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Self-directed online learning verses role play: Educating students nursing about the physician orders for life-sustaining treatment document

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SELF-DIRECTED ONLINE LEARNING VERSES ROLE PLAY: EDUCATING STUDENTS NURSING ABOUT THE PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT DOCUMENT

A Master's Project

Presented to the

Faculty of

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by

Brenda Lee Everly

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ABSTRACT

The current study evaluated the effectiveness of self-directed online learning verses role play for educating undergraduate nursing students about the "Physician Orders for Life-Sustaining Treatment" (POLST) document. This study also examined previous knowledge and experiences with the POLST document. A quasi-experimental pre and posttest (POLST Knowledge Test) research design along with a phone interview was use to collected data from 49 newly admitted nursing students at a southern California University. Participants were administered a 15-item POLST Knowledge pre test, three items request for age, gender and previous knowledge with the POLST document. Participants were randomly divided into two groups and role play and online self-directed learning assignment. A POLST knowledge post test was administer after the educational intervention. Collected data were analyzed using version 20 of the Statistical Package for the Social Science (SPSS; IBM [2012] to determine distribution frequency, equivalence of the groups, and compare pre and post test mean scores outcomes using the student t-test. The data analyzed showed that the mean posttest knowledge score for the entire sample was much higher than 11.0 (SD =.88) then mean pretest knowledge

scores. This difference was not significant (t = 9.5, p =1.4). Pre test mean scores were higher for the role play group then for the online SDL group (*M* = 11.2609, SD = .81). Post test score were significantly higher for the online SDL group (*M* = 10.69747, *SD* = .88), than the role play group. Participants with previous knowledge regarding the POLST were all in the role play group, therefore further testing was suspended. Findings were significant for nurse educators who are integrating role play and online self-directed learning into the curriculum Educators will realize that most students who are self directed learners achieve better learning outcomes when challenged and given the opportunity to preform independently.

Keywords: Role-Play, Debriefing, Self-Directed Learning Online

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CHAPTER ONE

SELF-DIRECTED ONLINE LEARNING VERSES ROLE PLAY: EDUCATING NURSING STUDENTS ABOUT THE PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT DOCUMENT

INTRODUCTION

Introduction

Nurses spend more time with patients at the end of life (EOL) than any other health care discipline (Foley & Gelband, 2003; Wallace *et al.*, 2009, p. 1) Thus, nursing professionals have the opportunity to play a prominent role in discussing and educating patients and their families on treatment and end-of-life options.

Background. Academic and clinical nurse educators can contribute to student preparation by taking an active role in educating patients and their families about life sustaining treatment. Educating students about Advance Directives (AD) should be a significant part of the nursing curriculum, and includes the 'Physician Orders for Life Sustaining Treatment' (POLST)-a document that expands on an

AD and "includes orders based on preferences about a range of life-sustaining treatments" (Hickman et al., 2010, P. 1241).

Statement of the Problem. Exploring creative teaching methods that academic and clinical educators can use to engage students to learn and retain information about the POLST document is essential. Therefore, this Master's Research Project examines the effectiveness of two key teaching strategies: role-play and on-line self-directed learning (SDL). Both methods may be used to educate student nurses about the POLST document in order to foster dialogue with patients and families which address end-of-life treatment issues. This project compares effectiveness of these methods by assessing improvements in POLST knowledge between the two comparison groups.

Research Hypothesis. This study is guided by two research hypotheses:

1. The online SDL group will have significantly higher POLST Knowledge mean post test scores than the role play group.

2. The study participants who report previous knowledge and experience with the POLST document will

have higher mean pre and post-test knowledge scores than those who do not report previous knowledge and experience with the POLST document.

Objectives. The objectives of this project are:

- To identify the comparative effectiveness of role play and SDL teaching strategies in educating students about the POLST document.
- To discuss the potential of the findings to improve educational preparation for student nurses caring for patient's that have health care advance directive.

To test the hypotheses, the investigator conducted a quasi-experimental study with a pre and post-test design with undergraduate baccalaureate nursing students.

Purpose of the Study: The purpose of this study was to compare the effectiveness of online SDL and role play simulation in undergraduate baccalaureate nursing students learning about the POLST document. Studies indicate that nursing students are not educationally prepared to care for patients that have health care advance directive issues (Wallace, 2009). There is a lack of basic knowledge on the

part of nursing students regarding the significance of the POLST document to patients, families, and future nursing practice (Wallace, 2009). Students also lack basic communication skills needed to educate patients and their families about the POLST document. "It is imperative educators equip nursing students with the adequate skills needed to provide quality care to patients that have end-of-life issues" (Wallace, 2009, p. 52). This study will help nurse educators identify effectiveness and assessment of online SDL and role play simulation as teaching strategies when educating undergraduate baccalaureate nursing students about the POLST document.

Glossary of Terms.

Role play. Lan, Tseng, and Lai (2008) defined role play as "an experimental learning technique with learners acting out roles in case scenarios to provide targeted practice and feedback on reacting to real life situations" (Ertmer et al. 2010, p. 3).

Debriefing. According to Drefuerst (2010) debriefing is the period at the end of simulated clinical encounter when faculty and students re-examine the experience. Debriefing can be a structured or instructed process.

Debriefing is a "generally accepted component of the simulation experience" (Drefuerst, 2010, p. 101).

Self-Directed Learning. Self-directed learning is a type of "self-planned, self-initiated, and autonomous learning with roots in adult education and is principally derived from humanistic psychology" (Tabatabaei & Parsafar, 2012, p. 59).

Online. Ally (2008) defines online as the "use of the internet to access learning materials; to interact with the content, instructor and, other learners; and to obtain support during the learning process in order to acquire knowledge; to construct personal meaning and to grow from the learning experience" (p.17).

CHAPTER TWO

LITERATURE REVIEW

Theoretical Basis and Organization. The theoretical framework for this study is engagement theory of student learning. According to Ford (2009), "Students who are engaged tend to be focused, practice learning material more and have better learning outcomes" (p. 2). "This is referred to as 'time on task,' and although engagement is not the same, it may result in more time on task activities. Repetition and reflection also help with the cognitive learning process. Being an 'engaged learner' adds to students skills, motivation, and perhaps satisfaction with their own performance" (Ford, 2009, p. 2).

Engagement Theory. The scope of the literature review on engagement theory focuses on student engagement as the amount of time and effort students put into academic pursuits and educational activities. According to Nicolson (2010) the first component of engagement is:

> The amount of time and effort students put into academic pursuits and educational activities. The second component is how the institution uses resources and faculty to create or organize learning

> environments that encourage active participation in educationally productive opportunities. The approaches to teaching and learning that faculty use to generate student engagement are of particular importance because (a) they represent faculty-teaching and student-learning behaviors that can be influenced and monitored and (b) different active-learning teaching strategies constitute the primary treatment variables used in the present study. Engagement theory provides a foundation for the active-learning teaching strategies: case-based learning, simulation, and simulation using narrative pedagogy (p.16).

According to Marcum's Engagement Theory (2011) the concept of engagement, "emerged in recent years as a key to effective work and learning" (p.2). Marcum also mentions that "engagement occurs when people undertake tasks related to their competence, learn continuously, immerse themselves and are persisted because of the value they attribute to the work" (p.2).

Engagement is a process and ongoing activity, not an event. Learning and involvement are its determining characteristics. Applying the concept to information management, Davenport and Prusak (1997) and Marcum (2011)

state:

> Engaged agents choose to participate because they can influence the choice of subject and method. And engagement is ongoing rather than episodic; learning and increased knowledge and skill are the goal. Knowledge, skill, and engagement reside in the individual ultimately; they cannot be compelled or made to happen. With motivation the goal is to initiate some pre-determined activity. Engagement involves meaning for the participant; motivation seeks to entice others to achieve the motivator's goal (Marcum, 2011, p. 6).

To repeat, motivation amounts to manipulation (which can be quite sophisticated) while engagement is about the agent's goals, learning, growth, and improved knowledge and skills (Marcum, 2011).

The main theme of engagement is that the individual who decides to engage is in control from start to finish. The effectiveness of engagement "depends solely on the individual that is actively engaged" (Marcum, 2011, p. 2).

Another important point to mention is student engagement is highly influenced by the learning institution and the teaching methods of the educators (Nicolson, 2011).

As cited by Nicolson, Kuh and colleagues (2007) described this best in their model that includes two dimensions: student and institutional behaviors, stating:

> Student behaviors include such aspects as the time and effort students put into their studies, interaction with faculty, and peer involvement. Institutional conditions include resources, educational policies, programs and practices, and structural features.
>
> At the intersection of student behaviors and institutional conditions is student engagement, which represents aspects of student behavior and institutional performance that colleges and universities can do something about, at least on the margins (p. 11).

Nicolson (2010) "emphasized that institutional environments that provide positive first year experiences, academic support, affirming campus environment, peer support, and interactive teaching and learning approaches enhance student engagement and success at college" (p.16).

In summary, engagement theory exposes us to the fact that when individuals are attentive, excited, and committed to completing a task of interest, positive outcomes are

achieved, that are directly attributed to the dedication of hard work and effort.

Role Play. Anita Nicolson (2010) reports, "There has been little empirical evidence in nursing education as to the best strategies to engage and prepare students to critically think and care for patients with end-of-life decision issues"(p.117). The challenges educators face is effectively preparing students to take active roles solving complicated situations, including both academic and clinical. These skills are necessary for students once they enter professional practice. Identifying the effectiveness of role play as a teaching strategy is beneficial for educators (Hamilton, 2010 p. 34). Role play for previous studies (Hamilton, 2010; Nicholson, 2010) involved discussing the POLST with patients and their families. Exploring creative teaching methods that academic and clinical educators can use to help students learn and retain information about the POLST document is essential. Chan (2012) found that "role-play has been demonstrated as an effective learning strategy that includes an active and experiential feature that facilitates students' autonomy in their health-related learning experience" (p 24). According to Chan (2012), "Role playing isn't to be viewed as a

therapy procedure. It provides the chance for passive students to express themselves in a more enthusiastic way and the world of the classroom is broadened to include the outside world, thus offering a much wider range of speaking opportunities" (p. 24).

Role play has been practiced in classes for years. "It is clear, however, that role-play has been widely used, particularly in the early days of the communicative approach, when teachers were seeking how to move from pre-scripted dialogues to more improvisational (often student-generated) interactions" (Shapiro & Leopold, 2012 p. 121)

According to a recent study conducted by *Shapiro & Leopold, 2012:*

> For no matter what students' real world may be in the future, we can safely assume that critical thinking skills will play an important role; it is in this capacity that a carefully designed role-play can prepare our students to succeed. "Like any teaching strategy, role-play can indeed be used uncritically, and the focus can shift easily from learning to entertainment." This…should not be a cause for rejection, but for information (p.128).

Debriefing. "Debriefing is the period at the end of a simulated clinical encounter when the faculty and student re-examine the experience. Debriefing can be a structured or unstructured process. Debriefing is generally an accepted component of the simulation experience" (Dreifuerst, 2010, p 48).

To date, much of this work has "centered on student self-report of satisfaction and confidence using the simulation experience for learning the nursing role" (Dreifuerst, 2010, p. 51). Questions remain such as how to debrief, when to debrief, what to debrief, and who to include in debriefing for best student learning.

Research involving debriefing is beginning to "demonstrate an association with clinical reasoning that includes student assimilation of the knowledge brought from prior experiences and other coursework" (Dreifuerst, 2010 p, 51). Benner, Sutphen, Leonard & Day (2010) noted –a "central goal of nursing education is for the learner to develop an attuned, response-based practice and capacity to quickly recognize the nature of whole situations" (p. 51). "Concurrently, recall and memorization, however popular in nursing education, do not support students ability to apply clinical judgment in unfamiliar clinical situations"

(Dreifuerst, 2010, p 51). A poignant example is the student who "cries during debriefing after the simulated patient dies" (Dreifuerst, 2010 p. 51).

Dreifuerst (2010) adds:

> Student who cried could become paralyzed to action and unable to respond in the face of a similar situation if debriefing has not separated the emotion of responsibility for failure from learning better responsive actions to implement. Facilitating the expression of emotions acknowledges the power of the learning experience to set the frame for embedding it in the learner's memory. Emotional release can redirect the attention of the learner to reflective, meaningful learning (p 52).

Evidence is beginning to show that clinical reasoning also involves use of a framework and an aspect of accommodation where the knowledge learned from the current simulation experience is applied to subsequent clinical situations. Because simulation experiences encompass cognitive, affective, and psychomotor skills, this is an opportunity for all participants to provide feedback on those skills. Students reflect on their experiences and share areas of learning. "Students conduct self-assessment

of their skills, barriers that lead to negative responses and if nervousness or anxiety impacted their ability to interact" (Robinson, 2011 p. 15). Students need to be informed on keep an open mind in regards to negative feedback and utilize the positively (Dreifuerst, 2010).

Online Self-Directed Learning. According to Tabatabaei and Parsafar (2012) "the main premise of SDL is that learners are responsible directors of their own learning experiences" (p.61). "In addition, nurse educators need to raise awareness of student's role in their own learning and shift some of the responsibility for learning from themselves to the learner" (Rouf, 2011 p, 48). Weimer (2010) states:

> Skills are necessary for effective lifelong learning and are one of many learning skills students are expected to develop in college. "Students become self-directed when inspired engage in a main expectation is that students will become self-directed learners as they mature and gain content knowledge.
>
> However, the historical perspective and foundation of self-directed learning has made an impact on adult learning in many positive ways.

> Results indicated active adults had a significant positive relationship with educational attainment, less anemia, the propensity to engage in SDL, and awareness of SDL activities (P.6).

As self-directed learners, adults are showing must better outcomes with retaining information and building character (Merriam & Caffarella, 1999; Roberson, 2012 Tough, 1971. "Self-directed learning is not just a historical fad of lifelong learning. It is also the hallmark of how adults continue to learn today" (Roberson, 2012 p. 16).

Self-directed learners have the ability to manage learning tasks without having them directed by others (Weimer, 2010). A report released by the Illinois Online Network (2010) notes:

Technology is also a major factor in the link between self-directed learning. Online learning supports the self-directed learner in pursuing individualized, self-paced learning activities. The learner, working at a computer at a convenient time and pace, is able to search and utilize the vast resources of the Internet research nearly any topic imaginable. Students can visit libraries, museums and various institutes world-wide, talk to professionals,

access recent research, and read newspapers and peer review scholarly journals online (p. 1).

Although self-directed learning has many positive outcomes, there are negative ones as well. A study conducted by Rager (2009) revealed that "emotions play an important role in how self-directed learners perceive information. It can be a barrier to learning or an enhancement highlighting the role of emotion. Emotion may serve as motivation for learning and sometimes it prevents the ability to process information" (p. 22).

"The essential premise of self-directed learning is that context, content, learning, and process each carry an inherent emotional load that are mediated by the characteristics of the individual learner" (Rager, 2009 p. 22). Rager, (2009) also believes that, "failure to recognize the complexity of the role of emotion in self-directed learning leaves us with "an incomplete understanding of this critical form of adult learning" (p. 21).

Teaching Issues. Gilber & Wilson (2007) conducted several studies focusing on teaching issues that academic and clinical nurse educators face educating new nurses, "specifically that it should not merely be based on

cognition" (Cibannal & Mora, 2010), but address the ability to solve complex problems they will encounter in practice. Students need to be prepared with abilities to face situations where human relationships are highly significant (Cibannal & Mora, 2010, p. 24). Hinds, Chaves and Cypress (1992) noted that, "affective elements play an effective role in decision-making in various dynamic social environments. At the same time the ability to assess other people intentions play an essential role and is related to the interpretations of real situations" (as cited in Riera, Cibannal & Mora, 2010 p, 20).

"Although efforts are being made to improve educational curricula" (Hansen Goodell, DeHaven & Smith, 2009), 'knowledge and experience is lacking when it comes to caring for patients with health care advance directive issues' (Wallace et al, 2009 p, 264). According to Anderson, Hill, and Walerius (2009) the lack of knowledge regarding health care advance directives may be explained, "in part, by the scarcity of Advance Directive content in nursing textbooks and formal education. Textbooks have been slow to include all content areas of end-of-life encouraged by the American Association of Colleges of Nursing (AACN)

presented at the End-of-Life Nursing Education Consortium in 2000" (p.316).

The literature supports the need for educators to embrace the benefits of incorporating new teaching strategies into the curriculum (Wallace et al., 2009).

Teaching strategies that are directed toward problem-based learning promotes students knowledge and comprehension, and assist them with the goal of obtaining higher level and understanding about health care advance directives (Lauver et al, 2009). The continual struggle experienced by nurse educators to improve teaching strategies demonstrates the need for innovative teaching interventions that "aid learning as student nurses enter into practice" (Lauver et al., 2009 p. 3).

CHAPTER THREE

METHODOLOGY

Methodology

To test the hypothesis of this quasi-experimental a true and false pre and post-test design was selected to collect data for this study. A comparison and contrast was made between two learning teaching strategies: role-play simulation and on-line SDL. Participants were teaching lecture and power-point presentation after a pre-test was completed (see Appendices C and I for teaching script). The study compared outcomes of student's assignment performance mean scores and previous knowledge and experience with the POLST document.

Ethical Considerations. The research protocol was approved by the California State University of San Bernardino Institutional Review Board (See Appendix B and J, for IRB and consent). The research was conducted by one graduate student in a MSN program at California State University of San Bernardino (CSUSB). In Consultation with one faculty member, the researcher designed and created a 15 item pre and post-test, a role-play simulation and online SDL assignments on the Physician Order for Life Sustaining Treatment document. The pre and post-test

consisted of three questions that requested students to provide demographic information including: age, gender, and previous knowledge and experience with the POLST document. Also included were 12 true and false questions from the California Coalition for Compassionate Care (CCCC) consumer's guide (see Appendix F to view test). All students were required to participate in the educational activity to fulfill their class requirement for Nursing 200, but their participation in the study was strictly voluntary. Students were free to decline participation in the study with no penalty to their classroom grade.

First, the investigator received permission to use copyrighted material from the CCCC (see Appendix E for approval). Then, the researcher obtained written approval from the course instructor to conduct the study during the first sixty minutes of class (see Appendix H for approval). The study was conducted in a Nursing Fundamentals course with the assistance of the instructor. The written consent which included the research instructions and the 15-item pre-test was distributed to each student in the class, and read aloud by the researcher. The researcher informed participants that their information would remain strictly confidential and autonomous even to the researcher.

Design of the Investigation. The student-t test was used to test the difference between the two groups mean scores, and test the research hypothesis: The best analysis to test reliability and validity of the median scores was the use of the nonparametric analysis. The research hypotheses tested are:

- The online SDL group will have significantly higher post-test mean POLST Knowledge scores than the role play group.
- The study participants who report previous knowledge and experience with the POSTL document will have higher mean pre test and posttest knowledge scores than those who do not report previous knowledge and experience with the POLST document.

Procedures. This was a quasi-experimental pre and post-test design to compare the outcomes of two different teaching strategies. A debriefing session and telephone interview was used to gather data as well. "Pre and posttest designs are appropriate for measuring change in data collected before and after an intervention" (Polit & Beck, 2009 p, 260).

Steps taken to collect data:

1. During the first 10 minutes of the study the written consent and the 15-item pre-test was distributed to each student.
2. Instructions for the study were read aloud to the students by the researcher.
3. All students were given a copy of the POLST document and a ten minute lecture and powerpoint presentation about the POLST document.
4. All students were given a 15-item pretest about the POLST document. The test consisted of 12 true and false questions and three questions requested students to provide descriptive information, including age, gender, and previous knowledge and experience with the POLST document. Students were given 10 minutes to complete the test. (Since the educational activity met the course curriculum requirement each student (n = 50) was required to take the pre and post-test, and complete the educational assignments).
5. After the lecture and Powerpoint presentation, each student was given a number.
6. Then students were then instructed to place their pretest and consent in the blank envelope provided

to them. Students (n=46) who wished to participate in the study were reminded to sign the consent before placing it in the envelope. Each envelope was collected by the researcher.

7. Students with even numbers were given an assignment that required them to participate in a role-play simulation and debriefing activity. The scenario consisted of a patient and family members asking questions about the Physician Orders for Life Sustaining Treatment.
8. Students with odd numbers were given the SDL assignment to research the POLST document online.
9. Students with even numbers remained in the classroom with the researcher to complete their role play assignment. Students with odd numbers were escorted by the class instructor to the computer lab to carry out their assignment.
10. Each group was given 30 minutes to complete their assignments.
11. After students finished their assignments, each student was given ten minutes to complete a post-test on the POLST document that contained the same questions as the pretest.

12. The outcome of the pre and post-test were also measured to determine which teaching strategy yields the highest score. Outcome data were compared and analyzed.

By using these two strategies integrated with a lecture and Powerpoint presentation, students were able to provide accurate and current data.

Role of Researcher. The researcher distributed the written consent which included the research instructions and the 15-item pre-test to each student in the class and read information aloud. The researcher delivered the lecture and Power-point presentation to all students in the class. The researcher facilitated the role-play and debriefing assignment in the classroom, while the faculty instructor volunteered to supervise the online SDL assignment held in the skills lab. The researcher completed the analysis of the data collected, which was carefully checked and monitored. The researcher conducted a telephone interview with the class instructor to obtain the on-line SDL groups reaction to the educational intervention. Discussions were held with a consultant in which changes in the study were presented, clarified and revised.

Participants. A sample of 50 newly-admitted undergraduate students in a Nursing Fundamentals course, were invited to participate in the study during the 2013 winter session. Faculty instructor agreed to allow students (n = 50) to participate in the study since the educational activity met the course requirement. A 15 item pretest was given and completed by each student. All students were instructed to return their completed tests and consent to the researcher. Then students (n =50) were randomly assigned a number. Students with even numbers were given an assignment that required them to participate in a role-play simulation activity in which a patient and family members had questions about the POLST document and student with odd numbers were given the online SDL assignment with instructions and the California Coalition for Compassionate Care web site to research the POLST document (see Appendices A and D for assignments). These students were taken to the computer lab for their assignment and supervised by the faculty instructor. Students were given 30 minutes to finish their assignments.

After the role play activity a debriefing session was conducted to process what had just occurred. Students were

asked to reflect on their experience and share areas of learning. There were different emotions displayed by the students, such as sadness, cautiousness, and irritability, these feeling were evident by their responses and tone of voice. Students had a lot of questions regarding the Physician Order for Life Sustaining Treatment and caring for a patient that needed educating. Some felt it would not be a difficult task, but others felt it would be difficult emotionally. The online self directed-learning group did not have a debriefing session; instead a telephone interview was conducted with the Nursing 200 instructor to obtain data on her personal perception of the online SDL assignment and report on students' attitude and concerns toward the assignment (see Appendix G for change approval).

Instrumentation. Data analysis was performed using Statistical Package for the Social Science (SPSS; IBM [2012]) to determine equivalence between two groups age and mean pretest scores. The pretest served as a covariate to control the dependent variable. The dependent variable post-test measured students' performance, basic knowledge in regards to what POLST mean, what the POLST document accomplishes for patient and health care provider, and the

legal process required to caring for a patient with a POLST document. The pre and post-test, groups, age, gender and previous knowledge with the POLST question was analyzed using descriptive statistics: frequency distribution to summaries data with tables and figures, measure means score, and standard deviations. When comparing relationships among the two group's gender and previous knowledge with the POLST a Chi-square analysis was conducted on nominal level data.

CHAPTER FOUR

FINDING AND RESULTS

Findings and Results

The purpose of this study was to compare the effectiveness of on-line self directed learning (SDL) and role play simulation as two learning strategies to teach Physicians Order for Life Sustaining Treatment (POLST) to newly-admitted undergraduate nursing students. The investigation also examined the influence previous POLST knowledge and experiences have on student outcomes. Data was collected on February 19, 2013. Data analysis was performed using version 20 of the Statistical Package for the Social Science (SPSS; IBM [2012]). Statistical analysis included descriptive statistics and comparison of mean knowledge test scores using independent sample t-test as well. The subsequent sections are organized chronologically, addressing the sample description and the results for each research question.

Sample. Fifty (50) newly-admitted undergraduate students in a Nursing Fundamentals course at a four-year baccalaureate program in southern California were eligible for the study. Following the description of the study, only 46 students submitted their signed consent to participate

for a 92% participation rate. Four students declined to participate in the study. Thus, 46 students (35 female) and (11 male) voluntarily participated and signed the consent form. Students age range from 19 to 46 years old, with an average age of 20. The majority of the sample was female (*n*=35; 77%). The participants ranged in age from 19 to 46, but the largest percent were in their 20s (n=37; 84.8%), followed by 15% (n=7) over 30 and 4.3% 19 or under. (n=2). The two groups were equivalent in age (t=25,p=0.0) and gender (X^2 =.1,p=.93). See Table 2 for details.

Table 1. Gender Comparison of Teaching Strategy Groups

Group	Gender	
	Male	Female
Role Play	17(74%)	6(26%)
SDL	18(78%)	5(22%)

Note: X^2 = .1, *df* = 1,*p* = .94

Regarding pretest knowledge about the POLST document, only three participants indicated they had previous knowledge and all three were members of the role play simulation group. This difference was compared using a chi-square analysis and the difference was not significant (X^2=3.2,p =.20).

Knowledge Pre and Post test. Both groups completed a 12-item true or false pretest prior to instructional methods and the same posttest was administered after the intervention. Regarding pretest knowledge about the POLST the entire sample of 46 students were knowledgeable on the pretest about what POLST mean, how the document is used and the date the AB 3000 became law. The correct response represents the following content areas: what POLST mean, how the POLST is used, AB 30000.

Table 2. Previous Knowledge Regarding the POLST

Group	Previous Knowledge	
	No	Yes
Role Play	20(87%)	3(13%)
SDL	23(100%)	(0)

Note: $X^2 = 3.2$, $df = 1$, $p = .20$

The majority of incorrect answers on the pretest were in the area of 2.5% (n=31, 0.7 %) item 4, (n=27. 0.6 %) item 6, and (n=16, 0.4%) item 2. See Appendix J for details on all items

Hypotheses. H_1 the online SDL group will have significantly higher post-test mean POLST Knowledge scores than the role play group.

Following the learning exercise, all students completed the same 12-item true or false test. The mean score for the entire sample was 10.9 (SD=.88, MEDIAN = 11.0). The students were knowledgeable in the following areas: What does POLST mean, how the POLST is used, AB 3000. This was similar to their pretest areas, with the addition of item 2-color of the form, item 5- how it supplements an Advance Directive and item 7- were the POLST form is used. Additional incorrect items on the post test was item-8 (n=1).

On the post-test, the majority of the incorrect answers involved the same items. The incorrect items were, the POLST is required by law, item-4 (n=15); Family members may not speak on behalf of a loved one completing a POLST document, item-6 (n=18), correct answers were items- 1, 2, 7 and 12. Five students changed their answer on these items: Is the POLST is required by law, item 4 (n=1). The POLST form replaces traditional advance directive item 5 (n=10).

Family members may not speak on behalf of a loved one completing a POLST document, item 6 (n=5). The POLST form never has to be reviewed for changes by a physician item 10 (n=1). In most cases, if a patient has a POLST that

conflicts, the most recent document would take precedence, item 11(n=1).

Overall, participants in both groups improved their knowledge about the POLST. The mean post-test knowledge score for the entire sample was 11.0 (SD =.9) compared to the mean pretest knowledge score of 11.0 (SD = .88). Although the pre-test mean scores were higher for the role play group, the post-test mean scores for the online SDL group (M = 11.26, SD = .8) were significantly higher than the role play group (M = 10.70, SD = .9). When the mean post-test scores of the two groups were compared, the online SDL group performed significantly better than the role play group (t = 11.0, p =.028). See Table 3 for details

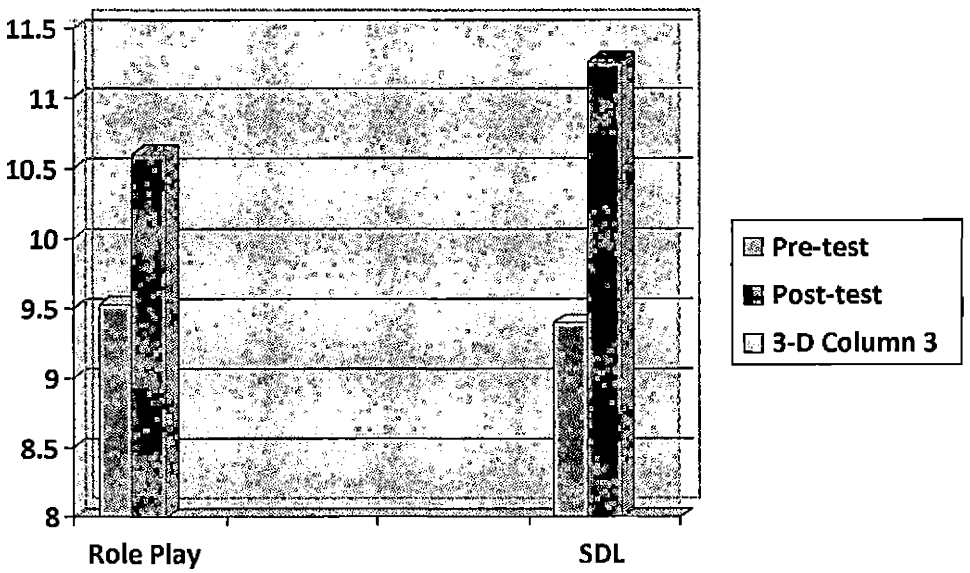
Table 3. Group Differences in Pre and Post-test POLST Knowledge Scores

Group	N	Mean	Student t-test
Whole Sample Pretest	46	10.0 (1.4)	t = 0.64, p = 2
Whole sample Post-test	46	11.0 (0.9)	___
SDL Pretest	23	9.39 (1.4)	t = 0.31, p= .75
Role-Play Pretest	23	9.52 (1.4)	___
SDL Post-test	23	11.26 (0.8)	t = 2.3, p= .028
Role-Play Post-test	23	10.70 (0.9)	

Note: SDL = self directed-learning

The role play group scores increased from a mean of 9.5 to 10.5, while the SDL groups mean scores increased from 9.4 to 11.5. The online SDL group post-test scores increased on average (.57), much better than the role play group, with an average increase of (11.0). These group comparisons are clear in the bar graph presented below in Figure 1.

Figure 1. Comparison of POLST Knowledge Pretest and Posttest Scores for Two Teaching Strategies Group



ADDITIONL ANALYSIS OF HYPOTHESIS.

H_2 The study participants who report previous knowledge and experience with the POLST document will have higher mean pre and post-test knowledge scores than those who do not report previous knowledge and experience with the Physician Order for Life Sustaining Treatment document.

Since only three participants reported knowledge and experience with the POLST document before the intervention, Hypothesis II could not be tested.

Overall participants did better on the post-test. Although, the majority missed the same items on both test. Points missed on the pre-test in fact represent lack of knowledge of the content; however, items missed on the post-test revealed that the learning objective was not achieved or the test items were flawed.

If test items were properly constructed it is unlikely that an incorrect answer to the same items would occur on both pre and post-test. However, missed items that do occur may have varying effects on students' scores (Oermann & Gaberson, 2009 p,·220).

Other Findings. Overall, the students enjoyed the assignments which was evident with their active engagement. The results showed that students in both groups found the POLST to be an important topic. This was reinforced by comments made as part of the qualitative feedback data gathered.

Role Play Assignment. There were 25 students that completed the role play assignment; only 23 participated in the study. There were three participants in the role play group that had previous knowledge and experience with the Physician Orders for Life Sustaining Treatment document. All three had experienced a death of a close family member

but they were unable to explain how the POLST was used for them. During the actual role play simulation and debriefing segment these three students were very observant but had no input. Six participants volunteered to role play in the simulation activity while other students observed.

The timeframe for the role play was 15-20 minutes. Students were given four minutes to prepare to role play identified characters in the scenario. Students responded using their designated behavior to maintain congruency between nurse and patient. The student playing the patient challenged the two students playing nurses with questions about the POLST. This seemed to have generated stress among the students acting as nurses to respond with appropriate answers. Student emotions regarding the POLST may have overwhelmed their thoughts and halted their ability to problem solve the issue. The three students who played the role of family members were attentive but not engaging in the activity. Almost all students in the simulation activity seem relieved when the activity was over.

Debriefing. A 10-minute timeframe was given for the debriefing segment. The researcher gave feedback and shared insights into what worked and what did not work and assess the impact it had on them during the simulation activity.

Students were also asked by the researcher if the topic made them uncomfortable. One student commented "Well obviously, but that's really beside the point as I found it really good to learn because you always think you know about this stuff until you actually try it out. It's good to role-play, because even if you make a mistake, you know, it's OK If you are actually caring for a patient and you get asked questions about the POLST then that is the wrong time to start figuring out that you should know this information, learning it now will definitely be beneficial later on" (Participant 1, personal communication, February 19, 2013).

Another student commented on the surrogates legal right to make decisions for a loved one when they can no longer make decisions for themselves: "I actually thought that this was really, really good to know. That part of the role play taught me a lot about the surrogates role at end-of-life and how I should conduct myself in regards to the legal requirements of caring for a patient that has a POLST document in the hospital setting and in their homes, so I thought that was really, really good" (Participant 2, personal communication, February 19, 2013). Role-playing also provided an authentic setting where students could

apply their new knowledge. One student admitted that, "Some of us have been in that situation before with a family member so we could sort of relate to that" (Participant 3, personal communication, February 19, 2013). One student expressed her feeling regarding the POLST with emotion, I don't think nurses should have to address this issue with the patient, this is a discussion for the patient, family and doctor" (Participant 4, personal communication, February 19, 2013).

Student questions about the POLST usage and legal pros and cons of having the document, resulted in time running 10 minutes longer than expected.

Online SDL Assignment. Of the 25 students who completed the online SDL assignment, only 23 participated in the study. Students that participated in the online SDL assignment were not debriefed on the topic or learning material because it was not included with the assignment. The investigator did not include a time for feedback for the online SDL group. To gather the data a change request form was submitted to IRB for approval to conduct a telephone interview with the course instructor, a non-participant in the study, to share her personal perception of the

assignment and report on student's attitude and concerns about the assignment.

Telephone Interview. A five-minute telephone interview with the instructor was conducted immediately after receiving approval from IRB. The investigator gave the instructor a clear explanation as to the nature of questions asked, and once the instructor agreed to participate, the interview proceeded. Regarding perceptions of the SDL assignment, the instructor said, "Overall the online SDL assignment went well once the students were able to navigate themselves around the California Coalition for Compassionate Care web-site. The students had difficulty finding the link to the specific information they were instructed to find. Some were frustrated in the beginning because instructions for the assignment were perceived differently. Students felt they were not given clear instruction by the researcher and completing the assignment took longer than planned. However, once the students found the information they needed in regards to the POLST, they were able to gather more information about the POLST from other links on the site. I recommend that instruction are read and clearly explained to the students before having them do the

assignment. This would eliminate a lot of confusion for the students" (Personal communication, P. Spencer, 3/30/13).

Discussion. The National League of Nursing (2009) reports that, healthcare is evolving at a fast pace as is higher learning. Communities as well as students are demanding greater accountability. Technology has change way educators teach and students learning styles (Lauver, West, Campbell, Herrold & Wood, 2009). As cited by Lauver, et al. (2009) Nurse educators are being encouraged to "transition to new teaching and learning paradigms to meet expanded needs and learning styles of students as well as requirements of technological advances" (p. 3)

This study showed a significant difference in learning outcomes between two teaching strategy groups: online SDL group and the role play. Analysis of the individual test items on the pre and post-test revealed similar responses on both tests. The majority of incorrect and correct answers on both pre and post-test were significantly the same: incorrect answers were items two, four and six 4; correct answers were items 1; 8 and 12. During the role-play assignment students asked a series of questions about the POLST document and were able to process the answers. Therefore, students should have had a broad understanding

about: the meaning of POLST, what the POLST accomplishes for the patient and health care provider, and more importantly the legal procedures and ramifications involved with caring for a patient with a POLST document. Yet, the groups post-test mean scores were much lower than the online group. Test results showed that student with the on-line assignment achieved higher score than did students who did the role-play assignment and received debriefing afterward. Perhaps students in role play simulations need to spend additional time preparing, elaborating and summarizing the new material in order to remember it long-term.

The debriefing session allowed the researcher to determine how well the material has been received and whether there was a need for additional instruction. Although this intervention was not part of the online SDL group assignment, they still performed significantly well on the post-test. With increased use of simulation technology and the recognition of the importance of debriefing to simulation learning, faculty development in this area is essential. "Additionally, availability of student resources to link the delivery of patient care in simulation to debriefing is important to meet the differing

learning needs of students and to foster reflection" (Dreifuerst, 2010 p. 40).

The online SDL group found the assignment easy once they were able to maneuver themselves around the site. Students were able to take a positive role in their own learning. Based on the findings, the online SDL group had greater success on the POLST knowledge posttest. One must determine the active ingredient in the online SDL method.

What is it about the online SDL that appears to have worked? Perhaps the teaching strategy made learning about the POLST less stressful for the online SDL group therefore, the group was able to comprehend and retain more of information than the role play simulation group. There maybe two possible explanations for the groups successful outcome and that is: completing the assignment using the online SDL method allowed for more flexible time for deeper engagement to achieve a better understanding of the material or reading material online helps students improve and accommodate further engagement with resources (Rouf, 2011).

Limitations of the Study. The sample size for the study was small. Therefore, the reliability and validity of the test was questionable. The test questions were obtained

from a consumer guide. Therefore some questions may have been flawed and altered the outcome of students test scores. Instructions given to the participants were not validated for understood which may have resulted in negatively skewed test mean scores. There was not enough time for an in-depth analysis to the conduct the post simulation activity to assess areas that need further development and the effectiveness of the teaching strategy.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

Conclusion and Recommendations

Conclusions.

1. The role play group had a debriefing session after the activity. Some of the students became increasingly emotional regarding the usage of the POLST. Some had problems processing and expressing their feelings regarding the POLST with the researcher. The emotional state of the students in relation to the POLST may have been a barrier to understanding the material. This also may have contributed to low POLST Knowledge mean scores on the post-test. Emotion and emotional release are also important. The emotional response brought about by the experience can influence the student's engagement in the simulation resulting in a crossing of the boundary separating the virtual and the reality. "Emotion can also inhibit learning if it distracts from engagement in the experience" (Dreifuerst, 2010 p. 54).
2. The on-line SDL group was not given a debriefing session after the assignment, however they performed

> significantly better on the posttest than the role play group. Studies have revealed that self-directed learners carry an emotional load as well and failure to recognize the complexity of the role of emotion in self-directed learning leaves us with an incomplete understanding of this critical form of adult learning (Rager, 2009).

Recommendations for Nursing Educators. Although the results from this study cannot be generalized, the findings and conclusion are significant to nurse educators. First, nurse educators who integrate online SDL in the curriculum will benefit as students will have similar learning outcomes. Additionally, some students seem to perform better as self-directed learners, based on knowledge and assessment using pre/post-testing. Further, deeper insight may help educators in the future realize that it may be beneficial to allow students to choose which learning strategy is best for them to succeed academically. These findings provide information that online SDL is an effective learning strategy for students that are self-directed learners. Thus, graduates will be better prepared to enter any setting where they are responsible for communicating POLST orders to other health care providers and educate patients

on treatment intentions which will minimize confusion about end-of-life treatment preferences.

Recommendations for Practice. Because the online education was so successful in teaching students about the POLST, perhaps a web-based education program could be implemented in the hospital. The program could be offered during orientation or used as a refresher course. An on-line tutorial can be used to educate in-patients and their families that have end-of-life decision making issues

Recommendations for Research. Additional research connection to this study would be to replicate with the participants, such as follow-up with participants during the last year of their nursing education to examine if they've had experiences with the POLST and if what they learned has helped them with educating patients and their families. Future studies in this area are needed. A few recommendations for the future can expand on this study. First, include a larger sample size and additional methods used to engage student learning. The sample could have diverse characteristics to determine relevancy of learning strategies across ethnicity and gender. Also, seek further development and validation of online SDL. In addition,

identify other effective methods to educate nursing students about the POLST document. Lastly, expanding on teaching-learning interventions that incorporate debriefing sessions that focus on preparing students will further engage patients, families, and nurses with collaborative decision-making for end-of-life issues.

APPENDIX A: ASSIGNMENT

Role Play Simulation Assignment

Using Simulation: Role Play

The purpose of the simulation using role-play is to give students an opportunity to practice communicating the use of the POLST document. This activity will help facilitate the student in familiarizing themselves with the POLST document and discussing the content of the document with patient and their family members in the clinical setting. The students will be given a copy of the POLST document along with a scenario on the POLST that reflects the interaction the nurse may have with a patient and their family members that have questions about the POLST document. Students are expected to stay in their designated role throughout the simulation activity. Students' will be given 20 minutes role play time. Be prepared to participate in a 10 minute debriefing session after the simulation to reflect on your experience and share areas of learning.

Scenario:
Name: John Jackson
Age: 69
Race/Ethnicity Caucasian
Gender: Male

Nurse Plan of Care: Discuss with patient and family the use of the POLST document.

Background Data:

You are the nurse caring for Mr. Jackson who has stage 4 colon cancer and the doctor has just told him he has 6 months to live. Although the doctor has discussed the POLST document with him, he still has questions about options to forgoing life sustaining treatment. Mr. Jacksons wife and two sons are at the bedside and have concerns about the POLST as well in regards to cardiopulmonary resuscitation, medical interventions, artificially administered nutrition and how they legally make decisions for Mr. Jackson when he can no longer do so for himself

APPENDIX B: CONSENT FORM

CONSENT

Cal State University of San Bernardino California
Informed Consent

Date: February 19, 2013

CSUSB

Informed

Consent

Evaluating the Effectiveness of Self-Directed Online Learning vs. Role Play for Teaching Undergraduate Nursing Students about the Physician Orders for Life-Sustaining Treatment (POLST) Document

You are invited to participate in a research study that will evaluate two types of educational methods for learning about the "Physician's Orders for Life Sustaining Treatment" (POLST) document. This is a document related to a patient's directive in end-of-life care. The two types of teaching strategies are: 'Self- directed online learning' (SDL) and 'Role play' (RP). This educational research project will assess students' knowledge and previous experience with the POLST document.

This study will contribute to the body of evidence on educational measures for teaching the POLST document to undergraduate nursing students. It will assist academic and clinical educators in addressing the need to educate student nurses effectively in issues regarding end-of-life care. This study is being conducted by Brenda Everly, a nursing student at CSUSB, as part of a graduate student project, under the direction of Dr. Teresa Dodd-Butera.

You were selected as possible participants in this study because learning about Advance Health Care Directives (AHCD), particularly the "Physician's Orders for Life Sustaining Treatment (POLST) meets one of the course requirements for preparing undergraduate nursing students to care for patients and families with end-of-life healthcare issues. Your participation will take approximately 60 minutes, and will be during your normally scheduled class time. There are no known risks if you decide to participate in this research study. There are no costs to you for participating in the study. This study will assist academic and clinical educators in addressing the need to effectively educate student nurses about the POLST document in efforts to provide quality nursing care to patients and their families in need of the document. Both 15 item pre and post-test will take about approximate 10 minutes to complete. The activity and information about the POLST document will benefit you because it fulfills your course requirement and educates you about this healthcare issue. The overall study results will contribute

information about effective educational methods for teaching and learning about the POLST document.

This 15 item test results and participation in the study will be kept confidential. Do not write your name on the pre and pos-ttest forms, as study outcomes will be matched to participant number only. The Institutional Review Board may inspect these records. Should the data be published, no individual information will be disclosed.

You are required to participate in the activity to fulfill your class requirement, but your participation in this study is voluntary. You are free to decline participation in the study with no penalty to your classroom grade.

If you have any questions about the study, please contact Brenda Everly or Dr.Dodd-Butera at 909-537-7241, CSUSB Department of Nursing. Email contacts are: everlyb@csusb.edu or tdbutera@csusb.edu

The CSUSB Institutional Review Board has reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact (IRB Coordinator at 909-537-7588 or mgillesp@csusb.edu).

I have read the informed consent and I understand and agree to voluntarily participate in this educational study.

Name of participant
Name of researcher

Signature Date
Signature Date
Date of IRB approval:
IRB Net Number:
IRB Number: Project
Expiration date:

APPENDIX C: SCRIPT

Script for Teaching Presentation

Good morning everyone,

My name is Brenda Everly, a graduate student currently in the Nurse Educator program here at CSUSB. Thank you for attending my class this today. The purpose of this class is to educate you about the POLST document, which is a document that expands on an Advance Directive and includes orders based on preferences about a range of life-sustaining treatments Hickman et al., 2010). I will provide you with a list of scholarly references on the topics I talk about today. Did you know that approximately 53% of people die in hospitals in the United States and nurses spend more time with patients at the end of life (EOL) than any other health care discipline (Foley & Gelband, 2003; Wallace et al., 2009). Student nurses are apart of this bedside care as well. So, I ask you, "Are you prepared to care for patients and their families that may have complex questions about the POLST?"

In the process of teaching you about the POLST today, I'am inviting you to participate in a research study that will evaluate learning outcomes between two teaching strategies. 'Self- directed learning" (SDL) and 'Role play' (RP) in relation to educating you about the 'Physician's Orders for Life Sustaining Treatment' (POLST). The study will assess your knowledge and previous experiences with the POLST document and the extent to which the information might influence your enthusiasm for learning about this topic.

Since this educational activity meets your course requirement this quarter, everyone will be required to participate with taking the pre and post-test on the POLST which consist of 12 true and false questions and three additional questions. You will also be required to listen to a lecture integrated with a powerpoint presentation about the POLST, and complete either an on-line SDL or role-play simulation assignment.

The researcher will handout and read aloud study instructions and consent for the study. Then, the researcher will give the pre-test and collect completed test.
Next, the researcher will present a 10 minute lecture integrated with powerpoint presentation on the POLST.

The researcher will ask students to stand and be divided into two groups. Group 1 will remain in the class room to participate in a role-play simulation assignment and group 2 will be escorted by their instructor to the Skills Lab for the on-line SDL assignment. After completing the on-line SDL assignment, Group 2 will be brought back into the class room to join group 1.

Then, the researcher will give students the post-test and collect the completed test. Students will take the same numbered pre and post-test. After completing the test, the researcher will remind students that participation in the study, and the test information will remain strictly confidential.
The researcher will then thank the students for their cooperation and participation.

APPENDIX D: ASSIGNMENT

On-Line SDL Assessment

On-line SDL

Instructions:

The purpose of this on-line SDL assignment allows students to be responsible directors of their own learning experiences by encourage self-planning and self-initiated learning. Students' will access the California Coalition for Compassionate Care web site to familiarize themselves with sections A thru D on the POLST document and obtain additional information about the document. Student will have 30 minutes to finish the on-line assignment. Web-site www.finalchoices.org

APPENDIX E: APPROVAL LETTER

CCCC Copyrighted Approval

COALITION
CALIFORNIA

February 4, 2013

Brenda Everly
CSU San Bernardino

Re: Authorization to use copyrighted materials *

The Coalition for Compassionate Care of California (CCCC) hereby grants Brenda Everly permission to use the following resources:

- *POLST Frequently Asked Questions for Consumers*

Brenda Everly agrees to acknowledge CCCC in any materials used. Please use the following language: "Materials used with permission from the Coalition for Compassionate Care of California, www.CoalitionCCC.org".

Brenda Everly agrees to submit any modifications to CCCC for review and approval. Only approved modifications to the resources may be made. CCCC reserves the right to rescind this permission if these terms are not met.

2/4/13

Judy Citko
Executive Director

Date

* Copyrighted materials include print, online, video and other recordings.

APPENDIX F: Test

POLST Knowledge Pre and Post Test

POLST Knowledge Pre and Post-Test

Age: Place in envelope

Gender:

Do you have current knowledge or have you ever has any experience with the POLST document.

NO ☐ YES-Explain below ☐

1. T F: "POLST stand for Physicians Order for Life-Sustaining Treatment.

2. T F: "The POLST is a bright pink form for medical orders.

3. T F: "The POLST form asks for information about a patient's preferences for resuscitation, medical condition, use of antibiotics and artificial administered fluids and nutrition.

4. T F: "The POLST is required by law".

5. T F: "Does the POLST form replace traditional Advance Directives.

6. T F: "Family members may not speak on behalf of a love one.

7. T F: "The POLST form remains with the patient if they are moved between care settings, regardless of whether they are in the hospital, at home, or in a long-term facility.

8. T F: "The POLST documents a patient's wishes for life-sustaining treatment in the form of a physician order.

9. T F: "The POLST form provides a system for communicating the physician's medical order for the patient to other care facilities.

10. T F: "The POLST form never has to be reviewed for changes by a physician.

11. T F: "In most cases, if a patient has a POLST form and an Advance Directive that conflict, the most recent document would take precedence.

12. T F: "The California State POLST Legislation (AB 3000) went into effect of January 1, 2009.

Note: Adapted with permission from "Advance Care Planning:" By The California Coalition for Compassionate Care, 2009, *Finalchoices-POLST for Consumers,* p. 4. Copyright 2009 by the California Coalition for Compassionate Care.

APPENDIX G: IRB Change Form

IRB Human Subjects Protocol Change Form

INSTITUTIONAL REVIEW BOARD (IRB)
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Human Subjects Protocol Change Form

DATE: 3/ 20/ 13 IRB NUMBER: _____

REVIEW CATEGORY: EXEMPT x☐ EXPEDITED ☐ FULL BOARD ☐

Note: All changes to your originally approved protocol, *no matter how minor*, require IRB approval before implementation.

INVESTIGATOR(s) / RESEARCHER(s): Brenda Everly ; Faculty: TDodd-Butera, tdbutera@csusb.edu

E-mail Address: everlyb@csusb.edu

DEPARTMENT: Nursing

PROJECT TITLE: Evaluating the Effectiveness of Self-Directed Online Learning vs. Role Play for Teaching Undergraduate Nursing Students about the Physician Orders for Life-Sustaining Treatment (POLST) Document

Please return this fully completed form to the IRB Coordinator, Mr. Michael L. Gillespie, in the Office of Academic Research (Administration Building). Attach additional sheets if necessary to describe in detail any changes to the original approved protocol or methodology related to your research or the human subjects thereof.

The graduate student researcher, Brenda Everly received comments back from the instructor of the class, Paula Spencer, that she feels would be helpful and would like to add into her study evaluation. Ms. Spencer is not one of the researchers, and was not originally named on the IRB application as a participant. She was an observer for the online assignments and instructor of Nurs

[redacted]

APPENDIX H: APPROVAL LETTER

Approval Letter from Instructor

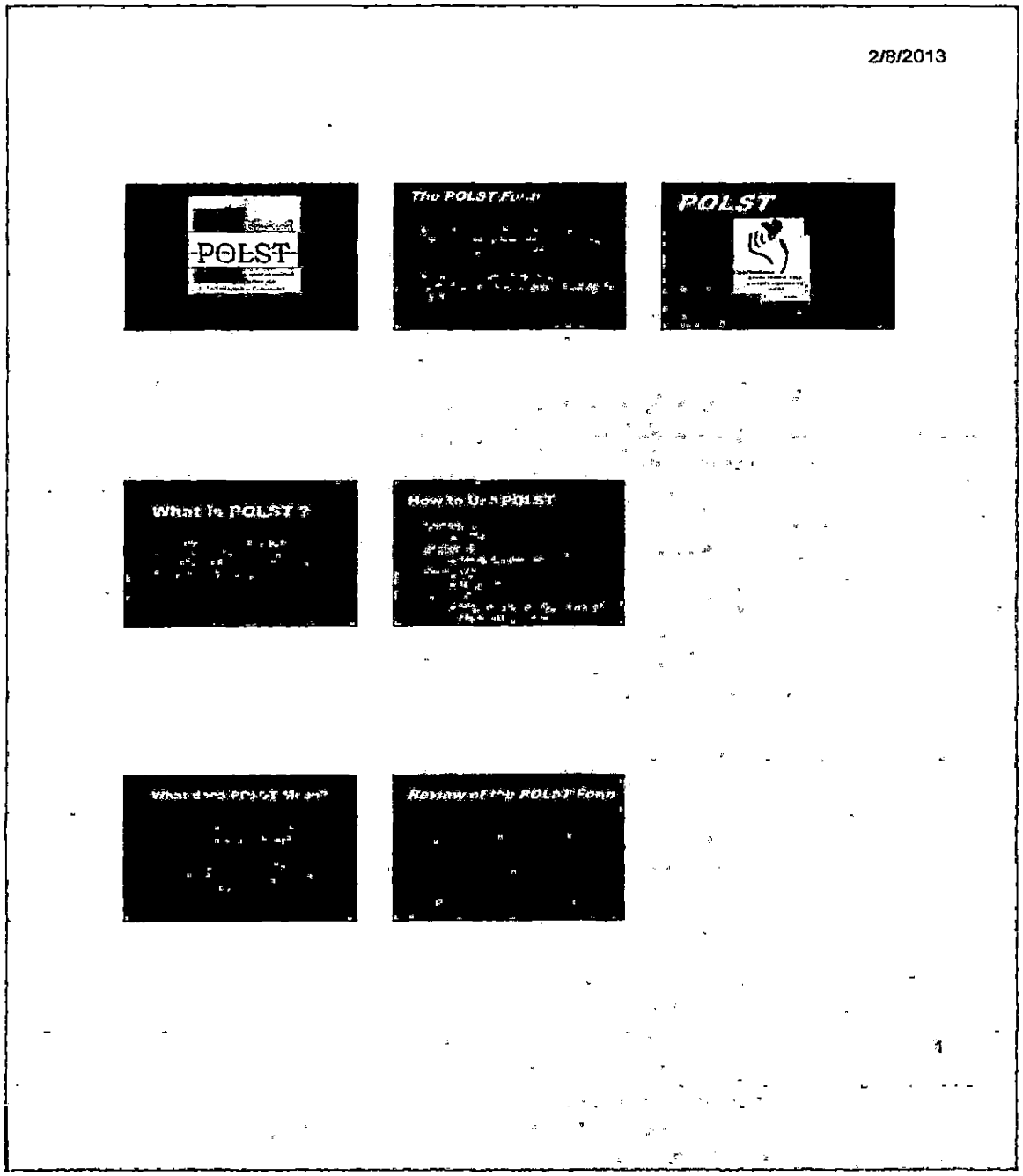
Brenda,

I'm enthusiastic and would love to have you come to our class and instruct students on the POLST. Let me know which Tuesday afternoon best suits your schedule.

Paula Spencer, MSN, RN, CNS, PHN
Full-time Lecturer, Nursing
California State University San Bernardino
760-900-1246

APPENDIX I: PRESENTATION

Power-point presentation



APPENDIX J: IRB APPROVAL

CSUSB IRB APPROVAL

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Academic Affairs
Office of Academic Research • Institutional Review Board

February 20, 2013

CSUSB
INSTITUTIONAL
REVIEW BOARD
Administrative Review
IRB# 12041
Status
APPROVED

Ms. Brenda Everly and Prof. Teresa Dodd-Butera
Department of Nursing
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Ms. Everly and Prof. Dodd-Butera

Your application to use human subjects, titled, "Evaluating the Effectiveness of Self-Directed Online Learning vs Role Play for Teaching Undergraduate Nursing Students about the Physician Orders for Life-Sustaining Treatment (POLST) Document" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino and concurs that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires signed consent and documentation of written informed consent which are not required for the exempt review category. However, exempt status still requires you to attain consent from participants before conducting your research.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

Although exempt from federal regulatory requirements under 45 CFR 46, the CSUSB Federal Wide Assurance does commit all research conducted by members of CSUSB to adhere to the Belmont Commission's ethical principles of respect, beneficence and justice. You must, therefore, still assure that a process of informed consent takes place, that the benefits of doing the research outweigh the risks, that risks are minimized, and that the burden, risks, and benefits of your research have been justly distributed.

You are required to do the following:

1) Protocol changes must be submitted to the IRB for approval (no matter how minor) before implementing in your prospectus/protocol. Protocol Change Form is on the IRB website.
2) If any adverse events/serious adverse/unanticipated events are experienced by subjects during your research. Form is on the IRB website.
3) And, when your project has ended.

Failure to notify the IRB of the above, emphasizing items 1 and 3, may result in administrative disciplinary action.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, IRB Compliance Coordinator. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,

Sharon L Ward, Ph.D.

Sharon Ward, Ph.D., Chair
Institutional Review Board

SW:mg

cc.

909.537.7588 • fax: 909.537.7028 • http://irb.csusb.edu/
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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