

Practice Note: COVID-19: A Dialysis Social Worker's Response

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Nephrology social workers commonly help their patients with life crises. With the COVID-19 pandemic, my role in supporting patients through crises has significantly expanded. I have had to keep up with the latest healthcare recommendations and understand these changes so I can accurately inform my patients about what to expect for their safety and treatment. Almost daily, new policies are added or changed, and I am often left questioning how a new policy will change the way I practice.

I began my journey as a dialysis social worker four years ago, and I never imagined I'd be living and working during a pandemic. As a matter of fact, I did not know much about nephrology social work until I relocated to Dallas. Like many states, we have been through a stay-at-home order, mask requirements, and a host of other precautionary measures. As a social worker, my job has been deemed "essential," and I have identified my best practices that are geared towards patients maintaining positive mental health.

As expected, in the weeks that passed during our stay-at-home order, a few patients reported flat affect and negative mood. I soon realized this pandemic would affect my patients in ways even they could not describe. Having chronic kidney disease affects one's personal life on a daily basis. So, it is important to remember patients' personal lives have already been interrupted due to being on dialysis, and the strains of this pandemic limit their personal lives significantly more.

To address this, I have posted signs in my clinic, so patients are aware they do not have to suffer in silence. The signs are also posted in Spanish and Vietnamese to ensure all patients have the opportunity to communicate their needs. As my social work office is not used by patients now because of social distancing, patients are offered the choice to talk with me chairside or, for more privacy, by telephone. I personally prefer to speak to patients over the phone, due to privacy reasons. I am finding it difficult to communicate effectively when I am wearing a mask and a shield as required. Most times, my patients cannot hear me unless I am speaking loudly, and I would like to be discreet as I can when communicating about sensitive topics.

While adjusting to a COVID-19 lifestyle has been challenging and stressful times for all, bringing some light to a dark time is important to me to instill in my patients. Reminding

patients that family, friends, quality sleep, and self-care are things that are priceless. This has also opened the lines of communication to revisit subjects that patients previously pushed to the side, such as getting a transplant or trying home dialysis. Patients value being able to dialyze during this time, but that does not negate the fact that they would rather be at home and following social distancing orders than commuting three days a week to treatment. In addition, encouraging home therapies has been a relevant topic to revisit since patients can now see the value in seeking treatment at their home. I have taken the opportunity to revisit transplantation for eligible patients who declined the option to apply. Generally, many patients are afraid of having a transplant surgery or are just more comfortable seeking treatment at our dialysis center. So, for me, painting a picture of treatment options to consider when the pandemic stabilizes gives patients enough time to rethink their previous decisions and maybe take a risk that is worth taking. After all, if you can survive a pandemic, you can do anything!

In the meantime, day-to-day tasks are still ongoing. There have been instances of "putting out small fires," such as speaking to patients in private who falsely think another patient's absence means they have COVID-19. There is a great responsibility I feel to reduce the spread of rumors, so that none of our patients face the stigma that comes along with a high-risk diagnosis.

The silver lining during these trying times has been patients attending treatment more consistently. This has been a great time to talk to patients about improving their self-management to stay as healthy as possible (e.g., stopping smoking or improving diet). As we now know, COVID-19 is a respiratory illness and having a healthy immune system contributes to better recovery odds. Using these facts as a gateway to address smoking and dietary habits gives me the opportunity to address possible underlying issues that led to these choices.

Patients have been receptive to information from the clinic and have taken information seriously. There is also the great importance of being deliberate with the timing and subject matter of material. Thankfully, our patients have not given much resistance to new policies that are intended to keep them safe. As a nephrology social worker, I will continue to adjust my practice as we all continue to adjust to a "new normal."

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