KNOWLEDGE OF ACUTE KIDNEY INJURY AMONG DOCTORS ATTENDING A CONTINUING MEDICAL EDUCATION PROGRAMME AT KIDNEY CARE CENTRE, ONDO

Adejumo OA, Akinbodewa AA, Fasaanu AN, Kolawole O, Akinfaderin D

KIDNEY CARE CENTRE, ONDO

INTRODUCTION

- AKI is a potentially reversible disease that is associated with high mortality if not diagnosed and managed early.
- A study in Glasgow reported that about 23.5% of patients admitted in a hospital had AKI that was not recognized in a cohort of over 1500 patients.
- The UK National confidence enquiry into patient outcomes and death reported that only 50% of patients who died of AKI received good care.
- There is a need to regularly assess and improve health care workers' knowledge on AKI

- One of the major ways of reducing the global burden of AKI is prevention, early diagnosis and treatment.

- Adequate knowledge of AKI by health care workers is a major key in the prevention, management of AKI and achieving ISN vision of 0 by 25.

METHODOLOGY

- This study was conducted using a self administered questionnaire among doctors who attended a CME programme at Kidney Care Centre after a pilot study was done

- A scoring method was developed to assess knowledge of the participant.

The questionnaire assessed knowledge of AKI in the areas of definition, classification, risk factors, criteria for classification, physical examination, nephrotoxic drugs and indications for referral to a nephrologist.

A point was awarded to each correctly answered question;

1. Definition of AKI – 1 point

2. Listing three types of AKI – 3 points

3. Listing 5 risk factors for AKI- 5 points

4. Stating 2 criteria for classification of AKI- 2 points

5.Listing 3 important physical examination in AKI- 3 points

6. Listing 3 common nephrotoxic drugs- 3 points

7. Stating 3 indications for referral to a nephrologist – 3 points

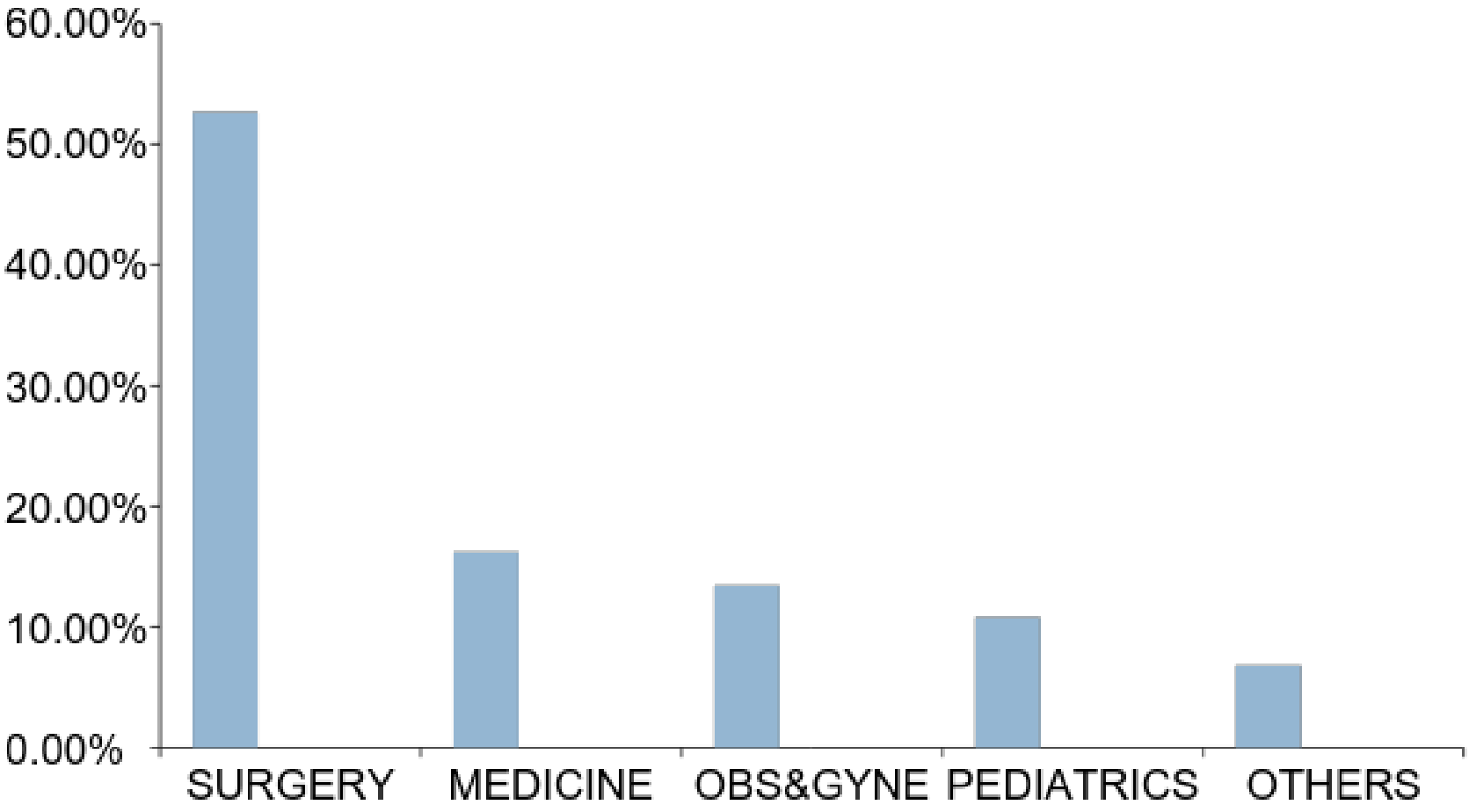
- Overall knowledge of AKI was assessed using total points scored;
- <10 points: Poor knowledge
- 10-15 points: Fair knowledge
- >15 points: Good knowledge

- Surgery, Obs& Gyne were classified as surgical related specialty while internal medicine, family medicine, pediatrics and community medicine were considered as medical related speciality

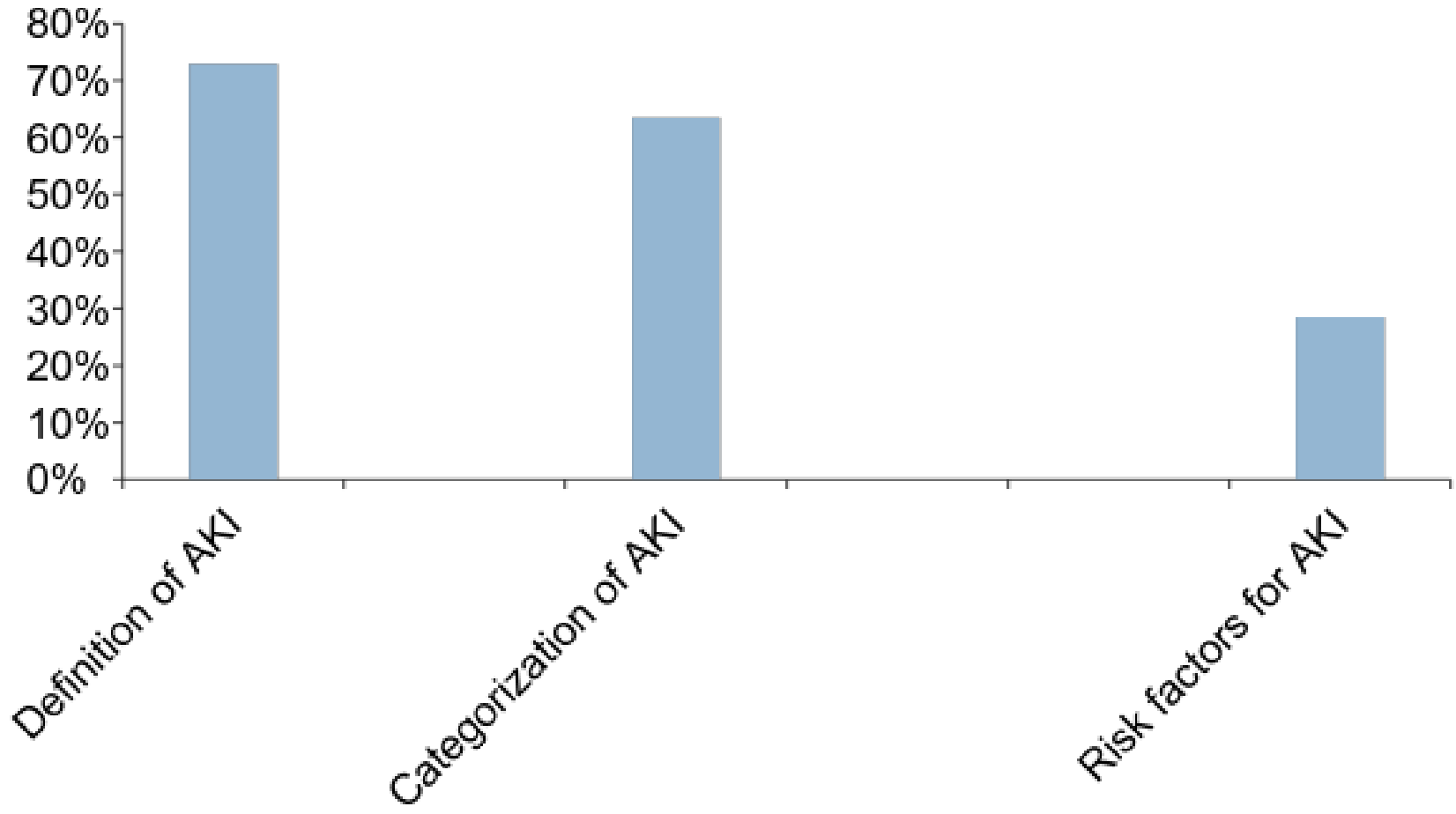
RESULTS

- 100 questionnaires were distributed and 74 were completely filled and were analyzed.
- There were 57 males and 17 females with a mean age of 30.76 ±6.29 years
- Sixty-one of the participants were < 5years post MBBS, while the remaining were 5 years and above
- Only 15 had received lecture on AKI post qualification

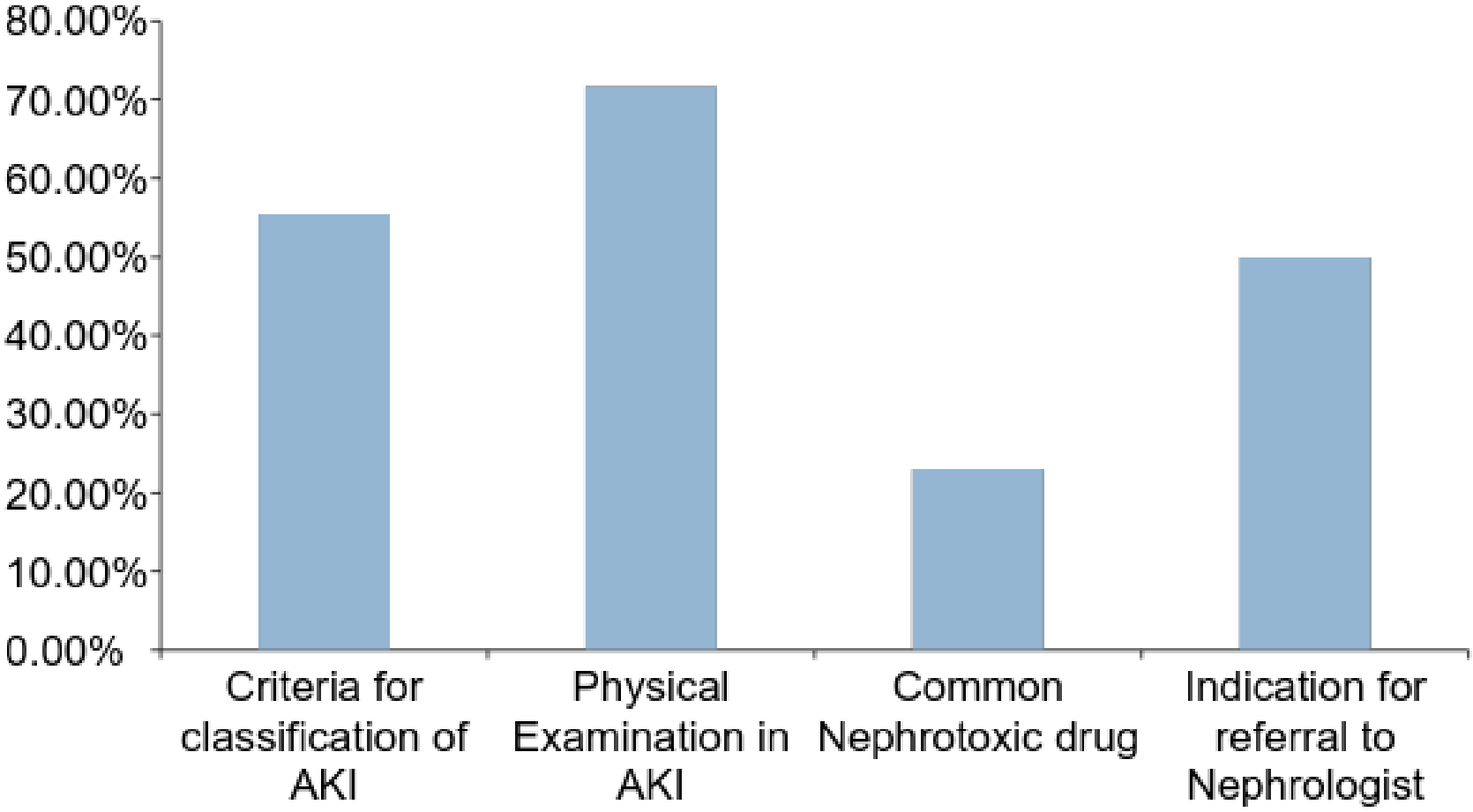
RESULTS


60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
SURGERY
MEDICINE
OBS&GYNE
PEDIATRICS
OTHERS

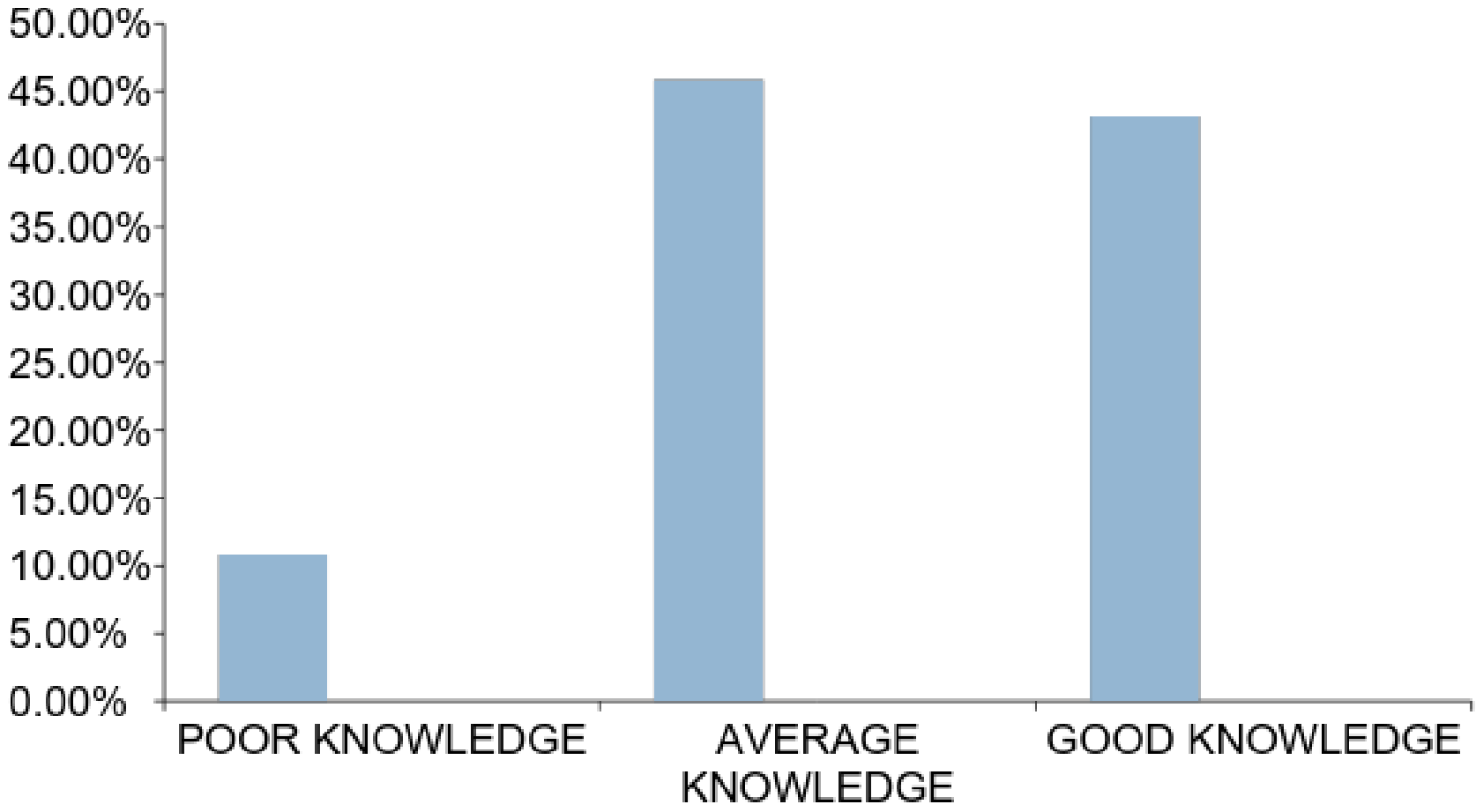
RESULTS


80%
70%
60%
50%
40%
30%
20%
10%
0%
Definition of AKI
Categorization of AKI
Risk factors for AKI

RESULTS


80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Criteria for classification of AKI
Physical Examination in AKI
Common Nephrotoxic drug
Indication for referral to Nephrologist

RESULTS


50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
POOR KNOWLEDGE
AVERAGE KNOWLEDGE
GOOD KNOWLEDGE

There was no significant association between years of experience and knowledge of AKI (p =0.58)

	POOR KNOWLEDGE	FAIR KNOWLEDGE	GOOD KNOWLEDGE	P value
YEARS OF EXPERIENCE				
<5 YEARS	10(13.5%)	20(27.0%)	20(27.0%)	
≥ 5YEARS	1(1.4%)	11(14.9%)	12(16.2%)	0.58

There was no significant association between specialty and knowledge of AKI (p =0.33)

	POOR KNOWLEDGE	FAIR KNOWLEDGE	GOOD KNOWLEDGE	P value
SURGICAL RELATED SPECIALTY	10(13.5%)	19(25.7%)	20(27.0%)	0.33
MEDICAL RELATED SPECIALTY	1(1.4%)	12(16.2%)	12(16.2%)	

- This present study showed that < 50% of the participant had good knowledge of AKI and this was similar to reports from UK where deficiencies were found in the knowledge base of most of non-specialist trainee medical staff.

- AKI lectures should be incorporated into CME for doctors. This will help improve the prevention and management of AKI with significant reduction in the global burden of the disease.

THANK YOU