CNSW LEAD STORY: Emotional Well-being
Tom Lepetich, MSW, LCSW
Depression screening is receiving a lot of attention these days. Much of that can be attributed to studies showing how mental health impacts the long-term health of patients with co-morbidities, including chronic kidney disease (CKD) and end stage renal disease (ESRD). Learn more about the history and studies showing how diagnosis and treatment of depression can positively impact outcomes in this informative and well-structured article.

CRN SPECIAL ARTICLE: Revised Standards of Practice/Standards of Professional Performance (SOP-SOPP) for Nephrology Nutrition: Part One
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The Academy of Nutrition and Dietetics has published updates and revisions to the Standards of Practice and Standards of Professional Performance for Nephrology Nutrition. These updates are part of an on-going initiative by the Academy to describe the broad array of services that Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technicians Registered (NDTRs) may perform, with consideration given to developments in health care, policy, and technology. This is the first part of a three-part series.

Message from the Chairs
The 2015-16 Chairs share their thoughts on the year, and how their professional community promotes well-being.

Membership Updates
Need a reminder of all the great benefits of being a NKF member? This is the section for you. Don’t be shy about sharing with your peers who are missing out!

SCM16 Education Stipend Recipients
Congratulations to our Educational Stipend Recipients! See who is coming from your Council.

News from Capitol Hill
For ongoing information regarding NKF’s legislative and public policy initiatives, visit the NKF Advocacy in Action blog. Recent posts discuss Medicare drug plan options, and the Dialysis Facility Compare (DFC) Update.

SCM16 Award Winners
We look forward to congratulating our award winners at the Spring Clinical Meetings in Boston. Take a moment to read about our distinguished health care professionals who have made significant contributions to the field of kidney disease.

Newly Elected Council Members
Your new officers will assume their positions this spring. Take a moment to read the bios of your incoming leaders. We thank them for their commitment to NKF and to you!
Google defines well-being as “the state of being comfortable, healthy or happy.” This is a great goal for everyone in the world to have no matter what their circumstances are. Unfortunately for our patients, they have a chronic disease, if not several, that can mediate how comfortable, healthy or happy they are feeling. What would our well-being be like if we lived with even a non-medical chronic condition? If our basement was always flooded, or our roof leaked every time it rained, or our car didn’t run properly? Would we smile regularly, would we be positive, hopeful, and joyous? Rather, I believe it would test every ounce of our resolve to cope with this, even on a short term basis. However, our goal for our patients remains for them to have a sense of well-being. Many of them smile on the outside while their body is shredded on the inside all the way down to the cellular level. This can take its toll emotionally until they are no longer able to smile. And thus our work begins...

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organization, August 2014). When our mental health is challenged by a series of forces it can cause serious psychological distress. This has been studied globally by the World Health Organization, responded to in the United States by the National Quality Forum (NQF) and brought to renal social workers, in their units, by CMS in mandating screening for clinical depression.

NQF #0418 Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan, National Quality Forum Project: Behavioral Health

The World Health Organization (WHO), as seen in Pratt & Brody (2008), found that major depression was the leading cause of disability worldwide. Depression causes suffering, decreases quality of life and causes impairment in social and occupational functioning. It is associated with increased health care costs as well as with higher rates of many chronic medical conditions. Studies have shown that a higher number of depression symptoms are associated with poor health and impaired functioning, whether or not the criteria for a diagnosis of major depression are met... Overall, approximately 80% of persons with depression reported some level of difficulty in functioning because of their depressive symptoms. In addition, 35% of males and 22% of females with depression reported that their depressive symptoms make it very or extremely difficult for them to work, get things done at home, or get along with other people. More than one-half of all persons with mild depressive symptoms also reported some difficulty in daily functioning attributable to their symptoms.

The negative outcomes associated with early onset depression, make it crucial to identify and treat depression in its early stages. As reported in Borner et al. (2010), a study conducted by the World Health Organization (WHO) reported that in North America, primary care and family physicians are likely to provide the first line of treatment for depressive disorders. Others consistently report a 10% prevalence rate of depression in primary care patients. But studies have shown that primary care physicians fail to recognize up to 50% of depressed patients, purportedly because of time constraints and a lack of brief, sensitive, easy-to-administer psychiatric screening instruments. Coyle et al. (2003), suggested that the picture is grimmer for adolescents, and that more than 70% of children and adolescents suffering from serious mood disorders go unrecognized or inadequately treated. In 2011, Healthy People 2020 recommended routine screening for mental health problems as a part of primary care for both children and adults (U.S. Department of Health and Human Services, 2011).
The economic burden of depression is substantial for individuals as well as society. Costs to an individual may include suffering, possible side effects from treatment, fees for mental health and medical visits and medications, time away from work and lost wages, transportation, and reduced quality of personal relationships. Costs to society may include loss of life, reduced productivity (because of both diminished capacity while at work and absenteeism from work), and increased costs of mental health and medical care. In 2000, the United States spent an estimated $83.1 billion in direct and indirect costs of depression (USPSTF, 2009).

NQF Endorses Behavioral Health Measures, March 7, 2014

“Improving behavioral health services and outcomes is a national priority, given the significant number of people dealing with mental health and substance abuse conditions,” said Christine K. Cassel, MD, President and CEO at National Quality Forum. “NQF has endorsed only a small number of behavioral health measures in the past, so these measures – rigorously reviewed by a diverse panel of experts – will give providers new tools to help them provide high-quality, effective care to patients in need.”

In the United States, it is estimated that approximately 26.4 percent of the population suffers from a diagnosable mental disorder. These disorders – which can include serious mental illnesses, substance use disorders, and depression – are associated with poor health outcomes, increased costs, and premature death. This policy is aimed at endorsing measures of accountability for improving the delivery of behavioral health services and achieving better behavioral health outcomes in dialysis patients.


An estimated 31 million adults in the United States suffer from chronic kidney disease, making renal-related diseases one of the leading causes of morbidity and mortality. Often brought on by existing conditions such as cardiovascular diseases, diabetes hypertension, and obesity, chronic kidney disease accounted for close to 25 percent of all Medicare expenditures in 2008.

These statistics make improving quality of care for ESRD and other renal disease patients a significant priority. Developing and endorsing performance measures that can assess care of these patients are a critical part of this effort.

Federal Register, Vol. 79, No. 215, Part III, Thursday, November 6, 2014

d. Screening for Clinical Depression and Follow-up Reporting Measure

Depression is the most common psychological disorder in patients with ESRD. Depression causes suffering, a decrease in quality of life, and impairment in social and occupational functions; it is also associated with increased health care costs. Current estimates put the depression prevalence rate as high as 20 percent to 25 percent in patients with ESRD. (19) Studies have also shown that depression and anxiety are the most common comorbid illnesses in patients with ESRD. (20) Moreover, depressive affect and decreased perception of social support have been associated with higher rates of mortality in the ESRD population, and some studies suggest that this association is as strong as that between medical risk factors and mortality.(21) Nevertheless, depression and anxiety remain under-recognized and undertreated, despite the availability of reliable screening instruments. (22) Therefore, a measure that assesses whether facilities screen patients for depression, and develop follow-up plans when appropriate, offers an opportunity to improve the health of patients with ESRD.

The National Quality Forum has endorsed a measure (NQF #0418: Screening for Clinical Depression) that assesses the percentage of patients screened for clinical depression using an age-appropriate
standardized tool and documentation of a follow-up plan where necessary. This measure “addresses a National Quality Strategy aim not adequately addressed in the program measure set” and promotes person-and family-centered care. It is intended to ensure ESRD patients who may be experiencing depression are identified and referred, if necessary, for follow-up treatment.

There has already been almost 20 years of renal social work outcomes research documenting positive patient outcomes to renal social work interventions. In 1998 Mary Beth Callahan, as Chair of the Council of Nephrology Social Workers wrote “The Role of the Nephrology Social Worker in Optimizing Treatment Outcomes for End Stage Renal Disease Patients,” (October 1998 issue of Dialysis & Transplantation, Vol. 27, No. 10). Her article included 127 citations on the needs of, interventions for and improved results of dialysis patients thru renal social work intervention.

Renal Social Work is poised to be the major contributor in patient-centered care. With the initiation of the KDQOL (2008), the introduction of Symptom Targeted Intervention (2009) and the CMS mandate to start depression screening (2016), we now have a proliferation of quantifiable instruments/interventions to measure our patients' progress.

Since 1976 renal social workers have had a mandate, "social services are provided to patients and their families and are directed at supporting and maximizing the social functioning and adjustment of the patient." This goes hand in hand with Belding Scribner's belief that "the purpose of dialysis is to give life, and the opportunity to be productive."

Staying focused on these areas will give our patients the tools to realize his or her own potential, cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to her or his community. And thus the ability to reach a state of emotional well-being (World Health Organization, August 2014).

References


Revised Standards of Practice/Standards of Professional Performance (SOP-SOPP) for Nephrology Nutrition: Part One

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Key Words: SOP-SOPP, nephrology nutrition practice standards

Objectives
To describe the Standards of Practice—Standards of Professional Performance (SOP-SOPP) for Nephrology Nutrition
– History of the SOP-SOPPs
– Changes between 2009 to 2014 SOP-SOPPs for Nephrology Nutrition
– How to access the SOP-SOPPs for Nephrology Nutrition

Introduction
The Scope of Dietetics Practice Framework (SODPF) was first presented by the Academy of Nutrition and Dietetics (Academy) in 2005 and has since been replaced with three Scope of Practice documents (1). The SODPF was the beginning of an ongoing initiative by the Academy to describe the broad array of services that Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technicians Registered (NDTRs) may perform (2).

The 2013 published Academy of Nutrition and Dietetics: Scope of Practice in Nutrition and Dietetics outlines the rationale for education preparation and credentialing as well as its components of practice standards, practice management and advancement, and practice resources (3). It also defines legal and individual scope of practice and discusses competence in practice. The Academy developed this Scope of Practice in Nutrition and Dietetics overview document, as well as other resources, such as the Scope of Practice for the RDN and the Scope of Practice for the NDTRs to aid them in assessing their individual scope of practice and, if applicable, statutory scope of practice, and also to support RDNs and NDTRs in providing safe, quality food and nutrition services (1,4).

The most recent revision of the original SOP-SOPP for RDNs appeared in 2013 (5). Since then, this document has served as the core for newly developed SOP-SOPPs and for updates of previously published SOP-SOPPs for many specialty areas in nutrition and dietetics.

Nephrology Nutrition SOP-SOPP
The original Nephrology Nutrition SOP-SOPP was published in 2009 and revised in 2014. Both works represent a collaboration of the Academy of Nutrition and Dietetics Renal Dietitians Practice Group (RPG) and the National Kidney Foundation’s Council on Renal Nutrition (NKF-CRN). Work group members were appointed by leadership in the Academy-RPG and NKF-CRN to represent the breadth of practice in nephrology nutrition and to provide geographic diversity.

The 2014 update is part of a routine five-year review of all SOP-SOPP documents. This allows comprehensive consideration of developments in health care and technology, as well as changes in public health priorities, policy updates, new research that affects evidence-based practice, best practices, regulatory changes, and emerging practices in nephrology (5). The 2009 version and the revised 2014 Nephrology Nutrition SOP-SOPP documents appeared jointly in the Journal of the Academy of Nutrition and Dietetics (JAND) and in the Journal of Renal Nutrition (JRN) (6,7).

SOP and Nutrition Care Process
In SOPs, roles and activities that an RDN might perform are presented in accordance with the four steps of the Nutrition Care Process (NCP) (8):
– Assessment
– Diagnosis
– Intervention
– Monitoring and evaluation

In addition, three levels of practice have been defined: competent, proficient, and expert (Figure 1) (7). Each described activity is designated in the SOP-SOPP tables as applying to RDNs in 1, 2 or all 3 of these levels. In this manner, the SOP-SOPP presents a model describing the minimum level of competence and defines a progression to higher levels of performance that may guide career ladders for RDNs.

Figure 1. Competent, Proficient, and Expert Levels of Practice

[Figure showing levels of practice (expert, proficient, competent)]

Used with reprint permission from the Academy of Nutrition and Dietetics (4).

Indicators to “Develop the nutrition prescription” (Figure 2: Standard 3.6) is seen at all three levels of practice. Specifically, the activity 3.6D is defined at three different sub-levels, each of which shows increased complexity. As a result, 3.6D3 is identified only with the expert level of practice (7).
Figure 2 suggests that dietitians at all levels of practice should be able to develop a nutrition prescription, in collaboration with others on the health care team and with the patient and her/his support network. And, at all three practice levels, dietitians should be able to support the patient’s cultural preferences and make suggestions to enjoy meals away from home. When it comes to, however supporting the patient who is having excessive interdialytic weight gains, the proficient and expert dietitians, i.e.; those with more experience and better familiarity with dialysis technology and literature regarding fluid control, are more likely to develop a strategy with the patient to improve fluid control (9).

Figure 3 provides an example of a specific SOPP that develops increasing complexity as tasks move from competent to proficient and, ultimately, to the expert level of practice.

As research activity advances to higher levels of activity, such as collaborating with other members of the health care team on a research project, SOPP 4.4D demonstrates performance at higher levels.

While dialysis facilities may be the most commonly perceived location for nephrology nutrition practice, dietitians provide services for individuals with chronic kidney disease in diverse settings. The Nephrology SOP-SOPP document can be applied to a broad range of settings. The research activities described in Figure 3, for example, could occur in acute care or hospital-based practice, in an undergraduate nutrition program at the college or university level, in a community health setting, in a dialysis facility, or in numerous other settings.

Figure 3 shows SOPP 4.4 indicator as: “Contributes to development of new knowledge and research in nephrology, nutrition, and dietetics.” Standards for nutrition and dietetics education, embodied in the Accreditation Standards for Dietitian Education Programs Leading to the RD Credential, suggest that students should conduct projects using appropriate research methods, ethical procedures and data analysis (CRD 1.5) (10). With this foundation, the RDN who is just entering the profession, and is identified as a competent practitioner, may make meaningful contributions as a member of a team investigating how dialysis patients manage fluid intake. The Academy DPBRN initiatives support dietitians at all levels in the pursuit of research opportunities (11).

At the other end of the practice continuum, the expert practitioner, described in SOPP 4.4F (seen in Figure 3), will be able to define and lead a research project on this and other important topics. And the expert clinician is also more likely to have the professional experience and the understanding of existing literature to offer evidence-based opinions and to contribute to pertinent position papers in the professional literature.

Of course, all practice must comply with state licensure laws and institutional policies and procedures. This means that any analysis of an individual’s practice based on the Nephrology SOP-SOPPs must also take into full consideration policies established by the institution as well as statutes that pertain to the practice of nutrition and dietetics, directly and indirectly. The fact that an activity is described in an SOP-SOPP document does not guarantee that it can be implemented by dietitians in every state. In each state, dietitians must consult state statute that describes the level of practice.
Figure 3. Standard of Professional Performance, Standard 4: Application of Research

<table>
<thead>
<tr>
<th>Indicators for Standard 4: Application of Research</th>
<th>The “X” signifies the indicators for the level of practice</th>
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</thead>
<tbody>
<tr>
<td>Bold Font Indicators are Academy Core RDN Standards of Practice Indicators</td>
<td></td>
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<tr>
<td>Each RDN:</td>
<td>Competent</td>
</tr>
<tr>
<td>4.4 Contributes to development of new knowledge and research in nephrology, nutrition, and dietetics</td>
<td>X</td>
</tr>
<tr>
<td>4.4A Participants in practice-based research networks (eg, DPBRN, NKF-CRN)</td>
<td>X</td>
</tr>
<tr>
<td>4.4B Participants in research activities related to nephrology nutrition (eg, data collection and/or analysis, research design, publication)</td>
<td>X</td>
</tr>
<tr>
<td>4.4C Identifies, initiates, and participates in research, including pilot studies, to evaluate and improve practice and provide a foundation for future research</td>
<td>X</td>
</tr>
<tr>
<td>4.4D Functions as the primary investigator or as a collaborator with other members of the health care team to identify and initiate research studies relevant to practice</td>
<td>X</td>
</tr>
<tr>
<td>4.4E Functions as a co-author or co-investigator of research and position and/or practice papers</td>
<td>X</td>
</tr>
<tr>
<td>4.4F Serves as a primary or senior investigator in collaborative research team(s) that examine relationships related to nutrition and kidney disease</td>
<td>X</td>
</tr>
<tr>
<td>4.4G Functions as a primary or senior author of research and position and/or practice papers</td>
<td>X</td>
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SOP-SOPP Resources

The September 2014 issues of JAND and JRN carried the full text of the Nephrology Nutrition SOP-SOPP (7). These articles include background discussions of the demographics, clinical features, and nutrition management of kidney disease, and detailed descriptions of the three levels of practice—competent, proficient, and expert. The Academy and NKF-CRN members can use on-line access to the professional journals to view comprehensive tables which list the tasks and activities that RDNs may perform, with each task designated as competent/proficient/expert. Figures 2 and 3 in this article provide brief examples of the level of detail that will be found on-line.

Upcoming issues of the Renal Nutrition Forum will feature parts 2 and 3 of this series on the Nephrology Nutrition SOP-SOPP. In the second article, readers will find practice-based examples of how to consult current literature to support advanced clinical practice, based on activities described in the SOP-SOPP. The final article of the series will demonstrate how one RDN, who is a clinical nutrition manager, has applied the Nephrology Nutrition SOP-SOPP to update performance evaluations for staff RDNs.

References

MESSAGES FROM THE CHAIRS

CNNT: Catherine Firanek, BSN, MBA

My how time flies! I am writing my last Chairperson message as we begin the New Year. I am proud of the great progress in our commitments, and it has been a privilege to have been a part of this wonderful team. First, thank you to everyone who has served on the CNNT Executive Council. Some will leave the Executive Council while others will continue in different roles or capacities. I wish to thank Kim Deaver, Deb Cote, Pat Vaughan and Amalia Finney for serving on the Council and making contributions to changing the direction and focus.

Mary Lincoln will become our new Chairperson in April. She has a wealth of hemodialysis knowledge and maintains a great vision inclusive of all therapies both in-center, in-hospital and in the home. Kim Deaver will step into the role of Chairperson-Elect.

So what can we come away with as successes this year? Six new continuing education programs have been added to the Professional Education Resource Center (PERC). We continue to support our technician colleagues through face-to-face education, and now through online educational modules. We understand it is difficult to get travel approval from our centers and sometimes the cost can be difficult to absorb without some support. Online education offers one the freedom to learn at one's own pace.

We have seen our membership grow. Our nurses are up 6% over the last year and technician membership is up by 250%! I hope the development of valued education and resources are key growth factors as we address the requests of our members at large.

My last appeal to all of you is to continue to support the National Kidney Foundation, in particular the CNNT, as we evolve with new directives, goals and new staff. Involvement in the CNNT and our activities are a call/email/text away. The only requirements are to have the goal of improving patient care through education, communicating best practices, time to allocate to this great organization, and your opinions and ideas.

Please stay in touch and stop any of us in Boston to hear more about the team!

CNSW: Leanne Peace, MSW, LCSW, MHA

CNSW has been my support and can be yours!

I am fortunate to be Acting Chair of CNSW again, as Debbie Brady made a big decision to step into another career opportunity. After over 25+ years in pediatric nephrology social work, Debbie is finding a new path in her work life. I am honored to be co-chairing with Andrea DeKam, CNSW’s Chair-Elect. We send warm wishes to Debbie in her quest for professional change and growth.

Having the courage to take a big leap into another career can impact emotional well-being. Emotional well-being can mean many different
things to different people, and the actions taken toward achieving well-being are as various as each of us. But, the results are usually evident – calm, peaceful, and moves with purpose.

Are you looking for updated trainings on various ways both you and your patients can find emotional wellness? Consider coming to our Spring Clinical Meeting in Boston this April, and take new skills back home!

There are numerous topics to help with our quest of increasing emotional well-being in ourselves and our clinics. “This Ain’t No Tea Party: A Four-Hour Mindfulness Journey” starts off our pre-conference, and next door there is a session on preventative skills to reduce tension and violence in our work setting. During the conference, there are sessions to improve our patients’ well-being. Topics include: depression, dementia, and end-of-life needs. There are also sessions on professional collaborations to enhance ourselves, such as developing motivational interviewing skills, how to manage corporate clashes, and understanding quality measures. This conference offers exceptional opportunities for growth so that we can be calm, peaceful and purposeful in our careers.

If you are not able to attend this conference, several sessions at the Boston Spring Clinical Meetings will be recorded and offered online for credit later this year. All of these will be offered through NKF’s Professional Education Resource Center (PERC). Already, there are several free accredited courses for social workers offered through PERC. To learn more, or to take a course, visit the PERC website: http://education.kidney.org.

I have been a member of the CNSW since 1987, and the support of my professional community has enhanced my emotional well-being. I hope you find your professional membership does the same. I am looking forward to networking with new and old friends in Boston, and growing in my personal and professional life!

See you in Boston!

CRN: Judy R. Kirk, MS, RD, CDN, CSR

As Nephrology Dietitians, we all know the gratification of teaching a new patient how to successfully manage their lifestyle related to food/nutrition and chronic kidney disease. We see the results in monthly lab reports, and the pride a patient shows when their lab numbers are in the targeted ranges. We are motivated by our patient’s hard work in keeping on track with their meal choices. We gain job satisfaction from the appreciation patients have for our continuous support of their efforts. However, not all our patients achieve success and are able to make changes in their food choices. As health care providers, this can be challenging and lead to frustration. How do we achieve balance and avoid discouraging emotional reactions?

I believe that being a Nephrology Dietitian is a mission we have chosen. It seems that you both enjoy the complexity and challenge and stay throughout your career, or not and find another nutrition path to follow. When I view my role as a mission I have chosen, I feel empowered to persevere through the encounters that the less motivated patient presents. An idea I offer is to start your day with a smile and a cup of coffee, be “in the moment” with each person you see, and end your day knowing you did your best. Tomorrow will be another opportunity for success.

Another aspect of working in chronic kidney disease, especially in a dialysis unit, is dealing with loss. Both patients and staff are affected when a dialysis patient passes on. To the staff the patients are an
extended family member, to other patients a friend they see three times a week. We all feel some sorrow. How do we deal with this emotional reality?

I will share a tradition from my dialysis facility that may be an idea to consider. We have an annual memorial service to remember the dialysis patients we lost in the past year. The social work team members compile the names of the patients and invite staff, patients and family members to join us for the service. We have 2-3 team members; can be unit managers, physicians, dietitians, nurses and techs, briefly speak of their experience caring for our patients—their friend and family member. There are a few spiritual hymns sung during the program, the names of the deceased are read and the social worker team members place a flower in some large vases for each name read. We conclude with light refreshments and a time to reminisce. Staff, friends and family members all give feedback that the memorial brings them closure and peace. The event usually lasts an hour.

Whatever your circumstances, try to allow yourself time to pause, step back a few minutes and reflect. Doing this may be key to your emotional well-being.

Academy of Nutrition and Dietetics Renal Practice Group Message: Chair Elizabeth Neumann, RDN, LD

The Renal Practice Group has had an active year with numerous new patient education handouts, webinars and a presentation by Dr. Narva discussing the importance of the medical nutrition therapy (MNT) for chronic kidney disease (CKD) patients. As renal dietitians, we have always known the importance of nutrition in managing CKD, yet now we have evidence to support it. A recently published article in the January 2016 issue of the Journal of Renal Nutrition suggests that individuals with CKD who receive MNT were less likely to start dialysis and had improved nutritional biomarkers compared to participants who did not receive MNT.

It is an exciting time to be a renal dietitian with new technology and medications to help individuals manage the complex disease state of CKD. The book, Emotional Intelligence (EQ) 2.0 by Travis Bradberry and Jean Greaves, will help you manage, adapt, and succeed with all these changes coming down the pipeline in the renal world. The book provides you with a passcode to take an emotional intelligence test which shows you where your EQ stands today and what you can do to begin maximizing it immediately.

Emotional intelligence is the ability to recognize your emotions, understand what they are telling you, and realize how your emotions affect people around you. By knowing and understanding yourself better you will increase your effectiveness with your patients, co-workers and family. Renal nephrology dietitians must continue to develop their skill sets so that they remain the leading experts in renal nutrition.
MEMBERSHIP UPDATES

CNNT

Message from the CNNT Immediate Past Chair Deborah A. Cote, MSN, RN, CNN, NE-BC

Nurses and technicians join professional organizations for many reasons, such as to have a voice in issues that affect clinical practice and to stay current in their specialty. For others, they may want to network or enjoy the peer recognition that comes from being an active member of a major organization. There are four major advantages of joining a professional organization

Support: You gain an immediate personal and professional support system of others who share your interests and concerns. Belonging to a professional organization, such as the NKF promotes a connection to your profession.

Education: Science and technology are continually advancing and improving, we need to keep up with the changes that affect health care. Professional organizations offer opportunities for continuing education, and the NKF now has online education at no cost to members.

Information: Stay informed about current issues in your profession through local and national meetings, NKF publications, newsletters, and e-mails. As a member of the NKF CNNT, you will have networking opportunities with other health care professionals at national, state, or local meetings. Having an opportunity to network with your peers and other professionals is important; it allows us to also hear how others are handling some of the same issues we face.

Unity: Professional organizations allow nurses and technicians to speak in one loud voice. Let your voice be heard by attending meetings, expressing your opinion, and becoming educated about important issues that affect our profession and specialty field.

CNNT members, now is the time to reach out to your colleagues and encourage them to join the NKF CNNT.

CNNT Region Reports

Region III Report
Patricia Vaughan, BSN, RN, CNN, Region III Representative

The 2016 Iowa CNNT Spring Conference will be held on Sunday, April 3rd, at the Radisson Hotel in Coralville, Iowa.

For more information, contact:
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Region V Report
Melinda Martin-Lester, RN, BA, CNN, Region V Representative

All of our Western Region Affiliates are gearing up for their annual Kidney Walks. These events promote the awareness of kidney disease while offering patients and facility team members the opportunity to connect and have fun outside the dialysis facility. Gather your co-workers and family and put together a team, or find out where the nearest walk is and
volunteer, or just “cheer” people on. Each local affiliate has the dates and locations of the 2016 walks posted. Most walks occur in the late spring so you have ample time to get your team together. Have fun while promoting kidney awareness to your community.

For those of you from Region V that are attending the Spring Clinical Meetings in Boston, stop by and say hi to me at the annual complimentary CNNT luncheon on Friday, April 29th, at noon. We will be offering a 0.5 CEU for the luncheon speaker, and you will have the opportunity to meet the CNNT Executive Committee. We are always looking for volunteers to run for office or help with the national program.

We are looking forward to a successful meeting with lots of networking, education and FUN.

CNSW
Message from the CNSW Membership Chair Jennifer Bruns, LMSW, CCTSW

This column will be my last one as your CNSW Membership Chair. I have enjoyed serving my fellow nephrology social workers in this capacity, and I hope my columns have informed you of the many benefits of membership in national CNSW. As I reflect on my time as Chair and my 16 years as a member of the Council of Nephrology Social Workers, I am struck by the many changes our field has undergone during this time. Since 1999, I have worked in both the dialysis and transplant fields. I have seen the consolidation of many smaller dialysis organizations, changes in Medicare reimbursement and the shifting demographics of our patient populations. Many of us are learning to manage larger caseloads while trying to improve patient outcomes.

The field of nephrology has changed substantially since I entered it at the end of the 1990s. However, one thing that hasn’t changed is the dedication of the social workers with whom I’ve had the privilege of working. I think most of us would agree that we would be lost without the support of our fellow nephrology social workers – I know I would be.

It is this changing healthcare landscape that makes me realize, more than ever, the importance of strong professional organizations. We as nephrology social workers must stand together and support one another as we meet the demands of larger, complex caseloads. Having resources at our disposal such as professional listservs, journals, and conference sessions can provide the answers many of us are seeking.

Being a nephrology social worker has never been easy—chronic kidney disease is a life-changing illness that affects every aspect of a person’s existence. But the rewards of a job well done are priceless. I plan to remain actively involved in CNSW and I hope you will too. Take advantage of all the organization has to offer and spread the word of the benefits of this organization to your fellow colleagues. Because Membership does Matter!

CRN
Message from the CRN Membership Chair Aida Moreno Brown, MS, RD, LD

Membership Opportunities: Are You Taking Full Advantage of Your Membership? Not A Member Yet?

Did you know that becoming a member of the National Kidney Foundation (NKF) means you have many win-win opportunities? When you become a member of NKF you will receive a one-time copy of the Pocket Guide to Nutrition Assessment of the Patient with Kidney Disease, 5th ED (2015) a $75 value. You will also receive free online CE opportunities through NKF’s Professional Education Resources Center, a subscription to RenaLink, NKF’s interdisciplinary renal health information and
industry news e-magazine and a reduced subscription rate to the *American Journal of Kidney Diseases*, and *Advances in Chronic Kidney Diseases*.

Additionally, the membership includes a discount registration to the NKF’s Spring Clinical Meeting, and a subscription to the *Journal of Renal Nutrition* with full online access.

Did you know that a membership with NKF gives you access to clinician support materials, tools and professional resources plus participation in members-only listserv. All of this is offered for less than a subscription to the *Journal of Renal Nutrition* (which you receive as a member) when you become a NKF member. Don’t wait, and become a NKF member today and take this opportunity to heighten your professional career!
SCM16 Education Stipend Recipients

Congratulations to our 2016 Spring Clinical Meetings Education Stipend Recipients:

**Council for Advanced Practitioners**
- Marilyn Bien-Aime, FNP, Bc, New York
- Kari Fleming, PA-C, South Dakota
- JoAnne Fox, MSN, RN, NP-C, Indiana
- Yvonne Gallegos, ANP-C, ACNP-BC, DNP, California
- Tammi Jones, APN, Illinois
- Denise Link, MPAS, PA-C, Texas
- Rachel Sand, APN, AGPCNP-BC, Illinois

**Council of Nephrology Nurses and Technicians**
- Deborah Halinks, RN, BSN, CNN, CPHQ, New York
- Mary Liechty, RN, BSN, MBA, Iowa
- Kelly Parker, CHT, Pennsylvania
- Brenda Rickards, CCHT-A, South Carolina

**Council of Nephrology Social Workers**
- Megan Caballero, LISW, CNSW, Iowa
- Meghan Hiland, MSSA, LISW, NSW-C, Ohio
- Allyce Smith, LMSW, Michigan
- Yasuyo Tsunemine, LCSW, Oregon
- Suzanne Vincent, LCSW, Louisiana
- Theodôr Voegels, Medical Social Worker, Veldhoven, Netherlands
- Phoebe Wirth, NSW-C, APSW, Wisconsin

**Council on Renal Nutrition**
- Marie Becker, MS, RD, LDN, Florida
- Courtney Carter, RD, Virginia
- Desiree de Waal, Vermont
- Lauren Early, RD, CSR, Virginia
- Alice Kannady, RD, LD, Missouri
- Melissa Prest, MS, RD, CSR, LDN, Illinois
- Sharon Stall, MPH, RD, CSR, CDN, New York
- Vivian Tiegen, RDN, LDN, CDE, Florida