Review and evaluate results with colleagues and the prospective living donor



Overview

This standard is about assessing someone who has expressed a wish to donate to a specific patient to see if they are medically suitable. The standard includes the psychosocial suitability of the would-be donor and the feeding back of results from a range of tests that may have implications for the prospective donor and their family as well as for the donation process itself. The standard takes into account that donors are a special case: people who are well, volunteering to undergo a surgical procedure and other risks.

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

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Performance criteria

You must be able to:

- P1 communicate to the donor the implications of the assessment for their participation in donation
- P2 discuss medical screening and other results and their implications with members of the programme team
- P3 collate all the available information and make a justifiable, evidencebased assessment of
 - P3.1 implications for continuing in the donation programme
 - P3.2 the prospective donor's health and wellbeing
 - P3.3 risks to their health and wellbeing through participating in the programme, the scale, severity and frequency of the risks and how they may be managed
 - P3.4 the likelihood of success in donation and the risks to that success
- P4 discuss the assessment outcomes with the prospective donor enabling them to
 - P4.1 think through the risks and how these can be managed
 - P4.2 ask your advice on their own health
- P5 communicate whether or not the prospective donor can still be in the living organ donation programme
- P6 enable the prospective donor to recognise the opportunity now and in the future to withdraw the offer to donate at any time
- P7 recognise the response of the donor and respond supportively to it
- P8 refer the prospective donor to other practitioners when needs and risks are beyond your own scope of practice
- P9 where prospective donors are not able to continue, offer psychological or advocacy support

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Knowledge and understanding

You need to know and understand:

- K1 anatomy and physiology of the human body
- K2 anatomy and physiology of the renal system
- K3 psychological care skills (e.g. counselling)
- K4 valid consent for assessment and continuing in the transplant programme
- K5 how to create a safe environment to allow a donor to withdraw from the programme, revoking consent
- K6 what renal patients can expect with and without transplantation
- K7 the assessment process and its requirements of donors and members of the multidisciplinary team
- K8 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)
- K9 current evidence of the effects of the donation programme on potential donors and how to minimise adverse reactions
- K10 resources available to the assessment process and how to access them (e.g. laboratory services, psychological assessment, specialist counselling)
- K11 how to present to audiences of donors, recipients and families to explain and to promote live donation
- K12 how to facilitate discussions among potential and past donors, recipients and families
- K13 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K14 best practice guidelines (e.g. British Transplantation Society)
- K15 boundaries that must be observed by members of the team in keeping the interests of donor and recipient separate
- K16 current evidence and evidence-based practice for the whole donation process
- K17 commissioning tests (e.g. histocompatibility, cross matching, blood group, screening for antibodies)
- K18 interpreting results (e.g. histocompatibility, cross matching, blood group, screening for antibodies)
- K19 how to interpret a donor's physical and psychological health, using your own and others' observation, discussion and technical assessment methods
- K20 family relationships and ways of exploring them through observation, individual and group interviews and discussions
- K21 investigation and interpretation of donor motivation, its sustainability and

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- risks associated with different types of motivation
- K22 types of coercion and reward applied to donors and how they may be revealed
- K23 how to assess the potential donor's motivation (e.g. free from inducement, coercion or threat)
- K24 how to act on behalf of the donor to convey difficult messages (e.g. withdrawing from donation, a revealed medical condition)
- K25 procedures, protocols and guidelines for the organisation and for links with receiving or referring units
- K26 statistics for renal transplantation locally
- K27 patient and living donor information, education and support opportunities
- K28 working understanding of roles of other members of the multidisciplinary team
- K29 methods of communicating sensitive information to individuals
- K30 how information obtained from individuals should be recorded and stored
- K31 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K32 the importance of establishing rapport and how to do so
- K33 how to ask questions, listen carefully and summarise back
- K34 the importance of encouraging individuals to ask questions and how to do so
- K35 the religious beliefs of different cultures
- K36 the effects of different cultures and religions on care management and effects on family dynamics
- K37 the principle of confidentiality and what information may be given to whom
- K38 the importance of involving individuals in discussions, and how to do so
- K39 how to negotiate effectively with individuals, families and other professionals
- K40 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: HWB6 Assessment and treatment planning

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Developed by	Skills for Health
Version number	1
Date approved	June 2010
Indicative review date	June 2012
Validity	Current
Status	Original
Originating organisation	Skills for Health
Original URN	RenLD9
Relevant occupations	Health, Public Services and Care; Health Professionals; Healthcare and Related Personal Services
Suite	Renal
Key words	kidney, kidneys, donation, diabetes, donor, renal, transplant