

## Appendix 3: Second CAP Used in Study

### End-of-Life Issues: Your Number Is Up

#### Consent Form

Title of study: Effects of Traditional versus Learning-Style Presentations 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 different but equivalent in difficulty course content with both traditional and the CAP versions;
4. Examinations will be administered immediately following each 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): End-of-Life Issues: Your Number Is Up!

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

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

Date this cap is begun: \_\_\_\_\_

Date this cap is 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 to master End-of-Life Issues: Your Number Is Up! This is an individualized educational plan that should make learning more interesting and easier. You may work on this CAP alone, with a classmate, 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 the content that 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. When you complete the activity alternatives, you will be reinforcing the knowledge you gain; when you teach the material to a classmate, you will be reinforcing what you learn and help 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. List and define the four recognized forms of euthanasia
2. Describe the following five legislative responses to end-of-life issues:
  - (a) patient self-determination act
  - (b) substituted judgment/guardianship
  - (c) durable power of attorney
  - (d) health care proxy
  - (e) living will
3. Identify all the components of do not-resuscitate (DNR) orders

If you need 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 from the resources.

### Behavioral Objective 1

List and define the four recognized forms of euthanasia.

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 four recognized forms of euthanasia. Use four different color markers to do this activity.
2. Make an audio tape of the four recognized forms of euthanasia. Record this material in a foreign language and then translate it into English
3. Create a videotape of one student naming the four recognized forms of euthanasia and another student defining the meaning of each

#### **Reporting Alternatives**

1. Display your transparency on a projector for a least three classmates to view
2. Have a small group (three to four students) listen to the tape for review of the topic
3. Have a group of four students view this tape and illustrate what they learned from it

### Behavioral Objective 2

Describe the following five legislative responses to end-of-life issues: Patient Self-Determination Act, substituted judgment/guardianship, durable power of attorney, healthcare proxy, and living will.

Complete at least one activity and reporting alternative.

#### **Activity Alternatives**

1. Make an audio tape depicting the following scenario: you are a judge describing to a jury what the five legislative responses to end-of-life issues mean
2. Create a game of “Who Wants to be a Millionaire” by answering questions on at least five legislative responses to end-of-life issues
3. Design a multi-colored poster illustrating at least five legislative responses to end-of-life issues

#### Reporting Alternatives

1. Form a group of six students and listen to the tape. Decide if all group members agree on the accuracy of the tape.
2. Invite a group of four students to be the audience

3. Display the poster in the front of the room for all to view

Behavioral Objective 3: Identify all the components of do not resuscitate (DNR) orders.

Complete at least one activity and reporting alternative.

### **Activity Alternatives**

1. Prepare a speech as chief resident of a hospital to all house staff on the importance of all the components of DNR orders. Read the speech into a tape recorder
2. Role play a professor in a medical school explaining to his class the components of DNR orders
3. Create a videotape of angry parents confronting the doctor who did not comply with a DNR request for their terminally ill son

### **Reporting Alternatives**

1. Have a group of students listen to the speech on tape and answer a short survey on the components on DNR orders
2. Act out this scenario in front of at least six other students
3. Have a pair of students view the confrontation and make up a list of all the components of DNR orders

### 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 is ready, elect one member to act as recorder, the person who writes the group's responses. Use humorous "selection" procedures for electing a recorder, i.e., "the student with the longest hair" or "whoever is wearing the most of the color blue".

Then read the following information describing the five legislative responses to end of life issues 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. 10 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 their answers on the board or overhead projector transparency.

Members

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

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

### Five Legislative Responses to End of Life Issues

**1. Patient Self-Determination Act**—As a result of the implementation of this law in 1990, healthcare organizations participating in the Medicare and Medicaid reimbursement programs must deal with patients' rights regarding life-sustaining decisions and other advanced directives. Healthcare organizations have a responsibility to explain to patients, staff, and families that patients do have a legal right to direct their own medical and nursing care as it corresponds to existing state law, including right-to-die directives. When a person is no longer competent to exercise his or her right to self-determination, that right still exists, but the decision is delegated to a surrogate decision maker. Those organizations that do not comply with a patient's directives or those of a legally authorized decision maker, as chosen by the patient, are exposing themselves to a lawsuit.

**2. Substituted Judgment/Guardianship**—Guardianship is a legal mechanism by which the court declares a person incompetent and appoints a guardian. The court transfers the responsibility for managing financial affairs, living arrangements, and medical care decisions to the guardian. The right to refuse medical treatment on behalf of an incompetent person is not limited to legally appointed guardians but may be exercised by health care proxies or surrogates such as close family members or friends. Designation of a proxy must be made in writing.

**3. Durable Power of Attorney**—Power of attorney is a legal device that permits one individual known as the principal to give to another, called the attorney-in-fact, the authority to act on his or her behalf. The attorney-in-fact is authorized to take care of banking and real estate affairs, incur expenses, pay bills, and handle legal matters for a specified period of time. If the principal becomes comatose or mentally incompetent, then the power of attorney expires, just as if the principal were to die. Because a power of attorney is limited by the competence of the principal, some states have authorized a special legal device for the principal to express intent concerning the durability of the power of attorney, to allow it to survive disability or incompetency. The durable power of attorney need not delineate desired medical treatment specifically, but must indicate the identity of the principal's attorney-in-fact and that the principal has communicated his or her health care wishes to the attorney-in-fact. Durable power of attorney is drawn up by an attorney in a state where the client resides.

**4. Healthcare Proxy**—This proxy allows a person to appoint a healthcare agent to make treatment decisions in the event he or she becomes incapacitated and unable to make decisions for him- or herself. The agent must be aware of the patient's wishes regarding nutrition and hydration in order to be allowed to make a decision concerning the withholding or withdrawing of treatments. The appointed agent knows about and

interprets the expressed wishes of, the patient and then make decisions about the medical care and treatment to be administered or refused.

**5. Living Will**—A living will or directive, is the instrument or legal document that describes those treatments an individual wishes or does not wish to receive should he or she become incapacitated and unable to make decisions for himself or herself. A living will allows a person, when competent, to inform caregivers, in writing, of his or her wishes with regard to withholding and withdrawing life-supporting treatment, including nutrition and hydration. It provides guidance to health care professionals on patients' wishes for treatment, provides legally valid instructions about treatment, and protects patients' rights. The living will should be signed and dated by two witnesses who are not blood relatives or beneficiaries of property. It is discussed with the patient's physician and a copy is placed into the patient's medical record and one copy is given to the designated individual. The first living will act was enacted in the state of California.

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

1. What is the Patient's Right to Self-Determination Act?
2. What does substituted judgment/guardianship mean?
3. Differentiate between power of attorney and durable power of attorney.
4. Who can become a healthcare agent and what responsibilities does that individual have with respect to a patient?
5. What is a living will and how does it differ from a healthcare proxy?
6. Role play a scenario in which an elderly mother discusses her healthcare wishes with her daughter and wants to execute a living will.

#### Small Group Technique One

Circle of knowledge—this is a small-group technique that you may select to help you learn all the components of do not resuscitate (DNR) orders. 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 elected as the group's recorder. (Use a humorous method of selection, e.g. the person with the: (a) curliest hair or (b) most of the color red). A single question is posed, one that elicits many possible answers. Each circle of knowledge team will respond to the same question simultaneously, but quietly so that others do not hear. One member in each group is designated as the first to begin and provides one answer at a time in rotation. Then answers are provided by the next member in the circle, rotating throughout the circle as many times as possible within the short

time frame. The recorder writes each participant's responses during that predetermined time period. At the end of the 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 components of the DNR orders as you can. There is a six minute and 10 second time limit.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

Group Analysis—Small-Group Technique 3

Group members' names:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## 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

Board Game

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

End-of-Life Issues: Your Number is Up!  
Post-test Assessment

Part One

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

1. The act or practice of painlessly putting to death a person suffering from an incurable condition is:
  - a) murder
  - b) euthanasia
  - c) misdemeanor
  - d) informed consent
  
2. In the healthcare setting, the commission of an act (other than the removal or withholding of treatment) that results in death is sometimes referred to as:
  - a) informed consent
  - b) passive euthanasia
  - c) active euthanasia
  - d) negligence
  
3. The removal of the artificial means of life-saving treatment (such as a respirator, allowing the patient diagnosed as terminal to die a natural death, is sometimes referred as:
  - a) passive euthanasia
  - b) active euthanasia
  - c) mercy killing
  - d) informed consent
  
4. The removal of nasogastric feeding tubes from a mentally competent patient to legally hasten death is an example of:
  - a) informed consent
  - b) passive euthanasia
  - c) active euthanasia
  - d) aiding suicide
  
5. An order written by a physician and placed on the medical chart of a patient, indicating that in the event of a cardiac or respiratory arrest, no resuscitation measures should be employed to revive the patient is a(n):
  - a) informed consent order
  - b) euthanasia order
  - c) DNR order

d) active euthanasia order

6. The first state to enact a living will act was:

- a) New York
- b) Oregon
- c) New Mexico
- d) California

7. Euthanasia originated from the Greek word euthanatos meaning:

- a) good death
- b) suicide
- c) happy life
- d) manslaughter

8. A living will must contain all the following except:

- a) signatures of two witnesses
- b) date of execution
- c) designated individual
- d) next of kin

9. The federal act of 1990 that went into effect on December 1, 1991 and provides that patients have a right to formulate advanced directives and to make decisions regarding their healthcare was the:

- a) Patient Self-Determination Act
- b) Right to Die Act
- c) Euthanasia Act
- d) Substituted Judgment Act

10. A legal device that permits one individual known as the principal to give to another person called the attorney-in-fact the authority to act on his or her behalf is the:

- a) durable power of attorney
- b) Patient Self-Determination Act
- c) agent's living will
- d) appointed healthcare proxy

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

1. List and define the four recognized forms of euthanasia.

2. Describe the following five legislative responses to end-of-life issues: patient self-determination act; substituted judgment/guardianship, durable power of attorney, healthcare proxy, and living will.

3. Identify all the components of do not resuscitate orders.

Fall, 2000

Semantic Differential Scale

Name \_\_\_\_\_

Program \_\_\_\_\_

Topic End of Life Issues: Your Number is Up!

Directions: When learning about the topic, "End of Life Issues: Your Number is Up," 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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