



Renal Supportive Care Symposium July 29th, 2016 at the St George Hospital Auditorium

TIME	PROGRAM OUTLINE	SPEAKER
0830-0900	Registration	
0900-0910	Welcome and opening address	
0910-0940	New developments in Renal Supportive Care	Prof Mark Brown MBBS, FRACP Director, Department of Renal Medicine, St George Hospital; Professor of Medicine, UNSW
0940-1005	Nursing role: Incorporating Renal Supportive Care as part of normal clinical practice	Elizabeth Josland Dip Nursing, MPH Renal Supportive Care CNC, St George Hospital
1005-1030	The experience of patients and carers on a conservative renal pathway	Dr Shelley Tranter RN, Doc Nursing, Renal Clinical Nurse Consultant
1030-1100	Morning tea	
1100-1145	Complex cases in ESKD	Dr Frank Brennan MBBS, FRACP, FAChPM, LLB Palliative Care Physician, St George Hospital
1145-1215	Digging deeper when stretched thin: delivering renal supportive services with limited resources	Dr Rajesh Raj MBBS, FRACP,MD (Internal Medicine), DM (Nephrology), MRCP (UK), MBA, Grad Cert in Palliative Care Nephrologist, Launceston General Hospital
1215-1240	Malnutrition in advanced CKD	Jessica Stevenson Renal Dietitian Nutrition and Dietetics , St George Hospital
1240-1315	Lunch	
1315-1335	<i>iPOS tool emotional outcomes in renal supportive care</i>	Hannah Burgess B. SW RSC Social Worker, St George Hospital
1335-1405	'Who holds the can? The optimal setting for ACP and difficult conversations around end of life'	Dr Joel Rhee, Senior Lecturer in Primary Care, UNSW BSc(Med) MBBS(Hons) GCULT PhD FRACGP
1405-1435	Ambulance Care Plan	Michelle Shiel, Manager Low Acuity care, NSW Ambulance Service
1435-1500	Dilemma of Consent for Renal Replacement Therapy	Prof Mark Brown
1500-1520	Afternoon tea	
1520-1620	Panel discussion Case studies with ethical issues, symptom management and more	Chaired by Dr Frank Brennan Panel to include nephrologist, nurse, allied health palliative care and others TBC.
1620-1630	Questions and Conclusion	

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Speaker Biographies

Professor Mark A Brown

Professor Brown is a Renal and Obstetric Medicine Physician at St George Hospital and Professor of Renal Medicine at the University of New South Wales, Sydney Australia. His clinical expertise includes, general nephrology with specific interests in the fields of obstetric medicine, renal palliative care and hypertension, including hypertension in pregnancy. Research domains have centred on scientific and clinical studies concerning hypertension and renal disease in pregnancy and more recently renal supportive care, with publication of several book chapters and over 200 peer review papers. Professor Brown is currently Director of the St George and Sutherland Renal service, Sydney, Australia, and Chairman of the ACI Renal Supportive Care Committee.

Dr Frank Brennan

Dr Frank Brennan is a palliative care physician based at Calvary, St George and Sutherland Hospitals. He has an interest in all aspects of palliative care including care of patients with non-malignant disease. He has written narratives drawn from his work that have been published and broadcast on ABC radio. Dr Brennan is also a lawyer and has written on the human rights dimensions of pain management and palliative care.

Elizabeth Josland

Elizabeth is a Renal Supportive Care Clinical Nurse Consultant at St George Hospital. She has been involved with the supportive care service since its inception in 2005. Supportive care has been a unique opportunity to combine both palliative and renal to provide non-malignant care for end stage kidney disease clients throughout the trajectory of their illness.

Hannah Burgess

Hannah is a Renal Supportive Care Social Worker at St George Hospital, Sydney. Her role covers all renal patients and she has developed a particular interest in Informed Consent, as well as the social information and support needs at the point of decision-making about renal replacement therapies versus conservative management.

Jessica Stevenson

Jess is currently working as the Renal Supportive Care Dietitian at St George Hospital. She has worked as a Specialist Renal Dietitian for the past 6 years, both in Australia and in the UK and has experience with patients across all stages of CKD. She has been on the ACI Renal Supportive Care working party since its conception in 2013.

Dr Rajesh Raj

Dr Raj is a Senior Staff Specialist in Nephrology at Launceston General Hospital, Tasmania who is midway through a PhD investigating the outcomes in elderly patients with ESKD. He recently completed a sabbatical at the Cicely Saunders Palliative Care Research Institute in Kings College, London. He established the Renal Supportive and Palliative Care Service at the Launceston General Hospital.

Dr Shelley Tranter

Shelley is the Renal Clinical Nurse Consultant at St George Hospital. She has a wealth of experience in renal nursing and holds a Doctorate in Nursing. She is conducting research with Anna Hoffman examining the experience of patients and carers who attend the Renal Supportive care clinic.

Dr Joel Rhee

Dr Joel Rhee is an academic GP based in UNSW with clinical and research interest in advance care planning (ACP). His PhD examined the role that primary care services can have on ACP. His current research is examining the interface between primary care and other services in regards to the provision of palliative care, and Advance Care Planning. He provides primary care to elderly patients residing in nursing homes and retirement villages in Hammondville.

Michelle Shiel – NSW Ambulance

A qualified paramedic with a palliative nursing background. Michelle has also successfully completed Project, Business and Financial Management qualifications. Her current position focuses primarily on demand management strategies, that is largely driven by the aging population. The specific strategic areas pertain to non-acute models of care and continued work on safe alternatives to transporting patients to emergency departments and responsible for:

- The coordination of clinical redesign projects to facilitate in the reduction of access block in the emergency departments;
- Setting up of systems designed to provide ongoing measurable effectiveness of project initiatives;
- The ongoing monitoring of clinical outcomes, patient care and satisfaction