

IN PRACTICE

A41 **ESTABLISHING A MULTIDISCIPLINARY SCOTTISH ORGAN DONATION SIMULATION COURSE USING A HYBRID OF SIMULATED PATIENTS AND HIGH-FIDELITY MANIKINS**

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Introduction: In the UK, only 1% of people die in a way that enables organ donation to be a possibility. This means that every opportunity for donation is extremely important to get right.

In 2021, three trainee leads for organ donation (TRODS) were appointed in Scotland. One of our aims was to identify gaps in teaching and training relating to organ donation. A national survey was distributed, and the findings demonstrated a clear lack of confidence in donation after cardiac death (DCD) and withdrawal of life sustaining treatment (WLST) for DCD. Respondents also felt that they had not received sufficient training in brain stem death testing. It was clear that further training and education was needed and in collaboration with NHS Blood and Transplant, the multidisciplinary Scottish Organ Donation Simulation Course (SODS) was established.

The aim of the course is to provide immersive clinical situations in which candidates can gain confidence in practical and communication skills and overall preparedness for dealing with these precious organ donation scenarios within the critical care environment.

Methods: In November 2023, the first simulation session was delivered. A mix of simulated patients and high-fidelity manikins were used to create the learning experiences. The course focused on practical and communication skills in relation to BSD, DCD, WLST within a critical care environment. The specialist nurses for organ donation were fully integrated and immersed into the communication scenarios demonstrating their verbal and nonverbal skills with bereaved families [1]. Our use of simulated patients

created an environment that reflected real life practice and allowed the candidates to feel both the emotion and challenges of these situations [2]. A multidisciplinary approach to the course created a more inclusive simulated learning environment where the clinical expertise and experience of each candidate were fostered by the mixed medical and nursing faculty.

Results: Feedback was extremely positive and reflected the benefit of using simulation to facilitate learning. Comments such as “high fidelity” and “excellent facilitation for discussion and real time feedback” were included. Overall, this highlighted the benefit of establishing a Scottish simulation course.

Discussion: With such positive feedback and a clear demonstration of an educational gap, NHS Education for Scotland with the support of NHSBT are now funding the SODS course. This will help to embed organ donation simulation into the national curriculum, enable greater access to education for the multidisciplinary team and promote clinical excellence within our Scottish critical care units.

Ethics statement: Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

REFERENCES

1. Morgan J, Hopkinson C, Hudson C, Murphy P, Gardiner D, McGowan O, Miller C. The Rule of Threes: three factors that triple the likelihood of families overriding first person consent for organ donation in the UK. *Journal of the Intensive Care Society*. 2018;19(2):101–106.
2. Potter JE, Elliott RM, Kelly MA, Perry L. Education and training methods for healthcare professionals to lead conversations concerning deceased organ donation: An integrative review. *Patient Education and Counseling*. 2021;104(11):2650–2660.