

10 years of education for children in renal replacement therapy. The cornerstone is team working.

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The start of the dialysis program



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- Start of education for hospitalized children and adolescents at UZ Leuven
 - ◆ Stimulation of “being a child”
 - ◆ Acknowledgement of the threat of disease and hospitalization to (educational) development
 - ◆ Education adapted to intellectual capacities
 - ◆ Taking into account the limitations that come with being ill
 - ◆ Getting a diploma
 - ◆ Participate on all levels

⇒ **RIGHT TO EDUCATION** ⇐

“Accurately taking care together”

- Multidisciplinary team work
- Short term interventions + long term planning
- Speaking the same professional language
- Sense of responsibility, respect, sincerity and communication
- Consultation about orientation (e.g. at the end of elementary school) → realistic and adapted project

Three cornerstones

A good hospital school



Powerfull staff

Collaboration
home school

Consultation
medical team

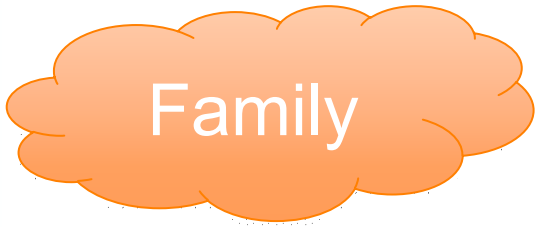
3 different worlds

Family

Home
school

Hospital
school=
bridge

Hospital



Teacher's task

- Tuition the first 2 hours of dialysis
- Adaptation to the child's level: outline of the subject matter by the home school, diary to exchange information
- Link between home school and dialysis team (telephonic contacts, home school visits...)
- Attending the dialysis team meeting
- A "future minded" approach of the schooling problem
- Involvement after transplantation



Elaboration of a very specific educational program

Home school visits

- Information:
 - End stage Renal Failure
 - Renal Replacement Therapy
 - vascular access
 - diet restrictions
 - medication intake
 - transplantation

Home school visits

- The social context
 - Contact home school/ parents
 - Social behaviour in the class
 - Position in the class group
 - Class visit in the hospital
 - Visits in the class

Pedagogical approach

- Stimulation to function as normally as possible in school
- Assistance to support him/herself in a number of (difficult) situations
- Looking for suitable and efficient solutions for different problems: learning difficulties, risky behaviour...
- Keep on functioning as a communication line (after transplantation)
- Temporary education At Home: attribution of extra lessons for children who can't go to school regularly or for a long time (4 hours for 9 half days)
= Good addition to the work of the hospital school

Conclusion

- After 30 years of experience and 150 patients since 1980, we could conclude that:

Conditions:

- Total period of haemodialysis not too long
- Level required by home school at the start of dialysis
- Efficient team structure: medical team - home school - hospital school
- Sufficient motivation of parents/child



Keep up with home school and the required educational level