



Blood and Transplant

The National Deceased Donation Course ACTOR BRIEF 2023

Belfast/Cardiff/Salford/Stirling/Trent -Nottingham only

There are 2 patient Journeys 1) Margaret Wilkinson and 2) Michael Barr

Margaret Wilkinson: There are 2 different scenarios DBD1 and DBD3

Michael Barr: There is one scenario DCD1.

Your timetable (given on the day & see below) will indicate which room you should attend for which individual session; the rooms are colour coded. The 2 scenarios for Margaret are also paired to a single group. We can clarify anything with you when you arrive.

The day starts promptly at 08:15 please attend for 08:00 to allow for any final pre-brief and orientation.

We ask that you work in 'family' pairs, that work with the scenarios and actor profiles. We have no preference as to how you pair.

Lunch and refreshments will be provided during the day.

There will be a co-ordinator on the day from whom you can ask anything should you have any questions.

This is the distribution of scenarios for the pairings identified. With actor pairing C finishing at 15:30 and pairings A & B finishing at 16:20

	8:30 09:15	09:20 10:05	10:25 11:10	11:15 12:00	12:50 13:35	13:40 14:25	14:45 15:30	15:35 16:20
Pairing A	DBD 1	-	DBD 3	DBD 1	DBD 1	DBD 3	-	DBD 3
Pairing B	DBD 1	DBD1	-	DBD 3	DBD 3	DBD 1	-	DBD 3
Pairing C	DCD 1	DCD 1	DCD 1		DCD 1	DCD 1	DCD 1	-

NHSBT National Deceased Donation Course Actor Brief Adult Scenarios Only 2023

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Margaret's Journey:

MARGARET DBD part 1 Explaining the tests that assess and diagnose neurological death.

20 minutes role play, 20 minutes debrief (approximately)

Margaret is a female in her 40s.

(The following information you can use if asked about what you know about Margaret's situation)

You are Margaret's two main relatives. Your age and sex will determine what relationship you will have on the day. eg Husband/partner and sister/ OR Husband/partner and brother

Margaret had been having headaches and complained of a bad headache just prior to her collapse that day. When she went to bring in the washing you were both present. You heard her cry out and when you went to her, she was collapsed and barely breathing.

You rang for an ambulance, and they were there within ten minutes. They put a breathing tube in her mouth and took her to the Emergency Department. It's been a shock.

She was taken to hospital where she was examined and you were told that the scan is very worrying, no surgery could be done at that stage and that she would be brought to ITU for observation and assessment.

In ITU she has been under constant observation, the nurses checking her pupils regularly with a little torch for reactions and asking her to respond, but she hasn't yet. She is on some medication for her blood pressure to support it and on the ventilator to support her breathing.

A doctor told you yesterday that tests on her brain may occur this morning to assess her brain injury. You have been told it is very likely she could die. You have not quite grasped the full implications but know it is likely to be very bad.

It is now that next morning; you have barely slept because of worry, and intensive care doctors and nurses are going to come and update you on

how Margaret is progressing and their plan to carry out these tests on her brain.



In this workshop doctors will explain these tests to you. If you don't understand what you are being told you should ask questions to help you come to an understanding.

React naturally. You are distressed and devastated, but not

overwrought. Intrinsicly you trust the doctors. **Do not be angry** the vast majority of families are not.

'Husband'/partner is quiet, says little, has their head down and is disengaged. This is because they are shocked and not yet accepting of the events and this is common for some of our families.

'Sister'/Sibling is more able to talk, is more accepting of the situation and AFTER the doctor explains about the tests they are going to carry out, this family member then mentions that they know Margaret was on the organ donation register. They mention either an organ donor card in her wallet or a conversation they had and asks if it is possible for organ donation to happen given what you have been just told.

During the conversation it is likely the doctor may ask you to tell them what you know or what you may have been told already (see above)
Questions you might ask:

"Could she recover? "Could we [the family] have done more?" "Could she be an organ donor?" The doctor or specialist nurse should acknowledge your request, give it importance but explain that the tests need to be completed first to establish the diagnosis, then that can be discussed and considered. You trust that they will guide you.

We want the partner to be disengaged so that the delegates realise they are dealing with 2 family members at 2 very different stages in acceptance. The disengaged family member will need more time and more explanations in the second conversation to get them to the same level to be able to move to end of life discussions. The doctor should recognise the shock and the need for more time for acceptance and understanding of the situation.

You may be offered a chance to observe the tests. **You should decline, saying you trust the doctors.**

MARGARET: DBD part 2 is another station where the delegates will have a workshop on the testing. We don't need you for this part.

MARGARET: DBD part 3 Explaining the results of the tests and discussing end of life decisions

20 minutes role play, 20 minutes debrief (approximately)

You will have been spoken to earlier when the doctor explained the plan to carry out tests on Margaret that would confirm if she had died. Carry on the conversation using the knowledge of that conversation.

Though it will be a different doctor from the group who will speak to you, do not let that interfere and treat this unnatural situation, as natural.

The doctor will explain that the tests confirm that Margaret has died.

Husband /Partner will ask to have a 'recap' of the tests because you weren't quite taking it all in and you just need to get your thoughts clear because it's hard to accept when Margaret has a beating heart and is warm and the nurses are still doing things for her like she is alive. (this is to give the next delegate chance to explain the tests themselves as part of their learning)

Fully realising, and then accepting she has died will distress you, but not shock you as this is what the conversations have prepared you for. A simple recap of the tests will satisfy you.

Husband/Partner after the explanations you might say:

"Do you know, she was gone when she collapsed, I could tell. I just didn't want to believe it."

"Could we have done more to save her?"

"I know you did your best for her"

The doctor and team should work with you to ensure you are both at the same stage and ready to move the conversation on. They may leave silences, may give permission for the silence continuing with something like 'it's so difficult' 'we can talk when you're ready'.

When you have **BOTH** given some indication that you have understood and 'accepted' the death, you may then ask

'what happens next?' or

'do you just turn her off now?'

The doctor should acknowledge the earlier conversation when **Margaret's sibling** mentioned donation. They should then begin to discuss donation but then transition the conversation to the Specialist Nurse for Organ Donation to give guidance and information. You should react positively and be keen to support Margaret's decision but have questions about how that happens, what the process involves and what can be donated. You would likely be thinking of other things too and these could also be a focus, the funeral, telling relatives, getting something to eat or getting back to a commitment you have at home that you need to attend to (picking up children from school for example).

Often organ donation isn't the highest thing on family's agenda it's practical things about who needs to be there, what might need to be done (collect children from school, start speaking with a funeral director, or simply not knowing how to deal with a death) that comes first and you are only ready to talk about donation when those things are dealt with. The scenario will be ended by the faculty leading the station interrupting.

All debriefing now is lead by the 2 faculty members, 1 is a Clinical Lead in Organ Donation (CLOD) the other a Professional Development Specialist (PDS) from NHSBT's education team. They use a framework model of debriefing which encourages the delegate to reflect and consider how they handled the scenario and will invite you to comment within the debrief, be kind but honest in your reflections.

Michael's Journey:

MICHAEL BARR DCD 1

Michael is a man in his fifties who was observed to collapse in the local supermarket. A neighbour who happened to be there rang you. Michael was brought in by ambulance to the Emergency Department where he had a breathing tube put in and was put on the ventilator. He had a head wound from when he fell but you have since learnt that this was not the worst injury.

You first saw him in the Emergency Department.

He had a CT scan which revealed a large stroke. He had some responses when they first made assessments of his responses. The neurosurgeons couldn't offer anything, but he had a clot busting drug which he received in the Emergency Department.

You are the relatives of Michael Barr. Your age and sex will determine what relationship you will have on the day. Eg wife/partner, brother/sibling. You can imagine other family members eg younger children, as you wish.

No one knows why it occurred, but Michael has had this stroke, and this has damaged his brain.

For the last three days you have been with Michael on the intensive care as he was given time to be assessed. It has been a roller-coaster of emotions from hope to despair and back again. He had a short period of looking like he was making progress (moving spontaneously and



responding a little) but has not yet woken up fully. Overnight you know he has deteriorated further and has become less responsive when the nurse shines a light in his eyes.

The doctors and nurses are coming to talk to you. You fear the worst. You know in your heart he is not going to survive, and he has told you previously he would not wish to live if he was going to be terribly /badly disabled.

Don't talk about organ donation until raised by participants/ doctor or specialist nurse (this is important so that we can play this scenario using the new deemed legislation). When they do raise it, we want you to react as unsure at first. The participants will talk about the benefits of donation or ask about Michael and engage you in conversation about what this might mean to you and how Michael was likely to be willing to donate because he hadn't objected to doing so. You will then start opening up to the positivity of organ donation, as helping others was the kind of person Michael was. He may have watched a documentary about organ donation and said it was a good thing, been affected by a friend's circumstance. You have no idea if he is on the organ donor register. You are unaware that the law has changed. (this is common as the law change during the pandemic lockdown)

Don't be angry, the vast majority of families are not.

Some doctors may wish to break off the conversation and have it in two sections. If this occurs the conversation will be recommenced as if time has passed.

Questions you might ask:

"Why did this happen?"

"What happens now?" (After you have been told he is going to die but you will be thinking of practical things)

"Do you just turn the machines off?"

"Can I be with him when he dies?"

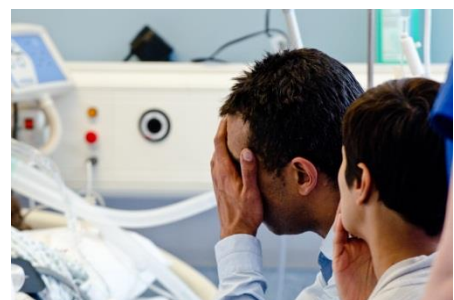
(when organ donation is discussed)

"How long will it take?" (meaning either the death or organ donation)

"Which organs can be donated?" "how does that all happen?"

The team will guide the conversation. They may leave silences to enable you to respond when you would be ready to as a grieving family.

The scenario will be ended by the faculty leading the station.



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