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### Overview

This standard enables practitioners within the critical care unit and the donation service to build a relationship with the family in order to:

1. support them more effectively
2. maximise the likelihood that they will agree to donation
3. make the process of taking the patient's history and checking for contraindications less painful

Users of this standard will need to ensure that practice reflects up to date information and policies.

# SFHRenDD5

## Get to know the potential donor's family

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### Performance criteria

*You must be able to:*

- P1 introduce yourself and other members of the team so that the family knows who does what within the team
- P2 show respect for the patient and their family and express sympathy
- P3 ask other members of the team what they have observed about the family
- P4 enquire about and identify cultural, religious and other influences and expectations that will apply to donation and the care of the patient
- P5 identify the family structure and dynamics and how this might influence the family's response to a request
- P6 detect any references to the patient that might indicate how they would have felt about donation (e.g. blood donor, other altruistic acts, interest in medical matters)
- P7 identify the relationship between the family and the deceased or dying patient and what the family is experiencing in relation to the death (e.g. whether there is unfinished family business)
- P8 understand how a request to donate might fit in this relationship
- P9 identify where the family are in the grieving process and how this may influence the way they should subsequently be approached regarding donation
- P10 respond to the suggestion of donation if it is volunteered by arranging a discussion, immediately if the family wishes it
- P11 answer questions factually
- P12 enquire about and trigger other support that the family might want (e.g. bereavement service, chaplain, other religious support, contact with other family members)

### Knowledge and understanding

*You need to know and understand:*

- K1 anatomy and physiology of the human body
- K2 psychological care skills/loss counselling
- K3 maintenance of patient confidentiality in the critical care and donation contexts
- K4 evidence of beliefs about donation and transplantation among informed and uninformed religious and cultural groups (e.g. typical mistaken beliefs that a religion opposes transplantation, religious pronouncements such as Muslim fatwa in favour of transplantation)
- K5 anatomy and physiology of brain stem death
- K6 legal definitions of death
- K7 procedures for certification of death
- K8 procedures for determination of death by cardio respiratory arrest
- K9 clinical management of an intensive care patient
- K10 clinical management of a potential heart beating donor
- K11 clinical management of a potential non heart beating donor
- K12 intensive care and anaesthesia
- K13 guidelines for withdrawal of treatment
- K14 how to break bad news
- K15 how to explain brain stem death
- K16 UKT family care protocol
- K17 beliefs about death and dying
- K18 availability of bereavement services both locally and nationally
- K19 roles of other members of the multidisciplinary
- K20 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K21 the importance of establishing rapport and how to do so
- K22 how to ask questions, listen carefully and summarise back
- K23 the importance of encouraging individuals to ask questions and how to do so
- K24 the religious beliefs of different cultures
- K25 the effects of different cultures and religions on care management and the effect on family dynamics
- K26 the importance of involving individuals in discussions, and how to do so
- K27 how to negotiate effectively with individuals, families and other professionals
- K28 the principles of evidence-based practice, and how to apply them
- K29 how to explain difficult subjects in an emotional context

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#### Additional Information

##### External links

This standard has indicative links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: Core 1 Communication

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