I have been attending the RSA conference every year since 2009. Every year I find myself wanting to go back for more learning and to reconnect with renal colleagues that most of them, I only get to see face to face during renal conferences. I strongly believe that sharing is caring, that is why I am very thankful to the RSA scientific committee, who have provided me the opportunity to share and present, every year since 2010, the good works our St George Hospital Peritoneal Dialysis (PD) unit carried out over the years. This year, I have been given, yet again, the pleasure to present and share to our renal colleagues the streamlined process our unit undertook into converting to a new PD technology, with the capability for remote patient management and monitoring. I hope that sharing our unit’s conversion experience to PD digital technology will help other PD units with theirs.

The top 3 learnings I gained from the conference are:

1. The essential message from Nigel Latta’s ‘Hard questions for stone aged brains’ presentation is that our best way forward is to understand ourselves first, before we try to understand everything around us. The best way to connect to people is to connect with their brain like Bluetooth:
   - By understanding the 3 parts of our brain and how differing decisions are made from each part, we should be able develop the ability to calm ourselves, reduce friction, think clearly and hopefully, make sound decisions beneficial for ourselves and the people involved.
   - By understanding what the other person’s world is like, we can hopefully, be always kind to one another.

2. The ‘Fat stigma, discrimination, and bias: Implications for practice’ presentation by Cat Pause was an eye opener in understanding the plights of obese people, and the healthcare bias against them. The takeaway message from this is to always treat the patients’ symptom/s, not their size.

3. Other dialysis units including SGH could adapt the ‘Independent community dialysis houses – A home away from home’ which is an excellent project by Rachel Walker and her team. Numerous benefits of home-based dialysis over facility-based dialysis are well known throughout the renal community and are highlighted through the patients’ perspective in this presentation. This community haemodialysis housing project addresses the socioeconomic and housing issues of patients who can independently dialysed themselves. With the inevitable increase in dialysis patient numbers and the ever-growing haemodialysis centres, I believe this additional service, once adapted by other dialysis units, may potentially reduce facility-based dialysis patient numbers and may increase home dialysis uptake.

New renal knowledge gained from this year’s RSA conference presentations were shared to my renal colleagues through education sessions. The feasibility of some of the PD practices learned from the PD section of the presentations, are already being discussed and explored within our PD team and for our PD service. Attending RSA conferences is highly recommended as it always provides the opportunity to discover recent clinical advances and valuable information that may contribute in enhancing and evolving current practices, patient care and service delivery for the renal community.