Throughout the readings of CKD, I learned about medical management, monitoring, slowly progression and reducing complications, treating complications and co morbidities and finally how to address and talk to patients with CKD. I learned the basics concepts about identifying patients with CKD by UGAR, albumin to creatine ratio and urine albumin.1 But the most important I believe is the early detection in the childhood years for other diseases that could later make the patient more susceptible for CKD. A crucial idea to understand is that under most circumstances' kidney damage is irreversible but there are some treatments if caught early.1The main complications of CKD are CVD, anemia, malnutrition, mineral and bone disorders, depression and reduced functional status.1 Although some of these are correlated, it still is important to address these symptoms in patients with CKD. Some of the dietary interventions one could take are reducing sodium intake to no more than 2300mg/day, avoid over consuming protein (.8g/kg a day), and most importantly is to choose heart healthy foods. 1To treat and reduce complications of CKD, it is important to reduce BP, glucose and LDL with diet intervention, physical activity, and certain medications if necessary.1 Some of the complications are Anemia and Malnutrition but they can be treating by treating iron deficiency and if there isnt kidney failure address the kidneys inability to absorb certain nutrients and or consume adequate calories pertaining to the patient. 1For mineral and bone disorders it is crucial is address vitamin D, phosphorous and parathyroid hormone but when address CKD and the patient it is paramount to integrate two techniques either independently or both.1 I learned those techniques are to ask-tell-ask which I came to understand is the ability to understand what the patient knows already before giving more information and to check what they understood after the conversation.1 The second technique is all about emotion and the importance for the dietitian to understand, respect and support the patient's emotions.1

This newly knowledge I obtained from the readings about CKD was to ensure I understand the patients' emotions and have empathy for them while not only treating them for CKD but for other factors that could affect their daily life. I understood the complexity of the human body and how everyone is different, but the knowledge obtained from these readings gave me the insight that CKD is linear, rather it's a spectrum of circumstances and developments and through proper interventions a dietitian can try to improve the patient's quality of life. While taking the knowledge from the readings and how my thinking has evolved, my ability to not only understand nutrition but implement them into my practice has greatly improved. The practice I desire to have been Acute and Long-Term Care practice that emphasizes the ability to mitigate chronic disease and increase quality of life throughout the duration of a patients. With this knowledge, I believe the best course of action is the ensure that the patient consumes well over the recommended dietary intake of protein while they are healthy and without disease. I believe that if a patient gets ahead of muscle loss and chronic disease, when an acute or chronic conditions does arise, they will be more suited to manage the circumstance. With proper testing well before the recommended time frames, if a patient is properly screened at appropriate times, the ability to identify biomarkers could severely mitigate CKD.

With the current recommendations from multiple health agencies, I would like to learn more about if a patient consumes 1g/lb of body weight in early to late adulthood, how could this mitigate or increase the risk of developing CKD. The current trends are if a patient has CKD to limit protein intake immensely, and I understand the reasoning, but I would like to learn about the muscle mass and lifespan of this intervention and it could decrease overall muscle mass and possibly quality of life. Given these questions, I would use this data in my practice as described above if it is proven to improve the patient's quality if life. The most interesting and new

information I learned from this experience was what to test for while identifying who is at risk of CKD and how to slow the progression of this disease. However, there is something learned more about that has been implemented more into the healthcare system more these days. That is patient centered/ informed care, and while I understand this concept the two techniques about talking to patients with CKD was not only informative but crucial for my practice in the future because it's not only for CKD patients but all patients.

Some feedback, usefulness and value from this experience can not only help me through my graduate degree journey but also in my future career as a dietitian. As I progressed in life, I understood the importance of empathy towards others but it is even more important while dealing with patients and using techniques learned from this experience like Ask-Tell-Ask and addressing patients emotions can be very helpful while working with patients.1 It is not only important to treat the patient but ensuring they have both improved quality of life and care can make significantly improve the patients' health but also the support they feel throughout treatment. Some feedback from this experience would be some of the studies or data I would like to be addressed in the future. The most important is how does consuming over the recommended protein intake per day effect both quality of life and CKD in a patient. The last but most important value that reinforced my idea of setting the diet to the patient rather than the patient to the diet was the one size fits all while monitoring and detecting CKD with certain blood levels. While there are standards for certain blood markers and testing it is very important to address every patient independently while using current data from both research and the patient and through this, we can promote better overall health and from this experience I have gained tools that could significantly improve my abilities to perform this approach on my patients.