



Communication skills training for brain death discussions in healthcare education: a scoping review protocol

Andreia Salomé Montes Pinho ^{1,2}  0000-0003-2918-4053
Rúben Miguel Câmara Encarnação ^{1,3}  0000-0003-2666-7391
Henrique Joaquim Fonseca Filipe Lopes ²  0009-0001-2229-7488
Maria Amélia Dias Ferreira ^{1,4}  0000-0001-9462-1788
Vasco Manuel da Silva Neves ¹  0000-0003-0954-4074

¹ Faculty of Health Sciences and Nursing, Center for Interdisciplinary Research in Health, Catholic University of Portugal, Porto, Portugal

² Neurocritical Intensive Care Unit, São João Local Healthcare Unit, Porto, Portugal

³ Cardiology Intensive Care Unit, São João Local Healthcare Unit, Porto, Portugal

⁴ Intensive Care Unit, Pedro Hispano Hospital, Matosinhos Local Health Unit, Portugal

ARTICLE INFO

Received 06 June 2026

Accepted 13 July 2026

Keywords:

brain death
communication
health education
organ donation

Corresponding Author:

Andreia Salomé Montes Pinho;
Catholic University of Portugal,
Faculty of Health Sciences and
Nursing, Center for Interdisciplinary
Research in Health, Porto,
Portugal; aspinho@ucp.pt

DOI: 10.62741/ahrj.v3iSuppl.238

This article is licensed under the
terms of the Creative Commons
Attribution-NonCommercial 4.0
International License.

ABSTRACT

Introduction: Communication with family members regarding brain death is a critical competency in healthcare practice, requiring healthcare professionals to deliver complex and emotionally sensitive information effectively. Despite its recognized importance, there is limited clarity regarding the educational content, teaching strategies, and assessment methods used to develop these communication skills in healthcare education.

Objectives: This scoping review aims to map how communication with families in brain death situations is addressed through educational interventions. Specifically, it will identify teaching strategies, learning objectives, delivery methods, and evaluation approaches, as well as reported outcomes.

Methodology: Searches will be conducted in MEDLINE Complete, CINAHL Complete, Education Source, APA PsycArticles, Psychology and Behavioral Sciences Collection, and Nursing and Allied Health databases (via EBSCOhost), as well as Scopus, Web of Science, and PubMed. Additional searches will be conducted in ProQuest databases and the Scientific Open Access Repository of Portugal to identify grey literature. Supplementary searches will include Google Scholar, screening relevant sources, and professional and regulatory organization websites. No language or publication date restrictions will be applied. Study selection, data extraction, and synthesis will follow JBI methodology, with two reviewers. Data will be summarized in tables and narrative form, focusing on teaching strategies, educational content, and outcomes such as communication competence, confidence, and preparedness.

Conclusion: This scoping review will map the existing evidence on educational strategies used to prepare healthcare professionals and healthcare students for communication with families about brain death. The findings will identify current educational practices, knowledge gaps, and opportunities to inform evidence-based communication training.

Contributions: Conceptualization: AP, MF, and VN; Data curation: AP, HL, MF, RE and VN; Formal Analysis: AP, HL, MF, RE and VN; Funding acquisition: Not applicable; Investigation: AP, MF and VN; Methodology AP, MF and VN; Project administration: AP; Resources: Not applicable; Software: Not applicable; Supervision: MF and VN; Validation: AP; Visualization: AP, HL, MF, RE and VN; Writing – original draft: AP, MF, RE and VN; Writing – review & editing: AP, MF, RE and VN

Please cite this article as: Pinho ASM, Encarnação RMC, Lopes HJFF, Ferreira MAD, Neves VMS. Communication skills training for brain death discussions in healthcare education: a scoping review protocol. *Athena Health & Research Journal*. 2026; 3(Suppl.). doi: 10.62741/ahrj.v3iSuppl.238

INFORMAÇÃO DO ARTIGO

Recebido 06 junho 2026

Aceite 13 julho 2026

Palavras-chave:

morte cerebral
comunicação
educação em saúde
doação de órgãos

Autor correspondente:

Andreia Salomé Montes Pinho;
Universidade Católica de Portugal,
Faculdade de Ciências da Saúde e
Enfermagem, Centro de Investiga-
ção Interdisciplinar em Saúde,
Porto, Portugal; aspinho@ucp.pt

DOI: 10.62741/ahrj.v3iSuppl.238

Este artigo está licenciado sob os ter-
mos da Licença Internacional Crea-
tive Commons Não Comercial 4.0.

RESUMO

Introdução: A comunicação com a família da pessoa em situação de morte cerebral constitui uma competência essencial na prática dos profissionais de saúde, exigindo a transmissão eficaz de informações clínicas complexas e emocionalmente sensíveis. Apesar da sua reconhecida relevância, subsistem lacunas de conhecimento relativamente aos conteúdos formativos, às estratégias pedagógicas e aos métodos de avaliação utilizados no desenvolvimento destas competências comunicacionais no contexto da educação e da formação em saúde.

Objetivos: Mapear as intervenções educativas destinadas ao desenvolvimento de competências de comunicação com a família da pessoa em situação de morte cerebral. Especificamente, identificar as estratégias pedagógicas, os objetivos de aprendizagem, os métodos de implementação e as abordagens de avaliação adotados, bem como os resultados reportados na literatura.

Metodologia: A pesquisa será realizada nas bases de dados MEDLINE Complete, CINAHL Complete, Education Source, APA PsycArticles, Psychology and Behavioral Sciences Collection e Nursing and Allied Health Collection (via EBSCOhost), bem como nas bases de dados Scopus, Web of Science e PubMed. Serão realizadas pesquisas adicionais nas bases de dados ProQuest e no Repositório Científico de Acesso Aberto de Portugal para identificar literatura cinzenta. As pesquisas complementares incluirão o Google Scholar, a análise de fontes relevantes e websites de organizações profissionais e entidades reguladoras. Não serão aplicadas restrições quanto ao idioma ou à data de publicação. A seleção dos estudos, a extração dos dados e a síntese dos resultados serão realizadas de acordo com a metodologia proposta pelo Joanna Briggs Institute (JBI), por dois revisores independentes. Os dados serão sintetizados sob a forma de tabelas e de síntese narrativa, com destaque às estratégias de ensino, aos conteúdos educativos e aos resultados como a competência comunicacional, a confiança e a preparação.

Conclusão: Esta revisão permitirá mapear a evidência existente sobre as estratégias educativas utilizadas na preparação de profissionais e estudantes da área da saúde para a comunicação com a família em situação de morte cerebral. Os resultados contribuirão para a identificação das práticas educativas atuais, das lacunas existentes na literatura e de oportunidades para o desenvolvimento de formação em comunicação baseada na evidência.

Introduction

Communication with patients and their families is a fundamental component of high-quality healthcare and underpins the delivery of person- and family-centered care. In clinical situations characterized by uncertainty, emotional distress, and complex decision-making, healthcare professionals must communicate information accurately while demonstrating empathy, cultural awareness, and responsiveness to families' individual needs.¹ These challenges become particularly evident when communicating about death by neurologic criteria (DNC), a situation that requires both technical knowledge and highly developed communication skills.

DNC, also known as “brain death” (BD), is defined as the irreversible cessation of all brain functions.² However, families often struggle to understand the concept of BD, which can be an emotionally charged and ethically sensitive experience within critical care settings. The presence of advanced life-sustaining technologies, such as mechanical ventilation and ongoing cardiac activity, can lead family members to misinterpret the clinical situation, complicating the recognition of death and intensifying emotional distress.³ Importantly, relatives' understanding of BD plays a central role in shaping their experiences and may influence their risk of developing complicated grief. In this context, clear, consistent, and empathetic

communication is essential to promote understanding and support adaptive bereavement outcomes.⁴

Effective communication is a core competency for healthcare professionals involved in BD determination. They must be able to clearly convey the diagnosis and its implications to families while offering emotional support during a highly distressing situation. In many cases, discussions surrounding BD are also closely linked to the possibility of organ donation, which may further intensify families' emotional responses and decision-making processes. Organ donation is often governed by legal frameworks such as opt-in or opt-out models, and evidence suggests that family preferences frequently take precedence over legal defaults.⁵ This highlights the critical role of communication with families in influencing decisions and shaping their experience, regardless of the consent model in place.

Discussing organ donation-related concepts involves a complex interplay of ethical considerations and communication factors, including the timing, clarity, and consistency of information, as well as the level of trust established between healthcare professionals and families.⁶ These challenges are further compounded by families' cultural and linguistic diversity, which can significantly influence their perceptions and expectations.^{7,8} Enhancing education and promoting culturally responsive communication approaches are therefore essential to support families during this process.⁹

Healthcare professionals experience significant emotional burden and a sense of unpreparedness when supporting families, particularly in complex and sensitive communication. Evidence suggests that these challenges are multifactorial, including insufficient training in communication, difficulties explaining concepts such as BD and donation procedures, and navigating ethical tensions and conflicting professional responsibilities. Furthermore, organizational and environmental factors within intensive care settings contribute to the complexity of these interactions and may hinder effective communication.^{6,10} In response to these challenges, a range of strategies have been implemented to support healthcare professionals, including structured communication protocols and targeted educational interventions aimed at enhancing communication competencies, professional confidence, and the quality of interactions with families.¹¹

Educational strategies have increasingly incorporated active and experiential learning approaches to strengthen communication skills and support the development of relational, ethical, and decision-making competencies among healthcare professionals and students.¹² Evidence suggests that communication skills training can improve self-efficacy and communication competencies, particularly when programs integrate theoretical foundations with experiential learning approaches.¹³ Simulation-based training has also been associated with improved ability to communicate complex and sensitive information.¹⁴ Furthermore, simulation programs using standardized patients and structured communication scenarios have demonstrated improvements in clinicians' preparedness to engage in discussions about BD and organ donation with families.^{15,16}

Advancing communication in health education requires a clear understanding of the current educational landscape. However, the evidence base supporting the development of communication skills among healthcare professionals in the context of BD remains limited, and the content and methods used to teach communication in these situations are not well established. There is a lack of clarity regarding how healthcare professionals are prepared to communicate a BD diagnosis to families and which educational strategies are used to support this process.

A preliminary search of major databases (CINAHL, MEDLINE, Scopus, and Web of Science), along with registries such as the Open Science Framework (OSF) and PROSPERO, identified no published or ongoing scoping reviews that explicitly address how communication with families about BD is incorporated into healthcare education or continuing professional development. Therefore, this scoping review aims to map and analyze the existing evidence on educational strategies for preparing healthcare professionals to communicate about BD with families.

To address this gap, this review aims to:

- Identify and describe the educational content related to communication with families about BD, including key communication frameworks, structured protocols, and learning objectives.
- Examine the educational approaches employed to support the development of communication skills in

BD contexts among healthcare professionals and healthcare students.

- Identify the procedures, instruments, and educational outcomes used to evaluate communication training among healthcare professionals and healthcare students in brain death contexts.

By systematically mapping this evidence, the review aims to clarify current educational practices for communicating with families about BD, including the use of structured communication protocols, educational strategies, and training content. It also seeks to identify critical gaps in how these interventions are delivered, integrated, and evaluated, and to inform the development of more structured, competency-based approaches to communication education, ultimately contributing to improved family-related outcomes.

Methodology

The proposed scoping review will be developed in accordance with the Joanna Briggs Institute's (JBI) methodology for scoping reviews and reported in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR).^{17,18} It was registered with the OSF under the title "Communication Skills Training for Brain Death Discussions in Healthcare Education: A Scoping Review Protocol" (Registration DOI: 10.17605/OSF.IO/KDV9M).

Review question

Following the methodological guidance of the Joanna Briggs Institute, and using the PCC (Population, Concept, Context) framework,¹⁸ the review is structured around the following research question: *What educational content, teaching-learning strategies, and assessment methods are used to prepare healthcare professionals, as well as undergraduate and postgraduate healthcare students, for communication with families about BD?*

In addition, the review will explore the following sub-questions:

- *What educational content is included in training interventions addressing communication with families about BD/DNC?*
- *What educational and learning strategies are used to develop communication skills in BD/DNC contexts?*
- *What assessment methods, instruments, or outcomes are used to evaluate communication competence, confidence, preparedness, or related learning outcomes?*

Inclusion criteria

In accordance with JBI methodology, the Participants, Concept, and Context (PCC) mnemonic was applied to establish the inclusion criteria for this scoping review.¹⁸

Participants

This scoping review will consider studies that include healthcare professionals and healthcare students as participants. Eligible participants will comprise individuals involved in the delivery of healthcare or enrolled in health-related education programs across a range of clinical and academic settings.

The review will focus on participants involved in clinical areas relevant to BD, including intensive care, emergency care, transplantation, and organ donation settings. Participants may include, but are not limited to, professionals and students from disciplines such as nursing, medicine, and other health-related fields. This may also include specific professional groups, such as emergency medical technicians and critical care professionals.

Participants may be engaged in clinical practice or enrolled in undergraduate or postgraduate education programs, including those involved in academic, clinical, or field-based learning contexts. Studies involving non-healthcare populations will not be considered.

Concept

This review will consider studies on communication processes with families in BD contexts, as well as educational strategies to develop communication competencies among healthcare professionals and healthcare students.

The communication component includes processes and skills for interacting with families, such as breaking bad news, information sharing, communicative competence, and professional–family communication. Studies addressing broader areas, including health communication, end-of-life communication, or palliative care communication, will be considered only when they explicitly address death by neurologic criteria (brain death), organ donation following brain death, or communication with families in these specific contexts. Studies focused exclusively on general end-of-life communication, palliative care communication, or bereavement communication without a specific focus on brain death or organ donation will be excluded.

The educational component includes educational interventions or training strategies designed to develop communication competencies. This encompasses the design, delivery, and evaluation of educational programs and teaching and learning strategies aimed to improve communication skills with families in BD contexts.

Context

This scoping review will consider studies conducted in the context of BD, including the determination of death based on neurological criteria and associated clinical processes. This encompasses clinical settings such as intensive care units, emergency departments, and organ donation or transplantation contexts. Studies conducted across diverse geographical, cultural, and healthcare settings will be considered.

Type of sources

This scoping review will consider a range of study designs, including quantitative, qualitative, and mixed-methods studies, to provide a comprehensive overview of the evidence on educational strategies that support the development of communication skills among healthcare professionals and healthcare students in BD contexts. In addition to primary research, this review will include systematic reviews, theoretical papers, expert commentaries, and relevant grey literature, such as conference abstracts, institutional reports, clinical guidelines, and policy documents, provided they offer meaningful insights into the design, implementation, or evaluation of communication training in this field.

Search strategy

The search strategy has been designed to identify both published and unpublished evidence on educational interventions and pedagogical approaches aimed at preparing healthcare professionals and students to communicate with families in the context of brain death. In addition, it will identify the assessment methods, instruments, frameworks, procedures, and educational outcomes reported in studies evaluating communication training. A three-step search strategy will be utilized in this review.¹⁹ First, a preliminary search was conducted across multiple databases via the EBSCOhost platform (including CINAHL Complete and MEDLINE Complete) using key terms such as brain death, communication, education, and healthcare. The text words contained in the titles and abstracts of relevant studies, as well as the indexing terms used to describe the articles, were analyzed to identify appropriate controlled vocabulary (e.g., MeSH terms and CINAHL Subject Headings) and additional keywords. This process was undertaken in collaboration with an experienced health sciences librarian and informed by the PCC framework and the review team's subject-matter expertise, enabling the refinement and expansion of search terms and the development of a comprehensive search strategy. The complete search strategy developed in EBSCOhost is provided in Appendix 1.

The final search strategy, including all identified keywords and indexing terms, will be adapted for each database and source of evidence. Searches will be conducted in databases accessed via the EBSCOhost platform (including MEDLINE Complete, CINAHL Complete, Education Source, APA PsycArticles, Psychology and Behavioral Sciences Collection, and Nursing and Allied Health databases), as well as Scopus, Web of Science, and PubMed.

Additional searches will be conducted in ProQuest databases (including Health & Medical Collection, Public Health Database, Psychology Collection, Healthcare Administration Database, Consumer Health Database, Research Library: Health & Medicine, and Career & Technical Education Database: Health & Medicine), as well as in the Scientific Open Access Repository of Portugal (RCAAP), to identify relevant grey literature. To enhance the credibility of the evidence identified through these sources, only documents originating from, or formally endorsed by,

academic institutions, governmental agencies, healthcare organizations, professional and regulatory organizations, or scientific societies with recognized expertise in the field will be eligible for inclusion. Documents without a clearly identifiable source or sufficient information to establish their provenance will not be considered.

Searches will be conducted in Google Scholar and in relevant peer-reviewed journals across the fields of healthcare education, communication, training, and clinical practice. Furthermore, the websites of relevant professional and regulatory organizations will be screened to identify additional sources of evidence, including reports, position statements, competency frameworks, and educational guidelines. These may include organizations such as the World Health Organization (WHO), the International Council of Nurses (ICN), the American Association of Critical-Care Nurses (AACN), the European Society of Intensive Care Medicine (ESICM), the Portuguese Nursing Council (Ordem dos Enfermeiros), the Organ Procurement and Transplantation Network (OPTN), and the Teaching Subcommittee of the European Association for Communication in Healthcare (tEACH – EACH). The reference lists of all studies included in the review will be examined. In addition, techniques such as citation tracking and snowball sampling will be used to identify additional potentially eligible studies. No language or publication date restrictions will be applied, allowing for a comprehensive and inclusive mapping of the literature. For studies published in languages not spoken by the review team, machine translation tools will be used to support study selection and data extraction. If the translated text cannot be interpreted with sufficient confidence, a collaborator proficient in the relevant language will be consulted whenever feasible.

Study/source of evidence selection

In this review, all identified citations will be collated and uploaded into Rayyan, and duplicates will be removed. Before formal screening, a pilot screening exercise will be conducted on a random sample of approximately 25–50 records, or 10% of the retrieved records, to ensure consistent interpretation and application of the predefined inclusion criteria. Any discrepancies will be discussed among the review team, and the eligibility criteria will be refined if necessary. Following the pilot screening exercise, the titles and abstracts of all identified records will be independently screened by two reviewers. Any disagreements arising at this stage will be resolved through discussion and consensus; if consensus cannot be reached, a third reviewer will be consulted. Full-text versions of potentially eligible sources of evidence will then be retrieved and assessed in detail by the same reviewers to determine final inclusion. Reasons for excluding sources at the full-text stage will be recorded and reported in the scoping review. The results of the search and the study selection process will be fully reported in the final scoping review and presented using a flow diagram, in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines.^{20,21}

Data extraction

A draft data extraction form is provided in Appendix 2. Two reviewers will independently extract data from all included sources using the draft extraction tool developed for this review. Before data extraction, the tool will be pilot tested on three included studies to evaluate its clarity, completeness, and suitability for addressing the review objectives. Where necessary, the extraction tool may be refined throughout the review process to ensure that all relevant information is captured consistently. Any disagreements between reviewers will be resolved through discussion or, when required, by consultation with an additional reviewer. If essential information is unavailable, the corresponding authors of the included studies will be contacted to request clarification or additional data.

The extracted data will include information on participant, concept, and context characteristics, together with study characteristics, methodological approaches, educational content, teaching and learning strategies, delivery formats, assessment methods, and reported educational outcomes relevant to the review questions. Any revisions to the data extraction tool made during the review process will be documented and reported in the final scoping review to ensure methodological transparency. Consistent with the JBI methodology for scoping reviews, a critical appraisal of individual sources of evidence will not be undertaken, as the purpose of this review is to map the available evidence, identify key concepts, characterize the types of evidence, and highlight gaps in the existing literature related to the review questions.¹⁸

Data analysis and presentation

The findings will be organized and presented in a format that aligns with the objectives and review questions of this scoping review. The extracted evidence will be mapped to provide an overview of how communication with families in brain death contexts is addressed across healthcare education and training.

The results will be presented in descriptive tables to facilitate comparisons across educational settings, participant groups, educational interventions, and reported educational outcomes. Where appropriate, visual displays (e.g., diagrams or schematic figures) will be used to illustrate relationships between key components of the educational interventions, including teaching strategies, learning objectives, and assessment approaches. As the review progresses, the organization and presentation of the findings may be refined to ensure that the synthesis accurately reflects the scope and diversity of the available evidence. A narrative synthesis will accompany all tables and figures, providing an interpretation of the findings in relation to the review objectives, identifying evidence gaps, and highlighting implications for future research.

Discussion

This scoping review protocol addresses a clinically and educationally relevant area in which the available evidence remains limited and dispersed. Communication with families

in the context of brain death is a complex process that requires not only accurate transmission of clinical information but also sensitivity to emotional distress, uncertainty, cultural values, and decision-making needs. By mapping educational interventions designed to prepare healthcare professionals and healthcare students for these encounters, this review is expected to clarify how communication competence in brain death contexts has been conceptualized, taught, and assessed across different health education settings.

Several methodological challenges are anticipated. The available evidence is likely to be heterogeneous in terms of study designs, participant groups, educational settings, intervention characteristics, and outcome measures. This diversity may limit the ability to compare findings directly across studies and may make it difficult to identify standardized indicators of effectiveness. In addition, differences in national legislation, diagnostic criteria for brain death/death by neurologic criteria, organ donation policies, and institutional practices may influence both communication processes and the educational strategies adopted in different contexts. Although no language restrictions will be applied to maximize the comprehensiveness of the review, the inclusion of studies published in languages not spoken by the review team may require machine-assisted translation or consultation with proficient speakers, which may introduce some interpretive limitations. These issues will be considered when charting, synthesizing, and presenting the findings.

The emotional dimensions of professional preparation also represent an important aspect of communication in brain death contexts. While communication training frequently focuses on information delivery, clarity, empathy, and family support, healthcare professionals may themselves experience emotional burden, moral distress, uncertainty, or lack of confidence when communicating with families. As a result, educational interventions that address emotional preparedness, reflective practice, coping strategies, self-awareness, and support needs may represent an important component of comprehensive communication training. Mapping how these dimensions are incorporated into existing educational interventions may contribute to a better understanding of whether current approaches prepare professionals not only to communicate effectively with families but also to manage the emotional complexity associated with these encounters.

The expected findings have potential implications for clinical practice, health professions education, and educational policy. By identifying the educational content, teaching methods, assessment approaches, and reported outcomes currently used in this field, the review may support the development or refinement of undergraduate, postgraduate, and continuing professional education programmers. It may also inform competency-based training frameworks and institutional recommendations for preparing healthcare professionals to communicate with families in brain death contexts. Ultimately, strengthening education in this area may contribute to more consistent, compassionate, and evidence-informed communication practices, supporting family understanding and informed decision-

making during one of the most sensitive moments in clinical care.

Conclusion

This scoping review will map the available evidence on educational interventions aimed at developing communication competencies among healthcare professionals and healthcare students when engaging with families in the context of brain death. By identifying the characteristics, pedagogical approaches, assessment methods, and outcomes of existing training initiatives, the review is expected to clarify current educational practices and highlight gaps requiring further research. The findings may support the development of more structured, evidence-informed, and emotionally sensitive training strategies to improve professional preparation and family-centered communication in this complex clinical context.

References

1. Jenstad LM, Howe T, Breau G, et al. Communication between healthcare providers and communicatively-vulnerable patients with associated health outcomes: A scoping review of knowledge syntheses. *Patient Educ Couns.* 2024;119:108040. doi:10.1016/j.pec.2023.108040
2. Greer DM, Kirschen MP, Lewis A, et al. Pediatric and Adult Brain Death/Death by Neurologic Criteria Consensus Guideline: Report of the AAN Guidelines Subcommittee, AAP, CNS, and SCCM. *Neurology.* 2023;101(24):1112-1132. doi:10.1212/WNL.0000000000207740
3. Shaikh M, Cade-Smith E, Mackay L, Wijayatilake DS, Kingsley M. Brain stem death diagnosis: a systematic review of families' experience. *Discov Psychol.* 2024;4(1):73. doi:10.1007/s44202-024-00183-w
4. Latifi M, Pourhosein E, Rahban H, Estebarsari F, Pourhossein M, Dehghani S. Exploring grief and acceptance: Experiences and needs of family members of deceased organ donors. *SAGE Open Med.* 2025;13:20503121251333973. doi:10.1177/20503121251333973
5. Molina-Pérez A, Rodríguez-Arias D, Delgado J. Differential impact of opt-in, opt-out policies on deceased organ donation rates: a mixed conceptual and empirical study. *BMJ Open.* 2022;12(9):e057107. doi:10.1136/bmjopen-2021-057107
6. Shim L, Wensley C, Casement J, Parke R. What determinants impact deceased organ donation consent in the adult intensive care unit? An integrative review exploring the perspectives of staff and families. *Aust Crit Care.* 2024;37(4):638-650. doi:10.1016/j.aucc.2023.11.003
7. Sundararajan K, Raith E, Hu R, et al. Perspectives and insights of critical care clinicians, patients and families from culturally and linguistically diverse backgrounds around end-of-life care in an ICU: a scoping review protocol. *BMJ Open.* 2024;14(11):e090168. doi:10.1136/bmjopen-2024-090168
8. Silva AR, Nunes N, Veludo F, Miguel S. As necessidades da família no processo de doação de órgãos e tecidos: scoping review. *Cadernos de Saúde.* 2024;31-39. doi:10.34632/CADERNOSDESAUDE.2024.16298
9. Zhang M, Zhou G. Enhancing Organ Donation from Brain-Dead Patients: Efficacy of an Innovative Physician-Patient Communication Model. *Transplant Proc.* 2025;57(10):1849-1855. doi:10.1016/j.transproceed.2025.10.024
10. Cesar MP, Camponogara S, Da Cunha QB, Pinno C, Girardon-Perlini NMO, Flores CL. Percepções e experiências de trabalhadores de enfermagem sobre o cuidado ao paciente em morte

encefálica. *Rev Baiana Enferm.* 2019;33. doi:10.18471/rbe.v33.33359

11. Da Silva Maia R, De Pontes Vieira Nogueira C, Araújo Dias T. Protocolos de Comunicação de Más Notícias em Saúde: Revisão da Literatura. *ID on line. Revista de psicologia* 2025;19(76):101-114. doi:10.14295/online.v19i76.4181
12. Cannity KM, Banerjee SC, Hichenberg S, et al. Acceptability and efficacy of a communication skills training for nursing students: Building empathy and discussing complex situations. *Nurse Educ Pract.* 2021;50:102928. doi:10.1016/j.nepr.2020.102928
13. Mata ÁNDS, De Azevedo KPM, Braga LP, et al. Training in communication skills for self-efficacy of health professionals: a systematic review. *Hum Resour Health.* 2021;19(1):30. doi:10.1186/s12960-021-00574-3
14. Douglas P, Goldschmidt C, McCoyd M, Schneck M. Simulation-Based Training in Brain Death Determination Incorporating Family Discussion. *J Grad Med Educ.* 2018;10(5):553-558. doi:10.4300/JGME-D-18-00185.1
15. Kramer NM, O'Mahony S, Deamant C. Brain Death Determination and Communication: An Innovative Approach Using Simulation and Standardized Patients. *J Pain Symptom Manage.* 2022;63(6):e765-e772. doi:10.1016/j.jpainsymman.2022.01.020
16. Matsuo M, Ito K, Yuasa M, et al. Sustained Effect of Serious Illness Communication Skills Training on Clinicians' Self-Preparedness in Brain-Death Organ Donation Decision-Making. *J Palliat Med.* 2026;29(1):41-46. doi:10.1177/10966218251380477
17. Peters MDJ, Godfrey C, McInerney P, et al. Best practice guidance and reporting items for the development of scoping review protocols. *JBIM Evid Synth.* 2022;20(4):953-968. doi:10.11124/JBIES-21-00242
18. Peters MDJ, Marnie C, Tricco AC, et al. Updated methodological guidance for the conduct of scoping reviews. *JBIM Evid Synth.* 2020;18(10):2119-2126. doi:10.11124/JBIES-20-00167
19. Peters MDJ, Godfrey CM, Khalil H, McInerney P, Parker D, Soares CB. Guidance for conducting systematic scoping reviews. *Int J Evid Based Healthc.* 2015;13(3):141-146. doi:10.1097/XEB.0000000000000050
20. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med.* 2018;169(7):467-473. doi:10.7326/M18-0850
21. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ.* 2021;372:n71. doi:10.1136/bmj.n71