

## **Appendix 2: First CAP Used in Study**

Patient Consent: To Touch or Not to Touch?

### Consent Form

Title of study: Effects of Traditional versus Learning-Style Presentation of Course Content in Medical/Legal Issues in Health Care on the Achievement and Attitudes of College Students

Purpose: This study will focus on examining adult college students' learning styles and the extent to which the resource, "Contract Activity Package" (CAP), responds to different adults. The CAP will teach selected topics of medical/legal issues in healthcare.

Expected Duration: One semester

### Procedures

1. The Dunn and Dunn Learning-Style Model will be explained by a faculty member;
2. The Productivity Environmental Preference Survey (PEPS) will be administered and individual learning-style profiles will be generated and distributed to participating students
3. Students will receive course content with traditional and the CAP versions;
4. Examinations will be administered immediately following the presentation of course content.

Perceived benefits: Improved academic achievement and attitudes toward learning new and difficult academic information.

I am a student enrolled in the (please circle one) DMI, OT, PT, PA program. I agree to participate in this study. I understand that participation is voluntary and that I may withdraw at any time.

Student's signature \_\_\_\_\_

Student's name (please print) \_\_\_\_\_

Today's date \_\_\_\_\_

Contract Activity Package (CAP)  
Patient Consent: to Touch or Not to Touch?

Student's name: \_\_\_\_\_

Program: \_\_\_\_\_

Date the CAP was begun: \_\_\_\_\_

Date the CAP was completed: \_\_\_\_\_

Activity alternatives selected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reporting alternatives selected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's post-test assessment:

Names of students who worked as a team on this CAP:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear students:

This is a Contract Activity Package (CAP) designed to teach you how to understand and use a CAP for Patient Consent: To Touch or Not to Touch? It is an individualized educational plan that will make learning more interesting and easier. You may work on this CAP alone, with a friend, or as part of a team with the small-group activities that are included.

This CAP is organized into three sections, each with a different instructional goal called a behavioral objective. For each objective, resource alternatives will provide many options through which you will be able to teach yourself what has to be learned.

To determine that you have mastered the objective, you may select from among several activity alternatives and their companion reporting alternatives cited immediately below each behavioral objective. Each of the activity alternatives is designed to appeal to a major perceptual strength—auditory, visual, tactual, or kinesthetic. Completing the activity alternatives will reinforce the knowledge you gain; teaching the material doubly reinforces what you learn and helps others too. Definitions of italicized terms are identified below.

At the end of this CAP, you will find a list of resources that will help you learn all that is required. These include journals, books, and participant-made tactile/kinesthetic materials.

By the time you complete this CAP, you should be able to:

1. identify all 10 elements of an informed consent.
2. list and describe the seven different types of consent a patient may give to receive medical and surgical treatment; and
3. identify the circumstances in which minors can, and can not, consent to medical and surgical treatment.

If you need any further assistance in working with this CAP, please do not hesitate to contact your instructor. Good luck!

#### Definition of Terms

1. Behavioral objectives—what you are expected to learn
2. Resource alternatives—a list of multi-sensory materials through which you can master the behavioral objectives.
3. Activity alternatives—a series of choices in which you need to use the information you learn in creative ways by making something original.
4. Reporting alternatives—the sharing or reporting of the creative activity you completed alone or with classmates to help you remember what you learned with the resources.

Behavioral objective 1: Identify all 10 elements of an informed consent.

Complete at least one of the activity and reporting alternatives in this section. Remember, if you need help, refer to the resource list at the back of the CAP.

### **Activity Alternatives**

1. Make a transparency outlining all 10 elements of an informed consent
2. Make an audiotape identifying all 10 elements of an informed consent.
3. Create a videotape depicting a discussion on all 10 elements of an informed consent.

### **Reporting Alternatives**

1. Display your transparency on a TV projector to a group of three classmates
2. Have a small group of students listen to the tape for a review of this topic.
3. Have a pair of students view the discussion and then list all 10 elements.

Behavioral objective 2: List and describe the seven different types of consent a patient may give to receive medical and surgical treatment. Complete at least one activity and reporting alternative.

### **Activity Alternatives**

1. Make an audiotape identifying the five different types of patient consent
2. Use the chapter on CAPs in the text, *Teaching Secondary Students Through Their Individual Learning Styles* by Drs. Rita and Kenneth Dunn as a reference. Construct task cards describing seven different types of consent
3. Role play Dr. Right explaining to patient, “Danny the Difficult” the seven different types of consent
4. Form a group of students and listen to descriptions of each tape
5. Decide if all students in this group agree on the accuracy of the tape recording.

### **Reporting Alternatives**

1. Form a group of five students and listen to the tape. Decide if all students in this group agree on the accuracy of the tape recording.
2. Test the knowledge of students using the task cards on this topic.
3. Have at least two teams act out the scenario. Let a jury select the best performances

Behavioral objective 3: Identify the circumstances in which minors can, and cannot, give consent for medical and surgical treatment.

Complete at least one activity and reporting Alternative.

### **Activity Alternatives**

1. Prepare a speech explaining how when a minor can and cannot consent. Read the speech into a tape recorder

2. Design a poster outlining the circumstances in which a minor can and can not consent for medical and surgical treatment
3. Role play a scenario in which a doctor explains to a parent why their daughter is allowed to consent to an abortion.
4. Videotape a conversation between two fellow students explaining the circumstances under which nine-year old Sally can have a blood transfusion without her parent's consent.

**Reporting Alternatives**

1. Have a small group of students listen to the speech on tape. Ask them to illustrate the ways.
2. Share with a classmate; display the poster in a prominent location in classroom for all to view
3. Act out this scenario in front of at least six other students
4. Show the film to other students for suggestions

**Small-Group Techniques**

Begin with the required small-group technique, number-one—team learning, and then choose at least one of the other following small-group techniques.

**Small-Group Technique One**

Team learning is an excellent small-group technique for learning new material. To begin, form a group of four or five students and either arrange seats in a circle or find any seating that is comfortable. When everyone feels comfortable, elect one member to act as recorder, the person who writes the group's responses. Use humorous "selection" procedures to elect a recorder, i.e. the student with the longest hair or wearing the most of the color blue.

Then read the following information describing the seven different types of patient consent, or, listen to the audiotape of it. Then, as a group, answer the questions posed on the next page. Any member may help others on the same team, but all effort must be concentrated within the group and the group must come to a consensus. Ten minutes are allowed for the completion of the team learning. The facilitator then will ask each recorder, in turn, the answers to the question, and will write these answers on the board or overhead projector transparency.

**Members**

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- Recorder \_\_\_\_\_

## **Types of Consent**

**General consent**—Executed at the time of a patient's admission to a facility; This type of consent records the patient's permission for routine services, general diagnostic procedures, medical treatment(s), and the everyday handling of the patient.

**Special consent**—This consent is executed when a proposed treatment program may involve some unusual risks to the patient. A list of procedures and treatments requiring special written consent should be maintained. This form should be signed, dated, and witnessed at the time the physician explains to the patient the procedure(s) he plans to perform.

**Written informed consent**—This is the preferred form of consent to be given by the patient. It is proof of the patient's wishes. Physicians have a legal duty to inform their patients of any procedures the healthcare professional is ordering. This written form provides evidence of informed consent. It includes all the elements the physician discloses to the patient concerning any treatment(s) or procedure(s) he/she intends to perform.

**Oral informed consent**—This type of verbal consent, if proven, is as binding as written consent. There is no legal requirement that a patient's consent be in writing; however, oral consent is more difficult to corroborate.

**Implied consent**—This is a voluntary consent to seek medical treatment. A patient who walks into a doctor's office seeking medical treatment(s) is doing so voluntarily.

**Withdrawn consent**—Any consent freely given may be freely withdrawn or modified at any time.

**No consent**—A patient may choose not to have any medical treatment(s) or procedure(s) performed by not giving consent. A battery (unlawful touching) is committed if a healthcare professional renders care to patients without their consent. Furthermore, no consent is necessary from the patient in an emergency situation; i.e. a comatose patient who cannot give consent where no next of kin is available to obtain a proper consent. Emergency situations are defined as life-threatening. If a patient refuses to consent, for any reason, then a notation must be written in the medical record.

Complete the following questions/exercise on the next page as a group allowing your recorder to write the group's answers.

1. What does a general consent to treatment mean?
2. Describe the meaning of a special consent to treatment?
3. Why is a written informed consent the preferred form of consent to be obtained from the patient? Which elements does this form of consent include?
4. Describe oral informed consent. Why is this the least preferred form of consent to treatment?
5. What is implied consent? Give one example of this.
6. Can a patient who gives consent for treatment withdraw that consent at any time? What is this type of consent called?
7. Describe a situation in which treatment may be rendered by a healthcare professional without a patient's consent?
8. Write a script of a hospital nurse committing a battery on a patient.

### **Small-Group Technique Two**

**Circle of knowledge**—This is a small-group technique that you may select to help you learn all 10 elements of an informed consent. One day your patients will be happy that you did!

**Procedure**—Position four to five chairs into several small separated circles about the room. One student in each group should be appointed or elected as the group's recorder. (Use a humorous method of selection, e.g. the person with the curliest hair, the most of the color red, and so forth). A single question is posed, one that elicits many possible answers. Each circle of knowledge team will respond to the same question simultaneously. One member in each group is designated as the first to begin, providing one answer at a time in rotation. Then answers are provided by the next member in the Circle rotating as many times as possible. The recorder writes each participant's responses during a predetermined time period. At the end of this period, the responses of all groups can be compared and the group with the most correct responses wins. Points will be deducted for incorrect or duplicate answers.

Circle Members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
  5. \_\_\_\_\_
- Recorder \_\_\_\_\_

Circle of knowledge—Identify as many of the 10 elements of an informed consent as you can. There is a five minute and 15 second time limit.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

### **Group Analysis—Small-Group Technique Three**

Group members' names:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Review the attached case for discussion and analysis. Answer the following questions as a group:

1. Do you agree with the court's decision? Explain.
2. Under what circumstances do you believe the state should interfere with religious beliefs when considering treatment for a minor child (e.g. the administration of blood)?
3. Under what circumstances do you think an adult should have the right to refuse treatment?

## **Resource Alternatives**

### Texts

Mancini, G.R., and Gale, A.T. (1981). *Emergency Care and the Law*. Aspen: Rockville, Maryland.

Miller, R.D. (1986). *Problems in Hospital Law*. Aspen: Rockville, Maryland.

Pozgar, G.D. (1999). *Legal Aspects of Health Care Administration*. Aspen Publications: Gaithersburg, Maryland.

Pozgar, G.D., & Pozgar, N.S. (1999). *Case Law in Health Care Administration*. Aspen Publications: Gaithersburg, Maryland.

Roach, W.H. (1998). *Medical Records and the Law*. Aspen Publications: Gaithersburg, Maryland.

Rosoff, A.J. (1981). *Informed Consent: A Guide for Health Care Providers*. Aspen: Rockville, Maryland.

Southwick, A.F. (1978). *The Law of Hospital and Health Care Administration*. Health Administration Press: University of Michigan.

### Journals

*Journal of the American Academy of Physician Assistants*

*Journal of the American Health Information Management Association*

*Journal of the American Hospital Association*

*Journal of the American Medical Association*

*Journal of the American Nursing Association*

*Journal of the American Society of Law and Medicine*

*Journal of the Occupational Therapy Association*

*Journal of the Physical Therapy Association*

### Equipment

Camcorder

Microcomputer laboratory

Overhead projector

Tape recorder

### Tactual/Kinesthetic Materials

Electroboard

Pic-a-hole

Floor game

Student name: \_\_\_\_\_

Patient consent: To Touch or Not To Touch

Post-test assessment

Part one

Multiple choice: Select the best response to the question. (70 points)

1. The voluntary agreement by a person in the possession and exercise of sufficient mentality to make an intelligent choice to allow something proposed by another is:

- a). consent
- b). implied consent
- c). express consent
- d). none of the above

2. Express consent is:

- a). implied
- b). verbal
- c). written
- d). b and c

3. Touching another without authorization to do so could be considered:

- a). touching
- b). battery
- c). assault
- d). implied
- e) b and d
- f) none of the above

4. It is preferable that a patient's consent be procured by the:

- a) chiefly orderly
- b) nursing supervisor
- c) administrator
- d) private duty nurse
- e) physician
- f) none of the above

5. Consent that requires that a patient have a full understanding of that to which he or she has consented is:

- a) brief
- b) express
- c) implied

- d) informed
- e) written
- f) verbal

6. Consent in cases in which immediate action is required to save an unconscious patient's life or to prevent permanent impairment of a patient's health is referred to as:

- a) written
- b) express
- c) implied
- d) verbal
- e) informal
- f) a and d

7. The preferred method of obtaining consent is:

- a) express
- b) written
- c) implied
- d) verbal

8. The burden of establishing proof on a complaint of lack of informed consent is on the:

- a) defendant
- b) parent
- c) physician
- d) plaintiff

9. In the absence of statutory protection, a procedure performed despite an individual's refusal to consent would constitute:

- a) false imprisonment
- b) battery
- c) fraud
- d) libel

10. A patient's refusal to consent to treatment, for any reason, religious or otherwise, should be noted in the:

- a) medical record
- b) incident report
- c) business office
- d) QA report

Part II: Short answers: Answer all questions (30 points)

1. Identify all 10 elements of an informed consent.
2. List and describe the seven different types of consent a patient may give to receive medical and surgical treatment.
3. Identify the circumstances in which minors can and can not consent for medical and surgical treatment.

Fall, 2000

Semantic Differential Scale

Name \_\_\_\_\_

Program \_\_\_\_\_

Topic Patient Consent: To Touch or Not To Touch

Directions: When learning about the topic, Patient Consent: To Touch or Not To Touch through a CAP—as compared to learning traditionally (through lectures and readings)—the CAP was: (please check only one of the five spaces on each line.)

Neutral

helpful    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    not helpful

confused    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    clear-minded

energetic    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    tired

nervous    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    calm

strong    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    weak

tense    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    relaxed

wonderful    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    terrible

shaky    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    steady

bad    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    peaceful

dull \_\_\_\_\_ sharp

successful \_\_\_\_\_ unsuccessful

In your own words, please give a short explanation of why you feel as you do about learning with a CAP rather than with lectures and readings alone.

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