



Starting dialysis has a significant impact on the lives of ESRD patients, their families, and their caregivers. From choosing a treatment modality, to managing a new diet to maintaining an active lifestyle, ESRD patients have several things to consider.

With this in mind, the ESRD Network of Texas (Network 14) designed the “Buddies Wanted” program to help ESRD patients through this period of adjustment. The “Buddies Wanted” program is a peer mentoring system in which new patients will be paired with patients who have been in the facility for at least 6 months and have adjusted to the facility, staff, and other challenges faced by ESRD patients.

We know that everyone’s experience starting dialysis is different. Our goals are to help ensure that ESRD patients: understand their health; are proactive in their care; and are hopeful about their future. Talking to other dialysis patients can be a much-needed opportunity to vent, share information, get advice, and receive and provide support.

- Participation in the “Buddies Wanted” program is optional and voluntary.
- Potential participants and candidates are selected by the facility staff members.
- Peer mentors share their experiences on dialysis or transplantation with other patients.
- Peer mentors can be a strong source of support.
- Peer mentors empower fellow patients to move forward and cope with their lives after being diagnosed with ESRD.

You're Not Alone!

Speak with your Social Worker about the “Buddies Wanted” program and talk to someone who's been where you are.



WHAT IS PEER MENTORING?

- A peer mentor empowers fellow patients to move forward and cope with their lives after being diagnosed with ESRD.
- Peer mentoring:
 - Helps patients understand the benefit of controlling their health and being involved in their care, which can result in patients living longer and healthier lives
 - Closes the gap in communication with dialysis staff in an effort to ensure that staff understand patients' concerns, issues, and priorities
 - Provides support and increases the confidence that many new patients need

WHAT ARE THE BENEFITS OF PEER MENTORING?

- Patients may have family and friends to assist with their new diagnosis. However, it helps to have someone who has been through the same experience and has a good understanding of many of the components that dialysis involves.
- For those who do not have friends or family to assist them, peer mentors can be essential in providing strong support.

WHAT IS THE ROLE OF A PEER MENTOR?

- Peer mentors can have several roles, including:
 - Providing information
 - Listening to concerns
 - Sharing experiences
 - Promoting positive behavior
 - Offering encouragement
 - Help relieve anxiety

WHO SHOULD BE A PEER MENTOR?

- Peer mentors can come from all backgrounds. Mentors should be individuals with positive outlooks on managing kidney disease.
- Individuals who have shown experience at achieving their treatment goals and who can provide insight to help others successfully manage kidney disease.

WHAT OTHER GUIDELINES ARE THERE FOR PEER MENTORS?

- Peer mentors should wait for a patient's consent before approaching them as a mentor.
- Peer mentors should not provide medical advice. If a peer mentor is asked for medical advice, he/she should refer the patient to the dialysis staff or nephrologist.
- Peer mentors should maintain confidentiality. If a patient shares a complaint with a peer mentor, the patient should be encouraged to use the facility's grievance procedure. The social worker serves as a patient advocate and can help with patient complaints.
- Peer mentors should always get permission from the patient before approaching a staff member about a patient's concerns and/or sharing any information obtained in the role of a peer mentor.



PEER MENTORING PROGRAM

Peer Mentee Form

After completing this form, a facility staff member will contact you to ask you additional questions so that you are matched with a buddy that is a good fit for you!

Name: _____

Date of Birth: _____

Phone number: _____

Email: _____

Mailing Address: _____

What is your primary language? _____

What would be the best time for us to contact you? _____

Are you a patient or caregiver? _____

How long have you or your loved one been on dialysis? _____

Which dialysis type are you on your loved one doing? _____

What are your questions or concerns about End Stage Renal Disease or dialysis? _____

What do you hope a mentor can help you with? _____

Which one of these best describes how you spent most of your time in the past four weeks?

- | | | | |
|---------------------------------------------|----------------------------------------------------|------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed/Looking for work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Retired due to disability | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Student |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Do not want to answer | | |

Signature: _____

Date: _____



PEER MENTORING PROGRAM

Peer Mentor Form

After completing this form, a facility staff member will contact you to ask you additional questions so that you are matched with a buddy that is a good fit for you!

Name: _____

Date of Birth: _____

Phone number: _____

Email: _____

Mailing Address: _____

What is your primary language? _____

What would be the best time for us to contact you? _____

Are you a patient or caregiver? _____

How long have you or your loved one been on dialysis? _____

Which dialysis type are you on your loved one doing? _____

What significant challenges related to End Stage Renal Disease (ESRD) or dialysis have you and/or your loved one faced/overcome? _____

What information would you have liked to know when you or your loved began dialysis? _____

Which one of these best describes how you spent most of your time in the past four weeks?

- | | | | |
|---------------------------------------------|----------------------------------------------------|------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Unemployed/Looking for work | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Retired due to disability | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Student |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Do not want to answer | | |

Signature: _____

Date: _____