

Approaching families: the success of pilot workshops for consultants

In the Spring 2005 edition of *Bulletin*, we reported on training organised by UK Transplant for all donor transplant co-ordinators on approaching families for organ donation. The next phase of this training, using the same American collaborative model, was to set up the first ever workshops in the UK for clinicians.

These were held in April for senior ITU clinicians from West Yorkshire and London, and produced stimulating results for the participants, as well as the American training team. "This project in the UK is, to our knowledge, the largest effort anywhere to make this change in practice. That's one reason we find it so exciting," says trainer Margaret Verble.

The "Delivering bad news and approaching relatives for donation" pilot workshops built on the donor transplant co-ordinators' training and involved co-ordinators acting as

themselves in role-plays. The workshops also covered communication, the timing of talking to families, US research and practice, and a review of the UK National Potential Donor Audit 2003-04.

The significant number of families refusing permission for donation was shown by the Potential Donor Audit as the primary cause of the shortfall between potential and actual donors. The audit also showed that the most important factor in gaining consent was the presence of a transplant co-ordinator, along with a consultant at the interview.

Participants were able to test out their expectations in the role-plays. Dr Tony Shambrook, Clinical Director of Surgery at the North West Wales NHS Trust, attended the West Yorkshire workshop: "In the role-plays we were shown how to introduce the Transplant Co-ordinators as members of the team who have expert skills in such

situations. I found this approach useful, valid and it worked very well in practice."

This part of the workshop also provoked keen interest at the London workshop – participant Dr Sally Wilson, Consultant in Neuroanaesthesia and Neuro-intensive Care at the National Hospital for Neurology and Neurosurgery in London. She said it was very effective to have clinicians taking on the part of relatives: "It gave us a chance to experience how little information is received by people at such a stressful time in their life. I found this a powerful teaching tool and probably the most useful part of the day. The National Hospital will be using elements from the programme in courses on breaking bad news."

Tony observed the effect of consultants and co-ordinators working collaboratively in their discussions with relatives and was able to put it into practice the weekend after the workshop: "The workshop was excellent. It was informative, enjoyable and extremely well organised. I was able to convert the role play into real life - the result was successful, both in terms of care for the relatives and donation."

Workshop facilitators Judy Worth and Margaret Verble not only bring considerable practical and academic experience to these events, including 25 years of research, they also come from donor families.

"The workshop was excellent. It was informative, enjoyable and extremely well organised. I was able to convert the role play into real life."

While they were struck by how British clinicians are "more people-oriented" than their US counterparts ("our doctors relate better to medical technology than to people by the time they get into actual practice"), they noted that several participants appreciated the support the training gave them in handling conversations which can be hard for everyone involved. Judy cited this example: "Several physicians became aware of the kind of confusion families feel over the subject of brain stem death being

death. It's very hard to get that across, and the language traps are considerable."

Comparing the co-ordinators' courses and the intensivists' pilots, Margaret and Judy said they were surprised at first to find very few differences on the courses between physicians' and co-ordinators' reactions to approaching families for organ donation, and concluded that it is because "your co-ordinators are, for the main part, highly skilled professionals".

MORE COURSES

UK Transplant's Director of Donor Care & Co-ordination, Sue Falvey, has announced that more intensivists will have the opportunity to take part in this special programme: "We are delighted with the success of the pilots and workshops will be rolled out across the UK over the next 12-18 months."

Tony Shambrook's advice to potential participants is clear: "If you get the chance to go on it, snap it up."

Using a clinical simulator

A very unusual patient in the Montagu Hospital in South Yorkshire is helping critical care staff in the North Trent region experience the complex demands of organ donation in intensive care. The patient is a manikin programmed to simulate brain stem death, become clinically unstable and require intervention to prevent cardiac standstill. The mock patient is at the centre of an interactive study day programme, which has been funded by a legacy for the hospital, to involve ICU staff in key aspects of organ donation.

"The aim is to improve confidence and competence in clinical staff," explains regional transplant co-ordinator Michael Hope. "Organ donation in intensive care may not be experienced by many members of staff, or only a few times in a year. In the past we've told ICU staff about what we do, but now, with this training, we aim to explain to staff, all of them involved in caring for patients, the role they can play in organ donation. We want to ensure they have the skills and confidence to provide quality care for potential donors and their families."

Regional transplant co-ordinator, Sue Cooke, says recreating the environment of treating a patient in an intensive care unit is very effective: "The simulator responds in real time to treatment changes and may require altered

ventilatory support, fluid resuscitation and pressor support or hormone replacement therapy. Staff have to recognise physiological triggers, such as changes in blood pressure."

The study day includes a brain stem death workshop run by a consultant neuro-intensivist, and communication skills, with training based on the work of Margaret Verble and Judy Worth.

"We have trained 42 nurses and the response has been absolutely brilliant," says Michael. "All local critical care students will now attend the simulator course as an intrinsic part of their training from Sheffield University."

The Montagu Hospital simulator will be presented at a national health care conference in October.



Simulating brain stem death is at the centre of the interactive study day.