Section 1: The Role of the Transplant Nurse Coordinator: History and Current Practice

1. History of Transplant Coordinator role development.
2. Role on the transplant team.
3. Challenges and limitations of the role.

References:

Section 2: Evaluation and Management of the Transplant Candidate

1. Referral and Indications/Contraindications for Heart and Lung Transplantation
   a. Referral methods and timing.
   b. Contraindications for heart or lung transplant (reject for evaluation).

2. Evaluation and management: heart transplant candidate
   a. Elements of evaluation
      i. Tests
      ii. Imaging
      iii. Nursing role
   b. Decision-making

3. Evaluation and management: lung transplant candidate
   a. Elements of evaluation
      i. Tests
      ii. Imaging
      iii. Nursing role
   b. Decision-making
4. Patient and family education
   a. Topics discussed
   b. Documentation
   c. Evaluation of learning

5. Psychosocial issues pre-transplant
   a. Substance abuse
   b. Support systems
   c. Postop management
   d. Financial assessment

References:
Section 3: Caring for the listed patient

1. Collaboration between Heart Transplant and MCS Coordinators on Patients on MCS Devices
   - Understanding transplant patient selection criteria
   - Communication
   - Advocacy
   - Palliative care

2. Difficult decisions during the waiting period
   - Setting and managing expectations of the transplant process
   - Psychosocial support of patients and families
   - Addressing conflict within the transplant team

3. Managing patients with anti HLA antibodies and desensitization therapies
   - Risk factors for development of anti-HLA Ab
   - Mechanism of action of desensitization strategies
   - Monitoring of anti-HLA Ab pre transplant
   - Assessing for donor-specific Ab post transplant

4. The Heart and Lung Donor
   - Multiple priorities of the procurement transplant coordinator
   - Determining suitability of thoracic organs for transplantation
   - Factors that determine donor-recipient matching
   - How assessment and coordination of SCD and DCD donors differ

5. Interactive Session
   Exemplars:
   - Donor is CDC high risk, how does your selection and care of recipient differ from SCD
   - Listed heart txp candidate c MCS discloses to MCS coordinator ambivalence about txp
Recommended reading

Collaboration between Heart Transplant and MCS Coordinators and Patients on MCS Devices


Helman, D.N., Oz, M.C. Developing a comprehensive mechanical support program (2001) *Journal of Cardiac Surgery*, 16 (3), pp. 203-208


Lingard, L. a b, Mcdougall, A. a c, Levstik, M. d, Chandok, N. d, Spafford, M.M. e, Schryer, C. f


Difficult decisions during the waiting period


**Managing patients with anti HLA antibodies and desensitization therapies**


The Heart and Lung Donor


Ormrod, J.A., Ryder, T., Chadwick, R.J., Bonner, S.M. Experiences of families when a relative is diagnosed brain stem dead: Understanding of death, observation of brain stem death testing and attitudes to organ donation (2005) Anaesthesia, 60 (10), pp. 1002-1008.


Section 4: Transplant Management

1. Immunology 101
   - The concept of self and non-self
   - The key components of the immune system
   - What parts of this are important in transplantation?

2. Immunosuppression: Induction and Maintenance
   - Induction - what is it and why are there differences between sites?
   - Which drugs are used to maintain the graft?
   - Common side-effects

References:
Section 5: Immediate Post Transplant Care

1. Immediate Post Transplant Management
   - ICU management
   - Surgical and Medical Complications
   - Prophylactic Regimen
   - Immunosuppression therapy (covered in previous section)

2. Management of Acute Cellular Rejection and Antibody Mediated Rejection
   - Definitions of acute cellular rejection and antibody mediated rejection
   - Management strategies of acute cellular rejection
   - Management strategies of antibody medicated (humoral) rejection

3. Post operative Patient Education
   - Medication teaching
   - Signs and symptoms of infection and rejection
   - Monitoring for infection, rejection and changes in medical status
   - Follow up care post discharge

Immediate Post Transplant Management


**Management of Acute Cellular Rejection and Antibody Mediated Rejection**


**Post operative Patient Education**


Chad A. Witt, Bryan F. Meyers, Ramsey R. Hachem


Section 5: Care of the Patient with Special Needs

1. Poor Social Support and Low Socioeconomic Status
   - Why is social support important?
   - Why is socioeconomic status important?
   - What are some key principles in caring for these patients?

2. Low Health Literacy and Adherence
   - Overview of health literacy and why it's important
   - How to determine level of health literacy
   - Within the above context, strategies for improving adherence

3. Care of the Very Young, School Age and Adolescent
   - What's different about the 3 age groups?
   - What are some key concepts in managing each group?
   - A short discussion about transitions

4. Care of the Older Aged Patient
   - What defines older age?
   - Frailty and it's impact on care
   - Long-term issues

References:

Poor Social Support and Low Socioeconomic Status


**Low Health Literacy and Adherence**

**Care of the Very Young, School Age and Adolescent**

**Care of the Older Aged Patient**
Section 6: Long Term Followup

1. Follow up Surveillance program (include common complications diabetes, HTN, hypercholesterolemia)
   - Current recommendations
   - Role of the surveillance biopsy
   - Non-transplant complications, frequencies, and treatment strategies
2. Return to Work, School and Quality of Life
   - Barriers to return to normal activities
   - Strategies to facilitate successful reintegration into the community
   - Return to school issues
   - Achieving acceptable quality of life
3. Infection and Malignancy
   - Common infections and their timing in the post-transplant period
   - Prevention and treatment of infections
   - Malignancy Risk
   - Prevention and treatment of malignancy
4. Chronic Rejection: BOS and CAV
   - Signs and symptoms
   - Current treatment strategies
   - Retransplantation

References:

Work Status after Transplant


Return to School after Transplant


Transition Models


Transition for Pediatric to Adult


Infection and Malignancy


BOS


CAV


**Section 7: Caring for Ourselves and Others**

1. **Care for the Caregivers**
   - Outline the makeup of those who provide care for thoracic transplant patients.
   - Describe the experience of caregivers both pre-transplant and post-transplant.
   - List potential interventions for caregivers who are struggling with the caregiver role.
   - Discuss the rewards identified by caregivers for performing the role.

2. **Caring at the End of Life**
   - Describe the evolution of the involvement of palliative care providers in the thoracic transplant team.
   - Discuss the ethical and practical challenges of offering hope through transplantation while also helping patients and families to prepare for end of life.
   - List specific palliative interventions that can be of benefit to thoracic transplant patients.

3. **Career Development Strategies for Transplant Professionals**
   - Outline steps along a potential career path for a transplant professional.
   - Describe strategies to prepare for a career in transplantation.
   - How do we stimulate interest in others for a transplant career to provide for controlled succession planning?
   - Growing the network – helping others to become active in transplant organizations like ISHLT.

4. **Work-Life Balance for the Transplant Professional – Making it Work**
   - Strategies to define work-life balance for the individual.
   - How to strategically say “no”
• Time Management
• Stress relief

References:

Care for the Caregivers


End of Life in Transplantation
Dipchand, A. "Decision-making in the face of end-stage organ failure: high-risk transplantation and end-of-life care". *Current opinion in organ transplantation, 2012;17(5); 520-524.


Career Development


**Work Life Balance**


