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RENAL VASCULAR ACCESS EDUCATION IN AUSTRALIA:
A THREE YEAR REVIEW
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CHALLENGES TO VASCULAR ACCESS EDUCATION
• Time to train staff – challenging
• Ultrasound expensive
• Window of time small for ultrasound use
• Success is user- dependant
• Practice, practice, practice

BACKGROUND
• AVF is neither artery nor vein – it is a hybrid of the two systems (Swinnen, 2011).
• Staff lacked confidence to do own assessment (Wilson et al. 2010)
• Time taken to assess vs time to recannulate one or two more times?????
• “Perpetual Novice” phenomenon

ADVANCED CARE WORKSHOP FOR VASCULAR ACCESS - OBJECTIVES
• Upskill dialysis staff in use of ultrasound
• Framework to build confidence with assessment
• Sharing of knowledge
• Possibility of less patients sent for unnecessary radiological interventions
• Prolong the life of the AVF/AVG

PROGRAM DESIGN
• 25 – 30 Candidates per year
• Waiting list per year
• 2 – 3 days
• Theory and Practice
• Guest ‘expert’ speaker

PARTICIPANTS PER YEAR

<table>
<thead>
<tr>
<th>Origin of Participants</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tr>
<td>TOTALS</td>
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TOPICS COVERED

• Anatomy and Physiology
• Cannulation competency package
• Transonic Qc machine
• Assessment and Cannulation skills
• Basic Ultrasound physics
• Ultrasound in practice
• Ultrasound guided cannulation

PRE-WORKSHOP

• Pre-readings (articles)
• Questionnaire
  — Years of Experience
  — Ultrasound use
  — Transonic Use
  — Role within the renal unit
  — Do you have ultrasound and/or transonic

EXPERIENCE LEVELS OF PARTICIPANTS

EXPERT SPEAKERS

• 2009 Interventional Nephrologist (NSW)
• 2010 Vascular & Endovascular Surgeon (QLD)
• 2011 Vascular Surgeon (NSW)
• 2012 Vascular Surgeon (NSW)

The success and continued interest in this workshop highlights the need for further education/professional development in practical assessment of cannulation and ultrasound skills