

## **Erratum Notice**

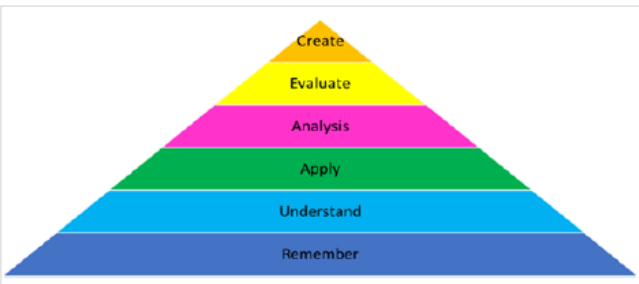
On pages 193–196 (Figure 41), relating to the Phronesis-based evaluation framework, grounded in Bloom’s taxonomy for the donation approach, the framework included is not the final version and contains elements of version 1. A complete and correct version (Version 2) is provided below.



### Phronesis-Based Assessment Framework Grounded in Bloom’s Taxonomy

This framework is designed to support educators, mentors, and Specialist Nurses in Organ Donation by enabling both self-directed and externally guided assessment. Positioned as a developmental continuum, it offers a structured approach to recognising, cultivating, and aspiring toward expert practice. Reflective engagement is central to its use, inviting users to deepen their reflective insight through established models such as Gibbs’ Reflective Cycle (1988) and Rolfe et al.’s ‘What? So What? Now What?’ reflective model (2001).

To enhance the refinement of advanced communication skills, it also encourages deliberate practice opportunities, fostering experiential learning, critical reflection, and the internalisation of expert behaviours.



**Reference:**

Gibbs, G. (1988) *Learning by Doing: A guide to teaching and learning methods*. Further Education Unit, Oxford Brookes University: Oxford.  
 Rolfe, G., Freshwater, D., Jasper, M. (2001). *Critical reflection in nursing and the helping professions: a user’s guide*. Basingstoke: Palgrave Macmillan.

#### Bloom’s taxonomy - six cognitive levels

The individual focuses on recalling facts and basic concepts, relying on rules and notes. Inexperienced, unable to troubleshoot, not adaptable, and has a narrow focus.	Individual can explain ideas and concepts and has some experience and understanding. They recognise complexity and are rule-focused but need assistance with prioritising tasks	This individual effectively uses information in new situations, demonstrating the ability to interpret, solve problems, and explain concepts. They are experienced and capable of prioritising tasks. With some adaptability and skills in managing complex situations, they plan well and possess strong analytical abilities.	This individual excels at drawing connections, comparing and contrasting, distinguishing details, examining, and experimenting. They understand what is important and recognise relevant priorities, leading to good decision-making. With a holistic view, they are adaptable and deliberate in their actions.	This individual is intuitive and confident, capable of justifying and standing by decisions. They excel at appraising, arguing, critiquing, and juggling tasks. With a clear vision of the big picture, they effectively act on priorities and manage complexities with ease.	This individual excels at producing new and original work. They design, develop, and construct innovative solutions, formulating ideas and investigating thoroughly.
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Approach skills to be observed, reflected, and fed back upon:

- Planning Conversation  Building Rapport Trust are and End of Life Care Faith  Culture & traditions  Communication Skills
- Information about donation benefits  Legislation ODR/Deemed/HQR  Responsiveness to Family Concerns  Decision Making Skills
- Research  Consent/Authorisation Form Completion  Management Plan



Skill observed: <b>Planning Conversation</b>	In this instance, a structured planning conversation between the clinical team and key staff members was not evident, possibly reflecting the demands of the clinical situation.	A planning conversation was observed, with the individual beginning to engage, although contributions to discussion and decision-making were still developing.	Engaged in the planning conversation with the consultant and bedside nurse, demonstrating an active and increasingly confident contribution to discussion and decision-making.	Conducted a purposeful planning discussion with the consultant and bedside nurse, considering the clinical situation, prior consent, key family members, and emotional readiness. Relevant support, such as faith representatives, was thoughtfully included where appropriate.	Demonstrated active engagement in the planning conversation, contributing to discussion and helping to shape the overall approach to family communication.	Facilitated a structured planning conversation with the consultant and bedside nurse, clearly outlining the intended flow of discussion. Key checkpoints were incorporated to help the family gradually come to terms with the inevitability of their loss and become emotionally prepared for the next steps, including meaningful engagement in conversations about organ donation.
<b>Building Rapport, Trust and End of Life Care Faith, Culture &amp; traditions</b>	The initial introduction felt tentative, with some opportunities to further develop rapport and explore the family's immediate needs before introducing donation.	An introduction was made with some attempts to build rapport. There were opportunities to further explore the family's needs using more open questions and to enhance supportive elements such as comfort and end-of-life considerations.	Built rapport by addressing basic needs and family support requirements, while beginning to explore end-of-life preferences, including faith and cultural considerations.	Developed strong rapport by exploring the family's priorities with sensitivity and curiosity, offering meaningful support and tailoring end-of-life care to reflect faith, cultural values, and individual preferences.	Developed meaningful rapport, recognising and responding to specific needs, offering support, and thoughtfully incorporating end-of-life care, including faith, culture, and traditions.	Intuitively connected with the family, respecting their values and end-of-life priorities, and provided space to consider the benefits of donation. EoLC was meaningfully tailored to their faith, culture and traditions.
<b>Communication Skills</b>	Early communication skills were demonstrated, with opportunities to further recognise verbal and non-verbal cues and develop a more fluid, conversational approach.	Some communication techniques were demonstrated, with growing awareness of family cues. There are opportunities to further develop responsiveness and avoid making assumptions, with support where needed.	Demonstrated use of a range of communication techniques, with awareness of areas for further development. Responded appropriately to verbal and non-verbal cues, with increasing confidence in adapting language.	Demonstrated highly effective communication, maintaining a well-paced and compassionate conversation. Language and tone were adapted appropriately, with thoughtful engagement in both verbal and non-verbal cues, supporting meaningful dialogue with the family.	Very good communication skills and eye contact. The conversation was well-paced, with appropriate tone of language and relatable donation evidence, such as statistics. Verbal and non-verbal cues were acknowledged and responded to with curiosity and meaningful engagement, mirroring the family. Use of informational Digital Link (IDL).	Excellent communication skills. Avoiding jargon. Use of positive language tailored and responsive to the family's needs. Confidently and empathetically handled objections, using advanced communication techniques and active listening to address concerns and building trust and enabling informed, lasting decisions. Use of informational Digital Link (IDL) and other information resources (leaflets etc) to support the family where appropriate.

Remember

Understand

Apply

Analyse

Evaluate

Create

<p><b>Information about donation benefits</b></p>	<p>Opportunities to share the potential benefits of donation were not evident in this interaction.</p>	<p>Rarity or helping others was mentioned. Further depth and detail could enhance family understanding and engagement.</p>	<p>Shared at least one clear and meaningful benefit of donation, supporting family understanding through relevant and relatable examples.</p>	<p>Provided tailored and meaningful information about donation benefits, adapting explanations to ensure they were relatable, clear, and responsive to the family's needs and understanding.</p>	<p>Benefit information was tailored, with relatable, and tangible, information, with agility in offering alternative information demonstrated, when the initial approach was ineffective.</p>	<p>Demonstrated the ability to recognise and respond to the family's emotional cues, both verbal and non-verbal, while advocating sensitively for both donor families and recipients. Information about donation benefits was thoughtfully tailored to the family's values and emotional responses, supporting meaningful and comforting discussions around legacy and impact.</p>
<p><b>Legislation ODR/Deemed/ HQR</b></p>	<p>Demonstrated awareness of the inclusion and exclusion criteria, with scope to further integrate this understanding meaningfully into conversations.</p>	<p>Demonstrates an emerging understanding of the safeguards of inclusion and exclusion criteria, with potential to build confidence in applying this knowledge in practice.</p>	<p>Demonstrated the ability to explain deemed legislation in a clear and accessible way, supporting understanding for both ICU colleagues and families during planning and conversations.</p>	<p>Demonstrated thoughtful application of legislation, interpreting its relevance within the specific context and supporting families to understand how it may inform, rather than direct, decision-making.</p>	<p>Evaluated an ethical dilemma, interpreting the significance of the deemed consent law where applicable, and demonstrated how this legislation can alleviate the burden of decision-making. Positive and presumptive approach demonstrated.</p>	<p>Creatively engaged the family in organ donation discussions, addressing concerns with innovative solutions. Know when legislation is/or is not meaningful and demonstrates the ability to flex to the individual's values and beliefs. Positive and presumptive approach demonstrated. Demonstrated the ability to adapt explanations to align with individual family values, supporting understanding without creating pressure.</p>
<p><b>Responsive to family concerns</b></p>	<p>Initial responses to concerns were offered, with further opportunity to explore underlying issues more fully and broaden the conversation.</p>	<p>Responses demonstrated empathy, with opportunities to further explore and fully understand the concerns being expressed by the family.</p>	<p>Responded to concerns and began to explore them further, with opportunities to deepen understanding through more open and exploratory questioning.</p>	<p>Demonstrated a sensitive and exploratory approach, seeking to understand the family's beliefs, values, and experiences, and responding to concerns in a supportive and considered manner.</p>	<p>Sought to understand the family's beliefs, values, experiences, and perspectives, exploring concerns sensitively and supporting their priorities.</p>	<p>Demonstrated advanced responsiveness, skilfully exploring both expressed and unspoken concerns. Used adaptive questioning and active listening to support the family articulating and working through complex emotional and practical considerations.</p>
<p><b>Decision making skills</b></p>	<p>Early exploration of donation preferences was observed, with an opportunity to further pace the conversation to support reflective, value-based decision making.</p>	<p>Began to explore the donor's wishes and family perspectives, with opportunity to further develop depth and support reflective decision-making.</p>	<p>Considered the donor's values and beliefs when supporting decision-making, responding sensitively to initial family reactions and beginning to explore future impact.</p>	<p>Supported the family in working towards an informed and values-based decision, thoughtfully addressing both emotional and cognitive aspects of the situation.</p>	<p>Promoted informed and reflective decision-making, exploring the donor's values and beliefs while responding sensitively to early emotional reactions.</p>	<p>Used positive language to help the family honour their loved one's decision. Demonstrating agility and responsiveness, during the family interaction.</p>



<b>Research</b>	Confidence in discussing research could be further developed, particularly in responding to questions and addressing concerns.	Initial responses to research-related questions were offered, with opportunities to further develop understanding and confidence in addressing family concerns.	Demonstrated an ability to introduce research opportunities, with scope to expand on detail and further explore family understanding and concerns.	Effectively integrates research into consent/authorisation discussions, aligning with donor ethos. Uses open-ended questions and strong communication to explore concerns, securing tailored consent even in the face of initial hesitancy.	Integrated discussion of research into the consent conversation, using effective communication strategies to explore concerns and support consideration of available options, upported by the considered use of family information leaflets to aid understanding.	Skilfully reads families' emotional cues, using positive, tailored language to engage them in research. Demonstrates agility in conversation and provides relatable evidence of research impact on donation and transplantation. Communicates study knowledge with clarity and relevance to the family.
<b>Consent /authorisation form completion and the supportive conversation</b>	With support, the consent form was completed; further confidence could be developed in explaining all elements clearly to the family.	The consent form was completed with support, with growing confidence in explaining information clearly to the family as understanding develops.	Completed the consent form in line with legal and regulatory requirements, using it to support and structure the conversation while addressing family questions.	Demonstrated confident and structured completion of the consent process, using experience and clinical insight to guide a clear, responsive, and individualised conversation.	Demonstrates completion of the consent form meeting legal and regulatory requirements. Is able to construct a bespoke consent conversation and form completion based on intuition and previous experience. Has a big picture vision and can manage complexities of the form completion in a one donor ethos with some ease.	Demonstrate an ability to read the family in an intuitive manner, personalising the conversation and form meeting the legal and regulatory requirements. There is a deep grasp of the situation and demonstrates a creative and curious response to concerns and family needs.
<b>Management plan</b>	Early development of a structured management plan was evident, with opportunities to further strengthen forward planning and broader consideration of the situation.	Recognises the complexity of the donation pathway, with opportunity to further develop a broader perspective and integrate multiple priorities into planning.	Demonstrated the ability to develop clear clinical and operational plans, showing growing confidence in prioritisation, adaptability, and managing the complexities of the donation pathway.	Developed a clear and confident management plan, demonstrating the ability to prioritise effectively and consider the broader clinical, operational, and family context.	Demonstrates intuition and confidence in constructing a management plan. Ability to justify and stand by their decisions made. With a clear vision of the big picture, they effectively act on priorities and manage complexities with ease.	Developed a comprehensive and responsive management plan, demonstrating innovation and adaptability in addressing the complex clinical, operational, and family needs, with clear awareness of the wider context and long-term impact.

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