

Peer Educator
Handbook

CKD
HIDDEN

WHAT YOU DON'T KNOW, CAN HURT YOU.

KING'S
College
LONDON

King's



AFRICA
ADVOCACY
FOUNDATION



Kidney
Care uk

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Foreword

By Roseline Agyekum



This manual holds not just professional but deep-seated personal motivation and dreams for me.

I have always been passionate about being a community champion with an emphasis on reducing health inequalities ever since I qualified as a nurse in Ghana.

My first knowledge of the emotional impact of living with chronic kidney disease was in 2001 when my aunt's husband was diagnosed with chronic kidney disease.

My professional competence was limited at that time in relation to slowing down the decline of kidney function.

Two years later, another auntie was diagnosed with chronic kidney disease in 2003, however, it was not until my senior sister Jenny, whom I directly come after died of renal diabetic disease in 2008 that changed my whole perspective of chronic kidney disease.

My first experience of working in a renal unit would stay with me forever. I was worried to see so many people of ethnic minorities receiving renal replacement therapy.

Over the past 20 years, I have lost 9 family members to chronic kidney disease.

Professionally and personally, I could not shake off the prospect of the role of kidney champions in reducing kidney health inequalities, but I did not know how to start.

In 2019, I was approached by Dr Kate Bramham, who asked whether I was interested in a HIDDEN-CKD project. I was speechless, it was a long-time dream and professional aspiration. The rest of the story is the birth of community kidney champions through various collaborations.

I am so proud of you that you chose to be a kidney champion. I have already seen your passion, dedication, and commitment.

Together, let's make a difference in our community spreading the word about kidney health.

The Team

Roseline Agyekum



Roseline works for King's Kidney Care as a Lead Nurse for Clinical Practice & Education and Senior Lecturer Practitioner.

Her clinical focus has been on continuous workforce education, improving vascular access longevity, and recently promoting kidney health literacy among people of African-Caribbean heritage.

A trained renal nurse, Roseline previously worked as a dialysis manager in Ghana prior to migrating to the UK where she worked at Barts Health, progressing from the role of staff nurse to clinical practice facilitator. She is currently undertaking a Pre-Clinical Academic Fellowship addressing kidney health inequalities among people of African and Caribbean heritage in renal research.

Roseline is passionate about co-designing, collaborating and engaging with lay community members, faith and non-faith groups and charity organisations to reduce kidney health inequalities using the peer educator model. Roseline is optimistic that the HIDDEN project via the Kidney Research UK Peer educator model aligns with the NHS Long term Plan.

Neerja Jain



Neerja works for Kidney Research UK, a Charity, as Health Equalities Programme Manager.

She has led on the evidence based and multi award- winning Peer Educator initiative for over 15 years, training and supporting 160 Peer Educators in raising awareness of kidney health issues and organ donation in their communities across the UK. She has published and presented widely and feels it's a privilege to be working for this Charity!

A trained renal nurse, Neerja previously worked as a Transplant Coordinator and Renal Ward Sister in Birmingham. Her MSc in healthcare ethics/ law addressed specific healthcare needs of the South Asian community. She is currently undertaking a PhD addressing under representation of certain groups in renal research.

Rachel Musomba



Rachel is currently working as a Project Lead at the Africa Advocacy Foundation, UK.

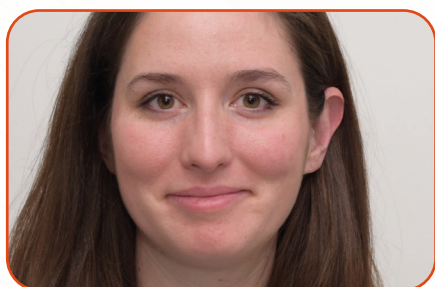
Areas of specialisation; Public Health, Digital Health, HIV and Long-Term Conditions. (BASS, MPH, PhD Public Health and Epidemiology (ongoing) at London School of Hygiene and Tropical Medicine).

Kate Bramham

Kate Bramham is a Consultant Nephrologist at King's College Hospital and Senior Clinical Lecturer at King's College London.

She is UK Deputy Lead for Rare Renal Diseases Registry, UK CKD Africa Genetics group lead and the London Kidney Network Health Inequalities scoping committee.

She has authored several original manuscripts and book chapters on renal disease, pregnancy and ethnicity. She is leading several clinical studies and trials in the UK and in Zambia and Sierra Leone to improve detection of early kidney disease, and novel treatments to protect kidney function in people of African ancestry. Kate is passionate about working closely with Black communities to change the trajectory of kidney disease.

Kathryn Griffiths

Kathryn is a doctor working for King's Kidney Care and currently undertaking research with King's College London into early detection of kidney disease in high risk groups.

She is passionate about quality improvement in healthcare.

Dela Idowu

Dela Idowu is the Founder of Gift of Living Donation (*GOLD*) a charity she set up after coming forward as a living kidney donor for her brother who was diagnosed with end stage kidney disease.

The charity raises awareness of living kidney donation in the Black Community.

Dela is the author of '*More Than a Match*', a book that narrates a compelling and emotional personal account of her family's struggle to come to terms with kidney failure, dialysis, and transplantation.

She produced '*We Are Family*' a film on living kidney donation aimed to empower, educate, and encourage black people with end stage renal disease who need a kidney transplant to have a candid conversation about living kidney donation with their loved ones. She is a member of the Kidney Advisory Group and British Transplant Society.

How to Use this Manual

Welcome to your journey as a Peer educator and Community Kidney Champion.

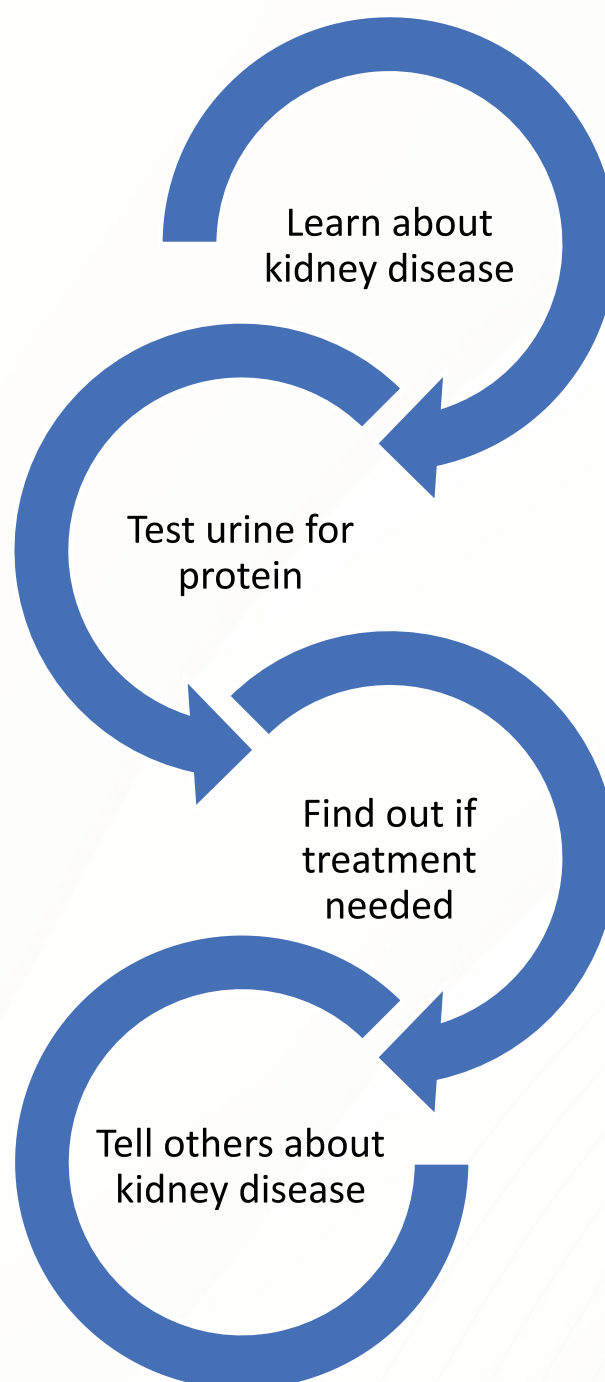
You have chosen to join us in our challenge to reduce kidney disease in your communities! People of black, Asian, and ethnic minorities are five times more likely to develop end stage kidney disease in the UK and this is simply not good enough.

Your job as a community kidney champion is to meet with people in your communities, spread the awareness of kidney disease, support people to take a test to assess their own kidney function and record details for the research team. You are essential to this research; and without you it simply would not be possible. Together we will arrange community events to meet with people and offer a urine test to identify people who may have signs of kidney disease.

Our combined expertise means we can improve the outcomes of people who have previously been overlooked in healthcare research.

You will have training and support throughout the process. We will look to you to tell us what is working and what is not.

This manual should provide you with the information you need day-to-day as a peer educator. If you need more information or assistance, please see the Helpful Resources and Important Contacts sections.



Our Research

Kidney disease is more common in people of Ethnic Minority heritage and socio-economically deprived communities.

Kidney disease is often silent until it is advanced and there are few treatment options. New cost-effective ways are needed to find early disease in people without symptoms especially for individuals who may use healthcare services less often.

Smartphone home urine testing for protein (*a sign of kidney disease*) has been shown to be easy to use. Many people who are sent or given testing kits successfully complete testing and would recommend it to friends and family. Most people in the UK now have smartphones. Findings from other studies have suggested that home urine testing could enable prevention of nearly 12,000 cases of End Stage Kidney Disease in the UK.

Peer Educators (*Community kidney Champions*) are people from the same community trained to provide information and support about health and care interventions. Peer educators improve uptake of new healthcare approaches in their communities by supporting, educating and role modelling.

High blood pressure is common in people with early kidney disease and in people of ethnic minority heritage and socio-economically deprived communities.

Urine testing for protein for people with high blood pressure to detect early kidney disease is recommended by national guidelines, so we have also chosen to try to test for kidney disease in people with high blood pressure in our studies.

We will undertake two urine protein-testing approaches in local communities with Peer Educator support:

HIDDEN-CKD – Health events hosted by local communities with Peer Educator (*Community kidney Champion*) led kidney health education and invitations to community members to have urine testing.

HIDDEN-BP – People with high blood pressure identified by local GPs and sent a urine testing kit. Peer Educators (*Community kidney Champion*) will support people who have not responded previously to undertake their test.

In order to continue improving outcomes we have to collect information (*data*) during these studies to show that this approach works.

It is important that we record this information accurately and securely so we can analyse how well the projects work. We hope in the future many more programmes will exist to check for kidney disease in the community and reduce health inequality; to get these programmes funded we need to show it works!

The studies will be able to tell us:

- How many people completed urine protein testing and how many had kidney disease
- Who did not complete testing and why
- The number of people performed the urine test with Peer Educator (*Community kidney Champion*) support
- Participation in, satisfaction with, and acceptability of testing from participants, Peer Educators (*Community kidney Champion*), and health care providers





Becoming a peer educator

You are training to be a peer educator; in our study we will refer to this as a community kidney champion.

This refers to someone who has undergone specific training to peer educate in this environment.

Who is a peer educator?

A peer educator is someone who can bridge the gap between a community and a medical research team; they understand their community and can support health improvement among their peers.

Peer educators are kidney care champions who promote the understanding of kidney disease in their communities to support their peers to have a urine test and see their general practitioner (GP) or our research team if they need further medical attention.

Peer educator best practices

1. Know your limits – do not take on events or commitments that will be too much for you
2. Listen carefully
3. Take care of you
4. Complete education and training
5. Keep in touch
6. Announce changes in schedule or availability

Qualities of a great Peer Educator

- Non-judgemental towards the values and behaviours of others
- Dependable – makes things on time
- Discreet – adheres to rules of confidentiality
- Supportive to peers and other peer educators
- An active listener and a learner; giving the other person time to talk

Purpose and Objectives of a community kidney champion

1. To build links within our target areas with the communities and people
2. To help people in these communities to find out more about their risk of kidney disease
3. To support people to overcome barriers (*such as language, cultural & religious*) to participation in research and ongoing engagement with healthcare services
4. To support people to take urine tests at community based testing events or to take home urine testing kits (*HIDDEN-CKD*)
5. To support people with high blood pressure, invited by their GP, to do smart phone protein urine testing and support subsequent follow up and uptake of any treatment, investigations, and interventions (*HIDDEN-BP*)
6. To contribute to development of a cost-effective approach to reduce inequalities in kidney disease management for people of Ethnic Minorities heritage and socioeconomically deprived communities
7. To assist with evaluating the effectiveness of Kidney Research UK's Peer Educator (*Community kidney Champion*) initiative to see if it does enhance engagement with the study activities
8. To promote the work of the King's College Hospital, Africa Advocacy Foundation (AAF) and Kidney Research UK by encouraging people to get involved with work of these charities.

Main Tasks of a community kidney champion

(With support from King's College Hospital, Africa Advocacy Foundation and Kidney Research UK)

1. Review and co-develop peer educator training programme through on going feedback
2. Raise awareness of the opportunity to get involved in this research
3. Talk to people in the community and at their homes about this kidney research
4. Complete a short summary each month highlighting the details of your activities, *(for example: what and how you did, number of people you contacted, general feedback, ideas for improvement etc.,)*
5. Contribute to the evaluation of the project e.g., through interviews about your experience.
6. Network and signpost the team to any potential partnership leads

We kindly ask that you:

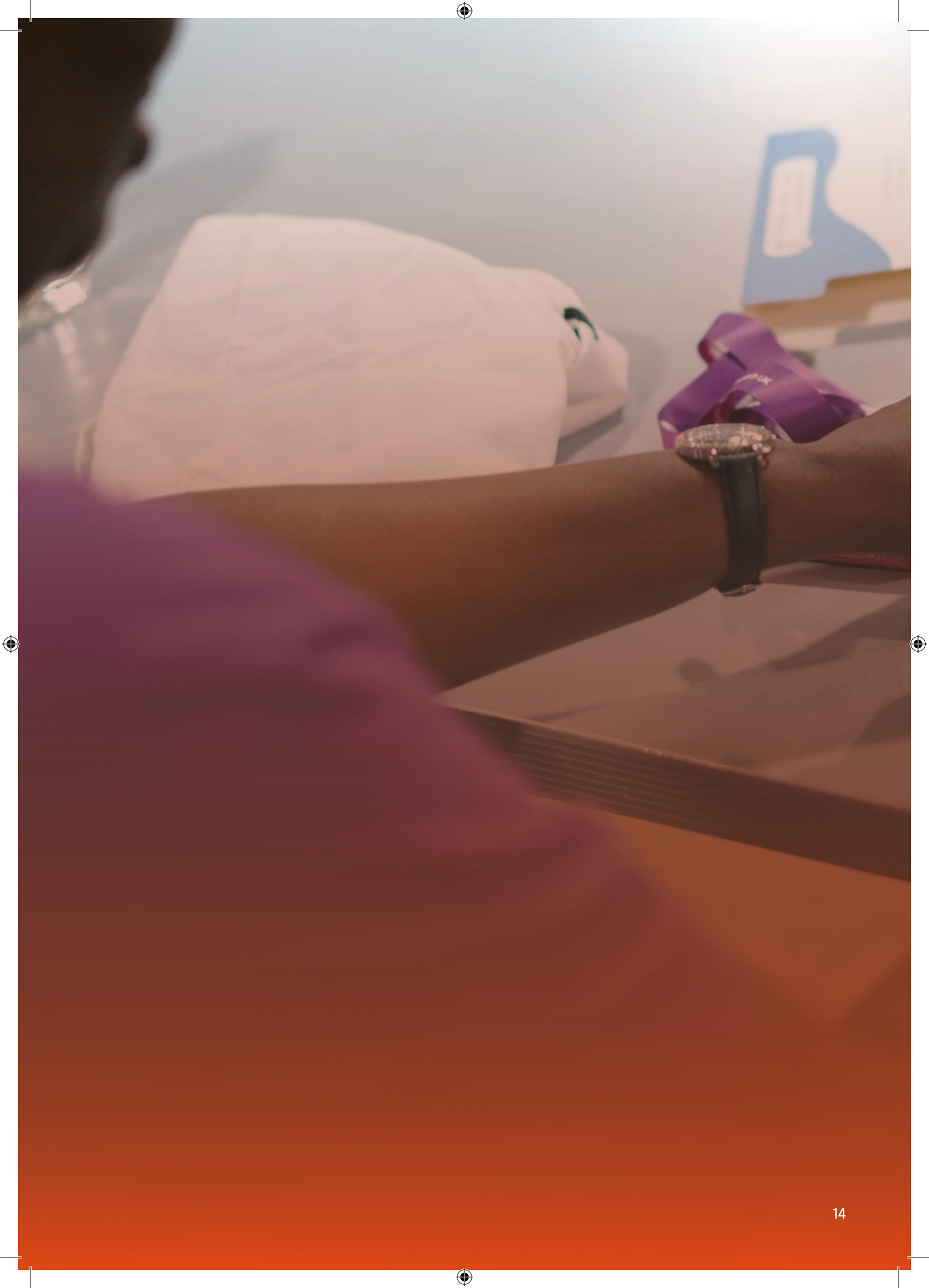
- Attend and complete training, team and associated meetings/events provided
- To operate within all relevant policies and guidelines, including health and safety, equal opportunities, GDPR, DBS, confidentiality and financial procedures and regulations *(guidance will be given)*

Essential qualities for being a community kidney champion

- A belief in and enthusiasm for the benefits of health and medical research and engagement with health services
- Be a member of the target local communities
- Ability to commit to an average of 2-3 paid hours of volunteering per week *(mutually flexible)*
- Understanding, knowledge of and links with your local community and a desire to act on their behalf
- Willingness to explore your local community for more opportunities to reduce health inequalities, promote the project and the work of the charities.
- Ability to effectively communicate with a variety of people – verbal and written
- Basic presentation skills, to engage on a one-to-one or with a wider audience/small groups
- Responsible and reliable
- Professional manner

It would also be great if you have:

- Ability to speak a language, relevant to your community, where appropriate
- Previous experience of taking part in any healthcare fact finding work
- Previous experience with involvement with community/ other groups/teams





Preparing to be a peer educator

It is incredible to sign up to do this work with our research team; to get the best results we need to make sure everyone has all the education, training and support they need to be a community kidney champion.

Induction and Training:

This involves face to face training sessions where we introduce the project and the team to you in more detail. We also require you do two sets of online training:

1. King's learning hub
2. Good clinical practice

As part of this learning, we will ask you to complete an individual learning portfolio (*copy at the end of this handbook*). This is just a tool to help you think about some of the learning resources and what your strengths and weaknesses are.

You will only be able to attend events and work as a community kidney champion once the learning is completed. It is important we deliver the best programme we can.

Support and Supervision:

You will receive ongoing support from staff contacts at King's College Hospital, Kidney Research UK, and Africa Advocacy Foundation, especially during the initial activities. Regular meetings and updates will be held as appropriate and safe, either by Zoom/M S Teams, face to face or by telephone.

IT support and mobile phone devices are provided for Community Kidney Champion.

There will be opportunities for Peer Support with other community kidney champions through a WhatsApp group and meet ups.

There will be opportunities to get involved in other activities with Kidney Research UK to promote outreach work, patient participation and patient involvement in research and awareness. In addition, there will be support and information available through the charity including for mental well-being.

Certified Peer Educators (Community kidney Champion) (Optional)

You have an opportunity to gain an Open College Network qualification for your work.

Certified Peer Educators (CPE) training is an effective strategy for building a well-educated and sustainable peer education group. CPE Training helps peer educators attain acknowledgment and develop leadership, communication, supportive and influencing skills to be able to successfully create and implement community health education programs.

We are delighted that the Peer Educator training course has been accredited to a HNC – Higher National Certificate. If you wish to gain the qualification, you will need to successfully complete the full training, followed by informal assessment (*with support*) while undertaking your role on the project. The training is accredited by Open College Network.

Educational Resources

Alongside the face to face sessions you must complete the King's hub online learning and Good Clinical Practice e-learning courses.

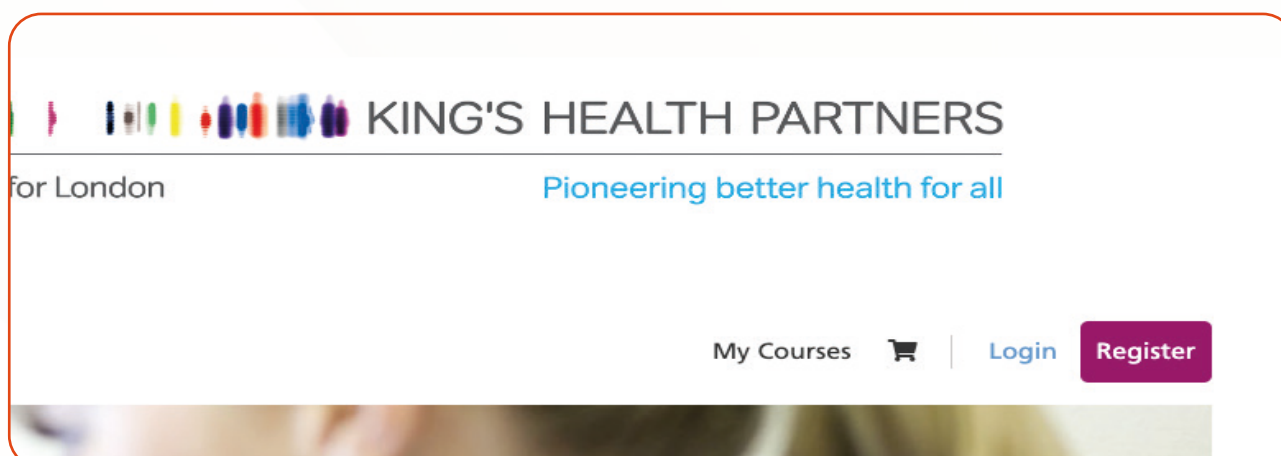
Please let us know if you need any technical assistance.

The King's Learning Hub

1. Go to KHP Learning Hub (learninghub.kingshealthpartners.org)



2. Login



3. Select your NHS trust



4. Sign in with your trust computer details. This is not your NHSmail sign on details.



Sign in with your organizational account

Sign-in with your network login credentials, using the following format '**KINGS\Username**' in the username field.

5. Search for a course

LEARNING HUB

Explore ▾



6. Add course to basket



WHAT YOU DON'T KNOW, CAN HURT YOU.

Peer Educator - Community Kidney Champions Training

This course aims to help you understand the nature and risk factors of chronic kidney disease

£0.00

☒ All Words ☐ Any Word ☐ Exact Phrase

Category:

7. Proceed to check out

LEARNING HUB

Explore

What do you want to learn?

My C

Home / Checkout

You are already enrolled on this course, [click here to view your courses](#)

Product	Quantity	Price (£)
Peer Educator - Community Kidney Champions Training - Membership discount of 100.00%	1	0.00
		Sub-Total:
		Tax:
		Total:

Invoice Details:

First name:

Kathryn

Last name:

Griffiths

Institution Name:

Country:

UNITED KINGDOM

Email address:

kathryngriffiths1@nhs.net

Your phone number:

Purchase Order Number:

If paying by purchase order please enter your purchase order number:

Payment Options

Important Information

☒ I agree to the [Terms and Conditions](#) of this sale.*

☒ I agree to the site's [Privacy Policy](#).*

☒ I consent to having Kings Health Partners collect my contact data for the purposes of supplying the requested product or service information.

All fields with an * are required.

Cancel

Proceed

8. Access your learning

KING'S HEALTH PARTNERS

Course Catalogue

Dashboard

Course overview

All (except removed from view)

CKE

HIDDEN

IF YOU DON'T KNOW, CAN HURT

Liver, Renal, Urology, Transplant, Gastro/GI Si

Peer Educator- Community Kidney Champions ...

Good Clinical Practice

This is a course run by the National Institute of Health and Care Research (NIHR).

It is a great opportunity to get an understanding of Health and Care research; you can also tell current or future employers you have this training. To do this training you first have to make an account; it is accessible for anyone assisting in NHS and UK University led research.

To create an account search: [‘Getting started with NIHR Learn’](#)

Once you have done this, search for the ‘Good Clinical Practice course E-learning May 2022’ as **shown below** and complete the online learning.

Individual learning portfolio

Please complete this alongside your e-learning so that you get the most out of it. There is a copy at the end of this handbook.

Other sources of information

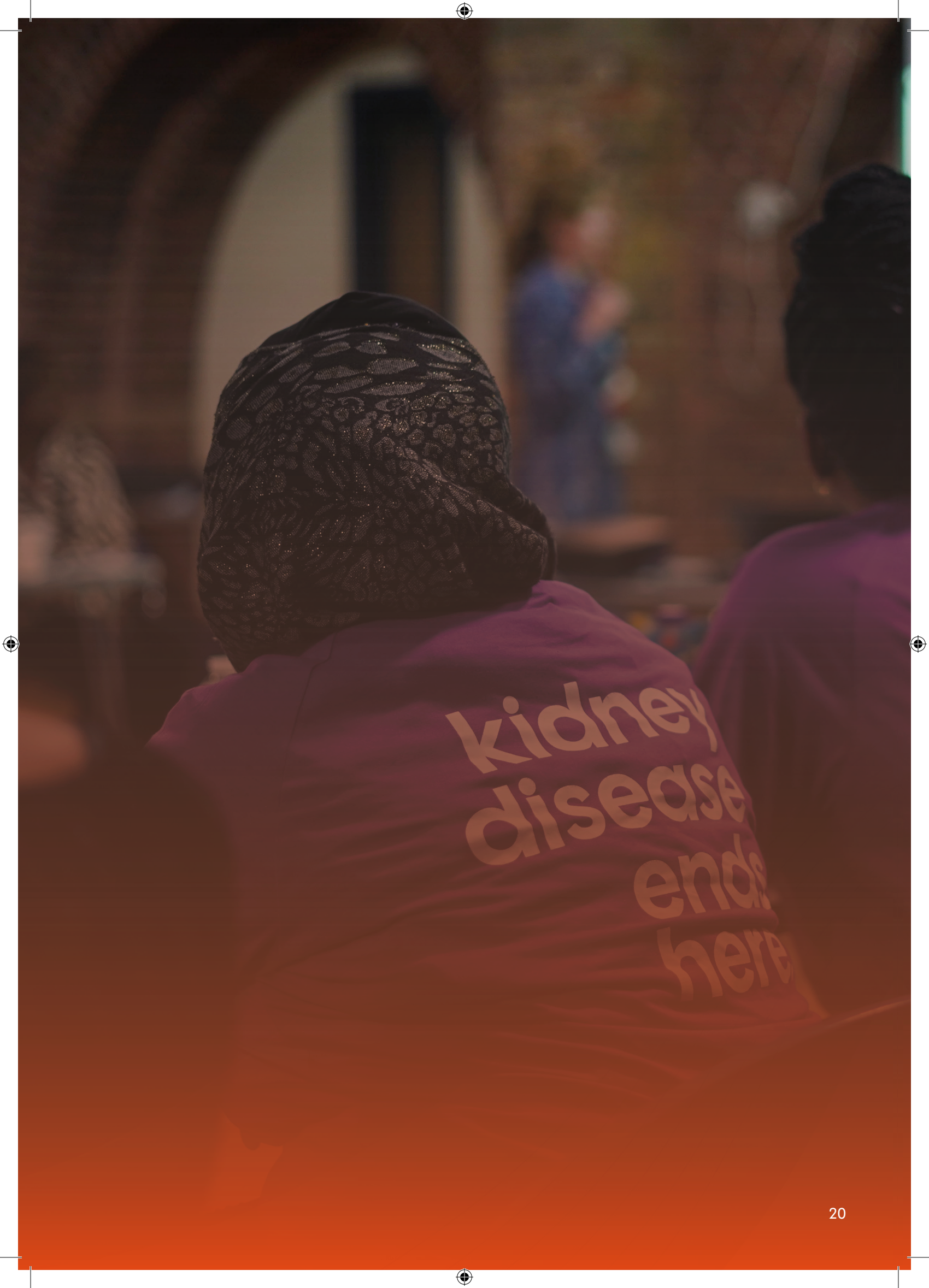
There is excellent information about kidney disease and peer education in kidney health on our supporters’ websites.

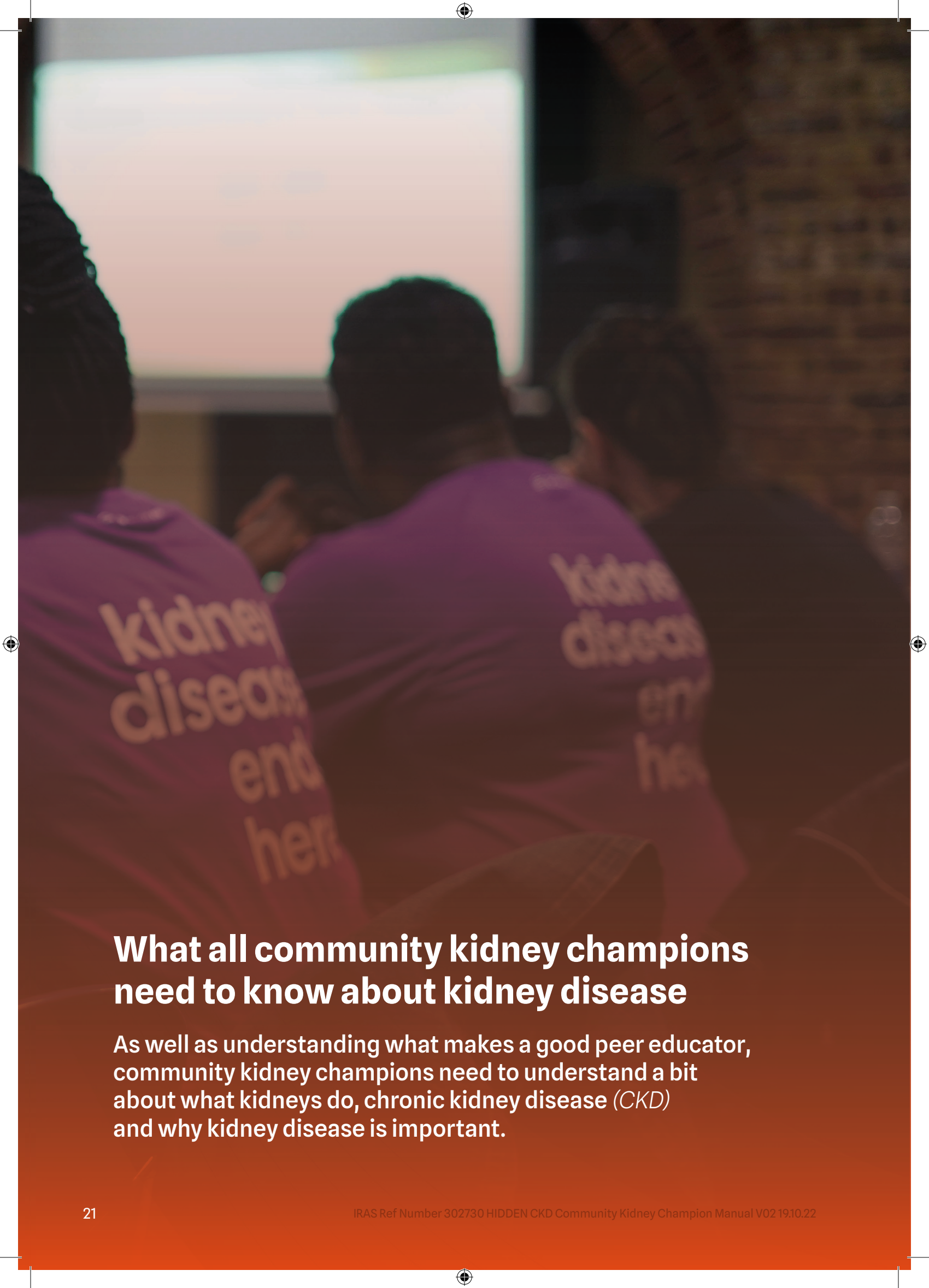
 Kidney Care UK: <https://www.kidneycareuk.org/>

Kidney Research UK: <https://www.kidneyresearchuk.org/>

Introduction To Good Clinical Practice (GCP) ELearning







What all community kidney champions need to know about kidney disease

As well as understanding what makes a good peer educator, community kidney champions need to understand a bit about what kidneys do, chronic kidney disease (*CKD*) and why kidney disease is important.

Chronic kidney disease

Chronic kidney disease (CKD) is prevalent in the UK affecting approximately 5-7% of the population (1); it is most commonly caused by diabetes and hypertension (2).

It leads to a reduced ability to excrete toxins and fluid from the body as well as causing anaemia and bone disease.

There are difficulties in diagnosis because the condition does not have symptoms until significantly advanced; therefore guidelines (3,4) recommend that those known to be at high risk (e.g. with diabetes and hypertension) have their kidney function tested by a blood test and urine dip to assess any kidney disease which is often performed by a general practitioner (GP).

There are new medications which have been shown to reduce the risk of disease progression and reduce the risk of death in patients with CKD; by identifying people with protein in the urine (a sign of kidney disease) we can improve health outcomes. (7,8)

The aim of our research is to identify people as early as possible so that they can see their GP and commence any appropriate treatment or make lifestyle changes which will slow the progression of kidney disease and reduce complications.

What do your kidneys do?

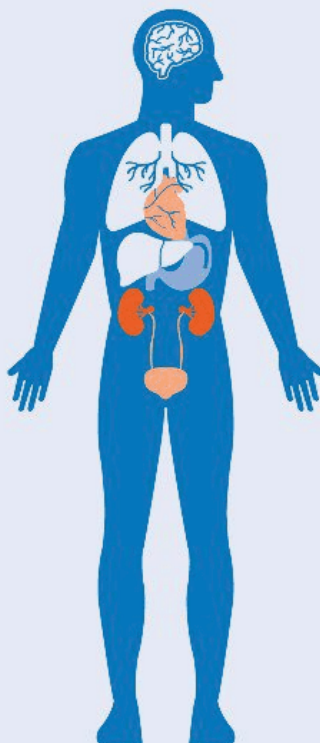


Most people have two kidneys

They are about the size of your clenched fist, they each weigh around 150g and are shaped like kidney beans.



They sit in your lower back under the bottom ribs



They filter your blood every minute of the day

Your blood goes through your kidneys 40 times a day. There are 140 miles of tubes and a million filters in your kidneys.



They are the hardest working organs in your body

They use 25% of the blood from every heartbeat.

Kidneys make urine (wee)



They control the amount of salt and water in your body, making around 2 litres of urine each day

They remove waste products from your blood by passing them out in your urine

Kidneys produce hormones and red blood cells



They regulate your blood pressure

They help to keep your bones healthy by balancing the levels of important minerals in your body

They help to make the red blood cells that carry oxygen around the body

Picture courtesy of Kidney Care UK

Think Kidneys – www.thinkkidneys.nhs.uk

It's time
we talked
about
**KIDNEY
DISEASE**

Why is kidney disease important?

1. There are often no symptoms until kidney disease is very advanced (*at which point you may need renal replacement therapy such as dialysis*)
2. The most common causes are diabetes and hypertension (*high blood pressure*) which are common in the UK
3. It is linked to high rates of cardiovascular disease such as heart attacks and strokes
4. It affects people from ethnic minority backgrounds and those who are socially deprived more than those who are not
5. In the early stages of kidney disease there are medications which can make a big difference

How can kidney disease be treated?

If someone is diagnosed with a raised protein level in their urine, they will be directed to your GP for a repeat test along with a blood test.

If they cannot go to your GP or are not registered the research team will provide an alternative option.

Early stages of chronic kidney disease (CKD) require regular review and treatment of any underlying causes such as raised blood pressure.

This can be done with medication and lifestyle changes such as weight loss, reducing alcohol consumption, reducing salt level in your diet and exercise.

Most people with early stage CKD are managed by their GP.

Early stage kidney disease may stay the same for many years when the underlying cause is well controlled (*such as good blood pressure or good diabetic control*).

Sometimes people will have kidney disease that is not due to hypertension or diabetes and may need more investigation at a hospital to find the cause.

This will involve blood tests, an ultrasound scan and for a small number of people a biopsy (*this is not common*).

Later stages of chronic kidney disease need more specialist input from Kidney doctors (*nephrologists*) in hospitals.

People with more advanced kidney disease will be seen every few months in a kidney clinic and may be on tablets for other complications of kidney disease such as bone disease and anaemia.

People who have very low kidney function (*known as end stage kidney disease*) will discuss treatment options with a specialist team.

These options include renal replacement therapy such as dialysis (*which can be at home or in hospital depending on the circumstances of the patient*) or transplant.

Conservative care, where a patient may decide to control symptoms only, is usually an option for older people who cannot tolerate renal replacement therapy.





What community kidney champions need to know about health inequality

Across the UK, and especially across London, many diseases are more common and have worse outcomes for people of minority ethnicities and/or in socially deprived areas.

Some of this is due to being able to access healthcare which is why this research is designed to go out into the community. The idea is to keep people healthy for as long as possible.

Kidney Research UK inequality report

In 2018, Kidney Research UK published a report into the health inequality in kidney disease in the UK. The report was launched at the House of Parliament.

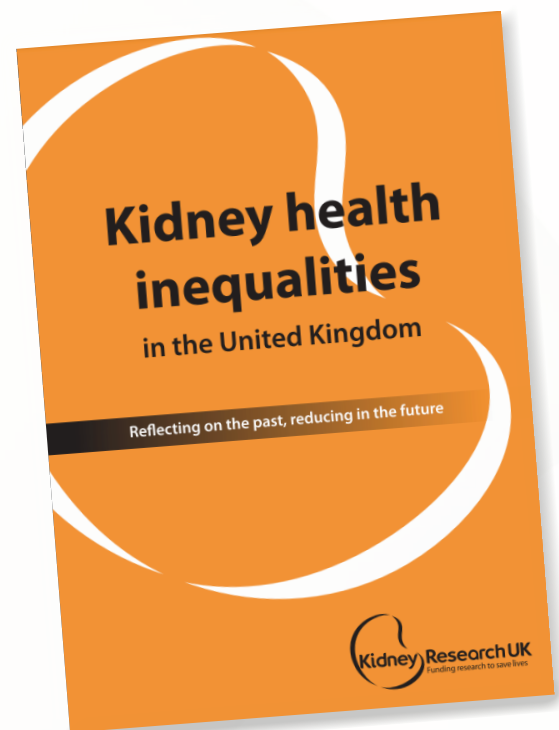
Caskey, F., Dreyer, G., Evans, K., Methven, S., Scott, J., Brettle, A., Castledine, C., Chapman, F., Fraser, S., Hounkpatin, H. and Hughes, J., 2018. Kidney health inequalities in the United Kingdom: reflecting on the past, reducing in the future.

The main findings were:

1. People from lower socio-economic groups are more likely to:
 - a. Develop chronic kidney disease
 - b. Progress faster towards kidney failure
 - c. Die earlier with chronic kidney disease
 - d. Kidney disease may also contribute to social deprivation
2. People from Black, Asian and minority ethnic populations are:
 - a. More likely to progress faster towards kidney failure
 - b. Less likely to receive a kidney transplant
3. Women are more likely to be diagnosed with chronic kidney disease
4. Men are more likely to start dialysis than women
5. Older people are less likely to receive a kidney transplant
6. There are high rates of severe mental illnesses amongst people with chronic kidney disease and people on dialysis

The vital 5 project is covered in your e-learning but here is a summary:

1. Blood pressure
2. Obesity
3. Mental health score
4. Alcohol intake
5. Smoking habits



Health inequality – the vital 5

Why the Vital 5?
(Vital – 5 kingshealthpartners.org)

We know that focusing on prevention and early detection are the most effective ways of improving outcomes for a population. Of particular importance are high blood pressure, obesity, smoking, alcohol and common mental health conditions.

Patients with poor mental health often also have physical health problems and many patients with chronically poor physical health frequently also have mental health conditions. Few diseases can be properly managed without consideration of both mind and body.

Long-term conditions and diseases that are associated with the Vital 5 include:

- Blood pressure – hypertension
- Mental health – anxiety and depression
- Obesity – diabetes, heart disease and cancer
- Smoking – heart disease, respiratory disease and cancer
- Alcohol – liver disease, mental health conditions and cancer.
- By focusing on these five key metrics, we believe we can support prevention, detection, health promotion, management and treatment wherever there is an opportunity to do so.

The evidence behind the Vital 5

Focusing on outcomes and value is more important than ever as life expectancy is stalling, wide and persisting health inequalities still exist and our populations continue to experience increasing ill-health.

In 2017, The Lancet published one of the most comprehensive assessments of global population health ever undertaken called The Global Burden of Disease. This report reinforced the evidence that diseases and conditions such as cancer, diabetes and heart disease are the leading cause of illness, disability and early death in England.

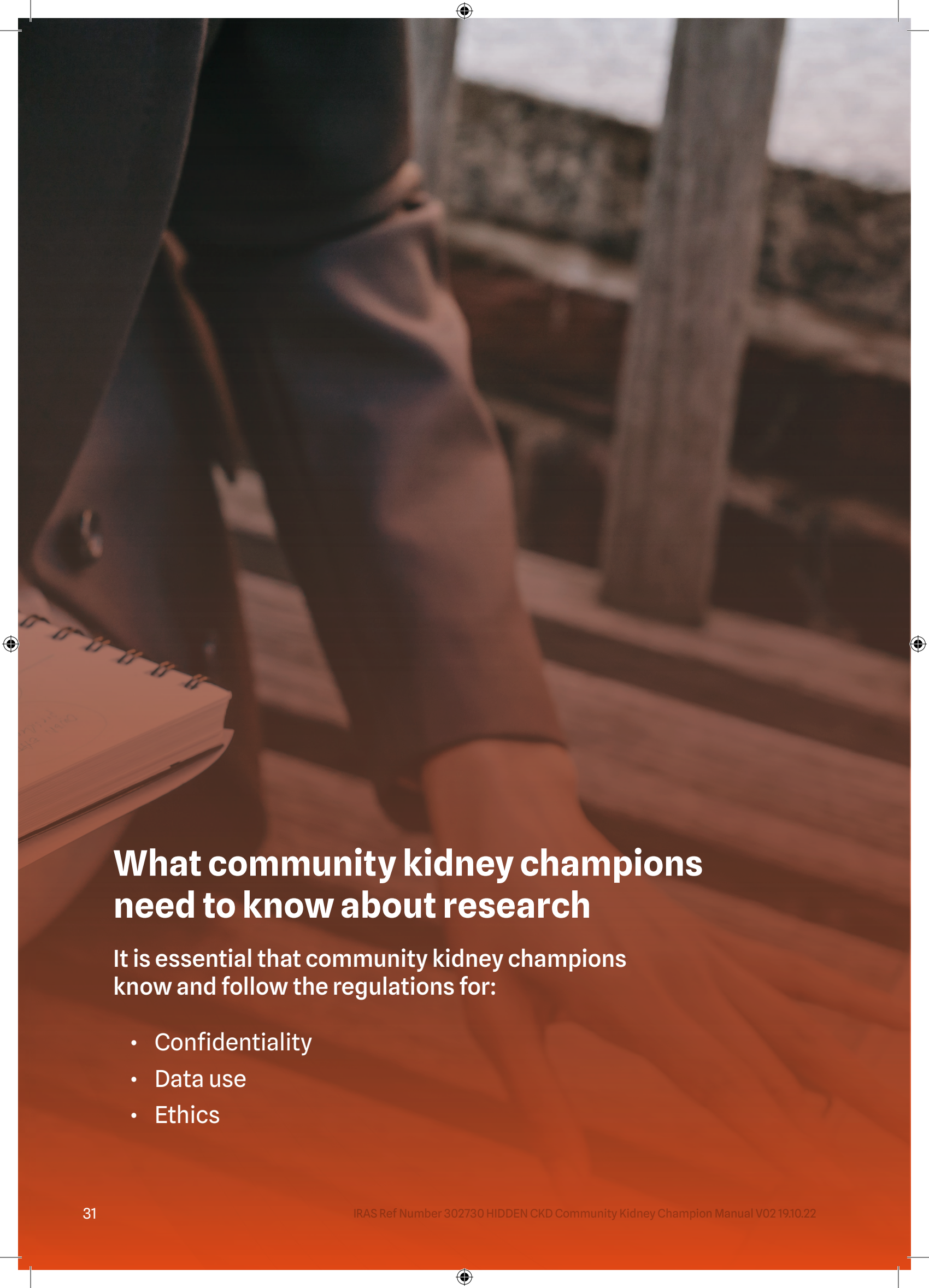
Improving health by addressing these known major causes of death is a massive value proposition.

The benefits

Identifying, recording, and sharing the Vital 5 data between all health partners and our patients, and acting on the results across our population, would substantially improve outcomes and make our health and care system more sustainable.

So, working with our partners across southeast London, we are focusing our energies on the Vital 5 as we believe this approach has the potential to make the biggest difference to people's health and to the sustainability of health and social care.





What community kidney champions need to know about research

It is essential that community kidney champions know and follow the regulations for:

- Confidentiality
- Data use
- Ethics

Confidentiality

This is a research study and although it is taking place in non-medical community settings, it is essential to observe personal information *(details such as addresses and age as well as blood pressure and urine results)* **with complete confidentiality.**

You should not discuss people's personal details outside of the event or with other participants at the event.

If you are an NHS worker already, you will have undergone confidentiality training as part of your job.

In this case you just need to show proof of this instead of retaking on the learning hub.

Code of ethics

1. Respect, promote, and protect human rights:

- » I will accord individuals community members with respect and dignity.

2. Show cultural sensitivity:

- » I will esteem and strive to understand diversity in all its forms.

3. Respect diversity:

- » I will respect my own and diversity of culture, ethnicity, sexual preference, race, language, socioeconomic context, and residence of the community members.

4. Promote gender equality and equity:

- » I will pay special attention to gender preferences of individual community members.

5. Assure and protect confidentiality:

- » I will maintain confidentiality, except when, to my best judgment, the person is in physical or mental danger which could result in self-harm or harm to others, has an issues beyond my training and ability to assist, or discloses information which I must report according to law or healthcare policy.

6. Promote self-examination of values; do not impose values:

- » I will provide community members with opportunities for people to explore their values, beliefs thoughts and feelings.

7. Avoid personal misrepresentation, while respecting disclosure boundaries:

- » I will be honest about my own situations and recognise that I am not obligated to share personal experiences or issues.

8. Provide updated, correct, and unbiased information:

- » I will provide accurate, current, and unbiased information that I am trained to, and with exact accuracy possible.

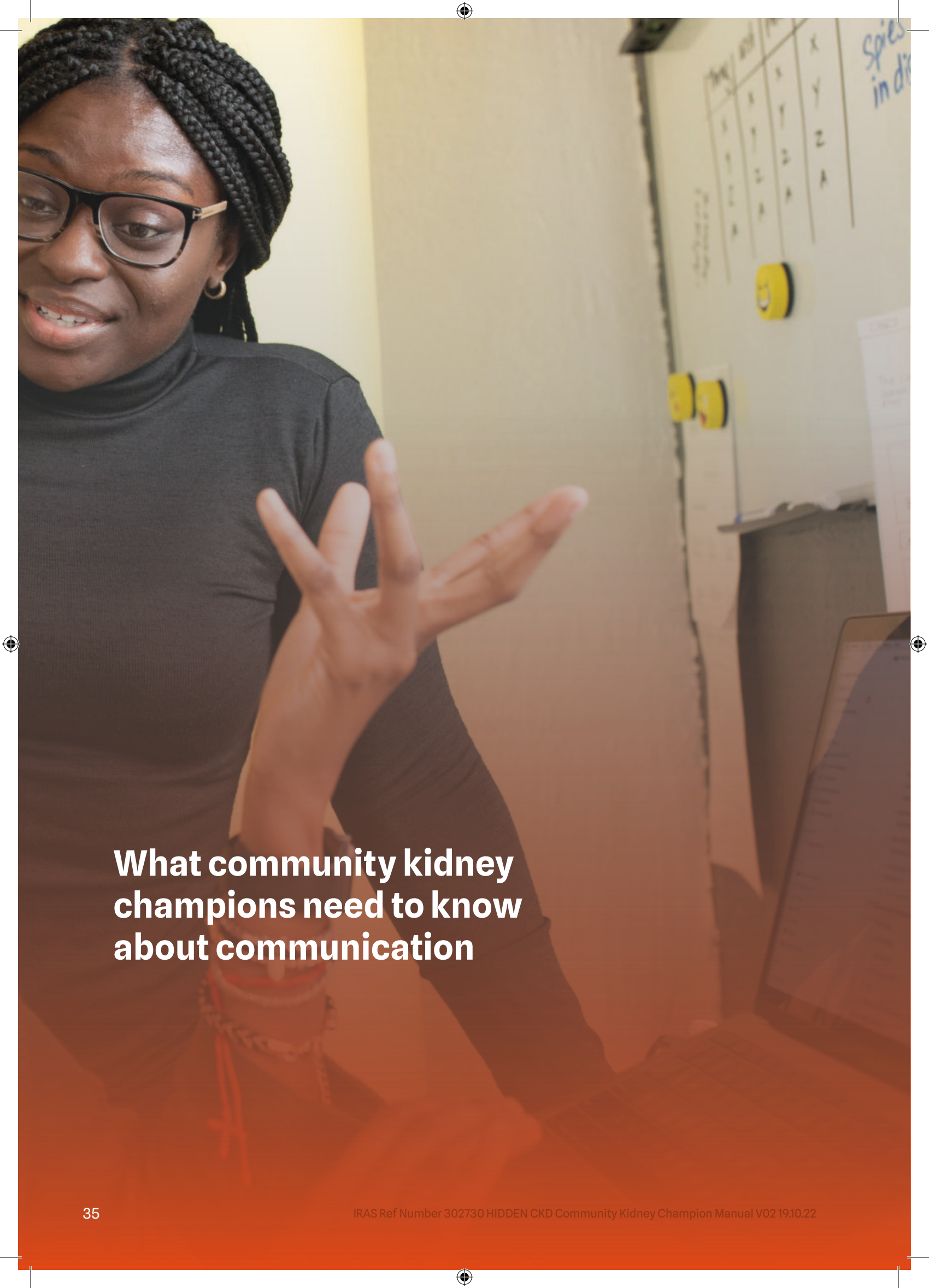
9. Be aware of individual limits and how behaviour affects community members:

- » I will make decisions in my own life that are positive and healthy. I will work collaboratively with the HIDDEN research team, my local community members to explore opportunities for promoting healthy kidney choices.

10. Refrain from abusing one's position with peers or the peer education programme:

- » I will not manipulate any situation or another person's vulnerability for my own benefit.



A woman with dark skin, wearing glasses and a black turtleneck, is gesturing with her right hand, showing five fingers. She is in a room with a whiteboard in the background. The whiteboard has a table with letters and numbers, and some handwritten notes. The text "What community kidney champions need to know about communication" is overlaid on the image in white. The bottom of the page has an orange gradient bar with page and manual information.

What community kidney champions need to know about communication

Communication Skills

Please watch the video available on the e-learning through King's Learning Hub.

Using your individual learning portfolio (*copy at the end of this handbook*) complete a self-assessment about your communication.

This will give you time to reflect and think about your own strengths and weaknesses; and how you might improve your skills through the training to be a community kidney champion.

Twelve top tips for good communication:

1. Learn to listen; listen more than you talk
2. Pay attention to body language; look listen move react
3. Show respect
4. Maintain eye contact
5. Ask questions
6. Have emotional awareness – the ability to understand and manage your emotions
7. Avoid interrupting
8. Keep it positive
9. Speak clearly
10. Avoid using your phone
11. Think before you speak
12. Avoid filler words (*e.g. like, well, you know, uhm, I guess, uh*)

Make every contact count (MECC)

Many long-term diseases in our population are closely linked to known behavioural risk factors.

Around 40% of the UK's disability adjusted life years lost are attributable to tobacco, hypertension, alcohol, being overweight or being physically inactive.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly.

Making every contact count (*MECC*) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

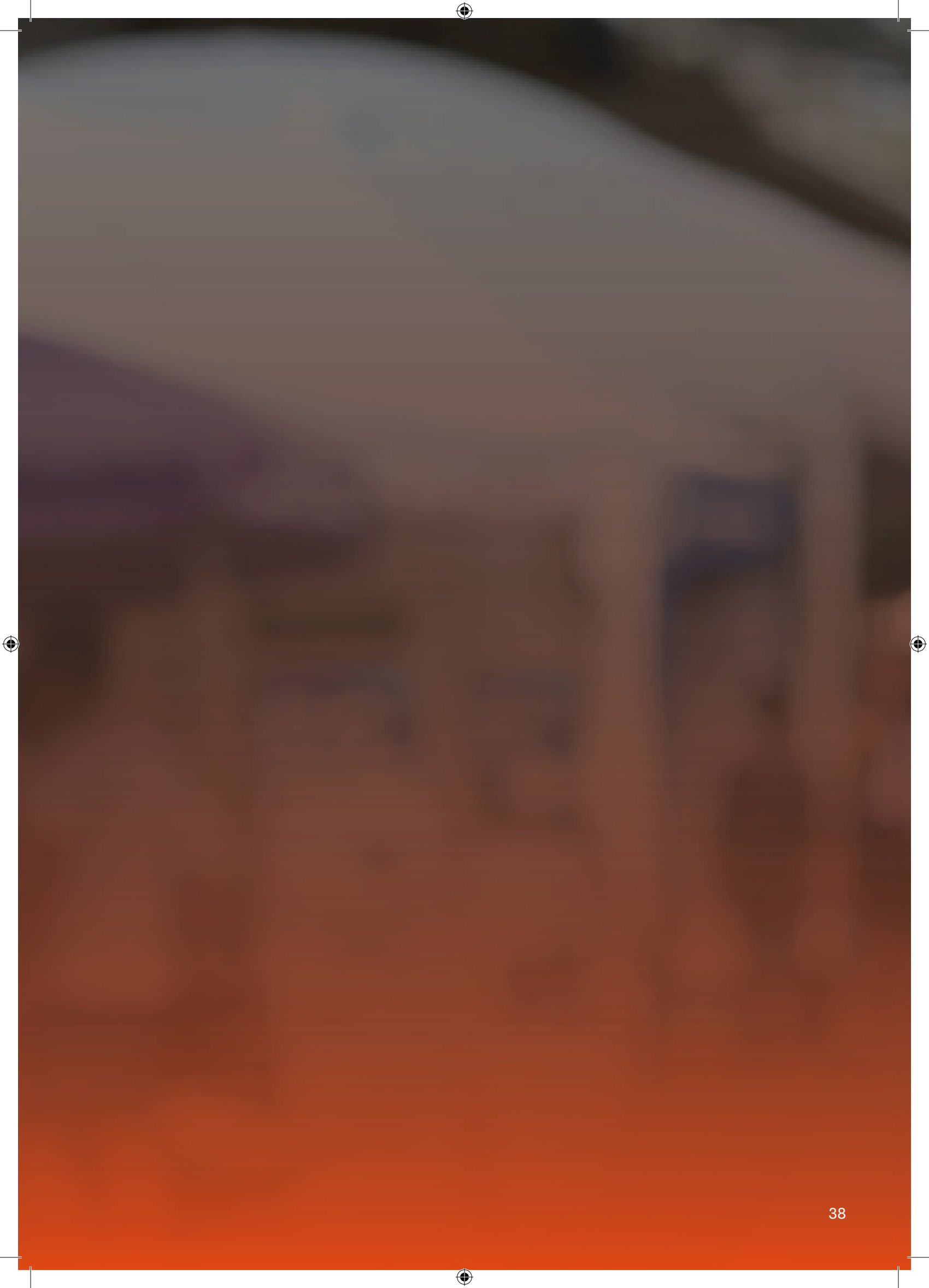
Values, beliefs, feelings

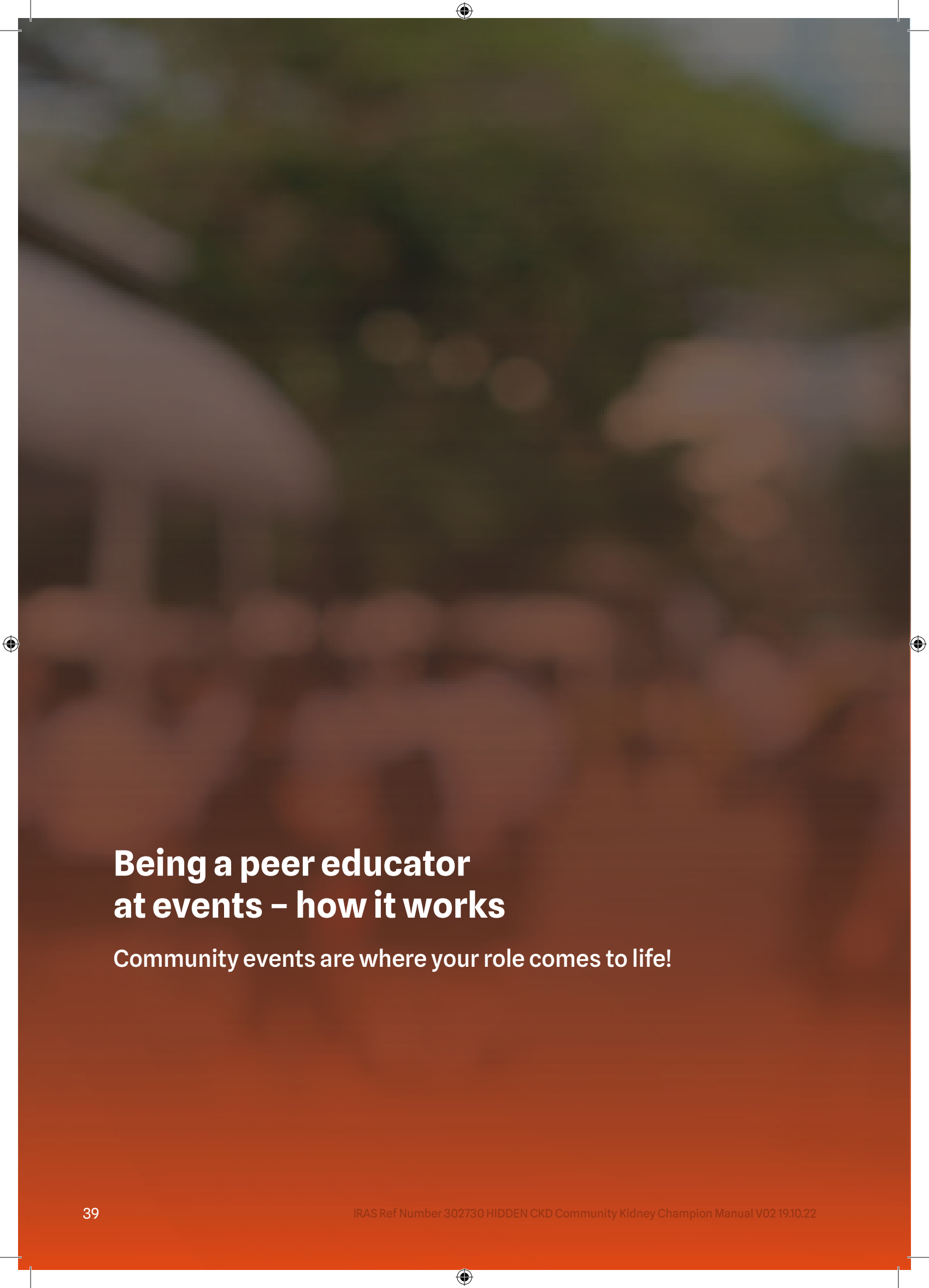
You have expertise in your community, the norms and common approaches to health.

It is important that you continue to respect and empathise with people's values, beliefs and feelings throughout this project.

This includes being respectful of other community kidney champions.

We are keen that you take time to look after yourself through this process and stop to reflect if you are finding any part of the work troubling. We are here to support you in any way we can.





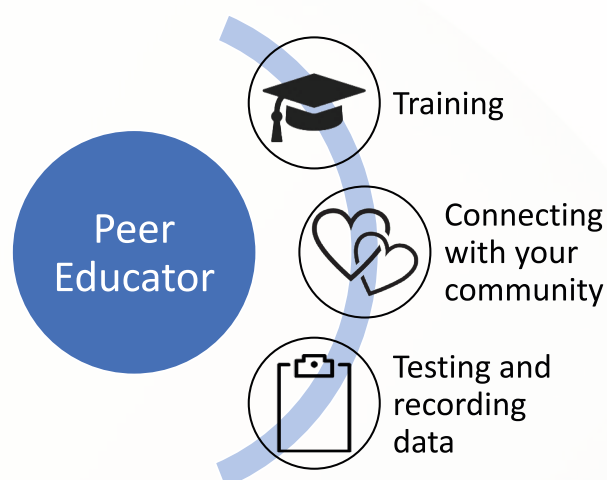
Being a peer educator at events – how it works

Community events are where your role comes to life!

What is your role?

Your role is to help inform people in your community about kidney disease and the importance of testing their urine for protein.

Once you have completed your training and are feeling confident to deliver better health to your community, you will attend an event.



Roles of a peer educator in HIDDEN-CKD

What do you need to do?

At this event you are expected to talk to people in your community and explain the importance of kidney disease and offer a test to either do at the event or take home.

You will need to ensure several forms are completed so that we know who is doing each test.

Please see the tick list for each participant at the end of this handbook; the things you need to do for each participant are:

1. Give participant information sheet (PIS)
2. Take consent (on tablet or paper version)
3. Inform participant of their assigned study number (on the front of individual participant document and envelope)
4. Participant data collection (paper version or tablet) – includes weight and height, best of 3 blood pressure readings
5. Register participant via the healthy.io portal (See page 42 for registering participants)
6. Give [Healthy.io](https://healthy.io) kit
7. Request for urine sample (if not doing on site, go through the healthy.io leaflet “Self-test for kidney disease in the community” with participant. Check whether participant had received the text message to download the “minuteful kidney app”)
8. Help participant to carry out the test if required
9. Provide participant with the meaning of the test result (green, amber, red)
10. Record result in HIDDEN-CKD event information booklet (for participant to take away)
11. Affix one of the participant ID from the plastic file onto the Healthy.io tally sheet
12. Ensure all information sheet back in participant envelope (to keep for research team)

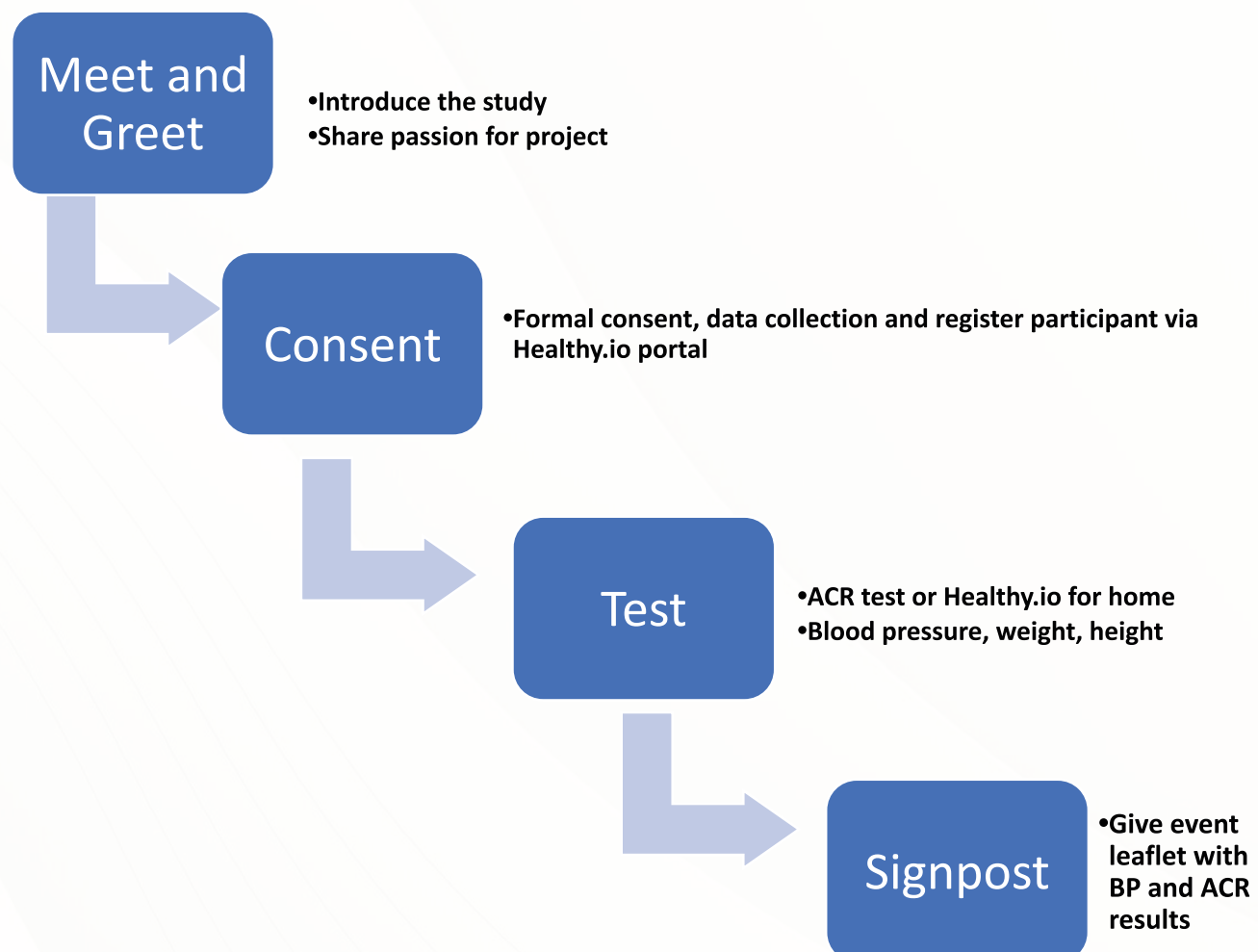
It is still important to gather information from people who do not want to take the test.

This is so we can understand the barriers to testing for kidney disease and try to improve the care for this group of people in the future. Survey for participants declining to take part.

In each participant envelope you will find:

- Participant information sheet
- Consent form
- Event information booklet
- Participant data information
- [Healthy.io](https://www.healthy.io)
- [Healthy.io](https://www.healthy.io) leaflet “Self-test for kidney disease in the community”
- HIDDEN-CKD event information booklet
- Survey for participants declining to take part (*paper version or via tablet*)
- Lifestyle management resources

These will all have a unique study ID number on them.



What is healthy.io?

- [Healthy.io](https://healthy.io) is the company that makes the MinuteFul kidney test which allows a urine test to be performed using smartphone technology meaning that it can be done in the community and even in people's homes instead of in a medical environment. Good lighting is highly essential for scanning the test board.
- We are using these tests to allow flexibility to suit participants, particularly those who do not frequently attended medical services.

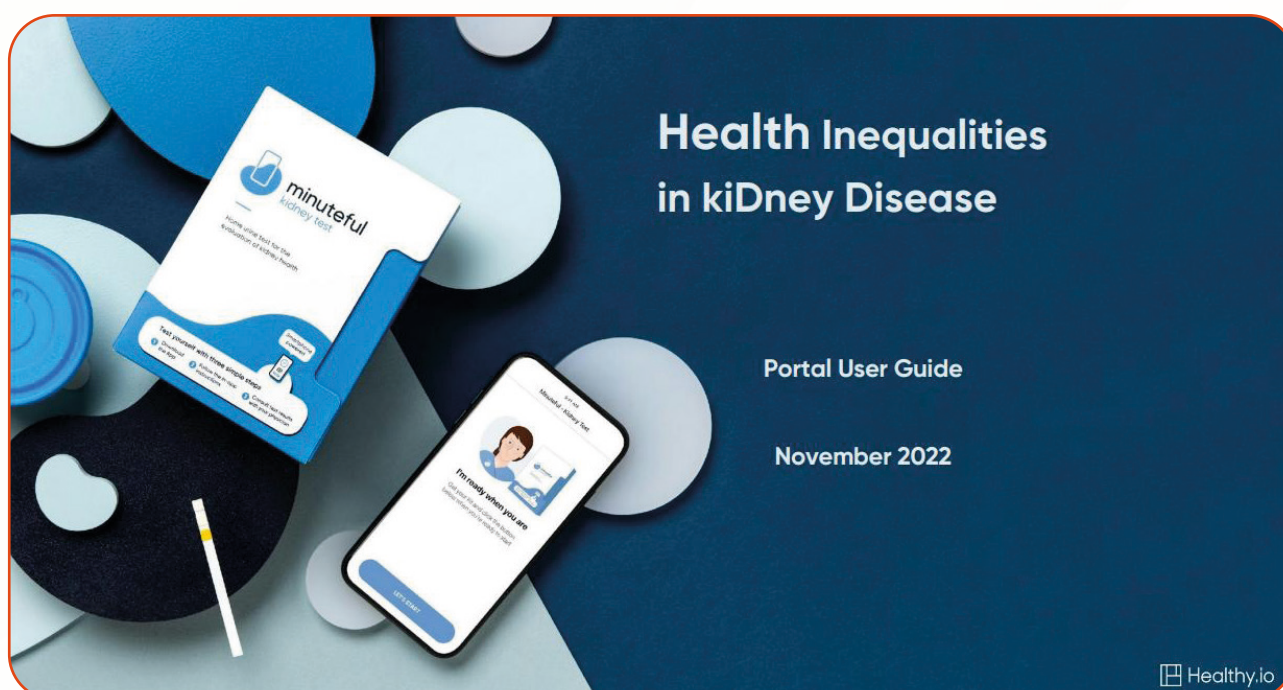


The MinuteFul Kidney test app and kit

Using MinuteFul Kidney

- The MinuteFul Kidney test app and kit allow people to test themselves at home for signs of CKD and receive immediate clinical results.
- Using colourimetric analysis, computer vision, and AI we transform the smartphone camera into a clinical-grade medical device.
- The app walks the user through a simple test, making it as easy as snapping a photo.

Using Healthy.io



1. Enter your email address and password when prompted and click **'log in'**.
2. Enter the **6-digit verification code** received via text message and click the arrow to process.
3. Your details will be verified, and a green tick will appear this process to the portal home page.



Healthy.io

Login to Healthy.io

WE'VE SENT AN SMS TO: XXXXXXXXXXXX0256

Enter the 6-digit code we've just sent to
your phone.



☐ Remember this browser

Lost your device? [Use the recovery code](#)





Healthy.io

Login to Healthy.io



We have verified your identity.

Redirecting...

Participant registration

- To register a new participant, click **'+ Add patient'** located at the top right-hand side of the home page.

The screenshot shows the 'Patient List' interface. At the top, there's a header with the BEAT by Healthio logo. Below it, the title 'Patient List' is displayed. A search bar with the placeholder 'Search list...' is on the left. On the right, a red-bordered button with a plus icon and the text '+ Add patient' is highlighted. Below the search bar is a table with columns: 'Patient name and ID', 'Performed at', 'Test status', and 'Acknowledgment'. The table contains one row with the following data: 'Validation Study Validation Study' (with a long alphanumeric ID), '6 Mar 2023', 'Has results' (in a green box), and an empty acknowledgment field.

- Once the registration screen appears, enter the participants information to include unique study ID, mobile number (+447) format, NHS number (random number combination rather than the participants data) and selecting the appropriate clinician (this is where an email notification is sent once results are available for review).

Example

- The below image is an example of the participant information that must be completed before the profile is created:

The screenshot shows the 'Add Patient' registration form. The header includes the BEAT by Healthio logo and the user's name 'Roseline Agyekum' with a 'Hidden CKD' status. The form is titled 'Add Patient' with a back arrow. It is divided into two main sections: 'Personal Details' and 'Medical Details'. The 'Personal Details' section has four fields: 'First Name' (with 'Participant ID' below it), 'Last Name' (with 'KCHHID-CKD115' below it), 'Mobile Phone Number' (with '+47733395880' below it), and 'Home Phone Number'. The 'Medical Details' section has two fields: 'NHS Number' (with '01234567891234' below it) and 'Associated Consultant / Clinical Team' (with 'Roseline Agyekum' below it and a dropdown arrow). At the bottom right, a red-bordered button with the text 'Create new patient' is highlighted.

Participant registration guide

1. Enter **'Participant ID'** in place of *'First Name'*
2. Enter the **participants unique study number** that starts with *'KC'* in place of *'Last Name'*
3. Enter the **participants mobile number** they will be using to access the app. Please ensure the correct format that reads *'+447'*
4. The home phone number can be left blank
5. Enter a **random number combination** for *'NHS number'*
6. Select the **relevant associated clinician** from the drop down menu. This will be the person that receives an automated email alert once a participant had conducted a test
7. Once all information has been entered click **'create new patient'**

BEAT by Healthylife

Roseline Agyekum
Hidden CKD

< Add Patient

Personal Details

First Name **1** Last Name **2** Mobile Phone Number **3** Home Phone Number **4**

Medical Details

NHS Number **5** Associated Consultant / Clinical Team **6**

7 Create new patient

Initiating test

BEAT by Healthy.io

Roseline Agyekum
Hidden CKD

< **Participant ID – TEST KCHHID-CKD115**

9a986d77-f91c-4d50-aa50-2b7f4df1e773

Initiate test

Patient details

01234567891234 -

NHS # Date of birth

Edit patient details

No tests
Currently, there are no tests to show

1. Once the participant registration is complete locate the profile and click **'initiate test'**
2. Once clicked, a box will appear to confirm. Click **'initiate'**. This will send a text message to the participant containing a link to download the app.

Initiate a New Test

Are you sure you want to initiate new test?

- No kits will be sent
- An SMS will be sent to the patient, with a link to download the app

Cancel **Initiate**

Complete

The participant has now been successfully registered and can conduct the test at their convenience.

See right for an example text message that is sent to participants.

For any support, please contact Sam (samantha.scully@healthy.io) or B (blaithin@healty.io). Thank you!

10:15

< +44 7403 932680

Text Message
Mon 3 Oct, 12:21

Hi, your Community Kidney Champion has invited you to perform a urine test at home. Please click this link <https://app.minuteful-kidney.com/download> in order to download the app.

What to do with participants without smart phone / error during download

Project team members can use their mobile phones to perform the test for participants. The results must be recorded on the participants sheet and if the mobile number has been previously used for a test, this must be recorded as well. e.g Normal- results under KCHHID02 on 17/02/23@1907.

If there is an error and or delay in scanning the test strip, please take another kit and perform the test.

What to do with the results

- The blood pressure and a urine ACR test results will be written into both the data sheet (for the research team) and the event leaflet (for the participant to take away).

Kidney health results via healty.io portal and what it means

Why use Albuminuria? Albuminuria is increased excretion of urinary albumin and a marker of kidney damage. Normal individuals excrete very small amounts of protein in the urine. Albumin is the most common type of protein in the urine.

All patients with CKD should be screened for albuminuria. Persistent increased protein in the urine (two positive tests over 3 or more months) is the principal marker of kidney damage, acting as an early and sensitive marker in many types of kidney disease.

A routine dipstick is not sensitive enough to detect small amounts of urine protein. Therefore, it is recommended that screening in adults with CKD or at risk for CKD be done by testing for albuminuria.

Albumin-to-creatinine ratio (ACR) is the first method of preference to detect elevated protein.

The recommended method to evaluate albuminuria is to measure urinary ACR in a spot urine sample. ACR is calculated by dividing albumin concentration in milligrams by creatinine concentration in grams.

Although the 24-hour collection has been the “gold standard,” alternative methods for detecting protein excretion such as urinary albumin-to-creatinine ratio (ACR) correct for variations in urinary concentration due to hydration as well as provide more convenience than timed urine collections. The spot specimen correlates well with 24-hour collections in adults.

Moderately increased albuminuria, historically known as microalbuminuria, (ACR 3-30 mg/mmol) refers to albumin excretion above the normal range but below the level of detection by tests for total protein.

Severely increased albuminuria, historically known as macroalbuminuria, (ACR >30mg/mmol) refers to a higher elevation of albumin associated with progressive decline in glomerular filtration rate. These tables explain what normal values are and what action is needed for each result.

See the tables on the next page explain what normal values are and what action is needed for each result.

What is my kidney health number (Urine ACR)?

Are my kidneys leaking protein?	What the results means and actions for you
Find the correct range for your result and tick the relevant box below	Albumin: creatinine ratio (ACR) is the preferred test for checking for small amounts of albumin (<i>a small protein</i>) in the urine
☐	Less than 3 mg/mmol • Normal (<i>no protein leak</i>). • If you have high blood pressure or diabetes, you might be still at risk of losing protein in the future. • Annual health check • See actions to keep kidney fitness
☐	3 - 30 mg/mmol • This result suggests you may have kidney disease • Please see your doctor (<i>GP</i>) or nurse in the next 4-6 weeks for further testing
☐	Greater than 30.0 mg/mmol • This result suggests you are likely to have kidney disease • Please see your doctor (<i>GP</i>) or nurse in the next 2-3 weeks for further testing

What does it mean when a participant has abnormal or high abnormal ACR?

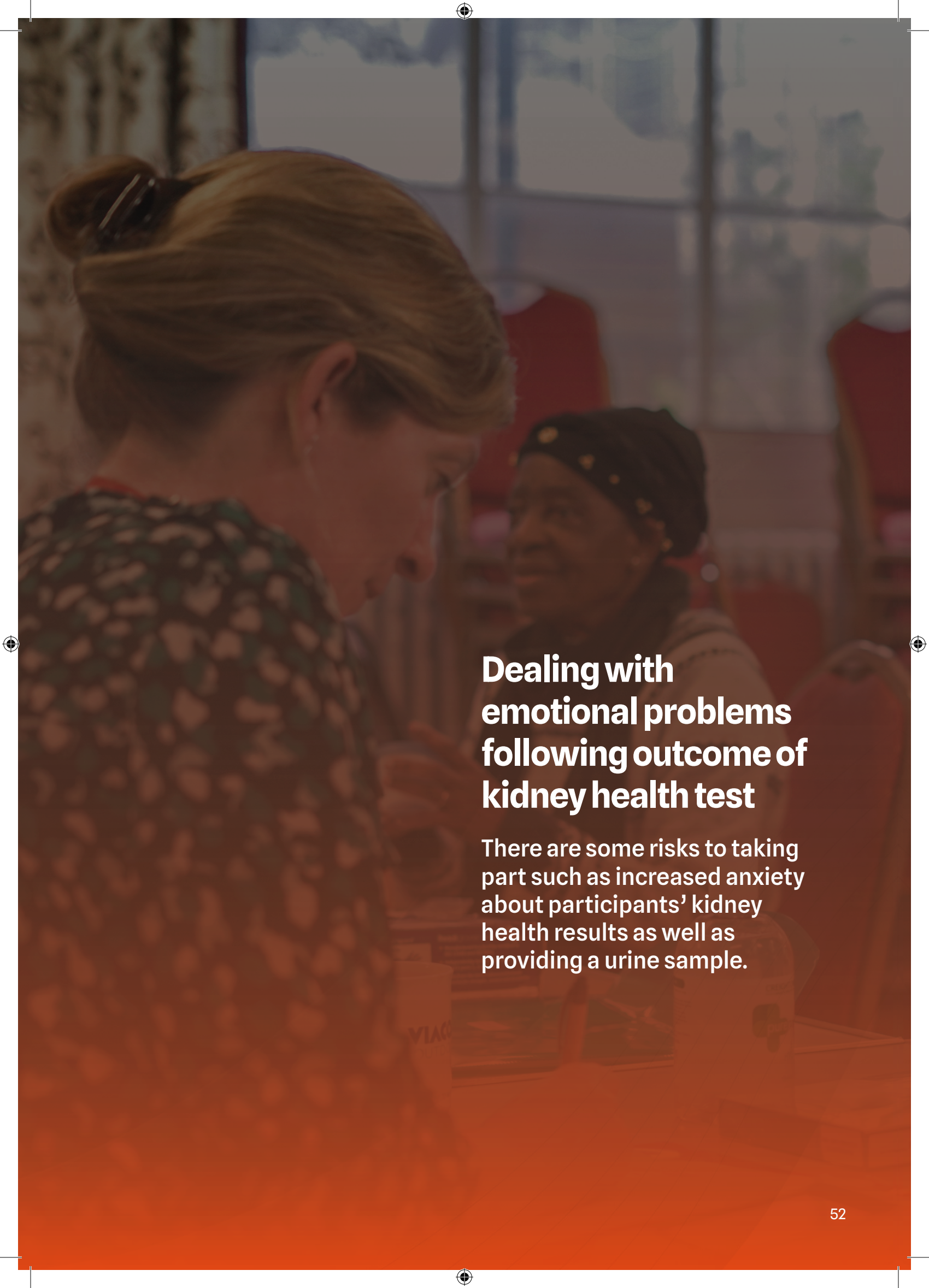
- Raised ACR may also be seen during the following:
- Contamination with menstrual or seminal fluid (False positives).
- Dehydration.
- Urinary tract infection.
- Fever.
- Various types of inflammation.
- Several immune disorders.
- Certain drugs.
- Other conditions causing blood in the urine.
- Temporarily elevated results may also be caused by vigorous exercise.

What is my blood pressure number?

	What the results means and actions for you
Find the correct range for your result and tick the relevant box below	Systolic blood pressure: The top number represents the pressure in blood vessels when your heart beats. Diastolic blood pressure: The bottom number represents in your blood vessel when your heart is resting
☐	130/80 or below • Blood pressure is NORMAL • Recheck in one year
☐	Between 140/90 and 130/80 • Blood pressure is SLIGHTLY HIGH • Recheck in one month
☐	Between 140/90 and 180/100 • Blood pressure is HIGH • See your doctor (GP) or nurse within one week
☐	Over 180/100 • Blood pressure is VERY HIGH • See your doctor (GP) or nurse as soon as possible

What problems might you encounter?

- **People do not want to participate –**
this is a voluntary study so people must be free to say no if they do not want to participate. Please ask participants who refuse to complete a survey so we could understand more about barriers to community kidney checks.
The survey form is in the park. People will need to give consent to participate in the study.
- **People do not want to give their details –**
we will still offer a urine test for people who do not want to give their details.
- **People are not eligible for NHS care –**
we will still offer a urine test for people who do not want to give their details.
- **People do not have a smart phone –**
we can do the test at the event or they can use a family or friend's smartphone if they take the test home (*we must have the phone number before they take the test away*).
- There will always be a member of the research team available or at the event if you have difficulties with something not listed above.



Dealing with emotional problems following outcome of kidney health test

There are some risks to taking part such as increased anxiety about participants' kidney health results as well as providing a urine sample.



Individuals who have POC-Cr/urine creatinine albuminuria higher than predefined thresholds will be given the opportunity to discuss their results with peer-educators, offered support from project leaders, and other faith and non-faith leaders if applicable.

One of the main causes of emotional problems is receiving unexpected news.

All human beings find unexpected unpleasant stressful – even any news that we are looking forward to, hospital visit raises our stress levels.

Any person receiving an unexpected kidney health check outcome has to deal with the shock of the results.

Different people react differently to stress - some get anxious or feel overwhelmed, others may get irritable or hostile, others may deny there is a problem and keep pushing themselves to “cope.”

It is important to acknowledge participants’ reaction to the outcome of their kidney health checks. Anxiety can be a specific “worry” related to something in particular, or a more general sense of “being on edge” or “not feeling safe”. And like anyone else, some participants will feel a bit down and less able to cope with the news. Some might also feel sad and “need a good cry” sometimes.

Signpost participants to the project leaders if you feel unable to address the participant’s emotional state after informing them of their kidney health outcome.

We also aim to work in collaboration with other agencies to address other issues that might arise such as participant immigration status, access to GP etc.



What if you need support?

If you have any worries about what to do or how to deal with a situation, please do inform the project lead immediately *(see contact details at the end of the handbook).*

You may find it helpful to contact them when you feel:

- You are unable to be honest and impartial
- Worried that the person might come to harm
- Concerned about your own circumstances

Remember that you are doing this role as a volunteer. The project team understands that there will be times when you will be unable to support an event. You have your own needs and health to consider and if you need a break from being a champion then this is absolutely fine, just tell us.

Training to promote mind and wellbeing skills - Kings Health Partners Learning Hub

These courses are designed to equip peer educators with skills to help address emotional distress.

Level 2: Mind and Body Awareness and Communication Skills – Adults

The Mind & Body education and training programme is designed to support all healthcare professionals to understand the connections between mental and physical health, and to feel more confident, empowered, and able to provide joined up care which focuses on whole person care.

The Integrating Mental and Physical Healthcare: Research, Training and Services (IMPARTS)

Project package for physical healthcare settings is designed to support clinical teams in providing timely, tailored, evidence-based holistic care to patients presenting at King's Health Partners Acute Trusts.

Setting up an event Within Your Local Community

If you would like to organise an event yourself, we would welcome this initiative!

Please make contact with a community leader and talk about the project. We are very happy to meet with community leaders and explain the work – simply email the project lead.

Event preparation and roles

On the day of event, plan ahead and arrive at least 30 mins before the event start time. This enables the entire team to run through the day's activity and assign roles using huddles.

Roles and responsibilities are based on the different stations and support required. You would be asked to opt for two of the roles below based on your competence and confidence.

However, this assigned roles are dependent on the setting of the event. Assigned role would be particularly beneficial for church setting to ensure participants are not kept waiting for long time.

However, ongoing training would also be provided to ensure continuous development so that each PE would be able to undertake all the activities for individual participant.

- Blood pressure
- Height
- Weight
- Counter
- IT set up and systems check up
- Registration via healthy.io
- Help with ACR test
- Explaining abnormal results
- Catering
- Cleaning up after events
- Transport of equipment and resources required
- Presentation of event slides
- Dress code
- PE's Supervisory & support

Troubleshooting Equipment

The blood pressure machines, and scales use 4 AA and 3 AAA dry cell batteries respectively. Batteries are inserted during event set. It is important to do check functionality prior to event.

The scales require a solid even platform to function. Do not place the scale on carpeted floor as there is a possibility of error in estimating participant's weight. The unit measure is set for metric (*kgs*).

However, this can be changed to imperial (*stones*) by activating the unit button underneath the scale. Should the scale not turn on when stepped upon, do check, and change the batteries if required.

A man and a woman are looking at a laptop screen. The man is in the foreground, wearing a white shirt and glasses, looking down at the screen. The woman is behind him, also wearing glasses and looking at the screen. The background is a solid orange color.

Helpful Resources

The main UK kidney charities and associations have websites which contain lots of information across all aspects of living with and treating kidney disease:

Beacon Hubs are a resource for local people. From blood pressure checks to vaccine confidence, to mental health and resilience. We engage and support communities to stay well.



Come by and grab a hot drink and a snack!

KENNINGTON HUB

We meet weekly at St Mark's Church, Kennington (opposite Oval Tube station).
DROP-IN EVERY WEEK ON FRIDAYS | 2PM - 5PM



ANGELL TOWN HUB

We meet fortnightly at St John's Church in Angell Town, Brixton.
DROP-IN EVERY 2 WEEKS ON THURSDAYS | 2PM - 5PM



STREATHAM HUB

We meet once a week at Levels Hair & Beauty Barber Shop, 11 DeMontfort Parade, Streatham, London, SW16 1BU
DROP-IN EVERY WEEK ON FRIDAYS: 1PM - 5PM



WEST NORWOOD HUB

We meet once a week at The Community Shop Lambeth, West Norwood, London, SE27 9PA
DROP-IN EVERY WEEK ON THURSDAYS: 9.30AM - 12.30PM



NEW HUBS COMING SOON

We are currently working to launch new hubs in London. So please watch this space.



Africa Advocacy Foundation
<https://www.africadvocacy.org/>

UK Kidney Association
<https://ukkidney.org/>

At Beacon Project
<https://www.atbeaconproject.org/>

Lewisham Refugee Migrant Network
<https://www.lrmn.org.uk/>

Doctors of the World
+44 (0)7308139100
info@doctorsworldwide.org
<https://doctorsworldwide.org/>

Migrants' Rights Network
The People's Place
80 – 92 High Street
London, E15 2NE
Tel: +44 (0)20 7424 7386 / 07534 488696
Email: info@migrantsrights.org.uk

Kidney Care UK
<https://www.kidneycareuk.org/>

National Kidney Federation
www.kidney.org.uk

South London Refugee Association
<https://www.slr-a.org.uk/>

Kidney Research
www.kidneyresearchuk.org

Participant tick sheet

For each person who would like to take part, please ensure the following is completed:

☐	Give participant information sheet (<i>PIS</i>)
☐	Take consent (<i>tablet or paper version</i>)
☐	Inform participants of unique assigned a study ID (<i>on front of each participant plastic wallet</i>)
☐	Participant data collection (<i>paper version or tablet</i>) – includes weight and height, 3 x blood pressure readings
☐	Register participant via Healthy.io portal and give kit (<i>See page 42 for registering participants</i>)
☐	Request for urine sample (<i>if not doing on site, go through the healthy.io leaflet “Self-test for kidney disease in the community” with participant. Check whether participant had received the text message to download the “minute kidney app”</i>)
☐	Help participant to carry out the test if required
☐	Provide participant with the meaning of the test result (<i>green, amber, red</i>)
☐	Record result in HIDDEN-CKD event information booklet (<i>for participant to take away</i>)
☐	Affix one of the participant ID from the plastic file onto the Healthy.io tally sheet
☐	Ensure all information sheet back in participant envelope (<i>to keep for research team</i>)



Name: _____

Kidney Peer Educators (Community Kidney Champions) Individual Learning Portfolio

The Individual Learning Plan (ILP) is a comprehensive tool (or journal) for reflection that will help you think about your role as peer educator/community kidney champion.

Throughout your development as a peer educator, you will record insights from training and engagement activities and self-assessments in this document. By the end of the training, you will find that the ILP is a permanent record of your development and your plans or intentions for further role development.

**Completion of the ILP is a training requirement.
You will submit the ILP at end of the training.**

Communicating Effectively

Prior to listening to the “How to Improve Communication Skills? 12 Effective Tips To Improve Communication Skills” complete this self-assessment. This would enable you to identify learning needs.

Communication Skills Assessment

	Never (0)	Rarely (1)	Some- times (2)	Often (3)	Very Often (4)	Al- ways (5)
Listening						
I seek first to understand what others are saying and build on their contributions.						
I will repeat back to others what I think they are saying before I assume that I fully understand what they are saying.						
Others tell me that I am a good listener.						
Non-verbal						
I pay close attention to body language in conversation.						
I pay close attention to cultural norms and behaviours around communications and how they may be different than mine.						
I focus on what people do more than on what people say.						
Clarity and concision						
Before I communicate, I think about what others need to know, and how I can communicate in a way that they can best understand.						
Where there are important issues to discuss, I am able to clearly communicate what they are to others.						
Others tell me that my communications are easy to understand.						

	Never (0)	Rarely (1)	Some- times (2)	Often (3)	Very Often (4)	Al- ways (5)
Presence and Confidence						
I give my 100% attention to others when they speak to me.						
If I don't understand something that others are saying, I speak up and ask for clarity.						
Others tell me that I project confidence in my communications with others.						
Empathy and Respect						
I create a space where others feel comfortable to speak their mind and share their true feelings, even if they are in opposition to my own.						
Others tell me that I display empathy in my communications.						
When communications become tense and/or difficult, I maintain an outward display of respect toward others.						
Context and Medium						
I consider where and how to most appropriately communicate with others (e.g., one-on-one, in-person, in a group, over email, text, phone).						
I adjust the way that I communicate with others, depending on the context.						
When I experience "out of the blue", difficult communications (e.g. with those who are confrontational or overly critical) I suggest an appropriate, alternative time to discuss these with others.						
TOTAL						

Communication Self-Assessment

In which categories were your scores highest and lowest?

Highest score:

Lowest score:

Identify one action you will take to improve in your lowest scoring area (e.g., planning a message; creating a clear message; choosing the right channel; receiving and interpreting a message; and feedback).

Emotional Bank Account Activity

After listening to the video on “How to Build Relationships using the Emotional Bank Account” complete this self-assessment.

In what areas of your life, or with which people, do you most need to increase deposits and/or decrease withdrawals?

Be specific about how and when you will do this. (You do not need to refer to people by name but do be specific about what you plan to do differently.)

Examine your balance with this person by evaluating deposits and withdrawals you have made.

Mark deposits with a (+) and withdrawals with a (-).

For each withdrawal, record changes you can make in the future to build deposits or repair trust.

Name of person:

Deposits and Withdrawals	(+) (-)	Changes I Can Make to Build Deposits or Repair Trust

Name of person:

Deposits and Withdrawals	(+) (-)	Changes I Can Make to Build Deposits or Repair Trust

Listening Assessment

Use the following scale to rate how well you listen.

	Never	Rarely	Some- times	Often	Always
1. I give the impression that I am fully listening.					
2. I make the speaker feel as if he or she is the centre of the conversation.					
3. I give the speaker plenty of time to talk.					
4. I refrain from interrupting the speaker.					
5. I look at the speaker with encouraging eye contact.					
6. I do not fidget with objects or otherwise act distracted.					
7. I help keep the speaker on track with paraphrasing.					
8. I probe for deeper understanding.					
9. I do not finish the speaker's sentences.					
10. I convey an attitude of openness and sincerity.					
11. I put the speaker at ease, encouraging deeper sharing.					
12. I ask questions that open up the discussion.					
13. I ask questions to direct more discussion to a particular point, when helpful.					
14. I ask questions to draw out emotions as much as fact.					
15. I do not insert humorous remarks when the speaker is serious.					
16. I refrain from 'sneaking a peek' at my watch.					
17. I smile at the speaker and lean forward to convey interest.					
18. I do not give the impression of 'listening just for show.'					
19. I create an atmosphere of trust and connection through listening.					
20. I demonstrate empathy through listening.					

Listening Assessment

1. How well do you listen after completing the self-assessment above?
2. How does listening well or listening poorly relate to the Emotional Bank Account?
3. Feeling bold? Have others assess your listening skills, too
(perhaps a family member, friend or colleague)

Reflective Practice

Date:

Reflective practice involves actively analysing your experiences and actions, to help yourself improve and develop. Use the template to reflect on events in which you can demonstrate an ability to improve or demonstrate the need for further learning or development.

Reflective Title (details of event e.g., home visit/phone call but do not reveal any patient details):

1. Description: what happened (*facts*)?
2. Feelings: what were you thinking and feeling?
3. Evaluation: what went well and not so well about the experience?
 - » Well:
 - » Not so well:
4. Analysis: what sense can you make of the situation?
5. Conclusion: what else could you have done/not done?
6. Action plan: if the situation arose again, what would you do?

Final Reflection

As a final reflection, a call to action for us all:

- *“What do you want to contribute towards this HIDDEN CKD project?”*

- What skills would enable you to achieve your contribution?

Useful Contacts

Need to know which details to put here!

hiddenkd.co.uk

