Abstract Form

Abstract is to be typed in a **10 point** font/typeface (Times Roman preferred) and **must** fit in the space below; additional pages **may not** be submitted.

FOR REVIEWER USE

- 1 2 3 4 +

Reviewer's signature

FOR OFFICE USE

Date: _____

Time: _____

_____

TITLE: Stage Based Intervention to Increase Consent for Cadaveric Organ Donation: A Training Curriculum for Organ Procurement Coordinators

DESCRIPTION OF ACTIVITY:

While some organized training programs for organ procurement organization (OPO) coordinators exist, these are few in number, tend not to be theoretically based or empirically validated. This paper reports on a collaborative project with the South Eastern Organ Procurement Foundation (SEOPF) to develop a training curriculum for organ procurement personnel in the use of the transtheoretical model of behavior change (TMC) as applied to the family consent situation. The purpose of this training program is to offer coordinators a strong theory-driven and empirically validated framework to soliciting family consent for cadaveric organ donation to increase consent rates.

The TMC has been well supported empirically to improve our understanding of behavior change for many behaviors including smoking cessation and weight control. In this model, behavior change is seen as a gradual, continuous and dynamic process in which people move through a series of five stages of change: precontemplation (not considering change), contemplation (considering change), preparation (preparing for change), action (recently changed), and maintenance (continuing change). Part of the decision to move from one stage to the next is based on the subjective weighting given to the pros and the cons of the behavior. The pros represent the perceived positive consequences of engaging in a behavior, whereas the cons represent the perceived negative consequences. Across at least 12 health behaviors, consistent patterns have been found between the pros and cons of changing and the stages of changing. The TMC also posits that people in different stages of change utilize different processes of change in order to progress to the next stage. The processes of change are strategies and techniques people use as they progress through different stages of change over time. Common processes of change, and similar relationships between the stages and processes of change have been found across diverse problem behaviors. Applied research has demonstrated dramatic improvements in recruitment, retention, and progress using stage-matched interventions and proactive recruitment procedures. It is hypothesized that training in the TMC as applied to the consent situation will improve the ability of coordinators to provide stage matched interventions to help move the greatest number of families to consent for donation.

DESCRIPTION OF EVALUATION (if completed, provide results):

Based on our experience in developing professional training curricula for a growing number of health related problems, we have developed a well-documented, standardized approach to the design of similar programs for problem behaviors. A twelve month training curriculum development period has been initiated. Qualitative research approaches including expert focus groups with OPO specialists and family members will serve to inform the integration of the TMC with key components (i.e., elements of bereavement approach) of successful consent solicitations. The training curriculum will include reference manuals for coordinators that will reflect the integration of TMC into the consent situation. Stage-based pamphlets or other materials for direct use with family members will also be developed during this period. The training, manuals and pamphlets will utilize the measures and normative database derived from a completed standardized survey that applied the TMC constructs to the consent situation. Once developed, qualitative approaches such as focus groups for both patients and staff and individual in-depth intercept interviews will be conducted to evaluate the feasibility and acceptability of the training and intervention. Continued development and refinement using qualitative methods will occur during the entire 12 month curriculum development period to ensure the appropriateness of the intervention for the targeted group. Formal quantitative testing of the efficacy of this coordinator training on consent rates is in development.

It is important to note that the distinctiveness of the TMC lies in its integration of several theories of change--in the hypothesized and empirically validated relationships among the various theoretical constructs. It is these relationships among the constructs that contribute most to the understanding of change and can be most useful in the development of effective interventions. It is anticipated that training OPO specialists in the behavior change framework offered by the TMC will enhance and sharpen the focus of skills required to help families choose to consent to organ donation.

CONTACT: Mark L. Robbins, Ph.D. CPRC, University of Rhode Island, (401)874-5082

Name: _____ Title/Affiliation: _____ Phone: _____