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### Overview

The standard takes into account that donors are a special case people who are well, volunteering to undergo a surgical procedure and other risks. There are times when they find it difficult to convey messages to the prospective recipient or members of the family, and the practitioner has to take the role of go-between.

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

# SFHRenLD10

## Act as advocate for the prospective living donor

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### Performance criteria

*You must be able to:*

- P1 consider acting as advocate only if requested by the prospective donor
- P2 explore ways in which the donor can request information or communicate themselves
- P3 agree with the donor the information to be communicated or requested, with whom, and the personal risks entailed in doing so
- P4 agree to act as advocate only if the donor feels unable to
- P5 agree with the donor the follow-up to be undertaken by them and the information they will require to do this
- P6 meet with the family or patient (prospective recipient) and communicate your own role, responsibilities, accountability and scope of practice
- P7 enable the people you meet to understand the prospective donor's decisions, feelings, needs and values
- P8 convey the information from the donor in a way that makes it more likely to be well received
- P9 ask for and listen to their response in order to provide information to the prospective donor and to understand their attitudes, values, beliefs and feelings
- P10 report back to the prospective donor, interpret what happened and help them identify their next step, encouraging them to take it independently

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### Knowledge and understanding

*You need to know and understand:*

- K1 psychological care skills (e.g. counselling)
- K2 valid consent for assessment and continuing in the transplant programme
- K3 how to create a safe environment to allow a donor to withdraw from the programme, revoking consent
- K4 the assessment process and its requirements of donors and members of the multidisciplinary team
- K5 implications of test results for the donor and their family (e.g. people may not be related in the way they thought they were, medical conditions revealed)
- K6 current evidence of the effects of the donation programme on potential donors and how to minimise adverse reactions
- K7 resources available to the assessment process and how to access them (e.g. laboratory services, psychological assessment, specialist counselling)
- K8 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K9 best practice guidelines (e.g. British Transplantation Society)
- K10 boundaries that must be observed by members of the team in keeping the interests of donor and recipient separate
- K11 current evidence and evidence-based practice for the whole donation process
- K12 how to act on behalf of the donor to convey difficult messages (e.g. withdrawing from donation, a revealed medical condition)
- K13 interpreting results (e.g. histocompatibility, cross matching, blood group, screening for antibodies)
- K14 how to interpret a donor's physical and psychological health, using your own and others' observation, discussion and technical assessment methods
- K15 family relationships and ways of exploring them through observation, individual and group interviews and discussions
- K16 investigation and interpretation of donor motivation, its sustainability and risks associated with different types of motivation
- K17 types of coercion and reward applied to donors and how they may be revealed
- K18 critical understanding of how to assess the potential donor's motivation (e.g. free from inducement, coercion or threat)
- K19 patient and living donor information, education and support opportunities
- K20 roles of other members of the multidisciplinary team
- K21 methods of communicating sensitive information to individuals

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- K22 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K23 the importance of establishing rapport and how to do so
- K24 how to ask questions, listen carefully and summarise back
- K25 the importance of encouraging individuals to ask questions and how to do so
- K26 the religious beliefs of different cultures
- K27 the effects of different cultures and religions on care management and effects on family dynamics
- K28 the principle of confidentiality and what information may be given to whom
- K29 the importance of involving individuals in discussions, and how to do so
- K30 how to negotiate effectively with individuals, families and other professionals
- K31 the principles of evidence-based practice, and how to apply them

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#### Additional Information

##### External links

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

Dimension: Core 1 Communication

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<b>Developed by</b>	Skills for Health
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<b>Originating organisation</b>	Skills for Health
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<b>Original URN</b>	RenLD10
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<b>Relevant occupations</b>	Health, Public Services and Care; Health Professionals; Healthcare and Related Personal Services
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<b>Suite</b>	Renal
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<b>Key words</b>	kidney, kidneys, donation, diabetes, donor, renal, transplant
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