

July 2020 | A periodic e-bulletin to share results of organ donation and transplantation projects funded by the Division of Transplantation



The simulation center at The Living Legacy Foundation of Maryland. Photo Credit: Courtesy of the Living Legacy Foundation

Training Builds Staff Competence and Confidence

Interdisciplinary simulated learning remains the model 20 years after HRSA-funded studies showed its benefits

Authorization rates for donation increased by 13% after hospital and organ procurement organization (OPO) staff were given opportunities to discuss and practice difficult, yet critical end-of-life conversations. The training was part of a study funded in 1999 by the Health Resources and Services Administration's Division of Transplantation. It featured actors posing as family members to recreate the scenarios staff may face when discussing a grave prognosis, declaration of brain death, or the opportunity to donate organs. Today, this type of experiential or simulated learning is standard practice at OPOs and it now includes clinical training, often conducted in highly sophisticated centers that simulate intensive care unit (ICU) and recovery room settings so hospital and OPO staff can practice clinical end-of-life protocol.

"We started modeling best practices in a very simplistic way, and then it evolved over time," said Charlie Alexander, President and Chief Executive Officer at The Living Legacy

Foundation of Maryland, who worked on the early HRSA-funded grant project with investigators at Johns Hopkins.

Strategies that work:

- Practicing end-of-life conversations with actors posing as family members
- Simulating clinical settings so hospital and OPO clinical staff can practice donor protocol
- Providing immediate feedback to improve staff performance



Alexander said there was and is a need to demonstrate end-of-life conversations and the clinical protocol for both experienced surgeons and interns and residents, in addition to OPO staff. Research shows that families' perceptions of their experience during the patient's illness is a factor in their decision to donate organs (Heyland et al, 2002, 2003). Therefore, training both OPO and hospital staff is important. In 1999, this type of interdisciplinary, experiential training was just being explored.

Today, Alexander's OPO is one of several to have an onsite simulation center to provide behavioral and clinical training. The Living Legacy Foundation opened the Susquehanna Simulation Center in 2016. The center boasts fully equipped and operational surgical recovery rooms, an ICU, and a pulsatile preservation laboratory for preserving and optimizing kidneys from deceased donors. It also houses a conference room for staging conversations about organ and tissue donation with actors posing as family members. Both the OPO staff and staff from hospitals in The Living Legacy service area use the center.

Karen Kennedy, Director of Education at The Living Legacy, said the simulation center ensures staff:

- participate in standardized experiences
- get to see every scenario possible
- learn best practices and ideal language choices from the very beginning

When a patient is declared brain dead, OPO clinical coordinators guide the patient's care with the bedside healthcare providers until the time the organs are recovered. The clinical rooms at the simulation center allow OPO and hospital staff to practice these steps and receive immediate feedback and instruction from observing instructors. In a conference room setting, OPO and hospital staff can practice language skills and nonverbal communication, learning when holding someone's hand might be comforting and when it might not.

Since Living Legacy began tracking in the third quarter of 2016, they've seen a 20 percent decrease in time to train new staff. However, the real differential is confidence, said Kennedy.

"It is so rewarding when new team members say to us 'I was in the exact situation as in the simulation center; I knew what to do and how to do it," said Kennedy.

On-site Simulation Centers

According to the Association of Organ Procurement Organizations, these OPOs have onsite simulation centers:

- Gift of Life Donor Program (Philadelphia, PA)
- LifeGift (Houston, TX)
- LifeShare of Oklahoma (Oklahoma City, OK)
- LifeSource (Minneapolis, MN)
- Living Legacy Foundation of Maryland (Baltimore, MD)
- OneLegacy (Los Angeles, CA)

Donor Network West (San Ramon, CA) is currently building one. OPOs that don't have onsite simulation centers conduct experiential training at hospitals.

If you'd like more information about The Living Legacy Foundation's simulation center, contact Karen Kennedy at 443-414-2123 or at kkennedy@thellf.org.

Want to know more?

Interdisciplinary Experiential Training for End-of-Life Care and Organ Donation

Principal Investigator: Michael A. Williams, M.D. Principal Researcher: Charlie Alexander, President, and CEO, The Living Legacy Foundation of Maryland.

Heyland DK, Rocker GM, Dodek PM, Kutsogiannis DJ, Konopad E, Cook DJ, Peters S, Tranmer JE, O'Callaghan CJ. 2002. Family Satisfaction with care in the intensive care unit: Results of a multiple center study. Critical Care Medicine 30(7): 1413-1418.

Heyland DK, Rocker GM, O'Callaghan CJ, Dodek PM, Cook DJ. 2003. Dying the ICU: Perspectives of family members. Chest 124(1): 392-397.

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For more information about organ, eye, and tissue donation and HRSA's Division of Transplantation, visit organdonor.gov.

