



This worksheet will help you actively engage with the information so you can better retain and learn new skills. Download and print this worksheet and record your answers and reflections about conservative care as you watch the videos and work through the exercises.

Module 1: Why conservative care?

Q 1: On average how long do you think a person with stage 5 CKD (estimated function less than 15) can survive without dialysis?

- A. Days
- B. Weeks
- C. Months
- D. Years

Q 2: Compared to dialysis, how would CC impact the following factors? Write down whether these factors would increase, decrease or not change?

	Increase	Decrease	No change
Time in the hospital:			
Quality of life:			
Physical symptoms:			
End of life at home:			
Hospice services:			

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Q 3: Write down 2 prognostic factors that would limit survival with dialysis for William and Rita:

William:

- 1.
- 2.

Rita:

- 1.
- 2.

Q 4: Write three potential side effects of dialysis that may be burdensome for these patients:

Q 5: How long do you think a person like William can live on dialysis?

Wrap up:

Check your answers for Q 1 and 2 at the end of module 1!

Reflection questions:

What surprised you most about Conservative Care?

What's one thing you will do differently based on this module?

Module 2: Identify who benefits

Q 1: Apply the surprise question (Would you be surprised if this patient died in the next year?) to William and Rita's case.

Q 2: Using the 6-month ESRD integrated prognosis calculator (https://qxmd.com/calculate/calculator_135/6-month-mortality-on-hd), calculate the 6 month survival for William and Rita:

William's estimated survival on dialysis at 6 months:

Rita's estimated survival on dialysis at 6 months:

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Prognosis exercise to put your skills into practice:

Choose a patient you are scheduled to see in clinic who may benefit from conservative care.

1. Calculate this patient's mortality risk using the 6 month integrated prognostic tool.
2. During the visit, assess how their function and presence of geriatric syndromes using one or two of the questions taught in the module. Here are example questions:

"Tell me what your typical day at home is like."

"How has your ability to do the things you want to do changed in the past year?"

"Do you have difficulty or require assistance with any of the following?: bathing, dressing, toileting, transfers, grooming, eating"

"What do you find most challenging about caring for yourself at home?"

"Have you fallen in the past year?" (Consider trying the 'get and go' test for any patient who has experienced a fall)

3. Write down the patient's responses.
4. Describe your impressions from doing the exercise.
5. Write down one thing you will do to assess function and geriatric syndromes in your practice moving forward?

Module 3: Learn what matters most

Think back to a difficult decision you've had to make that had important implications for your life, career, relationships and for which there was no right answer.

Q 1: What are the things that helped you make the decision?

Q 2: What kinds of trade-offs did you weigh when making this decision?

Q 3: What feelings did you experience as you worked through making this decision?

Q 4: As a clinician, how would you respond to William's statement below. Write down exact words you would use:

"After hearing that my kidneys got worse, I got scared"

Your response:

Q 5: Thinking about the patients you care for, write down two additional questions that explore what's patient values and priorities in addition to the ones you learned in this module:

Question 1:

Question 2:

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Your turn to practice identifying the REMAP skills: Watch the video between the nephrology and William. Write down the specific words the nephrologist used for each part of the REMAP framework:

Reframe the big picture (write down the reframe statement):

Expect and respond to emotion (write down to empathic statements to respond to patient's emotion):

Map patient values (write down at least two mapping questions you heard):

Align with the values (write down a statement you heard that summarizes the patient's values):

Compare your answers with '**check your work and summary of REMAP**' video.

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Reflection questions about REMAP:

Q 1: What surprised you the most about using REMAP to elicit patient values and priorities?

Q 2: What is one way that REMAP differs from what you usually do when you discuss treatment decisions with patients and families?

Q 3: What's one thing you will do differently based on this module?

Module 4: Make a recommendation

To prepare for making a recommendation for William and Rita, answer the following questions:

Q 1: What was most important (values and priorities)?

William:

Rita:

Q 2: What things did each one want to avoid?

William:

Rita:

Q3: What treatment would you recommend for William and Rita – conservative care or trial of dialysis?

William:

Rita:

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Recommendation exercise: It's your turn to practice making a recommendation. Each exercise includes the relevant medical and values information to formulate a recommendation. After you complete both exercises, compare your answers with an expert response.

Exercise 1:

Medical history: RS is an 78 year old gentleman with advanced systolic heart failure (ejection fraction 35%), peripheral vascular disease, admitted twice for heart failure in the last year. He has difficulty with ADLs and requires assistance with bathing. He uses a walker to get around and has had 2 falls in the last year. Serum albumin 2.8.

Using touchcalc prognostic calculator – you estimate that if he were on dialysis, he has a 50% chance of dying in first 6 months. With dialysis, patient's current functional status would likely worsen with high probability of nursing home placement.

After sharing prognosis with patient, below are responses to your 'mapping values' questions:

RS responses:

"When I think about the future and how my health has been, it's been hard. What I hope for is to get my strength back and be able to take care of myself again. I have a lot to get back to – spending time with my grandkids, enjoying good home cooked meals around the table with my family. This is what I'd be doing all this for. To get back my life.

"Things I worry about – well if things don't go my way and my condition worsens and getting home isn't possible. I am not the type of person who wants to be a burden on my family. I don't want to end up in a nursing home or in a situation that I couldn't care for myself. That wouldn't be living.

"I'm hopeful though – hopeful that I can beat these problems and climb out on top. I'm willing to be back in the hospital if it means getting stronger and regaining some of my life back."

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1. What would be your recommendation?

- A. Conservative care without dialysis
- B. Time limited trial of dialysis

2. Exactly what recommendation would you say to the patient? Write down you exact words. Example: Based on X (goals), I would recommend Y (plan).

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Exercise 2:

Medical history: RS is an 78 year old gentleman with advanced heart failure (EF 35%), peripheral vascular disease, admitted twice for heart failure in the last year. He has difficulty with ADLs and requires assistance with bathing. He uses a walker to get around and has had 2 falls in the last year. Serum albumin 2.8.

Using touchcalc prognostic calculator – you estimate that if he were on dialysis, he has a 50% chance of dying in first 6 months. With dialysis, patient's current functional status would likely worsen with high probability of nursing home placement.

After sharing prognosis with patient, below are responses to your 'mapping values' questions:

RS responses:

"These past months, I've been in and out of the hospital. It hasn't made me any better – in fact I'm worse off now than ever. What's important to me is to spend the time I have left with my family. I've lived a good life and raised a family I am proud of.

"I'm tired of the pain and I want the little time I have left to be without pain. I want to die in my own home with my wife sitting next to me.

"I worry most about my family and how they will do once I'm gone. I've always been somebody who took care of them. It's hard for me to think about being dependent on them. I want to ensure that they will be ok.

"I know doing more things isn't going to help me and that may mean my time is short I want to spend my last days with dignity – not going back and forth to a hospital. I want to be out of pain and breathing my last breaths with my wife by my side."

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1. **What would be your recommendation?**
 - A. Conservative care without dialysis
 - B. Time limited trial of dialysis

2. **Exactly what recommendation would you say to the patient?** Write down you exact words. Example: Based on X (goals), I would recommend Y (plan).

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Exercise 1: Below includes how an expert would make a recommendation for this exercise.

This case is an example of why learning the values of the patient is critical to making a recommendation. Survival is uncertain yet what that time looks like is more certain. Dialysis may extend time with a high chance of functional setbacks including dependency.

RS responses: Key values supporting recommendation highlighted in red

“When I think about the future and how my health has been, it’s been hard. What I hope for is to get my strength back and be able to take care of myself again. I have a lot to get back to – spending time with my grandkids, enjoying good home cooked meals around the table with my family. This is what I’d be doing all this for. To get back my life.

“Things I worry about – well if things don’t go my way and my condition worsens and getting home isn’t possible. I am not the type of person who wants to be a burden on my family. I don’t want to end up in a nursing home or in a situation that I couldn’t care for myself. That wouldn’t be living.

“I’m hopeful though – hopeful that I can beat these problems and climb out on top. I’m willing to be back in the hospital if it means getting stronger and regaining some of my life back.”

1. What would be your recommendation?

Time limited trial of dialysis, Although there is a small chance of this patient achieving his goals of getting stronger and back home, he is willing to put up with short term burdens to get there.

2. Exactly what recommendation would you say to the patient?

Given your goals are to get stronger and back to enjoying good times with your family, I would recommend a trial of dialysis in hope of achieving these goals. If new setbacks come up or these goals become less likely, we can discuss stopping dialysis and shifting our focus on your symptoms and comfort.

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Exercise 2: Below includes how an expert would make a recommendation for this exercise.

You might have noticed the medical history is the same for both exercises with same survival and functional prognosis: dialysis may extend time with a high chance of functional setbacks including dependency. Note how values influence a different recommendation.

RS responses: Key values supporting recommendation highlighted in red

“These past months, I’ve been in and out of the hospital. It hasn’t made me any better – in fact I’m worse off now than ever. What’s important to me is to spend the time I have left with my family. I’ve lived a good life and raised a family I am proud of.

“I’m tired of the pain and I want the little time I have left to be without pain. I want to die in my own home with my wife sitting next to me.

“I worry most about my family and how they will do once I’m gone. I’ve always been somebody who took care of them. It’s hard for me to think about being dependent on them. I want to ensure that they will be ok.

“I know doing more things isn’t going to help me and that may mean my time is short. I want to spend my last days with dignity – not going back and forth to a hospital. I want to be out of pain and breathing my last breaths with my wife by my side.”

1. What would be your recommendation?

Conservative care without dialysis, The values expressed strongly support a conservative path – the patient is willing to trade potential survival with dialysis for a focus on symptoms and end of life. Conservative care will more likely achieve his goals of pain control, not suffering and spending end of life at home.

2. Exactly what recommendation would you say to the patient?

Given your goals are symptom management and being at home even if this means shorter time, I would recommend conservative care with a focus on achieving these goals. We will not pursue dialysis as this treatment will not help you with these goals.

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Congratulations, you've completed the Conservative Care Curriculum!!

Reflection question:

Write down one thing you learned from this curriculum that you will commit to practice over the next two weeks?

Thank you for your participation in this curriculum. Please complete the post-curriculum survey that you will receive shortly!