TITLE PAGE

Certified Family Service Coordinator: A Model for Professional Practice and Recognition

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ABSTRACT PAGE

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Abstract

The use of the Family Service Coordinator is still a relative newcomer to the organ procurement/transplantation field. Since no comprehensive training and recognition program exists, Lifesharing, A Donate Life Organization, decided to develop a Certified Family Service Coordinator program. We defined the goals of the program as 1) to improve the care we provide to our families and increase consent for organ donation; 2) to streamline and standardize our best practices; 3) to learn new skills and improve individual understanding and practice; 4) to share our own wealth of experience; and 5) to provide professional certification and recognition. In addition, given the limitations of time and resources that affect most organ procurement organizations, we wanted to see if a comprehensive training program could be developed using resources that were easily and inexpensively acquired on the Internet.

KEYWORDS: organ donation, grief and bereavement, counseling, listening skills, training.

Introduction

This paper discusses the process of creating a training program to better equip helping professionals to work with organ donor families, typically in hospital ICU's and Emergency Departments. Such professionals provide emotional support, referrals to community resources, and explain the option of organ donation to families who have experienced the tragic loss of their loved one.

Like most organ procurement organizations in the United States, Lifesharing (a Donate Life Organization located in San Diego, California) had always used a combination of hospital-based designated requestors (nurses and other hospital staff) as well as their own Organ Procurement Coordinators to approach families for consent for organ donation and provide them with support when required. In 2003, partially in response to the recognition that consent rates were low and donors were not being well managed, the Executive Director decided to implement a family services program in the hope that better care of families would lead to improved outcomes. By that time this had become something of a national trend.

This is a process that has been repeated throughout the organ procurement world since the late nineties, when organ procurement organizations (OPO's) began to recognize the need to have more specialization within the procurement process. One of the first pilot programs, conducted at the Medical University of South Carolina, demonstrated that consent rates could be doubled if trained bereavement professionals were available to assist families, explain brain death and organ donation, and approach for consent (Sade, et al, 2002). Subsequently, the use of such professionals has been recognized nationally as a best practice, with more and more organ procurement

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organizations hiring family service staff. Later studies have supported the assumption that well-trained coordinators were associated with a higher consent rate for organ donation (Ebadat, et al. 2014).

While the backgrounds of family service staff vary, many have backgrounds in the helping professions such as social work, chaplaincy, and nursing. Some have worked in health care in other capacities, such as translation. At Lifesharing, we found that our staff of family service professionals not only came from different backgrounds, but also had a variety of ways that they approached their job. We wanted to standardize best practices in order to maintain our consent rate, and we also wanted to give our family service staff a sense of professional identity. Since there is no nationally recognized certification for family services staff in organ and tissue procurement, we decided to create our own.

Significance for Public Health

In the United States alone, there are currently some 123,000 people on the waiting list for an organ transplant. With only 6000 to 8000 potential organ donor deaths each year, and another 2000 living donors (mostly kidneys), every potential opportunity for increasing consent for organ donation must be pursued. Average organ donor consent rates vary between 60% and 80% nationally depending on the region. Uniform increases in these consent rates can make more organs available for transplant, and decrease deaths while on the organ waiting list.

Process

We defined the goals of the program as:

1. Improve the care we provide to our donor families.

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2. Streamline and standardize our best practices.

3. Learn new skills and improve individual understanding and practice.

4. Share our own wealth of experience.

5. Provide professional certification and recognition.

In addition, given the limitations of time and resources that affect most organ procurement organizations, we wanted to see if a comprehensive training program could be developed using resources that were easily and inexpensively acquired on the Internet.

After reviewing job descriptions and interviewing family service staff about the nature of their work, seven subjects were defined as "core" areas, around which the entire training program would be built:

1. Basic counseling and assessment.

2. Grief and bereavement.

3. Crisis intervention.

4. Organ and tissue consent approach process.

5. Bioethics, consent law, and professional ethics.

6. Conflict resolution.

7. Stress management/caring for caregivers.

In addition, five "secondary" areas were identified, each to be presented by a different senior Organ Procurement Coordinator or other experienced staff. These seven secondary areas were scheduled for thirty minute time slots and were scattered throughout the three day, twenty hour training program as a way to break up the longer sessions:

1. Clinical evaluation of a potential donor/new referral.

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2. Understanding and working with health care professionals.

3. Understanding and explaining Brain Death.

4. Organ and tissue allocation in the United States.

5. Professional documentation.

In the original design of the course, methods of instruction included lectures/discussions, assigned readings, DVD/video, and group role playing. After reviewing the material, it was thought that it could be taught over a three day period totaling 20 hours of instruction. Intentionally mirroring Certified Organ Procurement Coordinator requirements, candidates for Certified Family Service Coordinator (CFSC) would be required to have one year of relevant experience, complete the 20 hour training, and pass a 55 question comprehensive written examination with a score of 90% or better. Certification would be maintained by the annual completion of a continuing education requirement.

Now that the learning goals were identified, the materials for instruction had to be created. Texts had to be selected, audio-visual aides had to be identified, power point presentations created, hand-outs developed. Was it possible to complete such a large project with limited resources of time and virtually no budget?

Lifesharing staff is encouraged to maintain a folder on a shared corporate server, so they can keep copies of hand-outs or power point presentations they have used in the past. This gave us a very large library of resources from which to create a new project. In addition, Google searches were done using the exact terminology of each of our “core” areas (i.e. we typed in “crisis intervention” or “conflict resolution”, etc.) and in each and every case, the search returned literally hundreds of usable resources including power

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point presentations, hand-outs, and links to organizations and other sources of information. Such resources were downloaded, checked for permission to use and/or copyright, and inserted into our existing power point presentations or placed in a resource notebook for each student. In the end, the design of the entire CFSC training program required no new presentations or handouts, minimal editing of existing power point resources, about 15 to 20 hours of staff time, and a few dollars-worth of photocopying. Everything from course syllabi to the graduation certificates already existed and simply had to be located and made suitable for our use. One person drove the design and course facilitation process, and we didn't even need to have committee meetings.

Conclusion

Throughout the training, the five participants in our initial "pilot" course were asked to provide written feedback about the structure of the course, what was most helpful, and what was least helpful. This information will be integrated into future CFSC training programs. We hope to offer this training program annually to our own staff, and we look forward to hosting training programs which include staff from other organ procurement organizations as well as participating in a process to implement CFSC training as a best practice nationally.

While "certification" takes place internally, it is our hope that an organization such as the American Board for Transplant Certification develops a certification program similar to what has been presented here.

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