



# Historical Overview of Education for Specialist Nurses- Organ Donation



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**Yes I donate**  
ORGAN DONATION

THIS IS TO CERTIFY THAT

**Cathy Miller**

## United Kingdom Transplant Coordinators Association

- 130 members
- 50 WTE involved in organ procurement work
- Majority dual role coordinators

1. Role of Coordinator:  
MCQ, Presentation & Essay

2. Interpersonal Skills:  
Essay

.....2005.....  
Date

nts Awarded (Level 6)







## Adequate consent: its content in the donation discussion

Although recent research has established a relationship between donation rates and the consent process for organ and tissue donation, little attention has been given to the content of the donation discussion. Recent studies suggest that families want more information to aid them in making the decision to consent. To address the family's needs, the interviewer should introduce the subject appropriately, respond fully to the family's questions, and provide the following information: the extent of donating particular organs or tissues, the potential benefits of donation, the right not to donate, the effects on the funeral, the lack of cost of donation to the family, a description of the procurement procedures, and what will happen if the donated organs cannot be used for transplant. (*Journal of Transplant Coordination*, 1998;8:99-104)

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**A**s the gap widens between the number of patients awaiting transplantation and the number of donated organs, the procurement community continues to devote significant resources toward increasing the number of transplantable organs and tissues. Many of these resources, financial and human, have been directed toward the public at large as evidenced by the number of surveys conducted regarding the public's attitudes toward donation and by the number of dollars spent to influence those attitudes. In contrast, the procurement community has only recently devoted significant attention to the consent process itself as a way to increase donation.

Initial research on the consent process has focused primarily on the logistics of consent—specifically, when the donation discussion should occur and who should breach the subject with the family.<sup>1-4</sup> More recent efforts have identified variables in the consent process that affect the family's decision to donate.<sup>5-7</sup> These variables, which include factors that predate any mention of donation and are often beyond the control of procurement professionals, are the following: the family's understanding of brain death, the family's perception of the quality of care that their loved one received in the hospital, the manner in which the prognosis was communicated, the amount of time family members were permitted with their loved one before and after the death, and the extent to which the family's questions were answered by hospital staff.

These latter studies have identified variables in the donation discussion itself that negatively affect a family's decision to donate: insensitivity to the family's needs during the discussion, lack of privacy, and time spent time for decision making.<sup>8</sup> Additionally, family who donated as well as those who refused have reported receiving insufficient information on which to base their decisions. It is the latter group that particularly concern us because we believe that lack of adequate information during the donation discussion has been a long-standing problem, and that those who seek to increase consent rates should address the content of the donation discussion as well as the logistics.

### The Lack of Adequate Information to Support Consent

During the first several years in which transplant was performed and families were approached regarding donation, only kidneys and corneas were transplanted and adequate information supporting the consent process was rarely provided. Typically, professionals who spoke with families introduced the subject of donation by explaining that it might be possible to do something good out of a bad situation, and then proceeded to convince them of the donation's benefits to the donor family or potential recipients. Families in



# United Kingdom Transplant Coordinators Association

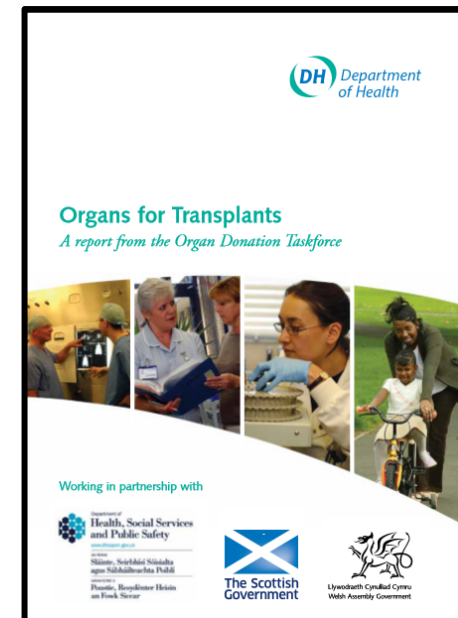
- Only Formal Education for Coordinators
- University Accredited
- Standards of practice
- No national supervision
- No performance management or accountability
- Other than to Unit Directors or those directly reported to



# Organ Donation Taskforce

- Legal and ethical issues
- The role of the NHS
- Organisation of co-ordination and retrieval
- Training
- Public recognition and public promotion of donation

1. Donor Identification and Referral
2. Donor Coordination
3. Organ Retrieval

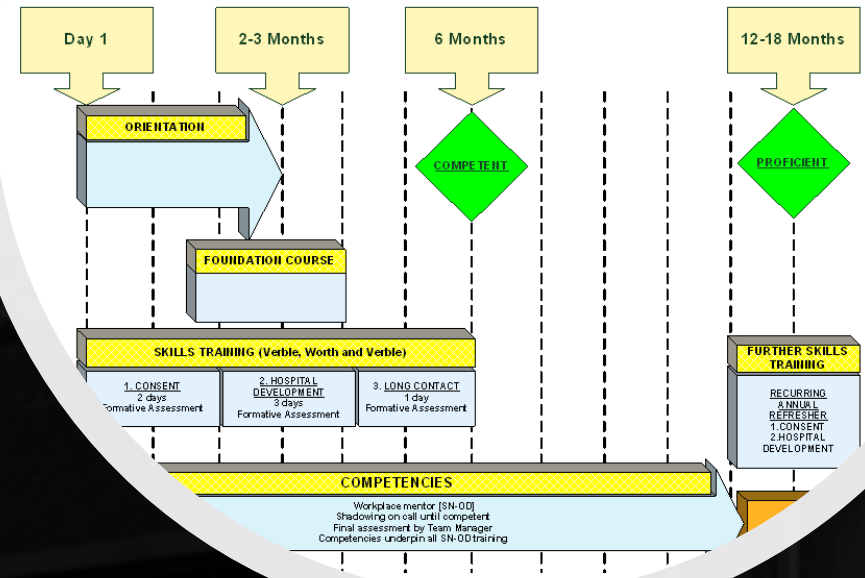






STEP 2

## SPECIALIST NURSE-ORGAN DONATION (SN-OD) TRAINING PROGRAMME



# Professional Development Team

*Established*  
**2013**

## In-House Professional Development Team

- 12 Regional PDS's
- 5 National PDS's
  - Medical
  - Cohort
  - Specialist Requester
  - Shared Professional Practice
  - Interdisciplinary



- 2/3 Cohorts Annually
- Modules- Covering Donation Pathway
- Competency Framework
- Mentorship
- Internationally Recognised
- Collaborative training with RCPoC's/Interdisciplinary/ Governance/Quality/Hub
- 2 cohort trainees now in PDS team and another a Team Manager.





Innovation in Donation and Transplantation Award

