



BOOK REVIEW: CHRONICALLY HAPPY - JOYFUL LIVING IN SPITE OF CHRONIC ILLNESS

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Can being happy despite having a chronic illness be possible? Can life still be fulfilling? How can you be happy when you're in pain most of the time? How do you overcome thinking of yourself as "damaged goods" when you are chronically ill?



The answers to all these questions and more can be found in a new book, *Chronically Happy: Joyful Living in Spite of Chronic Illness*. The author, Lori Hartwell, has spent her entire life dealing with kidney disease. Diagnosed with kidney disease at age two, she spent several years on dialysis, both hemodialysis and peritoneal. Two failed transplants left little hope that a third would have any chance of occurring, much less succeeding. Fortunately, in 1990, Ms. Hartwell did receive a third transplant and has done well since. While the transplant has relieved her of the mechanics of being on dialysis, it has created new challenges that she has had to face. Armed with her determination, sense of humor and general all around spunk, Ms. Hartwell has developed her own communications company and founded the Renal Support Network, a nonprofit organization.

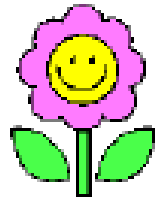
Ms. Hartwell's book is a compilation of many of the life lessons she has learned to this point. It is written for anyone who is coping and dealing with a chronic illness, not just kidney disease. The style is easy to read and peppered with a number of anecdotes to illustrate points being made. In addition to including her own story, Ms. Hartwell provides insights from a number of other individuals who, like her, have decided that their lives would not be controlled by their illness. In addition to personal accounts, Ms. Hartwell includes inspirational quotations throughout the chapters and some workbook-style exercises that the reader can do. Unlike some self-help books that provide exercises that may not seem doable or practical, everything Ms. Hartwell suggests doing are tasks she herself has done throughout her journey to help her get past barriers to achieving her goals.

Chronically Happy is valuable and insightful information for those coping with chronic illness, as well as family, friends and caregivers. This is a hope filled book that presents the reality of what illness can do to a person while also encouraging one to look past the illness to the essence of the individual and all that is still possible. Without consciously setting out to do so, this book may also challenge care providers to examine how they perceive their patients and what role their words or actions play in contributing to the "damaged goods syndrome". Those of us who work with dialysis

patients on a daily basis may find ourselves looking at our patients in a whole new light after reading this book

Throughout the book, Hartwell talks about how to counter the “damaged goods syndrome” that often accompanies disability. She offers important information about how to deal with the early days of the diagnosis and the emotions that are experienced. There is information on managing pain, managing the healthcare system to get the best care possible and social and vocational rehabilitation. Also for young people, there is discussion about dating and the difficult issue of when to tell a significant other about your medical problems. Most importantly, Ms. Hartwell encourages the reader to set realistic and achievable goals that will lead to joyful living.

Chronically Happy is published by Poetic Media Press, San Francisco, California. It is priced at \$12.95. It is also available online at www.ChronicallyHappy.com.



REFERENCE:

Hartwell, L. (2002). *Chronically Happy: Joyful Living in Spite of Chronic Illness*. San Francisco, CA: Poetic Media Press.



PART ONE OF A TWO PART SERIES: PATIENT TEACHING IN THE DIALYSIS FACILITY

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This is Part One of a two part series on *Patient Teaching in the Dialysis Facility*. Part One discusses key principles of the teaching/learning process including patient assessment and identification of learning need/writing learning objectives. Part Two of the series talks about teaching methods and evaluating the learning outcome.

Key Principles of Teaching and Learning in the Dialysis Center

The teaching-learning process in the dialysis center requires the active involvement of the nurse, dietitian, or social worker as teacher and the patient (family/significant other) as the learner. The desired outcome of this process is a change or modification in the patient’s behavior. The *teacher* serves as the learning facilitator in helping the patient recognize the benefit of changing the behavior as well as in helping him/her problem solve the barriers to learning. Reviewing the progress of the teaching program with the patient assists to facilitate learning as well. The learning need, the teaching content and method, and the patient’s response should be documented in the medical record.

JB, a 48 year-old male with a history of Type II Diabetes Mellitus, has been on dialysis for the past three months. Since then, he has missed three dialysis treatments and has asked to be taken off dialysis early at least five times. Needless to say, JB’s eKdrt/V of 0.97 is falling short of the individual patient target of 1.2. JB, a husband and father of two, has expressed feeling anxious and overwhelmed with being on dialysis. He has discussed concerns about his job, family finances and the amount of time treatments

take each week. The dialysis facility's quality team has assessed that the patient's teaching and learning needs are inadequate knowledge of dialysis adequacy and ineffective coping skills. Julie, JB's dialysis nurse, knows that the issues affecting his non-adherence to treatment must be addressed before successful learning can take place. It's up to Julie, to develop a teaching plan about dialysis adequacy. Before she begins any teaching, Julie decides to review the teaching-learning process first.

Patient Teaching: The Teaching-Learning Process

The Teaching-Learning Process includes: the teaching process, patient assessment, identifying the learning need, setting learning objectives, defining teaching methods and evaluating the teaching outcome. Learning is a change in behaviors such as knowledge, skills, beliefs and attitudes. Learning is an ongoing, life-long process and not a one-time encounter. For learning to be sustained, it takes continuous reinforcement. Individuals must be ready, willing and able to learn.

The individual patient's learning need determines the teaching process as outlined below. The family or significant other(s) should be included in the plan. This process should be documented in a written teaching plan (The Teaching Plan for JB will be provided in Part Two).

- The *content* - What is to be taught
- The *method* - How it is taught
- *Learning* - The teaching/learning objective
- *Testing* - How learning is evaluated
- The *nurse's role* - Create a learning environment; motivate and support the patient's ability; and use the appropriate teaching method.



Patient Assessment

Learning occurs in three, interrelated areas: *cognitive*, *psychomotor* and *affective*. *It's important to assess the patient's readiness to learn* in these three areas before creating a teaching plan.

- **Cognitive or intellectual skills** require knowing, thinking and remembering. *It's helpful for the nurse to ask:* What is the patient's reading level? What is the patient's highest level of schooling completed? Can he understand English? If not, what language(s), does he speak? Is he oriented to time, place and person? How is the patient's memory? How will the patient's intellectual abilities affect his ability to learn, understand, apply new information and recall it later? Is he too sick or distressed to learn at this time?
- **Psychomotor skills** are physical skills, which require integrating both mental and muscular activity. *It's helpful for the nurse to ask:* How is the patient's hearing and sight? Is the patient able to write? Is his mobility impaired by an amputation, stroke or other disability? Is he able to perform fine motor tasks with his hands?
- **Affective** involves beliefs, values and attitudes. *It's helpful for the nurse to ask:* Is the patient motivated to learn and change his behavior? Can the team identify the barriers to learning and address them so successful learning can take place? Does the patient recognize the need to

learn? How do the patient's values from his social and cultural background influence his motivation to learn? Can he be an active participant in learning through listening, learning and non-verbal communication? Is he anxious? Is the patient distracted by his environment?

Identifying the Learning Need/Writing Learning Objectives

Simply put, what does the patient need to know. An example of a learning need for JB is *inadequate knowledge regarding the adequacy of dialysis and ineffective coping skills*.

The *learning objective* should describe the intended change in knowledge (cognitive), skill (psychomotor) or attitude (affective). Looking to increase JB's knowledge base of adequate dialysis and the importance of attending each dialysis session for the prescribed time, Julie writes a learning objective in the cognitive domain.

Learning Objective for JB: JB will be able to discuss three reasons why he should attend each dialysis and remain on treatment for the entire

Part Two of the series will discuss Teaching Methods and Evaluating the Learning Outcome. An example of a teaching plan will be provided as well. Stay tuned for the next issue of the *Clinical Connection* to see how Nurse Julie and her patient, JB are progressing with the teaching plan!

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Sudartha, DJ. (1991). The Lippincott Manual of Nursing Practice. (5th ed.). Philadelphia: JB Lippincott Company.

Please send Clinical Connection comments and story ideas to Pat Powell.

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