

You can obtain 3 CEU's for reading the article "Knowledge, attitude and practices of patients receiving maintenance haemodialysis in Bloemfontein, South Africa" and answering ALL the accompanying questions with a pass mark of 70% or more.

This article has been accredited for CEU's (ref. no. DT/A01/P00008/2021/00004)

### HOW TO EARN YOUR CEUS

- 1) Register at <https://www.mpconsulting.co.za>.
- 2) Log in.
- 3) Click on "Journal CPD".
- 4) Go to "SAJCN".
- 5) Click "Access" to complete the CPD questionnaire.
- 6) Visit <https://www.tandfonline.com/toc/ojcn20/current> to access the relevant CPD article.
- 7) Answer ALL the accompanying questions in the CPD questionnaire.
- 8) Click "Submit answers" to obtain your results.

Only online questionnaires will be accepted.

### Activity 157

1. End-stage renal disease (ESRD) has been identified as:
  - (a) Seventh-highest cause of non-traumatic death in South Africa.
  - (b) Fifth-highest cause of non-traumatic death in South Africa.
  - (c) Fifth-highest cause of traumatic death in South Africa.
2. Most of the participants in this study's home language was:
  - (a) English (46.7%).
  - (b) Setswana (46.7%).
  - (c) SeSotho (46.7%).
3. How many participants had never received written and verbal nutrition education in their home language or second language?
  - (a) One in four.
  - (b) One in five.
  - (c) Half (50 %).
4. One in five participants felt negative towards the recommended diet modifications for patients receiving maintenance haemodialysis for ESRD, and a reason for that was:
  - (a) Prescribed foods were not available at the shops.
  - (b) Usual/typical/traditional foods were restricted.
  - (c) Prescribed foods contained too much salt.
5. Eating takeaways often could indicate poor practices. In the current study, the following percentage of participants ate takeaways once per week or more often:
  - (a) 26.7%.
  - (b) 16.0%.
  - (c) 41.3%.
6. Other sources (other than dietitians) of nutrition education did not include:
  - (a) Unit managers.
  - (b) Clinical technicians.
  - (c) Occupational therapists.
7. The percentage of participants that had insufficient dietetic involvement (0–1 dietetic consultation per dialysis year) according to the National Kidney Foundation was:
  - (a) 18.7%.
  - (b) 25.0%.
  - (c) 77.3%.
8. What was the most frequent cause of non-compliance to phosphate binder treatment?
  - (a) Too many tablets to swallow.
  - (b) The incorrect interpretation thereof.
  - (c) It tasted bad.
9. Health literacy is defined by the US Institute of Medicine as:
  - (a) 'The degree to which groups have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions'.
  - (b) 'The degree to which individuals have access to health messages and basic health information and services needed to receive appropriate health care'.
  - (c) 'The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions'.
10. Instead of focusing only on which foods need to be restricted, nutrition messages regarding fruits, vegetables and low-cost protein options should focus more on:
  - (a) 'Set-portion sizes and limiting the intake frequency rather than avoidance.'
  - (b) 'Elaborating frequently on foods to avoid to ensure good compliance.'
  - (c) 'Delivering printed nutrition messages frequently'.
11. A positive experience, of the participants, when following the renal diet were:
  - (a) Eating the same food as my family.
  - (b) Feeling better, e.g. not being nauseous or feeling swollen.
  - (c) Making the healthcare team happy.
12. Almost a third of the participants indicated that their families did not always support them in following the 'renal diet'. Involving the family in nutrition education of the patient may improve:
  - (a) Cost of the renal diet.
  - (b) Attitudes and practices towards the renal diet.
  - (c) Improved knowledge of mineral content of food.
13. What is the suggested dietitian-to-patient ratio that could improve quality of care and more frequent dietetic visits?
  - (a) 1:80.
  - (b) 1:125.
  - (c) 1:100.
14. Which question could yield better results to measure comprehension of nutrition education?
  - (a) 'What could the dietitian have done/said differently to help one understand better?'
  - (b) 'Why did one not understand (what the dietitian explained to you)?'
  - (c) 'Why are you struggling to understand what the dietitian explained?'
15. In this study receiving nutrition education in a first or second language was significantly associated with:
  - (a) Better compliance to the renal diet.
  - (b) Better knowledge of the renal diet.
  - (c) Better cooking skills of the participants.