CPD development by publishing a framework for a 'Professional Portfolio'. The EDTNA/ERCA Professional Portfolio is available free to members from Head Office (translated into 9 languages) and was included as a supplement in the EDTNA/ERCA Journal, number 4/2003. The Association also provides on-line learning modules to supplement this Curriculum and these can be found at www.edtna-erca.org, then click on education board.

CONCLUSION

The second edition of this Curriculum has been published in view of the changes in nephrology nursing and the changes in European recommendations for specialist nurse education over the past ten years. The EDTNA/ERCA will promote the dissemination of this Curriculum among European nephrology nurses and their national associations. Any feedback on using this Curriculum is most welcome and evaluation will be ongoing.

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