Top Tips for Running Deceased Organ Donation Simulation Courses

Deceased organ donation is ethically, legally and emotionally complex. Healthcare professionals find deceased organ donation stressful and the shift in focus from one of cure to one of care is a challenge, even to those with many years of experience. Staff involved in deceased organ donation require expert levels of knowledge and skills in communication.

The Department of Health Organ Donation Taskforce report (2008) recognised this need and made the following recommendation: ‘All clinical staff likely to be involved in the treatment of organ donors should receive mandatory training in the principles of donation.’ This need was reinforced by the National Institute for Health and Care Excellence (NICE) guidance, designed to improve donor identification and consent rates for deceased organ donation. The Taking Organ Transplantation to 2020 strategy asks NHS Blood and Transplant (NHSBT) to work with professional bodies to develop training programmes to sustain and increase clinicians’ organ donation understanding and expertise and, to ensure that families of potential donors will only be approached by someone who is both specifically-trained and competent in the role and, provide training packages and accreditation to those who wish to develop this competence.

However, any opportunity for deceased organ donation, occurs at times of significant family distress and, it is often inappropriate to allow junior staff, to take a lead in discussing donation with families or to be the key healthcare professional, providing family bereavement support. Dr Arpan Guha, former Director of the Cheshire and Merseyside Simulation Centre summarised the problem as, “It is usually not possible to ‘train’ during these periods, due to it being a time of sensitivity. Therefore, much of the learning occurs either in a piecemeal fashion on the job, or in classrooms based on theory and quite removed from the real world of the critical care environment.”

Simulation allows staff training and development in a safe environment while enacting real-time events. The high-fidelity simulation environment has already proven to be an effective education tool in intensive care, for providing advanced life support training and acute crisis management but, simulation to train for non-crisis situations, such as, for deceased organ donation, is an area of huge potential in the UK.

In May 2011, we ran the first of our whole hospital Deceased Organ Donation Simulation Courses at Nottingham University Hospitals NHS Trust. Since then we have run eleven more courses for our staff and three for regional hospitals who have paid to attend. We believe that our simulation day, has been fundamental to why in Nottingham, we have gone from one of the worst donating hospitals in the UK, to one of the best.

The overarching aim of our simulation day is to create a multi-disciplinary training environment that can mimic real life patient journeys. In our course, a patient presents in the Emergency Department (ED), assessment leads to the recognition that death is imminent and allows for the consideration and implementation of deceased organ donation pathways. All participants undertake their own roles at their own grade (ED nurses and doctors, intensive care nurses, neurosurgery doctors), except for the intensive care doctors, who are asked to act up as consultants, since many of the decisions and required paperwork in deceased organ donation must be led directly by a consultant. Professional actors are hired to ensure the simulated interaction with family members is as near to real life as possible and to provide insightful feedback on the communication technique and messages. Our day is divided into two long scenarios (donation after brainstem death and donation after circulatory death) each divided into chapters and interspersed with regular breaks for focused reflective debriefing sessions.

A wide variety of our own hospital staff participate as observers, including Health Care Assistants, Theatre Staff and Bereavement Teams, who though important to the donation process, often feel outside the usual education and support mechanisms. We have welcomed external visitors such as coronial staff, members of the UK Donation Ethics Committee and health professionals from other hospitals. Clinical Leads for Organ Donation and Specialist Nurses from other Trusts have also attended to see what we do and, some of these have used this experience to commence their own simulation training in their hospital.

There is a bright future for deceased organ donation simulation in the UK. Nationally, in 2015, new specialist nurses for organ donation will have three days of simulation training built into their induction programme. After a successful pilot of a Deceased Organ Donation Simulation Course for trainees in intensive care medicine in November 2013, this course will formerly commence this year, with the eventual aim that every graduating intensive care doctor, will have attended. Regional and Hospital Simulation Courses have commenced elsewhere in the UK and more are planned.

With this growing interest, we felt that with four years experience and 16 courses under our belt that now is the time to share the lessons we have learnt. Before we do so it is worth considering what deceased organ donation simulation is.
Deceased Organ Donation Simulation

Deceased organ donation simulation is any educational activity that aims to mimic or replicate an aspect of the deceased organ donation process. For the purposes of a working UK definition we believe it should include at least one of the following aspects:
1. Use of a mannequin to represent a patient.
2. Recreation of a realistic clinical environment.
3. Use of professional actors.

Our Top Ten Tips

These are our top ten tips and learning points from the deceased organ donation simulation courses we run. Their relevance for other courses will certainly vary depending on the nature of that simulation course.

1. Tell a Story

Human beings are storytellers. It has an ancient pedigree for teaching and the popularity of movies and novels proves it is still a vital part of the human psyche. Let your simulation course tell a story and those participating or observing will engage in ways they never would for tutorials or random scenario role-play. Our day tells just two stories but we let those stories run even if the participants move off track and we never go back and repeat a scene for a Take 2. We use the debrief sessions to pull the subject matter back if required.

2. The Simulation Environment is There to Make the Story Feel Real – Nothing More

We commence our simulation day with a patient brought into the ED resuscitation area with major trauma. The trauma team is called and assessment and resuscitation commences. Until the patient is intubated, we do not care (except in the most general terms) about the resuscitation. What we are waiting for is the moment of intubation. As soon as that occurs we push the actors into the simulation room as mum and dad, unexpectedly arriving into the chaos and emotionally distraught. The whole previous twenty minutes has been building to this communication moment. How will the resuscitating team react? The themes we will bring out in the debrief are about the pros and cons of families observing resuscitation, the impact the way they are treated in those first few moments will have on their whole hospital experience, the vital importance of consistency in information and the difficult dilemma staff always have in these situations, where prognosis is unknown and families are seeking reassurance.

These themes could be covered in a tutorial or just role play of that moment, but the twenty preceding minutes invest the participants and observers in the story we are telling and make their reactions that much more genuine. That is what the simulation environment is there for – to make the decision-making and communication moments emotionally resonate.

3. Observers are Also Your Participants

Many people have an important role in deceased organ donation but are non-clinical, for example coronial staff, philosophers, marketing and communication managers etc. Simulation is as close as you can get them to the real thing. It is eye opening for them. They start to truly see the complexity and emotional challenge that deceased organ donation is. This can only help them in their support for deceased organ donation.

Likewise there are health care professionals (senior medical and nursing staff) who would never allow themselves to be put in a vulnerable position as a participant in a simulation. Have them along as observers or as assisting faculty. It will still have an impact, and their experience can strengthen the debrief sessions.

4. Keep it Simple

You write the clearest case for approaching a family regarding the opportunity for deceased organ donation you can imagine. Your participants are on a deceased organ donation simulation day. However, still they struggle to raise donation with the family.

You do not need complexity, it serves only to add confusion and detract from the confidence otherwise engendered. They (and many more senior colleagues as well) will struggle with just doing the simple things. Just watch how people stutter and stumble over explaining brainstem death. There is no need for complex scenarios (for example angry and aggressive families, confounders in the neurological death tests, complex consent concerns). Simple cases work best unless you have a very experienced group. We have noticed that we have become more didactic with our participants over time, so it is very clear what is expected at all times.

There are certain moments that are powerful to simulate because they are the hardest to do in real life. We call these showtime moments. For example, the explanation and realisation of the likelihood of death. Any interaction with the family (actors) is invariably useful and fits this category. Allowing participants time to simulate the planning for these discussions not only helps to tell the story, it encourages best practice. Likewise, interaction by staff with the specialist nurse for organ donation allows the benefits and expertise their role can bring to an emotionally charged situation to be highlighted.

5. Keep it Safe

Your participants need to feel safe. This is particularly important when, like our course has, there are multiple
observers attending the day. If the participants were very experienced at it, they would not need to be attending. Most of our participants have never led donation conversations previously. One colleague of ours, first led raising deceased organ donation with a family, in our simulation day; the next time was as a consultant six months later. Simulation gives people the chance to have a go before they have to do it for real. For all these reasons, you must keep your participants feeling safe. Their performance should be confidential and not in any way be used for assessment. Equally, debriefs work best when the group are able to voice opinion and experience freely, and subsequent discussion allows concepts to be shared, explained and challenged.

6. Change Attitude not Process

Traditional acute crisis simulation such as trauma, CPR and anaphylaxis moulage try to correct and alter the way someone does some defined process. Non-crisis simulation, like we run, is very different. It is about trying to change attitudes not processes. Yes, teaching that the specialist nurse for organ donation should always be involved when families are approached for organ donation, is a process change but, if you convince your participants of the value of collaborative communication by allowing them the opportunity to live through and reflect on that experience – an attitude change will occur. Then the process change will follow. For this reason our debriefs stay high-level. They are not, ‘you should not have said that word’ or ‘why did you not pass the box of tissues’. Instead they might ask about the ‘D’ word – when should the possibility of death be raised with a family?

7. Teach a Toolbox Not a Recipe

No family or situation is exactly the same. You can not sit here, lean forward now and say this and if you do all that, the family will always say yes to donation. What we teach is about best practice end of life care and being family responsive, not about getting a certain response. That is what good care is about. That is what we would want for our family and ourselves. There may be better and worse ways to achieve this, but no way works all the time. Teach those in your simulation, a toolbox of approaches that they can have at their disposal for the future and teach them how to listen to the family so that they can respond accordingly.

8. It is All About the Debrief

This is where the course leaders need to bring all the concepts and ideas together. If the participants have gone off script (not used the specialist nurse for organ donation, not even mentioned organ donation even on a deceased organ donation simulation day!) It is in the debrief that these issues can be explored, barriers and resistance discussed and challenged, and the story put back on track, if required.

Keep the debrief high-level. It is not a safe environment to individually criticise a participant; if you have real concern talk to them later and in private. Emotions often run high, this needs to be acknowledged and individuals supported within and without the group. The day will bring back distressing memories for some and all will find it emotionally draining.

We find that it is the debrief, where everyone has a chance to speak and reflect, that the real learning occurs and lasting confidence, both in the process of organ donation and individuals capacity to deliver it, is gained.

9. Actors are Amazing, Use Them

Our actors are the most powerful force for change in the day and the key element that makes the story feel real and emotionally engaging. Do not just dress up other health care professionals and call them family members, they will be unable to present realism. Professionalism has a price to be sure, but you get what you pay for. We invite our actors into every debrief and always ask them to reflect on what they were thinking and feeling in the scenario before. When the actors say they felt confused or hopeful (when there was meant to be clarity over the inevitability of death), nothing you say as course faculty, will ever be as impactful. Likewise there is a tendency as course faculty, to become too narrow in your belief about how things should be said to a family. Sometimes, our actors (and our participants!), teach us that every family is different and those words and that approach, may be just right for that family.

10. On the Day Treat your Participants like Adults, Before That Like Children

Simulation is adult learning at its highest. Treat your participants and observers like adults.

Except before they attend. Then they will need to be treated like children. The majority will never read anything you send them. If you tell them to come dressed as per what they wear to work, expect at least one or two to come dressed in jeans or a mini-skirt. Unfortunately, you must also expect that some simply will not turn up, sometimes without even sending in an apology. Alas, it is common in our society for people to not appreciate something if it is free (even though the course is not free and our donation committee pays £3,500 per simulation day). If anyone works out how to solve Top Tip 10 – we would love to know.

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Photograph of the Nottingham Deceased Donation Simulation Course